General Optical Council

**Fourth meeting in 2022 of the Council held in PUBLIC
on Wednesday 7 December 2022 at 10:00 via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	**Welcome, apologies and Chair's introduction**	Oral	Chair	-	10:00am-10:10am (10 mins)
2.	**Declaration of interests**		Chair	3-6	
3.	**Minutes, actions and matters arising**				
	3.1. **Minutes – 21 September 2022** For approval	C46(22)	Chair	7-11	10:10am-10:15am (5 mins)
	3.2. **Updated actions** For noting	C47(22)		12	
	3.3. **Matters arising**				
	FOR DECISION				
4.	**Registrant fees rules and fee strategy 2023/2024** For approval	C48(22)	Chief Executive and Registrar	13-22	10:15am-10:45am (30 mins)
5.	**Gifts and hospitality policy** For approval	C49(22)	Head of Governance	23-40	10:45am-10:50am (5 mins)
6.	**Equality, diversity and inclusion annual report** For approval	C50(22)	Head of Governance	41-127	10:50am-11:10am (20 mins)
7.	**Governance review** For approval	C51(22)	Head of Governance	128-178	11:10am-11.30am (20 mins)
	11:30am – 11:45am - BREAK (15 mins)				
	FOR ASSURANCE				
8.	**H&S assurance report** For noting	C52(22)	Senior Management Team (SMT)	179-223	11:45am-12:00pm (15 mins)
9.	**Q2 Business plan assurance report** For noting	C53(22)	Senior Management Team (SMT)	224-230	12:00pm-12:15pm (15 mins)
10.	**Balanced scorecard** For noting	C54(22)	Senior Management Team (SMT)	231-232	12:15pm-12:30pm (15 mins)

11.	Q2 2022/23 Financial performance and forecast report For noting	C55(22)	Senior Management Team (SMT)	233-254	12:30pm-12:45pm (15 mins)

12:45pm – 1:45pm LUNCH (1 hour)

FOR DISCUSSION					
12.	**Chair's report**	C56(22)	Chair	255-259	1:45pm-1:50pm (5 mins)
13.	**Chief Executive and Registrar's report**	C57(22)	Chief Executive and Registrar	260-278	1:50pm-2:05pm (15 mins)
FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)					
14.	**Advisory Panel minutes – 14 October 2022** For noting	C58(22)	Chair	279-293	2:05pm-2:20pm (15 mins)
15.	**Council forward plan** For noting	C59(22)	Head of Governance	294	2:20pm-2:25pm (5 mins)
16.	**Any other business** (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	2:25pm-2:30pm (5 mins)
Meeting Close – 2:30 pm					
Date of next meeting – Wednesday 22 March 2023					

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Sinead **BURNS** Lay Member	• Registered Psychologist: Health and Care Professions Council • Registrant Member: Fitness to Practice Panel, Health and Care Professions Council	• Registered Fellow: Chartered Institute of Personnel and Development	• Former Vice President Pharmaceutical Society Northern Ireland	• Lay Member: Council • Chair: Companies Committee • Member: Audit, Risk and Finance Committee	• None
Dr Josie **FORTE** Registrant (OO)	• Part-time Lecturer: Plymouth University • Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills) • Consultant: Specsavers Optical Superstores • Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University • Lecturer (occasional, visiting): Plymouth University • Vice chair (acting): Devon Local Eye Health Network • Vice chair (acting): Cornwall Local Eye Health Network • Board member: Federation of Ophthalmic and Dispensing Opticians • VisionForte Ltd (50% shareholding)	• Member: College of Optometrists • Registered with the Optometrists and Dispensing Opticians Board of New Zealand • Liveryman: Worshipful Company of Spectacle Makers	• Member: Devon Local Optical Committee (end May 2017) • Optometrist: Specsavers Torquay (end Apr 2014) • Optometrist: Lascelles Opticians Plymouth (end Jun 2006) • Specsavers Plymouth Cornwall Street Ltd (ended April 2020) • Specsavers Saltash Ltd (ended April 2020) • Specsavers Devon2 Domiciliary (ended January 2020) • Board trustee: Inspiring Schools Partnership, Plymouth • Member: AOP[6]	• Registrant Council Member • Chair: Standards Committee • Member: Registration Committee	• None
Mike **GALVIN** Lay Member	• Non-executive Director: Martello Technologies Group Inc • Non-executive Director: ThinkRF • Director of Streetwave Ltd (a company registered in the UK)	• Member: Institution of Engineering and Technology • Fellow: Institute of Telecom Professionals.	• None	• Lay member: Council • Chair: Education • Member: Audit, Risk and Finance Committee • Council Lead: GOC Refresh	• None
Lisa **GERSON** Registrant (OO)	• Primary Care Supervisor: Cardiff University	• Member of AOP • Member of College of Optometry	• Chair: Optometry Wales • Member: GOC Hearings Panel • Member/Acting Chair: GOC Investigation Panel • Member: GOC Education Visitor Panel • College Counsellor:	• Registration Committee Chair • Nominations Committee Member • Council lead for FtP	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
			College of Optometrists • Trustee: College of Optometrists • Trustee: AOP • Employee: Ronald Brown Group • Employee: Boots Optician		
Rosie **GLAZEBROOK** Lay Member	• Member, Standards Policy and Strategy Committee – BSI	• None	• Chair of Research Ethics Committee, (Camden and Kings Cross) - Health Research Authority	• Lay Member: Council • Member: Nominations Committee	• None
Clare **MINCHINGTON** Lay Member	• None	• Fellow: Association of Chartered Certified Accountants • Fellow: Institute of Chartered Accountants of England and Wales	• None	• Lay Member: Council • Chair: Audit, Risk and Finance Committee	• None
Frank **MUNRO** Registrant (OO)	• Director Munro Eyecare Limited (T/A Munro Optometrists) • Professional Clinical Advisor, Optometry Scotland • Acting Optometric Advisor, NHS Lanarkshire • Lead Optometrist, Glasgow City(South) Health & Social care Partnership • Visiting Lecturer, Glasgow Caledonian University • Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)	• Member of the College of Optometrists • Member NHS Greater Glasgow & Clyde Prescribing Review Group	•	• Member: Council • Member: Education Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Dr David **PARKINS** Registrant (OO)	• Trustee: Spectacle Makers Charity • Chair: London Eye Health Network (NHS England) • Member: London Clinical Senate Council • Director: BP Eyecare Ltd • Provided short informal feedback (22 March 2022) to MOptom Programme Director, Cardiff University on high level course structure (no financials involved)	• Fellow: College of Optometrists • Fellow, European Academy of Optometry and Optics • Life Member: Vision Aid Overseas • Liveryman: Worshipful Company of Spectacle Makers	• President: College of Optometrists (end Mar 2016) • Board Trustee: College of Optometrists (end Mar 2018) • Previous CET provider (ended 2015) • Chair: Clinical Council for Eye Health Commissioning (2015-2017) • Vice Chair: Clinical Council for Eye Health Commissioning (2017-2021) • Member: British Contact Lens Association	• Member: Council • Member: Audit, Risk and Finance Committee • Council Lead: Legislative Reform	• Close Relative: General Optical Council Case Examiner • Close Relative: Member, College of Optometrists • Spouse: Director - BP Eyecare Ltd
Tim **PARKINSON** Lay Member	• Directorship for own limited company: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)	• Fellow: Chartered Management Institute • Membership of the Institute of Water	• None	• Lay member: Council • Chair: Investment Committee • Member: Remuneration Committee	• None
Roshni **SAMRA** Registrant (OO)	• Locum optometrist (occasional): various high street or independent practices • Professional Clinic Manager: City Sight, City University • Student: City University (MSc in Clinical Optometry)	• None	• None	• Member: Council • Member: Registration Committee • Council Lead: GOC People Plan	• Works with a current General Optical Council Case Examiner
Glenn **TOMISON** Registrant (DO)	• Lead director (for individual members): Federation of Ophthalmic Dispensing Opticians • Self-employed: dispensing optician	• Fellow: Association of British Dispensing Opticians • Liveryman: Worshipful Company of Spectacle Makers	• Chair: Federation of Ophthalmic and Dispensing Opticians (ended December 2014) • Senior clinical instructor: University	• Senior Member: Council • Chair: Remuneration Committee • Member: Nominations Committee • Member: Investment Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
			of Manchester		
Dr Anne **WRIGHT** CBE Lay Chair	• None	• None	• Committee member: The Shaw Society • Director of Circa management company	• Chair: Council • Chair: Nominations Committee	• None

General Optical Council

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council
meeting held on Wednesday 21 September 2022 at 10am via Microsoft Teams

Present:	Glenn Tomison (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Rosie Glazebrook, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson and Roshni Samra. Rukiaya Anwar and Harry Singh (Council Associates).
GOC Attendees:	Clare Bond (Lawyer), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Head of Strategy, Policy & Co-production), John Cappock (GOC ARC Lay Member), Nicole Fitzgerald (Communications Manager), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Head of Legal), Philipsia Greenway (Director of Change), Vikki Julian (Head of Communications), Philippa Mendosa (Head of Education), Leonie Milliner (Chief Executive Officer and Registrar), Samara Morgan (Head of Education), Vikram Saklani (Communications Officer), Dionne Spence (Director of Regulatory Operations), Ivon Sergey (Governance Officer) (Minutes), Nigel Sully (GOC REMCO Lay Member), Andy Spragg (Head of Governance) and Manori Wickremasinghe (Head of Finance).
External Attendees	Alistair Bridge (ABDO), Neil Budworth, Liz Chapman, Olivier Denève (CoO), David Hewlett (FODO), David Hutchfield (My Optique Group), Jennie Jones (OCCS), Sarika Parmar (Student), Selina Powell (Optometry Today), Alan Tinger (FODO) and Steve Wright (PSA).

	Welcome and Apologies	
1.	The Chair welcomed those in attendance.	
2.	Apologies were received from Dr Anne Wright CBE (Chair of Council). Glenn Tomison (Senior Council member) was nominated as Chair. As the national mourning period for Her Late Majesty Queen Elizabeth II had ended, a short moment of reflection was offered.	
	Declaration of Interests C15(22)	
3.	Glenn Tomison and Josie Forte declared interests for the regulatory reform and call for evidence item, as recorded in the minute for the item.	

	Minutes of the meeting held on 29 June 2022 C16(22)
4.	The minutes were approved as an accurate record of the meeting.
	Action points update C17(22)
5.	There were no outstanding actions.
	Matters arising
6.	There were none.
	GOC Annual Report
7.	The Head of Governance introduced the report. The report covered activity from 1 April 2021 to 31 March 2022, as well as planned future activity. Council noted the statutory basis for the report and was advised that next year's annual report would be a more attractive, public facing document.
8.	Council noted the report highlighted continued growth in the numbers of optometry students and reflected on the potential impact this will have on the optometry workforce. Council suggested areas that needed to be addressed in next year's report. Council noted the data for Contact Lens Opticians (CLO) and discussed the impact of locum activity and part time optometrists and dispensing opticians on workforce capacity. It was also proposed that registrant data, if possible, by region could potentially assist employers and commissioners with workforce planning. It was noted that the Association of British Dispensing Opticians (ABDO) had provided assurance that there had been an increase in enrolments to approved qualifications for dispensing opticians in this academic year, and expected the number of graduates entering the profession to steadily increase from 2024/25 and 2025/26.
9.	Council: **approved** the GOC annual report 2021-22; **noted** the Independent Auditor's Report to the Trustees of General Optical Council; **noted** the necessary approvals from Audit, Risk and Finance Committee (ARC) and Remunerations Committee; and **delegated** responsibility for any final minor amendments to the Chief Executive and Registrar (in consultation with the Chair of Council).
	Audit, Risk and Finance Committee Annual Report
10.	Council noted key areas of focus and activity for the committee in 2021/22. The report also included a forward plan for the committee for 2022/23. Council welcomed the clarity and quality of the report. Council **noted** the ARC annual report for 2021/22.
	Regulatory Reform and Call for Evidence update
11.	Council agreed that to avoid any perception of bias or conflict of interest, given Glenn Tomison and Josie Forte held non-executive roles at FODO, Glenn Tomison and Josie Forte would leave the meeting during discussion of this item. With the agreement of Council, Clare Minchington took over as Chair.
12.	Council noted the key themes arising from the call for evidence analysis and a summary of views from the optical sector. Council noted the level of stakeholder engagement had been positive.

13.	Council supported the proposal that further research be carried out to collect a robust set of evidence to inform areas where additional analysis was required. Council noted that the timetable going forward had been designed to ensure there was ample time to consult, to listen to stakeholders and assess evidence of impact. Council discussed aspects of the range of topics proposed for further research, including clinical decision-making, the divergence of NHS commissioning in each nation of the UK, regional service delivery within England, advances in technology and the future of optics. It was commented that precision in language and terminology would be key in development of any future policy proposals.
14.	Council discussed the need retain focus on the GOC's core public protection function. Council agreed it was important to reassure stakeholders by sharing proposed timelines for next steps. Council noted the GOC continued to engage with the Department of Health and Social Care (DHSC) on regulatory reform and the Section 60 Order, which would set the footprint for other regulators.
15.	Council: **noted** our update on the call for evidence on the Act; **approved** the proposed timescale and next steps; **approved** the reallocation of the previously approved expenditure from the strategic reserves (see paragraph 13 for further detail); and **delegated** approval of the business cases/proposals for further research to the Chief Executive and Registrar (in consultation with the Chair of Council).
	Glenn Tomison and Josie Forte rejoined the meeting. Glenn Tomison assumed the Chair.
	Q1 Council Internal Business Plan Exceptions Report Update
16.	The Head of Governance introduced the report, which was broken down into departments.
17.	Council noted the significant work done to address improvements in timeliness and case progression in Regulatory Operations and thanked the team for their work. Council was advised the issue of increasing number of part-heard hearings was being addressed with a deeper dive of part heard cases to identify common causes and themes (if any) and associated management actions. It was noted that an in-depth analysis would be brought to the Senior Management Team (SMT) in November and an update provided to Council in December 2022.
18.	Council discussed the increase in staff turnover recorded in the Q1 exceptions report and was advised that turnover had increased due to a combination of factors related to the growth in overall level of headcount, and the impact short term recruitment and fixed term contracts (for example, maternity leave cover) ending. The trend was expected to reduce as several recruitment campaigns had recently concluded. Any other underlying reasons were being picked up by exit surveys. SMT provided assurance that enhanced scrutiny of retention and turnover procedures was carried out to ensure internal processes were secure.
	Balanced Scorecard
19.	The Head of Governance introduced the report for quarter one of 2022/23.
20.	Council was provided with an update on investment in people. It was noted that staff appraisals, review of training requirements and planning staff training opportunities for the year ahead had started. Council noted an evolving dashboard around budget measures and discussed whether the definition of measures and

	tolerances were correct. It was suggested that the next iteration of the balanced scorecard include an Equality, Diversity and Inclusion (EDI) measure.
21.	Council was advised that SMT met on a monthly basis to consider a more complex performance data report. The balanced scorecard was a summary of that process utilising a selection of statistical measures. Business planning for 2023/24 would consider what key business measures and drivers could be included in the quarterly performance and assurance reporting for Council.
	Q1 Financial Performance Report
22.	The Head of Finance provided highlights of the report, including key drivers for improvements. Market value volatility was being closely monitored for GOC investments.
23.	Council noted non-UK registrant applications had significantly increased, primarily from India and Nigeria. This was likely due to greater workforce mobility and increased recruitment activity overseas by UK optical practices as the Covid lockdown came to an end. Council **noted** the financial performance for the three months ending on 30 June 2022.
	Chair's report C22(22)
24.	Council **noted** the Chair's report.
	Chief Executive and Registrar's report C23(22)
25.	The Chief Executive provided highlights of the report. Congratulations were extended to the newly appointed members of Council's committee.
26.	Council noted the introduction of updated agile working guidelines for GOC staff.
27.	Council noted the Chief Executive's wider engagement activity and the planned Council strategy day on 17 November 2022, as well as engagement with the Professional Standards Authority (PSA) following the publication of its "Safer Care for All" report and forthcoming conference.
	Stakeholder Survey, Registrant Survey and Public Perceptions Survey
28.	The Director of Regulatory Strategy introduced the report. It was noted that there was a positive shift in how the public viewed eye health, although there were variances between UK nations. Horizon scanning of sector and public engagement was planned.
29.	Council noted emerging care access inequalities in remote areas and for disadvantaged groups. It was commented that workforce data capture was key to mitigate the risk of some communities not getting eye care delivered. Further consideration should be given to the GOC's role in terms of inequalities and access to care.
30.	Council was advised that the GOC planned to review the standards for optical businesses. The GOC would use the evidence gathered to consider how it might respond to technological development in the delivery of eye care. Council would have the opportunity to discuss the matter further at the next Council Strategy Day planned for November 2022. Council was provided with assurance that there were

	important strategic strands of activity planned to demonstrate how the organisation was responsive to stakeholders.
31.	Council **noted** the findings from the reports and the actions the GOC will take in response.
	Financial Regulations and Scheme of Delegation
32.	Council was advised that the updated Financial Regulations and Scheme of Delegation for Financial Management had been approved by ARC. Council noted the Finance team was rolling out training and support to staff. Council **noted** the revised Financial Regulations and Scheme of Delegation for Financial Management.
	Council Forward Plan C32(22)
33.	Council **noted** the Council forward plan.
	Any Other Business
34.	GOC staff were thanked for all their hard work.
	Date of the next meeting
35.	Council noted the date of the next meeting as Wednesday 7 December 2022.
	Close
	The meeting closed at 1pm.

General Optical Council

COUNCIL

Actions arising from Public Council meetings

Meeting Date:	7 December 2022	**Status:**	For noting.

Lead Responsibility and Paper Author:	Andy Spragg, Head of Governance

Purpose

1. This paper provides Council with progress made on actions from the last public meeting along with any other actions which are outstanding from previous meetings.

2. The paper is broken down into 3 parts: (1) action points relating to the last meeting, (2) action points from previous meetings which remain outstanding, and (3) action points previously outstanding but now completed. Once actions are complete and have been reported to Council they will be removed from the list.

Part 1: Action Points from the Council meeting held on 21 September 2022

Reference	By	Description	Deadline	Update
Q1 Council Internal Business Plan Exceptions Report Update	Director of Regulatory Operations	An update on Part-Heard Hearings to be provided to Council in December 2022.	December 2022	**Completed –** Please see relevant section in the Chief Executive report.
Balanced Scorecard	Head of Governance/ Director of Corporate Services	Next iteration of the balanced scorecard include an Equality, Diversity and Inclusion (EDI) measure.	May 2022	**Ongoing –** Work is being scoped to assess the balanced scorecard measures for 23-24, and EDI will be incorporated.

Part 2: Action points from previous meetings which remain outstanding
There were no actions outstanding from previous meetings.

Part 3: Action points previously outstanding but now completed.
There were no actions outstanding from previous meetings.

Council

General Optical Council

Registrant Fees Rules and future fee strategy

Meeting: 7 December 2022   **Status:** For decision

Lead responsibility and paper author: Yeslin Gearty (Director of Corporate Service)

Purpose

1.   For Council to set the Registrant fee rules for 2023-24.

Recommendations

2.   Council is asked to:

- **agree** to increase the 2023-24 retention fee for fully qualified registrants and body corporates by 5.56%, whilst extending the low-income fee discount; maintain all other fees at their current levels and continue the approach of raising fees in line with inflation over the medium term.

- **consider** and **approve** the draft fee rules, as set out in **annex one**.

Strategic objective

3.   This work contributes towards the achievement of all the GOC's strategic objectives as fees are our sole form of income.

Background

4.   Council is required to set a budget each year to adequately manage its resources to meet its statutory objects and deliver its services in a sustainable way. At its meeting on 8 December 2021 (Paper ref C56(21)), Council approved the annual registration fees for 2022-23, with the main registration fee remaining at £360 (the last increase in registration fees being from £350 to £360 in 2019/20) and agreed that the approach to raising fees in line with inflation should continue over the medium term. Council also agreed that the annual registration fee increase for the following year (2023/24) should be modest and consistent with previous increases, which had been broadly in line with inflation (and subject to annual review / approval).

5.   Last year, when presenting the proposed 2022/23 fees rules to Council, we said "*In line with our aim of modest and consistent fees for future years, the indicative fee, based on possible increases in inflation, for 2023-24 will be between £370 (2.75%) and £380 (5.56%). This should remain subject to annual review*".

6. In setting registration fees for the 2022/23, uncertainty due to the on-going impact of Covid-19 on both the economy and our registrants, and in line with our usual approach of analysing our finances when developing fee proposals, Council again agreed to freeze registration fees. As a consequence, the main registrant fee for 2022/23 remained at £360. At the time, we stated that we would consider an increase in line with inflation for 2023-24. In the previous six years we have met the objective of modest and consistent increases, amounting to a £10 increase per annum for the main registrant fee each year, with no increase in any fees at all since 2020 (the third consecutive year of fee freezes).

7. We have now completed our quarter two budget review and re-forecast, (see separate finance papers). From this we conclude that whilst our overall financial position for the current year shows an increased positive variance before reserve expenditure, our 2023-24 outlook is less positive than previously forecasted, including projected deficits which consider planned investment from reserves to fund strategic project expenditure. There is of course also significant volatility in the performance and value of our investment portfolio, and our planning indicates returning to expected surpluses in year four. Our forecasted reserves position for 2023-24 indicates that we will need to utilise around £1.8M of our strategic reserves.

8. Our assumptions are based on a low likelihood of registrant renewals reducing, and new registrations remaining on track with previous years, although this is subject to risks as outlined later in this paper.

9. Maintaining healthy reserves reflects Charity Commission guidance. This means that whilst we could consider a potential further freeze on fees for the coming year, it would be prudent to seek a modest increase to allow for potential fluctuations in income, achieve a balanced or better business as usual (BAU) budget and reduce the amount we may need to draw down from our investments, especially whilst markets are volatile and the risk of realising losses on investment values is high.

10. The recommendations contained in this paper are consistent with the assumptions underpinning our second quarter projections for 2022-23, 2023-24 and out-years, all of which were considered by the Audit Risk and Finance Committee (ARC) on 22 November 2022.

11. At the 22 November meeting, ARC considered the fees proposal for 2023-24 and draft rules, and recommend their approval to Council.

Analysis

12. In recommending these fees, we have taken account of the following:
    - levels of inflation (including pay inflation);
    - the PSA's strong steer of ensuring that fees and fee increases are not unreasonable;

- an expectation that we will deliver our core business within our income each year (breakeven or better) and;
- relevant statutory requirements and wider public law considerations.

13. The proposal is to increase the main registration fee by 5.56% (£20), whilst increasing the discount applied to the low-income fee by the same amount, to keep it in-line with the current 2022-23 fee and to continue to freeze all other fees.

14. To follow previous increases and raise the main registration fee by £10; from £360 to £370, would represent a 2.75% increase, or to increase by £20 to £380, a 5.56% increase, both of which are considerably lower than the rate of inflation (CPI 11.1% over 12 months to October 2022). To raise fees along the rate of inflation by say £30 to £35, would see an increase significantly above any amounts which we might have anticipated in previous years. It would also potentially be out of step with the PSA steer and difficult to justify to stakeholders given our large reserves and planned strategic investment (despite short term down-turns in investment valuations and income). This reasoning includes consideration of the following:

- The latest 5-year forecast shows a surplus of £134k in business-as-usual expenditure versus income for 2023-24, based on an increase of the main registration fee by £20. We also anticipate a surplus in the out-years and have seen a continuous increase in business-as-usual surplus for the first two quarters of 2022-23, which indicates we can afford to manage our future budget with a £20 fee increase, although we are of course carefully considering all areas of expenditure for 2023-24 with a view to identifying savings and efficiencies in order to achieve a balanced (or better) BAU budget.
- In-built efficiencies and lessons learned through remote working mean expenditure levels in some areas continue to be lower than previous years and some of those savings from new ways of working are expected to continue.
- As shown in separate financial performance reports, we continue to maintain a high level of reserves, despite overall amounts decreasing through planned investment into strategic projects and levels reducing through unrealised losses related to investment values dropping throughout 2022. Our reserves policy will be revised in 2023 to address these trends in-line with our re-forecasted budget.
- Our review of reserves policy will ensure that our reserves and management of them appropriately reflects the need to provide additional financial resilience in the current (and anticipated future) volatile financial environment.
- CPI, the main Government measure of annual inflation, has steadily increased from 4.5% to 11.1% over the last 12 months and our Investment Manager's advice is to expect inflation rates to remain high for at least a further year, with an economic recession likely towards the end of the year and throughout 2023.
- Wage inflation is currently running at 5.7% (year on year 3-month average - ONS). Salary costs represent over 50% of the GOC's regular running costs. Our budget for next year has yet to be set. In the meantime, we have

provisionally provided for an overall seven percent increase to the wage bill. A future management decision will be required for how much should be provided for an inflationary increase and how much, if anything, should be provided for performance related increases.

- The PSA have set a 3.9% increase in their fees to us from April 2023 which followed a 1% increase for 2022-23. The PSA levy a fee based on the number of registrants including students. For 2021-22 this was £88,215.00 and £89,083.00 for 2022-23 (2023-24 figures to follow).
- The number of low-income registrants is assumed to remain stable. To ensure that the lowest earning registrants are not affected by the main registration fee being increased, our proposal is to increase the low-income discount by £20, from £100 to £120, meaning those registrants who successfully apply for the discounted fee will continue to pay £260 per year, whilst noting the ongoing ability to apply to change to low-income at any point of the year. Based on the number of low-income fees paid last year, increasing the discount will have an estimated cost of under £20,000.
- The budget forecast includes assumptions on the above and this proposal being approved and implemented.

15. We also considered freezing or raising the main registration fee by different amounts. For every additional £5 charged there is a financial benefit of around £100,000. Our view is that the £20 increase is proportionate when considering all the above and allows us to achieve a surplus BAU budget for 2023-24 based on our latest projections.

16. There are a number of risks that should be considered when deciding on whether to increase fee and if so, by how much. These include a preliminary list of further financial risks we need to anticipate and have a contingency for:

- De-regulation of one or more professions;
- De-regulation of students (although we believe the loss of student income would be largely neutral compared to the cost of providing services such as registration and renewal);
- Further shift toward multiples (risk to business registrant income);
- Recession and downturn in UK economic outlook negatively impacts the optical profession (registrants leave the profession, optical business fail with resulting drop in income etc.);
- Contraction in demand for registrant services (risk to registrant income).
- Government enforced cap on professional registration fees or removal of ability to set our own fees;
- Critical infrastructure development (property and IT);
- Forced merger with another regulator; and
- Potential high implementation costs for compliance with the Welsh language scheme.

17. We continue to consider the likelihood of these risks materialising in the next year and beyond. Losing the ability to set our own fees could mean that we would not be able to assume any increases for some time, based on the experience of other regulators

(e.g., HCPC) in passing fees rules through Privy Council and devolved administrations. We considered whether this risk should persuade us to raise fees by a higher amount, closer to inflationary levels, to ensure that we maintain a level of income that could off-set future difficulties in increases, on-going high levels of inflation and reduced registrant numbers, but have considered on balance, raising the fee by more than £20 was not justified by this risk.

18. In financial reports across 2020-21 and 2021-22 we made a number of assumptions around fee income reducing due to the effects of Covid-19 on optical professionals and businesses and included scenarios covering a variety of outcomes. The pessimistic assumptions for 2020-21 and 2021-22 did not materialise and we have considered future forecasts based against a stable position in relation to registrant retention and overall growth of the register in line with year on year upward trends, all of which influence the recommendation here. The latest Financial Performance Report provides further background the value of our investments and assumptions on the income generated.

19. All business areas are in the process of drafting the proposed GOC business plan for 2023-24. This is currently under review with the SMT. The Chief Executive and Registrar, Director of Corporate Services and Head of Finance will be meeting with individual services over the next few months to review the business plan alongside the budget and ensure that the proposals are financially robust. ARC will review the proposals in January and February, prior to seeking approval by Council in March 2023.

20. It is therefore recommended that we increase the main registration fee by 5.56% (£20), which is a compromise, being more affordable to registrants and body corporates, whilst still providing a reasonable level of additional income to off-set some additional costs such as an increased pay bill. Any higher amount could risk stakeholder criticism and escalation to/intervention of the PSA. Maintaining all other fees at current levels and effectively increasing the concession for lower earners also demonstrates that we have been proportionate and considered in our approach. Our view is that increasing other fees would not generate sufficient income to justify further increases, when balanced against the overall message that we have tried to minimise increases whenever possible. We also recommend that Council agree to signal that future years' fee increases will continue to be reviewed in-line with inflation alongside the need to ensure fee income covers the cost of delivering our core functions and whilst recognising the need to invest into improvements to ensure we deliver our overall Fit for the Future strategy.

21. With a moderate increase this year, the additional fee income generated by this proposal is anticipated as being sufficient to achieve our objective of a small surplus in the BAU budget, as well as help ensure that any future fee increases can continue to be moderate and in-line with our overall approach of being reasonable and either in line with inflation or below it. As always, our budgeting and business planning activities will include a comprehensive review of potential efficiencies and savings including prioritisation/phasing of project work, overall headcount and the annual staff pay award.

22. The past two years' fees alongside recommended changes are highlighted in the table below

Registrant Type	2021-22	2022-23	2023-24
Fully Qualified & Body Corporate renewal fee	£360	£360	£380
*Student renewal fee	£30	£30	£30
Application for Initial Registration or Restoration (not on student register) fee	£75	£75	£75
Application for Initial Registration (transfer from student register) fee	£40	£40	£40
Low-income discount	£100	£100	£120

*Student application fees for initial registration and renewal were both increased by £5 three years ago

Finance

23. There are no additional financial implications of this work.

Risks

24. The following risks are associated with the issue:
- The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively;
- There is an inherent risk in setting the fee level based on an outline budget as we are only eight months into the current financial year. As the full impact of trends and changes cannot be reflected fully in our financial performance for the year to date;
- There is risk in assuming investment income will provide a consistent annual return. This is in line with the remit of the Investment Manager but is based on long-term performance and could fluctuate year on year; and
- Work around legislative reform may impact the way we charge registrants in future years, but this will require further detailed planning and consultation across stakeholders.

Equality Impacts.

25. No equality impact has been undertaken as this is a continuation of current practice to raise fees broadly in line with inflation.

Devolved nations

26. There are no implications for the devolved nations.

Communications

External communications

27.   Normal communications regarding fees will take place; including in our 'News from Council' and publication of the fees on the website.

Next steps

28.   The business plan and budget for 2023-24 will be presented for approval at the Council meeting in March 2023 and will reflect the decisions taken here.

29.   Financial reporting will continue to be considered by both ARC and Council including relevant forecasts.

Attachments

Annex one: Registration fee rules 2023-24

THE REGISTRATION FEES RULES 2023-2024

Each application falling within a category set out in the table below shall be accompanied by the fee shown for the period 1 April 2023 – 31 March 2024:

Applications for annual renewal of registration	23/24 Fee
Annual renewal fee Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both for the year commencing on 1 April 2023 and ending on 31 March 2024 received on or before 31 March 2024	£380
Low income earners annual renewal fee[1] Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians for the year commencing 1 April 2023 and ending on 31 March 2024 applications received on or before 31 March 2024.	£260
Application for annual renewal in the register of student optometrists or the register or student dispensing opticians for the year commencing 1 September 2023 and ending on 31 August 2024 received on or before 31 August 2023.	£30

Applications for annual renewal of registration when entering, transferring or restoring to the register	23/24 Fee
Annual renewal fee for the period 1 April 2023 and ending on 31 March 2024, pro rata rate based on date of entry to the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both	£95.00 per quarter or part thereof

Applications for Registration	23/24 Fee
Initial application to be entered on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low income earners.	£75
Application for registration in the register of student optometrists or the register of student dispensing opticians for all or part of the year	£30

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[1] a low income earner is defined as an individual fully qualified applicant or registrant whose total individual income is estimated to be lower than £16,000 for the following year 1 April 2023 - 31 March 2024.

commencing 1 September 2023 and ending on 31 August 2024. No annual renewal fee will be charged for the year in which they are applying for registration.	
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£40

Applications for transfer of registration	23/24 Fee
Application for transfer between full registers for all or part of the year commencing on 1 April 2023 and ending on 31 March 2024.	£40
Application for transfer from the register of student optometrists to the register of optometrists or from the register of student dispensing opticians upon completion of a GOC accredited route to registration.	£40

Applications for restoration of registration	23/24 Fee
Initial application to be restored on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low-income earners.	£75
Application for restoration to the register of student optometrists or the register of student dispensing opticians following removal or erasure from the registers for all or part of the year commencing on 1 September 2023 and ending on 31 August 2024. No annual renewal fee will be charged for the year in which they are applying for registration.	£30

Applications for Certificates of Current Professional Status	23/24 Fee
Application for a certificate of current professional status.	£25

Applications for assessment of qualifications gained from outside of the UK to gain entry to the register of dispensing opticians or optometrists	23/24 Fee
A scrutiny fee for processing documentation for applications for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£125
For those that have passed the scrutiny stage and require an equivalency assessment, a fee will be charged for: Assessment of equivalency of qualifications and experience for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£450
An interview fee for non-EEA applicants (this is the cost of a telephone interview between the applicant and GOC assessors)	£200

Dr Anne Wright CBE   Leonie Milliner

Chair of Council   Registrar

General Optical Council

COUNCIL

Gifts and hospitality policy

Meeting: Wednesday 7 December 2022   **Status:** For approval

Lead responsibility: Andy Spragg (Head of Governance)
Paper Author(s):   Andy Spragg (Head of Governance)
Council Lead(s):   None.

Purpose

1.   Council is asked to consider and approve the proposed revised and updated gifts and hospitality policy.

Recommendations

2.   Council is asked to:
   - **approve** the revised gifts and hospitality policy; and
   - **delegate** any final revisions to gifts and hospitality policy to the Chief Executive (in consultation with the Chair of Council).

Strategic objective

3.   Ensuring that the GOC is transparent about its policy for gifts and hospitality supports the following strategic objective: "delivering world-class regulatory practice". It also reflects GOC values and behaviours, such as acting with integrity.

Background

4.   The previous gifts and hospitality policy was last reviewed in 2015. As result, we have taken the opportunity to update and review the policy as part of our planned programme of policy review. The proposed updated policy was referred to the Policy Review Group (PRG) and Senior Management Team (SMT) for comment. The Audit, Finance and Risk Committee (ARC) was invited to review the revised policy at its meeting on 22 November 2022.

5.   The gifts and hospitality registers and registers of interest for SMT, Council and committee members are published on the GOC website[1]. They are reviewed annually by ARC (most recently 22 November 2022).

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[1] https://optical.org/en/publications/register-of-interests-and-gifts-and-hospitality/

Analysis

6.   This revised policy makes the following amendments –

- Updating GOC terminology and references to organisational values;

- Aligning the reporting and investigation process with the GOC speaking up policy for staff;

- Amending the flow charts to reflect feedback from the Policy Review Group, including a more consistent look with our corporate branding.

7.   A copy of the feedback from the Policy Review Group is attached as **annex 2.**

8.   ARC proposed one substantial amendment, which was an additional section covering gifts given and received between staff. It is proposed approval for the final wording of this section is handled under delegated authority.

9.   The requirements for staff, members and workers remain otherwise unchanged.

10.   The reporting process is being updated to include an online form, a more consistent reporting process in alignment with how the GOC operates in the current context.

Finance

11.   There are no direct financial implications as a result of the proposed amendments to policy. The policy, however, supports the GOC and its staff in transparent financial decision-making by having a clear process by which gifts and hospitality are reported and any potential conflicts of interest or risks managed.

Risks

12.   The risks associated with gifts and hospitality are financial (such as loss through fraud) and reputational. The revised policy, once approved, will be circulated to members, workers and employees as a reminder. An additional refresher for staff and Council members will be incorporated into one of their respective regular meetings. Both serve as mitigating actions in respect to risk management in this area.

Equality Impacts

13.   There are no implications identified in respect EDI or human rights.

Devolved nations

14.   There are no differences in relation to this area and the devolved nations.

Other Impacts

15.   There are no implications identified in respect of legislation, resources, or sustainability.

Communications

Internal and external communications

16.   If approved by Council, the policy will be made available on IRIS and the GOC website. The Chief Executive and Registrar will refer to its update in her weekly bulletin, and a future All Staff Meeting will include a refresher for staff and managers with responsibilities in this area. The Head of Governance will write to all committee members and workers advising that the policy has been updated and asking that they take note of the requirements on them in respect to declaring gifts and hospitality.

Next steps

17.   If approved, the policy will be implemented and subject to review in three years' time.

Attachments

Annex 1 – revised gifts and hospitality policy
Annex 2 – policy outcome form

Gifts and hospitality policy

Including rewards and prizes, political and charitable donations, sponsorship and speaking fees

Status of document:	FINAL
Version:	Approved by Council
Date of approval:	TBC
Effective from:	TBC
Owner:	Andy Spragg
Author:	Andy Spragg
Planned next review date:	December 2025

1. Policy statement

1.1 Gifts and hospitality can be an appropriate part of a working relationship but any acceptance must not improperly influence, or be seen to be improperly influence, any decisions or create a feeling of obligation.

1.2 This policy covers gifts (which includes gifts, rewards and prizes, donations and sponsorship and speaking fees) and hospitality.

1.3 This policy is consistent with our values:

- We act with integrity
- We pursue excellence
- We respect other people and ideas
- We show empathy
- We behave fairly
- We are agile and responsive to change.

2. Purpose

2.1 The purpose of this policy is to provide guidance on:

- what is and is not acceptable in relation to gifts and hospitality
- how and when you should make a declaration
- what you should do if you need to report a concern and how that concern will be investigated.

3. Scope

3.1 This policy applies to:

- employees (whether permanent or temporary) and workers[1]
- members[2]
- partners, spouses and close family relatives[3] of all Council and Senior Management Team (SMT)[4] members for the purposes of auditing related party transactions.

3.2 Compliance with this policy is mandatory. Non-compliance for employees may be considered to be gross misconduct (and could result in summary dismissal). Non-compliance for members is a breach of the terms of appointment which could result in removal from office.

3.3 Responsibility lies with the employee, member or worker to make such declarations in accordance with this policy. We encourage all employees, members and workers to seek

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[1] Workers are appointed under a contract of employment by the Executive. This will commonly apply where work is ad-hoc and semi-regular.
[2] Members are appointed by the Privy Council (in the case of Council Members) or via the Council's appointment processes for committee members. This will commonly apply where individuals are a member of a committee or Council.
[3] Parents, siblings and adult children
[4] The Senior Management Team includes the Chief Executive and Registrar, the Director of Change, Director of Corporate Services, Director of Regulatory Operations and Director of Regulatory Strategy

consent and further guidance if you are in any doubt about your responsibilities under this policy. This will enable us to establish precedents; it will protect individuals from concerns being raised; and it will ensure transparency. If you require further advice and guidance, you should contact the Governance team at governance@optical.org

4. Gifts and hospitality register

4.1 A register of all gifts, hospitality, donations, sponsorship and fees declared in accordance with this policy will be maintained for the purposes of internal auditing. The register will include the following details:

- the gift, hospitality, award or prize or fee received
- the known or estimated value
- the date of acceptance or refusal
- the person or organisation who gave the gift, provided the hospitality, made the charitable donation or paid the speaker fee
- the name of the GOC employee, member or worker in receipt
- the reason for acceptance or refusal.

4.2 The register will be considered by the Audit, Risk and Finance Committee (ARC) annually and then published on the GOC website.

4.3 Governance will also maintain a record of all requests for advice and guidance on this policy, in order to establish trends and precedents and to assist when this policy is due for review. This record will be reviewed by ARC annually.

5. Review of this policy

5.1 Governance will be responsible for reviewing this policy every three years, considering new or changes to legislation and regulations as well as best practice before presenting it for consideration by ARC.

6. Gifts

6.1 A 'gift' is an item given without the expectation of payment or reciprocity.

6.2 The table at 6.5 explains what is and is not acceptable when being offered a gift and what action you need to take. It is not intended to cover every eventuality and employees, members and workers are encouraged to seek further advice and guidance from the Governance team where necessary at governance@optical.org

6.3 If you need to make a declaration, please complete the form at Annex A: Declaration form for gifts, hospitality and fees within seven working days of receipt and return it to Governance.
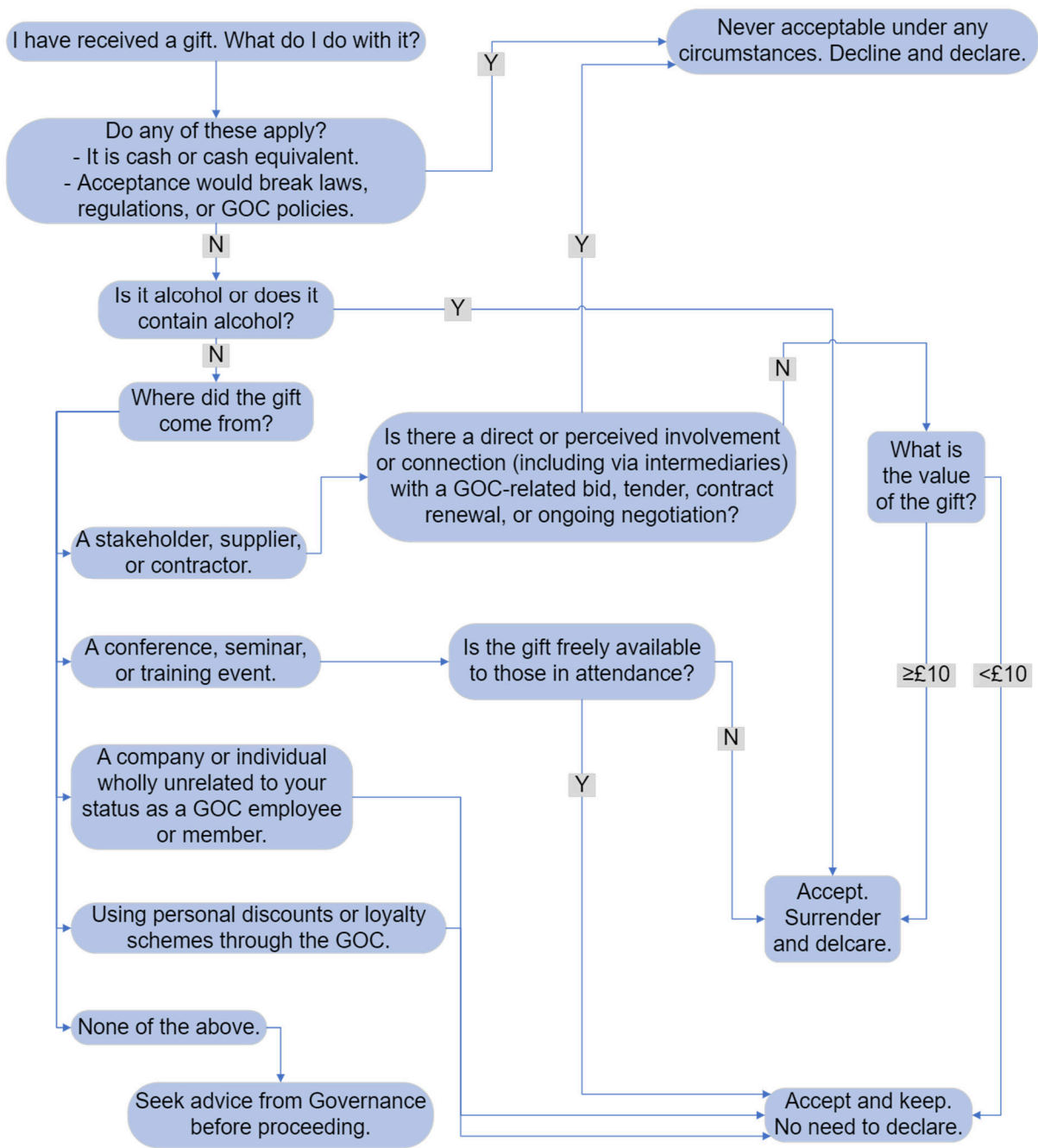
6.4 In cases where gifts need to be surrendered but where the recipient wishes to keep it, the Head of Governance will determine the monetary value of the gift and provide an opportunity for the employee, member or worker to either donate the value of the gift to a

GOC nominated charity and keep the gift; or choose for it to be raffled amongst employees, members and workers. Any donations collected from gifts or proceeds from a raffle will be recorded on the gifts and hospitality register.

6.5 **Gift decision flowchart**

It is rarely appropriate to accept gifts. Before accepting or declining, consider whether:

- the business relationship will be altered (or could be perceived to be altered)
- there is an expectation that the gift will influence (or be perceived to influence) a decision or the speed at which a decision is made
- the gift could give rise to a conflict (or be perceived to give rise to a conflict) of interest
- a fellow regulator, stakeholder, or the press, would consider the gift to be reasonable, appropriate, and/or proportionate
- it would be more than the GOC would offer in similar circumstances.

I have received a gift. What do I do with it?

Do any of these apply?
- It is cash or cash equivalent.
- Acceptance would break laws, regulations, or GOC policies.

