General Optical Council

Third meeting in 2024 of the Council held in PUBLIC
on Tuesday 24 September 2024 at 1.30pm and Wednesday 25 September 2024 at 10am via Microsoft Teams

AGENDA

Tuesday 24 September 2024 at 1.30pm via MS Teams

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	**Welcome, apologies and Chair's introduction**	Oral	Chair	-	1.30pm-1.35pm (5mins)
2.	**Declaration of interests**	C29(24)	Chair	3-6	
3.	**Minutes, actions and matters arising** 3.1 **Minutes – 26 June 2024** For approval 3.2 **Updated actions** For noting 3.3 **Matters arising**	 C30(24) C31(24)	Chair	 7-11 12	1.35pm-1.40pm (5mins)
FOR DECISION					
4.	**Annual report and financial statements 2023/24** For decision	C32(24)	Chief Executive and Registrar	13-79	1.40pm-1.55pm (15mins)
5.	**Audit, Risk and Finance Committee annual report 2023/24** For assurance	C33(24)	Chair of ARC	80-94	1.55pm-2.10pm (15 mins)
6.	**Equality, Diversity and Inclusion (EDI) annual report 2023/24 / EDI action plan update** For decision	C34(24)	Chief Executive and Registrar / Head of Governance	95-197	2.10pm-2.30pm (20 mins)
FOR DISCUSSION					
7.	**Financial performance report Q1 2024/25** For discussion	C35(24)	Chief Financial Officer	198-225	2.30pm-2.40pm (10 mins)
8.	**Business performance dashboard Q1 2024/25** For discussion	C36(24)	Head of Governance	226-229	2.40pm-2.45pm (5 mins)
9.	**Corporate Scorecard Report Q1 2024/25** For discussion	C37(24)	Head of Governance	230-236	2.45pm-2:50pm (5 mins)

FOR ASSURANCE					
10.	**Chair's report** For noting	C38(24)	Chair	237-240	2.50pm-3pm (10 mins)
11.	**Chief Executive and Registrar's report** For noting	C39(24)	Chief Executive and Registrar	241-256	3pm-3.20pm (20 mins)
12.	**Council forward plan** For noting	C40(24)	Head of Governance	257-258	3.20pm-3.25pm (5 mins)

Wednesday 25 September 2024 at 10am via MS Teams

Item no.	Item	Reference	Lead	Page No.	Finish time
13.	**Welcome, apologies and Chair's introduction**	Oral	Chair	-	10am-10.05am (5mins)
14.	**Declaration of interests**	-	Chair	3-6	
FOR DECISION					
15.	**Business Regulation** For decision	C41(24)	Director of Regulatory Strategy	259-345	10.05am-11.05am (1 hour)
Tea Break 11.05am – 11.20am (15 mins)					
16.	**Standards Review** For decision	C42(24)	Director of Regulatory Strategy	346-502	11.20am-11.50am (30 mins)
FOR DISCUSSION					
17.	**Education Annual Monitoring Report** For discussion	C43(24)	Director of Regulatory Strategy	503-555	11.50am-12.20pm (30 mins)
18.	**Registrant and public perception survey** For discussion	C44(24)	Director of Regulatory Strategy	556-703	12.20pm-1pm (40 mins)
FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)					
19.	**Any other business** (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	1pm-1.05pm (5 mins)
Meeting Close – 1.05pm					
Date of next meeting – Wednesday 11 December 2024					

GENERAL OPTICAL COUNCIL – REGISTER OF INTEREST (UPDATED 03 SEPTEMBER 2024)

	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 • Board Member with Public Appointments Service, Republic of Ireland	• Registered Fellow: Chartered Institute of Personnel and Development	• Former Vice President Pharmaceutical Society Northern Ireland	• Lay Member: Council • Chair: Audit, Risk and Finance Committee	• None
Dr Josie **FORTE** Registrant (OO)	• 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 • Lecturer (occasional, visiting): University of the West of England • Vice chair (acting): Devon Local Eye Health Network • Vice chair (acting): Cornwall Local Eye Health Network • 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: Clinical Committee at FODO • Member: Royal College of Ophthalmologists	• 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] • Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022)	• Registrant Council Member • Chair: Standards Committee • Member: Remuneration Committee	• None
Mike **GALVIN** Lay Member	• Advisor: ThinkRF	• Member: Institution of Engineering and Technology • Fellow: Institute of Telecom Professionals.	• Non-executive Director: ThinkRF • Director of Streetwave Ltd (a company registered in the UK) • Non-executive Director: Martello Technologies Group Inc	• Lay member: Council • Chair: Education Committee • Member: Audit, Risk and Finance Committee • Council Lead: GOC Refresh	• None
Lisa **GERSON**	• Clinic Tutor: Cardiff University	• Member of AOP	• Chair: Optometry	• Registration Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Registrant (OO)	• Observer status: Regional Optical Committee (ROC) meetings across Wales • GOC representative to Optometry Wales	• Member of College of Optometry	Wales • Member: GOC Hearings Panel • Member/Acting Chair: GOC Investigation Panel • Member: GOC Education Visitor Panel • College Counsellor: College of Optometrists • Trustee: College of Optometrists • Trustee: AOP • Employee: Ronald Brown Group • Employee: Boots Optician • Primary Care Supervisor: Cardiff University	Chair • Nominations Committee Chair • Council lead for FtP	
Ken **GILL** Lay Member	• Independent Management Board member of the Council of the Inns of Court. • Main Board Non-Executive Member and Chair: Audit and Risk Assurance Committee at the Legal Aid Agency. • Honorary member: Study Portals	• Chartered Accountant Member of the Chartered Institute of Public Finance and Accountancy. • Chartered Member of the Chartered Institute of Personnel and Development • Fellow of the Royal Society of Arts	• Independent member of the Audit and Risk Committee of the General Medical Council • Independent member of the Audit and Risk Committee of the Royal College of Veterinary Surgeons. • Vice Chair of Board and Chair of Audit Committee at the Countess of Chester NHS Foundation Trust. • Client of FTP auditors Weightmans Weightmans and Stewart Duffy (in role	• Member: Lay Council member • Member: Audit, Risk & Finance Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
			with Countess of Chester NHS Foundation Trust). • UK Advisory Board member: Study Portals		
Clare **MINCHINGTON** Lay Member	• Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency • Independent Member of the Nomination Committee for the Public Relations and Communications Association • Independent Chair of the Audit and Risk Committee for the Institute of Physics.	• Fellow: Association of Chartered Certified Accountants	• Senior Independent Board Member for the College of Policing (until Dec 2021) • Chair of Academic Council for BPP University (until Oct 2021)	• Lay Member: Senior Council Member • Chair: Remuneration Committee	• None
Frank **MUNRO** Registrant (OO)	• Director Munro Eyecare Limited (T/A Munro Optometrists) • Clinical Adviser, Optometry Scotland • Optometric Advisor, NHS Lanarkshire • Lead Optometrist, Glasgow City Health & Social care Partnership • Visiting Lecturer, Glasgow Caledonian University • Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) • Chair, NHS Lanarkshire Optometric Advisory Committee • Member, Greater Glasgow & Clyde Prescribing Review Board	• Past President and Honorary Life Fellow, College of Optometrists • Member, Association of Optometrists • Member, Optometry Scotland • Hon Fellow, Association of Dispensing Opticians • Member, British Contact Lens Association	• Past President, College of Optometrists • Past Chair, Optometry Scotland • Past Chair, Scottish Committee of Optometrists • Past Chair, NHS Education for Scotland Optometry Advisory Board	• Registrant Member: Council • Member: Education Committee • Member: Audit, Risk & Finance Committee •	• None
Tim **PARKINSON** Lay Member	• Director: 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 • Chair: Companies Committee • Council Lead: FTP	• None
Prof. Hema **RADHAKRISHNAN** Registrant (OO)	• Professor and Member of the Board of Governors: University of Manchester- • Member of Advisory Board: Zeiss Vision group • External examiner- Aston University Undergraduate and Masters Optometry programmes	• Member: College of Optometrists-	• Editorial board member Optometry in Practice, a College of	• Registrant member: Council • Member: Advisory Panel – Education	

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
	• Research funding and collaboration with Optegra Eye Hospital group • Associate Editor, Translational Vision Science and Technology, an Association of Research in Vision and Ophthalmology Journal.		Optometrists journal		
Roshni **SAMRA** Registrant (OO)	• Global Medical Advisor, Medical and Professional Affairs, at Essilor Luxottica. • Locum optometrist (occasional): various high street or independent practices • Student: City University (MSc in Clinical Optometry)	• Member of the College of Optometrists • Member of AOP	• Professional Clinic Manager: City Sight, City University	• Member: Council • Member: Registration Committee • Council Lead: GOC Refresh (People Plan)	• Works with a current General Optical Council Case Examiner
William **STOCKDALE** Registrant (DO)	• Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding. • Own an organisation in the Optical Sector - Telford Opticians 50% Stake.	• Member of ABDO • Member of FODO • Member of ONI	• Chair: Optometry Northern Ireland • Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee. • Non-Executive Director FODO	• Member: Council Member • Member: Nominations Committee • Member: Advisory Panel – Standards Committee	• None
Dr Anne **WRIGHT** CBE Lay Chair	• None	• None	• Committee member: The Shaw Society • Director of Circa management company	• Chair: Council	• None

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council meeting held on Wednesday 26 June 2024 at 10am via Microsoft Teams

Present:	Clare Minchington (Chair), Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Roshni Samra and William Stockdale. Jamie Douglas, Deepali Modha, Rupa Patel and Desislava Pirkova (Council Associates).
GOC attendees:	Kayleigh Allen (Head of FtP Legal), Carole Auchterlonie (Director of Regulatory Operations), Sam Adam (Intern Administrative Assistant), Steve Brooker (Director of Regulatory Strategy), Rebecca Bryan (Head of Investigations), Marie Bunby (Policy Manager) (Business Registrant Survey item only), Nicole Fitzgerald (Communications Manager), Yeslin Gearty (Director of Corporate Services), Philipsia Greenway (Director of Change), Angharad Jones (Policy Manager), Andy Mackay-Sim (Head of Governance), Claire Marchant-Williams (Head of Case Progression) (OCCS Annual Report item only), Leonie Milliner (Chief Executive Officer and Registrar), Jem Nash (EDI Manager), Vikram Saklani (Communications Officer), Ivon Sergey (Governance and Compliance Manager) (Minutes), Charlotte Urwin (Head of Strategy, Policy and Standards) , and Manori Wickremasinghe (Chief Financial Officer).
External attendees	Siobhan Carson (Professional Standards Authority), Alan Clamp (Professional Standards Authority), Sue Clark (Optical Consumer Complaints Service), Richard Edwards (Optical Consumer Complaints Service), Dan Hodgson (The Federation Of Ophthalmic And Dispensing Opticians)), Jennie Jones (Optical Consumer Complaints Service), Selina Powell (Optometry Today) and Alan Tinger (The Federation Of Ophthalmic And Dispensing Opticians).

	Welcome and apologies
1.	The Chair welcomed those in attendance. In absence of the Chair of Council, Council members voted unanimously to elect Senior Council member, Clare Minchington, as chair of the meeting.
2.	Apologies were received from Dr Anne Wright CBE and Sinead Burns.
	Declarations of interests C16(24)
3.	There were none.
	Minutes of the meeting held on 13 March 2024 C17(24)
4.	The minutes were approved as an accurate record of the meeting subject to the following amendment: Minute 19 to read “protected” rather than “protective”.

	Action points update C18(24)
5.	Council noted updates on previous actions.
	Matters arising
6.	There were no matters arising.
	Business Registrant Survey C19(24)
7.	The Director of Regulatory Strategy introduced the report. Council commented on the insight acquired from the survey. It noted the high response rate from England, and the need to encourage an increased response rate from the devolved nations in the future. Council discussed the findings as follows: • There was a significant difference between the number of student placements provided by larger multiples compared to independent practices. Universities could be encouraged to increase training opportunities within independent businesses and provide more clarity on placement requirements. • It was noted registrants felt there was a substantial burden in relation to compliance with requirements for patient record-keeping, but that these requirements mainly related to GDPR requirements, rather than those required by the GOC; • Delays in registrants completing their Continuing Professional Development (CPD) requirements were likely due a period of adjustment needed. CPD requirements may still be too prescriptive under current legislation, but these could be revised when legislation changes take effect. • Registrant frustration on rising costs of insurance premiums was noted. • The survey results suggested that regulation was seen more as an enabler rather than a barrier to responsible innovation. There was appetite for registrants to expand services offered to reduce pressure on NHS services, which Council felt was positive. • The survey showed a sector embracing opportunities for change, but it would be important to know where risks could be emerging. • The matter of fees seemed to be more of an issue with the business registrant survey compared to feedback received in the individual registrant survey. Council noted a review on a future fee strategy was beginning.
8.	Council **noted** the findings from the surveys.
	OCCS Annual Report C20(24)
9.	OCCS presented the report and key insights. Council discussed the report's findings and was advised the level of unresolved complaints was very low. Council commented that business registrant engagement in the OCCS was strong and commended the OCCS's performance. Council was advised the OCCS monitored increases in referrals and raised any concerns with the GOC. It was noted that the GOC had organised an annual event for business registrants which had helped to develop the relationship between businesses, the GOC and OCCS, and promote a culture of continuous improvement.
10.	Council **noted** the OCCS annual report.
	Council – committee member appointments C21(24)

11.	Council noted the potential risks related to member succession given the number of Council members coming to the end of their terms of office, and potential loss of expertise. It was noted that maintaining continuity was an important consideration in the committee appointments. Induction and other transitional arrangements for new appointments were being considered.
12.	Council: **appointed/reappointed** the named Council members to the committees listed in paragraph eight of the report; **approved** the following terms of appointment: • Council committees – from 1 January 2025 to 31 December 2025, subject to individual members' terms of office; • non-statutory committees – until such time as Council decides or the Council member term of office expires
	Q4 2023/24 Financial performance report C22(24)
13.	The Chief Financial Officer presented the report. Council was advised correction on page 137 paragraph 5 line 3 of the report which should read as "deficit" rather than "business as usual". Council was advised variances were mostly due to delays in areas such as IT and recruitment. Rephasing of education operations and increased fixed deposit interest had resulted in greater than expected savings.
14.	Council **noted** the financial performance for the year ending 31 March 2024 in annex one.
	Q4 2023/24 Business performance dashboard C23(24)
15.	The Head of Governance presented the item.
16.	The Director of Regulatory Operations advised performance was now on track and actions following the review of hearings operations were being taken forward to further improve performance and reduce volatility and risk in relation to part heard hearings. The observed dip in performance in investigation timeliness was due to resourcing issues, with vacancies dependant on backfilling of roles and an increase in overall number of cases. Council was informed that this performance should now improve as most vacancies were now filled, and a new management structure was in place. The new GOC Case Management System (CMS) system was now live across teams and the impact in respect to efficiency should be apparent as the year progresses.
17.	Council noted 13% of registrants were yet to complete their Continuing Professional Development (CPD) personal development plan (PDP), which could be due to some registrants joining the CPD cycle mid-year. It was noted that as this was the first CPD cycle a culture shift was required within the profession to realise the benefits of a PDP and reflective exercise on registrant engagement and skill utilisation. The registrant survey would be a useful opportunity to explore registrant engagement and identify improvements that could be implemented for subsequent CPD cycles.
18.	Council **noted** the report.
	Q4 2023/24 Business plan assurance report C24(24)
19.	The Head of Governance presented the item. On the People and Culture business plan, Council was advised the Knowledge, Skills and Behaviour framework (KSBF) was

	categorised as amber due to resourcing issues causing a delay. The interim Head of People and Culture and consultants had been appointed and implementation would be ready for the next appraisal cycle in 2025/26. Council **noted** the report.
	Chair's report C25(24)
20.	The Head of Governance provided an update on the Council member recruitment, as well as noting the newly appointed Independent Panel Members. Council **noted** the report.
	Chief Executive and Registrar's report C26(24)
21.	The Chief Executive and Registrar presented the report. The newly appointed Independent Panel Members and Council Associates were welcomed, and outgoing Independent Panel Member, Ranjit Sondhi, thanked for his contribution to the GOC. Keith Watts (project lead) was formally thanked for his role in the successful delivery of phase one of CMS with support from the Regulatory Operations and Change team. Council **noted** the report.
	Advisory Panel Minutes - 7 June 2024 C27(24)
22.	Advisory Panel Chair, Mike Galvin, advised the Education Committee had not met separately. It would meet later in the year. The Advisory Panel meeting had focused on business regulation and feedback had been provided to Council in its Strictly Confidential session.
23.	The Chair of Standards Committee, Josie Forte, outlined discussions regarding stakeholder awareness of change in politics, the economy, technology, an aging population and its consequential impact on GOC standards. Rebecca Chamberlain, (Standards Manager), was thanked for her significant contribution in developing the new standards. It was noted that advice from the Committee will inform Council's consideration of the proposed Standards at its meeting in September 2024.
24.	The Chair of Registration Committee, Lisa Gerson, briefed Council on discussions at Registration Committee. The Registration team was thanked for their hard work during a very busy period of registration renewals. There had been a decline in number of dispensing opticians registered and additional information was being sought to see if there was any cause of concern.
25.	The Chair of Companies Committee Tim Parkinson, updated Council on the Committee's discussions on business regulation and the business registrant survey. It was noted that the Committee had expressed support for an increase in the scope of business regulation, with feedback on some areas of the proposals, including reservations about the purpose and impact of the proposal for spot fines. Council **noted** the minutes.
	Council forward plan C28(24)
26.	Council **noted** the Council forward plan.
	Any other business

27.	The Chair of Council thanked all attendees. A formal thanks was extended to staff for their contributions and the production of an excellent set of meeting papers.
	Date of the next meeting
28.	Council noted the date of the next public meeting as **Wednesday 25 September 2024.**
	Close
29.	The meeting closed at 1.41pm.

PUBLIC
C31(24)

COUNCIL

Actions arising from Public Council meetings

Meeting Date: 25 September 2024 **Status:** For noting

Lead Responsibility and Paper Author: Andy Mackay-Sim, Head of Governance

Purpose

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.

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 25 June 2024

Reference	By	Description	Deadline	Notes
NONE				

Part 2: Action points from previous meetings which remain outstanding.

Reference	By	Description	Deadline	Notes
Advisory Panel minutes – 6 November 2023 C63(23)	Head of Governance	Head of Governance to meet with Advisory Panel chair and Chair of Council to discuss how feedback from the Panel to Council can be formalised.	June 2024	**Complete** – to be considered as part of the review of committees and Panel terms of reference in 2025-26
Q2 2023/24 Business performance dashboard C59(23)	Head of Governance	Head of Governance to consider updates to the customer satisfaction measures.	June 2024	**Deferred to 2025/26** – This will be considered as part of redeveloping the performance reporting framework for 2025-30.

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
NONE				

Public
C32(24)

Council

GOC annual report and accounts 2023-24

Meeting: 25 September 2024 **Status:** For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Vikki Julian, Head of Communications; Andy Mackay-Sim, Head of Governance; Manori Wickremasinghe, Chief Financial Officer

Purpose

1. To present the annual report and accounts 2023-24 for Council approval.

Recommendations

Council is asked to:

- **approve** the annual report and accounts 2023-24;
- **approve** the letter of representation; and
- **delegate** any minor revisions to the Head of Governance (in consultation with the Chair of Council)

Strategic objective

2. The GOC annual report and accounts addresses all three of the GOC strategic objectives: world-class regulatory practice, transforming customer service and continuous improvement.

Background

3. Under the provisions of the Opticians Act 1989, we are required to produce and lay before Parliament an annual report which sets out how we have contributed to public benefit and our annual accounts. We are also required to submit an annual report, accounts and return to Charity Commission. The report and accounts are attached as **annex 1**.

4. The annual report has been reviewed by the external auditor haysmactintyre, and the Council is asked to note the internal auditor's opinion contained in section three of the report. The Council is required to approve a letter of representation, which is attached as **annex 2**.

5. As part of its sign-off, various sections required approval by the relevant committees of Council. Remuneration Committee approved the sections covering member fees and its role as a committee at its meeting on 9 September 2024. The Audit, Risk and Finance Committee (ARC) reviewed the report, including the external auditor's findings at its meeting on 2 July 2024.

Analysis

6. The annual report and accounts are critical tools for promoting transparency, accountability and public engagement, as they set out how the Council has used registrant fees to fulfil its statutory functions as a regulator and a charity. Alongside the EDI annual report, they are the core documents that we produce to showcase the work and achievements of the GOC. In addition, they contain several key governance statements, that demonstrate how the GOC conducts its business and fulfils its role in protecting the public.

7. The annual report (and the EDI annual report) will be professionally laid out by an external designer. Sample pages of the layout are available at Annex 3.

Finance

8. 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 accounts are a core finance document, and ensure that Council members, as trustees, are fully conversant with the financial statements that underpin GOC activity.

Risks

8. Failure to produce a set of auditable accounts or an annual report would be considered a critical failure in governance, and poses a significant risk in financial, reputational and operational terms. This risk is mitigated by ensuring that the organisation is appropriately resourced to produce these reports and that they are subject to the appropriate approvals by Council and its committees.

Equality Impacts

9. No policy or procedure is being implemented; therefore, no Equality Impact Assessment is required. The report is supported by a complementary EDI annual report, which covers the GOC's activities in this area in more detail.

Devolved nations

10. The report contains no specific implications for devolved nations, though it covers GOC activity across the UK. It will be translated into Welsh, as part of complying with the revised Welsh Language Standards.

Other Impacts

11. There are no significant impacts identified.

Communications

External communications

12. The annual report and accounts 2023-24 will be published on the GOC website and promoted via our usual communications channels. Key stakeholders will be advised of it. A copy will be submitted to the Privy Council, and it will be laid before Parliament.

Internal communications

13. Staff will be informed by the Chief Executive and Registrar weekly bulletin when published. A message to all members will be issued when available.

Next steps

14. Referral to the Privy Council and submission to the Charity Commission as part of the annual return.

Attachments

Annex 1: GOC Annual Report for Year End 31.03.24
Annex 2: GOC letter of representation for haysmacintyre
Annex 3: Samples of proposed designed layout

General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2024

Registered as a charity by the Charity Commission in England and Wales
(Registered charity number 1150137)

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

ISBN FRONT PIECE

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Contents

Message from the Chair and Chief Executive

We are delighted to present the annual report and accounts of the General Optical Council for 2023-24, which sets out how we have fulfilled our statutory obligations as a regulator and a charity.

2023-24 has many things to be proud of. We would like to thank all colleagues for their hard work and contributions during the past year.

We met all 18 Standards of Good Regulation by the Professional Standards Authority (PSA) for the second year in a row. Thank you to of all our staff, Council and members who helped us achieve this. We were especially pleased that the PSA's report recognised our progress in reducing the time it takes to complete fitness to practise cases and our work to deliver our EDI action plan.

A total of 12 education providers adapted their existing GOC approved qualifications to meet our updated and education and training requirements for the autumn 2023 cohorts. We continue to work with the rest of providers to ensure they are ready for the next year.

We entered the final year of the first Continuing Professional Development (CPD) cycle under the new scheme. Following a review of the scheme, we decided that registrants with a specialty, such as contact lens opticians and optometrists with prescribing rights, would be able to obtain specialty points through self-directed CPD.

2023-24 also saw some new faces at the GOC. We appointed Carole Auchterlonie as Director of Regulatory Operations to manage our fitness to practise functions. Professor Hema Radhakrishnan joined our Council as a registrant member, offering a wealth of experience in academia and research.

The year also identified some challenges.

We published our annual education monitoring report, which found that providers are still facing a number of issues due to the COVID-19 pandemic, including: high street opticians experiencing ongoing effects regarding the supply of placements; a higher than normal number of non-progressing students due to mitigation measures imposed such as teacher assessed grades; failure to provide required placements resulting from the post-COVID recovery plans of devolved administrations; and the ongoing physical and mental impact on students and staff.

Our 2023-24 registrant survey found that high numbers of optical professionals are experiencing bullying, harassment, abuse, or discrimination in the workplace. In response, we worked with other optical sector organisations, including professional bodies, to publish a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We will continue to monitor both these issues.

This annual report will be the final under our “Fit for the Future strategy”. As we turn our attention to what comes next, we have launched a consultation on a new draft corporate strategy for 2025-30, which features new vision and mission statements. Our proposed new vision statement – ‘Safe and effective eye care for all’ – focuses on what we seek to achieve for the public. We have updated our mission statement so that it is reflective of the changing terminology in the sector – ‘To protect the public by upholding high standards in eye care services.’ The strategy is supported by three strategic objectives: creating fairer and more inclusive eye care services; supporting responsible innovation and protecting the public; and preventing harm through agile regulation. Through our new strategy, we aim to shift our approach as a regulator to become more agile in response to developments in technology, business models, and the workforce and preventing harm before it arises – all in pursuit of working towards safer and more effective eye care for all.

Dr Anne Wright CBE

Chair

Leonie Milliner

Chief Executive and Registrar

Introduction

About us

We are the regulator for the optical professions in the United Kingdom. Our charitable purpose and statutory role are to protect and promote the health and safety of the public by promoting high standards of professional education, conduct and performance amongst optometrists and dispensing opticians, those training to be optometrists and dispensing opticians, and bodies corporate conducting business in optometry or dispensing optics in the UK.

We have four core functions:

- 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; and
- investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Who we regulate

As of 31 March 2024, there were 33,705 optometrists, dispensing opticians, student opticians and optical businesses on our register**.**

Total number of registrants in each GOC category

	31-3-2024	%	31-3-2023	%	31-3-2022	%	31-3-2021	%	31-3-2020	%
Optometrist	**17,698**	**52%**	**17,401**	**52%**	**16,932**	**51%**	16,267	50%	16,670	52%
Dispensing optician	**6,594**	**20%**	**6,912**	**21%**	**7,060**	**21%**	7,190	22%	7,157	22%
Student optometrist	**5,307**	**16%**	**5,145**	**15%**	**4,990**	**15%**	4,640	14%	3,934	12%
Student dispensing optician	**1,254**	**4%**	**1,267**	**4%**	**1,331**	**4%**	1,383	4%	1,510	5%
Business registrant	**2,852**	**8%**	**2,921**	**9%**	**2,861**	**9%**	2,796	9%	2,847	9%
TOTAL	**33,705**	**100%**	**33,646**	**100%**	**33,174**	**100%**	**32,276**	**100%**	**32,118**	**100%**

We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available on our website: EDI Performance Monitoring Report.

Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table below sets out the fees that registrants are required to pay for entry or retention on our register.

For three years, from 2019/20 to 2022/23, registrant fees remained frozen at £360. In 2023/24, we increased registrant fees by £20 for optometrists, dispensing opticians, and body corporates, representing a below-inflation increase of 5.56%. Fees for students remained the same and the discount for low-income fees increased by £20, from £100 to £120, meaning that the low-income fee remained at £260. Fees for students have not increased since 2017/18.

Annual registrant fee

Fee levels	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Optometrists	£380	£360	£360	£360	£350	£340
Dispensing opticians	£380	£360	£360	£360	£350	£340
Corporate bodies	£380	£360	£360	£360	£350	£340
Students	£30	£30	£30	£30	£30	£30
Low income fee	£260	£260	£260	£260	£250	£240

About this report

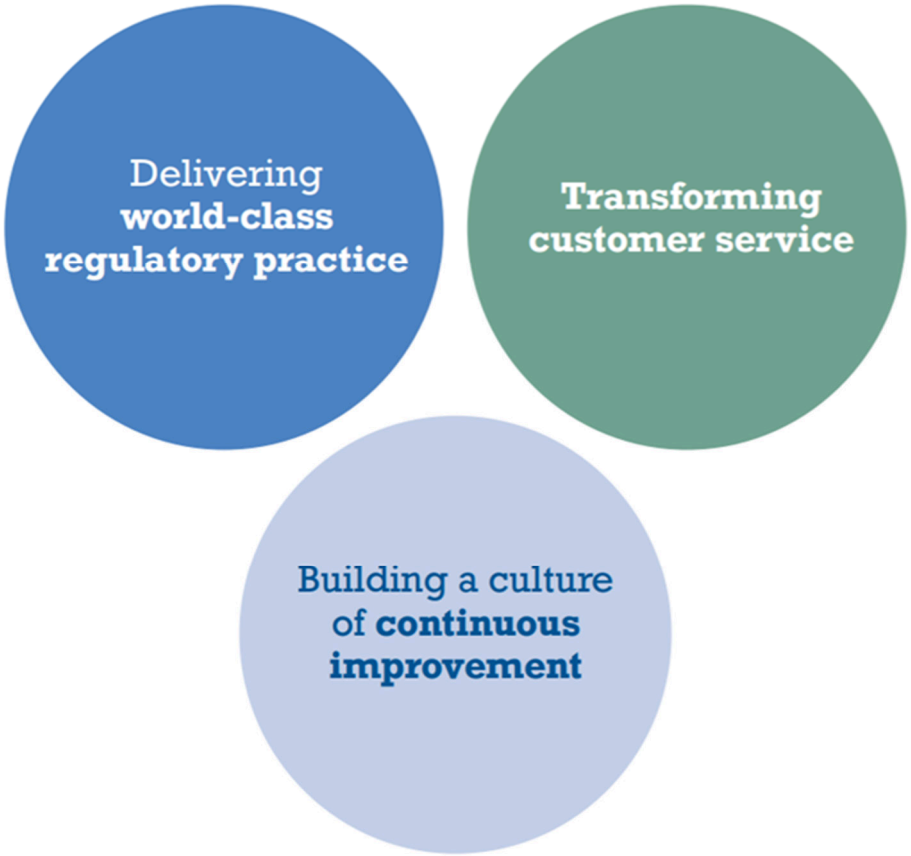
This annual report sets out the activities we have undertaken from 1 April 2023 to 31 March 2024 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2024. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

Section 1: How We Deliver Public Benefit

Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions. Our five-year 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do to achieve our vision of being recognised for delivering world-class regulation and excellent customer service. This section of our annual report describes how we delivered public benefit in the fourth year of our strategic plan and outlines our ambitious programme of work and investment in strategic projects as we enter its final year.

Our priorities are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:



Highlights of 2023/24

Updating our Standards of Practice to enhance public protection

We launched a review of our Standards of Practice to ensure they are fit for purpose and reflect the current context within which registrants practise, students are trained, and businesses operate. As part of the review, we held a series of stakeholder conversations with registrants and optical organisations and commissioned research into patient and public views of the Standards. We used this feedback to inform the revision of Standards, which we consulted on between February and May 2024.

Our proposals included changes to improve public protection, such as strengthening the standards in relation to the care of patients in vulnerable circumstances and the use of technology and Artificial Intelligence (AI) when providing care. New standards have also been added to set clear expectations in relation to managing communicable diseases and sexual harassment.

Implementing updated requirements for education and training

We worked closely with universities and other education providers to implement our updated education and training requirements (ETR) for qualifications we approve. Twelve approved qualifications in optometry adapted their programmes to meet our new ETR, which meant that 60% of first year optometry students entered the new four-year integrated master's degree programmes in the 2023/24 academic year. We also continued to support providers in their design of new or adapted qualifications to meet the new requirements through our continuing financial support for the Sector Partnership for Optical Knowledge and Education (SPOKE), which we commissioned in 2021. SPOKE's work this year included the publication of guidance on how to build on and enhance current practice in supervision during the transition to the ETR and Indicative Guidance for Contact Lens Opticians and Independent Prescribers.

The ETR will ensure that the qualifications we approve are fit for purpose, meet patient and service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

Supporting EDI requirements by implementing the Welsh Language Standards

To comply with the Welsh Language Standards, our website is now available in Welsh and most documents that are available on the website in English have been translated into Welsh. We also updated our phone line to include options in Welsh.

We have put new internal processes in place to ensure that key documents relating to public protection are available in Welsh going forward and have trained all staff on how to handle any enquiries that are received in Welsh.

Convening the sector to support action on high profile issues

Our 2023 Registrant Survey showed that registrants reported experience of significant levels of bullying, harassment, abuse, and discrimination at work. We were extremely concerned by these findings, so in response we held a meeting with professional and membership bodies to address the issue. In agreement with other optical organisations, we published a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We will continue to work alongside the optical sector to ensure all team members have the support and tools they need to promote and embed a positive working environment.

Meeting all PSA Standards of Good Regulation for second year running

For the second year in a row, we met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation, providing assurance to patients, public and registrants that we are discharging our regulatory duties effectively. The PSA's report highlighted progress in several key areas, including our improvements in the timeliness of progressing fitness to practise cases, as well as recognising the further programme of work we will undertake to build on the improvements already made.

Recognised for delivering Customer Service Excellence

As part of our vision to be recognised for delivering world-class regulation and excellent customer service, we achieved the Customer Excellence Standard (CSE), an independent quality mark recognising customer focus in organisations. To achieve the CSE, we had to meet 57 elements across five areas including: delivery, quality, information, professionalism, and staff. The CSE also identified several areas where we could further develop our customer service, so we will continue to work towards implementing these recommendations in the year ahead.

Building our knowledge of the optical sector

In response to feedback from registrants, we continued to build our collective understanding of optical care provision by visiting different practices around the UK as part of our 'optical familiarisation programme.' Since its inception in January 2022, the programme has involved visits to a wide range of stakeholders in the sector, including a hospital eye department, a prison, optical equipment manufacturers as well as optical practices large and small.

Last year, approximately 144 staff and members visited optical practices and manufacturers. Each visit has provided valuable insight that will be useful to our work, and we will continue to build upon this in the coming year.

Removing gender from the public register

In autumn 2023 we consulted on whether to remove information about a registrant's gender from the public register, given there is no requirement under the Opticians Act 1989 or Registration Rules 2005 to publish information about a registrant' gender. Consequently, a proposal to remove information about a registrant's gender from the public register was approved by Council in March 2024 and work is being undertaken internally to manage this change.

Our ongoing commitment to equality, diversity and inclusion (EDI)

We are committed to promoting equality, diversity and inclusion and consider it central to our work as a regulator and as a responsible employer. We have reflected on progress implementing our 2020-24 EDI action plan and identified where we can improve. This included commissioning a review of our EDI performance and plan, which informed our new EDI action plan for 2024-25. This action plan will allow us to lay the foundations for an ambitious EDI strategy for 2025-30. There will be a separate annual report covering our work in this area, but key achievements include the PSA commending our performance against our 2020-24 EDI action plan and the way we collect, analyse and publish EDI data.

Investing in our Digital Transformation

We have continued to invest in updating our digital environment. This includes commissioning a new Case Management System (CMS) which will help us manage our fitness to practise caseload more efficiently, automating many functions and helping us to deliver excellent customer service. We appointed CitizenLab as our new consultation platform provider offering new functionality to improve engagement and support analysis of responses. We also installed modern audio-visual equipment on our Hearings Room and in two of our meeting rooms, which will benefit those attending Hearings or meetings remotely, helping us reduce cost and make our work more accessible. Work continues towards the modernisation of our telephony, payroll and HR systems and improvement of the MyGOC platform.

We have also successfully achieved both Cyber Essentials and Cyber Essentials Plus accreditation, which are National Cyber Security certifications that help organisations assess and improve their cyber security posture. By obtaining Cyber Essentials Plus certification, we demonstrate our commitment to maintaining strong cyber security measures, protecting ourselves, staff and customers against the most common online threats.

Our Plans for 2024/25

Our five-year strategic plan “Fit for the Future” included several important pieces of work, some of which have spanned years, designed to protect the public and uphold public confidence in the professions and businesses we regulate.

The 2024-25 financial year marks the final year of our five-year strategic plan. It represents the culmination of a programme of strategic investment in our digital and people transformation, as well as in the continuous improvement of our regulatory activities which aim to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

Public protection at the heart of what we do

This includes the work we do to protect the public and uphold public confidence in the professions and businesses we regulate, with a renewed focus on offering high quality services to our registrants and supporting eyecare professionals to contribute to their full professional capability in the best interests of patients.

The public must have confidence in our ability to protect them, and our registrants must consider that we are fair and proportionate in the decisions we make.

We achieve this by maintaining a register of individuals who are fit to practise or train, and bodies corporate who are fit to carry on business. This includes managing annual registrant and student renewal processes.

We will continue to maintain fair, proportionate, and efficient processes for investigating fitness to practise concerns, including:

- continuing to embed improvements in our triage and casework processes to speed up investigations;
- undertaking a review of the efficiency of hearings operations to identify; opportunities to be more cost effective whilst maintaining public protection;
- updating our guidance on a range of topics including indicative sanctions guidance;
- launching our new electronic case management system to support the robust management of our end-to-end casework process; and
- sharing learning from FTP outcomes with registrants through our FTP bulletin to embed good practice.

Upholding the highest professional standards

We plan to complete our review of our standards for fully-qualified and student registrants to ensure they are fit for purpose, and reflect the current context within which registrants practice, students are trained, and businesses operate.

This process began last year, where we engaged extensively with stakeholders, including professionals, patients and the public, on a range of topics related to our standards including social media and online conduct, maintaining professional boundaries, leadership and delegation and supervision. We launched a public consultation in February 2024 on the proposed new Standards of Practice for Optometrists and Dispensing Opticians, the Standards for Optical Students and consequential amendments to the Standards for Optical Businesses.

We will consider all responses thoroughly, before drafting the final sets of standards. We plan to publish the revised standards in autumn 2024.

Developing business regulation
Only around half of optical businesses operating in the UK are registered with the GOC, creating a regulatory gap where patients may be protected when using one business on their local high street but not the one next door. There is broad consensus among sector bodies supporting our policy that all businesses carrying out restricted activities (such as sight testing, fitting of contact lenses, selling optical appliances to children under 16 and those registered visually impaired, and selling zero powered contact lenses) should be registered with us.

We are currently in the process of developing a new model of regulation of optical businesses. Any model that we implement will be consulted upon and will likely require legislative change to the Opticians Act 1989. We will proactively develop a draft framework for business regulation ahead of public consultation, which will allow us to move at pace when working with the Department of Health and Social Care to modernise our legislative framework and close this regulatory gap.

Education and Continuing Professional Development
This year sees the final year in the first three-year cycle of our new, more flexible Continuing Professional Development (CPD) scheme, which gives registrants more responsibility for their own learning and development and the ability to tailor their own personal scope of practice. This year registrants will be required for the first time to complete a reflective exercise, which we will support by sharing a range of resources.

Following the introduction of the education and training requirements (ETR), providers of GOC-approved qualifications will continue to submit their plans to meet our new requirements, which we will review and note. Whilst providers are adapting their qualifications to meet our new requirements, we will continue to quality assure GOC-approved qualifications against the current quality assurance handbooks and prepare for the introduction of our new Quality Assurance and Enhancement Method for qualifications who now meet the ETR. We will continue to support the sector to organise and respond to the changes we've made to qualifications we approve through our continued financial support of SPOKE, and we will continue to chair and

provide administrative support for the Sector Strategic Implementation Steering Group.

We also expect to agree new processes for international routes to registration under the ETR following our public consultation last year.

Looking to the future and a new strategy for 2025-2030

Our new strategy will outline our mission and strategic objectives for the next five years, aiming to sustain our success as a high performing regulator, building on our strengths and the areas where we wish to improve, and setting out our vision for change. Our ambition remains to be a world-class regulator; agile, robust and effective in the deployment of our regulatory responsibilities, well regarded by stakeholders and continuing to meet all the PSA standards of good regulation.

The new strategy will be supported by an equality, diversity and inclusion (EDI) strategy, financial strategy, digital strategy, people plan and a business performance reporting framework.

We will maintain strong governance procedures, including implementing the recommendations from our Governance review, undertaking all member appointments and supporting the work of our Council and committees to ensure they inform decision-making and identify and manage any risk appropriately.

We will continue our public duty and commitment to progress (EDI), which underpins all our work, including delivering our EDI strategy and annual report about how EDI is embedded across the organisation.

Our internal controls, audit function and risk management approach

Internal controls

The governance team is responsible for monitoring, advising and reporting on compliance with our policies and procedures. This includes advising on the management of interests policy, monitoring information governance requests, responding to corporate complaints and speaking up (otherwise known as whistleblowing) referrals and other associated activities.

Our corporate complaints policy has three tiers, the first of which is a service response. Following this, complainants are entitled to refer it as a complaint at stage two and request a stage three appeal if they feel the complaint has not been adequately resolved at stage two.

In 2023-24 we received:

- seven requests for a stage two review, of which three were partially upheld, and four were not upheld; and
- four requests for a stage three appeal, one of which was partially upheld and three of which were not upheld.

We have seen a rise in the number of corporate complaints we receive from both the public and registrants this year (six stage two complaints and one stage three appeal in 2022/23) though not significant enough to suggest an underlying trend in terms of customer satisfaction. More complaints are being referred onto a stage three appeal than in 2022/23 though this does not equate to more complaints being upheld at the stage three review. A common theme that emerges from our received complaints is a perceived failure to deal appropriately with individual concerns through regulatory action. None of these complaints have been upheld, though we take care to explain our role as a regulator and signpost alternative routes to complaint resolution where this is available (such as the Optical Consumer Complaints Service). Where complaints are upheld or partially upheld, lessons learnt have been cascaded to managers to improve our services. The most common issue for these complaints being partially upheld is poor information sharing on our part, particularly in relation to timeliness. The GOC is also in the process of developing its customer service charter as part of its strategic change programme, and this will help ensure we are consistent in our responses to registrant queries.

We also have speaking up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received ten referrals in 2023/24. This is a substantial increase in the number of referrals received in 2022/23 – with only one referral received. Of the ten, four referrals concerned third parties. One was made anonymously via letter with no contact information, and did not disclose sufficient information for an investigation, a second did not fall within the

remit of the GOC as a regulator and two concerned an education provider and were followed up via the formal routes available to the GOC. Six referrals related to, or came from, staff in 2023/24. The majority of these were connected to specific employee relations matters. These were assessed and formally investigated where the necessary thresholds were met. Where the threshold was not met, feedback was provided to those speaking up and alternative options signposted. The increased uptake of the policy by the public, registrants and staff is seen as encouraging, as it suggests a greater awareness of the importance of speaking up. The speaking up policy for staff will transition during 2024-25 to a freedom to speak up scheme, and this is intended to replicate best practice as set out by the National Guardian's Office.

Internal audit function

The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. Its responsibilities include appointment of the internal auditor, approval of the annual audit plan and reviewing the outcomes of the audits undertaken. It also receives an annual report from the internal audit function.

In 2023/24 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 14 May 2024 and noted the Head of Internal Audit Annual Opinion:

"TIAA is satisfied that, for the areas reviewed during the year, General Optical Council has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by General Optical Council from its various sources of assurance."

Risk management

Our approach to risk management is set out in our risk management policy. The risk management policy and risk appetite statement were last approved by Council on 28 June 2022.

We consider that an effective risk management strategy and policy is fundamental to the achievement of all our strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, the Audit, Risk and Finance

Committee commenced producing an annual report on its activities. The most recent of these reports was received by Council in September 2023.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- failure to meet our duties in respect of information governance and information security;
- failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers; or
- the register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

Employee capability and resilience was an increasing risk in 2023-24 given turnover in several key strategic and operational roles. In addition, employee survey results identified workload planning and the fair application of people policies as areas for improvement. In managing this risk, SMT completed the first phase of its Reward and Recognition project with the introduction of a new Reward and Recognition policy in early 2023-24, which benchmarked our pay bands allowing for a more competitive approach to attraction and retention and improvements to the total reward package for our employees. SMT has committed to developing a knowledge, skills and behaviours framework as part of the second phase of the project for 2024-25 which will deliver a performance management system that is in tune with our values and aligned to our People ambitions and future strategy. The Chief Executive and Registrar commissioned an independent Equality, Diversity and Inclusion (EDI) review that led to a revised EDI action plan for 2024/25. The Senior Council Member also undertook a lessons learned review of key policies relating to employee relations. Several recommendations were made to ensure that these policies continued to ensure concerns were properly investigated and all participants were treated consistently with appropriate support. The recommendations from this review will be implemented in 2024/25.

The financial and operational impacts of part-heard hearings was identified as a critical risk in previous annual reports, however we have used our risk management processes to put in place actions to reduce and mitigate the risk in this area. As consequence, the number of scheduled hearings that were part-heard in 2023/24 was half that of those we had in 2022/23.

Our people

In 2023-24 our main focus was to consolidate the work undertaken the previous year updating our People policies by completely overhauling our approach to employee reward and recognition. Our existing pay policy was out of date and did not align with employee expectations. We made a commitment following employee survey results at the end of 2022 to review our approach to reward and introduce a system to allow for recognition of performance and demonstration of our values.

This was a complex project that involved use of specialist consultants to help assess the existing approach and compare it to other similar organisations. We benchmarked salaries and consulted with our employees on a new approach to pay that recognised the complications of the existing policy and the constraints it imposed on pay progression, retention and attraction, especially for professionally qualified staff.

In July 2023, following the employee consultation, we launched our new reward and recognition policy, supported by revised pay bands in addition to an enhanced benefits package which will include affordable private medical insurance from May 2024, and a process for individual and team recognition which could be accessed by all employees, allowing for nominations and awards for achievements outside of the annual performance appraisal process.

We have also committed to designing a new knowledge skills and behaviours framework in 2024, that will replace our existing performance management process and will transform us into a learning-focused organisation.

Flexible and agile working remains key to how we deliver our services, as we believe it better supports recruitment and retention of a balanced, qualified and geographically diverse workforce from right across the United Kingdom, as well as encouraging a good work-life balance.

In the last year we delivered two employee wellbeing campaigns which have supported and provided resources for working from home and employee mental health, as well as offering collective challenges to support employees' physical health.

The work of our Staff Wellbeing and Engagement Group (SWEG) continues to play a vital role in keeping our staff engaged and connected, particularly around EDI issues. In the last year our staff networks, which are employee led, have promoted women's history month, black history month and disability/neurodiversity awareness, supporting our aim of being an inclusive workforce where people can contribute fully.

Our gender pay gap analysis demonstrates that we are well within the threshold of acceptable pay differentials between female and male employees.

The health and safety of those that work for us is of primary importance. No major health and safety incidents were reported during the year.

Our structure, governance and management

Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries.

Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the professions regulated under the Optician Act 1989;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see pages X and X). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2023-24, having been appointed on 18 February 2021.

One Council member is appointed as a Senior Council Member (SCM). The SCM reviews the Chair's performance, provides a sounding board for the Chair and serves as an intermediary for Council members, the Executive and stakeholders as necessary.

Clare Minchington was appointed as SCM from 1 January 2023 and acted in that capacity throughout 2023-24.

Our governance structure

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Our governance structure in 2023-24 consisted of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees.

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page X and X. The Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public.

Council business is only conducted in private if one of the following conditions set out in the standing orders apply:

- any personal matter concerning a present or former registrant or application for registration, employee, Council member, panel or committee member, education visitor or advisor;
- any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders;
- any information given to the GOC in confidence;
- risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk; and
- any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All Council and committee members are required to engage in a performance review process.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

Senior Management Team

The determination of pay and remuneration for the Chief Executive and Registrar and senior executive team (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's pay and reward policy, and pay is benchmarked against other regulators.

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise

these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

The Director of Change, Philipsia Greenway, is responsible for:

- Customer experience development
- Information technology
- Strategic change programmes

The Director of Corporate Services, Yeslin Gearty, is responsible for:

- Facilities
- Finance
- Human resources
- Registration
- Risk and audit

The Director of Regulatory Operations, Carole Auchterlonie, is responsible for:

- Triage (including contract management of the Optical Consumer Complaints Service)
- Investigations
- Hearings
- Legal

The Director of Regulatory Strategy, Steve Brooker, is responsible for:

- Communications
- Education and CPD strategy
- Education and CPD operations
- Strategy, policy and standards

SMT, Council and its committees are supported by the governance team. The Head of Governance reports directly to the Chief Executive and Registrar.

Effectiveness of governance

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2023, and the organisation judged itself to have complied with the majority of the code's recommended practice. Where it has not done so, the assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method. In 2023-24 TIAA, the GOC's internal auditor, undertook an audit of the organisation's compliance with the Chairty Governance Code. This activity returned an audit opinion of substantial assurance.

In addition to adopting the self-assessment, we commenced a governance review in 2022-23. The stated objective of this review was to ensure that the GOC's governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

This review has seen revisions to policies and procedures, including:

- a new member review process for Council and committee members;
- updated terms of reference for the committees that comprise Advisory Panel;
- revised role profiles for Council members; and
- a new significant incident and management policy.

In 2023-24, this work was primarily focussed on member support. This included revised training and development requirements, including clearer guidance about regular compliance training for different cohorts of members. The member support review also piloted improved IT support for Council members, with a view to rolling this out to all Council members in 2024-25.

Members' conduct

Council (in their role as trustees) and committee members have a duty to abide by the seven principles of public life (otherwise known as the Nolan principles):

- selflessness;
- integrity;
- objectivity;
- accountability;
- openness;
- honesty; and
- leadership.

This includes a responsibility to:

- act impartially and objectively;
- take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so; and
- take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals.

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2023/24.

Remuneration Committee statement 2023/24: **member and director remuneration**

The Remuneration Committee has been delegated the following responsibilities by Council:

- to advise Council on the payment of fees to members;
- to provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management which are in line with the GOC's values and principles;
- to approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the SMT;

- to approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT;
- to approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
- to approve a statement in the annual report about its membership, role and remit for the preceding year;
- to advise the Chief Executive and Registrar on the staff expenses policy; and
- to ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to EDI.

The Remuneration Committee is comprised of

- Clare Minchington (Senior Council Member and committee chair as of 1 January 2023, lay Council member)
- Josie Forte (committee member as of 1 January 2023, registrant Council member)
- Nigel Sully (committee member as of 1 April 2022, independent member)

To discharge its functions, it met on four occasions in 2023-24: 25 April 2023; 29 September 2023; 10 October 2023 and 5 February 2024.

In 2023-24 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 13 March 2024. This included an amendment to ensure members receive remuneration for undertaking all induction and training activities.

The Committee also reviewed the process of appraisal for the Chief Executive and Registrar and other members of the SMT, including the outcome of the process. The Committee has satisfied itself that the level of renumeration in each case was proportionate and the policies and decisions aligned to GOC values.

The level of renumeration for Council members and SMT is reported in section three of the annual report (include page ref).

	Registrant or Lay Member	Home Location	Fees inc. VAT £	Expenses £	Council Meeting Attendance	Committee and Advisory Panel Meeting[1] Attendance
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	49,999.92	nil	Public 4 out of 4 SC 4 out of 4	Nom - 4 out of 4
Sinead Burns	Lay	Northern Ireland	13,962	968.43	Public 3 out of 4 (13 December 2023 did not attend) SC 4 out of 4	ARC – 6 out of 6
Josie Forte	Registrant	England	13,962	345.79	Public 4 out of 4 SC 4 out of 4	AP – 2 out of 2 Rem 4 out of 4
Mike Galvin	Lay	England	13,962	217.02	Public 4 out of 4 SC 4 out of 4	ARC – 6 out of 6 AP - 2 out of 2
Lisa Gerson	Registrant	Wales	13,962	173.99	Public 4 out of 4 SC 4 out of 4	Nom - 4 out of 4 2 out of 2
Ken Gill[i]	Lay	England	13,962	599.83	Public 4 out of 4 SC 4 out of 4	ARC – 5 out of 6 (5 September 2023 did not attend)
Clare Minchington	Lay	England	16,461.96	192.48	Public 4 out of 4 SC 4 out of 4	Rem 4 out of 4
Frank Munro	Registrant	Scotland	13,962	436.59	Public 4 out of 4 SC 3 out of 4 (12 March 2024 did not attend)	AP 2 out of 2
David Parkins*	Registrant	England	13,380	nil	Public 4 out of 4 SC 4 out of 4	ARC 5 out of 6 – (30 January 2024 did not attend) IC 2 out of 2
Tim Parkinson	Lay	England	13,962	294.09	Public 4 out of 4 SC 4 out of 4	IC 2 out of 2 AP 2 out of 2

Hema Radhakrisnan**	Registrant	England	581.75	nil	-	-
Roshni Samra	Registrant	England	13,962	55.30	Public 3 out of 4 (27 September 2023 did not attend) SC 3 out of 4 (26 September 2023)	AP 0 out of 2 (12 June 2023 and 6 November 2023 did not attend)
William[i] Stockdale	Registrant	Northern Ireland	13,962	532.39	Public 4 out of 4 SC 4 out of 4	Nom 4 out of 4

Key:
Committees: **ARC** - Audit, Risk and Finance, **Inv** – Investment, **Nom** - Nominations, **Rem** – Remuneration,
Panel: **AP** – Advisory Panel
Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year, and the stats will only show the number of meetings they were expected to attend

Senior Council Member renumeration is set at £16,462. From 1 April 2023 – 31 March 2024 this role was fulfilled by Clare Minchington.
All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration, and which are not included in the attendance figures.
* demitted 14 March 2024
** appointed 15 March 2024

Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at 10 Old Bailey, London, EC4M 7NG

Bankers	Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN	
Internal auditors	TIAA Ltd (from 31 March 2020) Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH	
External auditors	haysmacintyre LLP 10 Queen Street Place, London, EC4R 1AG	
Investment Advisors	Royal Bank of Canada Brewin Dolphin Limited 12 Smithfield Street, London, ECIA 9BD	
Council	Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025)
	Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
	Josie Forte	(reappointed 1 April 2021 until 31 March 2025)
	Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
	Lisa Gerson	(appointed 1 May 2021 until 30 April 2025)
	Ken Gill	(appointed 1 January 2023 until 31 December 2027)
	Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
	Frank Munro	(appointed 5 July 2021 until 4 July 2025)
	David Parkins	(reappointed 15 March 2020 until 14 March 2024)
	Tim Parkinson	(appointed 16 April 2020 until 15 April 2024, reappointment confirmed for 16 April 2024 – 15 April 2028)

Hema Radhakrishnan	(appointed 15 March 2024 until 14 March 2028)
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
William Stockdale	(appointed 1 January 2023 until 31 December 2027)

Senior Management Team

Leonie Milliner	Chief Executive & Registrar
Carole Auchterlonie	Acting Director of Regulatory Operations (13 October 2023 – 29 February 2024) Director of Regulatory Operations (from 1 March 2024)
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations (until 12 October 2023)

Section 2: Our Fitness to Practise Report

What is fitness to practise?

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely. The Standards define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business may be impaired.

How we deal with concerns

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants. If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

Overview of our fitness to practise performance

- met all the PSA's Standards of Good Regulation for fitness to practise for the second year running;
- secured positive quality assurance from the annual independent audit of decisions;
- built and tested a new case management system to go live in 2024/25 to further improve how we store and manage casework information; and
- commissioned an independent review to identify opportunities for greater efficiency and effectiveness in our hearings operations.

Our fitness to practise committee decisions

Outcome	Number of outcomes
No further action/ no case to answer	7
Misconduct found but not impaired	3
Impaired with no sanction	1
Warning	2
Fines	0

Conditional Registration	3
Suspension	16
Erasure	13
Offer of no evidence accepted	2
Stayed	1
Total	48

Triage

We received slightly fewer concerns in 2023/24 than the previous year (405 in 2023/24, compared to 448 in 2022/23 – a drop of 9.6%). We opened 132 new investigations, representing a 32 per cent conversion rate (compared to 24% the previous year).

40 per cent of concerns received related to clinical issues, 43 per cent related to registrants' conduct, with the remainder (17%) a mix of conviction, health and blended issues.

Investigations

Over the year we saw a 26 per cent increase in our investigation caseload, from 93 at the end of 2022/23 to 126 at the end of 2023/24.

In terms of the time taken to investigate new concerns we saw:

- 6 per cent increase in the open median (from 29 weeks at the end of 2022/23 to 31 weeks at the end of 2023/24);
- 35 per cent reduction in the case examiner decision median (from 63 weeks at the end of 2022/23 to 41 weeks at the end of 2023/24);
- 52 per cent of new investigations to representations within 30 weeks;
- 69 per cent of new investigations to representations within 40 weeks; and
- 9 per cent increase in cases referred to hearings (from 43 cases in 2022/23 to 47 cases in 2023/24).

We ended the year with a 31 per cent reduction in open cases that were over one year old (78 cases at the end of 2022/23 compared to 54 cases at the end of 2023/24).

Of the 54 concerns that have been opened for longer than one year, 63 per cent are at post case examiner stage, so are being prepared for disclosure on hearings, have been scheduled for a hearing or are awaiting a hearing date.

The case examiner referral rate to a fitness to practise committee was lower than in the previous year; 2023/24 ended with a rolling 42 per cent referral rate compared to 61 per cent in 2022/23.

Including case examiner decisions, we ended the year with a 72-week median closure rate (75 weeks in 2022/23).

Hearings

- 52 per cent of all cases concluded within 78 weeks end to end
- 72-week end-to-end median for all final decisions
- Scheduled 47 more hearing days than the previous year (438 hearing days for 2023/24)
- 71 per cent of cases scheduled within 30 weeks.

Our hearings team continued to support remote and in person events. 85 per cent of our substantive events, and 98 per cent of our non-substantive events were heard remotely.

In 2023/24, the fitness to practise committee considered 57 substantive hearings, resolving 48 cases, compared to 40 cases in 2022/23. Seven scheduled cases went part-heard during 2023/24, compared to 14 in 2022/23.

Section 3: Our Finance Report

Financial Review of the Year Ended 31 March 2024

Section 32 (2) of the Opticians Act 1989 provides that *'the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament'.* Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.
In 2023/24, financial performance for the year (measured by net income) was £0.1m deficit (2022/23 £0.8m deficit). The year started with a budget that achieved break-even for business-as-usual operations and included further plans for investing £1.8m from designated reserves on strategic projects and complex legal cases, aiming at a net deficit of £1.5m. The actual results for the year significantly improved the budgeted expectations by £1.4m. The surplus was a result of several factors including better market conditions resulting in improvement of unrealised investment gains, increased interest rates achieved by our fixed deposits, completion of our investment in our IT strategic projects with significant savings, delays to some projects and not having as many complex FtP cases as anticipated, leading to lower than planned use of our complex legal cases reserve.

Income for the year was £11.2m (2022/23 £10.3m); £10.8m (2022/23 £10.0m) was related to annual renewal fees.

During the year we incurred £12m expenditure (2022/23 £10.5m). Increased expenditure was due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.
The reserves policy was reviewed and updated during 2023/24. The changes were light-touch approach as we intend to undertake a fuller review next year, to support

the realisation of our next five-year corporate plan. The main changes made to the policy were: removal of Covid-19 reserve; broadening the costs related to the legal costs reserve; increasing upper limit of strategic reserve; and lowering the lower limit of total reserve range.

All our reserves are unrestricted and as of 31 March 2024, the total reserves were £8.7m (2022/23 £8.9m). The new target range for non-designated funds as per reserves policy ranges from £2.3m to £4.3m. As of 31 March 2024, total non-designated funds net of tangible fixed assets was within this range at £3.8m (2022/23 £3.3m).

In setting the reserves policy, the Council has identified three designated reserves; complex FtP cases legal cost reserve, strategic reserve, and infrastructure/ dilapidation reserve. The complex FtP cases legal cost reserve (£0.7m) is to mitigate risk of legal costs of high-value complex cases arising over and above planned levels. The strategic reserve (£2.6m) supports the delivery of specific projects and initiatives outlined in the GOC's business plans. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure when the GOC leave its current premises at the end of the lease period.

During the year, £0.9m (2022/23 £1.2m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), implementation of our IT strategy, and support for our temporary Change Management office, who oversee digital transformation projects (MyGOC, case management system, AV and recording system, people plan (reward and recognition project), and the future office accommodation project. Several of these projects are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£0.1m expenses were identified as complex legal costs during the year and funded through the legal costs reserve.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

The working capital policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The investment policy statement recognises the additional needs of the GOC, as we seek to ensure that funds provide reasonable returns within acceptable risk profiles. The revised Investment Policy was approved by Council in March 2023, after being reviewed and recommended by the Investment Committee in November 2022.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-

term cash reserve and liaise with the investment managers in respect of the investment strategy.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on xx September 2024, and signed on their behalf by

Dr Anne Wright CBE
Chair, GOC

Independent Auditors Report to the Trustees of General Optical Council

Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2024 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as of 31 March 2024 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

- We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:
- Adequate accounting records have not been kept by the charity; or
- Sufficient accounting records have not been kept; or
- The charity financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements
As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes

- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:
www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report
This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Haysmacintyre LLP
Statutory Auditors
10 Queen Street Place
London
EC4R 1AG

Statement of Financial Activities for the Year Ended 31 March 2024

	Notes	Unrestricted Funds £'000	Total 2023/24 £'000	Total 2022/23 £'000
Income from:				
Charitable activities	4	10,816	10,816	10,028
Investments	5	411	411	312
Total		**11,227**	**11,227**	**10,340**
Expenditure on:				
Raising Funds	12	44	44	44
Charitable activities	6	11,927	11,927	10,494
Total resources expended		**11,971**	**11,971**	**10,538**
Net gains/(losses) on investments	12	623	623	(559)
Net (expenditure) / income		**(121)**	**(121)**	**(757)**
Reconciliation of funds:				
Total funds brought forward		8,856	8,856	9,613
Total funds carried forward		**8,735**	**8,735**	**8,856**

There are no recognised gains or losses other than those recognised above. All activities are continuing.
All the transactions in 2023-24 and 2022-23 were unrestricted.
The notes on pages xx to xx form part of these financial statements.

Balance Sheet for the Year Ended 31 March 2024

	Notes	2023/24 £'000	2022/23 £'000
Fixed assets:			
Tangible fixed assets	11	344	742
Investments	12	9,266	8,694
Total fixed assets		**9,610**	**9,436**
Current assets:			
Debtors	13	675	433
Short term deposits		7,450	8,950
Cash at bank and in hand		3,131	1,253
Total current assets		**11,256**	**10,637**
Current liabilities:			
Creditors: amounts falling due within one year	14	(12,131)	(11,216)
Net current liabilities		**(875)**	**(579)**
Total assets less current liabilities		**8,735**	**8,857**
Net assets		**8,735**	**8,857**
Represented by:			
Unrestricted funds:			
Designated funds	16	4,546	4,850
General funds	16	4,189	4,007
Total funds		**8,735**	**8,857**

The notes on pages xx to xx form part of these financial statements.
The financial statements were approved and authorised by the Council on 25 September 2024 and were signed on its behalf by:

Dr Anne Wright CBE
Chair, GOC

Cash Flow Statement for the Year Ended 31 March 2024

	2023/24 £'000	2022/23 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(121)	(757)
Depreciation	497	156
Loss on disposal of fixed assets	-	-
(Gains) / losses on investment income	(623)	559
Dividends, interest and rents from investments	(411)	(312)
Decrease / (Increase) in debtors	(242)	91
Increase/ (decrease) in creditors	915	682
Net cash provided by (used in) operating activities	**15**	**419**
Cash flows from investing activities:		
Dividends, interest and rents from investments	411	312
Purchase of tangible fixed assets	(99)	(84)
Proceeds from sale of investments	2,424	2,811
Movement in short term deposit account (more than three months)	1,500	(1,250)
Movement in Cash held in investment	32	(73)
Purchase of Investments	(2,405)	(2,730)
Net cash provided by (used in) investing activities	**1,863**	**(1,014)**
Change in cash and cash equivalents in the reporting period	**1,878**	**(595)**
Cash and cash equivalents at the beginning of the reporting period	1,253	1,848
Cash and cash equivalents at the end of the reporting period	**3,131**	**1,253**
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	**3,131**	**1,253**

The notes on pages xx to xx form part of these financial statements.

Notes to the Financial Accounts for the Year Ended 31 March 2024

1. GENERAL INFORMATION

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

2. ACCOUNTING POLICIES

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management’s best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees consider the following item to be an area subject to estimation and judgement.

Depreciation:
The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic lives will not have a material impact on the operating results. Historically no changes have been required.

i. **GOING CONCERN**

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2024/25, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held with. The short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for 2024/25 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

ii. **INCOME**

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fell due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

iii. **EXPENDITURE**

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of Fitness to Practise, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional

and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

iv.**FIXED ASSETS**

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £1,000.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

v.**DEPRECIATION**

Assets are depreciated in equal instalments over the following periods:

IT equipment	3 years
Website/intranet/online renewal	3 years
Office furniture and equipment	10 years
Leasehold improvements (office fit-out)	Over the lease term (10 years) (prior years - 15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

vi.**INVESTMENTS**

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term

deposits and permitted investments in line with the investment policy approved by Council in March 2023.

vii. **FINANCIAL INSTRUMENTS**

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

viii. **DEBTORS**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

ix. **CASH AT BANK AND IN HAND**

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

x. **CREDITORS AND PROVISIONS FOR LIABILITIES**

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

xi. **FUNDS AND RESERVES**

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Complex cases legal reserve – established to cover the unexpected costs of complex cases arising over and above planned levels.
- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and budget and beyond.
- Infrastructure & dilapidations reserve – established to build up adequate funds in developing the infrastructure and in dilapidations costs, should we leave current premises.

xii. **TAXATION**

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

xiii. **OPERATING LEASES**

The annual rentals are charged to the statement of financial activities over the term of the lease.

xiv. **EMPLOYEE BENEFITS**

Short-term benefits - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London, the pension scheme used for GOC staff. During 2022/23 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.

4.Income from charitable activities	**2023/24 £'000**	**2022/23 £'000**
Registration and renewal fee	10,801	10,016
Continuing Professional Development provider fee	15	12
Total	**10,816**	**10,028**

5. Income from Investment	**2023/24 £'000**	**2022/23 £'000**
Interest from fixed deposits	176	44
Dividend income	235	269
Total	**411**	**313**

6. Charitable activities	Direct Cost £'000	Support Cost £'000	Total 2023/24 £'000
Fitness to practise (Note 6a.)	4,932	2,264	7,196
Registration	922	521	1,443
Education	1,304	657	1,961
Policy & standards	510	214	724
Communications	357	246	603
Total	**8,025**	**3,902**	**11,927**

Comparative figures below:

6. Charitable activities	Direct Cost £'000	Support Cost £'000	Total 2022/23 £'000
Fitness to practise (Note 6a.)	4,381	2,198	6,579
Registration	678	404	1,082
Education	1,190	611	1,801
Policy & standards	407	166	573
Communications	276	182	458
Total	**6,933**	**3,561**	**10,494**

The following table analyses the Fitness to Practise costs:

6a. Fitness to practise including Legal compliance	2023/24 £'000	2022/23 £'000
Legal fees on investigations	544	605
Other investigation costs	2,142	1,898
Hearing costs	1,735	1,335
Dispute mediation	265	252
Legal compliance	246	292
Support costs	2,264	2,198
Total	**7,196**	**6,579**

7. Support costs	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2023/24 Total £'000
Fitness to practise	58	420	658	244	260	624	2,264
Registration	13	97	152	56	60	143	521
Education	17	122	191	71	75	181	657

Policy & Standards	5	40	62	23	25	59	214
Communications	6	46	72	26	28	68	246
Total	**99**	**725**	**1,135**	**420**	**448**	**1,075**	**3,902**

Comparative figures below:

							2022/23
	Management	**Governance**	**Facilities**	**HR**	**Finance**	**IT**	**Total**
7. Support costs	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Fitness to practise	75	423	482	315	226	677	2,198
Registration	14	78	89	58	42	124	404
Education	21	118	134	88	63	188	611
Policy & Standards	6	32	36	24	17	51	166
Communications	6	35	40	26	19	56	182
Total	**122**	**685**	**781**	**511**	**367**	**1,096**	**3,561**

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows. Members' fees and expenses include Council (trustees) and committee members costs.

	2023/24 £'000	**2022/23 £'000**
Governance costs		
Members' fees and expenses	218	233
Staff cost	400	241
External audit fees	27	21
Internal audit fees	27	24
Other governance cost	53	130
Total	**725**	**649**

8. Net income for the year are stated after charging:	2023/24 £'000	2022/23 £'000
Fees paid to external auditors - haysmacintyre:		
external audit fee	27	24
Internal audit fees	27	23
Depreciation of fixed assets	497	156

9. Staff costs	2023/24 £'000	2022/23 £'000
Staff employment costs:		
Salaries	5,072	4,502
Settlements	73	73
National insurance	523	497
Pension costs	442	395
Total	**6,110**	**5,467**

Average number of staff	2023/24	2022/23
Chief Executive's office	1	1
Management team	4	4
Fitness to practise	36	38
Registration	10	9
Strategy	22	20
Governance, compliance, performance reporting	7	6
Corporate services (Facilities, HR, Finance, IT)	17	18
Change	7	7
Total	**104**	**102**

The number of staff whose taxable emoluments fell into higher salary bands was:

	2023/24	2022/23
£60,000 but under £70,000	11	5
£70,000 but under £80,000	2	4
£80,000 but under £90,000	0	2
£90,000 but under £100,000	3	-
£100,000 but under £110,000	2	1
£110,000 but under £120,000	1	-
£130,000 but under £140,000	0	1
£140,000 but under £150,000	1	-

During the year, Council paid £147,211 for twenty members of staff in this category (2022/23 £91,441 for eleven members of staff) to a defined contribution pension

scheme. The trustees (Council members) consider the SMT (see page 28, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table ten. No amounts are paid directly to third parties that are not already disclosed in table ten.

Remuneration and benefits received by key management personnel (SMT) are as follows:

Key management personnel	2023/24 £'000	2022/23 £'000
Gross Pay	555	505
Employer national insurance contributions	67	60
Employer pension contributions	56	48
Benefits	1	1
Total	**679**	**614**

10. Trustees' expenses	Fees £	Expenses £	2023/24 Total £
Lisa Gerson	13,962	174	14,136
David Parkins*	13,380	-	13,380
Sinead Burns	13,962	968	14,930
Claire Minchington	16,462	192	16,654
Roshni Samra	13,962	55	14,017
Josie Forte	13,962	346	14,308
Tim Parkinson	13,962	294	14,256
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	217	14,179
Frank Munro	13,962	437	14,399
Ken Gill	13,962	600	14,562
William Stockdale	13,962	532	14,494
Hema Radhakrishnan**	582	-	582
Total	**206,082**	**3,815**	**209,897**

Number of trustees	**12**

* Retired during the year
** Appointed during the year.

Comparative figures below.

10. Trustees' expenses	Fees £	Expenses £	2022/23 Total £
Lisa Gerson	13,962	211	14,173
Glenn Tomison *	12,346	240	12,587
Rosie Glazebrook *	10,472	-	10,472

David Parkins	13,962	-	13,962
Sinead Burns	13,962	1,198	15,160
Claire Minchington	14,587	425	15,012
Roshni Samra	13,962	42	14,004
Josie Forte	13,962	115	14,077
Tim Parkinson	13,962	464	14,426
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	398	14,360
Frank Munro	13,962	389	14,351
Ken Gill**	3,491	-	3,491
William Stockdale**	3,491	457	3,947
Total	**206,082**	**3,938**	**210,020**

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

11. Tangible fixed assets	**Office, furniture and equipment** **£'000**	**Refurbishment** **£'000**	**IT hardware** **£'000**	**IT software** **£'000**	**Capital work-in progress** **£'000**	**Total** **£'000**
Cost as at 1 April 2023	304	1,057	316	1,459	65	3,201
Add: Cost of additions	-	-	72	-	27	99
Less: Disposals	-	-	-	-	-	-
Transfers	-	-	59	-	(59)	-
Total at 31 March 2024	**304**	**1,057**	**447**	**1,459**	**33**	**3,300**
Less: Depreciation						
As at 1 April 2023	(217)	(541)	(284)	(1,417)	-	(2,459)
Charged in the year	(30)	(411)	(32)	(24)	-	(497)
Disposals	-	-	-	-	-	-
Total at 31 March 2024	**(247)**	**(952)**	**(316)**	**(1,441)**	**-**	**(2,956)**
Net book value 31 March 2024	**57**	**105**	**131**	**18**	**33**	**344**

Net Book Value						
31 March 2023	*87*	*517*	*32*	*42*	*65*	*742*

12. Investment	**2023/24 £'000**	**2022/23 £'000**
Investments b/f	8,537	9,176
Additions	2,405	2,730
Disposals	(2,424)	(2,811)
Realised gains	(33)	(126)
Unrealised gains/ (losses)	656	(432)
Investments c/f	9,141	8,537
Cash	125	157
Total portfolio	**9,266**	**8,694**

Total portfolio includes cash held with equity managers. During the year £44,478 (2022/23 £44,110) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

13. Debtors	**2023/24 £'000**	**2022/23 £'000**
Prepayments	441	289
Other debtors	13	9
Accrued income	221	135
Total	**675**	**433**

14. Creditors: Amounts falling due within one year	**2023/24 £'000**	**2022/23 £'000**
Trade creditors	139	36
Deferred income (note 14a)	10,931	10,078
Accruals	805	853
Other tax and social security	155	155
Other creditors	101	94
Total	**12,131**	**11,216**

14a. Deferred income	**2023/24 £'000**	**2022/23 £'000**
At 1 April	10,078	9,303
Amount deferred during the year	11,016	10,127
Amount released to Statement of Financial Activities	(10,163)	(9,352)

Total	**10,931**	**10,078**

Accruals include rent accrual amounting to £113,489 (2022/23 £99,856).
Income from registrant renewal fees received in advance is deferred and will be released as income in 2024/25.

15. Financial Instruments	**2023/24 £'000**	**2022/23 £'000**
Financial assets measured at fair value	9,266	8,694
Financial assets measured at amortised cost	10,815	10,348
Financial liabilities measured at amortised cost	(1,200)	(1,138)
Net financial assets measured at amortised cost	**18,881**	**17,904**

(a) Financial assets measured at fair value include investments.
(b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income.
(c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

16. Funds	**2023 £'000**	**Income £'000**	**Expenditure £'000**	**Transfers / gain / loss £'000**	**2024 £'000**
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(82)	82	700
Strategic reserve	2,000	-	(919)	1,515	2,596
Covid -19 reserve	900	-	-	(900)	-
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	**4,850**	**-**	**(1,001)**	**697**	**4,546**
General funds					
Income and expenditure reserve	4,007	11,227	(10,970)	(75)	4,189
Total funds	**8,857**	**11,227**	**(11,971)**	**622**	**8,735**

Comparative figures below.

	2022	**Income**	**Expenditure**	**Transfers / gain / loss**	**2023**

16. Funds	£'000	£'000	£'000	£'000	£'000
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(114)	114	700
Strategic reserve	2,000	-	(1,181)	1,181	2,000
Covid -19 reserve	1,800	-	-	(900)	900
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	**5,750**	**-**	**(1,295)**	**395**	**4,850**
General funds					
Income and expenditure reserve	3,863	10,340	(9,243)	(954)	4,007
Total funds	**9,613**	**10,340**	**(10,539)**	**(558)**	**8,857**

All the reserves are unrestricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. It was decided that COVID-19 reserve is no longer required at the latest reserve policy review in November 2023. Infrastructure/dilapidations reserve is set up to build in funds in dilapidation related costs and in developing the infrastructure needed should we leave the current premises when lease term expires.

During the year, £82k funds from the Legal cost reserve were used for complex legal costs related to case progression. A total of £919k spent on strategic projects were funded through the strategic reserve.

At the end of the year, funds from the general reserve were transferred to increase the Legal costs reserve to £700k and Strategic reserve to £2,596k, enabling funding for projects in future years.

	Unrestricted funds	Total 2023/24	Total 2022/23
	£'000	£'000	£'000
17. Analysis of net assets by fund			

Tangible fixed assets	344	344	742
Investments	9,266	9,266	8,694
Current assets	11,256	11,256	10,637
Current liabilities	(12,131)	(12,131)	(11,216)
Total net assets	**8,735**	**8,735**	**8,857**

18. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £441,600 (2022/23 £394,575). There were £70,804 in outstanding contributions in 2023/24, (2022/23 £18,665) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2024, the charity had the following future lease payments under operating leases.

18. Commitments under operating leases

Land and buildings	**2023/24 £'000**	**2022/23 £'000**
Within one year	647	620
In two to five years inclusive	-	608
Over five years	-	-

Office Equipment lease	**2023/24 £'000**	**2022/23 £'000**
Within one year	3	25
In two to five years inclusive	9	-

The total charge of all operating leases to the statement of financial activities as at 31 March 2024 was £679,168 (2022/23 £624,407).

20. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

The following Council members declared related party transactions during the year:

- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the period when David was a Council member, we paid Susan £4,665 in fees for her services.

There were no other related party transactions in the current or prior year.

21. Analysis of changes in net debt	At 1 April 2023 £'000	Cash flows £'000	At 31 March 2024 £'000
Cash and cash equivalents			
Cash	1,253	(595)	658
Cash equivalents	8,950	(1,500)	7,450
Total	**10,203**	**(2,095)**	**8,108**

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date:

Dear Sirs

During the course of your audit of our financial statements for the period ended 31 March 2024, the following representations were made to you by management and trustees of the charity, and on behalf of the General Optical Council.

1 We have fulfilled our responsibilities as trustees under the Charities Act 2011 ("the Act") for preparing financial statements, in accordance with FRS102 and the Act, that give a true and fair view and for making accurate representations to you as auditors.

2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and trustees' meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.

3 We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS102.

4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Act.

5 We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.

6 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.

7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.

8 We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.

9 We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.

10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.

11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business and which are central to the charity's ability to conduct its business.

12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.

13 We confirm that we have reviewed the control procedures governing payments to overseas territories and that the charity has conducted appropriate due diligence procedures to ensure that such payments are used in accordance with the purposes for which they were given.

14 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.

15 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.

16 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.

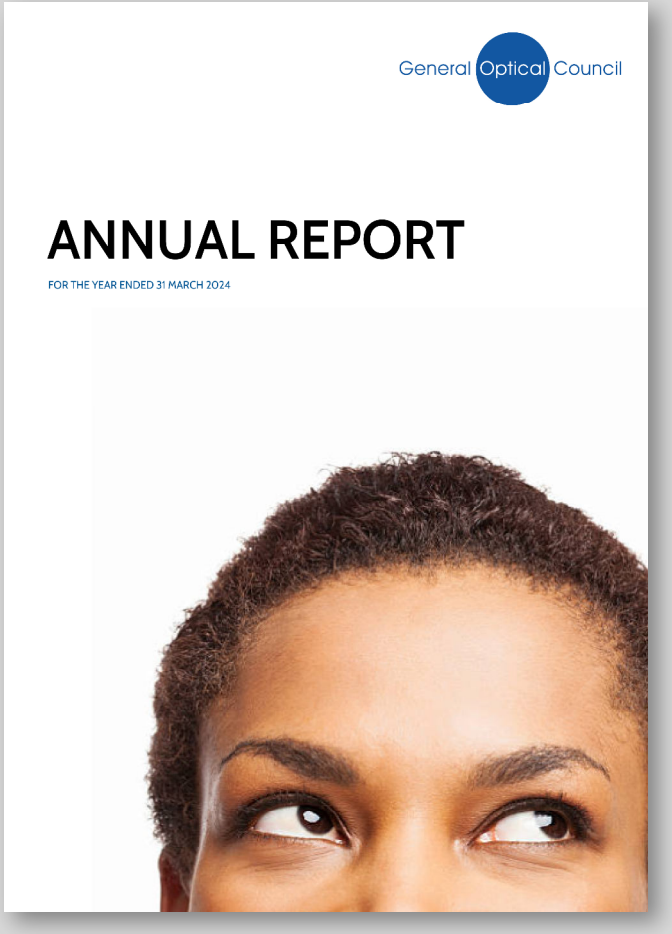
17 We confirm that there is no audit information of which you as auditors are unaware, and that each trustee has taken steps to make themselves aware of any relevant information and to establish that you are aware of that information.

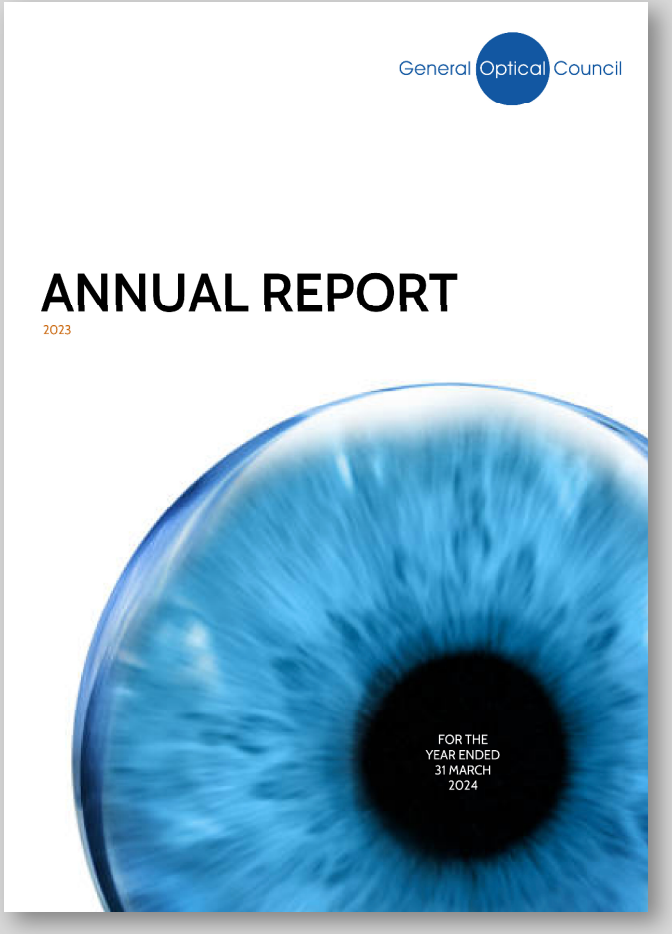
We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

Yours faithfully
Signed on behalf of the Board of Trustees by:

……..
Dr Anne Wright, CBE
Chair of Council

Cover style (images not final)





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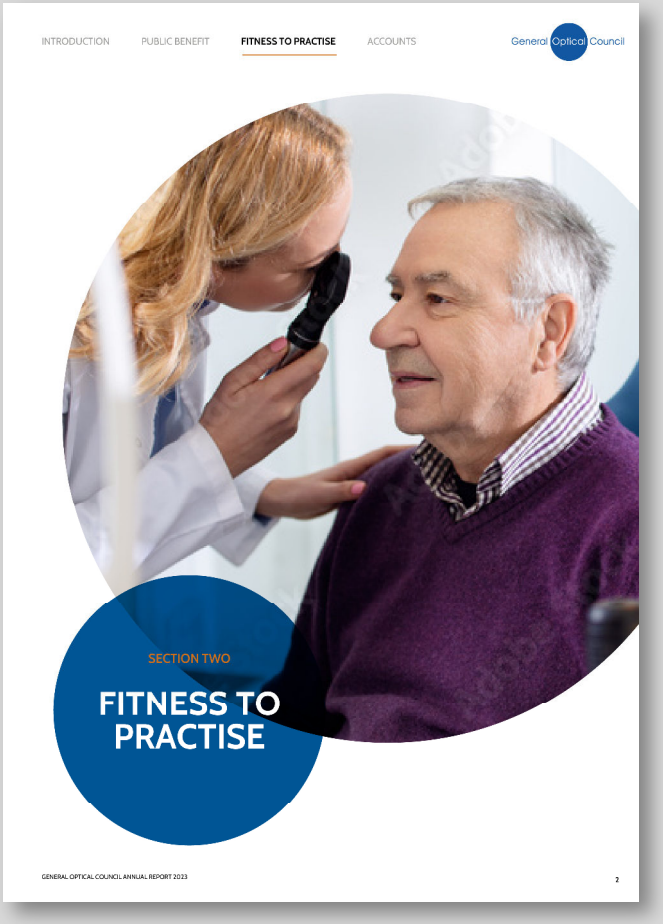

Internal

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

The GOC is registered as a charity by the Charity Commission in England and Wales (Registered charity number 1150137)

If you have any questions about this document, please email communications@optical.org or phone us on 020 7580 3898.

You can also read this report on our website at:

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ISBN: 000-0-0000-0000-0
E-Number: 00000000

INTRODUCTION PUBLIC BENEFIT FITNESS TO PRACTISE ACCOUNTS General Optical Council

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General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2024

Internal

A message from the Chair and Chief Executive

Dr Anne Wright CBE
Chair, General Optical Council

Leonie Milliner
Chief Executive and Registrar, General Optical Council

We are delighted to present the annual report and accounts of the General Optical Council for 2023-24, which sets out how we have fulfilled our statutory obligations as a regulator and a charity.

2023-24 has many things to be proud of.

We met all 18 Standards of Good Regulation by the Professional Standards Authority (PSA) for the second year in a row. Thank you to of all our staff, Council and members who helped us achieve this. We were especially pleased that the PSA's report recognised our progress in reducing the time it takes to complete fitness to practise cases and our work to deliver our EDI action plan.

WE HAVE MET ALL 18 STANDARDS OF GOOD REGULATION

A total of 12 education providers adapted their existing qualifications to meet our updated and education and training requirements for the autumn 2023 cohorts. We continue to work with the rest of providers to ensure they are ready for the next year.

We entered the final year of the first Continuing Professional Development (CPD) cycle under the new scheme. Following a review of the scheme, we decided that registrants with a specialty, such as contact lens opticians and optometrists with prescribing rights, would be able to obtain specialty points through self-directed CPD.

2023-24 also saw some new faces at the GOC. We appointed Carole Auchterlonie as Director of Regulatory Operations to manage our fitness to practise functions. Dr Hema Radhakrishnan joined our Council as a registrant member, offering a wealth of experience in academia and research.

The year also identified some challenges.

We published our annual education monitoring report, which found that providers are still facing a number of issues due to the COVID-19 pandemic, including: high street opticians experiencing ongoing effects regarding the supply of placements; a higher than normal number of non-progressing students due to mitigation measures imposed such as teacher assessed grades; failure to provide required placements resulting from the post-COVID recovery plans of devolved administrations; and the ongoing physical and mental impact on students and staff.

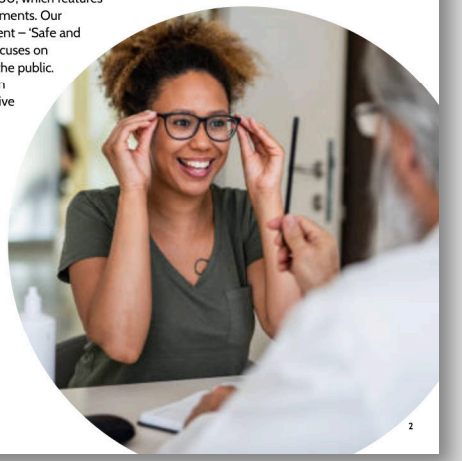
Our 2023-24 registrant survey found that high numbers of optical professionals are experiencing bullying, harassment, abuse, or discrimination in the workplace. In response, we worked with other optical sector organisations, including professional bodies, to publish a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We will continue to monitor both these issues.

This annual report will be the final under our "Fit for the Future strategy". As we turn our attention to what comes next, we have launched a consultation on a new draft corporate strategy for 2025-30, which features new vision and mission statements. Our proposed new vision statement – 'Safe and effective eye care for all' – focuses on what we seek to achieve for the public. We have updated our mission statement so that it is reflective of the changing terminology in the sector – 'To protect the public by upholding high standards in eye care services.' The strategy is supported by three strategic objectives: creating fairer and more inclusive eye care services; supporting responsible innovation and protecting the public; and preventing harm through agile regulation. Through our new strategy, we aim to shift our approach as a regulator to become more agile in response to developments in technology, business models, and the workforce and preventing harm before it arises – all in pursuit of working towards safer and more effective eye care for all.

Dr Anne Wright CBE
Chair, General Optical Council

Leonie Milliner
Chief Executive and Registrar, General Optical Council

'We have launched a consultation on a new draft corporate strategy for 2025-30, which features new vision and mission statements'



Internal

About the GOC

We are the regulator for the optical professions in the United Kingdom

WE NOW HAVE 33,705 REGISTRANTS

OUR CHARITABLE PURPOSE AND STATUTORY role are to protect and promote the health and safety of the public by promoting high standards of professional education, conduct and performance amongst optometrists and dispensing opticians, those training to be optometrists and dispensing opticians, and bodies corporate conducting business in optometry or dispensing optics in the UK.

As of 31 March 2024, we have 33,705 registrants. We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available on our website: EDI Performance Monitoring Report.

We have four core functions

- 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 may be impaired

REGISTRANTS

	2023/24		2022/23		2021/22		2020/21	
Optometrist	17,698	52%	17,401	52%	16,932	51%	16,267	50%
Dispensing optician	6,594	20%	6,912	21%	7,060	21%	7,190	22%
Student optometrist	5,307	16%	5,145	15%	4,990	15%	4,640	14%
Student dispensing optician	1,254	4%	1,267	4%	1,331	4%	1,383	4%
Business registrant	2,852	8%	2,921	9%	2,861	9%	2,796	9%
TOTAL	33,705	100%	33,646	100%	33,174	100%	32,276	100%

ANNUAL REGISTRANT FEE

	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Optometrists	£380	£360	£360	£360	£350	£340
Dispensing opticians	£380	£360	£360	£360	£350	£340
Corporate bodies	£380	£360	£360	£360	£350	£340
Students	£30	£30	£30	£30	£30	£30
Low income fee	£260	£260	£260	£260	£250	£240

Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table below sets out the fees that registrants are required to pay for entry or retention on our register.

For three years, from 2019/20 to 2022/23, registrant fees remained frozen at £360. In 2023/24, we increased registrant fees by £20 for optometrists, dispensing opticians, and body corporates, representing a below-inflation increase of 5.56%. Fees for students remained the same and the discount for low-income fees increased by £20, from £100 to £120, meaning that the low-income fee remained at £260. Fees for students have not increased since 2017/18.

FEES FOR STUDENTS HAVE REMAINED THE SAME

About this report

This annual report sets out the activities we have undertaken from 1 April 2023 to 31 March 2024 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2024. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

Public
C33(24)

Council

Audit, Risk and Finance Committee (ARC) annual report 2023-24

Meeting: 25 September 2024 **Status:** For noting

Lead responsibility: Sinead Burns, Chair of ARC
Paper Author(s): Andy Spragg, Head of Governance

Purpose

1. To present the ARC annual report 2023-24 for Council's information.

Recommendations

Council is asked to:

- **note** the ARC annual report 2023-24

Strategic objective

2. The work of ARC contributes to all three of the organisation's strategic objectives by providing Council with assurance in respect to finance, risk and internal controls.

Background

3. As part of its terms of reference, ARC has a key role in providing assurance to the Council on matters pertaining to finance, risk and internal control. Its annual report to Council is attached as annex one.

4. As part of developing its annual report, ARC Committee members were asked to complete a self-assessment form, using the National Audit Office (NAO) Audit and Risk Assurance Committee Effectives self-assessment tool. The anonymised outcome of this self-assessment is included in the report. The Committee has agreed to revisit these results and identify next steps in January 2025, following a review by the Chair of ARC and the Head of Governance in Q3 24/25.

5. The annual report has been drafted by the Head of Governance and Chair of ARC. It was circulated to Committee members, the Chair of Council and the Senior Management Team (SMT) for comment. It was approved by ARC at its meeting on 11 September 2024.

Analysis

6. An annual report to Council increases the visibility of this assurance role to Council members, the public and registrants. It also supports good governance practice by

ensuring that there is a clear mechanism for ARC to report on its activities and findings on a regular basis.

Finance

7. There are no financial implications as a result of preparing ARC's annual report.

Risks

11. There are no risks associated with preparing an annual report from ARC to Council, and it reflects good governance practice for the Committee to do so.

Equality Impacts

12. There are no likely impacts in respect to equalities, diversity and inclusion (EDI) in preparing this report.

Devolved nations

13. There are no specific impacts for the devolved nations.

Other Impacts

13. There are no significant impacts identified.

Communications

External communications

14. The ARC Annual Report 2023/24 is included in the Council papers for the public meeting and therefore will be available on the GOC website.

Internal communications

15. The report will be shared with committee members via email by the Head of Governance, as a way of showcasing the Committee's work and role in decision-making, risk management and internal controls.

Next steps

16. The Committee Chair and Head of Governance will review the self-assessment results in Q3 23/24 and share their key findings and any proposed next steps with ARC in January 2025.

Attachments

Annex 1: Audit, Risk and Finance Committee (ARC) annual report 2023/24

General Optical Council
Audit, Risk and Finance Committee
Annual Report
Year Ended 31 March 2024

Contents

Message from the Chair

This is the third annual report to Council by the Audit, Risk and Finance Committee (ARC). It complements the regular reporting to Council by the Committee throughout the year in respect to finance, risks, governance and internal controls. It also provides a self-assessment that will inform the activities the Committee undertakes in the year ahead.

This will be my last report as Chair, and also as a member of the Council and ARC.

I would also like to express my sincere thanks to the ARC Committee Members who continue to discharge their duties and responsibilities with exceptional diligence and dedication. I am also grateful to the Council Associates who have taken the time to join our meetings and have made valuable contributions to our discussions on several topics. There has been a considerable time pressure for the Committee this year, as indicated by the substantial activity it has undertaken and set out in appendix one.

I am also very grateful to both internal and external audit representatives from TIAA and haysmacintyre respectively, who attend our meetings on a regular basis.

Finally, I would like to thank the members of the governance and finance teams who support the Committee so ably and attentively throughout the year.

Membership

The Committee membership for 2023/24 was:

- Sinead Burns (lay chair – 1 April 2023 – 31 March 2024)
- John Cappock (independent committee member 1 April 2023 – 31 March 2024)
- Mike Galvin (lay committee member 1 April 2023 – 31 March 2024)
- Ken Gill (lay committee member 1 January 2023 – 31 March 2024)
- David Parkins (registrant committee member – 1 April 2023 – 14 March 2024)

ARC is attended by the Chief Executive, SMT as required, the Head of Governance, Chief Legal Officer and Chief Financial Officer. Secretariat support is provided by the Governance team. In addition, the Chair of Council regularly attends as an observer. The Council Associates have observed ARC meetings and made valuable contributions, and an invitation to observe ARC has extended to the newly appointed Council Associates for 2024/25.

Introduction

This report presents the activity of the ARC for 2023/24, alongside its assessment of the GOC position in respect to its areas of responsibility. The aim is to produce an annual report to model best practice in respect to governance and assist Council with the necessary assurances with regard to the organisation.

Purpose

The ARC terms of reference are available online. Its primary duties are:

- To provide Council with assurances relating to:
  - management of GOC finances
  - management of risk
  - the internal control environment
  - corporate and charity governance
- To appoint, reappoint and remove the external supplier of internal audit services and associated fees
- To approve the internal audit plan
- To approve policies relating to the following:
  - Financial regulations
  - Working Capital
  - Annual accounting
  - Risk management
  - Contracts and procurement
  - Information Governance
  - Anti-financial crime
  - Credit cards
- To advise Council on:
  - the accounts/financial statements and the annual report of the organisation
  - the proposed budget and financial performance reports
  - the appointment, reappointment and removal of the external auditors
  - the external audit fee and other fees for audit and non-audit services
  - the Reserves Policy
  - the Risk Appetite statement
- To approve the external audit terms of engagement.
- To approve the external audit annual plan.
- To approve the statements to be included in the annual report concerning internal controls and risk management.
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

ARC does this through a combination of regular reporting, deep dives, and specific work throughout the year.

The annual report provides Council with:

- An account of how ARC has fulfilled its responsibilities in 2023/24
- A self-assessment of the strength and capacity of the ARC membership regarding the required skills and expertise to adequately fulfil its functions.
- An evaluation of the organisation's performance in respect to internal and external audit, and the corporate control environment.
- Areas for future consideration both by Council and its committees.

Our activity in 2023/24

ARC met six times in 2023/24. A list of agenda items is attached as **annex 1.** The Committee divided its meetings, so the agenda for each meeting alternated between either a focus on risk or financial performance throughout the year. The Committee was able to be flexible when required and the Chair exercised discretion to ensure time-critical matters were not unduly delayed.

As part of its annual report 2022/23, the Committee identified three areas of focus for 2023/24:

1. To continue to review the governance and performance of the Fit for the Future change programmes to ensure programme objectives and benefits are realised.

2. The current economic uncertainty generated by the post-pandemic recovery, conflicts in Ukraine and the cost-of-living crisis mean that ARC will closely monitor how the GOC manages financial risk and its use of reserves. The external auditor has also highlighted that the uncertainty generated by the legislative reform has consequences for forecasting accurately, and ARC will be reviewing how the executive has taken account of this in its budget preparations.

3. Increased Cyber Security risks and the actions GOC are taking to review their key operational Cyber Security arrangements and take appropriate remedial action.

Reappointment of the External Auditor

In 2023-24, the Committee worked with the Director of Corporate Services to test the market for alternative external auditors for 2024-25 (for audit of the 2023-24 financial year). At the 21 November 2023 meeting, the Committee agreed a draft statement of requirements for external auditors. Following a procurement exercise, the Committee recommended the proposed appointment of Haysmacintyre as our external auditors for the year ending 31 March 2024 and review their re-appointment on an annual basis as per the Committee's terms of reference. Council supported this recommendation and approved the appointment in February 2024.

Fit for the Future Change Programme

The GOC's Fit for the Future change programme remained a high priority in 2023/24 with regular reporting and engagement to understand the risks and issues connected with the successful delivery of the change programme. This was augmented by the appointment of the Independent Member, John Cappock, as an observer on the Strategic Change Board (SCB). He was able to provide regular assurance to ARC on the management of the strategic change programme by the SCB.

The Committee also undertook a dedicated afternoon workshop in May 2023 focused solely upon the Change programme.

Financial management

ARC conducted regular and detailed reviews of the organisation's financial performance and five-year forecast, including an interrogation of forecasting

assumptions throughout the year. It continues to work closely with the Investment Committee to ensure that the risks associated with financial volatility are managed and mitigated.

In January 2024, ARC reviewed the internal and external business plans and proposed budget for 2024/25 prior to approval by Council in February.

Internal audit

The internal audit plan for 23/24 was delivered within the year, including audit of the following areas: Performance Monitoring; Governance – Compliance with the Charity Commission Code; Noting Process for Adapted Qualifications; ICT Cyber and Registration. All audits received a substantial or reasonable assurance audit opinion.

ARC maintained a review of audit findings and tracked the management response to any recommendations arising through to completion.

Risk management

The Committee reviewed the corporate risk register on a regular basis, prior to it being considered by Council at its strictly confidential meetings. It undertook deep dives into the following areas: Regulatory Operations directorate (May 2023); Governance (September 2023); and Change Management Office (January 2024).

Significant incident – investigation outcome and action plan

As part of the Committee's role in providing assurance to Council, it reviewed the action plan that followed a serious incident and investigation. This related to a series of breaches that were reported to the Information Commissioner Office (ICO) and Charity Commission in summer 2023. A compliance investigation was commissioned to identify the causes of the issue, and any potential lessons learned. At its meeting on 21 November 2024, the Committee reviewed the recommendations that arose from the investigation and the management response.

Chair's opinion to Council

It is my assessment that ARC discharged its responsibilities over the past year. The Committee covered a broad range of issues relating to finance, risk, governance, and internal control. This work supported the Council and executive by providing assurance on the internal control environment, including financial and risk management. I also draw the Council's attention to the external audit opinion and the internal audit opinion, both of which are contained within the GOC annual report and accounts 2023/24.

Committee self-assessment

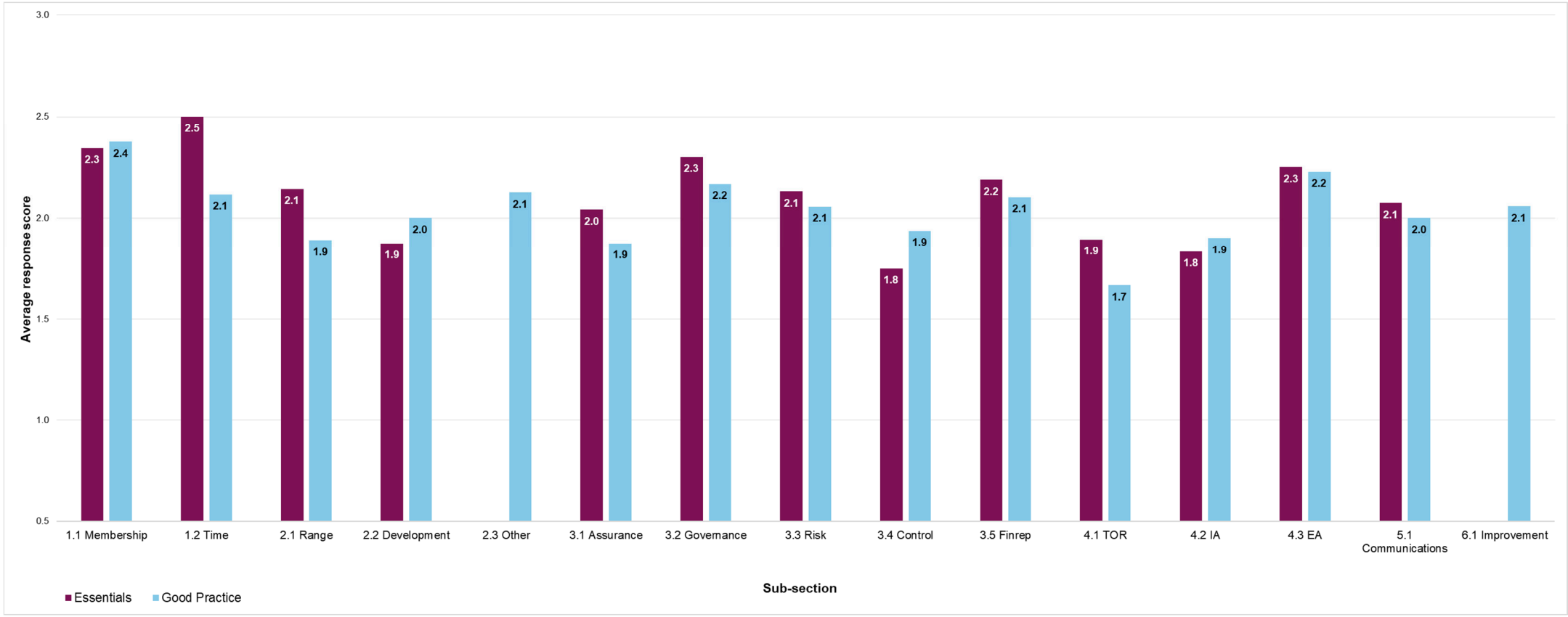
ARC members were asked to complete the National Audit Office 'Audit and Risk Assurance Committee Effectiveness Tool' (May 2022). Members were asked to score 179 questions, distributed across six sections, ranking in the following way –

1 = Room for improvement, 2 = Meeting standards, 3 = Excelling

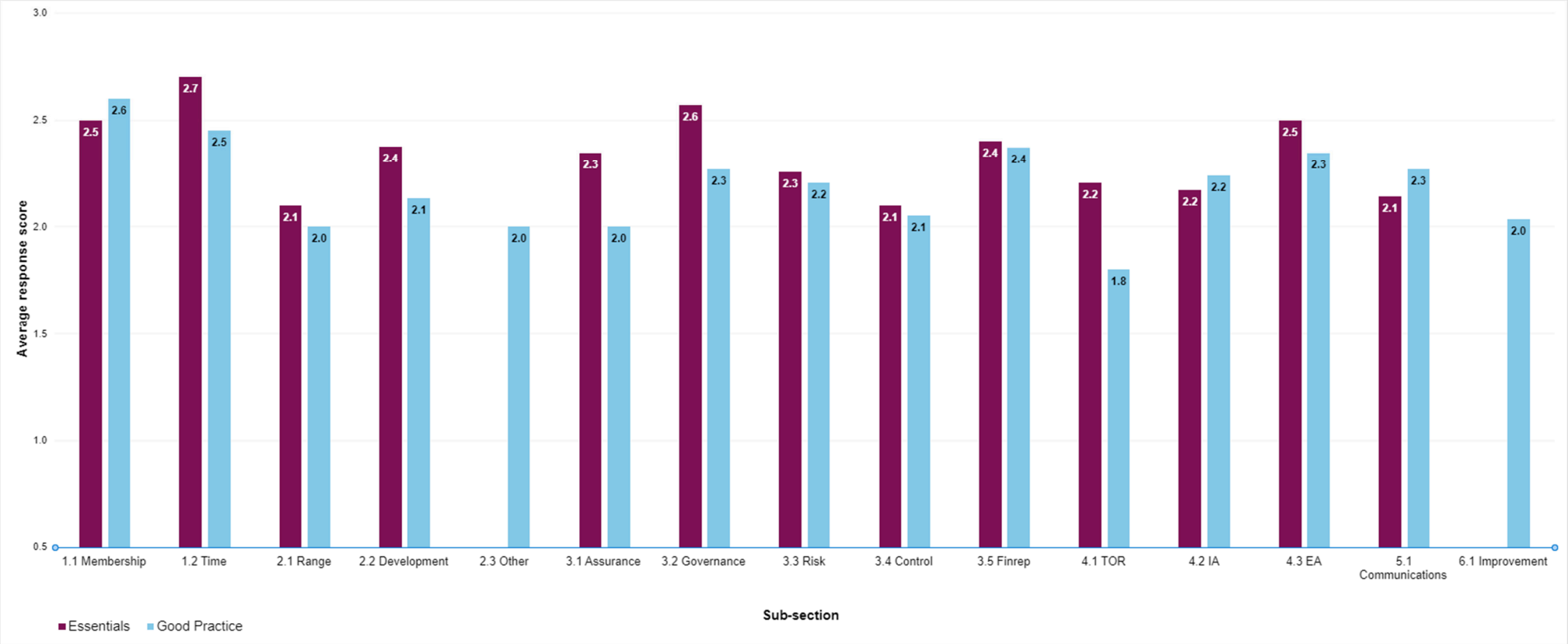
The tool is intended for government bodies, so some questions were disapplied by the Committee as not relevant.

The results are summarised in the charts below, and the results for 2022-23 are included for the purposes of comparison. The questions were split into 'essential' (which "reflect guidance set out in the HM Treasury Audit and Risk Assurance Committee Handbook") and 'good practice' (which "go beyond basic requirements and set a standard for audit and risk assurance committees to demonstrate leading behaviours").

2023-24 response:



2022-23 response:



The Head of Governance has reviewed the self-assessments and provided the following summary feedback:

- Overall, the self-assessment shows ARC members consider the Committee to be meeting standards in most areas.
- There appears to be minor reductions in several scores across all categories, though these are not statistically significant. It should also be noted that only four members provided a return this year compared to five last year. The former member of ARC, David Parkins, was invited to submit a self-assessment but did not deem it necessary. This has impacted the overall assessment results. Council and the Committee should note therefore that it is not making a like-for-like comparison with the results for last year.
- In terms of areas for improvement, there were clusters of lower scores around the following themes:
    - opportunities for member development and regular assessment of committee members' skills and knowledge;
    - the Committee's role in ensuring there is adequate whistleblowing arrangements in place; and
    - risk and control as it applies to external providers and the supply chain.
- Responses also identified some common practices that could be made explicit within the terms of reference, such as the Chair's right to have unfettered access to the internal and external audit function. This will be taken forward as part of the terms of reference review.
- The new Committee Chair will review the responses with the Head of Governance and will raise actions where necessary to address emerging themes.

There were no explicit concerns identified with respect to the Committee's knowledge, skills and expertise. It will continue to monitor this in future years and report back to Council to inform the recruitment and appointment processes as required. The Committee does note this will be a significant year as many of its current and former members will be stepping down from the GOC.

Forward look

The Committee will use 2024-25 to consider the new five-year financial strategy, including how the organisation forecasts and manages its in-year expenditure. There is an opportunity to review the Committee terms of reference over autumn 2024.

The Committee will consider how the Institute of Internal Auditors revision of the Global Internal Audit Standards will impact its role and responsibilities. The new standards are due to come into effect in January 2025, and the Head of Governance and new Chair of the Committee will coordinate with the internal audit function to ensure that any required changes in the terms of reference.

The Committee will continue its deep dives into departmental risk registers and flag any ongoing areas of risk as necessary to Council. It will monitor the conclusion of the

strategic change programme, and it will be anticipating some further information on how the programme will be closed down, and benefits captured and realised.

The Committee will also continue its compliance monitoring through the year. The significant and serious incident management policy gives ARC a role in tracking lessons learnt from significant and serious incidents as may arise. It will also finalise the work it has been doing with the executive to undertake some provisional risk assurance mapping activity in 2023-24.

The Committee will move to a long-term form of forward planning, setting its forward plan for three years. This enables a more strategic view of recurring items, and greater visibility of when key compliance and governance reviews are occurring in the committee life-cycle.

The Council's financial position remains strong, as borne out by its annual accounts and external audit. ARC will continue to monitor financial performance closely in light of the financial instability faced by the UK, and will continue to provide robust challenge where the executive anticipates over or underspends in its budgetary forecasts for 2023-24.

Appendix 1 - Substantive items considered by ARC: April 2023 to March 2024

Tuesday 2 May 2023	
Chair's Update Reflections from Council – 21/22 March 2023	ARC23(23)
External Audit Plan	ARC24(23)
Strategic Change Board: Q4 22/23 assurance report	ARC25(23)
Exceptions and serious incidents Q4 22/23 report	ARC26(23)
Corporate risk register	ARC27(23)
Director of Corporate Services report	ARC28(23)
Progress against internal audit workplan	ARC29(23)
Internal audit findings report / Internal audit recommendations progress report	
Compliance report	ARC30(23)
ARC: Work Plan 2023-24	ARC31(23)
Tuesday 11 July 2023	
GOC annual report and financial statements 2022/23	ARC35(23)
Credit Card policy	ARC36(23)
Strategic Change – Workshop debrief	Oral
Financial performance report	ARC37(23)
Balanced scorecard	ARC38(23)
Exceptions and serious incidents	ARC39(23)
Compliance report	ARC40(23)
Annual self-assessment and report to Council: provisional discussion	Oral
ARC: Work Plan 2023-24	ARC41(23)
Tuesday 5 September 2023	
ARC annual self-assessment and report to Council 2022/23	ARC45(23)
Contract and procurement policy	ARC46(23)
Scheme of delegation for financial management (light-touch review) / Financial regulations (light touch review)	ARC47(23)
Strategic Change Board: Q1 assurance report	ARC48(23)
Corporate risk register	ARC49(23)
Risk departmental deep dive: Governance	ARC49(23)
Financial Performance Report June 2023 Q1 2023/24	ARC50(23)
Five Year Forecast Q1 2023/24	ARC51(23)
Progress against internal audit workplan	ARC52(23)
Internal audit findings reports	
Business Continuity	ARC53(23)
Director's Report	ARC54(23)
ARC: Work Plan 2023-24	ARC55(23)
Tuesday 21 November 2023	
Financial performance report and five-year forecast Q2 2023/24	ARC59(23)
2024/25 registration fees rules	ARC60(23)
Procurement of external and internal audit services	ARC61(23)

Contracts (tenders and exceptions) + list of contracts over £25k	ARC62(23)
Reserves policy	ARC63(23)
Exceptions and serious incidents	ARC64(23)
Strategic Change Board assurance report	ARC65(23)
Audit of FTP decisions 2022-2023	ARC66(23)
Compliance report	ARC6723)
Serious incident investigation outcome and action plan	ARC68(23)
Gift and hospitality register and registers of interests – annual review	ARC69(23)
ARC: work plan 2023-24	ARC70(23)

Tuesday 30 January 2024

Strategic Change Board Q3 assurance report	ARC04(24)
Appointment of external auditor for 2023/24	ARC05(24)
Corporate risk register	ARC06(24)
Risk departmental deep dive: Change Management Office	ARC07(24)
Annual Health & Safety compliance report	ARC08(24)
Compliance report	ARC09(24)
Exceptions and serious incidents	ARC10(24)
Director's report	ARC11(24)
Internal audit /Progress against internal audit workplan	ARC12(24)
Internal audit findings report / Internal audit recommendations – progress report	
Updated IG Policies	ARC13(24)
ARC: work plan 2023-24	ARC14(24)

Tuesday 27 February 2024

Budget 2024/25 and five-year forecast Q3 2023/24	ARC18(24)
Financial performance report Q3 2023/24	ARC19(24)
Internal Audit Plan	ARC20(24)
External Audit Plan	ARC21(24)
Procurement of external audit services	ARC22(24)
ARC self-assessment 2023	ARC23(24)
ARC: work plan 2025-26	ARC24(24)

Public
C34(24)

Council

Equality, diversity and inclusion (EDI) annual report 2023-24

Meeting: 25 September 2024 **Status:** For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Jem Nash, EDI Manager

Purpose

1. To present the EDI annual report 2022-23 for Council approval.

Recommendations

Council is asked to:

- **approve** the EDI annual report 2023-24; and
- **delegate** any minor revisions to the EDI Manager (in consultation with the Chair of Council)

Strategic objective

2. Achieving equality, improving diversity, fostering inclusion and are at the heart of delivering all three of the GOC strategic objectives: world-class regulatory practice, transforming customer service and continuous improvement.