→ Y → **Never acceptable under any circumstances. Decline and declare.**

N ↓

Is it alcohol or does it contain alcohol?

→ Y → **Is there a direct or perceived involvement or connection (including via intermediaries) with a GOC-related bid, tender, contract renewal, or ongoing negotiation?**

Y → **Never acceptable under any circumstances. Decline and declare.**

N → **What is the value of the gift?**
- ≥£10 → **Accept. Surrender and delcare.**
- <£10 → **Accept and keep. No need to declare.**

N ↓ (from alcohol question)

Where did the gift come from?

- **A stakeholder, supplier, or contractor.** → (to direct/perceived involvement question)
- **A conference, seminar, or training event.** → **Is the gift freely available to those in attendance?**
  - N → **Accept. Surrender and delcare.**
  - Y → **Accept and keep. No need to declare.**
- **A company or individual wholly unrelated to your status as a GOC employee or member.** → **Accept and keep. No need to declare.**
- **Using personal discounts or loyalty schemes through the GOC.** → **Accept and keep. No need to declare.**
- **None of the above.** → **Seek advice from Governance before proceeding.**

- If you require guidance, ask a member of Governance.
- Not sure of the value of your gift? Ask Governance for advice.
- You should make your declaration within seven working days of receipt of the gift.
- Use the declaration form (Annex A) at the back of this policy.

7. Hospitality

7.1 Hospitality can be in many forms – meeting refreshments, lunches, post-conferences buffets, invitations to stakeholder events, gala dinners and overnight accommodation.

7.2 It is important that employees, members and workers are, and are seen to be, independent and not influenced by the acceptance of hospitality.

7.3 The guidance on the next page explains what to do if you are offered hospitality. It is not intended to cover every eventuality and employees, members and workers are encouraged to seek further advice and guidance from Governance where necessary at governance@optical.org
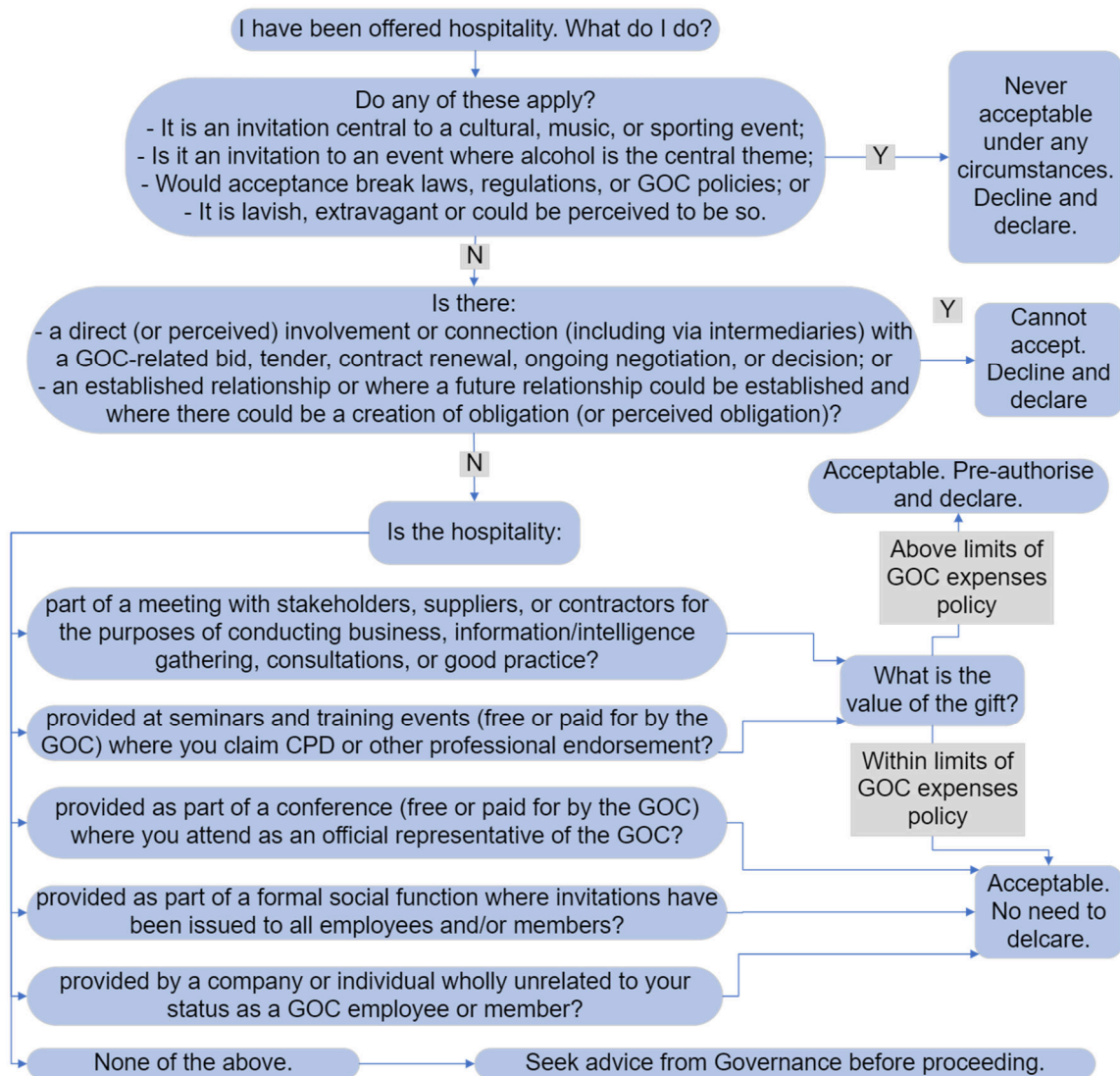
7.4 If you need to make a declaration, please complete the form at Annex A: Declaration form for gifts, hospitality and fees within seven working days of being invited and return it to Governance.

7.5 The proposal to offer hospitality at the GOC's expense is set out in the GOC Expenses policy. Further advice and guidance on this policy can be sought from the Director of Corporate Services.

7.6 **Hospitality flowchart**

When considering whether to accept or decline, consideration should be given to:

- the perceived value and not just the actual cost
- the frequency of the hospitality – repeated or overly frequent invitations should be avoided
- the context – are you being invited or offered as a representative of the GOC or as an individual
- the nature of the relationship between the GOC and the provider host. For example, where there is an established relationship or where a future relationship could be established i.e. suppliers and contractors, hospitality should be avoided unless it is clear that there is no creation or obligation or

I have been offered hospitality. What do I do?

Do any of these apply?
- It is an invitation central to a cultural, music, or sporting event;
- Is it an invitation to an event where alcohol is the central theme;
- Would acceptance break laws, regulations, or GOC policies; or
- It is lavish, extravagant or could be perceived to be so.

Y → Never acceptable under any circumstances. Decline and declare.

N

Is there:
- a direct (or perceived) involvement or connection (including via intermediaries) with a GOC-related bid, tender, contract renewal, ongoing negotiation, or decision; or
- an established relationship or where a future relationship could be established and where there could be a creation of obligation (or perceived obligation)?

Y → Cannot accept. Decline and declare

N

Is the hospitality:

part of a meeting with stakeholders, suppliers, or contractors for the purposes of conducting business, information/intelligence gathering, consultations, or good practice?

provided at seminars and training events (free or paid for by the GOC) where you claim CPD or other professional endorsement?

provided as part of a conference (free or paid for by the GOC) where you attend as an official representative of the GOC?

provided as part of a formal social function where invitations have been issued to all employees and/or members?

provided by a company or individual wholly unrelated to your status as a GOC employee or member?

None of the above. → Seek advice from Governance before proceeding.

What is the value of the gift?

Above limits of GOC expenses policy → Acceptable. Pre-authorise and declare.

Within limits of GOC expenses policy → Acceptable. No need to delcare.

- If you require guidance, ask a member of Governance.
- Pre-authorisation is obtained as follows: Directors and Chair of Council = Chief Executive & Registrar; Employees below SMT = your director; Chief Executive & Registrar = Chair of Council; Members = Chair of Council.
- Where an individual is attending more than one events that needs to be pre-authorised and declared during any 30-day period, it will be acceptable to complete one declaration form together with a separate list of all events attended.
- You should make your declaration within seven working days of being invited to the event using the declaration form (Annex A) at the back of the Gifts and hospitality policy.

8. External awards and prizes

8.1 There may be occasions where a member or employee might receive an offer of an award or prize from an outside organisation in connection with their official duties with the GOC such as a recognition of long service. Such awards or prizes can be retained and do not need to be declared if it is of a token nature i.e. not lavish or extravagant, offered in recognition of personal achievement and there is no risk that it could be perceived as either a gift or an inducement.

8.2 Employees, members and workers may enter competitions offered by individuals or organisations which have direct involvement with the GOC (such an organisation the GOC has regulatory oversight of, or one that it contracts services from). Such prizes must not be retained by individuals and be surrendered to the Head of Governance, who will determine the monetary value of the prize and provide an opportunity for the employee, member or worker to either donate the value of the gift to a GOC nominated charity and keep the gift or choose for it to be raffled amongst employees, members and workers. Any donations collected from prizes or proceeds from a raffle will be recorded on the gifts and hospitality register.

8.3 Members and employees may also enter competitions offered by individuals or organisations which have no direct involvement with the GOC, even if the employee, member or worker is at an event to represent the GOC. Prizes can be retained by individuals and do not need to be declared.

9. Political donations

9.1 The GOC as an organisation will not donate funds from income or reserves to political parties. If you are asked to make a donation to a political party on behalf of the GOC, please refer to the request to your relevant director or the Chair.

10. Charitable donations or sponsorships

10.1 A charitable donation might be a cash contribution or it could be the giving of 'in kind' support such as the supply of kit or employee volunteering.

10.2 Employees, members and workers must not offer or make a charitable donation using GOC resources or engage in sponsorship discussions which could lead to GOC resources being used to pay for sponsorship. Such decisions can only be made by the Director of Corporate Services in conjunction with the Chief Executive and Registrar and Chair of Council if it is considered in the best interests of the GOC.

10.3 As the GOC is a charity it is possible that we may receive charitable donations from individuals or organisations to help us further our charitable aims. If you receive a charitable donation for this purpose, you must contact the Director of Corporate Services immediately who will make a decision, in conjunction with the Chief Executive and Registrar, as to whether it can be accepted and how it will be used.

11. Speaker fees

11.1 Employees, members and workers may be asked to speak at conferences or other events on subjects which relate directly to the GOC remit, for example attending university 'fresher' events to meet with students regarding their registration, explaining changes at seminars regarding continuing professional development (CPD) and speeches at national or internal conferences. Sometimes the host may wish to pay a 'fee' for this service.

11.2 Any fees for speaking engagements on behalf of the GOC are acceptable but must not be retained by the individual. In order to be transparent any such fees must be pre-authorised and declared using the form Annex A and returned to the Governance team within seven working days. Such declarations will be included on the register. Connected food, accommodation and/or travel is acceptable and should be declared at the same time as seeking authorisation for the fee.

11.3 Authorisation for employees below SMT should be gained from your relevant director. Authorisation for directors and the Chair of Council should be gained from the Chief Executive and Registrar. Authorisation for the Chief Executive and Registrar should be gained from the Chair of Council. Authorisation for members should be gained from the Chair of Council. You should also inform the Communications team at communications@optical.org

12. Reporting concerns

12.1 If you suspect that a member or employee has breached this policy **you should** report your concerns to the GOC via the speaking up policy. Contact the champion at speakingup@optical.org

12.2 It would be helpful if you could provide as much detail as possible i.e. which area of the policy your concern relates to, any relevant details such as dates, times, places, names of those involved etc.

12.3 All allegations made under this policy will be reported to ARC, irrelevant of whether they are founded or not. The identity of the person who raised the concern will be kept confidential.

13. Investigation

13.1 All allegations of non-compliance with this policy will be investigated in accordance with our Speaking Up policy and procedure.

13.2 If the allegations are sufficiently serious, we may inform the relevant authorities (for example, the police) before we initiate our own investigation.

Annex A: Declaration form for gifts, hospitality and fees

Please use the form on the next page for any declarations and send to
goverance@optical.org

A electronic version of this form is available for use on IRIS [link] if you prefer.

Declaration form for gifts, hospitality and fees

Name:

Job title/position:

Department/Committee

I wish to declare the following which I understand will be held on the Register of Gifts and Hospitality, reported to the Audit, Finance and Risk Committee and published on the GOC website.

Gift Refused/returned		Hospitality Accepted and authorised		Speaker fee Member and pre-authorised	
Gift/prize Accepted and surrendered		Hospitality Accepted and preauthorised		Speaker fee Employee and preauthorised	
Gift Accepted to avoid offence and surrendered		Hospitality Refused			

Pre-authorisation:

Name:	Position:
Signature:	Date:

Date Gift/Hospitality/Fee received/declined

Description of Gift/Hospitality/Fee received/declined:

Value (please specify whether the value is known or estimated):

Gifts/Prizes only: retention decision:

Where donated to charity:

Name of charity	Value

Signed:

Date:

For Governance team only	
Form received by	
Date	
Date added to register	

POLICY OUTCOME FORM (Feb 2022) for PRG 2022 ("the Group")

Name of policy reviewed: Gifts and hospitality

Name of policy owner who attended the Group meeting: Andy Spragg, Head of Governance (accompanied by Joshua Hamilton, Performance and Planning Officer)

Date of Group meeting: 25 October, 2022

Q1. Does the Group accept the policy owner's evidence that the policy is legally compliant?

Yes

~~or~~

~~No – summary feedback below:~~

Q2. Is the policy written in plain English i.e. has all jargon or legal terms been explained?

Yes (save for the matters identified in Section 3 below)

~~or~~

~~No - summary feedback below:~~

Q3. Is the group satisfied that the policy is in line with best practice?

~~Yes~~

~~or~~

No - summary feedback below:

3.1.2: the definition of "member", at footnote 1, could be clearer. Eg add "worker" or describe members according to who they are rather than who they are not

3.2: need to check whether the CAP policy reference is still correct

3.3: need to include reference to workers, in line with Para 3.1.1 here and elsewhere (eg Para 6.4)

(4.2: although not directly relevant to the content of this policy, the Group noted that the website register has not been updated since 2019)

6.4 and 7.5: the tables and flowcharts are not in GOC corporate colours, and need reviewing for visual accessibility especially the stars and the dark colours. There seems to be unnecessary duplication of the list of factors to consider in deciding whether to accept a gift or an offer of hospitality

There seems no clear reason for separating the "Decline and declare" section into two columns for "Never acceptable" and "Cannot accept".

8.2: it would help to clarify what is meant by "direct involvement with the GOC", eg is this someone who the GOC regulates or oversees (eg the OCCS or our registrants)?

Annex A: the declaration form would benefit from a clearer layout

Annex B: the investigation timeline should mirror that in the Speaking-up policy

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Q4. Recommended next steps

Ready to progress to next stage

or

Progress after acting upon issues identified above.

Name and Job Title of those who reviewed the policy

1. Kiran Gill, Head of Legal (meeting Chair)
2. Vikki Julian, Head of Communications
3. Georgina Carter, Education Officer
4. Joy Bolt, CPD Manager
5. Oliver George, Registration Officer

Signed by Chair *K.Gill*

Date: 26 October 2022

Additional comments (if any):

No.	Comment	By (name)
1.		
2.		
3.		

C50(22)

COUNCIL

Equality, Diversity, and Inclusion (EDI) Annual Report 2021/22

Meeting: 7 December 2022   **Status:** For noting

Lead responsibility: Andy Spragg (Head of Governance)
Paper Author(s): John Duncan (EDI Manager)
                Joshua Hamilton (Performance and Planning Officer)
Council Lead(s): There is no Council lead for this work

Purpose

1. To present the EDI Annual Report for Year End 31 March 2022.

Recommendations

2. Council is asked to:
    - **note** the EDI Annual Report for Year End 31 March 2022 (annex one).

Strategic objective

3. EDI considerations are at the heart of delivering all three of the GOC strategic objectives: a world-class regulatory practice, transforming customer service and continuous improvement.

Background

4. There is duty on the GOC under the Public Sector Equality Duty to implement the Equality Act 2010. Specifically, to publish information to demonstrate GOC compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years.

5. By improving EDI, we can ensure that our objectives are delivered in a way that is consistent with the organisation's values. In doing so, we will secure the benefits of drawing upon the breadth of expertise, insight and knowledge that our core stakeholders, registrants and the public have to offer.

6. Standard 3 of the Professional Standards Authority (PSA) Standards for Good Regulation requires "the regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics."

7. The EDI Data Monitoring report has been produced annually as one component of delivering this standard. The information in this report is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by providers of GOC approved qualifications.)

Analysis

8. Overall, this annual report brings together two aspects of the Public Sector Equality Duty in that it delivers an analysis of our EDI data, and it publishes our EDI Action Plan 2020 – 2024 with a review of progress against those actions. Therefore, this annual report satisfies all the requirements imposed on the GOC by the Equality Act 2010.

9. The EDI Data Monitoring Report is included in the EDI Annual Report as an appendix and responds to Standard 3 of the Professional Standards Authority (PSA) which requires "the regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics."

10. Further to this, the report provides an overview of our EDI performance during 2021/22. As well as a review of progress against the EDI Action Plan 2020 – 2024 it offers insight into how we embed EDI in our work, our key achievements and the EDI projects and initiatives undertaken during the year.

11. The EDI Data Monitoring Report 2021/22 provides a comparison of data trends over a three-year period. Council is asked to note the contents and identify any key areas that need consideration as part of the EDI initiatives that the GOC is developing.

12. The delivery of this report was delayed due to the EDI Partner departing the GOC in Dec 2021 and the EDI Manager arriving in June 2022.

Finance

13. Production of the annual report is part of the business as usual activity for the GOC and carries no financial implications beyond the resources allocated as part of our annual budget. The Equality and Human Rights Commission enforces compliance with the duty. Where some under the Public Sector Equality Duty are not meeting their responsibilities, a claim for judicial review could be made. This could be done by a person or a group of people with an interest in the matter.

Risks

14. The risk of non-compliance with the PSA standard are significant in reputational terms. In addition, the failure to meet the GOC's public sector equalities duties would be detrimental to the organisation in respect to its standing as a regulatory body.

Equality Impacts

15. No policy or procedure is being implemented; therefore, no Equality Impact Assessment is required.

Devolved nations

16. The annual report does not present data broken down by the devolved nations, though this will be a consideration for future reports.

Other Impacts

17. The following other impacts have been identified:
    - Compliance with the Public Sector Equality Duty as per the Equality Act 2010
    - Ensuring an effective motivated workforce
    - Perception by stakeholders

Communications

External communications

18. The EDI Annual Report 2021/22 report is published annually on the GOC website.

Internal communications

19. The EDI Annual Report 2021/22 will be referenced in the Chief Executive and Registrar weekly bulletin when published.

Next steps

20. Progress against the EDI plan within the report will be monitored and periodic updates provided to SMT and Council

Attachments

Annex 1: Equality, Diversity, Inclusion Annual Report for Year End 31 March 2022

General Optical Council

Equality, Diversity and Inclusion Annual Report

for the year ended 31 March 2022

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Contents

Introduction

The General Optical Council (the GOC) is the regulator for the optical professions in the UK. Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians. As of 31 March 2022, there were 33,174 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'.

This report outlines our approach to Equality, Diversity, and Inclusion (EDI), including activities we have undertaken over 2021/22 to fulfil our commitments to the Equality Act 2010 for the year ended 31 March 2022.

EDI is central to everything we do, both as a regulator and as an employer. It is an important part of our strategic plan, which sets out our roadmap for the future and underpins our regulatory activities, which are organised around three strategic objectives:

- World-class regulatory practice
- Transforming customer service
- Continuous improvement

EDI is embedded into our values, underpinning the way we work with each other, the public and partner organisations. Working in this way secures the benefits of the breadth of expertise, insight and knowledge that our core stakeholders, registrants and the public have to offer. Our values are:

- We act with integrity
- We pursue excellence
- We respect other people and ideas
- We show empathy
- We behave fairly
- We are agile and responsive to change

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Treating everyone fairly is a core value of the General Optical Council. It is obviously the right thing to do. We invest in EDI because we value equity, we value diversity, and we value inclusion. The registrants we oversee have a core duty to act in the best interests of all patients and service users. They are also from diverse backgrounds with diverse needs. Being an organisation with a diverse workforce and with a diversity of members on our Council and committees also brings many advantages such as greater creativity, stronger governance, and better decision-making.

Therefore, is essential that we as an organisation have the insight and ability to support diversity amongst all our people.

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Background

There is duty on the GOC under the Public Sector Equality Duty to implement the Equality Act 2010. Specifically, to publish information to demonstrate GOC compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years.

This duty requires the GOC in carrying out its functions to have due regard or think about the need to:

- eliminate unlawful discrimination
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster or encourage good relations between people who share a protected characteristic and those who do not.

Standard 3 of the Professional Standards Authority (PSA) Standards for Good Regulation requires the following: "The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics."

Our EDI Data Monitoring report is produced annually as one component of delivering this standard. The information in this report is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by providers of GOC approved qualifications.)

Embedding EDI in our work

Our Council

Our Council is our governing body. It is responsible for the overall control of our organisation, including agreeing this strategy and holding the executive to account for its delivery.

Senior Management Team

The Chief Executive and Directors form the GOC's Senior Management Team (SMT). Directors have the authority to set the EDI priorities in their business areas. They are also accountable to the Chief Executive for making sure the resources are in place to deliver the EDI strategy. Directors are responsible for providing their teams with the support and understanding they need to deliver EDI through their work.

Management and line managers

Managers and line managers are responsible for delivering the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware of and engaged with these priorities, and that they understand how our approach to EDI fits the overall GOC vision and strategic plan.

All employees, Council and Committee members

Everyone is responsible for making sure they:
- meet the equalities and human rights legislation
- keep their training in and understanding of EDI up to date (this includes taking part in training sessions), and
- contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services

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Everyone has a responsibility to 'live' our values and to bring these to life through their work and interactions with other people both inside and outside the organisation

Governance

The EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our EDI strategy. It reflects the important relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work.

Our legal obligations

Our commitment is to go above and beyond in complying with the Equality Act 2010 and to follow best practice in all our work in this area. However, it is essential that we demonstrate how we meet our legal obligations in this context.

The Act specifies nine protected characteristics that are covered in the legislation, namely:
- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief (including no religion)
- sex
- sexual orientation

Section 149 of the Act sets out what is known as the Public Sector Equality Duty (PSED). Under the Act, we are treated as a public authority, and we are bound by the PSED. This means, when we carry out our public functions, we must have 'due regard' to the need to:
- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

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To have 'due regard' means that in making decisions and carrying out our functions and day-to-day activities, we must consciously consider all three of the duties above.

How much regard is 'due' under a particular duty will depend on the circumstances. It will depend on how relevant a duty is to the decision or function in question, as it applies to any particular group or groups. The greater the relevance and potential impact for any group, the greater the 'regard' we must have under the duty. Whenever possible, our approach to demonstrating 'due regard' includes considering 'intersectionality' between the protected characteristics.

Key achievements in 2021/22:

PSA Recognition

The PSA recognised our commitment to EDI through our creation of a new EDI action plan and an appointed EDI Partner to provide expert support. The report also highlighted the work undertaken to update the education and training requirements for optometry and dispensing optics, which prioritise patient and service-user centred care and safety.

Improved registrant and complainant data

We made important advances in terms of the collection of registrant and complainant data. This has given us a much clearer picture of the demographic of registrants who go through the system.

Anti-racism

We produced an organisational Anti-Racism Statement and formed an Anti-Racism staff group.

Engaging staff networks

The other Staff Network Groups have prospered also, with training offered to the chairs and committee members on increasing their impact and ongoing support and encouragement from the EDI Lead.

We were delighted to receive external ratification of our improvements in this vital area by the award of Best Small Company in the FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) awards run by the National Centre for Diversity, and a Bronze Award from the Employers Network for Equality and Inclusion.

Narrowing of Gender Pay Gap

Our Gender Pay Gap narrowed yet further to a mean of just 1.3% and a median of 5%, both in favour of males. Our work in this area is not yet done but it is pleasing to see such concrete progress.

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Further embedding EDI into our recruitment processes

SMT has agreed ambitious plans for further staff and member development, as well as refinements to our recruitment processes both with an EDI focus. These programmes have also been designed to link EDI matters to our values and behaviours, ensuring that these become baked into everyday life at the GOC.

Further embedding EDI into our management processes

We rolled out of a yearlong structured management development programme for all people managers in the organisation, which included EDI training, ensuring that all had a similar approach to managing their teams. The new developments were reflected in our latest all staff annual engagement survey, which showed a continuing upward trend in engagement since 2018.

Supporting our staff throughout the pandemic

Our staff continued to work remotely so we consulted on and developed agile working guidelines which remains in place. A further consultation has now been completed as part of developing our Future Ways of Working strategy.

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Our EDI Projects:

Alongside our continued delivery of our operational functions and business-as-usual activity, in 2021/22 we undertook a series of EDI projects to help us better fulfil our statutory objectives and in doing so, protect the public. These projects are described below.

Council Associate Scheme

Introduced in January 2022, Council Associates take part in our Council meetings and associated activity, and also attend our Audit, Risk and Finance Committee. Whilst they are not voting members, they are encouraged to contribute to discussions.

The Council Associate positions aim to increase the diversity of experiences and perspectives on our Council, while providing registrants with the first step towards a board, committee or panel role.

Welsh Language Scheme Compliance Reporting

The Welsh Language Scheme Compliance Report, reporting on how the GOC meets the requirements and upholds the Welsh Language standards as per the 2020-2021 requirements for Health Professional Councils set by the Welsh Language Commissioner.

The report highlighted the number of publications in Welsh on the GOC website totalled 18, accessible via the Welsh language section on the website. There were no complaints received about the conduct of practitioners in Wales, and the GOC received no complaints related to the Council's compliance with its Welsh Language Scheme. There were no Fitness to Practice hearings held in Wales, and no requests made by witnesses to speak Welsh.

Inclusion of questions about Welsh language in our standard impact assessment screening tool ensures that staff remain conscious of the need to think about Welsh language requirements.

Gender Pay Gap Reporting

The Gender Pay Gap Report had a snapshot date of 5 April 2021.Our results show a reduced mean and median pay gaps, both marginally favouring men but well within industry norms and an improvement on the figures from April 2020.

In February 2017, the Government introduced a requirement for companies with more than 250 employees to publish the following calculations, as at 5 April each year, to show the size of the pay gap between their male and female employees:

1. Mean gender pay gap in hourly pay
2. Median gender pay gap in hourly pay
3. Mean bonus gender pay gap
4. Median bonus gender pay gap
5. Proportion of men and women receiving a bonus payment
6. Proportion of men and women in each pay quartile

The GOC employs less than 250 employees and so we are not required to publish our gender pay gap data. However, as part of our commitment to equality, diversity, and inclusion (EDI) we have chosen to publish our data on an annual basis.

Overview:
- Mean Gender Pay Gap – on average men earn 1.3% higher hourly rate than women.
- Median Gender Pay Gap – on average men's median pay is 5.0% higher.
- Bonuses – we do not pay bonuses so there is no mean or median bonus gap.

Proportion of men and women in each of the four pay quartiles:

	Men	Women
Lower Quartile	25%	75%
Lower Middle Quartile	38%	62%
Upper Middle Quartile	35%	65%
Upper Quartile	35%	65%
All Staff	33%	67%

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We have managed to reverse last year's significant increase in our median pay gap, while continuing to tighten our mean pay gap even further. Both remain significantly better than the national averages (median 14.9%, mean 15.4%) and those for non-profit bodies (median 18%, mean 20.8%).

The proportions have improved further in the upper quartiles, getting closer to the overall staff ratio, but the two lower quartiles remain a concern. The lower quartile has improved slightly but the lower middle quartile has got slightly worse.

The GOC is committed to continually improving in this area by reviewing salary data on a regular basis to ensure that staff are paid appropriately and taking any necessary actions if not.

Our aim is a 0% Gender Pay Gap on both mean and median, as well as an equal split in all quartiles. This may be difficult to achieve given our small population, but it will remain the aim.

Please keep in mind when looking at the figures the impact of the small size of our population. As each person represents nearly 5% in each quartile, a 10% difference equates to 2 people only.

Further Initiatives

There are several ongoing initiatives to ensure that we pay colleagues appropriately and do not differentiate on gender, race or any other protected characteristic including:

- A review of our recruitment processes proposed several improvements to promote fairer hiring practices.
- Our family friendly and flexible working policies have been reviewed and relaunched.
- We continue to promote our staff networks to support diversity and inclusion, including Women's; Black and Global Majority, Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) and Disability networks; plus, our new Anti-Racism group; and the long-standing Staff Welfare and Engagement Group (SWEG).

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- We held a series of high-profile events to celebrate Women's History Month, including inspirational external speakers.
- Our new applicant tracking system is allowing us to track EDI data on applicants to ensure that we are attracting a diverse pool.
- Roll out of an ambitious programme of EDI learning and development approved to run over the next 2 years.

Renewing our commitment to EDI with a new organisational strategy

Our current EDI plan was approved in April 2021. It's themes and objectives were developed using an evidence-based approach. We actively sought and listened to the views of a wide range of diverse internal and external stakeholders and have carried out a process of extensive engagement, feedback and review.

The renewal of our future EDI strategy will need to be in 2024 to comply with our duties as a public body.

This strategy will set out our ambitions for the next two years. We will report on our progress against yearly action plans. Our action plan will also give us the flexibility to adapt our approach, if we need to, to meet our six key themes. This will also help make sure that initiatives are built fully and effectively into our work, our people are engaged, and the impact is clearly measured.

The effective delivery of our objectives depends on our EDI action plan. This will describe the specific activities that belong to each objective. We regularly monitor our progress against this plan, and we report our progress through our annual reports.

Over the next two years, our EDI activity will be organised around the following themes, to achieve our vision of 'delivering world-class regulation and excellent customer service'.

1. Data
Collecting data on our registrants, staff, Council and committee members can direct our actions and processes to ensure we progress equality. It is therefore important to collect the right type of data and analyse it to highlight areas of

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weakness. This will allow us to explore the reasons why certain groups are subjected to certain processes, what barriers are presented and the feeling of inclusion.

2. People development and education
It is important to develop a learning culture where shared learning is encouraged, giving a better understanding of EDI topics and how to make the GOC an equal and inclusive environment at all levels.
3. Recruitment
It is important that people who come into the organisation feel included, no matter their background, from the moment they apply to be part of the GOC. This process is an important chance to embed the GOC values and commitment to EDI.
4. Values setting
Embedding GOC values and commitment to EDI into every aspect of the GOC's work will allow staff to understand how their roles are connected to EDI and how they personally can contribute. This also ingrains EDI into all practices in the GOC.
5. Community engagement and support
Building community is essential to creating a sense of belonging and forming trust, for mutual wellbeing support and having a place to discuss issues.
6. Leadership and accountability
Organisations with strong leadership on EDI are generally more successful, therefore it is important to have clear and practical definitions of EDI, which are shared and understood throughout the organisation, with a defined direction and plan of action, and an ease in talking about EDI issues in relation to the work of the GOC.

EDI Monitoring Report

The 2021/22 EDI monitoring report provides diversity data about registrants, those going through fitness to practise proceedings, staff, members, and students. The information in this report, which can be found in appendix 2, is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by education providers.

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The collection of EDI information is essential to enable us to identify where we need to focus our resources on strengthening diversity, assessing the value of particular strategies, and measuring our progress. EDI underpins all the work that we do and is embedded within our strategic goals. Monitoring diversity will support us in achieving our 'Fit for the future' strategic plan:

Delivering world-class regulatory practice

EDI data analysis is essential in assessing risks that may require investigation, identifying problems that need intervention, and prioritising and targeting activities and resources. While the number of optical professionals falling below minimum professional standards remains low, where there is disparity, it is important to identify the reasons so we can address it.

Transforming customer service

Understanding more about the profile of the profession will help us respond to the diverse needs of our patients and the wider public.

Building a culture of continuous improvement

Analysis of EDI data will support the development of policies and action to improve our work. It provides us with an opportunity to reflect on what has gone well, and what might need to be improved.

Anti-Racism Group Launch

In August 2021 the GOC's Anti-Racism Group (ARG) was launched. The group was a response to work undertaken in the summer of 2020, after the murder of George Floyd in Minnesota, US. This led to the agreement of our organisational Anti-Racism Statement.

The group's activities have helped bridge the lack of experience and understanding about racism along with a lack of information and education, and that because of this they may be

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perpetrating micro-aggressions or colluding in subtle forms of conscious/unconscious bias, prejudice, and racism.

The group operated with the EDI Partner as Chair and two co-leads, Black and Global Majority lead and non-Black and Global Majority lead. The group is sponsored by the CEO. The chair, co-leads and CEO make the leadership team. Each directorate have volunteers that make up the committee with the leadership team.

Improving awareness of the lived experience of colleagues can be a powerful tool in effecting actual change. Through the Anti-Racism Groups discussion and awareness sessions, colleagues with lived experience have been able to share their reality to people with no lived experience of racism. Subsequently, collaborative work has led to the development of an allyship tool kit for colleagues.

The committee encourage engagement and filter information to directorates and back to the committee. The members of the group are all staff by the definition that the GOC is an anti-racist organisation.

Allyship Toolkit

In Nov 2021 discussions with staff established understanding on allyship and where the staff were on their journey. Allyship was a central theme in founding the Anti-Racism Group.

Allyship is an ongoing and proactive process, where people are supported to unlearn some things whilst re-evaluating their understanding of systematic racism in the workplace.

A part of becoming an ally is having self-awareness, getting uncomfortable with your biases and correcting mistakes. Some actions we have are subtle and unconscious but can have a detrimental impact on a marginalised group, leading to frustration, anger, and resentment.

To support staff with allyship, active bystander training was developed that fed in to the first session of the EDI learning and development program.

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EDI Learning and Development Program

In the summer 2021 the EDI Learning and Development Program (EDI L&D) was approved. This is a 2-year program of EDI training sessions that go beyond unconscious bias training. The program has 6 sessions spread over the 2 years and is attached to each of the GOC values. The table below lists the EDI courses that comprise the EDI L&D Programme.

Session	Training undertaken during
Active Bystander	21/22
Creating Inclusive environments	21/22
Unconscious Bias	21/22
EDI, the GOC and the Law - Lunch and learn	21/22
Inclusive Communication and language	22/23
Emotional Intelligence	22/23
Cultural awareness and intelligence	22/23

Members' Training

Members' training was undertaken, and the table below shows which members received training.

Member	Number trained
Clinical Advisers	2
CET Approvers	23
CET Chairs and Deputy Chairs	3
Council	12
Committee Members	2
Hearing Panel	70
Education Visitors Panel	30

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Equality Impact Assessments Template

Equality Impact Assessment (EIA) is a fundamental approach that helps ensure processes, schemes or changes within our organisation, including decisions made by our Council, are maximising the opportunity to promote inclusion and not inadvertently disadvantaging or excluding certain groups.

To this end, a project was started in January 2021 to further develop and test our EIA template and revise our staff-focused guidance. In summer 2021 a review recommended the EIA template be integrated into the impact established screening tool to combine both into one document. This single screening tool is now in use. As such, we can try to identify and consider wider issues or needs as part of analysing the potential impact of our policy changes.

Policies – Registrant Gender Reassignment Policy

In December 2020, when a registrant wanted to update their gender, we found the form and policy to be out of date and not in line with current trends. A new policy project group came together to develop a new Gender Reassignment Policy (GRA).

To be protected from gender reassignment discrimination, registrants do not need to have undergone any specific treatment or surgery to change from their birth sex to their preferred gender. This is because changing your physiological or other gender attributes is a personal process rather than a medical one.

Registrants can be at any stage in the transition process – from proposing to reassign their gender, to undergoing a process to reassign their gender, or having completed it.

The project considered questions around data, our system's logistical capabilities and what to do if a registrant has an FTP allegation. The policy was approved by SMT in January 2022, and this will be followed by a full consultation and be published during the year 22/23.

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Recruitment Review

In the summer of 2021, a review of recruitment practices and procedures was undertaken to ensure best practice in inclusive recruitment was being followed when recruiting employees.

Inclusive recruitment is the measures, processes and practices that make up all the elements involved in attracting, assessing and appointing candidates to vacant job roles within our organisation to maximise the diversity of successful appointments.

Inclusive recruitment is a vital element of our diversity and inclusion strategy because it is the most effective way to increase diversity across all protected characteristics and beyond.

From that review came a number of key recommendations, which included:

- EDI monitoring at employee application stage.
- Ensure Hireful can embed EDI monitoring.
- Create a bank of EDI Interview questions for employees.
- Diversify interview panels.

Recruitment Review – EDI Membership Schemes and Charters

Following on from the recommendations of the recruitment review, it was further suggested the organisation join the [Race at Work Charter](#) and the Government [Disability Confident Scheme](#) to ensure benchmarking for inclusive practice. Both Schemes will be formally joined in the year 22/23.

The SMT agreed that benchmarking ourselves against national standards would ensure we are working to a standard of excellence in our regulatory operations. In return, we can focus on change which encourages a continuous process of learning at every level of the organisation.

The Race at Work Charter calls on businesses to:
- Appoint an Executive Sponsor for race

- Capture data and publicising progress
- Ensure zero tolerance of harassment and bullying
- Make equality in the workplace the responsibility of all leaders and managers
- Take action that supports ethnic minority career progression
- Support race inclusion allies in the workplace
- Include Black, Asian, Mixed Race and other ethnically diverse-led enterprise owners in supply chains

The Disability Confident Scheme supports organisations to play a leading role in changing attitudes for the better. The scheme sets standards for changing behaviour and cultures in businesses, networks and communities, so they are reaping the benefits of inclusive recruitment practices.

Staff Equality Networks

The GOC values the contribution of its staff equality networks, which are developed by communities of staff who share an affiliation with a protected characteristic. Staff networks at the GOC provide a safe and practical space where generating and sharing new ideas and exchanging information can be expressed in an informal environment. They also provide peer support, networking opportunities and social activities. Their activities can help to open the door to changing the culture of our organisation.

Our staff networks have a SMT sponsor, are self-governed, and their terms of reference, leadership and membership arrangements are determined by their own members. Current GOC staff led equality networks include:

- Able (Disability),
- Anti-Racism Group
- Embrace (Black and Global Majority),
- LGBTQ+
- Staff Wellbeing and Engagement Group (Employee engagement and inclusion)
- Women (Gender Equality)

Recent examples of the work undertaken by staff networks, include:

- **Awareness raising** – The Anti-Racism Group network helped to increase knowledge and understanding to the wider GOC staff community of their inclusivity issues through information sharing events and news stories.
- **Educational Work** – The Embrace network have provided educational articles and resources for Black History Month such as the discussion about British Black Heroes.
- **Discussion –** The LGBTQ+ network held a PRIDE awareness workshop, creating a safe space for network members to discuss the challenges they face by sharing personal experiences and developing positive ideas and solutions.
- **External networking -** The Anti-Racism Group chairs have considered additional external networking opportunities such as developing links with equality networks at other healthcare regulators.
- **Internal networking –** The SWEG network activities have included Monday Night Yoga, Fit for Winter, Staff Cooking Class, Christmas Events, Talks and Time to Talk tea. These provide an excellent resource for developing working relationships, learning about different work areas and the types of roles that colleagues are engaged with across the GOC.
- **Signposting -** All GOC networks have provided good peer advice and guidance to members and, where necessary, signposted them to relevant GOC services or external organisations.

Summary

2021/22 proved to a year where race, racism and representation continued to dominate news and media headlines. The GOC responded by developing the anti-racism statement as well as launching the anti-racism group. Equally, the GOC recognised the need to improve the EDI training on offer to stakeholders and the EDI learning and development program was introduced. Likewise, it was recognised that the Council itself needed to diversify its membership and the Council associate scheme was launched to address this.

This work demonstrates the GOC to be active in responding to the changing EDI landscape as well as the needs of our employees, members, workers, and registrants. That our work was endorsed by the award of Best Small Company in the awards run by the National Centre for Diversity demonstrates our best practice.

The following table provides an overview of our four-year EDI Plan for 2020 – 2024 along with progress against planned actions.

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Programme of work	Strategic Objective	When	Progress	RAG
Improve collection, analysis and recording of protected characteristics in its regularity, use and timeliness, to better inform policy, processes, and impact.	Continuous improvement	Jan–Mar 2022	Progress made through EDI Data Collection: Benefits mapping & measures workshop in collaboration with the Transformation team, performance and planning and EDI. Project led by Change Management Office to move this forward in timely fashion. Objectives developed to ensure clarity and effectiveness of action planning based on empirical data	
Improve recording, analysis and sharing of fitness to practise data.	Transforming customer service	Jan–Mar 2022	Plans in place to commission research into the impact of GOC fitness to practise processes on different groups of registrants. Additionally, as part of our ambition to become a world-class regulator, Fitness to Practise Improvement Programme for 2022-2025 contains a workstream to develop and implement guidance for decision-makers in recognising and addressing potential bias.	
Implement new data analysis programs to explore intersectional data and remove barriers.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	
Embed EDI benchmarking reporting into each quarter.	Continuous improvement	Jan–Mar 2021	New scorecard being developed to provide better insight and benchmarking through the EDI Data Collection: Benefits mapping & measures project.	
Create an inter-regulatory sharing space for learning and research that progress EDI, where there are limits to data use.	Transforming customer service	Jan–Mar 2023	Planned in EDI workstreams for early 2023	

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Start collecting qualitative data to understand inclusion.	Continuous improvement	Jan–Mar 2023	Plans in place for improved EDI questions to be included in perception surveys, similarly EDI questions that provide qualitative response planned for education teams and EVP in education strategy	

People development and education

Programme of work	Strategic Objective	When	Progress	RAG
Roll out essential EDI training for all staff	Continuous improvement	Jan–Mar 2021	EDI Learning and Development programme was launched, and training opportunities provided to a range of stakeholders.	
Develop and launch an enhanced management development program	Continuous improvement	Apr–Jun 2021	Completed, this was launched in March 2021 and details published on IRIS	
Develop and launch a continuous EDI learning program, with embedded values, for staff	Continuous improvement	Apr–Sep 2022	Suite of EDI learning available through partnership with Skills Boosters and Vinci Works LMS system for all staff.	
Develop an EDI training program for council	Continuous improvement	Apr–Sep 2022	Inclusive leadership training package developed in conjunction with Employers Network for Inclusion and Equality, learning outcomes and dates to be agreed.	
Develop informal EDI learning opportunities for registrants.	Continuous improvement	Jan– Mar 2023	Glossary of terms drafted to support learning opportunities around inclusive language and collaborative work	

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Programme of work	Strategic Objective	When	Progress	RAG
Adopt reverse mentoring to further develop leaders and people managers	Continuous improvement	Jan– Mar 2023	EDI Manager is scoping providers to meet with this time scale. Needs to link with wide programme of development work.	■

Recruitment and retention

Programme of work	Strategic Objective	When	Progress	RAG
Review recruitment policy, processes, and assessment, to embed EDI and values	Continuous improvement	Jan–Mar 2022	A review of recruitment practices and procedures was undertaken to ensure best practice in inclusive recruitment was being followed.	■
Analyse EDI data of recruitment campaigns to highlight and analyse inequality and barriers.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	■
Review roles requirements to ensure the role descriptions are not limiting.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	■

Values Setting

Programme of work	Strategic Objective	End	Progress	RAG
Clarify the link between EDI and GOC values and embed those values into ways of working.	Continuous improvement	Jan–Mar 2022	Links in with collaborative being undertaken with transformation team, performance and planning and EDI. Project led by CMO to move this forward in timely fashion. Objectives developed to	■

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Programme of work	Strategic Objective	When	Progress	RAG
			clarify the link between EDI and GOC values and embed those values into ways of working.	🟩
Redraft all HR policies and processes.	Continuous improvement	Jan–Mar 2023	This is well underway and human resources have reviewed a suite of family related policies	🟨
Redesign processes to practise values.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	🟨
Build EQIAs into each process.	Continuous improvement	Jan–Mar 2022	Equality Impact Assessments are used when developing and/or renewing policy or processes. Training is available to staff on their use.	🟩

Community Engagement and Support

Programme of work	Strategic Objective	When	Progress	RAG
Review and promote a staff engagement plan where EDI dates are celebrated.	Continuous improvement	Jan–Mar 2022	EDI Calendar established and dates such as PRIDE, Black History month, Disability History Month are celebrated. Work still to be done to promote calendar and events earlier in the year	🟩
Review the staff network structures and support.	Continuous improvement	Jan–Mar 2022	Overdue, in part due to absence of an EDI lead for 6 months, however this is planned for completion in Q3 of 22/23	🟨
Set up new, and develop existing, structures to promote and reward cross-department / cross-team working.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	🟨

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Develop and implement a people plan.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023	
Develop and implement a revised communications strategy to engage staff.	Continuous improvement	Jan–Mar 2022	Overdue, in part due to absence of an EDI lead for 6 months, however this is planned for completion in Q3 of 22/23	

Leadership and accountability

Programme of work	Strategic Objective	End	Progress	RAG
Develop guidance on 'speaking up' for staff and registrants	World-class regulatory practice	Jan–Mar 2021	This was completed and implemented in Nov 2021	
Publish and implement guidance on 'speaking up' for registrants	World-class regulatory practice	Jan–Mar 2022	This was completed and reported in optometrist media	
Monitor the revised communications strategy to achieve greater transparency.	Transforming customer service	Apr–Jun 2023	Planned in EDI workstreams for early 2023	

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What next: Future Plans for 2022/3

Our commitment to EDI, through the delivery of our Fit for the Future strategy, continues into 2022/23. Alongside identifying EDI areas for delivery as part of our business plan, we will continue to roll out our EDI Plan 2020 – 2024, specifically in the period 22/23 where have planned the following EDI projects:

- Develop new equality and diversity policy
- Launch new people plan strategy
- EDI benefits mapping project linked to proposed changes to PSA Standard 3
- Review and revise family friendly polices
- Launch framework for operating staff networks
- Apply for national EDI related awards to raise profile in EDI space
- Ongoing rollout of EDI L&D Programme
- Gender pay gap reporting
- Launch EDI online training offer
- Prepare the Welsh Language Scheme compliance report
- Collaborative work preparing for introduction of Welsh Language Standards
- Launch EDI communication strategy to support awareness through engagement
- Support staff networks in engagement to celebrate national events

We know we have more work to do to fully understand and deal with other issues within the optical sector including:

- how we can better understand the communities and cultures of the people we work with, and the challenges they face, and apply this knowledge to our regulatory work.
- how we can better understand why we get a higher number of concerns about Asian and British Asian professionals being raised with us than we ought to expect statistically.
- how we can use our regulatory influence and levers to tackle discrimination and support the reduction of health inequalities, and
- how to make sure that diversity (including diversity of 'lived experience') is better reflected both in and through our governance and leadership.