Background

3. Our EDI annual report outlines out key achievements for the reporting year 2023-24 and includes our annual EDI monitoring report. It also describes our progress towards our 2020-24 EDI action plan and outlines our direction for the next year, including out 2024-25 EDI action plan. Previous years' EDI reports can be read here.

4. The EDI annual report 2023-24 is attached as annex one. It outlines our approach to EDI, including activities we have undertaken during the reporting year to 31 March 2023 to fulfil our commitments under the Equality Act 2010, and our intentions to be a thought leader on this across the regulatory sector.

5. The EDI data included in the reports are based on our in-house datasets on 31 March 2024. (The exception to this is student data, which is based on the academic year 2022-23, and provided to us by providers of GOC approved qualifications.) Where data is available, a comparison of data trends over a three-year period is provided.

6. The Public Sector Equality Duty (PSED) requires the GOC to implement the Equality Act 2010. Specifically, to publish information to demonstrate the GOC's compliance

with the PSED at least annually, and to set equality objectives at least every four years. In the report at annex one we explain how its publication helps us demonstrate how we comply with our PSED. It also helps us demonstrate how we meet the Professional Standard Authority's (PSA) Standards of Good Regulation and its new evidence framework and accompanying guidance, which sets out the PSA's intended approach to assessing the performance of regulators against Standard 3 for this performance review period.

7. The PSA's new evidence framework sets out four outcomes all regulators are expected to evidence through a series of indicators of good performance. The PSA intends to assess performance against this Standard on an annual basis, at the end of each performance review period, from March 2024 onwards. We undertook a gap analysis of the requirements under Standard 3 and our progress against them and will continue to keep this work under review by including areas for improvement in our EDI Action Plan 2024-25, to ensure we can demonstrate compliance.

8. This year, for the second year in a row, the GOC met all 18 of the Professional Standard Authority's (PSA) Standards of Good Regulation. The PSA's published review of the GOC's highlighted several areas of work where the GOC has performed well, including in EDI.

Analysis

9. Promoting equality, eliminating discrimination, and fostering inclusion is of substantial importance to the GOC, both as a regulator and as an employer. It has been an integral part of our strategic plan 2020-2024 and we will have a specific EDI strategy for 2025-2030 to reflect our commitment to becoming an EDI leader in the regulatory space.

10. The last twelve months have been a period of transition for the GOC, particularly in terms of EDI. The Hooper EDI Review, which reported in December 2023 highlighted a number of areas of improvement. This, alongside the requirements of PSA Standard 3, and the commitments of our previous EDI action plan 2020-2024, have shaped how we have approached EDI this year. We have also used this time to pause and reflect on what our priorities are in this space, and we are aware that this will take time and investment, which has contributed to how we approach EDI in 2024-2025. This has included developing a specific EDI action plan for 2024-2025 to allow us to focus our energies, and closely track our progress.

11. The report highlights our successes – improving our EDI data collection, our internship with the Thomas Pocklington Trust, removing gender from the public register, and introducing the Welsh Language Standards. It also continues to report on ongoing EDI work – the Council Associate scheme, our Staff Networks, the registrants' survey, and our gender pay gap reporting.

12. The report also acknowledges areas where there is still more work to be done – half of registrants that completed our survey reported experiencing bullying, abuse, harassment, or discrimination, and respondents to our Public Perceptions survey from a global majority background or with a disability also reported poorer experiences than white and non-disabled respondents. We are also aware that we need to look into fitness to practise (FtP) outcomes and whether there are cases of unfairness that align with marginalised identities. Our monitoring report shows that a disproportionate number of Muslim registrants were under FtP investigation in the last year, and it is important that we interrogate findings like this in order to understand why this is happening and what we can do to address it.

13. The report also indicates some of our intentions for the next year, setting the scene for continuing our ambitious work in 2024-25 - as outlined in our action plan and emphasised by our introduction of a specific EDI strategy for 2025-30.

Finance

14. 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.

Risks

15. The risk of non-compliance with the PSA standard is 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 and a claim for judicial review could be made with non-compliance. There is a risk that failing to comply with our EDI responsibilities will result in a failure of our duty of care in respect to employees, workers and members.

Equality Impacts

16. As no policy or procedure is being implemented, no Equality Impact Assessment is required. However, showcasing the work of the GOC in respect to EDI does improve our accountability as an organisation, and should lead to a greater sense of collective ownership across the executive and for members in relation to progressing the equality agenda. In this respect, the production of a public annual report should impact positively on EDI.

Devolved nations

13. Standard 21 of the new Welsh Language Standards (in effect from 6 December 2023) specifies:

    If you produce a document (but not a form) for one or more individuals, you must produce it in Welsh—

(a) if the subject matter of the document suggests that it should be produced in Welsh, or
(b) if the anticipated audience in Wales, and their expectations, suggests that the document should be produced in Welsh.

14. It is therefore reasonable to infer that we should organise the report to be translated into Welsh, as we did with last year's report, ahead of the Standards' deadline.

Other Impacts

11. There are no significant impacts identified.

Communications

External communications

15. The EDI Annual Report 2023-24 report will be published on the GOC website.

Internal communications

16. The EDI Annual Report 2023-24 will be referenced in the Chief Executive and Registrar weekly bulletin when published.

Next steps

12. The report references our EDI Action Plan 2024-25. The objectives of this report will continue to be the focus of our EDI work for this year, and our next report for 2024-25 will reflect this.

Attachments

Annex 1: Equality, Diversity, Inclusion Annual Report 2023-24

Equality, Diversity and Inclusion Annual Report

For the year ending 31 March 2024

Introduction from the Chief Executive and Registrar: Committing to excellence

Equality, diversity and inclusion (EDI) is at the heart of everything we do at the General Optical Council (GOC).

We are committed to being an EDI leader in the regulatory space and this is reflected in the organisational review we undertook this year, as well as our current and future five-year strategies, including a specific EDI strategy that we are developing for 2025-2030. Our goals in this area are aspirational, and our reflections on our progress over the last year has informed the development of our new EDI strategy, recognising that what we learn from the work we are engaged in, and people and organisations we collaborate with, can be as important as achievement of the EDI objectives themselves, as we continue our journey towards being a culturally safe organisation.

This report describes our most significant achievements over the last twelve months, including progress against our EDI action plan 2020-2024, and reports on our EDI monitoring data for employees, members and workers, and registrants.

As the regulator, our statutory role is to protect the public and uphold public confidence in the professionals and businesses we regulate. We are also responsible for supporting our registrants – the 33,705 optometrists, dispensing opticians, student opticians and optical businesses on our register – and our employees, workers, and members. The breadth of this responsibility poses many challenges, but also presents important opportunities to address inequity, promote diversity, and foster inclusion in all elements of our work.

Supporting our registrants is crucial for ensuring that we maintain high standards in optical care. We have begun work to tackle bullying, abuse, harassment, and discrimination of registrants in their workplace as identified in our annual Registrant Survey, and to better understand causes and impact.

We are transforming our EDI data collection methods, including identifying and implementing new methods of encouraging voluntary submission of EDI data, so that we can be assured of the comprehensiveness of the data we hold, and its use to inform policy development and impact assessment. We are using the data we hold to begin to understand and identify any unfairness in fitness to practise cases and student attainment. We have also removed gender from our public register, ensuring that trans, non-binary, and female registrants are better protected from discrimination.

Significant steps to improve patient experience have been undertaken, with our Public Perceptions Survey allowing us to identity and reduce barriers for access to eye care, especially for marginalised patients. We are moving beyond our statutory duties by looking at vulnerability, carer status, and socio-economic background as

well as the formalised protected characteristics, to ensure we are serving our employees, registrants, and the public as inclusively as possible.

The Welsh Language Standards came into effect during this year and much work has been undertaken to ensure we are compliant with this legislation and are as inclusive of Welsh speaking employees, registrants, and patients as possible.

We are extremely proud that, for the second year in a row, the GOC met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation. Their review highlighted EDI as area where the GOC performed well. This was a welcome acknowledgment of our commitment to EDI and to sharing good practice.

We do our work as a regulator best when our own employees, members, and workers are reflective of the community we serve, and bring diversity of thought to our decision making. Our staff engagement networks continue to flourish, providing opportunities for learning and development around EDI, and promoting employee wellbeing and engagement.

In working across the regulatory space, we have had the opportunity to share learning and collaborate with other healthcare focused organisations to ensure best practice. As an eye care regulator, we have chosen to introduce a new internship with the Thomas Pocklington Trust, a charity that supports blind and partially sighted people to access work opportunities, which has also helped us improve the accessibility of our organisation more generally. Our Council Associate scheme seeks to improve the diversity of our Council and has continued into its third year.

We continue to publish our gender pay gap data and have ambitions to expand this in the future to identify potential pay gaps around other marginalised identities.

All of this ambitious work has laid the path for the future, and we look forward to continuing in this direction, valuing the learning and insight gained from the EDI journey, as well as its successful outcomes.

Leonie Milliner

Our EDI projects

Understanding the landscape

The progress we have made regarding EDI over the last twelve months has only been possible by having a clear and honest view of the EDI landscape both within and outside of the GOC. If we are aware of areas where we can improve, and how our championship of EDI issues and achievement of actions are achieving an impact, this allows us to set an ambitious and meaningful agenda for the future. As a responsible regulator with a commitment to being an EDI leader in the regulatory space, much of the work we have undertaken in the past year has focused on understanding the landscape of EDI we operate in.

Addressing bullying, abuse, harassment, and discrimination

In October we published a joint statement alongside organisations from across the optical sector committing to a zero-tolerance approach to bullying, abuse, harassment, and discrimination across all working environments. This followed a roundtable we convened to discuss findings in our 2023 registrant survey, which showed that registrants reported experience of significant levels of bullying, abuse, harassment, and discrimination. Our 2024 registrant survey shows similar trends in this area, with high levels of experiences of bullying, abuse, and harassment persisting.

It is essential that we hear about experiences of bullying, abuse, harassment, and discrimination so that we can better understand the causes and find potential solutions. In the last twelve months, half of survey respondents (50%) said they had personally experienced some form of bullying, abuse, and harassment in work (or study, for those in education) and more than three in ten respondents (31%) had experienced discrimination. We are committed to making meaningful change in this area. We plan to undertake research into registrants' lived experiences so that we might better understand what bullying, abuse, harassment, and discrimination looks like in the optical sector, who it impacts, and who is responsible for it. This is reflected in our EDI action Plan 2024-2025.

Not only is bullying, abuse, harassment, and discrimination detrimental to the wellbeing of registrants, our survey findings have shown that it can also impact their career plans. Registrants who responded to our survey saying they planned to switch to locum work, reduce their hours, take a career break, or leave the profession were more likely to have had an experience of bullying, abuse, harassment, and discrimination at work. This was also true for those who reported that they found it difficult to provide patients with the sufficient level of care they needed. It in the best interests of individual registrants to better prevent and respond to bullying, abuse, harassment, and discrimination, beneficial to the sector as a whole, and instrumental in ensuring public safety.

Bullying, abuse, harassment, and discrimination is also not experienced equally amongst registrants and there are clear links to certain protected characteristics. The survey findings showed that female respondents were more likely to have

experienced bullying, abuse, harassment, and discrimination from all sources when compared with male respondents. Similarly, younger respondents aged under 35 and those aged 35-54 were more likely to report bullying, abuse, harassment, and discrimination when compared with those aged 55+. Respondents with a disability were also more likely to have experienced bullying, abuse, harassment, and discrimination when compared with those who didn't declare a disability. Those from global majority backgrounds were more likely to have experienced bullying, abuse, and harassment specifically from managers, other colleagues, and tutors, lecturers or supervisors, when compared with those of White British or White Irish ethnicity. However, no significant difference in ethnicity was found in relation to bullying, abuse, and harassment from patients and service users. Those from the global majority were more likely to have experienced discrimination, particularly Asian and Asian British respondents, 44% of whom reported an experience of discrimination in the last twelve months.

It was found that the primary source of bullying, abuse, harassment, and discrimination comes from patients, service users, their relatives, and other members of the public, with 41% of respondents having at least one experience of bullying, abuse, and harassment from this source and 26% respondents reporting at least one experience of discrimination. GOC registrants are more likely to experience bullying, abuse, harassment, and discrimination from patients or the public than the national NHS average. While experiences of bullying, abuse, harassment, and discrimination were also reported to have come from managers, other colleagues, and tutors, lecturers, or supervisors this was less frequent, although experiences of bullying, abuse, and harassment from managers were more also more likely for GOC registrants than the national NHS average.

There is clearly more work for us to do in this space, and we have set an objective in our draft EDI Strategy about addressing negative workplace culture in regulatory practice that we hope will contribute to improvements. It is our responsibility as a regulator to use our levers to foster an inclusive and psychologically (as well as physically) safe environment for registrants, and we know that registrants are more engaged and provide better care when they feel safe.

Reducing barriers to good eye care

We are working with the wider optical sector to identify where more can be done to reduce barriers to access for marginalised patients. Not only does this lead to better eye care outcomes for marginalised patients but could also impact their wider healthcare outcomes.

Our mission, to protect the public by upholding high standards in the optical professions, means that we are deeply invested in understanding how the public experience eye care. One of the ways we monitor experience of and access to eye care is through our annual public perceptions survey. This measures respondents' levels of satisfaction with optical services they have accessed, looks at where there

are issues accessing eye care, and investigates where EDI elements interact with these experiences.

Of those who responded to the survey, 92% were satisfied with the optometrist who carried out their sight test/eye examination, and 88% were satisfied with their overall visit. However, our findings showed that access to the sight test is not equal, and that there is a distinct difference in satisfaction levels between respondents from the global majority, those with a disability, those with caring responsibilities, and those with vulnerability markers compared to patients who weren't from marginalised backgrounds. Vulnerability is not limited to protected characteristics in equalities legislation, but also includes things like personal circumstances and someone's confidence in managing their own health. We therefore ask questions about 'vulnerability markers' and how these impact patient access to and experience of eye care, these include: financial (e.g. low income), going through a difficult life event (e.g. bereavement), having a disability, and/or low confidence in managing your own eye health.

Patients with a global majority background were less satisfied than white respondents (84% vs. 91%).

Patients with a disability are significantly less likely to be satisfied than those withour (82% vs 89%).

Respondents with caring responsibilities are less satisfied than those without (84% vs 89%).

Patients with four or more markers of vulnerability were less satisfied compared to those without (77% vs 94%).

Those aged 16-24 were less likely to be satisfied than all other ages (76% vs 94%).

Access to sight tests was also a reported issue for a number of groups, including for those aged 25-34 - 7% of whom had never had a sight test compared to 4% overall – and those from a global majority background (6%). Patients with four of more markers of vulnerability were significantly less likely to have had their sight tested in the last two years compared to patients with no markers (63% vs 82%). Confidence levels in managing one's own eye health also varied, with respondents with a disability (16%), those going through a difficult set of life circumstances (16%), and those who are struggling financially (15%) reporting far below the overall confidence level of 84%. These findings are understandably concerning, and it will be important

that we continue to monitor this data and continue to gather evidence surrounding this.

Improving our EDI data

We have redesigned our EDI monitoring template to improve the volume and quality of data we collect. Data is increasingly significant in identifying and monitoring progress and areas for improvement in EDI work. A particular success was the introduction of social mobility data. While not listed as a protected characteristic, social mobility is a growing area of interest within the field of EDI, and to meet our ambition of being a leader in the EDI space, we have proactively started collecting this data.

Socio-economic or class background has a huge influence on individuals' career prospects, and even more so when you consider the intersection with other marginalisations like gender and race. Only 18% of Senior Civil Servants are from a work-class or lower socio-economic background, compared to 43% of those in the most junior grades[1]. For us to understand the composition of our registrants and employees, members, and workers, we need to have the data to support this, and we hope that by undertaking this project it will open up the possibility of identifying trends, understand what is causing them, and explore ways to address them.

Work on how we use our EDI data most effectively, encourage increased responses, and improve intersectional analysis will continue into 2024-25.

An accurate picture of internal EDI to enhance outcomes

An outside perspective can lead to valuable insights and provide the opportunity for learning beyond what can be explored with internal measures. To ensure we have the fullest and most accurate picture of our internal culture, we commissioned an external consultant, Derek Hooper, to undertake a review with a particular focus on EDI in the winter of 2023. His previous review in 2019 led to several changes at the GOC, including the introduction of the EDI Manager position and the development of our staff networks, and we were keen to identify other areas of progress with this additional review.

The report acknowledged GOC progress in EDI since 2019, particularly highlighting the Council Associates scheme, the EDI manager post, the work of the staff networks, and the commendation by the PSA about our commitment to EDI. It also noted that "the GOC has the potential to set the standard on EDI for other regulatory services," and this is something we are eager to take forward. It also made several recommendations for developing our existing EDI work and opportunities for improvement.

[1] Social Mobility Commission (2021) Navigating the labyrinth (publishing.service.gov.uk)

To continue working towards becoming a regulatory leader in terms of EDI, we developed an EDI action plan for 2024-2025 to monitor progress and support the transition between our EDI Strategy 2025-2030 and the previous Fit for the Future strategy 2020-2025. The action plan was approved by Council and our progress will be monitored by our Senior Management Team and reported to Council. Included in the plan is the commitment to launch an Unfair Outcomes Working Group to establish whether there are potential unfair outcomes in fitness to practise processes and in differential attainment for students. We are also seeking to develop our employees, members and workers' understanding of structural discrimination and support our staff networks in continuing to raise awareness and support employees.

Changing the landscape for the better

Our emerging understanding of the current EDI landscape shows that there is still much work we can do to help achieve a fair and equal society. We are ambitious about the changes we can make, as we consider the journey towards our objectives to be as important as the outcomes. We have made great progress in improving our internal EDI landscape over the last twelve months, as well as seeking to do the same for our members and registrants.

Empowering blind and partially sighted employees

This year we launched our internship scheme as part of the Get Set Progress programme run by the Thomas Pocklington Trust, a charity which supports blind and partially sighted people into employment. The intention of the scheme is for interns to gain increased confidence and familiarity with the professional working environment, so that they may become better equipped to access employment after the internship ends. As a host organisation, the GOC will also benefit from gaining confidence in having future employees who are blind or partially sighted, and can work to empower them and other disabled colleagues to reach their full potential.

Our intern is be based in the Governance team and supports the People & Culture and Facilities teams as an administrative assistant. They will also be provided with regular opportunities to explore their career goals and gain experience across the GOC.

> "The joint GOC and Thomas Pocklington Trust internship has allowed me to develop skills and knowledge in a range of areas. GOC colleagues have shown empathy and a genuine desire to help me explore possible career opportunities by offering advice and guidance based on their own career journeys. My manager adopts a growth focused approach and has been an ideal mentor, providing opportunities and projects which allow me to demonstrate and develop my skills. They are keen to help me grow with regular feedback which has proven invaluable." - Sam Adam, TPT Intern

Preventing gender discrimination

This year we removed gender from our public register to support inclusion of trans and non-binary registrants and potentially prevent discrimination against female

registrants. While we will continue to record registrants' gender, and other protected characteristics, to ensure effective monitoring of EDI trends and impacts, gender will no longer be the matter of public record.

We held a public consultation from September to December 2023 on a draft policy and impact assessment regarding removing gender from the register. The findings of this consultation are published on our website. Our consultation process and impact assessments determined that we should remove gender from the register, as it would not have a significant detrimental impact to any groups, but would potentially protect trans, non-binary, and female registrants from discrimination. We are not required to publish this information on our register and the PSA confirmed it supported a pared down approach when publishing registrant information. This puts us in line with current thinking about inclusion and data use.

Diversifying our Council

Our Council Associate scheme is its third successful year. This scheme is for early-career registrants who have an interest in pursuing a regulatory, governance or senior leadership role in the sector. Our Council Associates attend Council and committee meetings and are supported to gain experience in our decision-making as a non-executive participant. The scheme aims 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. Our current Council Associates are:

- Jamie Douglas (appointed 2023-2025)
- Deepali Modha (appointed 2023-2025)
- Rupa Patel (appointed 2024-2026)
- Desislava Pirkova (appointed 2024-2026)

"I joined the GOC as a Council Associate in April 2023, and I have been made to feel welcomed from the start. I was assigned a 'Council buddy' who has helped me greatly, especially in the beginning of my journey, to understand the various aspects of the GOC, and to help navigate and understand the papers that are prepared. I have been encouraged and supported to contribute during discussions in meetings, and I have seen first-hand that input and contributions from all colleagues at the GOC has been considered, respected and valued when making collective decisions. The Council Associate programme has given me an opportunity to learn and share during discussions in a safe space and has helped me feel confident when sharing my views. The GOC is always looking for ways to improve and innovate, and the GOC Council Associate programme is fundamental to that." – Deepali Modha, Council Associate 2023-2025

Ensuring Welsh language inclusion

To support the inclusion of the Welsh language, we have made huge changes within the GOC to facilitate its use and promote opportunities to use it. The GOC website (including our consultation platform) is now available in Welsh, as is our automated phone system, and we have translated over 160 documents into Welsh to ensure fair

access. All-staff training on the history and culture of the Welsh language, the Welsh Language Standards (WLS), and our responsibilities for ensuring we meet the Standards has been delivered. This training is now included in the EDI induction process for new joiners. Our EDI Manager, who leads on work relating to the WLS attends a monthly meeting with other regulators to support and advise one another on continuing to make progress in improving Welsh inclusion.

> "Optometry Wales is very grateful to the GOC for publishing the GOC strategy in the Welsh Language. This supports registrants and patients to use the Welsh Language as per the policy of the Welsh Government and offers choice which is appreciated." - Optometry Wales

A significant project of work over the last year has been ensuring compliance with the Welsh Language Standards, to ensure we are inclusive of Welsh language speakers and reduce barriers to our services for those who use Welsh as a main language. which we have been required to meet since the implementation deadline of 6 December 2023.

Following the approval of a new set of Welsh Language Standards regulations for healthcare regulators, brought in by Senedd Cymru in July 2022, the GOC was issued with a compliance notice in June 2023. This required us to ensure that our services, especially those relating to registration and public protection, are accessible to Welsh language users.

Supporting a healthy landscape

EDI should never be a tick box exercise, and it is not enough to list our previous achievements. The GOC's work towards equity, improved diversity, and inclusion, is and should be a journey rather than a destination. We are committed to continuing to sustain the changes we have made over the last twelve months and to supporting ongoing work that contributes to a positive EDI culture at the GOC.

Protecting marginalised groups in eye care

We are currently reviewing the standards that we set for our registrants. We have proposed several changes to our standards that will positively impact registrants from marginalised backgrounds, including revisions regarding bullying and harassment, sexual misconduct, and practising while having a serious communicable disease. Additions specifically regarding vulnerable individuals and their care have also been proposed and will have a positive impact on those patients and service users who, due to their personal circumstances, need special care, support or protection and/or are at risk of abuse or neglect.

These proposals came out of a review of our standards of practice for optometrists and dispensing opticians and standards for optical students. Our engagement began with a series of 'conversations' with stakeholders between May and July 2023 and we also carried out a 12-week consultation on our proposals, which closed in May 2024 on our proposals. We expect to publish revised standards by the end of 2024.

All of the proposed changes have been reviewed through an EDI lens and an Equality Impact Assessment was undertaken to ensure that none of the revisions

would have a negative impact on any marginalised groups and that the language used was accessible.

Engaging our staff in EDI

We are very proud of our staff networks and our recent EDI review by Derek Hooper acknowledged their importance and the impact they have on improving staff welfare and engagement at the GOC. The groups were developed by communities of employees who share a protected characteristic or who have chosen to champion a marginalised identity, and two additional networks have been founded in the last year – a social mobility group and a charity initiative group focused on staff volunteering.

Staff networks provide a safe space for sharing experiences, providing peer support, and generating ideas for improving the lived experience of marginalised employees at the GOC. They also raise awareness through events and intranet articles, and provide the opportunity for networking and socialising with colleagues. All networks have an SMT sponsor and agreed terms of reference but ultimately their leadership and activities are determined by their own members.

Our current staff networks are:

- ABLE (Disability)
- Anti-Racism Group
- Charity Initiative (Staff volunteering)
- EMBRACE (Global majority)
- LGBTQ+
- Social Mobility
- Staff Wellbeing and Engagement Group (SWEG)
- Women (Gender equality)

In 2023-24 the networks led several activities including:

Awareness raising – EMBRACE organised a speaker on colourism and held sessions during Black History Month. The Charity Initiative invited representatives from the Brain Tumour Charity to speak about the charity and its work. The Anti-Racism Group and EMBRACE brought in a speaker to discuss racism against Gypsy, Roma and Traveller people, especially in relation to healthcare and sharing what we might be able to do to support addressing this discrimination in the optical sector.

Discussion – Women held several sessions during Women's History Month, including a discussion on the possibility of introducing mentoring for women at the GOC. ABLE hosted a session on disability allyship for Disability History Month and the LGBTQ+ network held a Q&A session on how to be a good trans ally.

Networking – Several initiatives were run by the networks to support the development of working relationships and improve engagement across the GOC. The Women's Network held a pizza party on International Women's Day, and SWEG organised a winter Festive Chillout event and a Spring Festivals Celebration.

Wellbeing – Regularly wellbeing initiatives are organised by SWEG, including weekly yoga classes and the Winter Wellbeing campaign.

> “The Anti-Racism Group (ARG) is a collaborative, co-led, group that seeks to champion and promote anti-racism by ensuring that the GOC continues the conversation and works to embed anti-racism into all aspects of the organisation. We do this by holding events, discussions, and a space for all to better understand each other's differences.
>
> Towards the end of 2023, we were fortunate to host an amazing event that promoted awareness and understanding of the Travellers Community - often considered a marginalised community and generally unfairly portrayed due to negative stereotypes. We were joined by James O'Neill, an Educator and Trainer for the Friends Family and Travellers organisation, the largest charity in the UK that deals with racism and discrimination against Gypsies, Travellers and Roma, where he delivered a fantastic presentation about their experiences in everyday life and with the barriers they face in accessing healthcare. The presentation was extremely well received and we are thankful that the event gave us the opportunity to learn more about Travellers as well as giving us a great insight into how we, as a healthcare regulator, can better improve our understanding and relationship with them.
>
> We followed this up with our celebration of the upcoming Olympics 2024, where we kickstarted our sports theme with a presentation on 'Diversity Within Winter Sports'. We were joined by Tom Robertson, the former Director of Snowsports England Ski and Snowboarding. He delivered a brilliant presentation on the awareness that the Winter Sports Bodies across the UK have, regarding the need for ethnic participation in the sport as well as the challenges faced by the Bodies in encouraging the participation due to cultural, religious and socio-economic differences that are prevalent within urban communities.
>
> As Co-Chair, I am so proud of the development of the group and I look forward to the coming year where we can hopefully host more events like these.
>
> - Nkiruka Umeh, Chair of Anti-Racist Network

Enabling development and fostering connection

Proactive communication is an essential element of raising awareness and supporting understanding on EDI, both amongst our people, and with our stakeholders. We hold an annual engagement calendar for EDI and wellbeing, and run training to ensure all our employees, members and workers feel confident in their understanding and management of EDI.

This year we marked several heritage events including Black History Month, Disability History Month, LGBTQ+ History Month, and Women’s History Month, and participated in awareness raising for Migraine Awareness Week, International Guide Dogs Day, and Bisexuality Awareness Day. We have also published internal

guidance on being equitable and inclusive, including articles on supporting colleagues during Ramadan, sharing tools about emotional wellbeing for World Mental Health Day, and an FAQ about being inclusive of the Welsh language

All of our staff attend an EDI induction when they join the GOC, and are required to do annual training on EDI, as a baseline. In the last 12 months, all employees were required to attend training on the Welsh language and how the Welsh Language Standards will influence their work. This training is covered in EDI inductions for all new joiners. We also commission external training to ensure our people are fully conversant in EDI matters and feel confident in their responsibilities around EDI. The Thomas Pocklington Trust (TPT) provided Sight Awareness training for colleagues working directly with our TPT intern and a recording of this was disseminated to all employees at the GOC to ensure good practice when working with colleagues with sight loss. We have also commissioned training on structural discrimination for all managers from the Employer's Network for Equality and Inclusion (enei) that will be delivered in June 2024. Our EDI Manager also attended training on Reasonable Adjustments with the Advisory, Conciliation and Arbitration Service (Acas) that will be used to train all managers in summer 2024.

Our EDI Manager works with colleagues across the regulatory and charity sector to share learning and discuss issues relating to EDI. This has included delivering training on gender identity and trans inclusion.

Addressing the gender pay gap

Since our previous EDI report, our pay gaps for employees based on gender have reduced and female employees now appear to be paid more on average than their male colleagues. As part of our commitment to ensuring equity within the GOC, we produce an annual gender pay gap report. While we have no legal or statutory duty to publish this kind of report, we choose to do so to ensure that we are aware of any inequality within our own organisation and can then take steps to address this.

This report is based on our internal monitoring data, captured on 31 March 2024, and only includes data where employees have provided information about their sex. As a result, we have analysed the data for 87 of our 101 employees at the time of recording.

Compared to the national average, the regulatory sector average, and last year's GOC average, the GOC gender pay gap for 2023-24 was much improved. We have moved from having a gender pay gap to being in a position where our female employees are paid more on average than their male colleagues, in terms of both mean and median hourly rate.

	% difference in hourly rate (mean)	% difference in hourly rate (median)
GOC 2023-24	-4.1	-2.6
National average	13.2	14.3
Regulatory average	10.2	12.2
GOC 2022-23	4.5	0.6

When looking at mean hourly pay broken down by grade, the picture is quite different. Any data above Head Of positions is removed to prevent data being identifiable, but in all remaining positions, the only one where female staff are paid more than their male colleagues is Administrator (-11.2%), the lowest grade. In the other grades (Officer, Manager, Head of) men are still paid more than women, with the largest pay gap being at Manager grade (see table below). This suggests that, while our overall figures show an improvement in our pay gaps since last year there is still work to be done to ensure that gender pay gaps are reduced across all grades.

Grade	% difference in hourly rate (mean)	% difference in hourly rate (median)
Head of	3.3	2.3
Manager	4.2	2.9
Officer	1.1	0.0
Administrator	-11.2	-11.3

Exceeding our statutory duties

Our commitment is to do more than just comply with legal and statutory obligations; it is to go above and beyond, to follow best practice in all our EDI work, and provide thought leadership in this area. We are of course compliant with the Equality Act 2010 (the 'Act') - the legislation which protects people from discrimination, and it applies to all workplaces and public bodies. The Act outlaws discrimination based on nine protected characteristics, which are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief (including no religion)
- sex
- sexual orientation.

In addition to these characteristics, the GOC is also committed to ensuring equal access and opportunities for carers, those with markers of vulnerability, and those from less socially mobile backgrounds.

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 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.

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. Whenever possible, our approach to demonstrating ‘due regard’ includes considering intersectionality between the protected characteristics.

The GOC carries a duty under the PSED to implement the Act. Specifically, to publish information to demonstrate GOC compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years, which we set out in our EDI action plan. In order to demonstrate how we meet our legal obligations in this context, we report publicly on how we comply with our legal duties and ethical responsibilities, including (but not limited to) PSED, the PSA Standards for Good Regulation, the Act, and the Human Rights Act 1998, as follows:

- written updates in the Chief Executive and Registrar’s quarterly report to Council, published in the ‘governance’ section of our website;
- our gender-pay gap report, which is published annually; and
- this EDI annual report, which showcases our key achievements in our EDI work, and describes our EDI data, which we collect and publish annually.

Our EDI Action Plan 2020-2024

Our EDI plan for the last four years has captured our core activities and committed us to work that supports our wider corporate strategy. A new action plan has been developed to cover the next year until the launch of our new strategy.

The previous plan identified six areas of focus:

- **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 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.
- **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.
- **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 stage in the employee lifestyle is an important chance to embed the GOC values and commitment to EDI.
- **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 embeds EDI into all practices in the GOC.

- **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.
- **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.

Our progress against this plan is outlined in Annex 1. While we have seen real successes in the last four years, the findings of the Derek Hooper EDI review prompted us to extend some of our objectives further and reprioritise certain aspects of others. These have been adapted into our 2024-2025 plan which was approved in March 2024

What next: our plans for 2024/25

EDI Action Plan 2024-2025

Our EDI action plan for 2020-2024 was approved by Council in March 2024. It describes how we will progress our critical activities around EDI, as well as recommendations arising from the Hooper Review and activity related to evidencing our achievement of PSA Standard 3. Our plan will enable us to closely track our progress against the actions outlined and help you as we bridge into our 2025-2030 strategy.

The new action plan is organised under six themes, with areas of focus to allow us to meet our objectives for the next year. These themes are:

- Data
- People, learning, and development
- Recruitment
- Policies and procedures
- Community and support
- Leadership and accountability

EDI Strategy 2025-2030

EDI is also central to our corporate strategy, as reflected in the drafts of our new vision statement, and our first strategic objective: Creating fairer and more inclusive eye care services. Our current 2020-2024 EDI strategy is included within the GOC's overarching Fit for the Future Strategy 2020-2025. From April 2025 we intend to publish separate EDI strategy to 2030 which will outline our ambitions for the next five years.

Our progress against our EDI Action Plan 2020-2024

The following tables provide evidence of the GOC's progress against the actions in our EDI Action Plan 2020-2024:

Data

Programme of work	Strategic objective	Date	Progress
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	This programme of work is included in our 2024-2025 action plan. We are expanding the data we collect and will be redeveloping our monitoring forms to improve our volume and quality of evidence to better inform our policies and processes.
Improve recording, analysis and sharing of fitness to practise data	Transforming customer service	Jan–Mar 2022	This programme of work is included in our 2024-2025 action plan. We will build on existing work in this area through our Unfair Outcomes Working Group.
Implement new data analysis programmes to explore intersectional data and remove barriers.	Continuous improvement	Jan–Mar 2023	This programme of work is included in our 2024-2025 action plan.
Embed EDI benchmarking reporting into each quarter.	Continuous improvement	Jan–Mar 2021	There is limited scope to introduce a numerical quarterly EDI benchmark, given the small sample size (for example, variances in the EDI profile of staff on a quarterly basis would potentially identify individuals,) and that the data does not significantly change enough in-year to warrant quarterly reporting. The monitoring of systemic change associated with the GOC's EDI plans is better served by an annual data set, such as that contained in the EDI monitoring report. Further monitoring around

			the staff EDI profile at an operational level, including recruitment data, investigations, grievances and other HR matters was incorporated into BAU reporting to SMT in 2023-24.
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	As reported in the EDI annual report 2023-2024, this action is complete.
Start collecting qualitative data to understand inclusion.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action is complete.

People development and education

Roll out essential EDI training for all staff	Continuous improvement	Jan-Mar 2021	As reported in the EDI annual report 2023-2024, this action is complete.
Develop and launch an enhanced management development program	Continuous improvement	Apr-Jun 2021	This programme of work is included in our 2024-2025 action plan. Managers received training on structural discrimination in June 2024 and further training has been developed. A bespoke GOC style of management is being developed in consultation with GOC employees to support this development.
Develop and launch a continuous EDI learning program, with embedded values, for staff	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action is complete.
Develop an EDI training program for Council	Continuous improvement	Apr-Sep 2022	This programme of work is included in our 2024-2025 action plan. Council receives EDI training and new members receive an

			EDI induction. Training on structural development will also be extended to them.
Develop informal EDI learning opportunities for registrants.	Continuous improvement	Jan–Mar 2023	This programme of work is included in our 2024-2025 action plan.
Adopt reverse mentoring to further develop leaders and people managers	Continuous improvement	Jan–Mar 2023	This programme of work is included in our 2024-2025 action plan.

Recruitment and retention

Programme of work	Strategic objective	Deadline	Progress
Review recruitment policy, processes, and assessment, to embed EDI and values	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed previously. However, as these reviews should be undertaken regularly, a similar objective has been incorporated into our 2024-2025 action plan.
Analyse EDI data of recruitment campaigns to highlight and analyse inequality and barriers.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed previously. However, as this analysis should be undertaken regularly, a similar objective has been incorporated into our 2024-2025 action plan.
Review roles requirements to ensure the role descriptions are not limiting.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed previously. However, as these reviews should be undertaken regularly, a similar objective has been incorporated into our 2024-2025 action plan.

Values setting

Programme of work	Strategic objective	Deadline	Progress
Clarify the link between EDI and GOC values and embed those values into ways of working.	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed previously. The link between EDI and GOC values will also be highlighted in our 2025-2030 Strategy, as well as the 2025-2030 EDI Strategy.
Redraft all HR policies and processes.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed previously.
Redesign processes to practise values.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed.
Build EQIAs into each process.	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed. A review of the EQIA process has been included in the action plan for 2024-2025.

Community engagement and support

Programme of work	Strategic objective	Deadline	Progress
Review and promote a staff engagement plan where EDI dates are celebrated.	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed. This has become BAU work as part of the EDI Manager's role and the Staff Networks and will continue into 2024-2025.

Review the staff network structures and support.	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed.
Set up new, and develop existing, structures to promote and reward cross-department / cross-team working.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed.
Develop and implement a people plan.	Continuous improvement	Jan–Mar 2023	As reported in the EDI annual report 2023-2024, this action has been completed.
Develop and implement a revised communications strategy to engage staff.	Continuous improvement	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed. This has become BAU work as part of the EDI Manager's role and will continue into 2024-2025.

Leadership and accountability

Programme of work	Strategic objective	Deadline	Progress
Develop guidance on 'speaking up' for staff and registrants	World-class regulatory practice	Jan–Mar 2021	As reported in the EDI annual report 2023-2024, this action has been completed.
Publish and implement guidance on 'speaking up' for registrants.	World-class regulatory practice	Jan–Mar 2022	As reported in the EDI annual report 2023-2024, this action has been completed.
Monitor the revised communications strategy to achieve greater transparency.	Transforming customer service	Apr–Jun 2023	As reported in the EDI annual report 2023-2024, this action has been completed.

Appendices

Appendix 1: EDI Data Monitoring Report 2023-24

General Optical Council

Equality, Diversity, and Inclusion Annual Monitoring Report

for the year ended 31 March 2024

Our EDI monitoring data

This diversity data is about registrants, registrants going through fitness to practise proceedings, employees, members/workers, and students.

The information in this report is based on our in-house datasets on 31 March 2024 – the exception to this is student academic year data, which is based on the academic year (AY) 2022-2023, and provided to us by education providers. Our employee data is collected from our internal HR system and member data was collected in April 2024 via our annual member survey.

Data

While we aim to gather evidence about all protected characteristics, we allow “Prefer not to say” responses to many questions and 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.

Regarding GOC employees, only 78 out of 102 filled in an EDI form, so data is given based on those 78.

Compared with previous years, this report includes more demographic data, for example, we have examined marital status and explored more detailed evidence about types of disability.

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”. In the student academic year data section, White EWSNI/Irish is not given as we do not collect this data; instead, all White ethnicities are labelled as “White”. Also, in this section, “Black / Black British” is “Black” and “Asian / Asian British” is “Asian”.

The religion category “Christian” includes Catholic, and all other Christian denominations.

There are additional registers for practitioners with specialist qualifications called specialty registers. There are currently four registerable specialties: for optometrists: Additional supply specialty, Independent prescribing specialty, and Supplementary prescribing specialty, and for dispensing opticians: Contact lens specialty.

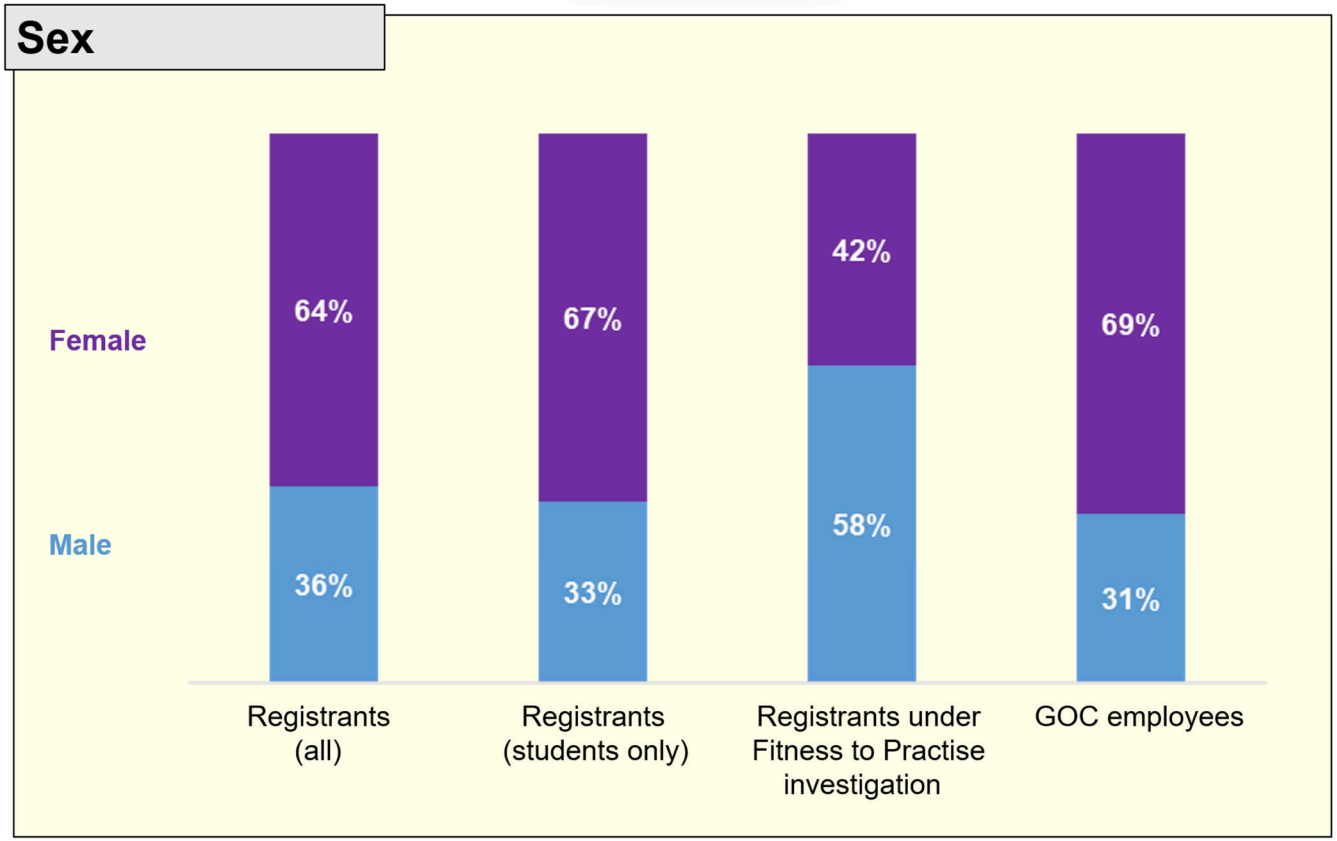
The purpose of the substantive (full) hearing is for the FtP committee (FtPC) to consider and make a decision on the allegation that the registrant’s fitness to practise is impaired.

Student courses covered in this report are Optometry, Dispensing Optics, Contact Lens, and Independent Prescribing.

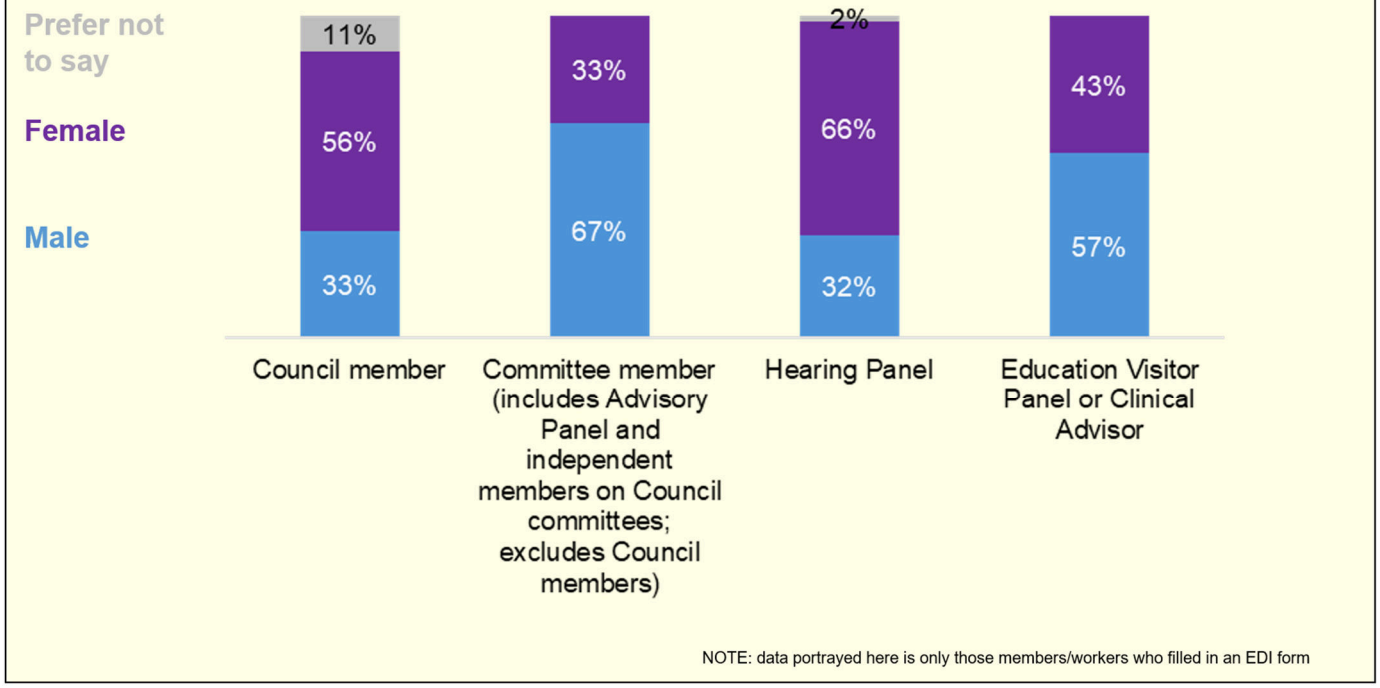
Timeframe

Where possible we have provided three annual instances of data: 31 March 2022, 31 March 2023, and 31 March 2024, to help us identify any trends (may be denoted as “2022”, “2023”, and “2024”).

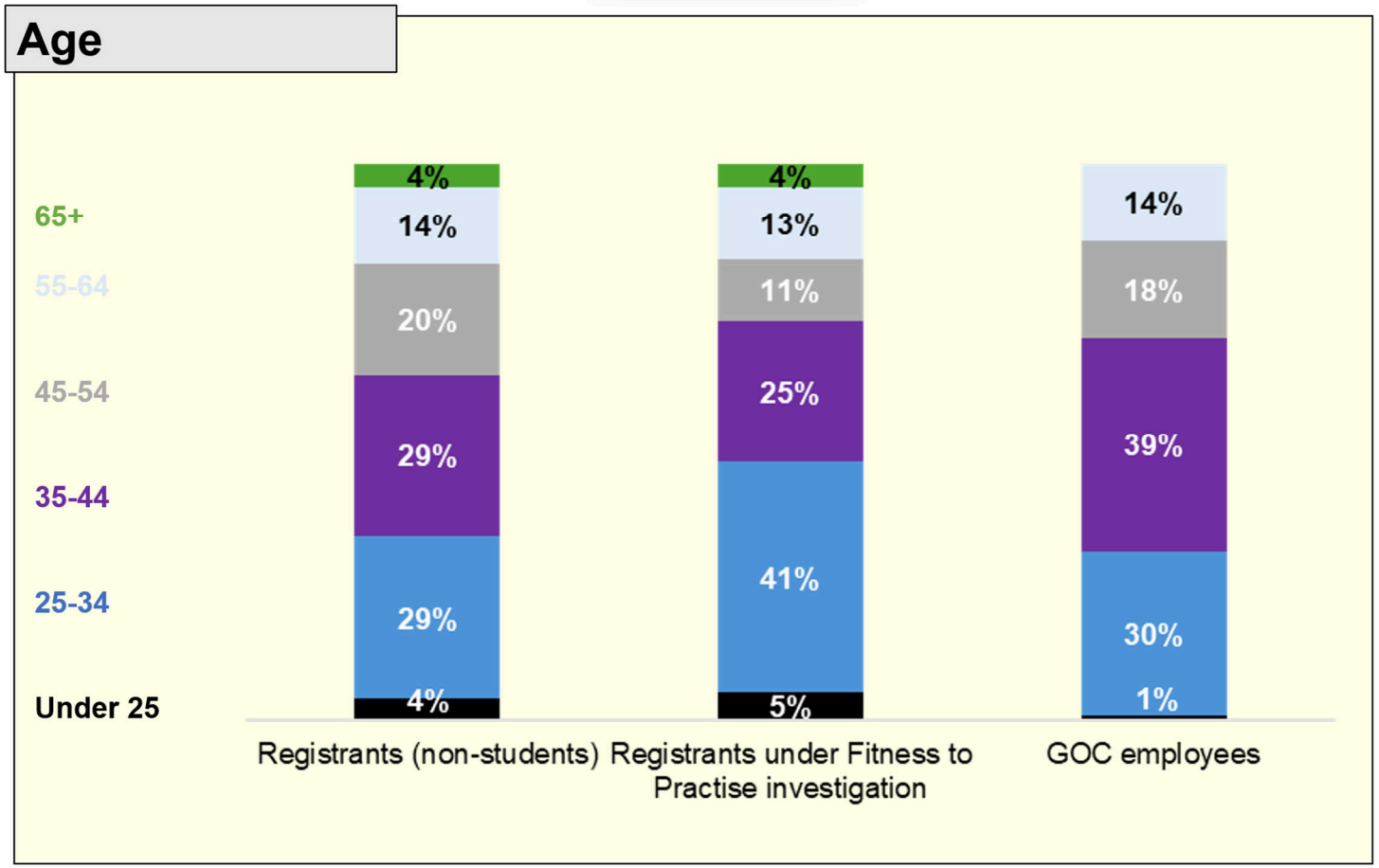
2023/2024 EDI Data Snapshots



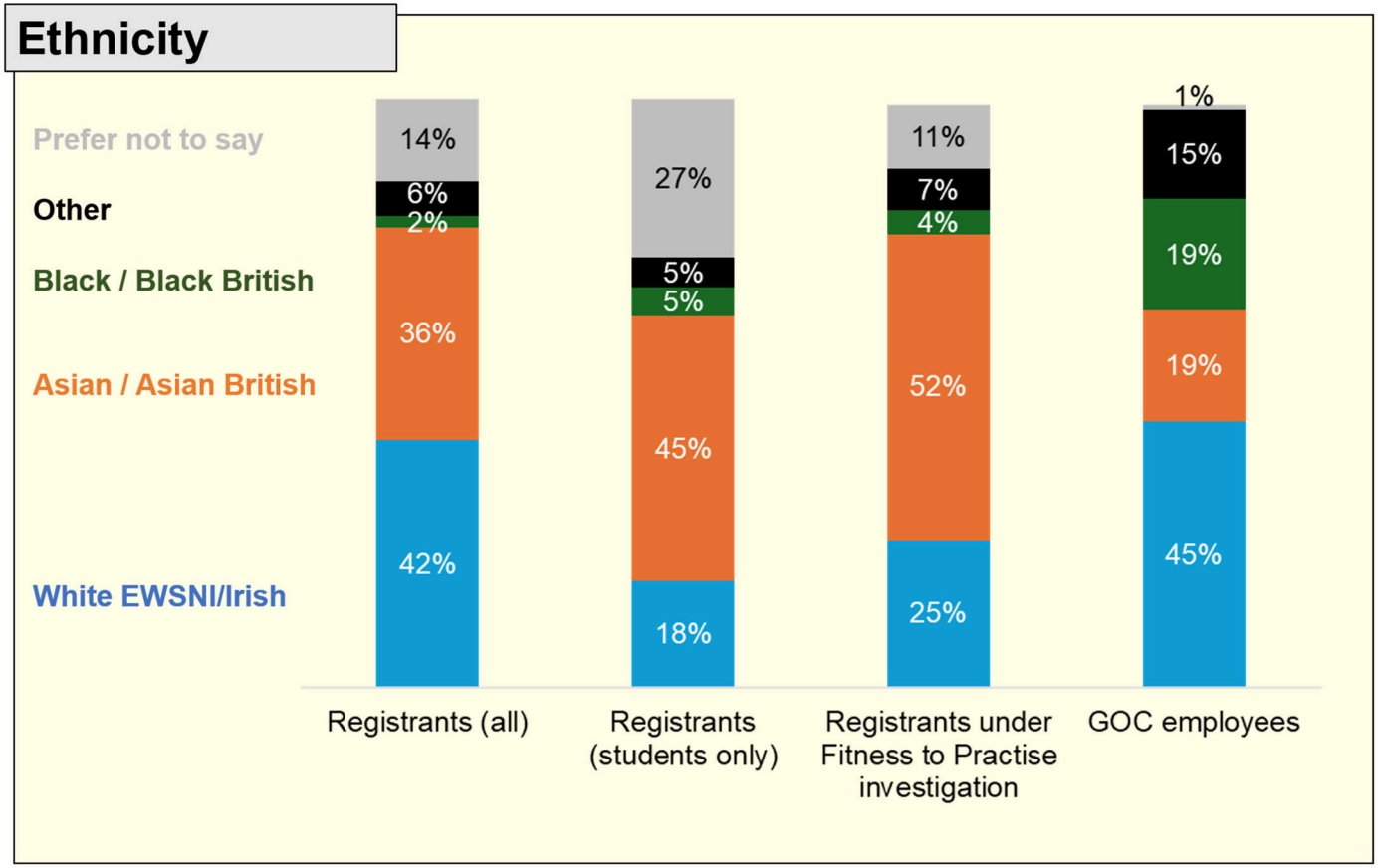
Sex



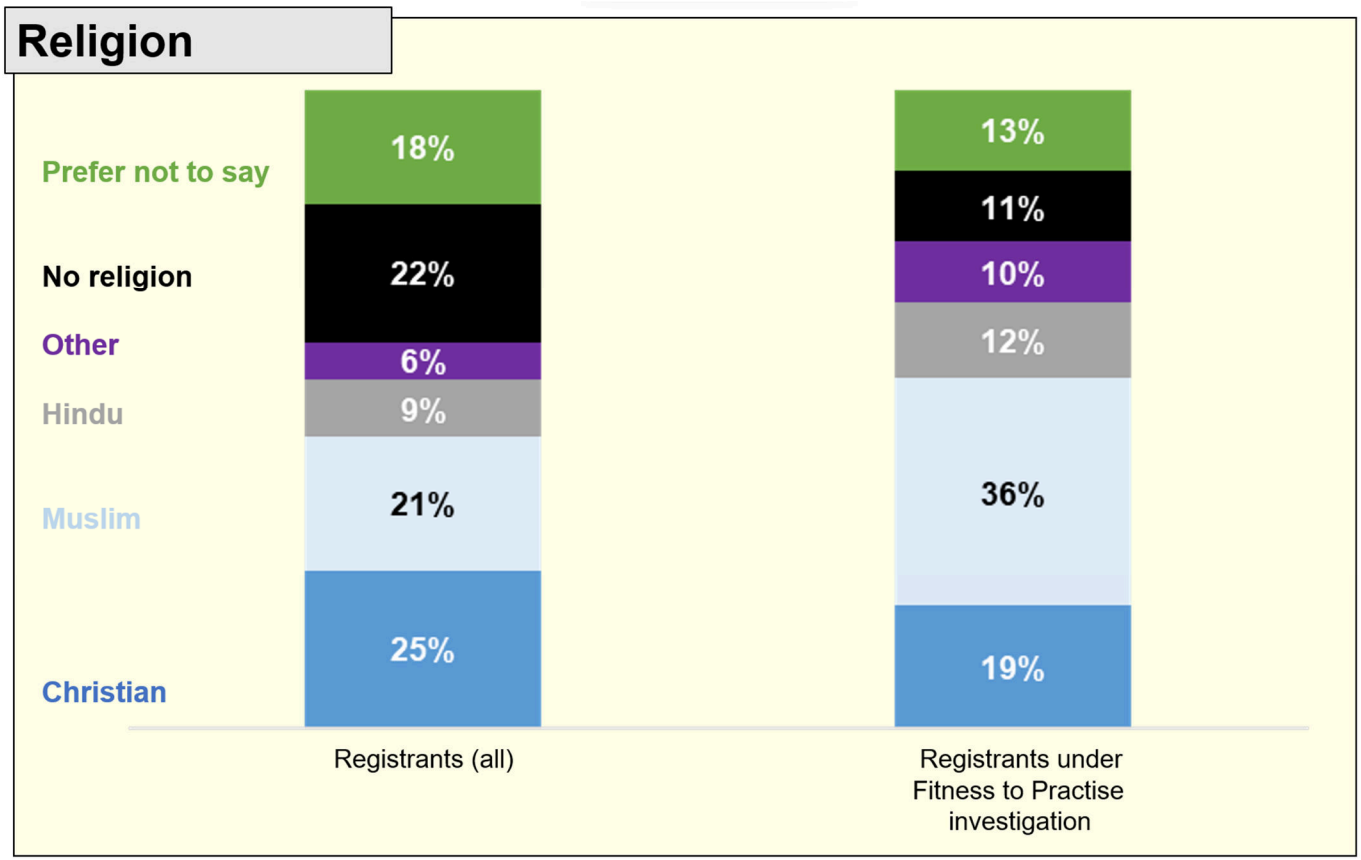
NOTE: data portrayed here is only those members/workers who filled in an EDI form


Age
65+
55-64
45-54
35-44
25-34
Under 25
4%
14%
20%
29%
29%
4%
4%
13%
11%
25%
41%
5%
14%
18%
39%
30%
1%
Registrants (non-students)
Registrants under Fitness to Practise investigation
GOC employees

Ethnicity


Prefer not to say
Other
Black / Black British
Asian / Asian British
White EWSNI/Irish
14%
6%
2%
36%
42%
27%
5%
5%
45%
18%
11%
7%
4%
52%
25%
1%
15%
19%
19%
45%
Registrants (all)
Registrants (students only)
Registrants under Fitness to Practise investigation
GOC employees

Religion


Prefer not to say
No religion
Other
Hindu
Muslim
Christian
18%
22%
6%
9%
21%
25%
13%
11%
10%
12%
36%
19%
Registrants (all)
Registrants under Fitness to Practise investigation

Registrants

Appendix: Tables 1-28

As of 31 March 2024, we had 31,214 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our register.

Numbers

The largest annual change occurred with student optometrists (like the past year): this group has increased by 4.2% compared to the past year. The total number of registrants has increased by 2.4% compared to the past year.

Sex

63.8% of all registrants are female (63.6% in 2023). As in previous years, the most marked imbalance is found in student optometrists and student dispensing opticians – here, females account for 67.0% and 68.5% respectively. Like past years, all four specialty categories are roughly 60% female and 40% male.

Age

Excluding students, age groups with the highest percentage of registrants are aged 25-34 and 35-44 (29.0% and 28.9% respectively); regarding this, there has been no significant change over the three-year period. Like the past year, the specialty age profile shows a comparatively higher proportion of registrants aged 35-44 (33.1%, compared to 28.9% of all registrants excluding students).

Ethnicity

41.6% of all registrants (42.7% in 2023) are White EWSNI/Irish; this has been decreasing over the three-year period. 36.3% of all registrants (35.4% in 2023) are Asian / Asian British; this has been increasing over the three-year period. The percentage of registrants who selected Black, Asian, Mixed, or Other as their ethnicity (44.5%) is significantly higher than the UK population (17.0%)[1].

Of respondents who provided their ethnicity, 48.3% (49.7% in 2023) are White EWSNI/Irish, and 42.1% (41.2% in 2023) are Asian / Asian British.

There is a proportionately higher rate of White EWSNI/Irish specialty registrants (60.5%, compared to 41.6% of all White EWSNI/Irish registrants).

[1] Ethnicity Facts and Figures, UK Government Data extracted from 2021 Census

Religion

The religion declared most frequently by all registrants was Christian (24.8%), followed by Muslim (21.1%); in 2023, this was 25.3% and 20.0% respectively.

Excluding those who prefer not to say, 30.4% of registrants are Christian, and 25.8% are Muslim.

The percentage of Muslim registrants is significantly higher than the UK Muslim population (6.5%)[2].

Most registrants are 25- to 34-year-old Christian White EWSNI/Irish female optometrists.

Disability

1.2% of registrants declared that they are disabled. Like past years, there has been no significant change in the percentage of all registrants who have declared a disability. In 2020, 10% of working age adults in the UK who are economically active, considered themselves to have a disability[3].

Sexual Orientation

Like past years, there has been no significant change in the percentage of all registrants who have declared a sexual orientation other than heterosexual (less than 3%). 93.4% of the UK population are heterosexual[4].

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% over the past years. Over the past three years, each year, between 20% and 21% of respondents preferred to not give an answer.

Nation

81.6% of registrants live in England. 2.2% of registrants live outside of the UK. 84.3% of the UK population live in England[5].

[2] Muslim Population in the UK, ONS, 2021
[3] Disabled People in Employment, House of Commons Briefing Paper, 2024
[4] Sexual orientation, UK - Office for National Statistics (ons.gov.uk)
[5] Population estimates for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk)

Fitness to Practise

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.

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.

Fitness to Practise – Complainants

Appendix: Tables 29, 30

Sex

Excluding the unknowns, 55.6% of complaints come from females (60.5% in 2023). The number of complaints we received in 2023 is very similar to the previous year. Unknowns here refer to those who do not disclose their gender, or a company referral.

Location

Excluding the unknowns, there has been no significant difference in the location of complaints by country over the past three years.

Fitness to Practise – Registrants Under FtP Investigation

Appendix: Tables 31-43

Compared with 2023, there have been 26.0% more FtP investigations this year. 57.7% of registrants on the register are optometrists, while 77.8% of registrants under FtP investigation are optometrists; 22.0% of registrants on the register are dispensing opticians, while 15.1% of registrants under FtP investigation are dispensing opticians; 16.4% of registrants on the register are student optometrists, while 4.8% of registrants under FtP investigation are student optometrists. Over the past three years, there has been no significant difference in the percentage of registrants by profession going through to an FtP investigation.

Sex

57.9% of registrants under FtP investigation are male (64.5% in 2023). 36.2% of registrants on the register are male (36.4% in 2023).

Ethnicity

41.6% of registrants on the register are White EWSNI/Irish, yet only 25.4% of registrants under FtP investigation are White EWSNI/Irish. Comparatively 36.3% of registrants on the register are Asian / Asian British, but 52.4% 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.

Excluding those who prefer not to say, 28.6% of registrants under FtP investigation are white EWSNI/Irish, and 58.9% are Asian / Asian British.

Age

The age group with the highest percentage of registrants under FtP investigation is 25-34 (41.3%), followed by 35-44 (25.4%). Excluding students, age groups with the highest percentage of registrants are aged 25-34 and 35-44 (29.0% and 28.9% respectively). Student data is excluded here since a very high percentage of them are under 25 and so would skew the data.

Religion

21.1% of registrants on the register are Muslim, yet 35.7% of registrants under FtP investigation are Muslim. 9.1% of registrants on the register are Hindu, and 9.7% of registrants under FtP investigation are Hindu. 24.8% of registrants on the register are Christian, and 19.1% of registrants under FtP investigation are Christian.

For the past three years, Hindu registrants made up a larger percentage of FtP investigations compared with their percentages on the register. Likewise, for “Other” religion registrants.

Excluding those who prefer not to say, 21.8% of registrants under FtP investigation are Christian, and 40.9% are Muslim.

Fitness to Practise – Allegation Types

Appendix: Tables 44-49

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 'Mix'.

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

Allegation Types

The most frequent allegations concern conduct (38.9%), followed by clinical practise (38.1%).

Sex

Male conduct cases make up the largest allegation category by sex (24.6%), unlike the past two years, where male clinical cases made up the largest allegation category by sex. For both the sexes, the majority of cases are clinical or conduct-related; this has remained unchanged over the past three years.

Age

Like the previous year, clinical cases of 25-34 year-olds, make up the largest age group category.

Ethnicity

Asian / Asian British clinical cases represent the largest allegation category by ethnicity (23.8%), followed by Asian / Asian British conduct cases (19.8%).

Religion

Muslim clinical cases and Muslim conduct cases represent the largest allegation categories by religion (14.3% each).

Fitness to Practise – Case Examiner Decisions

Appendix: Tables 50-55

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

Sex

67.6% of registrants referred to the FtPC were male (71.0% in 2023). 57.9% of registrants under FtP investigation are male.

Age

Like the past three years, the age of registrant cases considered by case examiners was consistent with the register.

Ethnicity

Of the cases referred to the FtPC, 40.9% were White EWSNI/Irish (33.9% in 2023), and 47.7% were Asian / Asian British registrants (43.6% in 2023). 25.4% of registrants under FtP investigation are White EWSNI/Irish; 52.4% of registrants under FtP investigation are Asian / Asian British.

Religion

Of the cases referred to the FtPC, 17.6% were Christian (12.9% in 2023), and 35.3% were Muslim registrants (17.7% in 2023). 19.1% of registrants under FtP investigation are Christian; 35.7% of registrants under FtP investigation are Muslim.

Employees

Appendix: Tables 56-62

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 and to review it for updates annually. The information requested covers sex, age, ethnicity, religion, disabilities, and pregnancy and maternity/paternity, and is managed by our People & Culture team. Case examiner data is not included in this dataset as they are considered “workers”.

Sex

69.2% of employees are female (62.8% in 2023); 30.8% are male (37.2% in 2023).

Age

The ages of GOC employees matches the UK Labour Force Survey[6], in that most people in employment are aged 25-34 and 35-44. There are no employees aged over 65. There has been no significant change in this demographic over the past three years.

Ethnicity

44.9% of employees are White British – this has remained almost unchanged compared to the past three years. As of 2021, approximately 76.8% of people in UK are White British[7].

Pregnancy and Maternity/Paternity Leave

Of our 78 employees, fewer than ten were on maternity/paternity leave at the time of accessing the data.

Disability

Of our 78 employees, fewer than ten identified themselves as having a disability.

[6] Labour Force Survey - Office for National Statistics (ons.gov.uk)

[7] Ethnicity Facts and Figures, UK Government Data extracted from 2021 Census

Religion

Over a quarter of employees chose not to say what religion they were. Excluding those who prefer not to say, 42.9% said they had no religion, and 32.1% were Christian.

Members and Workers

Appendix: Tables 63-79

Our members and workers are the members of Council and our Committees and panels, as well as clinical advisors. Both Council and Committee members scrutinise the GOC, providing checks and balances on the organisation to protect the public. Council also sets the vision and strategy of the GOC.

There are limitations to the data below, in that only information about those who filled in our EDI form is shown. 65 out of 156 members/workers chose not to fill in the EDI form, so we only have data for 58.3% (68.9% in 2023) of our members/workers.

Sex

Of the members and workers who filled in our EDI form, 54.9% are female (50.5% in 2023), and 42.9% are male (49.5% in 2023). 2.2% preferred not to say (0.0% in 2023).

Age

Of the members and workers who filled in our EDI form, like the past year, the most populous age group was 55-64 (39.6%; 36.9% in 2023), followed by 45-54 (26.4%; 28.8% in 2023). 1.1% preferred not to say (7.2% in 2023).

Ethnicity

Of the members and workers who filled in our EDI form, the largest ethnicity group was White EWSNI/Irish (85.7%; 82.0% in 2023), and around 1% preferred not to say.

Disability

Of the members and workers who filled in our EDI form, 9.9% declared that they have a disability (8.1% in 2023), and 5.5% preferred not to say (3.6% in 2023).

Sexual orientation

Of the members and workers who filled in our EDI form, 6.6% declared a sexuality other than heterosexual (6.3% in 2023), and 6.6% preferred not to say (3.6% in 2023).

Religion

Of the members and workers who filled in our EDI form, the largest ethnicity group was Christian (41.8%; 46.8% in 2023), followed by “no religion” (40.7%; 34.2% in 2023).

Students

Appendix: Tables 80-87

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 third year that we have published EDI data that has been acquired for use from providers of GOC-approved qualifications alongside our own data. Where this is the case, we have specified this by specifying that the data is for AY (academic year) 2022/23; information regarding specific registration types, e.g. student optometrists. We take data from education providers at face value and request clarification where we may have any queries. We plan to build upon these datasets so that we can learn more about the student journey, including enrolment, retention, and attainment.

This data only includes students studying at universities/colleges; 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) 2022/23, 68.2% (64.4% in 2021/22) of students were female, higher than the percentage of female registrants. Of all four individual courses, the range of female students was 58.1% to 80.2% (58.6% to 66.7% in 2021/22).

Age

In the AY 2022/23, the age groups with the highest proportion of students were aged 20 and under (49.6%; 48.1% in 2021/22) and aged 21-24 (25.3%; 25.0% in 2021/22). The age profile of students enrolled in Independent Prescribing and Contact Lens courses was significantly older than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been no significant annual change compared with the past three years.

Ethnicity

In the AY 2022/23, White students made up 30.7% of all students (32.5% in 2021/22) – compared with the register, where 41.6% of all registrants are White EWSNI/Irish. The number of White registrants has decreased over past years, and data shows that this will most likely continue. As of 31 March 2024, Asian students made up 55.6% of all students (54.5% in 2021/22) – compared with the Asian / Asian British registrants on the register, which was 36.3%.

As of 31 March 2024, 51.1% of student optometrists were Asian / Asian British, and 11.1% of student optometrists were White EWSNI/Irish. Excluding students who prefer not to say, 69.6% of

student optometrists are Asian / Asian British, and 15.1% of student optometrists are White EWSNI/Irish.

The number of Asian / Asian British registrants has increased over previous years, and student data shows that this will most likely continue.

As of 31 March 2024, 18.9% of student dispensing opticians were Asian / Asian British, and 46.8% of student dispensing opticians were White EWSNI/Irish. Excluding students who prefer not to say, 25.8% of student dispensing opticians are Asian / Asian British, and 63.9% of student dispensing opticians are White EWSNI/Irish.

Disability

In the AY 2022/23, 9.3% (7.6% in 2021/22) of students across all courses declared that they were disabled.

Sexual orientation

As of 31 March 2024, 2.6% of students declared a sexuality other than heterosexual (2.6% in 2023), and 28.2% preferred not to say (28.0% in 2023).

Religion

As of 31 March 2024, 41.3% of student optometrists declared that they were Muslim, and 11.5% were Christian. Excluding students who prefer not to say, 57.8% of student optometrists are Muslim, and 16.1% of student optometrists are Christian.

The number of Muslim optometrists has increased over past years (of the register: 18.4% in 2022; 20.0% in 2023; 21.1% in 2024), and student data shows that this will most likely continue (of the register: 6.6% in 2022; 7.1% in 2023; 7.3% in 2024).

As of 31 March 2024, 36.4% of student dispensing opticians declared no religion. Excluding students who chose Prefer not to say, 68.2% of student optometrists declared no religion.

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REGISTRANT DATA

Table 1: Registrants – Professional group – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024		2023 to 2024 % change	2022 to 2024 % change
Optometrists	17,082	56.8%	17,428	57.2%	18,010	57.7%	3.3%	5.4%
Dispensing opticians	7,074	23.5%	6,904	22.6%	6,856	22.0%	-0.7%	-3.1%
Student optometrists	4,614	15.3%	4,906	16.1%	5,114	16.4%	4.2%	10.8%
Student dispensing opticians	1,290	4.3%	1,246	4.1%	1,234	4.0%	-1.0%	-4.3%
Total registrants (excluding body corporate)	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**	**2.4%**	**3.8%**

Table 2: Registrants – Sex – 31 March 2024

	Male			Female			Total	
	Total registrants		% of register	Total registrants		% of register	Total registrants	% of registrant type
Optometrists	6,865	22.0%	38.1%	11,145	35.7%	61.9%	18,010	57.7%
Dispensing opticians	2,346	7.5%	34.2%	4,510	14.5%	65.8%	6,856	22.0%
Student optometrists	1,690	5.4%	33.1%	3,424	11.0%	67.0%	5,114	16.4%
Student dispensing opticians	389	1.2%	31.5%	845	2.7%	68.5%	1,234	4.0%
All registrants	**11,290**		**36.2%**	**19,924**		**63.8%**	**31,214**	**100.0%**

Table 3: Registrants (excluding students) – Sex – 2022 to 2024

		31 March 2022		31 March 2023		31 March 2024		2023 to 2024 % change	2022 to 2024 % change
Male	Optometrists	6,680	27.7%	6,712	27.6%	6,865	27.6%	2.1%	2.6%
	Dispensing opticians	2,482	10.3%	2,386	9.8%	2,346	9.4%	-1.7%	-5.5%
Female	Optometrists	10,402	43.1%	10,716	44.1%	11,145	44.8%	4.0%	7.1%
	Dispensing opticians	4,592	19.0%	4,518	18.6%	4,510	18.1%	-0.2%	-1.8%
Total		**24,156**	**100.0%**	**24,322**	**100.0%**	**24,866**	**100.0%**	**2.2%**	**4.6%**

Table 4: Registrants – Specialty – Sex – 31 March 2024

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		**All specialties**	
Female	743	60.5%	1,049	60.9%	1,054	60.8%	1,050	60.9%	**3,896**	**60.8%**
Male	485	39.5%	675	39.2%	680	39.2%	674	39.1%	**2,514**	**39.2%**
Total	**1,228**	**100.0%**	**1,724**	**100.0%**	**1,734**	**100.0%**	**1,724**	**100.0%**	**6,410**	**100.0%**

Table 5: Registrants (excluding students) – Age – 31 March 2024

	Optometrist		Dispensing optician		**All non-students**	
Under 25	913	5.1%	85	1.2%	**998**	**4.0%**
25-34	5,860	32.5%	1,356	19.8%	**7,216**	**29.0%**
35-44	5,127	28.5%	2,064	30.1%	**7,191**	**28.9%**
45-54	3,218	17.8%	1,644	24.0%	**4,862**	**19.6%**
55-64	2,169	12.0%	1,346	19.6%	**3,515**	**14.1%**
65+	723	4.0%	361	5.3%	**1,084**	**4.4%**
Total	**18,010**	**100.0%**	**6,856**	**100.0%**	**24,866**	**100.0%**

Table 6: Registrants (excluding students) – Age – 31 March 2023

	Optometrists		Dispensing opticians		**All non-students**	
Under 25	850	4.9%	76	1.1%	**926**	**3.8%**
25-34	5700	32.7%	1,491	21.6%	**7,191**	**29.6%**
35-44	5015	28.8%	2,082	30.2%	**7,098**	**29.2%**
45-54	3046	17.5%	1,595	23.1%	**4,641**	**19.1%**
55-64	2126	12.2%	1,341	19.4%	**3,467**	**14.3%**
65+	691	4.0%	318	4.6%	**1,009**	**4.2%**
Total	**17,428**	**100.0%**	**7,074**	**100.0%**	**24,332**	**100.0%**

Table 7: Registrants (excluding students) – Age – 31 March 2022

	Optometrists		Dispensing opticians		**All non-students**	
Under 25	831	4.9%	81	1.2%	**912**	**3.8%**
25-34	5,512	32.3%	1,574	22.3%	**7,086**	**29.3%**
35-44	4,972	29.1%	2,109	29.8%	**7,081**	**29.3%**
45-54	2,955	17.3%	1,638	23.2%	**4,593**	**19.0%**
55-64	2,103	12.3%	1,344	19.0%	**3,447**	**14.2%**
65+	709	4.2%	328	4.6%	**1,037**	**4.3%**
Total	**17,082**	**100.0%**	**7,074**	**100.0%**	**24,156**	**100.0%**

Table 8: Registrants (students only) – Age – 31 March 2024

	Student optometrists		Student dispensing opticians		All students	
Under 20	810	15.8%	52	4.2%	**862**	**13.6%**
20-24	3,268	63.9%	308	25.0%	**3,576**	**56.3%**
25-30	592	11.6%	425	34.4%	**1,017**	**16.0%**
31-40	339	6.6%	318	25.8%	**657**	**10.4%**
41+	105	2.1%	131	10.6%	**236**	**3.7%**
Total	**5,114**	**100.0%**	**1,234**	**100.0%**	**6,348**	**100.0%**

Table 9: Registrants (students only) – Age – 31 March 2023

	Student optometrists		Student dispensing opticians		All students	
Under 20	785	16.0%	52	4.2%	**837**	**13.6%**
20-24	3,201	65.3%	359	28.8%	**3,560**	**57.9%**
25-30	577	11.8%	409	32.8%	**986**	**16.0%**
31-40	264	5.4%	313	25.1%	**577**	**9.4%**
41+	79	1.6%	113	9.1%	**192**	**3.1%**
Total	**4,906**	**100.0%**	**1,246**	**100.0%**	**6,152**	**100.0%**

Table 10: Registrants (students only) – Age – 31 March 2022

	Student optometrists		Student dispensing opticians		All students	
Under 20	819	17.8%	42	3.3%	**861**	**14.6%**
20-24	3,016	65.4%	408	31.6%	**3,424**	**58.0%**
25-30	511	11.1%	422	32.7%	**933**	**15.8%**
31-40	200	4.3%	306	23.7%	**506**	**8.6%**
41+	68	1.5%	112	8.7%	**180**	**3.0%**
Total	**4,614**	**100.0%**	**1,290**	**100.0%**	**5,904**	**100.0%**

Table 11: Registrants – Specialty – Age – 31 March 2023

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	0	107	283	306	368	164	**1,228**
	0.0%	8.7%	23.1%	24.9%	30.0%	13.4%	**100.0%**
Independent Prescribing Specialty	0	466	617	391	214	36	**1,724**
	0.0%	27.0%	35.8%	22.7%	12.4%	2.1%	**100.0%**
Additional Supply Specialty	0	467	611	395	218	43	**1,734**
	0.0%	26.9%	35.2%	22.8%	12.6%	2.5%	**100.0%**
Supplementary Prescribing Specialty	0	466	613	393	213	39	**1,724**
	0.0%	27.0%	35.6%	22.8%	12.4%	2.3%	**100.0%**
All specialties	**0**	**1,506**	**2,124**	**1,485**	**1,013**	**282**	**6,410**
	0.0%	**23.5%**	**33.1%**	**23.2%**	**15.8%**	**4.4%**	**100.0%**

Table 12: Registrants – Ethnicity – 31 March 2024

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		**Total**	
White EWSNI/Irish	7,102	39.4%	4,746	69.2%	567	11.1%	578	46.8%	**12,993**	**41.6%**
Asian / Asian British	7,514	41.7%	963	14.0%	2,614	51.1%	233	18.9%	**11,324**	**36.3%**
Black / Black British	336	1.9%	71	1.0%	292	5.7%	19	1.5%	**718**	**2.3%**
Mixed/Multiple	213	1.2%	72	1.1%	51	1.0%	13	1.1%	**349**	**1.1%**
Other	890	4.9%	319	4.7%	232	4.5%	61	4.9%	**1,502**	**4.8%**
Prefer not to say	1,955	10.9%	685	10.0%	1358	26.6%	330	26.7%	**4,328**	**13.9%**
Total	**18,010**	**100.0%**	**6,856**	**100.0%**	**5,114**	**100.0%**	**1,234**	**100.0%**	**31,214**	**100.0%**

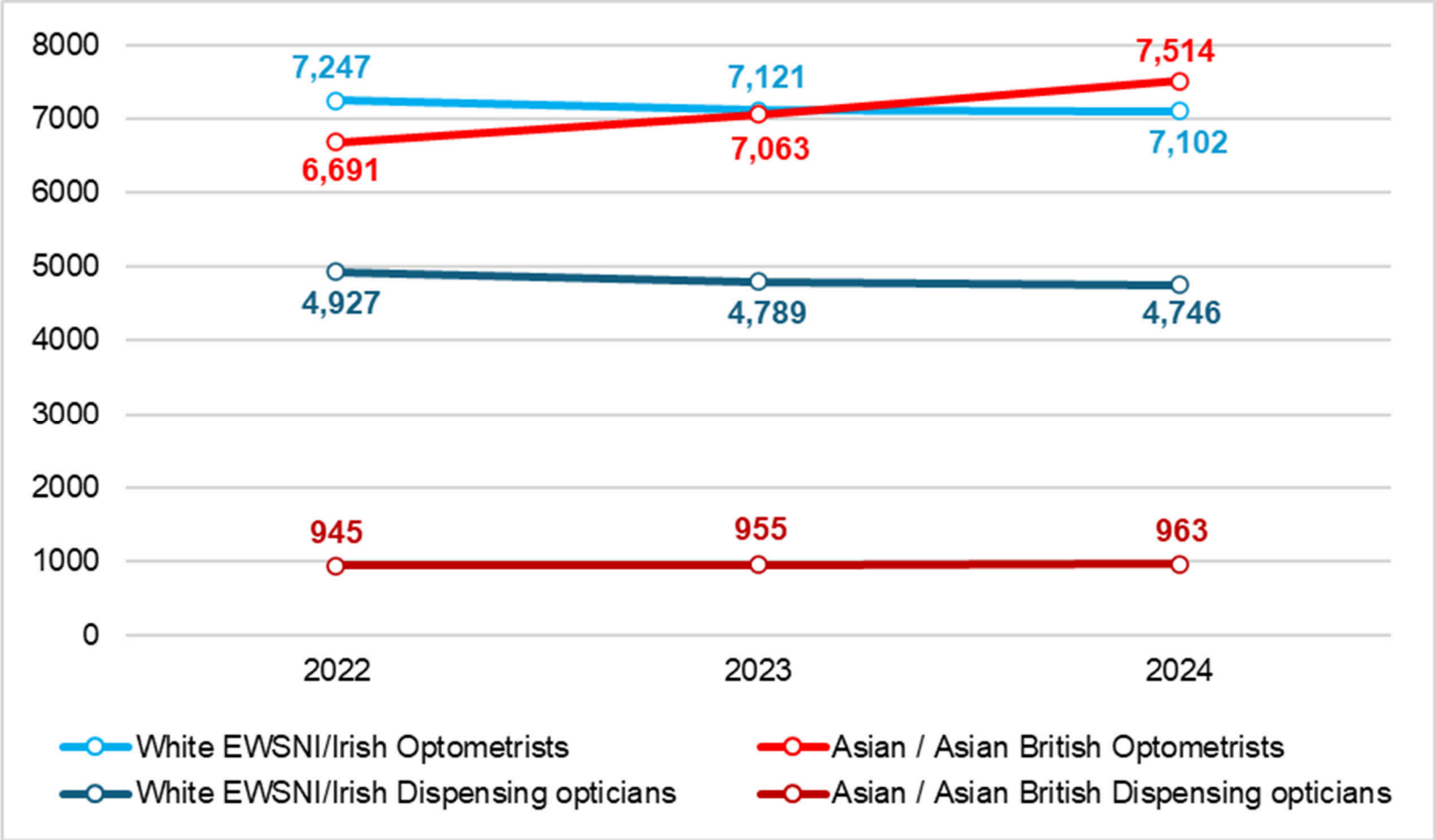
Table 13: Registrants – Ethnicity – 31 March 2023

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		**Total**	
White EWSNI/Irish	7,121	40.9%	4,789	69.4%	584	11.9%	536	43.0%	**13,030**	**42.7%**
Asian / Asian British	7,063	40.5%	955	13.8%	2,556	52.1%	227	18.2%	**10,801**	**35.4%**
Black / Black British	280	1.6%	69	1.0%	214	4.4%	23	1.9%	**586**	**1.9%**
Mixed/Multiple	190	1.1%	67	1.0%	47	1.0%	16	1.3%	**320**	**1.1%**
Other	848	4.9%	321	4.7%	239	4.9%	57	4.6%	**1,465**	**4.8%**
Prefer not to say	1,926	11.1%	703	10.2%	1,266	27.9%	387	31.1%	**4,282**	**14.1%**
Total	**17,428**	**100.0%**	**6,904**	**100.0%**	**4,906**	**100.0%**	**1,246**	**100.0%**	**30,484**	**100.0%**

Table 14: Registrants – Ethnicity – 31 March 2022

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		**Total**	
White EWSNI/Irish	7,247	42.4%	4,927	69.7%	579	12.6%	575	44.6%	**13,328**	**43.3%**
Asian / Asian British	6,691	39.2%	945	13.4%	2,311	50.1%	251	19.5%	**10,198**	**33.9%**
Black / Black British	252	1.5%	72	1.0%	146	3.2%	22	1.7%	**492**	**1.6%**
Mixed/Multiple	174	1.0%	65	0.9%	53	1.2%	12	0.9%	**304**	**1.0%**
Other	811	4.8%	318	4.5%	236	5.1%	60	4.7%	**1,425**	**4.7%**
Prefer not to say	1,907	11.2%	747	10.6%	1,289	27.9%	370	28.7%	**4,313**	**14.4%**
Total	**17,082**	**100.0%**	**7,074**	**100.0%**	**4,614**	**100.0%**	**1,290**	**100.0%**	**30,060**	**100.0%**

Graph 1: Registrants (excluding students) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2022 to 2024



Graph 2: Registrants (students only) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2022 to 2024

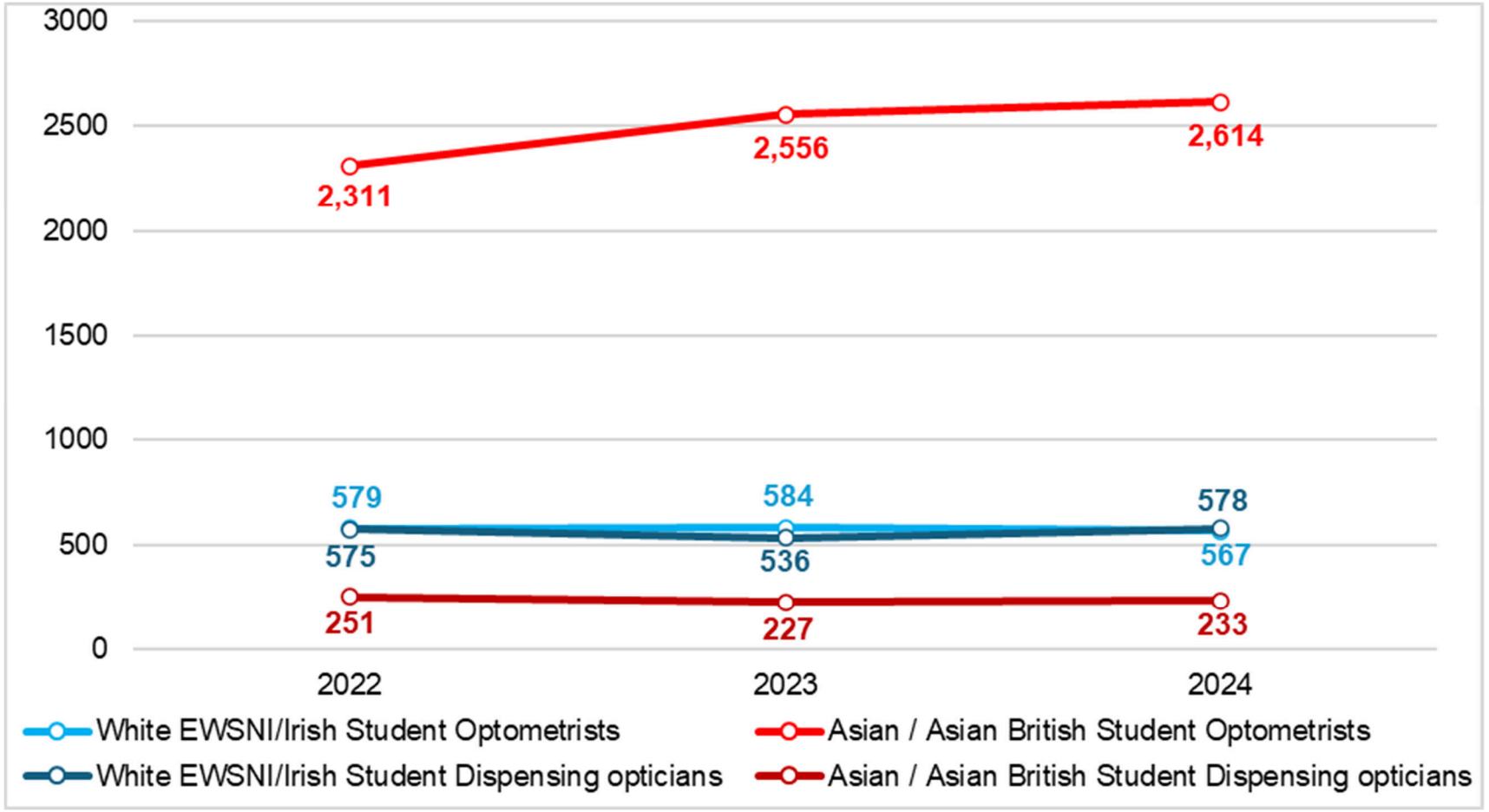


Table 15: Registrants – Specialty – Ethnicity – 31 March 2024

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		**Total**	
Contact Lens Specialty	852	69.4%	172	14.0%	9	0.7%	5	0.4%	50	4.1%	140	11.4%	**1,228**	**100.0%**
Independent Prescribing Specialty	1,007	58.4%	436	25.3%	19	1.1%	18	1.0%	77	4.5%	167	9.7%	**1,724**	**100.0%**
Additional Supply Specialty	1,011	58.3%	438	25.3%	19	1.1%	18	1.0%	78	4.5%	170	9.8%	**1,734**	**100.0%**
Supplementary Prescribing Specialty	1,007	58.4%	435	25.2%	19	1.1%	18	1.0%	77	4.5%	168	9.7%	**1,724**	**100.0%**
All specialties	**3,877**	**60.5%**	**1,481**	**23.1%**	**66**	**1.0%**	**59**	**0.9%**	**282**	**4.4%**	**645**	**10.1%**	**6,410**	**100.0%**

Table 16: Registrants – Specialty – Ethnicity – 31 March 2023

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		**Total**	
Contact Lens Specialty	801	68.9%	166	14.3%	8	0.7%	4	0.3%	46	4.0%	138	11.9%	**1,163**	**100.0%**
Independent Prescribing Specialty	869	60.1%	351	24.3%	13	0.9%	15	1.0%	63	4.4%	136	9.4%	**1,447**	**100.0%**
Additional Supply Specialty	873	59.9%	353	24.2%	13	0.9%	15	1.0%	64	4.4%	139	9.5%	**1,447**	**100.0%**
Supplementary Prescribing Specialty	869	60.1%	350	24.2%	13	0.9%	15	1.0%	63	4.4%	137	9.5%	**1,447**	**100.0%**
All specialties	**3,412**	**61.9%**	**1,220**	**22.1%**	**47**	**0.9%**	**49**	**0.9%**	**236**	**4.3%**	**550**	**10.0%**	**5,514**	**100.0%**

Table 17: Registrants – Specialty – Ethnicity – 31 March 2022

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		**Total**	
Contact Lens Specialty	847	69.6%	170	14.0%	9	0.7%	3	0.3%	46	3.8%	142	11.7%	**1,217**	**100.0%**
Independent Prescribing Specialty	757	61.5%	277	22.5%	13	1.1%	13	1.1%	56	4.6%	115	9.3%	**1,231**	**100.0%**
Additional Supply Specialty	764	61.4%	279	22.4%	13	1.0%	13	1.0%	57	4.6%	119	9.6%	**1,245**	**100.0%**
Supplementary Prescribing Specialty	758	61.4%	277	22.5%	13	1.1%	13	1.1%	56	4.5%	117	9.5%	**1,234**	**100.0%**
All specialties	**2,126**	**63.5%**	**1,003**	**20.4%**	**48**	**1.0%**	**42**	**0.9%**	**215**	**4.4%**	**493**	**10.0%**	**4,927**	**100.0%**

Table 18: Registrants – Disability – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Has a disability	291	1.0%	319	1.1%	363	1.2%
Does not have a disability	25,750	85.7%	26,120	85.7%	26,703	85.6%
Prefer not to say	4,019	13.4%	4,045	13.3%	4,148	13.3%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

Table 19: Registrants – Marital status – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Married	13,484	44.9%	13,858	45.5%	14,324	45.9%
Single	8,397	27.9%	8,767	28.8%	9,058	29.0%
Civil partnership	103	0.3%	119	0.4%	121	0.4%
Divorced / Legally dissolved	833	2.8%	835	2.7%	866	2.8%
Partner	2,091	7.0%	2,182	7.2%	2,192	7.0%
Separated	250	0.8%	263	0.9%	274	0.9%
Widow/Widower	1,836	6.1%	847	2.8%	1,126	3.6%
Prefer not to say	3,066	10.2%	3,613	11.9%	3,253	10.4%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

Table 20: Registrants – Sexual orientation – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Heterosexual/Straight	24,322	80.9%	24,772	81.3%	25,394	81.4%
Homosexual/Gay/Lesbian	356	1.2%	353	1.2%	366	1.2%
Bisexual	224	0.8%	242	0.8%	262	0.8%
Other	69	0.2%	73	0.2%	73	0.2%
Prefer not to say	5,089	16.9%	5,044	16.6%	5,119	16.4%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

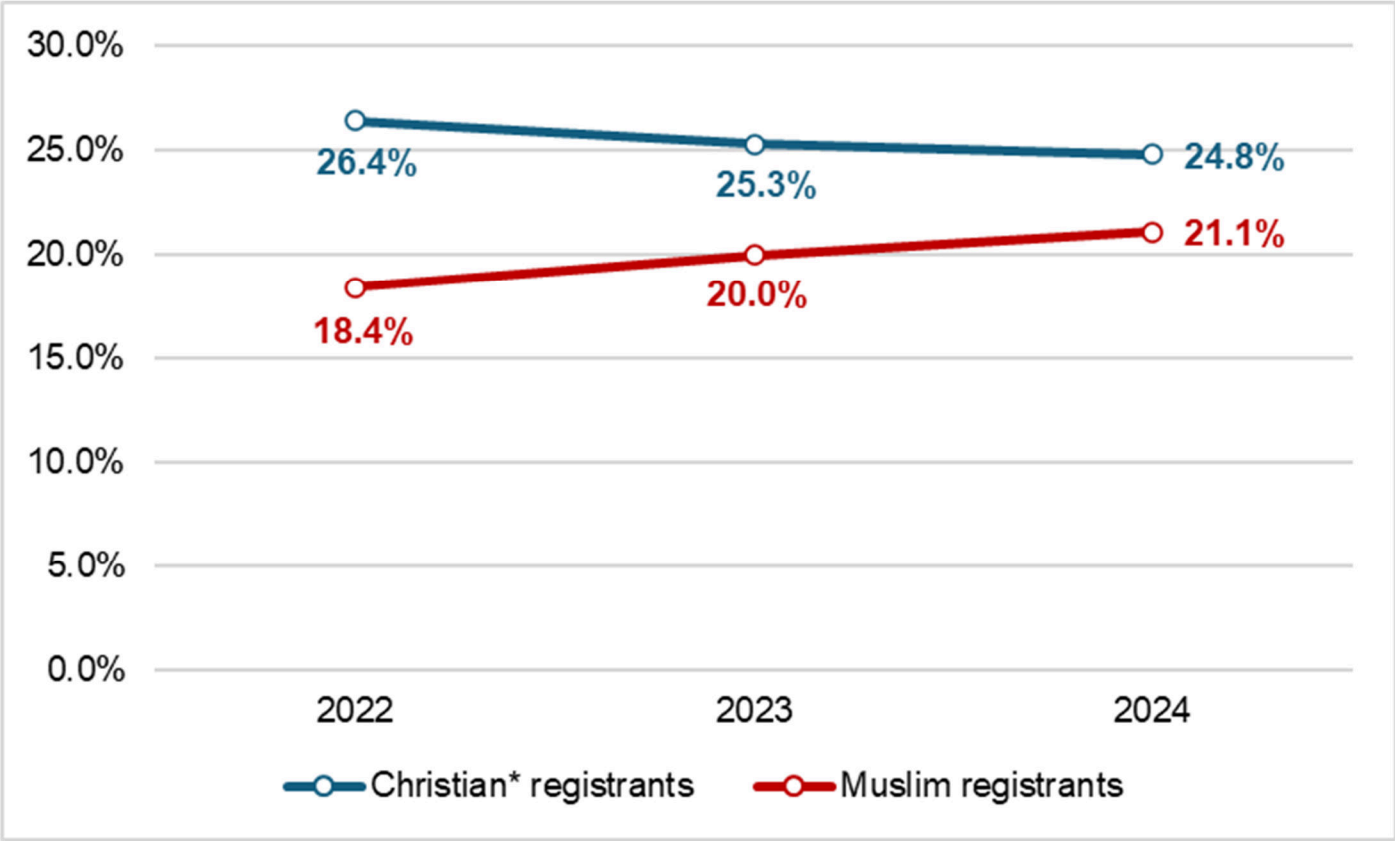
Table 21: Registrants – Pregnancy and maternity/paternity – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Pregnant or on maternity/paternity leave	1,863	6.2%	1,841	6.0%	1,860	6.0%
Neither pregnant nor on maternity/paternity leave	21,750	72.4%	22,111	72.5%	22,680	72.7%
Prefer not to say	6,447	21.5%	6,532	21.4%	6,674	21.4%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

Table 22: Registrants – Religion – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Christian	7,944	26.4%	7,723	25.3%	7,753	24.8%
Muslim	5,537	18.4%	6,089	20.0%	6,586	21.1%
Hindu	2,771	9.2%	2,787	9.1%	2,798	9.0%
Sikh	1,225	4.1%	1,272	4.2%	1,297	4.2%
Jewish	259	0.9%	250	0.8%	248	0.8%
Buddhist	138	0.5%	139	0.5%	140	0.5%
Other	0	0.0%	0	0.0%	0	0.0%
No religion	6,452	21.5%	6,545	21.5%	6,665	21.5%
Prefer not to say	5,734	19.1%	5,679	18.6%	5,727	18.4%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

Graph 3: Registrants – Percentage of Christian compared to percentage of Muslim – 2022 to 2024



* includes Church of England, Catholic, Protestant, and all other Christian denominations.