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Similarly, we recognise the recent debates and different perspectives about the use and limitations of the term Black, Asian and minority ethnic (BAME), specifically that it should not be taken as referring to a singular group or identity.

We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible, whilst at the same time working with our stakeholders to determine the terminology to support our approach going forward.

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Appendix 1. Glossary of Terms (Equality, Diversity & Inclusion)

Age

- Refers to a person belonging to a particular age (e.g. 32 years old) or range of ages (e.g. 20-24, 25-29 year olds).

Ally

- A (typically) straight and/or cis person who supports members of the LGBT community.

Anticipatory Duty

- For service providers, the duty to make reasonable adjustments is anticipatory; within reason, it is owed to all potential disabled customers and not just to those who are known to the service provider.

BAME (Black and Minority Ethnic Group)

- "Black and Minority Ethnic Group" is used in the UK to describe people from minority groups of non-white descent, particularly those who are viewed as having experienced racism, or are in the minority because of their skin colour and/or ethnicity. **The comparison between white and BAME has been criticised for being bureaucratic and failing to differentiate between non-UK white minorities**, e.g. those from Eastern Europe, and other white ethnic minority groups. As such, in our reporting, BAME refers to those categories which are distinct from "UK White" and "Other White". Refer to Other White and UK White for more details. **It is likely that this term will fall out of common usage and be replaced with more specific terminology such as People of South Asian heritage', 'People of East Asian heritage', 'People of West Asian heritage', 'People of Central Asian heritage', People of Southeast Asian heritage', 'People of East Asian and Southeast Asian heritage' and 'Middle East and North African people'.**

Bi

- Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or

more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.

Bullying

- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Cisgender or Cis

- Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

- When a person first tells someone/others about their orientation and/or gender identity.

Deadnaming

- Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Disability

- A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Remember, not all disabilities are physical or visible.

Discrimination

- Direct discrimination refers to discrimination because of a person's protected characteristic.

- Indirect discrimination occurs when a provision, criterion or practice is applied that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic.

- Discrimination arising from disability occurs when a person is treated unfavourably because of something arising in consequence of their disability.

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- Discrimination by perception occurs due to the belief that someone has a protected characteristic, whether or not they do have it.

- Discrimination by association occurs against a person who does not have a protected characteristic because of their association with someone who does.

Diversity

- Valuing everyone as a unique individual and celebrating this difference. Managing diversity successfully will help organisations to nurture creativity and innovation and thereby tap hidden capacity for growth and improved competitiveness.

Due Regard

- To 'have due regard' means that in carrying out all of its functions and day to day activities, a public authority subject to the duty must consciously consider the needs of the PSED as part of the decision-making process in any policy and practice. 'Due regard' comprises two linked elements: proportionality and relevance. The weight that public authorities give to equality should be proportionate to how relevant a particular function is to equality. The greater the relevance of a function to equality, the greater the regard that should be paid.

Equality

- Providing a level playing field for disadvantaged groups to ensure fairness. The approach is centred on: equality of opportunity (access); equality of process (experience and treatment); and equality of outcome (achievement).

Equality Act 2010

- The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthens the law in important ways, to help tackle discrimination and inequality.

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Equality Policy

- A statement of an organisation's commitment to the principle of equality in the workplace for staff, customers and stakeholders.

Gay

- Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

- Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

- Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

- How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

- A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Gender Reassignment

- The process of transitioning from one gender to another. The individual does not need to undergo any medical or hormonal treatment or change their appearance. As soon as they identify and present as a woman/man they should be treated as such, using toilets and changing facilities accordingly.

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Harassment

- Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Heterosexual/straight

- Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homophobia

- The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Inclusion

- Inclusion in education is regarded as a process of addressing and responding to the diverse needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion. Social exclusion is the outcome of multiple deprivations, which prevents individuals or groups from participating fully in the social, economic, and political life of the society in which they live.

Intersex

- A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian

- Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

- The fear or dislike of someone because they are or are perceived to be a lesbian.

LGBTQ+

- The acronym for lesbian, gay, bi, trans, queer and questioning.

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Marriage & Civil Partnership

- Marriage is recognised in the form of both civil and religious unions between individuals. Civil partners must be treated the same as married couples on a wide range of legal matters. In employment, civil partners must be treated no less favourably than married couples.

Monitoring

- An analysis of equality data to examine if people with protected characteristics are being treated fairly, for example, monitoring the representation of women or disabled people in the workforce or at senior levels within organisations. The Trust remains committed to encouraging and supporting staff and students in self-declaration.

More Favourably

- To treat somebody better than someone else. This is unlawful under the Act if it is because of a protected characteristic, except in very limited circumstances e.g. the duty to make reasonable adjustments for a disabled person. The law can require pregnant workers to be treated more favourably in some circumstances.

Non-binary

- An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Other White

- Refers to those other white ethnicity categories not included within the "UK White" category, i.e. "Irish"; "Gypsy/Traveller"; "Polish"; and "Any other white ethnic group". Refer to BAME and UK White for more details.

Positive Action

- Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Pregnancy & Maternity

- Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks

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after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Pronoun

- Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Proportionality

- Refers to measures or actions that are appropriate and necessary. Whether something is proportionate will be a question of fact and involve weighing up the discriminatory impact of the action against the reasons for it and asking if there is any other way of achieving the aim. The more discriminatory a measure, the harder it will be to justify.

Protected Characteristic

- Grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Public Sector Equality Duty (PSED)

- The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, advance equality of opportunity and foster good relations. The Public Sector Equality Duty is also known as the "general duty".

Queer

- Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

- The process of exploring your own sexual orientation and/or gender identity.

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Race

- Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. Refer to BME, Other White and UK White for more details.

Reasonable

- What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

Religion or Belief

- Religion is generally associated with beliefs, but belief includes philosophical beliefs including lack of belief (e.g. Atheism, environmentalism, vegetarianism, etc.). Generally, a belief should genuinely be held and affect your life choices or the way you live for it to be included in the definition.

Sex (Formerly referred to as gender)

- Generally, refers to a man or a woman. For a variety of reasons, some people do not identify according to these definitions.

Sexual Orientation

- Whether a person's sexual orientation is towards their own sex (homosexual), the opposite sex (heterosexual) or to both sexes (bisexual). For a variety of reasons, some people do not identify according to these definitions.

Trans

- An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transitioning

- The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical

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intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transphobia

- The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

UK White

- Comprised of the following ethnic group categories: "Scottish"; "English"; "Welsh; and "Northern Irish". This category is distinct from BAME and Other White.

Sources:

CIPD (2022) Diversity in the Workplace: An Overview.

Equality and Human Rights Commission (2022)

Stonewall (2022)

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General Optical Council
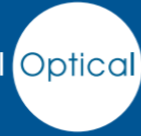
General Optical Council:

Equality, Diversity, and Inclusion Data Monitoring Report 2021/22

Contents

Foreword

The collection of diversity information is essential to enable us to identify where we need to focus our resources on assessing the value of strategies and measuring our progress.

Equality, Diversity, and Inclusion (EDI) underpins all the work that we do and is embedded within our strategic goals. Monitoring diversity will support us in achieving our 'Fit for the future' strategic plan:

Delivering world-class regulatory practice

EDI data analysis is essential in assessing risks that may require investigation, identifying problems that need intervention, and prioritising and targeting activities and resources.

While the number of optical professionals falling below minimum professional standards remains low, where there is disparity, it is important to identify the reasons so we can address it.

Transforming customer service

Understanding more about the profile of the profession will help us respond to the diverse needs of our patients and the wider public.

Building a culture of continuous improvement

Analysis of our EDI data will support the development of policies and actions to improve our work. It provides us with an opportunity to reflect on what has gone well, and what might need to be improved.

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Introduction

This report provides diversity data about registrants, those going through fitness to practise proceedings, staff, members, and students.

The information in this report is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by education providers.)

Data

While we aim to gather evidence about each of the nine protected characteristics, there is a variation in response rates. We are unable to report data involving small cohorts where individuals may be identifiable. Similarly, we may round up or group figures to ensure that individuals cannot be identified within the report. Due to rounding, percentages may not always add up to 100 percent.

Categories

Where possible, we provide a breakdown of White, Asian, Black, Mixed, and Other ethnic groups. White EWSNI/Irish means 'White English, Welsh, Scottish, Northern Irish, or Irish'.

We have cited various sources to set our data in context, including data from the Office of National Statistics, such as the most recently published Labour Force Survey.

Timeframe

Where possible we have provided three annual instances of data: 31 March 2020, 31 March 2021, and 31 March 2022, to help us identify any trends.

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2022 EDI Data Snapshots

Sex

	Registrants (all)	Registrants (students only)	Fitness to Practice	Staff
Male	37%	33%	59%	32%
Female	63%	67%	41%	68%

Sex

	Council	Advisory Panel	Hearings Panel	Education Visitor Panel
Male	42%	48%	32%	61%
Female	58%	52%	68%	39%

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Age

	65+	55-64	45-54	35-44	25-34	Under 25
Registrants (non-students)	4%	14%	19%	29%	29%	4%
Fitness to Practice	6%	16%	13%	35%	26%	4%
Staff	9%	18%	—	34%	35%	4%

Ethnicity

	Prefer not to say	Other	Asian / Asian British	Black / Black British	White EWSNI/Irish
Registrants (all)	14%	6%	34%	2%	44%
Fitness to Practice	9%	6%	46%	2%	36%

Religion

	Registrants (all)	Fitness to Practice
Prefer not to say	19%	14%
No religion	21%	21%
Other	5%	13%
Hindu	9%	17%
Muslim	18%	17%
Christian (incl. Catholic)	26%	19%

Registrants

Appendix 1: Tables 1- 19

As of 31 March 2022, we had 30,060 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our registers.

Overall

The largest annual change occurred with student optometrists: this group has increased by 8.36% compared to the past year. The total number of registrants has increased by 2.39% compared to the past year.

Sex

63.08% of all registrants were **female** (62.62% in 2021). Like 2021, the **most marked** imbalance is found in student optometrists and student dispensing opticians. Females account for 67.38% and 66.51% respectively. The **most marked** imbalance with regards to **specialty** registrants is the contact lens specialty, with 69.23% female.

Age

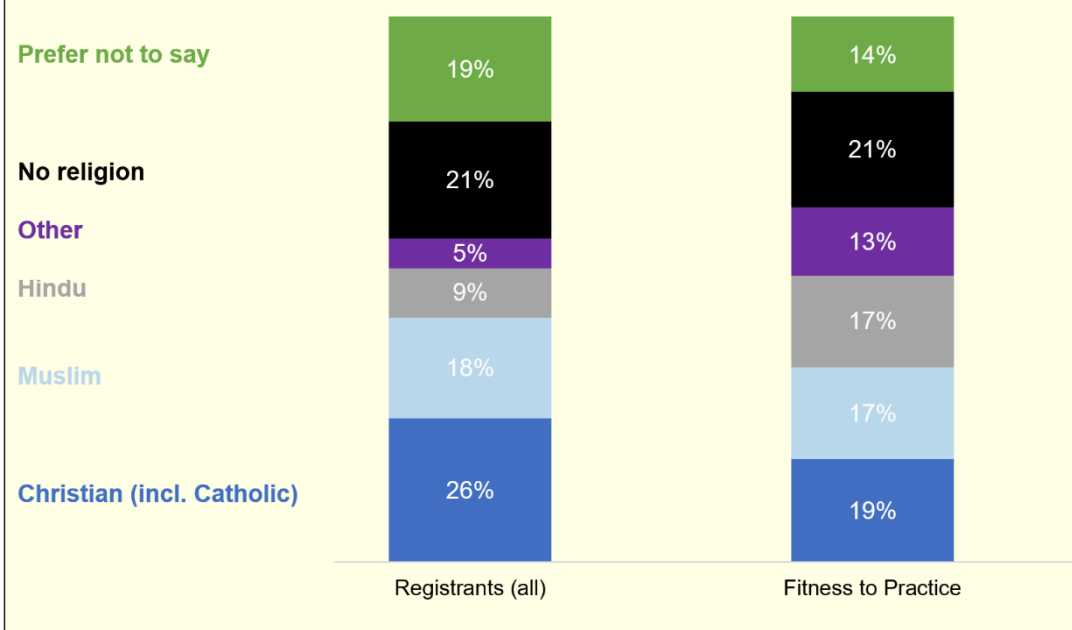Excluding students, age groups with the **highest** percentage of registrants are aged 25-34 and 35-44 (29.33% and 29.31% respectively). There has been **no significant change** over the three-year period. The **specialty** age profile shows a comparatively **higher proportion** of registrants aged 35-44 (37.06% compared

to 29.31% of all registrants excluding students).

Ethnicity

42.42% of all registrants (43.91% in 2021) are **white EWSNI/Irish**. The highest proportion of Black, Asian, mixed, or other ethnic group registrants are Asian / Asian British (33.93% of all registrants and 32.74% in 2021). The proportion of registrants who are Black, Asian, mixed, or other ethnic group is **significantly higher** than the UK population (13%)[1]. The percentage of Asian / Asian British registrants (33.93%) is **broadly comparable** to the percentage of Asian/Asian British professionally qualified clinical staff in the NHS (30.2%)[2]. There is a proportionately higher rate of white EWSNI/Irish **specialty** registrants

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[1] Ethnicity Facts and Figures, UK Government Data extracted from 2011 Census

[2] NHS Workforce Statistics, March 2021

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(67.66% compared to 42.42% of all white EWSNI/Irish registrants).

Religion

The religion declared most frequently by all registrants was **Christian (incl. Catholic)** (26.34%) followed by Muslim (18.42%). In 2021, this was 27.40% and 17.12% respectively. The percentage of Muslim registrants is **higher than the NHS** percentage of Muslim professionally qualified clinical staff (11.11%)[3], and the UK Muslim population (5.17%)[4]. There is a **significantly higher** proportion of Muslim student optometrists (38.90%; 36.80% in 2021).

Disability

There has been **no significant change** in the percentage of all registrants who have declared a disability, which has remained at less than 1% over a three-year period. This is **broadly comparable** with the percentage of professionally qualified

clinical staff in the NHS who have declared a disability (1.52%)[5]. In 2020, 10% of working age adults in the UK who are economically active considered themselves to have a disability[6].

Sexual Orientation

Since 2020, there has been **no significant change** in the percentage of all registrants who have declared a sexual orientation other than heterosexual (less than 3%).

Pregnancy and Maternity/Paternity Leave

The percentage of all registrants who have declared that they have been pregnant and/or taken maternity/paternity leave has **remained static** at 6% since 2020.

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[3] Ibid.
[4] Muslim Population in the UK, ONS, 2018
[5] NHS Workforce Statistics, March 2021

[6] Disabled People in Employment, House of Commons Briefing Paper No 7450

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Fitness to Practise

Appendix 1: Tables 20-29

One of our statutory functions is to investigate allegations where registrants may not be fit to practise as part of our role in protecting the public.

Anyone can complain to us if they have a concern about one of our registrants. If the complaint raises a question about a registrant's fitness to practise (FtP), we will investigate by gathering all the relevant information, for example, optical records, witness statements or information from the police or NHS organisations. Once the investigation is complete and both the registrant and complainant have had the opportunity to provide comments, all papers are passed to case examiners to decide whether the case should be either closed or referred to the FtP Committee for a hearing.

Further information regarding FtP outcomes can be found in our [Annual Report.](#) The data presented in the Appendix shows activity at each of the different stages of our fitness to practise process. They do not track a single cohort of complaints through the system, because cases do not necessarily reach outcomes in the same year.

Complainants

There continues to be a **higher rate of complaints from female members** of the public (38.63%) compared with males (30.24). The sex profile of the remaining 31.13% of complaints has not been provided and/or the complaints have been referred to us by a third party. We have seen an **annual increase** in the number of complaints compared with 2021 and 2020. There has been an increase of 41.56% in the number of complaints compared with 2021.

Location

There has been **no significant difference** in the location of complaints by country over the past three years.

Registrants subject to an FtP Investigation from 2020 to 2022

Compared with 2021, there have been 64.62% **more** FTP investigations this year; compared with 2020, there have been 66.46% **fewer** FTP investigations this year.

Over the past three years, there has been no significant difference in the number of registrants subjected to an FtP investigation.

Sex

58.95% of registrants under FTP investigation were **male**. This is comparable to other healthcare professional groups.

Ethnicity

44% of registrants on the register are **white EWSNI/Irish**, yet 36% of registrants under FTP investigation are **white EWSNI/Irish**. Comparatively 34% of registrants on the register are **Asian / Asian British**, but 46% of registrants under FTP investigation are **Asian / Asian British**. Asian / Asian British registrants make up a disproportionate number of FTP investigations. This trend has remained unchanged over the past three years.

Age

Age groups with the **highest percentage** of registrants under FtP investigation are aged **35-44** (34.74%), followed by **25-34** (26.32%). The specialty age profile is **consistent** with the register age profile.

Religion

26% of registrants on the register are **Christian/Catholic**, yet 19% of registrants under FTP investigation are **Christian/Catholic**. Comparatively 9% of registrants on the register are **Hindu**, but 17% of registrants under FTP investigation are **Hindu**.
Hindu registrants, as well as Muslim registrants make up a disproportional number of FTP investigations. This trend has remained almost unchanged over the past three years

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Fitness to Practise – Types of Allegations

Appendix 1: Tables 30-40

When we receive a complaint about an individual registrant's fitness to practise or a student registrant's fitness to undertake training, we consider whether the type of allegation should be classified as 'clinical', 'conviction/caution', 'conduct', 'health', or 'mixed'.

These allegation types are distilled further into sub-categories depending on the nature of the complaint, sometimes containing allegations that are mixed in nature (for example clinical and conduct).

Allegation Types

The **most frequent** allegations concern clinical practice (43.16%), followed by conduct (31.58%).

Sex

Like the past year**, male clinical** cases make up the **largest allegation category** by sex (25.26%). For both sexes, cases are **mostly** clinical and conduct; this has remained **almost unchanged** over the past three years.

Age

In cases of clinical investigation, 35-44-year-olds represent the **largest allegation category** by age (13.68%).

Ethnicity

In cases of clinical investigation, Asian / Asian British represent the **largest allegation category** by ethnicity (20.00%), followed by white EWSNI/Irish clinical cases (14.74%).

Religion

Allegation categories by religion are **fairly evenly spread**.

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Fitness to Practise – Case Examiner Outcomes

Appendix 1: Tables 34-39

Each case is considered by two case examiners (one registrant and one lay person), and they decide whether the allegation should be referred to the FtP committee (FtPC) for a full hearing.

Sex

85.71% of registrants referred to the FtPC were **male**.

Age

The age of registrant cases considered by case examiners is **consistent** with the register.

Ethnicity

Of the cases referred to the FTPC, 35.71% were **white EWSNI/Irish** and 35.71% were **Asian/Asian British** registrants.

Religion

Of the cases referred to the FTPC, 42.25% were **Christian (incl. Catholic)** and 35.21% were **Muslim** registrants.

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Employees

Appendix 1: Tables 41-43

We are committed to promoting and developing equality and diversity in our work. Our objective is to behave consistently and fairly to everyone and ensure that we operate in a fair and transparent manner and in a way that is free from discrimination, harassment, and victimisation.

All employees are asked to complete an EDI monitoring form on appointment. The information requested covers sex, age, ethnicity, and disabilities and is managed by our Human Resources team, who also collate information on sexual orientation, gender identity and expression, carer status, religion, maternity and pregnancy, and marriage and civil partnership. Case examiner data is not included in this data set.

Sex

67.53% of staff are **female**. There have been incremental **increases** in the percentage of female staff over the past three years.

Age

As of 31 March 2022, the age demographic of GOC employees is broadly matched to the UK Labour Force Survey, where the age groups with the highest proportion of people in employment are aged **25-34** and **35-44**. There has been **no significant change** over the past three years.

Ethnicity

This has remained **almost unchanged** compared to the past year. Approximately 87% of people in the UK are **white**; however, 53.25% of employees are **white**.

Pregnancy and Maternity/Paternity Leave

As of 31 March 2022, **fewer than ten** employees were on maternity/paternity leave.

Disability

As of 31 March 2022, **fewer than ten** employees were disabled.

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Religion

We lack over half of the necessary data for this protected characteristic, so data is unreliable.

Sexual orientation

We lack almost half of the necessary data for this protected characteristic, so data is unreliable.

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Members

Appendix: Tables 44-48

Our members are the members of Council and our Committees, who scrutinise the GOC, providing checks and balances on the organisation to protect the public. Council also sets the vision and strategy of the GOC.

In terms of data limitations, an individual's response may have been counted more than once, for example, if they sit as a member of Council and a Committee – this is to provide a fuller picture about the overall make-up of our Council and Committees.

Sex

The sex profile of our council is 41.67% **female**. The sex profile of all our committees combined is 44.58% **female**.

Age

The most populous age group of all our committees combined is **55-64** (30.12%), followed closely behind by 45-54 (28.31%). 18.07% of our members prefer not to say.

Ethnicity

The largest ethnicity group of all our committees combined is **white**, which is 77.71%. 12.65% of our members prefer not to say.

Disability

4.22% of our members declared that they **have a disability**. 13.86% of our members prefer not to say.

Sexual orientation

3.61% of our members declared a sexuality **other than heterosexual**. 20.48% of our members prefer not to say.

Religion

The largest ethnicity group of all our committees combined is **Christian (incl. Catholic)**, which is 42.17%.

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Students

Appendix: Tables 49-56

Our Education Strategic Review has increased our focus on the outcomes of education and training, and how the profession is fit for the future.

This is the second year that we have published EDI data that has been provided for use by providers of GOC approved qualifications. We plan to build upon these data sets so that we can learn more about the student journey, including enrolment, retention, and attainment.

This data only includes students studying at universities/colleges. In order to avoid duplication, it omits data provided by two providers of GOC approved qualifications: ABDO Exams and the College of Optometrists. This means the total number of student optometrists and dispensing opticians will be lower than that obtained from registration data.

Sex

In the Academic Year (AY) 2020/21, 64.86% of students were **female**, which is a slightly higher percentage than the number of female registrants. Of all four individual courses, the **range** of **female** students is 58.74% to 65.84%.

Age

The age group with the **highest** proportion of students is aged **20 and under** (45.58%; 41.15% in 2019/20) and aged **21-24** (24.83%; 31.00% in 2019/20). The age profile of students enrolled in Independent Prescribing and Contact Lens courses is **significantly older** than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been **no significant** annual change.

Ethnicity

White students make up 34.00% of all students – compared with the register, which is 47.43%. The number of white registrants has **decreased** over past years, and data shows that this will most likely **continue**.

Disability

5.25% of students across all courses have declared that they are **disabled.**

Appendix

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REGISTRANT DATA

Table 1: Registrants – Professional group – 2020 to 2022

	2020		2021		2022		2021 to 2022 % change	2020 to 2022 % change
Optometrists	16,560	57.16%	16,663	56.76%	17,082	56.83%	2.51%	3.15%
Dispensing opticians	7,217	24.91%	7,108	24.21%	7,074	23.53%	-0.48%	-1.98%
Student optometrists	3,753	12.95%	4,258	14.50%	4,614	15.35%	5.65%	13.63%
Student dispensing opticians	1,443	4.98%	1,330	4.53%	1,290	4.29%		
All registrants (excluding body corporate)	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**	**2.39%**	**3.75%**

Students are always included in numbers, unless it says "excluding students".

Table 2: Registrants – Sex – 31 March 2022

	Male			Female			Total	
	Total registrants		% of register	Total registrants		% of register	% of register	% of registrant type
Optometrists	6,680	22.22%	39.11%	10,402	34.60%	60.89%	**17,082**	**56.83%**
Dispensing opticians	2,482	8.26%	35.09%	4,592	15.28%	64.91%	**7,074**	**23.53%**
Student optometrists	1,505	5.01%	32.62%	3,109	10.34%	67.38%	**4,614**	**15.35%**
Student dispensing opticians	432	1.44%	33.49%	858	2.85%	66.51%	**1,290**	**4.29%**
All registrants	**11,099**		**36.92%**	**18,961**		**63.08%**	**30,060**	**100.00%**

Table 3: Registrants (excluding students) – Sex – 2020 to 2022

		2020		2021		2022		2021 to 2022 % change	2020 to 2022 % change
Male	Optometrists	6,642	27.93%	6,605	27.79%	**6,680**	**27.65%**	1.14%	0.57%
	Dispensing opticians	2,599	10.93%	2,540	10.69%	**2,482**	**10.27%**	-2.34%	-4.71%
Female	Optometrists	9,918	41.71%	10,058	42.31%	**10,402**	**43.06%**	3.42%	4.88%
	Dispensing opticians	4,618	19.42%	4,568	19.22%	**4,592**	**19.01%**	0.53%	-0.57%
Total		23,777	100.00%	23,771	100.00%	24,156	100.00%	1.59%	1.62%

Table 4: Registrants – Specialty – Sex – 31 March 2022

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		**All specialties**	
Female	722	59.33%	745	60.52%	753	60.48%	749	60.70%	**2,969**	**60.26%**
Male	495	40.67%	486	39.48%	492	39.52%	485	39.30%	**1,958**	**39.74%**
Total	**1,217**	**100.00%**	**1,231**	**100.00%**	**1,245**	**100.00%**	**1,234**	**100.00%**	**4,927**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 5: Registrants (excluding students) – Age – 31 March 2022

	Optometrists		Dispensing opticians		**All non-students**	
Under 25	831	4.86%	81	1.15%	**912**	**3.78%**
25-34	5,512	32.27%	1,574	22.25%	**7,086**	**29.33%**
35-44	4,972	29.11%	2,109	29.81%	**7,081**	**29.31%**
45-54	2,955	17.30%	1,638	23.16%	**4,593**	**19.01%**
55-64	2,103	12.31%	1,344	19.00%	**3,447**	**14.27%**
65+	709	4.15%	328	4.64%	**1,037**	**4.29%**
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**24,156**	**100.00%**

Table 6: Registrants (excluding students) – Age – 31 March 2021

	Optometrist		Dispensing optician		All non-students	
Under 25	838	5.03%	102	1.44%	940	3.95%
25-34	5,346	32.08%	1,626	22.88%	6,972	29.33%
35-44	4,838	28.03%	2,064	29.04%	6,902	29.04%
45-54	2,857	17.15%	1,653	23.26%	4,510	18.97%
55-64	2,063	12.38%	1,353	19.03%	3,416	14.37%
65+	721	4.33%	310	4.36%	1,031	4.26%
Total	**16,663**	**100.00%**	**7,108**	**100.00%**	**23,771**	**100.00%**

Table 7: Registrants (excluding students) – Age – 31 March 2020

	Optometrist		Dispensing optician		All non-students	
Under 25	996	6.01%	157	2.18%	1,153	4.85%
25-34	5,313	32.08%	1,748	24.22%	7,061	39.70%
35-44	4,668	28.19%	2,038	28.24%	6,706	28.20%
45-54	2,830	17.09%	1,677	23.24%	4,507	18.96%
55-64	2,084	12.58%	1,326	18.37%	3,410	14.34%
65+	669	4.04%	271	3.76%	940	3.95%
Total	**16,560**	**100.00%**	**7,217**	**100.00%**	**23,777**	**100.00%**

Table 8: Registrants – Specialty – Age – 31 March 2022

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	1	97	275	328	384	132	**1,217**
	0.08%	7.97%	22.60%	26.95%	31.55%	10.85%	**100.00%**
Independent Prescribing Specialty	0	340	451	269	149	22	**1,231**
	0.00%	27.62%	36.64%	21.85%	12.10%	1.79%	**100.00%**
Additional Supply Specialty	0	338	449	272	158	28	**1,245**
	0.00%	27.15%	36.06%	21.85%	12.69%	2.25%	**100.00%**
Supplementary Prescribing Specialty	0	339	450	269	152	24	**1,234**
	0.00%	27.47%	36.47%	21.80%	12.32%	1.94%	**100.00%**
Total	**1**	**1,114**	**1,625**	**1,138**	**843**	**206**	**4,927**
	0.02%	**22.61%**	**32.98%**	**23.10%**	**17.11%**	**4.18%**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 9: Registrants – Ethnicity – 31 March 2022

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,247	42.42%	4,927	69.65%	579	12.55%	575	44.57%	**13,328**	**43.34%**
Asian / Asian British	6,691	39.17%	945	13.36%	2,311	50.09%	251	19.46%	**10,198**	**33.93%**
Black / Black British	252	1.48%	72	1.02%	146	3.16%	22	1.71%	**492**	**1.64%**
Mixed/Multiple	174	1.02%	65	0.92%	53	1.15%	12	0.93%	**304**	**1.01%**
Other	811	4.75%	318	4.50%	236	5.11%	60	4.65%	**1,425**	**4.74%**
Prefer not to say	1,907	11.16%	747	10.56%	1,289	27.94%	370	28.68%	**4,313**	**14.35%**
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**4,614**	**100.00%**	**1,290**	**100.00%**	**30,060**	**100.00%**

Table 10: Registrants – Ethnicity – 31 March 2021

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,317	43.91%	4,929	69.34%	584	13.72%	661	49.70%	**13,491**	**45.95%**
Asian / Asian British	6,307	37.85%	938	13.20%	2,084	48.94%	283	21.28%	**9,612**	**32.74%**
Black / Black British	219	1.31%	71	1.00%	126	2.96%	31	2.33%	**447**	**1.52%**
Mixed/Multiple	154	0.92%	65	0.91%	60	1.41%	11	0.83%	**290**	**0.99%**
Other	765	4.59%	317	4.46%	231	5.43%	66	4.96%	**1,379**	**4.70%**
Prefer not to say	1,901	11.41%	788	11.09%	1,173	27.55%	278	20.90%	**4,140**	**14.10%**
Total	**16,663**	**100.00%**	**7,108**	**100.00%**	**4,258**	**100.00%**	**1,330**	**100.00%**	**29,359**	**100.00%**

Table 11: Registrants – Ethnicity – 31 March 2020

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,382	44.58%	4,957	68.69%	710	18.92%	828	57.38%	**13,877**	**47.90%**
Asian / Asian British	6,125	36.99%	950	13.16%	2,327	62.00%	338	23.42%	**9,740**	**33.62%**
Black / Black British	210	1.27%	71	0.98%	135	3.60%	36	2.50%	**452**	**1.56%**
Mixed/Multiple	141	0.85%	66	0.92%	65	1.73%	15	1.04%	**287**	**0.99%**
Other	750	4.53%	298	4.13%	260	6.93%	95	6.58%	**1,403**	**4.84%**
Prefer not to say	1,952	11.79%	875	12.12%	256	6.82%	131	9.08%	**3,214**	**11.09%**
Total	**16,560**	**100.00%**	**7,217**	**100.00%**	**3,753**	**100.00%**	**1,443**	**100.00%**	**28,973**	**100.00%**

Table 12: Registrants – Specialty – Ethnicity – 31 March 2022

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	847	69.60%	9	0.74%	170	13.97%	3	0.25%	46	3.78%	142	11.67%	**1,217**	**100.00%**
Independent Prescribing Specialty	757	61.49%	13	1.06%	277	22.50%	13	1.06%	56	4.55%	115	9.34%	**1,231**	**100.00%**
Additional Supply Specialty	764	61.37%	13	1.04%	279	22.41%	13	1.04%	57	4.58%	119	9.56%	**1,245**	**100.00%**
Supplementary Prescribing Specialty	758	61.43%	13	1.05%	277	22.45%	13	1.05%	56	4.54%	117	9.48%	**1,234**	**100.00%**
Total	**2,126**	**63.45%**	**48**	**0.97%**	**1,003**	**20.36%**	**42**	**0.85%**	**215**	**4.36%**	**493**	**10.01%**	**4,927**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 13: Registrants – Specialty – Ethnicity – 31 March 2021

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	863	69.77%	10	0.81%	167	13.50%	3	0.24%	41	3.31%	153	12.37%	**1,237**	**100.00%**
Independent Prescribing Specialty	665	63.39%	9	0.86%	225	21.45%	11	1.05%	43	4.10%	96	9.15%	**1,049**	**100.00%**
Additional Supply Specialty	670	63.09%	9	0.85%	228	21.47%	11	1.04%	44	4.14%	100	9.42%	**1,062**	**100.00%**
Supplementary Prescribing Specialty	665	63.21%	9	0.86%	225	21.39%	11	1.05%	44	4.18%	98	9.31%	**1,052**	**100.00%**
Total	**2,863**	**65.07%**	**37**	**0.84%**	**845**	**19.20%**	**36**	**0.82%**	**172**	**3.91%**	**447**	**10.16%**	**4,400**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 14: Registrants – Specialty – Ethnicity – 31 March 2020

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	870	69.60%	10	0.80%	168	13.44%	3	0.24%	42	3.36%	157	12.56%	**1,250**	**100.00%**
Independent Prescribing Specialty	589	64.30%	10	1.09%	188	20.52%	6	0.66%	40	4.37%	83	9.06%	**916**	**100.00%**
Additional Supply Specialty	596	64.02%	11	1.18%	190	20.40%	6	0.64%	41	4.40%	87	9.34%	**931**	**100.00%**
Supplementary Prescribing Specialty	588	64.05%	11	1.20%	188	20.48%	6	0.65%	41	4.47%	84	9.15%	**918**	**100.00%**
Total	**2,643**	**65.83%**	**42**	**1.05%**	**734**	**18.28%**	**21**	**0.52%**	**164**	**4.08%**	**411**	**10.24%**	**4,015**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 15: Registrants – Disability – 2020 to 2022

	2020		2021		2022	
Has a disability	240	0.83%	250	0.85%	**291**	**0.97%**
Does not have a disability	25,872	89.30%	25,277	86.10%	**25,750**	**85.66%**
Prefer not to say	2,861	9.87%	3,832	13.05%	**4,019**	**13.37%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

Table 16: Registrants – Sexual orientation – 2020 to 2022

	2020		2021		2022	
Heterosexual/ Straight	24,279	83.80%	23,778	80.99%	**24,322**	**80.91%**
Gay/Lesbian	336	1.16%	342	1.17%	**356**	**1.18%**
Bisexual	184	0.64%	184	0.63%	**224**	**0.75%**
Other	76	0.26%	67	0.23%	**69**	**0.23%**
Prefer not to say	4,098	14.14%	4,988	16.99%	**5,089**	**16.93%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

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Table 17: Registrants – Pregnancy and maternity/paternity – 2020 to 2022

	2020		2021		2022	
Pregnant or on maternity/paternity leave	1,877	6.48%	1,852	6.31%	**1,863**	**6.20%**
Not pregnant or on maternity/paternity leave	21,931	75.69%	21,343	72.70%	**21,750**	**72.36%**
Prefer not to say	5,165	17.83%	6,164	21.00%	**6,447**	**21.45%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

Table 18: Registrants – Religion – 2020 to 2022

	2020		2021		2022	
Christian (incl. Catholic)	8,246	28.46%	8,044	27.40%	**7,944**	**26.43%**
Muslim	5,099	17.60%	5,027	17.12%	**5,537**	**18.42%**
Hindu	2,729	9.42%	2,696	9.18%	**2,771**	**9.22%**
Sikh	1,207	4.17%	1,199	4.08%	**1,225**	**4.08%**
Jewish	282	0.97%	281	0.96%	**259**	**0.86%**
Buddhist	137	0.47%	132	0.45%	**138**	**0.46%**
Other	334	1.15%	0	0.00%	**0**	**0.00%**
No religion	6,560	22.64%	6,404	21.81%	**6,452**	**21.46%**
Prefer not to say	4,379	15.11%	5,576	18.99%	**5,734**	**19.08%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

Table 19: Registrants – Religion – 31 March 2022

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		All	
Christian (incl. Catholic)	4,855	28.42%	2,424	34.27%	475	10.29%	190	14.73%	**7,944**	**26.43%**
Muslim	3,158	18.49%	393	5.56%	1,795	38.90%	191	14.81%	**5,537**	**18.42%**
Hindu	2,069	12.11%	364	5.15%	298	6.46%	40	3.10%	**2,771**	**9.22%**
Sikh	920	5.39%	124	1.75%	165	3.58%	16	1.24%	**1,225**	**4.08%**
Other	281	1.65%	84	1.19%	27	0.59%	5	0.39%	**397**	**1.32%**
No religion	3,086	18.07%	2,461	34.79%	477	10.34%	428	33.18%	**6,452**	**21.46%**
Prefer not to say	2,713	15.88%	1,224	17.30%	1,377	29.84%	420	32.56%	**5,734**	**19.08%**
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**4,614**	**100.00%**	**1,290**	**100.00%**	**30,060**	**100.00%**

FITNESS TO PRACTISE DATA

Table 20: Complainants – Sex – 2020 to 2022

	2020		2021		2022	
	Total complainants	% of total complainants	Total complainants	% of total complainants	Total complainants	% of total complainants
Male	127	36.49%	124	38.75%	**137**	**30.24%**
Female	178	51.15%	160	50.00%	**175**	**38.63%**
Not known	0	0.00%	2	0.63%	**141**	**31.13%**
N/A (e.g. referred by company)	43	12.36%	34	10.63%	**0**	**0.00%**
Total	**348**	**100.00%**	**320**	**100.00%**	**453**	**100.00%**

Table 21: Complainants – Location – 2020 to 2022

	2020	2021	2022
England	91.30%	86.38%	**89.64%**
Scotland	6.52%	7.04%	**5.62%**
Wales	0.00%	4.23%	**3.25%**
Northern Ireland	2.17%	2.35%	**1.48%**

Table 22: Registrants under FTP investigation – Professional group – 2020 to 2022

	2020		**2021**		**2022**	
Optometrists	120	74.53%	43	66.15%	74	69.16%
Dispensing Opticians	15	9.32%	8	12.31%	15	14.02%
Student Optometrists	5	3.11%	4	6.15%	4	3.74%
Student Dispensing Opticians	6	3.73%	4	6.15%	2	1.87%
Subtotal	**146**	**90.68%**	**59**	**90.77%**	**95**	**88.79%**
Business Registrants	15	9.32%	6	9.23%	12	11.21%
Total FTP Investigations	**161**	**100.00%**	**65**	**100.00%**	**107**	**100.00%**

Table 23: Registrants under FTP investigation (excluding business registrants) – Professional group – 31 March 2022

	Total investigations	**% of total FTP investigations against role**	**% of investigations against total registrant role**	**Total registrants**	**% of total registrants**
Optometrists	74	77.89%	0.43%	17,082	56.83%
Dispensing Opticians	15	15.79%	0.21%	7,074	23.53%
Student Optometrists	4	4.21%	0.09%	4,614	15.35%
Student Dispensing Opticians	2	2.11%	0.16%	1,290	4.29%
All (minus body corporate)	**95**	**100.00%**	**0.32%**	**30,060**	**100.00%**

Table 24: Registrants under FTP investigation (excluding business registrants) – Specialty – 31 March 2022

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Contact lens specialty	5	5.26%	0.02%	1,217	4.05%
Independent prescribing specialty	11	11.58%	0.04%	1,231	4.10%
Additional supply specialty	11	11.58%	0.04%	1,245	4.14%
Supplementary prescribing specialty	11*	11.58%	0.04%	1,234	4.11%
Total	**36**	**37.89%**	**0.12%**	**4,927**	**16.39%**

*This category may be doubled counted due to registrants being active in all three prescribing categories.

After revisiting past year datasets, we have corrected certain values.