Table 23: Registrants – Religion – 31 March 2024

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		**All**	
Christian	4,752	26.4%	2,238	32.6%	590	11.5%	173	14.0%	**7,753**	**24.8%**
Muslim	3,875	21.5%	430	6.3%	2,111	41.3%	170	13.8%	**6,586**	**21.1%**
Hindu	2,153	12.0%	345	5.0%	271	5.3%	29	2.4%	**2,798**	**9.0%**
Buddhist; Jewish; Sikh	1,262	7.0%	209	3.0%	194	3.8%	20	1.6%	**1,685**	**5.4%**
No religion	3,234	18.0%	2,494	36.4%	488	9.5%	449	36.4%	**6,665**	**21.4%**
Prefer not to say	2,734	15.2%	1,140	16.6%	1,460	28.5%	393	31.8%	**5,727**	**18.3%**
Total	**18,010**	**100.0%**	**6,856**	**100.0%**	**5,114**	**100.0%**	**1,234**	**100.0%**	**31,214**	**100.0%**

Table 24: Registrants – Nation – 31 March 2024**

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		**Total**	
England	14,465	80.3%	5,964	87.0%	4,029	78.8%	1,017	82.4%	**25,475**	**81.6%**
Scotland	1,726	9.6%	467	6.8%	436	8.5%	101	8.2%	**2,730**	**8.7%**
Wales	789	4.4%	277	4.0%	279	5.5%	55	4.5%	**1,400**	**4.5%**
Northern Ireland	699	3.9%	87	1.3%	118	2.3%	21	1.7%	**925**	**3.0%**
Other	331	1.8%	61	0.9%	252	4.9%	40	3.2%	**684**	**2.2%**
Total	**18,010**	**100.0%**	**6,856**	**100.0%**	**5,114**	**100.0%**	**1,234**	**100.0%**	**31,214**	**100.0%**

****based on postcode data supplied at registration. Also, this may not reflect where indviduals registrants work.**

Table 25: Registrants – Specialty – Nation – 31 March 2024***

	England		Scotland		Wales		Northern Ireland		Other		**Total**	
Contact Lens Specialty	1,079	87.9%	58	4.7%	48	3.9%	4	0.3%	39	3.2%	**1,228**	100.0%
Independent Prescribing Specialty	1,028	59.6%	512	29.7%	87	5.0%	71	4.1%	26	1.5%	**1,724**	100.0%
Additional Supply Specialty	1,040	60.0%	507	29.2%	87	5.0%	72	4.2%	28	1.6%	**1,734**	100.0%
Supplementary Prescribing Specialty	1,032	59.9%	506	29.4%	87	5.0%	72	4.2%	27	1.6%	**1,724**	100.0%
All specialties	**4,179**	**65.2%**	**1,583**	**24.7%**	**309**	**4.8%**	**219**	**3.4%**	**120**	**1.9%**	**6,410**	100.0%

***These figures may be double-counted due to registrants being active in all more than one prescribing category.

Table 26: Registrants – Gender Identity – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Same as birth	26,152	87.0%	26,638	87.4%	27,357	87.6%
Different from birth	18	0.1%	21	0.1%	23	0.1%
Prefer not to say	3,890	12.9%	3,825	12.5%	3,834	12.3%
Total	**30,060**	**100.0%**	**30,484**	**100.0%**	**31,214**	**100.0%**

Table 27: Registrants – Sex and Ethnicity – 31 March 2024

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		**Total**	
Male	4,470	39.6%	3,951	35.0%	255	2.3%	122	1.1%	524	4.6%	1,968	17.4%	**11,290**	**100.0%**
Female	8,523	42.8%	7,373	23.6%	463	2.3%	227	1.1%	978	4.9%	2,360	11.8%	**19,924**	**100.0%**
Both	12,993	41.6%	11,324	36.3%	718	2.3%	349	1.1%	1,502	4.8%	4,328	13.9%	**31,214**	**100.0%**

Table 28: Registrants – Age and Ethnicity – 31 March 2024

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		**Total**	
Under 25	806	14.8%	2,964	54.5%	133	2.4%	67	1.2%	193	3.6%	1,273	23.4%	**5,436**	**100.0%**
25-34	2,870	33.5%	4,047	47.2%	230	2.7%	119	1.4%	397	4.6%	909	10.6%	**8,572**	**100.0%**
35-44	3,389	44.4%	2,635	34.5%	203	2.7%	86	1.1%	393	5.2%	922	12.1%	**7,628**	**100.0%**
45-54	2,852	57.4%	1,090	21.9%	85	1.7%	46	0.9%	294	5.9%	605	12.2%	**4,972**	**100.0%**
55-64	2,354	66.8%	449	12.7%	60	1.7%	27	0.8%	161	4.6%	471	13.4%	**3,522**	**100.0%**
65+	722	66.6%	139	12.8%	7	0.6%	4	0.4%	64	5.9%	148	13.7%	**1,084**	**100.0%**
All	12,993	41.6%	11,324	36.3%	718	2.3%	349	1.1%	1,502	4.8%	4,328	13.9%	**31,214**	**100.0%**

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Table 29: Complainants – Sex – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Male	137	30.2%	116	25.8%	114	28.0%
Female	175	38.6%	178	39.6%	143	35.1%
Not known	141	31.1%	155	34.5%	150	36.9%
N/A (e.g. referred by company)	0	0.0%	0	0.0%	0	0.0%
Total	**453**	**100.0%**	**449**	**100.0%**	**407**	**100.0%**

Table 30: Complainants – Location – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
England	303	66.9%	369	82.2%	335	82.3%
Scotland	19	4.2%	31	6.9%	19	4.7%
Wales	11	2.4%	10	2.2%	13	3.2%
Northern Ireland	5	1.1%	1	0.2%	0	0.0%
Not known / Other	115	25.4%	38	8.5%	40	9.8%
Total	**453**	**100.0%**	**449**	**100.0%**	**407**	**100.0%**

Table 31: Registrants under FtP investigation – Professional group – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Optometrists	74	69.2%	70	67.3%	98	74.8%
Dispensing Opticians	15	14.0%	13	12.5%	19	14.5%
Student Optometrists	4	3.7%	7	6.7%	6	4.6%
Student Dispensing Opticians	2	1.9%	3	2.9%	3	2.3%
Subtotal	**95**	**88.8%**	**93**	**89.4%**	**126**	**96.2%**
Business Registrants	12	11.2%	11	10.6%	5	3.8%
Total FtP Investigations	**107**	**100.0%**	**104**	**100.0%**	**131**	**100.0%**

Table 32: Registrants under FtP investigation (excluding business registrants) – Professional group – 31 March 2024

	Total investigations		% of investigations against total registrant number	Total registrants	% of total registrants
Optometrists	98	77.8%	0.5%	18,010	57.7%
Dispensing Opticians	19	15.01%	0.3%	6,856	22.0%
Student Optometrists	6	4.8%	0.1%	5,114	16.4%
Student Dispensing Opticians	3	2.4%	0.2%	1,234	4.0%
All	**126**	**100.0%**	**0.4%**	**31,214**	**100.00%**

Table 33: Registrants under FtP investigation (excluding business registrants) – Specialty – 31 March 2024**

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Contact lens specialty	25	19.8%	0.1%	1,228	3.9%
Independent prescribing specialty	74	58.7%	0.2%	1,724	5.5%
Additional supply specialty	74	58.7%	0.2%	1,734	5.6%
Supplementary prescribing specialty	74	58.7%	0.2%	1,724	5.5%
All specialties	**247**		**0.8%**	**6,410**	**20.5%**

****These figures may be double-counted due to registrants being active in all more than one prescribing category.

Table 34: Registrants under FtP investigation (excluding business registrants) – Sex – 31 March 2024

	Total	Male			Female		
		Under investigation		Register	Under investigation		Register
Optometrists	98	52	41.3%	38.5%	46	36.5%	61.5%
Dispensing Opticians	19	15	11.9%	34.6%	4	3.2%	65.4%
Student Optometrists	6	5	4.0%	32.7%	1	0.8%	67.3%
Student Dispensing Opticians	3	1	0.8%	31.8%	2	1.6%	68.2%
All	**126**	**73**	**57.9%**	**36.4%**	**53**	**42.1%**	**63.6%**

Table 35: Registrants under FtP investigation (excluding business registrants) – Age – 31 March 2024

	Under 25		25-34		35-44		45-54		55-64		65+		**Total**	
Optometrists	5	4.0%	42	33.3%	25	19.8%	11	8.7%	10	7.9%	5	4.0%	**98**	**77.8%**
Dispensing Opticians	0	0.0%	2	1.6%	7	5.6%	3	2.4%	7	5.6%	0	0.0%	**19**	**15.1%**
Student Optometrists	1	0.8%	5	4.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**6**	**4.8%**
Student Dispensing Opticians	0	0.0%	3	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**3**	**2.4%**
All (minus body corporate)	**6**	**4.8%**	**52**	**41.3%**	**32**	**25.4%**	**14**	**11.1%**	**17**	**13.5%**	**5**	**4.0%**	**126**	**100.0%**

Table 36: Registrants under FtP investigation (excluding business registrants) – Ethnicity – 31 March 2024

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other ethnic group		Prefer not to say		**Total**	
Optometrists	20	62.5%	57	86.4%	3	60.0%	2	100.0%	6	85.7%	10	71.4%	**98**	**77.8%**
Dispensing Opticians	11	34.4%	3	4.6%	1	20.0%	0	0.0%	1	14.3%	3	21.4%	**19**	**15.1%**
Student Optometrists	1	3.1%	3	4.6%	1	20.0%	0	0.0%	0	0.0%	1	7.1%	**6**	**4.8%**
Student Dispensing Opticians	0	0.0%	3	4.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**3**	**2.4%**
All (minus body corporate)	**32**	**100.0%**	**66**	**100.0%**	**5**	**100.0%**	**2**	**100.0%**	**7**	**100.0%**	**14**	**100.0%**	**126**	**100.0%**

Table 37: Registrants under FtP investigation (excluding business registrants) – Ethnicity – 2022 to 2024

		Registrants under FtP investigation	Register
White EWSNI/Irish	31 March 2022	36%	44%
	31 March 2023	36%	43%
	31 March 2024	25%	40%
Asian / Asian British	31 March 2022	46%	34%
	31 March 2023	40%	35%
	31 March 2024	52%	36%
Black / Black British	31 March 2022	2%	2%
	31 March 2023	2%	2%
	31 March 2024	4%	2%
Mixed/Multiple	31 March 2022	0%	1%
	31 March 2023	0%	<1%
	31 March 2024	2%	1%
Other	31 March 2022	6%	5%
	31 March 2023	6%	5%
	31 March 2024	6%	5%
Prefer not to say	31 March 2022	9%	14%
	31 March 2023	9%	14%

	31 March 2024	11%	14%
Total	31 March 2022	**100%**	**100%**
	31 March 2023	**100%**	**100%**
	31 March 2024	**100%**	**100%**

Graph 4: Registrants under FtP investigation (excluding business registrants) compared to the total register – % of White EWSNI/Irish vs. % of Asian / Asian British – 2022 to 2024

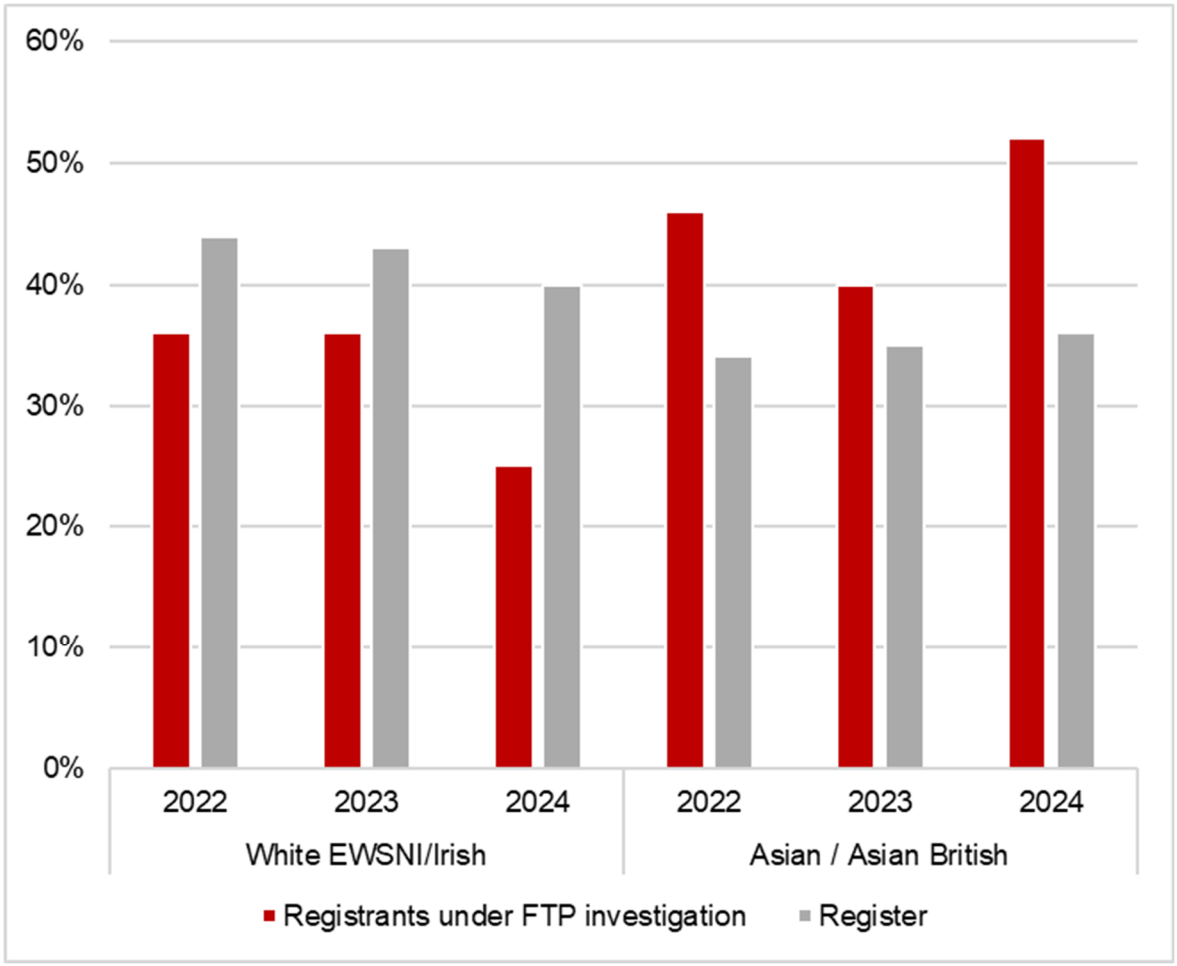

Table 38: Registrants under FtP investigation (excluding business registrants) – Pregnancy and maternity/paternity – 31 March 2024

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		**Total**	
Pregnant or on maternity/paternity leave	5	5.1%	0	0.0%	0	0.0%	0	0.0%	5	4.0%
Neither pregnant nor on maternity/paternity leave	74	75.5%	16	84.2%	4	66.7%	3	100.0%	97	77.0%
Prefer not to say	19	19.4%	3	15.8%	2	33.3%	0	0.0%	24	19.0%
Total	**98**	**100.0%**	**19**	**100.0%**	**6**	**100.0%**	**3**	**100.0%**	**126**	**100.0%**

Table 39: Registrants under FtP investigation (excluding business registrants) – Religion – 31 March 2024

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		**Total**	
Optometrists	13	54.2%	38	84.4%	13	86.7%	12	100.0%	10	71.4%	12	75.0%	**98**	**77.8%**
Dispensing Opticians	8	33.3%	2	4.4%	2	13.3%	0	0.0%	4	28.6%	3	18.8%	**19**	**15.1%**
Student Optometrists	2	8.3%	3	6.7%	0	0.0%	0	0.0%	0	0.0%	1	6.3%	**6**	**4.8%**
Student Dispensing Opticians	1	4.2%	2	4.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**3**	**2.4%**
All (minus body corporate)	**24**	**100.0%**	**45**	**100.0%**	**15**	**100.0%**	**12**	**100.0%**	**14**	**100.0%**	**16**	**100.0%**	**126**	**100.0%**

Table 40: Registrants under FtP investigation (excluding business registrants) – Religion – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register
Christian	19.0%	26.4%	18.3%	25.5%	19.1%	24.8%
Muslim	16.8%	18.4%	19.4%	20.0%	35.7%	21.1%
Hindu	16.8%	9.2%	9.7%	9.1%	11.9%	9.0%
Other	12.6%	5.4%	7.5%	5.5%	9.5%	5.4%
No religion	21.1%	21.5%	24.7%	21.5%	11.1%	21.4%
Prefer not to say	13.7%	19.1%	24.7%	18.6%	12.7%	18.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 41: Registrants under FtP investigation (excluding business registrants) – Gender Identity – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register
Same as birth	92.6%	87.0%	85.0%	87.4%	88.9%	87.6%
Different from birth	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%
Prefer not to say	7.4%	12.9%	15.0%	12.5%	11.1%	12.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 42: Registrants under FtP investigation (excluding business registrants) – Sex and Ethnicity – 2022 to 2024

	White EWSNI/Irish		Non-white EWSNI/Irish		Prefer not to say		**Total**	
Male	19	26.0%	43	58.9%	11	15.1%	**73**	**100.0%**
Female	13	24.5%	37	69.8%	3	5.7%	**53**	**100.0%**
Both	32	25.4%	80	63.5%	14	11.1%	**126**	**100.0%**

Table 43: Registrants under FtP investigation (excluding business registrants) – Age and Ethnicity – 2022 to 2024

	White EWSNI/Irish		Non-White EWSNI/Irish		Prefer not to say		**Total**	
Under 25	0	0.0%	8	100.0%	0	0.0%	**8**	**100.0%**
25-34	4	8.2%	39	79.6%	6	12.2%	**49**	**100.0%**
35-44	11	33.3%	20	60.6%	2	6.1%	**33**	**100.0%**
45-54	6	42.9%	8	57.1%	0	0.0%	**14**	**100.0%**
55-64	8	47.1%	4	23.5%	5	29.4%	**17**	**100.0%**
65+	3	60.0%	1	20.0%	1	20.0%	**5**	**100.0%**
All	32	25.4%	80	63.5%	14	11.1%	**126**	**100.0%**

Table 44: Registrants under FtP investigation (excluding business registrants) – Allegation type – Professional group – 31 March 2024

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		**Total**	
Clinical	48	49.0%	0	0.0%	0	0.0%	0	0.0%	**48**	**38.1%**
Conduct	36	36.7%	8	42.1%	3	50.0%	2	66.7%	**49**	**38.9%**
Conviction/Caution	8	8.2%	9	47.4%	2	33.3%	0	0.0%	**19**	**15.1%**
Health	4	4.1%	1	5.3%	0	0.0%	1	33.3%	**6**	**4.7%**
Mix	2	2.0%	1	5.3%	1	16.7%	0	0.0%	**4**	**3.2%**
Total	**98**	**100.0%**	**19**	**100.0%**	**6**	**100.0%**	**3**	**100.0%**	**126**	**100.0%**

Table 45: Registrants under FtP investigation (excluding business registrants) – Allegation type – Sex – 2022 to 2024

	Female						Male					
	31 March 2022		31 March 2023		31 March 2024		31 March 2022		31 March 2023		31 March 2024	
Clinical	17	17.9%	19	20.4%	23	18.3%	24	25.3%	31	33.3%	25	19.8%
Conduct	15	15.8%	8	8.6%	18	14.3%	15	15.8%	23	24.7%	31	24.6%
Conviction/Caution	0	0.0%	0	0.0%	6	4.7%	5	5.3%	0	0.0%	13	10.3%
Health	4	4.2%	6	6.5%	5	4.0%	5	5.3%	3	3.2%	1	0.8%
Mix	3	3.2%	0	0.0%	1	0.8%	7	7.4%	3	3.2%	3	2.4%
Total	**39**	**41.1%**	**33**	**35.5%**	**53**	**42.1%**	**56**	**59.0%**	**60**	**64.5%**	**73**	**58.0%**

Table 46: Registrants under FtP investigation (excluding business registrants) – Allegation type – Age – 31 March 2024

	Under 25		25-34		35-44		45-54		55-64		65+		**Total**	
Clinical	2	1.6%	21	16.7%	9	7.1%	5	4.0%	6	4.7%	5	4.0%	**48**	**38.1%**
Conduct	4	3.2%	19	15.1%	15	11.9%	6	4.7%	5	4.0%	0	0.0%	**49**	**38.9%**
Conviction/Caution	1	0.8%	6	4.7%	7	5.6%	3	2.4%	2	1.6%	0	0.0%	**19**	**15.1%**
Health	0	0.0%	2	1.6%	1	0.8%	0	0.0%	3	2.4%	0	0.0%	**6**	**4.7%**
Mix	1	0.8%	1	0.78%	1	0.8%	0	0.0%	1	0.8%	0	0.0%	**4**	**3.2%**
All	8	6.4%	49	38.9%	33	26.2%	14	11.1%	17	13.5%	5	4.0%	**126**	**100.0%**
All (minus students)	5	4.0%	44	34.9%	32	25.4%	14	11.1%	17	13.5%	5	4.0%	**117**	**92.9%**

Table 47: Registrants under FtP investigation (excluding business registrants) – Allegation type – Ethnicity – 31 March 2024

	Clinical		Conduct		Conviction/Caution		Health		Mix		**Total**	
White EWSNI/Irish	9	18.8%	11	22.5%	8	0.0%	3	50.0%	1	25.0%	**32**	**25.4%**
Asian / Asian British	30	62.5%	25	51.0%	8	0.0%	1	16.7%	2	50.0%	**66**	**52.4%**
Black / Black British	0	0.0%	3	6.1%	1	0.0%	1	16.7%	0	0.0%	**5**	**4.0%**
Mixed/Multiple	1	2.1%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	**2**	**1.6%**
Other	1	2.1%	4	8.2%	0	0.0%	1	16.7%	1	25.0%	**7**	**5.6%**
Prefer not to say	7	14.6%	5	10.2%	2	0.0%	0	0.0%	0	0.0%	**14**	**11.1%**
Total	**48**	**100.0%**	**49**	**100.0%**	**19**	**0.0%**	**6**	**100.0%**	**4**	**100.0%**	**126**	**100.0%**

Table 48: Registrants under FtP investigation (excluding business registrants) – Allegation type – Religion – 31 March 2024

	Clinical		Conduct		Conviction/Caution		Health		Mix		**Total**	
Christian	7	14.0%	9	29.0%	6	0.0%	1	11.1%	1	33.3%	**24**	**19.1%**
Muslim	18	36.0%	18	58.1%	5	0.0%	2	22.2%	2	66.7%	**45**	**35.7%**
Hindu	8	16.0%	4	12.9%	3	0.0%	0	0.0%	0	0.0%	**15**	**11.9%**
Other	5	10.0%	6	19.4%	1	0.0%	0	0.0%	0	0.0%	**12**	**9.5%**
No religion	4	8.0%	6	19.4%	3	0.0%	1	11.1%	0	0.0%	**14**	**11.1%**
Prefer not to say	6	12.0%	6	19.4%	1	0.0%	2	22.2%	1	33.3%	**16**	**12.7%**
Total	**50**	**100.0%**	**31**	**100.0%**	**0**	**0.0%**	**9**	**100.0%**	**3**	**100.0%**	**126**	**100.0%**

Table 49: Registrants under FtP investigation (excluding business registrants) – Allegation type – Nation – 31 March 2024

	Clinical		Conduct		Conviction/Caution		Health		Mix		**Total**	
England	40	83.3%	41	83.7%	13	0.0%	5	83.3%	4	100.0%	**103**	**81.8%**
Scotland	6	12.5%	4	8.2%	4	0.0%	0	0.0%	0	0.0%	**14**	**11.1%**
Wales	2	4.2%	3	6.1%	1	0.0%	1	16.7%	0	0.0%	**7**	**5.6%**
Northern Ireland	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	**1**	**0.8%**
Other	0	0.0%	1	2.0%	0	0.0%	0	0.0%	0	0.0%	**1**	**0.8%**
Total	**48**	**100.0%**	**49**	**100.0%**	**19**	**0.0%**	**6**	**100.0%**	**4**	**100.0%**	**126**	**100.0%**

Table 50: Case Examiner decisions – Sex – 31 March 2024

	Male		Female		**Total**	
No further action (incl. advice/warning issued)	24	30.8%	20	25.6%	**44**	**56.4%**
Referral to Fitness to Practise Committee (FtPC)	23	29.5%	11	14.1%	**34**	**43.6%**
Both	47	60.3%	31	39.7%	**78**	**100.0%**

Table 51: Case Examiner decisions – Sex – 2022 to 2024

	Male			Female		
	31 March 2022	31 March 2023	31 March 2024	31 March 2022	31 March 2023	31 March 2024
No further action (incl. advice/warning issued)	46.7%	38.9%	51.1%	84.6%	51.4%	64.5%
Referral to Fitness to Practise Committee (FtPC)	53.3%	61.1%	48.9%	15.4%	48.7%	35.5%
Total	**45**	**72**	**47**	**26**	**37**	**31**

Table 52: Case Examiner decisions – Age – 31 March 2024

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FtPC)		Total	
Under 25	0	0.0%	2	100.0%	**2**	**100.0%**
25-34	13	56.5%	10	43.5%	**23**	**100.0%**
35-44	11	47.8%	12	52.2%	**23**	**100.0%**
45-54	8	57.1%	6	42.9%	**14**	**100.0%**
55-64	7	70.0%	3	30.0%	**10**	**100.0%**
65+	5	83.3%	1	16.7%	**6**	**100.0%**
All	44	56.4%	34	43.6%	**78**	**100.0%**

Table 53: Case Examiner decisions – Ethnicity – 31 March 2024

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FtPC)		Total	
White EWSNI/Irish	18	40.9%	11	32.4%	**29**	**37.2%**
Asian / Asian British	21	47.7%	16	47.1%	**37**	**47.4%**
Black / Black British	0	0.0%	1	2.9%	**1**	**1.3%**
Mixed/Multiple	1	2.3%	0	0.0%	**1**	**1.3%**
Other	0	0.0%	1	2.9%	**1**	**1.3%**
Prefer not to say	4	9.1%	5	14.7%	**9**	**11.5%**
Total	**44**	**100.0%**	**34**	**100.0%**	**78**	**100.0%**

Table 54: Case Examiner decisions – Ethnicity – 2022 to 2024

		No further action (incl. advice/warning issued)	Referral to Fitness to Practise Committee (FtPC)	Total
White EWSNI/Irish	31 March 2022	19	10	**29**
		65.5%	34.5%	**100.0%**
	31 March 2023	21	19	**40**
		52.5%	47.5%	**100.0%**
	31 March 2024	18	11	**29**
		62.1%	37.9%	**100.0%**
Asian / Asian British	31 March 2022	18	10	**28**
		64.3%	35.7%	**100.0%**
	31 March 2023	27	21	**48**
		56.3%	43.8%	**100.0%**
	31 March 2024	21	16	**37**
		56.8%	43.2%	**100.0%**
Black / Black British	31 March 2022	3	2	**5**
		60.0%	40.0%	**100.0%**
	31 March 2023	1	0	**1**
		100.0%	0.0%	**100.0%**
	31 March 2024	0	1	**1**
		0.0%	100.0%	**100.0%**
Mixed/Multiple	31 March 2022	1	0	**1**
		100.0%	0.0%	**100.0%**
	31 March 2023	0	0	**0**
		0.0%	0.0%	**100.0%**
	31 March 2024	1	0	**0**
		0.0%	0.0%	**100.0%**
Other	31 March 2022	1	0	**1**
		100.0%	0.0%	**100.0%**
	31 March 2023	5	0	**5**
		100.0%	0.0%	**100.0%**
	31 March 2024	0	1	**1**
		0.0%	100.0%	**100.0%**

Prefer not to say	31 March 2022	1	6	**7**
		14.3%	85.7%	**100.0%**
	31 March 2023	8	7	**15**
		53.3%	46.7%	**100.0%**
	31 March 2024	4	5	**9**
		44.4%	55.6%	**100.0%**
Total	**31 March 2022**	**43**	**28**	**71**
		60.6%	**39.4%**	**100.0%**
	31 March 2023	**62**	**47**	**109**
		56.9%	**43.1%**	**100.0%**
	31 March 2024	**44**	**34**	**78**
		56.4%	**43.6%**	**100.0%**

Table 55: Case Examiner decisions – Religion – 31 March 2024

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		**Total**	
No further action (incl. advice/ warning issued)	9	11.5%	15	19.2%	4	5.1%	2	2.6%	9	11.5%	5	6.4%	**44**	**56.4%**
Referral to Fitness to Practise Committee (FtPC)	6	7.7%	12	15.4%	2	2.6%	2	2.6%	7	9.0%	5	6.4%	**34**	**43.6%**
Both	15	19.2%	27	34.6%	6	7.7%	4	5.1%	16	20.5%	10	12.8%	**78**	**100.0%**

EMPLOYEE DATA

Table 56: GOC Employees – Sex – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Female	52	67.5%	49	62.8%	54	69.2%
Male	25	32.5%	29	37.2%	24	30.8%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 57: GOC Employees – Age – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Under 25	3	3.9%	2	2.6%	1	1.3%
25-34	27	35.1%	27	34.6%	23	29.5%
35-44	26	33.8%	29	37.2%	30	38.5%
45-54	14	18.2%	13	16.7%	14	17.9%
55-64	7	9.1%	7	9.0%	11	14.1%
65+	0	0.0%	0	0.0%	0	0.0%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 58: GOC Employees – Ethnicity – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
White British	35	45.5%	35	44.9%	35	44.9%
Asian / Asian British	13	16.9%	15	19.2%	15	19.2%
Black / Black British	16	20.8%	16	20.5%	15	19.2%
Mixed/Multiple	3	3.9%	2	2.6%	3	3.8%
Other	9	11.7%	9	11.5%	9	11.5%
Prefer not to say	1	1.3%	1	1.3%	1	1.3%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 59: GOC Employees – Disability – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Disabled	5	6.5%	7	9.0%	10	12.8%
Not disabled	72	93.5%	71	91.0%	68	87.2%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 60: GOC Employees – Sexual orientation – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Heterosexual/Straight	32	41.6%	41	52.6%	55	70.5%
Gay/Lesbian	2	2.6%	1	1.3%	1	1.3%
Bisexual	3	3.9%	4	5.1%	4	5.1%
Other	0	0.0%	0	0.0%	0	0.0%
Prefer not to say	40	51.9%	32	41.0%	18	23.1%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 61: GOC Employees – Religion – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Christian	12	15.6%	15	19.2%	18	23.1%
Muslim	4	5.2%	6	7.7%	8	10.3%
Hindu	2	2.6%	3	3.9%	4	5.1%
Buddhist; Sikh	3	3.9%	2	2.6%	2	2.6%
No religion	12	15.6%	16	20.5%	24	30.8%
Prefer not to say	44	57.1%	36	46.2%	22	28.2%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

Table 62: GOC Employees – Gender Identity – 2022 to 2024

	31 March 2022		31 March 2023		31 March 2024	
Same as birth	40	51.9%	48	61.5%	59	75.6%
Different from birth	0	0.0%	0	0.0%	1	1.3%
Prefer not to say	37	48.1%	30	38.5%	18	23.1%
Total responses received	**77**	**100.0%**	**78**	**100.0%**	**78**	**100.0%**

MEMBER AND WORKER DATA

Table 63: Members and Workers – Committee – 31 March 2024

	Lay	Registrant	**Total**
Council member	7	2	**9**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	6	12	**18**
Hearing Panel	27	23	**50**
Education Visitor Panel or Clinical Advisor	6	8	**14**
Total responses received	**46**	**45**	**91**

Table 64: Members and Workers – Sex – 31 March 2024

	Male		Female		Prefer not to say		Total	
Council member	3	33.3%	5	55.6%	1	11.1%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	12	66.7%	6	33.3%	0	0.0%	**18**	**100.0%**
Hearing Panel	16	32.0%	33	66.0%	1	2.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	8	57.1%	6	42.9%	0	0.0%	**14**	**100.0%**
Total responses received	**39**	**42.9%**	**50**	**54.9%**	**2**	**2.2%**	**91**	**100.0%**

Table 65: Members and Workers – Age – 31 March 2024

	Under 25		25-34		35-44		45-54		55-64		65+		Prefer not to say		**Total**	
Council member	0	0.0%	0	0.0%	0	0.0%	3	33.3%	3	33.3%	3	33.3%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	0	0.0%	0	0.0%	2	11.1%	6	33.3%	8	44.4%	2	11.1%	0	0.0%	**18**	**100.0%**
Hearing Panel	0	0.0%	0	0.0%	9	18.0%	9	18.0%	20	40.0%	11	22.0%	1	2.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	0	0.0%	0	0.0%	3	21.4%	6	42.9%	5	35.7%	0	0.0%	0	0.0%	**14**	**100.0%**
Total responses received	**0**	**0.0%**	**0**	**0.0%**	**14**	**15.4%**	**24**	**26.4%**	**36**	**39.6%**	**16**	**17.6%**	**1**	**1.1%**	**91**	**100.0%**

Table 66: Members and Workers – Ethnicity – 31 March 2024

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		**Total**	
Council member	7	77.8%	1	11.1%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	16	88.9%	2	11.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**18**	**100.0%**

Hearing Panel	43	86.0%	4	8.0%	0	0.0%	0	0.0%	2	4.0%	1	2.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	12	85.7%	0	0.0%	0	0.0%	1	7.1%	1	7.1%	0	0.0%	**14**	**100.0%**
Total responses received	**78**	**85.7%**	**7**	**7.7%**	**0**	**0.0%**	**1**	**1.1%**	**4**	**4.4%**	**1**	**1.1%**	**91**	**100.0%**

Table 67: Members and Workers – Religion – 31 March 2024

	Christian		Muslim		Hindu		Buddhist; Jewish; Other		No religion		Prefer not to say		**Total**	
Council member	6	66.7%	0	0.0%	1	11.1%	0	0.0%	2	22.2%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	9	50.0%	1	5.6%	1	5.6%	1	5.6%	6	33.3%	0	0.0%	**18**	**100.0%**
Hearing Panel	20	40.0%	2	4.0%	1	2.0%	5	10.0%	20	40.0%	2	4.0%	**50**	**100.0%**

Education Visitor Panel or Clinical Advisor	3	21.4%	0	0.0%	0	0.0%	0	0.0%	9	64.3%	2	14.3%	**14**	**100.0%**
Total responses received	**38**	**41.8%**	**3**	**3.3%**	**3**	**3.3%**	**6**	**6.6%**	**37**	**40.7%**	**4**	**4.4%**	**91**	**100.0%**

Table 68: Members and Workers – Gender – 31 March 2024

	Male		Female		Prefer not to say		Total	
Council member	3	33.3%	6	66.7%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	12	66.7%	6	33.3%	0	0.0%	**18**	**100.0%**
Hearing Panel	16	32.0%	33	66.0%	1	2.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	8	57.1%	6	42.9%	0	0.0%	**14**	**100.0%**
Total responses received	**39**	**42.9%**	**50**	**54.9%**	**2**	**2.2%**	**91**	**100.0%**

Table 69: Members and Workers – Intersex and/or variation of sex characteristics (VSC) – 31 March 2024

	Yes		No		Prefer not to say		Total	
Council member	0	0.0%	8	88.9%	1	11.1%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	0	0.0%	18	100.0%	0	0.0%	**18**	**100.0%**
Hearing Panel	0	0.0%	47	94.0%	3	6.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	0	0.0%	14	100.0%	0	0.0%	**14**	**100.0%**
Total responses received	**0**	**0.0%**	**87**	**95.6%**	**4**	**4.4%**	**91**	**100.0%**

Table 70: Members and Workers – Disability – 31 March 2024

	Yes		No		Prefer not to say		Total	
Total responses received	9	9.9%	77	84.6%	5	5.5%	91	100.0%

Note: Disability here is defined as any physical or mental health conditions or illnesses that reduces one's ability to carry out day-to-day activities, which have lasted or are expected to last 12 months or more

Table 71: Members and Workers – Type of Disability – 31 March 2024

	Learning disability (e.g. dyslexia, dyspraxia)		Mental health condition (e.g. anxiety, depression)		Neurodiversity (e.g. autism, ADHD); Mental health condition (e.g. anxiety, depression)		Neurological condition (e.g. epilepsy, cerebral palsy)		Physical (e.g. amputation, paralysis)		Sensory (e.g. Blind, Deaf)		Other		Prefer not to say or N/A		**Total**	
Total responses received	**1**	**1.1%**	**1**	**1.1%**	**1**	**1.1%**	**2**	**2.2%**	**4**	**4.4%**	**3**	**3.3%**	**6**	**6.6%**	**73**	**80.2%**	**91**	**100.0%**

Table 72: Members and Workers – Marital status – 31 March 2024

	Married or in a registered civil partnership		Never married and never registered a civil partnership		Divorced or civil partnership dissolved		Widowed or a surviving partner from a civil partnership		Other		Prefer not to say or N/A		**Total**	
Council member	8	88.9%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	12	66.7%	3	16.7%	3	16.7%	0	0.0%	0	0.0%	0	0.0%	**18**	**100.0%**
Hearing Panel	37	74.0%	5	10.0%	4	8.0%	1	2.0%	1	2.0%	2	4.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	14	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**14**	**100.0%**
Total responses received	**71**	**78.0%**	**8**	**8.8%**	**8**	**8.8%**	**1**	**1.1%**	**1**	**1,1%**	**2**	**2.2%**	**91**	**100.0%**

Table 73: Members and Workers – Sexual orientation – 31 March 2024

	Heterosexual/Straight		Homosexual/Gay/Lesbian		Bisexual		Other		Prefer not to say		**Total**	
Council member	7	77.7%	1	11.%	0	0.0%	0	0.0%	1	11.%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	16	88.8%	1	5.6%	0	0.0%	0	0.0%	1	5.6%	**18**	**100.0%**
Hearing Panel	44	88.8%	2	4.0%	0	0.0%	1	2.0%	3	6.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	12	70.5%	1	7.1%	0	0.0%	0	0.0%	1	7.1%	**14**	**100.0%**
Total responses received	**79**	**86.8%**	**5**	**5.5%**	**0**	**0.0%**	**1**	**1.1%**	**6**	**6.6%**	**91**	**100.0%**

Table 74: Members and Workers – Main spoken language – 31 March 2024

	English		Other (including sign language)		Prefer not to say		**Total**	
Council member	9	100.0%	0	0.0%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	18	100.0%	0	0.0%	0	0.0%	**18**	**100.0%**
Hearing Panel	46	92.0%	1	2.0%	3	6.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	14	100.0%	0	0.0%	0	0.0%	**14**	**100.0%**
Total responses received	**87**	**95.6%**	**1**	**1.1%**	**3**	**3.3%**	**91**	**100.0%**

Table 75: Members and Workers – Additional languages spoken fluently – 31 March 2024

	Yes		No		Prefer not to say		Total	
Council member	2	22.2%	7	77.8%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	2	11.1%	16	88.9%	0	0.0%	**18**	**100.0%**
Hearing Panel	9	18.0%	37	74.0%	4	8.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	1	7.1%	13	92.9%	0	0.0%	**14**	**100.0%**
Total responses received	**14**	**15.4%**	**73**	**80.2%**	**4**	**4.4%**	**91**	**100.0%**

Table 76: Members and Workers – Occupation of main household earner when you were aged 14 – 31 March 2024

	Clerical and intermediate occupations such as secretary, personal assistant, call centre agent, clerical worker, nursery nurse		Modern professional and traditional professional occupations such as teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil engineer or mechanical engineer		Routine, semi-routine manual and service occupations such as postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter or waitress, bar staff		Senior, middle or junior managers or administrators such as finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager		Small business owners who employed fewer than 20 people such as corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner		Technical and craft occupations such as motor mechanic, plumber, printer, electrician, gardener, train driver		Other		Prefer not to say		**Total**	
Council member	1	11.%	3	33.3%	1	11.1%	1	11.1%	0	0.0%	3	33.3%	0	0.0%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	1	5.6%	5	27.8%	2	11.1%	4	22.2%	1	5.6%	4	44.4%	0	0.0%	1	5.6%	**18**	**100.0%**
Hearing Panel	1	2.0%	20	40.0%	4	8.0%	10	20.0%	3	6.0%	3	6.0%	5	10.0%	4	8.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	1	7.1%	7	50.0%	1	7.1%	2	14.2%	1	7.1%	1	7.1%	1	7.1%	0	0.0%	**14**	**100.0%**
Total responses received	**4**	**4.4%**	**35**	**38.5%**	**8**	**8.8%**	**17**	**18.7%**	**5**	**5.5%**	**11**	**12.1%**	**6**	**6.6%**	**5**	**5.5%**	**91**	**100.0%**

Table 77: Members and Workers – Type of school attended most of the time between the ages of 11 and 16 – 31 March 2024

	State-run or state-funded school		Independent or fee-paying school		Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there		Attended school outside the UK		Prefer not to say		**Total**	
Council member	7	77.8%	0	0.0%	0	0.0%	2	22.2%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	15	83.3%	2	11.1%	0	0.0%	0	0.0%	1	5.6%	**18**	**100.0%**
Hearing Panel	36	72.0%	5	10.0%	5	10.0%	2	4.0%	2	4.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	11	78.6%	3	21.4%	0	0.0%	0	0.0%	0	0.0%	**14**	**100.0%**
Total responses received	**69**	**75.8%**	**10**	**11.0%**	**5**	**5.5%**	**4**	**4.4%**	**3**	**3.3%**	**91**	**100.0%**

Table 78: Members and Workers – Free school meal eligibility during school years (if finished school after 1980) – 31 March 2024

	Yes		No		I don't know		Prefer not to say or N/A		Total	
Council member	1	11.1%	3	33.3%	0	0.0%	5	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	3	16.7%	9	50.0%	1	5.6%	5	27.8%	**18**	**100.0%**
Hearing Panel	4	8.0%	27	54.0%	3	6.0%	16	32.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	1	7.1%	9	64.3%	1	7.1%	3	21.4%	**14**	**100.0%**
Total responses received	**9**	**9.9%**	**48**	**52.7%**	**5**	**5.5%**	**29**	**31.9%**	**91**	**100.0%**

Table 79: Members and Workers – Country of residence – 31 March 2024

	England		Scotland		Wales		Northern Ireland		Other		Prefer not to say		Total	
Council member	8	88.9%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	**9**	**100.0%**
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	15	83.3%	1	5.6%	1	5.6%	1	5.6%	0	0.0%	0	0.0%	**18**	**100.0%**
Hearing Panel	43	86.0%	2	4.0%	2	4.0%	2	4.0%	0	0.0%	1	2.0%	**50**	**100.0%**
Education Visitor Panel or Clinical Advisor	12	85.7%	2	14.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**14**	**100.0%**
Total responses received	**78**	**85.7%**	**5**	**5.5%**	**3**	**3.3%**	**4**	**4.4%**	**0**	**0.0%**	**1**	**1.1%**	**91**	**100.0%**

STUDENT ACADEMIC YEAR DATA

Table 80: Students – Sex – AY 2020/21 to AY 2022/23

	AY 2020/21	AY 2021/22	AY 2022/23
Male	35.1%	35.6%	31.8%
Female	64.9%	64.4%	68.2%
Total	**100.0%**	**100.0%**	**100.0%**

Table 81: Students – Sex – AY 2020/21 to AY 2022/23

	AY 2020/21				AY 2021/22				AY 2022/23			
	Male		Female		Male		Female		Male		Female	
Optometry	1,077	34.2%	2,077	65.8%	1,161	35.5%	2,109	64.5%	1,030	31.8%	2,209	68.2%
Dispensing	278	36.7%	480	63.3%	262	34.4%	501	65.6%	218	29.4%	522	70.6%
Independent Prescribing	24	41.2%	34	58.7%	113	41.4%	159	58.6%	97	41.9%	135	58.1%
Contact Lens	161	39.0%	251	61.0%	22	33.3%	44	66.7%	12	19.8%	48	80.2%
Total	**1,540**	**35.1%**	**2,842**	**64.9%**	**1,558**	**35.6%**	**2,813**	**64.4%**	**1,357**	**31.8%**	**2914**	**64.4%**

Table 82: Students – Age – AY 2020/21 to AY 2022/23

	AY 2020/21	AY 2021/22	AY 2022/23
20 and under	45.6%	48.1%	49.6%
21-24	24.8%	25.0%	25.3%
25-29	11.9%	9.7%	10.2%
30-39	16.7%	11.3%	9.1%
40+		5.5%	5.4%
Not known	1.0%	0.5%	0.4%
Total	**100.0%**	**100.0%**	**100.0%**

Table 83: Students – Age – AY 2022/23

	20 and under	21-24	25-29	30-39	40+	Prefer not to say
Optometry	58.8%	25.6%	6.9%	5.0%	3.2%	0.5%
Dispensing	31.3%	30.9%	16.9%	15.0%	5.9%	0.0%
Independent Prescribing	0.0%	8.2%	26.3%	35.9%	29.3%	0.3%
Contact Lens	0.0%	16.7%	32.0%	37.7%	13.7%	0.0%

Table 84: Students – Ethnicity – AY 2020/21 to AY 2022/23

	AY 2020/21	AY 2021/22	AY 2022/23
White / White British	34.0%	32.5%	30.7%
Black / Black British	3.5%	3.8%	3.4%
Asian / Asian British	55.0%	54.5%	55.6%
Mixed/Multiple	1.9%	3.7%	1.4%
Other	3.3%	2.8%	3.2%
Not known	2.3%	2.7%	5.8%
Total	**100.0%**	**100.0%**	**100.0%**

Table 85: Students – Ethnicity – AY 2022/23

	White / White British	Black / Black British	Asian / Asian British	Mixed/Multiple	Other	Not known
Optometry	26.8%	3.9%	59.5%	1.3%	3.9%	4.6%
Dispensing	37.0%	1.9%	50.2%	1.5%	0.6%	8.8%
Independent Prescribing	58.7%	1.2%	31.0%	1.4%	1.8%	5.8%
Contact Lens	38.2%	3.3%	24.7%	1.4%	0.0%	32.5%

Table 86: Students – Disability – AY 2020/21 to AY 2022/23

	AY 2020/21	AY 2021/22	AY 2022/23
Known disability	5.3%	7.6%	9.3%
No known disability	94.8%	89.5%	89.1%
Prefer not to say / Unknown	0.0%	2.9%	1.5%
Total	**100.0%**	**100.0%**	**100.0%**

Table 87: Students – Disability – AY 2022/23

	Known disability	No known disability	Prefer not to say / Unknown
Optometry	10.3%	87.8%	2.0%
Dispensing	7.5%	92.5%	0.0%
Independent Prescribing	3.8%	95.4%	0.8%
Contact Lens	7.3%	92.7%	0.0%

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COUNCIL

Financial performance report for the period ending 30 June 2024 and Q1 forecast of 2024/25

Meeting: 25 September 2024	**Status:** for noting
Lead responsibility: Yeslin Gearty (Director of Customer Services)	**Paper author:** Manori Wickremasinghe (Chief Financial Officer)

Purpose

1. To provide a summary of the financial reports for the period ending 30 June 2024 and the latest forecast for the 2024/25 presented to ARC at its meeting on 11 September 2024.

Recommendations

2. Council is asked to:
   - **note** the financial performance for the three months ending 30 June 2024 in annex one.
   - **note** the Q1 forecast for the current 2024-25 financial year in annex two.

Strategic objective

3. This report is relevant to delivery of all our strategic objectives.

Background

4. The financial performance report of 30 June 2024 and the Q1 forecast of 22024/25 relate to year five of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

Analysis

5. There are two financial reports for review at this meeting as listed below:
   - Three-month actual performance to 30 June 2024. [Annex one]
   - Q1 forecast of the current year 2024/25. [Annex two].

6. The results of the 30 June 2024 Financial performance report (FPR) (Annex one) show surplus for both BAU (revenue) and reserve expenditure. BAU is a surplus of £183k and the position before unrealised portfolio gains/losses show a surplus of £232k against the budget.

7. Highlights, key drivers, risks, and future impacts are analysed in report (annex one).

8. The Q1 forecast updated in July 2024 analyses highlights, key performance indicators, risks, and assumptions made for the current year. Our focus for the current year which is the final year of the “fit for the future” strategic period, continues to remain financially stable (breakeven or better) for BAU operations. We have made the forecast based on the Council’s financial risk appetite. The exercise was a part of a larger, five-year forecast that enabled us to ensure our long-term financial stability, management or optimum reserve levels, and achievement of our strategic objectives.

Finance

9. There are no additional financial implications of this work

Risks

10. The following risks are associated with finance, as identified in the corporate and finance risk registers:
    - GOC fails to deliver value for money;
    - GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively;
    - Capability and Resilience: Failure to retain staff and labour supply shortages causing delayed recruitment, increase the risk of being able to deliver core objectives and strategic improvements; and
    - Unforeseen external events or environment cause financial volatility affecting workforce and registrants. 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.

11. Reporting and monitoring financial performance against budgets and forecasts is a fundamental part of managing and mitigating the first two risks. The final risk is external, but healthy levels of reserves provide stability and the ability to off-set any short to medium term impact on finances.

Equality Impacts

12. No equality impact has been undertaken

Devolved nations

13. There are no implications for the devolved nations

Communications

External communications

14. None planned

Internal communications

15. The financial report is shared with the Leadership Team and SMT as part of the regular financial reporting process.

Next steps

16. None

Attachments

Annex one: Financial performance report for period ending 30 June 2024.
Annex two: Q1 forecast for 2024/25.

General Optical Council

Financial Performance Report for the Period ending 30 June 2024

Contents

Financial Performance Report for the period ending 30 June 2024

GOC :- Summary P & L to 30 June 2024

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	2,943	3,050	(107)
Other Income	199	114	85
Expenses - BAU	(2,851)	(3,056)	205
Surplus / (Deficit) -BAU	**291**	**109**	**183**
Project expenditure	(231)	(280)	49
Surplus / (Deficit) -before portfolio Gains/Losses	**60**	**(171)**	**232**

KPI	Actual	Budget	Variance*
Net Profit Margin	1.91%	-5.40%	7.31%
** acceptable KPI = +/-10%*			

Highlights

The results before unrealised portfolio gains/losses for the period ending 30 June 2024 show a £60k surplus with a positive variance of £232k against the budget. The business as usual (BAU) results before strategic projects show a positive variance of £183k against the budget.

The total registrant income of £2,943k is £107k less than the budgeted figures due to forecast errors in calculating low-fee registrants. The total expenditure (including projects) of £3,082k is £254k favourable to the budget.

The first quarter has achieved the KPI against the budget and is within the acceptable range of +/-10%.

Key drivers of the improved financial performance

The reasons for key drivers for positive variance resulted from both income and expenses. Although the renewal income was lower than budgeted due to the error in low-income registrant calculation, the fixed deposit interest income increased, reducing the effect of income reduction. This is due to high FD interest rates in March and April when the bulk of FDs for the year was placed.

A combination of staff vacancies, delayed expenses, and additions all contributed to the variances in expenditure (ref. Table 3, page 8). Over one-third of the variances during the quarter ending 30 June were due to staff vacancies. Half of this was due to the restructuring process of the regulatory operations directorate. The staff vacancies were not filled until the new heads took their posts and had time to familiarise themselves with their departments.

About a quarter of the variances were due to delays of various expenses. E.g. delays in formal responses to adaptations, rescheduling of several meeting days and hearing days and restructure to the staff training plan.

The main additions were related to the high insurance premium cost and judicial review costs related to increased insurance excess charges. Insurance premiums increased due to claims history, which include claims related to employee relations matters and FtP outcomes. We are in the process of tendering for alternative insurance brokers in the future (from September) although we did obtain an alternative quote from another broker which offered no savings on premiums for our main policies.

Risks for achieving the budget.

The end of the first quarter carries high risks of achieving the budget finalised in January 2024. The restructuring process within Regulatory Operations in the Case Progression and Investigations teams, aimed at reducing our reliance on external legal panel firms, has been delayed due to delays in securing appropriate in-house legal support. Currently, the legal charge forecast is being reviewed to assess how the delay will affect years 24/25 and 25/26 and benefits realisation.

Staff vacancies and vacancy gaps have posed a high level of expenditure variances. They may pose a risk of achieving the 24/25 business plan targets and risk overreliance on those remaining in potentially overstretched teams.

In addition, the investment market has seen increased volatility in the last few weeks due to uncertainties of market conditions, including economic stress and fear of recession in the US market.

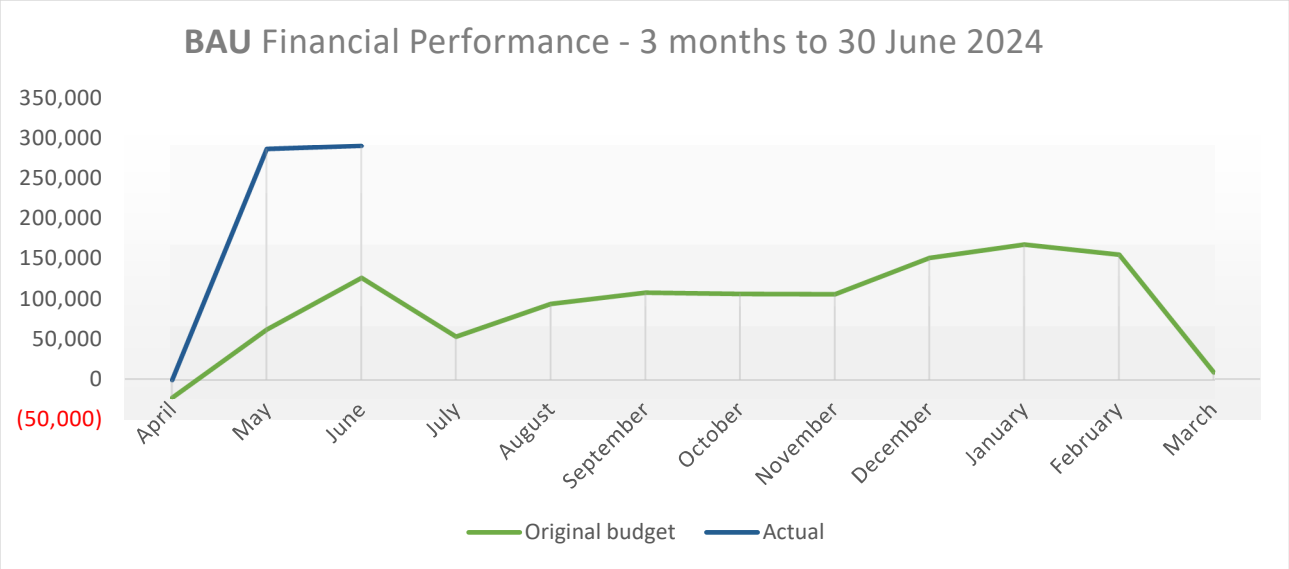
Future Impacts (So what?)

The delays in restructuring and lawyer recruitment in the regulatory operations directorate will increase the legal costs for external panels. This will delay the target of achieving planned savings through bringing more legal work in-house. There is a risk of increasing expenses instead of planned decreases, if the process is not managed correctly. However, a major benefit realisation of increasing in-house expertise compared to external panels is stability of cost. All known forecasts are now captured in Q1 re-forecast, and the next review will be made in October during Q2 re-forecast.

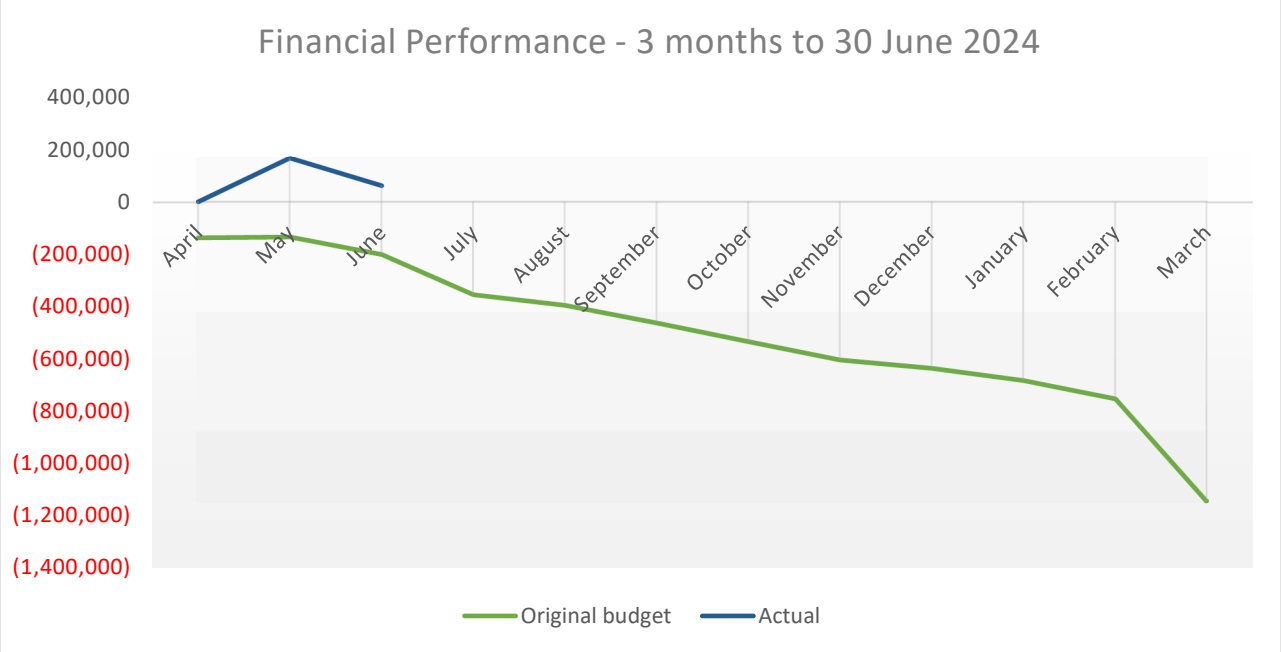
The combination of increased legal costs and decreased renewal income may create a deficit for BAU activities instead of the budgeted break-even plan. However, the quarterly forecasts in July, October and January will enable us recalibrating our processes in achieving business plan and the balanced revenue budget.

The staffing resources currently cost 57% of the total expenditure (budget at 53%). Currently, there is a large staff payroll variance due to staff vacancies. Any material staffing vacancies will impact achieving our current business plan. (ref. chart 1, page 7). GOC is a relatively small organisation and depends heavily on a few staff members in several key areas. The risk of staff leaving the organisation could cause the loss of important knowledge. The new Reward and Recognition policy is designed to address this issue.

Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

Analysis of Expenditure

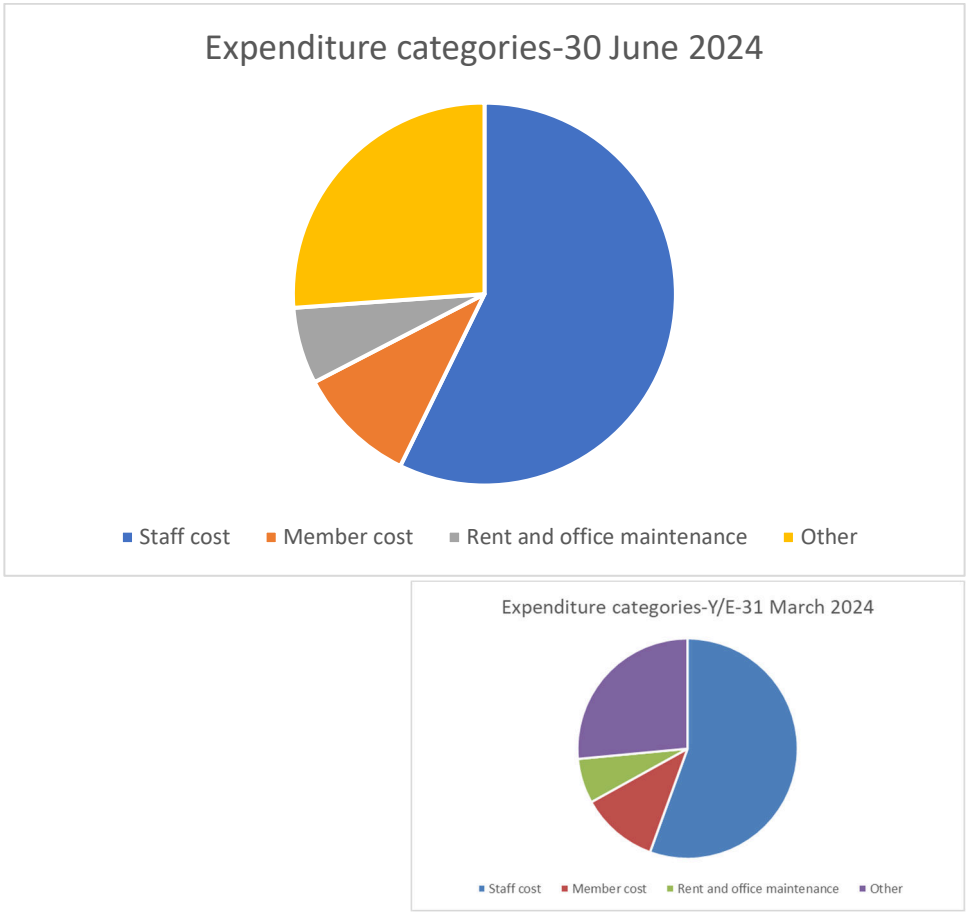


Chart 1

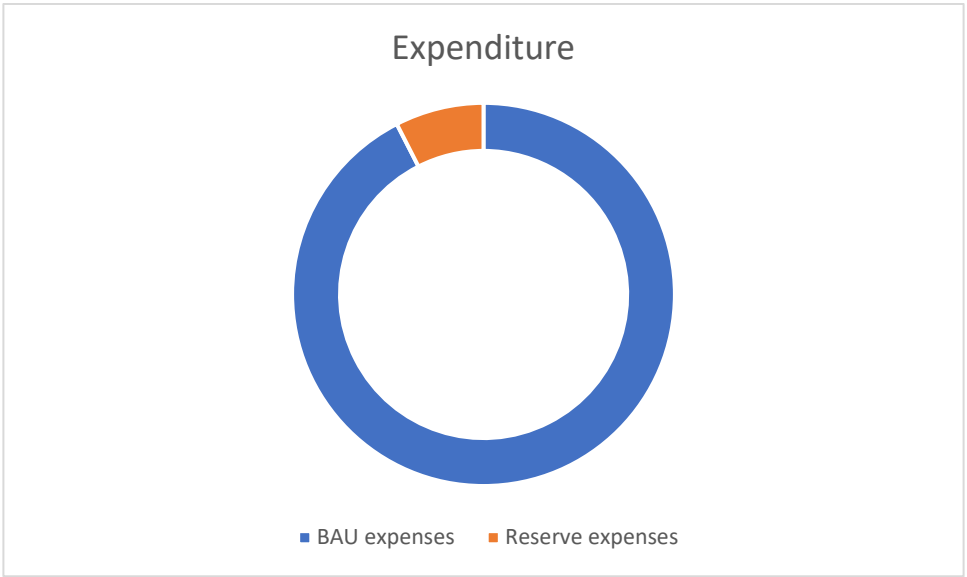
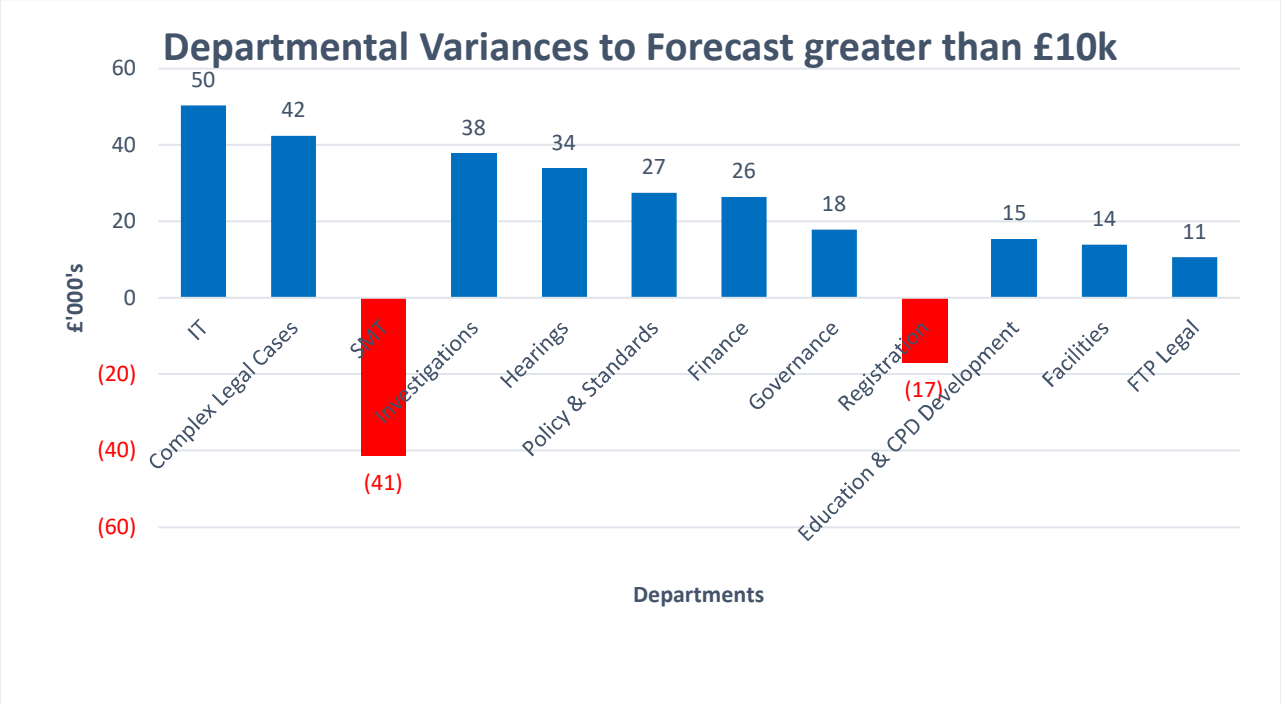


Chart 2



Graph 3

Cash and Cash Equivalent Summary - 30 June 2024

	Actual £'000	Budget £'000	Variance £'000
Cash at Bank	739	366	373
Short term Investments	7,100	7,150	(50)
Working Capital	**7,839**	**7,516**	**323**
Investments	9,453	9,040	413
Total	**17,292**	**16,556**	**736**

Table 1

Headcount June 2024 (F T E's)

	Actual FTC* Jun-24	Actual Perm. Jun-24	**Actual Total** Jun-24	Budget Jun-24
Chief Executive Office	1.0	9.0	**10.0**	9.0
Regulatory Strategy	0.4	22.4	**22.8**	23.6
Regulatory Operations	5.8	31.0	**36.8**	43.0
Corporate Services	3.0	17.4	**20.4**	23.4
Change	5.8	7.2	**13.0**	14.0
Total Headcount	**16.0**	**87.0**	**103.0**	**113.0**

** including Agency temp staff*

Table 2

Analysis of BAU expense variance June	
Savings	**£'000**
Efficiency	0
Savings	42
Staff vacancy gaps (excluding efficiency measures)	143
Delays	105
Revised plans and timing (uncertain)	6
Accounting, PO, coding errors	(9)
Additional expenses	287
Additions	(71)
Others	(11)
Total Expense Variance	205

Table 3

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-				-
Savings	42				42
Staff vacancy gaps	143				143
Additions	(71)				(71)
Net savings/(overspent) from approved budget	**114**	**0**	**0**	**0**	**114**

Table 4

Financial Performance Report for the period ending 30 June 2024

Table A
Income and Expenditure Accounts

	April - June			2024-25
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,943	3,050	(107)	11,980
Dividend Income	72	66	6	265
Bank & Deposit Interest	113	46	67	86
Other Income	14	2	12	10
Total Income	**3,142**	**3,164**	**(22)**	**12,341**
Expenditure				
Executive Office				
CEO's Office	53	49	(4)	360
Governance	169	186	18	729
Total Executive	**222**	**235**	**14**	**1,089**
Regulatory Strategy				
Director of Regulatory Strategy	62	32	(30)	129
Policy	83	111	27	499
Communications	68	69	1	309
Education & CPD Operations	178	179	1	810
Education & CPD Development	120	136	15	530
Total Regulatory Strategy	**512**	**527**	**15**	**2,276**
Regulatory Operations				
Director of Regulatory Operations	42	36	(6)	144
Investigation	324	362	38	1,372
Case Progression	198	217	19	924
FTP Legal	63	74	11	277
Legal	62	59	(3)	239
Hearings	301	334	34	1,341
Total Regulatory Operations	**990**	**1,082**	**92**	**4,296**
Corporate Services				
Director of Corporate Services	39	38	(1)	153
Facilities	282	296	14	1,144
Human Resources	148	151	3	593
Finance	117	143	26	628
Registration	261	244	(17)	705
Total Corporate Services	**847**	**873**	**26**	**3,224**

Financial Performance Report for the period ending 30 June 2024

Table A (Contd.)

	April - June			2024-25
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
IT (BAU)	246	296	50	1,268
Depreciation	35	43	8	172
Total Expenditure	**2,851**	**3,056**	**205**	**12,325**
Surplus / (Deficit) before project expenditure	**291**	**109**	**183**	**16**
Project Expenditure				
Education Strategic Review project	28	28	(0)	62
Change	112	115	3	399
Complex Legal Cases	16	58	42	232
Testing of Sight	0	0	0	50
Future Projects	0	0	0	150
Project Depreciation & Amortisation	33	34	1	136
Case Management Project	20	22	2	107
Future Office Accommodation	22	22	1	45
Total Project expenditure	**231**	**280**	**49**	**1,181**
Surplus / (Deficit) after project expenditure	**60**	**(171)**	**232**	**(1,165)**
Investment gains	198	55	143	221
Surplus / Deficit	**258**	**(116)**	**374**	**(944)**

Financial Performance Report for the period ending 30 June 2024

Table B
Income and Expenditure Accounts Including Project Expenditure

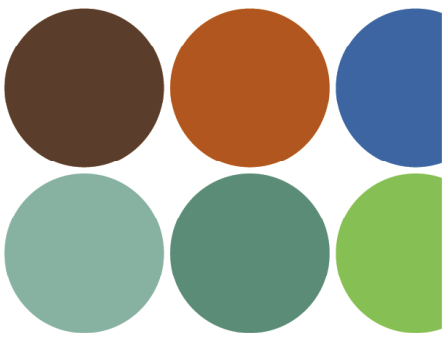
	April - June			2024-25
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,943	3,050	(107)	11,980
Dividend Income	72	66	6	265
Bank & Deposit Interest	113	46	67	86
Other Income	14	2	12	10
Total Income	**3,142**	**3,164**	**(22)**	**12,341**
Expenditure				
Staff Salaries Costs	1,597	1,730	133	6,695
Other Staff Costs	119	103	(15)	410
Staff Benefits	47	41	(7)	20
Members Costs	313	344	31	1,386
Professional Fees	101	155	55	777
Finance Costs	99	88	(11)	105
Case Progression	281	290	9	865
Hearings	46	72	26	581
CPD & Standards	20	20	0	115
Communication	7	5	(2)	74
Registration	2	4	2	13
IT Costs	133	151	19	784
Office Services	247	253	6	1,055
Other Costs	1	1	(0)	169
Potential Projects	0	0	0	150
Depreciation & Amortisation	68	77	9	308
Total Expenditure	**3,081**	**3,336**	**254**	**13,506**
Surplus / Deficit	**61**	**(171)**	**232**	**(1,165)**
Unrealised Investment gains	198	55	143	221
Surplus / (Deficit)	**258**	**(116)**	**375**	**(944)**
Staff cost to total expenditure ratio	57%	56%		53%

Balance Sheet as at 30 June 2024

	2024-25 30 June 2024 £'000	2023-24 31-Mar-24 £'000	Variance £'000
Fixed Assets			
Refurbishment	87	105	(18)
Furniture & Equipment	48	57	(9)
IT Hardware	207	131	76
IT software	12	18	(6)
Capital Work in Progress	240	33	207
Total Tangible Fixed Assets	**594**	**344**	**250**
Investment	9,453	9,266	187
Total Fixed Assets	**10,047**	**9,610**	**437**
Current Assets			
Debtors, Prepayments & Other Receivable	472	675	(203)
Short term deposits	7,100	7,450	(350)
Cash and monies at Bank	739	3,131	(2,392)
Total Current assets	**8,311**	**11,256**	**(2,945)**
Current Liabilities			
Creditors & Accruals	1,128	1,200	72
Income received in advance	8,237	10,931	2,694
Total Current Liabilities	**9,364**	**12,131**	**2,767**
Current Assets less Current Liabilities	**(1,053)**	**(875)**	**(178)**
Total Assets less Current Liabilities	**8,994**	**8,735**	**259**
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	**8,993**	**8,735**	**259**
Reserves			
Legal Costs Reserve	700	700	(0)
Strategic Reserve	2,596	2,596	(0)
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	4,447	4,189	258
Total	**8,993**	**8,735**	**258**

General Optical Council

Q1 Forecast for 2024-25



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Q1 Forecast 2024/25

GOC Summary I&E Q1 forecast 2024-25

	Budget £'000	**Q1 forecast £'000**	Variance to Budget £'000
Income	12,341	12,159	(182)
Expenditure (BAU)	12,325	12,121	204
Surplus / (Deficit) before Reserve Expenditure	**16**	**38**	**22**
Strategic reserve expenditure	904	1,011	(107)
Complex cases legal reserve expenditure	232	197	35
Infrastructure/dilapidations reserve expenditure	45	764	(719)
Total Reserve Expenditure	1,181	1,972	(791)
Surplus / (Deficit) after Reserve Expenditure	(1,165)	(1,934)	(769)
Unrealised Investment Gains	221	620	399
Surplus / (Deficit)	**(944)**	**(1,314)**	**(370)**

KPI	Budget	Forecast	Variance*
Net Profit Margin	-9.44%	-15.91%	-6.47%
** acceptable KPI = +/-10% for financial performance - KPI calculation for forecast is shown as an indicator of variance*			

Table 1

Highlights

The Q1 forecast 2024-25 is part of a five-year forecast undertaken to ensure GOC's ability to perform within safe reserve levels whilst achieving strategic plans and the annual business plan.

The above table measures the Q1 forecast with the 2024/25 budget approved by Council in February 2024. This is the last year of the 2020-25 'Fit for the Future' strategic plan.

The forecast reduces the income and increases the reserve expenditure, primarily due to costs associated with our future office accommodation project. Overall, revenue funded BAU expenditure is anticipated to be largely as planned.

Annual income, mainly registration fees, is used to fund BAU expenditure. The reserve expenditure, which is strategic or contingent by nature, is designed to be spent from the three designated reserves (ref. movement in reserves – page 11) and is subject to separate approval by Council

Key drivers to the change of performance- 2024/25 Q1 Forecast

The registration income was reduced by £324k due to a reading error at data entry to the finance model forecasting income. The finance and registration departments have discussed the error and planned mitigations for the future so that this will not be repeated. The error was not identified in the budgeting as the increased income was assumed to be due to the annual fee increase and register growth.

The 2024/25 budget assumed that the inflation rate would be reduced by the Bank of England towards the end of the 2023-24 financial year, reducing the fixed deposit rates. However, fixed deposit rates have remained high in the Feb-April period when we made the series of deposits, earning us £127k more than the budgeted income figures. This additional income helped offset the impact of reduced renewal income.

Our investment managers recently advised an increase in an average return of 8.6% with a volatility of 10.4%, compared to the rate of 5.2% with a volatility of 9.3% used at present. The main impact on this change is market value rather than dividend income (not cash-based).

Revenue funded BAU expenditure consists of the changes in the newly restructured case progression team in the Regulatory Operations directorate. The anticipated positive financial impact of the restructure has now been now postponed to future years due to a delay being able to secure suitably qualified in-house legal advocates.

There has been additional movement in reserve expenditure. Expenditure on complex legal cases has reduced from the budget, and depreciation has reduced due to the delays in commissioning software projects (My GOC). In addition, one-off costs of developing the new KSBF and staff consultation has been drawn from the strategic reserve. We are now able to identify detailed costs for our future office accommodation, as most of the project costs are now planned with assumptions made. The costs will be refined and increasingly accurate as we move towards the necessary approvals.

Risks of not achieving 2024/25 Q1 Forecast.

The risks lie mainly in revenue-funded expenditure as the majority of income is received or agreed (e.g. fixed deposit income).

There are six more months (from this forecast) left in this financial year, and the main risks are associated with people resources. Retention remains a key priority, as workforce/recruitment markets remain tight. People are the main resource of GOC and enable the business to achieve its 2024/25 business plan. For example, the newly restructured case progression team in the Regulatory Operations directorate increases our reliance on internal resources over external expertise. 51% of forecast cost relates to people (53% of budget). The cost of people is easily predictable and controlled compared to externally contracted expertise, but dependant on achieving optimal staff turnover. GOC is a small organisation, and the risk of a high staff turnover can affect achieving forecasts, and the business plan, as well as a loss of knowledge and business continuity.

Any further delays in achieving the planned levels of restructuring of Regulatory Operations will increase external legal costs.

The final surplus/deficit after the unrealised gains/losses from market value investment is expected to fluctuate.

Plans to mitigate risks

The KSBF project is designed to retain and improve the skills of staff and is planned to be completed during the year.

The regular reviews of costs in the Investigations and Case Progression teams at quarterly and monthly intervals will enable us to ensure the progress of the restructuring programme.

A five-year forecast and a reserve analysis were carried out to review the impacts of future year reserves and to ensure the ability to maintain healthy reserve levels while achieving strategic plans during the next five years.

Short-term market volatility may reduce our reserves at any point. We have modelled the unrealised gains as per the advice of the investment manager and will be getting regular advice from them as in the past to enable us to understand the market better. We also plan to be agile in usage of the strategic projects and cash drawdowns, maintaining good investment levels and benefitting from its long-term growth as in the past.

Income and Expenditure Accounts – Q1 Forecast- 2024/25

	Year 1 2024-25		
	BUDGET	July '24 Forecast	Variance
	£'000	£'000	£'000
Income			
Registration	11,980	11,656	(324)
Dividend Income	265	276	11
Bank & Deposit Interest	86	213	127
Other Income	10	14	4
Total Income	**12,341**	**12,159**	**(182)**
Expenditure			
CEO's Office			
CEO	360	281	79
Governance	729	709	20
Total CEO's Office	**1,089**	**990**	**99**
Regulatory Strategy			
Director of Regulatory Strategy	129	129	0
Policy & Standards	499	504	(5)
Communications	309	298	11
Education & CPD Operations	810	806	4
Education & CPD Development	530	526	4
Total Regulatory Strategy	**2,276**	**2,263**	**14**
Regulatory Operations			
Director of Regulatory Operation	144	171	(27)
Investigations	1,344	1,262	82
Case Progression	951	938	13
Legal FTP	277	302	(25)
Legal	239	225	13
Hearings	1,341	1,358	(17)
Total regulatory Operations	**4,296**	**4,256**	**40**
Corporate Services			
Director of Corporate Services	153	159	(6)
Facilities	1,144	1,157	(13)
Human Resources	593	587	6
Finance	628	619	10
Registration	705	784	(79)
Total Corporate Services	**3,224**	**3,306**	**(83)**

Income and Expenditure Accounts Q1 Forecast 2024/25 (Contd.)

	Year 1 2024-25		
	BUDGET	**July '24 Forecast**	**Variance**
	£'000	**£'000**	**£'000**
IT (BAU)	1,268	1,166	102
Depreciation & Amortisation	172	140	32
Total Expenditure	**12,326**	**12,121**	**205**
Surplus / (Deficit) before reserve expenditure	**15**	**38**	**23**
Strategic Reserve Expenditure			
Education Strategic Review project	62	81	(20)
Change	399	402	(3)
Research on the Testing of Sight	50	50	0
KSBF Consultation	0	114	(114)
Potential Projects*	150	150	0
Project Depreciation & Amortisation	136	121	15
Case Management System	107	93	14
Total Strategic Reserve Expenditure	904	1,011	(107)
Legal Reserve Expenditure			
Complex Legal Cases	232	197	35
Infrastructure/delap. Reserve Expenditure			
Future office accommodation	45	764	(719)
Total Reserve expenditure	**1,181**	**1,972**	**(791)**
Surplus / (Deficit) after project expenditure	**(1,165)**	**(1,934)**	**(769)**
Unrealised Investment gains	**221**	620	399
Surplus / (Deficit)	**(944)**	**(1,314)**	**(370)**

** Potential Projects – Not yet planned and/or approved projects.*

Income & Expenditure Forecast - by Category

	2024-25 (Strategic Yr 5 20-25)		
	Budget	Q1 Forecast	Variance
	£'000	£'000	£'000
Income			
Registration	11,980	11,656	(324)
Dividend Income	265	276	11
Bank & Deposit Interest	86	213	127
Other Income	10	14	4
Total Income	**12,341**	**12,159**	**(182)**
Expenditure			
Staff Salaries Costs	6,695	6,776	(81)
Other Staff Costs	410	390	20
Staff Benefits	20	18	2
Members Costs	1,386	1,369	17
Professional Fees	777	739	38
Finance Costs	105	130	(25)
Case Progression	865	1,105	(240)
Hearings	581	235	346
CPD & Standards	115	214	(99)
Communications	74	68	6
Registration	13	12	1
IT Costs	784	708	76
Office Services	1,055	1,045	10
Other Costs	169	109	60
Depreciation & Amortisation	308	261	47
Potential Projects	150	150	0
Unplanned BAU expenses	0	-	0
Future Office Fit	0	764	(764)
Total Expenditure	**13,506**	**14,093**	**(584)**
Surplus / Deficit	**(1,165)**	**(1,934)**	**(766)**
Unrealised Investment gains	221	620	399
Surplus / (Deficit)	**(944)**	**(1,314)**	**(367)**

Staff cost to total expenditure ratio	53%	51%	

Assumptions

Income

- Student numbers increase by 3%.
- 80% of new registrants would be transfers and 20% would be direct.
- 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 has been stable over the past 4 years.
- Dividend income will generate a similar ratio to portfolio value in the past three years. Estimated average returns (dividend income + unrealised gains) will be at 8.6%.
- There is a risk of volatility of 10.4% of investment valuation.
- We have assumed that the portfolio will stay within the parameters, but the short-term volatility could be very high, as experienced in 2020 and 2022.
- FD interest will reduce with inflationary rate.

Expenditure - assumptions

- The dilapidations and office re-fits in the event of an office move will be covered by the dilapidation reserve.
- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Governance
    - Committee meetings will be mainly held remotely, saving expenses.
    - One Council strategy day each year will be held face to face.
    - Member fees for Advisory Panel meetings will be budgeted at half a day, with 38 attendees.
    - At least two committee campaigns and one hearing member recruitment a year. Only one Independent Member required per campaign. In year 1 more resource required for council member appointment.
- Policy
    - Three surveys (business, registrant and public perceptions). We expect to expand the public perceptions research to include more patients using enhanced eye care services, so costs have increased. Lived experience registrant and public (£30k each). Testing of sight research (mostly funded by strategic reserves)

- Education
    - No new visits added since budgeting planning, except ‘spare visit’ not utilised.
    - E-mailing will not be used for statutory letters.
    - Assumed we do not need to pay bank costs if we use the new payment gateway
    - Yr 1-Adaptations have been coming in at less than originally expected and so calculations have been adjusted to reflect this which has led to an overall reduction.

- Case Progression
    - Potentially creating a new role to help oversee IOs - but will be utilising existing budgets. If cases coming in continue to increase a business case will need to be submitted for additional resources. Plus increase in line with cost of living
    - CE decisions will be around 150. New investigations are seeing a slight uptick so more cases will therefore go to CE decision. 23-24 saw 112 CE decisions but there was an impact on timeliness due to resources in investigations. Backlog is now being worked on so number of cases going to CE will increase. CE fee has also increased. Now £194.52.
    - IC - one meeting per Q for 9 members - reading feed and electronic consideration
    - Dispute mediation - Costs agreed for next 12 months
    - As more cases are being received it's assumed that there might be an increased need for OA opinions so cost might increase.

- Investigations
    - Vacancies will be filled as planned in Yr 1.
    - Restructuring process will be as planned.
    - Judicial review costs, insurance excess will remain at £25k.

- Hearings
    - Yr 1- Assumption we will run 397 hearing days, based on actual number of hearing days and proposed number of disclosures per month (4-5) until the end of the calendar year"
    - 15% of cases will be in-person.
    - No post Sommerville related changes.

- HR
    - There will be annual staff surveys.
    - Staff training - Assumption based on planned courses from performance review feedback and professional development.
    - Insurance and staff benefit costs will fluctuate according to the number of headcount.
    - There will be no material HR-related legal costs.
    - There will be continued IT support cost for existing HR system due to the delay in HR and Payroll project.

- Finance
    - No. of contracts reviewed by Ward Hadaway will be as planned. This is a new contract and was difficult to forecast without trends.
    - There will not be a large number of unplanned member travel to the office, which will increase the tax costs.
    - Annual returns of investment portfolio will be 8.6% in average returns.
    - The investment management fee calculation method by Brewin Dolphin will not change over the period.

- Registration
    - Bank charges will remain high.
    - The renewal cycle will remain annual.

- Facilities
    - Insurance cost will reduce after the tender.
    - Staff hybrid levels will stay at similar levels to present.

- IT
    - Any approved strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
    - There will be a new CRM manager recruited in Oct.'24.
    - Payroll/HR project will be completed in October.
    - There will be a reduction in IT equipment – fewer handsets required to be replaced.
    - External hosting a new cycle of hosting charge in Nov, no material increase. No extra storage required, reduced in cost since budgeting.

- Change
    - The project will complete as planned, absorbing changes to BAU.

- Potential Projects
    - This includes potential IT projects.

- Future Office Accommodation project
    - Not managed services option. If managed services selected, less facilities, IT. If it saves money, will make the change
    - Security element (access cards), alarm, not needed separately.
    - Project will be able to secure the preferred option.

- MyGOC and CMS Projects
    - Both these are capital costs. Assume MyGOC will not be delayed any further as that will impact operations and finance projections.

Risks not covered in Q1 Forecast

- Extra cost (holiday pay, Employer NI and PAYE, pension) related to worker/member classification of the hearings panel.
- Resolution of any historic liabilities related to worker/member classification.

Cash Drawdown Plan

There will be no cash drawdown required for the current year and additional fund requirement for future office accommodation will impact the 2025-26, and the reduced renewal income and extra expenditure will impact the future years where cash is required specially in Q3.

In the event of us exhausting the annual renewal income received at the beginning of the year before the next renewal cycle, we will be drawing down cash from investments. These will happen if and when there is a large expenditure planned during Q3 and early Q4 before the renewal cycles bring the next batch of funds. Cash drawdown plan will be reviewed at each forecast, ensuring such events are minimised.

At the end of each renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

2024-25 Cashflow Q1 July'24 forecast

	Q1 Forecast 2024-25												
Month ending	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year 1 2024-25 (Strategic Yr 5)
	Actual	Actual	Actual	Actual	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Opening Balance	3,109	919	734	667	994	491	457	264	364	601	215	293	3,109
Income													
Registration	262	7	67	265	67	60	59	59	59	589	2,484	8,169	12,147
Dividend income	28	24	17	30	22	22	22	22	22	22	22	23	276
FD interest income	13	12	16	20	23	34	31	33	33	0	4	4	223
Transfers from Deposit Account	1,000	900	1,000	1,000	900	1,300	1,100	1,100	1,450	0	0	0	9,750
Transfers from Investment									0	0			0
Total Cash Inflow	1,303	943	1,100	1,315	1,012	1,416	1,212	1,214	1,564	611	2,510	8,196	22,396
Expenditure													
Staff payroll	302	351	315	317	331	347	343	346	342	342	341	355	4,032
Council/Worker payroll	49	43	58	64	84	86	80	87	92	79	103	111	937
HMRC	169	167	164	181	194	202	199	203	202	199	207	219	2,306
Pension Contributions	64	68	71	73	76	79	78	79	78	77	78	81	901
Rent and service charge	0	0	199	0		199			199			0	597
Corporate credit cards	3	4	4	6	10	10	10	10	10	10	10	10	97
Supplier payments	339	459	340	312	300	469	675	370	283	270	299	**969**	5,086
Direct Debits	17	36	16	35	20	20	20	20	20	20	20	20	264
Fixed assets	0	0	0	0	0	38	0	0	100	0	174	52	364
Unplanned Future exp.													0
Transfers to Deposit Account	2,550				500						1,200	6,300	10,550
Total Cash outflow	3,493	1,128	1,167	988	1,515	1,451	1,405	1,114	1,327	996	2,432	8,117	25,133
Net Cash in / (outflow)	(2,190)	(185)	(67)	327	(503)	(34)	(193)	100	238	(386)	77	79	(2,738)
Closing Balance	919	734	667	994	491	457	264	364	601	215	293	371	371
On Deposit													
Opening balance	7,450	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,200	750	750	1,950	7,450
Deposited	2,550	0	0	0	500	0	0	0	0	0	1,200	6,300	10,550
Withdrawn	(1,000)	(900)	(1,000)	(1,000)	(900)	(1,300)	(1,100)	(1,100)	(1,450)	0	0	0	(9,750)
Closing Balance	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,200	750	750	1,950	8,250	8,250
Brewin Dolphin Investment													
Opening balance	9,266	9,266	9,266	9,453	9,453	9,453	9,581	9,581	9,581	9,711	9,711	9,711	9,266
Investment Gains	0	0	198	0	0	139	0	0	141	0	0	142	620
BD charges			(11)			(11)			(11)			(11)	(44)
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0
Closing Balance	9,266	9,266	9,453	9,453	9,453	9,581	9,581	9,581	9,711	9,711	9,711	9,842	9,842

Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2024 – 31 March 2025

Q1 report (1 April 2024 – 30 June 2024)		Q1	Q2	Q3	Q4	Measure	*Q4 (23/24)*
Finance							
1.1	BAU budget; operate within budget	+7.3%				Tolerance is ±10%	+4.5%
1.2	Reserves; operate within reserves policy	0%				Tolerance is ±10%	0%
1.3	Change team; operate within budget	+0.2%				Tolerance is ±10%	-0.5%
People							
2.1	Planned L&D events realised	100%				Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)	13.8%				Target is ≤17%	11.4%
2.3	Staff engagement (pulse survey): engagement (% of staff who respond)	71.5%*				N/A	**
	Staff engagement (pulse survey): engagement score	66%*				Target is ≥70%	**
Customer							
3.1	FOI requests resolved	94.7%				Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 2): received	2				N/A	3
	Corporate complaints (stage 2): resolved within the timescale	100%				Target is ≥90% in ≤20 working days	100%
3.3	Customer satisfaction (TBC)	TBC				Target is ≥80% positive (TBC)	N/A
Regulatory functions							
4.1	Registration applications completed	99%				Target is ≥95% forms completed	98%
4.2	Registration accuracy	99%				Target is ≥95%	98%
4.3	Approved qualifications meeting new ETR	43%				Target is 100% by Sep 2025 *ex. CoO*	32%
4.4	Quality of GOC approved providers' CPD	96%				Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update	82%				Target is ≥90% every 12 weeks	86%
4.6	FtP cases resolved (rolling median)	59%				Target is ≥60% within 78 weeks	52%
4.7	Hearings concluded first time	92%				Target is ≥90%	88%
4.8	Hearings dates utilised	93%				Target is ≥90%	78%
4.9	New investigations at representations	74%				Target is 80% within 40 weeks	69%

* The pulse survey ran until July

** No pulse survey ran – the P&C team were under-staffed and had to prioritise other work.

Q1 report (1 April 2024 – 30 June 2024)		Q1	Q2	Q3	Q4
Regulatory functions					
	Registrant engagement with CPD				
4.10	Number of fully-qualified registrants	24,517			
4.11	Number yet to log a PDP – OO/IP	2,193			
4.12	Number yet to log a PDP – DO/CLO	755			
4.13	Number of registrants yet to complete their SOP	290			
4.14	Number yet to access the platform at all	48			
4.15	General total points on or above target – OO/IP	56%			
4.16	General total points on or above target – DO/CLO	57%			
4.17	Specialist total points on or above target – IP	52%			
4.18	Specialist total points on or above target – CLO	53%			
	Registrant progress against final CPD requirements – % of registrants who have achieved their:				
4.19	entire general points requirement	39%			
4.20	entire specialist points requirement	40%			
4.21	provider-led requirement	81%			
4.22	interactive points requirement	63%			
4.23	core domains requirement	84%			
4.24	peer review requirement	77%			
4.25	overall cycle requirements	32%			

KPI	Current RAG status (why it's amber/red; when/how we will get it to green)	Budget implications	Risks
Staff engagement (pulse survey): engagement score – **66%** Target is ≥70%	The engagement score of 66%, which falls short of our 70% target, is largely attributed to an 18-month gap in conducting pulse surveys. This gap resulted from the absence of a Head of P&C, followed by an interim Head of P&C, and resourcing issues. More recently a new, permanent Head of P&C has been appointed. Moving forward, pulse surveys will be conducted consistently, with the next survey scheduled for September.	N/A	Inconsistent gaps in pulse surveys and the lower engagement score risk significant declines in employee engagement and missed opportunities for crucial improvements.
FOI requests resolved – **94.7%** Target is 100% in ≤20 working days	There was one request which, due to internal capacity issues, was provided 2 days outside of the 20-working day timeframe. This is a one-off occurrence as FOI requests are usually responded to within the statutory timeframe.	N/A	The GOC could be subject to sanctions such as fines from the Information Commissioner's Office.
Customers receiving an FtP update – **82%** Target is ≥90% every 12 weeks	The Case Progression team has faced resource challenges, with higher individual caseloads impacting officers' capacity to provide updates within the target timescale. Officer recruitment and induction should be largely completed within Q2. Training focusing on service standards and delivering excellence in our updates was delivered in July, and best practice guidance has been produced to support compliance.	N/A	This will have an impact on customer satisfaction.
FtP cases resolved (rolling median) – **59%** Target is ≥60% within 78 weeks	The investigation team has faced resource challenges, with higher individual caseloads and reallocation of older cases. Q1 also saw a higher referral rate by Case Examiners, meaning fewer cases closed at an earlier stage. Officer recruitment and induction should be largely completed within Q2. Two operations managers will also join us at the beginning of Q3 to fill current vacancies.	N/A	This will have an impact on end-to-end timeliness.

	New investigations at representations – **74%** Target is ≥80% within 40 weeks	The team are focused on progressing cases which have been reallocated due to resource challenges mentioned above. Most cases progressing to representation stage in the latter part of the quarter had accrued a delay due to reallocation to new officers. We anticipate improvements over Q2 as we return to a full complement, although the continued focus on resolving aged cases is likely to put us near the border of the target.	N/A	This will have an impact on end-to-end timeliness.

GOC Internal Business Plan – 2024/25
Exceptions Report – Q1 update

All Q1 CRITICAL and ESSENTIAL activities are ON TRACK or COMPLETE for the following business areas: **Hearings**, **Legal**, **Communications**, **Legislative Reform**, **Policy & Standards**, **Facilities**, **Finance**, and **Registration**

The following slides describe, with commentary, Q1 activities that are either OFF TRACK (amber) or DEADLINE MISSED (red)

Case Progression

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (Triage, Investigations)	BAU	Q4	● Critical	Improved timeliness in FTP: • ≥60% of all concerns will have been resolved (by case examiner or FtPC) within 78 weeks of receipt • ≥80% of triage decisions will be made within six weeks • ≥50% of new investigations will be at representation stage within 30 weeks • ≥85% of new investigations will be at representation stage within 40 weeks • ≥40% reduction in cases open for longer than three years • ≥20% reduction in cases open for longer than two years		**Why amber/red**: Resource challenges are still ongoing but close to resolution (Q3). **How we will get back to green**: As the team returns to a full complement, we anticipate improvements over the next quarter.

CPD

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Provisional provider applications	BAU	Q1-Q4	Essential	Provider applications reviewed within 10 working days		**Why amber/red**: Staffing absences in CPD operations. **How will we get back to green**: As the team returns to a full complement, we anticipate improvements over the next quarter.

People & Culture

Activity	BAU/ Project	Timing	Priority	Success Measures	RAG	Comments
Review of HR Policies to ensure legal compliance and fit for a world class regulator (1) Family Support Policies, annual leave and Special Leave Policies all out for employee consultation launched by 1 April 2023. (2) 3 new policies: Flexible Working, Probationary Policy, and Equality Diversity & Inclusion Policy progress through PRG and employee consultation by 31 March 2024. (3) Progress Reward and Recognition Policy to PRG and employee consultation for implement by 30 June 2023	Strategic Project	Q4	● Critical	Complete and launch revised policies at (2) by 31 March 2025		**Why amber/red**: • Objectives under 1 and 3 are complete. • For 2, Flexible Working, Probationary & Equality Diversity and Inclusion Policy have slipped due to resourcing issues within the People & Culture Team. **How we will get back to green:** • A review of core HR policies will be carried within the service agreement by *Worknest* in Q4
Implementing and assessing new ways of working 1. Review our agile working guidelines - 31 March 2025 2. Review our guidelines for working abroad - 31 March 2025 3. Modernise and updating our flexible working policy - TBC 2024 4. Create a culture of self service to support efficient use of resources - 30 July 2024 5. Review our premises and working environment - 31 December 2024	Strategic Project	Q1-Q4	● Essential	New guidelines and policy in place, tested via policy review group and/or staff consultation Enhanced Iris content and guidance in place to support increased levels of self service, which resulting reduction in simple queries to P&C team Review of working environment dependant on any future office move - staff input into any future office to be determined as part of separate project		**Why amber/red**: • Some outcomes of L&D project delivered, and others are work in progress nearing completion. • Investigation training is postponed whilst we identify a new L&D partner to provide effective training. **How we will get back to green:** • 2024 Training programme agreed, communicated and training underway. Selection of new provider for Investigation to be identified.
Preparing for the future - developing talent 1. Provide robust management programmes for new, middle and senior managers.	Continuous Improvement Project	Q4	● Essential	To be linked to action plan from Lessons Learned review - leading to reduced ER employee relations matters and improved related staff survey results		**Why amber/red**: • Action has slipped due to resourcing issues within the People & Culture Team. **How we will get back to green**: • The action plan for lessons learned is going to RemCo in Sept. This is linked to policy revisions generally and the performance framework which we expect to be implemented at the end of Q4 and will inform further development for managers.

Change Management Office

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
2023/24 Digital Portfolio: - Case Management System (CMS) - MyGOC platform (pending outcome of ITT) - HR & Payroll system - Telephony	Strategic Project	Q1-Q4	● Essential	Digital transformation projects delivered to time, cost and quality measures agreed by SCB: - CMS Phase 1 to conclude with build/test of two remaining components: *Reports & Legal in Q4*. Phase 2 to take place in Q1-Q4 24/25 - Mobilisation of MyGOC project (encompassing MyCPD enablers) to commence Q1 - Other IT projects delivered as stated in individual project plans		**Why amber/red**: 23-24 Procurement process for the MyGOC project was not successful. **How we will get back to green**: Direct award of contract to *Pixl8* to deliver a new MyGOC. This will include a rephasing of the project for completion of delivery in 2025-2026.

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Support the business (Registration) to implement or retender the MyGOC portal	Strategic Project	Q1-Q4	Essential	Dependent upon conclusion of 23-24 Procurement Exercise - implement solution or retender: Q1-Q2 - Project build complete and User Acceptance training. Q3 - Training for GOC staff on new environment. Q4 - New MyGOC goes live.		**Why amber/red**: 23-24 Procurement process was not successful. **How we will get back to green**: Direct award of contract to Pixl8 to deliver a new MyGOC. This will include a rephasing of the project for delivery in 2025-2026.

Governance

Activity	BAU/ Project	Timing	Priority	Success Measures	RAG	Comments
Review and transfer Speaking Up policy for staff to Freedom to Speak Up scheme	Continuous Improvement Project	Q1-Q4	Essential	Q1 - proposed action plan for transfer to SMT Q2 - training and member, worker and staff engagement September 2024 - Council approves new scheme Q4 - scheme transfer and ongoing operation		**Why amber/red**: Head of Governance has had to prioritise other areas of work in the short-term. Council agenda for September does not have capacity, so scheduling for December 2024. **How we will get back to green**: Council approval is scheduled for Q3
Review terms of reference of non-statutory committees	Continuous Improvement Project	Q1-Q3	Essential	Q1 - all committees consider terms of reference, along with any proposed amendments Q1 - Council engaged in ToR workshop September 2024 - Council reviews proposed amendments		**Why amber/red**: Council agenda for September is no longer viable given a number of other items being considered. The work has been reprioritised so Council approves changes in December. **How we will get back to green**: Council approval is scheduled for Q3

General Optical Council

COUNCIL

Report from the Chair of Council

Meeting: 25 September 2024 **Status:** For noting

Lead responsibility & paper author: Dr Anne Wright (Chair of Council)

Introduction

1. This report covers my principal activities since the last Public Council meeting on 26 June 2024.

2. The Privy Council has appointed Kathryn Foreman as a Lay Council member following our recommendation. Kathryn's four-year term of office will commence on 1 October 2024. On behalf of the Council, I am pleased to congratulate Kathryn on her appointment. I am delighted to welcome Kathryn as a new Council member. She brings wide experience in a variety of roles, and her expertise in healthcare regulation and as a non-executive director for a healthcare provider will be invaluable to the work of the Council and the GOC.

3. This will be Sinead Burns' final Council meeting before she steps down at the end of September 2024. On behalf of the Council, I would like to thank Sinead for her outstanding contribution to the GOC throughout her two terms of office, including her role as Chair of Audit, Risk and Finance Committee (ARC). We wish her every success and happiness for the future.

Management

4. I have had weekly catch-up meetings with Leonie Milliner, our Chief Executive and Registrar (CE&R) and our Head of Governance. On 29 July 2024, I met with our Director of Change and on the 19 August 2024, I met with our Director of Regulatory Operations for a weekly meeting in the absence of Leonie Milliner on annual leave. I have had pre-briefing meetings and received briefings from our CE&R, members of our Communications Team, Governance, and our Regulatory Strategy department 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. I also attended a SMT fortnightly meeting on the 12 September 2024 and led an informal discussion on Board Effectiveness. On 17 July 2024, I attended an all-staff meeting.

6. On 18 July 2024 the Embrace Network Events presented a talk and presentation hosted by our Senior Digital Transformation Lead about his journey as a South Asian man in the UK. On behalf of the Embrace Network, the Embrace Events Team organised these activities to celebrate South Asian month. I was able to catch up via the recording of the meeting.

7. On 6 August 2024, I joined the ABLE and EMBRACE Network Event which presented an inspiring talk during South Asian Heritage month that explored the benefits of supporting colleagues with Neurodivergent children. The talk was delivered by Reena Anand, an external Neurodiversity speaker and trainer.

8. Clare Minchington, Senior Council Member (SCM) and Council Lead for the 2025-30 Strategy, attended a staff consultation event on 7 August 2024, organised by our Head of Strategy, Policy and Standards, to develop our sub-strategies, where all staff were welcomed to join and share views on the four sub-strategies which we were developing to support our corporate strategy for 2025 - 2030. These were the draft equality, diversity and inclusion strategy, draft people strategy and draft strategies for finance and IT.

9. On 8 August 2024, I participated in the Embrace monthly network meeting, which was opened to all staff, organised and led by Vanissa Tailor as co-Chair of Embrace. This was a safe space to discuss the riots and anti-migrant and Islamophobic attacks that was happening in the UK in August 2024.

10. EMBRACE Events presented a talk on 15 August 2024, led by our Registration Operations Manager and her beautiful South Asian wedding. In continuing our celebration of South Asian Heritage month, the EMBRACE Network, continued a series of talks. This particular talk was from one of our staff members and all who

attended were thrilled that she had agreed to share the details of this very special celebration.

Council and Committees

11. I have held fortnightly meetings with Clare Minchington, our Senior Council Member (SCM). Clare Minchington deputised for me as Chair of the appointing panel for Council members in my absence to illness. I am grateful to Clare for acting on my behalf.

12. On 15 August 2024, I participated in the induction day held for the four Independent Appointment Panel members.

13. I attended the ARC meeting and development session with an afternoon tea farewell event for Council members on 11 September 2024. I attended the Nominations Committee meeting on 17 September 2024. The meeting was Chaired by Lisa Gerson, following Council's approval of her appointment in this compacity.

Stakeholders

14. 9 July 2024: Professional Standards Authority (PSA) Chairs roundtable, organised by Caroline Corby, Chair at PSA for Health and Social.

15. 30 July 2024: Consent Project catch up meeting organised by Christine Elliott, Chair at Health & Care Professions Council (HCPC).

16. 10 September 2024: Chairs meeting, organised by Christine Elliott, Chair of Health and Care Professions Council (HCPC).

17. 10 September 2024: College of Optometrists (COO) introductory and catch-up meeting with Dr Gillian Rudduck, College President and Ian Humphreys, Chief Executive at COO.

18. 19 September 2024: Association of British Dispensing Opticians (ABDO) introductory meeting with Kevin Gutsell, President, and Alistair Bridge, Chief Executive.

Council Member meetings with stakeholders

19. N/A.

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COUNCIL

Chief Executive and Registrar's Report

Meeting: 25 September 2024 **Status:** For noting

Lead responsibility and paper author: Leonie Milliner, Chief Executive and Registrar
Council Lead(s): Dr Anne Wright CBE, Council Chair

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 2024/2025 Business Plan.

Background

4. The last report to Council was provided for its public meeting on 26 June 2024.

Analysis

5. Following Philip Graf's (the former Chair of the Nursing and Midwifery Council), sad death last month, I start my report by expressing on behalf of Council my heartfelt condolences to Philip Graf's family, friends, and colleagues.

6. Since Council last met, we have been joined by eighteen new members of staff: Rebecca Bryan, Head of Investigations; Claire Marchant-Williams, Head of Case Progression; Nicole Twyneham, Operations Manager (Investigations); Christopher Antoine, Archiving Assistant; Hannah Sutcliffe, Investigation Officer; Ukamaka Adaeze Akah, Financial Accountant; Emma Storer, Head of People and Culture; Ola Oso, Administrator (Hearings); Omar Siddiq, Administrator (Registration); Diana Smith, Administrator (Regulatory Operations); Cristiana Racaru, Registration Officer; Nicola Davis, Operations Manager (Investigations); Andrea Moss, Operations Manager (Investigations);

Pauline Whitelaw, Policy Manager (Standards); Taz Chisango, Operations Manager (Hearings); Caroline Geary, Lawyer and Ashley Watterson, Education Officer (Operations).

7. I would like to thank Shamecia Miller and Catherine McCargo, our former Administrators (Regulatory Operations) and Lorraine Ekwe, our former Lawyer, all of whom have left since the last report. We wish them well for the future. We also were joined by George Lewington, who undertook student work experience between 8 August 2024 to 13 August 2024 and Jacob Robinson, IT Student who also undertook a two-week placement in August 2024.

8. I continue to hold weekly meetings with our Chair of Council, Head of Governance and with each member of our Senior Management Team (SMT). I chaired monthly all-staff meetings, and was delighted to welcome Dr Anne Wright, Chair of Council, and Professor Hema Radhakrishnan, Council Member, at our July all-staff meeting. On 7 August 2024 I chaired an all-staff consultation event organised by our Head of Strategy, Policy and Standards to seek view on our proposed strategy to 2023.

9. I also chaired fortnightly SMT meetings and workshops with SMT members in attendance. In addition, the Chair of Council observed the SMT fortnightly meeting on 12 September 2024. I attended two Council catch-up sessions chaired by our Chair of Council, as well as our monthly Risk Register meetings, chaired by our Director of Corporate Services and a Leadership Team meeting (which has a rotational chair).

10. In addition, I held a briefing meeting with our Chair of Council on 11 July 2024; with Clare Minchington, our Senior Council Member (SCM) on 11 July 2024; and with Council members Sinead Burns and Ken Gill on 24 July 2024; and with Clare Minchington and Sinead Burns on 28 August 2024.

11. I attended the Audit, Risk and Finance Committee (ARC) meeting on 2 July 2024 and 11 September 2024; the Remuneration Committee meeting on 9 September 2024 and the Nominations Committee meeting on 17 September 2024.

12. On 15 August 2024, I participated in the Independent Panel Members, (Amanda Orchard, Marie Pye and Deirdre Toner) induction day, hosting an introductory meeting. We had the Education Visitor Panel (EVP) Governance training on 4 September 2024, followed by the EVP Education training on the 5 September 2024, which I also participated in. I had an introductory meeting with Poonam Sharma, our new Council member on 10 September 2024.

13. I enjoy attending our weekly meditation sessions organised by our Staff Wellbeing and Engagement Group (SWEG) and hosted by our Chief Financial Officer. On 27 June 2024, I joined the LGBTea, an all-staff tea break to celebrate Pride month, organised, and hosted by our EDI Manager. Members of staff were welcomed to bring rainbow themed food or drink to this Pride tea break.

14. On 6 August 2024, I attended an inspiring talk led by Reena Anand, Neurodiversity external speaker and trainer, organised by our Able and Embrace network event to which all staff were welcomed to attend. On 8 August 2024 I joined our Embrace monthly network meeting organised and hosted by our Operations Manager (Triage), which was opened to all staff members to attend. This was a safe space to discuss the riots and anti-migrant and Islamophobic attacks that was happening in the UK last month.

16. On 27 August 2024, I participated in one of our reasonable adjustments training sessions organised and hosted by our EDI Manager as part of our work to better support managers. I also joined our Anti-Racism Group (ARG) Committee meeting on 30 August 2024, organised by our Investigation Officer with the relevant staff member's present.

17. Three never-events occurred in July and August 2024. We define a "never-event" in our never-event framework as "an incident of the utmost criticality, which GOC internal controls should prevent from happening." We took immediate and decisive steps to manage the issues and the risk to the public and registrants as soon as these events were reported. We kept Council and the PSA advised at the time, and a more detailed report followed in the Q1 significant incidents and exceptions report to ARC. The Q2 significant incidents and exception report is scheduled for ARC consideration on 26 November 2024, and a further update will be provided then. Some detail is included below in the interests of transparency, and so Council and stakeholders can be advised of the immediate steps taken to learn lessons and identify ways of avoiding similar issues in the future.

Never-event #1 – July 2024

18. A hearing concluded in July 2024. The registrant had an Immediate Order of Conditions imposed followed by a 6-month Conditional Registration Order, which came into effect in August 2024.

19. The Professional Standards Authority (PSA) contacted us on 22 July to say that the registrant was showing as suspended on the public register.

20. We corrected the status on the register and told the PSA we are reviewing this incident against our Never Events Framework, to understand how and why this occurred and ensure targeted action can be taken to prevent recurrence.

21. A compliance investigation was commissioned and is due to conclude by the end of September 2024. ARC will receive a further update at its next meeting.

Never event #2 – August 2024

22. On the morning of 2 August, the Communications team identified that some registrants were not appearing on the website when searched for. An issue was also flagged where FTP decisions were not linked to a registrant record.

23. This occurred following a routine IT update to the register platform on the

public website. This flagged two areas of potential risk:

- the absence of registrant data from the public search function posed a risk to public protection, and meets the criteria of a never event, as described in our Never Events Framework; and

- the FTP decision issue appeared less significant, as the registration status was correct and the determinations were available on the website elsewhere; however, this indicated an underlying issue for which the cause and resolution needed to be found.

24. The significant incident management process was stepped up. A Tactical Coordination Group was established to undertake a fact-finding exercise and satisfy SMT that the cause of the issue had been identified and a solution implemented. The issue was resolved by a roll-back of the update applied to the website. The original update was applied at 11am on Thursday 1 August. The issue came to light around 11.30am on Friday 2 August and the significant incident management process was stepped up by 12.10pm. The website update was rolled back at 1.50pm on the same day, and this resolved the issue.

25. The significant incident management process was stepped down on 8 August. A root cause analysis has been undertaken, and a number of recommendations are being implemented, alongside a lessons learned report. This report is scheduled to be considered by SMT in October 2024, and a further update will be included in the next significant incidents report to ARC in November 2024.

Never event #3 – August 2024

26. An FTP investigation concluded in July 2024 following case examiners agreeing to a Rule 16 application. The registrant under investigation was under an Interim Order of Conditions (IO). Only the Fitness to Practise Committee can revoke the IO. A hearing was scheduled for August to consider the IO revocation.

27. In early August, the registration status of the registrant was incorrectly changed on the GOC's Customer Relationship Management (CRM) software to show that the IO of conditions no longer applied. On 12 August, as part of preparation for the hearing, the registration status mistake was identified and corrected.

28. Given the issue involved the same processes as the never event in July, the lesson learnt investigation referenced in paragraph 21 was rescoped to accommodate this additional never event. As set out above, it is anticipated that this investigation will conclude in September, and there will be a further report for ARC on its findings and next steps.

29. In the interim, we have provided assurance that there are no wider issues with the accuracy of the register and introduced additional management checks

before updates are made to registration status on CRM. We are investigating whether management checks can be built into the system prior to publication of the registration status on the website. We have also updated the relevant standard operating procedure and held training on the Never Events Framework for new and existing staff.

Change

Change Management Office (CMO)

30. The programme of work continues to progress. As we enter the last two quarters of the current strategic plan, alongside continued delivery of the strategic projects, the CMO is shifting its approach to take stock, and reflect what has been achieved since its inception in September 2021. An initial review and stock take was presented and discussed on 21 August 2024 at the Strategic Change Board.

31. The programme legacy will be a suite of fully documented project products including closure reports, benefit profiles and templates (PIDs, business cases, highlight reports etc.) covering the full project lifecycle. This will support embedding good practice across the GOC as well as supporting the learning, mobilisation, delivery and benefits realisation of projects that will underpin the successful execution of the 2025-2030 strategic plan.

32. Below, I outline two projects at critical milestones.

33. **MyGOC** - Both GOC and the supplier, Pixl8, have agreed all contract terms, with the project discovery phase forecasted to begin w/c 09 September. The initial discovery phase is estimated as 10-12 weeks, followed by a development phase. A timeline for go live will be agreed during the discovery phase. However, indications are that the new MyGOC platform is likely to go live after user testing in Autumn 2025.

34. **Learning and Development**—this project encompassed upskilling of staff, workers and members. Over the last 10 months, the Learning and Development (L&D) Project has delivered all identified L&D workshops in accordance with the project plan. L&D opportunities have been communicated to staff via different channels including all-staff meetings and IRIS. Appraisals analysis has been completed and responsibility for future scheduling has transferred to the People and Culture team and sequenced accordingly. The L&D project concluded 08 August. Moving forward, all L&D plans for employees, members and workers will be managed by the People and Culture and Governance teams.

Information Technology (IT)

35. Over the last few months external cyber security experts have been analysing our cyber environment and awarded the GOC both the NCSC Cyber Essentials and the more complex Cyber Essentials Plus Accreditations.

36. IT keeps our cyber environment under continual review, and this will lead to several improvements and actions in the next few months including:
    - Our first annual Disaster Recovery and Backup Test with Rock as our Managed Services Provider.
    - Completion of our review of our anti-virus and related services which will see our servers covered by Sophos for the first time, which means we will be covered by the Sophos Breach Protection Warranty (meaning Sophos would compensate us for remedial work if there was a breach of any equipment covered by their software).
    - Trialling a cyber security ringfencing product (which would limit the possible actions of an attacker who breached our defences). This supports our Zero Trust approach to cyber security.
    - A Business Continuity event for senior managers covering actions required following a successful cyber security attack.

Corporate Services

Facilities

37. The Archive project resumed after a brief period of inactivity due to staff changes in July 2024, of the 857 boxes, 676 had been catalogued to all the different teams, the rest; 181 are pending for inspection within the next 4-6 months.

38. We continue to cooperate and assisting our landlord with the alteration to the building a re-fitting of all the 5 vacant floors, including two months of repairs caused by a burst pipe in the ceiling void, that produced a major leak in our floor affecting a third of the office. All repairs are now complete.

39. At the end of September 2023, the GOC joined the framework with the Crown Commercial Services to continue to benefit from low tariff rates. After a tendering process, Stallard Kane, were reappointed as H&S Consultants. Insurance renewal was recently completed at end of August 2024 with a market-competitive rate.

40. All Facilities front desk team members and its manager, have their mental health first aiders accreditation in addition to their fire wardens and emergency at work first aid

People and Culture

41. In August, our Able and Embrace networks held an event led by Reena Anand, Neurodiversity external speaker and trainer. Our Embrace network held a talk led by our colleague Shareen Shah about her beautiful South Asian wedding, and our Embrace monthly network meeting was opened to all staff members, to create a safe space to discuss the riots and anti-migrant and Islamophobic attacks that were happening across the UK.

42. In August the Learning and Development Review project transitioned into BAU

within People and Culture and a calendar was published on IRIS to launch the 2024 Learning and Development Programme of training.

43. We are preparing to deliver a series of training workshops from September including customer care training for staff and reasonable adjustments training, managing remote workers and an introduction to management for managers.

44. We have designed a Performance and Behaviours framework and are seeking input from Remuneration Committee in September and SMT in October. This is the second phase in our project which saw a new Reward and Recognition policy implemented in 2023. The framework is intended to support the delivery of all three of our strategic objectives by ensuring a consistent model for measuring performance across the organisation.

45. In collaboration with our Governance and Finance teams, we have assessed the resource potentially needed to be funded from reserves, using an amount approved by Council in September, to undertake a scope of work, following the Sommerville Judgement, that addresses the development of the solution and work to progress implementation and a resolution of historic liabilities (if any) for current and former members.

Registration

46. Annual renewal for students opened on 30 May and closed on 31 August 2024. Renewal rates are in line with previous years, with 96% of students completing the process within the deadline date. We received a positive response from students, with 89% opting in to the receiving statutory notices by email only.

47. We received pass lists from various education providers of around 450 newly fully qualified registrants, the team were busy processing the applications which allowed them to begin their professional careers.

48. At this time of year sees new students applying to register for the first time. Indications from education providers show us that numbers remain in line with previous years' intakes, and we expect to receive around 1,500 applications before the end of October. This year with the introduction of the ETR courses, we are expecting 17 new ETR qualifications with first year intakes this year, with four qualifications still running with the old handbook. We are working in collaboration with the education team to ensure correct courses are being used by the education providers.

<u>Regulatory Operations</u>

Case Management

49. We have continued to develop and embed our new case management system. Fixes into the live system are progressing and management reporting functionality is now ready for testing. We are also considering the discovery report for phase 2 of the project which remains on track.

50. It has been another busy period of recruitment. We welcomed three new operations managers on 2 September – two in investigations and one in hearings. We will welcome in-house advocates in Q3 as part of our restructured legal support model.

51. We invited feedback on revised declarations guidance at the Defence Stakeholder Group in June. This helpful input has informed the final revised guidance which is due for publication in the coming weeks.

52. We are currently undertaking a procurement exercise in line with our contracts and procurement policy to secure external legal services to support our fitness to practise casework from 1 April 2025. Our current contracts for legal services run until the end of March 2025.

53. We have also supported the process to recruit new lay fitness to practise panel chairs.

Regulatory Strategy

Standards Review

54. The Standards Review has concluded, and final proposals are elsewhere on the agenda.

Legislative Reform

55. Proposals to consult on reforms to business regulation are elsewhere on the agenda.

56. In July, together with the Director of Regulatory Strategy I met with Phil Harper from DHSC to discuss legislative reform and other matters. As expected, given the newly formed government at the time, there was no update on the timing of legislative reform.

Research Update

57. The public perceptions and registrant surveys have both been published since the last Council meeting. A discussion item on both surveys is elsewhere on the agenda.

58. We will next commission the lived experience research and plan the second wave of the business registrant survey.

59. The academic consortium led by Glasgow Caledonian University has begun research to inform our project to update our 2013 statement on the testing of sight and we expect delivery of the final report by the end of the calendar year.

Care for patients with light sensitivity

60. In May we were contacted by the charity LightAware who raised concerns that people with light sensitivity are facing difficulties in accessing eye care. There are a number of medical conditions where some form of sensitivity to light is a recognised medical symptom for a subset of people affected. LightAware's concerns fall into two main areas:
    - Patients are being refused a sight test after they decline the eye health check because they need to avoid direct light in their eyes or on the surrounding skin; or
    - Patients are prevented from accessing services because the lighting in the opticians/optometrist premises or building is too bright and likely to aggravate their symptoms.

61. Under the Equality Act 2010, public sector organisations must make reasonable adjustments in their approach or provisions to ensure that services are accessible to people with disabilities as well as everybody else. A disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. It is likely that light sensitivity could meet that test and be considered a disability. In addition, NHS England published a letter in 2019 setting out that so long as a reasonable attempt has been made to examine the patient, appropriate records of this are kept and any legal obligations are met, then a GOS sight test fee can be claimed.

62. The Head of Strategy, Policy and Standards met representatives of the charity in June, joined by one of our professional advisors. At the meeting LightAware gave more information on these concerns, but also highlighted examples of practices being very responsive to the needs of patients with light sensitivity, making reasonable adjustments so that the patient could be seen. We discussed these concerns with representatives from all the optical professional bodies at a meeting in July.

63. The concerns raised engage several of our standards for both individual registrants and optical businesses, particularly standards related to equality, inclusion and diversity. We will continue to engage with LightAware and the optical professional bodies on this issue 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 review in response to developments.

Communications and Parliamentary Engagement

64. We conducted extensive monitoring and analysis of manifestos throughout the election period. We have written to new MPs with the relevant remit offering introductory meetings. We are in the process of identifying APPGs of interest, with the aim of presenting our research at an upcoming meeting.

65. We are currently in early discussions to try and arrange a Parliamentary event

aimed at MPs with an interest in healthcare in conjunction with other healthcare regulators and relevant organisations.

66. The Communications team has been working on a number of long-term strategic projects including refreshing the GOC brand and an internal communications strategy. A refreshed version of the staff intranet, IRIS, has been launched, and staff training undertaken.

67. A communications campaign for the end of the CPD cycle has been launched, which includes new talking heads videos and a series of blogs. This aims to encourage registrants who have yet to do so to complete CPD.

68. Work has commenced on the design of the Annual Report and EDI Annual Report, which will be laid before Parliament in November. Initial design spreads are included in the paper on Annual Report approval.

Education and Continuing Professional Development (CPD)

69. Adaptations of existing qualifications to the Education and Training Requirements (ETR) have proceeded at pace ahead of the September student intake. At the time of writing, all except two optometry qualifications and a single dispensing optics qualification have adapted, which represents excellent progress. The team is in dialogue with all remaining qualification providers (including the specialty qualifications) on their future plans.

70. Significant innovations since the last Council meeting include approval to recruit to the sector's first degree apprenticeship for dispensing opticians delivered by ABDO, and the noting of the adaptation of the first integrated optometry and independent prescribing qualification delivered by Glasgow Caledonian University. Both qualifications will receive their first intake in September 2024.

71. For a period, qualification providers will be subject to two separate sets of requirements (the ETR and existing handbooks) while they teach out the old courses. The education team has developed proposals for a proportionate approach to quality assurance of the old courses and flexibility in adherence to handbook requirements. We are consulting with education stakeholders on the proposals, and this will require a Council decision in due course.

72. On 29 August, the Director of Regulatory Strategy and I, together with colleagues from ABDO, the College of Optometrists and the Optometry Schools Council, had a useful meeting with the Office for Students (OfS) to make the case for improved funding of GOC approved qualifications. While it was clear that no immediate new or reallocated funds are available, the OfS was not unsympathetic to the case made and we will maintain engagement with officials.

73. We recruited nine EVPs and held training sessions over 4-5 September.

74. We are finalising preparations for the CPD end-of-cycle. Since the last meeting

SMT has agreed a process document to underpin these arrangements. The reflective exercise was successfully launched on time and there has been good trade press coverage of this. In July we published a talking heads video and blog to promote self-directed CPD and in August a blog summarising the key CPD requirements. A regular programme of reminders and other communications activities is scheduled for the remainder of the cycle.

75. At the start of November, we are required to notify all registrants yet to meet their requirements warning them of a possible shortfall. At the end of August, 39% of registrants had met all their CPD requirements for the cycle. At the same point in the previous cycle the figure was 39%, so progress is as expected at this stage. 57% of registrants were on or above their points target (86% of the total points required). As previously highlighted, this is likely to underrepresent the points obtained at this stage given the time taken between the CPD event and the registrant recording the event on MyCPD.

Governance

76. The Governance team has delivered a substantial programme of member recruitment over the past few months. 2024-25 has seven planned campaigns, representing a total of 40 member vacancies. We are now over halfway through this work, and I must thank the Governance team and members who have supported our recruitment activity, and I very much welcome the breadth of experience and knowledge that we are bringing into the GOC with these new member appointments.

77. The Governance team has supported Nominations Committee to update and refine our recruitment packs and processes to ensure they are more inclusive, accessible and desirable. As consequence, we have seen a considerable uptake in applications for member roles: this includes approximately 130 applications for two lay Council member vacancies, 200 applications for eleven Hearing Panel Chairs vacancies and 103 applications for nine vacancies on the Advisory Panel. We are delighted by the interest in the roles. However, we also recognise the considerable pressure this puts on the team that administers the process, and those who are involved in recruitment, including our Council members, Senior Council member and Chair of Council.

Equality Diversity and Inclusion (EDI)

78. Through our ongoing work to embed EDI principles throughout the GOC, we have achieved a Bronze TIDEmark award from the Employers Network for Equality and Inclusion (ENEI).

79. TIDE assessments allow us to benchmark our performance against other organisations and measure our progress in cultivating a positive and inclusive culture. Our overall score was 68%, placing the GOC in the second highest stage of the TIDE roadmap. The evaluation highlighted our strength in EDI strategy and planning, where we achieved a score of 95%.

80. In order to support our Staff Networks we're introduced a monthly "Empower Hour" at 11am on the last Thursday of the month. Similar to our meeting free days, we ask colleagues to avoid putting meetings in during this time, allowing network leads to use the time for planning, holding closed sessions, and hosting events. We committed to supporting networks to have more time to do this important work in our EDI Action Plan 2024-2025 and hope that this will improve engagement and community building within the GOC

81. Our networks have held multiple awareness and engagement events, including talks about mental health and events to celebrate South Asian Heritage Month. Our EMBRACE and Anti-Racism Group also held meetings in response to the racist and Islamophobic riots that took place across the country – our Chair of Council and CE&R joined an all-staff meeting to acknowledge the impact of this on employees and allow them to share their concerns and their experience. Closed groups sessions for global majority staff were also held.

82. Training for people managers regarding reasonable adjustments was held by our EDI Manager in August. An additional session is planned for October. We hope this will contribute towards our objective to support managers more in their roles, especially in regard to accessibility and inclusion.

83. For the second year in a row, we have been successful being awarded grant funding to host an intern who is blind or has sight loss. This is as part of a program run by the Thomas Pocklington Trust, a charity which supports blind and partially sighted people with a focus on education, employment, and engagement. Recruitment for this year's intern has begun and interviews are scheduled for early September. Our next intern should join us this autumn, in addition to our current intern whose time with us will end in January 2025.