Table 25: Registrants under FTP investigation (excluding business registrants) – Sex – 31 March 2022

	Total	Male			Female		
		Under investigation		Register	Under investigation		Register
Optometrists	74	44	59.46%	39.11%	30	40.54%	60.89%
Dispensing Opticians	15	9	60.00%	35.09%	6	30.00%	64.91%
Student Optometrists	4	2	50.00%	32.62%	2	50.00%	67.38%
Student Dispensing Opticians	2	1	50.00%	33.49%	1	50.00%	66.51%
All (minus body corporate)	**95**	**56**	**58.95%**	**36.92%**	**39**	**41.05%**	**63.08%**

Table 26: Registrants under FTP investigation (excluding business registrants) – Age – 31 March 2022

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Optometrists	1	1.05%	22	23.16%	22	23.16%	11	11.58%	12	12.63%	6	6.32%	74	77.89%
Dispensing Opticians	0	0.00%	1	1.05%	10	10.53%	1	1.05%	3	3.16%	0	0.00%	15	15.79%
Student Optometrists	2	2.11%	2	2.11%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	4.21%
Student Dispensing Opticians	1	1.05%	0	0.00%	1	1.05%	0	0.00%	0	0.00%	0	0.00%	2	2.11%
All (minus body corporate)	4	4.21%	25	26.32%	33	34.74%	12	12.63%	15	15.79%	6	6.32%	95	100.00%

Table 27: Registrants under FTP investigation (excluding business registrants) – Ethnicity – 2020 to 2022

		Registrants under FTP investigation	Register
White EWSNI/Irish	2020	35%	49%
	2021	47%	46%
	2022	36%	44%
Asian / Asian British	2020	46%	34%
	2021	36%	33%
	2022	46%	34%
Black / Black British	2020	3%	2%
	2021	2%	2%
	2022	2%	2%
Mixed/Multiple	2020	<1%	<1%
	2021	0%	<1%
	2022	0%	1%
Other	2020	1%	5%

	Year		
	2021	2%	5%
	2022	6%	5%
Prefer not to say	2020	13%	11%
	2021	14%	14%
	2022	9%	14%
Total	2020	**100%**	**100%**
	2021	**100%**	**100%**
	2022	**100%**	**100%**

Table 28: Registrants under FTP investigation (excluding business registrants) – Religion – 2020 to 2022

	2020		2021		2022	
	FTP Registrants	Register	FTP Registrants	Register	Registrants under FTP investigation	Register
Christian (incl. Catholic)	26.03%	28.46%	23.73%	27.40%	**18.95%**	**26.43%**
Muslim	24.66%	17.60%	18.64%	17.12%	**16.84%**	**18.42%**
Hindu	10.96%	9.42%	11.86%	9.18%	**16.84%**	**9.22%**
Other	6.85%	6.76%	6.78%	5.49%	**12.63%**	**5.40%**
No religion	15.75%	22.64%	28.81%	21.81%	**21.05%**	**21.46%**
Prefer not to say	15.75%	15.11%	10.17%	18.99%	**13.68%**	**19.08%**

Table 29: Registrants under FTP investigation (excluding business registrants) – Pregnancy and maternity/paternity – 31 March 2022

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
Pregnant or on maternity/paternity leave	3	4.05%	1	6.67%	0	0.00%	0	0.00%	**4**	**4.21%**
Not pregnant or on maternity/paternity leave	56	75.68%	13	86.67%	2	50.00%	1	50.00%	**72**	**75.79%**
Prefer not to say	15	5.61%	1	6.67%	2	50.00%	1	50.00%	**19**	**20.00%**
Total	**74**	**100.00%**	**15**	**100.00%**	**4**	**100.00%**	**2**	**100.00%**	**95**	**100.00%**

Table 30: Registrants under FTP investigation (excluding business registrants) – Allegation type – Professional group – 31 March 2022

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		Total	
Clinical	36	48.65%	4	26.67%	0	0.00%	1	50.00%	41	43.16%
Conduct	16	21.62%	10	66.67%	3	75.00%	1	50.00%	30	31.58%
Conviction/caution	5	6.76%	0	0.00%	0	0.00%	0	0.00%	5	5.26%
Health	9	12.16%	0	0.00%	0	0.00%	0	0.00%	9	9.47%
Mix	8	10.81%	1	6.67%	1	25.00%	0	0.00%	10	10.53%
All (minus body corporate)	74	100.00%	15	100.00%	4	100.00%	2	100.00%	95	100.00%

Table 31: Registrants under FTP investigation (excluding business registrants) – Allegation type – Sex – 2020 to 2022

	Female						Male					
	2020		2021		2022		2020		2021		2022	
Clinical	36	25.00%	8	13.56%	17	17.89%	32	22.22%	18	30.51%	24	25.26%
Conduct	15	10.42%	1	1.69%	15	15.79%	19	13.19%	15	25.42%	15	15.79%
Conviction /caution	8	5.56%	2	3.39%	0	0.00%	13	9.03%	4	6.78%	5	5.26%
Health	4	2.78%	1	1.69%	4	4.21%	3	2.08%	2	3.39%	5	5.26%
Mix	5	3.47%	2	3.39%	3	3.16%	9	6.25%	6	10.17%	7	7.37%
All (minus body corporate)	68	47.22%	14	23.73%	39	41.05%	76	52.78%	45	76.27%	56	58.95%

Table 32: Registrants under FTP investigation (excluding business registrants) – Allegation type – Age – 31 March 2022

	Under 25		25-34		35-44		45-54		55-64		65+	
Clinical	0	0.00%	9	9.47%	13	13.68%	8	8.42%	9	9.47%	2	2.11%
Conduct	4	4.21%	8	8.42%	11	11.58%	1	1.05%	4	4.21%	2	2.11%
Conviction/ caution	0	0.00%	2	2.11%	2	2.11%	1	1.05%	0	0.00%	0	0.00%
Health	0	0.00%	0	0.00%	5	5.26%	2	2.11%	1	1.05%	1	1.05%
Mix	0	0.00%	6	6.32%	2	2.11%	0	0.00%	1	1.05%	1	1.05%
All (minus body corporate)	4	4.21%	25	26.32%	33	34.74%	12	12.63%	15	15.79%	6	6.32%
All (minus body corporate and students)	1	1.12%	23	25.84%	32	35.96%	12	13.48%	15	16.85%	6	6.74%

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Table 33: Registrants under FTP investigation (excluding business registrants) – Allegation type – Ethnicity – 31 March 2022

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
White EWSNI/Irish	14	34.15%	12	40.00%	2	40.00%	2	22.22%	4	40.00%	**34**	**35.79%**
Asian / Asian British	19	46.34%	12	40.00%	2	40.00%	6	66.67%	5	50.00%	**44**	**46.32%**
Black / Black British	2	4.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**2**	**2.11%**
Mixed/Multiple	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**0**	**0.00%**
Other	3	7.32%	2	6.67%	1	20.00%	0	0.00%	0	0.00%	**6**	**6.32%**
Prefer not to say	3	7.32%	4	13.33%	0	0.00%	1	11.11%	1	10.00%	**9**	**9.47%**
Total	**41**	**100%**	**30**	**100%**	**5**	**100%**	**9**	**100%**	**10**	**100%**	**95**	**100%**

Table 34: Registrants under FTP investigation (excluding business registrants) – Allegation type – Religion – 31 March 2022

	Clinical	Conduct	Conviction/caution	Health	Mix	Total
Christian (incl. Catholic)	7	6	2	0	3	**18**
	17.07%	20.00%	40.00%	0.00%	30.00%	**18.95%**
Muslim	8	3	1	4	0	**16**
	19.51%	10.00%	20.00%	44.44%	0.00%	**16.84%**
Hindu	8	3	0	2	3	**16**
	19.51%	10.00%	0.00%	22.22%	30.00%	**16.84%**
Other	5	2	2	1	2	**12**
	12.20%	6.67%	40.00%	11.11%	20.00%	**12.63%**
No religion	9	9	0	1	1	**20**
	21.95%	30.00%	0.00%	11.11%	10.00%	**21.05%**
Prefer not to say	4	7	0	1	1	**13**
	9.76%	23.33%	0.00%	11.11%	10.00%	**13.68%**
	41	**30**	**5**	**9**	**10**	**95**

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All (minus body corporate)	**100.00%**	**100.00%**		**100.00%**	**100.00%**	**100.00%**	**100.00%**

Table 35: Case Examiner decisions – Sex – 31 March 2022

	Male		Female		Total	
No further action (incl. advice/warning issued)	21	29.58%	22	30.99%	**43**	**60.56%**
Referral to Fitness to Practise Committee (FTPC)	24	33.80%	4	5.63%	**28**	**39.44%**
Total	**45**	**63.38%**	**26**	**36.62%**	**71**	**100.00%**

Table 36: Case Examiner decisions – Sex – 2020 to 2022

	Male			Female		
	2020	2021	2022	2020	2021	2022
No further action (incl. advice/warning issued)	77.18%	65.08%	**46.67%**	85.71%	71.05%	**84.62%**
Referral to Fitness to Practise Committee (FTPC)	22.82%	34.92%	**53.33%**	14.29%	28.95%	**15.38%**
Total	149	63	**45**	84	38	**26**

Table 37: Case Examiner decisions – Age – 31 March 2022

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
Under 25	0	0.00%	0	0.00%	**0**	**100.00%**
25-34	16	61.54%	10	38.46%	**26**	**100.00%**
35-44	13	72.22%	5	27.78%	**18**	**100.00%**
45-54	7	70.00%	3	30.00%	**10**	**100.00%**
55-64	6	50.00%	6	50.00%	**12**	**100.00%**
65+	1	20.00%	4	80.00%	**5**	**100.00%**
All	**43**	**60.56%**	**28**	**39.44%**	**71**	**100.00%**

Table 38: Case Examiner decisions – Ethnicity – 31 March 2022

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
White EWSNI/Irish	19	44.19%	10	35.71%	29	40.85%
Asian / Asian British	18	41.86%	10	35.71%	28	39.44%
Black / Black British	3	6.98%	2	7.14%	5	7.04%
Mixed/Multiple	1	2.33%	0	0.00%	1	1.41%
Other	1	2.33%	0	0.00%	1	1.41%
Prefer not to say	1	2.33%	6	21.43%	7	9.86%
Total	**43**	**100.00%**	**28**	**100.00%**	**71**	**100.00%**

Table 39: Case Examiner decisions – Ethnicity – 2020 to 2022

		No further action (incl. advice/warning issued)	Referral to Fitness to Practise Committee (FTPC)	Total
White EWSNI/Irish	2020	73 93.59%	5 6.41%	78 100.00%
	2021	25 71.43%	10 28.57%	35 100.00%
	2022	19 65.52%	10 34.48%	29 100.00%
Asian / Asian British	2020	74 82.22%	16 17.78%	90 100.00%
	2021	30 63.83%	17 36.17%	47 100.00%
	2022	18 64.29%	10 35.71%	28 100.00%
Black / Black British	2020	6 75.00%	2 25.00%	8 100.00%
	2021	2 66.67%	1 33.33%	3 100.00%
	2022	3 60.00%	2 40.00%	5 100.00%
Mixed/multiple	2020	0 0.00%	0 0.00%	0 0.00%
	2021	2 100.00%	0 0.00%	2 100.00%
	2022	1 100.00%	0 0.00%	1 100.00%
Other	2020	5 62.50%	3 37.50%	8 100.00%
	2021	1 50.00%	1 50.00%	2 100.00%
	2022	1 100.00%	0 0.00%	1 100.00%
Prefer not to say	2020	29 59.18%	20 40.82%	49 100.00%
	2021	8 66.67%	4 33.33%	12 100.00%
	2022	1 14.29%	6 85.71%	7 100.00%
Total	**2020**	**187** **80.26%**	**46** **19.74%**	**233** **100.00%**
	2021	**68** **67.33%**	**33** **32.67%**	**101** **100.00%**
	2022	**43** **60.56%**	**28** **39.44%**	**71** **100.00%**

Table 40: Case Examiner decisions – Religion – 31 March 2022

	Christian (incl. Catholic)		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
No further action (incl. advice/ warning issued)	11	15.49%	11	15.49%	8	11.27%	0	0.00%	11	15.49%	2	2.82%	43	60.56%
Referral to Fitness to Practise Committee (FTPC)	9	12.68%	6	8.45%	1	1.41%	1	1.41%	4	5.63%	7	9.86%	28	39.44%
Total	30	42.25%	25	35.21%	12	16.90%	7	9.86%	12	16.90%	15	21.13%	71	100.00%

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EMPLOYEE DATA

Table 41: GOC Employees – Sex – 2020 to 2022

	2020		2021		2022	
Female	56	65.12%	51	67.11%	52	67.53%
Male	30	34.88%	25	32.89%	25	32.47%
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

Table 42: GOC Employees – Age – 2020 to 2022

	2020		2021		2022	
Under 25	3	3.49%	3	3.95%	3	3.90%
25-34	33	38.37%	27	35.53%	27	35.06%
35-44	26	30.23%	25	32.89%	26	33.77%
45-54	19	22.09%	14	18.42%	14	18.18%
55-64	5	5.81%	7	9.21%	7	9.09%
65+	0	0.00%	0	0.00%	0	0.00%
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

Table 43: GOC Employees – Ethnicity – 2020 to 2022

	2020		2021		2022	
White	39	45.35%	41	53.94%	41	53.25%
Asian / Asian British	13	15.12%	12	15.79%	13	16.88%
Black / Black British	13	15.12%	15	19.74%	16	20.78%
Mixed/multiple	2	2.33%	2	2.63%	3	3.90%
Other	3	3.49%	5	6.58%	3	3.90%
Prefer not to say	16	18.60%	1	1.32%	1	1.30%
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

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MEMBER DATA

Table 44: Members – Committee – 31 March 2022

	Total	of which there are the following type of members:		
		Lay	Registrant	Other/Independent
Council	12	6	6	0
Advisory Panel	27	6	17	4
Investigation Committee	8	3	4	1
Audit, Finance, and Risk Committee	5	3	1	1
Remuneration Committee	4	2	1	1
Nominations Committee	4	3	1	0
Hearing Panel	75	39	36	0
Education Visitor Panel	31	12	18	1
Total	**166**	**74**	**84**	**8**

Table 45: Members – Sex – 31 March 2022

	Male		Female		Total	
Council	5	41.67%	7	58.33%	**12**	**100.00%**
Advisory Panel	13	48.15%	14	51.85%	**27**	**100.00%**
Investigation Committee	5	62.50%	3	37.50%	**8**	**100.00%**
Audit, Finance, and Risk Committee	3	60.00%	2	40.00%	**5**	**100.00%**
Remuneration Committee	3	75.00%	1	25.00%	**4**	**100.00%**
Nominations Committee	2	50.00%	2	50.00%	**4**	**100.00%**
Hearing Panel	24	32.00%	51	68.00%	**75**	**100.00%**
Education Visitor Panel	19	61.29%	12	38.71%	**31**	**100.00%**
All	**74**	**44.58%**	**92**	**55.42%**	**166**	**100.00%**

Table 46: Members – Age – 31 March 2022

	25-34		35-44		45-54		55-64		65+		Prefer not to say		Total	
Council	0	0.00%	1	8.33%	3	25.00%	5	41.67%	1	8.33%	2	16.67%	**12**	**100.00%**
Advisory Panel	0	0.00%	2	7.41%	4	14.81%	3	11.11%	1	3.70%	17	62.96%	**27**	**100.00%**
Investigation Committee	0	0.00%	0	0.00%	5	62.50%	3	37.50%	0	0.00%	0	0.00%	**8**	**100.00%**
Audit, Finance, and Risk Committee	0	0.00%	0	0.00%	1	20.00%	2	40.00%	0	0.00%	2	40.00%	**5**	**100.00%**
Remuneration Committee	0	0.00%	0	0.00%	0	0.00%	2	50.00%	0	0.00%	2	50.00%	**4**	**100.00%**
Nominations Committee	0	0.00%	0	0.00%	1	25.00%	0	0.00%	1	25.00%	2	50.00%	**4**	**100.00%**
Hearing Panel	2	2.67%	17	22.67%	22	29.33%	24	32.00%	5	6.67%	5	6.67%	**75**	**100.00%**
Education Visitor Panel	2	6.45%	6	19.35%	11	35.48%	11	35.48%	1	3.23%	0	0.00%	**31**	**100.00%**
Total	**4**	**2.41%**	**26**	**15.66%**	**47**	**28.31%**	**50**	**30.12%**	**9**	**5.42%**	**30**	**18.07%**	**166**	**100.00%**

Table 47: Members – Ethnicity – 31 March 2022

	White		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Council	9	75.00%	1	8.33%	0	0.00%	0	0.00%	0	0.00%	2	16.67%	**12**	**100.00%**
Advisory Panel	21	77.78%	4	14.81%	0	0.00%	0	0.00%	0	0.00%	2	7.41%	**27**	**100.00%**
Investigation Committee	8	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**8**	**100.00%**
Audit, Finance, and Risk Committee	3	60.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	40.00%	**5**	**100.00%**
Remuneration Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	50.00%	**4**	**100.00%**
Nominations Committee	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**4**	**100.00%**
Hearing Panel	57	76.00%	9	12.00%	1	1.33%	0	0.00%	0	0.00%	8	10.67%	**75**	**100.00%**
Education Visitor Panel*	25	80.65%	1	3.23%	0	0.00%	0	0.00%	0	0.00%	5	16.13%	**31**	**100.00%**
All	**129**	**77.71%**	**15**	**9.04%**	**1**	**0.60%**	**0**	**0.00%**	**0**	**0.00%**	**21**	**12.65%**	**166**	**100.00%**

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Table 48: Members – Religion – 31 March 2022

	Christian (incl. Catholic)		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
Council	7	58.33%	0	0.00%	1	8.33%	1	8.33%	1	8.33%	2	16.67%	**12**	**100.00%**
Advisory Panel	16	59.26%	1	3.70%	1	3.70%	1	3.70%	5	18.52%	3	11.11%	**27**	**100.00%**
Investigation Committee	3	37.50%	0	0.00%	0	0.00%	0	0.00%	4	50.00%	1	12.50%	**8**	**100.00%**
Audit, Finance, and Risk Committee	3	60.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	40.00%	**5**	**100.00%**
Remuneration Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	50.00%	**4**	**100.00%**
Nominations Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	1	25.00%	1	25.00%	**4**	**100.00%**
Hearing Panel	26	34.67%	4	5.33%	2	2.67%	10	13.33%	23	30.67%	10	13.33%	**75**	**100.00%**
Education Visitor Panel*	11	35.48%	0	0.00%	0	0.00%	1	3.23%	11	35.48%	8	25.81%	**31**	**100.00%**
All	**70**	**42.17%**	**5**	**3.01%**	**4**	**2.41%**	**13**	**7.83%**	**45**	**27.11%**	**29**	**17.47%**	**166**	**100.00%**

*Education Visitor Panel are categorised as 'Workers'.

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STUDENT DATA

Table 49: Students – Sex – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
Male	34.15%	34.01%	**35.14%**
Female	65.85%	65.99%	**64.86%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 50: Students – Sex – 2018/19 to 2020/21

	2018/19				2019/20				2020/21			
	Male		Female		Male		Female		Male		Female	
Optometry	872	33.03%	1766	66.88%	943	33.37%	1883	66.63%	**1,077**	**34.16%**	**2,077**	**65.84%**
Dispensing	419	34.38%	795	65.25%	371	35.20%	683	64.80%	**278**	**36.68%**	**480**	**63.32%**
Independent Prescribing	87	40.05%	119	54.95%	113	36.98%	193	63.02%	**24**	**41.23%**	**34**	**58.74%**
Contact lens	46	41.29%	66	58.71%	31	30.80%	70	69.20%	**161**	**39.00%**	**251**	**61.00%**
Total	**1,424**	**34.15%**	**2,746**	**65.85%**	**1,458**	**34.01%**	**2,829**	**65.99%**	**1,540**	**35.14%**	**2,842**	**64.86%**

Table 51: Students – Age – 2018/19 to 2020/21

Age Group	2018/19	2019/20	2020/21
20 and under	45.42%	41.15%	**45.58%**
21-24	30.19%	31.00%	**24.83%**
25-29	10.46%	13.84%	**11.94%**
30+	13.84%	14.01%	**16.67%**
Not known	0.10%	0.00%	**9.85%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 52: Students – Age – 2020/21

	20 and under	21-24	25-29	30+	Not known
Optometry	56.35%	26.15%	7.77%	8.39%	1.33%
Dispensing	29.04%	32.42%	16.04%	22.35%	0.16%
Independent Prescribing	0.00%	8.70%	33.81%	57.50%	0.00%
Contact lens	0.00%	3.00%	33.25%	63.75%	0.00%

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Table 53: Students – Ethnicity – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
White	32.87%	35.96%	**34.01%**
Black	3.33%	3.39%	**3.50%**
Asian	50.31%	50.06%	**55.01%**
Mixed	3.56%	1.84%	**1.94%**
Other	4.86%	5.76%	**3.29%**
Not known	5.07%	2.99%	**2.25%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 54: Students – Ethnicity – 2020/21

	White / White British	Black / Black British	Asian / Asian British	Mixed/multiple	Other	Not known
Optometry	25.06%	3.72%	63.62%	2.05%	3.66%	1.88%
Dispensing	47.56%	3.40%	41.40%	2.23%	3.25%	2.17%
Independent Prescribing	41.64%	6.03%	37.66%	2.10%	3.54%	8.91%
Contact lens	76.50%	1.63%	16.63%	0.50%	0.50%	4.25%

Table 55: Students – Disability – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
Known Disability	10.20%	5.14%	5.25%
No Known Disability	89.80%	94.86%	94.75%
Total	**100.00%**	**100.00%**	**100.00%**

Table 56: Students – Disability – 2020/21

	Known disability	No known disability
Optometry	6.03%	93.97%
Dispensing	4.78%	95.23%
Independent Prescribing	6.08%	93.92%
Contact lens	0.00%	100.00%

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C51(22)

COUNCIL

GOVERNANCE REVIEW UPDATE

Meeting: 7 December 2023   **Status:** For advice

Lead responsibility: Andy Spragg, Head of Governance
Paper Author(s) Andy Spragg, Head of Governance
Lead Responsibility/Project Director: Leonie Milliner, Chief Executive and Registrar

Purpose

1.   To update Council on progress with the Governance Review.

Recommendations

2.   Council is asked to:

- **note** the delivery plan for the Governance Review (annex 2) and progress to date.
- **note** the proposed self-assessment against the Charities Commission Governance Code (annex 3) and comment as required.
- **delegate** the power to make minor updates to Council's policies to the Chief Executive (in consultation with the Chair of Council)

Strategic objective

3.   This links across the three GOC strategic objectives as it concerns the primary activities of the Council. In particular, the project brief supports "Building a culture of continuous improvement" as it seeks to refine and develop the role of governance in the organisation.

Background

4.   The Chair of Council commissioned a governance review in May 2022. The scoping document was reviewed by Council at its strictly confidential meeting on 28 June 2022 (**annex 1**). The delivery plan was produced in July 2022 and reported to Council at its strictly confidential meeting on 20 September 2022 (**annex 2**). This report updates on activity to date and provides the Council with the Charity Commission Governance Code self-assessment. This had previously been reported to Council at its strictly confidential meeting on 10 February 2021.

Analysis

5.   The Charity Governance Code is produced by the Charity Commission and provides a framework for developing high standards of governance. The website provides a self-assessment tool for charities in respect to their governance arrangements. This

was previously undertaken by the GOC in 2021, with authority delegated to Nomination Committee to monitor progress against the areas for improvement.

6.   This work was superseded by changes in the leadership of the Governance team in May 2022, and the governance review commissioned by the Chair of Council. However, this also provided an opportunity to update the self-assessment and identify areas for future development. This document is attached as **annex 3**.

7.   Council is asked to note where the improvements identified have been included in the business plan for Governance in 23/24. Several of these improvements are in progress and it is proposed that a further progress report is brought to Council in June 2023.

8.   The governance delivery plan contained several activities and proposed outputs. The progress under each objective is outlined below.

To review roles and responsibilities, clarifying and changing where required, to ensure that all Council members can effectively contribute.

9.   The executive, Council and committee members were surveyed in autumn 2022. This survey asked participants to rank the GOC against the seven Charity Commission governance principles. The results will be shared with SMT in December 2022, and any actions or themes emerging from the feedback will be shared with Council at an informal catch-up in early 2023. No substantial areas for improvement have come to light, though the project sponsors will review, and the same survey will be conducted in 12 months' time to track progress.

10.   Research into other regulator's role descriptions commenced over summer 2022. The information gathered will be presented to the Nomination Committee on 29 November 2022, along with a proposed Council member role profile.

11.   Due to the overlap between the meeting and publication of this report, the Nominations Committee Chair (Dr Anne Wright CBE) and Head of Governance will provide a verbal update on the outcome of the item. It is anticipated that this role profile will be shared with Council and committee members for consultation. The rationale for doing so is this may have an impact on how they are later reviewed or assessed against the criteria. A two-week consultation is proposed as sufficient in the event this is required. The Professional Standards Authority (PSA) would also be engaged for feedback where appropriate to do so (i.e., where appointments require Privy Council approval).

12.   There are also several roles, such as Committee Chair and Council members from the devolved nations that presently have no role description. Neither of these roles has an additional responsibility allowance, and benchmarking indicates that most regulators do not provide additional financial recognition for these roles.

13. The statutory requirement for the Privy Council to appoint at least one member each from England, Northern Ireland, Scotland and Wales was introduced by the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008. This superseded a previous requirement to appoint members representing several Higher Education institutions covering the four nations.

14. The amendment removed the requirement to "represent", supplanting it with the requirement that "one member of the Council lives or works wholly or mainly in each of England, Scotland, Wales and Northern Ireland." This change in legislation also removed any specification about whether these members had to be registrant or lay members.

15. There is no accompanying guidance as to how these members or Council might interpret the role. Ensuring there is representation does not equate to a requirement to be the sole representative on behalf of the devolved nation, or to represent the GOC on behalf of Council in those areas. In addition, it should not preclude other Council members from collectively considering the interests of all registrants and public, regardless of geographical location.

16. Nominations Committee was invited to consider whether a role profile is produced to clarify that the relevant Council members can contribute by staying abreast of issues (for example, the local context for commissioning, application of government policy and education issues). This would enable them to assure Council that its assessment of impact on the devolved administration is accurate and considers the local context.

17. It is also recommended that this is complemented by a programme of engagement by the member in that devolved context pursued in conjunction with, and co-ordinated by, the executive.

18. The Professional Standards Authority (PSA) would be consulted on a proposed addition, as additional stipulations regarding the criteria for Council members from devolved nations might raise questions at a recruitment stage.

19. Any final proposals regarding the role profiles will be presented to Council in March 2023 for approval.

To identify where governance policies, processes and procedures can be streamlined to reflect best practice and reduce duplication.

20. As outlined in the previous report to Council, Council and corporate policies have been collated and compiled in a policy library for SMT. This coincided with the transfer of files to a central SharePoint and has led to several obsolete policies being archived. Where policies need review, these are being included in the forward plans for Council, SMT and Audit, Risk and Finance Committee (ARC) to ensure the GOC is refreshing policies where needed and that our approach is more systematic in the future. This has included the Financial Regulations, Scheme of Delegation for

Financial Management (both approved by Council in September 2022) and the gifts and hospitality policy (included in this agenda for consideration by Council).

21. To facilitate minor updates to policies, for example, where a series of responsibilities may need reassigning due to an internal restructure or change of roles, it is proposed that Council delegate the power to make minor amendments to the Chief Executive (in consultation with the Chair of Council). This would not include any policy update that changed overall accountability or substantially adjusted the requirements of the policy. Council would still be required to review policies once every three years.

22. Research has identified that several regulators use a "Governance Manual" model, which consolidates relevant Council policies and procedures into one document. It is recommended that a draft manual is produced for Council to consider at its meeting in March 2023. This will consolidate several key documents in one place to improve public accessibility and understanding of the work undertaken by Council and its committees.

23. Governance is also reviewing its operational processes and procedures, and this is becoming embedded in a cycle of continuous improvement. While these are not in scope for the governance review, this complementary activity has seen an improved set of minute standards and a more consistent approach to committee management. The successful recruitment of a Governance and Compliance Manager will ensure that the team is embedding good practice for the year ahead, including new report and agenda templates for 2023/24.

24. Governance has also developed a team charter as part of its Fit for the Future redesign, and this will augment delivery of the Governance Review objectives. The charter is attached as **annex 4**.

To improve the support to Council members (and prospective Council members) in respect to recruitment, appointment (including reappointments), induction, review and ongoing development.

25. The recruitment processes for Council and committee members are being reviewed to see where common approaches can be adopted between HR and Governance in respect to recruitment administration. The aim is to introduce a level of automation to the current processes, while also streamlining the process for appointment panels.

26. The sessions to gather feedback from the appointment panel chairs were undertaken in mid-October. Nominations Committee was provided with a summary of the feedback for its meeting on 29 November 2022. It was invited to consider introducing a pro-forma to assist applicants with providing evidence of how they meet essential and desirable criteria. The Chair of the Committee will update at the meeting regarding the outcome of the Nominations Committee discussion.

27. A specific project looking at member support and development will be incorporated in the 2023/24 business plan for Governance. This will capitalise on several developments:

- The appointment of the new Head of People and Culture represents an opportunity to consider how member support and development fits with the current offer to staff, and where opportunities to collaborate across Governance and HR might exist to develop the member support offer;
- The GOC Fit for the Future Programme includes a workstream about organisational capability and discussions have begun this quarter about how this could apply across all employees, workers and members;
- The development of the Governance team charter, which will form the basis of the business plan in 23-24 – this includes a mission statement with the following under the GOC strategic priority "Transforming Customer Service" - *we support our Council and committee members from before the first day of their appointment to after the last day of their term of office.*
- The arrival of new Council members in January 2023 provides an opportunity to pilot a new approach to induction.

28. The projected timescale for the project is Q1 2023/24 for scoping, Q2-3 for concept and design, with Q4 for handover and close. Any budgetary impact would be part of implementation in 24-25. Council is therefore asked to note that proposals remain under development, with initial work beginning late 22/23. Several operational changes, such as an end-of-year member survey of the support provided by Governance, will be implemented to assist with developing a culture of continuous improvement in this area.

Conclusion

29. The governance review work has continued at pace and identified some clear areas for development and implementation. However, the delivery plan is presently off track in terms of its identified timescales, with some elements having been delayed due to other time-critical priorities, such as the recruitment campaigns for new Council members. In addition, new opportunities have arisen within the Change programme to consider a more holistic approach to Council and committee member capability, support and development. As the governance review remains cost-neutral to the GOC, and the wider impact of legislative reform on governance at the GOC remains yet unconfirmed, it is proposed that the work continues until March 2023. At this point, a number of the improved practices and processes will be embedded into a governance manual and operations at the GOC.

Finance

30. The delivery of the governance review presently has no additional financial resource allocated. Depending on the nature of the activity identified in the project plan, SMT may provide additional resources to cover the cost of some activities.

Risks

31. The project is exposed to the commonplace risks associated with any project planning and delivery (i.e. inadequate scope, lack of resources, lack of time etc). Although the project methodology is intended to be "light touch", having identified project sponsors and a project board will help mitigate some of these risks. SMT will have a role in monitoring operational delivery of the governance review in order to identify risks and issues as they emerge.

Equality Impacts

32. The governance review is not subject to an EIA as no substantial change in process or policy is proposed in this paper. However, an EIA may be a consideration as recommendations emerge from the review.

Devolved nations

33. The review has been scoped to cover the roles and responsibilities of Council members from the devolved nations.

Other Impacts

34. No other impacts have been identified.

Communications

External communications

35. There is no planned external communications activity at this stage. As the governance review progresses, there may be some communication undertaken in this respect.

Internal communications

36. No planned internal communications regarding the governance review at this stage. It is proposed to include an update in the Chief Executive bulletin as activity progresses.

Next steps

37. Council feedback will be referred back for SMT to consider. A further update will be provided to Council in March 2023.

Attachments

Annex 1 – Governance Review Delivery Plan
Annex 2 – Governance Review Scoping Document
Annex 3 – Charity Commission Governance Code – Self-Assessment
Annex 4 – Governance Team Charter

General Optical Council

Governance Review 2022-23

May 2022

Purpose: To provide an initial scoping document for the Governance Review 2022-23

Background:

Upon appointment, the Chair of the GOC announced her intention to undertake a governance review after a year in the role. The appointment of the new Chief Executive & Registrar in January 2022, and the Head of Governance in May 2022, also supports the case for this review.

Planned reforms to health and social care regulators' legislation by the Department of Health and Social Care (DHSC) creates a prospect of longer-term changes to the governance and composition of the GOC. However, the impact and timescale for these legislative changes remains unconfirmed. This review will consider how the GOC's governance structures, policies and procedures can set the stage for these changes, ensuring it delivers on the organisation's strategic objectives and statutory functions for the public benefit.

A self-assessment against the Charity Governance Code was carried out and presented to Council in February 2021. Council approved the findings and recommendations from the self-assessment and delegated oversight of the resulting improvements, which would form the Governance Improvement Plan, to the Nominations Committee. The remaining elements of this plan will be taken forward into the Governance Review.

Project Aim:

To ensure that the GOC governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

Project Objectives and scope:

To review roles and responsibilities, clarifying and changing where required, to ensure that all Council members can effectively contribute.

To identify where governance policies, processes and procedures can be streamlined to reflect best practice and reduce duplication.

To improve the support to Council members (and prospective Council members) in respect to recruitment, appointment (including reappointments), induction, review and ongoing development.

To prepare for legislative reform while ensuring that the governance of the GOC remains robust and effective in the interim.

<u>In scope</u>

- The recruitment, appointment and reappointment procedures for Council and Committee members, including how the GOC promotes Equality, Diversity and Inclusion (EDI) as part of these processes.
- The roles and responsibilities of Council members, including the Chair, Senior Council Member, Council Associates, Committee Chairs and Lead Members.
- The role of Council members from the devolved nations.
- Council member annual reviews, development and succession planning, including building resilience within the membership of the Council and its committees.
- The scheduling and forward planning of Council and committee meetings throughout the financial year.

<u>Out of scope</u>

- Governance policies and operational procedures or business rules (these will be picked up via the Governance Service Plan 22/23).
- The terms of reference of individual Council committees, except where changes are intended to facilitate in-scope project outcomes (these have been reviewed in May 2022).
- Changes to Council Standing Orders, except where changes are intended to facilitate in-scope review outcomes (the Standing Orders were updated in September 2021).

Project Sponsor and Reporting Arrangements

The project will be co-sponsored by the Chief Executive & Registrar and the Chair of the GOC, with the Head of Governance providing project management.

Other teams within the GOC will be engaged as and when required by the project plan.

SMT will act as the project board and will be responsible for making any recommendations to Council or the Chief Executive and Registrar. It will maintain oversight of operational delivery on the behalf of the project sponsors.

Council will be kept informed via its informal catch-up sessions. Any update on key project milestones and decisions requiring Council approval will be scheduled into the forward plan for Council.

Wider stakeholder engagement will be via planned sessions and activities as deemed appropriate by the project board.

Timescale for delivery (work in progress) –

- Scoping document drafted and reviewed by Project Sponsors – 30 May 2022
- First draft to SMT for comment – 1 June 2022
- Circulated to Council members for information and inviting input – 2 June – 10 June 2022
- First draft to Council for approval (and delegating approval of project plan to Chief Executive & Registrar) – 28 June 2022

- Initial project plan drafted -- July 2022
- Research stage July – August 2022
- Progress report to Private Council meeting – 20 September 2022
- Council Strategy Day session – Autumn 2022
- Final report to Public Council meeting – 6 December 2022
- Implementation from 23/24

General Optical Council
Governance Review 2022-23
Delivery Plan

Purpose: to outline the delivery plan for the Governance Review 2022-23

Background:

Council and SMT were provided with the Governance Review scoping document and have had opportunity to comment. The next step is set out a delivery plan of activity to achieve the following aim and objectives:

Project Aim:

To ensure that the GOC governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

Project Objectives:

To review roles and responsibilities, clarifying and changing where required, to ensure that all Council members can effectively contribute.

To identify where governance policies, processes and procedures can be streamlined to reflect best practice and reduce duplication.

To improve the support to Council members (and prospective Council members) in respect to recruitment, appointment (including reappointments), induction, review and ongoing development.

To prepare for legislative reform while ensuring that the governance of the GOC remains robust and effective in the interim.

Methodology

The project phases will mirror those utilised by the Change Directorate and Association of Project Managers (APM) – Concept, Define, Develop, Handover and Close.

Concept – the scoping document produced has addressed the requirements of this phase by establishing the rationale and project aims and objectives.

Define – July - November

To review roles and responsibilities, clarifying and changing where required, to ensure that all Council members can effectively contribute.

Research other regulators and Charity Commission guidance to collate any relevant role descriptions – Head of Governance, Governance Officers, Business Planning and Performance Officer (July – August 2022)

Survey to Council and Committee members – Head of Governance, with questions agreed by project sponsors (September 2022)

Survey to Leadership Team – Head of Governance, with questions agreed by project sponsors (September 2022)

To identify where governance policies, processes and procedures can be streamlined to reflect best practice and reduce duplication.

Research other regulators and collate any policies and procedures – Head of Governance, Governance Officers, Business Planning and Performance Officer (July – August 2022)

Consolidation of current GOC policies and procedures into library – Head of Governance, Governance Officers, Business Planning and Performance Officer (July – August 2022)

Desktop review of policies and procedures – Chair, Senior Council Member, Chief Executive and Registrar and Head of Governance (September 2022)

To improve the support to Council members (and prospective Council members) in respect to recruitment, appointment (including reappointments), induction, review and ongoing development.

Research other regulators and approach to recruitment, appointment (including reappointments), induction, review and ongoing development – Head of Governance, Governance Officers, Business Planning and Performance Officer (July – August 2022)

EDI research – EDI manager (July – September 2022)

Feedback session with current appointment panel chairs - Chair, Senior Council Member, Chief Executive and Registrar and Head of Governance (September 2022)

Engage with PSA to discuss potential scope for change in appointment processes – Head of Governance (October 2022)

Council session on Member Induction and Development and accompanying survey of Committee members – Head of Governance (November 2022)

Develop – September - December

> To review roles and responsibilities, clarifying and changing where required, to ensure that all Council members can effectively contribute.

Desktop review of role descriptions – Chair, Senior Council Member, Chief Executive and Registrar and Head of Governance (October 2022)

Strategy Day discussion (TBC)

Consult with Council and Committee members on any proposed changes – Head of Governance (November 2022)

Draft role descriptions for submission to Council in December 2022 (to take effect from May 2023) – Head of Governance (December 2022)

> To identify where governance policies, processes and procedures can be streamlined to reflect best practice and reduce duplication.

Development of Governance Manual – Head of Governance, Governance team (September – December 2022)

Redraft of policies and procedures where improvements identified – Chair, Senior Council Member, Chief Executive and Registrar and Head of Governance (September 2022)

Revised templates for 2023 onwards – Governance team (December 2022)

> To improve the support to Council members (and prospective Council members) in respect to recruitment, appointment (including reappointments), induction, review and ongoing development.

Development of options appraisal for supporting induction review and ongoing development – Head of Governance, SMT (November 2022)

Appointment process review options appraisal for Nominations Committee and Council consideration – Chair of Council, Head of Governance (September – December 2022)

Handover and Close –

- Training and induction resources for Council and Committee members Policies approved by relevant bodies for implementation in 2023.
- Iterative review process using Charity Commission tools to be implemented from 2023 (building on the Governance Improvement Plan work in 2021).

Principle 1 – Organisational Purpose: The board is clear about the charity's aims and ensures that these are being delivered effectively and sustainably.	
Rationale	**Key outcomes**
Charities exist to fulfil their charitable purposes. Trustees have a responsibility to understand the environment in which the charity is operating and to lead the charity in fulfilling its purposes as effectively as possible with the resources available. To do otherwise would be failing beneficiaries, funders and supporters. The board's core role is a focus on strategy, performance and assurance.	**1.1** The board has a shared understanding of and commitment to the charity's purposes and can articulate these clearly. **1.2** The board can demonstrate that the charity is effective in achieving its charitable purposes and agreed outcomes.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
1.3 Determining organisational purpose		
1.3.1 The board periodically reviews the organisation's charitable purposes, and the external environment in which it works, to make sure that the charity, and its purposes, stay relevant and valid.	As a regulator the GOC's purposes are embedded in statute. The GOC's primary purpose to protect the public, by raising standards in the optical professions, is embedded throughout all strategic goals, which ensures the charity purposes stay relevant and valid. Regular reviews of regulatory functions by the PSA provides assurance.	
1.3.2 The board leads the development of, and agrees, a strategy or plan that aims to achieve the organisation's charitable purposes and is clear about the desired outputs, outcomes and impacts.	Council approved a five-year strategy, which runs from 2020-2025 and incorporates high level outcomes associated with success. Council was fully engaged with the planning to ensure the five-year strategy aligned to the GOC's charitable purpose. The Council approves an annual budget and business plan, along with an agreed set of performance measures to ensure it can monitor outputs, outcomes and impacts.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
1.4 Achieving the purpose		
1.4.1 All trustees can explain the charity's public benefit.	All Council Members understand that the GOC is here to protect the public by raising standards in the optical professions and their four core functions are: • Setting standards for optical education and training, • performance, and conduct. • Approving qualifications leading to registration. • Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians. • Investigating and acting where registrants' fitness to practise, train or carry on business is impaired. The quality of debate at Council meetings demonstrates all Council members have a critical understanding of this, and the areas of focus on the agenda reflect the Council members are focussed on these core areas for the GOC.	Council member role profiles are under review by Nominations Committee, prior to Council approval in in March 2023. This requirement to be included as a core competency in the updated Council member role profile.
1.4.2 The board evaluates the charity's impact by measuring and assessing results, outputs and outcomes.	Council measures performance via quarterly reports on its business plan and a balanced scorecard.	Planned review of balanced scorecard in early 2023, engaging Audit, Finance and Risk Committee (ARC) prior to implementation in 2023-24.
1.5 Analysing the external environment and planning for sustainability		
1.5.1 The board regularly reviews the sustainability of its income sources and business models and their impact on achieving charitable purposes in the short, medium and longer term.	Financial planning includes quarterly reports to the Audit, Finance and Risk Committee (ARC) and Council on annual and five yearly forecasts. Investment Committee reviews a financial analysis of investments at least	A quarterly meeting will be scheduled between the Chair of Council, the Chair of ARC, the Chair of Remuneration Committee and the Chair of Investment Committee to

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	twice a year and more if the portfolio is affected by market fluctuations. The Chair of Council meets regularly with the Chair of Investment Committee and Chair of ARC to review the financial position and forecast with the Executive.	review GOC financial sustainability and any common concerns.
1.5.2 Trustees consider the benefits and risks of partnership working, merger or dissolution if other organisations are fulfilling similar charitable purposes more effectively and/or if the charity's viability is uncertain.	Partnership working occurs across all areas of the business via inter-regulatory collaboration, where good practice is shared and bench-marking takes place. This will continue to develop and updates regarding progress are reported to Council via the regular Chair of Council and CEO Reports.	
1.5.3 The board recognises its broader responsibilities towards communities, stakeholders, wider society and the environment, and acts on them in a manner consistent with the charity's purposes, values, and available resources.	Consultations with stakeholders regularly take place to gain feedback regarding major policy change. Regular statements and notices are published via the website to stakeholders supporting the charitable purposes.	Investment Committee is due to consider the Environmental, Social and Governance elements of the current Investment Policy and approach at its next meeting in May 2023. Depending on whether Charity Commission guidance is updated between now and then, they will do this either with the 2016 guidance or any updated guidance informing the basis of their considerations.

Principle 2 – Leadership: Every charity is headed by an effective board that provides strategic leadership in line with the charity's aims and values.	
Rationale Strong and effective leadership helps the charity adopt an appropriate strategy for effectively delivering its aims. It also sets the tone for the charity, including its vision, values and reputation.	**Key outcomes** **2.1** The board, as a whole, and trustees individually, accept collective responsibility for ensuring that the charity has a clear and relevant set of aims and an appropriate strategy for achieving them. **2.2** The board agrees the charity's vision, values and reputation and leads by example, requiring anyone representing the charity reflects its values positively. **2.3** The board makes sure that the charity's values are reflected in all of its work, and that the ethos and culture of the organisation underpin the delivery of all activities.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
2.4 Leading the charity		
2.4.1 The board and individual trustees take collective responsibility for its decisions.	Council members have evidenced that they critically challenge, speak candidly, accept majority decisions, and take collective responsibility for its decisions, through their conduct during meetings.	
2.4.2 The chair provides leadership to the board with prime responsibility for ensuring it has agreed priorities, appropriate structures, processes and a productive culture and has trustees and senior staff who are able to govern well and therefore add value to the charity.	The annual business plan is signed off by Council each year. Forward planning by Council and its committees ensures that agreed priorities are programmed in within the appropriate timescales. The organisational structure is agreed by Council, most recently a restructure of the Senior Management Team (SMT) in 2021.	
2.4.3 In the case of the most senior member of staff (e.g. CEO) the board makes sure that there are proper arrangements for their appointment, supervision, support, appraisal, remuneration and, if necessary, dismissal.	The Chair sets objectives for the CEO and annually appraises the CEO's performance, the outcome of which is reviewed by the Council's Remuneration Committee. Additionally, the Chair supervises and supports the CEO through weekly meetings and more frequent informal discussions as	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	the need arises. Remuneration of the CEO is overseen by the Remuneration Committee; appointment and dismissal are undertaken in accordance with HR policies applicable to all staff.	
2.4.4 The boards functions are formally recorded. There are role descriptions defining responsibilities for all trustees that clearly differentiate those of the chair and other officer positions and outline how these roles relate to staff.	There is an agreed scheme of delegation setting out the responsibilities of Council, its committees, and the Executive. Role descriptions for the Chair, Senior Council Member and Council Members are in place and clearly define responsibilities, which are distinct from the role of the Executive.	Review of role descriptions as part of Governance Review work, to be implemented from April 2023/24.
2.4.5 Where the board has agreed to establish a formally constituted subsidiary organisation/s, it is clear about the rationale, benefits and risks of these arrangements. The formal relationship between the parent charity and each of its subsidiaries is clearly recorded and the parent reviews, at appropriate intervals, whether these arrangements continue to best serve the organisation's charitable purposes.	N/A – no subsidiary arrangements exist.	
2.5 Leading by example		
2.5.1 The board agrees the values, consistent with the charity's purpose, that it wishes to promote and makes sure that these values underpin all its decisions and the charity's activities (see also Principle 1).	Council was involved in the development and subsequent agreement of revised values and underpinning behaviours as part of the 5-year Strategic Plan. Council is engaged with the values which are published on the website, in the strategy, in the external business plan and in the annual report.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
2.5.2 The board recognises, respects and welcomes diverse, different and, at times, conflicting trustee views.	Current Council members are respectful to one another and take the time to listen and debate, which is apparent within Council and Committee meetings. At the end of Council meetings one member or Council Associate present feeds back on the conduct of the meeting including behaviours in accordance with GOC values.	
2.5.3 The board provides oversight and direction to the charity and support and constructive challenge to the organisation, its staff and, in particular, the most senior member of staff.	Council sign off major projects and are provided with regular updates against the strategic plan and business plan. SMT present papers and are regularly engaged in Council discussions through support and constructive challenge. The Chair and CEO have weekly discussions, and the Chair meets with SMT individually on a quarterly basis. The Chair regularly attends most committee meetings and meets with the members of the Executive regularly to discuss specific issues as these arise. Challenge is provided in committees as well in Council itself. Furthermore, there are good communication channels between the SMT and Council through the system of Council leads.	
2.5.4 The board through its relationship with the senior member of staff, creates the conditions in which the charity's staff are confident and enabled to provide the information, advice and feedback necessary to the board.	The Head of Governance, Chair of Council and Chief Executive regularly meet to consider feedback on Council and committee meetings. SMT are actively encouraged to provide reflections and feedback on meetings, and there are clear routes to raise concerns through the GOC Speaking Up	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	policy. Council is active in considering the results of an annual staff survey, and offer SMT constructive challenge about the results.	
2.6 Commitment		
2.6.1 All trustees give sufficient time to the charity to carry out their responsibilities effectively. This includes preparing for meetings and sitting on board committees and other governance bodies where needed. The expected time commitment is made clear to trustees before nomination or appointment and again on acceptance of nomination or appointment.	Council Members read their papers and come prepared to meetings with challenging and relevant questions that are evidenced in the minutes of Council and Committee meetings. Through the system of Council Leads, Council members are engaged outside of meetings and give generously of their time. The Member Fee Policy clearly articulates the expected time commitment for Council members, Senior Council Member and Chair of Council. This policy is reviewed and benchmarked against other regulators a minimum of every three years.	
2.6.2 Where individual board members are also involved in operational activities, for example as volunteers, they are clear about the capacity in which they are acting at any given time and understand what they are and are not authorised to do and to whom they report.	Council members are clear about the boundaries between strategic and operational duties and demonstrate this in their interactions at meetings and with project engagement. The interests of Council members are reported to every meeting of Council, and any concerns about potential conflicts are actively managed with the advice of the Governance team.	

Principle 3 – Integrity: The board acts with integrity. It adopts values, applies ethical principles to decisions and creates a welcoming and supportive culture which helps achieve the charity's purposes. The board is aware of the significance of the public's confidence and trust in charities. It reflects the charity's ethics and values in everything it does. Trustees undertake their duties with this in mind.	
Rationale	**Key outcomes**
Delivering the charity's purposes for public benefit should be at the heart of everything the board does. This is true even when a board's decision might be unpopular. Everyone who comes into contact with a charity should be treated with dignity and respect and feel that they are in a safe and supportive environment. Charity leaders should show the highest levels of personal integrity and conduct. To achieve this, trustees should create a culture that supports the charity's values, adopt behaviours and policies in line with the values and set aside any personal interests or loyalties. The board should understand and address any inappropriate power dynamics to avoid damaging the charity's reputation, public support for its work and delivery of its aims.	**3.1** The board acts in the best interests of the charity's purposes and its beneficiaries, creating a safe, respectful and welcoming environment for those who come into contact with it. **3.2** The board makes objective decisions about delivering the charity's purposes. It is not unduly influenced by those who may have special or personal interests. This applies whether trustees are elected, nominated, or appointed. Collectively, the board is independent in its decision making. **3.3** No one person or group has undue power or influence in the charity. The board recognises how individual or organisational power can affect dealings with others. **3.4** The board safeguards and promotes the charity's reputation by living its values and by extension promotes public confidence in the wider sector. **3.5** Trustees and those working for or representing the charity are seen to act with honesty, trustworthiness and care, and support its values.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
3.6 Upholding the charity's values		
3.6.1 The board ensures that all of its decisions and actions are consistent with the charity's values.	Council work in a collective and respectful way in line with the GOC's values. No complaints have been received regarding existing Council members and staff report positive interaction with Council Members.	
3.6.2 Trustees regularly check whether there are inappropriate power imbalances in the board or charity. Where necessary, they address any potential abuse of power to	Council has appointed a Senior Council Member who is responsible for appraising the Chair, a mechanism that helps address any imbalances in power.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
uphold the charity's purpose, values and public benefit.		
3.6.3 Trustees adopt and follow a suitable code of conduct that reflects the charity's values and sets out expected standards of ethics, probity and behaviour.	Council Members adopted the newly reviewed Code of Conduct for Members in November 2020 and are fully aware of the content and abide by the requirements.	Review of Code of Conduct policy planned for November 2023, with refresher training for Council and committee members.
3.6.4 The board considers how the charity is seen by the people and organisations who are involved in its work and by the wider public. The board has policies and procedures to make sure that the charity works responsibly and ethically, has regard to the proper use of power and acts in line with its own aims and values.	The GOC conducts an annual public perceptions survey to gather views and experiences of optical services. The 2022/23 business plan includes work to improve our approaches to public and patient engagement. Council makes objective decisions about delivering the GOC's purposes and is not unduly influenced by those who may have special or personal interests. This is supported by the Code of Conduct for Members policy, Gifts and Hospitality Policy, and a Management of Interests Policy.	
3.6.5 The board ensures that the charity follows the law. It also considers following non-binding rules, codes and standards, for example regulatory guidance, the 'Nolan Principles'[1] or *Charity Ethical Principles*[2] and other good practice initiatives that promote	The Members Code of Conduct is based on the Nolan Principles and the GOCs values. All Council Members are asked to sign a declaration adhering to the Code of Conduct on appointment. Charity regulation and good practice guidance is applied throughout	

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[1] www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

[2] www.ncvo.org.uk/images/documents/policy_and_research/ethics/Charity-Ethical-Principles.pdf

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
confidence in charities and create a supportive environment.	governance process and will be applied in any continuous improvements.	
3.7 Ensuring the right to be safe		
3.7.1 Trustees understand their safeguarding responsibilities and meet the legal minimum to promote a culture in which everyone feels safe and respected.	The GOC is responsible for safeguarding its staff, members, workers and others (eg registrants and FTP witnesses) with whom we deal - some of who may be or may become vulnerable. Our legislation makes specific reference to vulnerable witnesses at FTP hearings. We also have a statutory responsibility for providing guidance to our registrants, whose scope of practice includes caring for vulnerable people.	
3.7.2 Where appropriate: ■ the board makes sure that there are appropriate and regularly reviewed safeguarding policies and procedures ■ as part of a charity's risk-management process, the board checks key safeguarding risks carefully and records how these are managed ■ all trustees, staff, volunteers and people who work with the charity have information or training on the safeguarding policy, so they understand it, know how to speak up and feel comfortable raising concerns.	The GOC does not presently have an explicit safeguarding policy, though safeguarding is reflected in the policies and procedures that underpin the GOC's statutory responsibilities around protection of the public. The expectation would be that where safeguarding concerns arose, people would either refer complaints via the Corporate Complaints policy or the Speaking Up policy.	SMT will consider whether a safeguarding policy and training is required, including which staff, members and workers might require safeguarding training. A recommendation to Council will follow in 2023/24.
3.8 Identifying, dealing with and recording conflicts of interest/loyalty		
3.8.1 The board understands how real and perceived conflicts of interests and conflicts	The Management of Interests Policy is actively referenced and used. For example, an item on legislative reform in September	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
of loyalty can affect a charity's performance and reputation.	2022 meant registrant members were asked to review their current professional interests with the Head of Governance. As result, several members took steps to manage a risk of a perceived conflict by exempting themselves from the discussion.	
3.8.2 Trustees disclose any actual or potential conflicts to the board, and deals with these in line with the charity's governing document and a regularly reviewed conflicts of interest policy.	The registers of interest are updated and reviewed at every meeting. The conflicts of interest policy was last reviewed September 2021.	
3.8.3 Registers of interests, hospitality and gifts are kept and made available to stakeholders in line with the charity's agreed policy on disclosure.	The registers of interest are reviewed at every meeting and published on the GOC website. The register of gifts and hospitality is reviewed annually by ARC and published on the website.	ARC review of register of gifts took place November 2022, and an updated Gifts and Hospitality Policy has been referred to Council for approval in December 2022.
3.8.4 Trustees keep their independence and tell the board if they feel influenced by any interest, or may be perceived as being influenced or to having a conflict.	Recent examples have arisen as a result of the GOC call for evidence. Council members have actively sought advice and disclosed their perceived interests at meetings (see Council September 2022 for details)	

Principle 4 – Decision making, risk and control: The board makes sure that its decision-making processes are informed, rigorous and timely, and that effective delegation, control and risk-assessment, and management systems are set up and monitored.	
Rationale The board is ultimately responsible for the decisions and actions of the charity but it cannot and should not do everything. The board may be required by statute or the charity's governing document to make certain decisions but, beyond this, it needs to decide which other matters it will make decisions about and which it can and will delegate. Trustees delegate authority but not ultimate responsibility, so the board needs to implement suitable financial and related controls and reporting arrangements to make sure it oversees these delegated matters. Trustees must also identify and assess risks and opportunities for the organisation and decide how best to deal with them, including assessing whether they are manageable or worth taking.	**Key outcomes** **4.1** The board is clear that its main focus is on strategy, performance and assurance, rather than operational matters, and reflects this in what it delegates. **4.2** The board has a sound decision-making and monitoring framework which helps the organisation deliver its charitable purposes. It is aware of the range of financial and non-financial risks it needs to monitor and manage. **4.3** The board promotes a culture of sound management of resources but also understands that being over-cautious and risk averse can itself be a risk and hinder innovation. **4.4** Where aspects of the board's role are delegated to committees, staff, volunteers or contractors, the board keeps responsibility and oversight.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
4.5 Delegation and control		
4.5.1 The board regularly reviews which matters are reserved to the board and which can be delegated. It collectively exercises the powers of delegation to senior managers, committees or individual trustees, staff or volunteers.	Scheme of delegation last reviewed September 2021. Scheme of financial delegation reviewed September 2022. Examples of delegating responsibility can be seen in respect to a number of decisions on a regular basis.	
4.5.2 The board describes its 'delegations' framework in a document which provides sufficient detail and clear boundaries so that the delegations can be clearly understood and carried out. Systems are in place to monitor and oversee how delegations are exercised.	The scheme of delegations are in place and available on the website here: Meetings and decisions	GeneralOpticalCouncil Financial governance	GeneralOpticalCouncil These are subject to review at least every three years. The recently revised scheme of delegation for financial management will also	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	be reviewed after 12 months for any necessary revisions.	
4.5.3 The board makes sure that its committees have suitable terms of reference and membership and that: ■ the terms of reference are reviewed regularly ■ the committee membership is refreshed regularly and does not rely too much on particular people.	Council Committee terms of reference reviewed June 2022. Non-statutory committee terms of reference reviewed September 2021. The membership of committees is subject to regular review, with the Chair of Council engaging through the Nominations Committee to consider medium and long-term succession planning. The Council members themselves are limited to an eight-year tenure (4+4) by legislation.	
4.5.4 Where a charity uses third party suppliers or services – for example for fundraising, data management or other purposes – the board assures itself that this work is carried out in the interests of the charity and in line with its values and the agreement between the charity and supplier. The board makes sure that such agreements are regularly reviewed to make sure they are still appropriate.	Contracts over £25,000 are regularly reviewed by the Audit, Finance and Risk Committee forming part of the Committee's annual work planning. Any concerns or emerging contract issues would be included the regular significant incidents and exceptions report to ARC. There is also a separate contracts exceptions report to ARC. The Scheme of Financial Delegation sets limits for budget approval amounts related to contracts, and regular reporting of contract approvals. All other third-party suppliers or services will fall within the annual budget which is approved by Council.	
4.5.5 The board regularly reviews the charity's key policies and procedures to	Key policies such as pay progression, risk management and reserves have been	The current policy library is being worked through to identify the gaps where policies

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
ensure that they continue to support, and are adequate for, the delivery of the charity's aims. This includes: policies and procedures dealing with board strategies, functions and responsibilities, finances (including reserves), service or quality standards, good employment practices and encouraging and using volunteers, as well as key areas of activity such as fundraising and data protection.	reviewed by Council and its committees.as well as policies related to its regulatory responsibilities e.g. Business standards. Policies requiring approval by Council and its committees are subject to review a minimum of every three years.	have not been reviewed in recent years, and a more systemic approach to policy review is being developed for implementation in 2024-25. It is proposed that the Chief Executive has delegated authority (in consultation with the Chair of Council) to approve any minor reviews of policies, for example an update of terms or responsibilities based on organisational changes.
4.6 Managing and monitoring organisational performance		
4.6.1 Working with senior management, the board ensures that operational plans and budgets are in line with the charity's purposes, agreed strategic aims and available resources.	Council approves the annual Business Plan, with an accompanying budget, which is set out in accordance with the overarching 5-year Strategic Plan. All of which is based on available resources and the monitoring of cash-flow.	
4.6.2 The board regularly monitors performance using a consistent framework and checks performance against the charity's strategic aims, operational plans and budgets. It has structures in place to hold staff to account and support them in meeting these goals.	Performance is monitored by Council through the Balanced Scorecard, quarterly business plan reporting, financial reports and specific project reports.	
4.6.3 The board agrees with senior management what information is needed to assess delivery against agreed plans, outcomes and timescales. Information should be timely, relevant, accurate and provided in an easy to understand format.	Council has agreed the content of a Balanced Scorecard and a framework for reporting progress against the Business Plan, which can be evidenced in reporting to Council.	As mentioned above under 1.4.2 there is a planned review of the balanced scorecard with implementation in 2023/24
4.6.4 The board regularly considers information from other similar organisations	The Chair and Chief Executive are involved in inter- regulatory forums where information	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
to compare or benchmark the organisation's performance.	is shared about approaches to common issues. PSA also conduct thematic reports which highlight good practice across regulators. Benchmarking in recent times has included pay and expenses paid by different regulators to individuals carrying out similar functions.	
4.7 Actively managing risks		
4.7.1 The board retains overall responsibility for risk management and discusses and decides the level of risk it is prepared to accept for specific and combined risks.	Council retain overall responsibility for risk and exercise this through the Audit, Finance and Risk Committee, who report to Council quarterly on any new or escalated risks. Council approved a revised Risk Management Policy and Risk Appetite statement in June 2022.	
4.7.2 The board regularly reviews the charity's specific significant risks and the cumulative effect of these risks. It makes plans to mitigate and manage these risks appropriately.	ARC regularly reviews the corporate risk register, which includes target as well as current risk levels. Council also has a standing item on risk at its confidential meetings where it focuses on emergent risks and issues.	
4.7.3 The board puts in place and regularly reviews the charity's process for identifying, prioritising, escalating and managing risks and, where applicable, the charity's system of internal controls to manage these risks. The board reviews the effectiveness of the charity's approach to risk at least every year.	The corporate risk register covers all the points listed and ARC considers the appropriateness of risk arrangements every year. Improvements made in recent years including the development of a risk appetite and a risk assurance framework.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
4.7.4 The board describes the charity's approach to risk in its annual report and in line with regulatory requirements.	This can be evidenced in the GOC annual report.	
4.8 Appointing external examiners or auditors		
4.8.1 The board agrees and oversees an effective process for appointing and reviewing auditors, taking advice from an audit committee if one exists.	The Audit, Finance and Risk Committee are tasked with reviewing auditors and making recommendations to Council concerning their appointment, remuneration, and termination. In the recent past they have had cause to terminate a contract early because of poor provision.	
4.8.2 Where the charity has an audit committee, its chair has recent and relevant financial experience and the committee includes at least two trustees.	The Chair of the ARC is a Fellow of the Institute of Chartered Accountants and has a plethora of relevant experience which is translated into practice through their management of the Committee. ARC has four members, including an independent member.	The new Chair of ARC (appointment commencing in January 2023) has engaged in training and development in respect to taking on the role. They will continue to be supported by an experienced cohort of ARC members.
4.8.3 The board, or audit committee, has the opportunity to meet the auditors without paid staff present at least once a year.	Yes, this happens regularly and has been programmed into the forward plan.	
4.8.4 Arrangements are in place for a body, such as the audit committee, to consider concerns raised in confidence about alleged improprieties, misconduct or wrongdoing. This includes concerns raised by 'whistle blowing'. Arrangements are also in place for appropriate and independent investigation and follow-up action.	The current Speaking-up Policy complies with points listed in 4.8.4. Whistleblowing is also included in the significant incidents quarterly report to ARC.	

Principle 5 – Board effectiveness: The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions.	
Rationale	**Key outcomes**
The board has a key impact on whether a charity thrives. The tone the board sets through its leadership, behaviour, culture and overall performance is critical to the charity's success. It is important to have a rigorous approach to trustee recruitment, performance and development, and to the board's conduct. In an effective team, board members feel it is safe to suggest, question and challenge ideas and address, rather than avoid, difficult topics.	**5.1** The board's culture, behaviours and processes help it to be effective; this includes accepting and resolving challenges or different views. **5.2** All trustees have appropriate skills and knowledge of the charity and can give enough time to be effective in their role. **5.3** The chair enables the board to work as an effective team by developing strong working relationships between members of the board and creates a culture where differences are aired and resolved. **5.4** The board takes decisions collectively and confidently. Once decisions are made the board unites behind them and accepts them as binding.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
5.5 Working as an effective team		
5.5.1 The board meets as often as it needs to be effective.	Council and Committee meetings are planned around financial, project and BAU reporting at least four times per year, excluding strategy and development days. This arrangement is proving effective.	
5.5.2 The chair, working with board members and staff, plans the board's work and its meetings, making sure trustees have the necessary information, time and space to explore key issues and reach well-considered decisions, so that board time is well-used.	The Chair is very engaged and aware of day to day issues as well as strategic project work planning, enabling extra sessions with Council members to keep them fully informed – e.g. extra informal meetings to allow Council members to received updates on legislative reform and other critical topics.	Develop informal forward plan for Council catch-ups.
5.5.3 The board has a vice-chair or similar who provides a sounding board for the chair and serves as an intermediary for the other trustees if needed.	This role is within the agreed terms of reference for the Senior Council Member. The current SCM is effective in her exercise of this responsibility: his role is well-	Induction plan for the new Senior Council Member – appointment to commence in January 2023.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	understood by all Council members and he is relied upon.	
5.5.4 The board regularly discusses its effectiveness and its ability to work together as a team, including individuals' motivations and expectations about behaviours. Trustees take time to understand each other's motivations to build trust within the board and the chair asks for feedback on how to foster an environment where trustees can constructively challenge each other.	Annual reviews are carried out with Council members, led by the Chair (with the Senior Council Member undertaking the Chair's review). Feedback is provided by an observer after every Council meeting. In February 2020 Council received training on Trustee duties. Council Members freely express their concerns and raise questions which indicates an environment where they constructively challenge the Executive.	
5.5.5 Where significant differences of opinion arise, trustees take time to consider the range of perspectives and outcomes, respecting all viewpoints and the value of compromise in board discussions.	The quality of debate in Council and appreciation of different viewpoints is strong. A good example of this has been discussion related to the call for evidence on legislative reform and associated policies. Adhoc meetings have been called on occasion to work through significant areas of concern or difference and Council have subsequently been able to reach a common view.	
5.5.6 The board collectively receives specialist in-house or external governance advice and support. The board can access independent professional advice, such as legal or financial advice, at the charity's expense if needed for the board to discharge its duties.	Governance provides specialist in-house advice and support on governance matters and the Legal team on legal matters. External and internal auditors are fully engaged at committee level and external legal advice is sought where needed, e.g. in relation to employment issues. Future advice will be gained where needed regarding the Government's proposed regulatory changes, or where charity law requires.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
5.6 Reviewing the board's composition		
5.6.1 The board has, and regularly considers, the skills, knowledge and experience it needs to govern, lead and deliver the charity's purposes effectively. It reflects this mix in its trustee appointments, balancing the need for continuity with the need to refresh the board.	A skills audit was considered by the Nominations Committee in February 2022, and this was used to inform the desirable criteria for the latest recruitment of lay and registrant Council members.	
5.6.2 The board is big enough that the needs of the charity's work can be carried out and changes to the board 's composition can be managed without too much disruption. A board of at least five but no more than twelve trustees is typically considered good practice.	12 members sit on Council. This composition is defined in statue and would only be subject to change in the event of regulatory reform.	
5.7 Overseeing appointments		
5.7.1 There is a formal, rigorous and transparent procedure to appoint new trustees to the board, which includes advertising vacancies widely.	There is a formal, rigorous, and transparent process in place, which operates in accordance with PSA and Privy Council requirements. This was recently evidenced in the recent lay and registrant member recruitment campaigns where thought and consideration went in to ensuring a wide and diverse reach for candidates. Targeted webinars and advertising were used to support a good level of applications from appropriate candidates.	
5.7.2 The search for new trustees is carried out, and appointments or nominations for election are made, on merit against objective criteria and considering the benefits of diversity on the board. Regular skills audits inform the search process.	Appointments are made on merit against objective criteria. The scrutiny provided by the PSA includes robust challenge in respect to the appointment processes. The introduction of Council Associates has supported the diversification of backgrounds	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	and experience at Council. The Council Associates are regularly invited to participate in discussions and their insight is valued by the Council.	
5.7.3 The charity considers using a nominations committee to lead the board-appointment process and to make recommendations to the board.	The Nominations Committee has clear delegated authority to advise Council on planned recruitment. Appointments to Council are made by the Privy Council.	
5.7.4 Trustees are appointed for an agreed length of time, subject to any applicable constitutional or statutory provisions relating to election and re-election. If a trustee has served for more than nine years, their reappointment is: ■ subject to a particularly rigorous review and takes into account the need for progressive refreshing of the board ■ explained in the trustees' annual report.	Council members serve an initial term of four years, with the provision to be reappointed for a further four years. Statute provides that a Council member may only serve as such for eight years in any period of twenty.	
5.7.5 If a charity's governing document provides for one or more trustees to be nominated and elected by a wider membership, or elected by a wider membership after nomination or recommendation by the board, the charity supports the members to play an informed role in these processes.	N/A	
5.8 Developing the board		
5.8.1 Trustees receive an appropriately resourced induction when they join the board. This includes meetings with senior management and covers all areas of the charity's work. Trustees are given the opportunity to have ongoing learning and development.	The induction process is thorough, including 1:1s with the Senior Management Team, Head of Governance and relevant key members of staff where relevant, and mandatory EDI training is included.	A review of member support is planned by Governance in 2023 which will also draw on the GOC People Capability programme to identify where additional resources and training opportunities can be provided.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	Newly appointed Council members are 'buddied' with an established member tasked with helping with their induction. New lay members are buddied a registrant member and vice versa.	
5.8.2 The board reviews its own performance and that of individual trustees, including the chair. This happens every year, with an external evaluation every three years. Such evaluation typically considers the board's balance of skills, experience and knowledge, its diversity in the widest sense, how the board works together and other factors relevant to its effectiveness.	Annual reviews of member performance are carried out by the Chair, and the Chair is appraised by the Senior Council Member.

Th GOC is subject to regular external evaluations by the PSA, and commissions external evaluations of Council as and when needed. | Training tends to be organised on an ad hoc basis in response to individual Council members requests. The review of member support in 23/24 will remedy this.

This will include a revision of the Council member review process for 2022/23 to include identification of training and development needs. |
| **5.8.3** The board explains how the charity reviews or evaluates the board in the governance statement in the trustees' annual report. | Effectiveness of Governance is included in Section One of the Annual Report and Accounts. This sets out how the GOC has reviewed and evaluated itself in the previous year, as well as the planned areas for review in the following year. | |

Principle 6 – Equality, Diversity and Inclusion: The board has a clear, agreed and effective approach to supporting equality, diversity and inclusion throughout the organisation and in its own practice. This approach supports good governance and the delivery of the organisation's charitable purposes.

Rationale

Addressing equality, diversity and inclusion helps a board to make better decisions. This requires commitment, but it means that a charity is more likely to stay relevant to those it serves and deliver its public benefit. Recognising and countering any imbalances in power, perspectives and opportunities in the charity, and in the attitudes and behaviour of trustees, staff and volunteers, help to make sure that a charity achieves its aims.

All trustees have the same responsibility for the charity, so they must have equality of opportunity to contribute to decision making. Board diversity, in the widest sense, is important because it creates more balanced decision making. Where appropriate, this includes and centres those communities and people the charity serves. This increases the charity's legitimacy and impact. Equality and diversity are only effective and sustainable if the board works to be inclusive, ensuring that all trustees are welcomed, valued and able to contribute. Boards that commit to equality, diversity and inclusion are more likely to set a positive example and tone for the charity by following an appropriate strategy for delivering its purpose and setting inclusive values and culture.

Key outcomes

6.1 The principles of equality, diversity and inclusion are embedded in the organisation and help to deliver the charity's public benefit.

6.2 Obstacles to participation are reduced, with the organisation's work designed and open for everyone included within its charitable purposes. This supports the charity to challenge inequality and achieve improved equality of outcomes.

6.3 The board is more effective because it reflects different perspectives, experiences and skills, including, where applicable, from current and future beneficiaries

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
6.4 Assessing understanding of systems and culture		
6.4.1 The board analyses and can define how equality, diversity and inclusion are important for the charity, its context and the delivery of its aims.	The Council receives a comprehensive annual Equality, Diversity and Inclusion Annual Report that includes the annual EDI data monitoring report, this outlines the work undertaken during the year and provides a progress against the actions in our EDI Strategy 2020-2024.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	The recent appointment of an EDI manager speaks to the appreciation and importance that EDI is held in the Council. Similarly, the Council have been kept informed as to EDI activities such as celebrating Black History Month.	
6.4.2 The board assesses its own understanding of equality, diversity and inclusion. It considers how this happens in the charity and identifies any gaps in understanding which could be filled by discussion, learning, research or information	Council receives regular updates on EDI activity within the organisation via the CEO report to Council. Furthermore, Council members receive training on current EDI trends and best practice as well as updates on how EDI is progressing against plans within the organisation.	
6.4.3 The board regularly assesses: **6.4.3.1** the charity's approach to equality, diversity and inclusion, using available data and, where applicable, lived experience **6.4.3.2** its own practice including: ■ the diversity of trustees' backgrounds and perspectives in its regular board skills audit to identify imbalances and gaps ■ any bias in trustee recruitment and selection ■ where applicable, how the communities and people that the charity serves are included and centred in decision making ■ how meetings and board information can be made more accessible and how to provide resources to support this ■ how to create a meeting environment in which behaving inclusively is the norm, all voices are equal, and trustees can constructively challenge each other	■ Council has regular opportunity to assess the organisations approach to EDI via updates and annual reporting. ■ Alongside ongoing efforts to source and recruit from wider diverse backgrounds the Council introduced the Council Associates Scheme to expand diversity on the council ■ Council has acknowledged that there is more work to do in reflecting the diversity of registrants and the public. It has introduced initiatives such as the Council Associate scheme to take steps to address this. ■ Where Council members, registrants and the public have identified accessibility needs, we have taken steps to support them	There continues to be a need to be active in diversifying the membership We will consider how we can further support accessibility and remove barriers to participation in the information that is produced for our public Council meetings

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
■ how the board demonstrates inclusive behaviours in its decision making and how it engages with staff (where they exisit), volunteers, members, service users and beneficiaries.	■ Council meetings provide a safe a space for constructive challenge, and it is evident that members feel able to speak up about their views. However, this is always under review and as Council endeavours to become more diverse this will need to be monitored carefully. Feedback from Council members is actively encouraged in order to improve inclusivity. ■ Council continues to receive interaction with staff, members, service users and stakeholders via opportunities in training, learning and awareness raising. A recent example of this is when staff provided council with an update on their activities undertaken as part of Black History Month.	
6.4.4 The chair regularly asks for feedback on how meetings can be made more accessible and how to create an environment where trustees can constructively challenge each other and all voices are equally heard.	Freedom to speak honestly and openly with Council is encouraged and attendees at Council meetings are invited to give feedback on any concerns.	
6.5 Setting context specific and realistic plans and targets		
6.5.1 The board sets a clear organisational approach to equality, diversity and inclusion in line with the charity's aims, strategy, culture and values. This is supported by appropriate plans, policies, milestones, targets and timelines.	Council is responsible for the overall control of our organisation, including agreeing EDI strategy and holding the executive to account for its delivery. To that end, the EDI Annual Report provides an outline of the work undertaken during the year and provides narrative about progress against the actions in our EDI Strategy 2020-2024. As such, Council is sighted on relevant EDI plans, policies, milestones, targets and timelines.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
6.5.2 The board uses the findings from its assessments to make context-specific and regularly reviewed plans and targets for: ■ equality, diversity and inclusion training for board members ■ inclusive boardroom culture, practices and behaviours ■ board evaluation or training to address any power imbalances between trustees ■ removing, reducing and preventing obstacles to people being trustees ■ attracting a diverse group of candidates for new trustee roles and providing an inclusive induction for new trustees ■ recruiting a diverse board that addresses imbalances and any gaps that have been found ■ promoting inclusive behaviours and cultures to the wider organisation	■ The Council Associate Scheme demonstrates the Council's commitment to diversifying the membership ■ Previously unconscious bias training has been provided to Council and new training on Inclusion Essentials has been made available for all members ■ Formal Inclusion training is planned for Council member development day	The is a need to improve how we evidence that council uses findings from the assessments Case studies are planned that highlight the success of the Council Associate Scheme at reaching diverse backgrounds for membership
6.6 Taking action and monitoring performance		
6.6.1 The board ensures that there are appropriate arrangements and resources in place to monitor and achieve the organisation's equality, diversity and inclusion plans and targets, including those relating to the board.	Council endorsed the Executive decision to appoint an EDI Manager to implement and drive EDI improvements across the GOC. Similarly, council has sign and the opportunity to challenge EDI strategy in line with the aims of the Equality Act 2010. These are to publish information to demonstrate GOC compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
6.6.2 The board creates and maintains inclusive cultures, practices and behaviours in all its decision making. It promotes and demonstrates inclusive behaviours and cultures to the wider organisation.	As the diversity of the council membership increases so too does diversity of decision making. Councils visible support for organisational EDI activities as well as increased visibility to staff demonstrate inclusive behaviours. Examples of this include council speaking to staff regarding Black History Month, as well as attendance at all staff meeting where an Optometrist spoke about their work.	At the moment this tends to be anecdotal, so there is some work to do here to evidence that the membership promotes and demonstrates inclusive behaviours and cultures to the wider organisation.
6.6.3 The board regularly monitors and actively implements its plans and targets established under 6.5.2.	Council minutes evidence how the board addresses the EDI work undertaken during the year and provides commentary about feedback provided.	
6.6.4 The board leads the organisation's progress towards achieving its equality, diversity and inclusion plans and targets. It receives regular updates from the organisation including challenges, opportunities and new developments.	Council receives EDI updates via the CEO report, also there are opportunities for staff to present EDI activities or events, such as Balck History Month	There is more to do in terms of identifying EDI trends and horizon scanning for Council and understanding/acting on the implications.
6.6.5 The board periodically takes part in learning and/or reflection about equality, diversity and inclusion and understands its responsibilities in this area. It acts on any gaps in its understanding and looks at how board practice, culture and behaviour are affected by these gaps	In previous years Council have received unconscious bias training and more recent EDI training involving personal reflection. Inclusive board training is planned for next Council development day, and online Inclusion Essentials training is being provided for Council members	Further work is needed in terms of identifying gaps and understanding/acting on the implications.
6.7 Publishing performance information and learning		
6.7.1 The board regularly publishes: **6.7.1.1** information on its progress towards achieving its equality, diversity and inclusion	The Council will receive a comprehensive annual Equality, Diversity and Inclusion Annual Report that includes the annual EDI	Further work is needed when identifying Council inequalities and tackling any gaps identified.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
plans and targets, including challenges, opportunities and learning. This could include the: ■ charity's organisational approach to equality, diversity and inclusion in line with its aims, strategy, culture and values, ■ board's culture, practices and behaviours ■ board's composition and make-up **6.7.1.2** its plans to tackle any organisational or board inequalities and gaps that have been identified.	data monitoring report, this outlines the work undertaken during the year and provides a progress against the actions in our EDI Strategy 2020-2024.	

Principle 7 – Openness and accountability: The board leads the organisation in being transparent and accountable.	
Rationale	**Key outcomes**
The public's trust that a charity is delivering public benefit is fundamental to its reputation and success, and by extension, the success of the wider sector. Making accountability real, through genuine and open two-way communication that celebrates successes and demonstrates willingness to learn from mistakes, helps to build this trust and confidence and earn legitimacy.	**7.1** The organisation's work and impact are appreciated by all its stakeholders. **7.2** The board ensures that the charity's performance and interaction with its stakeholders are guided by the values, ethics and culture put in place by the board. Trustees make sure that the charity collaborates with stakeholders to promote ethical conduct. **7.3** The charity takes seriously its responsibility for building public trust and confidence in its work. **7.4** The charity is seen to have legitimacy in representing its beneficiaries and stakeholders.

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
7.5 Communicating and consulting effectively with stakeholders		
7.5.1 The board identifies the key stakeholders with an interest in the charity's work. These might include users or beneficiaries, staff, volunteers, members, donors, suppliers, local communities and others.	Council makes use of statutory advisory committees to inform its decisions and undertakes a regular programme of bilateral and multilateral meetings with a wide range of stakeholders. The GOC pursues co-production approaches in policy development, consults on proposals and participates in external consultations led by others as required.	
7.5.2 The board makes sure that there is a strategy for regular and effective communication with these stakeholders about the charity's purposes, values, work and achievements, including information that enables them to measure the charity's success in achieving its purposes.	Council will be presented with the new Communications Strategy at their Spring development day and are regularly updated with stakeholder engagement at Council meetings, through the CEO report and specific strategy updates. Relevant	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	communications to stakeholders are copied to Council Members for their information keeping them up to date with progress.	
7.5.3 As part of this strategy, the board thinks about how best to communicate how the charity is governed, who the trustees are and the decisions they make.	Council is very prominent on the website, and, as Council meetings are held in public many stakeholder groups are aware of the governance mechanisms in place. Should members of the public need to find out more about the GOC's governance the website is very informative.	
7.5.4 The board ensures that stakeholders have an opportunity to hold the board to account through agreed processes and routes, for example question and answer sessions.	There have not been any specific question and answer sessions with the Council and stakeholders.	
7.5.5 The board makes sure there is suitable consultation with stakeholders about significant changes to the charity's services or policies.	Since April 2021 we have used our Citizen Space website to publicly consult on our a) call for evidence on the Opticians Act and consultation on associated GOC policies, b) illegal practice strategy review, c) education and training requirements for entry to the GOC register as a contact lens optician, d) education and training requirements for specialist entry to the GOC register (additional supply, supplementary prescribing and independent prescribing), e) remote hearings experience, f) hearings and indicative sanctions guidance, g) service of statutory notices by email policy, h) remote hearings protocol and i) CET exceptions policy.	
7.6 Developing a culture of openness within the charity		
7.6.1 The board gets regular reports on the positive and negative feedback and complaints given to the charity. It	ARC receive a quarterly compliance report which includes the number and type of	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
demonstrates that it learns from mistakes and uses this learning to improve performance and internal decision making.	complaints that have been received. Urgent complaints affecting reputation or finance are reported immediately to the Chair and Council informed, this would be for instance when it was necessary for the GOC to file a serious incident report with the Charity Commission and in these circumstances Council has been fully informed.	
7.6.2 The board makes sure that there is a transparent, well-publicised effective, and timely process for making and handling a complaint, and that any internal or external complaints are handled constructively, impartially and effectively.	Council is provided with assurance via ARC from their quarterly reports. ARC is tasked with approving the Complaints Policy which was reviewed in 2021-22	
7.6.3 The board keeps a register of interests for trustees and agrees an approach for how these are communicated publicly in line with Principle 3.	Registers of interest are kept for Council and Council Committees and published for each individual meeting on an ongoing basis so members can check their entries at least quarterly. Declarations of interest for all Council Members are published on the website:	
7.6.4 Trustees publish the process for setting the remuneration of senior staff, and their remuneration levels, on the charity's websites and in its annual report.	The levels of Senior Management Team remuneration are published in the annual report alongside the process.

During   2019-20   the Remuneration Committee recommended to Council an executive pay and reward framework which was approved. | |
| 7.7 Member engagement | | |
| 7.7.1 In charities where trustees are appointed by an organisational membership wider than the trustees, the board makes sure that the charity: | N/A | |

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
■ has clear policies on who can be a member of the charity ■ has clear, accurate and up-to-date membership records ■ tells members about the charity's work ■ looks for, values and takes into account members' views on key issues ■ is clear and open about the ways that members can participate in the charity's governance, including, where applicable, serving on committees or being elected as trustees.		

GOVERNANCE SERVICES

Team Charter

General Optical Council

ABOUT US

- Responsible for Governance and Compliance support across the GOC

- Support Council, its committees and SMT in decision-making.

- Budget of approximately £700k (including Member payroll)

General Optical Council

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VALUES

We pursue excellence

Our commitment: We strive to ensure that correct and appropriate information is delivered within agreed success measures.

We respect other people and ideas

Our commitment: We make space for diversity of thought and support one another.

We show empathy

Our commitment: We will listen and show understanding to ensure delivery of service that follows our policies and procedures.

We act with integrity

Our commitment: We act in an open and honest way even when it is not easy.

We behave fairly

Our commitment: We take a common approach to our work and use structures and processes to treat one another fairly.

We are agile and responsive to change

Our commitment: We will take constructive feedback positively.

General Optical Council

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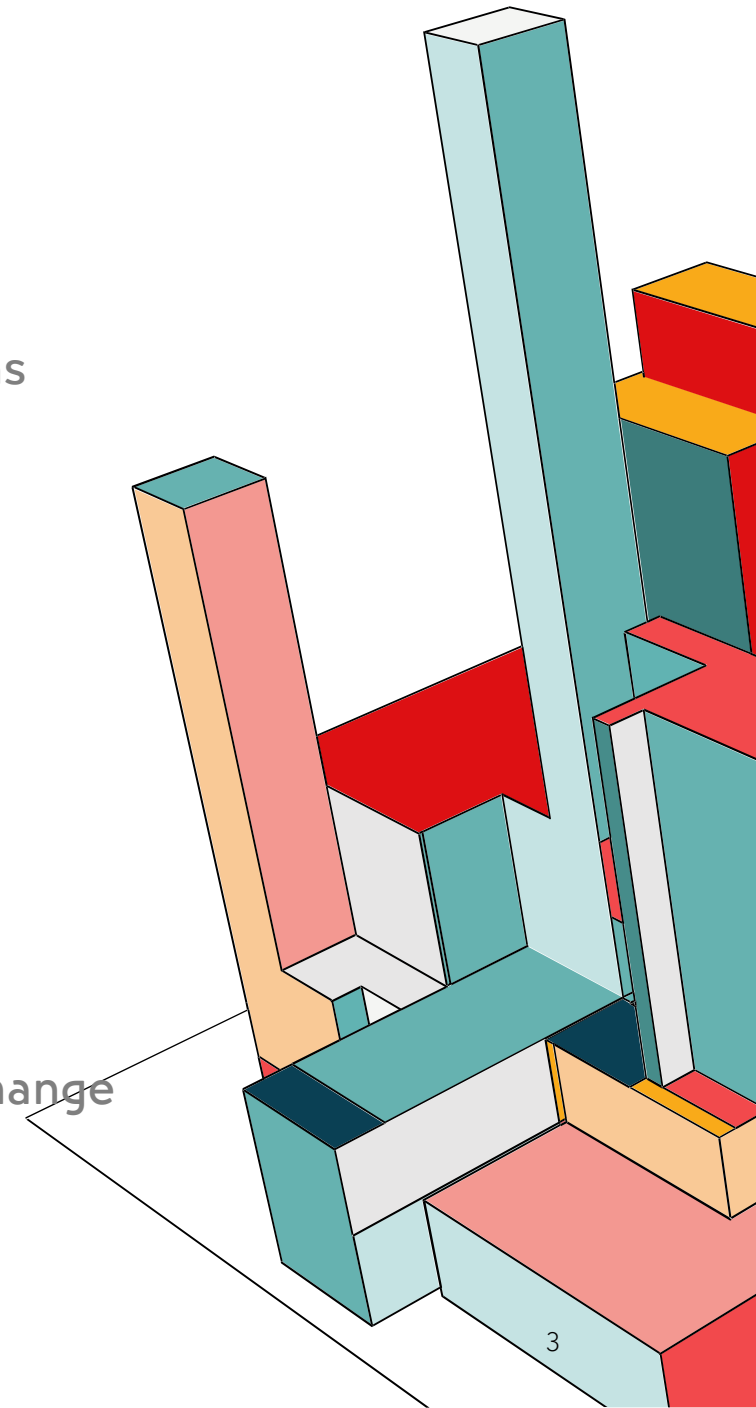
MEET THE TEAM

Andy Spragg
Head of Governance

Ivon Sergey
Governance Officer

Joshua Hamilton
Planning and Performance Officer

John Duncan
Equality, Diversity and Inclusion Manager

Kelly Rickards
Information Governance Officer

Lorene Miller
Diary Administrator

Nadia Denton
Governance Officer

TBC
Governance and Compliance Manager

General Optical Council

4

MISSION

Delivering world-class regulatory practice

We support the decision makers at the GOC in making the right decisions, at the right time with the right information in front of them.

Transforming customer service

We support our Council and committee members from before the first day of their appointment to after the last day of their term of office.

Building a culture of continuous improvement

We support services to remain compliant with our responsibilities as a charity, a business and a public body, and we share our knowledge to help them improve when needed.

General Optical Council

THANK YOU

governance@optical.org

General Optical Council

COUNCIL

Health and Safety Assurance

Meeting: 7 December 2022 **Status:** For noting

Lead responsibility: Yeslin Gearty (Director of Corporate Services)
Paper Author(s): Yeslin Gearty and Jacob Sanchez (Facilities Manager)
Council Lead(s): there is no Council lead for this work

Purpose

1. To enable Council to note the updated health and safety compliance report and internal audit.

Recommendations

2. Council is asked to:
   - **note** the contents of the reports

Strategic objective

3. This work is included in our 2022/23 Business Plan.

4. This work forms part of business as usual whilst also contributing towards the achievement of the following strategic objective:
   - Building a culture of continuous improvement

Background

5. The annual audit by our external consultants Stallard Kane was undertaken on 5 April 2022, reviewing the existing health and safety management system in line with a wide range of industry standard guidance on safe practices.

6. This year the visit was conducted in-situ observing all guidance recommended by the UK Government and measures implemented in line with that guidance, for the safety of all parties involved.

7. A separate audit was also undertaken by our internal auditor, TIAA in May 2022, as agreed as part of internal audit annual plan. This second audit focussed specifically on re-testing our consultant's audit, with additional sample testing; and further testing in line with TIAA's test schedules.

Analysis

8. A full, independent, health and safety audit was carried by Stallard Kane Associated Ltd. on 5 April 2022 and the report received on 11 April 2022.

9. The objective of the audit was: to review the organisation's existing health and safety management system and its effectiveness; identify the hazards and risks to the organisation, its employees and any third parties; and make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.

10. The overall rating of the audit was positive and increased by two points from the previous year to 96.23%, achieving a gold Standard. In the executive summary it was mentioned: "*That the General Optical Council's Health and Safety is of a high standard. Mr. Jacob Sanchez had everything that I requested to see and is very knowledgeable regarding Health and Safety. This inspection has been of a very high quality.*"

11. There were four high priority actions identified and one medium priority action as follows*:*
    - Ensure that the latest health and safety policy is signed and made available for all employees. Completed: 11 April 2022
    - Ensure the latest version of the health and safety statement of intent provided is signed and displayed in a prominent position in the workplace. Completed: 11 April 2022
    - Ensure that the latest version of the health and safety booklet is issued to all employees who should acknowledge their receipt and understanding. Completed: 11 April 2022
    - Ensure the latest version of the environmental policy statement provided is signed and displayed in a prominent position in the workplace. Completed: 11 April 2022
    - Fire Management (medium priority); *It is a legal requirement to ensure that a suitable fire risk assessment is carried out by a competent person. This should be undertaken as a matter of urgency.* Target Date 5 July 2022*.* This was completed 6 April 2022 with copies sent to the landlord.
    - There was one action proposed as goodwill advice: *Fire Management: Suitable and sufficient awareness training should be completed periodically/This should be specific to the company/site and proportionate to the level of risk. Training recommended includes toolbox talks.* Target Date: 5 October 2022. Completed: 11 April 2022 - incorporated into the induction for new starters, updated information on intranet, IRIS, and regular reminder, when lone working may happen. In addition, a fire drill was audited by the landlord's consultants on 16 June 2022 and rated as outstanding. Fire wardens training took place in our office 14 November 2022, where two staff took a refresher course and two new volunteers gained their qualification. Fire extinguishers certificate of Maintenance was carried out by Haskell Fire & Security Ltd on 22 September 2022.

12.   The full report is included as annex one.

13.   In addition to the audit by our external contractor a separate audit of health and safety was also undertaken by our internal auditors TIAA in July 2022. This was part our agreed annual internal audit plan as approved by the Audit, Risk and Finance Committee and focussed specifically on re-testing Stallard Kane's audit, with more extensive sample testing; and additional testing in line with TIAA's distinct test schedules.

14.   The overall assessment provided an opinion of substantial assurance. Key findings included
  - A Substantial Assurance rating has been provided based on interviews, office site observations, review of documentation and sample testing. Key documentation, i.e., the Council's Health and Safety Policy; Health and Safety Booklet; and Health and Safety Statement of Intent are in place and are in date.
  - Documentation to support employee Health and Safety training; and risk assessments with regards to Display Screen Equipment (DSE), Homeworking, and Maternity were observed, with no issues highlighted. A best practice recommendation and OEM has been raised with regards to the contents of the First Aid kits on site.
  - In the latest quarterly Health and Safety report to the Audit, Finance and Risk Committee, no incidents, near misses or breaches had been recorded.

15.   There were two priority three (routine) recommendations and one operational as follows:
  - Request that an updated version of the WW Property Managed Services Ltd Health and Safety Policy. Target: 26 September 2022. Completed: 25 August 2022.
  - Replace all out of date Emergency Foil Blankets on First Aid Kits. Target 19 February 2023. Completed: 15 September 2022.

16.   The full audit report is attached as annex two.

Finance

17.   The budget has been reviewed and approved for the associated costs.

Risks

18.   No additional or imminent risks were identified but recommendations were made to strengthen the current measures in place.

Equality Impacts

19.   No adverse effects were identified but additional driving checks may help to identify staff that may require additional assistance.

Devolved nations

20. N/A

Other Impacts

21. N/A

Communications

External communications

22. None required in this instance.

Internal communications

23. The Health and Safety page on IRIS is up to date and contains the current H&S Policy, GOC H&S statement of intent, H&S booklet as well as relevant forms for staff to easily access.

Next steps

Attachments

Annex one: The General Optical Council - H&S Compliance Survey April 2022
Annex two: TIAA internal audit report September 2022

Compliance Survey

The General Optical Council

General Optical Council

April 2022

StallardKane

www.stallardkane.co.uk

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one of the team

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Executive Summary

This audit was undertaken at the company's site at 1st Floor, London, EC4M 7NG on 05/04/2022, in order to carry out a full review of the organisations existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices. For example; HSG65 - Managing for Health & Safety.