<u>External Stakeholder Engagement</u>

84. Since the last public Council meeting on 26 June 2024, I have attended the following external meetings and engagements:

- 27 June 2024: I attended a workshop hosted by the Association of Chief Executives (ACE) called ‘The craft of leadership: exploring the behaviours of excellence in public service’ hosted by Carolyn Bartlett, Chief Strategy and Transformation Officer, Valuation Office Agency and Mark Wright, Director, at People Create. This event gathered CEOs in person for an interactive workshop on deliberative leadership.

- 3 July 2024: I chaired our strategy consultation engagement roundtable for professional and representative bodies as part of our consultation on our draft strategy for 2025-2030. Tim Parkinson and the relevant staff members were also in attendance.

- 5 July 2024: I chaired the quarterly meeting of Chief Executives of optical sector professional and representative bodies, with the relevant sector bodies in attendance.

- 5 July 2024: I attended a briefing by Paul Chapman Hatchett, an optometrist and business leader, on the domiciliary sector, organised by our Director of Regulatory Operations with the relevant staff members in attendance.

- 10 July 2024: I was delighted to attend the College of Optometrists (COO) President's dinner hosted by Dr Gillian Rudduck, COO President.

- 23 July 2024: I met Richard Ogden, Director at Peoplenetics, with our interim Head of People and Culture, to discuss the development of the Knowledge, Skills, and Behaviours (KSB) framework.

- 25 July 2024: I attended the Chief Executives of Regulatory Bodies (CEORB) meeting, chaired and organised by Nick Jones, Chief Executive and Registrar at GCC with the relevant regulators in attendance.

- 26 July 2024: I met Phil Harper, Deputy Director at Department of Health & Social Care (DHSC). The Director of Regulatory Strategy was in attendance.

- 29 August 2024: I met Ruth Henrywood, Head of Pathways and Funding Policy, Regulation Directorate at Office for Students (OfS) with Miranda Richardson, Head of Professional Qualifications and Education at ABDO, Professor Joy Myint, Professor of Optometry and Director of Learning and Teaching at School of Optometry and Vision Sciences, College of Biomedical and Life Sciences and Professor Lizzy Ostler at COO, Lizzy runs our GOC-funded collaboration, Sector Partnership for Optical Knowledge and Education (SPOKE).The Director of Regulatory Strategy was also in attendance.

- 3 September 2024: I observed an Optometric Advisory Board meeting organised and hosted by National Health Service (NHS) Education for Scotland (NES).

- 10 September 2024: College of Optometrists (COO) introductory meeting with Dr Gillian Rudduck, COO President and Ian Humphreys, COO Chief Executive.

- 13 September 2024: I was delighted to attend the Thomas Pocklington Trust (TPT) Get Set Progress Internship Programme Celebration event at the Coram Foundation organised by Charlie Rashbrook, Internship Coordinator at TPT.

- 19 September 2024: With the Chair of Council, I met Kevin Gutsell, Association of British Dispensing Opticians (ABDO) new President and Alistair Bridge, ABDO Chief Executive.

- 20 September 2024: Chief Executives of Health & Social Care Regulators Steering Group (CESG) meeting organised by Nick Jones (CESG Chair), Chief Executive and Registrar at the General Chiropractic Council (GCC).

85. A range of other engagements by Directors are listed in Annex 1.

Finance

86. This paper requires no decisions and so has no financial implications.

Risks

87. The Corporate Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

88. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved Nations

89. We continue to engage with all four nations across a wide range of issues.

Other Impacts

90. No other impacts have been identified.

Communications

External communications

91. This report will be made available on our website, but there are no further communication plans.

Internal communications

92. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next Steps

93. There are no further steps required.

Attachment

Annex 1 - Directors' stakeholder and other meetings.

Annex 1 - Meetings/visits since last Council meeting

Philipsia Greenway - Director of Change	Yeslin Gearty - Director of Corporate Services	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
28/07/24 Deputised for Leonie at the Chief Executives of Health & Social Care Regulators Steering Group (CESG)	02/07/24 meeting with Avison Young commercial property agents	21/6/24 - Defence Stakeholder Group meeting	Periodic meetings with national optometric advisers
05/07/24 Domiciliary sector briefing by Paul Chapman Hatchett	3/7/24 meeting with 360 Workplace, office design consultancy	24/6/24 - Cross-regulators Directors of Fitness to Practise	27/6/24 - HCPC on regulation of orthoptists
09/07/24 Rob Rendle of Addecco coffee meeting	8/7/24 meeting with Packetts insurance brokers	16/7/24 - meeting with AOP professional discipline and legal team	2/7/24 - Business regulation stakeholder reference group
24/7/24 meeting with 360 Workplace, office design consultancy	16/7/24 meeting with 360 Workplace, office design consultancy		3/7/24 - Strategy consultation event with representative bodies
30/07/24 meeting with Alex Skinner Pixl8	23/7/24 meeting with Cyber Management Alliance – business continuity planning		4/7/24 - Research kick-off meeting with Glasgow Caledonian University and partner organisations
08/08/24 meeting re output of ICT Review of GDPR Compliance	24/7/24 meeting with 360 Workplace, office design consultancy		5/7/24 - AOP, routine catch-up meeting
13/08/24 Meeting with Chief Legal Officer and Ward Haddaway			5/7/24 - Paul Chapman Hatchett – domiciliary sector briefing

Philipsia Greenway - Director of Change	Yeslin Gearty - Director of Corporate Services	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
22/08/24 Feedback meeting with 360 Workplace			15/8/24 - Pixl8, website functionality demonstration
			19/8/24 - British and Irish Orthoptists Association – regulatory reform
			29/8/24 - Follow up meeting with Office for Students, qualification funding
			13/9/24 - chaired Optical Sector Policy Forum

Council Meeting (Public) 25 September 2024
For decision - Standards Review - Annual report and financial statements 2023/24 - ARC annual report 2023/24 - Equality, Diversity and Inclusion annual report 2023/24 - Business Regulation **For discussion** - Update on research on testing of sight - EDI Action Plan update - AMR - Registrant and public perception survey - GOC strategy 2025-30 - Q1 Financial performance report/Q1 forecast - Business performance dashboard Q1 - Business Plan Assurance Report Q1 **For noting** - Chair's report - Chief Executive and Registrar's report
Council Catch-up 8 October 2024
-
Council Strategy Day 30 October 2024 (online)
-
Council Catch-up 19 November 2024
-
Council Meeting (Strictly Confidential) 10 December 2024
For discussion - GOC Strategy 2025-2030 – EDI, Digital, Financial and People Strategies - Strategic risk discussion - GOC office / Old Bailey update **For noting** - Committee updates - Council papers for the public session
Council Meeting (Public) 11 December 2024
For decision - GOC Strategy 2025-2030 - Registrant fees 2024/2025 - Annual reappointment of Council members to committees - Audit, Risk and Finance Committee terms of reference - Investment Committee terms of reference - Nominations Committee terms of reference - Remuneration Committee terms of reference - Freedom to Speak Up policy **For discussion** - H&S assurance report - Council's self-assessment against the Charity Governance Code

- Q2 Financial performance report/Q2 forecast - Business performance dashboard Q2 - Business Plan Assurance Report Q2 **For noting** - CEO / Chair Report - Advisory Panel minutes
Council Catch-up 21 January 2025
-
Council Catch-up 4 March 2025
Council Meeting (Strictly Confidential) 18 March 2025
For decision **For discussion** - GOC office / Old Bailey update - Strategic risk discussion - Legislative / Regulatory Reform **For noting** - Corporate Policies - Governance Review Progress Report - Committee updates - Council papers for the public session
Council Meeting (Public) 19 March 2025
For decision - 2025-26 Budget, internal business plan and five year forecast - Standing orders review - Member fees 25/26 **For discussion** - Q3 Financial performance report - Business performance dashboard Q3 - Business Plan Assurance Report Q3 **For noting** - Chair / Chief Executive Report - Committee updates

C41(24)

Council

Business regulation proposals

Meeting: 25 September 2024 **Status:** For approval

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper author(s): Marie Bunby (Policy Manager), Angharad Jones (Policy Manager), Steve Brooker (Director of Regulatory Strategy) and Charlotte Urwin (Head of Strategy, Policy and Standards)

Purpose

1. To enable Council to approve our consultation document on business regulation proposals, for the purposes of public consultation.

Recommendations

2. Council is asked to give its approval to:
   - a public consultation on business regulation proposals; and
   - delegate final approval of the consultation document (annex 1) to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the documents at the meeting.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice. This work is included in our 2024/25 Business Plan.

Background

4. Following a consultation in 2013 we published a statement to confirm our decision to extend regulation to all businesses providing the following restricted functions under the Opticians Act 1989:
   - sight testing;
   - contact lens fitting;
   - supply of contact lenses (prescription and zero power cosmetic contact lenses); and
   - spectacle sales to the under 16s and those who are sight impaired or severely sight impaired.

5. Work following the 2013 consultation was not progressed as the Law Commissions' review of healthcare regulator legislation was discontinued.

6. As part of our 2022 call for evidence on the Opticians Act 1989 and associated GOC policies, we revisited the area of business regulation and commissioned further research from Europe Economics entitled Mapping of Optical Businesses. The consultation confirmed there was still broad stakeholder support for extending business regulation to all businesses carrying out restricted functions. In our 2023 response to the consultation we said: "We think regulation should apply to all such businesses regardless of their name, corporate structure or who owns and manages them. We will next develop proposals and consult on an updated framework for business regulation."

7. In our response to the call for evidence, we also agreed:
   - not to seek to change any restricted functions in the Act but propose a mechanism for the GOC to make recommendations to the Secretary of State to alter these without the need for primary legislation; and
   - to propose an additional secondary consumer protection objective on the face of the legislation, reflecting the nature of risks to the public in the optical sector and our plans for expanding business regulation.

8. In June 2023 Council discussed next steps following the call for evidence, with business regulation being one of the six workstreams. We subsequently divided the work on business regulation into four further workstreams:
   - business and ownership structures (including scope of regulation);
   - models of regulatory assurance;
   - enforcement approach and sanctions; and
   - access to consumer redress.

9. Taken together, these workstreams provide the framework that we propose we will use to regulate optical businesses.

10. Registration fees charged to optical businesses also need to be considered but this will form part of a wider fees strategy and is not being pursued by the team. Subject to Council approval of the corporate strategy in December 2024, the development of a fees strategy will be an early priority under our 2025-30 corporate strategy.

11. We created a stakeholder reference group on business regulation to inform the policy development work, with representatives from each of the five key professional bodies (Association of British Dispensing Opticians (ABDO), Association of Independent Optometrists and Dispensing Opticians (AIO), Association of Optometrists (AOP), The College of Optometrists and Federation of Optometrists and Dispensing Opticians (FODO)). Meetings took place throughout December 2023 to July 2024. Our engagement approach has been welcomed and the representatives have been generally supportive of our proposals.

12. We have also discussed our policy proposals with the Advisory Panel and Companies Committee in November 2023 and June 2024 and their advice has been valuable in shaping the proposals. Advice included the following points:
    - support for treating the private and public sectors equally, with charities and universities eye clinics to be included within the scope of regulation, given the likelihood of seeing patients in vulnerable circumstances;
    - consideration should be given to the status of locums as individuals or businesses;
    - support for a head of optical practice role, with the need to be proportionate when considering individual/business accountabilities – example case studies would be helpful;
    - support for the proposals to increase the maximum fine available as a fitness to practise hearing sanction;
    - support for the proposals to visit a business as part of the fitness to practise process rather than just relying on written information, with caution around training of those visiting;
    - reservations about the proposals to issue on the spot fines as an administrative sanction outside the fitness to practise process;
    - concern around the possible increased costs and time/compliance burdens of a mandatory consumer redress scheme, and concern that a mandatory scheme could discourage reporting of all concerns; and
    - concern around the unintended consequences of a pay per use model in the consumer redress scheme.

13. We have considered all of the feedback we have been given and made updates to the papers in response, many of which were minor clarifications. The main changes that we have made are as follows:
    - included a power for the GOC to grant exemption from regulation where appropriate;
    - clarified our view that GP practices, hospitals and clinics should not generally be included within business regulation;
    - clarified the position in relation to locums as businesses;
    - provided example responsibilities of a head of optical practice in comparison to an individual or business registrant;
    - proposed a power to impose an uncapped financial penalty within the fitness to practise process supported by updated sanctions guidance;
    - given additional detail about how visiting powers could be used as part of the fitness to practise process;
    - removed the proposal to have a spot penalty notice; and
    - clarified our favoured option to retain our existing Optical Consumer Complaints Service (OCCS) consumer redress system, with mandatory participation in the scheme on the basis that this is the best option for consumer protection.

Analysis

14. The reasons for extending business regulation are set out in section 1 of the consultation document. Our current system of business regulation is complex and does not currently provide for a clear and consistent system. It results in an inconsistent application of our regulatory powers for businesses and our research estimates that around half of all optical businesses are not required, or able, to register with the GOC. We want a new system to address these discrepancies or regulatory gaps and improve public protection and confidence in the system.

15. The consultation will not be seeking views on whether we should extend business regulation (as Council made this decision when responding to the call for evidence), but rather on what a new model will look like once we have extended business regulation. We have reviewed different models for regulating businesses and consider that the service provider model used by the Care Quality Commission (CQC) would be the most appropriate for the GOC, albeit without the same system of inspection. Where we refer to businesses in this consultation, we are referring to all providers of optical services, including those that may not be considered traditional optical businesses e.g. university eye clinics and charities.

16. This consultation sets out the approach and principles that underpin our proposals at an early enough stage to inform policy positions. The consultation is intended to set out our direction of travel, indicating where we have views on our preferred options. We want to hear from stakeholders about our proposals so that we can take these views into account when deciding on our final model of business regulation. We anticipate that legislative reform will set a high-level framework leaving it to the GOC to make detailed provisions in rules, so we have approached the consultation on this basis.

17. In summary our proposals for a new model of business regulation include:
    - regulating all entities providing the specified restricted functions unless exempted, including university eye clinics and charities as well as optical businesses;
    - removing the current legislative requirement for some categories of body corporates to have a majority of registrant directors;
    - a model of assurance that includes requiring registrants to nominate a head of optical practice (HOP) with overall responsibility for the conduct of the business in accordance with the GOC's regulatory arrangements. This would be akin to the superintendent pharmacist role and is concerned with systems, policies and culture controlled at the top of the business;
    - removing the maximum fine available for breaches and introducing a power to visit a business should it be required as part of the fitness to carry on business process; and
    - making participation in the consumer redress scheme mandatory and seeking views on whether the scheme should operate on a mediation or adjudication model.

18. In line with the draft new corporate strategy, we are also intending to enhance our annual monitoring data collection and carry out thematic reviews in areas of higher risk (which does not require legislative reform).

19. Our new model of business regulation is set out in our draft consultation document (annex 1).

Finance

20. We are within budget for this work (utilising existing resources within the Policy team) and are not requesting any additional budget for this financial year. Any new system of business regulation would be unlikely to come into effect for a number of years and we will budget accordingly when forward planning.

Risks

21. Any changes to the current system of business regulation will require legislative change, linked to the Department of Health and Social Care's (DHSC) legislative reform programme. We await to hear the new government's plans on taking forward the reform programme, although there has been political consensus to date. Further, bringing more businesses within the scope of regulation, even if justified and supported by sector stakeholders, may not instinctively appeal to a new government. There is therefore a risk that this work will not result in change, leaving the GOC unable to introduce a system of business regulation that is more targeted and proportionate. We will mitigate this risk through our public affairs function and by maintaining regular contact with DHSC.

Equality Impacts

22. We have completed an impact assessment to sit alongside the consultation document (annex 2).

Devolved nations

23. We are not aware of any particular issues for the devolved nations, although we are being careful to ensure that we understand any differences in business structures. We are keeping the nations updated through our two-monthly Optical Sector Policy Forum and our weekly meeting with the chief optometric advisers in the nations.

Other Impacts

24. This project will have legislative impacts – we will need to design a system of business regulation that is compatible with any new legislation designed by the DHSC and will continue to engage with them and other regulators on the programme of legislative reform.

Communications

External communications

25. Our key stakeholders have been part of our business regulation stakeholder reference group, so are aware of progress. We have also kept stakeholders updated through our updates to public Council, mainly through the Chief Executive's report. We have developed a communications plan to sit alongside the consultation to ensure that we consult with as wide a range of stakeholders as possible.

Internal communications

26. We have met with colleagues in other teams (e.g. Legal, Case Progression, Education and Registration) to keep them updated about this work and the impact it might have on them. We will continue to update staff as we enter the consultation stage.

Next steps

27. We intend to publish the consultation as soon as possible (likely in mid-late October 2024) after we have translated the consultation document into Welsh and uploaded it onto our consultation platform. The consultation will be open for 13 weeks (our usual consultation period is 12 weeks, and we will be adding an additional week to cover the Christmas closure period).

Attachments

Annex 1: Draft consultation document
Annex 2: Draft impact assessment

Consultation on regulation of optical businesses

[Month to be published] 2024

Contents page

Overview

What we're doing

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. The groups on our register are called registrants. For more information, please visit our website: https://www.optical.org/

2. We have four core functions:

   - setting standards for optical education and training, performance, and conduct;
   - approving qualifications leading to registration;
   - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
   - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

3. This consultation seeks views on changes to our framework for regulating businesses. Section 9 of the Opticians Act 1989 ('the Act') provides for the GOC to register bodies corporate that meet certain eligibility requirements (including around its directors' registration and the nature of its activities). Under section 28 of the Act, it is an offence for an unregistered business to use a title, addition or description that falsely implies GOC registration, i.e. GOC registration is mandatory for bodies corporate using a protected title.

4. Our current system results in an inconsistent application of our regulatory powers for businesses and our research estimates that around half of all optical businesses are not required, or able, to register with the GOC. Where we refer to businesses in this consultation, we are referring to all providers of optical services, including those that may not be considered traditional optical businesses e.g. university eye clinics and charities.

5. This consultation will be open from XX October 2024 to XX XXXXXX 2025. You can respond either using our online consultation platform: Public participation platform of General Optical Council | CitizenLab or by emailing consultations@optical.org

Why we're doing this now

6. We are using the opportunity of the Department of Health and Social Care's (DHSC) legislative reform programme to update our legislation and the aspects

of the Act that apply only to the optical sector. The review of our legislation began in our 2022 call for evidence on the Opticians Act 1989 and associated GOC policies which we said was a first step in a programme of work to ensure that our legislation and associated policies were fit for the future.

7. As part of the 2022 call for evidence, we revisited the area of business regulation and commissioned further research from Europe Economics entitled Mapping of Optical Businesses. The consultation confirmed there was strong stakeholder support for extending business regulation to all businesses carrying out restricted functions. In our 2023 response to the consultation we said that we would develop proposals and consult on an updated framework for business regulation.

What will happen next?

8. The public consultation will be open for 13 weeks.

9. Once the consultation has closed, we will analyse all the comments we have received and identify how to progress our proposals for business regulation. We will produce a document summarising the responses we receive to the consultation and how we propose the new framework of business regulation will work. We will ask our Council to approve this document prior to publication.

10. Although we are leading engagement with stakeholders and the sector through this consultation, responsibility for agreeing changes to the Act does not rest with us but with Parliament, and the pace and outcome of any changes sought to business regulation will be determined by the UK Government.

Section 1: Current system, risks and benefits of reform

Number and nature of UK optical businesses

11. To support the evidence base for legislative reform we commissioned research from Europe Economics entitled Mapping of Optical Businesses. This confirmed there is no definitive calculation of the number of optical businesses, but it provided useful estimates based on data collected from the Office of National Statistics (ONS).

12. We have updated the figures in the Europe Economics research using the latest ONS data. In summary, this suggests:

    - In 2023, there were 5,040 optical businesses operating in the UK, with approximately 4,365 operating in England. Scotland had 335 businesses, followed by Northern Ireland with 170 and Wales with 165.
    - 2,852 body corporates renewed their GOC registration in the 2024 renewal exercise, representing 57% of the total optical businesses estimated by ONS. GOC registered businesses as a proportion of all businesses has increased over time, but many businesses remain outside of regulation.
    - Nearly all businesses (98.2%) are microenterprises or small enterprises, with a shift from microenterprises towards small enterprises over time. Microenterprises are more common in Scotland and Northern Ireland.
    - 86.2% of UK optical businesses are companies and there has been a clear shift towards incorporation over time. Sole proprietorships and partnerships are more common in Scotland, Wales and Northern Ireland.

Existing legislation

13. The legislation around GOC business regulation is complex and does not currently provide for a clear and consistent system of regulation for optical businesses.

14. Section 9 of the Act provides for the GOC to register bodies corporate that meet certain eligibility requirements (including around its directors' registration and the nature of its activities). Under section 28 of the Act, it is an offence for an unregistered business to use a title, addition or description that falsely implies GOC registration, i.e. GOC registration is mandatory for bodies corporate using a protected title.

15. It is not possible to register businesses that are sole practitioners or partnerships, and it is not mandatory for bodies corporate to register unless they use a protected title. In addition, bodies corporate can voluntarily register if they are not using a protected title but must have a majority of registrant directors.

The risks we want to address

16. The patient experience is not just dependent on the individual providing the care but also the clinical environment in which care is delivered, and commercial considerations can affect the quality of care. Research we commissioned from Europe Economics highlighted the risks relating to our current system of regulation and how this could affect patient care and outcomes. They found that aspects of optical practice relevant to patient care are influenced by the practices of businesses as opposed to individual practitioners, and identified the following:

    - the business environment: this should provide practitioners with autonomy to undertake their professional activities to the best of their ability and in line with professional standards;
    - clinical governance: systems and protocols are needed to ensure good clinical governance, including clear communication among staff, adequate supervision of assistants and students, consistent management of locums, processes to deal with whistle-blowing and consumer complaints, and appropriate record keeping;
    - investment: adequate investment in equipment and training of staff are required to ensure that the level of care is up-to-date;
    - commercial considerations: a business could prioritise cost-cutting exercises or income generating incentives over providing safe patient care. These could include pressure on staff to meet sales targets, unrealistic sight testing times or under investment in equipment; and
    - communication to consumers: in addition to risks to patient health and safety, a business should clearly communicate prices including for services such as sight tests through their advertising and on their website.

17. The research concluded that a key factor in mitigating risks was the consistent application of GOC regulation and oversight. In order to address these discrepancies and improve public protection and confidence in the system, we want to amend our legislation so all businesses carrying out the specified restricted functions listed in paragraph 24 of this consultation document will have to register with the GOC.

18. The PSA, in their report Safer care for all, also highlighted the limitations of the GOC's current approach and the need to address outdated legislation and regulatory gaps. They said that the current system hampers the GOC's ability to regulate the whole sector effectively and leaves patients without the assurance that all optical businesses are complying with regulatory standards.

Benefits of extending business regulation

19. We have identified the following benefits of reforming optical business regulation. Our focus is on improving public protection and benefits to the public. However, we believe that there are also benefits for the wider eye care system, for businesses and for professionals.

20. The *benefits to patients and the public* include:

- Closing the regulatory gap that exposes patients to potential harm as currently some businesses sit outside of regulation. The current model has resulted in an outdated, complex and piecemeal system of regulation, which is not led by a risk-based approach to public protection but is dependent on the structure of the business rather than the clinical activities it carries out.

- Ensuring regulation of not just the eye care professionals delivering care but the clinical and commercial environment in which care is delivered. Public inquiries have rightly put an increased focus on the importance of systems and culture in delivering safe care.

- Strengthening organisational governance. Our proposal for a head of optical practice within a business would ensure there is someone with overall responsibility for implementing effective policies and processes.

- Relieving the pressure on GPs and hospitals and improving care for patients by supporting plans to move more eye care into primary care. A stronger and more effective system of clinical governance will help instil confidence in the system that means optometrists and dispensing opticians can diagnose, treat and manage common eye conditions in community and high street settings. GOC research[1] highlights that only one in three people would go to an opticians / optometrist practice as their first port of call if they had an eye problem, while the Association of Optometrists estimates that 1.35 million people visit their GP every year for conditions that optometrists are trained and qualified to manage[2].

- A simplified system for patients and the public in tune with their expectations. Many will be unaware that the same eye care services are being provided by a range of regulated and unregulated optical businesses.

- Improved access to consumer redress. We propose that all consumers using business registrants will have access to an independent redress scheme.

[1] Public perceptions research 2024 | GeneralOpticalCouncil
[2] One million appointments (aop.org.uk)

21. The *benefits to optical businesses* include:

- A more consistent and fairer framework. Bringing all optical businesses providing specified restricted functions into regulation will ensure that all businesses will be subject to the same regulatory standards and requirements and contribute to the costs of regulation.
- Addressing competitive disadvantages in the current system. Some businesses are unable to be regulated due to the structure of their business, which means they cannot enjoy the benefits of regulation.
- A modernised system of regulation, with any outdated requirements and burdens on businesses removed, such as the current requirement for some businesses to have a majority of GOC registrant directors.
- Improved clinical governance across the sector will help businesses to deliver enhanced services in primary care, enabling them to grow by providing more services to patients and maximise the potential of the optical workforce.
- A well-designed modern system of regulation will help better support businesses to innovate and grow while effectively protecting patients and the public. Research we recently commissioned shows that over the next two years businesses are expecting to double their provision of glaucoma and independent prescribing services to patients and expect to increase their use of digital technologies and diagnostic technologies including the use of artificial intelligence and remote sight testing.

22. The *benefits to the optical workforce* include:

- If business regulation supports government ambitions to shift more work into primary care, it supports individual registrants to work to their full potential.
- Requiring all optical businesses to register with the GOC and adhere to regulatory standards will help rebalance responsibilities between a business and its employees. Our proposals for a head of optical practice will help ensure that individual registrants are not unfairly held to account for issues relating to systems, policies and processes which they do not control.
- The consistent application of GOC business standards would benefit employees as it would provide a more standardised and safer working environment, for example, ensuring equipment is fit for purpose, there is adequate supervision arrangements for staff, and supporting registrants to meet their continuing professional development (CPD) requirements. We are strengthening our standards to ensure businesses provide more

support to staff who experience bullying, harassment, abuse and discrimination at work.

Section 2: Consultation

24. The starting point for this consultation is the response to the call for evidence. Our Council made a series of decisions, which we are not revisiting in this consultation exercise. Instead, we are seeking views on the framework that we will use to regulate optical businesses. The relevant policy decisions were:

    - businesses would be required to register with GOC if they provide the specified restricted functions (further information is available in annex 1) in the Act, namely:
        i. sight testing;
        ii. contact lens fitting;
        iii. supply of contact lenses (prescription and zero power cosmetic contact lenses); and
        iv. spectacle sales to the under 16s and those who are registered sight impaired or severely sight impaired;
    - not seek to change any restricted functions in the Act but propose a mechanism for the GOC to make recommendations to the Secretary of State to alter these without the need for primary legislation; and
    - propose an additional secondary consumer protection objective on the face of the legislation, reflecting the nature of risks to the public in the optical sector and our plans for expanding business regulation.

25. This consultation contains proposals for how an updated business regulation framework would work under four areas:

    - scope of regulation;
    - models of regulatory assurance;
    - enforcement approach and sanctions; and
    - consumer redress.

26. These proposals are set out in annexes to this paper, and we encourage you to read those annexes before responding to the questions.

27. We recognise that stakeholders will also be interested in registration fees charged for businesses. The matter of fees is outside the scope of this consultation since the government's planned healthcare regulation reforms will give the healthcare regulators broad scope to set fees. We will be reviewing our fee structure as part of the GOC's strategy for 2025-30, and we will engage with stakeholders on options as part of this work.

28. This consultation sets out the principles supporting several proposals, which we are seeking views on so that we can make an informed view before finalising these. It is therefore not possible to set out the full detail of all the proposals at this stage, but we will carry out further work as and when we progress our proposals, engaging with stakeholders at the appropriate time. Further, reform to the Opticians Act is anticipated to be at a high level leaving it to regulators to make detailed rules, which will be subject to public consultation.

29. Any final model of business regulation will require legislative change, at which point there will be further consultation on the legislation led by government.

30. The strong stakeholder consensus on the need for all businesses carrying out the specified restricted functions to be GOC-registered has been very welcome. In developing the proposals in this consultation, we are grateful for the advice received from our statutory advisory committees, including the Companies Committee. We also established a stakeholder reference group[3] to inform the development of proposals, and we are grateful for their insights.

A: Scope of regulation

31. We are proposing to regulate all entities providing the restricted functions specified in paragraph 24 unless exempted, including not-for-profits such as university eye clinics and charities, as well as businesses. We have set out our proposals for what should fall within the scope of business regulation in annex 2.

32. We are proposing that our new legislative framework for business regulation will not include a requirement for some bodies corporate to have a majority of registrant directors (as is currently required for some businesses under section 9 of the Act). We have set out our reasoning for removing this requirement in annex 3.

QX. To what extent do you agree or disagree that GP practices and hospitals (NHS and independent) carrying out restricted functions listed in paragraph 24 should be exempt from GOC business regulation?

a) Strongly agree
b) Somewhat agree
c) Neither agree nor disagree
d) Somewhat disagree
e) Strongly disagree

[3] This consisted of the Association of British Dispensing Opticians (ABDO), the Association of Independent Optometrists and Dispensing Opticians (AIO), the Association of Optometrists (AOP), The College of Optometrists and the Federation of Optometrists and Dispensing Opticians (FODO) - The Association for Eyecare Providers. We also held meetings with charities, regulators and education and training providers to understand how our proposals might affect their work or remit.

Please explain your reasoning (including any unintended consequences of our proposals).

QX. Do you think that commercial units operating in GP practices and hospitals that are providing the restricted functions listed in paragraph 24 should be regulated by the GOC?

a) Yes

b) No

c) Not sure

Please explain your reasoning (including any unintended consequences of our proposals).

QX. To what extent do you agree or disagree that charities providing the restricted functions listed in paragraph 24 should be regulated by the GOC?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that university eye clinics providing the restricted functions listed in paragraph 24 should be regulated by the GOC?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the GOC should have a discretionary power to exempt particular businesses from registration?

a) Strongly agree
b) Somewhat agree
c) Neither agree nor disagree
d) Somewhat disagree
e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree with our proposal to remove the requirement for some bodies corporate to have a majority of registrant directors?

a) Strongly agree
b) Somewhat agree
c) Neither agree nor disagree
d) Somewhat disagree
e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

B: Models of regulatory assurance

33. We are proposing a model of regulatory assurance that includes requiring business registrants to nominate a head of optical practice (HOP). The HOP would be a registrant with overall responsibility for the conduct of the business in accordance with the GOC's regulatory arrangements and be concerned with systems, policies and culture controlled at the top of the business. We have set out our proposals for the role in annex 4.

QX. Should all businesses be required to appoint a head of optical practice?

a) Yes

b) No

c) Not sure

If there are businesses that you think this arrangement should not apply to, please explain which ones and your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree with the proposed responsibilities for the head of optical practice?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the head of optical practice should have responsibilities around the adequacy of arrangements for training placements?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the head of optical practice should be a fully qualified GOC individual registrant?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the head of optical practice should be an individual employed by the business?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that an individual should not be a head of optical practice for multiple businesses?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the GOC should have a power to introduce a separate set of conduct standards for the head of optical practice should this be required in the future?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the GOC should specify in rules/guidance essential characteristics of a head of optical practice that businesses should satisfy themselves are met?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree with our proposal for the name of the head of optical practice to be listed on the GOC register of businesses?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree with our proposal for individuals acting as a head of optical practice to have an annotation against their entry on the GOC register of individuals?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

C: Enforcement approach and sanctions

34. Whilst there is no evidence of any immediate risks to public protection in terms of the powers we currently have, we think that our powers of enforcement and sanction could be enhanced, giving the GOC ability to hold business registrants to account. We suggest that our powers could be enhanced by:

- having the ability to impose an uncapped financial penalty on business registrants supported by updated sanctions guidance; and
- introducing a power to visit a business as part of the fitness to carry on business process.

35. We have set out our proposals for enhancing our approach to enforcement and sanctions in annex 5.

QX. In relation to the GOC's powers to impose a financial penalty on business registrants, which option do you favour?

a) Power to impose an uncapped financial penalty

b) Linking the financial penalty to turnover

c) A new maximum amount (replacing the current £50,000 financial penalty cap)

Please explain your answer, including any advantages, disadvantages and impacts.

QX. To what extent do you agree or disagree that introducing a power to visit businesses as part of the fitness to practise process could give the GOC greater powers to protect patients and the public?

a) Strongly agree
b) Somewhat agree
c) Neither agree nor disagree
d) Somewhat disagree
e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

D: Consumer redress

36. We are considering whether changes are required to our current consumer redress scheme – the Optical Consumer Complaints Service (OCCS) – to ensure that the public is adequately protected. This includes whether it should be mandatory for business registrants to participate in the OCCS and whether the OCCS could make decisions that are legally binding on businesses. We also seek views on how the scheme should be delivered and funded. We have set out our proposals for an enhanced system of consumer redress in annex 6.

QX. To what extent do you agree or disagree that it should be mandatory for business registrants to participate in the consumer redress scheme?

a) Strongly agree
b) Somewhat agree
c) Neither agree nor disagree
d) Somewhat disagree
e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree that the consumer redress scheme should have powers to make decisions that are legally binding on businesses?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. To what extent do you agree or disagree with our proposal to continue with our current model of delivering the consumer redress scheme i.e. a single provider through a competition for the market model?

a) Strongly agree

b) Somewhat agree

c) Neither agree nor disagree

d) Somewhat disagree

e) Strongly disagree

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

QX. How should any consumer redress scheme be funded?

a) Every business contributing through the registration fee

b) A pay per use model whereby the business pays for any complaint made against them that is considered by the scheme

c) A combination of the above two models

d) Other (please specify)

e) Not sure

Please explain your reasoning (including any unintended consequences of our proposals and how they could be mitigated).

E: General questions

37. Below we have set out some general questions for you to consider.

Impact assessment

38. We have produced a draft impact assessment on the overall proposal to extend regulation to all businesses providing specified restricted functions listed in paragraph 24. We are interested in stakeholder views on our assessment. We will provide a more detailed and costed impact assessment once we have considered views received during the consultation and discussed a set of proposals with government.

QX. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

QX. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Welsh language

39. Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language, whether those effects are positive or adverse.

40. The proposals in this document relate to a framework of business regulation that will apply to all optical businesses across the UK, including in Wales. We have assessed that these proposals will not have any effects on opportunities to use the Welsh language or affect the treatment of the Welsh language.

QX. Will the proposed changes have effects, whether positive or negative, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

QX. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

(i) opportunities for persons to use the Welsh language, and

(ii) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain how.

QX. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

(a) opportunities for persons to use the Welsh language, and

(b) treating the Welsh language no less favourably than the English language?

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Any other areas

41. We would like stakeholders to let us know about any other areas that we have not specified in this document that they think are relevant to business regulation.

QX. Please tell us about any other areas relevant to business regulation that are not covered by this consultation.

Section 3: How to respond to the consultation

42. This consultation will be open from XX October 2024 to XX XXXX 2025.

43. We would be grateful if you could input your responses into our consultation hub so that we can collect information about you or your organisation and whether your response can be published.

44. However, if that is not possible, you can respond to the consultation by emailing consultations@optical.org

Annex 1: Business regulation and restricted functions

45. The restricted functions explained below relate to paragraph 24 of the consultation document that sets out the restricted functions that will be included as part of a new model of regulation of optical businesses.

46. Sight testing can be conducted only by a registered optometrist or registered medical practitioner, with special provision for students (section 24 of the Act).

47. Contact lenses can be fitted only by a registered dispensing optician, registered optometrist or registered medical practitioner, with special provision for students (section 25 of the Act).

48. Prescription contact lenses can be sold by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner, or under the general direction of a registered dispensing optician, registered optometrist or registered medical practitioner, if the supplier first receives the original specification or verifies the particulars of the specification with the prescriber[4] (section 27 of the Act).

49. Zero powered contact lenses can be sold only by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner (section 27 of the Act).

50. If the user is under 16 years of age or registered sight impaired / severely sight impaired, spectacles can be sold only by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner (section 27 of the Act and articles 2 and 3 of the Sale of Optical Appliances Order 1984).

[4] See our statement on verification of contact lens specifications regarding copy specifications.

Annex 2: Scope of regulation

Background

51. The optical sector in the UK is diverse and any system of business regulation must be effective across the entire sector. We have considered the different types of provider of optical services to understand whether there might be any organisations providing the specified restricted functions listed in paragraph 24 that should be exempt from regulation by the GOC because the risks they present are low or already adequately managed. We recognise that our registrants are taking on enhanced clinical roles and so it is important that the environment in which they are undertaking those roles is also regulated proportionately.

52. In this paper, we also consider different forms of business structure and the challenges of regulating unincorporated businesses such as sole traders and partnerships. We set out our preferred approach to registering different types of 'service provider' based on elements on the CQC's model of regulation.

Exemption from GOC regulation

Exempting individual providers on a case-by-case basis

53. We think it would be helpful if the GOC had a discretionary power to exempt individual providers from the scope of regulation on a case-by-case basis. This provision would provide flexibility, enabling us to future-proof the legislation and take specific circumstances into account. Taking a targeted and risk-based approach would be consistent with the principles of good regulation.

54. As is common in other regulated environments, it would be the responsibility of providers to identify the need to register with the GOC. Unless already exempted by legislation, a service provider would need to apply to the GOC seeking an exemption and decisions would be made by the Registrar. Any decisions made in this respect would be appealable.

55. Detailed provisions would be set out in revised Registration Rules, which the GOC would consult on following the enactment of updated legislation.

Exempting specific categories of providers in legislation

56. Below we consider whether certain categories of service provider should be exempted from GOC regulation under legislation. We have considered the risks associated with these organisations and the activities they carry out, and where there might be gaps in regulation. This has helped us to consider whether there are any other factors, such as the level of risk in the services provided, or the vulnerability of the patient groups.

57. Below we consider five categories of provider that have emerged in our research and stakeholder engagement prior to issuing this consultation:

- Charities
- University eye clinics
- Primary eye care companies
- GP practices and hospitals
- Locums

58. In the first four categories, the main factors for and against these providers falling within scope of GOC regulation are similar. In making the case for extending regulation to all businesses providing specified restricted functions, we have emphasised the importance of the clinical environment in which care is delivered. In some cases, the vulnerability of the patients served by these providers is higher than for most businesses. The risks identified by Europe Economics[5] are relevant to all clinical environments, regardless of whether they operate on a commercial basis. For example, the provider would still need to ensure good clinical governance and investment in equipment and training for a service. While lacking an explicit profit-motive, these providers are still seeking to generate income from their activities and may face financial pressures to cut costs that may create patient safety risks. Although the organisations may be separately regulated, their sectoral regulator is unlikely to have a focus on the same risks as the GOC, especially the clinical services they provide, thus creating a regulatory gap. Such providers are well-used to falling within scope of multiple regulatory regimes.

59. Alternatively, it can be argued that the cost of regulation could lead providers to cease serving vulnerable patients or act as a barrier to new providers. Further, the absence of an explicit profit-motive should rein in behaviours carried out by some commercial businesses. Also, while sectoral regulators may not focus on the same risks as GOC, the presence of another regulator should have a positive effect on the overall culture of the organisation.

60. The registration fees charged to businesses are outside the scope of this consultation, however, to mitigate the risks around withdrawal of services described above, the GOC could charge such providers a lower fee building on our existing low-income fee arrangements for individual registrants.

[5] Europe Economics (2023), *Mapping of Optical Businesses: Report for the GOC*

Charities

61. We are aware of four charities involved with providing specified restricted functions that are registered with the Charity Commission for England and Wales: 1) Prison Optician Trust, 2) SeeAbility (main name Royal School for the Blind), 3) Royal National Institute of Blind People (RNIB), and 4) Vision Care for Homeless People. We are not aware of any relevant charities registered with the Office of the Scottish Charity Regulator or The Charity Commission for Northern Ireland.

62. Two of these charities (Prison Optician Trust and SeeAbility) have created commercial arms to separate out the restricted functions, both of which are registered with the GOC as bodies corporate – therefore the charities themselves do not carry out restricted functions and there would be no requirement to be regulated by us.

63. The third charity, RNIB, has a General Ophthalmic Services (GOS) contract with the NHS for sight testing alongside providing low vision services at its Low Vision Centre. It is a registered charity and a limited company and is registered with the GOC as a body corporate.

Example charity: Vision Care for Homeless People

Vision Care for Homeless People is a charity set-up to provide eyecare services to homeless and other vulnerable people in an accessible and friendly environment in which they feel safe, welcome and comfortable.[6]

- Provides a fully comprehensive high quality service totally free of charge even to the majority of homeless people who do not receive benefits.
- Aims to preserve, protect and promote the ocular health of homeless and vulnerable people in the UK who are unwilling or unable to access mainstream services available through the NHS. Includes screening of ocular health and the provision of spectacles that meets the immediate visual needs of beneficiaries.
- National organisation: eight clinics across England – sight testing and spectacle dispensing (all individually registered with the local health authority which enables them to claim funding from the NHS).
- Income for year-ending 31/3/23: £152,326.
- Mainly operated by people giving their time for free (around 160 volunteers serve about 1,800 people each year).
- Partners with Crisis UK every year to operate Crisis at Christmas Opticians Service across London:
    - provide eye tests and glasses to people affected by homelessness; and

[6] WHAT WE DO | Vision Care (visioncarecharity.org)

- each clinic is led by optometrists, with assistance from dispensing opticians and optical assistants.
- Charity number: 1118076
- Companies House number: 05309978

64. The fourth charity, Vision Care for Homeless People, does carry out restricted functions. It is a limited company but is not registered with the GOC as it cannot meet the requirement to have a majority of registrant directors. Each of its optical practices are registered with the NHS for GOS. Under a new model of business regulation, it would be required to be regulated by us on the basis that it is providing specified restricted functions, unless we decided it should be exempt from regulation. Individuals providing specified restricted functions will be registered with the GOC or GMC.

65. We have met with the Charity Commission for England and Wales[7] and our understanding is that they would not regulate the clinical services provided by a charity, as their regulation focuses more on governance and operational matters rather than provision of services. They indicated that they would have no objections to us regulating charities providing specified restricted functions and that dual regulation would be better than there being gaps in regulation.

66. The arguments for and against regulating charities are broadly those set out in paragraphs 58 and 59. In particular, charities are likely to be seeing vulnerable groups of patients (e.g. homeless persons in the case of Vision Care for Homeless People who are also likely to have other health issues) and therefore having processes in place to ensure appropriate clinical governance, training and a supportive environment is essential.

67. In addition, including charities within the scope of regulation would promote consistency of approach – two of the charities (albeit through external companies) have structured themselves in such a way as to come outside regulation while the other is inside regulation.

68. Arguably, since there are currently only four identified charities in this space it could be disproportionate to create sets of regulatory arrangements for such a small population. However, on balance, we consider there is a strong public protection rationale to include charities within scope of GOC regulation.

University eye clinics

69. Our understanding is that most of the universities providing optometry courses have their own eye clinics which are open to the public and provide specified

[7] We note that the Charity Commission only regulates charities in England and Wales. Charities in Scotland are regulated by the Office of the Scottish Charity Regulator and in Northern Ireland by The Charity Commission for Northern Ireland. As we are not aware of any charities providing restricted functions in only Scotland or Northern Ireland, we have not contacted those organisations.

restricted functions. Their services range from sight testing, fitting of contact lenses and dispensing, as well as specialist clinics in dry eye, low vision, binocular vision, paediatric, learning difficulties, myopia control, sports vision and colour vision. This suggests that university eye clinics deal with a range of patients and the public, some in vulnerable circumstances.

70. Most of the clinics provide free sight tests when students are undertaking these (under supervision), and most also mention charging for private sight tests, including by a qualified optometrist outside of term time. Some of the universities also mention hiring out equipment and facilities, which we have been told helps them to break even and/or make a surplus.

Example university eye clinic: Plymouth University

The university eye clinic is called the Centre for Eyecare Excellence. It provides:

- a teaching facility for undergraduate and postgraduate optometrists;
- a shared regional hub for networking and furthering education;
- eye examinations that are carried out by third year students under supervision of optometry staff – free of charge appointments with 20% discount on spectacles and 10% on contact lenses;
- private eye examinations (£25-35) with a fully qualified member of staff (NHS also available);
- spectacle dispensing and contact lens clinics; and
- specialist clinics include low vision, myopia control, paediatric, visual impairment, colorimetry, binocular vision, dry eye and neuro-visual (at least half of these are run by supervised students).

Example university eye clinic: University of Bradford

The Eye Clinic offers:

- a complete primary eye care service to the general public, students and staff of the university and their families;
- eye examinations undertaken by final-year optometry students under the direct supervision of qualified optometry staff – free for students, staff and NHS patients, otherwise £22;
- contact lens consultations and aftercare appointments free of charge (other than myopia control lenses);
- a range of additional clinical services such as spectacle dispensing, contact lenses, advanced clinical assessment (part of NHS referral refinement scheme), binocular vision (£20 fee), vision and reading (£20+ fee), paediatric, low vision (free), visual electrodiagnostic and myopia management; and
- a student teaching clinic with 25% discount on spectacles.

71. The business structures of the eye clinics are not clear from their websites and so we have engaged with the Optometry Schools Council to learn more about them. We understand that some of the eye clinics are set up as a separate entity from the university.

72. It should be noted that any universities in England and Wales are known as 'exempt charities' and whilst they are charities in law, they do not have to register with the Charity Commission for England and Wales, partly because they are regulated by other bodies such as the Office for Students[8]. It is unclear whether all universities providing GOC-approved qualifications are not-for-profit but this is likely.[9] Exempt charities may make a surplus, but these surpluses are put back into the organisation to be used for the public good in pursuit of their charitable objectives.

73. We have met with the Office for Students and understand that their focus is on the education of students and not on the provision of services, although this could potentially be raised as an issue through concerns around education. The quality assurance activities carried out by the GOC on qualification providers include a review of equipment and facilities. While our education standards refer to patient safety, our focus is on the quality of education for students. Therefore, we consider there is a regulatory gap.

74. In addition, as with charities, differences in set-up would introduce issues around consistency and transparency of regulation, and universities might structure themselves in such a way as to avoid the need to be regulated by the GOC. Where set up as business entities in their own right (separate to the main university) it would seem unfair on other businesses not to regulate them.

75. On balance, we consider there is a strong public protection rationale to include university eye clinics within scope of GOC regulation.

Primary eye care companies

76. Our understanding is that primary eye care companies are not-for-profit contracting vehicles for optical practices to provide NHS funded eye care services – these include urgent and minor eye conditions services, pre- and post-operative cataract services and disability/autism services. The individuals providing the services are registered with the GOC or the GMC. At least one of the companies is regulated by the Care Quality Commission (CQC).

77. We spoke to a representative of the Local Optical Committee Support Unit (LOCSU) who confirmed that to their knowledge, primary eye care companies do not provide restricted functions, as these are carried out under separate contract by optical practices. There may be occasions where the practice will

[8] Charities Act 2011 - ARU
[9] Are Universities Non-Profit Organisations? - Think Student

see the same patient on the same day for both the eye care services and sight testing, but these episodes of care would be different contracts and dealt with as separate transactions. This position was confirmed by the largest primary eye care company (Primary Eyecare Services (PES)).

78. However, in theory, there is nothing to stop primary eye care companies from providing restricted functions as entities in their own right should they choose to do so. If this transpired, we think that they should be regulated by the GOC. Even though the extended/community services provided by the companies are likely to be regulated by the CQC (or equivalent in the nations), the CQC would be unlikely to look at the provision of restricted functions and there would therefore be a gap in regulation.

GP practices and hospitals

79. The specified restricted functions listed in paragraph 24 may be performed by a registered medical practitioner as well as by GOC registrants[10]. Our 2013 business regulation consultation indicated that we would not seek to regulate GP practices and hospitals (NHS and independent) in organisational form. They are already registered with and regulated by the CQC (or equivalent in the nations[11]) which monitors, rates and inspects health and social care services. Further, the individuals providing these services are regulated by the GMC. We would not wish to duplicate regulation unless it was necessary.

80. However, we understand that some hospitals, clinics and GP practices have set up commercial sight testing and/or dispensing units alongside providing medical treatment. We are considering whether these should register with the GOC or be exempt from registration and will be having further discussions with the relevant regulators.

81. Subject to public consultation, our position will remain (as when we consulted in 2013) that we are not seeking to regulate GP practices and hospitals/clinics providing medical treatment. This is on the basis that these services are already regulated by another regulator and that the Act is drafted in such a way that: a) sight testing requirements are not applicable when carried out by a doctor at a hospital or clinic in the course of diagnosing or treating injury or disease of the eye, as part of a general medical examination, or where the patient was resident in a hospital or a clinic (for the purposes of treatment)

[10] Under the Sight Testing (Examination and Prescription) (No 2) Regulations 1989 the requirements in section 26(2) of the Act do not apply where the testing of sight is carried out by a doctor at a hospital or clinic in the course of diagnosing or treating injury or disease of the eye, as part of a general medical examination, or where the patient was resident in a hospital or a clinic (for the purposes of treatment) when their sight was tested. Section 27(5)(c) of the Act provides that the sale and supply restrictions listed in section 27(1) shall not apply to any authority or person carrying on a hospital, clinic, nursing home or other institution providing medical or surgical treatment.
[11] In Wales: the Healthcare Inspectorate; in Scotland: the Care Inspectorate and Healthcare Improvement Scotland; and in Northern Ireland, the Regulation and Quality Improvement Authority.

when their sight was tested; and b) the sale and supply restrictions do not apply to any authority or person carrying on a hospital, clinic, nursing home or other institution providing medical or surgical treatment. We intend that the new legislation will enable us to have powers to exempt individual service providers where appropriate.

Locums

82. We have considered whether registrants working as locums should be required to register as a business with the GOC, particularly if they have set themselves up as a limited company. Our view is that because locum practitioners are contracted to provide services through other businesses, they would not need to be registered as a business in their own right, as the business providing the service would already be registered with the GOC. The locum practitioner would be registered with the GOC as an individual registrant and therefore any concerns about fitness to practise can be addressed through this route. It would be confusing for the public if care was delivered by two different business registrants.

Business structures and registration options

83. We have carried out background research into business structures and identified several incorporated and unincorporated legal forms. These are summarised in the appendix, which also looks at current business models in the optical sector. Currently, we only regulate incorporated businesses, but we wish to regulate all organisations providing specified restricted functions, unless exempted, regardless of their business or ownership structure.

84. We need to consider how best to regulate unincorporated types of business, such as sole traders and partnerships. Legally, these structures are more complicated for regulatory purposes than incorporated businesses. For example, in the case of a sole trader, the business does not exist as a separate legal entity to the business owner. Similarly, a partnership itself has no legal existence apart from any of the partners. All business assets are legally owned by at least one of the partners in their personal capacity.

85. After considering arrangements elsewhere in professional services regulation, we are satisfied that the GOC can regulate unincorporated businesses by registering them. Several models operate elsewhere, including:

- registering a regulated activity – the CQC model;
- registering a physical premises – the General Pharmaceutical Council (GPhC) model;
- registering an approved person – the Financial Conduct Authority (FCA) model; and

- registering a provider as a registered person – the Ofsted model.

86. Our provisional view is that the aspects of the CQC model are the best fit for the optical sector since it most closely complements the design principles of the Opticians Act, in particular linking regulation to the specified restricted functions. Under this model, all service providers carrying out the specified restricted functions would need to register with the GOC, as follows:

    - Sole traders – individuals would register in their own name as a legal entity and be directly responsible for carrying on the regulated activities.
    - Partnerships – where an activity is carried on by a partnership, the partnership would need to be registered as the service provider. The GOC would not register each partner individually but place a condition on the partnership registration that details the names of each partner. If there are any changes to the membership of the registered partnership, the provider would need to apply to vary that condition.
    - Organisations – this would include companies, charities, university eye clinics and other types of providers. It would be the organisation itself that registers, not the people who control it. When registering, each location must be identified, and this information would appear on the public register, but the GOC would not regulate individual premises.

87. We are not proposing to make changes to our approach to joint ventures and franchises. These are usually separate legal entities to the parent company and must register in their own right, although the GOC liaises with the parent company as required.

Appendix: Business structures and business models

Our understanding of business structures

Below are the main types of business structures. One of the main distinguishing features is whether the structure is unincorporated or incorporated:

- **Unincorporated legal forms** – the distinguishing feature of unincorporated forms is that they have no separate legal personality.
- **Incorporated legal forms** – companies are 'incorporated' to form an entity with a separate legal personality. This means that the organisation can do business and enter into contracts in its own name, however, it is subject to more regulation than unincorporated forms.

Main forms of business structures

- **Sole trader:** This is an unincorporated legal form. A sole trader is the exclusive owner of a business, and they own and run the business as an individual i.e. they keep all the profits and own all the risk. There are fewer regulations that they need to comply with. There is no legislation in the UK that focuses on regulating sole traders, however, this does not mean sole traders are not governed by a variety of trade, contract and business laws.
- **Partnership:** This is an unincorporated legal form. A partnership is where two or more people set up and run a business together and share in the profits and risk. Each partner is responsible for the others' negligence and misconduct.
- **Scottish partnership:** This has legal capacity, distinct from that of its partners. A partnership must have at least two partners. The firm is known as the 'principle' and the partners as its 'agents'. It can own property and have its own rights and duties. Normally the partnership is constituted by a written contract between the partners.
- **Limited liability partnerships (LLP):** An LLP is a body corporate with a separate legal personality from that of its members (i.e. it is an incorporated legal form). The members of the LLP have limited liability to the amount of money they invested in the business. In an LLP there are no shares or shareholders or directors (unlike a limited company). An LLP has designated members who are treated as directors for the purpose of the GOC's body corporate registration (as well as ordinary members). These types of businesses are often used by solicitors and accountants.
- **Limited company:** A limited company is incorporated to form its own distinct entity with a separate legal personality i.e. it is legally separate from the people

who run it (i.e. it is an incorporated legal form). This type of company can do business and enter into contracts in its own name. In a limited company one person could own, manage and register the company by themselves, acting as both director and shareholder.

Other possible business structures

- **Charities:**
    - **Charitable trust:** A charitable trust is a way for a group of people ('trustees') to manage assets such as money, investments, land or buildings. A charitable trust is not incorporated, so it cannot enter into contracts or own property in its own right. It is not a legal entity.
    - **Charitable company:** A charitable company is a private limited company registered under the Companies Act 2006 that fulfils the essential criteria for charitable status. The vast majority are limited by guarantees rather than shares. Trustees have limited or no liability for a charitable company's debts or liabilities.
    - **Charitable incorporated organisation:** This is an incorporated legal entity. The trustees have limited or no liability for debts or liabilities.
    - **Unincorporated charitable association:** A group of volunteers running a charity for a common purpose. Unincorporated charitable associations cannot employ staff or own premises.
- **Local authorities:** Local authorities are organisations, created by statute as single legal entities.
- **Trusts:** A trust is a legal device for holding assets that separates legal ownership and beneficial interest. Trusts are not separate legal entities like an incorporated company. They cannot enter contracts, sue others or own property. Trusts cannot be brought into existence through incorporation.
- **Cooperative society:** A cooperative society cannot be charitable because its beneficiaries are its own members, rather than the public. A cooperative society is incorporated and can have paid directors.

Business models in the optical sector

There are a variety of different business models in the optical sector which are outlined below.

Sole trader: These types of businesses can be: owned and managed by a non-GOC registrant; owned by a non-GOC registrant who employs GOC registrant(s); or owned and managed by a GOC registrant. It is not possible for this business model to register with the GOC under the current system.

Partnership: These types of businesses can also be owned and managed by a combination of GOC registrants and non-registrants. It is not possible for this business model to register with the GOC under the current system, unless it is a Scottish partnership.

Franchise: A franchise is an agreement between two parties which allows one party (the franchisee), to market products or services using the trademark and operating methods of the other party (the franchisor). Examples of a franchise include privately-owned optical businesses within a wider brand (e.g. Boots' franchise).

"The business is generally 100 per cent owned by the individual (usually the practice manager) with all profits and equity retained by them. The business will pay a franchising fee to the host brand as part of a franchising agreement. The business receives support from the host brand (systems and processes such as human resources, practice management and record keeping; insurance; IT; infrastructure/investment; purchasing/cost-price stock). One feature of a franchise is that the owners can focus on frontline innovation rather than on the administration of running a business, and can innovate within the security of the franchise, i.e. benefitting from the scale of large business without losing the motivation of the owners. Franchise practices can offer NHS and/or private services." [12]

Joint ventures: A joint venture (JV) is a business arrangement in which two or more parties agree to pool their resources for the purpose of accomplishing a specific task. This task can be a new project or any other business activity. In relation to the legal structure, a JV can be formed using any legal structure, such as corporations or partnerships.

"Similar to a franchise in that the businesses are individually owned whilst receiving support from the wider brand; the main difference is that ownership is held partly by the individual (director) and partly by the parent group. The main example is the Specsavers' Joint Venture Partnership (JVP). Under the JVP model the parent group has greater oversight of individual practices than a pure franchise model, and individuals take on less risk than a franchise…the Hakim Group has also become prominent in this sector. The Hakim Group operates a distinct JV model where the group gains a 50 per cent plus controlling stake in partner practices alongside the owner optometrist or dispensing optician, who runs and operates the practice. The practices are able to retain their brand identity, and take advantage of a dedicated back-office support team and infrastructure. Joint ventures can offer NHS and/or private services." [13]

Multiple: A multiple is a single corporation with multiple branches.

[12] ee-mapping-of-optical-businesses-final-report-22-feb-2023.pdf (p4)
[13] ee-mapping-of-optical-businesses-final-report-22-feb-2023.pdf (p4)

“The main examples of multiples are Boots (which has branches as well as franchises) and Vision Express (which also has joint venture partnerships), and superstores (e.g. Asda).” [14]

[14] ee-mapping-of-optical-businesses-final-report-22-feb-2023.pdf (p4)

Annex 3: Majority registrant director requirements

Background

88. Section 9 of the Act provides for the GOC to register bodies corporate that are carrying on business as a dispensing optician and/or optometrist and can meet one of four requirements specified in sections 9(2)(a)-(d). Where a body corporate is not caught by sections 9(2)(b)-(d) (which includes where most of its business is not testing of sight and fitting/supplying optical appliances), section 9(2)(a) requires a body corporate to meet certain eligibility requirements including around its directors' registration. Most body corporates currently registered with the GOC are registered under this requirement.

89. Where bodies corporate register with us under section 9(2)(a) of the Act, they must have a majority of directors who are GOC registrants. Where a body corporate having only one director wishes to register with the GOC, that director must be a registrant. These arrangements are known collectively as the majority registrant director requirements.

Analysis

90. In a future where all businesses carrying out specified restricted functions listed in paragraph 24 regardless of their structure must be regulated by the GOC, we need to consider whether the majority director requirements remain necessary to maintain public protection.

91. Approaches vary across healthcare regulators which have a business/premises regulation remit. The General Dental Council (GDC) does not register businesses or body corporates, but its legislation provides that a dental body corporate "commits an offence if it carries on the business of dentistry at a time when the majority of its directors are not persons who are either registered dentists or registered dental care professionals"[15]. The General Pharmaceutical Council (GPhC) does not have majority registrant director requirements but relies on other safeguards, including the superintendent model, requiring new pharmacy premises applying for registration to satisfy it about their governance arrangements, and systems for ensuring the competence of staff, working environment and so on.

92. The arguments in favour of the GOC maintaining majority registrant director requirements relate to concerns about commercial imperatives outweighing clinical factors risking standards of care being compromised. The argument runs that this risk may be increased if individuals exercising a significant degree of control over the conduct of an optical business are not subject to the

[15] Corporate dentistry (gdc-uk.org)

professional duties which should underpin the practice of eye care services. Further, having a majority of registrant directors would help ensure that the ethos of the business is fostered by professionals sharing a common set of values. Such a requirement would protect the independence of clinical decision-making and ensure that the interests of patients are always put first.

93. There are several arguments against the GOC maintaining majority registrant director requirements, including:

- The skills needed to run a modern optical business include finance, HR, technology, and marketing among others. Providing safe and effective care for patients requires not only that the clinical advice given is sound, but also the presence of the business skills necessary to provide a cost-effective service in a consumer-friendly way. Individuals with specific expertise, such as in audit and finance, can bring additional controls into the business that might otherwise be missing. Regulation should support this skills mix in the decision-making structures of optical businesses. In many optical businesses, professionals with these other skills already sit on the boards of their firms, with significant control over the conduct of the practice suggesting that registrants and non-registrants can work together without compromising standards of patient care.
- It may be difficult for small businesses to find or finance sufficient individuals to meet the requirements. Also, it can encourage small businesses to have a single director to comply with the requirements at lowest cost, which may not be in their best interests.
- The requirements are an indirect barrier to entry that could restrict competition and hinder innovation in service provision.
- Since a director role is often aligned with ownership of the business or owning shares, the requirements could reduce opportunities for external investment. It may be more difficult for smaller practices to be acquired, in a context where the market is going through a consolidation phase.
- Research by Europe Economics[16] highlighted a stakeholder view that the requirements can be complied with to no real effect, e.g. having 'token' registrants as directors with no real say in the running of the business.
- The requirements create a role for registrants they do not necessarily want and may not be qualified for, with anecdotal evidence that some feel pressured to act as directors and do not fully understand the extent of their responsibilities and liabilities.

[16] Europe Economics (2023), *Mapping of Optical Businesses: Report for the GOC*

- Other safeguards would ensure standards are maintained without the requirements. Specifically, we are proposing there should be a 'Head of Optical Practice', who must be a registrant, nominated to the GOC and with overall responsibility for the conduct of the business in accordance with the GOC's standards of practice. Our existing standards require businesses to prioritise a patient's safety so that they can receive the best possible care. Should the GOC later consider further safeguards are needed to enhance public protection, it would be better to introduce these through the standards of practice or other levers, rather than impose an artificial restriction on business structures in legislation.

- The GOC incurs administrative costs, reflected in registrant fees, in checking that businesses are complying with the requirements. This also creates situations where businesses temporarily become non-compliant, for example when a director is forced to step down at short notice for health or other reasons. In the GOC's 2024 compliance exercise, 2,809 companies were audited and 26 found to be non-compliant. Of these, eight were issued a removal notice, 16 made changes to return to compliance and two were granted an extension due to extenuating circumstances.

94. Overall, we consider that the majority registrant director requirements are no longer justified. Further, there are many benefits from having non-registrants in decision-making structures that we are keen to encourage through the reform process. Other potential safeguards, in particular the Head of Optical Practice and our existing standards requiring that patient safety is prioritised, should ensure standards are being maintained without this requirement.

95. Optical businesses with a majority of registrant directors may retain this structure should they wish. Our proposal is a liberalising measure that would permit all optical businesses to choose the decision-making structure that works best for them.

Annex 4: Head of Optical Practice

Background

96. As part of our approach to regulatory assurance, we need to consider what arrangements are necessary to ensure compliance with our business standards. In the call for evidence on the Opticians Act, we asked stakeholders if there was an alternative model of business regulation that we should consider. Our response document stated:

> "*We continue to see merit in a system where named individuals have specific responsibilities within a wider system of regulation that demands accountability on individual professionals and businesses. This would promote effective leadership and culture in the context where business-level systems impact on patient safety. We need to identify the best model to achieve this aim reflecting the specific needs and characteristics of our sector. We note points about the benefits and drawbacks of different elements of the GPhC model and will consider this and similar models operating outside of the healthcare sector*".

97. While there was some interest in the model used by the General Pharmaceutical Council (GPhC) there was concern that the responsible pharmacist role element of this would not translate well to retail opticians given differences in risk profiles and operating contexts and added costs. There was a view that the GOC should provide other models of business regulation that are evidence-based and appropriate for the sector. Following publication of the response document, we have reviewed the GPhC model more closely, and considered regulatory regimes in other professional services sectors (legal services and financial services) where similar roles exist.

Overview

98. In broad terms, we are proposing there should be a nominated senior manager in optical businesses regulated by the GOC with overall responsibility for the conduct of the business in accordance with the GOC's regulatory arrangements. Our nominal title for the role is Head of Optical Practice (HOP).

99. Broadly, we consider the HOP's responsibilities should be to take reasonable steps to ensure that the business:

- complies with the GOC's standards for business registrants and other regulatory requirements and avoids breaches of those requirements;
- declares relevant information to the GOC, including material breaches of GOC requirements that may need investigation by the GOC; and

- maintains up to date GOC business registration requirements.

100. Given some optical businesses provide training placements, we are interested to hear views on whether the HOP should have responsibilities here, such as ensuring the adequacy of such arrangements at a systems level.

101. The GOC's regulatory arrangements are designed to protect the public from a range of both clinical and non-clinical harms (such as mis-selling of products and services). We consider the HOP's responsibilities should apply to all GOC requirements and not just those which are directly related to patient safety in a clinical sense.

102. We consider the HOP should be a registrant and this information will be recorded on the public registers for both individual and business registrants.

103. The HOP's responsibilities will be set out in primary legislation and supported by rules made by the GOC. At this stage, we do not consider that a separate set of standards of practice for the HOP is necessary but want legislation to enable us to introduce such standards in future, as required.

Rationale

104. In making the case for extending regulation to all businesses providing specified restricted functions, we have emphasised how the patient experience is not just dependent on the individual providing the care but also the clinical environment in which care is delivered, and how commercial considerations can affect the quality of care.

105. Findings of healthcare inquiries and modern notions of good practice in regulation place importance on the role of organisational governance in protecting the public. There is heightened focus on the role of systems, policies and processes, and culture in shaping the conduct of organisations and everyone who works for them. Further, the GOC like other healthcare regulators, is strategically placing greater focus on preventing harm and moving regulation 'upstream'.

106. The proposal would support a rebalancing of responsibilities between businesses and individuals, ensuring that individual registrants are not unfairly held to account for issues resulting from systems, policies and processes which they do not control. The role is framed in terms of what the HOP can reasonably be expected to do to ensure the business delivers safe and effective care but without diminishing the responsibility of individual healthcare professionals to ensure the care and safety of their patients and the public, and to uphold professional standards. It will remain core to the GOC's standards that individual registrants are professionally accountable and personally responsible for their practice and for what they do or do not do, no matter what direction or guidance they are given by an employer or colleague.

107. At its core, the focus of the HOP role is about preventing foreseeable systemic errors and strengthening systems when things go wrong. It would make sure businesses clearly allocate responsibilities to those key individuals and hold them accountable. Equally, it does not remove responsibility from the business entity, and we recognise the need for clarity of accountabilities across the different actors in the system so that key responsibilities neither slip through the cracks nor end up too diffused.

108. A stated rationale for recent pharmacy reforms is that putting in place the necessary system governance framework will support maximising the potential of community pharmacy and make better use of the skill mix of pharmacy teams to deliver more clinical services in the community and support wider NHS/health and social care capacity.[17] The GOC is keen to enable community eye care to evolve in similar ways. However, as registrants take on more complex clinical roles so the risks of harm increase, and as such the need for appropriate controls and accountability rises. Therefore, strengthening organisational governance through business regulation reforms could help to underpin stronger confidence – including among the public, government and ophthalmologists – in registrants carrying out these wider roles.

109. Our discussions with regulators and those with experience of similar roles in other sectors suggests potential secondary benefits. For example, large businesses have described that having such senior a role helps them to ensure consistent compliance at local branch level. Others have reported that this clarity of accountability has improved the effectiveness of their leadership. Further, that the role can improve communications between regulators and businesses. Finally, we have been told how individuals in the role have formed professional networks and shared good practice.

Learning from other sectors

110. We have researched similar roles in other professional services regulatory settings, including pharmacy, legal services and financial services.

111. Should we proceed with making proposals, we are clear that we need to identify a model that meets the needs of the optical services sector. We do not consider there to be existing models in other sectors that could be copied over wholesale.

112. Much debate has focused on the responsible pharmacist role in pharmacy. However, we consider that something closer to the superintendent pharmacist role would better meet our objectives and fit how optical businesses work. The key difference between the two roles is that the responsible pharmacist is in charge of a particular registered pharmacy premises when it is open, while the

[17] The Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022.

superintendent pharmacist has oversight responsibilities across the whole of the retail pharmacy business 24/7. The superintendent pharmacist role is more relevant given our focus on business systems, policies and culture. We also acknowledge differences between optical services and pharmacy that could make the responsible pharmacist role problematic, for example an optometrist is not always present when retail stores are open and there are differences in models of delegation and supervision.

113. Our review of models in other sectors has identified some useful learning points:

- To support an agile regulatory framework, legislation should specify the broad purpose of the role with practice standards set and enforced by the regulators. Across healthcare regulation, government has pursued a clear direction of travel to move matters out of inflexible primary legislation and into regulator rules, regulations and standards. It sees the role of legislation as being to set the broad framework and to be sufficiently 'enabling' so that the regulators can then consult on and set out the detail in professional regulation.

- The importance of clarity of relationships between different actors to ensure protection of the public, making clear the accountability of each role. In optical services the principal actors would be the business entity, the HOP and individual registrants. Agreeing the limitations of the HOP's responsibilities and accountabilities will be important. The HOP should not be unfairly penalised for everything that goes wrong, for example if staff do not follow agreed procedures. The concept of 'reasonable steps' used in legal services and financial services is instructive.

- The need for the individual to have sufficient seniority and decision-making responsibilities to perform their duties. What counts as a senior manager is well-defined in pharmacy and financial services regulation.

Detailed considerations about the operation of the arrangements

114. If the case for the HOP role is accepted, there are a series of detailed considerations that will need to be resolved. Legislative reform will give the GOC powers to make and amend rules across its regulatory activities, and we would intend to make use of these powers to set out more detailed arrangements for the HOP role.

115. Some initial thinking as the basis for consultation is set out below.

How will responsibilities between different actors in the system work?

116. The key actors in the system are the business registrant, the HOP and individual registrant. As noted above, having clarity of responsibility between

these three actors will be important. The HOP's main responsibilities will be set out in legislation, as detailed in paragraphs 99-101.

117. We have set out hypothetical scenarios below giving examples of the differing responsibilities. Every situation is unique and each fitness to practise case is treated on its merits, but since the HOP is a new concept for the sector, we hope the hypothetical scenarios are a useful indicator of the direction of travel. As with all fitness to practise work, a body of practice will develop over time. While important to consider enforcement, the key purpose of these proposals focuses on prevention of harm that may give rise to fitness to practise issues.

118. Business registrants will retain overall responsibility for compliance with our standards. Broadly we see the business registrant being accountable in a scenario where they do not put something in place as advised by the HOP (or go against the advice of the HOP in doing so), and the individual registrant being accountable where they were not complying with the policies/processes put in place by the business/HOP (whether the HOP was appropriately monitoring compliance with these policies/processes may be a relevant factor). A HOP might be accountable where they make a decision that contravenes the standards/regulations, encourage a breach of standards/regulations, or cover up or not report a breach to the GOC (or other relevant body).

Example scenarios: responsibilities of a HOP

Scenario 1

The commercial team for the business registrant publishes incorrect information about a clinical matter that the HOP was not aware of. When the HOP becomes aware of the information, they advise that it should be taken down and a correction issued. They also advise that any patients who were known to have made decisions based on this matter should be contacted to advise them of the correct information. If the business follows the advice, the HOP should advise the business to consider whether they should self-report the matter to the GOC. If the business does not follow the advice, the HOP will need to consider what further steps to take, which may include reporting the matter to the GOC.

Scenario 2

The business registrant proposes that the practice starts using unqualified staff to dispense to children under 16 in order to increase profitability. The HOP is aware that this is illegal practice and advises the business against this course of action. If the business follows the advice of the HOP, no further action will be necessary. If the business does not follow the advice, the HOP should report this to the GOC.

Scenario 3

The HOP puts measures in place to ensure that there is six-monthly checking of registrant members of staff against the GOC register. It is found during an audit

that a locum has been working as an optometrist carrying out sight tests for a year but is not registered with the GOC. The HOP agrees with the business registrant that patients should be recalled, the NHS should be contacted regarding General Ophthalmic Service claims, and the matter should be referred to the GOC (both in terms of referring the individual for illegal practice and self-referring as a business registrant). They also review internal processes to understand how this matter has arisen (e.g. why it was not picked up on previous audits) and make necessary amendments to the measures already in place, including staff training for those responsible for carrying out the internal processes.

Scenario 4

An individual registrant goes against company policy by not meeting the minimum standards of sight testing and refusing to allow patients to have a chaperone. The business registrant is satisfied that the company policies are clear and that the HOP has ensured that staff are aware of these through training and regular monitoring of compliance. Following an internal investigation the HOP has concerns about the fitness to practise of the individual registrant and refers the matter to the GOC.

Should the requirements apply to all or only some businesses?

119. The three main types of business structure are body corporates, partnerships and sole traders. One option is that the HOP requirements would only apply to body corporates since in other business structures responsibility for compliance is clearly vested in the partners or sole trader. However, an alternative view is that sole traders and partnerships can be large businesses employing many people across multiple premises, and therefore the HOP requirements should apply to all business registrants.

120. We need to consider whether the requirements should apply only to businesses of a certain size, e.g. based on number of premises or staff. Limiting the scope of the proposals could make them more proportionate, risk-based and targeted. Alternatively, setting a threshold could be arbitrary and would introduce complexity and compliance challenges, such as when businesses change size.

121. Some larger optical business will already employ someone with lead responsibility for regulatory compliance. In the case of smaller businesses, we anticipate that an existing employee would be nominated for this role. It should not be necessary for small businesses to employ additional staff and it is important to remember that the proposals do not introduce substantive new compliance requirements.

122. There are a small number of businesses that are owned by a lay person where there are no permanent registrant employees. If the HOP must be a registrant

and a permanent employee (see below), such businesses could not comply. In these rare situations, there may need to be an exemption from the HOP provisions with compliance responsibility resting with the business registrant.

How will this fit with business structures like joint ventures and franchises?

123. Our expectation is that the postholder would be a senior manager in the parent company reflecting our focus on business systems, policies and culture.

Should the individual be a registrant?

124. We consider the individual should be a fully qualified individual registrant (either an optometrist or a dispensing optician). Since the individual will exercise a significant degree of control over the conduct of the business, we consider they should be subject to the professional duties which should underpin the practice of optical services. Also, the nature of responsibilities requires clinical expertise to be performed effectively. This requirement should help underpin both public and professional confidence in the regulatory system. Since we propose removing the majority director requirements, if the HOP is a registrant, this would ensure there remains professional leadership within optical businesses.

Should the individual be employed by the business?

125. We consider the individual should be a senior manager employed by the business. This would confer the postholder with the necessary authority to access information and take certain types of decisions, and for there to be proper accountability both within the business and through to the GOC.

Could someone be the HOP for multiple businesses?

126. We wish to avoid situations where someone performs a nominal or consultancy role across multiple businesses since this could undermine the need for access to information, authority to take certain decisions and proper lines of accountability. Meeting these requirements should normally mean that the postholder works for a single business or business group. In most optical businesses the role would not normally require specific prior skills or experience and would be part of an existing employee's responsibilities (this may be different for large businesses with complex operations). However, we recognise the requirements need to fit a wide variety of business models.

Would there be a separate set of conduct standards for the HOP?

127. Future regulatory arrangements will need to interact with the GOC's standards of practice for individual and business registrants and relevant GOC policy statements, including requirements relating to delegation and supervision.

128. At this stage our view is that we would not need a separate set of standards for the HOP since the core responsibilities will be set out in legislation and we will be able to hold the individual accountable against those. We also expect to complete a review of the GOC's business standards before new legislation comes into force. However, since this would be a new feature of the GOC's regulatory arrangements, we think it would be sensible for legislation to contain enabling powers that would allow us to introduce separate standards for the HOP in future, as required.

129. Our research indicates differing practice in other sectors. For example, the Solicitors Regulation Authority (SRA) has largely copied the legislation into its standards, the Financial Conduct Authority (FCA) has additional conduct rules for all senior managers and the GPhC is currently developing an approach which will involve setting specific standards.

Should there be any suitability requirements, such as fit and proper person tests, pre-approval of candidates by the GOC, a list of disqualified persons?

130. We do not consider that postholders should be pre-approved by the GOC, which would be disproportionate given the lower risk profile in optical services compared to financial services. However, we may use rules or guidance to describe some essential characteristics that businesses should satisfy themselves are met.

131. Since the postholder should be a registrant they may be subject to enforcement action should their fitness to practise be impaired. If a registrant is suspended or erased from the register, in effect they would be disqualified from acting as a HOP (at least until the sanction expired). Business registrants would be expected to exercise due diligence in checking the GOC public register before appointing a HOP and could additionally make use of the existing 'letter of good standing' system. Therefore, we do not consider a formal list of disqualified persons is necessary.

What information about HOPs should appear on the public register?

132. In the interests of transparency and to ensure appropriate accountability, we consider the name of the postholder should appear on the GOC register of businesses and as an annotation on the individual register. Rules would set out requirements and processes around notification to the GOC upon an individual's appointment and when stepping down from the role.

Annex 5: Enforcement approach and sanctions

Background

Current fitness to practise / carry on business process

133. The fitness to practise process for individuals and the fitness to carry on business process for businesses and the sanctions currently available for both are outlined in the tables below.

134. Table 1 outlines the current process for business and individual registrants. The difference between them is the set of acceptance criteria applied and that individual registrants can be subject to a health or performance assessment. The rest of the process is the same.

135. Table 2 outlines the sanctions we can currently take against business and individual registrants, which are the same. If a fitness to practise committee decides that no sanction should be imposed as fitness to practise / carry on business is not impaired, a warning about future conduct or performance may be given.

Table 1: Fitness to practise / carry on business process

Fitness to practise / carry on business stage	**Does it apply to business registrants?**	**Does it apply to individual registrants?**
Initial action (triage)	Yes	Yes
Acceptance criteria applied	Yes – specific criteria for business registrants	Yes – specific criteria for individual registrants
Case closed (if complaint does *not* amount to an allegation of impaired fitness to practise / carry on business under section 13D of Opticians Act)	Yes	Yes
Investigate the concern (if complaint *does* amount to an allegation of impaired fitness to practise / carry on business under section 13D of Opticians Act)	Yes	Yes
Case examiner (CE) stage	Yes	Yes

Fitness to practise / carry on business stage	Does it apply to business registrants?	Does it apply to individual registrants?
Investigation Committee in cases where no agreement between CEs	Yes	Yes
Investigation Committee direct an assessment of a registrant's health or performance	No	Yes
Case closed via agreed panel disposal	Yes	Yes
Interim order	Yes	Yes
Fitness to Practise Committee	Yes	Yes

Table 2: Sanctions

Type of sanction	Does it apply to business registrants?	Does it apply to individual registrants?
Financial penalty – this can be made in addition to, or instead of, an erasure order, suspension, or conditional registration order	Yes, up to £50,000 – the size and financial resources of the business should be taken into account[18]	Yes, up to £50,000
Conditional registration – the registrant can stay on the register providing they comply with certain conditions, such as undertaking extra training. Conditions can only be imposed for a maximum of three years[19]	Yes	Yes
Suspension from the register – the individual is temporarily removed from the register meaning they can no longer practise (or if they are students continue with their education). The maximum period is for 12 months[20]	Yes	Yes
Erasure from the register – the individual is removed from the register	Yes	Yes

[18] hearings-and-indicative-sanctions-guidance-final.pdf (optical.org)
[19] No conditions have been imposed on a business registrant for the last ten years.
[20] No business registrant has been suspended from the GOC register in the last ten years.

Type of sanction	Does it apply to business registrants?	Does it apply to individual registrants?
and they cannot practise[21] (can apply for restoration after 24 months[22])		

Allegations against business registrants

136. This section outlines the types of allegations that can be made against business registrants and the route for investigating them i.e. by the GOC or the Optical Consumer Complaints Service (OCCS).

137. Firstly, in terms of fitness to carry on business we will decide if there has been a breach of the Standards for Optical Businesses, and then we will consider if the breach would amount to an allegation of impaired fitness to carry on business under section 13D(3) of the Opticians Act 1989. If the complaint meets one or more of the criteria, an investigation is opened.

138. A business registrant can be impaired by any or all of the following:

- misconduct by the business registrant or by one of its directors;
- practices or patterns of behaviour occurring within the business which –
  - the registrant knew or ought reasonably to have known of; and
  - amount to misconduct or deficient professional performance;
- the instigation by the business registrant of practices or patterns of behaviour that would amount to, or would if implemented amount to misconduct or deficient professional performance;
- conviction or caution of the business registrant or one of its directors;
- Scottish proceedings against the business registrant or one of its directors in line with section 13D(3)(e) and (f); and
- determination of another body[23].

139. An allegation can be opened against the business and/or its registrant director(s). Depending on the nature of the allegation, a GOC registrant director may be held to account via the Standards for Optical Businesses or the Standards of Practice for Optometrists and Dispensing Opticians.

[21] No business registrant has been erased from the GOC register in the last ten years.
[22] GOC Hearings and Indicative Sanctions Guidance
[23] GOC Acceptance Criteria for Business Registrants

140. Types of allegations that can be made under 'misconduct' include the following[24]:

- persistent failings in keeping patient data secure (allegation against the business registrant);
- failing to declare a caution/conviction of a lay director (allegation against the business and/or registrant director);
- failure to have robust and clear policies in place and/or failure to ensure adherence to them (allegation against the business registrant);
- permitting unregistered individuals to undertake functions that are restricted by the Opticians Act 1989 to GOC registrants (allegation against the business registrant);
- failure to manage whistleblowing appropriately (allegation against the business registrant); and
- inaccurate or misleading advertising leading to a potential risk to the public (allegation against the business registrant).

141. Cases that are unlikely to amount to 'misconduct' could include[25]:

- concerns that have been appropriately addressed at a local level and regulatory intervention would be disproportionate;
- minor non-clinical matters, such as poor complaint handling;
- monetary or contractual disputes;
- employment matters; and
- complaints about the cost of sight tests / treatment and/or the cost of optical devices.

142. These are not exhaustive lists and for more information on other types of allegations that could amount to impaired fitness to carry on as a business, please refer to the GOC's Acceptance Criteria for Business Registrants.

143. Some cases might be better dealt with by other bodies, including consumer matters that are better dealt with by the OCCS. The OCCS is funded by the GOC and deals with consumer related complaints. It offers a free mediation

[24] GOC Acceptance Criteria for Business Registrants
[25] GOC Acceptance Criteria for Business Registrants

service between patients and the optical professional/business to help resolve cases. Key statistics from the 2023-24 annual report[26] are as follows:

- 1,757 enquiries were received by the OCCS between 1 April 2023 to 31 March 2024 (representing a 3% increase on the previous year);
- 1,675 enquiries fell with the OCCS's remit and 348 enquiries were mediated;
- 85% of complaints concluded within the OCCS process;
- types of complaints:
  - goods and services 40%;
  - customer care 29%;
  - product 6%;
  - charges 6%; and
- the majority of complaints came via the OCCS website (63%), with only 81 complaints (5%) being referred from the GOC's Fitness to Practise team.

GOC fitness to practise / carry on business data

144. This section provides an overview of the number of cases brought against business registrants.

145. We received 1,976 complaints between 1 April 2019 to 31 March 2024. Of these, 531 investigations were opened – 488 against individual registrants (92%) and 43 against business registrants (8%). The table below shows the outcomes of those investigations where a decision has been made or the case has been concluded.

Table 3: Outcome of investigations 1 April 2019 – 31 March 2024

	Individual registrants (488)	**Business registrants (43)**
Closed by case examiners (or via Registrar administrative closure) with no further action	116	23
Closed by case examiners with no further action and a non-public warning	55	5
Closed by case examiners with no further action with advice	22	0
Referred to Fitness to Practise Committee	159	3[27]

[26] public-council-meeting-26-june-2024-meeting-papers.pdf (optical.org)
[27] Of these three referrals, two are still awaiting a hearing to take place and the other was closed by case examiners via Rule 16 (referral to Fitness to Practise Committee terminated).

Policy options

146. Despite the relatively low number of complaints we currently receive in relation to business registrants, it is important that we have an effective suite of sanctions available in order to protect patients and maintain public confidence.

147. In terms of the wider healthcare context, we are mindful of the challenges that regulating businesses can pose. The Professional Standards Authority for Health and Social Care (PSA) highlighted some of these challenges in their report 'Safer care for all', where they said that the power imbalance between regulators and large corporations delivering healthcare services could impact the ability of regulators to impose the most serious sanctions[28].

"Not only are regulators outstripped financially by large businesses, there is also the question of how feasible it would be, in practice, for regulators to impose the most serious sanction of erasure on a large chain. Boots for example has over 2,200 UK stores, Lloyds Pharmacy over 1,500, and Specsavers almost 2,000. These businesses play an integral role in the delivery of healthcare in the community. Were regulators to take the most extreme action of removing these businesses from the register it would leave a large number of people – in the short term at least – without a healthcare provider they can rely on. These businesses may, in effect, come close to being too big to fail."

148. In terms of the more serious sanctions, it is rare for us to impose the maximum fine and we have not erased a business registrant in the last ten years. In 2019, we imposed the maximum £50,000 fine on Boots Opticians for failures in its whistleblowing policy and a lack of remorse and insight. To put this in perspective, Boots had an annual turnover that year of £167 million.

149. There is also a risk with erasure of a 'phoenix' company emerging from the assets of a failed one, so in effect carrying on as a new company. While this issue is not unique to the optical sector it is a risk that we should be aware of.

150. Whilst there is no evidence of any immediate risks to public protection in terms of the powers we currently have, as the risk profile of the sector increases, we must maintain effective regulatory powers to protect patients and the public. This includes ensuring that the sanctions available to us are proportionate and appropriate to the failure that has occurred.

151. As such, we think that the model could be enhanced by giving the GOC greater powers in the following areas:

[28] Professional Standards Authority (Safer care for all) Collaborating for safer care for all (professionalstandards.org.uk)

- imposing uncapped financial penalties supported by updated sanctions guidance; and
- introducing a power to visit a business as part of the fitness to carry on business process.

Proposal 1: Power to impose an uncapped financial penalty on business registrants

152. Currently, we can impose a financial penalty up to a maximum of £50,000. The upper limit is specified in the Opticians Act, but the sum dates back to the 1958 legislation when it was set with reference to the fines available to magistrates[29]. In line with our legislation, our main reason for imposing any sanction, including a financial penalty, is not to penalise, but to support our overarching statutory objective to protect the public. The pursuit of this overarching objective involves the pursuit of other objectives specified in the Act, including to promote and maintain public confidence in the professions, and to promote and maintain proper standards and conduct for business registrants.

153. In order to continue to meet our statutory objectives and ensure our approach is fit for purpose and future proof, we intend to replace the £50,000 cap as set out in legislation with an uncapped financial penalty. As now, we would consider the size and financial resources of the business when setting the amount in line with our Hearings and Indicative Sanctions Guidance. We would update this guidance to promote consistency of decision-making, provide transparency and explain how financial penalties would be calculated to ensure they are proportionate to the size of the business and seriousness of the breach. The guidance would address issues relating to size and financial resources, such as relationship to turnover (discussed further below), which we appreciate are complex.

154. The reasons for the proposed change are:

- looking at the wider context, business models have changed significantly in the last 30 years or so and it is important that financial penalties are set at a level capable of exceeding the gains resulting from a breach of our standards. For example, it is estimated:
  - 75% to 80% of care is now delivered by large corporates[12];
  - 23% of independent practices have annual turnover of £500,000-£1 million and 10% have annual turnover in excess of £1 million; and
  - 27% of multiples have annual turnover between £500,000-£1 million and 64% have annual turnover in excess of £1 million[30];

[29] Section 1 of the Opticians Act 1989
[30] goc-business-registrant-survey-report-final.pdf (optical.org)

- an uncapped amount would be future proof and avoid the need to seek further legislative change should a revised cap prove too low over time;
- business registrants are diverse in size and structure ranging from small independent family practices to multinational household names. Business registrants have a range of structures including franchises and joint venture partnerships. Uncapped powers would offer the greatest flexibility to set appropriate financial penalties on a case-by-case basis;
- we have a track record of using financial penalties sparingly. Financial penalties would be calculated based on published guidance and imposed by independent fitness to practise panels. These arrangements should give businesses, insurers and others confidence that this powers will be appropriately used; and
- other regulators have the power to impose uncapped financial penalties – see appendix.

155. One alternative policy option is to specify a higher maximum financial penalty in legislation. For example, £50,000 in 1958 recalculated in today's prices is nearly £1 million[31]. However, any maximum figure is arbitrary and could quickly become outdated limiting our ability to impose an appropriate sanction proportionate to the seriousness of the breach and requiring new legislation to reset the amount.

156. Another model is to link the financial penalty to a set percentage of turnover, which would be specified in legislation. This is likely to fall between five to ten per cent based on models used in other sectors. In such a system, the financial penalty would be proportionate to the size of the business and on most occasions the maximum available is likely to exceed the financial gains of non-compliance. This policy option is future proof and avoids the need to update legislation since the maximum available financial penalty would increase as businesses grow.

157. However, this raises a series of challenges around calculation of the financial penalty, for example, should it be linked to turnover from optical goods and services only (which may not be reported in accounts) or total business turnover, based on global or UK turnover, turnover of the parent company or individual franchises and joint ventures etc. There may also be circumstances when a business has significant financial means beyond their turnover, which may change annually, and so a maximum financial penalty linked to turnover may be insufficient to protect the public. There is also a risk that businesses

[31] Using the Bank of England's online inflation calculator, £50,000 in 1958 is equivalent to £988,104.71 in June 2024.

may restructure themselves to pay a reduced financial penalty, in the event of a sanction being imposed.

Proposal 2: Introducing a power to visit a business as part of the fitness to carry on business process

158. In our response to our call for evidence (2022), we said that we did not think a comprehensive programme of regular or routine inspections was necessary. However, we are exploring the option of visiting a business when a concern is raised as part of the fitness to practise process.

159. As optical businesses expand their clinical remit and increasingly adopt technology and artificial intelligence as part of their services, we think that this power could help us better protect patients and the public. Research we recently commissioned shows that over the next two years businesses are expecting to double their provision of glaucoma and independent prescribing services to patients and nearly a quarter expect to use artificial intelligence (AI).

160. We have set out two examples of how we might use this power.

Example scenarios: powers to visit an opticians / optometrist practice once a concern has been raised

Scenario 1

A concern has been raised regarding an opticians / optometrist practice. The concern has been raised by a member of staff that there are unmanageable workloads within the practice. They have outlined that they have too many patients scheduled and are often pressured to rush elements of the sight test / eye examination. They believe that they are unable to perform comprehensive sight tests / eye examinations and are putting patients at risk of inaccurate prescriptions and/or missed diagnosis. They have raised this internally and no action has been taken. The Director of the business does not believe there is a concern, and that the member of staff needs to work more efficiently as other members of staff are able to see the amount of patients without delay. The Director has responded to initial enquiries by the GOC, but outlined that it is a competency issue for the person raising the concern.

Relevant GOC standards which may have been breached:

- Standard 2.3: You have a system of clinical governance in place;
- Standard 3.1.3: Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement; and
- Standard 3.1.4: Allows staff sufficient time, so far as possible, to accommodate patients' individual needs within the provision of care.

How we might use a power to visit during the investigation: This power would allow the GOC to obtain documentation and observe the practice first hand. The GOC

would have access to records and diary entries to assess whether the workload being organised is safe and effective. In addition, it would enable the GOC to assess patient flow and to ensure comprehensive sight tests / eye examinations are being performed. Examinations could be observed by other staff to ensure that they are complete, and that any techniques to improve efficiency are not at the detriment of patient care.

Scenario 2

A concern has been raised regarding ABC Opticians by a member of the public. The patient attended for a routine sight test / eye examination. The patient has outlined that they have a complex medical history. On arrival at the practice, the patient outlined that the practice didn't have a consulting room, rather a curtained-off area on the shop floor. The patient was concerned that others could hear the confidential nature of the examination and their medical history. The patient complained and asked for the business complaint procedure, and they were advised there was not a formal complaints procedure. The GOC made initial enquiries and the Director of the business advised that they have an acoustically private space for consultations and always responded to complaints in writing.

Relevant GOC standards which may have been breached:

- Standard 1.2: Patient care is delivered in a suitable environment;
- Standard 2.4: Confidentiality is respected; and
- Standard 2.1.4: Establishes a clear complaints protocol and makes patients aware of their channels of complaint. These include the business, the Optical Consumer Complaints Service (OCCS), the GOC, the NHS or ombudsman services where relevant.

How we might use a power to visit during the investigation: This power would allow for the assessment of the premises to ensure that GOC standards are adhered to. It would allow the GOC to assess whether the optical business provides an environment which facilitates the respecting of confidentiality. In addition, the GOC would be able to review the complaints protocol (or lack thereof) and how previous complaints have been managed.

Appendix: Fining powers at other regulators

161. In developing our approach, we have looked at how financial penalties are applied in a range of other regulated sectors.

162. The Solicitors Regulation Authority (SRA) takes into consideration the annual domestic turnover with the maximum set at five per cent, however, in rare cases they can impose a higher fine or depart from this metric. The level of fine depends on the type of practice or firm, so the fine can range from a maximum of £25,000 for some businesses, to a maximum of £50 million for an individual or £250 million for 'alternative business structures'[32]. They can also refer cases to the Solicitors Disciplinary Tribunal which can impose an unlimited fine. The SRA will also look at, for example, any aggravating or mitigating factors. The SRA has recently been given unlimited fining powers for certain breaches involving economic crime and has made representations to government to grant it unlimited fining powers in relation to all breaches of its rules[33].

163. The Financial Reporting Council (FRC) can impose unlimited fines. It takes into account the size/financial resources and financial strength of a firm, for example, as indicated by the total turnover. However, again there is some flexibility and if revenue is not appropriate, other measures can be used, for example, the level of profitability of its partners or market share. They can also consider other factors, for example, seriousness of the breach, intentionality, impact of the breach, whether it was a one-off event or repeated/on-going and if so, the duration, previous breaches and likelihood of reoccurrence[34].

164. The Environment Agency can now impose unlimited financial penalties on companies that pollute the environment. In 2023, the previous cap of £250,000 on Variable Monetary Penalties was abolished, allowing the Environment Agency to hold water companies and other offenders accountable for a broader range of offences. The penalties issued are proportionate to the company's size and the nature of the offence, in line with Sentencing Council guidelines[35].

165. The Information Commissioner's Office can fine up to £17.5 million or four per cent of total annual worldwide turnover in the preceding financial year, whichever is higher. It looks at turnover as one part of determining the level of fine, but also takes account of the seriousness of the infringement, aggravating or mitigating factors, and whether the level is effective, proportionate and dissuasive[36].

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[32] SRA | Approach to financial penalties | Solicitors Regulation Authority
[33] Financial Penalties- further developing our framework consultation (sra.org.uk)
[34] Sanctions Policy (AEP)_January 2022 (frc.org.uk)
[35] Unlimited penalties introduced for those who pollute environment - GOV.UK (www.gov.uk)
[36] Calculation of the appropriate amount of the fine | ICO

166. Ofwat can impose a financial penalty of up to ten per cent of annual turnover but will also consider for example, the seriousness and duration of the breach, repeated failures, cooperation with the investigation and notification of the breach, any cover ups, any steps to address the failing and provide redress to customers[37].

167. Ofgem can impose a financial penalty of up to ten per cent of annual turnover. They will also, for example, assess the seriousness of the failure, aggravating and mitigating factors, the impact on consumers or others, and whether the penalty should act as a deterrent against future breaches[38].

[37] Our approach to enforcement - Ofwat
[38] THE GAS AND ELECTRICITY MARKETS AUTHORITY'S STATEMENT OF POLICY WITH RESPECT TO FINANCIAL PENALTIES AND CONSUMER REDRESS UNDER THE GAS ACT 1986 AND THE ELECTRICITY ACT 1989 (ofgem.gov.uk)

Annex 6: Consumer redress

Background

168. We want to ensure that consumers have access to appropriate means of redress outside the court system so that their concerns are addressed and businesses are supported to manage those issues.

169. Section 32(1)(a) of the Act gives us the power to allocate money to any person or body "set up to investigate or resolve consumer complaints into the supply of goods and services by registrants". Since 2014, the Optical Consumer Complaints Service (OCCS) has provided a free and independent mediation service for consumers and businesses.

170. The OCCS is a respected service that operates very successfully by offering a quick and informal route to redress at relatively low cost. Over the last decade it has handled over 14,000 enquiries[39] and consistently performed well. However, we need to consider whether the existing arrangements remain optimal given our proposed changes to the business regulation landscape and current expectations of what a consumer redress scheme should deliver.

171. This paper considers two key choices which are interrelated but should also be considered independently: whether participation by optical businesses in OCCS should be mandatory; and whether OCCS should be able to make binding decisions. Options on governance and funding are also considered.

The spectrum of dispute resolution models

172. Alternative dispute resolution (ADR) is the process of resolving a dispute, normally between two parties, outside of the court system. ADR models sit along a spectrum and include:

- conciliation – where an independent third party makes active suggestions or gives their opinion on how to resolve the case[40];
- mediation – an independent third party helps the parties in dispute to come to a mutually acceptable outcome. The decision will not be legally binding and therefore cannot be imposed on either party, although the parties can decide to sign a settlement agreement to confirm a legally binding outcome;
- adjudication – this is usually carried out through an ombudsman service[41], of which there are many for both the private and public sectors.

[39] Figure provided by OCCS
[40] models-alternative-dispute-resolution-report-141031.pdf (legalombudsman.org.uk)
[41] Complaining to an ombudsman - Citizens Advice

Ombudsman schemes vary but are usually based on an inquisitorial approach where they would collect information, investigate the concern and reach a binding decision on the trader (the decision on the consumer would not be binding and so the consumer could still go to a small claims court). They may also provide advice and attempt to "resolve, conciliate or mediate disputes"[42], rather than moving straight to an adjudication, in order to encourage participants to reach an agreement. Ombudsman schemes generally have a wider role beyond solving disputes, including helping to raise industry standards by using complaints to highlight systemic issues in a sector; or

- arbitration – an independent third party considers the facts and takes a decision that is legally binding on one or both parties. This would be enforceable in the same way as a court judgment[43].

173. Governments have long encouraged businesses to use ADR to resolve disputes with consumers and a variety of ADR schemes sitting on the spectrum above operate in the UK across regulated sectors[44].

174. The Digital Markets, Consumers and Competition Act 2024 will revoke and replace EU legislation and aims to improve ADR services through quicker resolution without the need for litigation. In future, providers of consumer dispute resolution will need to be accredited (unless exempt or subject to special arrangements) by the Secretary of State against specified criteria[45]. OCCS will fall within scope of this regime once the legislation is implemented.

The current system of consumer redress

175. OCCS is a free and independent mediation service which can assist with complaints about the goods received (glasses, contact lenses, etc) and/or the service provided. Key features of the scheme, include:

- the OCCS is entirely impartial and considers each complaint fairly;
- the OCCS listens to complaints, gathers information and works with both parties to reach a fair resolution. The service is designed to prevent unnecessary escalation – it provides the opportunity for parties to clearly communicate their complaints and engage in a dialogue that is focussed on reaching a mutually satisfactory resolution;
- resolution can include apology, remedial treatment, a refund or referral to another professional. The OCCS does not have any formal powers to force

[42] models-alternative-dispute-resolution-report-141031.pdf (legalombudsman.org.uk)
[43] What is Alternative dispute resolution (ADR)? - Which?
[44] Alternative dispute resolution for consumers - GOV.UK (www.gov.uk)
[45] Strengthening consumer enforcement and dispute resolution: policy summary briefing - GOV.UK (www.gov.uk)

a settlement and consumers can still pursue litigation if they are not satisfied with the proposed solution; and

- our relationship with the OCCS ensures that all mediations are governed and informed by the latest regulations.

176. The OCCS 2023-24 annual report records that the service dealt with 1,675 complaints within its remit and 85% of these were resolved or concluded within its process. 51% of all cases were concluded in 0-45 days, and 76% were concluded within 90 days, with an average resolution time of 19 days. Of the 349 complaints that progressed to mediation, 275 (79%) were concluded with a mediation. The average time to mediate a complaint was 58 days[46].

177. The GOC commissions the OCCS via a regular competitive tender exercise. Nockolds Resolution was reappointed as the OCCS provider earlier this year. The current contract runs until 31 March 2027 with a value of approximately £840,000 over three years. There is no charge to use the scheme, so it is wholly funded by individual and business registrant fees.

178. While it is not mandatory for business registrants to use the OCCS or accept suggested outcomes, our Standards for Optical Businesses require registrants to make consumers aware of their channels of complaint, including the OCCS. Businesses not registered with the GOC may not use the OCCS.

Other consumer redress schemes in healthcare regulation

179. The General Dental Council funds a free and impartial Dental Complaints Service for the purposes of consumer complaints about private dental care, services or treatment that do not fall within the fitness to practise remit. They can assist with complaints from treatment provided in the last 12 months and can assist complainants in seeking an explanation/apology, a full or partial refund, remedial treatment and/or a contribution towards remedial treatment.

180. None of the other healthcare regulators appear to fund consumer redress schemes. The General Chiropractic Council refers members of the public to Citizens Advice for any complaints that fall outside fitness to practise.

Analysis

Should it be mandatory for GOC business registrants to participate in the OCCS?

181. We need to consider whether:

[46] In the 2022-23 annual report, of the 6% of cases that concluded without a resolution, it was suggested that this related to consumers being more committed to a financial resolution and commercial decision-makers in practice being reluctant to offer or increase financial resolutions.

- it should continue to be optional for businesses to participate in the OCCS; or

- move to a system where it is mandatory for businesses to participate in the OCCS. A requirement to participate would be specified in legislation, as well as referenced in the GOC's Standards for Optical Businesses. As now, the business would be required to signpost to the scheme following the conclusion of the first-tier[47] consumer complaint process.

182. We consider that legislation, rather than our professional standards, would be the most appropriate route to mandate participation if this is our preferred model. A mandatory scheme would need to be on a statutory footing, as they are in other sectors. We would be unlikely to be able to enforce a standard on mandatory participation where the scheme is not on a statutory footing.

183. The main benefits of a moving to a system where it is mandatory for optical businesses registered with the GOC to participate in the scheme include:

- ensuring all consumers can access redress outside the court system would enhance public protection and increase public confidence;

- making it mandatory for all businesses providing specified restricted functions to register with the GOC while at the same time making it optional for them to participate in the sector's redress scheme is counterintuitive and would be confusing for consumers;

- while there is a high level of voluntary participation by GOC registered businesses in the OCCS now, this might not be replicated, at least to the same degree, for businesses currently sitting outside of GOC regulation;

- ensuring consistency and a fair trading environment across the sector since all optical businesses would be subject to the same requirements and contribute financially to the running of the scheme;

- creating strong incentives for good market behaviour and effective first-tier complaint handling systems across all optical businesses; and

- providing a sector-wide overview of consumer issues and trends enabling a stronger basis for regulation to improve industry-wide practice, in line with the GOC's strategy of preventing harm through agile regulation.

184. The main disadvantages of moving to a system where it is mandatory for businesses to participate in the OCCS, include:

- changing a scheme that works well could have unintended consequences. For example, it could make the OCCS more adversarial in nature,

[47] First-tier complaints handling refers to businesses resolving a complaint locally within the business.

potentially moving businesses away from a culture of learning and improvement;

- making mediation mandatory arguably goes against the essence of mediation as a process with which parties engage voluntarily and constructively to resolve a dispute. This could lead to a lower proportion of cases being resolved and undermine public confidence in the system;

- there could be an increase in referrals for fitness to carry on business with associated costs if businesses do not participate, although we expect the likelihood of a business breaching our standards (and the law) by failing to participate to be rare given the possibility of sanctions; and

- businesses may decrease their internal complaints handling resource to make more use of the mandatory scheme. However, it will remain the case that consumers must exhaust the first-tier route before accessing the OCCS and our professional standards address standards of first-tier complaint handling. Businesses will continue to have reputational incentives to resolve complaints informally without recourse to the OCCS.

185. Our provisional view is that participation in the OCCS should be mandatory for all business registrants. This would enhance public protection and provide the fairest trading environment for businesses. We consider risks relating to creating a more adversarial scheme are more relevant to issues around the scheme's decision-making powers. While voluntary participation in the current scheme is high, it is unclear whether this will remain the case when more businesses are brought within the scope of regulation.

Should the OCCS have powers to make binding decisions?

186. After resolving the issue of participation, we need to consider whether to:

- continue with a mediation-based system where businesses can choose to comply with the recommended outcome; or

- move to a system where the OCCS can make decisions which are binding on businesses – an adjudication scheme. As above, the ability of the OCCS to make binding decisions would be placed on a statutory footing and consumers could only access the OCCS once the first-tier route had been exhausted. The OCCS would still attempt mediation to resolve disputes and only carry out investigations and make decisions where this fails.

187. The main benefits of a scheme which can make binding decisions include:

- consumers will be better protected because an independent body has investigated their dispute and can impose a legally binding outcome;

- confidence in the OCCS could be undermined if businesses are required to participate in the scheme but can disregard its recommended outcome;
- consumers are more likely to access a redress scheme if they know it can make binding decisions thus removing a barrier to making complaints;
- ensuring consistency across the sector since a situation could no longer exist where some businesses provide redress and others not; and
- it would keep consumer disputes out of the courts, providing a faster, cheaper and more private alternative for consumers and businesses.

188. The main disadvantages of such a scheme include:

- changing a scheme that works well could have unintended consequences leading the OCCS to be perceived as punitive and adversarial in nature, altering how businesses engage in the scheme and respond to findings;
- blurring the lines between dispute resolution and fitness to practise since it would require the OCCS to reach a judgement on the evidence provided;
- experience suggests that adjudication schemes are slower, more formal and costlier given the time an investigation would likely take to gather and consider evidence within a framework of scheme rules. Even though the OCCS would first attempt mediation some consumers may insist on a full investigation and decision despite low probability of a different outcome;
- there could be an increase in referrals for fitness to carry on business if businesses do not comply with decisions made by the scheme, although we expect non-compliance to be low given the risk of sanctions; and
- as above, businesses could decrease their internal resource in complaints handling at the first-tier stage and rely on the OCCS to make a decision. However, for cost and reputational reasons, the best interests of businesses would be to resolve complaints at first-tier, wherever possible.

189. We consider the choice of redress scheme is finely balanced. While a scheme that can make binding decisions would deliver stronger public protection, all scheme users (consumers and businesses) would lose out if disputes take longer to resolve and are costlier to manage. The relationship between an OCCS decision and our fitness to practise processes needs to be carefully weighed. We offer no preferred proposal at this stage and wish to hear stakeholder views before deciding what to recommend to government.

How should any consumer redress scheme be delivered?

190. Whatever our system of consumer redress, it could be delivered in the following ways:

- creation of a statutory organisation (such as an ombudsman) – this would require government being convinced of the need to create such an organisation as it would require legislation and potentially a separate funding scheme. However, the creation of a statutory organisation may be disproportionate given the relatively low number and value of complaints;
- a single provider through a competition *for* the market model (separate to the GOC, whereby we would advertise an open tender and select a provider based on a set of criteria) – this is the basis for our current model and means that all businesses would be required to use the appointed organisation. The benefits of this model relate to incentivising good performance by the provider and achieving value for money; or
- multiple providers through a competition *in* the market model (separate to the GOC, whereby we would advertise an open tender and approve a range of organisations that could provide a service and the business would choose one in which to participate) – this would create the most choice for the business but it is not clear whether more than one provider would be necessary given the relatively low number of complaints (in comparison with other industries that might consider tens of thousands of complaints) currently considered by the OCCS. It is also not clear what benefit this might have for patients, as it could be confusing for patients (as they would need to be signposted to more than one provider), creates risks of inconsistency and would be more complex to administer.

191. Our provisional view is that we should continue to operate a competition for the market model, which has served the sector well for a decade.

How should any consumer redress scheme be funded?

192. We will need to consider how any scheme would be funded (and appropriately reflect this in updated legislation), the main options being either:

- every business contributing through the registration fee;
- a pay per use/case fee model whereby the business pays for any complaint made against them that is considered by the scheme; or
- a combination of the above two models – the GOC would need to decide on a target allocation of income between registration fees and case fees.

193. We would not consider a model whereby the consumer had to pay for a scheme, as we consider this would be a significant barrier to redress for consumers and the industry is not known to experience frivolous claims.

194. Every business contributing through the registration fee would be the easiest model to deliver, funding is predictable and it reflects current arrangements. Whether they use the scheme or not, all businesses benefit from the added consumer confidence that a route to redress provides.

195. An advantage of the pay per use model is that it incentivises good behaviour which avoids disputes in the first place and encourages first-tier dispute resolution. However, since consumers have a right of access and the service is free to them, this can unfairly penalise businesses who have done nothing wrong yet receive complaints against them. Businesses may take a commercial decision to compensate a consumer at first-tier rather than risk an adverse outcome by the redress scheme. Some redress schemes seek to overcome this by not charging fees when the business is not at fault, but this means fewer businesses pay (and so the cost per case is more expensive) and makes it more difficult and predictable for the scheme to administer.

196. There is an argument that if we are registering all businesses providing specified restricted functions, since the OCCS is a business-to-consumer service, all its costs should be funded via the business registrant fee, rather than from a mixture of individual and business registrant fee income. There is concern from some businesses already registered with the GOC that their registration fee could increase if the OCCS expands. However, the issue of apportionment aside, the cost of running the OCCS per business is likely to reduce due to economies of scale. We will consider the issue of apportionment of fees further as part of wider planned work on our overall approach to registrant fees.

197. We asked Europe Economics to look at the costs of participation in a mandatory mediation scheme. Their 2023 report on Mapping of optical businesses estimated that regulating all optical businesses providing specified restricted functions would not result in businesses incurring additional costs. They considered that: “Whilst businesses would incur some costs related to resolving complaints brought through the OCCS, they would most likely have had to dealt with the complaints regardless. In fact the OCCS mediation service may reduce the time businesses spend dealing with complaints because the service provides support to both the customer and the business with the aim of coming to a quick resolution.”

198. Europe Economics anticipated that the ongoing increased service costs to the OCCS would be very small (a ten per cent increase in caseload costed at £24,000), as most of the additional businesses registering with the GOC would

already involve optometrists and dispensing opticians, and therefore already fall within the remit of the OCCS.

199. Our provisional view is that we should continue with current funding arrangements for the OCCS. This is the simplest system to administer, and our standards are the best lever to address any variability in first-tier complaint handling by businesses. As above, we will consider these issues further in our planned wider work on a fairer fees model for all registrants.

Impact Assessment Screening Tool

Name of policy or process	Regulation of optical businesses
Purpose of policy or process	To regulate all optical businesses within the UK
Team/Department	Policy and Standards
Date	31 July 2024
Screen undertaken by	Charlotte Urwin
Approved by	Steve Brooker
Date approved	6 August 2024
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a **full** impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is **not** required, put your reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High risk	Medium risk		Low risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	No budget is required OR budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation and media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	N/A
8. Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh; Comms Team aware		Does not need to be published in Welsh	

Please put commentary below about your impacts ratings above:
1, 2 and 6: The purpose of this project is to identify the changes we need to make to the framework that we use to regulate optical businesses, so that we can bring all businesses that carry out certain restricted functions (see consultation document) within scope of our regulation. The timetable for delivery of this project is not within the GOC's control and will be determined by the UK Government. The project therefore focusses on the policy decisions that need to be made and at this time can be delivered using existing policy and standards resources and budgets. We may need to commission additional consultancy to inform policy decisions, which may require access to the reserves in future. As we already regulate some optical businesses and therefore have systems and processes to manage that regulation, we will be able to use those systems to regulate those businesses. For example, we already have systems and processes to enable us to hold a register of optical businesses and those will be updated to reflect these changes. However, our proposals will require resources (both financial and people) to implement and maintain. Our research by Europe Economics estimates that we would need three additional registration officers for a six-month period and half a full time equivalent (FTE) lawyer's time to draft the rule and legislative changes. The one-off administrative costs are estimated to be just over £90,000 (including overheads, recruitment and training costs where relevant). We would also incur on-going costs for maintaining our enlarged business register, including the renewals process. We estimate that this would require two full time registration officers per year at an estimated total cost of almost £90,000 per year. It is also likely that an increased business register would lead to increased fitness to practise costs. As noted in the paper on enforcement and sanctions, levels of complaints about optical businesses are relatively low. The research estimates those costs at being about £80,000 per year. We propose that all businesses should be part of the Optical Consumer Complaints Service (OCCS). We propose that the OCCS will continue to be funded by registrant fees, but there may be additional costs related to increasing the number of businesses which can engage with the OCCS. The costs to the GOC will be offset by increased income from business registrant fees. The cost of regulation per business should reduce due to economies of scale. At this stage we have identified potential costs where appropriate in each proposal, as set out in the annexes. We also recognise that our proposals may have resource implications for optical businesses, particularly those which we do not currently regulate. Our research from Europe Economics gives some details of the costings to businesses, but the cost will vary depending on the eventual model chosen and other factors, such as the extent of changes the business will need to make to bring it in line with the proposals.

We recognise that once our proposals are finalised we will need to undertake further work to assess the impact of each proposal and will seek views on costings during the consultation.

3 and 4: Any changes to our framework of business regulation will require change to our legislation. As such, legislation will change in the future, subject to agreement by the UK Government.

8: We will prepare a full communications plan to support consultation engagement. The consultation document and annexes will be translated into Welsh. The proposals in this document relate to a framework of business regulation that will apply to all optical businesses across the UK, including in Wales. We have assessed that these proposals will not have any effects on opportunities to use the Welsh language or affect the treatment of the Welsh language.

The risks identified in this section are low and medium risks. They have been addressed as far as possible and a full impact assessment is not necessary.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	N/A
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	N/A
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

B) Information governance	High risk	Medium risk		Low risk	? or N/A
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	

Please put commentary below about reasons for information governance ratings:
1-13: The consultation proposals themselves are about the regulation of businesses, not individuals. We do not anticipate therefore that respondents to the consultation would provide personal data about individuals but they may provide information about commercial practices. In line with our consultation policy, we will redact information which we consider to be offensive, vexatious, libellous or contain rhetoric that promotes discriminatory behaviour/views against anyone with protected characteristics under the Equality Act 2010, or are irrelevant (consultation-policy-final-july-2024.pdf (optical.org)). Consultation respondents can provide their personal information (name, contact details and EDI information) when submitting a consultation response, but it is not mandatory. Where gathered, all such information is used solely for the purposes of analysing responses and we do not identify or publish the names of any individuals who have responded to the consultation. Our consultation platform includes a privacy statement, setting out how we will use respondents' data (Privacy Policy | General Optical Council). Most risks are low or medium and have been mitigated. Full impact assessment not required.

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	Public			Registrants, employees or members	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	There is clear decision criteria and a form to record the decision	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12 months, which is recorded	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team	
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		Attendance/involvement is equal, and monitored per attendee	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)	
8. Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our	N/A

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
				expenses policy; freepost available	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	N/A
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups	

Please put commentary below for human rights, equalities and inclusion ratings above:
3: Decisions on the model of business regulation will be made by our Council following public consultation. These decisions do not directly give outcomes for individuals, though if the proposals were implemented by the UK Government then business owners providing specified restricted functions would be required to register with the GOC. There is no right of appeal for Council decisions. However, it will then be for the UK Government to decide whether to implement these changes. 5: The consultation is available to all on our website. Documents are available in alternative formats on request. Any decisions on the model of business regulation will be made at a public Council meeting which take place online and are open to all to attend. We publish Council papers a week in advance of meetings. 6-9: Council meetings take place online. Any decisions on business regulation would be made at the public Council meeting, which is open to the public. Papers for the meeting are published a week in advance and are available in alternative formats on request. 10: Our 2022 consultation on the call for evidence on the Opticians Act 1989 and associated GOC policies confirmed there was strong stakeholder support for extending business regulation to all businesses carrying out restricted functions. Full impact assessment not required.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	These proposals will result in all optical businesses carrying out certain functions being regulated by the GOC. Our public perceptions research shows that young people are more likely to experience something going wrong during a visit to the opticians/optometrist practice. Extending business regulation to all optical businesses providing specified restricted functions will mean that all businesses will be required to comply with our standards and there will be improved access to consumer redress should something go wrong. The consistent application of GOC business standards would also benefit employees as it would provide a more standardised and safer working environment. Our research shows that younger registrants are more likely to experience harassment, bullying, abuse or discrimination at work. We are strengthening our standards to ensure businesses provide more support to staff who experience bullying, harassment, abuse and discrimination at work. Extending business regulation would mean an extension of support for all staff.
Disability	Positive	These proposals will result in all optical businesses carrying out certain functions being regulated by the GOC. Our public perceptions research shows that people with a disability are more likely to experience something going wrong during a visit to the opticians/optometrist practice. Extending business regulation to all optical businesses providing specified restricted functions will mean that all businesses will be required to comply with our standards and there will be improved access to consumer redress should something go wrong. The consistent application of GOC business standards would also benefit employees as it would provide a more standardised and safer working environment. Our research shows that registrants with a disability are more likely to experience harassment, bullying, abuse or discrimination at work. We are strengthening our standards to ensure businesses provide more support to staff who experience bullying, harassment, abuse and discrimination at work. Extending business regulation would mean an extension of support for all staff.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Sex	Positive	The consistent application of GOC business standards would also benefit employees as it would provide a more standardised and safer working environment. Our research shows that female registrants are more likely to experience harassment, bullying, abuse or discrimination at work. We are strengthening our standards to ensure businesses provide more support to staff who experience bullying, harassment, abuse and discrimination at work. Extending business regulation would mean an extension of support for all staff.
Gender reassignment (trans and non-binary)	Neutral	
Marriage and civil partnership	Neutral	
Pregnancy/ maternity	Neutral	
Race	Positive	The consistent application of GOC business standards would also benefit employees as it would provide a more standardised and safer working environment. Our research shows that registrants from ethnic minority backgrounds are more likely to experience harassment, bullying, abuse or discrimination at work. We are strengthening our standards to ensure businesses provide more support to staff who experience bullying, harassment, abuse and discrimination at work. Extending business regulation would mean an extension of support for all staff.
Religion/belief	Neutral	

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Sexual orientation	Neutral	
Other groups (e.g. carers, people from different socio-economic groups)		These proposals will result in all optical businesses carrying out certain functions being regulated by the GOC. Our public perceptions research shows that carers and those going through difficult life circumstances are more likely to experience something going wrong during a visit to the opticians/optometrist practice. Extending business regulation to all optical businesses providing specified restricted functions will mean that all businesses will be required to comply with our standards and there will be improved access to consumer redress should something go wrong.

C42(24)

COUNCIL

Standards review – revisions to standards of practice post-consultation

Meeting: 25th September 2024 **Status:** For decision

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper Author(s): Rebecca Chamberlain (Standards Manager), Charlotte Urwin (Head of Strategy, Policy and Standards)
Council Lead(s): There is no Council lead for this work

Purpose

1. To enable Council to review and approve the post consultation revisions to the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses, the consultation response document, the implementation period, the impact assessment and the implementation plan.

Recommendations

2. Council is asked to:
   - approve the consultation response document;
   - approve the proposed changes to the standards;
   - approve the equality impact assessment; and
   - approve the recommended implementation period

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice. This work is included in our 2024/25 Business Plan.

Background

4. In March 2023 we launched a full review of our three sets of standards. These are the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses. As part of the review, we wanted to hear the views of patients and the public on our standards, so we commissioned a piece of qualitative research. The 'Research on public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students' can be accessed via this link - Public and Patient Research.

5. We sought advice from the Advisory Panel and/or Standards Committee in March 2023, June 2023 and November 2023. We used their advice to shape the pre-consultation engagement activities and to inform the proposed revisions to the

standards. In December 2023, Council approved a decision to consult on the proposed changes to those standards.

6. We undertook a full public consultation on our proposed changes to the standards, which was open for 12 weeks from 14 February 2024 to 8 May 2024, in accordance with our consultation policy. During the consultation we held eight events with different groups of stakeholders. In addition to feedback at the events, we also received 39 written consultation responses.

7. In June, we presented summaries of the feedback we received during the consultation, to Standards Committee, so that we could seek their views at an early stage and support our evaluation of the consultation responses. The Committee highlighted the following key points in their review:

- Whether it is necessary to explicitly reference 'patients in vulnerable circumstances' throughout the standards;
- Whether standard 7.6 should refer to "all available options" as it may be considered excessive and take away from a registrant's clinical judgement;
- It is reasonable to expect registrants to keep up to date with developments in practice, and to be responsible for their use of digital technologies;
- Whether it is appropriate to signpost registrants to legislation with regards to diversity, as it is an area of rapid change and there is a risk of the standards becoming outdated;
- The need for a further review of the terms 'must' and 'should';
- The standards regarding social media and online conduct should not be too restrictive and need to take account of future developments, e.g., the introduction of electronic referrals. Regarding consent to share images, the Committee noted that consideration would need to be given as to whether a patient is identifiable from the data, to establish whether consent was required;
- Whether use of the term 'intent' is appropriate within the new standard on sexual harassment; and
- That a three-month implementation period struck the right balance between giving stakeholders sufficient notice of the new standards and not unnecessarily delaying their implementation.

8. We have considered all the feedback we received from Standards Committee as we prepared the consultation response document and revised standards for Council.

Analysis

9. We have carefully reviewed all the feedback that we received during the consultation and drafted a consultation response report (see Annex 1). Stakeholders were broadly happy with areas where we wanted to make changes to our standards, agreeing that they were the right ones to focus on. However, many of their comments focussed on providing more detail in our standards. Where possible we have addressed those by making changes to the standards (see Annexes 2, 3 and 4). We have also identified

a couple of areas, the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries, where we propose to produce supplementary guidance. We will begin work on that guidance once Council has agreed these standards. We anticipate that this work will continue into 2025 and will include it in the business plan for 2025-26.

10. We have made changes and/or additions to the Standards of Practice for Optometrists and Dispensing Opticians (see Annex 2) and Standards for Optical Students (see Annex 3) in the following areas:
    - Introductory statement on leadership;
    - Introductory statement on compliance with legislation;
    - Introductory statement on caring for patients in vulnerable circumstances;
    - Effective communication (standard 2.2, 7.6 (6.6));
    - Obtaining valid consent (standard 3.3);
    - Registrant health (new standard under standard 11 (10));
    - Equality, diversity and inclusion (standard 13.2 (12.2));
    - Maintaining appropriate boundaries (standard 15.1 (14.1), 15.2 (14.2) and new standard under standard 15 (14))

11. We have made additional changes to the Standards for Optical Students (see Annex 3) in the following area:
    - Protect and safeguard patients, colleagues and others from harm (standard 10.3)

12. We have made changes and/or additions to the Standards for Optical Businesses (see Annex 4) in the following areas:
    - Introductory text under title ‘Who do these standards apply to?’;
    - Equality, diversity and inclusion (standard 2.2.5)

13. We do not anticipate that the proposed revisions to the standards will have any impact on the existing acceptance criteria which is used by the Fitness to Practise team to decide whether to accept a complaint as an allegation of impairment as defined by Section 13D Opticians Act 1989[1].

14. We have not proposed any revisions to Standard 9 ‘Ensure that supervision is undertaken appropriately and complies with the law’, as part of this Standards Review. We recently commissioned research to develop a risk-based framework on the testing of sight as part of a review of the 2013 statement on testing of sight. We expect delivery of the final report by the end of the calendar year. This research may well have implications for our standards on supervision so we will review Standard 9 after we receive the final report. We would consult on any changes to Standard 9, as we have done with these changes.

[1] Opticians Act 1989 (legislation.gov.uk)

15. We used the consultation to seek stakeholder views on whether we needed an implementation period between Council agreeing the standards and the standards coming into effect. A summary of the stakeholder feedback can be found within the consultation response report in Annex 1. We believe that a short implementation period of three months would give sufficient time to communicate the changes to the standards and deliver the public protection benefits of the changes in a reasonable timeframe. If Council agrees the standards at its September meeting, a three-month period will mean the standards would become effective in January 2025, which is also the start of the new CPD cycle. This means we would be able to use the new CPD cycle as a mechanism to support implementation of these changes.

16. We recognise the importance of supporting the implementation of these new standards through a range of communications activities. In Annex 6 we have set out a Communication and Implementation Plan, which details the specific activities we will undertake, along with tailored messaging for key audiences. We will present the plan to our Standards Committee in October, so that they can share their views.

17. In addition to producing the new guidance identified above, we will also update existing guidance to ensure that it is consistent with the new standards. We will need to consult on new guidance and any existing guidance which is subject to substantial reworking. Guidance which is simply updated to reference the new standards will not require consultation. We will begin that programme of work once Council has agreed the standards, alongside the work to implement the new standards. We anticipate that we will consult on that draft guidance in spring 2025.

18. We recognise that this means we will be issuing the new standards without supporting guidance. However, due to the need to consult, it will not be possible to produce the guidance before the new standards come into effect. We do not consider prior guidance is necessary for registrants to comply with the standards; instead, the guidance will assist registrants over time. As a wider point, guidance relating to any of the standards may be introduced or amended during the lifetime of the standards as needs require.

Finance

19. We have a budget of £10,000 set aside to support the implementation activities set out in Annex 6 (which includes the cost of laying out and printing of the standards so that they can be given out at events such as 100% Optical).

Risks

20. If Council do not agree the revised standards in September, there is risk that the additional public protection benefits associated with the revisions, will be further delayed. To mitigate this risk, the project team have engaged with the Chair of Standards Committee to discuss the final revisions ahead of the Council meeting. The project team have also engaged with the new Council member to ensure they are appraised of progress with the Standards Review to date.

Equality Impacts

21. The equality impact assessment (EQIA), which was published alongside the consultation, has been updated post consultation and can be found in Annex 5. No additional impacts were identified, and respondents generally felt that the proposed changes to the standards would have a positive impact on equality, diversity and inclusion.

Devolved nations

22. We are a UK wide regulator. Where there are differences in practice and/or the use of terminology, these have been carefully considered and addressed. An example of this is replacing the phrase ‘protected characteristics’ with ‘characteristics set out in relevant equalities legislation’. This addresses the fact that a) the Equalities Act 2010 does not apply in Northern Ireland and b) in Wales and Scotland they have enacted the ‘socio-economic duty’ of the Equality Act.

23. The revised standards will be published in English and Welsh.

Communications

External communications

24. The project team has worked with the Communications Team to create a communication and implementation plan which can be found in Annex 6. Arrangements are in place to communicate Council’s decision immediately following the meeting.

Internal communications

25. A cross-departmental Project Advisory Group has supported the project throughout and there has been close and ongoing liaison with teams responsible for fitness to practise functions.

Next steps

26. Subject to Council’s agreement, we will make stakeholders aware of the approval of the standards through the usual post-Council press release, monthly registrant bulletins and social media channels. We will follow this up with a blog for external stakeholders and a news story on IRIS for internal stakeholders.

27. We will arrange for Welsh language translation of any necessary documents and layout and publication of the new standards (in print and online).

28. We will publish the consultation response report and equality impact assessment.

29. We will plan, prepare and deliver a series of implementation engagement activities between September 2024 and December 2024 to the new standards coming into effect from 1 January 2025.

Attachments

Annex 1: Consultation Response Document
Annex 2: Revised Standards of Practice for Optometrists and Dispensing Opticians
Annex 3: Revised Standards of Practice for Optical Students
Annex 4: Revised Standards of Practice for Optical Businesses
Annex 5: Revised Equality Impact Assessment
Annex 6: Communication and Implementation Plan

Annex 1: Consultation Response Document

GOC response to consultation on revised Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses

[Month] 2024

Contents page

Executive summary

1. In February 2024 we launched a consultation on changes to the standards that we set for the students and fully qualified individuals and optical businesses we regulate. These are the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses.

2. The consultation ran from 14th February 2024 to 8th May. We received 39 written consultation responses and held eight stakeholder events to give stakeholders the opportunity to discuss the changes.

3. Stakeholders generally supported the proposed revisions to the standards and agreed that we have addressed some important topics as part of this Standards Review. Where we received feedback, which was beyond the scope of this review, it will be revisited as part of the forthcoming review of the Standards for Optical Businesses or fed into our other workstreams where appropriate.

4. We mostly received feedback around the drafting of the proposed introductory statements and the proposed revisions to the standards rather than the substantive underlying policy position and have considered all comments carefully. We have made some changes to improve clarity, brevity, legal alignment and/or to set clear expectations.

5. We recognise that stakeholders would value additional guidance to support implementation of the standards, particularly where we have set new expectations. We have committed to developing guidance on the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries once the standards are published.

Introduction

6. The GOC is the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists and dispensing opticians and optical businesses.

7. As part of our statutory duty to set standards for the performance and conduct of our registrants, we have three sets of standards:

   - Standards of Practice for Optometrists and Dispensing Opticians
   - Standards for Optical Students
   - Standards for Optical Businesses

8. Our standards are applicable to all dispensing opticians and optometrists, whether students or fully qualified, and those optical businesses we regulate, across all practice settings. They are an overarching set of standards setting minimum expectations, to which registrants must apply their professional judgement.

9. We launched the Standards Review project in April 2023. The purpose of the review is to:

   - make any necessary updates to the current standards that reflect changes to practice or changing patient expectations;
   - ensure that the current standards are fit for purpose; and
   - ensure that the standards reflect the current context within which registrants practise, students are trained, and businesses operate.

Consultation process

10. We undertook a full public consultation on our proposed changes to the standards, which was open for 12 weeks from 14th February 2024 to 8th May 2024, in accordance with our consultation policy.

11. We hosted the online consultation on the GOC's Consultation Hub, and offered respondents the option of submitting e-mail responses to our mailbox consultations@optical.org. We made the consultation available in English and Welsh. We also welcomed full or partial responses.

12. During the consultation phase we facilitated eight stakeholder events, to give stakeholders the opportunity to discuss the changes with us and ask questions. We held four open events for registrants, one of which was aimed

specifically at student registrants. We held individual events for Fitness to Practise members, business registrants, and others. We also published a consultation webinar for stakeholders who were unable to attend a stakeholder conversation.

13. We promoted the consultation and associated stakeholder events in several ways, including through our website (press release and blog), registrant newsletters and our social media channels.

14. We received 39 written consultation responses from a range of stakeholders including optometrists, dispensing opticians, students and representative bodies, as well as a business registrant, patient organisation, education provider, mediation service and a regulatory body.

15. The organisations who were willing to be named were:
    - Optical Suppliers Association
    - Optometry Wales
    - College of Optometrists
    - Association of Optometrists (AOP)
    - Association of British Dispensing Opticians (ABDO)
    - FODO – the Association for Eye Care Providers
    - Bexley Bromley and Greenwich LOC
    - Professional Standards Authority (PSA)

16. We are grateful for the all the feedback we received and have taken this into account when drafting the final sets of standards.

Approach to producing this response

17. The consultation asked respondents to indicate the extent of their agreement or disagreement with the proposed changes to the standards using a Likert scale[1]. When reporting the results, we have grouped 'strongly agree' and 'somewhat agree' responses as 'agree', and 'strongly disagree' and 'somewhat disagree' responses as 'disagree', for clarity. In annex 1 we have included graphs which show the Likert scale responses for each question.

18. Generally, we asked respondents whether the proposed introductory statement or standard was a) clear and b) sets appropriate minimum expectations of registrants. In relation to new standards, we asked whether the proposed new standard a) specifically addressed the issue under consideration and b) was clear.

[1] Likert Scale | SpringerLink

19. As some of the proposed changes were interrelated, comments about one change were frequently repeated in response to other. We recognise that there is also overlap between some of the questions we asked in the consultation and in the responses we received. To avoid duplication in this report we have, where appropriate, noted that the feedback received was similar to an earlier question and highlighted any additional points.

20. Respondents were encouraged to provide comments whether they agreed or disagreed with our proposed changes. We reviewed every comment received. We are unable to include individual responses to all comments within this report. Any comments that have been included are produced verbatim.

21. Throughout this report we will refer to specific standards that have been revised using the standard number, for example, standard 6.1. We recognise that the numbering in the Standards of Practice for Optometrists and Dispensing Opticians differs from the numbering within the Standards for Optical Students.

22. To address this, we refer to the number within the Standards of Practice for Optometrists and Dispensing Opticians first, and then the number within the Standards for Optical Students in brackets afterwards. For example, we have proposed a revision to standard 6.1 (5.1).

23. When referring to the Standards for Optical Businesses we will simply refer to the relevant standard, for example, standard 1.1.4.

Findings

Section 1: General feedback

24. Throughout our engagement activities and the public consultation, we have identified recurring themes within the feedback, which we have set out below. Where possible, we have not repeated these themes in the subsequent sections, to ensure the document remains focussed.

25. Stakeholders suggested that we review the following to ensure that all registrants could understand and apply the standards in their practice:

    a) The use of terms ‘must’ and ‘should’ to ensure we set standards which are appropriate and proportionate
    b) The brevity and succinctness of the proposed revisions to improve clarity and only make changes where absolutely necessary
    c) Whether we should define terms such as ‘professional judgement’ to aid interpretation
    d) Alignment of language to relevant legislation to ensure our expectations are consistent with the law
    e) The appropriateness of aligning language with that used by other regulators to set consistent standards of behaviour across the health professions
    f) The level of detail provided and whether it is sufficient to enable registrants to apply the standards in practice
    g) The need for additional guidance and/or training to accompany the revised standards

Our response

26. These standards are applicable to all optometrists and dispensing opticians, whether students or fully qualified, and wherever they practise. As a result, the standards must remain overarching and are not intended to be prescriptive about how registrants should meet the standards. Registrants need to use their professional judgement to decide how they will meet the standards. Many of the terms within the standards need to be interpreted within the context in which they are used. As such, we do not propose to add definitions to the standards but will develop guidance in a limited number of areas.

27. We have reviewed the use of ‘must’ and ‘should’ and redrafted the standards to remove these phrases where possible, in line with the current standards. Where we have used ‘must’ this relates to a legal obligation. We have used

‘should’ where there is an ethical or regulatory duty, or where the standard relates to circumstances which might not apply to all registrants.

28. We have considered the comments about the brevity, succinctness and levels of detail in our standards, as part of our process of reviewing all the feedback we received during the consultation. Where appropriate, we have made changes to the standards to improve their clarity. These changes are set out in the relevant sections below.

29. We note the comments we received on the extent to which our standards should align with other regulators’ standards, or with relevant legislation. We recognise that some of our registrants may work in multi-disciplinary teams alongside other healthcare professionals, (regulated by different regulators) and unregulated staff. As part of our process of reviewing the standards prior to consultation, we looked at the standards set by other regulators, to ensure that there was broad consistency in the principles we set, whilst recognising the differences in the work environment and practice of our registrants. Where possible, we have aligned our standards with legislation, noting that there are some differences in legislation across the four nations.

Section 2: Leadership and professionalism

2.1 Summary of consultation events

30. Some stakeholders welcomed the proposed new statement, noting that leadership is important and that addressing it via the introductory text was appropriate and proportionate. Other stakeholders questioned the purpose of the proposed statement, felt that the statement was open to interpretation, or that the statement could be missed in the preamble.

31. Feedback at the events particularly focused on the extent to which demonstrating leadership included contributing to the education and training of others. Some stakeholders argued that there should be a separate standard on this point, or that it should be included in the proposed leadership statement, whilst others suggested using the term ‘supporting’ rather than ‘contributing’.

32. Conversely, one stakeholder suggested, “*To expect a minimum standard that someone would be responsible to contribute to the educational training of others seems to me not to be a minimum. That's kind of an above and beyond when you're taking responsibility for others*.”

33. Other issues raised included whether the use of examples in the proposed leadership statement were helpful or confusing, and whether examples of contributing to education and training could be woven throughout the standards.

2.2 Summary of consultation responses.

Clarity of the introductory statement

34. Figure 9 shows that most respondents (25 or 64%) agreed that the introductory statement is clear. Just nine respondents (or 23%) disagreed. Of the remaining five respondents, four (or 10.5%) did not answer this question and one (or 2.5%) neither agreed nor disagreed.

35. Respondents expressed a range of views on the proposed statement, with a particular focus on the concept of leadership. Some feel that the reference to leadership is too narrow, does not encompass wider skills and is not reflected within the standards themselves. There is also a concern that the term 'leadership' is open to interpretation, may not be appropriate in all practice environments, and could be misinterpreted by commercial entities, potentially leading to inappropriate pressure on staff. One respondent highlighted a lack of distinction between clinical and commercial leadership, which they felt could lead to confusion among practice teams.

36. Respondents do support the inclusion of leadership in the standards but seek more practical examples, particularly for students. The examples provided in the statement are considered too vague by some, whereas others feel that the current wording is beneficial.

Appropriateness of the proposed statement

37. When asked whether the proposed statement sets appropriate minimum expectations of registrants, Figure 9 shows that half of respondents (19 or 49%) agreed, and eleven respondents (or 28%) disagreed. Of the remaining respondents, three (or 7.5%) did not answer the question, and six (or 15.5%) neither agreed nor disagreed.

38. While some respondents see the focus on leadership and professionalism as essential and aligning with public expectations, others are concerned that not all registrants will assume leadership positions, though they believe leadership should still be taught. Some respondents requested clarity on how registrants will be measured against these principles, as they are unclear how complaints against a registrant would be handled by Fitness to Practise.

39. Several respondents have expressed concerns about the practical implications of the proposed statement, and the expectations of leadership, especially for students or newly qualified registrants who may lack experience or training in this area. One respondent suggested that students should focus on their core skills rather than leadership at the early stages of their education, whereas another respondent suggested the standards for optical students should be amended, to set realistic expectations for the development of leadership skills during their education.

40. Respondents also recommend that the standards should emphasise the support of the next generation of registrants, suggesting specific amendments to encourage supervision and mentorship. There is also a suggestion to include collaboration with allied professions in the standards.

41. Lastly, one respondent believes that the standards should include guidance on demonstrating leadership in eye care and sight loss support, as well as addressing health inequalities and ensuring equal access to healthcare services.

42. A sample of the comments we received in response to these questions are shown in the box on the next page.

"Critical that registrants see themselves as leaders" (Optometrist)

"*I think that either the 'examples' sentence needs to be expanded or discarded. I would prefer an expansion to clarify expectations. Although in the existing standards, the word 'contributing' would benefit by being updated to 'supporting'." (Contact Lens Optician)*

"*We feel the reference to leadership throughout the standards it too narrow and does not reflect wider skills. In the proposed change to the role as a professional there is reference to examples of demonstrating leadership which includes role modelling professional behaviours and contributing to the education and training of others. However, we feel this is not reflected in the standards themselves with enough focus or importance*." (Education provider)

"*As a principle, there is no quibble with embedding the concept of leadership into everyday practice, but there is potential for ambiguity without clear elaboration on the traits and attributes of leadership....*" (AOP)

"*...The Standards for Optical Students should set a realistic expectation for students and give trainees the scope to learn, develop and practice these skills throughout their student experience. As it currently stands, this statement implies that students would need to develop these leadership skills prior to the start of their study which sets an unrealistic expectation and does not ensure trainees will be able to develop and hone these skills throughout their student experience*." (College of Optometrists)

2.3 GOC response

43. Having reviewed the feedback and compared our interpretation of leadership with that of other regulators, we are assured that we have adopted an appropriate and proportionate position and have included similar skills and attributes, which we believe are important for safe and effective practise. However, we have made some small revisions to the introductory statement, to ensure that it is as clear as possible.

44. We note the variation in responses on whether leadership should be included in the Standards for Optical Students and have considered all the issues raised. As outlined in the consultation document, our view remains that all registrants, including students, should demonstrate leadership skills. We recognise that students will develop their leadership skills as they progress through their training, just as they develop their other professional skills and knowledge and consider that this point is adequately addressed by inclusion of the phrase "relevant to their scope of practice". Further, the existing Standards for Optical Students already address this by stating: "We have therefore

produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training."

45. When we consulted on the proposed statement, we did not include supporting the education and training of others within the examples of leadership that students could demonstrate. However, we note stakeholder feedback that students should demonstrate those skills and have amended the statement in response to include "supporting the education and training of others".

46. In July 2024, we published the findings of a survey of optical businesses we register. The survey highlighted that business registrants felt that newly qualified optometrists and dispensing opticians required further development of their leadership and management skills. We believe this provides further evidence of the need to set clear expectations in relation to leadership. [2]

47. We acknowledge that some respondents consider there should be a separate standard for the education and training of students and non-registrants. We do not consider this would be appropriate, as not all registrants will have the opportunity or resources to support the education and training of others. Whereas the specific standards set out behaviours which are essential to protect the public, the opening statement can be used to support the development of professional norms and in this case signals the importance we place on registrants helping to train future generations.

48. To improve the proposed statement, we have amended it to:

- Remove the word 'contributing' and replace with the word 'supporting'
- Include another example of leadership, "suggesting innovative solutions to problems"
- Remove the phrase "…and should be applied to all aspects of your work" and replace it with "…relate to all aspects of your work"

Section 3: Care of patients in vulnerable circumstances

3.1 Summary of consultation events

49. Some stakeholders welcomed the proposed introductory statement. One said it is a '"*broader definition of what vulnerable means and I think it's a much more modern way you've phrased it and more relevant"*. Another stakeholder

[2] goc-business-registrant-survey-report-final.pdf (optical.org)

suggested that "*from a hearings point of view, this does cover all of the kind of common themes we would tend to see in [a] hearing*".

50. Stakeholders raised some specific concerns about the application of the revised standards in practice. Some questioned whether patients would disclose details of circumstances which made them vulnerable, whilst others focussed on the difficulties registrants might face in identifying signs of vulnerability or on how registrants could explore a patient's circumstances without being overly intrusive or making assumptions.

3.2 Summary of consultation responses

3.2.1 Responses regarding the introductory statement

Clarity of the introductory statement

51. Figure 10 shows that the majority of respondents (24 or 61.5%) agreed that the proposed introductory statement is clear. Only six respondents (or 15.5%) disagreed. Of the remaining respondents, seven (or 18%) did not answer the question, and two (or 5%) neither agreed nor disagreed.

52. Respondents raised concern about the definition of 'vulnerability' being too ambiguous and expressed the need for clarity between what is a legal obligation, for example under the Equalities Act, and what is a regulatory obligation in line with the revised standards. Some respondents support the additional wording, suggesting that it is an improvement which can be used as a prompt for education and training in this area.

Appropriateness of the proposed statement

53. In relation to whether the proposed introductory statement sets appropriate minimum expectations of registrants, Figure 10 shows that around half of respondents (20 or 51%) agreed. A fifth of respondents (8 or 20.5%) disagreed, and a further fifth (8 or 20.5%) did not answer the question. Three respondents (or 8%) neither agreed nor disagreed.

54. Respondents generally support the emphasis on caring for vulnerable patients in the revised standards. They acknowledge the importance of considering a patient's vulnerabilities during consultations and making reasonable adjustments based on individual needs. Some respondents highlighted specific areas such as paediatrics, domiciliary care, and safeguarding, where registrants were particularly likely to meet people in vulnerable circumstances and therefore the proposed revisions should improve patient care. The importance of considering patients' vulnerabilities in the context of optical businesses is also mentioned, with a recommendation for businesses to support registrants in accommodating patients' needs. There is criticism

directed at optical businesses, particularly chain stores, for not providing sufficient time or appropriate environments for optometrists to conduct safe tests on vulnerable patients. Respondents feel that without addressing these fundamental issues, new standards may be ineffective.

55. There is concern about the ability of registrants to identify and accommodate vulnerabilities, given that not all vulnerabilities are visible or acknowledged by patients. Some respondents' express concerns about the potential for assumptions related to vulnerability leading to inadvertent offence or legal issues. One respondent expressed concern that failing to identify a vulnerability could lead to fitness to practise action. There is also a sentiment that the responsibility placed on registrants is too great given the limited time they have with patients.

56. Several responses indicate that if a registrant does not already recognise the importance of considering a patient's vulnerabilities, merely adding it to the standards will not change their behaviour. Moreover, some respondents are unsure about what the minimum expectations are regarding the standards.

57. Finally, it is suggested that the standard of care should be consistent for all patients, with some respondents objecting to the emphasis on taking special care with vulnerable individuals.

3.2.2 Responses regarding the proposed revisions to standards

Clarity of the proposed revisions

58. With reference to Figure 11, two thirds of respondents (26 or 66.5%) agreed that the proposed revisions were clear. Just five respondents (or 13%) disagreed. Of the remaining respondents, a fifth (8 or 20.5%) did not answer the question.

59. Similarly to the responses for questions above, respondents have expressed concerns about the clarity and interpretation of the revised standards. The term "vulnerable circumstances" is deemed unclear, with suggestions to rephrase it to focus on the person being vulnerable rather than the circumstances themselves. There are also recommendations to clarify what constitutes vulnerability by adding explanatory footnotes.

60. One respondent requested elaboration on what constitutes an "adequate assessment" and another suggested that the standards should explicitly reference protection against all types of harm, not just abuse.

Appropriateness of the proposed revisions

61. In terms of whether respondents felt that the proposed revisions to the standards set appropriate minimum expectations, Figure 11 shows that most respondents (23 or 59%) agreed. Six respondents (or 15.5%) disagreed and a fifth of respondents (8 or 20.5%) did not answer this question. Two respondents (or 5%) neither agreed nor disagreed.

62. Most respondents directed us to their previous responses for this question. Just one additional point was raised, which related to the difficulty in setting a minimum standard without accompanying guidance.

63. A sample of the comments we received in response to these questions are in the box below.

"Paediatrics and domiciliary are the two areas of most concern to [organisation]. The proposal will be hugely helpful in the resolution of concerns we deal with" (Mediation service)

"We believe that the amendments to the relevant standards are appropriate. As per our response to Q11 we believe that the standard 15.1 and 15.2 should be the same for all patients." (Optometry Wales)

"We do not feel the introductory wording delivers an "interpretation of 'vulnerability'" as advised in the consultation document albeit we welcome and agree that it is right to flag that vulnerable patients may require extra care in practice. However, identifying vulnerable patients, understanding their perception of their vulnerability and taking this into account, raises a degree of challenge. Registrants do not necessarily receive adequate training in this area and therefore if we are suggesting this new introduction, opportunities for training need to be provided." (ABDO)

"Vulnerability is variable and patient specific, this is articulated clearly. Additional guidance, with examples, may be useful." (Optical professional/representative body)

"The revised wording proposal seems an appropriate improvement for care of individuals, and one that can be used as a prompt for education and training in this area." (Education Provider)

3.3 GOC response

64. We are pleased to note general support for the inclusion of a statement on patients in vulnerable circumstances and associated revisions to standards.

65. As outlined in our consultation, we believe that this is an important area to address as registrants are likely to interact with patients in vulnerable circumstances regularly as part of their practice. We believe vulnerable circumstances can include a multitude of situations, which go beyond ill health

or disability for example. It is our view that while it will not be possible for registrants to identify when a patient might be vulnerable in all situations, they need to be alert and take proactive steps to recognise when a patient might be in a vulnerable circumstance, even where a patient has notexplicitly communicated this, so they can adapt their practice accordingly.

66. We agree with the feedback that the revised standards can be used as a prompt for education and training. The GOC's Education and Training Requirements (ETR) have strengthened provision in this area. Further, since the GOC's CPD requirements are mapped to the standards of practice, we would expect this to be reflected in future provision of CPD events. Sector bodies also have a role to support their members in this regard. Given the consultation feedback and since we are introducing enhanced expectations, we will produce guidance for registrants to support the relevant standards. We will produce this guidance after the standards are finalised, and this guidance will be subject to public consultation.

67. Our 2024 Public Perceptions Research 2024 found that the most vulnerable patients experience significantly worse outcomes. Only 63% of patients with four or more 'markers of vulnerability' had their sight tested in the last two years compared to 82% with none. Similarly, 77% of patients with four or more markers of vulnerability were satisfied with their overall visit compared to 94% with none. It is clear that more needs to be done to address the needs of patients in vulnerable circumstances. [3]

68. We note stakeholder feedback in relation to businesses, and whether they should share responsibility for the care of patients in vulnerable circumstances. We will examine this when we begin our review of the Standards for Optical Businesses in 2025.

69. We acknowledge the feedback about the clarity, specificity, and interpretation of the proposed revisions, and have reviewed the language and terminology used. Finally, we have reflected on feedback that the standards should be applied equally to all patients and public, and concerns about the wording 'special care' for patients in vulnerable circumstances. However, in making drafting changes, the underlying rationale remains that to achieve equity, registrants may need to adapt their practice to ensure that all patients, regardless of their needs and circumstances, receive safe and effective care.

70. We have made the following changes to the introductory statement on vulnerability:

[3] Public perceptions research 2024 | GeneralOpticalCouncil

- Improve clarity around expectations of registrants, by stating, “Consider and respond to the needs of patients who…” rather than “You must exercise particular care when providing services to patients who…”. This revision aligns our expectations with the existing standard 13.8 (12.6).
- Remove the word ‘special’ and replace with ‘particular’
- Redraft the phrase “…so a patient's vulnerabilities should be considered as part of each consultation” to “…so consider a patient's vulnerabilities as part of each consultation.”

71. We have made the following changes to the standards:

- Removed the phrase “and take special care when dealing with people in vulnerable circumstances” from standard 15.1 (14.1). It is our view that the phrase “Maintain appropriate boundaries…” would already require registrants to adapt their approach in response to patients in vulnerable circumstances
- Removed the phrase “Take particular care when dealing with people in vulnerable circumstances” from standard 15.2 (14.2). It is our view that “Never abuse your professional position…” makes clear that registrants should not abuse their position regardless of whether the patient is in vulnerable circumstances or not.

72. In addition to the revisions set out above, we have also made clear the legal obligations of registrants by including reference to ‘equalities legislation’ in the ‘compliance with legislation’ statement in the introduction to the standards recognising that the law is different in different parts of the UK.

Section 4: Effective communication

4.1 Summary of consultation events

73. Stakeholders raised several questions in relation to proposed revisions to standard 2.2 which would require a registrant to identify themselves, their role and advise patients who will provide their care:

a) How would the proposed revision work in practice, where patients may see an optical assistant first, and there is no requirement for optical assistants to state their name and role?
b) Should the standards be made clearer, by requiring registrants to state their ‘clinical’ role?

c) How would the proposed revision be addressed by student optometrists, for example, would they be expected to state the name of their supervisor?
d) What are the expectations around a registrant identifying themselves 'in advance' of a consultation?

74. Some stakeholders suggested that the proposed revision could lead to patients refusing to see more junior staff or students, or that it might leave staff open to abuse from patients. One respondent agreed that sharing their name was appropriate, but not their role, and another respondent suggested that other regulators do not require registrants to share their name and role.

75. On the student issue, one respondent suggested, "...*it's normal practice for you to state in a patient interaction that you're a student optometrist.*" When asked if they currently state the name of their supervisor, the same respondent confirmed, "...*that's not something we have* [done]... *most times the supervisor makes initial contact*." Another stakeholder highlighted that practice differs between undergraduate placements where the fact an individual is a student is often obvious, and a pre-registration placement where it may be less obvious.

76. Stakeholders were generally supportive of the proposed revision to standard 7.6 (6.6), which would require registrants to give patients information about all the available options, including declining treatment, in a way they understand. One concern was raised about use of the phrase, 'all available options'. Stakeholders felt that this detracted from a registrant's ability to apply their professional judgement and give patients information about the 'relevant' or 'appropriate' options available to them. In addition, some stakeholders felt that standard 7.6 (6.6) should include reference to referrals.

4.2 Summary of consultation responses

Clarity of the proposed revisions

77. Figure 12 shows that the majority of respondents (28 or 72%) agreed that the standards are clear. A further fifth of respondents (8 or 20.5%) did not answer the question, and three respondents (7.5%) disagreed.

78. Respondents generally support the proposed revisions to the standards, however, there are recommendations for more precise wording, to better guide registrants, especially when dealing with complex patient needs.

79. A recurring theme is the need to review Standard 7.6 (6.6), where there is concern about the burden of informing patients about "all options available". Respondents suggest rephrasing to "relevant options available" or

"appropriate options" and including referrals in the list of recommendations. The importance of including the option of "no treatment or intervention" as part of the consent process is also emphasised, with suggestions to reword standard 7.6 (6.6) to reflect this.

Appropriateness of the proposed revisions

80. When asked whether the proposed revisions set appropriate expectations, Figure 12 shows that two thirds of respondents (25 or 64%) agreed, and five respondents (or 13%) disagreed. Just under a fifth of respondents (7 or 18%) did not answer the question, and a further two respondents (or 5%) neither agreed nor disagreed.

81. Respondents generally support the proposed changes to the standards, valuing good communication and the clarification of roles, especially for registrants who are in training. The changes were described as "pragmatic developments". One response highlighted the importance of information and explanation throughout the consultation process, particularly for patients with learning disabilities and their carers. Additionally, there is support for the 'Hello, my name is' campaign and its focus on compassionate care. However, some respondents suggest that the standards may be overwhelming for registrants due to the level of responsibility required.

82. One respondent highlighted the importance of registrants stating their role, by suggesting, "*some of my clients are under the impression that they are speaking to a surgeon when it is an optometrist because they describe themselves as a "clinician"*". Though, another respondent raised concern about potential negative and unintended consequences for trainees and non-registrants, if patients decline to be seen by them, and/or the revised standards result in a further increase of verbal abuse.

83. A sample of the comments we received in response to these questions are on the following page.

"As an education and training provider that understands the value of good communication, we welcome the changes to the standards and believe they are clear". (Education provider)

"…we are concerned that the obligation to "Give patients information about all the options available to them..." may place an unreasonable burden on registrants…We are also concerned that there is a suggestion (Point 48) that these options include communication around "clinical outcomes" for "non-eye related diseases". It may be that we are introducing a key principle which embraces factors that fall outside many registrants' scopes of practice". (ABDO)

"…Service users may decline to be seen by a student or a non-registrant, making delegating some tasks more difficult and possibly creating tensions between service users and support staff. Staff on the front line are increasingly subject to verbal abuse from service users and this proposed revision may contribute to a further increase in verbal abuse for trainees and non-registrants…" (College of Optometrists)

"…Supporting people to consider the "option of no treatment or intervention" implies maintaining an ongoing professional relationship between the service user and clinician working in partnership to deliver evidence-based patient centred care. Using the wording "declining" may imply a termination of this professional relationship". (College of Optometrists)

4.3 GOC response

84. We are pleased to note general support for the proposed revisions on effective communication.

85. We consider it is essential for patients to know who is providing their care, including whether they are a student or fully qualified registrant. This is an important element of providing consent and making informed choices. Therefore, we have decided to retain this proposal in the final standards.

86. We take concern about abusive behaviour by patients seriously and we will continue to work with stakeholders to address this. The findings of the Registrant Survey 2024 continue to highlight bullying, harassment and abuse experienced by our registrants. Last year, we worked with stakeholder organisations to produce a joint statement setting out a zero-tolerance

approach to abuse in the workplace.[4] The statement recognises that tackling these issues requires the sector to work together to promote and embed a positive working environment based on respect, civility, compassion and inclusion.

87. We recognise that the way in which care is being delivered means that a patient's first point of contact with a practice may not be with a registered health professional. We note that the phrase 'in advance' was being interpreted differently by individuals and had the potential to lead to confusion. We have made small changes to the standard in 2.2 to ensure that registrants are clear on their own responsibilities in this area, but we are not prescriptive about how this outcome may be achieved.

88. We have reflected on whether referrals should be included in standard 7.6 and on balance decided that referrals are sufficiently addressed by standards 6.2 and 10.2.

89. We note stakeholder concern regarding the drafting of standard 7.6 (6.6) and reference to 'all available options'. We want to ensure that registrants can use their professional judgement to identify the relevant options available to patients. However, some options available to a patient may not be relevant or suitable in the circumstances. We have therefore made a revision as set out below.

90. We have made the following changes to the standards:

- Revised standard 2.2 to a) remove words 'in advance' and b) remove reference to 'should'
- Revised standard 7.6 (6.6) to change 'all options' to 'all the relevant options'

Section 5: Use of digital technologies including artificial intelligence (AI)

5.1 Summary of consultation events

91. We received relatively little feedback on the proposed revisions for digital technologies. One stakeholder suggested, "*I like standard 7 and like that it's been applied to the students as well*". Other stakeholders suggested drafting

[4] Regulator and sector organisations move to tackle significant levels of bullying, harassment and discrimination in optical professions, Regulator & sector bodies to tackle bullying, harassment & discrimination in optical professions

revisions to reduce ambiguity, e.g. using ‘evidence based’, ‘professional practice’ or ‘developments in evidence-based practice’. One stakeholder asked whether this standard was necessary, because they already applied their professional judgement to all their practice.

5.2 Summary of consultation responses

Clarity of the proposed revisions

92. Figure 13 shows that three fifths of respondents (23 or 59%) agreed that the proposed revisions are clear, and four respondents (or 10.5%) disagreed. Just over one fifth of respondents (9 or 23%) did not answer the question and three respondents (or 7.5%) neither agreed nor disagreed.

93. Respondents generally agree with the updates to the standards but have expressed some concerns and made some suggestions for improving clarity and specificity of the wording, particularly regarding the use of new technologies like OCT and AI. A recurring theme is the importance of understanding digital technologies and retaining accountability when using digital technologies. Some respondents feel that the standards may be too vague, while others believe there is too much information.

Appropriateness of the proposed revisions

94. Figure 13 shows that of the 39 respondents, 22 (or 56.5%) agreed that the revisions set appropriate minimum expectations, and six respondents (or 15.5%) disagreed. Seven respondents (or 18%) did not answer the question and four respondents (or 10%) neither agreed nor disagreed.

95. Respondents expressed a range of views on the revised standards, with some welcoming the changes and others suggesting they are a pragmatic response to a key area of practice. One respondent questioned the need to tell registrants to use their professional judgement, whereas other responses highlighted the importance of professional judgment when utilising data from digital technologies and raised concern about accountability not being diluted by technology. Some respondents point out that the impact of the standards will depend on how businesses interpret and implement them.

96. There is a concern that the duty to discuss and explain the implications of digital technologies with patients may not be realistic due to their complexity and rapid evolution.

97. Lastly, it is noted that it is crucial for professionals to maintain competencies in traditional 'analogue' eye care and ensure that all patients can access eye care, even if digital technology is not suitable for them. Overall, respondents

note the need to ensure that professional standards are maintained without stifling innovation.

98. A sample of the comments we received in response to these questions are in the box below.

> *"Too vague and concerning that it suggests must use OCT etc to inform if available and could be penalised if hadn't done it and was available"* (Optometrist)
>
> *"Really important that registrants understand their accountability is not diminished by reliance on emerging technology"* (Mediation service)
>
> *"The use and implementation of digital technologies will in many instances be taken at a head office level and will therefore be outside of the control of individual registrants. However, where new technology is implemented, we think it is reasonable to expect registrants to maintain their competence by undertaking targeted training when it is appropriate to do so*" (Association of Optometrists)
>
> *"Further work would be required on the understanding and capacity by which this should be rolled out. Expecting professionals to be able to make a sound judgement would greatly depend on their individual understandings of data an AI" (Optical consultant)*
>
> "… *Additionally, the duty to discuss and explain the implications of digital technologies may not be realistic as their fast pace of progress can be difficult to keep track of. To illustrate, in the GOC engagement sessions we spoke of the challenge of the black box, where technology and algorithms that underpin it may be beyond challenge for normal clinicians*…" (Association of Optometrists)
>
> *"It is important that everyone should still be able to access eye care if digital technology is not suitable for their needs. This is particularly the case when delivering eye care in 'non-clinical' settings such as people's own homes, day centres, and special schools. It is vital professionals are competent and maintain their competencies to deliver 'analogue' eye care and that the increasing use of automated testing does not lead to de-skilling*" (SeeAbility)

5.3 GOC response

99. We are pleased that respondents generally welcome the inclusion of a new standard, and the revision of standard 5.3 in the Standards of Practice for Optometrists and Dispensing Opticians, to address the issue of digital technologies. It is our view that this is an emerging area of practice which is

likely to benefit patients and the public, however, it is important to recognise that there are risks and limitations which need to be managed effectively.

100. To be clear on our expectations, we are not suggesting that registrants must use digital technologies to inform the care they provide, but that where digital technologies are used, they should be used appropriately, and professional judgement should be applied.

101. We note the feedback around the role that businesses play in the interpretation and implementation of these standards. We are committed to revisiting the use of digital technologies when we review the business standards, to ensure there is alignment between the standards and that expectations of employers are appropriate and made clear.

102. We have not made any further revisions to these standards post-consultation.

Section 6: Equality, diversity, and inclusion

6.1 Summary of consultation events

103. We had a broad discussion on equality, diversity and inclusion at the events. The feedback is best illustrated with reference to the three proposed revisions.

104. Regarding the proposed revision to standard 13.2 (12.2), stakeholders questioned whether the GOC could clarify that professional behaviour includes not tolerating harassment and discrimination in the workplace, and asked whether the standards could go beyond ‘protected characteristics’, to cover other reasons why an individual may be subject to bullying, harassment or discrimination.

105. With regard to standard 13.4 (12.4), stakeholders commented on the drafting, such as whether the phrase ‘online’ was specific enough to cover social media, and whether the standard should reference whistleblowing procedures and/or organisational policies. Stakeholders also queried whether the standard should be broadened to a) prevent registrants making disparaging comments about competitors, and b) clarify that making disparaging comments about a colleague, not only makes patients doubt their competence, but also risks undermining the confidence of other colleagues.

106. Some stakeholders welcomed the proposed new business standard requiring employers to provide support for staff who have experienced discrimination, bullying or harassment. However, some practical concerns were raised

including whether smaller organisations would have policies in this area, at what point employer support should begin, what adequate support looks like, and whether the term ‘staff’ includes locums.

107. In terms of the proposed revision to the title of standard 3.3 in the Standards for Optical Businesses, one stakeholder suggested that ‘supervised’ and ‘supported’ should be kept separate as supervision is a large area to cover, whilst another stakeholder suggested that the word ‘mentored’ should be added.

6.2 Summary of consultation responses

6.2.1 Responses regarding the proposed revisions to the Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students

Clarity of the proposed revisions

108. With reference to Figure 14, over two thirds of respondents (25 or 64%) agreed that the standards were clear. Four respondents (or 10%) disagreed, and eight respondents (or 20.5%) did not answer the question. Two respondents (or 5%) neither agreed nor disagreed.

109. Across the consultation responses for this question, a recurring theme is the language used, particularly concerning the term 'protected characteristics'. Some respondents have provided detailed feedback on specific standards, for example, there is a suggestion to add 'and social media' to Standard 13.4 for clarity on online communications.

Appropriateness of the proposed revisions

110. When asked whether the proposed revisions set appropriate minimum standards for registrants, Figure 14 shows that just under two thirds of respondents (24 or 61.5%) agreed. Only four respondents (or 10.5%) disagreed. Nearly a quarter of respondents (9 or 23%) did not answer this question and two respondents (or 5%) neither agreed not disagreed.

111. There is support for the revisions, in particular adding explicit references to being inclusive and non-discriminatory, however, there is also a call for stronger emphasis on a) providing appropriate care to diverse patient groups, b) tackling health inequalities and c) delivering equality to the communities served.

112. The importance of refraining from disparaging comments and ensuring patients do not doubt staff skills is noted, while another response emphasises

the need to protect truthful and necessary disclosures under the Duty of Candour.

113. A sample of the comments we received in response to these questions are in the box below

"Strongly agree on refraining from comments made in front of patients and making the patient doubt the staffs skills." (Student dispensing optician)

"The amendments to the relevant standards appear to be appropriate, with the following suggested amendments: Standards 13.2: the language of 'protected characteristics' might have a different definition or no definition in Northern Ireland which does not have the Equality Act 2010. This will also need to be considered for the consequential change proposed for 2.2.5 of the Standards for Optical Businesses…" (FODO)

"…We thought the standards could be stronger on emphasising the need to provide appropriate care to diverse groups of patients. Although there is a specific reference to providing reasonable adjustments for disabled patients at 13.8 there appears to be limited reference to the need to be equipped to provide suitable care to other groups, including culturally competent care…" (PSA)

"Needs to have more focus on expectations for delivering equality to the communities they serve. At the moment the focus appears to be mostly on interactions between colleagues" (Ophthalmologist)

6.2.2 Response regarding the proposed revisions to the Standards for Optical Businesses

Clarity of the proposed revision

114. Figure 15 shows that half of the 39 respondents (20 or 51.5%) agreed that the standard was clear, and six respondents (or 15.5%) disagreed. A quarter of respondents (10 or 25.5%) did not answer the question, and three respondents (or 7.5%) neither agreed nor disagreed.

115. Respondents generally support the initiative to address discrimination, bullying, and harassment in the workplace, however, there is a consensus that the standards proposed are too vague or high level and require more specificity to be effectively implemented. Several respondents propose rephrasing the standard to a) emphasise the availability of support rather than mandating the provision of it, b) allow for more flexibility and support to be

provided both internally and externally, and c) acknowledge the complexities of HR processes. One response calls for a reference to the Equality Act 2010 to ensure compliance with existing legislation.

Appropriateness of the proposed revision

116. Figure 15 shows that just under half of all respondents (19 or 49%) agreed that the revision sets appropriate minimum expectations, and six respondents (or 15.5%) disagreed. A quarter of respondents (10 or 25.5%) did not answer the question, and four respondents (or 10%) neither agreed nor disagreed.

117. The addition of clear expectations for inclusivity and support for staff facing workplace issues is welcomed by some respondents, especially in light of findings from GOC's registrant survey[5] highlighting the prevalence of such issues. However, the need for clarity on what support is available and how it can be accessed is emphasised, with a preference for including external support options. The importance of businesses having clear policies in place, giving staff information on raising concerns or complaints, and having guidance on behaviour was also highlighted.

118. Some respondents raised concern about the practical application of these standards on the ground, and some worry about creating a system that allows registrants to blame employers for issues, without proper basis.

119. A sample of the comments we received in response to these questions are in the box on the following page.

[5] Registrant Workforce and Perceptions Survey 2023, goc-registrant-workforce-and-perceptions-survey-2023-research-report.pdf (optical.org)

We completely support the principle of support being provided to staff who have experienced discrimination, bullying or harassment. Depending on individual circumstances, the employee might not seek/want this support from their employer. We would suggest that the standard is amended so that the employee is aware of all support available (which may be external if preferred by the employee).” (Optometry Wales)

“We welcome the additions to the business standards to make clear expectations in relation to inclusivity and supporting staff who have faced discrimination, bullying or harassment. We note that the GOC Registrant Workforce and Perceptions Survey 2023[1] found that registrants faced a high level of harassment, bullying and abuse in the workplace. In light of this, making clear that optical businesses have a responsibility to support staff in these circumstances is particularly welcome.” (PSA)

“Whilst welcoming the GOC's recognition of the findings from the 2023 registrant survey, we are concerned that the standard is too “high level” to have a meaningful impact for registrants. We suggest the standard is amended to specifically include “internal and/or external support for staff who have experienced bullying etc..” to address the fact that the issue may well be within the optical business itself and staff have a right to seek external support and guidance…” (ABDO)

“More expansion on what support should be available.” (Ophthalmologist)

6.3 GOC response

120. We are pleased that our proposed revisions around EDI are welcomed by many. The 2024 Public Perception Survey shows that patients from an ethnic minority background and those with a disability, continue to be less satisfied with the care/service provided when compared with white patients and those without a disability. As the regulator we are committed to taking action to reduce inequality and discrimination, by setting explicit expectations of registrants in relation to EDI.

121. We note the request to widen the scope of standard 13.2 (12.2) to include other characteristics which could lead to bullying, harassment, abuse or discrimination and have considered this with reference to the Registrant Survey 2024. The survey findings show broadly similar rates of bullying, harassment, abuse and discrimination as the 2023 survey, which indicates that this remains a “live” issue. The data also shows that discrimination experienced by registrants tends to relate to race, sex, age and religion, all of which are covered by existing equalities legislation. Currently there is insufficient data to suggest a need to widen the scope of the standard.

122. On the issue of whether the term ‘staff’ includes locums, we would interpret this to be the case. We note that there is no legal definition of ‘staff’, and we can therefore reasonably interpret this to include self-employed locums or contractors, as well as employees and workers.

123. In response to concerns about the lack of emphasis on caring for diverse patients, we have strengthened other sections of our standards to address the importance of safe and effective care for patients in vulnerable circumstances. Addressing inequalities is at the centre of our draft corporate strategy 2025-30, although we acknowledge there is more we can do to improve experience of eye care than access to eye care.

124. We have considered all the comments on the proposed new standard under 3.3 of the Standards for Optical Businesses. Our view is that the existing wording would allow for support to be provided by an external provider where appropriate. We are concerned that redrafting the standard to require employers to provide “access to support”, could in effect enable employers to simply signpost staff to external providers, without taking any responsibility for the support provided. Therefore, we have decided not to make changes.

125. Finally, we acknowledge the comment highlighting that the Equality Act 2010 does not apply in Northern Ireland and so the term ‘protected characteristics’ is not applicable across all four nations. We also acknowledge that Scotland and Wales have enacted the ‘socio-economic duty’ set out in the Equality Act meaning there are variations in relation to what constitutes a ‘protected characteristic’ across Great Britain.

126. We have made the following changes to the standards:

- Revised standard 13.2 (12.2) to remove the phrase ‘protected characteristics’ and replace it with ‘characteristics set out in relevant equalities legislation’
- Revised business standard 2.2.5 to remove the phrase ‘protected characteristics’ and replace it with ‘characteristics set out in relevant equalities legislation’

Section 7: Social media, online conduct, and consent

7.1 Summary of consultation events

127. A number of stakeholders made comments about the drafting of the standards on social media, online conduct and consent, such as using ‘personal data’

instead of ‘patient data’ and ‘permission’ rather than ‘consent’. They also queried whether standard 3.3 captured all the ways in which images might be shared, e.g. for research and education.

128. One stakeholder highlighted the benefits and risks associated with sharing images, drawing a distinction between an image shared for the purpose of getting advice on treatment options and sharing an information just for interest. “*So if you had … a WhatsApp group with a local consultants or local NHS Trust then actually you may say I've got this person here, they've got emergency eye condition and share the image….do you think any treatment today or not? I think that’s direct patient care in the patient interest, and I think that’s absolutely proper”* and later, “*But if you've got a WhatsApp group of let's say 500 people…and that image could potentially be downloaded onto each of those 500 people's devices…not to ask consent for that…it just doesn’t feel right…”.*

129. Other stakeholders raised similar concerns about not preventing registrants from obtaining a second opinion, whilst some stakeholders raised concern about images being shared without consent and then monetised for development of AI databases.

130. A number of stakeholders queried whether retinal images without names are in fact identifiable now, or in the future, as every retinal image is unique. One suggestion was to reference ICO guidance on special category data, whilst other stakeholders felt that the issue went beyond what was legally acceptable or not and was an issue of patient and public trust in the profession.

131. One final point raised by stakeholders was the apparent disconnect between standard 3.3 and 14.3 (13.2) and concern that a registrant could share an anonymised image in accordance with 14.3 (13.2), without realising that they need consent as set out in standard 3.3. Some stakeholders also felt that the revision to standard 14.3 (13.2) might encourage registrants to share information on social media.

7.2 Summary of consultation responses

Clarity of the proposed revisions

132. Figure 16 shows that just over half of respondents (21 or 54%) agreed that the proposed revisions were clear, and nine respondents (or 23%) disagreed. Nearly a quarter of respondents (9 or 23%) did not answer the question.

133. Respondents have expressed concerns about the clarity of the proposed revisions to the standards, particularly regarding consent and sharing of

patient data. There is a consensus that the term "consent" is being conflated with different meanings, which could lead to confusion. Many agree that sharing patient data should comply with existing data protection laws and organisational policies.

134. One respondent feels that the standards are clear and supportive of minimum behaviour for professionals and students when sharing images, while others believe that the standards still lack specificity.

Appropriateness of the proposed revisions

135. Figure 16 also shows that just over half of respondents (22 or 56.5%) agreed that the proposed revisions set appropriate minimum expectations. Eight respondents (or 20.5%) disagreed and nearly a quarter of respondents (9 or 23%) did not answer the question.

136. The use of social media and other communication platforms like WhatsApp for professional purposes is a contentious issue, with some respondents suggesting that it should be discouraged or clarified, or that the changes do not go far enough. One respondent raised concern about how past social media posts, made before joining the register, might be treated. Conversely, others view the revisions to the standards as positive and an excellent evolution. An education provider finds the standards clear and supportive in setting out the minimum behaviour expected from professionals and students sharing images.

137. A detailed response suggests that explicit patient consent should be obtained before sharing anonymised images online, even for educational reflective practice purposes, and recommends amending the standard to reflect this. It also emphasises the potential future risks of reidentification from anonymised images due to advancements in technology.

138. Advertising and marketing standards have been highlighted as areas needing clearer guidelines to prevent misleading claims and ensure patient understanding.

139. The complexity of the area and the need for further consideration and consultation are mentioned, especially regarding legal aspects such as whether explicit consent is required for transferring patient information as part of a referral or when sharing images. Respondents are seeking additional clarification on what constitutes legal requirements versus minimum expectations within the standards.

140. A sample of the comments we received in response to these questions are in the box below.

"We support the changes made to the standards to strengthen expectation around social media use. Given that social media use has been a particularly high-profile issue within healthcare regulation and a focus for other regulators; in our view the content on the standards on this issue is quite minimal, in particular in relation to the balance between expressing personal views and maintaining appropriate professional standards…" (PSA)

"…Social media, in my view, is not an acceptable forum to share patient information. Expansion on how patient consent would be documented and kept up to date" (Ophthalmologist)

"I'd like to see use of social media actively discouraged. I don't think we should be using WhatsApp for professional use… and the use of secure systems - e.g. NHSmail – encouraged…" (Optometrist)

"Standard 14.3 (13.2) The proposed change to this standard may result in registrants believing it is acceptable to share medical information online and on social media without the patient's explicit consent, even if the identifiable information has apparently been removed. This includes special category data, which is unique and could be processed to become biometric in future, such as retinal and iris images…" (College of Optometrists)

We strongly disagree with the proposed amendments to 3.3 because it confuses two different definitions of consent. The existing standard 3.3 specifically relates to patients' consent to care, and it is correct. The proposed revised wording inserts a clause with respect to sharing patient data. The Data Protection Act 2018 and GDPR requires healthcare providers to specify an appropriate lawful basis for processing data. In data protection legislation the term 'consent' is one lawful basis, but not an appropriate lawful basis for processing patient data. As a result, inserting the wording "when sharing patient data with others" into 3.3 is problematic but also unnecessary" (FODO)

"The standard as drafted could lead to confusion, as it appears to conflate the consent process and the data sharing process. Generally, within healthcare, processing of patient data will be conducted under the remit of "legitimate interest" or as special category data with regard to health and social care or public health. It is our view that if this standard is to include data-sharing then it should make it clear that consent only applies when you wish to share the data for reasons other than in relation to the patient's care…" (AOP)

7.3 GOC response

141. We note that there are mixed views about the use of social media and online conduct, and particular concern about the issue of consent in relation to sharing retinal images. We recognise the need to strike a balance between addressing any public protection concerns about the use of social media or online activity more generally, without unfairly limiting our registrants' freedom of expression or ability to practise their professions.

142. It was suggested that addition of the phrase "when sharing data with others" to standard 3.3 is problematic, as it conflates two different types of consent. On reflection we agree this is the case. Having considered the issue further, we have concluded that it would be disproportionate to require registrants to seek patient consent to share anonymised images, when this is not required by law. We are not seeking to stifle professional discourse or prevent registrants from seeking clinical and professional support, where appropriate. Our existing Standard 14.6 (13.5), which requires registrants to, "Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, or in the public interest" already reflects this position. However, we recognise that technology is developing rapidly, and data protection laws may change during the lifetime of our standards. The Information Commissioner's Office has a body of developing guidance and practice on sharing of patient data, which we will use to assist us in applying legal requirements to optical practice.

143. In summary, the consultation process has been a useful opportunity to discuss these issues, which are complex. On balance, we consider that the existing standards already cover this issue appropriately and have decided not to make any changes to standard 3.3.

144. We have not made any further revisions to standard 14.3 (13.2) post-consultation.

Section 8: Maintaining appropriate professional boundaries, including prevention of sexual harassment

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8.1 Summary of consultation events

145. Stakeholders were generally positive about these issues being addressed within the standards, suggesting that it was a difficult topic which had been dealt with well and that the GOC are right to clarify behaviours, actions and communications. However, concerns were raised around whether the

proposed revisions to the standards could prevent consensual relationships between registrants.

146. Stakeholders commented on the drafting of the revisions, suggesting a review of specific phrases such as ‘take particular care…’ and ‘with the effect or purpose of causing offence, embarrassment, humiliation, or distress’, and querying whether other phrases such as ‘sexual’ or ‘sexual behaviour’ would be universally understood.

147. Further feedback was received on the scope of the proposed revisions, with some stakeholders suggesting that the standards should also cover favouritism and nepotism, that standard 15.1 (14.1) could be broadened out to include family members of patients for example, and that students could be considered vulnerable, and this may need to be reflected in the standards. One final point made in a couple of events, was that removing the word ‘sexual’ from the proposed new standard, would mean that registrants could not act in a manner which caused offence, embarrassment, humiliation or distress, whether that was sexually motivated or not.

8.2 Summary of consultation responses

8.2.1 Responses regarding the proposed revisions

Clarity of the proposed revisions

148. Figure 17 shows that of the 39 respondents, just over half (21 or 54%) agreed that the revisions to the standards were clear. Five respondents (or 13%) disagreed and nearly a quarter of respondents (9 or 23%) did not answer the question. Four respondents (or 10%) neither agreed nor disagreed.

149. Some respondents found the proposed additions to be sensible and welcome, while others consider them too vague or not going far enough. One response suggests adding the word "all" to encompass all behaviours, actions, and communications.

150. The importance of explicit definitions for terms such as “appropriate” were highlighted, to prevent challenges to the standards. Several responses suggest that the wording around acting in a "sexual way" is vague or odd and could benefit from further clarification.

Appropriateness of proposed revisions

151. When asked whether the proposed revisions set appropriate minimum expectations, Figure 17 shows half of respondents (20 or 51%) agreed. Six

respondents (or 15.5%) disagreed and a fifth of respondents (or 20.5%) did not answer the question. Five respondents (or 13%) neither agreed not disagreed.

152. The feedback indicates a general consensus on the importance of clear, explicit standards that differentiate between types of professional relationships. There is also recognition of the need to take boundary violations seriously, as highlighted by media reports and registrant experiences. However, concerns were raised about whether the standards would allow for personal relationships between colleagues or family members working together, and respondents acknowledged that existing relationships between registrants may complicate the application of these revised standards.

153. There is a call for a clear distinction between relationships with patients and those with colleagues, similar to the General Medical Council (GMC) standards, with some suggesting splitting the standard into two separate ones.

154. Concerns about commercial pressures affecting professional judgement were raised, with one respondent noting the conflict between clinical responsibilities and retail demands like 'chair time' and 'conversion rates'. They emphasise the importance of ensuring that commercial interests do not compromise patient safety. The impact of these pressures on patient care, especially in the context of domiciliary care, is highlighted as an area needing further discussion and action.

155. A sample of the comments we received in response to these questions are shown in the box on the following page.

"All of these boundaries should be inherently understood by the basic practice of being a "professional", but the more explicit additions to the standards remove any scope for grey areas and are welcomed" (AOP)

"We welcome the additions made to the standards in relation to professional boundaries. We have previously highlighted concerns about regulators not always taking boundary violations between colleagues seriously enough and the changes should help to address this issue. This issue has also been prominent in the media and external environment with some registrants reporting poor behaviours in the workplace." (PSA)

"Concerned that this is not specific enough - does this mean that staff members can never have a consensual relationship? How would this affect families working together?" (Bexley Bromley and Greenwich LOC)

"…We support this revised standard and recommend that the GOC develops further guidance on maintaining appropriate boundaries. As acknowledged by the GOC in paragraph 109 of the consultation document, some registrants are already in relationships with their colleagues or others with whom they have a professional relationship, which may make this standard more challenging to implement and scrutinise in some instances" (College of Optometrists)

8.2.2 Responses regarding the proposed new standard on sexual harassment

Specificity of proposed new standard

156. Figure 18 shows that two thirds of respondents (26 or 67%) agreed that the proposed standard addresses the issue of sexual harassment sufficiently. Just two respondents (or 5%) disagreed, and a quarter of respondents (10 or 25.5%) did not answer the question. One respondent (or 2.5%) neither agreed nor disagreed.

157. Respondents generally support the inclusion of a new standard to address sexual harassment and there is a consensus that all forms of sexual harassment are unacceptable and should be swiftly investigated and acted upon. That said, respondents also raised two key considerations, a) protection for registrants against vexatious complaints b) a need to make clear that existing relationships should have defined boundaries within the workplace.

158. The need for optical businesses to have clear policies on sexual harassment is highlighted, along with the importance of a workplace culture that promotes dignity and respect.

Clarity of the proposed new standard

159. When asked whether the new standard was clear, Figure 18 shows that over half of respondents (22 or 56.5%) agreed, and six respondents (or 15.5%) disagreed. A quarter of respondents (10 or 25.5%) did not answer the question, and one respondent (or 2.5%) neither agreed nor disagreed.

160. Specific concerns were raised about the phrase "you must not act in a sexual way" as it was deemed confusing. One respondent recommends adding a statement to the introductory text setting out the GOC's interpretation of "acting in a sexual way", whilst another respondent recommends, we mirror UK legal definitions of sexual harassment.

161. Another respondent recommends removing sections that discuss the "intended effect" of behaviour, arguing that certain behaviours are not appropriate regardless of intention. Some respondents suggest looking to other professional bodies, such as the GMC for guidance on how to frame the standards and providing examples of unacceptable sexual behaviours, similar to those listed in the GMC guidance.

162. A sample of the comments we received in response to these questions are in the box on the following page.

"The inclusion of such a standard could offer a better mechanism of protection for victims of sexual harassment or abuse, no matter what form it presents itself." (AOP)

"*In relation to the proposed new standard regarding the requirement not to act in a sexual way, whilst we agree with the sentiment and support the addition, we suggest that further consideration should be given to the wording. Whilst we recognise that the wording: 'with the effect or purpose of causing offence, embarrassment, humiliation, or distress' may be intended to avoid outlawing consensual relationships between colleagues, we believe it could be strengthened to make clear that 1) there should be no acceptance of sexual behaviours with patients given the power imbalance, and 2) sexualised language or behaviour is not appropriate in the workplace, irrespective of its purpose or effect…*"(PSA)

"The wording in this new standard could be clearer. The phrase "you must not act in a sexual way" is confusing and ill defined. We suggest that "act in a sexualised manner towards patients" is simpler to understand…" (ABDO)

"Standard 15 new proposed standard: this refers to acting in a 'sexual way towards patients, students, colleagues, or others with whom you have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation, or distress'. This is based on the GMC standards which uses similar wording (GMC Standards, Maintaining personal and professional boundaries 342). However, this particular GMC standard refers only to colleagues, and not to patients. The GMC also has an additional and stronger standard (243) which relates to sexual behaviour toward patients, which does not refer to effect or purpose and is therefore clearer about the prohibition. The GOC standard should therefore, like the GMC, make clear that sexual behaviour toward a patient is not appropriate in any circumstances…" (FODO)

8.3 GOC response

163. We are pleased to note that there is considerable support for implementing a new standard which addresses sexual harassment including between colleagues and revising the existing standards 15.1 (14.1) to clarify that maintaining boundaries applies to behaviours, actions and communications.

164. We note stakeholder feedback suggesting that the new standard on sexual harassment should be split into two standards, with one addressing patients and the other addressing colleagues and others. Having considered this further, we agree that having separate standards would allow us to differentiate our expectations and make clear that consensual relationships with colleagues may be acceptable, so long as appropriate professional

boundaries are maintained at work and the relationship does not result in an inappropriate work environment.

165. A drafting change was suggested to underline that registrants must not create an intimidating, degrading, humiliating or offensive environment for colleagues, students or others with whom they have a professional relationship, regardless of intent. Having reflected on this we agree and have revised the standard accordingly.

166. We have reviewed use of the phrase ‘You must not act in a sexual way…’ and identified alternative wording, ‘You must not engage in unwanted conduct of a sexual nature…’ This wording is consistent with the Worker Protection (Amendment of the Equality Act 2010) Act 2023.

167. It has been suggested that employers should have clear policies on sexual harassment and foster a workplace culture that promotes dignity and respect. We will revisit this issue as part of the forthcoming review of business standards. In the interim we note that the Worker Protection (Amendment of the Equality Act 2010) Act will take effect in England, Scotland and Wales in October 2024 and will place a duty on employers to take ‘reasonable steps’ to prevent sexual harassment. This could include implementing policies and procedures and setting clear expectations around appropriate values and behaviours in the workplace.

168. We acknowledge stakeholder concerns around the potential for vexatious complaints and note that such complaints would not meet our fitness to practise acceptance criteria and would not therefore be investigated.

169. We recognise that the patient experience is not just dependent on the individual providing the care but also the clinical environment in which care is delivered, and commercial considerations can affect the quality of care. We note stakeholder concerns in relation to commercial pressures and will revisit this issue as part of our forthcoming review of the business standards.

170. To improve the proposed statement on sexual harassment, we have:

- Redrafted it as two separate standards.

“You must not engage in unwanted conduct of a sexual nature with students, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. Maintaining sexual boundaries applies to your behaviours, actions and communications”

"You must not engage in conduct of a sexual nature with patients or violate their dignity. Maintaining sexual boundaries applies to your behaviours, actions and communications"

171. We recognise that the new standard has placed additional expectations on registrants. Therefore, after the revised standards are published, we will develop guidance on maintaining appropriate sexual boundaries, and this will be subject to public consultation.

Section 9: Registrant health

9.1 Summary of consultation responses

Clarity of the proposed revisions

172. Figure 19 shows that of the 39 respondents, two thirds (26 or 67%) agreed that the revisions are clear, and three respondents (or 7.5%) disagreed. Just under a quarter of respondents (9 or 23%) did not answer the question and one respondent (or 2.5%) neither agreed nor disagreed.

173. Respondents generally support the revisions to the standards but have requested further clarity. One respondent suggests that the wording should be more specific to practitioner health, like the GMC's revised Good Medical Practice standard. Other respondents emphasised the need for clarity regarding self-awareness of the risks posed by one's health and the importance of seeking professional advice. There is support for the additional wording under standard 11.4 (10.3) and a suggestion to include "employer/training provider" in student standard 10.3 for broader applicability.

Appropriateness of the proposed revisions

174. When asked whether the revisions set appropriate minimum expectations, Figure 19 shows that two thirds of respondents (25 or 64%) agreed, and two respondents (or 5%) disagreed. Just under a quarter of respondents (9 or 23%) did not answer the question, and three respondents (or 8%) neither agreed nor disagreed.

175. One respondent welcomed the additional patient focus in the revised standards, whilst another respondent suggested that the standards should also address situations where colleagues express concerns about a professional's fitness to practise, as self-insight may not always be present.

176. Two specific concerns relating to students were raised, a) the need for clearer guidance regarding medical fitness to train, especially concerning mental health crises and the need for adjustments in study for students, and b) whether the standards should specify the prohibition of training during a period when a student registrant's fitness to practise is in question.

177. A sample of the comments we received in response to this question are in the box below.

> *"This seems a sensible addition to the standards…" (ABDO)*
>
> *"Perhaps should also include, if another colleague has expressed concerns about your fitness to practice you should seek advice. At the moment the onus is on the professional having insight which is not always the case." (Ophthalmologist)*
>
> *"The standards need to be clearer. In some cases, people may not be aware that they pose a risk and should heed the advice of a suitably qualified professional." (Optical professional/representative body)*

9.1.2 Responses regarding the proposed new standard on registrant health

Specificity of proposed new standard

178. Figure 20 shows that almost two thirds of respondents (23 or 59%) agreed that the new standard addresses the issue sufficiently, and five respondents (or 13%) disagreed. Almost a quarter of respondents (9 or 23%) did not answer the question, and two respondents (or 5%) neither agreed nor disagreed.

179. There is support for the introduction of the new standard, with numerous respondents agreeing that staff should not work when they could spread diseases to vulnerable patients. Some respondents believe that the responsibility for enforcing health measures should fall on optical businesses rather than individual registrants, and that GOC should provide clear communications when a serious communicable disease becomes a threat. Additionally, there is a suggestion that the Standards for Optical Businesses need to reflect these considerations.

180. One respondent feels that a scenario where an individual may unknowingly be a carrier of a communicable disease is not adequately addressed. Another respondent advises that in cases of doubt, practitioners should immediately stop practicing and seek medical advice.

Clarity of the proposed new standard

181. Figure 20 shows that half of respondents (20 or 51.5%) agreed that the standard is clear, and just under a quarter of respondents (9 or 23%) disagreed. A quarter of respondents (10 or 25.5%) did not answer the question.

182. Respondents have expressed concerns about the ambiguity of the term "serious communicable disease", both in terms of defining it and the potential for differing interpretations. Several respondents have recommended that the new standard should signpost registrants to their nation's public health advice, with one respondent acknowledging that this may differ between the four nations. Alternatively, there is a suggestion to use the term 'high consequence infectious diseases' to reduce confusion.

183. One respondent raised a specific concern around use of the term 'serious communicable disease', highlighting that the GMC uses the term in a different policy context, which may be confusing for registrants.

184. A sample of the comments we received in response to this question are in the box below.

"We support the additional standard on communicable diseases." (PSA)

"*It would seem a sensible inclusion to suggest that registrants follow their nation's public health advise rather than introduce another additional standard*" (ABDO)

"…*The suggestion from the consultation document is for registrants to follow public health guidance available at the time, however this is not reflected in the new standard…" (FODO)*

"*While the necessity for more plainly stated measures in a post-COVID world is understandable, the inclusion of this standard feels arguably superfluous for individual registrants. These measures should be basic common sense, be a part of wider public health measures, or the responsibility for optical businesses to enforce. The forthcoming substantial review of GOC Business Standards would be the more sensible place to fully address this*." (AOP)

9.2 GOC response

185. We are pleased to note that there is support for the introduction of a new standard, addressing serious communicable diseases.

186. It was suggested that our use of the phrase ‘serious communicable disease’ differs in context from the GMC’s use of the phrase, and this could cause confusion. We acknowledge that there are differences in the policy intention, not least because the GMC standards require vaccination against serious communicable diseases, whereas our standards do not and so our standards need to have a slightly different focus. We disagree that this will cause confusion for registrants, as we have made our interpretation clear through the standard and clarified it as part of this report.

187. We note that our existing standards require registrants to raise a concern if they feel that a colleague could present a risk to patient safety, as outlined in standard 11.3 (10.2) which states, “Promptly raise concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your employing, contracting, professional or regulatory organisation as appropriate. This is sometimes referred to as ‘whistleblowing’ and certain aspects of this are protected by law.”

188. We acknowledge the feedback in relation to employers’ responsibilities around registrant health and will revisit this issue as part of the forthcoming review of the Standards for Optical Businesses.

189. We have made the following changes to the standards:

- Standard 10.3 in the Standards for Optical Students has been revised to include reference to ‘employer’
- The new standard on serious communicable disease has been updated to include the following, “For guidance on serious communicable diseases, refer to current public health guidance.”

Section 10: Other changes and areas for consideration

10.1 Compliance with legislation

10.1.1 Summary of consultation responses

Clarity of the introductory statement

190. Figure 21 shows that out of 39 respondents, three quarters (29 or 74.5%) agreed that the introductory statement is clear and two (or 5%) disagreed. Eight respondents (or 20.5%) did not answer the question.

191. There are varying views as to whether the proposed statement should include specific examples of legislation. One respondent called for a more generic and high-level overview of legal and contractual requirements, rather than inclusion of a small number of examples, whilst other respondents suggest the examples are removed and that adherence to legal requirements should be obvious and not need explicit mention. Conversely, some respondents feel the range of example legislation should be expanded to include areas impacting clinical care, such as disability laws, laws around adults with incapacity, the Human Medicines Regulations 2012, the Equality Act 2010 and Advertising Standards Authority codes of practice.

192. One respondent highlighted the need for inclusive language that considers regional terminology, such as "Health Service" instead of "NHS".

Appropriateness of the introductory statement

193. When asked whether the proposed introductory set appropriate minimum expectations, Figure 21 shows that just under three quarters of respondents (28 or 72%) agreed and three respondents (or 7.5%) disagreed. Eight respondents (or 20.5%) did not answer the question.

194. Respondents expressed concerns about the accountability and scope of legal responsibilities for practitioners. There is a recognition that while registrants should comply with legal requirements, the ultimate responsibility often lies with the contractor, and registrants should not be held accountable for service aspects beyond their control. One respondent feels the statement does not go far enough and suggests that breaches should be explicitly regarded as substandard conduct.

195. A sample of the comments we received in response to these questions are in the box below

> **"***Considering the added focus of EDI matters on this review of the standards, we feel that specific mention of the legal requirements from the Equality Act (protected characteristics) would help to protect registrants further."* (AOP)
>
> *"We did not feel the range of example legislation was sufficiently directed at areas impacting clinical care – we felt a benefit in including the areas of say disability law, or law around adults with incapacity."* (Education provider)

10.1.2 GOC response

196. We are pleased to note strong support for the inclusion of a new statement on compliance with legislation, whilst recognising the feedback in relation to the drafting.

197. We have considered whether to include the Advertising Standard Authority's Code of Conduct. We note that the code is not legislative and that the issue of advertising is sufficiently addressed by standard 16.6 (15.6) which states, "Do not make misleading, confusing, or unlawful statements within your communications or advertising."

198. We note stakeholder feedback on the scope of legislation referenced in the statement and have broadened it, as set out below.

199. We have made the following changes to the introductory statement.

- Added reference to 'legislation relating to equalities'
- Added reference to 'medicines' legislation, and
- Removed the sentence 'You may also have other requirements to adhere to if you provide NHS services. If this is the case, you should ensure that they are met' and replaced it with, 'If you provide national health services, you should adhere to any additional requirements."

10.2 Minor amendments and other issues for consideration

200. We asked respondents whether they had any other comments about the proposed revisions or additions to the standards and whether there was anything else we should consider as part of the proposed changed.

Comments on the proposed revisions or additions

10.2.1 Summary of consultation responses

201. A small number of additional points were raised in this section and have been summarised below. Some responses to this question have been addressed under section 12:

a) Questions were raised about how the revised standards will align with new education requirements and whether they will be adaptable enough to accommodate the CLiP scheme and variations in student training.

b) The decision to replace 'medical devices' and/or ‘optical appliances’ with 'appliances' in the standards was criticised for potentially creating confusion, as 'medical device' has a clear legal definition.

10.2.2 GOC response

202. We acknowledge the stakeholder comments above and have set out our response to each point below.

203. The College of Optometrists has oversight of the CLiP scheme and GOC approved qualification providers are responsible for managing the associated placements. The College of Optometrists and qualification providers are responsible for ensuring that the scheme meets our education and training requirements, and our standards of practice.

204. We have used the word ‘appliances’ to ensure alignment with The Sale of Optical Appliances Order of Council 1984 and to recognise that ‘appliances’ could include zero powered lenses. We note that ‘appliance’ is not defined within the regulation and consider it would not be appropriate to seek to define it for the purpose of the standards.

205. As part of this review, we have also considered whether it is appropriate for our Standards for Optical Businesses to continue to state, “These standards apply to all optical businesses who are registered with the GOC. However, for the benefit of patients and the public, we would expect all optical businesses to meet them, regardless of whether or not they are currently required to register with the GOC.” At present we do not regulate all optical businesses and have no means of enforcing the standards against non-registrants, so we do not consider this statement remains appropriate and have removed it from the introduction.

206. We have made the following amendments

- Removed the following statement, “However, for the benefit of patients and the public, we would expect all optical businesses to meet them, regardless of whether or not they are currently required to register with the GOC.”

Comments on other areas to be considered

10.2.3 Summary of consultation responses

207. We asked stakeholders if there was anything else we should consider as part of the proposed changes. Figure 7 shows that just under half of respondents

(17 or 43.5%) said no, just over a quarter of respondents (11 or 28%) said yes, and four respondents (or 10.5%) were not sure. Seven respondents (or 18%) did not answer the question.

208. The need for clearer guidance on the responsibilities of supervisors is highlighted, especially in relation to decisions about students' social media use and competency checks. Some responses suggest that the standards should include more on leadership, mentorship, and the contribution to education and training within the profession.

209. There are calls for increased regulation and training for optometrists dealing with vulnerable groups, such as those with disabilities, to ensure equal access to care.

210. A sample of the comments we received in response to this question are in the box below.

"Our general opinion is that most of the proposed revisions to the existing standards are uncontentious. They mainly serve as a welcome culturally sensitive update to both patient needs, and to wider principles of Equality, Diversity and Inclusion (EDI)" (AOP)

"…SeeAbility would like to see increasing numbers of people having sight tests and for optometrists and dispensing opticians to have a clear understanding of the competencies expected of them in providing this service. We also believe that eye care services for people with learning disabilities need to be more effectively publicised to promote an improved uptake" (SeeAbility)

"…Whilst we welcome the mention of education as an example of leadership in the introduction, we feel that as regulated healthcare professionals, optometrists and dispensing opticians should be under a specific obligation to contribute to sharing good practice through education. We think it should be a standard, and accordingly be associated with specific obligations or a domain in CPD" (College of Optometrists)

"We see this revision of standards as an opportunity to align with other healthcare professions in relation to the culture of leadership and management in relation to supervision and/or mentorship of colleagues. This does not need to be a formalised relationship, but the opportunity to contribute to the education, training and development of the wider team or others. We feel this focus is missing from the revised standards" (Education Provider)

10.2.4 GOC response

211. We acknowledge the stakeholder feedback about guidance for supervisors. As explained in the consultation, we are not proposing to make any changes to the standard on supervision at this time. We have recently commissioned research to develop a risk-based framework on the testing of sight as part of a review of the 2013 statement on the testing of sight. This research may well have implications for our standards relating to supervision so we will review standard 9 once our review of the 2013 statement has completed.

212. We note the comments regarding leadership, mentorship, and contributing to education and training and consider these issues have been sufficiently addressed under section 1 of this report.

213. The Call for Evidence on legislative reform did not provide sufficient evidence of patient harm to justify changing the list of restricted functions. However, we have made changes to the standards to support the care of patients in vulnerable circumstances and have committed to publishing guidance to contextualise our expectations. We will consider the feedback as part of development of any future guidance.

Section 11: General questions

214. This section summarises the feedback we received in response to consultation questions related to all of our standards, rather than feedback on the changes we proposed.

11.1 Expectations of students and fully qualified registrants

11.1.1 Summary of consultation events

215. At the consultation events, stakeholders expressed diverse views on whether we should have the same expectations of students, as we do for fully qualified registrants. A student stakeholder suggested that expectations should be similar, but not identical, noting that the end goal is to become a fully qualified registrant. Another stakeholder suggested, "…*there is a difference in terms of remit from a student at university compared to when they are a pre-registered on the scheme for registration…*"."

11.1.2 Summary of consultation responses

216. We asked stakeholders whether there should be any difference in our expectations of students and fully qualified registrants.

217. Figure 1 shows that one third of respondents (16 or 41%) answered yes, and one third of respondents (16 or 41%) answered no. The remaining respondents were not sure (4 or 10.5%) or did not answer the question (3 or 7.5%).

218. Respondents generally agree that students should adhere to professional standards similar to those of qualified practitioners, emphasising the importance of professional judgment, patient safety, and the public trust. They recognise that students will have more patient interaction, especially under the ETR, and hence should be held to a common set of standards for the benefit of patients.

219. However, there is also a consensus that allowances should be made for the varying levels of experience and maturity among students. Respondents suggest that while students should maintain high standards of behaviour and professionalism, they should be given more leeway due to their developing judgement and lack of experience. The idea of a developmental approach to applying standards is mentioned, with the expectation that organisations provide appropriate support to students as they progress. Others argue that from day one, students should be aware of professional behaviours and that this early adoption will benefit their long-term practice.

220. It is acknowledged that students are often supervised and that the responsibility for their actions may lie with their qualified supervisors. Some responses highlight the need for clearer guidance and mentorship for students, suggesting that standards for qualified registrants should explicitly address the role of supervision and mentorship.

221. A sample of the comments we received in response to this question are shown in the box on the next page.

"…As long as there is a requirement for students to be GOC registered, we would argue that it is right that student standards should mirror as closely as possible the standards for optometrists and dispensing opticians on the grounds that:

- *students will be seeing patients during their undergraduate training; patients who altruistically allow their time and healthcare to be used for this public benefit deserve to know that any clinician or student involved in their care is bound by a common set of published professional standards*
- *students will have more and earlier exposure to patients under the ETR*
- *a common set of standards arguably provides greater protection and reassurance for patients than differing university standards…" (FODO)*

"…Ultimately students will always have another fully qualified registrant who is accountable for their actions" (Mediation service)

"…If student registration is to remain, they should be treated the same. The caveat here is that the GOC considers the differing scope of practice…" (Optical professional/representative body)

"I wouldn't expect a student to show the same leadership skills as a qualified practitioner" (Contact lens optician)

"*…Grasping the concept of being a professional is often only afforded following a level of lived experience in working for an organisation or in operating a direct business. As such, we are concerned that the student registrants may be set up to fail around the "Your Role as a Professional" section. We suggest that a softening of the language be used in the students' standards to better reflect the role of supervisors in terms of their essential mentorship in the initial stages of training*…" (AOP)

"*…For students or those early in their careers, it's vital to recognise that they won't have the same depth of experience or "professional judgement" as someone involved in the profession for decades…Therefore, it is important to make allowances for registrants at different stages of their professional development and our expectations of how students, new graduates and established registrants meet, adhere to, and interpret the standards, should reflect this*" (ABDO)

11.1.3 GOC response

222. We note stakeholder views on this issue are broadly split and have fully considered the arguments on both sides. It is our view that the expectations of student registrants should be kept in line with our expectations of fully qualified registrants. However, we would like to draw stakeholders' attention to three statements in the introductory text in the Standards for Optical Students, which recognise that students are developing their knowledge, skills and behaviours throughout their training period.

“In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements”

“We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you have received from those supervising your training”

“We have therefore produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training.”

11.2 Impact of the proposed changes on individuals or groups with one or more protected characteristic

11.2.1 Summary of consultation responses

223. We asked stakeholders if they thought that any of the proposed changes could affect any individuals of groups with one or more of the protected characteristics defined in the Equality Act 2010. Figure 2 shows that just under half of respondents (18 or 46%) answered no, and a quarter of respondents (10 or 25.5%) answered yes. The remaining respondents were not sure (6 or 15.5%) or did not answer the question (5 or 13%).

224. Respondents generally support the revised standards, recognising the importance of compliance with equalities legislation and the focus on EDI. Several respondents believe the standards will have a positive impact by raising awareness and potentially offering better protection for individuals with disabilities or vulnerabilities.

225. There is also an acknowledgment of the positive steps taken by the GOC in aligning the standards to better serve patients with protected characteristics, though some suggest further enhancements. The impact assessment accompanying the consultation document is well-received, with an expectation that the new standards will benefit certain groups, particularly women in relation to the standard on sexual boundaries.

226. A sample of the comments we received in response to this question are in the box below.

> *"Although we recognise the moves by the regulator around the importance of EDI, there seems to be a lack of terms such as inequality and inclusion…" (Education Provider)*
>
> *"…we welcome the move by the GOC in more overtly harnessing the standards to help arm the profession in recognising and treating patients with protected characteristics. However, we have noted a few suggested enhancements/tweaks." (AOP)*
>
> *"Positive impact by raising awareness" (Optometrist)*
>
> *"Possibly better protection for those with a disability/vulnerability" (Optometrist)*
>
> *"We are pleased that the GOC has published an Impact Assessment alongside the consultation document and are satisfied that due consideration has been given to the effects of the changes on groups with protected characteristics. As identified in the accompanying Impact Assessment, the new standards are expected to have a differential impact on some groups. Most notably, the new standard relating to sexual boundaries is likely to have a particularly positive impact on women" (PSA)*

11.3 Impact of the proposed changes on any other individuals or groups

11.3.1 Summary of consultation responses

227. We asked stakeholders whether they felt that any of the proposed changes could affect any other individuals or groups, either positively or negatively. Figure 3 shows that sixteen respondents (or 41%) answered no, and a quarter of respondents (10 or 25.5%) answered yes. The remaining respondents answered not sure (8 or 20.5%) or did not answer the question (5 or 13%).

228. Respondents generally view the proposed changes as positive, with several indicating that they will benefit patients, the public, and eye care teams. There is a specific mention of the opportunities for Welsh-speaking members and patients being welcomed.

229. There is a suggestion that registrants should try to be aware of vulnerabilities that are not immediately visible and make reasonable adjustments, with a concern that missing something that could lead to a complaint.

230. A sample of the comments we received in response to this question are in the box below.

> *"General strong statement about respecting boundaries and not harassing colleagues should help" (Optometrist)*
>
> *"We have not identified any additional impacts to those listed in the Impact Assessment" (PSA)*
>
> *"The opportunities for our Welsh-speaking members and their patients will be welcomed" (ABDO)*

11.4 Impact of the proposed changes on the treatment of the Welsh language, and opportunities to use the Welsh language

11.4.1 Summary of consultation responses

11.4.1.1 Responses to question 4

231. We asked stakeholders if the proposed changes would have effects, whether positive or negative, on a) opportunities for persons to use the Welsh language and b) treating the Welsh language no less favourably than the English language.

232. Figure 4 shows that in relation to a), a fifth of respondents (12 or 20.5%) answered no, a fifth of respondents (12 or 20.5%) answered not sure and five respondents (or 8.5%) answered yes.

233. In relation to b), nine respondents (or 15.5%) answered no, nine respondents (or 15.5%) answered not sure, and three respondents (or 5%) answered yes.

234. Respondents generally view the publication of standards in the Welsh language positively, recognising it as a beneficial step for Welsh-speaking practitioners and patients. They believe that having standards available in Welsh will promote equality between Welsh and English speakers and allow for better application and reflection of the standards in one's preferred language. There is reference to the fact that the number of Welsh-speaking optometrists is small, relative to the population, and a lack of Welsh-speaking academics in the field.

11.4.1.2 *Responses to question 5*

235. We asked stakeholders if the proposed changes could be revised to have positive effects or increased positive effects on a) opportunities for persons to use the Welsh language or b) treating the Welsh language no less favourably than the English language.

236. Figure 5 shows that in relation to a), just under a third of respondents (18 or 30%) were not sure, ten respondents (or 16.5%) answered no, and one respondent (or 1.5%) answered yes.

237. In relation to b), just under a quarter of respondents (or 23.5%) were not sure and seven respondents (or 11.5%) answered no. Ten respondents (or 16.5%) did not answer the question.

238. There were no substantive comments in relation to this question.

11.4.1.3 Responses to question 6

239. We also asked stakeholders if the proposed changes could be revised so that they would not have negative effects, or so that they would have decreased negative effects on a) opportunities for persons to use the Welsh language or b) treating the Welsh language no less favourably than the English language.

240. Figure 6 show that in relation to a), just over a quarter of respondents (17 or 28.5%) were not sure and eleven respondents (18.5%) answered no.

241. In relation to b), just over a fifth of respondents (13 or 21.5%) were not sure and eight respondents (or 13.5%) answered no. Eleven respondents (or 18.5%) did not answer the question.

242. There were no substantive comments in relation to this question.

11.5 GOC response to sections 11.2, 11.3 and 11.4

243. We have not identified any additional impacts as a result of the consultation and have not made any substantial changes to the Equality Impact Assessment.

11.6 The need for an implementation period

11.6.1 Summary of consultation events

244. Most stakeholders agreed that a short implementation period would be reasonable, to give individuals and businesses time to familiarise themselves with the revised standards and implement them. A range of timeframes were suggested, ranging from one month to 12 months, with the majority favouring a three-month period. Stakeholders also highlighted the opportunity to align implementation of the standards with the new CPD cycle, starting January 2025.

11.6.2 Summary of consultation responses

245. We asked stakeholders if they thought there should be a short implementation period after the new standards are published and before they come into effect.

246. Figure 8 shows that 17 respondents (or 43.5%) answered yes, nine respondents (or 23%) answered no, and three respondents (or 8%) were not sure. A quarter of respondents (10 or 25.5%) did not answer the question.

247. Respondents generally agree that an implementation period is necessary, with suggestions ranging from one month to twelve months. A common timeframe mentioned is three months, which several respondents feel is adequate for registrants to familiarise themselves with the updates and integrate them into practice. However, some argue for a longer period, such as six months or even twelve months, to allow for adequate preparation, training, and adjustment to the changes, whilst others do not consider an implementation period is necessary.

248. A few respondents believe that the changes reflect good practice already in place and do not foresee a need for a significant transition period. Others emphasise the importance of providing sufficient time for all stakeholders, including those who may not have immediate access to support and resources, to adapt to the new standards.

249. The need for clear communication and education about the changes is highlighted, with suggestions for mandatory CPD or other educational activities to support the transition. Some respondents also suggest aligning the implementation dates for all sets of standards to avoid confusion and ensure consistency across the profession.

250. A sample of the comments we received in response to this question are in the box on the following page.

"It seems to be standard practice across the regulators we oversee to allow an implementation period to provide registrants with time to digest the content of the new standards make any necessary changes to their practice. We do not have a view on how long this should be and suggest GOC look at how long other bodies usually allow" (PSA)

"No less than a month and no more than three months. Changes in the Standards will need to be implemented into company policy which takes time, however for the benefit of registrants and the public, the time needs to be kept to a minimum" (Contact lens optician)

"The changes broadly reflect what is already good practice, so we do not believe a long implementation period is necessary. Nevertheless, registrants will need time to familiarise themselves with the updates and optical businesses similarly. Given there has been wide consultation, we believe that three months following finalisation should be sufficient for this. Consideration should be given to how these changes are communicated to individual registrants, especially those who practise outside employment training structures, so that they are fully aware of the changes and their implications" (FODO)

"We agree that there should be a short implementation period before the new standards come into effect and recommend it to be of a minimum of 8 months, as it was when the GOC last consulted on these standards in 2015; they came into effect 8 months (1 April 2016) after publication on 28 July 2015.This would give enough time for registrants, practice owners and businesses to adapt and adjust to the new standards, and to the optical sector bodies, including The College of Optometrists, to review their resources and make the necessary amendments to practice, policy, guidance, and training materials. We also recommend that the GOC delivers appropriate education and promotional activity to help registrants become familiar with the new standards before they come into effect." (College of Optometrists)

"To enable scoping, resource attainment, followed by planning, design and delivery of support and education, we would propose a minimum twelve-month implementation period for HEIs, industry and other stakeholders" (Education Provider)

"As most revisions are light touch enough that they do not require any substantial systemic adjustments, we are not certain that an implementation period is necessary…" (AOP)

"The changes are not sufficient to warrant an implementation transition phase" (Mediation service)

11.6.3 GOC response

251. We acknowledge that stakeholders have different views on the need for an implementation period and how long this should be.

252. We c that a short implementation period of approximately three months is sufficient to enable stakeholders to prepare for the new standards, given that the scope/extent of the revisions are limited, and we have already consulted with stakeholders extensively. We consider this strikes the right balance between allowing stakeholders to prepare and quickly implementing revisions which will improve patient and public protection.

253. Therefore, the revised standards will come into effect on 1 January 2025.

Section 12: Other comments received

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254. We received numerous comments from stakeholders which were outside the scope of this consultation and related to issues such as basic connectivity issues within the sector, supervision, tele-optometry, student registration, and concerns around the governance of refractive surgery. We have reviewed all comments and will feed them into other workstreams where relevant.

Section 13: Next steps

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255. We recognise the importance of effective communications to make registrants aware of the new standards and help them to implement them in their practice. We will work with stakeholders to communicate the changes to the standards, ready for the date on which they come into effect. We will produce targeted material for different audiences, such as education providers, CPD providers and individual registrants.

256. We will update our existing guidance and position statements to reflect the changes to the standards. Where we make substantial changes to those documents, we will hold a public consultation on those changes.

257. We will also begin work to develop new guidance on the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries. Those pieces of guidance will also be subject to public consultation.

Annex 1: Quantitative data from consultation responses

Annex 1 contains the quantitative data from the consultation questions, presented as bar graphs. Where we have asked more than one question on a particular issue, for example, do you agree the proposed revisions are a) clear and b) set appropriate minimum expectations, we have combined the data in a single graph.

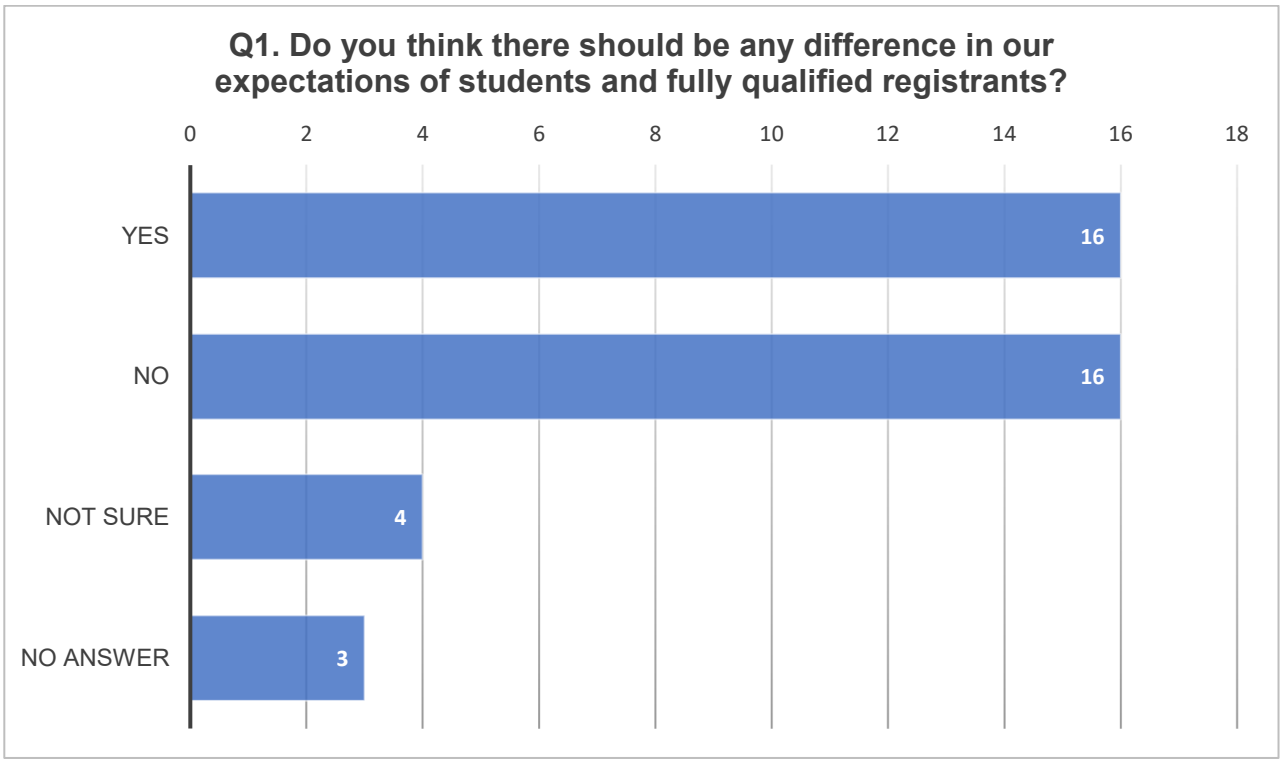


Figure 1: Responses to question 1.

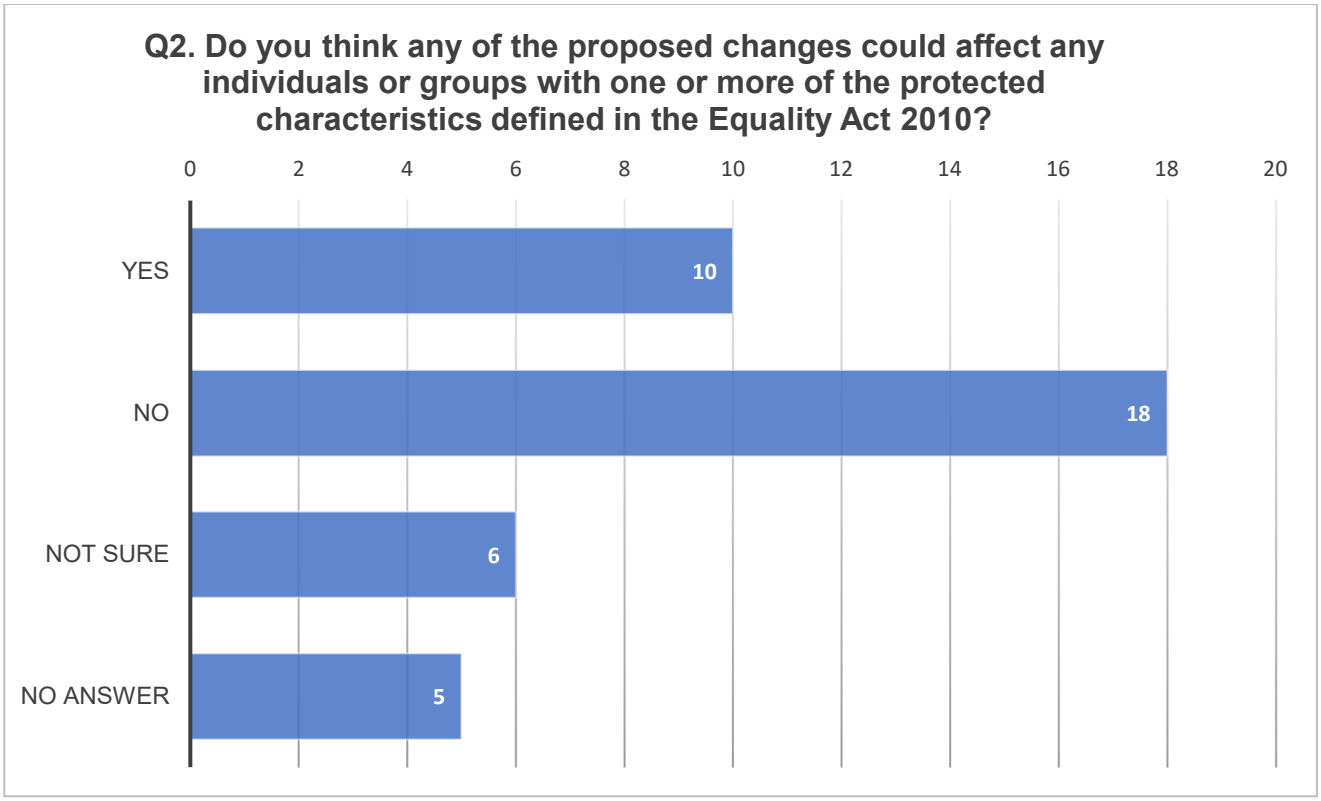


Figure 2: Responses to question 2.

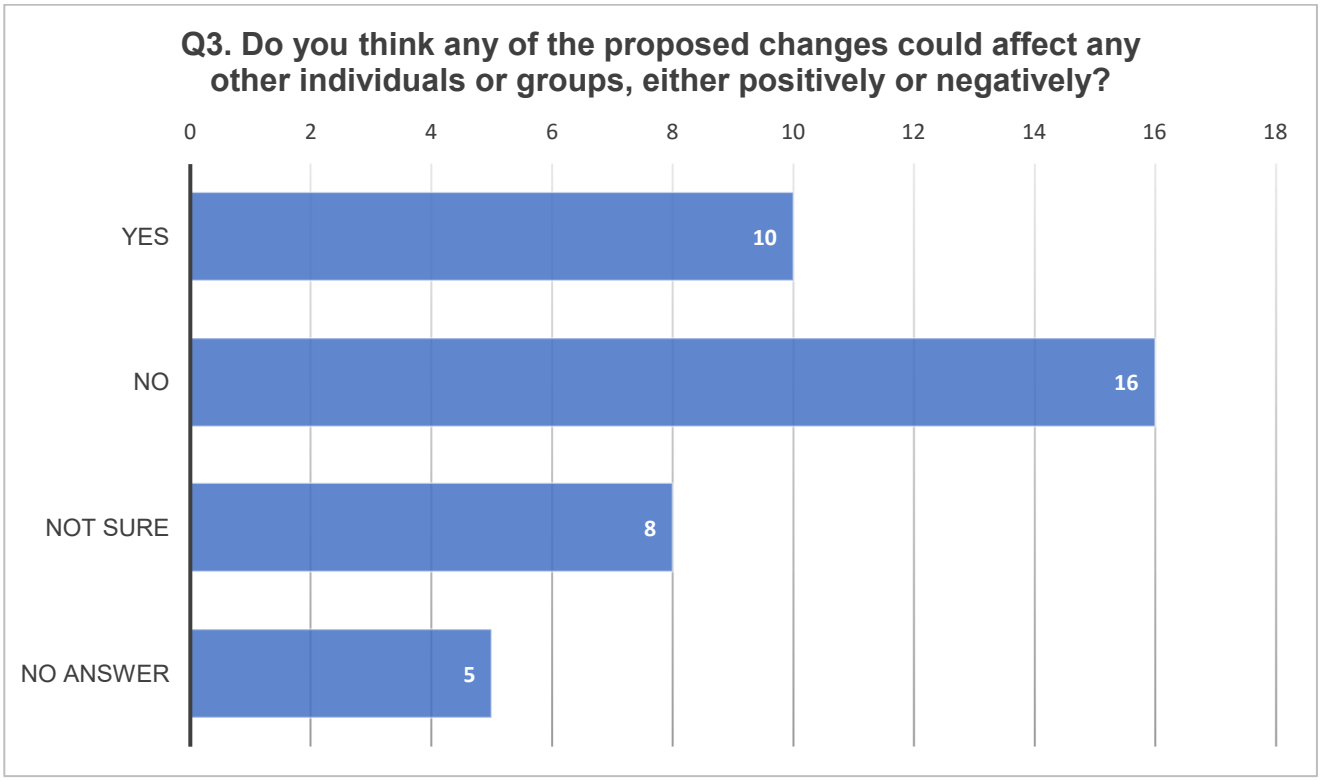


Figure 3: Responses to question 3.

In figures 4, 5 and 6 below, (a) and (b) refer to:
(a) **opportunities** for persons to use the Welsh language, and
(b) **treating** the Welsh language **no less favourably** than the English language?

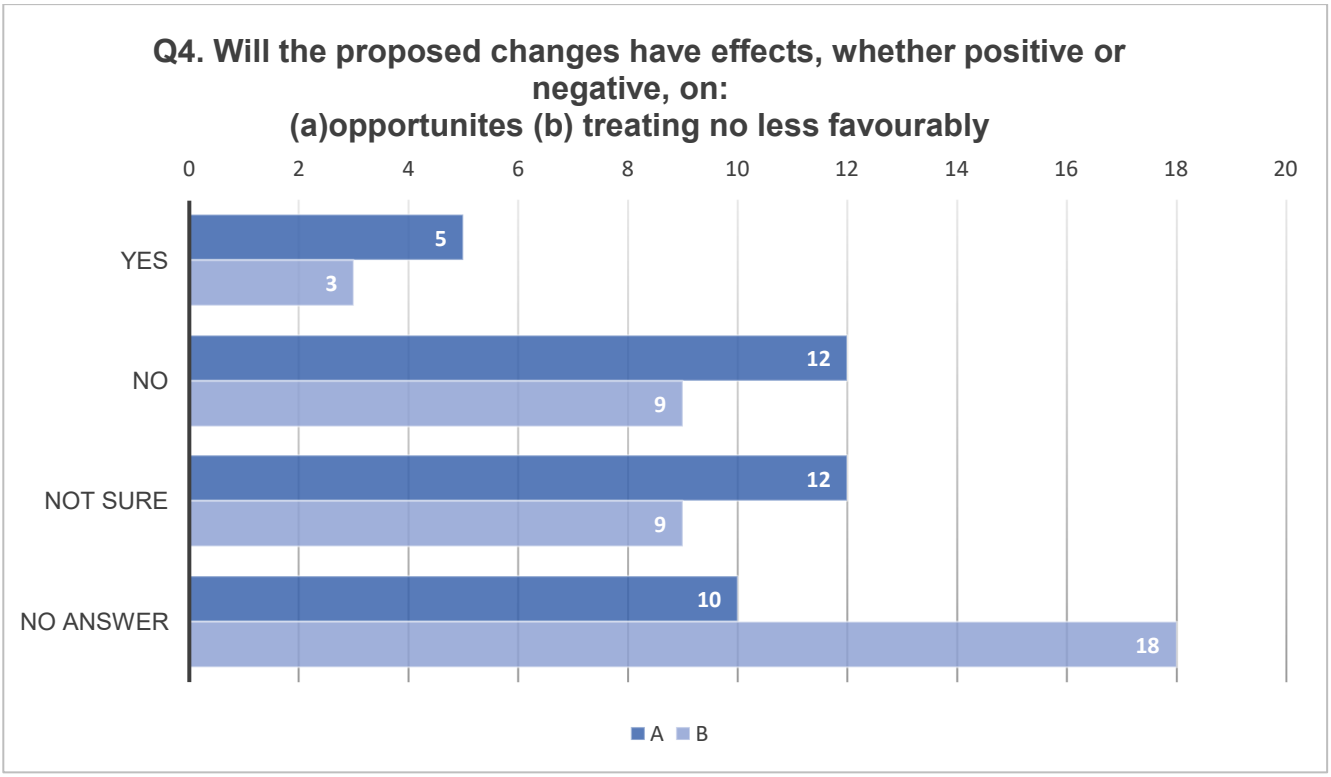


Figure 4: Responses to question 4.