The objective of the audit was to review the company's entire Health & Safety Management System. Also, to identify hazards and risks to the organisation as well as its employees, visitors etc. make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.

The General Optical councils Health and Safety is of a high standard. Mr Jacobs Sanchez had everything that I requested to see and is very knowledgeable regarding Health and Safety. This inspection has been of a very high quality.

Recommendations for improvement have been identified, many of which require only a commitment of time and effort. Recommendations are detailed in the "Hazard Identifiers and Action list" on the following page. The actions requiring attention have been categorised in separate Action Plans, following a RAG System (Red, Amber, Green, with a final table of "Goodwill Advice" – each having guided timescales for completion, based on the level of priority.

This allows you to easily identify the higher priority actions which require urgent attention.

Following the Action Plans is the main body of the report detailing all findings and recommendations as a result of the Audit.

Your overall score for this Health & Safety Compliance Audit is 96.23% which is a Gold standard.

Alan Sharman

Health and Safety Advisor

Stallard Kane Associates Limited

Hazard Identifiers & Action List

HIGH PRIORITY	Deficiencies should be addressed within 1 month or time specified
MEDIUM PRIORITY	Deficiencies should be addressed within 3 months
LOW PRIORITY	Deficiencies should be addressed within 6 months
GOODWILL ADVICE	Recommendations should be considered

Action Plan - High Priority

Item No.	Section	Action to eliminate or reduce risk	Target date	Completion date	Completion signature
H1	Safety Policy Management	Ensure that the latest health and safety policy is signed and made available for all employees.	05/05/2022		
H2	Safety Policy Management	Ensure the latest version of the health and safety statement of intent provided is signed and displayed in a prominent position in the workplace.	05/05/2022		
H3	Safety Policy Management	Ensure that the latest version of the health and safety booklet is issued to all employees who should acknowledge their receipt and understanding.	05/05/2022		
H4	Environmental Policy Management	Ensure the latest version of the environmental policy statement provided is signed and displayed in a prominent position in the workplace.	05/05/2022		

Action Plan - Medium Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
M1	Fire Management	It is a legal requirement to ensure that a suitable and sufficient fire risk assessment is carried out by a competent person. This should be undertaken as a matter of urgency. SKA can provide a quote for this service if required.	05/07/2022		

Action Plan - Low Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
L1	Fire Management	Suitable and sufficient fire safety awareness training should be completed periodically. This should be specific to the company/site and proportionate to the level of risk. The training recommended includes toolbox talks	05/10/2022		

Action Plan - Goodwill Advice

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature

Note that completion of any of the above requirements does not necessarily imply compliance with current Building, Local Authority, Fire, Environmental, Health and Safety or other Legislation. It is your duty to ensure that you comply with all aspects of current legislation.

Health & Safety Compliance Survey

Name of Client: The General Optical Council	Name and Position of Person Seen: Jacob Sanchez	Number of Employees: 110	Date of Survey: 05/04/2022
Name of Surveyor: Alan Sharman	**Marking Guide:** • N/A - Not Applicable • 0 - Non-Compliant • 1 - Working Towards Compliance • 2 - Compliant		

Section	Remarks	Score	Action Recommended	Compliant?
Marketing Consent				
Is the client happy to receive correspondence regarding any training items that may be raised as part of this audit?	Yes	N/A	None	N/A
Is the client happy to receive correspondence regarding any compliance items that may be raised as part of this audit?	Yes	N/A	None	N/A
Safety Policy Management				
Does the company have a health and safety policy?	There is a signed and dated health and safety policy available. This document will be reviewed and updated by SKA	2	Ensure that the latest health and safety policy is reviewed, signed, and made available for all employees.	Yes

Safety Policy Management				
Is there a health and safety statement of intent in place?	There is a signed and dated health and safety statement of intent available and displayed in a prominent position. This document will be reviewed and updated by SKA	2	Ensure the latest version of the health and safety statement of intent is reviewed, signed, and displayed in a prominent position in the workplace.	Yes
Does the company issue health and safety booklets?	Health and safety booklets are issued to employees who acknowledge the receipt.	2	Continue to ensure that the latest version of the health and safety booklet is reviewed and issued to all employees who should acknowledge their receipt and understanding.	Yes
Is an in date, company liability insurance certificate displayed?	Yes, the insurance documents are displayed in a prominent position and are in date. On the main staff notice board valid until 31/08/2022	2	Continue with good practice.	Yes
What insurance company does the company use?	The company use Hiscox as their employer's liability insurance provider.	N/A	No further actions are required.	N/A
Specific Risk Management				
Are risk assessments in place for workers under the age of 18?	There are no young workers employed by the company.	N/A	No further actions are required.	N/A
Does the company employ anyone with a disability?	There are no employees with disabilities that might affect their work.	N/A	No further actions are required.	N/A

Specific Risk Management				
Does the company employ any new or expectant mothers?	There are two expectant mothers, both of which have had risk assessments completed, both work from home at this moment in time. The risk assessments were seen from Jacobs lap top	2	Continue with good practice.	Yes
Does the company employ non-English-speaking employees?	At present there are no non-English speaking employees working in the company.	N/A	No further actions are required at present.	N/A
Does the company have any employees who carry out lone work?	Yes, the company does have lone workers. Lone work is risk assessed and a procedure for maintaining communication has been established. High risk activites are avoided. The control measures include phoning the line manager and the staff also have an SOS alarm they are issued with.	2	Continue with good practice.	Yes
Risk Assessments				
Have suitable and sufficient risk assessments been carried out for all hazardous tasks and activities carried out on the company's premises?	Examples were seen which included General office risk assessment, New and expectant mothers, DSE	2	Continue to ensure that all hazardous tasks and activities carried out on the company premises are risk assessed. The risk assessments should be reviewed periodically.	Yes
Does the company carry out site-based work, and if so, are risk assessments in place for those activities?	No site-based work is undertaken.	N/A	No further actions are required.	N/A

Risk Assessments				
Are risk assessments communicated to relevant employees?	This is achieved by a read and sign policy, also the assessments are on the company's intranet which records when the assessment was read, who by and how long they viewed the document	2	Continue to ensure that all risk assessments are communicated to relevant employees.	Yes
Safe Systems of Work				
Does the company have documented safe systems of work (SSOW) in place for hazardous tasks and activities carried out on the company's premises? This could also be in the form of safe operating procedures (SOPs), safe working practices (SWPs) etc.	The type of work carried out by the company does not require SSOW to be developed.	N/A	No furthers actions are required.	N/A
Does the company carry out site-based work, and if so, are method statements undertaken for those activities?	No site-based work is undertaken.	N/A	No further actions are required.	N/A
Have all SSOW been communicated to relevant employees?	The type of work carried out by the company does not require SSOW to be developed.	N/A	No further actions are required.	N/A
Machinery and Equipment				
Are statutory inspections in place for all machinery and lifting appliances?	Lifts and other equipment are managed by the managing agent	N/A	No further actions are required.	N/A
Is all machinery and equipment sufficiently guarded and does the company recognise that they need to have the correct guarding in place before every use?	The company does not have any machinery or equipment of this nature.	N/A	No Further actions required	N/A

Machinery and Equipment

Are routine checks carried out and recorded on machinery and equipment?	There is no machinery or equipment used that would warrant documented checks of this nature.	N/A	No further actions are required.	N/A
Is a documented planned maintenance scheme in operation?	There is no machinery or equipment used by the company that requires such maintenance.	N/A	No further actions are required.	N/A
If maintenance on machinery and equipment is carried out in house, do you have a procedure in place to ensure that all items are safely isolated?	No maintenance on machinery and equipment is carried out in house.	N/A	No further actions are required.	N/A
Is there a program of portable appliance testing (PAT) in place?	Records were seen which showed the last test to be in August 2021 by WW property managed services	2	Continue with good practice.	Yes
Does the company use compressors and pressure systems, and if so, are they inspected in line with a written scheme of examination?	There are no compressors and/or pressure systems used.	N/A	No further actions are required.	N/A
Are employees trained in the safe use of all machinery and equipment?	The company does not use any machinery or equipment that requires documented training.	N/A	No further actions are required.	N/A
Does the company use abrasive wheels as part of their activities, and if so, are relevant employees trained in their use and maintenance?	No abrasive wheels are used by the company.	N/A	No further actions are required.	N/A
Does the company have racking, and if so, are suitable inspections undertaken?	No racking is owned or used by the company.	N/A	No further actions are required.	N/A

Machinery and Equipment				
Does the company have roller shutter doors on their premises, and if so, are they serviced and maintained?	No roller shutter doors are in place on site at present.	N/A	No further actions are required.	N/A

Working at Height				
Is work at height undertaken by the company, and if so, are all work at height activities risk assessed?	The company does not carry out any work at height.	N/A	No further actions are required.	N/A
Are ladders, steps and other access equipment placed in a register and inspected?	No access equipment is used within the company.	N/A	No further actions are required at present.	N/A
Have employees who undertake work at height been trained to the correct standard e.g., PASMA, IPAF etc.?	No work at height is carried out throughout the company.	N/A	No further actions are required at present.	N/A

Manual Handling				
Have manual handling risk assessments been carried out?	There is no requirement for a specific manual handling risk assessment because of the work enviroment, office based only, no heavy lifting of any type is undertaken, although a safe lifting poster is on show in the post room	N/A	No further actions are required.	N/A
Have employees been trained in manual handling?	There is no requirement for formal manual handling training at present. Because of the work enviroment, office based only, no heavy lifting of any type is undertaken	N/A	No further actions are required.	N/A

Health and Safety Communication and Training				
Has the nominated person or responsible person for health and safety had any health and safety management training?	Yes, the nominated person and/or the responsible person for health and safety have undertaken NEBOSH level 3 in 2008	2	Continue with good practice.	Yes
Is induction training undertaken for new employees?	A documented induction is carried out for all new starters. It is filed in the employee's personnel file. This is carried out by Jacob, the company has a group, HR, Health and Safety and IT are involved	2	Continue with good practice.	Yes
Is an up-to-date training matrix in place throughout the company?	There is no requirement for a full training matrix at present.	N/A	No further actions are required.	N/A
Is health and safety awareness raised throughout the company via toolbox talks or safety briefings?	This is achieved by a central website maintains all necessary documentation and communication, and urgent communiques can be dispatched via emails.	2	Continue with good practice.	Yes
How does the company manage HR issues?	HR is managed in house.	N/A	No further actions are required.	N/A
Mains Supply Services and Gases				
Has the company had their fixed electrical installation inspected by a competent person?	Yes, an in-date inspection has been carried out by a competent person and an electrical installation condition report has been obtained. Completed in March 2020, the report was seen	2	Continue with good practice.	Yes

Mains Supply Services and Gases				
Are mains gas appliances serviced annually?	There are no mains gas appliances used.	N/A	No further actions are required.	N/A
Does the company use liquid petroleum gas (LPG) and other bottled gas?	There is no LPG, or any other cylinder/bottled gas used.	N/A	No further actions are required	N/A
Is there bulk oil or fuel storage on site?	There is no bulk oil or fuel storage on site.	N/A	No further actions required.	N/A
Contractors and Sub-Contractors				
Has a formal process of approving contractors/sub-contractors been adopted?	A formal, documented method of approving a contractor's/sub-contractor's competency is in place. The company used is WW Property managed service, they supply the company's policy, risk assessment and liability insurance (they use Gallagher insure as thier underwriters) to the Optical council on an annual basis	2	Continue with good practice.	Yes
Is the health and safety performance of contractors audited?	This is done by Jacob	2	Continue with good practice.	Yes
Accident and Incident Management				
Does the company have an accident book or other means of recording accident information?	There is a means for recording accidents available, all accident entries are removed and kept secure. The accident book is located at the main reception area	2	Continue with good practice.	Yes

Accident and Incident Management

Do significant accidents and incidents get investigated?	Yes, documented investigations are undertaken as and when required. The findings are reviewed and communicated to relevant personnel.	2	Continue with good practice. SKA can offer guidance and support for such investigations.	Yes
Are accidents reviewed by management and trends analysed?	Accident entries are reviewed by management where required. Where trends have been spotted, they have been acted upon.	2	Continue with good practice.	Yes
Does the company have a near miss reporting procedure in place?	This is achieved through the member of staff placing the near miss report within the accident book, also Jacob would be informed	2	Continue with good practice.	Yes
Has the company had any enforcement actions over the last year?	The company has not been issued with any enforcement action in the past year.	N/A	No further actions are required.	N/A
Have accidents been recorded and reported, where necessary to the enforcing authority, in accordance with RIDDOR in the last 12 months?	Incidents have been reported including, the company's health surveillance team discovered a member of staff who was suffering from carpel tunnel syndrome. This was passed onto the HSE.	2	Continue with good practice. Contact SKA for support where required.	Yes

Occupational Health

Are medical questionnaires issued upon employment and periodically thereafter?	Medical questionnaires are issued upon employment are periodically thereafter. This is done by the in house HR team.	2	Continue with good practice.	Yes

Occupational Health				
Is a program of occupational health surveillance in place for employees who are exposed to work related hazards e.g., dust, fumes, noise, and vibration?	The company does not expose employees to any occupational health hazards as part of their activities.	N/A	No further actions are required.	N/A
Is first aid provision suitable throughout the company?	A suitable number of first aiders have been trained and appointed. 4 first aid staff are present	2	Continue with good practice.	Yes
Is mental health first aid provision suitable throughout the company?	A suitable number of mental health first aiders have been appointed.	2	Continue with good practice.	Yes
Are notices displayed indicating locations of first aiders and the first aid boxes?	Suitable signage is in place detailing the location of both first aiders and first aid equipment.	2	Continue with good practice.	Yes
Are first aid boxes available and inspected once a month to replace any used or out of date items?	This is completed by Jacob and some of the first aid staff, this is recorded monthly.	2	Continue with good practice.	Yes
Noise Management				
Has a noise risk assessment survey been undertaken?	Noise exposure is not deemed an issue throughout the company.	N/A	No further actions are required.	N/A
If required, is hearing protection available?	Noise exposure is not deemed an issue throughout the company.	N/A	No further actions are required.	N/A

Vibration Management				
Has a risk assessment been completed to determine whether hand-arm vibration (HAV) and whole-body vibration (WBV) exposure is a potential issue?	No employees are exposed to vibration.	N/A	No further actions are required.	N/A
Where HAV and WBV is a potential issue is individual vibration monitoring competed?	No employees are exposed to vibration.	N/A	No further actions are required.	N/A
Dust and Fume Management				
Are there activities carried out at the company premises that result in dust or fumes being emitted, if so, have steps been taken to reduce this at source e.g. local exhaust ventilation (LEV)?	No activities of this nature are undertaken at the company premises.	N/A	No further actions are required.	N/A
Where used, are LEVs subject to thorough inspections by competent persons?	There are no LEV systems installed at the premises.	N/A	No further actions are required.	N/A
Are there activities carried out on transient sites that result in dust and fumes being omitted, and if so, have steps been taken to reduce this at source e.g. suppression, on-tool extraction?	The company does not carry out any dust or fume omitting processes on transient sites.	N/A	No further actions are required.	N/A
Where dust exposure results in respiratory protective equipment (RPE) being required, are relevant employees face fit tested?	It is not deemed a requirement for employees to wear RPE as part of their role.	N/A	No further actions are required.	N/A
Where a compressed air fed RPE system is used, does the company carry out 3 monthly air quality inspections of the system?	The company does not have any air fed RPE systems in operation.	N/A	No further actions are required.	N/A

Dust and Fume Management				
Where reusable RPE is used, does the company ensure that monthly recorded maintenance inspections are carried out by a competent person and records kept for five years?	The company does not have any reusable RPE	N/A	No further actions are required.	N/A
Personal Protective Equipment (PPE)				
Have any PPE assessments been undertaken?	There is no PPE required for the activities undertaken by the company.	N/A	No further actions are required.	N/A
Have employees been trained in the correct use, storage, and replacement procedure for PPE?	There is no PPE required for the activities undertaken by the company.	N/A	No further actions are required.	N/A
Is PPE issued and recorded?	There is no PPE required for the activities undertaken by the company.	N/A	No further actions are required.	N/A
Display Screen Equipment				
Have DSE assessments been carried out?	All DSE users have completed workplace assessments any issues raised are actioned. This is done on the company's intranet, where the user has to log in and complete the DSE assessments any issues raised are dealt with.	2	Continue with good practice.	Yes
Audits and Inspections				
Are audits and inspections undertaken on the company premises?	There is no requirement for documented audits or inspections on the company premises.	N/A	No further actions are required.	N/A

Audits and Inspections				
Does the company carried out site-based work, and if so, are documented site inspections carried out periodically?	No site-based work is undertaken by the company.	N/A	No further actions are required.	N/A
Fire Management				
Has a fire risk assessment been carried out?	A fire risk assessment is in place however it was not suitable and sufficient because although completed by SKA the last assessment was dated for 2019	1	It is a legal requirement to ensure that a suitable and sufficient fire risk assessment is carried out by a competent person. This should be undertaken as a matter of urgency. SKA can provide a quote for this service if required.	No
Are fire procedures in place and have they been adequately communicated?	This is achieved by induction and signage	2	Continue with good practice.	Yes
Are emergency shut down procedures in place for machinery, equipment or services that could increase the risk of a fire?	At present there is no machinery, equipment, or services of this nature.	N/A	No further actions are required.	N/A
Are fire plans available for the premise?	Fire plans have been created for the site and are displayed in suitable locations.	2	Continue with good practice.	Yes
Where the site is occupied by more than one company, have emergency fire procedures been shared between all parties?	Yes, there are other occupants on site and all parties have communicated their procedures effectively. This is completed by the Landlord of the premises.	2	Continue with good practice. Ensure that you are recommunicating your procedures upon any review.	Yes
Are escape routes and assembly points adequately signed?	At the time of the audit all escape routes were clearly identified with directional and exit signage.	2	Continue with good practice.	Yes

Fire Management				
Are fire evacuations carried out at least annually?	Fire evacuations are carried out at least once a year and recorded. This is completed by the Landlord	2	Continue with good practice.	Yes
Have fire wardens been appointed and trained?	A suitable number of fire wardens have been appointed and trained. They are all aware of their specific duties.	2	Continue with good practice.	Yes
Do all employees receive suitable fire safety awareness training periodically?	Fire awareness training is carried out however it is not suitable and sufficient because this is only carried out on induction	1	Suitable and sufficient fire safety awareness training should be completed periodically. This should be specific to the company/site and proportionate to the level of risk. The training recommended includes toolbox talks	No
Are alarms tested on a weekly basis and the results recorded?	A different call point is tested each week and the results are documented. This is completed by the landlord	2	Continue with good practice.	Yes
Are emergency lights tested monthly and the results documented?	All emergency lights are tested on a monthly basis with the results documented. This is completed by the landlord	2	Continue with good practice.	Yes
Are all fire alarms, emergency lights, and other fire protection systems maintained by competent engineers at appropriate intervals?	All fire safety systems are inspected at suitable intervals by a competent person. Certification is obtained and recommendations addressed. Inspections and services include smoke alarms / detectors, this is also, completed by the landlord	2	Continue with good practice.	Yes

Fire Management				
Is firefighting equipment available and inspected?	Firefighting equipment is available throughout site and is inspected on an annual basis by a competent person. Surry fire safety solutions ltd, the last inspection was November 2021	2	Continue with good practice.	Yes
Are all employees familiar with fire extinguishers and the types of fire they are used to extinguish?	This is delivered in the form of induction and signage	2	Continue with good practice.	Yes
Is smoking adequately managed on site?	Smoking is prohibited on site.	2	Continue with good practice.	Yes
Does the company use or create substances that could potentially result in an explosive atmosphere, and if so, has a DSEAR assessment been carried out by a competent person?	The company do not use or create any substances that could result in an explosive atmosphere.	N/A	No further actions are required.	N/A
Control of Hazardous Substances (COSHH)				
Are COSHH assessments available for all hazardous substances used, created, or produced by the company?	Examples were seen which included Evans toilet cleaner and descaler, Evans EC9 Heavy duty	2	Continue with good practice. Ensure that the assessments are reviewed periodically or upon any significant change.	Yes
Is the storage of hazardous substances suitable throughout the site?	There are no hazardous substances used or stored by the company. The chemical are stored and used by the cleaning company employed by the landlord	N/A	No further actions are required.	N/A
Are biological test on metalworking fluids carried out (dip slide tests)?	The company does not use water-based coolants or metalworking fluids.	N/A	No further actions are required.	N/A

Control of Hazardous Substances (COSHH)

Have all relevant employees been given suitable and sufficient training in relation to COSHH?	COSHH related training is not required at present.	N/A	No further actions are required.	N/A

Safety Signage

Is a copy of the latest health and safety law poster displayed and contact details completed?	Yes, the poster is displayed in a suitable position and contact details have been completed.	2	Continue with good practice.	Yes
Is health and safety signage adequate throughout the premises?	Adequate signage is in place throughout the site in suitable locations.	2	Continue with good practice.	Yes

Welfare and Housekeeping

Are suitable rest and welfare facilities available to employees?	Welfare facilities are suitable and sufficient.	2	Continue with good practice.	Yes
Is heating, ventilation and lighting adequate for the workforce inside and out?	Heating, ventilation and lighting provision throughout site is adequate.	2	Continue with good practice.	Yes
Was housekeeping suitable throughout the site at the time of the audit?	Housekeeping was suitable at the time of the audit.	2	Continue with good practice.	Yes
Are access routes and work areas free and clear of slip and trip hazards?	Access routes were free from slip and trip hazards at the time of the audit.	2	Continue with good practice.	Yes
Are lighting levels sufficient both internally, and externally throughout the site?	Lighting provisions appeared suitable at the time of the audit.	2	Continue with good practice.	Yes

Welfare and Housekeeping				
Does the company carry out any site-based work, and if so, are arrangements in place to ensure that suitable welfare facilities are provided for those employees?	The company does not carry out any site-based work.	N/A	No further actions are required.	N/A
Asbestos Management in Non-Domestic Premises				
Has an asbestos survey been conducted to determine the possible location, type and condition of asbestos containing materials (ACM) on or within the premises?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions are required.	N/A
Have ACMs been confirmed on site, and if so, has an asbestos management plan been created?	There are no ACMs present.	N/A	No further actions are required.	N/A
Does the company undertake work that could result in the discovery of ACMs, and if so, have relevant employees sat a UKATA approved asbestos awareness course within the last 12 months?	The company does not carry out any work that could result in the discovery of asbestos.	N/A	No further actions are required.	N/A
Does the company undertake non-licensable or licensable work on ACMs, and if so, has appropriate training been undertaken for relevant employees within the last 12 months?	The company does not undertake any work of this nature.	N/A	No further actions are required.	N/A
Does the company carry out any intrusive site-based work, and if so, are refurbishment and demolition (R&D) surveys commissioned beforehand?	The company does not carry out any work of this nature.	N/A	No further actions are required.	N/A

Driving Risk Management				
Do employees drive company vehicles, and if so, are documented inspections carried out on the vehicles?	Employees do not drive company vehicles.	N/A	No further actions are required.	N/A
Are employee driving licence checks completed periodically?	Employees do not drive company vehicles.	N/A	No further actions are required.	N/A
Does the company have a driving policy?	The company does not have any vehicles.	N/A	No further actions are required.	N/A
Traffic Management				
Are vehicles and mobile plant suitably segregated from pedestrians throughout the site?	The company does not operate any vehicles or mobile plant on site.	N/A	No further actions are required.	N/A
Does the company have a documented traffic management plan in place?	There is no requirement for a traffic management plan at present.	N/A	No further actions are required.	N/A
Environmental Management				
Does the company have an environmental policy statement?	There is a signed and dated environmental policy statement available and displayed in a prominent position. This will be reviewed by SKA	2	Ensure the latest version of the environmental policy statement is reviewed, signed, and displayed in a prominent position in the workplace.	Yes
Are waste transfer notes available?	Waste is collected by a reputable company and waste transfer notes are obtained. By the landlord	2	Continue with good practice.	Yes
Is the company a hazardous waste producer?	No, the company is not classed as a hazardous waste producer.	N/A	No further actions are required at present.	N/A

Environmental Management				
Does the company have a current waste carrier licence?	The company does not transfer any waste.	N/A	No further actions are required.	N/A
Does the company have a spills kit available?	The company do not use any hazardous substances that require a spill kit.	N/A	No further actions are required.	N/A
Have relevant personnel throughout the company received suitable environmental training?	Due to the scope of works undertaken by the company, environmental training is not deemed, as necessary.	N/A	No further actions are required.	N/A
Legionella Management				
Has a legionella risk assessment been completed for buildings containing water systems?	A legionella, leptospirosis risk assessment has been complete and actioned. A copy has been provided to the Building Manager as proof of compliance and ongoing checks are undertaken by the landlord team the last was the 31 March 2022	2	Continue with good practice.	Yes
Where the risk assessment has deemed it necessary, has a written scheme of control been created and implemented?	Yes, a written scheme of control has been created and implemented, by the landlord	2	Continue with good practice.	Yes
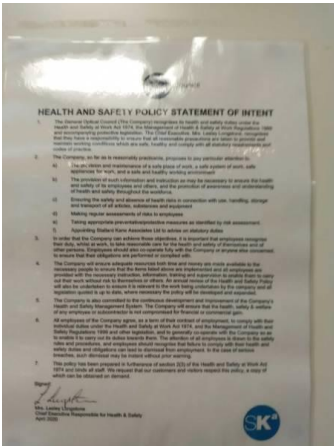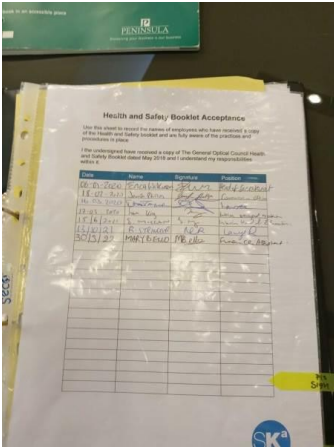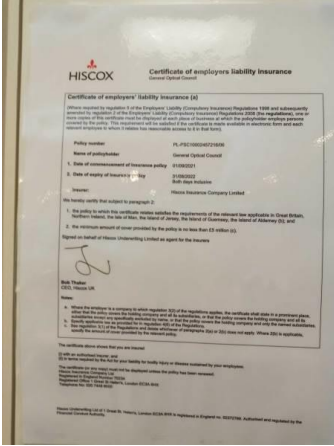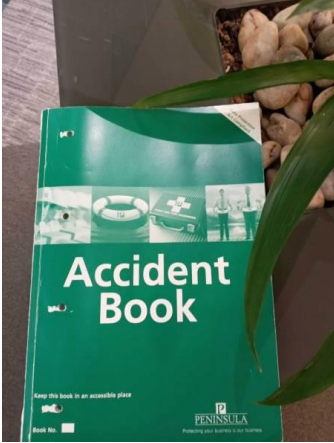
Additional Comments:
Overall Mark
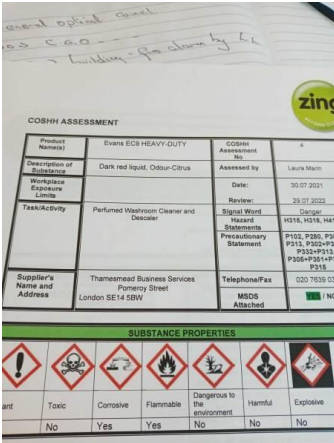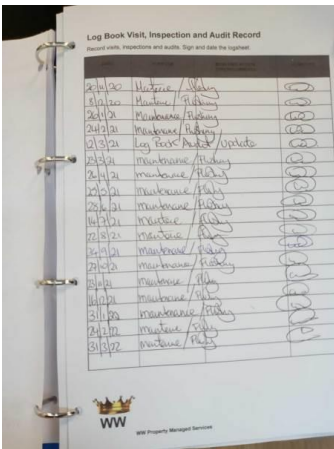
Additional Comments:	
Possible Score:	106
Actual Score:	102
Percentage:	96.23%

Appendix One - Photographs

Section	Evidence
Section: Safety Policy Management **Question:** Is there a health and safety statement of intent in place?	 Statement of intent on main notice board
Section: Safety Policy Management **Question:** Does the company issue health and safety booklets?	 Signed receipt of staff handbook
Section: Safety Policy Management **Question:** Is an in date, company liability insurance certificate displayed?	 Liability insurance document

Section	Evidence
Section: Specific Risk Management **Question:** Does the company have any employees who carry out lone work?	
Section: Accident and Incident Management **Question:** Does the company have an accident book or other means of recording accident information?	 Optical council accident book
Section: Occupational Health **Question:** Is first aid provision suitable throughout the company?	 List of first aid trained staff

Section	Evidence
Section: Occupational Health **Question:** Is mental health first aid provision suitable throughout the company?	 List of mental health first aid trained staff
Section: Fire Management **Question:** Are fire plans available for the premise?	 Fire evacuation plans
Section: Fire Management **Question:** Have fire wardens been appointed and trained?	 List of fire wardens

Section	Evidence
Section: Control of Hazardous Substances (COSHH) **Question:** Are COSHH assessments available for all hazardous substances used, created, or produced by the company?	 COSHH risk assessment
Section: Safety Signage **Question:** Is health and safety signage adequate throughout the premises?	 H&S Law poster on display on main notice board
Section: Legionella Management **Question:** Has a legionella risk assessment been completed for buildings containing water systems?	 Legionella monthly inspection document

Section	Evidence
Section: COVID-19 Management **Question:** Have suitable control measures been implemented to reduce the transmission of COVID-19, such as social distancing, signage, enhanced cleaning procedures and increased hygiene, sanitation and washing facilities?	 Covid 19 information and hand sanitiser station

Internal Audit

FINAL

General Optical Council

Assurance Review of Health and Safety

2022/23

September 2022

Executive Summary

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Risk 10 Capability and Resilience

SCOPE

The review considered the Health and Safety arrangement in place at the Optical Council to ensure that the key risks identified by the Facilities team are managed effectively. The review included for example working from home practices / office visiting practices and First Aid and Fire Marshall training and testing.

KEY STRATEGIC FINDINGS

A Substantial Assurance rating has been provided based on interviews, office site observations, review of documentation and sample testing. Key documentation, i.e. the Council's Health and Safety Policy; Health and Safety Booklet; and Health and Safety Statement of Intent are in place and are in date.

Documentation to support employee Health and Safety training; and risk assessments with regards to Display Screen Equipment (DSE), Home Working, and Maternity were observed, with no issues highlighted. A best practice recommendation and OEM has been raised with regards to the contents of the First Aid kits on site.

In the latest quarterly Health and Safety report to the Audit and Risk Committee, no incidents, near misses or breaches had been recorded.

GOOD PRACTICE IDENTIFIED

The Council had a full, independent, health and safety audit conducted by Stallard Kane Associates on 5 April 2022; and the overall score was 96.23% which is a Gold standard.

Where staff have requested further equipment (as part of their DSE risk assessment) to support their needs whilst working from home, the Council have endeavoured to meet this request.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	2	1

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Council's office is within a managed building, managed by WW Property managed service. A formal, documented method of approving a contractor's/sub contractor's competency is in place. WW Property managed service, supply the company's policy, risk assessment and liability insurance (they use Gallagher insure as their underwriters) to the Optical council on an annual basis. It was however noted that the WW Health and Safety Policy was last updated in January 2019.	Request that an updated version of the WW Property Managed Services Ltd Health and Safety Policy.	3	*Accepted – updated policy requested from WW.*	*26/09/22*	*J Sanchez Facilities Manager*
2	Directed	Inspection of the First Aid kits found that the Emergency Foil Blanket expired in October 2020. Whilst this is not seen as a major risk, as the blanket was kept away from direct sunlight, a best practice recommendation has been raised to replace these.	Replace all out of date Emergency Foil Blankets.	3	*Accepted – all foil blankets to be replaced.*	*19/02/22*	*J Sanchez Facilities Manager*

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.

2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.

3	ROUTINE	Control issue on which action should be taken.

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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
1	Directed	Guidance from the HSE was used in respect of small companies, and what to expect within their First Aid kit. One item that was not included within the GOC's First Aid kits was sterile eye pads.	Consider including these within the First Aid kits.	*Accepted – eye pads were available, held centrally by Facilities, but not in all first aid kits. These have now been placed into all kits.*

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	**Governance Framework**	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	1	-
RM	**Risk Mitigation**	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	**Compliance**	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	2	1

Other Findings

A full, independent, health and safety audit was carried out by Stallard Kane Associates on 5 April 2022, and the report received by the GOC on 11 April 2022. The objective of the audit was to review the organisation's existing health and safety management system and its effectiveness; and make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards. The overall score for this Health & Safety Compliance Audit was 96.23% which is a Gold standard. There were four high priority actions, one medium priority action and one low priority action as a result of the review. These have been implemented, and substantiated by TIAA during this review.

The General Optical Council has a Health and Safety Policy dated April 2022 with a record of amendments showing evidence of yearly review. The Council's Statement of Intent is included within the Health and Safety Booklet, signed on 5 April 2022 by the CEO Responsible for Health and Safety.

Other Findings

Testing incorporated:

1. A re-test of Stallard Kane's audit, with more extensive sample testing; and

2. Additional testing per TIAA's test schedules.

A sample of 25 staff was selected from the current staffing list, and their Display Screen Equipment (DSE) risk assessments were requested. It was noted that these assessments incorporate home working assessments in terms of set up and hazards. In all cases, a DSE Risk Assessment had been completed. Further to this, where the employee had requested further equipment, evidence was provided to show this had been fulfilled.

A sample of five employees was selected and evidence of health and safety induction training was provided.

Evidence of trained First Aiders and Mental Health First Aiders was also provided.

Office testing was undertaken, and was split into three elements:

1. Observations of posters, equipment, signage, review of Health and Safety records pertaining to compliance checks, e.g. PAT Legionella, Fire Risk Assessments;

2. Inspection of First Aid kits; and

3. Other testing, including processes for visitors to the GOC.

An OEM and best practice recommendation has been raised with regards to the First Aid kits, **see OEM 1 and Recommendation 2.**

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	**Performance Monitoring**	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
S	**Sustainability**	The impact on the organisation's sustainability agenda has been considered.	In place	-	-
R	**Resilience**	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

The Facilities Manager provides a quarterly Health and Safety compliance report to the Audit and Risk Committee. The report includes activities carried out in the quarter, and the next quarter's priorities. The report includes whether there have been any RIDDOR reports, near misses, and breaches in the Health and Safety Policy. In the latest quarterly report provided, no incidents, near misses or breaches had been recorded.

The CEO Responsible for Health, Safety and Environmental issues, also signed the Council's Environmental Policy Statement in April 2022, confirming the Council's duty to "minimise use of energy and raw materials and to adhere to the principles of sustainability".

The majority of General Optical Council employees now work from home full time since the pandemic.

Scope and Limitations of the Review

1.　The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2.　The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3.　The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4.　The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5.　We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6.　The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	20th July 2022	20th July 2022
Draft Report:	24th August 2022	5th September 2022
Final Report:	5th September 2022	

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AUDIT PLANNING MEMORANDUM Appendix B

Client:	General Optical Council		
Review:	Health and Safety		
Type of Review:	Assurance	Audit Lead:	Kelly Reid

Outline scope (per Annual Plan):	The review considers the Health and Safety arrangement in place at the Optical Council to ensure that the key risks identified by the Facilities team are managed effectively. The review could include for example working from home practices / office visiting practices and First Aid and Fire Marshall training and testing.
Detailed scope will consider:	The objective of the audit is to assess the robustness of Health and Safety controls in place. This will include: • A review of H&S policies and procedures; • On-site checks of equipment (PAT compliance and Fire Safety, First Aid and Signing in processes); • Reviewing H&S records pertaining to compliance checks, i.e. Legionella, FRA, Gas Safety; • Selected and reviewing a sample of Display Screen Equipment and Home working risk assessments; and • Validating evidence to ensure recommendations raised by the Consultant have been implemented.
Requested additions to scope:	(if required then please provide brief detail)
Exclusions from scope:	

Planned Start Date:	24/07/2022	Exit Meeting Date:	18/08/2022	Exit Meeting to be held with:	Facilities Manager

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N

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Internal Business Plan - 2022/23 Q2 update - Council Report

Exceptions Report

All critical and essential Q1 and Q2 activities are either complete or on track to be complete

**Case Progression
Legal**

IT

**Facilities
Finance
HR
Registration**

**Comms
Education
Policy & Standards**

Hearings

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (hearings)	BAU	Q1-Q4	● Essential	Improved timeliness: - 90% of all cases will conclude first time - 85% of substantive cases will conclude first time - 90% of hearing dates utilised - 75% of all substantive hearings with be scheduled within 28 weeks of disclosure		**Why amber/red:** 78% of all cases have concluded first time. 60% of substantive matters have concluded first time against an 85% objective due to a high number of cases going part-heard – 14 cases have gone part heard this financial year alone. **How we will get back to green:** A review of all part heard hearings has been undertaken, and a feedback survey was issued for cases that have gone part heard and have now concluded. This along with feedback from defence stakeholder group meetings and committee member feedback sessions, has fed into a paper that was presented to SMT in November 2022. A number of options to address the issue were presented and the following were approved and are being progressed: • A review of existing hearing processes – this is designed to improve the setting of expectations within a hearing and to provide more flexibility within the hearing schedule. This includes reviewing the rigidity of Notice of Hearings, reviewing start and end times of hearing days, seeking earlier availability of legal advisers and committee members, and overlisting cases to mitigate the impact on timelines. • A review of the case management meeting process – this will include reviewing the timing, length and expected outputs from the meeting, sharing a hearing timetable with committees to enable them to hold parties to account, review of the time estimate calculation, and review the case management meeting lead to ensure more senior oversight. – this is to ensure more accurate time estimates. • Embedding a continuous review and improvement process as part of business-as-usual processes and input into the longer term opportunities that legislative reform may provide.
Increase Clinical Adviser (medical) Pool	BAU	Q1-Q3	● Essential	We will have appropriate number of expert advisors in our pool to ensure that we comply with legislative requirements		**Why amber/red**: Due to resourcing challenges, project did not commence in Q1. The project commenced in Q2 and is now expected to conclude by Q4. **How we will get back to green**: We are on track to complete by Q4

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Facilitate and support identified change projects within directorates	Strategic Project	Q1	● Essential	- Projects scoping completed, budgets and benefits agreed, and plans in place. - Measurements agreed and communicated with process for data collection. - Implementation timely and within costs		**Why amber/red**: Relates to the revised timescales for the Fit for the Future programme which is being governed by the strategic change board which supports reporting to ARC and Council on a quarterly basis. Specific Directorate risks relate to building organisational capability, capacity, and engagement of team across the Council; therefore, this requires a programme of activity and releasing different projects at certain times to maximise the realisation of benefits. The 2023/24 Business Plan now further details and separate out this activity (therefore superseding this historic objective). **How we will get back to green**: The new Head of HR and a new HR PM will start in November 2022. The people plan project in particular need to gain traction to initiate other projects beyond pay and reward which look at capability and supporting people plan policies. The other strategic projects dependencies and customer service strategy is also a wider incentive to gain traction and engage staff in a meaningful way, not to mention the baselining of staff development needs through the mid-year appraisals which are being collated into Q4 (whereby a new system has been implemented). CMO are working closely with the HR team to support this and dovetail work to bring this back on track through the People Plan Programme Board.
Facilitate redesign of processes	Strategic Project	Q3	● Essential	To ensure that internal processes are lean and involve all impacted		**Why amber/red**: This work is part of re-baselined timescales associated with the Fit for the Future Programme. Business analyst are some of the most sought-after project roles across the health industry currently (as stated by HPCA National champions network). Recruitment is challenging and the CMO hold a 23/24 vacancy for a Business Analyst which is subject to further SCB discussion on resource planning for 2023/24. There is limited expertise in the organisation and CMO team. CMS, MyGOC projects are leading the way as most in need of this function but HR people plan projects, CRM and customer care require further support. **How we will get back to green**: Resource planning at SCB is an essential activity to resolve this. Strategic projects must continue to undertake BRM, apply success measures and use project gateway criteria and programme outcomes to establish impact (as stated at ARC on 22.11.2022) whereby projects must be sufficiently resourced to undertake this activity well.

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

CPD

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Introduce new audit and portfolio review system - Recruiting to and training of auditors under new CPD arrangements	Continuous Improvement Project	Q3-Q4	● Critical	- Auditors and portfolio reviews in place by September/October 2022		**Why amber/red**: There was a delay in launching the auditor/review recruitment campaign due to confusion as to the type of contract they would be offered, which then coincided with a prolonged staff absence in the CPD Policy team. **How we will get back to green**: A recruitment campaign is being launched for a CPD Development Manager to finalise the online auditing process, and we will recruit the auditors/reviewers in January to launch the first set of reviews in April.

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

Legislative Reform

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Complete analysis of call for evidence for GOC legislative reform	Strategic Project	Q2	● Essential	Report produced summarising analysis of consultation and next steps by end of Q2		**Why amber/red**: • When this target was originally set, it was on the basis of an external agency carrying out the analysis. However, we carried out this work internally and Council agreed a revised timetable for publication of the report to give us sufficient time to carefully analyse all the information and discuss items with the Advisory Panel and at Council Strategy Day, as well as commission research to fill evidence gaps, before completing the report and taking it to Council in March 2023. • We have received a huge amount of information (over 8,000 comments and links to more than a hundred articles) during the call for evidence which will take longer to analyse than originally anticipated. We have made very good progress so far, including analysing over 6,500 of the comments, already discussing two areas with Council and are about to commission research in those areas to assist us further. • The Government's timetable for legislative reform has slowed down in recent months and this has given us more time to prepare. **How we will get back to green**: We will continue to review the call for evidence responses and expect to complete this initial analysis by mid October. We will then consider the GOC response to the information we have been provided and decide whether any further research is needed. We will also discuss some of the areas with Advisory Panel on 14 October and at the Council Strategy Day on 17 November 2022.

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
EDI Annual Report	BAU	Q1-Q2	● Critical	- Publication of the report meets the Equality Duty, which outlines specific duties requiring public bodies such as ourselves to publish relevant, proportionate information demonstrating our compliance with the Equality Duty, and for us to set equality objectives. - Sent to Council for Sep 2022 meeting		**Why amber/red**: Delays in finalisation of report due to additional data assurance, and delays in commencement of the drafting due to appointment of new EDI manager. **How we will get back to green**: On SMT forward plan for November, due to Council in December 2022. EDI Manager will be seeking Director input over Q3 22.
EDI Strategy	BAU	Q1-Q4	● Critical	Publication of the strategy meets the Equality Duty which outlines specific duties requiring public bodies such as ourselves to publish relevant, proportionate information demonstrating our compliance with the Equality Duty, and for us to set equality objectives.		**Why amber/red**: Strategy is published and incorporated in GOC 2020-25 strategy, work underway to assess what actions remain outstanding that the GOC has committed to. **How we will get back to green**: - EDI annual report produced to outline the progress to date, along with remaining priorities for 22/23. - Regular discussion between HR and Governance to identify common EDI priority areas.
Provide staff advice, guidance, induction and training – including EDI, Corporate Complaints, GDPR, Impact Assessments	BAU	Q1-Q4	● Essential	- Training carried out within first month of appointment - Positive feedback from staff		**Why amber/red**: Corporate Complaints training outstanding. Impact Assessments training to be developed following review of impact assessments process. **How we will get back to green**: • Corporate Complaints item on next all-staff meeting agenda • EDI training under development

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

Quarterly Performance Dashboard – 2022/23

Off track	(red)
At risk	(amber)
On track	(green)

FINANCE	Q1	Q2	Q3	Q4
Budget Operate within budget – Tolerance is ±10%	+3%*	+14%*		
Reserves Operate within our reserves policy – Tolerance is ±10%	0%	0%		
Change Deliver agreed planned strategic investment – Tolerance is ±10%	+45%	+6%		

CUSTOMER	Q1	Q2	Q3	Q4
FTP timely updates Customers who receive an update every 12 weeks – Target is ≥90%	94%	92%		
Registration Application forms completed – Target is ≥90%	98%	99%		
Education quality of CPD provision CPD provision meets registrant expectations – Target is ≥90%	93%	93%		

PEOPLE	Q1	Q2	Q3	Q4
Investment in People Planned events realised – Target is ≥90%	none	100%		
Turnover Staff turnover – Target is ≤17% (excluding FTCs ending)	28%	17%		
Vacancy Rate Staff vacancies – Target is ±10% of total headcount (not FTE)	8.8%	6.5%		
Engagement Index Staff engagement score – Target is to achieve an upward trend				

PERFORMANCE	Q1	Q2	Q3	Q4
FTP Timeliness FTP cases resolved within 78 weeks (rolling median) – Target is ≥60%	60%	56%		
Education Approved qualifications adapted to meet new education and training requirements – Target is 100% by September 2025 (apart from CoO SfR)	0%	0%		
Registration Quality & Accuracy Overall accuracy – Target is ≥98%	99%	98%		

KPI	Information about current status	Budget implications	Associated risks
Budget **Operate within budget –** **Tolerance is ±10%**	How we will get back to green: • *Current performance (Net Profit Margin) before unrealised investment losses is +14% from Q1 forecast. However, adverse performance in our investment portfolio have resulted in higher (unrealised) deficits than expected. We would be using the Net Profit Margin comparison to the latest forecast in the future this provides a better indication than comparing surplus numbers. • Variance down to delays (part-heard hearings related cost, consultancy, staff recruitment cost, staff training and some case progression costs). Part-heard hearings will be scheduled at future dates and may increase original planned costs. Continued volatility in financial markets means ongoing adverse performance of our investment portfolio with (unrealised) losses in investment values. • Getting back to green for the overall budget including inclusion of unrealised investment losses would be a challenge due to external impacts on investment value and market volatility, alongside economic performance, inflation etc. • However, increasing efficiencies and re-prioritising operations will enable us to control what we can. Our investment performance is also measured over a longer timescale and the need to realise funds is carefully planned with draw down needs not anticipated until Q3 2023/24	• Increased deficit due to high, unrealised investment losses.	• Reduce the reserves and risk of not having adequate reserves to carry out planned operations including projects.
Reserves **Operate within our** **reserves policy –** **Tolerance is ±10%**	• Although the category is green, there may be material impacts due to increased deficit as stated above. • Impacts are from external through reducing investment value. • GOC will not be able to manage these impacts through reduced market value of investments, but need to be focussed on Yrs 1-2 reserve levels.	• Not having enough reserves for certain reserve categories.	• Not able to carry out plans as per forecast.
Investment in People **Planned events realised –** **Target is ≥90%**	• Output from appraisals has been collated and a training needs analysis completed. A list of training courses has been developed and we will be arranging from Nov to March 2023. In the last 3 months we have completed x 3 sessions on Skills booster , FTP Panel Training and Financial Scheme of Delegation for all Managers. This has all been realised so a score of 100% has been entered.. The realised training over the next 5 months will increase as we arrange the training from the training needs analysis.	• Underspend on training	• Disengagement from under investment in people
Turnover **Staff turnover –** **Target is ≤17% (excluding** **FTCs ending)**	• Improved analysis of figures has now removed short-term roles and provide clearer insight into trends • Turnover rates had risen due to a number of short term/agency staff leaving along with high recruitment levels. This has stabilised in Q2, with further reduction in turnover anticipated. Agency and FTC have been removed from the calculation, which is now on target.	• N/A	• Loss of high-performing or critical staff • Impact on performance and productivity
FTP Timeliness **FTP cases resolved within** **78 weeks (rolling median)** **–** **Target is ≥60%**	• Frustratingly, a significant and continued increase in the number of hearings not concluding within the allocated timescale has resulted in a rapid dip in our timeliness outputs, especially on those aged cases that we have worked hard to have scheduled throughout the pandemic and the last 12 months – 46% of all cases scheduled have failed to conclude this year and with the impact of rescheduling for dates that a five panel committee, representative and a registrant can commit to means at least a five month delay (20 weeks) before the matter will now conclude. • An urgent rapid case review is underway and a paper will be before SMT in November with options. It is possible that additional spending will be required to support the team in developing more efficient scheduling practices in advance of the implementation of the case management system and the relevant business case will be prepared for that. • Positively, our newer cases are progressing promptly through the investigation process in response to our new pod structure providing early and consistent legal input into the direction of the case with an increasing number reaching case examiner stage within six months	• There is a need to over-list (against proposed time estimates) to mitigate the impact of part-heard hearings and consideration is being given to increasing the management resource to free capacity to progress efficiency improvements.	• PSA standard 15. • Resource implications for supporting key projects (including CMS and AV testing)
Education **Approved qualifications** **adapted to meet new** **education and training** **requirements –** **Target is 100% by** **September 2025 (apart** **from CoO SfR)**	• Whilst at 0%, this is green as we are on track with four adaptation notifications received and being processed, and aware of dates of submissions for other providers and plans for all those due to offer adapted programmes from September 2023 through to September 2024. • Plans for those adapting later will be discussed at provider meetings, which will continue to be scheduled for the 2022/23 academic year.	• N/A	• N/A

General Optical Council

Financial performance report for the period ending 30 September 2022 and Q2 forecast of 22/23 and 23/24

Meeting: 07 December 2022	**Status:** for noting
Lead responsibility: Yeslin Gearty (Director of Corporate Services)	**Paper author:** Manori Wickremasinghe (Head of Finance)

Purpose

To provide a summary of the financial reports and the latest forecast for years 22/23 and 23/24 presented to ARC.

Recommendations

1. Council is asked to:
    - **note** the financial performance for the six months ending 30 September 2022 in annex one
    - **note** the Q2 forecast for the current year 2022-23 in annex two, and
    - **note** the latest forecast for 2023/24 under Q2 forecast year 2 in annex two.

Strategic objective

2. This report is relevant to delivery of all our strategic objectives.

Background

3. The forecasts for 22/23 and 23/24 relate to years 3 and 4 of the current strategic plan. The 22/23 forecast is consistent with delivery of the current year's business plan. The 23/24 forecast ensures that we can deliver the objectives set out in the strategic plan.

Analysis

4. The results for the period ending 30 September 2022 compared with the approved budget and Q1 forecast made in July 2022 show a healthy surplus of £200k before portfolio gains. The performance improvement was mainly due to delays in operations. Most of the delays were within business as usual operations, whilst about one third of the projects identified through strategic reserve were also delayed. Detailed analysis of key drivers of improved performance, impact on performance and the risk of achieving the budget is included in the report (annex one).

5. The Q2 forecast was made in October through a quarterly exercise, by reviewing and updating the Q1 forecast made in July 2022. Actual performance and future predictions are both involved in calculating the forecast. The Q2 forecast for the current year is included in annex two. The Q2 forecast is shown alongside of year 2 forecast, ensuring the delayed operations are captured through the year two forecast.

6. The latest forecast available for 2022-23 (prior to setting the budget) is the Q2 forecast year 2 (annex two). We have based our proposed fee rules on this forecast.

7. The forecast, which includes all approved projects, enables us to make better decisions regarding new projects, working capital, cashflow, and reserves management.

Finance

8. There are no additional financial implications of this work.

Risks

9. The following risks are associated with finance, as identified in the finance risk register:
    *   The GOC fails to deliver value for money
    *   The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively
    *   Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget
    *   Information technology failings creating financial losses
    *   Failure to achieve FTP end to end timescale improvements may result in financial losses. Poor financial planning leads to depletion of reserves below required levels and threatens the organisation as a going concern.

10. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

Equality Impacts

11. No equality impact has been undertaken.

Devolved nations

12. There are no implications for the devolved nations.

Communications

External communications

13. None planned.

Internal communications

14. The financial report and the forecast are shared with the Leadership Team and SMT as part of the regular financial reporting process.

Attachments

Annex one: Financial performance report for period ending 30 September 2022.
Annex two: Q2 Forecast for 2022-23 and 2023-24.

Financial Performance Report for the Period ending 30 September 2022
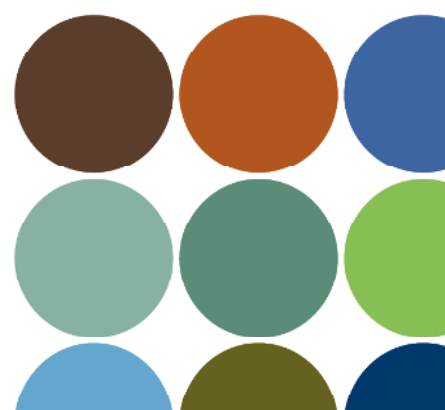
General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

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General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

G O C :- Summary P & L to 30 Sept 2022

	Actual £000's	Budget £000's	Variance £000's	Q1 Forecast £000's	Variance £000's
Registrant Income	5,089	4,919	170	5,057	32
Other Income	154	128	26	137	17
Expenses - BAU	(4,466)	(5,041)	575	(4,769)	303
Surplus / (Deficit) -BAU	**777**	**6**	**771**	**425**	**352**
Project expenditure	(575)	(1,004)	429	(917)	342
Surplus / (Deficit) -before portfolio Gains/Losses	200	(997)	1,197	(492)	692

Highlights
The results before unrealised gains/losses for the period ending 30 September 2022 show a positive variance of £1,197k against the budget and a £692k against the forecast. The BAU results before strategic projects show a positive variance of £771k against the budget and £352k against the forecast.

The total registrant income of £5,089k is £170k favourable to the budget, and £32k favourable against the forecast. The total expenditure (including projects) of £5,041k is £1,004k favourable to the budget and £645k favourable to the forecast.

Key drivers of the improved performance
Key drivers for positive variance are a combination of delays and savings.

About 75% of BAU variance is due to delays. Main delays are part-heard hearings related cost, delayed consultancy, delays in staff recruitment and staff training and some case progression costs.

Part-heard hearings will be rescheduled at future dates and may increase the originally planned cost. The newly appointed Head of People and Culture is rolling out a training programme in Q3-Q4 based on year-end performance review identifications and discussions with heads of service. There are contingent expenses such as agency recruitment and central contingency within the delayed category.

Recruitment gaps during the period created some significant financial savings. There were active savings made through adopting more remote events in education and hearings.

Over one-third of projects identified through strategic reserve were delayed. The new smaller strategic projects introduced at the beginning of the year were scoped more recently and will be carried out in Q3 and Q4.

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Current staff vacancies, vacancy gaps and delayed recruitment contributed to the positive variance. As at 30th September, the actual headcount (FTE) was 103 against a forecasted 113 (Ref. table 4 – page 7).

Risks for achieving Q1 Forecast

Some delayed activity may be postponed to 2023/24, which may impact upon the business plan and Q1 forecast. There are delays in various departments and projects, e.g., MyGOC project, longitudinal research of ESR project, part-heard cases in Hearings, delays in adaptations in education, and planned delays in commissioning training in HR.

The case progression legal costs are increasing as more external panel firms are used due to lack of advocacy in-house. Part-heard cases will also increase several related costs including expert witness, transcriber, legal advisor costs.

Although staff vacancies have resulted in a positive variance as above, a lack of resources could impact achieving planned targets, business plans, and our strategic objectives.

The volatility of the market value of investments has reduced the investment value by £940k during the first half of the year. This in turn reduces our total reserves. Market volatility is expected in the short-medium term due to the external economic conditions and HoF and the Director of Corporate Services review the situation closely with Brewin Dolphin.

Future Impacts (So what?)

The current 5-yr forecast and cashflow drawdown indicate very limited requirement to liquidate our investments (reducing to £300k) and not before Dec 2023.

Some delays of 22/23 planned activities may take place in 2023/24, increasing next year's budget cost. These delays are expected to be identified in the Q3 forecast and incorporated into the 2023/24 budget.

Market volatility and the possibility of further reduction of reserves during the short to medium term may mean that GOC must prioritise in achieving planned goals, using the efficiency drive embedded in staff values during difficult times when there was a deficit budget.

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Graphical analysis on Financial Performance and Variance
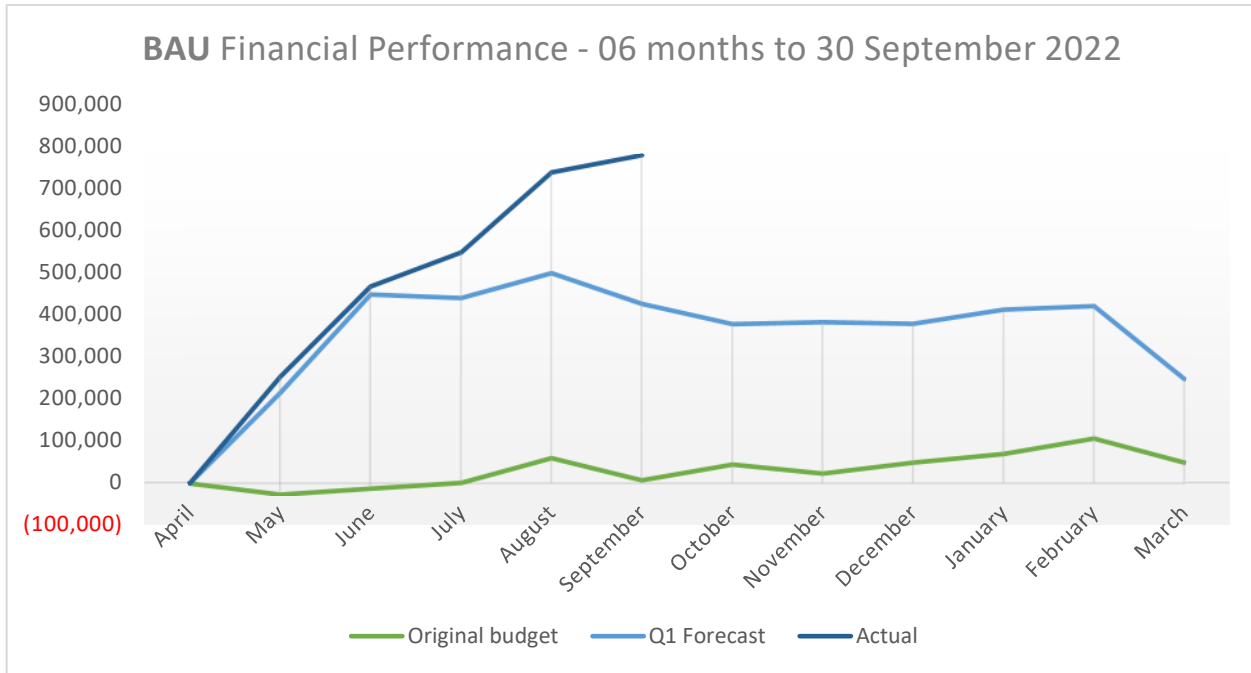
Graph 1
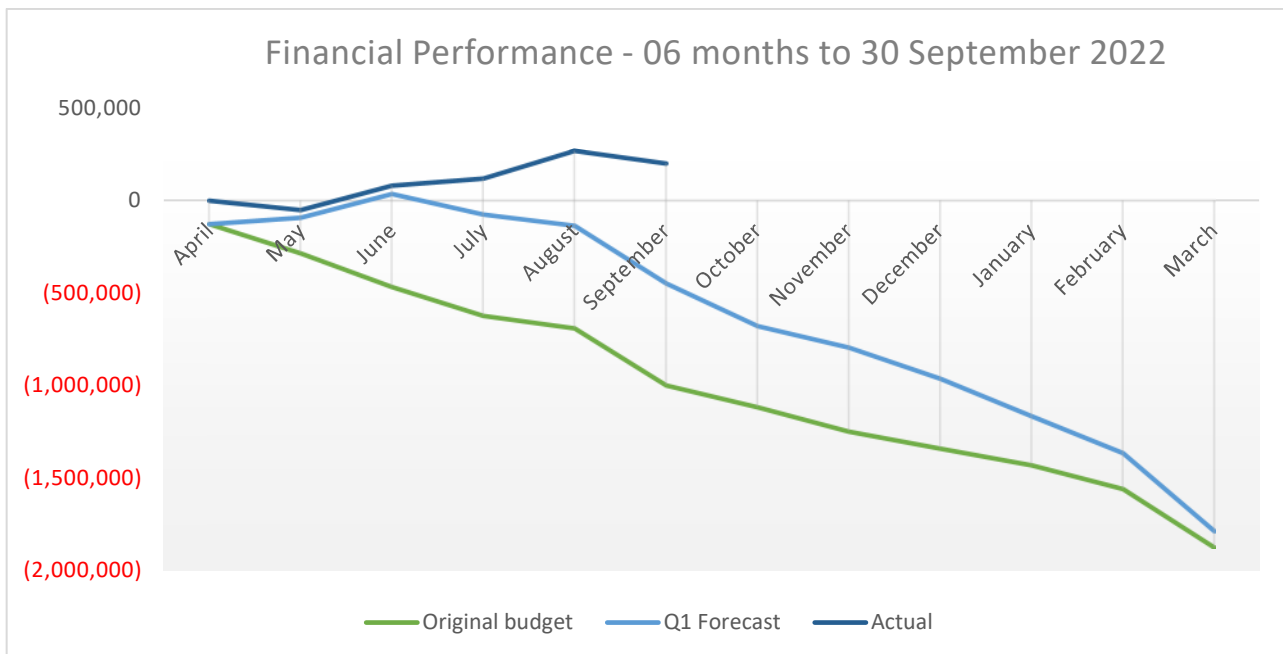
Graph 2

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Departmental Variances to Forecast greater than £10k
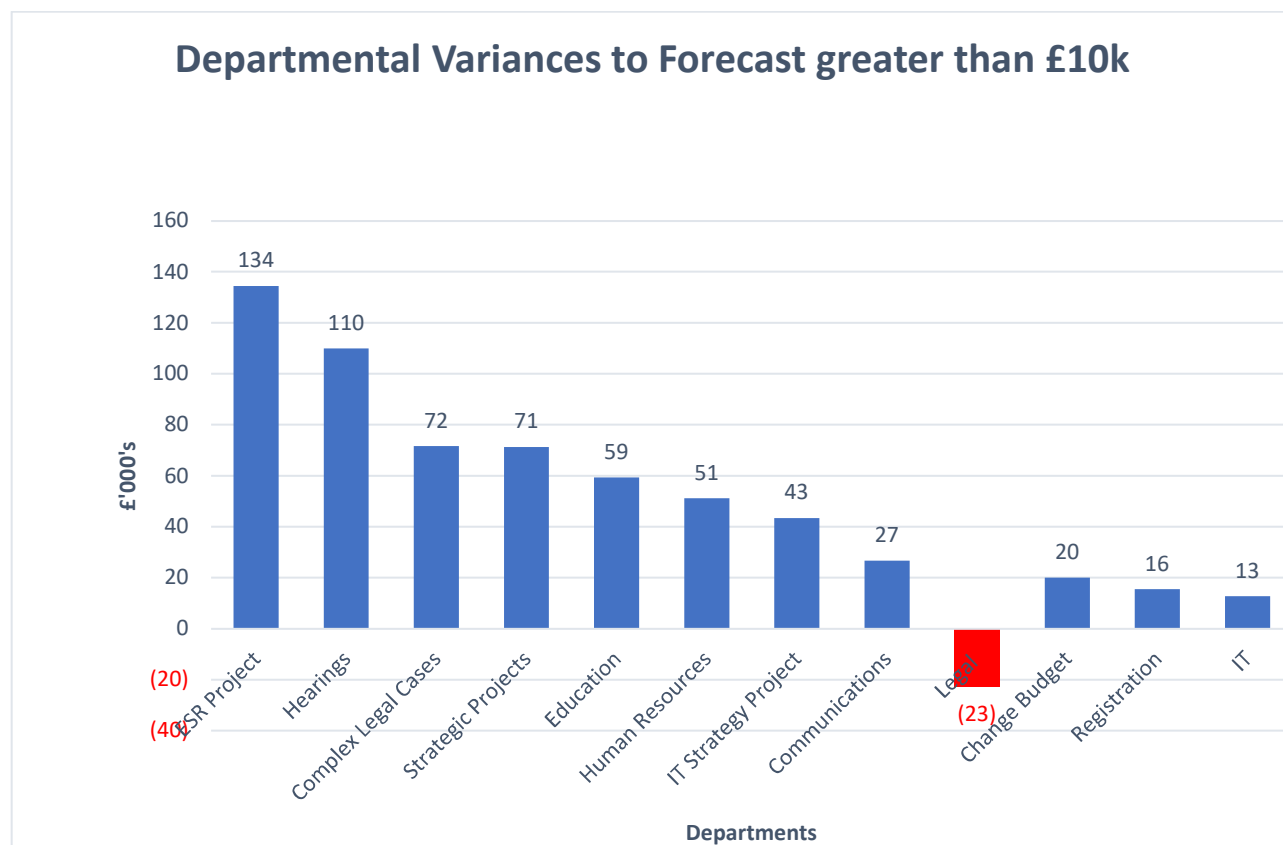
Graph 3

Cash and Cash Equivalent Summary - 30 Sept 2022

	Actual £'000	Budget £'000	Variance £'000	Q1 Forecast £'000	Variance £'000
Cash at Bank	1,777	387	1,390	1,083	694
Short term Investments	3,650	3,250	400	3,650	0
Working Capital	**5,427**	**3,637**	**1,790**	**4,733**	**694**
Investments	8,320	10,089	(1,769)	8,385	(65)
Total	**13,747**	**13,726**	**21**	**13,118**	**629**

Table 1

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Analysis of BAU expense variance September	
Savings	£'000
Efficiency	0
Covid related savings	0
Covid related delays	0
Other savings	93
Staff vacancy gaps (excluding efficiency measures)	36
Other delays and timing	226
Revised plans	11
Others	7
Additional expenses	373
Additions	(70)
Others	0
Total Expense Variance	303

Table 2

Analysis of savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-	-			-
Covid related savings	-	-			-
Other savings	80	93			173
Total Savings					173

Table 3

Headcount September 2022 (F T E's)

	Actual FTC* Sep-22	Actual Perm. Sep-22	Actual Total Sep-22	Q1 Forecast Sep-22
Chief Executive Office	-	7.0	7.0	9.0
Regulatory Strategy	2.0	17.9	19.9	25.3
Regulatory Operations	6.0	34.5	40.5	40.0
Corporate Services	3.0	19.9	22.9	22.9
Change	5.0	7.8	12.8	16.0
Total Headcount	**16.0**	**87.1**	**103.1**	**113.2**

* including Agency temp staff

Table 4

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Income and Expenditure Accounts

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	5,089	4,919	170	5,089	5,057	32
Dividend Income	144	123	21	144	131	13
Bank & Deposit Interest	9	0	9	9	3	7
Other Income	1	5	(4)	1	3	(2)
Total Income	**5,243**	**5,048**	**196**	**5,243**	**5,194**	**49**
Expenditure						
Executive Office						
CEO's Office	124	109	(16)	124	134	10
Governance	288	339	51	288	297	9
Total Executive	**412**	**447**	**35**	**412**	**431**	**19**
Regulatory Strategy						
Director of Regulatory Strategy	74	65	(9)	74	74	(1)
Policy	73	107	34	73	81	8
Standards	27	46	19	27	30	3
Communications	103	149	46	103	130	27
CPD	145	140	(5)	145	145	(0)
Education	187	417	229	187	246	59
Total Regulatory Strategy	**609**	**924**	**314**	**609**	**706**	**96**
Regulatory Operations						
Director of Regulatory Operations	62	63	1	62	62	(0)
Case Progression	988	1,033	46	988	992	4
Legal	127	105	(22)	127	104	(23)
Hearings	564	579	15	564	674	110
Total Regulatory Operations	**1,741**	**1,779**	**38**	**1,741**	**1,832**	**91**
Corporate Services						
Director of Corporate Services	67	68	0	67	66	(1)
Facilities	526	536	9	526	534	7
Human Resources	238	276	38	238	290	51
Finance	197	237	40	197	203	6
Registration	273	323	50	273	289	16
Total Corporate Services	**1,302**	**1,440**	**138**	**1,302**	**1,381**	**79**

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

<div align="center">Table A (Contd.)</div>

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	336	390	54	336	349	13
Depreciation	65	60	(5)	65	70	5
Total Expenditure	**4,466**	**5,041**	**574**	**4,466**	**4,769**	**303**
Surplus / (Deficit) before project expenditure	**777**	**7**	**770**	**777**	**425**	**352**
Project Expenditure						
Completion of CPD Project	22	22	0	22	22	(0)
Education Strategic Review project	80	105	25	80	214	134
Standards Review and Implementation	13	75	62	13	13	(0)
IT Strategy Project	85	298	213	85	129	43
Change	236	424	188	236	256	20
Complex Legal Cases	108	0	(108)	108	180	72
Strategic Projects	21	68	47	21	92	71
Project Depreciation & Amortisation	12	12	(0)	12	12	0
Total Project expenditure	**577**	**1,004**	**427**	**577**	**917**	**341**
Surplus / (Deficit) after project expenditure	**200**	**(997)**	**1,197**	**200**	**(492)**	**693**
Investment gains	(918)	124	(1,042)	(918)	(864)	(54)
Surplus / Deficit	**(718)**	**(873)**	**155**	**(718)**	**(1,356)**	**638**

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

<div align="center">

Table B
Income and Expenditure Accounts Including Project Expenditure

</div>

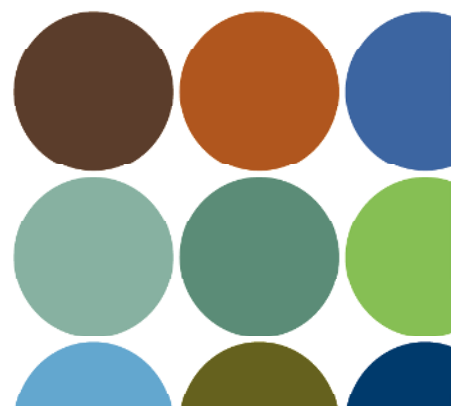|	April - September			April - September		
	Actual £'000	**Budget £'000**	**Variance £'000**	**Actual £'000**	**Forecast £'000**	**Variance £'000**
Income						
Registration	5,089	4,919	170	5,089	5,057	32
Dividend Income	144	123	21	144	131	13
Bank & Deposit Interest	9	0	9	9	3	7
Other Income	1	5	(4)	1	3	(2)
Total Income	**5,243**	**5,048**	**196**	**5,243**	**5,194**	**49**
Expenditure						
Staff Salaries Costs	2,649	3,033	384	2,649	2,697	48
Other Staff Costs	84	244	160	84	146	62
Staff Benefits	61	64	3	61	67	6
Members Costs	437	593	155	437	549	112
Case Examiners	29	62	33	29	47	18
Professional Fees	215	417	202	215	424	209
Finance Costs	69	65	(4)	69	67	(3)
Case Progression	511	354	(157)	511	565	54
Hearings	116	104	(12)	116	143	27
CPD & Standards	52	52	0	52	52	0
Communication	20	31	10	20	24	4
Registration	8	9	1	8	9	0
IT Costs	232	441	209	232	293	61
Office Services	451	478	27	451	475	24
Other Costs	31	25	(6)	31	47	16
Depreciation & Amortisation	78	72	(5)	78	83	5
Total Expenditure	**5,043**	**6,044**	**1,001**	**5,043**	**5,687**	**643**
Surplus / Deficit	**200**	**(997)**	**1,197**	**200**	**(492)**	**693**
Unrealised Investment gains	(918)	124	(1,042)	(918)	(864)	(54)
Surplus / (Deficit)	**(718)**	**(873)**	**155**	**(718)**	**(1,356)**	**638**

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2022

Balance Sheet as at 30 September 2022

	2022-23 30 September 2022 £'000	2021-22 31-Mar-22 £'000	Variance £'000
Fixed Assets			
Refurbishment	553	591	(38)
Furniture & Equipment	102	117	(15)
IT Hardware	37	41	(4)
IT software	53	65	(12)
Total Tangible Fixed Assets	**745**	**814**	**(69)**
Investment	8,320	9,260	(940)
Total Fixed Assets	**9,065**	**10,074**	**(1,009)**
Current Assets			
Debtors, Prepayments & Other Receivable	366	525	(159)
Short term deposits	3,650	7,700	(4,050)
Cash and monies at Bank	1,777	1,848	(71)
Total Current assets	**5,794**	**10,073**	**(4,279)**
Current Liabilities			
Creditors & Accruals	1,064	1,017	47
Income received in advance	4,737	9,303	(4,566)
Provision for rent	164	214	(50)
Total Current Liabilities	**5,964**	**10,534**	**(4,570)**
Current Assets less Current Liabilities	**(171)**	**(461)**	**290**
Total Assets less Current Liabilities	**8,894**	**9,613**	**(719)**
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	**8,894**	**9,613**	**(719)**
Reserves			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	1,800	1,800	0
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	3,144	3,863	(719)
Total	**8,894**	**9,613**	**(719)**

Q2 Forecast for 2022-2023 and 2023-24

October '22 update

Contents
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Q2 Forecast – 2022-23

Yrs 1 & 2 October '22 Forecast Summary - *table 1*

	Yr 1- 2022/23				Yr 2- 2023/24			
	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Variance £'000	Feb'22 Forecast £'000	July'22 Forecast £'000	Oct.'22 forecast £'000	Variance £'000
Income	9,994	10,093	10,217	124	10,505	10,604	10,980	376
Expenditure (BAU)	9,946	9,839	9,721	118	9,976	10,038	10,846	(808)
Surplus / (Deficit) before reserve expenditure	**48**	**254**	**496**	**242**	**529**	**566**	**134**	**(432)**
Reserve (Strategic & legal) Expenditure	1,920	2,029	1,722	307	1,374	1,442	1,809	(367)
Surplus / (Deficit) after project expenditure	(1,871)	(1,775)	(1,226)	549	(846)	(875)	(1,674)	(800)
Unrealised Investment gains	247	(864)	(918)	(54)	263	132	0	(131)
Surplus / (Deficit)	**(1,624)**	**(2,639)**	**(2,144)**	**495**	**(583)**	**(743)**	**(1,674)**	**(931)**

Highlights -Q2 Forecast 2022/23

The latest (October 2022) Q2 forecast for 2022-23 when compared to the Q1 forecast shows a positive variance of £242k on business as usual (BAU), a positive variance of £549k on deficit after project expenditure, and an overall £495k positive variance after unrealised investment gains/ (losses.

The year 1 (20-22/23) and year 2 (2023/24) shown above highlight the net effect. The overall positive variance of £495k in year one is partly used to offset the higher planned BAU expenditure in year 2.

Key drivers to the change of performance-Q2 Forecast (2022-23)

Registration (renewal) income increased as fewer registrants than anticipated were removed from the register at the end of the three-year CPD cycle. Non-UK applications are at an all-time high, as optical business seek to fill vacancies with overseas qualified optical professionals.

Increased legal panel costs under case progression and the increase in hearing days listed per case to reduce the number of part-heard cases both contributed to increasing BAU expenditure. Delays to some planned activity, staff vacancies (ref. table 2, page 6), savings from reduced use of EVPs and staff recruitment costs contributed to the overall positive variance in BAU expenses.

Delays to planned strategic projects expenditure also contributed to the final surplus. These positive variances are reduced by the high level of projected complex legal cases.

We have already captured much of the poor performance of portfolio market value in Q1 forecast.

Risks for achieving 2022-23 Q2 forecast

Q2 forecast is based on several top-level assumptions and the forecast is at risk if these assumptions are not met.

A significant proportion of our expenditure is case progression-related legal charges. Regulatory operations are rebalancing the use of in-house advocates and direct access advocates, moving away from external panels where possible. In addition, an increase in case complexity and the number of cases may increase future expenditure, which will in turn increase the hearings-related costs.

There is also an increased number of part-heard cases. Postponed cases require extra hearing days once rescheduled and impacts upon timeliness targets. An investigation into the reasons so many of our cases are not concluding within forecasted timescales is underway, and early recommendations are already being enacted.

Around half of our cost is spent on salaries. Any inability to recruit appropriate and sufficient staff or retain them, creates a risk that could negatively impact the GOC's ability to achieve both business plan and forecast. The gap between actual and budgeted forecasted headcounts continues to inform the Q2 forecast.

A significant value of our reserves could be lost if the market value of investments further erodes.

Q2 Forecast 2022-23 (Table 2)

	Year 1		Year 2
	2022-23		2023-24
	Budget	Q2 Forecast	Oct '22 Forecast
	£'000	£'000	£'000
Income			
Registration	9,737	9,959	10,706
Dividend Income	246	246	263
Bank & Deposit Interest	1	1	1
Other Income	10	11	10
Total Income	**9,994**	**10,217**	**10,980**
Expenditure			
CEO's Office			
CEO	218	232	336
Governance	668	613	731
Total CEO's Office	**886**	**846**	**1,067**
Regulatory Strategy			
Director of Regulatory Strategy	130	128	114
Policy & Standards	367	254	498
Communications	292	251	303
Education & CPD Operations	1,028	569	696
Education & CPD Development		269	290
Total Regulatory Strategy	**1,817**	**1,470**	**1,902**
Regulatory Operations			
Director of Regulatory Operation	125	124	134
Case Progression	2,057	2,120	2,262
Legal	203	230	224
Hearings	1,122	1,353	1,178
Total regulatory Operations	**3,507**	**3,828**	**3,797**
Corporate Services			
Director of Corporate Services	135	122	118
Facilities	1,063	1,059	1,077
Human Resources	544	519	544
Finance	502	476	501
Registration	561	551	590
Total Corporate Services	**2,806**	**2,728**	**2,829**

Q2 Forecast 2022-23 *(Table 2)* -Cont.

	Year 1		Year 2
	2022-23		2023-24
	Budget	Q2 Forecast	Oct '22 Forecast
	£'000	£'000	£'000
IT (BAU)	810	724	1,074
Depreciation & Amortisation	120	127	178
Total Expenditure	**9,946**	**9,723**	**10,846**
Surplus / (Deficit) before reserve expenditure	**48**	**494**	**134**
Reserve Expenditure			
Standards Review and Implementation Project	188	32	0
Completion of CPD project	44	29	0
Education Strategic Review project	201	176	327
IT Strategy Project	438	396	420
Change	811	544	608
Strategic Projects	215	216	0
Upcoming Projects	0	0	150
Complex Legal Cases	0	300	200
Project Depreciation & Amortisation	24	29	104
Total Project expenditure	**1,920**	**1,722**	**1,809**
Surplus / (Deficit) after project expenditure	**0**	**(1,227)**	**(1,676)**
Unrealised Investment gains	247	(918)	0
Surplus / (Deficit)	**(1,624)**	**(2,145)**	**(1,676)**

Movement in Reserves

Our reserves ensure we can operate as a going concern in a range of different scenarios, and support achievement of our strategic plans. The figures below show a healthy surplus of reserves along with plans to use reserves productively through strategic projects.

The strategic, Covid-19, and infrastructure/dilapidation reserves are all designated and currently maintained at maximum target level as per policy, re-filling any usage for project expenditure from general reserve at each year-end. The reserve categories will be reviewed in 2023 and further updated. Although general reserves are freely available funds, part of these are tied down in fixed assets, currently valued at £745k.

The Charity Commission recommends charities hold adequate reserves to carry on their activities in the event of financial difficulties, whilst spending on charitable activities. Reserves indicate the overall resilience to unplanned events.

Movement in Reserves

	Year 1 2022-23 £'000	Year 2 2023-24 £'000	*Target as per Reserves policy*
Legal reserve	700	500	*£350k - £700k*
Strategic reserve	2,000	1,091	*£1m -£2m*
Covid -19 reserve	900	900	*£900k - £1,8m*
Infrastructure / dilapidations	1,250	1,250	*£250k - £1.25m*
General. Reserve	2,619	2,054	*£2.3m - £3.8m*
Total Reserve	7,469	5,795	*£4.80m - £9.55m*

Risks

Much of our reserves are held in long-term investments which may be volatile over short-term intervals. The reserves should support temporary fluctuations of the market value of investments (at £8.3m at 30 September 2022), ensuring the continuation of business plans without any interruption.

Our total reserve value could be quite volatile in short to medium term and highly dependent on investments as a large part of our assets are in long-term investments. Due to this factor we need to be able to manage our BAU work within our annual income, ensuring the BAU results always break-even. We also need to be agile with our work to manage when investment market values decrease.

Since the initial "crash" of investment value in 2020 by over £1m due to the pandemic, values steadily increased until December 2021. Thereafter the values started a steady decline, with the economic and political uncertainties including the Ukraine war.

Note that the dilapidation reserve is maintained as £1.25m throughout the period. This will be used once the office move is decided, effecting above values.

Assumptions

Income
- Registration fee for FC & BC registrants will increase by £20 during year 2. Student fee level will not be increased.
- There will be a 2.4% general removals of registrant numbers including retirements. These will affect the annual renewals.
- Changes in registrant numbers including students and Body Corporates will be within trends of the past three years excluding 2020.
- Non-UK applicant numbers will increase in year 2 in line with the latest trends.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years. The registrants aged 61-65 years as per December 2020 statistics amount to 4% as well.
- There will be no delays in final exams by ABDO and the College of Optometrists.
- Dividend income will stay on par with past years.
- Market value of investments will be stagnant till end of Yr 2.
- Fixed deposit interest rates will be similar to current rates.
- CPD approver income will be less due to not having the fast-track approval method in the future. The general approval fee is £45 while the fast track was £295.

Expenditure - assumptions
- Yr 2 inflation = 10%,
- Office rent contract will be signed, and rent will be increased as per the new contract. We will make the backdated payment in January 2023.
- IT developments will be carried out as planned.
- There will be no new strategic projects over the £150k limit forecasted.
- There will be no large, fixed asset purchases over the forecast values.
- General pay and performance related pay increases will be covered by a 7% increase in Yr 2. With a further 1% in central contingency budget for pay and reward project.
- Flexible/remote working will continue for staff, members, and panels.

General Optical Council

PUBLIC COUNCIL

Report from the Chair of Council

Meeting: 7 December 2022   **Status:** For noting

Lead responsibility & paper author: Dr Anne Wright (Chair of Council)

Introduction and Committee Appointments

1. This report covers my principal activities since the last Council meeting on 21 September 2022. Today's Public Council will be the final meeting for Glenn Tomison and Rosie Glazebrook, whose second term of office as Council members will end on 31 December 2022. Both Glenn and Rosie have made huge contributions to the work of the Council and its Committees over the last eight years, and on behalf of my fellow Council members I place on record our warmest thanks and appreciation, as well as good wishes for the future. Recruitment of two new members is in progress, and recommendations have been made to the Privy Council.

2. In order to facilitate a smooth transition following the Privy Council decision to appoint, Council is asked to make an in principle decision:

   - to **approve** appointment of the new Registrant (Dispensing Optician) Member to Nominations Committee; and
   - to **approve** appointment of the new Lay Member to Audit, Risk and Finance Committee (ARC).

   It is proposed that these decisions will take effect from the date of their appointment (planned for 1 January 2023).

3. Juliet Oliver is resigning from her substantive role as an Investigation Committee lay member, and as consequence her role as Chair. I would like to place on record my thanks to Juliet, who has been with the GOC since 2017, and wish her the best of luck with her future endeavours. Recruitment for a new Investigation Committee lay member will commence in the new year. However, as an interim arrangement,

and in accordance with the scheme of statutory and non-statutory approvals, I am recommending that Council:

- **approve** the appointment of Nick Arthur as Chair of Investigation Committee until 31 December 2023.

Nick Arthur is the current Vice Chair for the Investigation Committee, and I wish to thank him for agreeing to provide the necessary continuity for the Committee in 2023.

Management

4. I have had weekly catch-up meetings with the Chief Executive and Registrar (CEOR) as well as the CEOR mid-year appraisal performance review meeting on the 13 October 2022. I have received briefings from members of the Senior Management Team (SMT), Leadership Team (LT) and Governance on a range of priorities.

5. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues.

6. I attended some activities of the GOC Equality, diversity, and inclusion (EDI) networks including the Women's network sessions on 22 September 2022 and 27 October 2022. On 27 September 2022, I attended the Anti-Racism Group (ARG) discussion on 'Representation and Profiling'.

7. On the 10 October 2022 I attended an Embrace Event which presented an introduction to West Africa, in celebration of Black History Month. On the 13 October 2022 I attended the presentation 'Bringing the Black Gaze from the Past, into the Future', with Kim Sheldon as the external speaker.

8. In November I attended a presentation on the history of disability.

Council and Committees

9. I chaired the Appointment Panel for the recruitment of two Council Members, one Lay and one Registrant Dispensing Optician to take effect from January 2023. The shortlisting teleconference meeting took place on the 17 October 2022 and final interviews were held on the 7 and 10 November 2022.

10. I attended meetings of the Remuneration Committee (RemCo) on the 01 November 2022, and the Investment Committee meeting on the 08 November 2022. Audit, Risk and Finance Committee (ARC) was on the 22 November 2022. I chaired the meeting of the Nominations Committee on the 29 November 2022.

11. I have held fortnightly meetings with the Senior Council Member Glenn Tomison and chaired regular informal Council catch-up sessions and a Council member virtual coffee morning on the 04 October 2022. I held a Senior Member transition meeting with current Senior Member Glenn Tomison and incoming Senior Member Clare Minchington on the 28 November 2022. I Chaired the Council strategy day at 10 Old Bailey on the 17 November 2022.

12. I attended a Council committees members' induction session on the 26 September 2022 and held a feedback meeting on the 14 October 2022 with the two Council Associates and the Head of Governance. On 5 December I chaired a quarterly finance meeting with the Chairs of the Audit, Risk and Finance Committee, the Investment Committee, and the Remuneration Committee.

Stakeholders

13. 27 September 2022: Welsh Government, Chief Optometric Adviser, David O'Sullivan & Head of Policy, Sarah O'Sullivan-Adams meeting.

14. 27 September 2022: Sector Strategic Implementation Steering Group (SSISG) meeting

15. 29 September 2022: Meeting with Karen Reid, CEO & David Garbutt, Chair (NHS Education for Scotland (NES).

16. 4 October 2022: General Osteopathic Council (GOsC) Chair's meeting with GOsC Chair of Council, Dr Bill Gunnyeon and CEOR, Matthew Redford.

17. 10 October 2022: General Chiropractic Council (GCC) Chair's meeting with Chair of Council, Mary Chapman, CEOR, Nick Jones.

18. 14 October 2022: Advisory Panel meeting.

19. 18 October 2022: Health and Care Professions Council (HCPC) Chair Quarterly meeting with Christine Elliott.

20. 20 October 2022: General Medical Council (GMC) catch up meeting with Professor Dame Carrie MacEwen (Chair).

21. 24 October 2022: General Dental Council (GDC) Chair's Meeting with Lord Toby Harris (Chair), Colin Mackenzie (Head of Nations and Engagement).

22. 3 November 2022: Meeting Discussion with Department of Health (DoH) Northern Ireland (NI) - Head of Ophthalmic Services, Raymond Curran, Policy Leads, Brendan Connor, and Policy Lead, Michael O'Neill.

23. 4 November 2022: General Pharmaceutical Council (GPhC) Chair's meeting with Gisela Abbam (Chair) and Duncan Rudkin (CEOR).

24. 9 November 2022: Professional Standards Authority (PSA) Safer care for all Conference.

25. 14 November 2022: Chair Roundtable Discussion meeting organised by PSA Chair Caroline Corby, with the Chairs of other Health Professional Regulators.

26. 1 December 2022: Introductory Meeting with the National Clinical Director for Eye Care, Louisa Wickham.

General Optical Council

COUNCIL

Chief Executive & Registrar's Report

Meeting: 07 December 2022	**Status:** For noting

Lead responsibility & paper author: Leonie Milliner (Chief Executive & Registrar)

Council Lead(s): Dr Anne Wright CBE

Purpose

1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

Recommendations

2. Council is asked to note the Chief Executive and Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2022/2023 Business Plan.

Background

4. The last report to Council was provided at the 21 September 2022 meeting.

Analysis

1. Since the last Council meeting, we have welcomed Oluseun Olayinka as our new Finance Officer, Reena Rabadiya as our new HR Manager and Elena Panayiotou as our new Legal Administrator. I would like to place on record our congratulations to Tom Henery, who recently secured internal promotion as our new Head of People and Culture, and our thanks for his additional contribution to the HR Department as interim Head of People and Culture.

2. I held weekly meetings with the Chair of Council and hosted two Council catch-up sessions. On 26 September I chaired the induction session for newly appointed members of our Council Committees. In addition, I also attended the Council Strategy Day which was held at 10 Old Bailey on 17 November 2022.

3. I attended the Remunerations Committee meeting on 1 November 2022; the Investment Committee on the 8 November 2022; Audit, Risk and Finance

Committee on 22 November 2022 and the Nominations Committee on 29 November 2022.

4. I held weekly 1:1 Senior Management Team (SMT) and Head of Governance meetings and held various internal and team meetings with relevant staff members. In addition, I chair the fortnightly meetings of SMT and monthly Leadership Team and all-staff meetings. I attend Strategic Change Board (SCB) meetings (once every six weeks) and monthly Risk Register meetings. I also meet each new starters at a monthly GOC new starters group.

5. As the GOC's anti-racism lead, I attend our Anti-Racism Group (ARG), including the discussion on 'Representation and Profiling' on 27 September 2022. I participate in the Staff Wellbeing & Engagement Group (SWEG), including joining the weekly meditation sessions, monthly SWEG and regular coffee break sessions, etc. To mark Black History Month, I attended two excellent Embrace events; 'An introduction to West Africa,' on 10 October 2022 and 'Bringing the Black Gaze from the Past, into the Future', led by an external speaker, Kim Sheldon, on 13 October 2022. In addition, I participated in internal events to mark Disability History Month, which concludes on 14 December 2022.

6. We have launched an optical practice familiarisation programme. As Council will be aware, in 2022 we published the outcome of our stakeholder survey and whilst the results of the survey were overwhelming positive, we received feedback we could work harder at understanding the operational context of optical practice. We have listened to this feedback and in October launched an optical practices' familiarisation programme for our staff and our lay members (panel, committee, and Council members.)