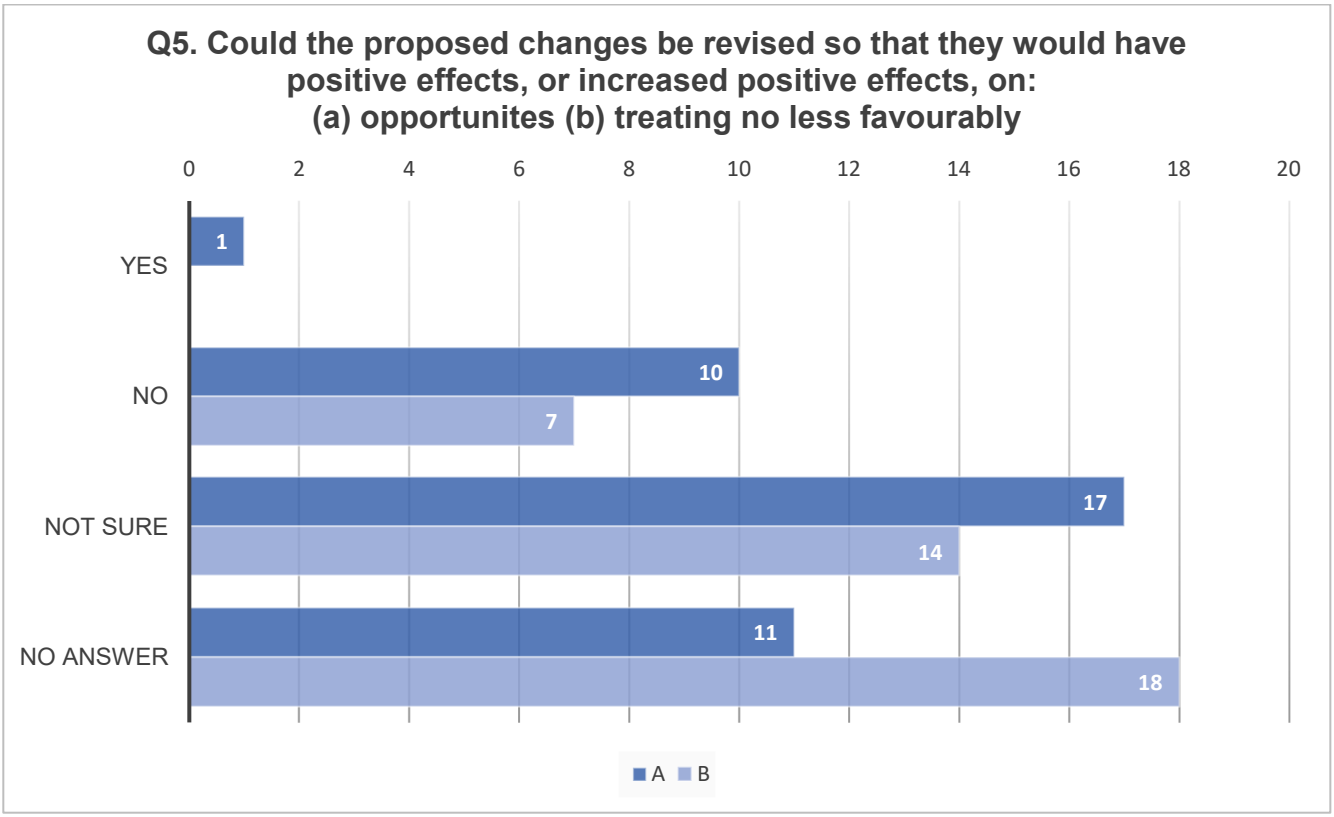


Figure 5: Responses to question 5.

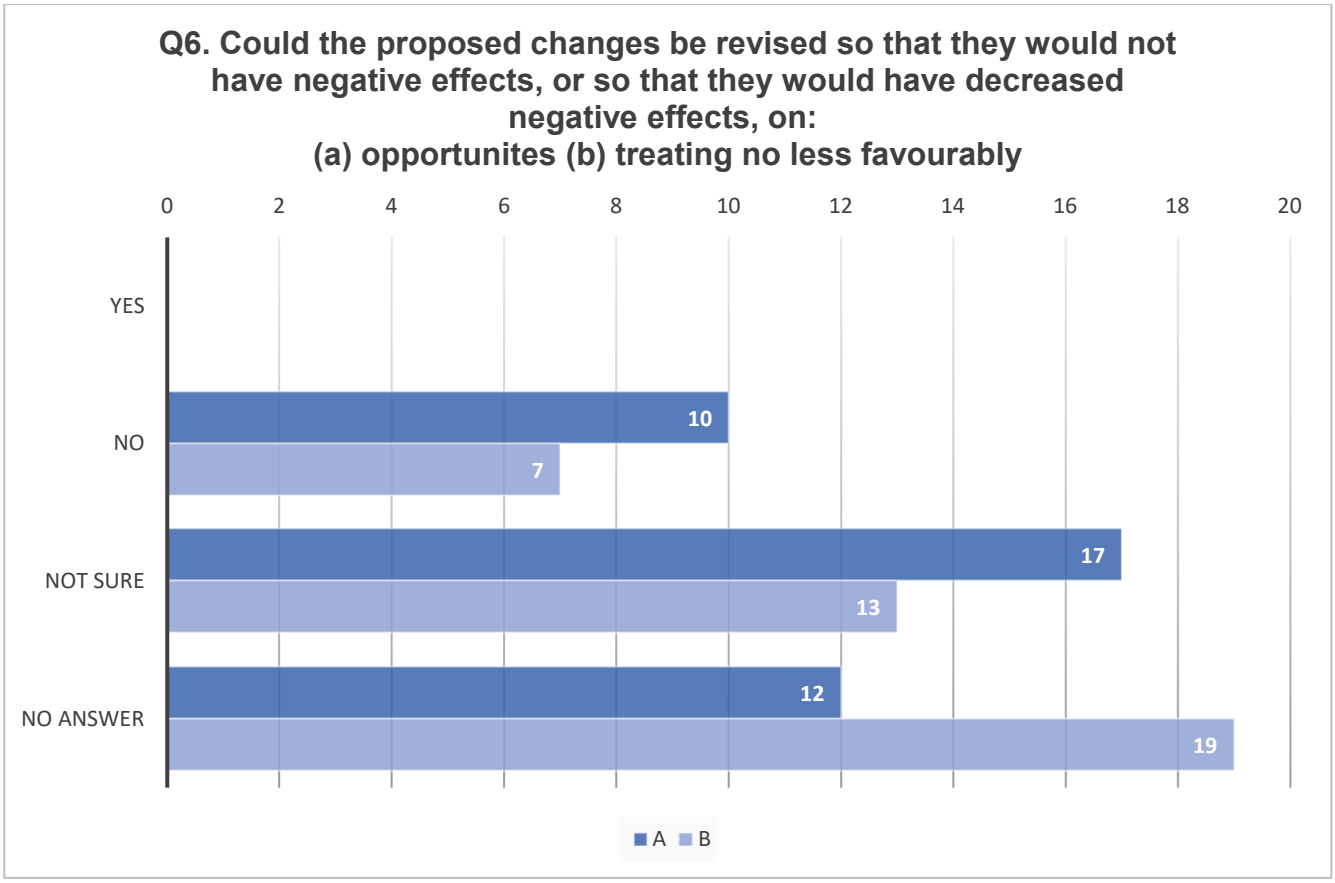


Figure 6: Responses to question 6.

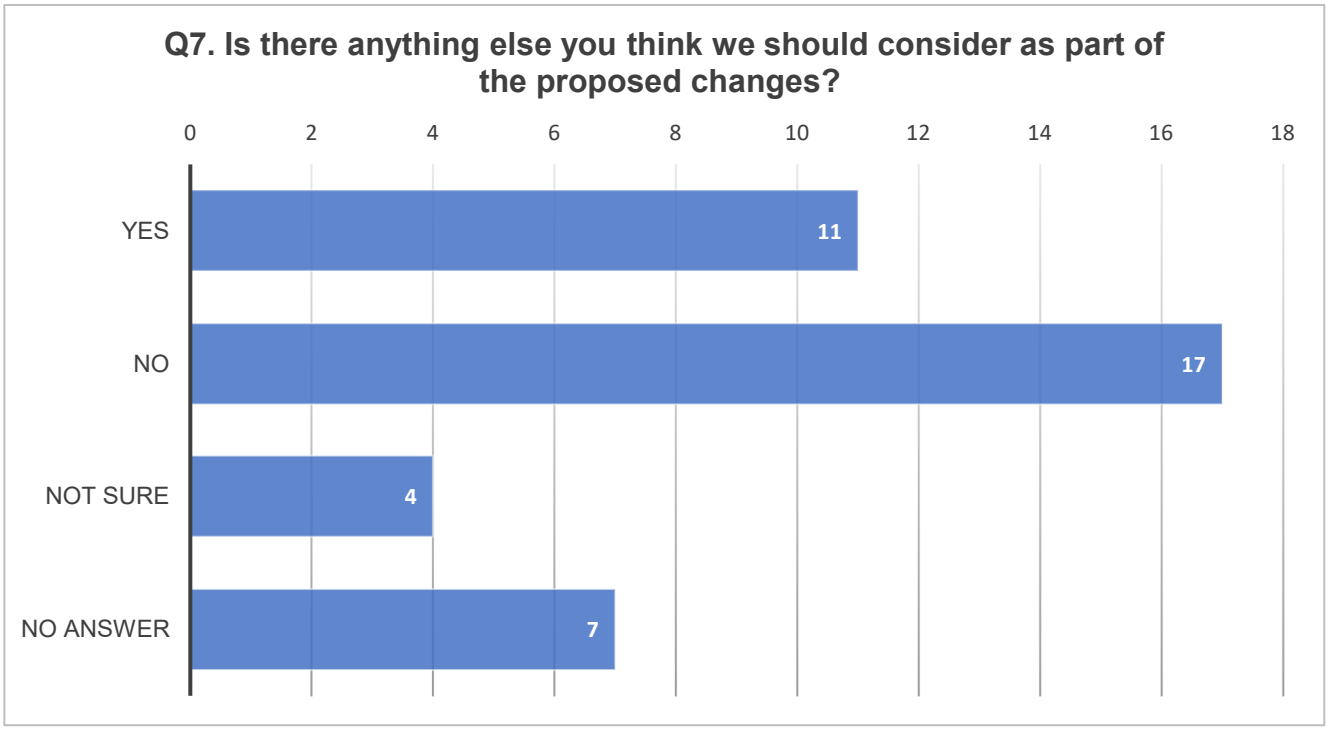


Figure 7: Responses to question 7.

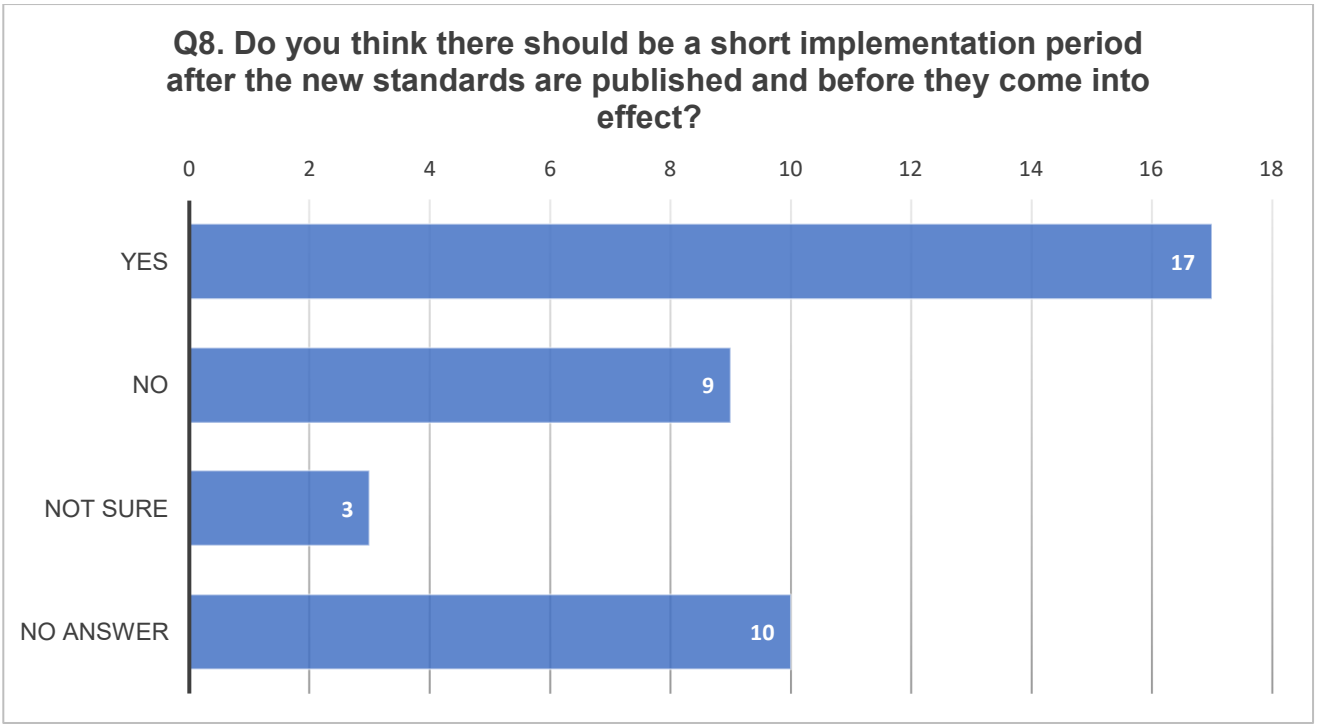


Figure 8: Responses to question 8.

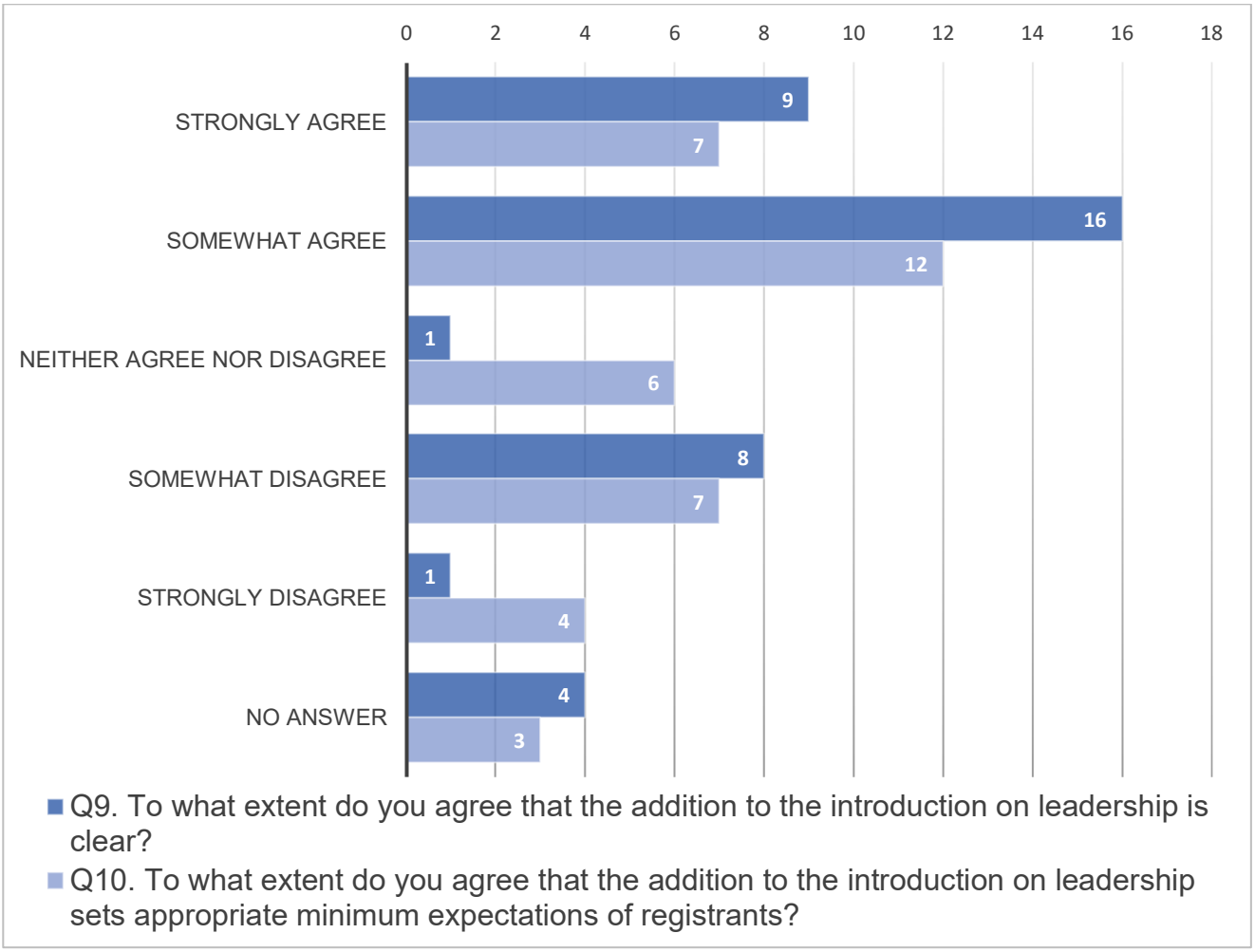


Figure 9: Responses to questions 9 and 10

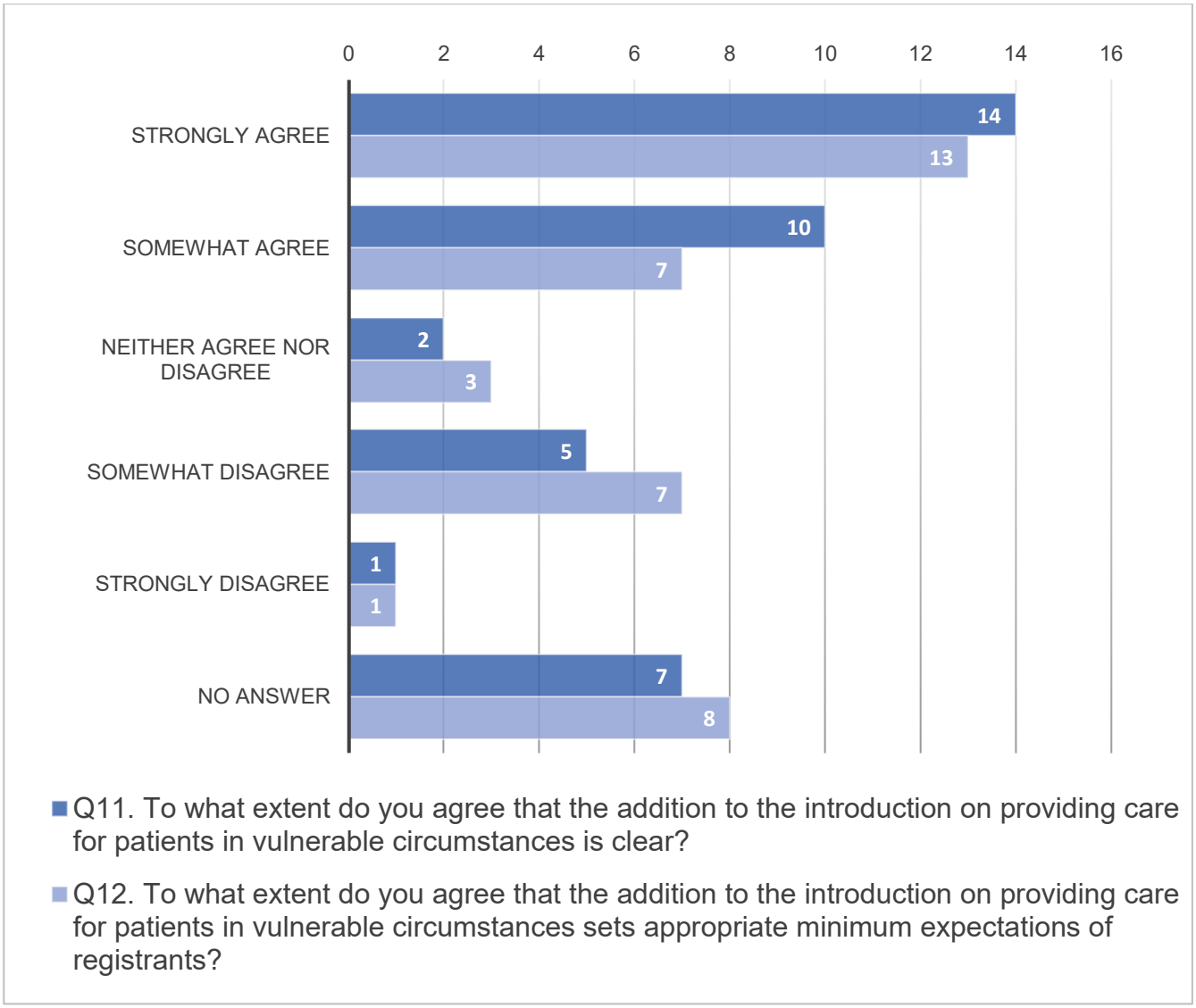


Figure 10: Responses to questions 11 and 12.

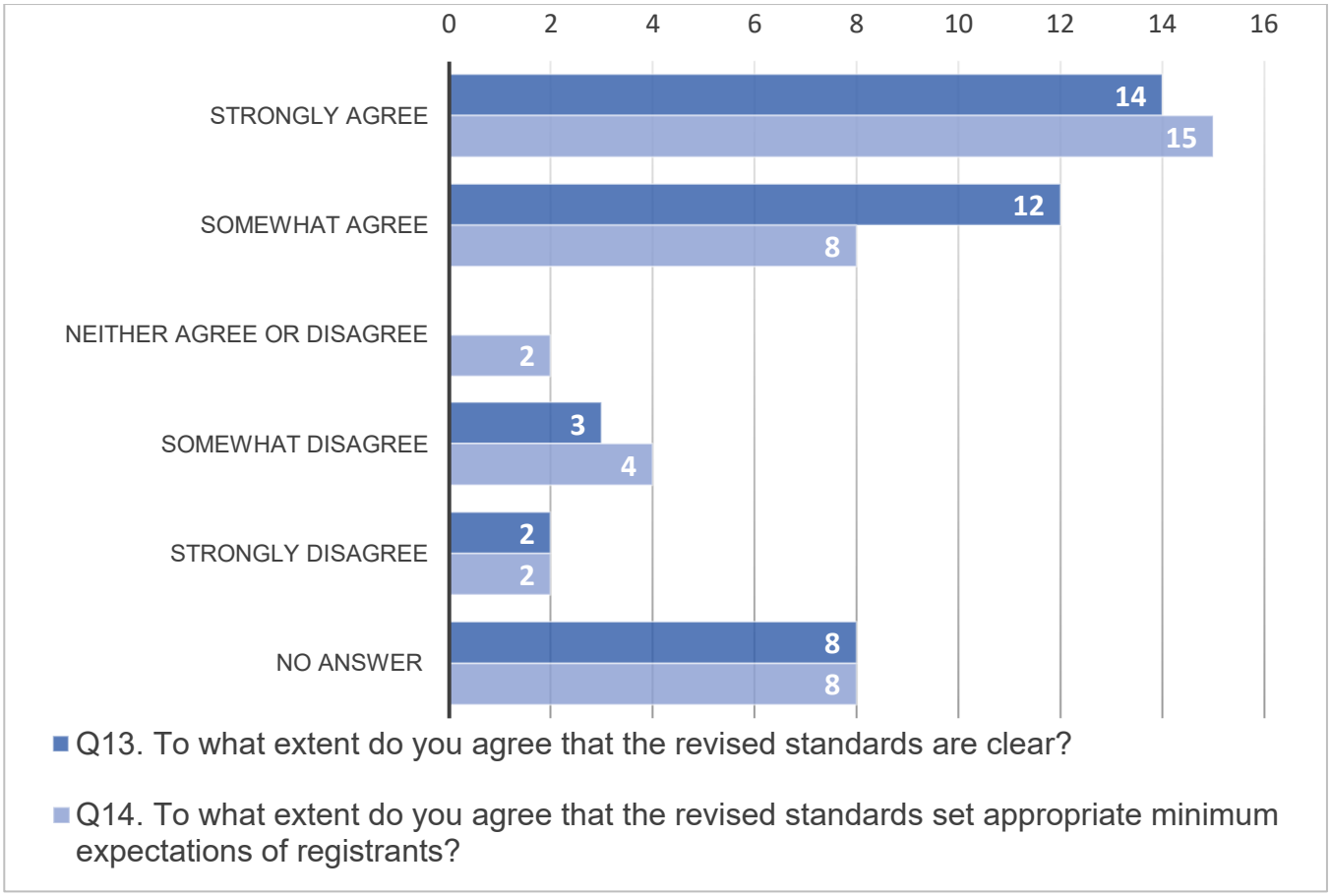


Figure 11: Responses to questions 13 and 14 on care of patients in vulnerable circumstances.

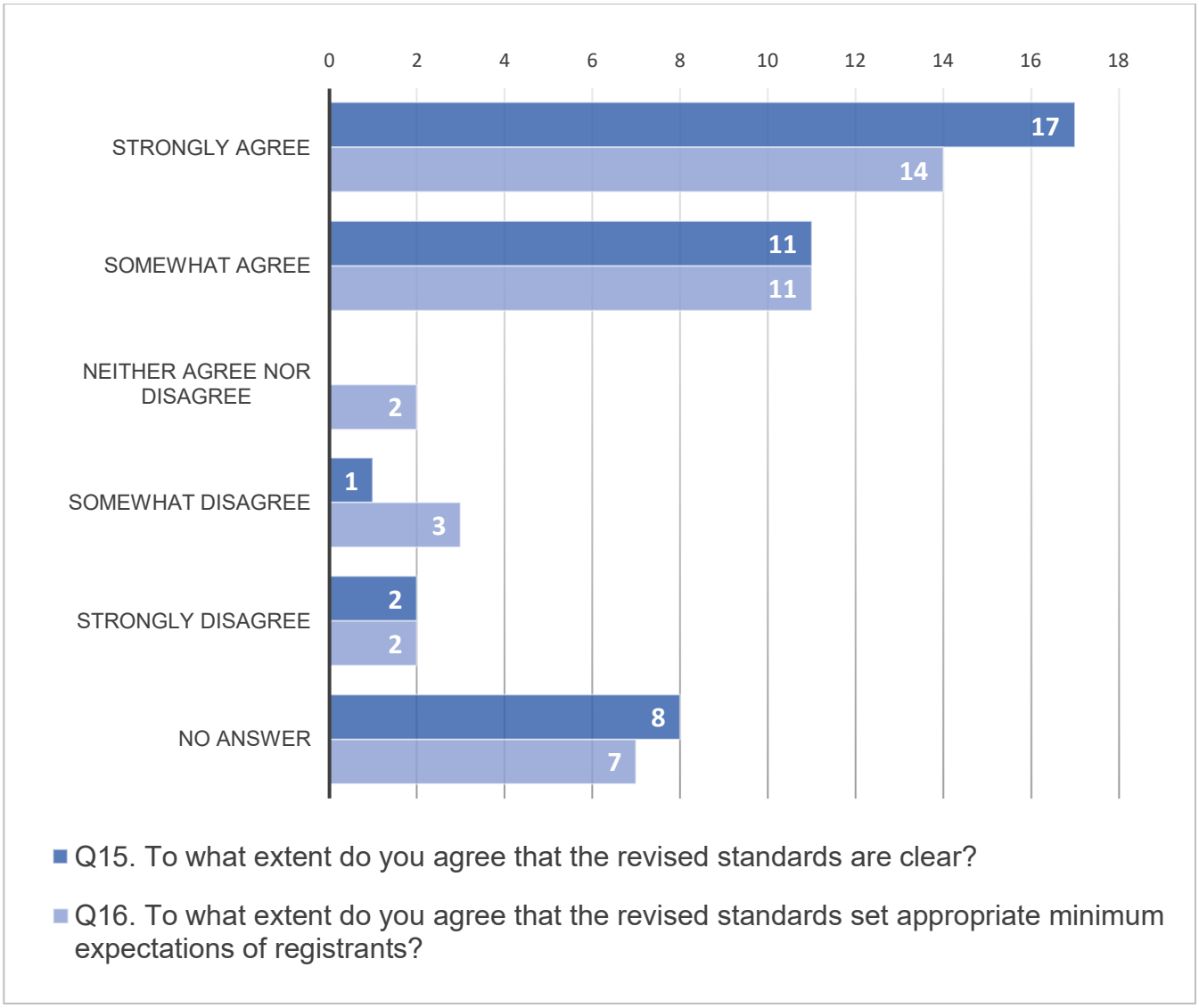


Figure 12: Responses to questions 15 and 16 on effective communication.

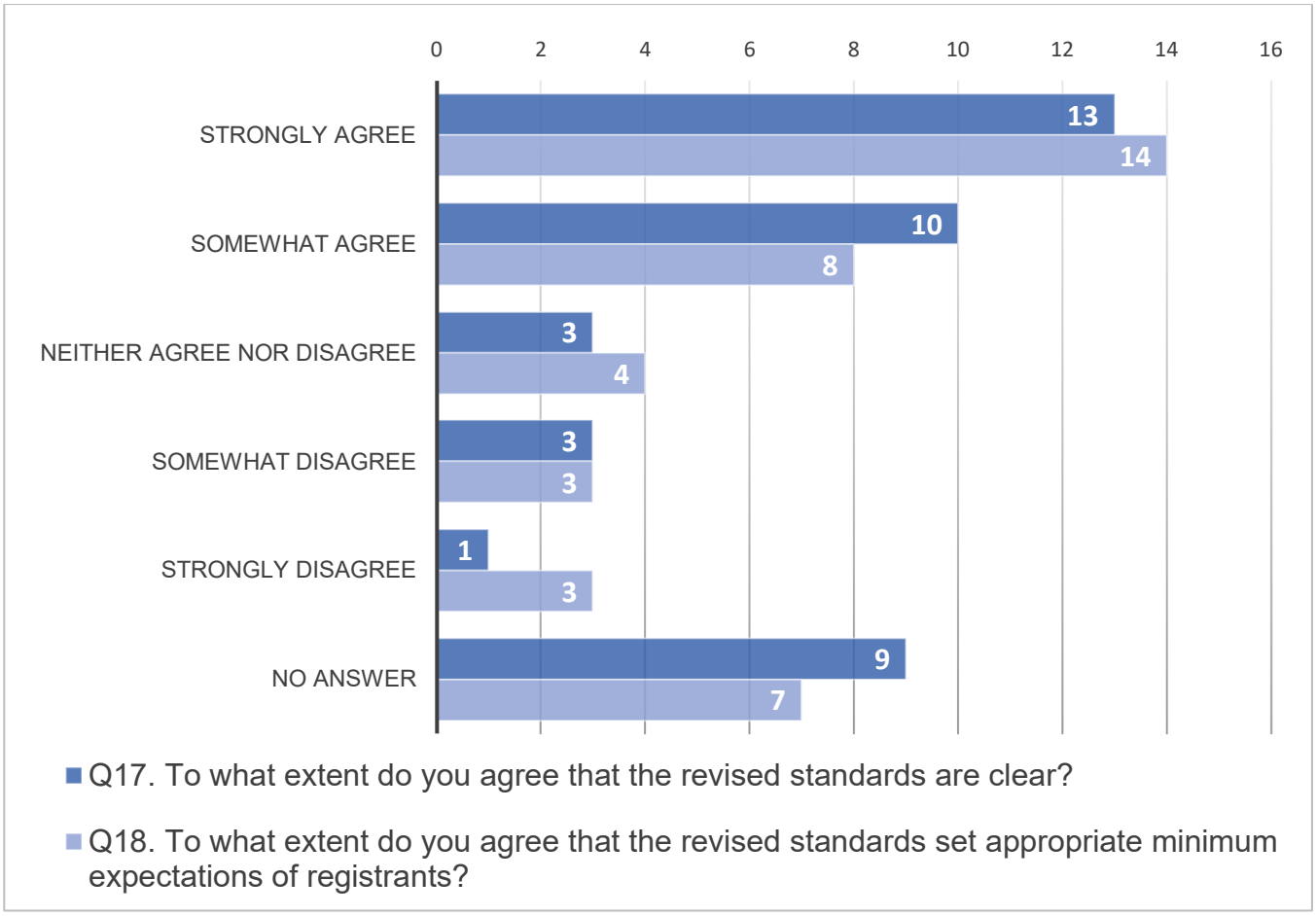


Figure 13: Responses to questions 17 and 18 on digital technologies including AI.

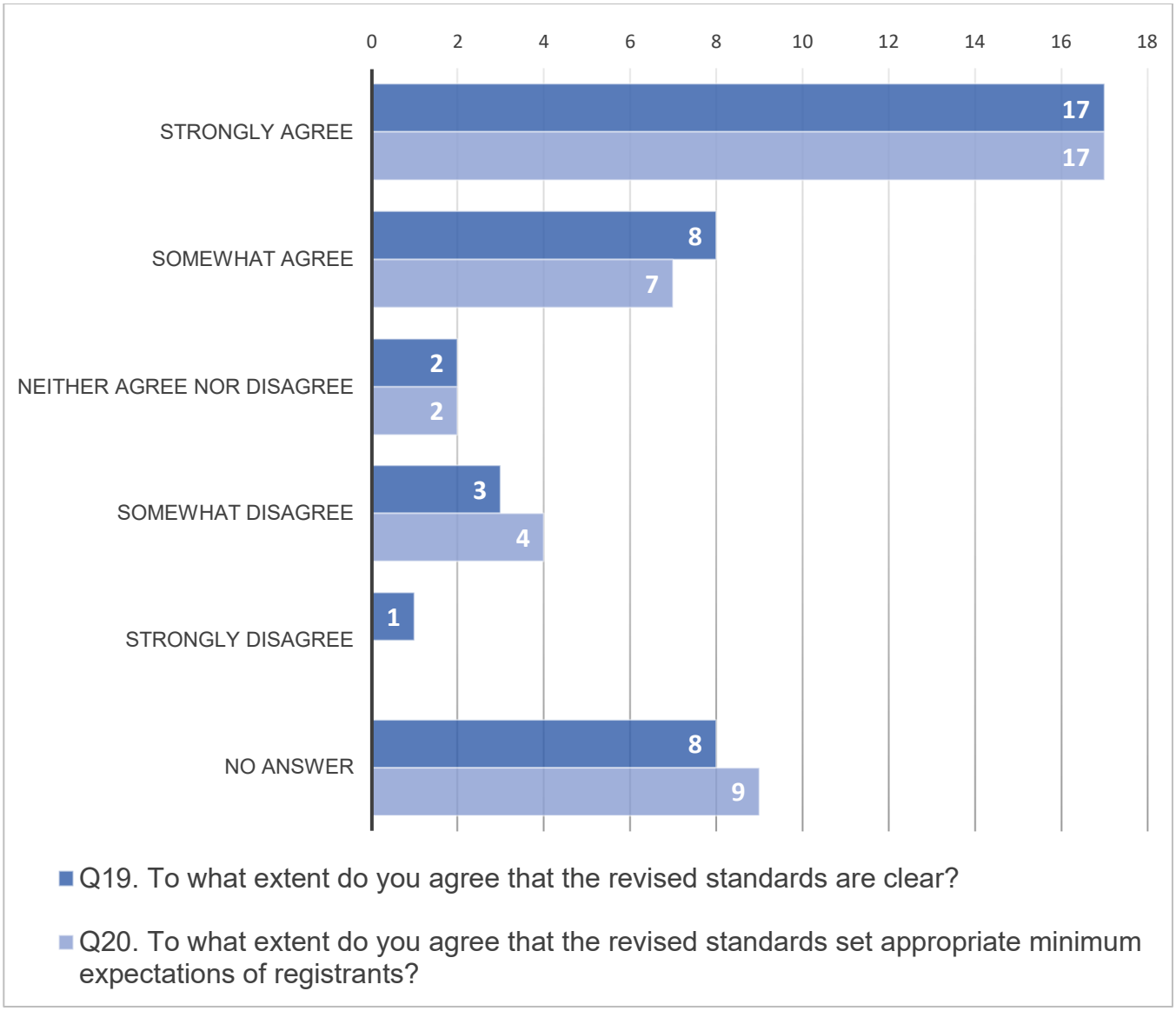


Figure 14: Responses to questions 19 and 20 on equality, diversity and inclusion. (Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students)

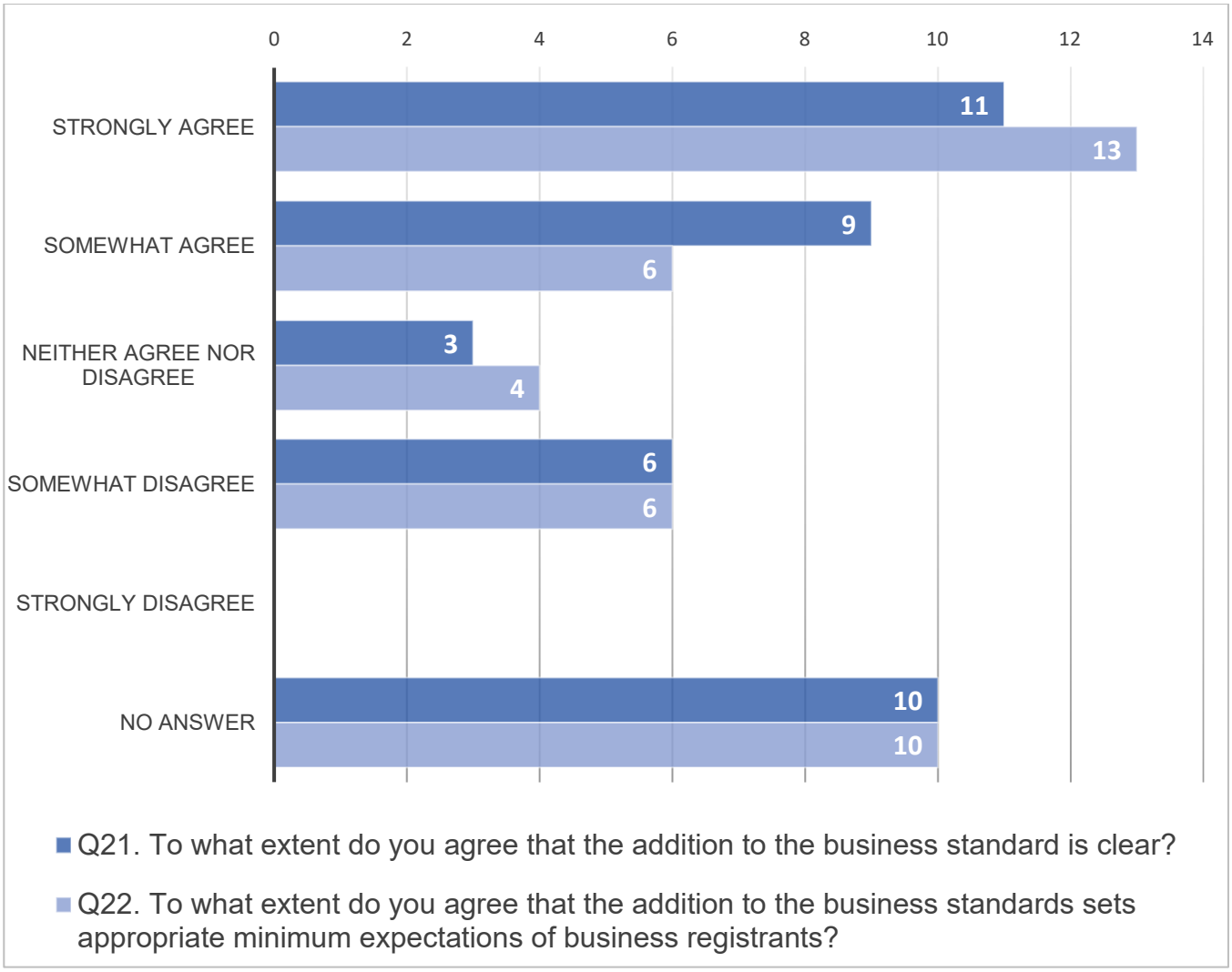


Figure 15: Responses to questions 21 and 22 on equality, diversity and inclusion. (Standards for Optical Businesses)

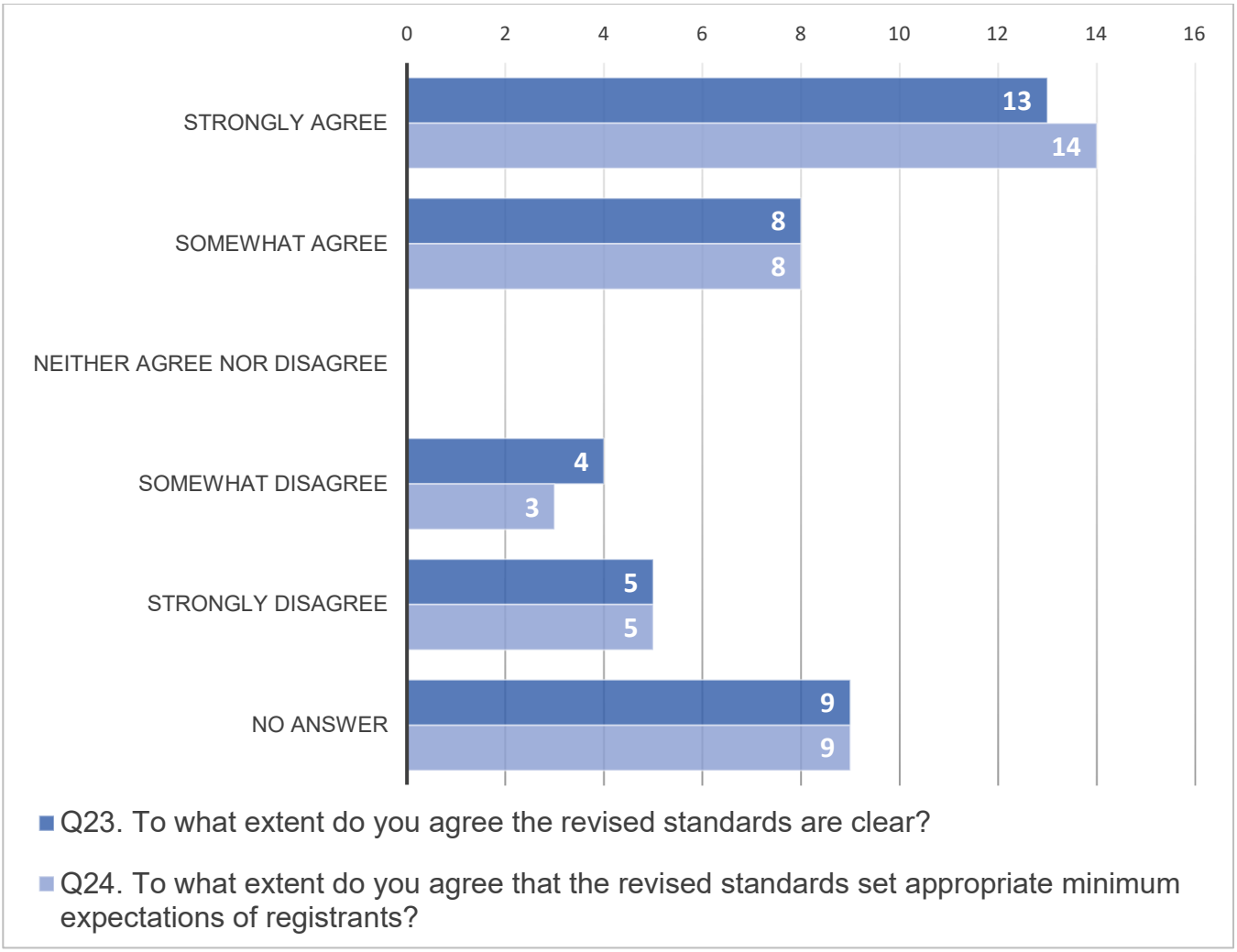


Figure 16: Responses to questions 23 and 24 on social media, online conduct and consent.

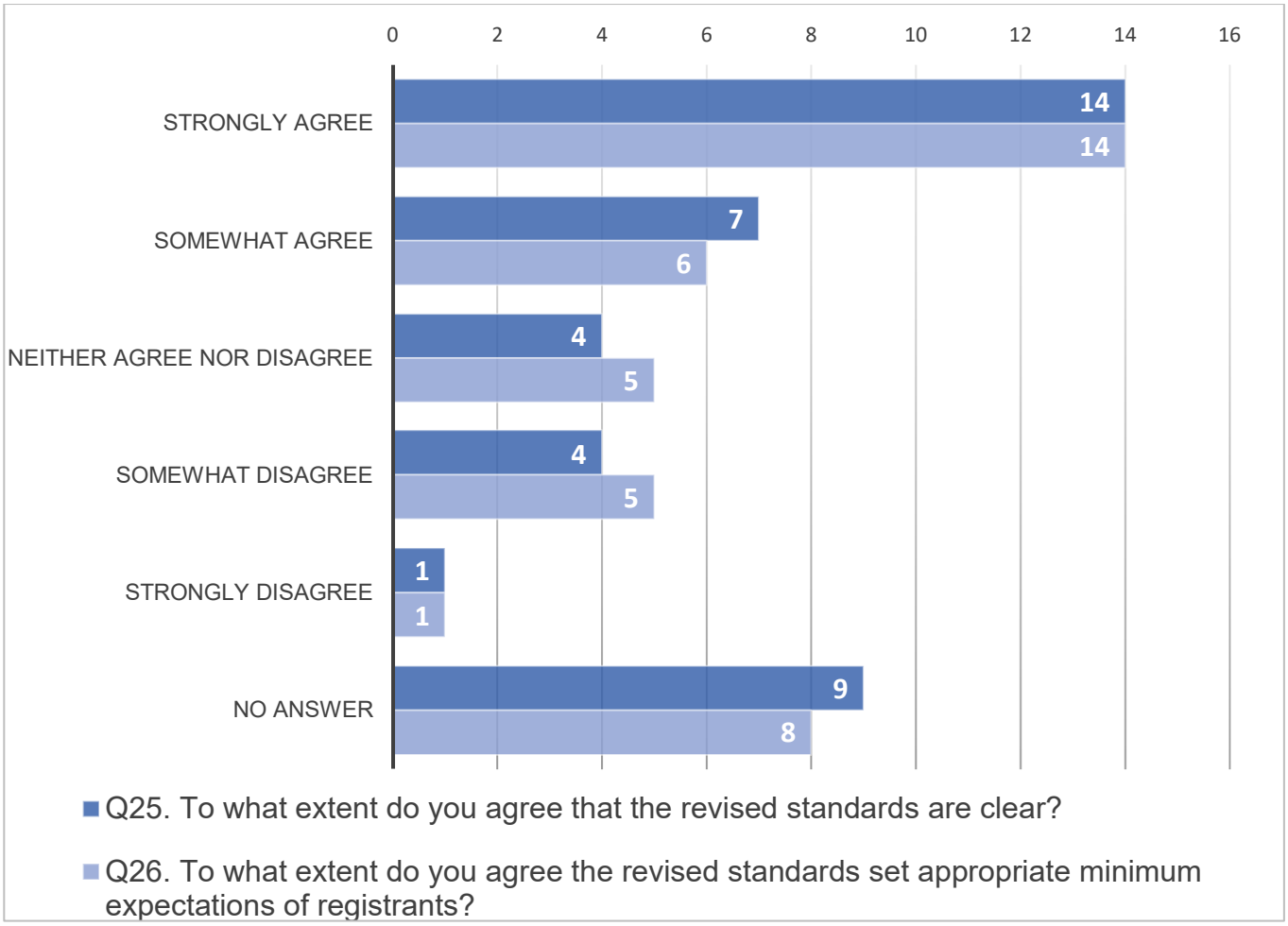


Figure 17: Responses to questions 25 and 26 on maintaining appropriate professional boundaries.

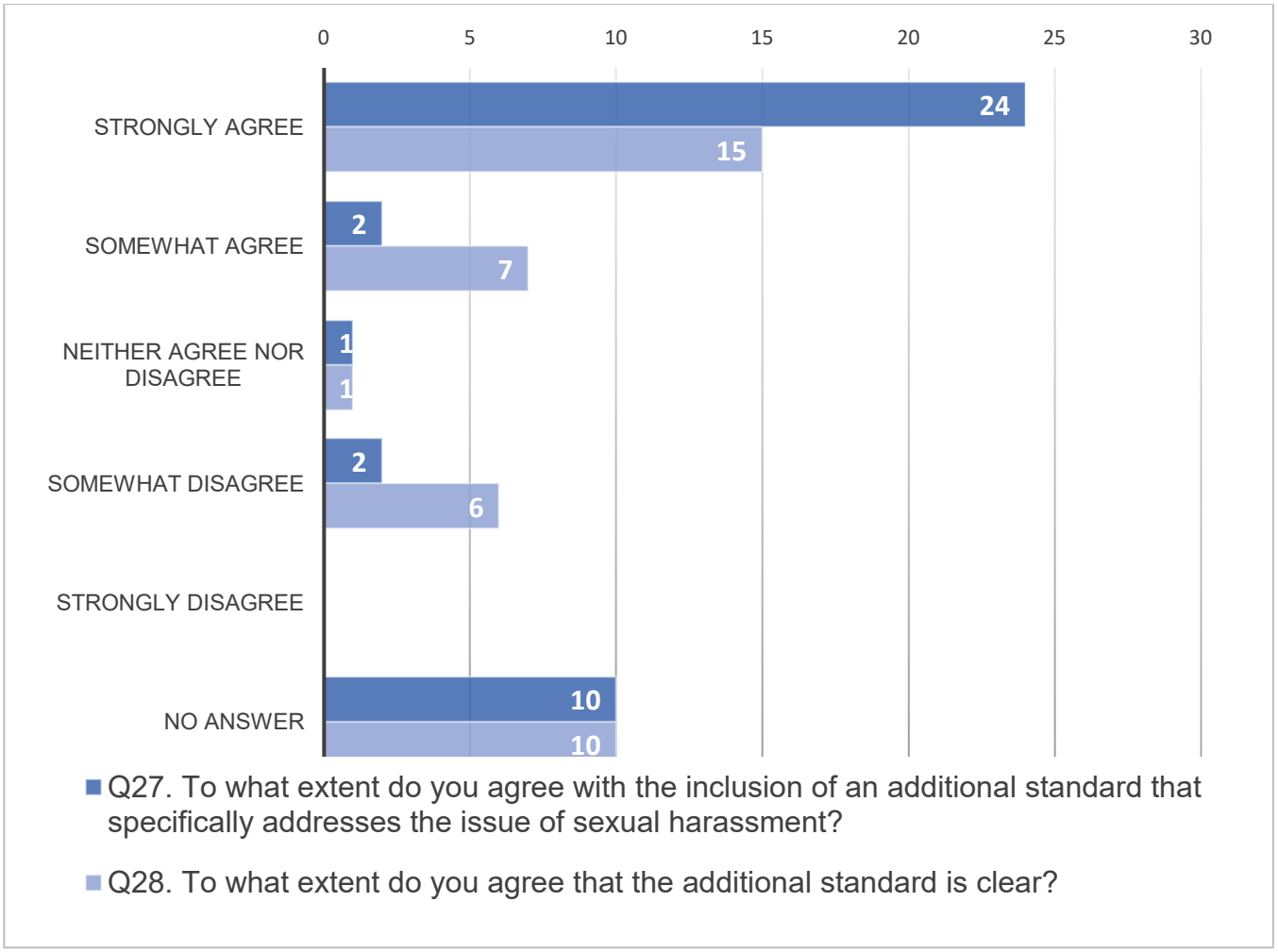


Figure 18: Responses to questions 27 and 28 on preventing sexual harassment.

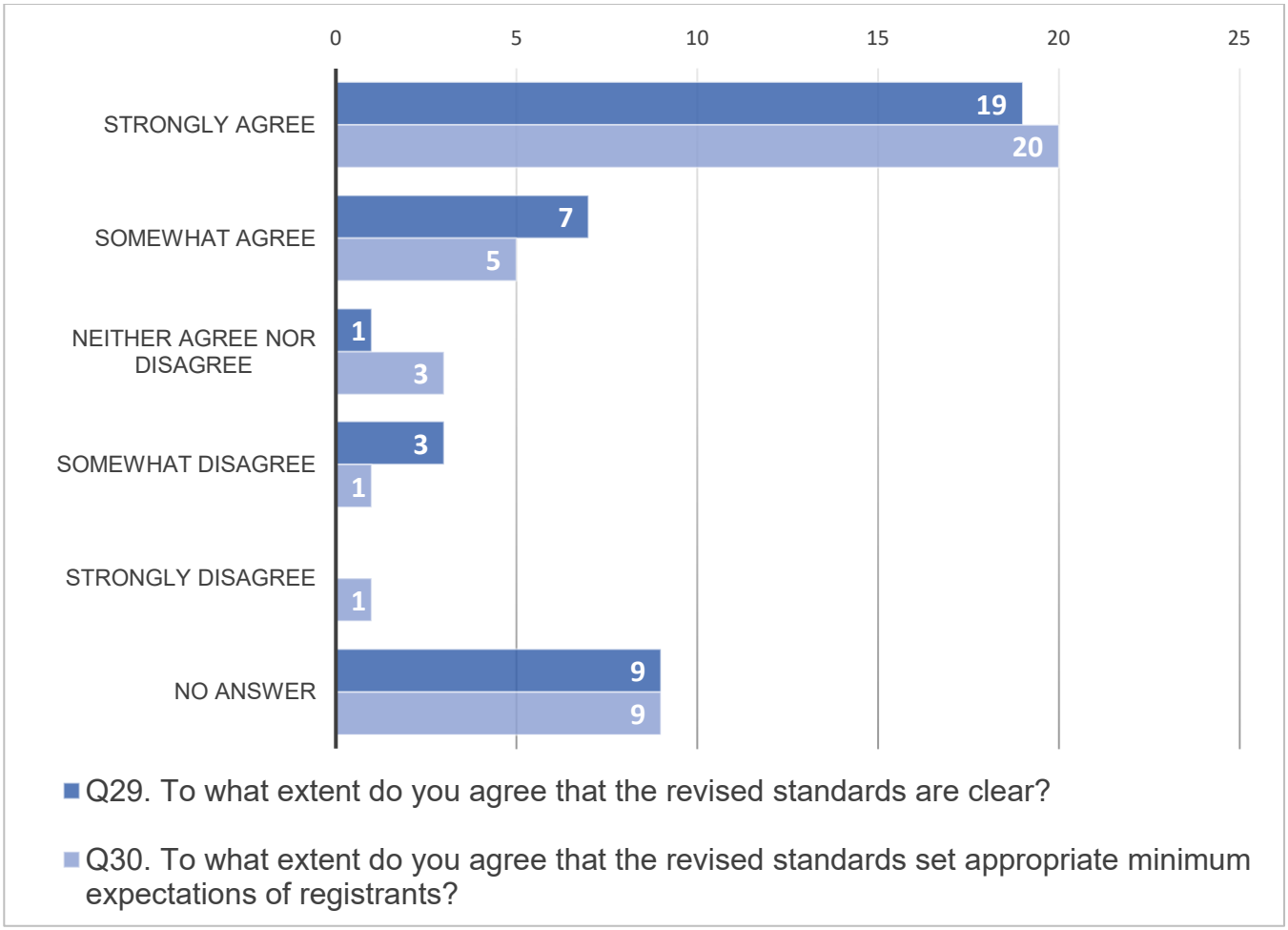


Figure 19: Responses to questions 29 and 30 on registrant health.

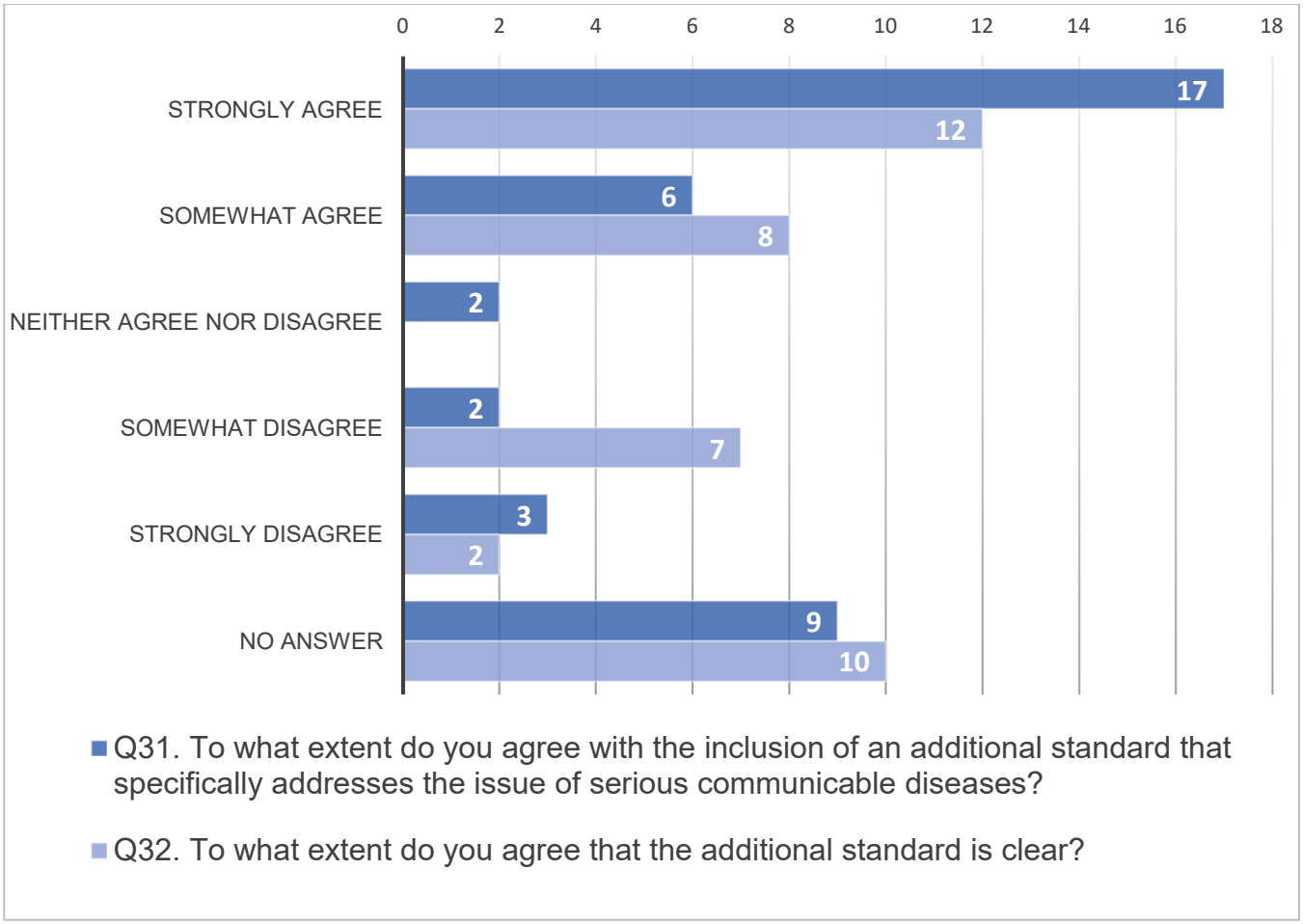


Figure 20: Responses to questions 31 and 32 on new standard for serious communicable disease.

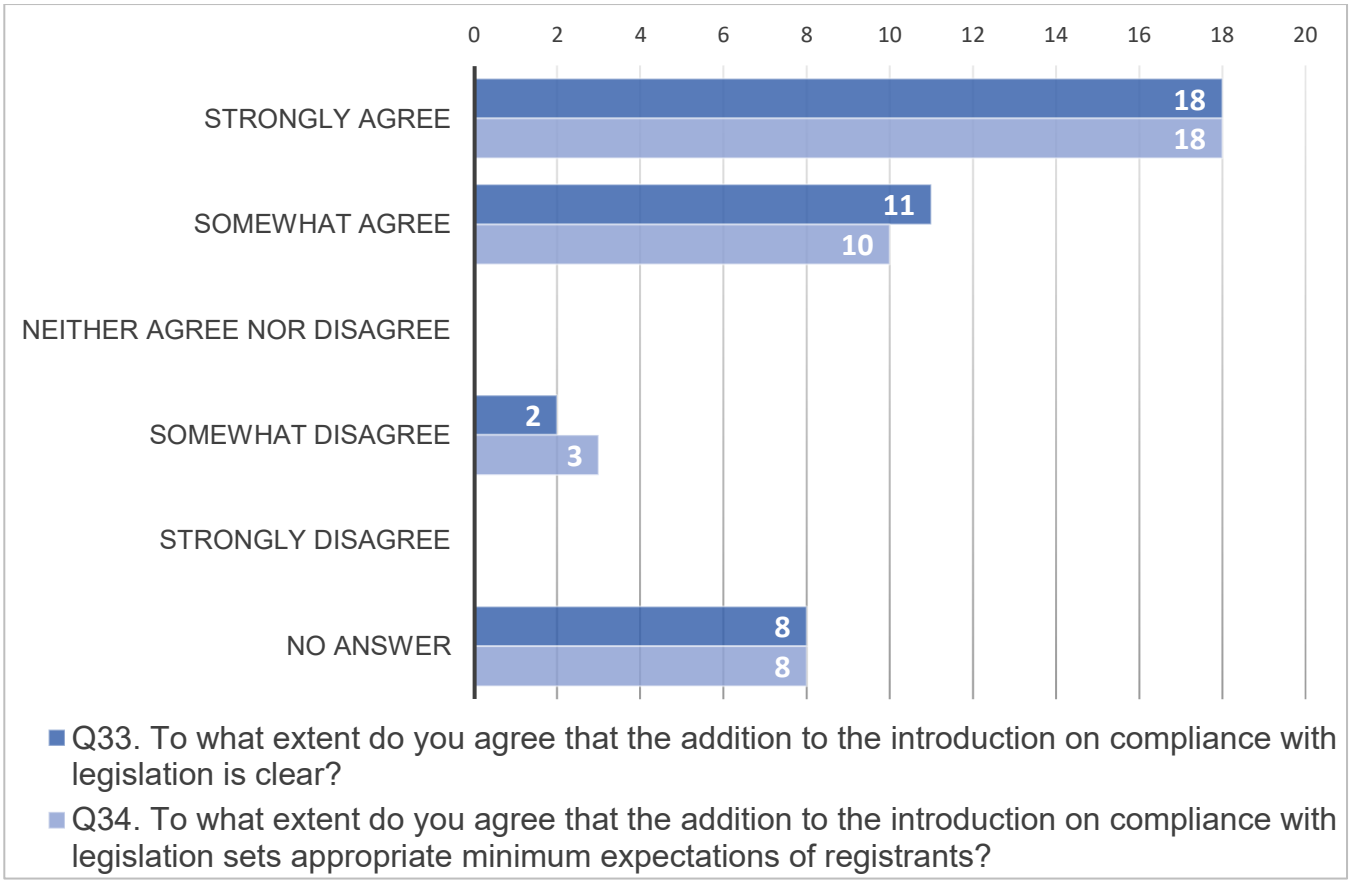


Figure 21: Responses to questions 33 and 34 on compliance with legislation.

Annex 2: Changes to the Standards of Practice for Optometrists and Dispensing Opticians

Annex 2 contains a copy of the Standards of Practice for Optometrists and Dispensing Opticians with bold to highlight where revisions have been made.

Existing standard	Revised standards
Introductory wording: **Standards of Practice** Our Standards of Practice define the standards of behaviour and performance we expect of all registered optometrists and dispensing opticians. **The General Optical Council** The General Optical Council is the UK regulator for the optical professions with statutory responsibility for setting standards. This document sets out the nineteen standards that you must meet as an optical professional. These standards are not listed in order of priority and include both standards relating to your behaviour and your professional performance. You will need to use your professional judgement in deciding how to meet the standards. To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we may produce supplementary material where we feel that registrants need additional support.	Introductory wording: **Standards of Practice** Our Standards of Practice define the standards of behaviour and performance we expect of all registered optometrists and dispensing opticians. **The General Optical Council** The General Optical Council is the UK regulator for the optical professions with statutory responsibility for setting standards. This document sets out the nineteen standards that you must meet as an optical professional. These standards are not listed in order of priority and include both standards relating to your behaviour and your professional performance. You will need to use your professional judgement in deciding how to meet the standards. To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we may produce supplementary material where we feel that registrants need additional support.

Your role as a professional As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions. If someone raises concerns about your fitness to practise, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your decision making was informed by these standards and that you have acted in the best interests of your patients. **Making the care of your patients your first and overriding concern** The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients, your decisions or behaviour can still affect their care and safety.	**Your role as a professional** As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions. **You must comply with all legal requirements that apply to you, including but not limited to, legislation relating to equalities, health and safety, data protection, medicines, and consumer protection. If you provide national health services, you should adhere to any additional requirements.** **All registrants are expected to demonstrate leadership skills, attributes and behaviours, relevant to their scope of practice. Examples of when registrants could demonstrate leadership include adopting a collaborative approach to practice, role modelling professional behaviours, suggesting innovative solutions to problems and supporting the education and training of others. Leadership skills, attributes and behaviours are embedded throughout the standards and relate to all aspects of your work**

	If someone raises concerns about your fitness to practise, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your decision making was informed by these standards and that you have acted in the best interests of your patients. **Making the care of your patients your first and overriding concern** The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients, your decisions or behaviour can still affect their care and safety. **Consider and respond to the needs of patients who, due to their personal circumstances, are in need of particular care, support or protection or at risk of abuse and neglect. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so consider a patient's vulnerabilities as part of each consultation.**

1. Listen to patients and ensure they are at the heart of the decisions made about their care.	
1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.	No revision proposed
1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.	No revision proposed
1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.	No revision proposed
1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.	No revision proposed
1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.	No revision proposed
1.6 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant.	No revision proposed
1.7 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.	No revision proposed
1.8 Support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.	No revision proposed
2.Communicate effectively with your patients	

2.1 Give patients information in a way they can understand. Use your professional judgement to adapt your language and communication approach as appropriate.	No revision proposed
2.2 Patients should know in advance what to expect from the consultation and have the opportunity to ask questions or change their mind before proceeding.	**Identify yourself and your role and advise patients who will provide their care. Explain to patients** what to expect from the consultation **and ensure they have an** opportunity to ask questions or change their mind before proceeding.
2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.	No revision proposed
2.4 Ensure that the people you are responsible for are able to communicate effectively with patients and their carers, colleagues and others.	No revision proposed
2.5 Ensure that patients or their carers have all the information they need to safely use, administer or look after any optical devices, drugs or other treatment that they have been prescribed or directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.	Ensure that patients or their carers have all the information they need to safely use, administer or look after any **appliances**, drugs or other treatment that they have been prescribed or directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.
2.6 Be sensitive and supportive when dealing with relatives or other people close to the patient.	No revision proposed
3. Obtain valid consent	
3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:	Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given: 3.1.1 Voluntarily.

3.1.1 Voluntarily. 3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent. 3.1.4 By an appropriately informed person. Informed means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, sale or supply of optical appliances or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.	3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent. 3.1.4 By an appropriately informed person. **In this context, informing** means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, **supply of appliances** or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.
3.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. When working in a nation of the UK other than where you normally practise, be aware of any differences in consent law and apply these to your practice.	No revision proposed
3.3 Ensure that the patient's consent remains valid at each stage of the examination or treatment and during any research in which they are participating.	No revision proposed
4. Show care and compassion for your patients	
4.1 Treat others with dignity and show empathy and respect.	No revision proposed
4.2 Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety.	Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety, **including when communicating bad news.**

5. Keep your knowledge and skills up to date	
5.1 Be competent in all aspects of your work, including clinical practice, supervision, teaching, research and management roles, and do not perform any roles in which you are not competent.	No revision proposed
5.2 Comply with the Continuing Education and Training (CET) requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.	Comply with the **Continuing Professional Development (CPD)** requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.
5.3 Be aware of current good practice, taking into account relevant developments in clinical research, and apply this to the care you provide.	Be aware of current good practice, taking into account relevant developments in clinical research **and practice, including digital technologies, to inform** the care you provide.
5.4 Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement any actions arising from these	No revision proposed
6. Recognise, and work within, your limits of competence	
6.1 Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.	No revision proposed
6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety and make appropriate referrals.	No revision proposed

6.3 Ensure that you have the required qualifications relevant to your practice.	No revision proposed
6.4 Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.	Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, **e.g.,** sight testing and the supply of **appliances**
7. Conduct appropriate assessments, examinations, treatments and referrals	
7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.	Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors **and vulnerabilities.**
7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.	No revision proposed
7.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.	Only prescribe **appliances**, drugs, or treatment when you have adequate knowledge of the patient's health.
7.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.	No revision proposed
7.5 Provide effective patient care and treatments based on current good practice.	No revision proposed

7.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.	Only provide or recommend examinations, treatments, drugs or appliances if these are clinically justified and in the best interests of the patient. **Give patients information about all the relevant options available to them, including the option of no further treatment or intervention, in a way they can understand.**
7.7 When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.	No revision proposed
This is a new proposed standard:	**7.8 Apply your professional judgement when utilising data generated by digital technologies to inform decision making.**
8. Maintain adequate patient records	
8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.	No revision proposed
8.2 As a minimum, record the following information: 8.2.1 The date of the consultation. 8.2.2 Your patient's personal details. 8.2.3 The reason for the consultation and any presenting condition. 8.2.4 The details and findings of any assessment or examination conducted. 8.2.5 Details of any treatment, referral or advice you provided, including any drugs or optical device prescribed or a copy of a referral letter.	As a minimum, record the following information: 8.2.1 The date of the consultation. 8.2.2 Your patient's personal details. 8.2.3 The reason for the consultation and any presenting condition. 8.2.4 The details and findings of any assessment or examination conducted. 8.2.5 Details of any treatment, referral or advice you provided, including any drugs or **appliance** prescribed or a copy of a referral letter. 8.2.6 Consent obtained for any examination or treatment.

8.2.6 Consent obtained for any examination or treatment. 8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author.	8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author.
9. Ensure that supervision is undertaken appropriately and complies with the law	
This applies to supervision of pre-registration trainees and unregistered colleagues undertaking delegated activities. The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor and those being supervised. Adequate supervision requires you to:	No revision proposed
9.1 Be sufficiently qualified and experienced to undertake the functions you are supervising.	No revision proposed
9.2 Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity.	No revision proposed
9.3 Be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.	No revision proposed
9.4 Retain clinical responsibility for the patient. When delegating you retain responsibility for the delegated task and for ensuring that it has been performed to the appropriate standard.	No revision proposed
9.5 Take all reasonable steps to prevent harm to patients arising from the actions of those being supervised.	No revision proposed

9.6 Comply with all legal requirements governing the activity.	No revision proposed
9.7 Ensure that details of those being supervised or performing delegated activities are recorded on the patient record.	No revision proposed
10. Work collaboratively with colleagues in the interests of patients	
10.1 Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective.	No revision proposed
10.2 Refer a patient only where this is clinically justified, done in the interests of the patient and does not compromise patient care or safety. When making or accepting a referral it must be clear to both parties involved who has responsibility for the patient's care.	No revision proposed
10.3 Ensure that those individuals or organisations to which you refer have the necessary qualifications and registration so that patient care is not compromised.	No revision proposed
10.4 Ensure that patient information is shared appropriately with others, and clinical records are accessible to all involved in the patient's care.	No revision proposed
10.5 Where disagreements occur between colleagues, aim to resolve these for the benefit of the patient.	No revision proposed
11. Protect and safeguard patients, colleagues and others from harm	
11.1 You must be aware of and comply with your legal obligations in relation to safeguarding of children, young people and vulnerable adults.	No revision proposed

11.2 Protect and safeguard children, young people and vulnerable adults from abuse. You must: 11.2.1 Be alert to signs of abuse and denial of rights. 11.2.2 Consider the needs and welfare of your patients. 11.2.3 Report concerns to an appropriate person or organisation. 11.2.4 Act quickly in order to prevent further risk of harm. 11.2.5 Keep adequate notes on what has happened and what actions you took.	No revision proposed
11.3 Promptly raise concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your employing, contracting, professional or regulatory organisation as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.	No revision proposed
11.4 If you have concerns about your own fitness to practise whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, stop practising immediately and seek advice	If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter which may **compromise patient safety or** damage the reputation of your profession, stop practising immediately and seek **appropriate** advice.
11.5 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern.	No revision proposed

11.6 Ensure that any contracts or agreements that you enter into do not restrict you from raising concerns about patient safety including restricting what you are able to say when raising the concern.	No revision proposed
11.7 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in standard 14.	No revision proposed
This is a new proposed standard:	**11.8 If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others. For guidance on serious communicable diseases, refer to current public health guidance.**
12. Ensure a safe environment for your patients	
12.1 Ensure that a safe environment is provided to deliver care to your patients and take appropriate action if this is not the case (see standard 11). In particular: 12.1.1 Be aware of and comply with health and safety legislation. 12.1.2 Ensure that the environment and equipment that you use is hygienic. 12.1.3 Ensure that equipment that you use has been appropriately maintained. 12.1.4 Follow the regulations on substances hazardous to health.	No revision proposed

12.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner. 12.1.6 Minimise the risk of infection by following appropriate infection controls including hand hygiene.	
12.2 Have adequate professional indemnity insurance and only work in practices that have adequate public liability insurance. This includes the following: 12.2.1 If insurance is provided by your employer, you must confirm that adequate insurance is in place. 12.2.2 If you work in multiple practices, you must ensure that there is adequate insurance to cover each working environment. 12.2.3 Your professional indemnity insurance must provide continuous cover for the period you are in practice. 12.2.4 Your professional indemnity insurance must cover complaints that are received after you stop practising, as these might be received years later – this is sometimes referred to as 'run-off' cover.	No revision proposed
12.3 Ensure that when working in the home of a patient or other community setting, the environment is safe and appropriate for the delivery of care.	No revision proposed
12.4 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must: 12.4.1 Use your professional judgement to assess the urgency of the situation. 12.4.2 Provide any care that is within your scope of practice which will provide benefit for the patient.	No revision proposed

12.4.3 Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.	
13. Show respect and fairness to others and do not discriminate	
13.1 Respect a patient's dignity, showing politeness and consideration.	No revision proposed
13.2 Promote equality, value diversity and be inclusive in all your dealings and do not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.	Promote equality, value diversity and be inclusive in all your dealings **with patients, the public, colleagues, and others with whom you have a professional relationship**. **Do not discriminate on the grounds of characteristics set out in relevant equalities legislation.**
13.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you refer patients to other appropriate providers.	No revision proposed
13.4 Respect colleagues' skills and contributions and do not discriminate.	Propose standard is merged with standard 13.6 as follows: **Respect colleagues' skills and contributions, and refrain from making unnecessary, or disparaging comments which could make a patient doubt your colleagues' competence, skills, or fitness to practise. This applies to public, private, and online communications. If you have concerns about a colleague's fitness to practise, then please refer to standard 11.**

13.5 Be aware of how your own behaviour might influence colleagues and students and demonstrate professional behaviour at all times.	No revision proposed
13.6 Refrain from making unnecessary or disparaging comments which could make a patient doubt your colleagues' competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise, then please refer to standard 11.	Propose standard is merged with standard 13.4 as outlined above
13.7 Support colleagues and offer guidance where they have identified problems with their performance or health or they have sought your help, but always put the interests and safety of patients first.	No revision proposed
13.8 Consider and respond to the needs of disabled patients and make reasonable adjustments to your practice to accommodate these and improve access to optical care.	Consider and respond to the needs of **patients with a disability**, **and patients in vulnerable circumstances**, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.
13.9 Challenge colleagues if their behaviour is discriminatory and be prepared to report behaviour that amounts to the abuse or denial of a patient's or colleague's rights, or could undermine patient safety.	No revision proposed
14. Maintain confidentiality and respect your patients' privacy	
14.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.	No revision proposed

14.2 Ensure that all staff you employ or are responsible for, are aware of their obligations in relation to maintaining confidentiality.	No revision proposed
14.3 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.	Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or when writing **and sharing images online**, including on social media.
14.4 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.	No revision proposed
14.5 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remains confidential. Different patients will require different levels of privacy and their preferences must be taken into account.	No revision proposed
14.6 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.	14.6 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, **or in the public interest.**
14.7 Securely store and protect your patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law. If you are an employee, then this would be in accordance with your employer's storage policy.	No revision proposed
14.8 Confidentially dispose of patient records when no longer required in line with data protection requirements.	No revision proposed

15. Maintain appropriate boundaries with others	
15.1 Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.	Maintain appropriate boundaries with your patients, students, **colleagues and others with whom you have a professional relationship. Maintaining appropriate boundaries applies to your behaviours, actions, and communications**.
15.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.	No revision proposed
	15.3 You must not engage in unwanted conduct of a sexual nature with students, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. Maintaining sexual boundaries applies to your behaviours, actions and communications. **15.4 You must not engage in conduct of a sexual nature with patients or violate their dignity. Maintaining sexual boundaries applies to your behaviours, actions and communications.**
16. Be honest and trustworthy	
16.1 Act with honesty and integrity to maintain public trust and confidence in your profession.	No revision proposed

16.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.	No revision proposed
16.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient safety.	No revision proposed
16.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.	No revision proposed
16.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.	No revision proposed
16.6 Do not make misleading, confusing or unlawful statements within your advertising.	Do not make misleading, confusing, or unlawful statements within your **communications or** advertising.
17. Do not damage the reputation of your profession through your conduct	
17.1 Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.	No revision proposed
17.2 Ensure your conduct in the online environment, particularly in relation to social media, whether or not connected to your professional practice, does not damage public confidence in you or your profession.	No revision proposed
17.3 Be aware of and comply with the law and regulations that affect your practice, and all the requirements of the General Optical Council.	No revision proposed

18. Respond to complaints effectively	
18.1 Operate a complaints system or follow the system that your employer has in place, making patients aware of their opportunities to complain to yourself or your employer. At the appropriate stage in the process, the patient should also be informed of their rights to complain to the General Optical Council or to seek mediation through the Optical Consumer Complaints Service.	No revision proposed
18.2 Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.	No revision proposed
18.3 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.	No revision proposed
18.4 Provide any information that a complainant might need to progress a complaint, including your General Optical Council registration details and details of any registered specialty areas of practice.	No revision proposed
19. Be candid when things have gone wrong	
19.1 Be open and honest with your patients when you have identified that things have gone wrong with their treatment or care which has resulted in them suffering harm or distress or where there may be implications for future patient care. You must: 19.1.1 Tell the patient or, where appropriate, the patient's advocate, carer or family that something has gone wrong. 19.1.2 Offer an apology.	No revision proposed

19.1.3 Offer appropriate remedy or support to put matters right (if possible). 19.1.4 Explain fully and promptly what has happened and the likely short-term and long-term effects. 19.1.5 Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.	
19.2 Be open and honest with your colleagues, employers and relevant organisations, and take part in reviews and investigations when requested, and with the General Optical Council, raising concerns where appropriate. Support and encourage your colleagues to be open and honest, and not stop someone from raising concerns.	No revision proposed
19.3 Ensure that when things go wrong, you take account of your obligations to reflect and improve your practice as outlined in standard 5.	No revision proposed

Annex 3: Changes to the Standards for Optical Students

Annex 3 contains a copy of the Standards for Optical Students with bold text to highlight where revisions have been made.

Existing standard	Revised standard
Introductory wording: **Standards for optical students** Our standards define the standards of behaviour and performance we expect of all registered student optometrists and student dispensing opticians. **The General Optical Council** The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards for optical students. This document sets out the eighteen standards that you must meet whilst training as an optical professional. These standards are not listed in order of priority and include standards relating to your behaviour and your supervised practice. You are professionally responsible for what you do or do not do. You must use your own professional judgement, with the support of your training provider or supervisor, to determine how to achieve these standards. To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we	Introductory wording: **Standards for optical students** Our standards define the standards of behaviour and performance we expect of all registered student optometrists and student dispensing opticians. **The General Optical Council** The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards for optical students. This document sets out the eighteen standards that you must meet whilst training as an optical professional. These standards are not listed in order of priority and include standards relating to your behaviour and your supervised practice. You are professionally responsible for what you do or do not do. You must use your own professional judgement, with the support of your training provider or supervisor, to determine how to achieve these standards. To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we

may produce supplementary material where we feel that registrants need additional support.	may produce supplementary material where we feel that registrants need additional support.
Your role as a professional As a student training to become a registered healthcare professional, you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. Throughout the course of your training you will develop the knowledge and skills needed to be able to exercise professional judgement and make decisions about the care of your patient. In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements.	**Your role as a professional** As a student training to become a registered healthcare professional, you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. Throughout the course of your training you will develop the knowledge and skills needed to be able to exercise professional judgement and make decisions about the care of your patient. In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements.
Requirement to be registered throughout your period of study It is a requirement for all students enrolled on a General Optical Council-accredited course in optometry or dispensing optics to be registered throughout their period of training and to follow the standards outlined in this document. **Consequences of not registering or following the standards**	**You must comply with all legal requirements that apply to you, including but not limited to, legislation relating to equalities, health and safety, data protection, medicines, and consumer protection. If you provide national health services, you should adhere to any additional requirements.** **All registrants are expected to demonstrate leadership skills, attributes and behaviours, relevant to their scope of practice. Examples of when registrants could demonstrate leadership include adopting a collaborative approach to practice, role modelling**

If someone raises concerns about your fitness to train, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your behaviour was in line with these standards and that you have acted professionally and in the best interests of your patients. We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you have received from those supervising your training. Failure to register or follow these standards as a student, may affect your ability to register and practise as an optical professional when you qualify. In serious cases you may also be removed from your training course. **Making the care of your patients your first and overriding concern** The care, well-being and safety of patients are at the heart of being a professional. Patients will often have the same expectations of students as they would of qualified healthcare professionals and they must always be your first concern from the beginning of your study, through to your pre-registration training and beyond. We have therefore produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training. Once your training is complete and you register as a practising optical professional you will then be expected to	**professional behaviours, suggesting innovative solutions to problems and supporting the education and training of others. Leadership skills, attributes and behaviours are embedded throughout the standards and relate to all aspects of your work.** **Requirement to be registered throughout your period of study** It is a requirement for all students enrolled on a General Optical Council-accredited course in optometry or dispensing optics to be registered throughout their period of training and to follow the standards outlined in this document. **Consequences of not registering or following the standards** If someone raises concerns about your fitness to train, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your behaviour was in line with these standards and that you have acted professionally and in the best interests of your patients. We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you have received from those supervising your training. Failure to register or follow these standards as a student, may affect your ability to register and practise as an optical professional when you qualify. In serious cases you may also be removed from your training course.

meet the separate Standards of Practice for Optometrists and Dispensing Opticians.	**Making the care of your patients your first and overriding concern** The care, well-being and safety of patients are at the heart of being a professional. Patients will often have the same expectations of students as they would of qualified healthcare professionals and they must always be your first concern from the beginning of your study, through to your pre-registration training and beyond. **Consider and respond to the needs of patients who, due to their personal circumstances, are in need of particular care, support or protection or at risk of abuse and neglect. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so consider a patient's vulnerabilities as part of each consultation.** We have produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training. Once your training is complete and you register as a practising optical professional you will then be expected to meet the separate Standards of Practice for Optometrists and Dispensing Opticians.

1. Listen to patients and ensure that they are at the heart of the decisions made about their care.	
1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.	No revision proposed
1.2 Listen to patients and in conjunction with your tutor or supervisor take account of their views, preferences and concerns, responding honestly and appropriately to their questions or referring to your tutor or supervisor for advice.	No revision proposed
1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.	No revision proposed
1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.	No revision proposed
1.5 Where possible, in consultation with your tutor or supervisor, modify your care and treatment based on your patient's needs and preferences without compromising patient safety.	No revision proposed
1.6 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant. Work in consultation with your tutor or supervisor to achieve this.	No revision proposed
1.7 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.	No revision proposed
1.8 In conjunction with your tutor or supervisor, support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well- being and supporting them in making lifestyle changes where appropriate	No revision proposed
2. Communicate effectively with your patients	

2.1 Give patients information in a way they can understand. Work with your tutor to achieve this.	No revision proposed
2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.	**Identify yourself and your role and advise patients who will provide their care**. **Explain to patients** what to expect from the consultation **and ensure they have** an opportunity to ask questions or change their mind before proceeding.
2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.	No revision proposed
2.4 Develop and use appropriate communication skills to communicate effectively with patients and their carers, colleagues and others. Consult your tutor or supervisor when unsure of how to proceed.	No revision proposed
2.5 Ensure that patients or their carers have all the information they need to safely use, administer or look after optical devices, drugs or other treatment that has been prescribed or they have been directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.	Ensure that patients or their carers have all the information they need to safely use, administer or look after **appliances**, drugs or other treatment that has been prescribed or they have been directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.
2.6 Be sensitive and supportive when dealing with relatives or other people close to the patient.	No revision proposed
3. Obtain valid consent	
3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given: 3.1.1 Voluntarily. 3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent.	3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given: 3.1.1 Voluntarily. 3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent.

3.1.4 By an appropriately informed person. Informed means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, sale or supply of optical appliances or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.	3.1.4 By an appropriately informed person. **In this context, informing** means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, **supply of appliances** or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.
3.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. When in a nation of the UK, other than where you normally study or undertake supervised practice, be aware of any differences in consent law and apply these appropriately.	No revision proposed
3.3 Ensure that the patient's consent remains valid at each stage of the examination or treatment and during any research in which they are participating.	No revision proposed
4. Show care and compassion for your patients	
4.1 Treat others with dignity and show empathy and respect.	No revision proposed
4.2 Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety.	Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress, or anxiety, **including when communicating bad news.**
5. Recognise, and work within, your limits of competence	
5.1 Recognise the limits of your scope of training including your knowledge, skills and experience.	No revision proposed

5.2 Be able to identify when you need to refer to your tutor or supervisor for further advice and guidance.	No revision proposed
5.3 Understand and comply with the requirements of student registration with the General Optical Council and the legal obligations of undertaking any restricted functions.	Understand and comply with the requirements of student registration with the General Optical Council and the legal obligations **of undertaking any functions restricted by law, e.g., sight testing and the supply of appliances.**
6. Conduct appropriate assessments, examinations, treatments and referrals under supervision	
You will develop your clinical skills over the course of your training, becoming more proficient as you near the end of your studies. As part of your training, you will apply these clinical skills in a real-life setting under the direction of your tutor or supervisor gradually taking more responsibility for patients as your skills develop. In conjunction with your tutor or supervisor:	No revision proposed
6.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.	Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family, and social history of the patient. This may include current symptoms, personal beliefs, cultural factors, **or vulnerabilities.**
6.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.	No revision proposed
6.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.	Only prescribe **appliances**, drugs, or treatment when you have adequate knowledge of the patient's health.
6.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient	No revision proposed

is receiving, including (where possible) over-the-counter medications.	
6.5 Provide effective patient care and treatments based on current good practice.	No revision proposed
6.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.	Only provide or recommend examinations, treatments, drugs or appliances if these are clinically justified and in the best interests of the patient. **Give patients information about all the relevant options available to them, including the option of no further treatment or intervention, in a way they can understand.**
6.7 When in doubt, consult with your tutor or supervisor appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.	No revision proposed
This is a new proposed standard:	**6.8 Apply your professional judgement when utilising data generated by digital technologies to inform decision making.**
7. Maintain adequate patient records	
7.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.	No revision proposed
7.2 As a minimum, record the following information: 7.2.1 The date of the consultation. 7.2.2 Your patient's personal details. 7.2.3 The reason for the consultation and any presenting condition. 7.2.4 The details and findings of any assessment or examination conducted.	7.2 As a minimum, record the following information: 7.2.1 The date of the consultation. 7.2.2 Your patient's personal details. 7.2.3 The reason for the consultation and any presenting condition. 7.2.4 The details and findings of any assessment or examination conducted.

7.2.5 The treatment, referral or advice you provided, including any drugs or optical device prescribed or a copy of the Referral letter. 7.2.6 Consent obtained for any examination or treatment. 7.2.7 Details of all those involved in the optical consultation, including name and signature or other identification of the author. This includes details of your supervisor including name and GOC registration number.	7.2.5 The treatment, referral or advice you provided, including any drugs or **appliance** prescribed or a copy of the Referral letter. 7.2.6 Consent obtained for any examination or treatment. 7.2.7 Details of all those involved in the optical consultation, including name and signature or other identification of the author. This includes details of your supervisor including name and GOC registration number
8. Ensure that supervision is undertaken appropriately and complies with the law	
The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor and the trainee. When being supervised:	No revision proposed
8.1 You must only be supervised by someone who is approved by your employer or training provider.	No revision proposed
8.2 Ensure that your supervisor is on the premises, in a position to oversee the work you undertake and is ready to intervene if necessary in order to protect patients.	No revision proposed
8.3 Your supervisor retains clinical responsibility for the patient.	No revision proposed
8.4 Comply with all legal requirements governing the activity.	No revision proposed
9. Work collaboratively with your peers, tutors, supervisors or other colleagues in the interests of patients	
9.1 Work collaboratively with your peers, tutors, supervisors, other colleagues within the optical professions and other health and social care practitioners in the best	No revision proposed

interests of your patients, ensuring that your communication is clear and effective.	
9.2 Ensure that patient information is shared appropriately with others, and clinical records are accessible by all involved in the patient's care.	No revision proposed
9.3 Where disagreements occur between yourself, your tutor, peers or other colleagues, ensure that these do not impact on patient care and aim to resolve these for the benefit of the patient.	No revision proposed
10. Protect and safeguard patients, colleagues and others from harm	
10.1 Protect and safeguard children, young people and vulnerable adults from abuse. You must: 10.1.1 Be alert to signs of abuse and denial of rights. 10.1.2 Consider the needs and welfare of your patients. 10.1.3 Report concerns to an appropriate person or organisation, whether this is your tutor, supervisor or training provider. 10.1.4 Act quickly in order to prevent further risk of harm. Seek advice immediately if you are unsure of how to proceed. 10.1.5 Keep adequate notes on what has happened and what actions you took.	No revision proposed
10.2 Promptly raise concerns about your patients, peers, colleagues, tutor, supervisor, training provider or other organisation, if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your supervisor, training provider or the General Optical Council as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.	No revision proposed

10.3 If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, do not participate in any further clinical training and seek advice from your training provider immediately.	If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement, or any other matter which may **compromise patient safety** or damage the reputation of your profession, do not participate in any further clinical training and seek advice from your **employer and** training provider immediately.
10.4 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern with your training provider.	No revision proposed
10.5 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in standard 13.	No revision proposed
This is a new proposed standard	**10.6 If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others. For guidance on serious communicable diseases, refer to current public health guidance.**
11. Ensure a safe environment for your patients	
11.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is	No revision proposed

not the case (see standard 10), by raising your concerns with your training provider. In particular: 11.1.1 Be aware of and comply with health and safety legislation. 11.1.2 Ensure that the environment and equipment that you use is hygienic. 11.1.3 Ensure that equipment that you use has been appropriately maintained. 11.1.4 Follow the regulations on substances hazardous to health. 11.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner. 11.1.6 Minimise the risk of infection by following appropriate infection controls including hand hygiene.	
11.2 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must: 11.2.1 Use your professional judgement to assess the urgency of the situation. 11.2.2 Provide any care that is within your scope of training which will provide benefit for the patient. 11.2.3 Make your best efforts to refer or signpost the patient to a healthcare professional or source of care where appropriate.	No revision proposed
12. Show respect and fairness to others and do not discriminate	
12.1 Respect a patient's dignity, showing politeness and consideration.	No revision proposed
12.2 Promote equality, value diversity and be inclusive in all your dealings. Do not discriminate on the grounds of gender, sexual orientation, age, disability, gender	Promote equality, value diversity and be inclusive in all your dealings with **patients, the public, colleagues, and others with whom you have a professional relationship.**

reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.	**Do not discriminate on the grounds of characteristics set out in relevant equalities legislation.**
12.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you consult with your tutor, supervisor or training provider to make alternative arrangements.	No revision proposed
12.4 Respect peers' and colleagues' skills and contributions and do not discriminate. 12.5 Refrain from making unnecessary or disparaging comments about your peers, tutors, supervisors, training provider or other colleagues which could make a patient doubt their competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise or the performance of your training provider or placement, then please refer to standard 10.	Propose standards merged are as follows; **Respect peers' and colleagues' skills and contributions, and refrain from making unnecessary, or disparaging comments about your peers, tutors, supervisors, training provider or other colleagues, which could make a patient doubt their competence, skills, or fitness to practise. This applies to public, private, and online communications. If you have concerns about a colleague's fitness to practise or the performance of your training provider or placement, then please refer to standard 10.**
12.6 Consider and respond to the needs of disabled patients and make reasonable adjustments in conjunction with your tutor, supervisor or training provider to accommodate these and improve access to optical care.	Consider and respond to the needs of **patients with a disability**, **and patients in vulnerable circumstances**, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.
12.7 Challenge your peers if their behaviour is discriminatory and be prepared to report behaviour that amounts to abuse or denial of a patient's or colleague's rights or patient safety.	No revision proposed

13. Maintain confidentiality and respect your patients' privacy	
13.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.	No revision proposed
13.2 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.	Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or when writing **and sharing images online**, including on social media.
13.3 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.	No revision proposed
13.4 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remain confidential. Different patients will require different levels of privacy and their preferences must be taken into account.	No revision proposed
13.5 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.	Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, **or in the public interest.**
13.6 Securely store and protect your patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law as outlined in the policies of your training provider.	No revision proposed
13.7 Confidentially dispose of patient records when no longer required in line with data protection requirements.	No revision proposed
14. Maintain appropriate boundaries with others	
14.1 Maintain proper professional boundaries with your patients, students and others that you come into contact	Maintain appropriate boundaries with your patients, students, **colleagues and others with whom you have a**

with during the course of your professional training and take special care when dealing with vulnerable people.	**professional relationship. Maintaining appropriate boundaries applies to your behaviours, actions, and communications.**
14.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.	No revision proposed
These are new proposed standards:	**14.3 You must not engage in unwanted conduct of a sexual nature with students, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. Maintaining sexual boundaries applies to your behaviours, actions and communications.** **14.4 You must not engage in conduct of a sexual nature with patients or violate their dignity. Maintaining sexual boundaries applies to your behaviours, actions and communications.**
15. Be honest and trustworthy	
15.1 Act with honesty and integrity to maintain public trust and confidence in your profession.	No revision proposed
15.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.	No revision proposed
15.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow	No revision proposed

personal or commercial interests and gains to compromise patient care.	
15.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.	No revision proposed
15.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.	No revision proposed
15.6 Do not make misleading, confusing or unlawful statements within your advertising.	Do not make misleading, confusing, or unlawful statements within your **communications or** advertising.
16. Do not damage the reputation of your profession through your conduct	
16.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.	No revision proposed
16.2 Ensure your conduct in the online environment particularly in relation to social media, whether or not connected to your professional study, does not damage public confidence in you or your profession.	No revision proposed
16.3 Be aware of and comply with the law and all the requirements of the General Optical Council.	No revision proposed
17. Respond to complaints effectively	
17.1 Follow the complaints system that your training provider has in place, making patients aware of their opportunities to complain to yourself or your training provider. At the appropriate stage in the process, the patient should also be informed of their rights to complain to	No revision proposed

the General Optical Council or to seek mediation through the Optical Consumer Complaints Service as appropriate.	
17.2 Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.	No revision proposed
17.3 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.	No revision proposed
17.4 Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details.	No revision proposed
18. Be candid when things have gone wrong	
18.1 Be open and honest with your patients when you have identified that things have gone wrong with their treatment or care which has resulted in them suffering harm or distress or where there may be implications for future patient care, seeking advice from your tutor or supervisor on how to proceed. They will advise on whether further action is required such as: 18.1.1 Telling the patient (or, where appropriate, the patient's advocate, carer or family) that something has gone wrong. 18.1.2 Offering an apology. 18.1.3 Offering appropriate remedy or support to put matters right (if possible). 18.1.4 Explaining fully and promptly what has happened and the likely short-term and long-term effects. 18.1.5 Outlining what you will do, where possible, to prevent reoccurrence and improve future patient care.	No revision proposed
18.2 Be open and honest with your supervisor or training provider and take part in reviews and investigations when	No revision proposed

requested and with the General Optical Council, raising concerns where appropriate. Support and encourage your peers to be open and honest, and not stop someone from raising concerns.	
18.3 Ensure that when things go wrong, you reflect on what happened and use the experience to improve.	No revision proposed

Annex 4: Changes to the Standards for Optical Businesses

Annex 4 contains a copy of the Standards for Optical Businesses with bold text to highlight where revisions have been made.

Existing standard	Revised standard
Introductory wording:	Introductory wording:
Standards for Optical Businesses Our Standards for Optical Businesses define the standards that we expect of optical businesses to protect the public and promote high standards of care.	**Standards for Optical Businesses** Our Standards for Optical Businesses define the standards that we expect of optical businesses to protect the public and promote high standards of care.
The General Optical Council (GOC) The GOC's role as the UK regulator for the optical professions gives us statutory responsibility for setting standards. Our over-arching statutory objective is the protection of the public and in pursuing this objective we are required to promote and maintain proper standards of conduct for business registrants.	**The General Optical Council (GOC)** The GOC's role as the UK regulator for the optical professions gives us statutory responsibility for setting standards. Our over-arching statutory objective is the protection of the public and in pursuing this objective we are required to promote and maintain proper standards of conduct for business registrants.
How do I use and apply the standards? This document sets out the 12 standards that you must meet as a registered optical business. These standards are not listed in order of priority and include standards relating to both behaviour and clinical care. The standards are designed to: • Set out our expectations clearly;	**How do I use and apply the standards?** This document sets out the 12 standards that you must meet as a registered optical business. These standards are not listed in order of priority and include standards relating to both behaviour and clinical care. The standards are designed to: • Set out our expectations clearly;

• Take account of the fast pace of change within the optical sector; • Reflect changing public expectations, including the importance of candour and consent; • Ensure consistency with the standards we set for individual practitioners; and • Largely reflect what is good practice already. These standards provide a framework that enables you to apply your professional judgement and consider how to apply them within the context of your business. To assist you in doing so, we have provided additional information about our expectations under each standard. When thinking about how to apply a standard to your business, you may wish to consider whether your peers would take the same approach, and how you would justify your approach if challenged. **Who do these standards apply to?** These standards apply to all optical businesses who are registered with the GOC. However, for the benefit of patients and the public, we would expect all optical businesses to meet them, regardless of whether or not they are currently required to register with the GOC. Complying with the standards will enable businesses to assist, encourage and support individual optometrists, dispensing opticians and students to comply with their individual professional standards, and in doing so, ensure they are providing good quality patient care and promoting professionalism.	• Take account of the fast pace of change within the optical sector; • Reflect changing public expectations, including the importance of candour and consent; • Ensure consistency with the standards we set for individual practitioners; and • Largely reflect what is good practice already. These standards provide a framework that enables you to apply your professional judgement and consider how to apply them within the context of your business. To assist you in doing so, we have provided additional information about our expectations under each standard. When thinking about how to apply a standard to your business, you may wish to consider whether your peers would take the same approach, and how you would justify your approach if challenged. **Who do these standards apply to?** These standards apply to all optical businesses who are registered with the GOC. Complying with the standards will enable businesses to assist, encourage and support individual optometrists, dispensing opticians and students to comply with their individual professional standards, and in doing so, ensure they are providing good quality patient care and promoting professionalism. We are seeking an extension of our powers so that we can require all optical businesses carrying out restricted functions to register with us. Compulsory registration will

We are seeking an extension of our powers so that we can require all optical businesses carrying out restricted functions to register with us. Compulsory registration will better protect the public by ensuring a consistent approach to those activities that tend to be within the control of businesses as opposed to individual registrants. Where we say ‘you’ in this document, we mean: • You, the body corporate; • You, the director or responsible officer of an optical business (whether or not you are a registered optometrist or a registered dispensing optician). For clarity, ‘you’ does not refer to someone who is simply an employee of the business and has no decision-making power and/or financial control over the business. You are professionally accountable for what you do, or do not do. This means you must always be able to justify your decisions and actions. Where we say ‘staff’ in this document, we mean anyone working within the context of the business in any of the following capacities: • Optometrists and dispensing opticians including independent prescribers (IPs), contact lens opticians (CLOs) and locums; • Student optometrists and student dispensing opticians; • Other regulated healthcare professionals such as ophthalmic medical practitioners (OMPs); • Optical assistants or similar titles performing the duties of an optical assistant;	better protect the public by ensuring a consistent approach to those activities that tend to be within the control of businesses as opposed to individual registrants. Where we say ‘you’ in this document, we mean: • You, the body corporate; • You, the director or responsible officer of an optical business (whether or not you are a registered optometrist or a registered dispensing optician). For clarity, ‘you’ does not refer to someone who is simply an employee of the business and has no decision-making power and/or financial control over the business. You are professionally accountable for what you do, or do not do. This means you must always be able to justify your decisions and actions. Where we say ‘staff’ in this document, we mean anyone working within the context of the business in any of the following capacities: • Optometrists and dispensing opticians including independent prescribers (IPs), contact lens opticians (CLOs) and locums; • Student optometrists and student dispensing opticians; • Other regulated healthcare professionals such as ophthalmic medical practitioners (OMPs); • Optical assistants or similar titles performing the duties of an optical assistant; • Any other staff whose roles could have an impact on patient care, for example, reception staff.