7. The programme will offer visits, both in person and virtual, to different types of optical practices across the UK where attendees will be able to see the practice in operation, meet the team, and learn more about the different clinical services offered. Following a visit, attendees will be asked to share their experience within the GOC to both staff and other lay members. I am grateful to Philippa Mendonsa (Head of Education Operations) for leading the development of the programme,

and for the support provided by the Association for Independent Optometrists and Dispensing Opticians (AIO Vision), Head of Secretariat, Mike Ockenden.

<u>**Change**</u>

8. The business case for investing in our **Audio-Visual** capability was approved by SMT on 19 October 2022. The aim of this project is to modernise our audio-visual capability in Athens (hearings room), Paris and Tokyo rooms (to operate as a single environment) and provide basic capability in 2 mid-sized meeting rooms at Old Bailey. In accordance with the new Scheme of Financial Management, the decision to proceed has been agreed by SMT and discussed with the Chair. The plan is to procure the preferred supplier in December 2022 and agree award of contract by Q4 2022/23.

9. The **Customer Care Strategy** was agreed at SMT on 19 October 2022, with agreement on a whole organisation approach to improving customer care. This moves away from the original Gate One proposition to redeploy existing staff into a dedicated customer service team. The customer care strategy is based on the Cabinet Office Customer Excellence Standard[1] (CES) which allows for self-assessment of our customer service objectives against the Standard's five strategic themes, which are as follows:

- **Customer Insight**: We take the time to understand who our customers are and what they require of us;
- **Culture**: We build and maintain a level of professionalism and positive attitude to ensure we deliver excellence that flows right through our organisation;
- **Information & Access**: We ensure that the Customer Service Strategy links with the communication plan and includes consulting and involving customers;
- **Delivery**: We aim to keep the promises we make to our customers and where we fail to, we will follow a lessons learned approach; and

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[1] https://www.customerserviceexcellence.uk.com/

General Optical Council

- **Quality**: We set comprehensive standards for all aspects of the quality of customer service and develop a customer service charter.

10. Our external **pay and reward** consultants, QCG, presented their diagnosis report and recommended next steps in the design of our new pay and reward scheme to all staff on 3 November 2022; remuneration committee also considered QCG's diagnostic report at their meeting on 1 November. SMT then agreed the design principles at their meeting on 15 November, and detailed design is ongoing. The new appointments of the Head of People and Culture and an HR Project Manager in November 2022 will also add traction to the people plan projects (and supporting policies), of which our pay and reward project is one strand.

IT

11. The tender process for our IT Managed Services contract is underway. Evaluation of responses is expected in Q3 with a paper to SMT in the next month.

12. We continue to improve our digital security with the implementation of Cisco Umbrella. This ensures that we can extend data protection to remote devices anywhere. We will also be seeking Cyber Essential accreditation in Q3 following the launch of our Bring Your Own Device (BYOD) policy to designated mobile phone users.

Corporate Services

Facilities

13. Annual First Aider and Fire Warden training for staff was completed in November. Some minor redecoration work to our offices, meeting rooms and hearings areas is underway during non-working hours.

14. Rent negotiations with our landlord are now complete and the signed contract is with our landlord. This concludes the rent review process that forms part of our contractual agreement.

General Optical Council

HR

15. We continue to review and revise our internal people policies. In October an all-staff consultation sought feedback on proposed amendments to our updated annual and special leave policies, whilst the SMT considered amendments to our probation, equality diversity & inclusion and flexible working policies prior to all staff consultation launching in Q3.

16. Our annual staff survey ran between 10 and 23 November 2022, with an 83% feedback rate (2021: 76%). Council will be provided with a preview of the results in January 2023.

Registration

17. Throughout September and October, the Registration team were busy supporting new students with applications to join the student register for the first time. Over 1,300 applications were processed by the 31 October deadline. The team also managed over 300 applications from newly fully qualified registrants who had completed their studies.

18. Volumes of applications and expressions of interest from optical professionals overseas continues to rise, with 279 "non-UK" based applications to join the register received for the year to date, as compared to 177 for the whole of 2021. We are now typically responding to over 150 requests for information or application forms per month from abroad.

<u>Regulatory Operations</u>

19. The casework team continue to make positive strides towards reducing the time taken to conclude investigations with a further reduction in the median of open cases to 36 weeks, 11 weeks down since April and the lowest achieved for many years.

20. Since the last meeting, SMT have considered three papers addressing the operational and financial impact of hearings not concluding within the allocated

time; the increased use of legal reserves and the analysis; and planned activity to address these challenges. Communication has been shared with all parties to these events and a concerted and collaborative effort to reduce part heard hearings is now under way.

21. SMT have also approved the one-year extension, permitted by the contract for the provision of the Optical Consumer Complaints Services, currently provided by Nockolds Solicitors. A full re-tendering exercise will now take place toward the end of 2023.

Regulatory Strategy

Visual stress and dyslexia

22. Council will be concerned to note a ruling by the Advertising Standards Authority (ASA) in September 2022 against an optical business concerning claims about visual stress and dyslexia. In the ruling, which followed a direct referral from the GOC, the ASA considered that consumers would be likely to interpret claims on the business' website to mean that it provided tests that could formally diagnose dyslexia, and that they offered glasses that treated or reduced the impact of dyslexia. The case has prompted an increase in enquiries to the GOC's standards inbox about marketing claims by other optical businesses.

23. The College of Optometrists has existing guidance to support optometrists to treat patients with specific learning disabilities. In November, the College issued member communications using scenarios to help bring this guidance to life. Although the GOC does not explicitly require registrants to follow the guidance of optical membership/representative bodies, registrants are expected to be aware of current good practice, which includes publications by the College of Optometrists and others.

24. We will continue to encourage optical businesses to review their marketing claims and related commercial practices against the ASA ruling and the College of Optometrists' guidance. In particular, it is important for any marketing claims

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to be substantiated and appropriately qualified so that patients can make informed decisions.

25. Some alleged practices potentially engage several of the GOC's standards for both individual registrants and optical businesses. We will continue to signpost public enquiries to appropriate sources of help and, where the thresholds for action have been met, we may investigate concerns as a fitness to practise matter. We will keep our position under active review in response to developments.

Legislative Reform

26. At the time of writing the DHSC has yet to publish the draft section 60 order for consultation. We continue to meet with officials and other healthcare regulators.

27. The team has completed its initial analysis of stakeholder responses to the call for evidence and begun to prepare the draft consultation response document. Our plan remains to ask Council to approve the response to the call for evidence in March 2023.

28. Following decisions at the last Council meeting, we have commissioned research to fill gaps in our evidence base on business regulation and refraction for the purposes of the sight test. This includes:
    * Mapping optical businesses – Europe Economics
    * Expert clinical advice on refraction – Institute of Optometry (a multidisciplinary team led by Professor Bruce Evans)
    * Patient and public research on refraction – WA Communications

29. We were unable to award a contract on international comparisons on refraction and will seek to fill gaps in knowledge via desk research and bilateral discussions.

Standards

30. We have the completed initial background research as part of our planned review of our professional standards. We shared this with the Advisory Panel in October 2022 and held a detailed discussion with Standards Committee to identify any gaps in our research and to seek the Committee's view on areas identified that might require additions and/or amendments to the standards, and/or additional guidance. We have now developed our plans for the next stage of the standards review, a co-production approach involving a series of conversations with stakeholders on key topics in Q1-Q2 of 2023/24, the results of which will help us prepare draft revised standards for full public consultation by Q4 of 2023/24. This additional step is designed to support a richer understanding of contemporary issues in the development and application of professional standards such as social media and online conduct, professional boundaries, incentivisation and conflicts of interest, the impact of locum working, leadership and duty of candour, to raise awareness and build stakeholder consensus on proposed amendments or additions to the standards before going out to formal consultation.

Education

31. We successfully delivered three student roadshows for new first year students. The events took place online and introduced the GOC and covered standards and training requirements. Several GOC staff attended each event to facilitate Q&A sessions. The roadshows were well attended with around 180 students joining the events in total, which is in line with last year's attendance figures.

32. The end of the first year of the new (2022-2025) CPD scheme is approaching. We have sought, and will continue to seek, feedback from the sector about the scheme. Initial feedback indicates that the scheme is going well. As expected, there are still some areas that would benefit from additional guidance and/or promotion, such as how to log self-directed learning and what can be considered as self-directed learning, how to use the MyCPD search function effectively, and for all involved to encourage registrants to upload their evidence as early as possible. We are incorporating all feedback into our operational, development and communications activities.

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33. With regards to pre- and post- registration qualification approval and quality assurance:
   - there have been no Registrar qualification approval decisions since the last Council meeting.
   - one provider remains under a Serious Concerns Review (SCR): the provider's progress is due to be reviewed in January 2023.
   - in September we finalised and shared with providers their individual annual monitoring and reporting (AMR) qualification report(s). In October we launched the new AMR cycle, with returns due back 13 January 2023. We are currently reviewing the format of the sector report and the individual qualification reports.

34. We have received four adaptation notifications from providers preparing to adapt to the new education and training requirements. These are being processed and we are preparing for five more submissions from providers in the coming weeks.

Governance

35. Since the previous Council meeting there have been significant member recruitment activity including a campaign for the new Registrant and Lay Council members and further recruitment activity related to the Companies Committee. The Council Associate recruitment campaign will commence in January 2023.

36. In addition to its coordination of committee support, compliance and governance across the organisation, the team has assisted the drafting of the 2023/24 business plan, coordinated the Council Strategy Day on 17 November 2022 and supported the Hearing Panel Lay Chairs reviews.

37. The Governance Review paper includes the new Governance team charter, which was developed with the team as part of its service redesign. This redesign work continues into early 2023.

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38. A new Governance and Compliance Manager is expected to start in January 2023. Their arrival will mean the team is fully staffed and in a good position to deliver its 2023/24 business plan.

Equality, Diversity, and Inclusion

Welsh Language Standards

39. Since the last Council meeting, we have met with the Welsh Language Commissioner's team to review GOC's self-assessment against the standards. The purpose of the meeting was to help the Commissioner prepare the draft compliance notice, including by identifying areas where we may seek a longer implementation period or to vary our approach where compliance would not be reasonable or proportionate in the circumstances. It was a constructive meeting, and we expect to receive the draft compliance notice by the end of the year.

40. The healthcare regulators, facilitated by the GMC, have established a joint forum to support each other comply with the Welsh Language Standards. This is a welcome initiative, and the group will meet on an approximately monthly basis.

Staff Wellbeing and Engagement Group (SWEG)

41. The Staff Wellbeing and Engagement Group (SWEG) has been shortlisted for Employee Network Group of the Year by the Employers Network for Equality & Inclusion (enei) Inclusivity Excellence Awards 2022. The judging panel at Employers Network for Equality & Inclusion (enei) felt that our submission stood out as a great example of what it takes to truly make a difference in creating a more inclusive workplace.

Framework for operating staff networks

42. We introduced a Framework for Operating Staff Networks to support the operation of staff networks and provide clarity, coherence and consistency of approach in the operation of all network groups in both start up and operation, with clear lines of support and escalation.

National EDI Events

43. We celebrated national events including Black History Month, Disability History Month, and Trans Awareness Week, with internal communications designed to raise awareness for staff. We held a range of well attended engagement sessions with staff that covered topics such as the history of West Africa, we welcomed guest speaker Kim Sheldon, there was a session on Ghanaian cooking and one discussing the history of disability in the workplace.

Launch of the Disability Staff Network

44. As part of Disability History Month, we relaunched the Able Staff Network with Allison Siveyer acting as the new network Chair, with a view to raising awareness around disability in the workplace. The network provides a forum for networking, information sharing and peer support and making suggestions for change. It is primarily for staff who have a disability, hidden or otherwise and want to meet in confidence.

EDI Policy

45. A new Equality, Diversity and Inclusion Policy was approved by SMT to move to staff consultation. This will provide equality, fairness and respect for all in our employment, whether temporary, part-time or full-time.

Welsh Language Scheme Compliance Report

46. We produced our annual Welsh Language Scheme Compliance Report which highlights how the GOC meets the requirements and upholds the Welsh Language Scheme as per the 2020-2021 requirements for Health Professional Councils set by the Welsh Language Commissioner.

EDI Annual Report

47. The EDI Annual Report for 2022-2023 is included in Council's papers. This report highlights key successes during the year and demonstrates how active the GOC has been in areas of EDI. It brings together the two aspects of the Public Sector Equality Duty, providing an analysis of our EDI data, and it

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publishes our EDI Action Plan 2020 – 2024 with a review of progress against those actions.

<u>External stakeholder engagement</u>

48. Since the last Public Council meeting on 21 September 2022, I have attended the following external meetings and engagements:

- 23 September 2022: Planning meeting for the launch of the GOC's member and staff optical practice familiarisation programme with the Association for Independent Optometrists and Dispensing Opticians (AIO Vision), Head of Secretariat, Mike Ockenden.

- 27 September 2022: meeting with Welsh Government, Chief Optometric Adviser, David O'Sullivan & Head of Policy, Sarah O'Sullivan-Adams

- 27 September 2022: Sector Strategic Implementation Steering Group (SSISG) meeting.

- 28 September 2022: Optometric Advisory Board meeting organised by Optometry NHS Education for Scotland.

- 29 September 2022: Meeting with Karen Reid, CEO & David Garbutt, Chair (NES Scotland).

- 4 October 2022: meeting with General Osteopathic Council (GOsC) Chair's meeting with GOsC Chair of Council, Dr Bill Gunnyeon and GOsC Chief Executive and Registrar, Matthew Redford.

- 5 October 2022: Worshipful Company of Spectacle Makers - annual service of thanksgiving, remembrance & rededication followed by Court lunch.

- 7 October 2022: meeting with Higher Education Funding Council Wales (HEFCW) and Professor John Wild, Cardiff University.

- 10 October 2022: General Chiropractic Council (GCC) Chair's meeting with General Chiropractic Council (GCC), Chair of Council, Mary Chapman and Chief Executive and Registrar, Nick Jones.

- 12 October 2022: reception at Buckingham Palace, hosted by an eye-care charity called SeeAbility, who do excellent work supporting children, young people and families with learning disabilities and sight loss. SeeAbility's patron is HRH The Duchess of Gloucester, who I had the great honour of

meeting at the event. I also met several of SeeAbility's corporate supporters and staff, as well as beneficiaries of the charity's outreach work.

- 14 October 2022: GOC Advisory Panel meeting.
- 24 October 2022: General Dental Council (GDC) Chair's Meeting with Lord Toby Harris (Chair) and Colin Mackenzie (Head of Nations and Engagement).
- 26 October 2022: SMT Employee Value Proposition (EVP) workshop with QCG consultants.
- 26 October and 25 November 2022: Chief Executive Officer Regulatory Body (CEORB) meetings organised by General Dental Council (GDC).
- 27 October 2022: Visit to the School of Optometry & Vision Sciences, Cardiff Optometry, hosted by Professor John Wild.
- 31 October 2022: meeting with Cliona O'Neill, Higher Education Funding Council Wales (HEFCW), Professor John Wild, Cardiff University and Welsh Government, Chief Optometric Adviser, David O'Sullivan & Head of Policy, Sarah O'Sullivan-Adams
- 3 November 2022: Meeting with Department of Health (DoH) Northern Ireland (NI) - Head of Ophthalmic Services, Raymond Curran, Policy Leads, Brendan Connor, and Policy Lead, Michael O'Neill.
- 4 November 2022: Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies Co-operation Pod (COPOD) meeting organised by General Osteopathic Council (GOsC).
- 4 November 2022: General Pharmaceutical Council (GPhC) Chair's meeting with Gisela Abbam (Chair) and Duncan Rudkin (Chief Executive & Registrar).
- 9 November 2022: Presentation at the Professional Standards Authority (PSA) Safer care for all Conference entitled - 'Are commercial interests in health harming people?'
- 10 November 2022: Advisory Committee on Degree Awarding Powers (ACDAP) meeting organised by The Quality Assurance Agency for Higher Education.
- 10 November 2022: Quarterly meeting with Ian Humphreys at the College of Optometrists (COO).
- 15 November 2022: Meeting with Professional Standards Authority (PSA) Chief Executive of the PSA, Alan Clamp.

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- 30 November 2022: Optician Awards (guest of Optician magazine).
- 1 December 2022: Introductory meeting with the NHS National Clinical Director for eye care, Louisa Wickham.
- 02 December 2022: Optical Suppliers Association (OSA) Annual Christmas Luncheon.

A range of other engagements by Directors are listed in annex 1.

Finance

43. This paper requires no decisions and so has no financial implications.

Risks

44. The Strategic Risk Register has been reviewed in the past quarter, discussed with ARC and shared with Council.

Equality Impacts

45. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

46. We continue to engage with all four nations across a wide range of issues.

Other Impacts

47. No other impacts have been identified.

Communications

External communications

48. This report will be made available on our website, but there are no further communication plans.

Internal communications

49. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

50. There are no further steps required.

Attachment

Annex 1 - Directors' Stakeholder Meetings.

Meetings/visits since last Council meeting

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
3-week cycle – catch up with Council members Roshni and Mike	8.9.22 Gary Cattermole – Survey Initiative (Staff Survey)	26.09.22 - The Coal Authority Keynote speaker for National Inclusion week	Weekly National Optometric Advisers meetings
30.09.22 - CESG Meeting	14.9.22 Peter Fairchild, Paula Hayes, Sara Datsova – QCG (Pay & Reward project)	03.10.22 and 22.11.22 – Dr Louise Wallace, Open University - NIHR Witness to Harm project meeting	Workforce deployment meetings – every other month
17.10.22 - Leadership Through Data SIRO training delivery	19.9.22 - Institute of Regulation Special Interest Group (Risk Management)	12.10.22 – Quarterly Defence Stakeholder Group Meeting	27.9.22 Sector Strategic Implementation Steering Group
26.10.22 - Jenny Muhlwa And Partnership introduction meeting	15.9.22 - Phillip Payne, Brewin Dolphin (Investment Manager)	14.10.22 - GOC Advisory Panel	27.9.22 David O'Sullivan, Chief Optometric Adviser, Welsh Government
07.11.22 - Student Welcome event	10.10.22 Lisa Gerson – Council Registration lead	24.10.22 – Jenny Muhlwa, & Partnership introduction meeting	28.8.22 Optometry Scotland Council meeting (observer)
09.11.22 - Meeting Deputy Director Change & Continuous Improvement, NMC	13.10.22 - Phillip Payne, Brewin Dolphin (Investment Manager)	24.10.22 – Stephanie Keskin, GBS Corporate – resilience training delivery meeting	28.9.22 and 23.11.22 Primary Care Stakeholder Forum
09.11.22 Arigga Mariba contract meeting	31.10.22 - Peter Fairchild, Paula Hayes, Sara Datsova – QCG (Pay & Reward project)	09.11.22 – PSA conference, Safer Care for All	29.9.22 David Garbutt and Karen Reid, NES Scotland

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
23.11.22 - Jenny Muhlwa And Partnership	1.11.22 - Remunerations Committee meeting	17.11.22 - Sonji Nurse, Solicitors Disciplinary Tribunal	5.10.22 Association of Optometrists - various
	8.11.22 - Investment Committee meeting	24.11.22 – Optical Consumer Complaints Service – half year review	6.10.22 NHS England
	22.11.22 Audit, Risk and Finance Committee meeting	25.11.22 – FtP Directors meeting	20.10.22 Welsh Language Commissioner – about the Welsh Language Standards
	10.11.22 - Jenny Muhlwa &Partnership	1.12.22 – Case Examiners training day	24.10.22, Lord Toby Harris and Colin Mackenzie, General Dental Council
	18.11.22 - Jenny Muhlwa &Partnership		26.10.22, EVP Day
			27.10.22 Familiarisation visit to School of Optometry and Vision Sciences, Cardiff University
			31.10.22 Welsh Government, Cardiff University, HEFCW – funding of new Cardiff University qualifications under our education and training requirements

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
			7.11.22 FODO – about legislative reform and other matters
			14.11.22 Claire Osborne, DHSC – briefing on legislative reform
			18.11.22 Joint Regulator Group on Welsh Language Standards
			22.11.22 Cross regulators forum on digital apps
			23.11.22 Student Welcome Event
			24.11.22 DHSC – legislative reform
			24.11.22 – Douglas Bilton, Professional Standards Authority about use of data
			30.11.22 – Observed virtual EVP visit of Anglia Ruskin University

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**DRAFT minutes of the meeting of the Advisory Panel held on
Friday 14 October 2022 at 9:15am via MS Teams**

Present:	Jacqui Adams, Rukaiya Anwar, Kay Bagshaw, Nigel Best, Geraldine Birks, Sinead Burns, Dean Dunning, Lynn Emslie, Josie Forte (Chair), Mike Galvin, Lisa Gerson, Rosie Glazebrook, Sally Gosling, Louise Gow, Imran Hakim, Sarah Joyce, Gordon Ilett, Wayne Lewis, Haseena Lockhat, Andrew Logan, Deirdre McAree, Dan McGhee, Neil Retallic, Chloe Robson, Roshni Samra, Alison Sansome, Alicia Thompson, Nilla Varsani, Catherine Viner, Marcus Weaver, Anne Wright (Chair of Council) and Mary Wright.
Apologies:	Joy Myint and Frank Munro
Absent:	Imran Jawaid
GOC Attendees:	Joy Bolt (CPD Manager), Steve Brooker (Director Regulatory Strategy), Marie Bunby (Acting Head of Policy, Standards and Co-Production), Nadia Denton (Governance Officer), Yeslin Gearty (Director of Corporate Services), Vikki Julian (Head of Communications), Elisha Lindsay (Standards Officer), Philippa Mendonsa (Head of Education), Leonie Milliner (Chief Executive and Registrar), Samara Morgan (Head of Education), Nadia Patel (Head of Registration), Ben Pearson (Education Officer), Phil Ryan (Head of Programmes), Ivon Sergey (Governance Officer), Georgia Smith (Education Officer), Dionne Spence (Director Regulatory Operations) and Andy Spragg (Head of Governance).

	Welcome and Apologies
1.	The Chair opened the meeting, welcomed those present and acknowledged the newly recruited Council Committee members. Committee members were informed that Lisa Gerson had been appointed Chair of the Registration Committee.
2.	It was noted that Joy Myint had sent apologies.
	Declaration of Interests AP07(22)
3.	The following changes to committee member interests were noted: • Alicia Thompson had become Director of Education, Research and Professional Development with the Association of British Dispensing Opticians (ABDO); • Josie Forte had become a part-time lecturer with Plymouth University; and • Marcus Weaver had become a fellow of ABDO.
	ACTION: Governance Officer to update the register of interests according to the declared changes.
	Minutes of Previous Meetings AP08(22)
4.	The minutes of the meeting held on 24 February 2022 were **approved** as a true record of the proceedings.

	Actions point updates AP09(22)
5.	There were no comments
	Matters Arising
6.	There were no matters arising.
	Registrant Survey and Public Perceptions Survey AP10(22)
7.	The Director of Regulatory Strategy introduced the paper. The Panel was informed that the registrant and public perception surveys and raw data had been shared on the GOC website and social media for the first time.
	In discussion it was further noted that:
	• encouraging opticians to publish costs on their website could break down barriers around public access to sight tests;
	• technology could help the sector reduce barriers to patient care;
	• opticians undertook a wider range of activities in practice than when the Opticians Act was published in 1958;
	• the number of registrants off due to stress and burnout could have a knock-on effect on patient safety;
	• the number of opticians entering the profession was higher than those leaving and conversely there were falling numbers of Dispensing Optician students;
	• there were limits to the comparisons that could be drawn between the data produced by the GOC and other regulators though broad comparisons could be drawn; and
	• possible reasons registrants might not be self-directing their Continuing Professional Development (CPD) could be as a result of work pressures.
	Legislative Reform
8.	The Director of Regulatory Strategy introduced the item. The Panel was advised that the timeline for legislative reform was unclear at present, with it unlikely to take place before 2025. In discussion it was noted that the GOC's consideration of business regulation would be informed by the Professional Standard's Authority's (PSA) recent observations in its 'Safer Regulation' publication. The Panel was informed that the responses to the call for evidence compared favourably to other GOC surveys in recent years. It was noted that the GOC continue to share good practice with other regulators via common interest regulatory groups and through the newly established Institution of Regulators.
	ACTION: Governance Officer to circulate the legislative reform presentation slides to the Panel.
	Review of Standards
9.	The Acting Head of Policy, Standards and Co-Production presented the item. In discussion the Panel advised that:
	• consideration could be given to an environmental sustainability standard;
	• a benchmarking exercise should be carried out around the gaps highlighted;
	• the standards review would need a communications plan to support its roll out to ensure registrants were able to embed the content in practice and adopt suitable language for the public;
	• the standards should specifically address the issue of tackling discrimination and ensuring equity for hard-to-reach groups; and

	• not all businesses required their staff to have Disclosure Baring Service (DBS) checks and as such this could create a risk in terms of patient safety.
	Date of Next meeting
10.	The date of the next meeting was noted as Friday 10 March 2023.
	Any Other Business
11.	There was no other business.
	The meeting closed at 10:40am.

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GENERAL OPTICAL COUNCIL

**DRAFT Minutes of the meeting of the Companies Committee
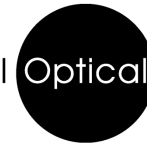held on Friday 14 October 2022 at 11:05 hours via Microsoft Teams**

Present: Sinead Burns, Imran Hakim, Gordon Ilett, Sarah Elizabeth Joyce, Wayne Lewis, Deirdre McAree (Acting as Chair) and Dan McGhee

Apologies: None.

GOC Attendees: Steve Brooker (Director of Regulatory Strategy), Kiran Gill (Head of Legal *for point 6 – 7 only*), Phillipa Mendonsa (Head of Education Operations *for point 9 only*), Leonie Milliner (Chief Executive and Registrar), Andy Spragg (Head of Governance *Minutes)*, Anne Wright (Chair of Council)

	New Committee member introductions
1.	Deirdre McAree acted as Chair for the meeting. The Committee welcomed the following new committee members: • Imran Hakim • Sarah Joyce • Dan McGhee
	Minutes from break out session held on 24 February 2022
2.	The minutes from the breakout session held on 24 February 2022 were approved an accurate record.
	Review of updated terms of reference
3.	The Committee noted the updated terms of reference, which had been approved by Council on 29 June 2023.
4.	The Committee discussed the frequency of meetings, and whether there would be opportunities to meet in person. It was highlighted that there was scope for the committee to convene between meetings of the Advisory Panel if required to consider specific work falling within their remit.
	Update on Illegal Practice
5.	The Head of Legal gave an update on the illegal practice protocol, which had been approved by Council on 29 June 2023. The Committee indicated that it would be supportive of the GOC building its relationships with enforcement agencies such as trading standards.
	Legislative Reform
6.	The Committee agreed to bring this item forward to accommodate those present. The Director of Regulatory Strategy gave an update on the progress on legislative reform, the call for evidence and its specific implications for business regulations.
7.	The Committee welcomed the update and reflected on how the requirement for a single accountable officer could improve business regulation where larger companies

	provided optical care. Comparisons were drawn with the requirement for a superintendent in pharmaceutical services, and it was suggested any equivalent responsible person would need to have the power to influence the business when required. Discussions focussed on how the GOC might use a change in primary legislation to address the risks inherent in the current approach to business regulation. It was noted that this risk was managed in part by the provision of business standards.
8.	The Committee discussed possible options regarding the development and delivery of an inspection regime for practices. It was commented that if the GOC was to pursue this option, it should be funded by NHS England or the Government as costs should not be met by registrants.
	Optical practice familiarization programme (GOC staff & lay members)
9.	The Head of Education outlined the ambitions of the optical practice familiarization programme. The Committee was supportive of the proposal and made several offers for individual support in respect to realising the programme's ambitions. It was suggested that the proposals would benefit from demonstrating the differences between the devolved nations. There was strong support for showcasing the work undertaken in domiciliary care and special school settings in respect to eye care.
	Any Other Business
10.	It was noted that this was Sinead Burn's final meeting as a member of the committee and Chair. The Committee thanked Sinead for her contribution.
	Meeting Close
11.	The meeting closed at 12:30 hours.

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GENERAL OPTICAL COUNCIL

**DRAFT Minutes of the meeting of the Registration Committee
held on Friday 14 October 2022 at 11:05 hours via Microsoft Teams**

Present:	Lisa Gerson (Chair), Geraldine Birks, Peter Black, Lynn Emslie, Louise Gow, Anthony Harvey, Ali Sansome, Roshni Samra and Catherine Viner.

Apologies:	Rosie Glazebrook.

GOC Attendees:	Yeslin Gearty (Director of Corporate Services), Nadia Patel (Head of Registration), Ben Pearson (Education Manager), Philip Ryan (Head of programmes) and Ivon Sergey (Governance Officer), *Minutes*.

	Welcome and Apologies
1.	The Chair welcomed everyone to the meeting.
2.	Apologies were received from Rosie Glazebrook.
	Minutes from break out session held on 24 February 2022
3.	The minutes from the breakout session held on 24 February 2022 were approved an accurate record. All outstanding actions were noted as closed.
	Review of updated terms of reference
4.	The Committee noted the updated Registration Committee Terms of Reference, which were approved by Council earlier in the year. Committee Chairs had been consulted to ensure the revised terms were in line with GOC legislation, promoted greater transparency of committee consideration of key topics and were clear around terminology. These had been published on the GOC website. The next review would take place in 2025.
5.	The Committee discussed the need to synchronise the work from committees to ensure all areas were being considered. This feedback would be taken onboard for the current governance review work to consider. **Action: Head of Governance to consider cross-committee work in the governance review.**
6.	The Committee discussed whether the constitution of the committee could possibly include a Contact Lens Optician (CLO), due to changes to competency requirements for CLOs. This would need to be approved by Council and would be taken away for consideration. **Action: Head of Governance to consider the addition of a Contact Lens Optician to the terms of reference of the Committee.**

	Future process for international applicants
7.	The Education Manager introduced this item. The Committee noted a large increase in applications for registration from the non-European Economic Area (EEA). The Committee was advised the GOC procedure for admitting optical professionals to the GOC register who have gained primary qualifications from outside of the UK will need to be revised to ensure alignment with the new education and training requirements for GOC approved qualifications. Existing handbooks and related policies would remain operational in the short to medium term.
8.	The criteria and policy options (which were not mutually exclusive) for applicants from outside the UK being considered were as follows: a. Approve the qualification in the provider's overseas territory (at provider's cost) so that all graduates can, if they wish, register directly with us. b. Recognition of a country's equivalent registration as a dispensing optician or optometrist to GOC. c. Applicants registered overseas undertake a GOC-managed individual assessment. d. Applicants registered overseas undertake a GOC approved qualification which meets the Outcomes for Registration (offered by a provider) designed specifically for overseas candidates with relevant prior learning and experience.
9.	The Committee discussed the following considerations: • Prior learning and experience and a language test were already considered by an independent assessor for applicants from abroad. • Standards in different territories and how to assess practical skills from overseas applicants needed to be considered. • Option A seemed labour intensive if every provider or course in every country would need to be approved by the GOC, even if costs were covered by the other country. • Option B would be dependent on recognition of another country's registration and qualification approval processes; this might not necessarily be reciprocal. This would need to consider whether there would be sufficient market demand to justify the costs of pursuing a recognition agreement. • Approving qualifications outside of the UK would mean the costs of education quality assurance would be met by the provider. For optometry, a RQF level 7 approved qualification delivered in the UK specifically designed for overseas professionals was an attractive alternative. • Europe and commonwealth applicants may have experience that was more aligned to UK optical practice. • Practitioners in Europe were refracting practitioners and would need to be made aware of the GOC policy on refraction. • Option D was also an attractive option and could be worthwhile developing further. • An employer's reference or having two years' post qualification work experience may provide applicants with a reasonable level of experience to inform a provider of an approved qualification's RPL decision as to whether to grant advance standing under option D. • A combination of the options may be best. • As not all employers were body corporates, and it was queried how the GOC informed them of their obligations.

	The Committee was advised an impact assessment would be carried out, working closely with the Registration team prior to developing a proposal which would be considered by Council prior to being consulted on.
	MyGOC Update
10.	Head of Programmes at GOC presented this item. The MyGOC timeline of milestones were noted.
11.	The Committee discussed Disclosure and Barring Service (DBS) checks, noting the onus currently fell on the employer to undertake such checks. The Committee commented that the GOC, rather that the employer, could potentially be responsible for ensuring DBS checks were carried out upon registration. This should be an individual professional requirement and was probably the patient expectation. **Action: Director of Corporate Services would give consideration to DBS checks at point of registration.**
	Professional Indemnity Insurance and publication and maintenance of the register
12.	The GOC was due to complete the research phase of the standards review and would consult in 2023/24, dependent on government direction. The Committee felt that as 95% of registrants were insured by membership bodies and larger employers, the other 5% of registrants might need more guidance on what constituted sufficient indemnity cover. This should be considered in the standards review. The wording used in our standards currently quoted "adequate" insurance at point of renewal of registration but there was no detail on what "adequate" meant. A steer as to the amounts of indemnity for registrants was required and how much legal defence cover was needed. **Action: Director of Corporate Services would consider whether to make wording clearer on requirements for professional indemnity insurance**.
13.	The Committee further discussed DBS checks. Director of Corporate Services advised it may be disproportionate for DBS checks to be undertaken at the point of registration and that the legal onus remained with the employer. The Committee advised that DBS checks should be a mandatory requirement at the point of registration to ensure patient safety.
	Any Other Business
14.	There was no other business.
	Meeting Close
15.	The meeting closed at 12:32 hours.

General Optical Council

**DRAFT minutes of the meeting of the Standards Committee held on
Friday 14 October 2022 at 11:00am via MS Teams**

Present: Kay Bagshaw, Nigel Best, Josie Forte (Chair), Haseena Lockhat, Chloe Robson, Nilla Varsani and Marcus Weaver.

Apologies: Joy Myint

GOC Attendees: Marie Bunby (Acting Head of Policy, Standards and Co-Production), Nadia Denton (Governance Officer) and Elisha Lindsay (Standards Officer).

	Welcome and Apologies
1.	The Chair opened the meeting, welcomed those present and acknowledged the newly recruited Council Committee members. A round of introductions ensued.
2.	It was noted that Joy Myint had sent her apologies.
	Minutes from breakout session held on 24 February
3.	The minutes of the breakout session held on 24 February 2022 were **approved** as a true record of the proceedings.
	Review of updated terms of reference
4.	There were no comments.
	Standards Review discussion
5.	The Acting Head of Policy, Standards and Co-Production invited the Committee to share feedback on the Standards Review.

In discussion the Committee suggested that the following issues should be further considered:

Workplace development
- potential burnout might be an unintended consequence as a result of the shifting responsibilities from optometrists to dispensing opticians;
- clarifying how working practices would change when the working environment became multidisciplinary;
- encouraging businesses to have their own appropriate policies in place;
- addressing environmental sustainability, safeguarding (DBS checks) and equal access (preventing discrimination and promoting fairness and inclusion) within the standards;

Technology
- effective triaging and proper use of tele-optometry technology could offer a safer and more effective level of service than traditional eye examinations;
- including standards which addressed increased technology usage and requirements around software packages; |

	• guidance might be needed in this area to include who is responsible for calibrating machines, who is supporting them, who is making sure the right technology is being used and if the patient is safe; **Social media misconduct** • distinguishing between social media content which would have a short or long-term use (e.g. some platforms are of a more temporary nature); **Sexual misconduct** • this area links with social media – those registrants who have grown up with social media may need more advice; • including guidance for registrants about interacting with work colleagues and patients; • using the new Ofsted sexual misconduct review as a reference point for the standards; • noting that the increase in sexual misconduct claims may be partly down to more awareness and reporting of inappropriate behaviour; and • approaching sexual misconduct within the standards as carried out by the medical profession.
6.	The Committee discussed what might be the impact if the DHSC's legislative reform programme removed GOC's responsibility for registering students and the impact this would have on standards in the sector. It was suggested that the roll out of the new standards should be accompanied with a communications plan to ensure that the messaging reached newly-qualified registrants.
7.	The Committee recommended that the standards review should be developed in tandem with legislative reform.
	Any Other Business
8.	There was no other business.
	The meeting closed at 12:21pm.

General Optical Council

Minutes of the meeting of the Advisory Panel, Education Committee meeting held on Friday 14 October 2022 at 11:00am via MS Teams

Present:	Mike Galvin (Education Committee Chair), Neil Retallic, Jacqui Adams, Alicia Thompson, Dean Dunning, Sally Gosling, Mary Wright, and Andrew Logan
Apologies:	Imran Jawaid
GOC Attendees:	Philippa Mendonsa (Head of Education Operations), Samara Morgan (Head of Education Development), Anne Wright (Chair of Council), Aaron Grell (Education Operations Manager), Joy Bolt (CPD Manager), Vikki Julian (Head of Communications), Jane Andrews (EVP Chair) and Georgia Smith (Education Officer and notetaker)

1.	It was noted that any areas of discussion or information presented within this meeting should remain confidential.
	New Committee Member Introductions
2.	New committee members introduced themselves and gave a brief overview of their background.
	Minutes from Breakout Session (Held 24 February 2022)
3.	Item 2 was opened with the opportunity to comment on the minutes; however, no member had any points to raise or questions to ask.
	Review of Updated Terms of Reference
4.	An overview of the terms of reference was provided and the committee were welcomed to ask questions.
5.	Section 1.1 within the terms of reference was discussed, and an issue was raised regarding a missing footnote within the papers. It was confirmed by the Chair that this has been seen within the legislation and the error will be rectified.
6.	Questions were raised in relation the frequency of which the Education Committee meet. It was considered that this may need to increase as the processes and policies underpinning the new education and training requirements (ETR) are developed.
	Education Operations Update
7.	The Education Committee Chair asked GOC Head of Education Operations to introduce herself and the roles her team hold e.g., the day to day running of quality assurance and Continuing Professional Development (CPD).
8.	*[A presentation was shared with details on work undertaken by the Education Operations team and will be circulated.]*

9.	It was explained that as a result of recommendations arising from GOC refresh and subsequent staff consultation, the Education team was split into two departments within the Regulatory Strategy Directorate: Education Development and Education Operations.
10.	It was noted that the Education Operations team would welcome the valuable feedback and advice the Education Committee could share in relation to CPD in planning for the 2025-2028 CPD cycle.
11.	An overview of the types of quality assurance activities carried out was provided with particular focus on the importance of the Annual Monitoring and Review (AMR) sector and qualification reports to ensure providers consistently meet all current quality assurance handbook standards and requirements.
12.	Some key reflections from the 2020/21 AMR reports were highlighted: ○ admissions to Dispensing Optician approved qualifications had fallen significantly as a result of the pandemic but are now increasing. ○ The no detriment policies may have resulted in a slight grade inflation and but after seeking further information from providers the department are fairly confident this was due to COVID-19 and unlikely to be repeated.
13.	Serious Concern Reviews (SCRs) processes were discussed. The Committee noted that SCRs were opened when there were concerns that a provider's qualification was unlikely to meet, or continue to meet, the current quality assurance handbook standards and requirements, and/or risks were not being rectified *[see slides for further details]*.
14.	The Education Committee received assurance that if any SCRs are opened, the Committee would be notified.
15.	CPD and the Personal Development Plan (PDP) was summarised by the GOC CPD Manager. It was noted that a new requirement for the current CPD scheme (2022-2025) was for registrants to create a PDP. The expectation is for this to be completed within 3 months of logging into the CPD portal. The Committee noted that guidance for registrants on developing a PDP will be published shortly. The guidance will assist registrant prepare their PDP.
16.	*[11:40 – Anne Wright joined the meeting, and the item was opened for questions.]*
17.	*[GOC Head of Education Operations left the Education Committee meeting to present at an adjacent meeting.]*
	Education Development Update
18.	*[GOC Head of Education Development resumed PowerPoint slides.]*
19.	The responsibilities and functions of the Education Development team were shared with the Committee. The Committee noted that the Education Development team will be reviewing notification of adaptations, whilst the Education Operations team continues business as usual.
20.	As the Education Development team develop the detailed quality assurance and enhancement processes to support the new ETR, the team committed to sharing feedback and to seek advice where necessary from the Education Committee.

21.	The Education Development team will be conducting training for Education Visit Panel (EVP) members and ensure that clear guidance is circulated ahead of participation with ETR adaptation reviews.
22.	*[See slides for sector engagement groups mentioned and further information on the roles of the Education Development team.]*
23.	Education Development team are working on provider engagement and have been meeting with providers to discuss any questions and provide answers/support where appropriate.
24.	*[GOC Head of Education Development opened the item for questions.]*

25.	The adaptation timeline was briefly explained with the following steps:
	    o An adaptation notification will be received, and an Education Officer will have around 3 weeks to complete their triage.
	    o After the Education Officer has triaged the adaptation, they can request any further information from the provider if gaps have been identified – providers are given around 2 weeks to respond however there is flexibility with this.
	    o Once the adaptation has been sent to the EVPs for review, they will have a total of 4 weeks in which to complete a 3-day review period.
	    o The Education Officer has 2 weeks after receiving all EVP comments to offer the provider an update.
	These steps were under review to see how the timeframes could be reduced now an adaptation has been processed.

	EVP Chair Update on Adaptations
26.	Jane Andrews (EVP Chair) joined the meeting, introduced herself and gave brief overview of her background and role within the GOC EVP.
27.	A summary was given of the personal experience so far in supporting with the ETR provider adaptations and how it had been a positive experience thus far, and how consistency of outcomes between panels and visits is assured, given each notification 'turned on its own facts.'
28.	Monthly Chair meetings have been established to discuss each adaptation and for consistency checks. The Committee notes that whilst it was useful for Chairs to discuss and share experiences of managing notifications of adaptation, it was not appropriate Chairs to discuss the potential outcomes of an adaptation review, given the need for each independent EVP's review as to whether the ETR were met/unmet.
29.	With the forthcoming October EVP training day, it is being considered how the Chairs can convey the importance of using the suggested review time and referencing the officer triage and evidence framework.
30.	*[Item was open to questions.]*
31.	EVP Chair asked for feedback on the process so far from the Education Committee, who felt it was working well but had key issues still to consider e.g., funding.
32.	In response to a discussion surrounding provider concerns, the GOC Head of Education Development explained how provider queries are being logged and any recurring

	confusion within the adaption process is being noted and will be used when reviewing the guidance and documentation.
33.	A concern was raised regarding the triangular approach to relationships between a provider, students, and the clinical placement provider in the future and what this will look like.
34.	*[See slides for additional information on QA visits and CPD agenda for the coming months.]*
35.	The committee were presented with a list of the quality assurance visits that have taken place since September 2021 and those planned for 2022/23, along with information on the October EVP training day.
36.	It was noted that the REDACTED December meeting is a 6-month review of their SCR to ensure they do not remain under review without due cause.
37.	In response to a question regarding the current quality assurance requirements, it was highlighted that all quality assurance activity will continue under the old handbook until a qualification has been fully adapted.
	Any Other Business
38.	It was highlighted that nearly a third of people will go to their optometrist if they have an eye problem, due to more trust within the profession and therefore any communications from the GOC about the positive results of the recent patient survey would be appreciated.
39.	The committee discussed the need for the requirements of the current CPD scheme to be better understood by registrants. It was suggested that further guidance should be developed. In response, the GOC were able to direct committee members to the recent integration of the CPD team within the Education Operational and Development departments within the Regulatory Strategy Directorate, which also included the GOC communications department, for continuing focus in this area.
40.	One committee member clarified a comment made in a previous Education Committee meeting. When referencing supervision, it was noted that in order to protect both registrants and supervisors, the GOC should have an overview of how many trainees can be seen by one supervisor.
41.	In response to a question about the new ETR adaptations and the position of Dispensing Opticians and refraction, it was noted that the GOC have been meeting with providers to ensure there is an understanding of the GOC's policy position on refraction. The GOC Head of Education Development highlighted to the committee the statement included in the covering paper to Council in February 2021 which stated that the new ETR was consistent with the GOC's policy on refraction.
42.	Committee members discussed how best the GOC might utilise their expertise and the frequency of meetings going forwards. Committee members were encouraged to share their thoughts and feedback on the current arrangement. It was agreed that members were happy to be contacted regarding flexible meeting arrangements and to provide advice on specific issues.

43.	It was suggested that targeted meetings on specific areas of focus may be a more productive way of working through key areas.

44.	Key areas of focus are likely to be:
	  o Funding
	  o Placements
	  o Incorporated optometry and IP qualifications

	Meeting Actions
45.	1. Update footnote in section 1.1 in the terms of reference (Education Committee Chair). 2. Decide an appropriate time ahead of the next Education Committee meeting to send out communications to the members asking for any points of agenda or questions. (Education Committee Chair and Heads of Education Operations and Development (GOC)). **3.** Discussion surrounding whether the Education Committee are meeting regularly enough and ensure that the correct balance is found. (Education Committee Chair and Heads of Education Operations and Development (GOC)).
	– Meeting closed at 12:47 –

Q4
22 March 2023
CEO Report
Chair Report
For decision
Budget and External Business Plan 2023/24
Response to the Call for Evidence
Investment Policy
Governance Manual
For assurance
Q3 Financial Performance Reports
Balanced Scorecard Q3 update
Business Plan Assurance Report Q3
Advisory Panel minutes