• Any other staff whose roles could have an impact on patient care, for example, reception staff. Use of the term ‘registered staff’ refers to those individuals registered with the GOC as either optometrists, dispensing opticians, student optometrists or student dispensing opticians, or any other member of staff registered with a statutory healthcare regulator. It is illegal for optometrists, dispensing opticians, student optometrists and student dispensing opticians to practise in the UK without registering with the GOC. **The role of the optical business** As a healthcare provider, your business has a responsibility to ensure the care and safety of patients and the public and to uphold professional standards. The care, well-being and safety of patients must always be your first concern. This principle is at the very heart of the healthcare professions. Healthcare professionals, optometrists, dispensing opticians and optical students who work within the context of your business also have a responsibility to ensure the care and safety of their patients and the public, and to uphold their own professional standards. For optometrists, dispensing opticians and optical students, these responsibilities are set out in the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students, which are complementary to this document and should be read in parallel. The business has a part to play in facilitating professionals’ abilities to meet their own professional standards when they are working within the context of that business. Both individuals and businesses need to work together to meet	Use of the term ‘registered staff’ refers to those individuals registered with the GOC as either optometrists, dispensing opticians, student optometrists or student dispensing opticians, or any other member of staff registered with a statutory healthcare regulator. It is illegal for optometrists, dispensing opticians, student optometrists and student dispensing opticians to practise in the UK without registering with the GOC. **The role of the optical business** As a healthcare provider, your business has a responsibility to ensure the care and safety of patients and the public and to uphold professional standards. The care, well-being and safety of patients must always be your first concern. This principle is at the very heart of the healthcare professions. Healthcare professionals, optometrists, dispensing opticians and optical students who work within the context of your business also have a responsibility to ensure the care and safety of their patients and the public, and to uphold their own professional standards. For optometrists, dispensing opticians and optical students, these responsibilities are set out in the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students, which are complementary to this document and should be read in parallel. The business has a part to play in facilitating professionals’ abilities to meet their own professional standards when they are working within the context of that business. Both individuals and businesses need to work together to meet their respective standards in order to ensure the care and safety of patients and the public.

their respective standards in order to ensure the care and safety of patients and the public. Even if some members of staff do not have direct contact with patients, their decisions, behaviour and/or working environment can still affect patient care and safety. Your business and your staff may also have other requirements to adhere to if you or they provide NHS services and, if this is the case, you should ensure that they are met. If your business is involved in the delivery of the education pathway, such as providing supervised clinical placements to optical students, this is an important responsibility and you should work closely with education providers to ensure obligations are met. **When there are concerns** If someone raises concerns about your fitness to carry on business, we will refer to these standards when deciding if we need to take any action. You may need to demonstrate that your decision-making was informed by these standards and that you have acted in the best interests of your patients and the public	Even if some members of staff do not have direct contact with patients, their decisions, behaviour and/or working environment can still affect patient care and safety. Your business and your staff may also have other requirements to adhere to if you or they provide NHS services and, if this is the case, you should ensure that they are met. If your business is involved in the delivery of the education pathway, such as providing supervised clinical placements to optical students, this is an important responsibility and you should work closely with education providers to ensure obligations are met. **When there are concerns** If someone raises concerns about your fitness to carry on business, we will refer to these standards when deciding if we need to take any action. You may need to demonstrate that your decision-making was informed by these standards and that you have acted in the best interests of your patients and the public
1.1 Patients can expect to be safe in your care	
Promoting patient safety is at the heart of all healthcare. A patient should be able to trust their healthcare provider to prioritise their safety so that they can receive the best possible care. An important aspect of this is that optical businesses must not inhibit the healthcare professionals they employ or contract with from meeting their own professional standards. To achieve this, your business must:	No revision proposed

1.1.1 Understands its legal and professional responsibilities to safeguard patients from abuse and ensures that it and its staff are prepared and supported to do so;	No revision proposed
1.1.2 Has a process for staff to report any safeguarding concerns and encourages them to do so;	No revision proposed
1.1.3 Promptly addresses concerns about colleagues, businesses or other organisations if patient or public safety might be at risk. These concerns may be identified by you or your staff;	No revision proposed
1.1.4 Escalates or reports concerns affecting patient or public safety, where they cannot be addressed by your business, to an appropriate authority and encourages others to do the same;	No revision proposed
1.1.5 Makes staff aware that where they have raised concerns which have not been resolved within the business, they may escalate or report these to a higher authority such as a professional regulator (whistleblow) and certain aspects of this are protected by law;	No revision proposed
1.1.6 Ensures that when introducing technological interventions, including artificial intelligence (AI) and machine learning, they do not compromise patient care, and that professional standards continue to be met;	No revision proposed
1.1.7 Considers whether criminal record checks are necessary for its staff members depending on their	No revision proposed

particular roles and/or exposure to patients, particularly children and vulnerable adults. The process for undertaking such checks varies across the four nations of the UK;	
1.1.8 Is prepared to restrict trading in areas of concern if continuing to do so would adversely affect patient care;	No revision proposed
1.1.9 Takes appropriate steps to protect patients, the public and your employees if there is evidence to show that a staff member may not be fit to practise or work. This also applies to students who may not be fit to train;	Take appropriate steps to protect patients, the public and your employees, if there is evidence to show that a staff member **or student** may not be fit to practise, **train** or work.
1.1.10 Ensures that any operational or commercial targets do not have an adverse effect on patient care	No revision proposed
1.2 Patient care is delivered in a suitable environment	
It is crucial that the environment in which patients receive treatment and care is fit for purpose, so that patients are protected and that accurate information can be obtained about a patient's eye health. This applies no matter where the care is being delivered, including online. To achieve this, your business:	No revision proposed
1.2.1 Ensures that all appropriate staff have professional indemnity insurance in place to cover their activities, and considers whether any additional insurance is needed for the business;	No revision proposed
1.2.2 Provides an accessible patient care environment in line with current equalities legislation;	No revision proposed
1.2.3 Maintains an appropriate standard of hygiene and repair of the premises from which care is provided;	No revision proposed

1.2.4 Only provides, promotes and utilises equipment, medications and medical devices (including software and other technologies) that are fit for their intended use, hygienic and in a good state of repair;	No revision proposed
1.2.5 Ensures that staff utilising equipment, medications and medical devices (including software and other technologies) have undergone appropriate training in their use;	No revision proposed
1.2.6 Advises staff that they have the right to refuse to provide care if there is a serious risk to their own safety or that of others in doing so. This applies wherever care is being delivered, including in domiciliary settings;	No revision proposed
1.2.7 Is able to accommodate the need or wish of a patient to have a carer, chaperone or interpreter present, whether their own or provided by the practice;	No revision proposed
1.2.8 Provides appropriate disposal facilities for all waste, including any controlled, clinical and offensive waste where applicable;	No revision proposed
1.2.9 Requires and enforces infection control protocols appropriate for your practice and ensures that all staff are in a position to follow them;	No revision proposed
1.2.10 Ensures that your business is prepared to deal with an emergency situation arising in practice, whether optical or otherwise;	No revision proposed
1.2.11 Ensures that unauthorised access to equipment, medications and medical devices (including software and other technologies) and restricted areas of the premises is prevented.	No revision proposed
1.3 Communication is clear and effective	
Clear communication with patients is vital to be able to provide suitable care to them and ensure that they are involved in making decisions about their own healthcare. It	No revision proposed

is also important that they know what they can expect from their optical care and have a realistic understanding of what can be provided so that their expectations can be managed. To achieve this, your business:	
1.3.1 Provides information that is accessible to patients in a way they understand, taking into consideration individual needs and requirements. This could include what might be necessary in specific contexts such as requirements in the provision of NHS services; additional needs of the patient such as a learning disability; and any speech or communication difficulties;	No revision proposed
1.3.2 Ensures, so far as possible, that operational or commercial pressures do not inhibit staff from allowing patients the time they need to process any information given to them and the opportunity to change their mind;	No revision proposed
1.3.3 Provides, or makes available to staff, information for patients about any change to their prescribed products or appliances, to ensure that patients are able to decide about their own care;	No revision proposed
1.3.4 Communicates effectively with a variety of persons, including patients, carers, professional colleagues and others;	No revision proposed
1.3.5 Provides patients or carers with the information they need to be able to safely use, administer or look after medications or medical devices (including software and other technologies) that they have been prescribed or directed to use in order to manage their eye conditions;	No revision proposed
1.3.6 Delivers sensitive information with care and compassion.	No revision proposed
1.4 Patients can give valid consent to treatment	

It is a fundamental legal and ethical principle that valid consent must be obtained at the point of care and throughout treatment. Consent reflects the right of patients to determine what happens to their own bodies and make choices in relation to optical appliances or treatment. Patients can give explicit consent, or in some circumstances, they can provide implied consent and both of these are equally valid. The GOC has further guidance on consent, including the differences between types of consent, on our website. To be 'valid', consent much be given: a) voluntarily; b) by a patient or someone authorised to act on the patient's behalf; and c) by a person who is appropriately informed. 'Informed' means that the patient has had an explanation of what the healthcare professional is going to do and that the patient is aware of any risks and options applicable to them. The support of the business is crucial to help individual healthcare professionals in seeking and obtaining valid consent from patients. To achieve this, your business:	It is a fundamental legal and ethical principle that valid consent must be obtained at the point of care and throughout treatment. Consent reflects the right of patients to determine what happens to their own bodies and make choices in relation to optical appliances or treatment. Patients can give explicit consent, or in some circumstances, they can provide implied consent and both of these are equally valid. The GOC has further guidance on consent, including the differences between types of consent, on our website. To be 'valid', consent much be given: a) voluntarily; b) by a patient or someone authorised to act on the patient's behalf; and c) by a person who is appropriately informed. **In this context**, 'informed' means that the patient has had an explanation of what the healthcare professional is going to do and that the patient is aware of any risks and options applicable to them. The support of the business is crucial to help individual healthcare professionals in seeking and obtaining valid consent from patients. To achieve this, your business:
1.4.1 Promotes the need for valid consent from patients;	No revision proposed
1.4.2 Makes information available to staff regarding the differences in obtaining valid consent in children, young people and vulnerable adults, and any legislation affecting the provision of consent in the nations of the UK in which they work;	No revision proposed
1.4.3 Supports staff in making an assessment of patient capacity where they are unsure, and encourages staff to document any advice they receive on making such an assessment;	No revision proposed

1.4.4 Recognises that implied consent may be given in relation to information-sharing with other healthcare professionals involved in a patient's care, and refers staff to GOC consent guidance for further information on this.	No revision proposed
2.1 The services you provide are open and transparent	
The Mid-Staffs Hospital Public Inquiry identified a need for openness and transparency within healthcare. In order to be able to promote the public's trust in you as a business and in the optical professions, you need to ensure that the services you provide to patients and the public are transparent; that complaints are handles fairly; and that staff are able to be candid. To achieve this, your business:	No revision proposed
2.1.1 Fosters a culture of candour within the business by encouraging honesty and has a good knowledge of any contractual or statutory duties of candour that are applicable to your business, as well as the duty on your registered staff under the Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students;	No revision proposed
2.1.2 Fulfils its professional, contractual and statutory duties of candour when it is identified that things have gone wrong with a patient's treatment or care which has resulted in them suffering harm or distress, or where there may be implications for future patient care. This includes as a basis the need to: 2.1.2.1 Tell the patient or, where appropriate, the patient's advocate, carer or family, that something has gone wrong; 2.1.2.2 Offer an apology; 2.1.2.3 Offer appropriate remedy or support to put matters right (if possible);	No revision proposed

2.1.2.4 Explain fully and promptly what has happened and the likely short-term and long-term effects; 2.1.2.5 Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.	
2.1.3 Ensures that staff have roles appropriately assigned, with clear lines of accountability and, where staff interact with patients and the public, they identify themselves and their role(s) clearly;	No revision proposed
2.1.4 Establishes a clear complaints protocol and makes patients aware of their channels of complaint. These include the business, the Optical Consumer Complaints Service (OCCS), the GOC, the NHS or ombudsman services where relevant;	No revision proposed
2.1.5 Provides staff (including locums) with access to complaints policies and protocols, and any other internal protocols directly impacting patients, or access to another member of staff who can advise on these;	No revision proposed
2.1.6 Ensures that, where a patient makes a complaint, this does not impact on their care, which might require a patient to be referred to another practitioner or practice;	No revision proposed
2.1.7 Co-operates with formal investigations and inquiries in relation to your business or your staff, provides relevant information to appropriate authorities when requested and does not prevent staff from co-operating when this is necessary;	No revision proposed
2.1.8 Provides clear information to patients about costs of products and professional services;	No revision proposed
2.1.9 Encourages staff to declare any conflicts of interest, where they arise, and withdraw themselves from such conflicts. The joint regulatory conflicts of interest statement sets out what is expected.	No revision proposed

2.2 You ensure compliance with relevant regulations	
As part of its responsibilities to the GOC, your business has a duty to ensure it is compliant with all regulations affecting the running of the business. Failure to comply puts at stake the reputation of the business and its ability to continue operating. The personal and professional conduct of directors also has the potential to affect the ability of the business to continue operating (for example, if a criminal offence is committed). The information listed below is not exhaustive and other statutory or regulatory duties may apply depending on the structure of your business or the environment in which it operates. To achieve this, your business:	No revision proposed
2.2.1 Advertises only in ways that are not misleading, confusing or unlawful;	No revision proposed
2.2.2 Acts on any instruction from a statutory authority requiring measures to be implemented to safeguard the welfare of patients and staff;	No revision proposed
2.2.3 Ensures that all data is obtained, processed, stored and destroyed in a manner compliant with the law;	No revision proposed
2.2.4 Takes reasonable steps to ensure that those individuals or organisations to which you refer patients are able to provide appropriate care;	No revision proposed
2.2.5 Promotes equality, values diversity and is inclusive in all dealings with staff, patients and others and does not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief;	Promotes equality, values diversity and is inclusive in all dealings with staff, patients, and others and does not discriminate on the grounds of **characteristics set out in relevant equalities legislation**
2.2.6 Provides staff with clear information in relation to all legislation relevant to their roles.	No revision proposed

2.3 You have a system of clinical governance in place	
Clinical governance is a systematic approach to maintaining and improving the quality of patient care within healthcare providers. You are a provider of a healthcare service and therefore have a responsibility to ensure that the care you provide to patients is of good quality and continuously improving. To achieve this, your business:	No revision proposed
2.3.1 Has a system, appropriate to your practice, which allows staff to review and reflect on their work and identify and share good practice or where improvements are necessary;	No revision proposed
2.3.2 Learns from mistakes made by your organisation and staff and, where it is possible to do so, puts mechanisms in place to prevent reoccurrence;	No revision proposed
2.3.3 Audits patient records to identify themes and issues and addresses any concerns that arise to ensure consistency and quality of patient care. The approach taken should be appropriate and proportionate to your business.	No revision proposed
2.4 Confidentiality is respected	
Respecting confidentiality is a fundamental principle of healthcare: a patient trusts their healthcare professional and reasonably expects that information to be kept private and not disclosed to others unnecessarily or unlawfully. This duty also applies to information you hold about your staff. Your role as an optical business is to provide an environment which facilitates the respecting of confidentiality, whilst ensuring that appropriate disclosures can be made where there is a public interest in so doing. To achieve this, your business:	No revision proposed

2.4.1 Provides a system for the maintenance of patient records that is secure and accessible only to those who need to see it. This applies to both paper and electronic records;	No revision proposed
2.4.2 Is able to provide privacy for patient care when necessary;	No revision proposed
2.4.3 Stores information about staff and recruitment securely and confidentially;	No revision proposed
2.4.4 Appropriately updates storage systems (including paper and electronic record storage) to maintain security;	No revision proposed
2.4.5 Supports staff in overriding patient confidentiality where it is in the public interest to do so. This should include guidance for staff on how to disclose information to an appropriate authority and document such disclosures.	No revision proposed
3.1 Your staff are able to exercise their professional judgement	
It is important for staff to be able to exercise their professional judgement in fulfilling their duties to patients, and to meet the expectations of their professional regulator. This relies on staff being empowered to take into consideration what is best for patients and doing so with their interests and circumstances in mind. They should be in a position to do so without being subject to unreasonable external influence or pressure. To achieve this, your business:	No revision proposed
3.1.1 Promotes awareness and understanding of the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses to staff;	No revision proposed

3.1.2 Supports its staff to have the confidence to make decisions appropriate to their role	No revision proposed
3.1.3 Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement	No revision proposed
3.1.4 Allows staff sufficient time, so far as possible, to accommodate patients' individual needs within the provision of care;	No revision proposed
3.1.5 Encourages staff to seek advice on making difficult decisions if they need to, and lets them know with whom they can do this;	No revision proposed
3.1.6 Ensures that any changes to prescribed products are clinically justified, and staff are able to apply professional judgement when deciding if a change to the prescribed product is right for individual patients.	No revision proposed
3.2 Staff are suitably trained, qualified and registered	
It is a legal requirement that those undertaking restricted functions are appropriately registered with the GOC or the General Medical Council (GMC). In addition, staff undertaking other roles in the optical business need to have suitable levels of training so as not to have an adverse impact on patient safety or trust. It is therefore crucial from both healthcare and commercial perspectives that the business takes a proactive role in ensuring its staff are suitably trained, qualified and registered (where necessary). An individual's learning needs to be lifelong so that they can keep up-to-date with changes in outlook, technology and scope of their profession, and ensure that they remain fit to practise. It is important therefore that the business environment is one in which staff feel able to learn and grow. To achieve this, your business:	No revision proposed

3.2.1 Requires that those working as optometrists and dispensing opticians (and student optometrists and student dispensing opticians) have up-to-date registration with the GOC and take reasonable steps to ensure that this is the case.	No revision proposed
3.2.2 Supports its staff to develop their communication skills and to treat patients with care and compassion.	No revision proposed
3.2.3 Encourages staff to undertake learning and development in professional decision-making, as appropriate to their role.	No revision proposed
3.2.4 Prepares new staff to understand how patient care is delivered in your specific business setting;	No revision proposed
3.2.5 Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not	No revision proposed
3.2.6 Provides a system for the monitoring of staff objectives and training needs, as appropriate	No revision proposed
3.2.7 Supports GOC registrants to meet their professional requirements, including Standards of Practice for Optometrist and Dispensing Opticians and Standards for Optical Students and continuing education and training (CET) requirements.	Supports GOC registrants to meet their professional requirements, including Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students and **Continuing Professional Development (CPD)** requirements.
3.3 Staff are adequately supervised	**Staff are adequately supervised and supported**
Optical businesses have a responsibility to ensure that staff are adequately supervised, where appropriate, and staff have a key role to play in the formal supervision of pre-registration students as part of the education pathway. It is important to make sure that all staff – regulated or not – have access to the supervision and support they need to provide good patient care. The standards for supervision and delegation arrangements are set out in Standard 9 of	No revision proposed

the Standards of Practice for Optometrists and Dispensing Opticians. The GOC supervision policy for pre-registration students is set out in the GOC quality assurance handbooks. To achieve this, your business:	
3.3.1 Ensures that only staff with sufficient levels of qualification and experience act as supervisors, and require them to be in a position to oversee the work undertaken and ready to intervene if necessary to protect patients;	No revision proposed
3.3.2 Ensures that all staff members involved in the delegation and supervision of clinical tasks are aware who retains overall clinical responsibility for the patient;	No revision proposed
3.3.3 Monitors progress of new staff in meeting the requirements of their role;	No revision proposed
3.3.4 Has appropriate systems in place to address and manage poor clinical and professional performance;	No revision proposed
3.3.5 Ensures that students have protected time for supervised learning, where the business has entered into an agreement to provide clinical training in practice as part of the education pathway;	No revision proposed
3.3.6 Provides students with information about who to speak to in the practice if they have an issue or query.	No revision proposed
This is a new proposed standard.	**3.3.7 Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace**
3.4 Staff collaborate with others, where appropriate	
Some patients may need external referral to other healthcare professionals such as ophthalmologists to manage their health. Staff working within an optical business should understand the system of referral	No revision proposed

available and be in a position to collaborate with other healthcare professionals to ensure patient safety. Locums specifically should have access to information about local referral protocols. This cannot be done without the full support of the business. To achieve this, your business:	
3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified;	No revision proposed
3.4.2 Facilitates the sharing of appropriate and relevant information in a timely manner;	No revision proposed
3.4.3 Supports its staff in requesting further information from the patient, their carer(s) or any other healthcare professional when necessary;	No revision proposed
3.4.4 Encourages respectful communications with professional colleagues and refrains from making disparaging remarks about other professionals or businesses in public or in private;	No revision proposed
3.4.5 Supports its staff to keep patient records that are clear, legible, contemporaneous and sufficiently detailed to be accessible to another healthcare professional.	No revision proposed

Annex 5: Impact Assessment Screening Tool

Name of policy or process	Standards Review
Purpose of policy or process	To update the standards that we set for students and fully-qualified individuals, with consequential amendments made to the standards for optical businesses.
Team/Department	Policy & Standards
Date	13th November 2023 (Updated 21 August 2024)
Screen undertaken by	Rebecca Chamberlain and Charlotte Urwin
Approved by	Steve Brooker, Director of Regulatory Strategy
Date approved	6 September 2024
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a **full** impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is **not** required, put your reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High risk	Medium risk		Low risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		**No impact on the reserves / not used**	
2. Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	**No budget is required OR budget has been allocated and it is unlikely more will be required**	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	**Aware of all the legislation, it is included in the project/process, and we are compliant**	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	**Legislation may be changed at some point in the near future**	There are no plans for legislation to be changed	
5. Reputation and media	This topic has high media focus at present or in last 12 months	**This topic has growing focus in the media in the last 12 months**	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	**Able to complete with current resource**	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	**More than 5 people are aware of the process/ project and it is clearly recorded centrally**	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	**NA**
8. Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	**Both internal and external comms plan is in place and completed, owner and completion dates are identified**	
	Not sure if needs to be published in Welsh	**Must be published in Welsh;**		Does not need to be published in Welsh	

Please put commentary below about your impacts ratings above:
Point 3: The revisions include an introductory statement which makes clear that registrants must follow all relevant legislation. **Point 4**: We are aware that there are new pieces of primary legislation in the pipeline, which may come into effect in the lifecycle of these standards, e.g., legislation on Artificial Intelligence. This has been addressed by inclusion of a generic statement which requires registrants to follow all relevant legislation. **Point 5**: There has been some media attention on the Standards Review project since its official launch in April 2023. The proposed revisions to the standards are likely to receive further media attention. **Point 8**: A new communications plan for the publication and implementation of the revised standards will be developed in collaboration with the Communications Department. The risks identified in this section are mainly low, and the medium risks have been addressed as far as possible, therefore a full impact assessment is not necessary.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	**Private / closed business data**	Confidential / open business data	
2. Will the data be anonymised?	**No**	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain (SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	**NA**
4. Is **all** of the data collected going to be used?	No, maybe in future	**Yes, but this is the first time we collect and use it**	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		**Less than 1,000 records**	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	**NA**
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	**Yes – it is on retention schedule**	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	**GOC shared drive; personal drive**	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	**Yes, but it has not been reviewed by IAO**	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	**Yes, agreement in place**	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	**No**	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	**None - no personal or identifiable data will be published**	

B) Information governance	High risk	Medium risk		Low risk	? or N/A
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		**Yes, all trained in IG in the last 12 months**	

Please put commentary below about reasons for information governance ratings:
Point 2: The revisions themselves do not relate to specific individuals so there is no requirement to anonymise the data. **Point 4**: All the consultation responses have been reviewed and used to inform a) the final revisions to the standards and b) the consultation response report. **Point 7**: Retention schedule requires consultation documents to be retained for 6 years after the date created – the consultation document will contain copies of the revised standards. **Point 9**: All documents relating to the Standards Review project are on the asset register. The risks identified in this section are low or medium, and the medium risks have been addressed as far as possible, therefore a full impact assessment is not necessary.

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	**Public**			**Registrants, employees or members**	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			**No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process**	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	**Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required**	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	**There is clear decision criteria and a form to record the decision**	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	**The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded**	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		**Over 80% of those involved have received EDI training in the last 12 months, which is recorded**	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		**Alternative formats available and users can discuss and complete with the team**	
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	**NA**
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	**NA**
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		**Planned well in advance**	
	Change in arrangements is very often	Change in arrangements is quite often		**Change in arrangements is rare**	
	Only can attend in person	Mostly required to attend in person		**Able to attend remotely**	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		**Attendance/involvement is equal, and monitored per attendee**	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	**Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)**	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
8. Associated costs	**Potential expenses are not included in our expenses policy**	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	**See EDI section**
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	**Consultation with policy users, employees, members and wider groups**	

Please put commentary below for human rights, equalities and inclusion ratings above:
Point 3: The revised standards will be reviewed and approved by Council. Acceptance of the revised standards will be formally recorded in Council minutes. There is no internal GOC appeals process – Council's decision is final, however revisions to the standards have been informed by significant stakeholder engagement. Council members undergo annual EDI training. **Point 5**: We will publish the standards in English and Welsh, with alternative formats available on request. **Point 10**: We received 39 written consultation responses and held eight stakeholder events to give stakeholders the opportunity to discuss the changes. The risks identified in this section are mainly low, therefore a full impact assessment is not necessary.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	The revised standards do not include any amendments or additions that would have a detrimental impact on anyone based on their age. The following new standard in the Standards for Optical Businesses may also have a positive impact on young people in particular: "**Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace**." We know from our registrant survey that registrants under 35 are more likely to experience discrimination, bullying and harassment, so the addition of this standard will contribute to improved support for those registrants. The revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on age.
Disability	Positive	The revised standards do not include any amendments or additions that would have a detrimental impact on anyone with a disability. The following standard may have a positive effect on those with a disability. **"If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others. For guidance on serious communicable diseases, refer to current public health guidance."**

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		Those with a disability that relates to having a compromised immune system will benefit from the practice of reducing the possibility of exposure to communicable diseases and find access to services safer. The following new standard in the Standards for Optical Businesses may also have a positive impact on those with a disability: "**Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace**." We know from our registrant survey that registrants with a disability are more likely to experience discrimination, bullying and harassment, so the addition of this standard will contribute to improved support for those registrants. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. Several respondents to the consultation stated that they believed the standards would have a positive impact by raising awareness and potentially offering better protection for individuals with disabilities or vulnerabilities.
Sex	Positive	The revised standards do not include additions or amendments that should have a detrimental impact on someone based on their sex. The following new standard in the Standards for Optical Businesses may have a positive impact on female registrants in particular: **"Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace."**

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		We know from our registrant survey that female registrants are more likely to experience discrimination, bullying and harassment, so the addition of this standard will contribute to improved support for those registrants. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The revisions to standard 15 deal specifically with the issue of sexual misconduct. The consultation did not identify any additional impacts on individuals based on their sex. Respondents expressed an expectation that the new standards will benefit certain groups, particularly women in relation to the standard on sexual boundaries.
Gender reassignment (trans and non-binary)	Positive	The revised standards do not include additions or amendments that should impact someone based on their gender reassignment or trans status. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on gender reassignment.
Marriage and civil partnership	Positive	The revised standards do not include additions or amendments that should impact someone because of their marital status, regardless of whether it is a same-sex marriage/civil partnership or an opposite-sex one. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on marriage or civil partnership.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Pregnancy/ maternity	Positive	The only amendment or addition to the Standards which may affect those pregnant is the following requirement: **“If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others. For guidance on serious communicable diseases, refer to current public health guidance.”** Pregnant people can experience periods of lower immunity throughout their pregnancy and will likely benefit from the practice of reducing the possibility of exposure to communicable diseases and find access to services safer. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on pregnancy or maternity.
Race	Positive	The revised standards do not include additions or amendments that should have a detrimental impact on someone because of their race or ethnicity. The following new standard in the Standards for Optical Businesses may also have a positive impact on those from an ethnic minority background: **“Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace.”** We know from our registrant survey that registrants from ethnic minority backgrounds were more likely to have experienced harassment, bullying or abuse specifically from managers, other

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		colleagues, and tutors, lecturers or supervisors. Those from ethnic minority groups were also more likely to have experienced any discrimination, particularly those of Asian/Asian British ethnicity. The addition of this standard will contribute to improved support for those registrants. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on race.
Religion/belief	Positive	The revised standards do not include additions or amendments that should impact someone based on their religion or beliefs, including the absence of either. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on religion or belief.
Sexual orientation	Positive	The revised standards do not include additions or amendments that should impact someone because of their sexual orientation. As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The consultation did not identify any additional impacts on individuals based on sexual orientation.
Other groups (e.g. carers, people from different socio-	Neutral	**Different socio-economic groups** The revised standards do not include additions or amendments that should impact someone because of their socio-economic background.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
economic groups)		The consultation did not identify any impact on individuals because of their socio-economic background.
	Neutral	**Welsh language users** The revised standards do not include additions or amendments that should impact someone because of their status as a Welsh language speaker or user. The consultation indicated that respondents view the publication of the standards in the Welsh language positively and acknowledge it is a) beneficial for Welsh speaking patients and practitioners, b) promotes equity between Welsh and non-Welsh speakers and c) facilitates reflection on and application of the standards in an individual's first/preferred language.
	Positive	**Patients in vulnerable circumstances** The revised standards include the following addition to the introduction: **“Consider and respond to the needs of patients who, due to their personal circumstances, are in need of particular care, support or protection or at risk of abuse and neglect. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so consider a patient's vulnerabilities as part of each consultation”** And the following revisions: “Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors and **vulnerabilities**.”

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		“Consider and respond to the needs of disabled patients, and **patients in vulnerable circumstances**, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.” As outlined in the first addition, vulnerable people may require specific care, regardless of their protected characteristic status, and may be more at risk of abuse. These additions and amendments will work to ensure vulnerable people are better protected and receive better care. The consultation did not identify any additional impacts on individuals in vulnerable circumstances. Several respondents believe the standards will have a positive impact by raising awareness and potentially offering better protection for individuals with disabilities or vulnerabilities.

Annex 6: Summary Communication and Implementation Plan

1. This paper summarises the communications and implementation activities to support the launch of the new standards.

2. In addition to the activities set out in this plan, we are working with colleagues in Regulatory Operations to arrange session(s) with all relevant parties (including Case Examiners and panellists) in our fitness to practise process.

Key messages

- New standards have been approved and will come into effect in January 2025.
- These apply to all student and fully qualified optometrists and dispensing opticians, and business registrants.
- Standards developed following extensive stakeholder engagement and consultation.
- Many standards remain the same
- Registrants remain responsible for their practice and for using their professional judgement
- Changes to the standards of practice for Optometrists, Dispensing Opticians and students include:
    - New standards on communicable diseases and sexual conduct
    - New introductory text on leadership, compliance with legislation and caring for patients in vulnerable circumstances
    - Revisions to the standards on care of patients in vulnerable circumstances, effective communication, use of digital technologies, social media and online conduct, maintaining appropriate professional boundaries, and equality, diversity and inclusion.
- Changes to the Standards for Optical Businesses include:
    - Requirement for employers to provide support for staff who have experienced, bullying, abuse, harassment or boundary crossing

Timing

- The plan will span the period 25 September (approval of standards) to end of February 2025
- Comms will be centred around three key phases:
    - announcement of approval of new standards (September to October)
    - launch of the new standards (January)
    - engagement to support implementation (November to end of February)

Audiences

- Internal: GOC staff (particularly those that work with the standards), relevant panellists
- External: Registrants, professional bodies, the public, employers, education providers, CPD providers, interested stakeholders (e.g. MPs)

Month	Internal	External
Announcement phase		
September	Intranet (IRIS) article	Press release
October		Blog (promoted on social media)
		Emails to key stakeholders (including professional bodies, education providers, CPD providers)
		Registrant newsletters (including qualified registrants, student registrants and business registrants)
		Student sessions (as part of content for new students)
		Publish new standards on website
Implementation phase		
November	Email to staff	Short form content (e.g. animation) setting out key changes
	Session at all staff meeting	Email to patient organisations
		Session at Optical Sector Policy Forum
December		Printed versions of the standards available (including Welsh Language versions)
Launch of new standards		
January	Intranet (IRIS) article on launch of new standards	Registrant newsletters
	Session for staff on changes	Email to key stakeholders (including professional bodies, education providers, CPD providers)
		Updated standards on website
		Online event for education providers
		Online event for businesses and employers
		Online event for CPD providers
		Letter to MPs
February		Session at Education Visitor Panellists Day
		Stand at 100% Optical

General Optical Council

COUNCIL

Education: A&QA Annual Monitoring & Reporting (AMR) UK Optical Education Report 2022/23

Meeting: 25 September 2024 **Status:** For noting

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper Author(s): Ben Pearson (Education Policy Manager)

Purpose

1. This paper presents the GOC Approved Qualifications Report for 2022/23 academic year**,** which forms a key public output of the Approval and Quality Assurance (A&QA) cycle undertaken by the Education team.

Recommendations

2. Council is asked to note the update and consider the report (annex one).

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice.

Background

4. The Approved Qualifications Report (AQR) is one of our quality assurance (QA) activities, alongside our quality assurance visits, notification of reportable events and changes to qualifications, and conditions management.

5. The report enables us to carry out sector-wide analysis of qualifications and overall routes to registration, to identify key themes, trends and risks. Whilst we already require providers to notify us about key events and changes throughout the year, AQR is a mechanism that enables these notifications to be verified and considered against the broader context. We have enhanced the AQR this year by putting the findings in the context of external policy developments and incorporating material from GOC surveys.

6. We produce and publish an annual sector report which provides a summary of our findings and an overview of the key themes and risks that our analysis identified as impacting the sector. We also issue confidential individual qualification reports to each provider of GOC-approved qualifications.

7. Prior to publication, we send copies of the sector report to all providers for a final factual check. Any significant changes will be reported to Council.

8. The publication of the AQR sector report and distribution of qualification reports to providers will close the 2022/23 AQR cycle.

Analysis

9. The key findings from this year's AQR include:
    - **ETR Implementation:** Transition to the new requirements has been at a good pace, with most providers transitioning to the Education and Training Requirements (ETR) from September 2023. All except three qualifications across optometry and dispensing optics have adapted to the ETR. A method for delivering professional and clinical learning and experience in integrated ETR qualifications has been established by the College of Optometrists in partnership with employers (the Clinical Learning in Practice (CLiP)) which has been utilised by 80% of Optometry qualifications. Comments we received from providers relating to implementation of the ETR focussed on their resourcing of clinical placements in integrated qualifications, including resourcing required to support and quality assurance of placements.
    - **Student applications and recruitment:** On average optometry (OP) qualifications continued to report strong application figures with an average year 1 cohort size similar to the previous year, with 1141 student admissions. The number of trainees on independent prescribing (IP) qualifications increased substantially from 435 in 2021/22 to 521 in 2022/2023. Despite falling slightly in 2023/24, dispensing optics (DO) admittances are 58% higher than 2020/21 with 319 students admitted to qualifications. The number of trainees on contact lens optics (CLO) qualifications remains stable with 67 trainees in 2023/24.
    - **Attainment:** Average attainment rates for the first stage of optical education and training with OP providers are extremely high with an average of 99.4% of students receiving a good degree (2:2 degree or higher), whilst for DO's the average is 88.2%. Attainment data related to the qualifications offered by the professional associations show that pass rates for OP have increased slightly (+0.8%), and for DO have decreased (-5%), and for IP and CLO have decreased (-13% and -2.7% respectively) since last year.

- **Progression:** The proportion of Year 1 students progressing to Year 2 has fallen in both OP over a two-year period (81.7% in 2022/23 and 88.5% in 2020/21) and DO qualifications (75.6% in 2022/23 and 79.7% in 2020/21). This is amidst wider concern about dropout rates in universities.
- **Student satisfaction:** National Student Survey (NSS) scores for OP qualifications were higher than the 'Subjects Allied to Medicine' (SATM) for all categories except learning resources and student union. Few providers reported NSS scores for DO qualifications, but those that did were higher than the SATM for all categories. The report highlights findings from the GOC registrant survey indicating high levels of stress-related absence and describes incidence of harassment, bullying and abuse, and discrimination.
- **Resourcing and investment:** providers reported a range of resourcing and investment decisions which for some involved investing in new clinical facilities and/or equipment including on-campus eye clinics, specialist clinics, and use of simulations to enable students to enhance their patient-facing skills in practice.

AQR development

10. The AQR (previously called Annual Monitoring Review (AMR)) process is in continuous development, and we will make refinements and improvements for each year of the process.

11. The findings, analysis, and outcomes of this year's AQR process will be fed into the GOC Education Operations team's approval and quality assurance activities and used by the GOC Education Development team to develop policy and to inform implementation processes.

12. We continue to consider all feedback received from stakeholders regarding this year's AQR process and will use this to refine the AQR process for next year.

Equality Impacts

13. All providers submitted equality, diversity and inclusion (EDI) data this year. Although no major changes were identified from subsequent years, longer-term trends suggest that over the past four years, for both OP and DO qualifications, there has been an increase in the percentage of female students and students with a known disability, and for IP and CLO qualifications, there is an increase in the proportion of trainees aged 21-24.

14. Providers were asked to submit widening participation information used to inform the development and enhancement of access and participation plans, policies, and initiatives in operation. Many providers provided information about

supporting students with a declared disability, promoting an inclusive learning environment and continuously improving widening participation activities.

Devolved nations

15. There are no specific impacts of the AQR on devolved nations.

Communications

16. The GOC's communications team will continue to produce a designed report as part of an effort to achieve more external impact for the AQR exercise in line with the Communications strategy approved by Council in March 2023.

17. We plan to follow the below next steps to close the year and open the next AQR.

Next steps

18. The next steps are as follows:

September 2024	Distribute a draft version of sector report to approved qualification providers and Awarding Bodies
September 2024	Review feedback on 2022/23 AQR process
October 2024	Finalise & publish sector report for 2022/23 academic year
October 2024	Refine and finalise 2023/24 AQR process & documentation
October 2024	2023/24 AQR form and guidance sent to providers
January 2025	Deadline for 2023/24 AQR form returns

Attachments

Annex one: UK Optical Education: GOC Approved Qualifications – Report for 2022/23 academic year

General Optical Council

UK Optical Education

GOC Approved Qualifications

Report for 2022/23 academic year

Published October 2024

Contents

1. Overview

The Sector at a glance

GOC approved and provisionally approved qualifications:

Qualification type	Number of qualifications
Optometry (OP)	15
Independent prescribing (IP)	6
Dispensing Optics (DO)	9
Contact Lens Optician (CLO)	3
Approved qualifications offered by professional associations	4

Student Numbers

Total students	2020/21	2021/22	2022/23	2023/24
OP*	3,154	3,270	3,296	3,454
IP	530	435	521	N/A**
DO	748	763	783	969
CLO	58	66	59	67

*excludes those on College of Optometrist's Scheme for Registration due to different term period.
**The total number of IP students for 2023/24 is not available and will be disclosed in next year's AMR Sector Report.

Admissions to Optometry qualifications increased by 9% in 2023/24 whilst Dispensing Optics qualifications fell by 8%.

Admissions to year 1	2020/21	2021/22	2022/23	2023/24***
Optometry	1,109	1,056	1,039	1,141
Dispensing Optics	135	319	346	319

***see footnote 1

National Student Survey (NSS): Average scores by category in Optometry, Dispensing Optics and Subjects Allied to Medicine

	Optometry	Dispensing Optics	Subjects Allied to Medicine
Teaching and Learning	90.0%	90.1%	83.8%
Learning Outcomes	87.3%	87.1%	80.9%
Assessment and Feedback	80.1%	85.5%	76.0%
Academic Support	85.8%	92.8%	77.0%
Organisation and Management	80.6%	69.7%	62.3%
Learning Resources	84.8%	88.6%	86.4%
Student Voice	75.2%	87.4%	69.3%
Student Union	72.2%	75.7%	73.4%

Average academic offer

UCAS Points	2019/20	2020/21	2021/22	2022/23
OP	134	136	134	136
DO	36	54	47	61.3

Average percentage of students exiting the qualification

Students exiting without graduating	2021/22			2022/23		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Optometry	3.8%	2.1%	0.7%	8.2%	4.4%	1.6%
Dispensing Optics	6.7%	8.3%	3.5%	17.9%	4.4%	1.4%

Business Perceptions* of newly qualified optical professionals
*Indicated in the GOC Business Registrant Survey 2024

Perception at the point of starting at the business	Optometrists	Dispensing Opticians
They could/can perform most tasks within their scope of practice	72%	86%
They were/are equipped for safe clinical practice	69%	75%

1.1 This year's GOC Approved Qualifications Report provides an analysis of education and training of optical students and trainees using data from a range of sources, including information submitted by providers of GOC approved qualifications as well as external research.

1.2 The report includes a commentary on sector developments in the 2022/23 academic year, which was a period of significant change following the introduction of new education and training requirements (ETR) for pre-registration qualifications we approve in optometry and dispensing optics, and post-registration qualifications in independent prescribing (for optometrists) and for contact lens opticians (for dispensing opticians).

1.3 In summary the strengths, weaknesses, opportunities and threats for the sector include:

Strengths	**Weaknesses**
• Steady growth in admissions to optometry qualifications and a significant growth in independent prescribing admissions. • Entry grades for optometry are competitive, with median offers equating to AAB at A-Level. • Student satisfaction scores evidenced in the National Student Survey were above Subjects Allied to Medicine in most cases. • Employer perceptions of new graduates is generally strong. • Sector collaboration in delivering the ETR has been strong, and most Year 1 students are now studying qualifications which meet the ETR. • The sector has been well supported by SPOKE in implementing the ETR.	• Year 1 optometry progression has declined over a two-year period. • Considerable variance in admissions offers for dispensing optics qualifications; average academic offer is low - DDE at A-Level. • High levels of student stress and a need for vigilance to reduce incidents of bullying, harassment, abuse and discrimination, as evidenced in the GOC's 2024 registrant survey. • Barriers for optometrists to progress onto IP qualifications of time, cost and lack of employer support, as well as a lack of eligible supervisors.
Opportunities	**Threats**
• Government keen to deliver more outpatient eye care in the high street to ease pressure on NHS hospital eye-care may create higher demand for places. • Degree apprenticeships could increase student numbers and widen participation. • New models for delivering clinical learning and experience are emerging, with sector partnerships	• Sustainability and geographic distribution of GOC-approved qualifications, most particularly for optometry, given higher education funding crisis. • Sufficiency of clinical placements for students remains a risk. • Uncertainty as to how long the College of Optometrist's Scheme for Registration will remain in place for

such as CLiP and through provider-led employer partnerships • Service redesign may lead to increased demand for independent prescribers and conversion course places for dispensing opticians wishing to become optometrists. • GOC plans to evaluate the ETR with an impact study due to commence in 2026.	optometrists graduating from pre-ETR qualifications. • Ongoing COVID legacy issues in terms of student support and supply of placements. • Increase in undergraduate medical places could reduce pool of potential new optometry students.

2. Progress implementing the GOC's Education and Training Requirements

2.1 The new education and training requirements (ETR) for optometry and dispensing optics were introduced in January 2021 and for specialist post-registration qualifications in February 2022. The ETR replaced the Quality Assurance Handbooks for optometry (2015) and Ophthalmic Dispensing (2011), Therapeutic Prescribing' (July 2008) and Contact Lens Opticians (2007). Transition to the new requirements has been at a good pace, with most providers transitioning to the ETR from September 2023. By September 2024, all except three GOC approved qualifications across optometry and dispensing optics had adapted to the ETR.

2.2 The changes we made ensured that the qualifications we approve are fit for purpose, meet patient and service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK. An outcomes-based approach to specifying the expectations of a day-one registrant and which supported their continued development after registration, moved away from our previous numerical and competency-based method for setting requirements for GOC qualification approval.

2.3 The new requirements emphasised the development of students' professional capability, including a greater focus on key skills such as professional judgement, patient-centred communication, management of risk, and diagnostic, consultation and clinical practice skills and a greater emphasis on equality, diversity and inclusion (EDI). The ETR introduced a minimum Regulated Qualification Framework (RQF) level (or equivalent) for qualifications we approve and an integrated approach to curriculum design and assessment, including minimum levels of patient-facing learning and experience of working with patients which must increase in volume and complexity as a student or trainee progresses through a qualification.

Providers' progress to transition to the ETR

2.4 The table below describes the progress of providers of GOC approval qualifications in adapting their existing qualifications, or in designing new qualifications to meet the ETR.

Qualification type	Qualification provider	Adaptation/application status	Start date/TBC
Optometry	Anglia Ruskin University	Adapted	Sept-23
	Aston University	Adapted	Sept-23
	University of Bradford	Adapted	Sept-24
	University of Bradford – accelerated route	Not yet received	TBC
	Cardiff University	Adapted	Sept-23
	City St George's, University of London	Adapted	Sept-23
	University of Central Lancashire	Adapted	Sept-23
	Glasgow Caledonian University (with IP)	Adapted	Sept-24
	University of Hertfordshire	Adapted	Sept-23
	University of Huddersfield	Adapted	Sept-24
	University of Manchester	Adapted	Sept-24
	University of Plymouth	Adapted	Sept-23
	Teesside University	Adapted	Sept-24
	University of the Highlands and Islands	In progress	TBC
	University of the West of England, Bristol	Adapted	Sept 24
	Ulster University	Adapted	Sept 23
Dispensing Optics	ABDO	Adapted	Sept-23
	ABDO - Apprenticeship	Permission to recruit	Sept-24
	Anglia Ruskin University	Adapted	Sept-23
	University of Central Lancashire	Adapted	Sept-23
	Glasgow Caledonian University	Not yet received	Sept-25
Independent Prescribing	Aston University	Adapted	Oct-23
	Cardiff University	Adapted	Sept-24
	City, University of London	Not yet received	TBC
	Glasgow Caledonian University	Adapted	Jan-26
	University of Hertfordshire	Not yet received	TBC
	Ulster University	Not yet received	Sept 25
Contact Lens Optics	ABDO	Adapted	Sept-24
	Anglia Ruskin University	Not yet received	TBC

2.5 A comparison between admissions data from 2022/23 and student registration data from 2023/24[1] (the closest comparable data) for all stated qualifications (i.e. those using the ETR and those still using the handbooks) shows a slight average increase of 9% in new entrants for Optometry, whilst for Dispensing Optics there was an 8% decrease in students admitted. It is not possible to ascertain whether the implementation of the ETR can explain these fluctuations.

2.6 A method for delivering professional and clinical learning and experience in integrated ETR qualifications has been established by the College of Optometrists in partnership with employers (the Clinical Learning in Practice (CLiP)) which has been utilised by 80% of Optometry qualifications. CLiP includes features such as support to students in obtaining a placement and the use of a portal/software platform to manage applications and offers for placements. Alternatives to the CLiP model have been developed by individual providers, such as the University of Manchester which includes the integration of patient facing experience throughout the duration of the qualification.

2.7 Comments we received from providers relating to implementation of the ETR focussed on their resourcing of clinical placements in integrated qualifications, including resourcing required for support and quality assurance of placements. One provider commented that an optometry qualification costs more per student to deliver than is funded via student finance because of the requirement to provide more advanced clinical experience. Some providers highlighted aspects of their qualifications which supported the delivery of the ETR, such as maintaining stakeholder relationships with organisations such as hospitals, charities and employers, which in turn helped facilitate placements. Other providers commented that their pre-ETR qualification structure assisted in their transition to the ETR, such as already offering an integrated Masters' qualification.

2.8 To support implementation of the ETR and to facilitate the development of shared resources and knowledge exchange, we continue to fund a sector collaboration called Sector Partnership for Optical Knowledge and Education (SPOKE) which has delivered projects and issued guidance such as indicative guidance to support providers in meeting the Outcomes for Registration, and guidance on supervision, as well as publishing online resources and offering networking activities that providers may draw upon during transition. We also support and chair the Sector Strategic Implementation Steering Group (SSISG), a forum for sector organisations to come together to consider a wide range of issues related to funding, supervision and workforce supply.

[1] Provider admissions data for the next academic year (2023/24) is not available and GOC student registration data for the 2023/24 year 1 cohort is used instead as the closest comparable data. The provider data for 23/24 will be available in next year's report.

2.9 Plans to evaluate the impact of the ETR were approved by GOC Council in 2020. A longitudinal research impact study will measure the effectiveness of the new outcomes and standards for GOC approved qualifications on registrants' competence, confidence and capability (measuring the change we want to see). A research advisory group chaired by Professor Andy Husband, Head of the School of Pharmacy at Newcastle University has made recommendations in shaping the research brief in advance of selecting a contractor,[2] including that the research will take place for optometry and dispensing optics cohorts (x4) lasting 12 months for each cohort, on a four-nation basis, thereby enabling a comparison of qualifications with and without an integrated IP qualification. The impact study is expected to commence in 2026.

[2] The contractor will most likely be a research-focused organisation selected in accordance with the GOC Contracts and Procurement Policy and Scheme of Delegation for Financial Management.

3. Key themes

3.1 Below we draw out key themes from across the individual chapters using data collected from qualification providers, GOC research and external sources, and provide commentary on strategic implications for the sector.

Student applications and recruitment

3.2 The ETR are designed to ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign in a rapidly changing landscape across all four nations of the UK. However, a critical factor in enabling the delivery of more routine outpatient care in optical practices, helping to ease pressure on GPs and hospital eye services, will be the supply of a sufficient number of appropriately qualified optical professionals capable and competent to deliver advanced services, as well as their geographical distribution, especially in remote and rural areas of the UK.

3.3 On average optometry (OP) qualifications continued to report strong application figures with an average year 1 cohort size similar to the previous year, with 1141 student admissions[3]. A report published by SPOKE on admissions and recruitment[4] suggests that optometry is often a fallback choice for candidates who have unsuccessfully applied for medicine. The increase in medical places agreed in the NHS Workforce Plan for England[5] may create a risk to sustaining student numbers in optometry if students choose to pursue a medical place instead of an optometry qualification. The SPOKE report includes recommendations around increasing interest in optical careers such as practicing clinicians and educators engaging more at a local level with schools and career fairs.

3.4 Across all OP qualifications 40 international students were admitted (4% of all admissions). It is worthwhile noting that our recent consultation about managing applications for GOC registration from optical professionals who qualified outside the UK does not prevent a non-UK citizen with or without a recognised optical qualification[6] applying to study for a UK GOC approved qualification in either optometry or dispensing

[3] See footnote 1
[4] SPOKE Project 3 Report on Admissions and Recruitment for optometry and dispensing optics qualifications, May 2023
[5] NHS Long Term Workforce Plan, June 2023, p18
[6] The GOC will in due course commission an analysis that maps potential equivalent (or nearly equivalent) qualifications in certain overseas countries against the ETR. This will inform recognition of a non-UK optical qualification. The GOC's full response to the public consultation held in 2023 on managing applications for GOC registration from optical professionals who have qualified outside of the UK is available to view here

optics. Meanwhile, following public consultation, GOC confirmed two alternative routes to registration for applicants who have qualified outside the UK, including the opportunity for providers to handle admissions directly.

3.5 The SPOKE report noted above suggests that universities are in recruitment rather than selection mode based in part on numbers of students recruited through clearing and overall average grade offers. However, our data suggests that initial academic offers for OP qualifications are high, averaging AAB equivalent and only 11% of students were recruited through clearing. Therefore, we are confident that the calibre of optometry students remains strong.

3.6 The number of trainees on independent prescribing (IP) qualifications increased substantially from 435 in 2021/22 to 521 in 2022/2023 (+16.5%). This reflects strong continued demand for IP qualifications as indicated in the GOC's 2024 registrant survey, where 42% of respondents stated they were interested in gaining an IP qualification within the next two years (38% in 2023)[7]. While the increase in trainee numbers is encouraging, if the level of interest in the registrant survey materialised into applications, trainee numbers would be far higher, so it is important to understand the barriers to participation. The registrant survey suggests that time, cost and lack of employer support are the three main barriers to career progression generally. In relation to IP, we understand an insufficient pool of eligible supervisors is a specific barrier and GOC is reviewing how we can help ease supervisor bottlenecks in anticipation of a SPOKE report on this topic.

3.7 Despite falling slightly in 2023/24, dispensing optics (DO) admittances are 58% higher than 2020/21 with 319 students[8] admitted to the GOC register. Over the last decade, register growth for optometry has been 21% compared to just 1% for dispensing optics, so it is good to see a continued robust recovery in numbers since the COVID-19 pandemic. The degree apprenticeship route to qualification is an important development and we look forward to seeing if student numbers increase. In GOC's 2024 registrant survey, 22% of dispensing opticians expressed interest in moving to a career in optometry and a larger proportion of dispensing opticians than optometrists stated they planned to leave the profession, so maintaining a sufficient pool of students is important.

3.8 The number of trainees on contact lens optics (CLO) qualifications has remained stable over the past three years (67 in 2023/24, 59 in 2022/23 and 66 in 2021/22).

[7] General Optical Council "Registrant Workforce and Perceptions Survey 2024" (June 2024), p50
[8] See footnote 1

Student progression and attainment

3.9 The higher education sector continues to be under scrutiny for excessive dropout rates in some courses. In 2023, Nuffield Trust described a 'crisis' in dropout rates in the healthcare professions covering both education and early career years. The research, which excludes the optical professions, notes there are many reasons why students do not complete their course including financial, academic, workload and placement factors.

3.10 While admissions data is encouraging, the annual supply of newly qualified optical professionals is smaller as students repeating a year or exiting without qualifying produces a funnelling effect[9]. Year 1 progression rates for the OP qualifications have gradually decreased reporting an average of 81.7% (84.5% in 2021/22; 88.5% in 2020/21) of students progressing to the second year. OP qualifications report an average of 90.2% (91.5% in 2021/22; 95.6% in 2020/21) of final year students completing the course. DO qualifications report an average of 75.6% (73.7% in 2021/22; 79.7% in 2020/21) students progressing to the second year and an average of 83.2% (93.9% in 2021/22; 90.4% in 2020/21) final year students completing the course.

3.11 This year, average attainment rates for stage one OP providers are extremely high with an average of 99.4% of students receiving a good degree (2:2 degree or higher), whilst for DO's the average is 88.2%. Attainment data related to the qualifications offered by the professional associations show that pass rates for OP have increased slightly (+0.8%), and for DO have decreased (-5%), and for IP and CLO have decreased (-13% and -2.7% respectively) since last year.

Equality, Diversity and Inclusion

3.12 As in all aspects of healthcare regulation there is an increasing focus on equality, diversity and inclusion (EDI) in the higher education sector.

3.13 As noted above, a highlight of 2024 is the launch of ABDO's degree apprenticeship with the first cohort of students beginning their studies in September. In optometry, the Trailblazer Group has reconvened, and we hope to see progress on an apprenticeship proposal for our consideration, which may help broaden access to optometry education.

3.14 The Professional Standards Authority has strengthened its Standards of Good Regulation relating to EDI – the criteria it uses to assess

[9] The rate of students exiting a qualification for year one amounted to 8% of optometry students and 17.9% for dispensing optics students. In later cohort years the rate drops significantly; dispensing optics year 2 is 4.36% and year 3 is 1.37% whilst the percentage for optometry is 4.4% and 1.56% respectively.

performance of the healthcare regulators. The evidence matrix developed to support its strengthened Standard 3 sets the following expectations:

- requires education and training providers to demonstrate that they prepare students to provide appropriate care to all patients and service users;
- requires education and training providers to demonstrate that they take appropriate account of diverse student needs;
- demonstrates progress made by itself and education and training providers to equip students and registrants to provide appropriate care to all patients and service users;
- engages with providers of approved qualifications and other organisations in the sector to improve the diversity of student admissions and progression; and
- has made progress in developing and implementing its plans to reduce any identified unfair differential attainment in training.

3.15 The PSA's evidence matrix was published after forms for this year's AMR exercise were issued to providers. The GOC will work with qualification providers to improve data it receives in this area as part of the quality assurance and enhancement mechanism (QAEM) which includes thematic reviews for the Standards for Approved Qualifications, sample-based reviews for the Outcomes for Registration, as well as information collected within the annual returns for future years. As part of this work, we will consider the Office for Students (OfS) Equality of Opportunity Risk Register, which provides a set of criteria for exploring a range of risks to equality of opportunity across the higher education sector.[10]

3.16 This year's report contains a standalone chapter on EDI including demographic data and commentary on widening participation initiatives. This reveals some shifts in the composition of the student population over time in both professions with the profile of students being more diverse in terms of sex and race than the overall registrant base. Finally, SPOKE is preparing a report on fitness to train, reasonable adjustments and suspension of studies (in education settings) and the equivalent processes in employment settings.

Student satisfaction and welfare

3.17 National Student Survey (NSS) scores for OP qualifications were higher than the 'Subjects Allied to Medicine' (SATM) for all categories except learning resources and student union. Scores were within 5% of the national average for all categories except being lower for student voice. Scores in all categories were higher than last year with a notable increase in the Assessment and Feedback category (+15.5%). There was a large gap between the highest and lowest average question score for OP

[10] Equality of Opportunity Risk Register - Office for Students

qualifications (94.3% and 68.5% respectively). Few providers reported NSS scores for DO qualifications, but those that did were higher than the SATM for all categories. Scores were within 5% of the national average for all categories except being lower for Organisation and Management. Scores in all categories except Organisation and Management were higher than last year.

3.18 In the GOC's 2024 registrant survey, 8% of student respondents had experienced harassment, abuse, or bullying from tutors, lecturers or supervisors in the last 12 months (7% in 2023). For 35% of student optometrists and 41% of student dispensing opticians the last incident was reported, which is higher than fully qualified registrants. As with fully qualified registrants, 'not trusting that anything would be done or the people I have to report to' was the main reason given for non-reporting.

3.19 Further, 6% of student optometrists had experienced discrimination from tutors, lecturers or supervisors in the last 12 months (8% in 2023). There was a zero return from the student dispensing opticians who participated.

3.20 36% of optometry students reported taking a leave of absence due to stress in the last 12 months compared to 23% for survey respondents overall. The figure for student dispensing opticians was 20%.

Placements and supervision

3.21 Securing sufficient supply of placements, both on current qualifications and to support transition to the ETR has been a key focus of sector discussions. Although much progress has been achieved, notably with the development of new Clinical Learning in Practice (CLiP) placements, work continues across the optical sector to facilitate placements in sufficient numbers and to avoid potential contraction with consequential risks for workforce supply.

3.22 In GOC's 2024 registrant survey, 23% of working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months. Working as a supervisor was more common amongst those who worked for a multiple (33%) compared with independents (12%). There was variation between nations ranging from 18% in Northern Ireland to 28% in Wales. Respondents who indicated that they sometimes or frequently feel unable to cope with their workload were more likely to work as supervisors.

3.23 In GOC's 2024 business registrant survey a quarter of respondents had arrangements with universities or the College of Optometrists to offer placements, with this being much more prevalent among multiples than independent practices. The primary perceived benefits to offering placements are future facing, through supporting a new generation of optical professionals and increasing the pipeline of future employees,

rather than immediate benefits to the workforce at the time of placement. All benefits were expressed much more strongly by multiples than by independent practices.

3.24 Both SPOKE and FODO – the Association of Eye Care Providers – published guidance on supervision in 2024. The flexibility introduced by the ETR enables less experienced members of the team to contribute to learner oversight and development. Further, GOC is in the process of updating its standards of practice, which will include encourage registrants to support the next generation of professionals as way of demonstrating leadership.

Funding

3.25 The funding of higher education is a devolved matter, and different funding methods exist in each nation of the UK. The sufficiency and sustainability of funding for optical education delivered by regulated Higher Education Institutions (HEI) is a key risk for the sector. It also acts as a barrier for the development of new GOC approved qualifications by either new or existing providers. Outside of Scotland, the majority of funding a HEI receives for optical education comes directly from student tuition fees (in England, £9250 per year). It is estimated that per-student funding for teaching home undergraduate students has now fallen by 18% in real terms since 2012/13 but is still slightly higher than in 2011/12.[11] In England, both optometry and dispensing optics, along with other high-cost humanity and science-based subjects, are in OfS price band B, which attracts an additional high-cost subject funding allocation of about £895 per student, per year, (as explained here, in this OfS explanatory document and its Recurrent Strategic Priorities Grant document). Different arrangements exist in Scotland, Wales and Northern Ireland.

3.26 In England, in May 2024 the OfS published analysis based on financial data from universities and colleges suggesting that the higher education sector is facing considerable financial pressure.[12] The OfS recently closed a much-anticipated consultation seeking views about how it could develop its funding approach, to which we responded. In addition, in March 2024, following a meeting with OfS officials, sector bodies, including GOC, sent a joint letter to OfS making the case for additional funding. The optometry sector responded with immense concern when the Department of Health and Social Care and NHS England announced a cut in real terms to the NHS sight test fee in England with no increase in the pre-registration training grant for the second year running[13] from April

[11] Higher education finances: how have they fared, and what options will an incoming government have? | Institute for Fiscal Studies (ifs.org.uk)
[12] Navigating financial challenges in higher education - Office for Students
[13] The NHS sight test fee in England for 2024-25 is £23.53 and the pre-registration supervision grant is £4010. (Source: Optometric Fees Negotiating Committee, 26 March 2024)

this year. This funding decision did not take into account the increased costs resulting from changes to the GOC's ETR.

3.27 Meanwhile, the devolved administration in Scotland announced a 6% increase in GOS[14] funding and enhanced community eye care services as well as to the pre-registration training grant from April this year.[15] Even so, Optometry Scotland has voiced concern about fewer places available at Glasgow Caledonian University for first-year optometry students in 2025-26[16]. Meanwhile, in Wales following the introduction of new ophthalmic services regulations in October 2023, the NHS sight fee increased with no change to the pre-registration training grant[17], and for Northern Ireland the sight test fee is slightly less than England[18].

3.28 More positively, in their AQR returns, providers reported a range of resourcing and investment decisions which for some involved investing in new clinical facilities and/or equipment including on-campus eye clinics, specialist clinics, and use of simulations to enable students to enhance their patient-facing skills in practice. As reported in the optical press, there appear no imminent threats of course closures or redundancies, in contrast to the picture in the higher education sector more widely.[19]

Perceptions of graduates

3.29 Perceptions of newly qualified optical professionals meeting each of the seven categories of the ETR were measured as part of the GOC's Business Registrant Survey. There is of course a number of years to go before cohorts graduate under the new requirements, but the general perception about how well newly qualified professionals are performing in each of the seven outcome categories of the ETR, is instructive.

3.30 For optometry, the top outcome category which businesses perceived as met was Ethics and Standards on 78%, whilst for dispensing optics the top category was Person-Centred Care on 95%. Clinical Practice came just behind for both professions. In contrast, Leadership and Management was by far the weakest outcome category deemed as met for both professions with optometry on 39% and dispensing optics on 44%.[20]

3.31 Most businesses surveyed agreed that newly qualified optometrists could perform most tasks within their scope of practice at the point of starting at

[14] General Ophthalmic Services
[15] Optometry Scotland, "GOS Fee Increase", 13 September 2023
[16] Including in its consultation response to the GOC's draft strategy for 2025-30.
[17] The NHS sight fee in Wales is set at £43 for 2023/24 whilst the pre-registration training grant is set at £3837. (Source: Welsh Government, 20 October 2023)
[18] For sight tests performed by optometrists after 1 April 2023 in Northern Ireland the fee is £23.15. (Source: HSC, 30 April 2024)
[19] Financial challenges in the higher education sector (aop.org.uk)
[20] GOC Business Registrant Survey 2024, p32-34

the business (72%) whilst for dispensing opticians the percentage was 86%. Improvements were seen across all the metrics surveyed in both professions when businesses considered the current performance of these employees.

Innovation and good practice

3.32 There is evidence of emerging innovation in implementing the ETR and strong local stakeholder relationships. Providers noted their close links with health care organisations in the community such as hospitals and high street eye care practices, both potential facilitators of placements increasing the range of clinical practice environments for students.

3.33 Following the COVID-19 pandemic, many providers continued to exploit the capabilities of virtual learning environments to enhance the learning experience for students with some qualifications, especially those in independent prescribing (IP), using hybrid delivery models.

3.34 In Scotland, IP is being incorporated into the optometry qualification in a 5-year Master's programme supported by NHS Education for Scotland.[21] Providers have also reported that the introduction of new education and training requirements has provided an opportunity to reappraise their qualifications. With the ETR reforms bedding down, we have seen interest among both current and new providers in developing new qualifications and we hope these will come to fruition.

3.35 Other examples of innovation or good practice submitted, include:

- initiatives to enhance students' professionalism;
- support for students concerning information provided early on in the qualification (such as fitness to practice declarations) to alleviate anxiety for those with a mental health condition or disability;
- harnessing developments in technology to support blended learning qualification delivery;
- taking account of updated evidence and guidance;
- regular review of syllabus content;
- training for clinical supervisors and mentors; and
- feedback gathering from a range of stakeholders about the qualification, including input to support the delivery of the qualification (such as that from external examiners).

Risk reporting

3.36 All qualifications submitted risk analyses. As reported last year, the increased use of online delivery of qualifications including the use of hybrid and entirely online delivery models whilst bringing significant

[21] "Optometry education in Scotland and independent prescribing", Optometry Today, 22 May 2024

benefits in terms of access, has increased reliance on digital infrastructure systems which could be vulnerable to a systems failure affecting delivery of the qualification.

3.37 A number of providers were concerned about future changes to the delivery of optical education, notably the arrival of apprenticeships which was noted could lead to a demographic shift of optical trainees and potentially fewer typical university age applicants. Competition from local providers was another concern potentially reducing the number of applicants and under recruitment of staff.

3.38 The supply of clinical placements to students was raised along with questions about their cost, maintenance and logistical arrangements. The fully integrated ETR was cited as requiring additional teaching staff to support placements and administrative support to draw up contracts with placement suppliers.

3.39 Ongoing consequences of the COVID-19 pandemic are still being reported by some providers. These include the risk that some students may require significant support to meet the requirements of higher education because of alternative learning and assessment methods employed by schools and colleges during the pandemic. Meanwhile, the supply of some placements is reported as still being affected by restrictions imposed during the pandemic.

4. Equality, Diversity, and Inclusion (EDI)

4.1 Providers were asked to submit EDI data and widening participation information used to inform the development of access and participation plans and initiatives in operation. Many providers provided information about supporting students with a declared disability and promoting an inclusive learning environment.

4.2 Like the previous year, most OP students were Asian, female, and aged 20 and under. Most DO students were Asian females, and aged 20 to 24, with many DO qualifications recruiting more mature students than OP qualifications. Longer-term trends suggest that over the past four years, for both OP and DO qualifications, there has been an increase in the percentage[22] of female students and students with a known disability. For DO students there has been a slight decrease in the percentage of white students and slight increase in the percentage of Asian students. For OP students there has been a slight increase in the percentage of students aged 20 and under. Overall trends remain steady.

4.3 IP and CLO qualifications recruit students who are already qualified practitioners. Although most IP and CLO students were over the age of 30, like the past year, roughly 30% were within the 25-29 age bracket. Longer-term trends suggest that over the past four years both IP and CLO qualifications have an increased proportion of trainees aged 21-24 and in future years there will be IP students aged 20 and under studying for combined OP and IP qualifications in Scotland.

4.4 We have compared registrant and trainee figures as an indicator of progression from entry level qualifications in both specialist qualifications. The percentage of black IP trainees and IP registrants are similar (1.2% and 1.1%). The percentage of CLO black trainees is higher than CLO registrants (3.3% and 0.7%). There is a higher percentage of Asian trainees than registrants in both IP (31.0% and 25.3%) and CLO (25.0% and 14.0%). There is a higher percentage of female IP registrants (60.9%) than IP trainees (50.4%) whilst the opposite is true for CLO with 60.5% registrants and 80.2% trainees, respectively.

4.5 The GOC's 2024 Registrant Survey showed that just over half of optometry respondents (55%) agreed that there are opportunities to develop their career at their place of work (by for example pursuing specialist optical qualifications), whilst the percentage was 12% lower for dispensing opticians (43%).

[22] Average (mean) figures across providers are used.

Widening Participation

4.6 Many providers collect widening participation (WP) information which may include a student's ethnicity, gender, age group, academic and socio-economic background, religion, sexual orientation, first generation university student (or not), and refugee status.

4.7 On the whole WP information is made available to faculty, school and programme teams and is used to inform the development and enhancement of access and participation plans, and to inform policies relating to student support and wellbeing which may include supporting students who declare having a disability, promoting an inclusive learning environment and continuously improving WP activities.

4.8 Specific examples of WP activities include: strategies to address and analyse identified recruitment and attainment gaps in the EDI data (which may form part of an access and participation plan), bursary schemes to assist students who need support, support infrastructure (often centralised) to recommend to qualification teams and module leads adjustments for students with disabilities, support to students for whom English is not their first language, assessments for learning difficulties, support for disadvantaged students including the provision of laptop computers and financial support with food and transportation, unconscious bias training for staff, and course material available in an accessible format for all students.

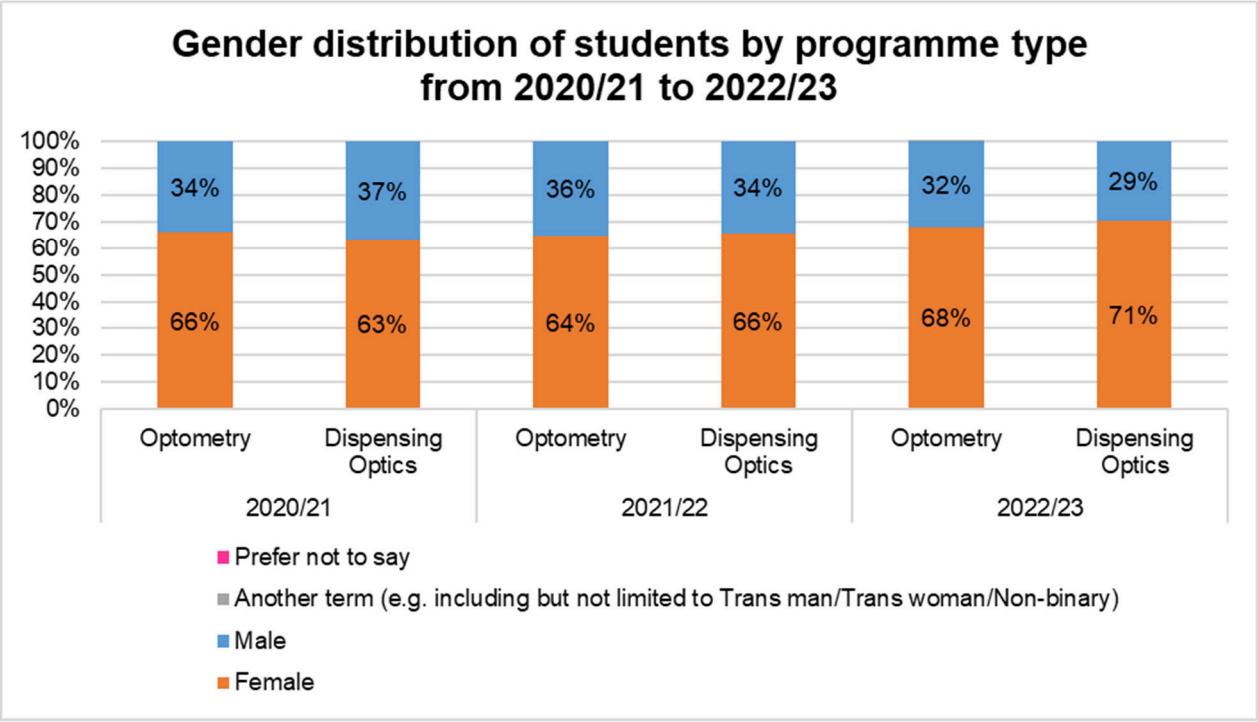
4.9 Reasonable adjustments used by providers for specific individuals include time extensions to coursework, additional time in examinations, supervised rest breaks, separate rooms for examinations to avoid distractions, access to a computer in examinations, advance supply of lecture materials in alternative formats, adjustment to timetables to support students with caring responsibilities and to allow students to attend religious events, adjustable tables and chairs, and individual support during teaching sessions.

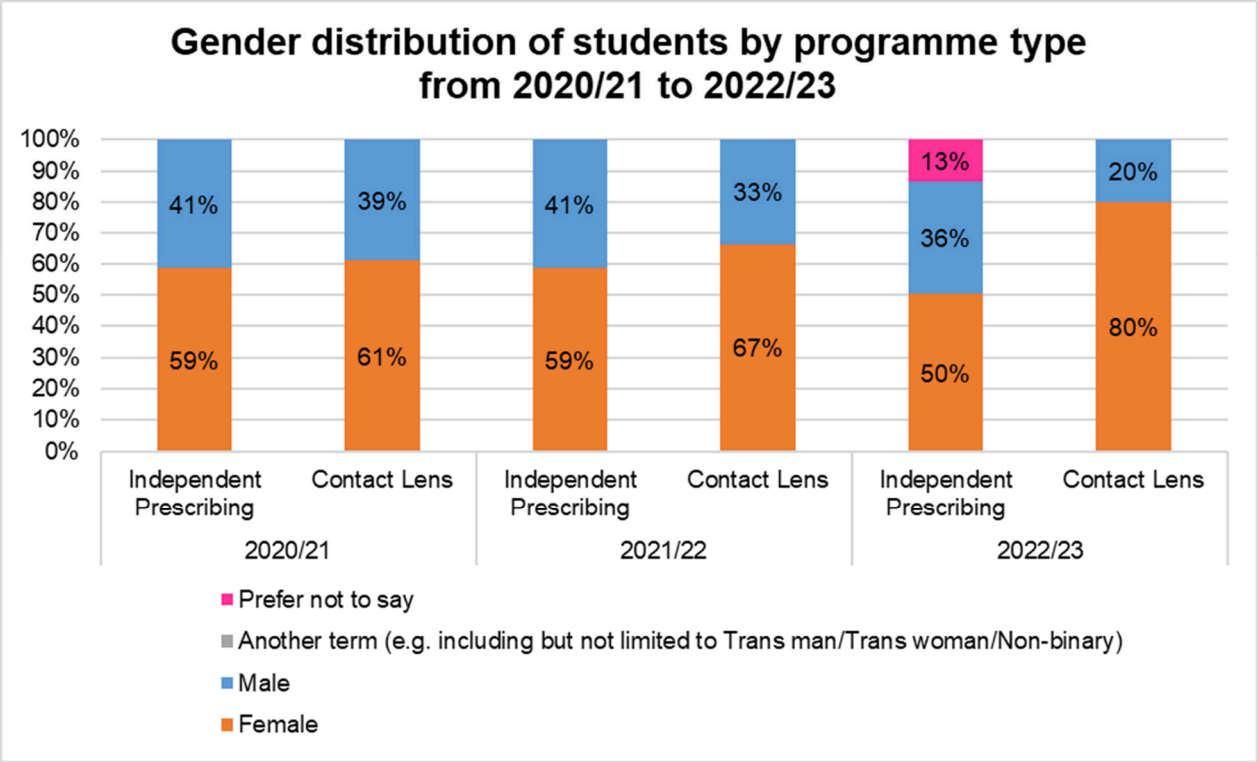
4.10 Sector discussions are currently taking place concerning how all students, regardless of their background can progress towards meeting the outcomes for registration without compromising patient safety. In this respect, issues relating to fitness to train and the consistency of decision making on reasonable adjustments in a clinical setting, are being considered, as well as the risk presented by different conditions and disabilities. A SPOKE report on fitness to train, reasonable adjustments, and suspension of studies is expected to be published later in 2024.

EDI data

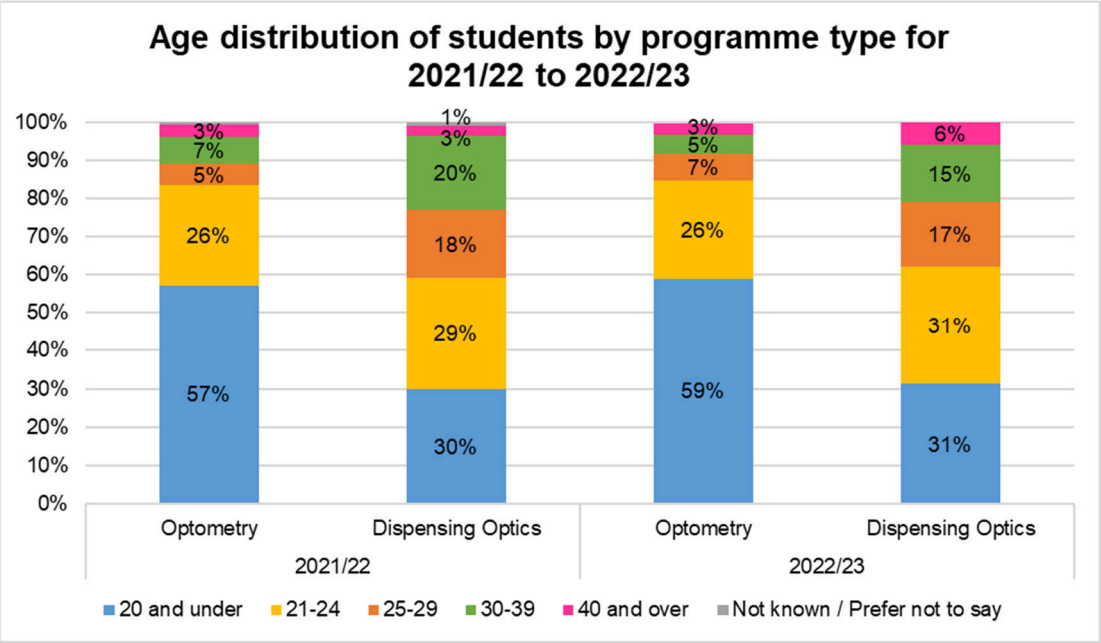
4.11 Data tables can be found in Annex 2.

4.12 **Gender:** As in previous years, all qualifications have more female than male students. Over the last three years the proportion of female dispensing optics students has increased by 8%. There has been an even more pronounced shift in contact lens qualifications with 8 in 10 students now female compared to 6 in 10 three years ago. Since our registrant survey suggests females are more likely to work part-time these changes may have implications for workforce planning.

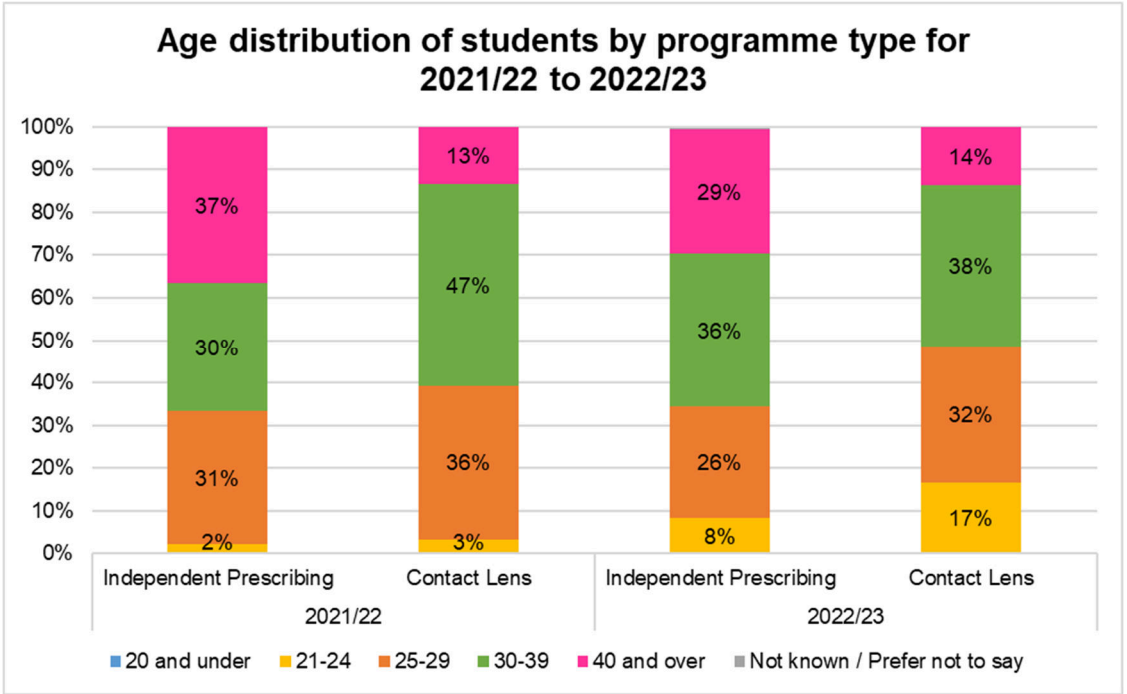




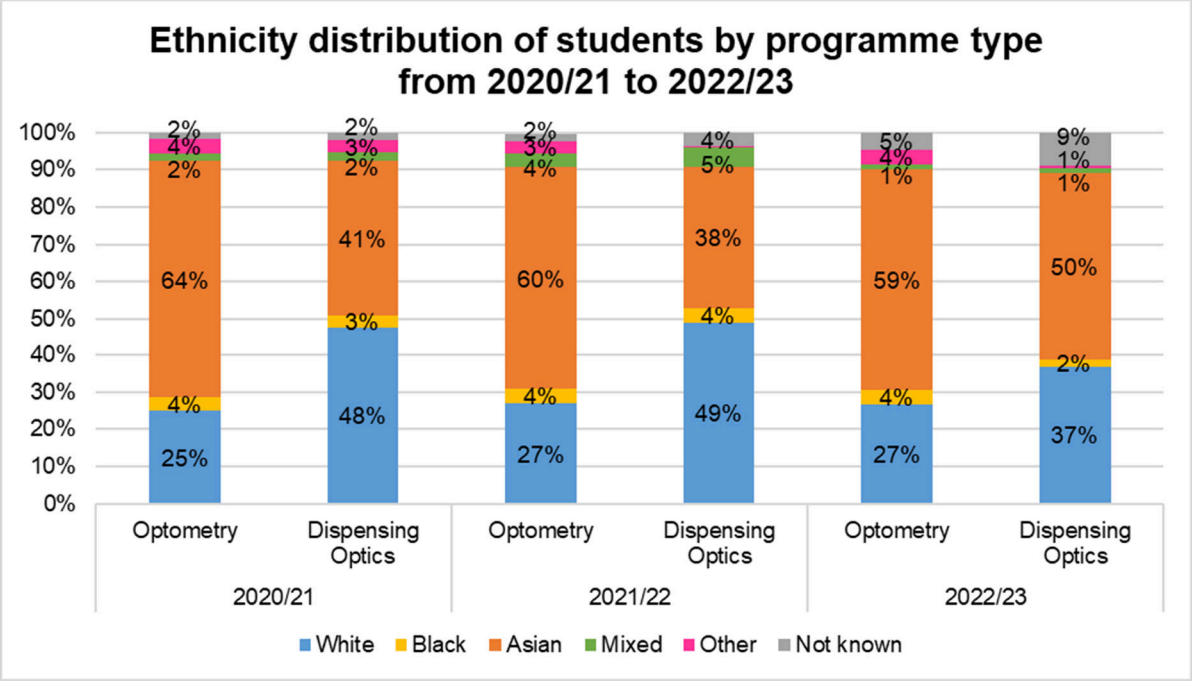
4.13 **Age:** 59% of students (57% in 2021/22) on OP qualifications are aged 20 and under. Like past years, compared to OP qualifications, DO qualifications have a wider distribution of ages and a higher proportion of students aged 30 years and over; this reflects the larger proportion of mature students enrolling on part-time DO qualifications.

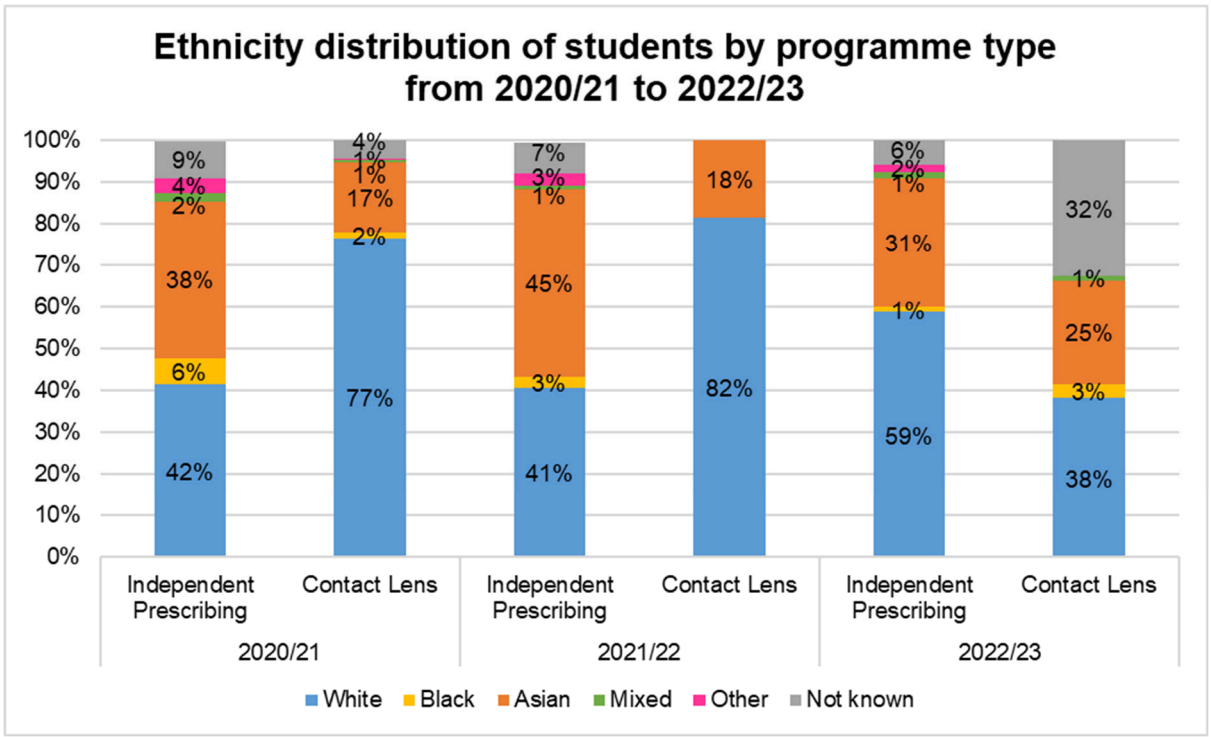


4.14 IP and CLO qualifications are currently open only to qualified practitioners and their age ranges are therefore dominated by students aged 25 and over. It is encouraging that, like in past years, a good percentage of IP and CLO students are aged under 30; this shows that these qualifications are attractive to newly qualified practitioners.

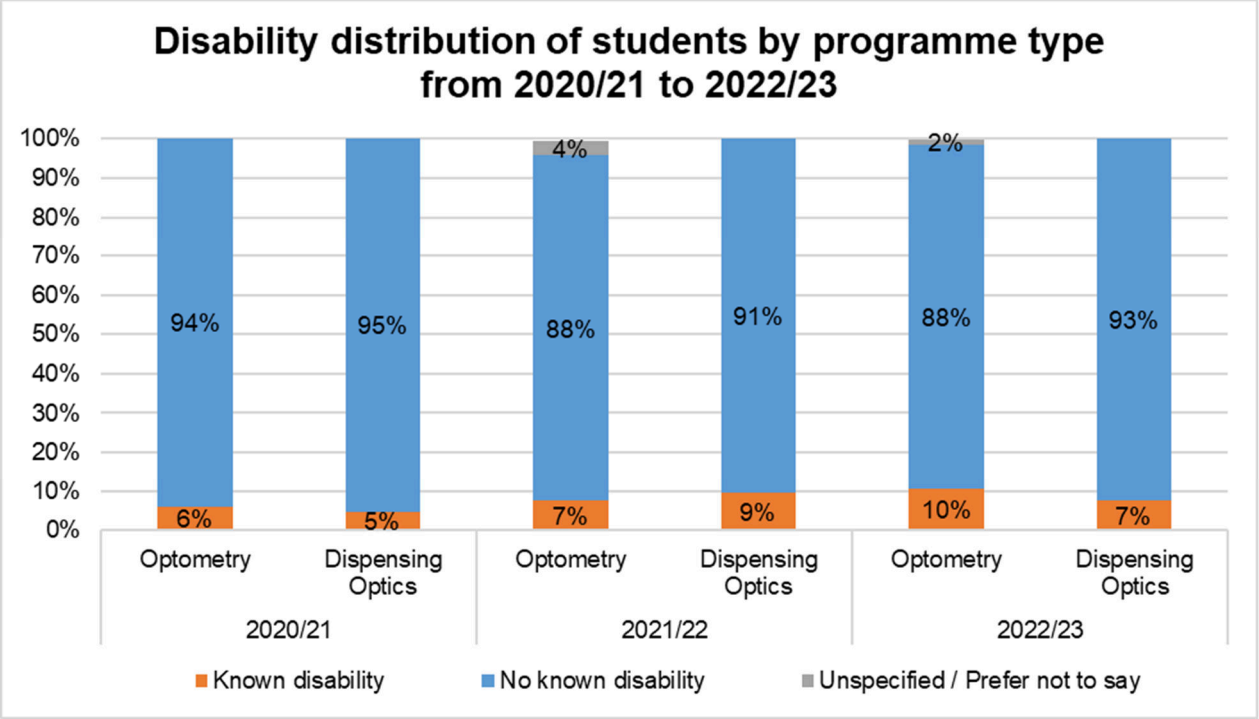


4.15 **Ethnicity:** the data for optometry qualifications is similar to previous years. There is fluctuation in the dispensing optics data between years, but the most recent cohort is more ethnically diverse.





4.16 **Disabilities:** Optometry, Dispensing Optics, and Independent Prescribing qualifications have an average of 4-10% disabled students.


Disability distribution of students by programme type from 2020/21 to 2022/23
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
94%
6%
95%
5%
4%
88%
7%
91%
9%
2%
88%
10%
93%
7%
Optometry
Dispensing Optics
Optometry
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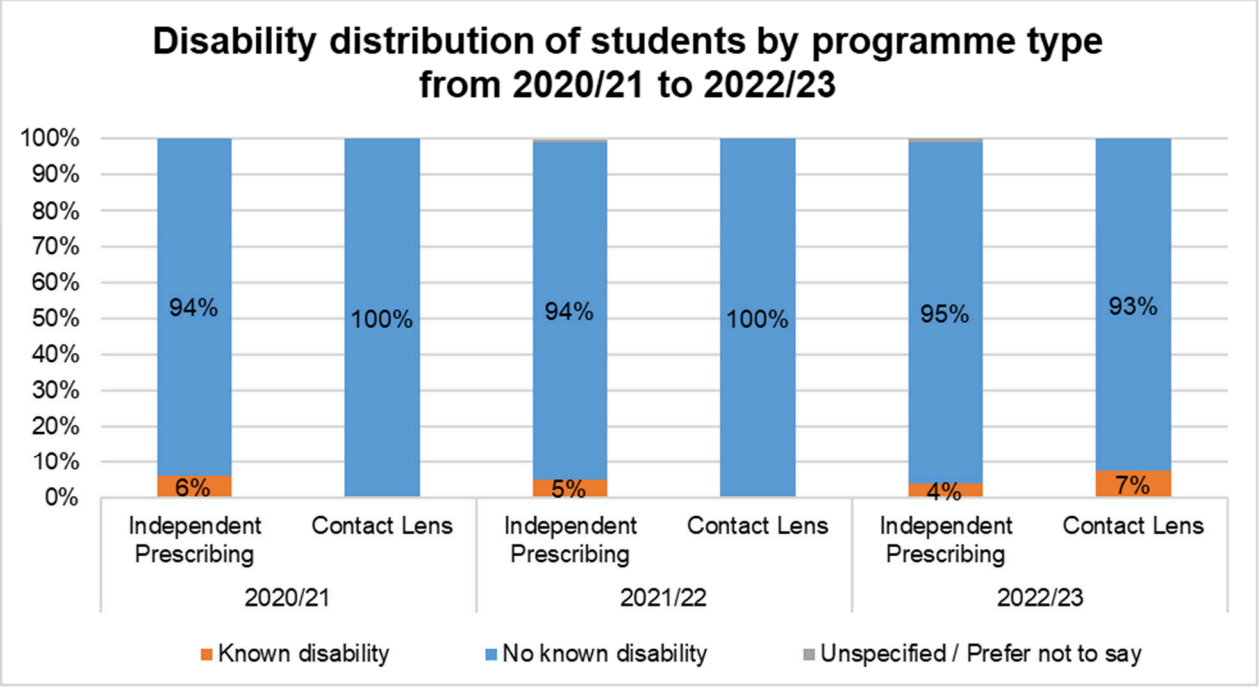
Optometry
Dispensing Optics
2020/21
2021/22
2022/23
Known disability
No known disability
Unspecified / Prefer not to say

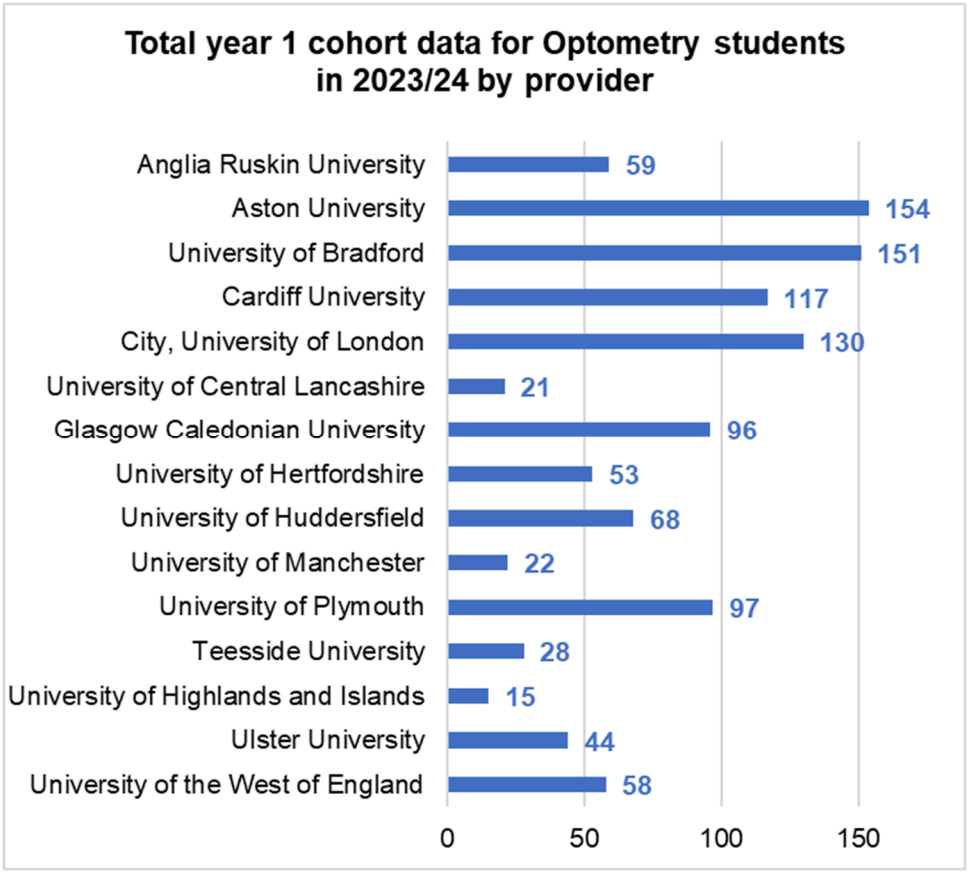

Disability distribution of students by programme type from 2020/21 to 2022/23
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
94%
6%
100%
94%
5%
100%
95%
4%
93%
7%
Independent Prescribing
Contact Lens
Independent Prescribing
Contact Lens
Independent Prescribing
Contact Lens
2020/21
2021/22
2022/23
Known disability
No known disability
Unspecified / Prefer not to say

5. Qualification Findings

5.1 Set out below is a summary of our findings for each qualification type, as follows:

- Optometry (OP)
- Independent prescribing (IP)
- Dispensing optics (DO)
- Contact lens opticians (CLO)
- Professional association offering qualifications in OP and IP
- Professional association offering qualifications in DO and CLO

Optometry (OP)



5.2 Unless otherwise indicated, the comments in this section relate to all Optometry (OP) qualifications, excluding the Optometry Stage 2 approved qualification offered by the College of Optometrists.

Themes

5.3 Overall, the information submitted continues to indicate strong performance amongst OP qualifications in several academic metrics. Resourcing required to arrange clinical placements as part of an

integrated ETR qualification remains an issue along with some concerns as to how placements will be organised. Competition from other optometry courses is an ongoing concern as noted above with impacts including the potential loss of staff and students, and we identified some concern about impending structural changes to the delivery of optometry education and training arising from new apprenticeship qualifications.

5.4 However, several opportunities were highlighted including optometry being an increasingly attractive career choice because of the enhanced clinical role of optometrists. The opportunity to widen the scope of the qualification to include clinical management in various specialisms was noted, as was the opportunity to reappraise the qualification in line with the ETR and to increase the range of clinical settings available to students. Various providers noted the development of close relationships with organisations in the local eye care community such as local hospitals, employers and charities, and the opportunity to exploit further the functionality of virtual learning environments to enhance the student experience was also raised.

5.5 Applications for OP qualifications remain strong and there remains a considerable range of small, medium, and large cohort sizes. In general, student progression through OP qualifications remains high. Student attainment for stage one, this year especially, is extremely high, with an average of 99.4% of students who completed the qualification obtaining a 2.2 or higher (95.8% in 2021/22; 96.8% in 2020/21).

Key data – Optometry qualifications

Total students	2021/22	2022/23	2023/24
Total Optometry students	3,270	3,296	3,454
Year 1 cohort	1,169	1,121	1,166

Metric	Lowest	Average	Highest
Proportion of applicants admitted	9.3%	21.7%	82.6%
UCAS points offer	118.2	136.0*	179.0
First year progression	42.0%	81.7%	99.0%
Progression to following year	58.0%	84.8%	100.0%
Successful completion	62.0%	90.2%	100.0%
Degree – First	10.6%	24.5%	63.0%
Degree – 2:2 or higher	96.0%	99.4%	100.0%

*The median is used here (instead of mean) for reporting admissions data to reflect different UCAS point values awarded in Scotland.

Observations

5.6 With one exception, all OP qualifications admitted between 9% and 27% of applicants to their qualification indicating good competition for places.

OP qualifications admitted an average of 21.7% of applicants (21.5% in 2021/22; 21.6% in 2020/21).

5.7 The median academic offer made by OP qualifications to prospective students was 136.0 UCAS tariff points which approximately equates to AAB grades at A-Level in England. This is in comparison to a median of 136.0 (approximately equivalent to AAB in England) in 2021/22, and 138.4 (approximately equivalent to AAB in England) in 2020/21.

5.8 The size of individual optometry qualification cohorts varies significantly. For example, the year 1 cohort size varied from 15 to 154 students (8 to 148 students in 2022/23; 8 to 177 in 2021/22).

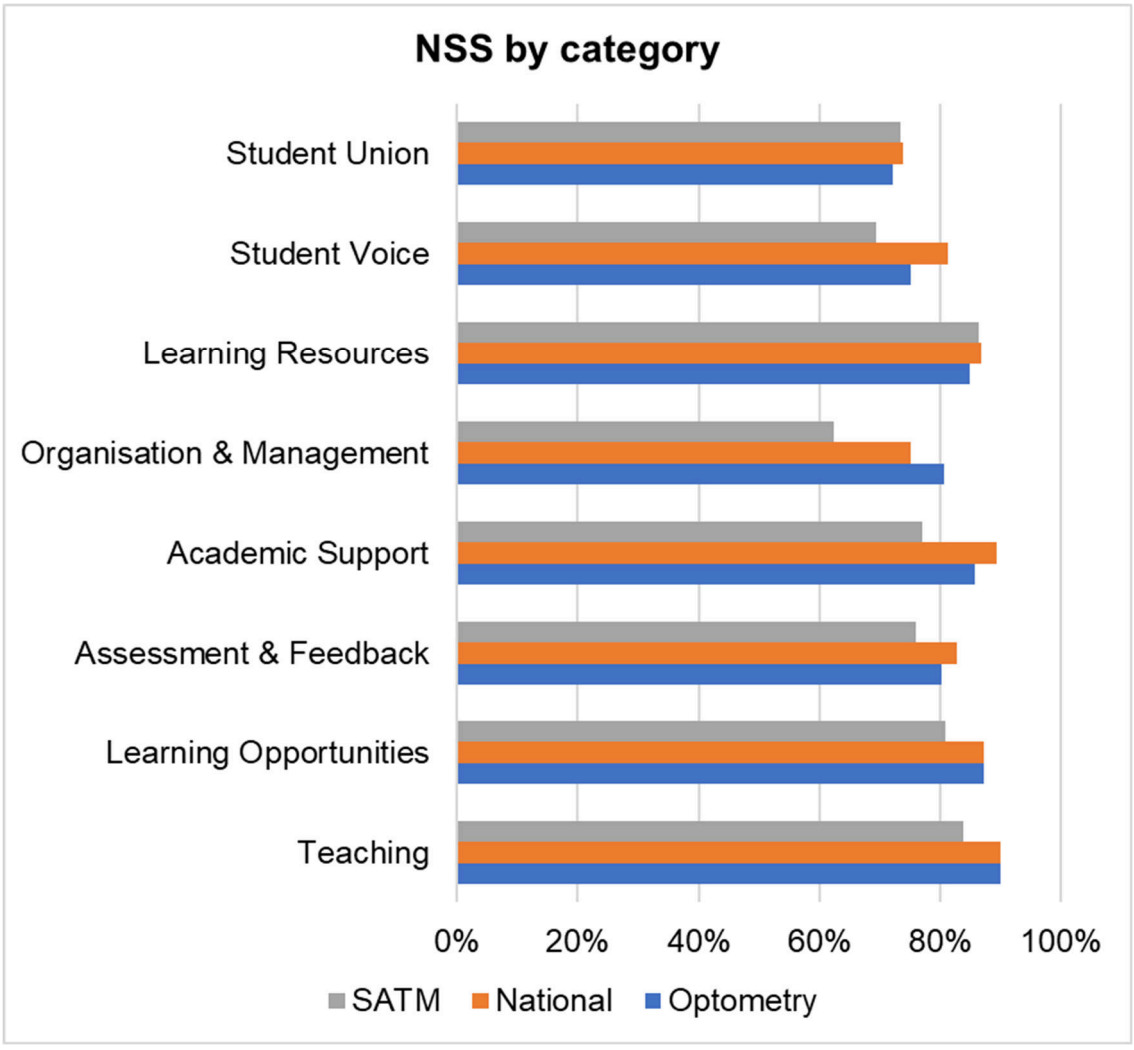
5.9 There appears to be a decline in student progression. An average of 81.7% (84.5% in 2021/22; 88.5% in 2020/21) of students progressed to the second year, an average of 84.8% (84.1% in 2021/22; 93.3% in 2020/21) of students progressed to the following year of the qualification overall, and an average of 90.2% (91.5% in 2021/22; 95.6% in 2020/21) of final year students successfully completed the qualification.

5.10 This year we asked providers for the percentage of final year students who began the qualification that successfully completed it (for the same cohort only, i.e. not including repeat year or students from other cohorts). An average of 77.2% of optometry students who began the qualification successfully completed it. A higher average percentage of year 1 students exited the qualification without graduating compared with other cohort years in 2022/23 (8.2% in year 1; 4.4% in year 2; 1.6% in year 3).

5.11 With regards to EDI, 68.1% of students were female (64.5% in 2021/22; 65.8% in 2020/21), and 59.4% of students were Asian (59.9% in 2021/22; 63.8% in 2020/21). There is evidence of local variation, probably reflecting the demography of the local population, with four providers reporting that over 80% of its students were Asian, and one provider that over 88% of its students were white. 58.6% of students were aged 20 years or under (57.3% in 2021/22; 56.4% in 2020/21), with 84.1% aged 24 or under (83.7% in 2021/22; 82.5% in 2020/21), indicating that most are recent school leavers.

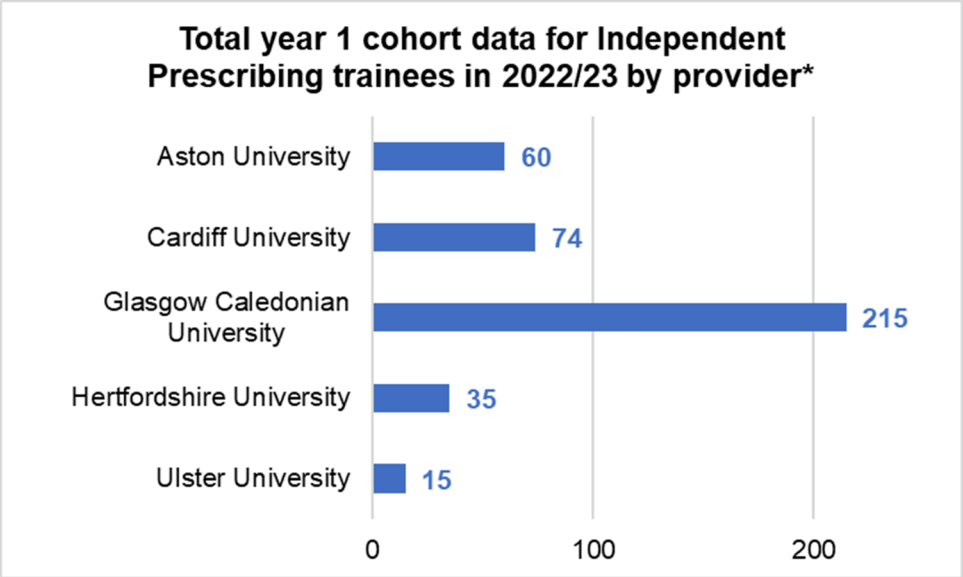
5.12 An average of 99.4% (95.8% in 2020/21; 96.8% in 2020/21) of students obtained a 2.2 degree or higher. Few students failed the qualification: an average of 0.2% (2.9% in 2021/22; (2.3% in 2020/21) of students failed, and like the previous two years, all but one OP provider had less than 3% of students failing. The range of first-class degrees, looking at all providers, is from 12% to 63% (35% to 69% in 2021/22).

5.13 By category[23], the averages for student satisfaction by category are illustrated in in the chart below. The average Optometry NSS scores are between 72% and 90% for all categories.



[23] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 3.

Independent Prescribing (IP)



*Cohort data for City, University of London is not collected as the programme is run as CPD modules. Please note for Independent Prescribing the previous cohort year (2022/23) is provided above as the latest data (see below for 2023/24) is incomplete due multiple intakes throughout the academic year for this qualification.

5.14 Unless otherwise indicated, the comments in this section relate to all independent prescribing and therapeutic prescribing (IP) qualifications, excluding the IP approved qualification offered by the College of Optometrists.

Themes

5.15 A number of IP qualification providers highlighted the specialist expertise of their staff, and some noted the involvement of staff from disciplines including pharmacy and ophthalmology. Continuing impact of the COVID-19 pandemic on availability of clinical placements was noted by a provider, although online delivery of teaching alleviated this concern. Whilst the use of hybrid and entirely online delivery models appears to have increased access to IP qualifications, it has nevertheless increased reliance on digital infrastructure systems which could be vulnerable to a system failure.

5.16 IP qualifications are not covered by the National Student Survey, but most qualifications reported the results of internal processes capturing student views which showed positive student feedback.

Key data – IP qualifications

Total students	2020/21	2021/22	2022/23
Total IP students	541	435	521
Year 1 cohort*	412	272	399

(*IP cohort data excludes a provider that runs its IP qualification as CPD modules and therefore does not admit a cohort hence the lower figure for all years noted.)

Metric	Lowest	Average	Highest
Applicants admitted	65.9%	91.4%	100.0%
Attainment – pass or higher	96.0%	98.3%	100.0%

Observations

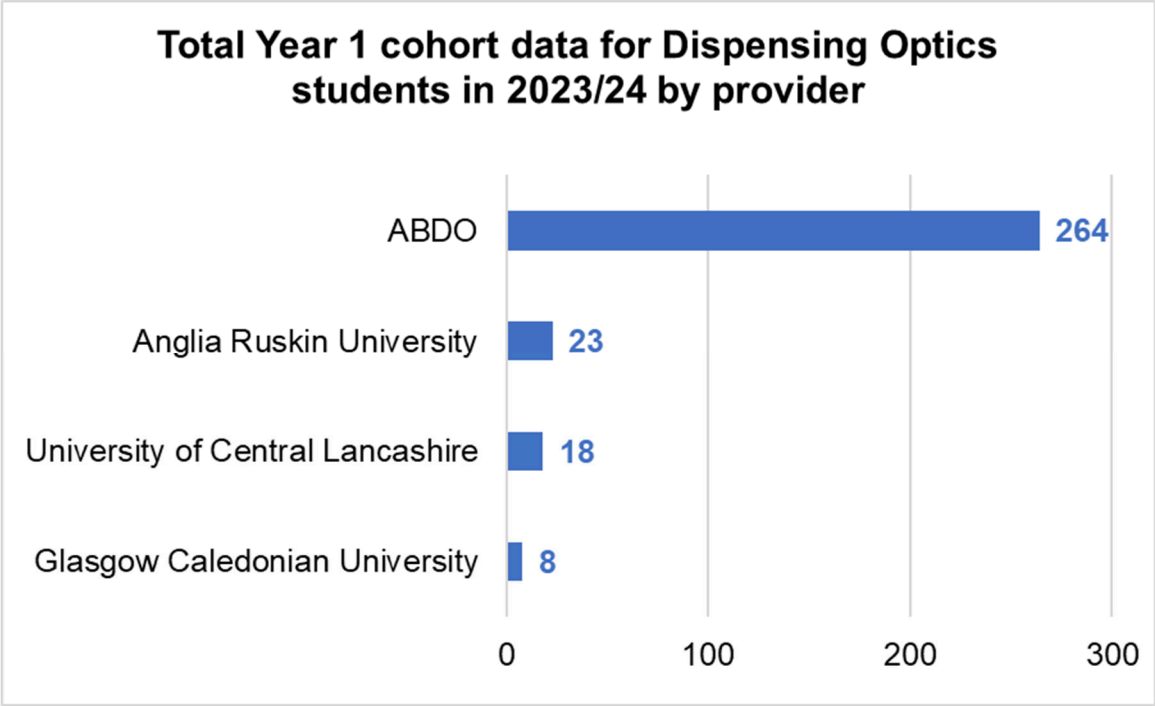
5.17 IP qualifications in 2022/23 admitted a significantly higher number of trainees than in 2021/22. Providers continue to admit a high proportion of applicants: an average of 91.4% applicants (84.2% in 2021/22; 78.6% in 2020/21) were admitted.

5.18 The size of IP qualification cohorts varies significantly: the average year 1 cohort size in 2023/24 was 53 (80 in 2021/23; (54 in 2021/22) but varied from 13 to 108 (15 to 215 in 2022/23; 16 to 93 in 2021/22) students.

5.19 An average of 98.3% (92.9% in 2021/22; 94.2% in 2020/21) of students passed the IP qualification, with three of the six qualifications having a pass rate of 100%.

5.20 EDI data showed that most IP students were white, female, and aged 30 to 39. 65.1% of students were aged over 30, and 26.3% were between the ages of 25 and 29.

Dispensing Optics



5.21 Unless otherwise indicated, the comments in this section relate to all Dispensing Optics (DO) qualifications, excluding the DO Stage 2 approved qualification offered by the ABDO.

Themes

5.22 Total student numbers for DO qualifications have increased significantly by 19.2% from the previous year.

5.23 DO qualifications maintained good student progression for most qualifications. Student attainment is also good.

5.24 Participation in the NSS was limited, as per usual, for reasons including qualification ineligibility. However, qualifications that did participate performed well.

5.25 Providers noted the knowledge and experience of their staffing team, and some referred to their research expertise resulting in the publication of articles in academic journals. The development of staff was also a theme raised with reported sponsorship arrangements to offer staff a recognised qualification. As with optometry qualifications, use of the virtual learning environment is being expanded to include more interactive technologies enabling students to access resources and engage with each other.

5.26 A key opportunity noted in submissions is the development of dispensing optics apprenticeship qualifications which will allow students to achieve a

degree award as part of their apprenticeship.

Key data – DO qualifications

Total students	2021/22	2022/23	2023/24
Total DO students	763	783	969
Year 1 cohort	303	346	357

Metric	Lowest	Average	Highest
Proportion of applicants admitted	21.7%	56.4%	96.1%
UCAS points offer	24.0	61.3	133.0
First year progression	25.0%	75.6%	100.0%
Progression to following year	62.5%	88.8%	100.0%
Successful completion	56.3%	83.2%	100.0%
Degree – First	8.3%	23.2%	36.0%
Degree – 2:2 or higher	83.3%	93.3%	100.0%
Degree – Distinction	36.4%	52.1%	70.0%
Degree – Pass, Merit, or Distinction	77.3%	84.1%	95.0%

Observations

5.27 DO qualifications admitted an average of 56.4% (73.7% in 2021/22; 74.2% in 2020/21) applicants. There is significant variance across DO qualifications, with two qualifications admitting over 84% of its applicants, five between 40% and 50%, and one at 22%. Two courses, however, are not statistically significant due to the very small number of students on the qualification – the 22% provider being one of them.

5.28 Four DO qualifications required A Levels for entry. The average UCAS points offer data quoted includes only these qualifications. The other four qualifications require other qualifications, typically at GCSE level with practical experience also required.

5.29 There is considerable variance in the average UCAS tariff points offer made to students entering DO qualifications. The average UCAS offer was 61.3 points (approximately equivalent to DDE at A-Level); this compares to an average of 46.8 points (EEE) in 2021/22, and 66.8 points (DDE) in 2020/21.

5.30 The average cohort sizes across the qualifications were 45 students in 2023/24 (38 in 2022/23; 34 in 2021/22) in year 1, 37 students (32 in 2022/23; 21 in 2021/22) in year 2, and 39 students (21 in 2022/23; 39 in 2021/22) in year 3.

5.31 EDI data showed that an average of 70.6% (65.6% in 2021/22; 63.3% in 2020/21) DO students were female and 37.0% (48.9% in 2021/22; 47.6% in 2020/21) were white. There is evidence of local variation, probably reflecting the demography of the local population, with four providers

reporting that over 70% of its students were Asian, and two with over 75% of students being white.

5.32 An average of 75.6% (73.7% in 2021/22; 79.7% in 2020/21) students on DO qualifications progressed to the second year of the qualification. An average of 88.8% (87.3% in 2021/22; 87.4% in 2020/21) of all DO students progressed to the following year of DO qualifications, and an average of 83.2% (93.9% in 2021/22; 90.4% in 2020/21) of students successfully completed their qualifications.

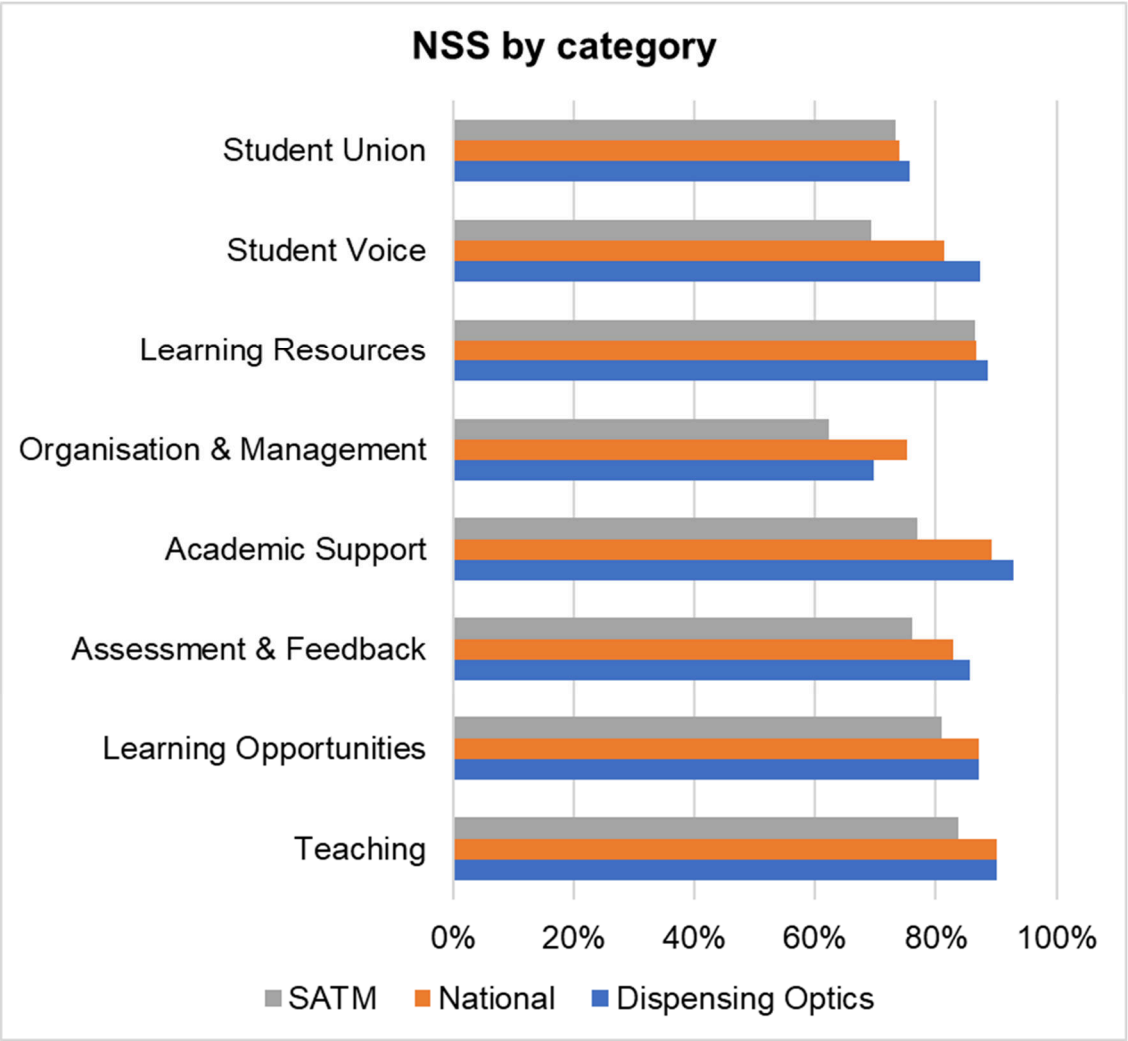
5.33 Progression rates for DO qualifications are similar to OP qualifications.

5.34 Analysis of student attainment is difficult for DO qualifications because not all awards are classified in the same way (some use 'pass', 'merit', and 'distinction' grades) and some are not classified at all. An average of 93.3% (94.1% in 2021/22; 97.5% in 2020/21) of students obtained either a 2:2 or higher (for honours degrees), or a pass or higher (for non-honours qualifications).

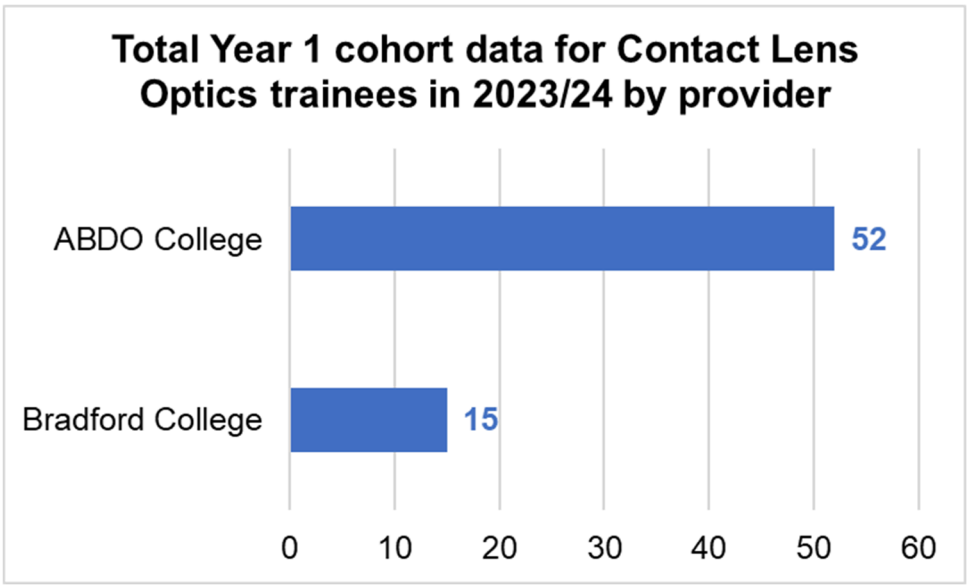
5.35 This year we asked providers for the percentage of final year students who began the qualification that successfully completed it (for the same cohort only, i.e. not including repeat year or students from other cohorts). An average of 62.6% of DO students who began the qualification successfully completed it. A higher average percentage of year 1 students exited the qualification without graduating compared with other cohort years in 2022/23 (18.0% in year 1; 4.4% in year 2; 1.4% in year 3).

5.36 By category[24], the average score for DO qualifications in the NSS is above the national average for 6 of the 8 categories and above the average for SATM for all categories. The averages by category are illustrated in the chart below.

[24] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Annex 3.


NSS by category
Student Union
Student Voice
Learning Resources
Organisation & Management
Academic Support
Assessment & Feedback
Learning Opportunities
Teaching
0%
20%
40%
60%
80%
100%
SATM
National
Dispensing Optics

Contact Lens Opticians (CLO)



5.37 Unless otherwise indicated, the comments in this section relate to all contact lens optician (CLO) qualifications, excluding the CLO Stage 2 approved qualification offered by the ABDO.

Themes

5.38 One provider had by a comfortable distance most of all CLO trainees with 44 admitted in 2022/23, a 75% share. The combined cohort of trainees for 2023/24 (67) is higher than the previous year (+8).

5.39 The publication of articles in ophthalmic journals, utilisation of interactive technologies to enhance engagement with students and staff, and the experience and knowledge of staff supporting qualification delivery were themes noted in provider submissions.

Key data – CLO qualifications

Total students	2021/22	2022/23	2023/24
Total students in year 1 cohort	66	59	67

Metric	Lowest	Average	Highest
Applicants admitted	83.0%	91.5%	100.0%
Attainment – pass or higher*	42.1%	42.1%	42.1%

*Only one qualification has attainment data.

Observations

5.40 All CLO qualifications admitted over 83% of their applicants (90% in 2021/22). Recruitment to programmes increased slightly since the

previous year, and one provider has not admitted students to its course since the previous year. Regarding cohort sizes, one provider recruited a cohort of 44 students, the other provider recruited 15 students.

5.41 CLO qualifications do not participate in the NSS. Most qualifications indicated that they use alternative methods to obtain feedback and monitor student satisfaction with the qualification. These include internal surveys and face-to-face or online meetings allowing trainees to raise concerns or give feedback.

5.42 EDI data shows, like the previous year, that most CLO students were females (80.2%). 51.3% (60.7% in 2021/22) of CLO students were aged 30 years or above, which is unsurprising for a qualification taken after initial qualification.

5.43 Most students gain two GOC approved CLO qualifications either sequentially or simultaneously, staggering their theoretical and practical examinations, and taking different parts of the examination at different times, making it difficult to compare achievement.

GOC Awarding Body Approved Qualifications offered by the College of Optometrists (Optometry and Independent Prescribing)

5.44 Unless otherwise indicated, the comments in this section relate to approved qualifications offered by the College of Optometrists in Optometry (the Scheme for Registration) and Independent Prescribing (Therapeutic Final Common Assessment).

Themes

5.45 The provider notes that this year's (2022/23) optometry examination sittings have all been larger than expected with more trainees failing after four attempts than usual. However, the pass rate for optometry is high as the key data below illustrates. For independent prescribing, the provider notes an increase on the previous year in the number of candidates taking the examination.

Key data – attainment data

Qualification	Pass rate
Optometry (Scheme for Registration) (27-month)	96.3%
Independent Prescribing (Therapeutic Final Common Assessment)	76.0%

Observations

5.46 The Optometry Scheme for Registration is based on the GOC's current competencies contained in the 2015 handbook which utilises an assessment regime in which a number of competencies are assessed under direct observation, rather than focussing on broad capabilities. The provider notes that by necessity, the Scheme is defined by the current stage 2 competencies which don't fully reflect contemporary practice and that some trainees have a negative experience of the Scheme and that trainees are progressing through the Scheme too slowly.

5.47 Uncertainty remains as to how long the Scheme will remain in place with the implementation of the ETR. The provider notes there will come a point where the Scheme is unviable to administer, and the question will be what happens to the trainees affected by this. The provider cites employers that have reported capabilities which exceed what is required by the Scheme, for international trainees who do not have trailing competencies. Opportunities cited by the provider include updating the Scheme in the context of the ETR as well as learning from delivering and reviewing the Scheme that can inform implementation of the ETR.

5.48 In terms of GOC future activity, we will adapt our process for managing applications from optical professionals who have qualified outside of the UK following the approval by Council of the ETR in February 2021.

GOC Awarding Body Approved Qualifications offered by the Association of British Dispensing Opticians (Dispensing and Contact Lens Opticians)

5.49 The comments in this section relate to the approved stage 2 qualifications delivered by the Association of British Dispensing Opticians (ABDO) in Dispensing Optics and Contact Lens Optician for students who completed their State 1 qualifications at ABDO College, Bradford College, City & Islington College, Glasgow Caledonian University, and the University of Central Lancashire.

Themes

5.50 The pass rates submitted by ABDO were calculated on differing bases from academic qualification (stage 1) pass rates. A small percentage of DO trainees passed their final practical examinations as can be seen in the attainment data below. However, the pass rate of 25% includes caveats; there are four individual sections of which lack of success in one of the sections will be classed as a failed attempt, moreover, of the failed attempts, re-submission of portfolio work may result in a pass award.

Key data – student attainment data

Qualification	Pass rate
Dispensing – Practical	25.0%
Contact Lens – Practical	56.3%

5.51 As noted above, the ABDO's DO qualification reported a pass rate of 25.0% (30.0% in 2021/22; 53.0% in 2020/21) for the sittings of its examinations.

5.52 The CLO qualification reported a pass rate of 56.3% (59.0% in 2021/22; 49.0% in 2020/21).

Observations

5.53 For both awarding body qualifications the provider notes that its examination venue enables it to offer 4 sittings a year providing students with quicker opportunities to complete their qualifications in an easily accessible location. The provider has recently implemented a detailed statistical analysis of assessment results in response to GOC feedback which will inform the review of its syllabus. Meanwhile, examinations for both qualifications have been moved to an online format.

5.54 The provider notes that it will continue to implement safety measures following the COVID-19 pandemic to provide a safe and secure environment for candidates, examiners, patients and staff, and will retain

a flexible approach to ensure it can adapt to changing circumstances in the future. The provider also referred to a large and well-established collection of resources including over 100 trained professionals forming the assessment team.

5.55 These qualifications do not participate in the NSS but instead use alternative methods to capture and monitor student feedback on the qualifications such as issuing surveys to students following their exams.

Annex 1: Background information

Annual monitoring and reporting requirements

A1.1 The GOC Council is required to "keep informed of the nature of the instruction given by any approved training establishment to persons training as optometrists or dispensing opticians and of the assessments on the results of which approved qualifications are granted", under s.13(1) Opticians Act 1989. Qualifications leading to a registrable therapeutic / independent prescribing (IP) or contact lens optician (CLO) specialism are also included within the GOC's regulatory scope.

A1.2 In executing this duty, we approve and quality assure qualifications leading to GOC registration or speciality registration, which includes all elements of training, learning and assessment that a provider must deliver for its students to be awarded a GOC approved qualification that meets the GOC's requirements and to enable students to be eligible to register with the GOC as an optometrist (OP) or dispensing optician (DO), or with an IP or CLO specialty, upon successful completion of their training and assessment.

A1.3 As part of our approval and quality assurance (A&QA) of qualifications, all providers are required to demonstrate how their approved qualification(s) meet our requirements, as currently listed in our handbooks. We seek assurance from these providers in several ways, including quality assurance visits, notification of reportable events and changes, conditions management, and the annual compulsory AMR submission. We also scrutinise and note proposed adaptations to qualifications to ensure they meet the ETR requirements.

Annual monitoring and reporting process

A1.4 Providers were required to report information for the period 1 September 2022 – 31 August 2023.

A1.5 All providers of GOC approved qualifications(s) were required to submit information relating to qualification risks to delivery, lessons learned, and good practice.

A1.6 We issued the AMR forms to providers on 31 October 2023. Providers were required to submit a completed form by 29 January 2024. Compliance with this year's AMR process was good, with all returns submitted by 5 February 2024. Responses to additional queries were generally prompt. No compliance breaches occurred.

A1.7 Every AMR return must be signed by a 'Responsible Officer'. The Responsible Officer is a staff member with sufficient authority to

represent and bind the provider and bears ultimate responsibility for the information submitted in the return. The Responsible Officer must only sign off the form when they are satisfied that the information gives a true and fair account of the qualification.

A1.8 We analysed the information to identify:

- current risks and issues relating to individual approved qualifications(s);
- themes, strengths, and risks within the optical education sector;
- the diversity of students within the optical sector;
- examples of good practice and lessons learnt; and
- ways the GOC's quality assurance activities could be developed.

A1.9 This sector report provides a high-level summary of the outcomes of the 2022/23 AMR process. In addition to this report, we produce a short report for each qualification (referred to as a 'qualification report') to provide specific feedback regarding the qualification's submission.

A1.10 The analysis and outcomes are based upon the information and data as calculated and submitted by providers of GOC approved qualifications. We have not sought to externally verify the information submitted. All qualifications during 2022/23 were delivered to the current handbook requirements.

A1.11 We consider all feedback from stakeholders regarding the 2022/23 AMR process and use this to help refine the AMR process.

A1.12 The publication of this report closes the 2022/23 AMR process.

Caveats to the Sector Report

A4.13 The AMR process is in continuous development and we will make refinements and improvements for each year of the process. Significant changes will be required from the 2023/24 reporting year where qualifications will be delivered against both the existing handbooks and ETR.

A4.14 The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC Education Operations team's approval and quality assurance activities and used by the GOC Education Development team to develop policy and to inform implementation processes.

A4.15 Please note that the findings from providers outlined in this report are indicative and do not represent a formal position or policy of the GOC. The findings in this report should not be relied upon for advice or used for any other purpose and may not be representative.

A4.16 The analysis and outcomes contained within this report are based solely upon the information and data as calculated and submitted by the qualifications. The GOC has not sought to externally verify the information and data submitted. The responsible officer for each qualification has attested that the information submitted in the AMR return gives a true and fair view of that qualification.

A4.17 The information provided by each professional association qualification in relation to student attainment (assessment pass rates) has been calculated on different bases (i.e., the basis for each calculation has been different) from the other professional association qualifications and the academic qualifications.

Annex 2: Data tables

A2.1 Unless otherwise specified, the data reported below relates to the period 1 September 2022 – 31 August 2023.

A2.2 Unless otherwise specified, the data reported below relates to 'academic' (non-professional association) qualifications.

A. Application data*

	Admissions Ratio (Applications:Admissions)		UCAS Points Offer (equivalent)	
	Average	**Median**	**Average**	**Median**
All Qualifications	48.6%	42.4%	120.0**	136.0
Optometry	21.7%	18.2%	136.7**	136.0
Dispensing Optics	56.4%	52.3%	61.3	44.0
Independent Prescribing	91.4%	100.0%	N/A	N/A
Contact Lens Opticians	91.5%	91.5%	N/A	N/A

*The admissions ratio does not infer the overall volume of individual applicants who were unable to secure a place as each may have applied for more than one optical qualification.
**Scotland UCAS points are different to England, so these values slightly skew the average.

B. Average cohort data (2023/24)

	Year 1	**Year 2**	**Year 3**	**Year 4**
Optometry	70	74	72	28
Dispensing Optics	25	37	39	N/A
Independent Prescribing	53	N/A	N/A	N/A
Contact Lens Opticians	22	N/A	N/A	N/A

C. Student average progression

	Progression from first year	**Progression to the following year**	**Students completing the qualification**
Optometry	81.7%	84.8%	86.5%
Dispensing Optics	88.8%	83.2%	100.0%

D. Student average attainment: Optometry, Dispensing Optics, and both qualifications

	Good Pass*	**Fail**
Both qualifications	98.0%	0.5%
Optometry	99.4%	0.2%
Dispensing Optics	93.3%	2.1%

*a good pass is a 2:2 degree or higher

E. Student average attainment: Independent Prescribing and Contact Lens Opticians

	Pass	Fail
Independent Prescribing	98.3%	1.0%
Contact Lens Opticians	42.1%	N/A

F. Student average attainment: Professional Associations

	Pass	Fail
Professional Association (Dispensing & Contact Lens Opticians)	40.6%	59.4%
Professional Association (Independent Prescribing & Optometry)	86.2%	13.9%

G. National Student Survey – average satisfaction score by category

	All qualifications	Optometry	Dispensing Optics	Subjects Allied to Medicine
Teaching	90.0%	90.0%	90.1%	83.8%
Learning Opportunities	87.3%	87.3%	87.1%	80.9%
Assessment & Feedback	81.2%	80.1%	85.5%	76.0%
Academic Support	87.2%	85.8%	92.8%	77.0%
Organisation & Management	78.4%	80.6%	69.7%	62.3%
Learning Resources	85.6%	84.8%	88.6%	86.4%
Student Voice	77.6%	75.2%	87.4%	69.3%
Student Union	72.9%	72.2%	75.7%	73.4%

H. EDI – Average gender data

	Female	Male
All qualifications*	66.2%	31.2%
Optometry	68.1%	31.5%
Dispensing Optics	70.6%	29.4%
Independent Prescribing	50.4%	36.3%
Contact Lens Opticians	80.2%	19.8%

*These two values total only <98% because one provider had 80% of its students prefer not to say, thus the total is not closer to 100%

I. EDI – Average age data

	20 & under	21-24	25-29	30-39	40 and over	Unknown / Prefer not to say
All qualifications	35.8%	23.3%	15.2%	16.0%	9.7%	0.1%
Optometry	58.6%	25.5%	6.9%	5.0%	3.2%	0.5%
Dispensing Optics	31.3%	30.9%	16.9%	15.0%	5.9%	0.0%
Independent Prescribing	0.0%	8.2%	26.3%	35.8%	29.3%	0.3%
Contact Lens Opticians	0.0%	16.7%	32.0%	37.7%	13.7%	0.0%

J. EDI – average disability data

	Known disability	No known disability	Unspecified / Prefer not to say
All qualifications	8.1%	91.0%	0.9%
Optometry	10.3%	87.7%	1.5%
Dispensing Optics	7.5%	92.5%	0.0%
Independent Prescribing	3.8%	95.4%	0.8%
Contact Lens Opticians	7.3%	92.7%	0.0%

K. EDI – Average ethnicity data

	White	Black	Asian	Mixed	Other	Not known
All qualifications	36.8%	2.9%	49.0%	1.5%	2.2%	7.7%
Optometry	26.7%	3.9%	59.4%	1.4%	3.9%	4.6%
Dispensing Optics	37.0%	1.9%	50.2%	1.5%	0.6%	8.8%
Independent Prescribing	58.7%	1.2%	31.0%	1.4%	1.8%	5.8%
Contact Lens Opticians	38.2%	3.3%	24.7%	1.4%	0.0%	32.5%

L. EDI – Average refugee status data

	Refugee
All qualifications	<0.1%
Optometry	0.1%
Dispensing Optics	0.0%
Independent Prescribing	0.0%
Contact Lens Opticians	0.0%

Annex 3 – National Student Survey categories

#	Question	Category
1	How good are teaching staff at explaining things?	**Teaching**
2	How often do teaching staff make the subject engaging?	
3	How often is the course intellectually stimulating?	
4	How often does your course challenge you to achieve your best work?	
5	To what extent have you had the chance to explore ideas and concepts in depth?	**Learning Opportunities**
6	How well does your course introduce subjects and skills in a way that builds on what you have already learned?	
7	To what extent have you had the chance to bring together information and ideas from different topics?	
8	To what extent does your course have the right balance of directed and independent study?	
9	How well has your course developed your knowledge and skills that you think you will need for your future?	
10	How clear were the marking criteria used to assess your work?	**Assessment & Feedback**
11	How fair has the marking and assessment been on your course?	
12	How well have assessments allowed you to demonstrate what you have learned?	
13	How often have you received assessment feedback on time?	
14	How often does feedback help you to improve your work?	
15	How easy was it to contact teaching staff when you needed to?	**Academic Support**
16	How well have teaching staff supported your learning?	
17	How well organised is your course?	**Organisation & Management**
18	How well were any changes to teaching on your course communicated?	
19	How well have the IT resources and facilities supported your learning?	**Learning Resources**
20	How well have the library resources (e.g. books, online services and learning spaces) supported your learning?	
21	How easy is it to access subject specific resources (e.g. equipment, facilities, software) when you need them?	
22	To what extent do you get the right opportunities to give feedback on your course?	**Student Voice**
23	To what extent are students' opinions about the course valued by staff?	
24	How clear is it that students' feedback on the course is acted on?	
25	How well does the students' union (association or guild) represent students' academic interests?	**Student Union**

C44(24)

COUNCIL

Registrant and public perceptions surveys 2024

Meeting: 25 September 2024 **Status:** For noting

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper Author: Angharad Jones (Policy Manager)
Council Lead(s): There is no Council lead for this work.

Purpose

1. To enable Council to discuss the key findings from our public perceptions survey and registrant survey (annex one and two) and actions taken in response.

Recommendations

2. Council is asked to note the findings from the surveys and the actions the GOC will take in response.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Transforming customer service. This work is included in our 2024/25 Business Plan.

Background

4. We have carried out an annual public perceptions survey since 2015 (except in 2018) to track patient and public views, perceptions and experiences of eye care. All previous reports are available on the policy and research pages of our website. We commissioned DJS to carry out this year's survey. The 2024 survey is based on a UK representative sample of 2,035 interviews, which were completed online between 17 January and 8 February 2024. Anticipating the focus of the next strategy, this year we delved more into the experiences of vulnerable patients when accessing and using eye care services. We asked several new questions to establish whether respondents had any vulnerability markers, including having a disability, financial difficulties (i.e. a household income of less than £25,000 or report struggling financially), going through a difficult life event (e.g. bereavement), and low confidence in managing their eye health. The analysis then highlighted whether these groups had worse experiences than patients who did not have any of those markers.

5. DJS used key driver analysis to drill down further into the data. This method is used to look at which group of variables in the data have the greatest influence on a 'key' measure – the key measure in this survey was *'Your overall experience of the opticians/optometrist practice'.* We wanted to understand which factors had the greatest influence on overall experience because understanding that could help the sector to prioritise interventions to improve patient experience.

6. We carried out one registrant survey in 2016, and then commissioned Enventure Research to carry out four waves of the survey in 2021, 2022, 2023 and 2024. The previous reports are available on the policy and research pages of our website. The survey is an online survey of all our individual registrants including optical students. The aim of the survey is to help us better understand registrant experiences of working in clinical practice and views and perceptions of the GOC. This year we asked new questions to build on last year's findings around workforce capacity and challenging working conditions such as experiences of bullying, harassment, abuse and discrimination.

7. The survey was an online survey sent out between 19 March and 21 April 2024. We received 4,575 responses, representing a 15% response rate, an increase from last year where we received a 13% response rate (3,932 responses). The research is highly robust with a 90% confidence interval at +/- 1.5% (this compares to +/- 5% in many public opinion surveys).

Analysis

8. In this section we have provided the key findings from both surveys, and we have focused the analysis on some of the areas that we think are of concern to the GOC and wider sector and outlined the actions we are taking.

Key findings from the public perceptions survey

9. 79% of the UK public reported getting their sight tested in the last two years, which is the highest figure since the survey began, and only 4% reported never having had their sight tested compared to 11% when the survey was first launched in 2015. However, only 63% of patients with four or more 'markers of vulnerability' had their sight tested in the last two years compared to 82% with none.

10. Satisfaction levels remain high but the additional vulnerability questions and analysis we carried out shows significant differences between different patient groups:
    - Overall, 92% were satisfied with the optometrist who carried out their sight test/eye examination (94% in 2023) and 88% were satisfied with the overall visit (93% in 2023).
    - Respondents from an ethnic minority background were less satisfied than white respondents (84% vs 91%) as were those with a disability (82% vs 89% of those without a disability).
    - 83% of respondents with four or more vulnerability markers were happy with the optometrist who carried out their sight test/eye examination (compared to 92% of those with none), and only 77% of respondents with four or more markers of vulnerability were satisfied with their overall visit compared to 94% with none.

11. We asked a new question this year on confidence in managing your own eye health, 84% said they were confident and 12% said they were not. Of those with four or more vulnerability markers only 62% were confident.

12. Opticians/optometrist practices remain the first port of call if people wake up with an emergency eye problem, however numbers have gone down slightly this year (33%) compared to last year (36%). The number who said they would go to a GP practice was also down to 30% (from 33% in 2023). However, the number saying they would go to a pharmacy was up to 12% (from 10% in 2023) and 10% said they would go to an eye clinic up from 8% in 2023.

13. Young people aged 16-24 (14%) and ethnic minorities (14%) are more likely to turn to an eye hospital. Those in Wales (43%), Scotland (44%) and Northern Ireland (41%) are more likely than those in England (31%) to say they would go to an opticians/optometrist practice first.

14. Consumers are more active this year with 31% of respondents shopping around before selecting their opticians/optometrist practice, significantly higher than in 2023 (21%). Of those who purchased glasses following their sight test/eye examination, most (78%) purchased them from the opticians/optometrist practice where they had their sight test/eye examination, but this was down from 85% in 2023. More consumers are turning to supermarkets, high street stores, or the internet for glasses (14% compared to 5% in 2023), particularly those aged 16-44.

15. Overall, 12% said they have experienced a situation where something has gone wrong with the care or service they received at an opticians/optometrist practice. For those with a disability it was 30%.

Reflections and actions we are taking in response

16. While, overall, patient satisfaction levels have remained high, the additional analysis we carried out this year reveals stark differences in the experiences of those from, for example, an ethnic minority background, those with a disability, and those with vulnerability markers (especially those with four or more markers).

17. We are committed to helping to improve the experiences of all patient groups and a key objective in our draft corporate strategy 2025-30 is to create fairer and more inclusive eye care services. Whilst there is no quick or easy solution for improving health inequalities, it is important that we continue to highlight differences in access and experience and work with stakeholders to address them. We will continue to carry out this research on an annual basis and track trends. We are also building on this work by commissioning qualitative research to explore the ‘lived experiences’ of more vulnerable groups, which will help illustrate in more depth the struggles they face. We hope this research will help stimulate and inform wider sector discussions on how to effectively tackle health inequalities within eye care.

18. The Professional Standards Authority (PSA) are also taking a greater role in assessing how regulators are effectively addressing equality, diversity and inclusion (EDI) issues, and encouraging regulators to be more proactive in tackling health

inequalities. The additional research we are intending to carry out with patients (and also registrants) in this area will help demonstrate our commitment to this issue.

19. In terms of our own regulatory functions, we have already used previous data highlighting disparities in care to help strengthen and embed standards around effectively caring for patients with vulnerabilities. Our revised standards of practice (once finalised) will require registrants to identify, support and treat patients in vulnerable circumstances appropriately. This revised standard will be carried through into our Continuing Professional Development (CPD) scheme where registrants will be required to demonstrate how they are meeting this throughout the duration of their professional career. Our new education and training requirements ensure that optical students are effectively trained in meeting the additional needs of vulnerable patients. We hope by further embedding good practice in relation to treating patients with vulnerabilities, this will in turn help improve the care they receive.

20. Numbers visiting an opticians/optometrist practice as the first port of call for emergency eye problems is down from last year. With a new Labour Government committed to moving more eye care services into primary care settings, it is important for the sector to consider how to bridge the gap between the clinical services available and more traditional patient/public views of what practices offer. Stakeholders might want to reflect on the recent campaign in the pharmacy sector to raise awareness of the conditions pharmacists can treat without seeing a GP.

Key findings from the registrant survey

Workforce makeup

21. We have continued to collect data and track trends in relation to the makeup of the workforce to help inform discussions around workforce planning.
    - There is still a roughly even split between the number of full time (47%) and part time workers (53%). We can now estimate there are around 14,040 full time equivalent optometrists and 5,617 full time equivalent dispensing opticians.
    - A new question this year showed that half of respondents (51%) reported having no managerial responsibilities. Women and ethnic minorities were less likely to be in a management role suggesting possible barriers to career progression.
    - Locum workers continue to make up around one fifth of the workforce (22%) and are likely to have been on the register for at least six years.
    - Glaucoma and medical retina are the most common additional qualifications obtained by respondents; this is highest in Wales and Northern Ireland.

Satisfaction levels

22. Job satisfaction has dipped from 62% in 2023 to 58% this year, and dissatisfaction levels have increased from 20% in 2023 to 25% this year. Not feeling valued, heavy workload and poor salary remain the top three reasons for dissatisfaction.

Satisfaction was higher amongst respondents with additional qualifications and those delivering enhanced care.

Challenging working conditions

23. In terms of challenging working conditions, over the last 12 months respondents reported 'sometimes' or 'frequently':
    - working beyond their hours – 67%
    - feeling unable to cope with their workload – 54%
    - finding it difficult to provide patients with a sufficient level of care in the last 12 months – 31%
    - taking a leave of absence due to stress – 11%

24. If respondents had experience of working beyond their hours, feeling unable to cope with their workload, or taking a leave of absence due to stress, they were also more likely to report difficulties providing patients with the level of care they need.

25. We asked a new question this year asking respondents in their own words what they felt the barriers were to delivering safe care. This generated a large response; the verbatim answers were grouped into categories, and these were the top four:
    - Time pressures and short testing times
    - Volume of patients/overbooking/ghost clinics
    - Understaffing and inexperienced/underqualified staff
    - Sales/commercial pressures/targets

26. We also asked a new question to newly qualified optometrists and dispensing opticians (i.e. those who had been on the GOC register within the last two years) what the biggest challenge was for them. The verbatim answers were also grouped into categories, and these were the top four:
    - Workload/volume of patients/overbooking
    - Time management/short testing times
    - Transition to having responsibility and clinical decision making
    - Sales pressure/retail focus

Bullying, abuse, and harassment

27. We continued to track experiences of harassment, bullying and abuse over the last 12 months. This showed no improvement since last year's survey.
    - 42% of respondents had experienced this from patients and service users (41% in 2023). In comparison to the NHS staff survey 28% of staff reported this.
    - 20% from managers (18% in 2023). In comparison to the NHS staff survey 10% reported this.
    - 18% from other colleagues (16% in 2023). In comparison to the NHS staff survey 18% reported this.

28. Some of the groups that experienced higher levels were younger respondents, females and those with a disability. Those from an ethnic minority background were more likely to experience this specifically from managers and other colleagues but no significant difference was found in relation to patients and service users.

29. Of those that had experienced these types of behaviours, only 38% said they or a colleague had reported it compared to 52% in the NHS staff survey. The main reason for not reporting was not trusting that anything would be done or the people they have to report to (43%).

Discrimination

30. We continued to track experiences of discrimination over the last 12 months. Again, there was no improvement since the 2023 survey.
    - 26% of respondents had some experience of discrimination from patients/service users, their relatives or other members of the public (24% in 2023) compared to 8% in the NHS staff survey.
    - 12% experienced this from managers (11% in 2023) and 9% experienced this from other colleagues (8% in 2023). In comparison to the NHS staff survey 9% experienced this from managers or other colleagues.

31. In terms of the main types of discrimination, 47% said it was based on race, 30% said sex, 29% said age, and 22% said religion or belief. Some of the groups that experienced higher levels of discrimination were those from an ethnic minority background, those with a disability, younger respondents and females.

32. Of those who had experienced discrimination only 24% said they or a colleague had reported it. Similarly to the data on bullying, harassment and abuse, the main reason for not reporting was not trusting that anything would be done or the people they have to report to (41%).

Impact of negative types of behaviours

33. Respondents who experienced harassment, bullying or abuse, or discrimination were more likely to say that they found it difficult to provide patients with a sufficient level of care. This indicates that poor working conditions can impact not only on mental health and wellbeing but also on the quality and safety of patient care.

34. In addition, those that experienced these types of behaviours were more likely to plan to switch to locum work, reduce their hours, take a career break, or leave the profession. This suggests a link between unhealthy working environments impacting on workforce capacity and retention.

Experiences of different registrant groups

35. Some registrant groups report struggling more than others, for example, respondents with a disability were more likely to be dissatisfied in their role. They were more likely to report a poor work/life balance and an unsupportive employer as

reasons for this when compared to those with no disability. They were also more likely to consider leaving the professions.

36. Experiences of harassment, bullying, abuse and discrimination were more likely amongst females, registrants with a disability and registrants from an ethnic minority background.

Career development

37. We asked new questions this year replicating the NHS staff survey to understand more about learning and development opportunities.
    - 73% of respondents said they have opportunities to improve their knowledge and skills (71% in NHS staff survey)
    - 61% of respondents said they are able to access the right learning and development opportunities when they need to (61% in NHS staff survey)
    - 55% of respondents said there are opportunities for them to develop their career (56% in NHS staff survey)
    - 46% of respondents said that they feel supported to develop their potential (57% in NHS staff survey).

38. Dispensing opticians had generally lower scores than optometrists. Locums had more negative experiences of career development opportunities too.

39. A new question this year was also asked in relation to barriers to development, the top three answers were:
    - Time constraints/workload/being too busy
    - Cost/financial constraints/need to self-fund
    - Lack of employer support

Views of the GOC

40. As in previous years, the majority of respondents agreed that the GOC sets appropriate standards for the profession (80%), ensures the quality of education (71%), and promotes equality, diversity and inclusion in its work (64%). However, only 39% agreed that the GOC is fair to registrants when taking action through the fitness to practice process, which is similar to previous years. Agreement that registration fees are reasonable has seen a significant decrease from 46% last year to 37% this year. Analysis by future career plans highlights that agreement that registration fees are reasonable is significantly lower amongst those who plan to leave the profession in the next 12-24 months.

Reflections and actions we are taking in response

41. This year's research continues to show that there are still high levels of challenging and negative working conditions being reported by registrants. Job satisfaction levels are down, and dissatisfaction levels are up from last year. Over half of respondents reported feeling unable to cope with their workload, and nearly a third reported finding it difficult to provide patients with a sufficient level of care. Levels of

disillusionment and poor health and wellbeing are high. Some registrant groups such as those with a disability, ethnic minorities and females, are more likely than others to experience challenging working conditions.

42. These experiences are not unique to the optical sector, for example, a recent GMC report highlighted that professional satisfaction levels amongst GPs was low, with many unable to cope particularly with high workloads. Many GPs reported having seen patient safety compromised and doctors were at a high risk of burnout. Similarly to our research some registrant groups fared worse, such as disabled doctors. The Royal Pharmaceutical Society also published similar findings recently, with 41% of pharmacy professionals experiencing verbal abuse from the public, 85% reporting they were a high risk of burnout and 60% had considered leaving their role in the pharmacy profession over the last year.

43. It is important as a regulator that we understand these issues as there is a link between poor working environments and the ability to deliver safe patient care as highlighted in many public healthcare inquiries. In addition, poor health and wellbeing and negative working environments can and do impact on workforce capacity and retention, as the data indicates.

44. We will continue to track trends in data as part of our annual registrant survey. In addition to this, we are commissioning research into the lived experiences of particular registrant groups so we can better understand the challenges they face. As with the public perceptions research, it is important for us to consider how EDI issues are affecting particular sections of our registrant base. In our new draft corporate strategy 2025-30, one of our strategic objectives is ‘creating fairer and more inclusive eye care services,’ and this includes improving experiences for registrants as well as patients and the public. We hope this research will build on the registrant survey findings and provide valuable insights that can be used by employers and professional and representative bodies to better support registrants.

45. There is no simple or quick solution to tackling negative working environments and it will take a collaborative sector wide and multifaceted approach to improve registrant experiences. Last year we held a roundtable with key stakeholder bodies (including employers and professional and representative bodies) after highlighting the concerning levels of bullying, harassment, abuse and discrimination being reported by registrants in last year’s survey. As a result, we issued a joint sector statement outlining our shared commitment to a zero-tolerance approach to these kinds of behaviours and committed to embedding a positive working environment that is based on respect, civility, compassion, and inclusion. Whilst we welcome this commitment as a positive first step, clearly a more concerted effort is needed to better support registrants and foster a more positive working environment.

46. Elsewhere on the Council agenda, we are proposing a change to our standards for optical businesses to require them to put in place support for registrants who have

experienced bullying, harassment, abuse and discrimination at work. We plan on carrying out a comprehensive review of our business registrant standards as a priority in our new draft corporate strategy. Tackling negative workplace culture is also a candidate for a thematic review in the next strategy period.

47. In relation to registration fees, we intend to review our underlying approach to setting fees as an early priority under our draft corporate strategy 2025-30.

Finance

48. The policy and standards budget includes the costs of commissioning the public and registrant surveys.

Risks

Registrant survey

49. There is a risk that we do not understand registrant views of the GOC or working in clinical practice, which could have negative implications for our role of protecting and promoting the public's health and safety. There is also a potential reputational risk if we do not act upon the findings of the survey. We mitigate these risks by ensuring that we capture and track registrant data via our annual survey, and we demonstrate publicly, how we are acting on these findings.

Public perceptions survey

50. There is a risk that we do not understand the public's views and experiences of eye care, which could have negative implications for our role of protecting and promoting the public's health and safety.

51. There is also a risk that we do not address the risks and issues raised by the public via our research, which could have negative implications for our role of protecting and promoting the public's health and safety. We have mitigated these risks by carrying out an annual survey since 2015, and we use the research to, for example, inform the policies and standards we set to fulfil our statutory role in protecting the public.

Equality Impacts

52. We have not carried out an equality impact assessment as the surveys are not a new or amended policy. However, the research findings highlight concerning experiences for registrants and patients from groups with protected characteristics.

Devolved nations

53. For the public perceptions survey, Scotland, Wales and Northern Ireland were over-sampled to ensure that confident statistical analysis could be undertaken by nation.

54. The registrant survey was sent to all individual registrants across the UK. In total, 74% of respondents were in England, 9% in Scotland, 5% in Wales and 3% in Northern Ireland (this broadly matches our registration data by nation).

55. Infographics, highlighting the key findings, are available for each nation for both surveys. The data tables also give the findings by nation.

Communications

External communications

56. We have sought to increase the external impact of our research in line with the GOC's communications strategy. For example, the public perceptions survey was launched with an animation for the first time this year.

57. The public perceptions has been published on the GOC's website and disseminated to external stakeholders. There has been good coverage in the trade press, including highlighting inequalities in eye care between different groups. This shows how the survey can usefully stimulate conversations in the sector. The registrant survey is due for publication in mid-September, and we can update on coverage at the meeting.

58. Both reports have already been presented and well received by several external stakeholders including The College of Optometrists and national optometric advisors in Wales, Scotland and Northern Ireland. We are aware that the findings and tracking of data on an annual basis continue to be of interest for a wide range of organisations and are used to help inform policy development.

Internal communications

59. We have already presented the findings of the public perceptions and registrant survey to staff.

Next steps

60. We will be commissioning qualitative research with patients and GOC registrants to better understand the experiences of more vulnerable groups. This research will allow us to explore in more depth the findings highlighted in this year's surveys. In terms of timeframes, we will begin the procurement process in the autumn, with a view to delivering the final report(s) by the end of March.

61. The surveys will also inform the finalisation of the 2025-30 strategy and choice of policy priorities in the first business plan of the strategy period.

Attachments

Annex one: Public perceptions survey 2024
Annex two: Registrant survey 2024

General Optical Council

djs research

Public Perceptions Research

February 2024

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02 Summary of findings

Summary of findings

Satisfaction with the overall experience of an opticians/optometrist practice is high (88%). Satisfaction with the **professionals carrying out sight test/eye examinations** is also high (92%).

Three quarters are satisfied with the overall **value for money** when it comes to sight test/eye examinations (75%). Most are satisfied with **the experience of buying glasses or contacts** (74%).

Across all satisfaction metrics, those a**ged 16-24 and ethnic minorities** are **less inclined to be satisfied** than others.

Summary of findings

An opticians/optometrist practice remains the instinctive place to go to in the event of an eye problem (33%) despite fewer saying so this year (36% 2023) and remains ahead of a GP practice/surgery (30%). Despite this, **young people aged 16-24** (14%) and **ethnic minorities** (14%) are more likely to turn to an **eye hospital**. Those in **England** are less likely to turn to an opticians/optometrist practice first when compared to all other nations.

The public remain confident of a high standard of care from an opticians/optometrist practice (92%), ahead of GPs, dentists, and pharmacists.

New to this wave, the majority (84%) say they **feel confident** in managing their own eye health, while a small proportion have little confidence (12%).

Summary of findings

The chance of **not being seen on the same day** continues to be the most cited reason for not choosing an opticians/optometrist practice first in the event of an eye problem (28%).

The perceived cost of glasses or contacts (24%) and sight test/eye examinations (18%) drive **reluctance to visit an opticians/optometrist practice**, although a large proportion do not feel uncomfortable (49%).

Almost four in five (79%) have **had a sight test/eye examination in the last two years**, an **increase on previous years** (77% 2023; 74% 2022). Just 4% say they have **never had a sight test/eye examination**.

Summary of findings

Convenience (42%) and affordability (28%) continue to drive opticians/optometrist practice choice, though more shopped around before deciding than in previous years (31%). Three-quarters (74%) still find it easy to find pricing info and are aware they can buy glasses or contacts other than where their sight test/eye examination was conducted (83%).

While most still buy their glasses or contacts from the opticians/optometrist practice where they had their sight test/eye examination (85% and 73%), **more are turning to supermarkets, high street stores, or the internet** for glasses (14%) compared to previous years, particularly amongst those aged 16-44.

Affordability is the main motivation for purchase location (39%), particularly for C2DE groups or those with a household income less than £20,000. **Fewer this year** (63%) **knew the price of their sight test/eye examination before their appointment** (72% 2023), while **37% did not know** the price before their appointment.

Summary of findings

Adverse experiences at an opticians/optometrist practice remain uncommon (12%) among those who visited an opticians/optometrist practice on their last sight test/eye examination, although some groups such as carers, 16-24s and those with a disability are more likely to have experienced something going wrong. The same proportion of those who visited an opticians/optometrist practice on their last sight test/eye examination made a complaint or actively considered doing so (12%), although carers and those with a disability are more likely to do so.

Among those who have complained, the majority subsequently **received an apology** (69%), although a sizeable proportion did not (28%).

Contents

01 Background and methodology

Background and methodology

Since 2015, the regulator for the optical professions in the UK, the General Optical Council (GOC), has carried out an annual representative public perceptions survey to explore areas such as satisfaction levels with the sight test/eye exam, confidence and trust in the optical professions, shopping habits and complaints.

Making decisions based on evidence is a strategic priority for the GOC, and this research is fundamental to continue striving for improvements in the service provided to patients – the findings of the annual survey have been used to both inform the policy work conducted at the GOC and with stakeholder bodies across the optical sector. The GOC commissioned DJS research in 2024 to continue the long-standing annual survey.

The 2024 survey was redesigned by DJS Research in conjunction with the GOC. A copy of the questionnaire is published separately.

Fieldwork was conducted online and distributed to a sample using our UK consumer partner panel provider, Dynata. Fieldwork took place between **17 January – 8 February 2024**.

A total of **2,035 completes** were achieved. A full breakdown of the sample profile can be found in chapter 4.

Replicating the approach in previous waves, interlocking quotas were set on gender and age within UK nations in order to achieve a representative sample of the UK. Scotland, Wales, and Northern Ireland were over-sampled so that confident statistical analysis could be undertaken by nation.

Data in this wave has been weighted to reflect a nationally representative sample of the UK population in terms of age, gender, and nation. It is important to take into consideration that previous waves had been weighted back to the 'boosted' profiles of Scotland, Wales, and Northern Ireland, rather than the actual representative proportions of those nations. While comparisons to previous waves have been made throughout this report, it is important to consider the different weighting schemes applied, although the difference is small (approximately 1% or less between weight factors).

Throughout this report, the commentary provided on sub-groups is based **on** statistically significant differences, unless otherwise stated. The most relevant statistically significant differences are reported on in each question, meaning, there may be instances where some statistically significant differences are not discussed as they are not relevant.

Note on statistics and confidence intervals

Participants in the research are only samples of the total population, so we cannot be certain that the figures obtained are exactly those we would have found if every single person in the United Kingdom aged 16+ had been surveyed. However, we can predict the variation between the sample results and the true values from knowing the size of the samples on which the results are based and the number of times that a particular answer is given.

It is important to note that margins of error relate only to samples that have been selected using strict random probability sampling methods. However, in practice it is reasonable to assume that these calculations provide a good indication of the confidence intervals relating to this survey and the sampling approach used.

Size of sample on which the survey results are based	Approx. sampling tolerances applicable to percentages at or near these levels		
	10% or 90% ±	30% or 70% ±	50% ±
2,035 (all participants)	1.3%	2.0%	2.2%
1,599 (all participants who have had a sight test/eye examination in the last two years)	1.5%	2.2%	2.5%
1,119 (all participants who have purchases glasses OR contact lenses)	1.8%	2.7%	2.9%

For example, with a sample of 2,035 where 50% give a particular answer, the chances are 19 in 20 (95%) that the true value (which would have been obtained if the whole population had been surveyed) will fall within the range of plus or minus 2.2 percentage points from the sample result, i.e. between 47.8% and 52.2%.

Notes on reporting

Where a ‘patient’ is mentioned in this report, it is defined as those who have had a sight test/eye examination in the last two years.

The General Optical Council wished to explore differences in access and experience within the sample. To enable this, analysis was conducted using ‘vulnerability markers’ throughout the report.

Where ‘vulnerability markers’ are mentioned in this report, these include those:

- With a disability
- Who have less than £25,000 of household income
- Not confident in managing their own eye health
- Going through a difficult life circumstance
- Consider themselves struggling financially
- Say they cannot afford essentials.

Vulnerability markers have been grouped into five different categories:

- None
- One
- Two to three
- At least 1
- Four or more

03 Main report findings

Key Driver Analysis

In order to better understand which factors influence overall satisfaction, Key Driver Analysis (KDA) was conducted on the weighted data. KDA is a data modelling method. It is used to look at which group of variables in questionnaire data have the greatest influence on a 'key' measure – the key measure in this survey is 'Your overall experience of the opticians/optometrist practice'.

In order to conduct KDA, a set of potential drivers is created from the survey data (independent variables) such as attitudes and behaviours, and then a regression analysis is conducted to see which of these independent variables have the greatest influence on the key measure. Some of these variables will be Key Drivers (have significant influence) and some of them will not have a significant influence on the key measure above and beyond the Key Drivers.

The Key Drivers are ranked in order of how much they influence the key measure, and we also show the Relative Importance, which is the strength and direction of the influence of each individual factor. This identifies measures which have the strongest positive or negative influence on the key measures.

When a KDA is conducted, only the 'valid base' is used – this excludes participants who gave a 'Don't know' response, those who weren't asked the question, or those who said it was not applicable.

In the KDA conducted, the following potential drivers, or independent variables, were used from the different themes across the questionnaire;

- Barriers (Q3)
- Motivations (Q6)
- Engagement with opticians/optometrist practice services
- Experience of opticians/optometrist practices (encountered problems, VFM etc)

Throughout the report, markers have been placed at the relevant variables, indicating whether they are positive or negative key drivers.

Key Driver Analysis: overall satisfaction

Key Driver Analysis was undertaken to identify which questions, collectively, have the most influence on levels of **'overall satisfaction with opticians/optometrist practices'**.

The drivers identified in the table to the right show where to focus efforts in return for the biggest rewards. For example, bringing about improvements in the **buying experience for glasses or contact lenses** (2) or finding alternative solutions for **those who do not like someone physically close to them** (7) would result in a jump in overall satisfaction.

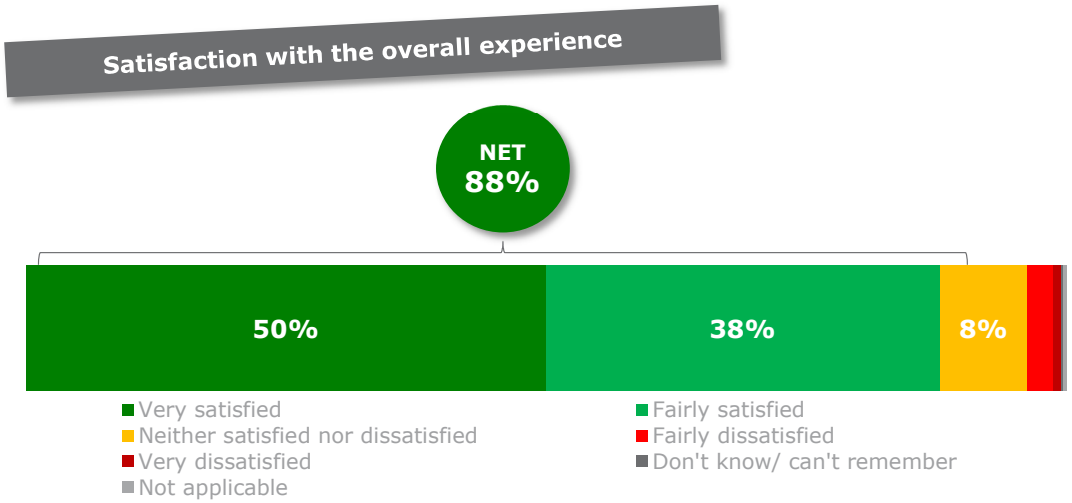
The overall fit of this model is strong with **R-square=0.691** (which means that the 10 key drivers listed together explain 69.1% of the variance in satisfaction). Some of the drivers have a positive impact on confidence ratings – for example, an increase in the proportion of participants who **do not feel uncomfortable** about visiting an opticians/ optometrist practice is likely to result in higher levels of satisfaction (positive drivers are noted in the table with ↑). However, some drivers have a negative impact – for example, an increase in customers who have **complained or considered complaining** is likely to result in lower levels of satisfaction (negative drivers are noted with ↓).

Rank	Question	Variable	Direction	Relative importance	Performance (% of sample giving this response)
1	Q18	Very satisfied with optometrist	↑	0.303	48%
2	Q18	Very satisfied with experience of buying glasses/lenses	↑	0.165	31%
3	Q16	Complained/consider complaining	↓	0.139	10%
4	Q18	Very satisfied with VFM	↑	0.121	25%
5	Q3	I have not felt uncomfortable	↑	0.055	49%
6	Q4a	Sight test/eye examination within last year	↑	0.051	58%
7	0	Barrier - don't like someone physically close to me	↓	0.045	5%
8	Q3	Barrier - fear of diagnosis	↓	0.043	13%
9	Q15	Experience a problem	↓	0.040	9%
10	Q6	Motivation - same healthcare professional as previous	↑	0.038	15%

Satisfaction levels

Satisfaction with the overall experience

Nine in ten (88%) are satisfied with the overall experience of the opticians/optometrist practice, with half of participants (50%) being very satisfied. Only 3% of participants are dissatisfied.



While statistical comparisons with previous waves cannot be made due to a change in the answer scale, the patterns show that the vast majority are satisfied and fewer than one in ten are dissatisfied

Mirroring the findings for other satisfaction questions, those aged 16-24 (76%) are significantly less likely to be satisfied with the overall experience than older participants, especially those aged 65 and over (94%). Those from an ethnic minority background are less satisfied than white participants (84% vs. 91%).

As seen in previous waves those with a disability are significantly less likely to be satisfied with the overall experience (82% vs 89% of those without a disability), while those with a caring responsibility are also less likely to be satisfied (84% vs 89% without these responsibilities).

Other groups less likely to be satisfied include those not confident in the eye care they receive (58%), those not confident in managing their own eye health (65%), those who have felt uncomfortable about visiting an opticians/optometrist practice (82%) and those who have had an adverse experience (72% vs. 88% overall).

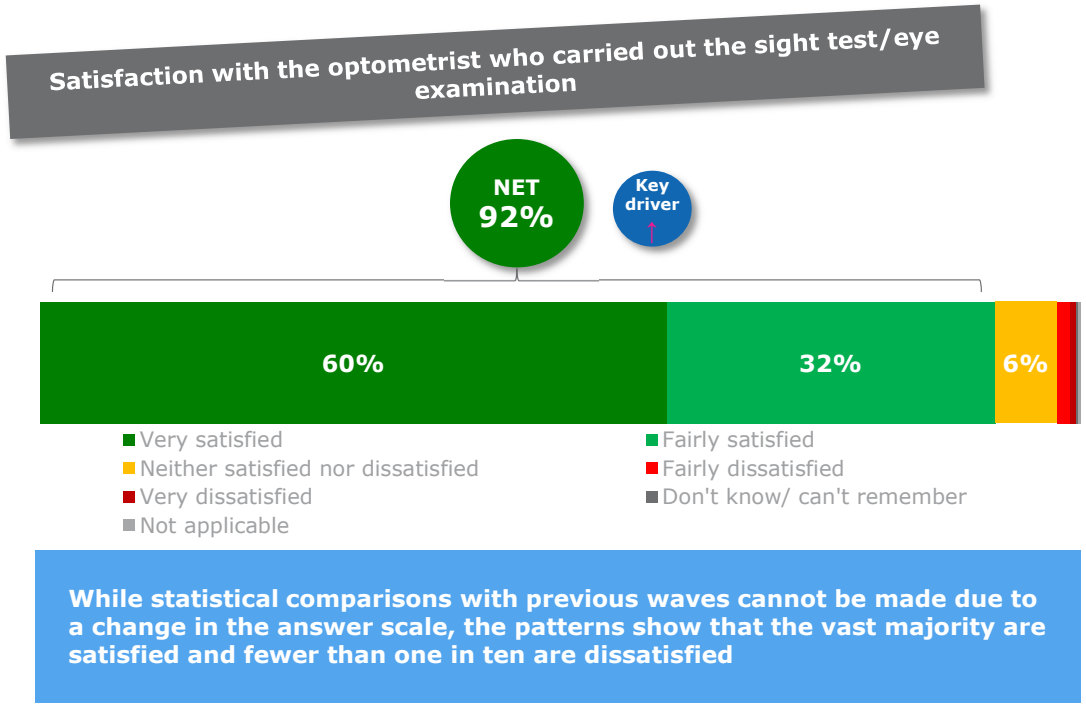
Those with no vulnerability markers are more likely to feel satisfied with their overall experience (94%) compared to those with at least one marker (84%), especially those with four or more markers (77%). Those who have four or more markers (9%) are more likely than those with none (3%) to say they are dissatisfied with their overall experience.

Q018. Thinking of the last time you had a sight test/eye examination, how satisfied or dissatisfied were you with the following? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Chart is missing figures due to small proportions and spacing

Satisfaction with the optometrist who carried out the sight test/eye examination

Satisfaction with the optometrist is high, with 92% of patients being satisfied or very satisfied with the optometrist. Three in five (60%) say they are very satisfied.



While statistical comparisons with previous waves cannot be made due to a change in the answer scale, the patterns show that the vast majority are satisfied and fewer than one in ten are dissatisfied

Participants aged 65 and over are significantly more likely to be satisfied with their optometrist (96% vs. 92% overall), especially when compared to participants aged 16-24 (84%). White participants are significantly more likely to be satisfied than ethnic minorities (94% vs. 89%). Satisfaction is also significantly higher for those in Northern Ireland (97% vs. 92% overall).

When looking at the results by location of sight test/eye examination, those that visited a high street opticians/optometrist practice are significantly more likely to be satisfied with their optometrist than those who had their test at a hospital facility (93% vs. 85%). Satisfaction is also significantly higher amongst those who are confident in managing their eye care (94% vs. 72% who are not confident), and, intuitively, those who are confident in receiving care from their opticians/optometrist practice (94% vs. 53% who are not confident).

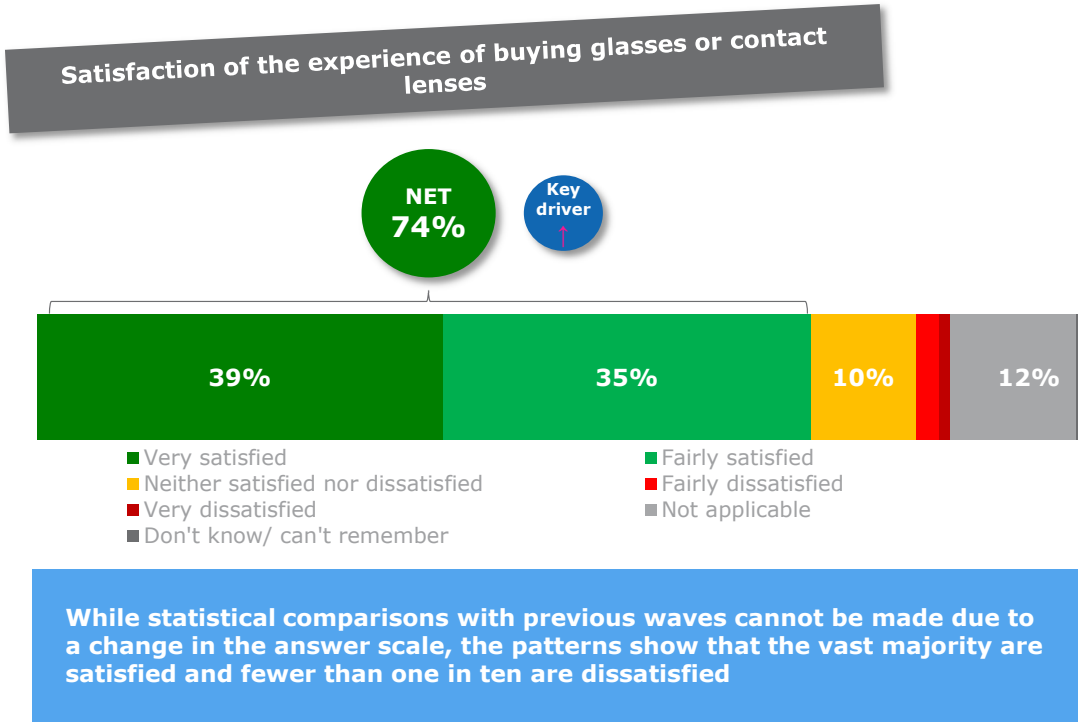
Those with no vulnerability markers (97%) are more likely to be satisfied than those with at least one marker (89%). Those with four or more markers are less likely than average overall to be satisfied (83%).

Q018. Thinking of the last time you had a sight test/eye examination, how satisfied or dissatisfied were you with the following? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Chart is missing figures due to small proportions and spacing

Satisfaction with the experience of buying glasses or contact lenses

Three quarters (74%) are satisfied with their experience of buying glasses or contact lenses, with only 3% reporting to be dissatisfied with the experience. There is a relatively even split between the proportion who are 'very satisfied' (39%) and 'fairly satisfied' (35%).



While statistical comparisons with previous waves cannot be made due to a change in the answer scale, the patterns show that the vast majority are satisfied and fewer than one in ten are dissatisfied

Those from a white ethnic background are significantly more likely to be satisfied with their buying experience than those from an ethnic minority background (77% vs 72%). Those whose first language is English are more satisfied than those with another first language (75% vs. 68%).

When looking at working status, those in full time education are the least likely to be satisfied with their experience (61%), compared to those who are working (75%) or retired (76%).

Those in age groups 16-34 and 45-54 (5%) are more likely than those aged 55-64 (1%) to be dissatisfied with the buying experience.

Those who are confident in the eye care they receive are more likely to be satisfied than those who are not (76% vs 44%). In addition, those who report to be confident in managing their own eye health are more likely to be satisfied than those who are not (76% vs 56%).

Those with an eye condition are significantly more likely to be satisfied with the buying experience (79%) than those who do not (72%).

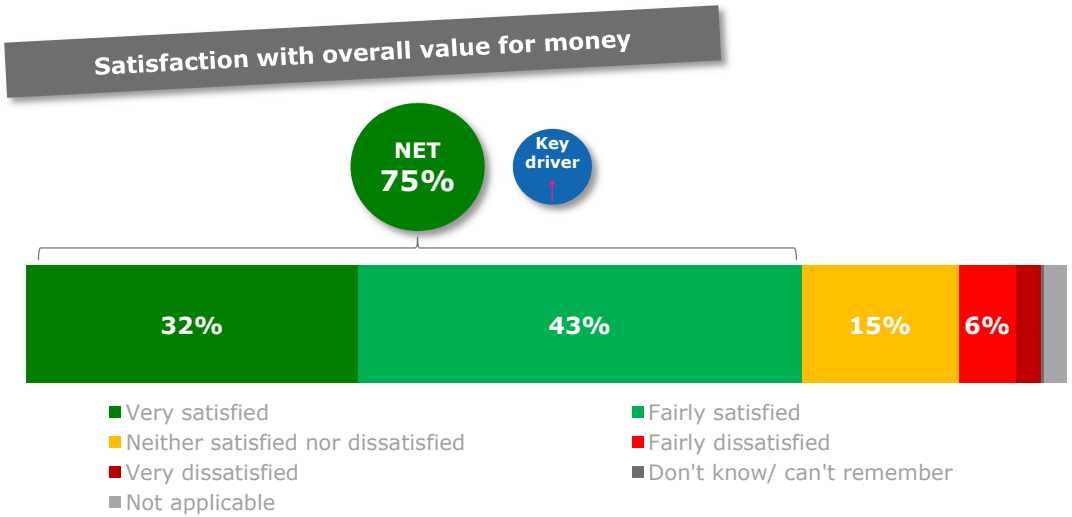
Those with no vulnerability markers are more likely than overall to be satisfied with the experience of buying glasses or contact lenses (77%). Those with at least one vulnerability marker (4%) are more likely than those with none (2%) to be dissatisfied.

Q018. Thinking of the last time you had a sight test/eye examination, how satisfied or dissatisfied were you with the following? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Chart is missing figures due to small proportions and spacing

Satisfaction with value for money

Three quarters (75%) are satisfied with the overall value money, though more are 'fairly satisfied' (43%) than 'very satisfied' (32%). Just 8% of customers are dissatisfied.



While statistical comparisons with previous waves cannot be made due to a change in the answer scale, the patterns show that the vast majority are satisfied and fewer than one in five are dissatisfied

Those aged 16-24 are significantly less likely to be satisfied with the overall value for money (63%) than any other age group. Ethnic minorities are also less likely to be satisfied with value for money compared to white participants (71% vs. 77%).

In terms of income, those with a household income of £20,001 - 25,000 are the least likely income band to be satisfied with value for money (65% vs. 75% overall). Those who report that they can't afford essentials are also less likely to be satisfied (69%).

Other groups that are less likely than average to be satisfied with value for money include those in full time education (61%) and those who did not know the price before their appointment (69%).

Those with no vulnerability markers (81%) are more likely than those with at least one marker (71%) to be satisfied with the overall value for money, especially those with four or more markers (66%). Dissatisfaction with value for money is higher for those with at least one vulnerability marker (10%) compared to those with no markers (5%).

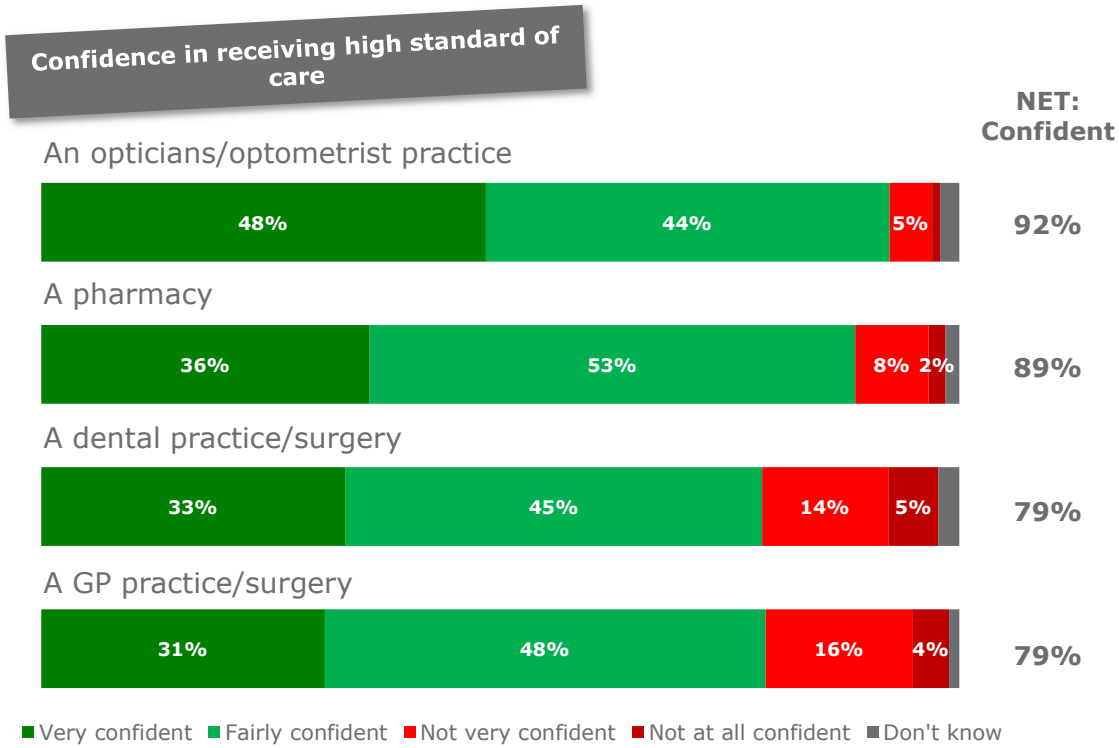
Q018. Thinking of the last time you had a sight test/eye examination, how satisfied or dissatisfied were you with the following? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Chart is missing figures due to small proportions and spacing

Confidence levels

Confidence in receiving care

Confidence in receiving a high standard of care from an opticians/optometrist practice remains high this year (92%), ahead of others in comparison. It remains in line with the previous year (92% 2023).



When it comes to confidence in receiving a high standard of care from their opticians/optometrist practice, older people aged 65 and over are more likely than average to feel confident (97%), as are those from a white ethnic background (95%). Those in social grades ABC1 (94%), those who are not struggling financially (95%), and those not in work (94%) are also more likely to feel confident in receiving a high standard of care from their opticians/optometrist practice.

Those who feel less confident than overall when it comes to receiving a high standard of care from their opticians/optometrist practice include 16-24-year-olds (8% say they are 'not confident'), those from an Asian background (11%), and non-native English speakers (10%). Those who do not wear glasses or contacts are also more likely to say they are not confident in receiving a high standard of care from their opticians/optometrist practice (9%), as are those who had a sight test/eye examination two or more years ago (12%), and those who had their last sight test/eye examination at a hospital facility (12%).

S01a. To what extent are you confident or not in receiving a high standard of care from each of the following healthcare services? **Base:** All participants (2035)

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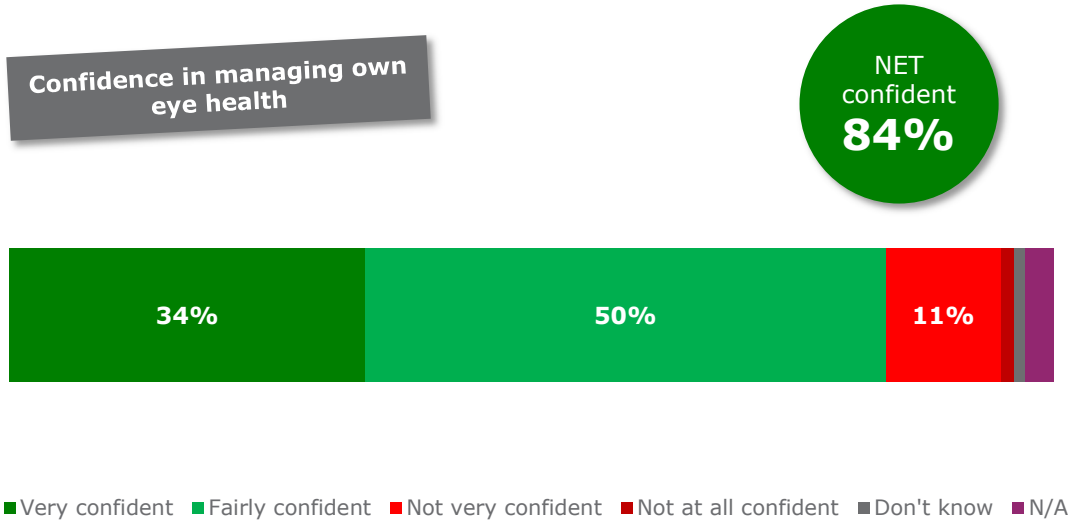
Confidence in managing eye health

New to the survey this year, participants were asked to what extent they are confident, or not, in managing their own eye health. The vast majority feel confident in managing their own eye health (84%), although more feel fairly confident (50%) than very confident (34%). Just over one in ten (12%) do not feel confident in managing their eye health, although fewer say they are not at all confident (1%) rather than not very confident (11%).



Those aged 55 and over are more likely to feel confident in managing their eye health (89%), particularly when compared to 16–24-year-olds (79%). Others who are more likely than average to feel confident in managing their eye health include those living in Wales (87%), those who are not struggling financially (87%), and those who are retired (90%).

Those who are already using glasses (87%) or contacts (89%) are more likely than others to feel confident in managing their eye health. Patients (89%), and those who had their last sight test/eye examination at a high street opticians/optometrist practice (86%) are also more likely to feel confident.

In contrast, those more likely than average say they are not confident include those with a disability (16%), those going through a difficult set of life circumstances (16%), those who are struggling financially (15%), and those in full-time education (21%). Those who do not wear any glasses or contact lenses (19%) are more likely to say they are not confident, as are those who have not had a sight test/eye examination recently (24% of those whose last test was two or more years ago) or at all (26%).

Confidence is higher for those with no vulnerability markers (95%) when compared with those who have at least one marker (77%), especially those who have four or more markers (62%). Those with at least one vulnerability marker (19%) are more likely than those with none (0%) to say they are not confident in managing their own eye health.

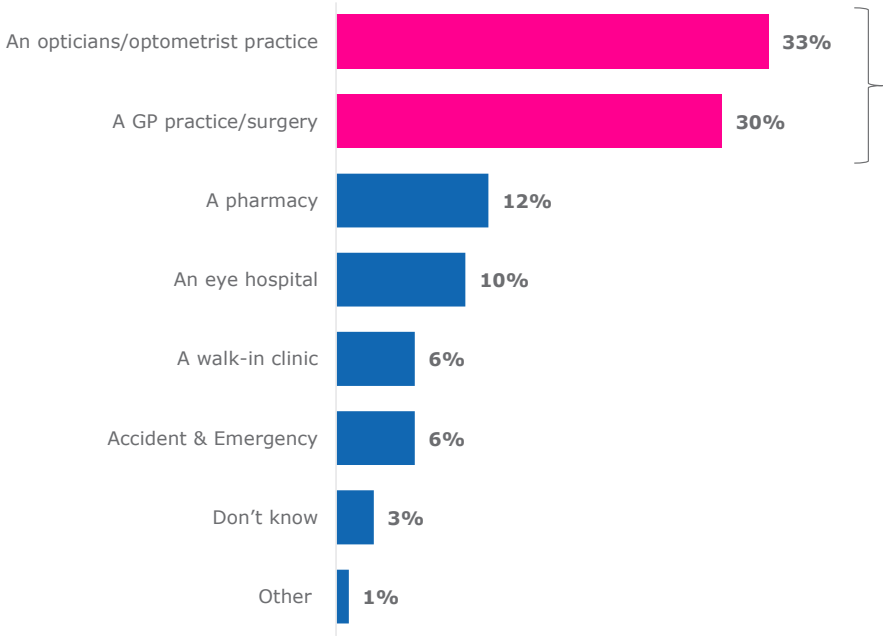
S01b. To what extent are you confident or not in managing your eye health? **Base:** All participants (2035)

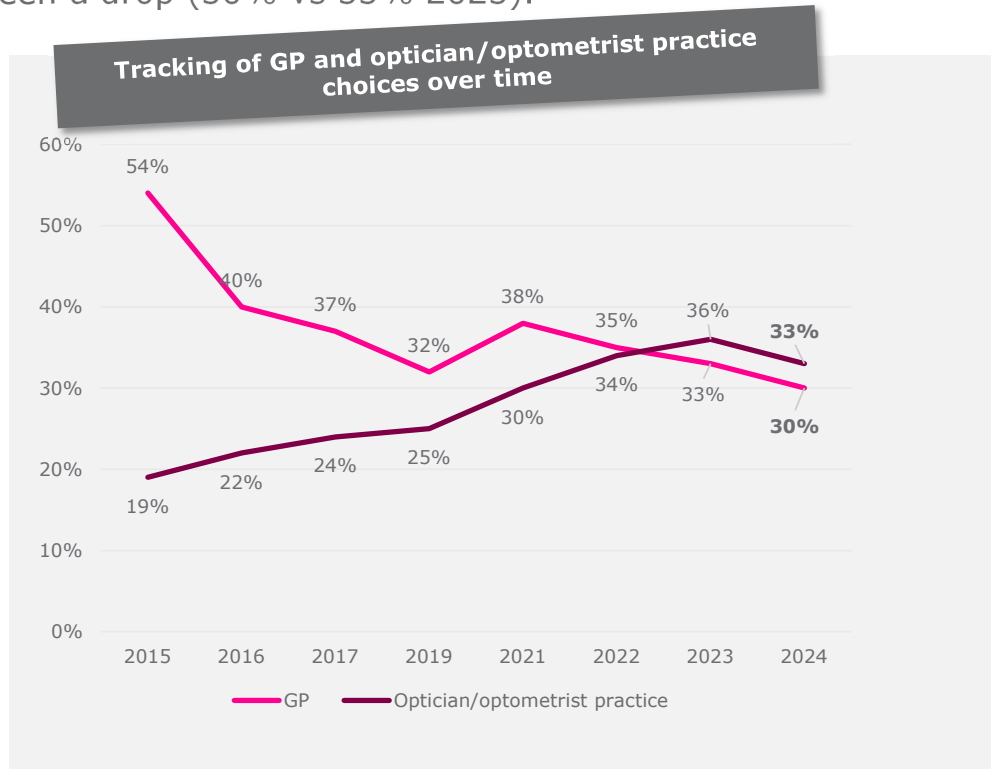
Chart is missing figures due to small proportions and spacing

Perceptions of urgent care

First ‘port of call’ for an eye problem

There has been a fall in the proportion of the public who say their first instinct would be to go to an opticians/optometrist practice in the event of an eye problem (33% vs 36% 2023). However, it remains the most popular choice, ahead of a GP practice/surgery, which has also seen a drop (30% vs 33% 2023).

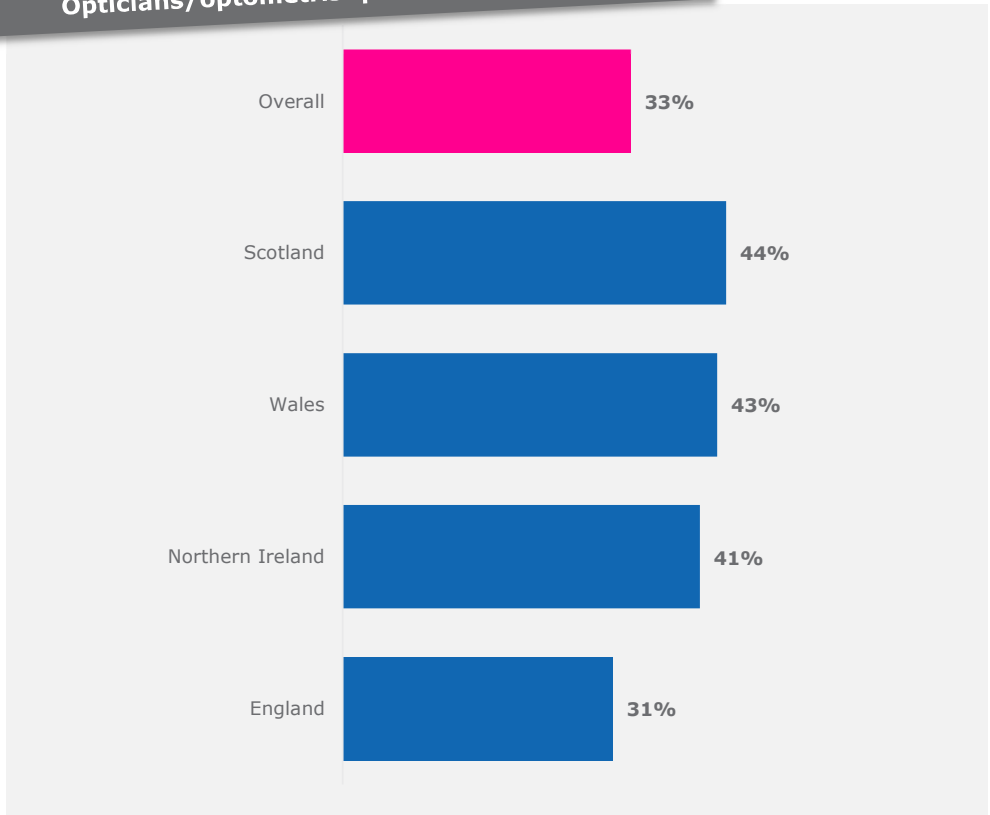




Q01. If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first? **Base:** All participants (2035)

First ‘port of call’ for an eye problem cont’d.

Opticians/optometrist practice by nation



Compared to last year, women (33% vs 39% 2023) and those aged 35-44 (26% vs 41% 2023) are less likely to say they would go to an opticians/optometrist practice first if they had an eye problem.

Those aged 65 and over are more likely than younger people aged 16–24 to go to an opticians/optometrist practice first if they had an eye problem (39% vs 27%). Those aged 16–24 are more likely than average to go to an eye hospital as a first port of call for an eye problem (14% vs 10% overall).

Those from a white background (36%) are more likely than overall to go to an opticians/optometrist practice first when compared to ethnic minorities (30%). Ethnic minorities are more likely to go to an eye hospital (14%).

Across the different nations, those in Wales (43%), Scotland (44%), and Northern Ireland (41%) are more likely than those in England (31%) to say they would go to an opticians/optometrist practice first if they had an eye problem.

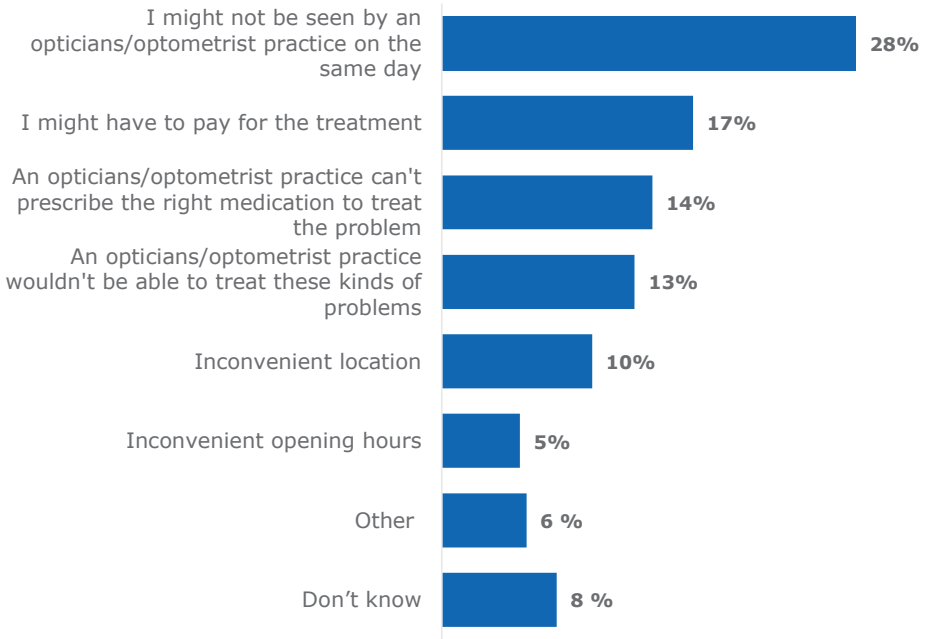
Patients (36%), and those who wear glasses (35%) or contact lenses (42%) are more likely than average to choose an opticians/optometrist practice as their first choice for an eye problem. Those less confident (18%) in managing their eye health are less likely to choose an opticians/optometrist practice first and are more likely to choose a GP practice/surgery (36%). A similar story can be found for those who have either never had a sight test/eye examination, or it was more than two years ago (23% opticians/optometrist practice; 35% GP practice/surgery), as well as those in full time education (23% opticians/optometrist practice; 43% GP practice/surgery).

Those who have no vulnerability markers (38%) are more likely than those who have at least one (30%) to say they would go an opticians/optometrist practice first. Those with at least one vulnerability marker (11%) are more likely than those with none (7%) to say they would go to an eye hospital; this is especially the case for those with four or more markers (16%).

Q01. If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first? **Base:** All participants (2035)

Reasons for not choosing an opticians/optometrist practice as first port of call

Among those who would not choose to go to an opticians/optometrist practice first, the most cited reason continues to be the chance of not being seen on the same day, up by 4 percentage points since 2023 (28% vs 24%). Having to pay for treatment is also a common reason (17%), as is the perception that an opticians/optometrist practice cannot prescribe the right medication to treat the problem, though this has fallen by 3 percentage points (14% vs 17% in 2023).



Among those who would not choose an opticians/optometrist practice first, women (32%) are more likely than men (23%) to say they might not be seen on the same day, whereas men (16%) are more likely than women (12%) to feel that an opticians/optometrist practice wouldn’t be able to prescribe the right medication. Not being seen on the same day is also a concern among those 65 and over (32%) and those not in work (32%).

Paying for treatment is of particular concern to those aged 16-44 (24%), but less so for those aged 45 and over (10%). Those with an income of £20,001 – £25,000 (22%) and those working part-time (21%) are also more likely than average to be concerned about paying for treatment (22%), as are those who say they cannot afford essentials (25%).

Those who had their last sight test/eye examination in a hospital (26%) are more likely than those who had it at a high street opticians/optometrist practice (15%) to say they have concerns about paying for treatment – perhaps due to a perception that eye conditions will not be covered by the NHS.

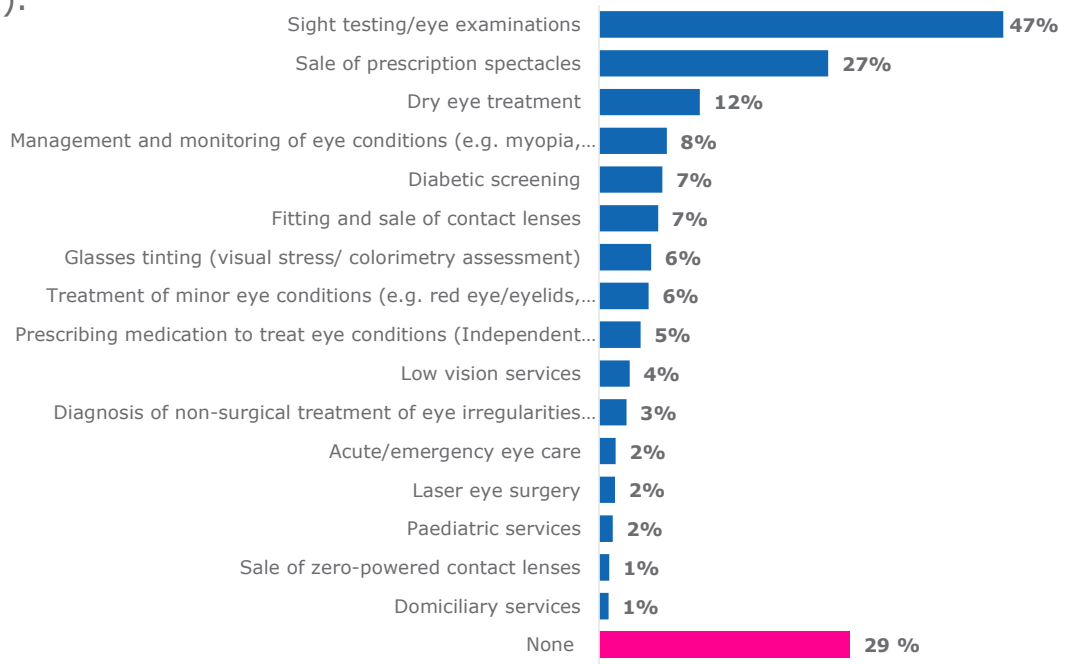
Amongst 45–64-year-olds, there is more of a perception that opticians/optometrists practice would not be able to prescribe the correct medicine for their problems (18%), something that is not shared by those 44 and under (9%).

Q02. Why would you choose not to go to an opticians/optometrist practice first in this situation? **Base:** All participants not choosing to visit an opticians/optometrist practice (1309)

Use of optical services

Use of optical services

New to the survey this year, participants were asked if they had used any of the listed optical services in the past two years. Having a sight test/eye examination is the most common service used (47%), followed by sale of prescription glasses (27%) and dry eye treatment (12%). Fewer than one in ten have used any of the other services listed in the survey, while just under three in ten have not used any optical service in the past two years (29%).



Those aged 55 and over are more likely than others to have had a sight test/eye examination (57% vs. 47% overall) and buy prescription glasses (39% vs. 27% overall). For those aged 65 and over specifically, they are more likely than overall to have made use of management and monitoring of eye condition services (14% vs. 8% overall), such as glaucoma and cataract. They are also more likely to have used diabetic screening services (14% vs. 7% overall).

Young people aged 16–34 are more likely to have made use of fitting and sale of contact lenses (11% vs. 7% overall), while those in the youngest age group 16-24 are more likely to have used treatment of minor eye conditions (10% vs. 6% overall) and glasses tinting (11% vs. 6% overall).

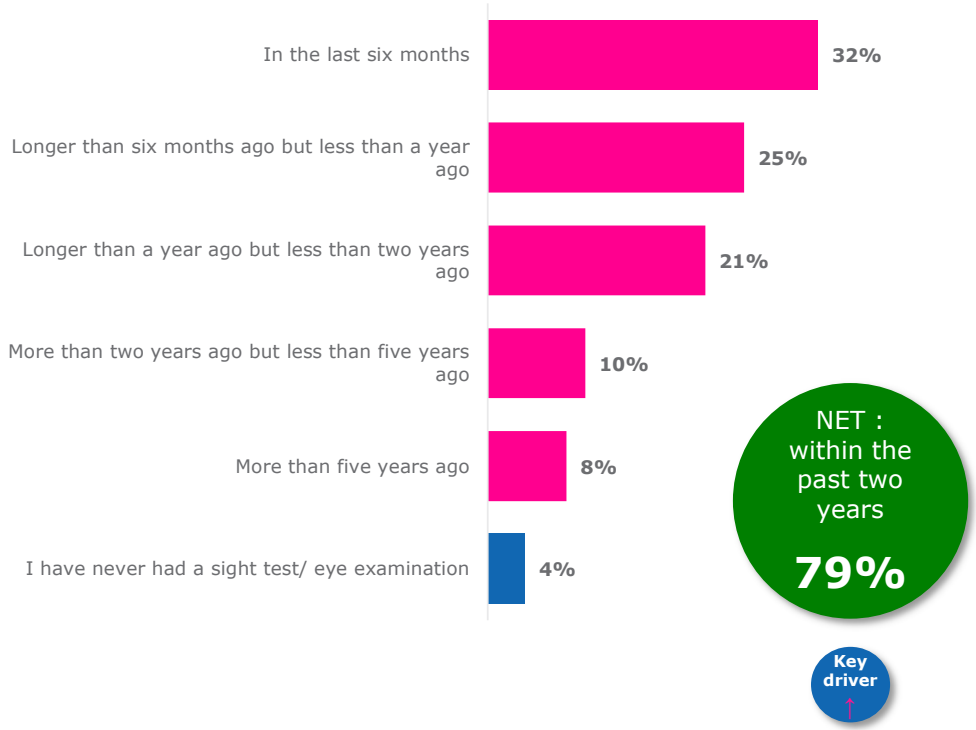
Those who are less confident in managing their eye health are more likely to say they have used none of the different services (39% vs. 29% overall), as are those with low income (33%).

Instinctively, those who report having an eye condition of some kind are more likely than overall to use most of the optical services presented to them. Conversely, those who do not have a condition are more likely to have not used any of the services (37% vs. 29% overall).

Q04d. In the last 2 years, have you used any of the following services? **Base:** All participants (2035)

Last reported visit for sight test/eye examination

Almost four in five say they have had a sight test/eye examination in the past two years, a significant increase compared with two years ago (77% 2023; 74% 2022). Fewer than one in five (17%) say their last test was more than two years ago, while a small proportion (4%) say they have never had one.



Those aged 65 and over are more likely to have had their last sight test/eye examination in the past two years (85% vs. 79% overall), whereas those aged 35-54 are more likely to say they had their sight test/eye examination more than two years ago (21% vs. 17% overall). Those aged 25–44 are also more likely to have never had a sight test/eye examination before (7% vs. 4% overall), as are ethnic minorities (6%).

Those with a low income are more likely to say their last sight test/eye examination was over two years ago (20% vs. 17% overall). Those who have low confidence in managing their eye health are more likely to say their last sight test/eye examination was two or more years ago (36% vs. 17% overall), or that they have never had one (7% vs. 4% overall).

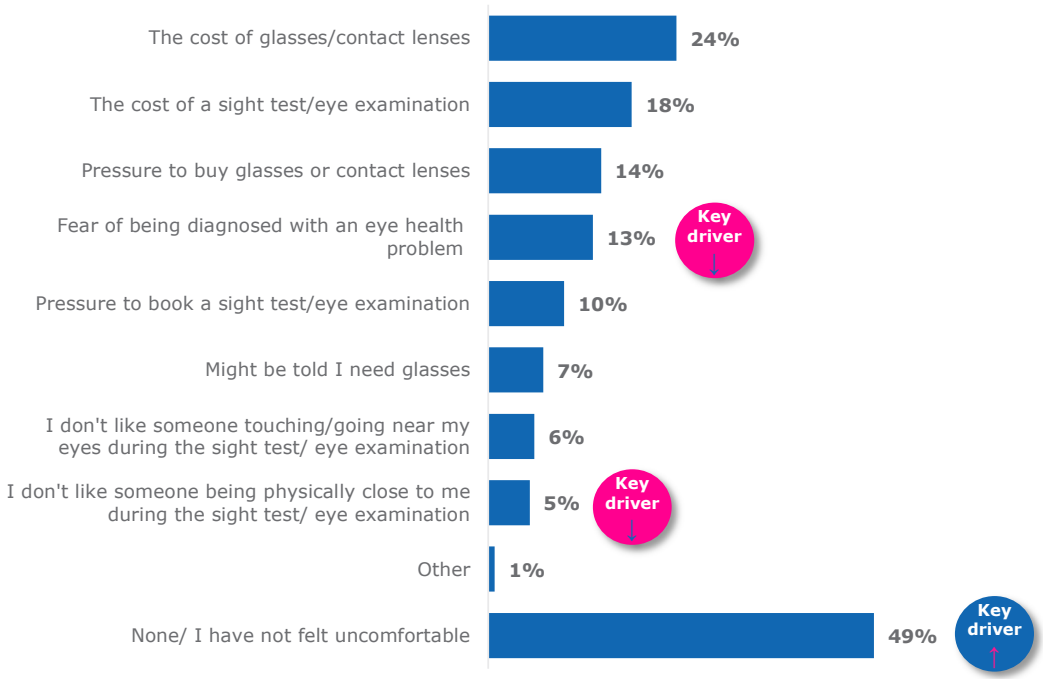
Those who already wear glasses (88%) or contact lenses (92%) are more likely to say they have had a sight test/eye examination in the past two years (vs. 79% overall). The same can be said for those with an existing eye condition (91%). Perhaps unsurprisingly, those who wear neither are comparatively more likely to have never had a sight test/eye examination (15% vs. 4% overall).

Those with no vulnerability markers (82%) are more likely than those with at least one marker (77%) to say they have had a sight test/eye examination in the last two years. Those with four or more markers are the least likely to say they have done so (63%). Those with one or more vulnerability markers (19%) are more likely than those with no markers (15%) to say their last sight test/eye examination was over two years ago, particularly those with four or more markers (33%).

Q04a. When was the last time you had a sight test/eye examination? **Base:** All participants (2035)

Discomfort around visiting at opticians/optometrist practice

The cost of glasses or contact lenses is the most cited reason for feeling uncomfortable about visiting an opticians/optometrist practice (24%). Monetary reasons dominate the other most cited mentions, including the cost of a sight test/eye examination (18%) and pressure to buy glasses or contact lenses (14%), although the latter has fallen since 2023 (18%).



Those aged between 16–44 are significantly more likely to feel uncomfortable due to financial reasons such as the cost of glasses/contacts lenses (30% vs. 24% overall) and the cost of the sight test/eye examination itself (28% vs. 18% overall). They are also more likely to be fearful of being diagnosed with an eye health problem (19% vs. 13% overall) or being told that they need glasses (11% vs. 7% overall). Across all four of these factors, those aged 65 and over are less likely than average to have concerns.

Perhaps due to the availability of free sight tests/eye examinations in Scotland, those living in this nation are significantly less likely than average to cite the cost of sight test/eye examination as a reason (8% vs. 18% overall).

Those from an Asian or black background are significantly more likely to cite the cost of glasses/contact lenses (28% vs. 24% overall) and the sight test/eye examination (25% vs. 18% overall), fear of being diagnosed with an eye health problem (19% vs. 13% overall), and pressure to book a sight test/eye examination (15% vs. 10% overall) as reasons for feeling uncomfortable about visiting an opticians/optometrist practice.

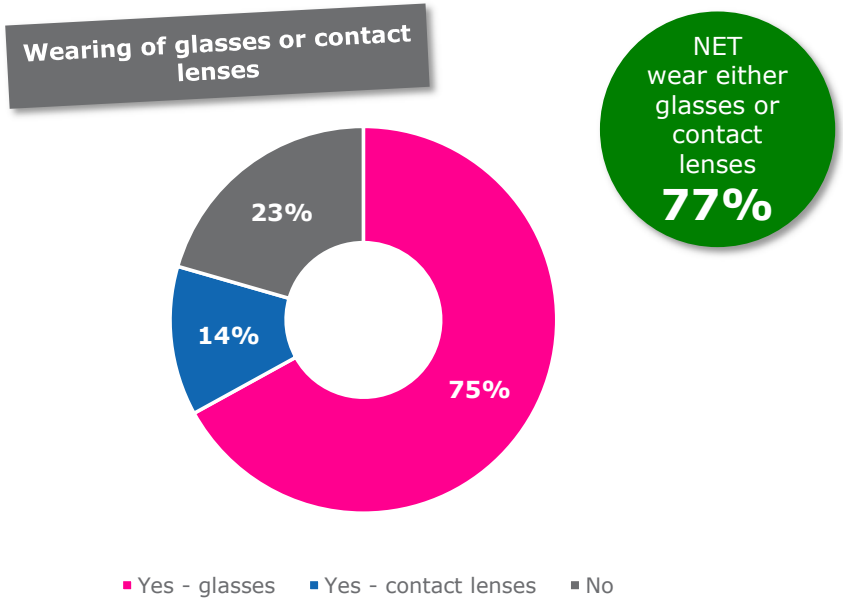
Those who do not speak English as a first language are more likely than native speakers to cite the cost of glasses/contact lenses (34% vs 22%) and sight test/eye examination (31% vs 16%) as reasons for discomfort.

Those not confident in managing their own eye health are more likely to select almost all reasons relating to discomfort, while those who feel confident are more likely to say they have not felt uncomfortable before (52% vs. 49% overall).

Q03. Have you ever felt uncomfortable about visiting an opticians/ optometrist practice for any of the following reasons? **Base:** All participants (2035)

Wearing glasses or contact lenses

The proportion of those wearing glasses, contact lenses, or both remains consistent with the previous year (79%). Three quarters (75%) say they wear glasses, while one in seven (14%) say they wear contact lenses. Just over three quarters (77%) wear both glasses and contact lenses.



Glasses are more likely to be worn by those aged 45 and over (86% vs. 75% overall), while contact lenses are comparatively more popular amongst 16–44-year-olds (21% vs. 14% overall) – the latter age group are also more likely than average to wear neither glasses nor contacts (35% vs. 23% overall).

Those who have a disability are more likely than average to say they wear glasses (79% vs. 75% overall), as are those with an eye condition (84%). Those with low capability and confidence in managing their eye health are more likely to say they wear neither glasses nor contact lenses (35% vs. 23% overall).

Contact lenses are more common amongst those in work, either part time or full time (20% vs. 14% overall). Glasses are more likely to be worn by those not in work (79%) or retired (91% vs. 75% overall).

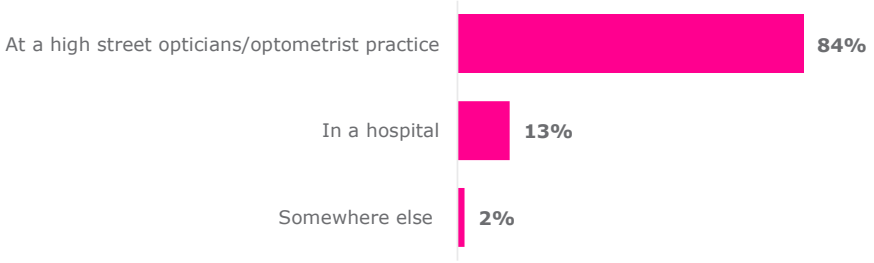
Intuitively, patients are more likely to say they wear either glasses or contact lenses (86% vs. 77% overall), compared to those who had a sight test/eye examination over two years ago (53%) and those who have never had one (6%).

S01c. Do you wear glasses or contact lenses? **Base:** All participants (2035)

Location of test and time of appointment offered

The vast majority of those who have had a sight test/eye examination did so at a high street opticians/optometrist practice, although this has dropped by 4 percentage points this year (84% vs 88% 2023). There are also more this year who say their test was in a hospital (13% vs 8% 2023). New to this wave, participants were asked when they were offered their appointment, and the majority (68%) were offered a timeslot within a week.

Location of sight test/eye examination



Amount of time before appointment offered by location of sight test/eye examination

Time before appointment offered	Hospital	Opticians
On the same day	16%	10%
Within 1-2 days	24%	18%
Within a week	23%	42%
Within two weeks	14%	15%
Within a month	8%	4%
After a month or longer	7%	3%
Don't know / can't remember	9%	8%

Men are more likely than women to say their sight test/eye examination appointment was offered within a week (72% vs 65%), as are those aged 16–24 (75% vs. 68% overall).

There are few differences by nation, although those in Scotland are less likely than average to say they were offered an appointment within a week (63% vs. 68% overall).

Those in full-time education are more likely to say their appointment was offered after a month or longer (7%).

When comparing wait times between high street opticians/optometrist practices and hospitals, those who were seen in a hospital are more likely than those who were seen in a high street optician/optometrist practice to say their sight test/eye examination was offered on the same day (16% vs. 10%), within two days (24% vs. 18%), within a month (8% vs. 4%), or after a month or longer (7% vs. 3%). Those seen at a high street opticians/optometrist practice on the other hand are more likely than those who were seen at a hospital to say their sight test/eye examination was offered within a week (42% vs. 23%).

Q04b. Thinking of the last time you had a sight test/eye examination, where was this? **Base:** All participants who have had a sight test/eye examination (1963). **Q04c**. Thinking about your last routine sight test/eye examination, how long did it take before you were offered an appointment? **Base:** All participants who have had a sight test/eye examination (1963).

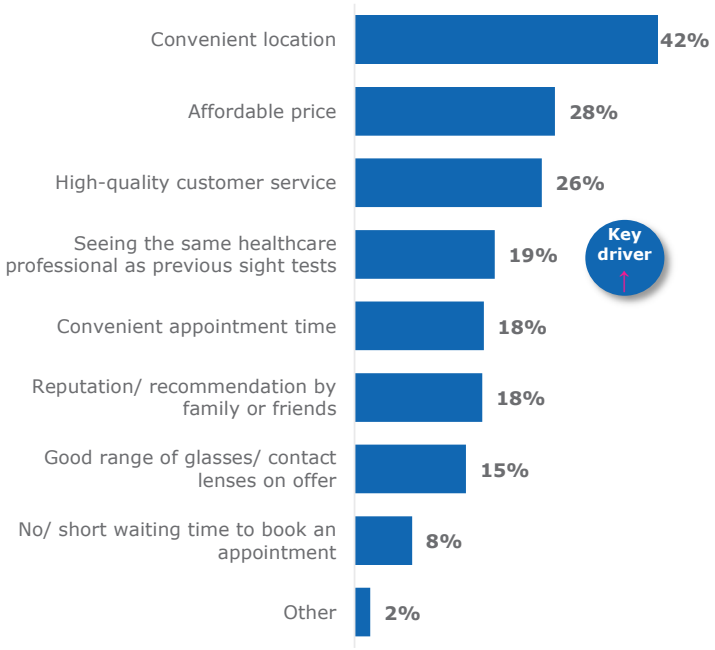
Green text denotes sub-group statistic being significantly more likely than overall. Red text denotes sub-group statistic being significantly less likely than overall.

Choosing the opticians/optometrist practice

Three in ten (31%) say they shopped around before selecting which optician/optometrist practice to go to, significantly higher than the equivalent figure in 2023 (21%). The top factor for choosing an opticians/optometrist practice is a convenient location (42%). Affordable prices (28%) and high-quality customer care (26%) follow, both of which are significantly higher than the previous wave (21% and 19% respectively).

31%

… shopped around before picking which opticians/ optometrist practice to go to…



Likelihood to shop around is significantly lower amongst older participants, those aged 55-64 (16%) or 65+ (17%), compared with those aged 16-24 (47%), 25-34 (48%) or 35–44 (42%). Those who say they are struggling financially are significantly more likely to say they shopped around compared with those who are not (36% and 26% respectively). Those with an eye condition (43%) are also more likely to shop around than those without an eye condition (26%); this is also true for those who have previously felt uncomfortable about visiting an opticians/optometrist practice (44%).

Those who have shopped around are significantly more likely to report affordable prices as a top factor in deciding which opticians/optometrist practice to use (40% vs. 28% overall).

Those who have no vulnerability markers (27%) are less likely than those with at least one marker (34%) to say they shopped around.

Q05. Did you shop around (i.e., compare different opticians/ optometrist practices) before picking which one to go to? **Base:** All participants who have had a eye sight test/eye examination in the past two years (1599). **Q06.** What was the top factor in choosing your opticians/ optometrist practice for the sight test/eye examination? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Choosing the opticians/optometrist practice

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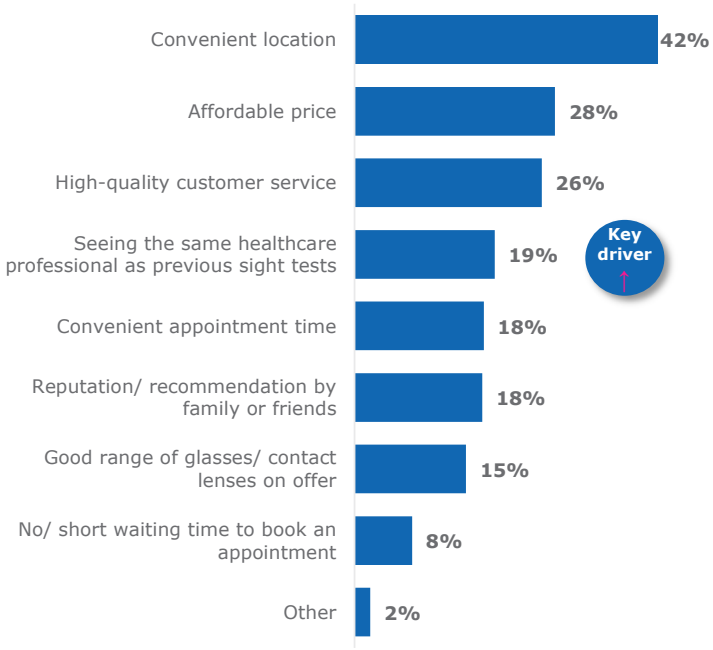
… shopped around before picking which opticians/ optometrist practice to go to…



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Those who have shopped around are significantly more likely to report affordable prices as a top factor in deciding which opticians/optometrist practice to use (40% vs. 28% overall).

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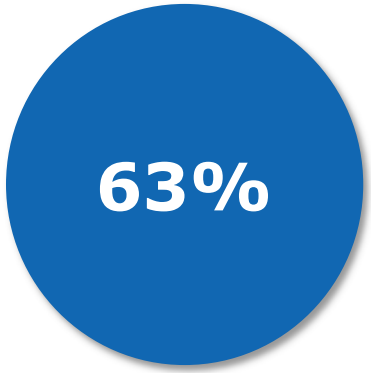
Q05. Did you shop around (i.e., compare different opticians/ optometrist practices) before picking which one to go to? **Base:** All participants who have had a eye sight test/eye examination in the past two years (1599). **Q06.** What was the top factor in choosing your opticians/ optometrist practice for the sight test/eye examination? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Knowledge of prices before attending appointment

Just over six in ten (63%) say they knew the price of the sight test/eye examination before their appointment. This was significantly less than in 2023, when over seven in ten (72%) of participants reported knowing the price in advance of their test.



… knew the price of the sight test/eye examination before they attended their appointment…

Those aged 65 and over are significantly more likely to say they knew the price before their sight test/eye examination (75%) than any other age group (16-24 55%, 25-34 57%, 35-44 60%, 45-54 63% and 55-64 63%).

Those in social grades ABC1 are significantly more likely to say they knew the price compared with those in C2DE social grades (65% vs 58% respectively). Similarly, those who are not struggling financially are significantly more likely to say they knew the price before their appointment than those who report to be struggling financially (68% vs 59% respectively). This is perhaps of concern as the group most in need of reassurance around costs appears to have the lowest awareness.

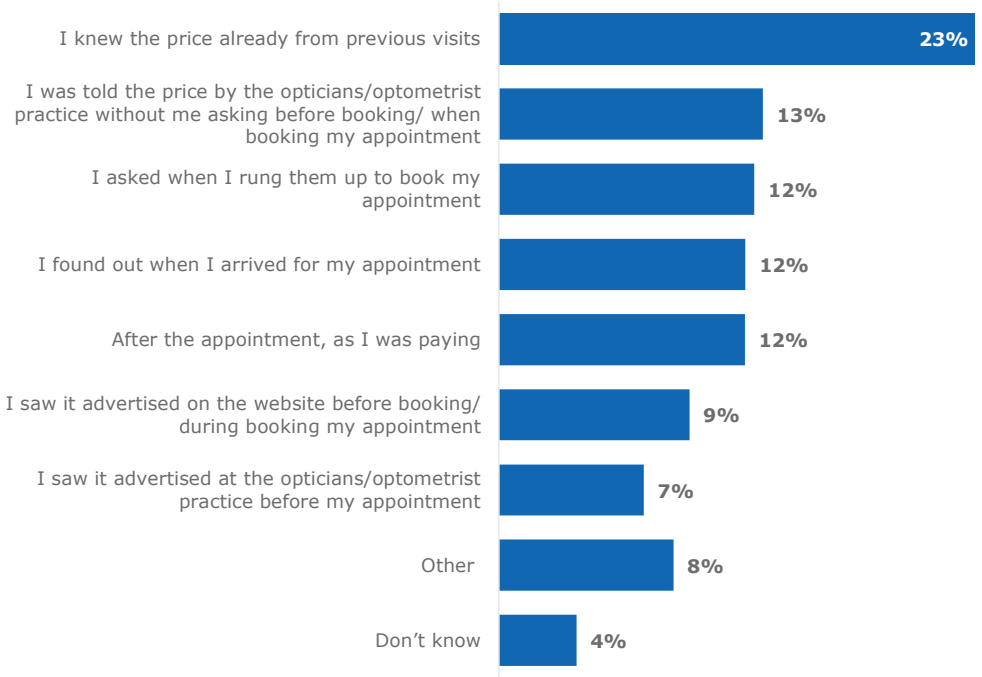
As expected, those who say that they shopped around before their appointment are more likely to say that they knew the price compared with those who did not (65% vs 54% respectively).

In addition, those who had their sight test/eye examination at a high street opticians/optometrist practice are marginally more likely to say they knew the price (65%) compared with the overall average (63%).

Q07. Did you know the price of the sight test/eye examination before you attended your appointment? **Base:** All participants who have had a sight test/eye examination in the past two years (1599).

Source of price information

When asked how they first found out what the price of the sight test/eye examination would be, around a quarter (23%) report already knowing this information from previous visits, however this has seen a downward trend since the previous wave in 2023 (30%).



Patients in the last 6 months are significantly more likely to say they knew the price from their previous visits (28%) compared with patients who had a sight test/eye examination 6-12 months ago (21%) or 1-2 years ago (17%).

Those in Northern Ireland are more likely to say they would find out the price as they were paying (22%).

Those aged 65 or over are significantly more likely to cite knowing the price from previous visits (37%) than any other age group.

Female participants are significantly more likely than male participants to say they asked for the price when booking the appointment (14% vs 10% respectively). Yet, male participants are significantly more likely to say they saw the price advertised on the website before or during booking the appointment (11% vs. 8% of females).

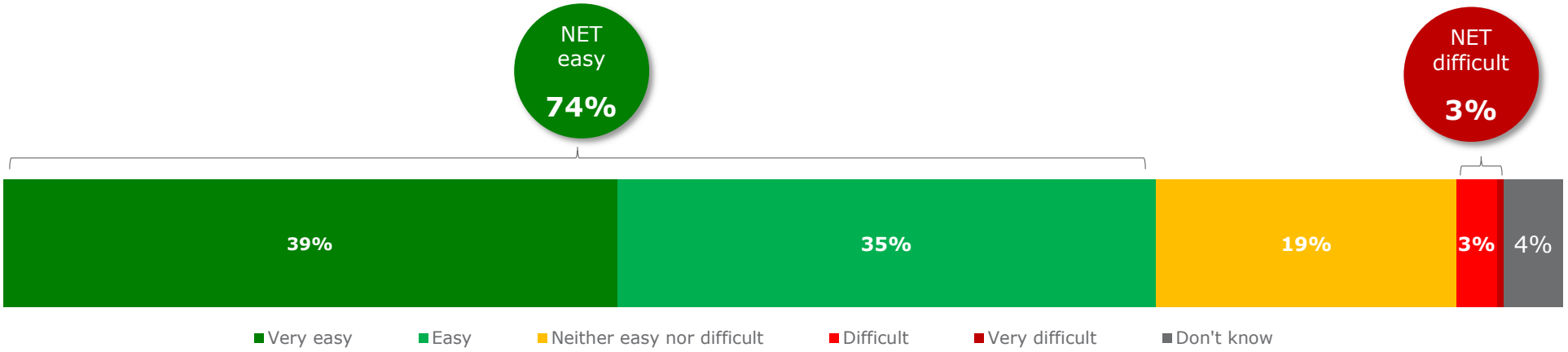
Ethnic minority participants are significantly less likely than white participants to say they already knew the price from a previous visit (17% vs 28% respectively). They are also more likely to say they were told the price after the appointment when paying (15% vs. 9% of white participants) or that they asked when booking the appointment (14% vs. 11%).

Those who had their sight test/eye examination in a hospital facility are significantly more likely to have found out the price when they arrived (16%) than those who went to a high street opticians/optometrist practice (11%). Those who went to a high street opticians/optometrist practice are more likely to know the price from a previous visit (24%) than those who went to a hospital facility.

Q08. How did you first find out what the price of the sight test/eye examination would be? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Ease of sourcing price information

Three quarters (74%) say they found it very easy or easy to find out the price of their last sight test/eye examination, in line with the previous wave in 2023 (75%). Only 3% say they found it difficult to find out the price.



Those aged 65 or over are significantly more likely to say they found very easy or easy to find out the price of their sight test/eye examination (81%) than any other age group.

Participants who are confident in receiving care from an opticians/optometrist practice (75%) and confident in managing their eye care (76%) are both significantly more likely to have found it very easy or easy to find out the price, compared with those who are not confident (49% and 56% respectively).

Those who had their sight test/eye examination at a hospital facility are more likely to have found it difficult to find out the price of a test (5%) than those who had their sight test/eye examination at a high street opticians/optometrist practice (2%).

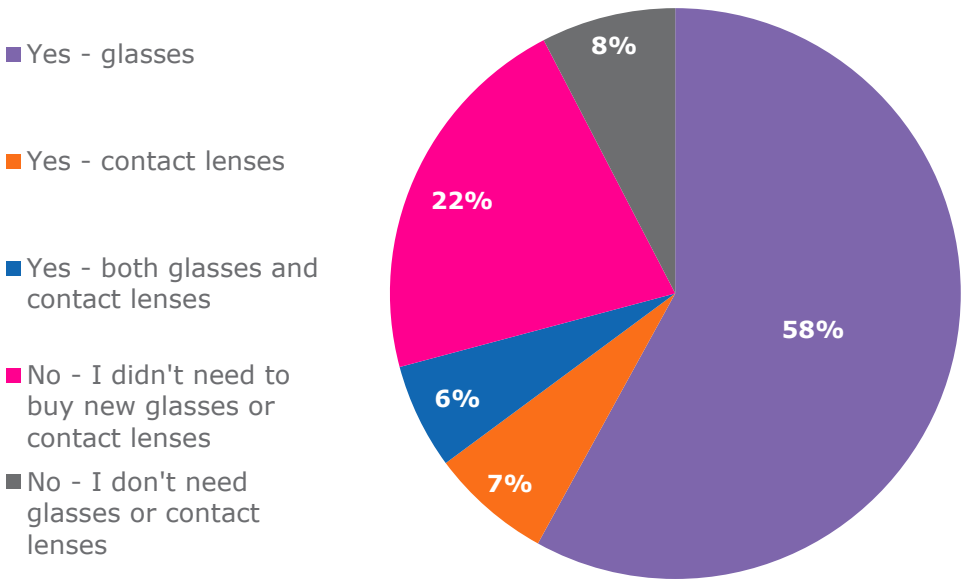
Q09. Overall, how easy, or difficult was it to find out the price of your last sight test/eye examination? **Base:** All participants who have had a sight test/eye examination in the last two years (1599).

Chart is missing figures due to small proportions and spacing

Purchasing eyewear

Purchase of glasses or contact lenses

Three in five (58%) purchased glasses as a result of their sight test/eye examination. This was higher than the proportion of those who purchased contact lenses (7%) or both glasses and contact lenses (6%).



Those aged 45-54 (66%), 55-64 (64%) and 65 and over (61%) are significantly more likely to have purchased glasses after their appointment than younger participants, aged 16-24 (52%), 25-34 (49%) or 35-44 (52%). However, younger participants are significantly more likely to have purchased contact lenses (16-24 11%, 25-34 12% and 35-44 12%) than older participants (45-54 5%, 55-64 3% and 65 and over 1%).

Participants aged 16-44 are also more likely to purchase both glasses and contact lenses after their sight test/eye examination (10% vs. 6% overall).

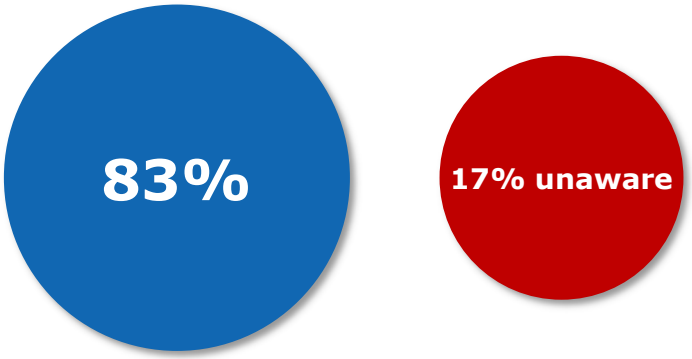
Those who had their sight test/eye examination performed at a high street opticians/optometrist practice are significantly more likely to have purchased glasses as a result of their sight test/eye examination (62% vs. 58% overall). However, those whose sight test/eye examination was performed at a hospital facility are significantly more likely to have purchased contact lenses (13% vs. 7% overall) or both glasses and contacts (12% vs. 6% overall).

Male participants (26%), white participants (25%), those aged 65 and over (33%), those not in work (28%) and participants living in Wales (31%) are all more likely than average to say they did not need to purchase glasses or contact lenses after their appointment (vs. 22% overall).

Q010. Did you purchase glasses or contact lenses as a result of your sight test/eye examination? **Base:** All participants who have had a sight test/eye examination in the past two years (1599).

Awareness of being able to purchase elsewhere

Over four in five (83%) are aware that it is possible to buy glasses or contact lenses from a different opticians/optometrist practice to where the sight test/eye examination or contact lens fitting took place. This remains in line with the previous wave (85%).



… are aware that it's possible to buy their glasses or contact lenses from a different opticians/optometrist practice from where the sight test/eye examination/contact lens fitting took place…

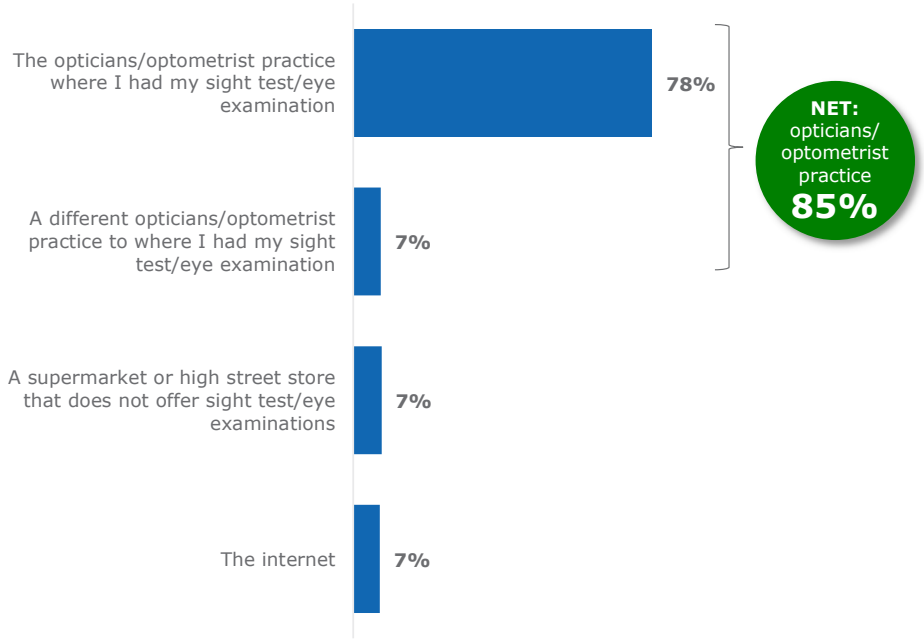
Those aged 65 and over are more likely to be aware that it is possible to purchase from elsewhere (94% vs. 83% overall), particularly when compared to 16–24-year-olds (70%) and 25–34-year-olds (75%). Others who are more likely to be aware they can purchase from elsewhere include white participants (94%), those who are not struggling financially (87%), those who report English being their first language (85%) and those who earn over £50,001 (88%).

In addition, those who knew the price of their sight test/eye examination before their appointment are significantly more likely to be aware they could purchase elsewhere (88%) than those who did not now the price before (74%).

Q011. Are you aware that you can buy your glasses or contact lenses from a different opticians/ optometrist practice than where you had your sight test/eye examination/ contact lens fitting? **Base:** All participants who have had a sight test/eye examination in the last two years (1599)

Source of glasses purchase

Amongst those who purchased glasses as a result of their sight test/eye examination, the majority purchased them from the opticians/optometrist practice where they had their sight test/eye examination (78%). This has seen a downward trend since the previous wave in 2023 (85%). The proportion who purchased their glasses from a supermarket or high street (7%) or the internet (7%) is significantly higher than the previous wave (1% and 4% respectively).



Those aged 55-64 (85%) and 65 and over (89%) are significantly more likely to have purchased their glasses from the opticians/optometrist practice where they had their sight test/eye examination (vs. 78% overall). By contrast, younger participants aged 16-34 are more likely than average to purchase glasses from a different opticians/optometrist practice than where they had their sight test/eye examination (11%) or from a supermarket or high street (13%).

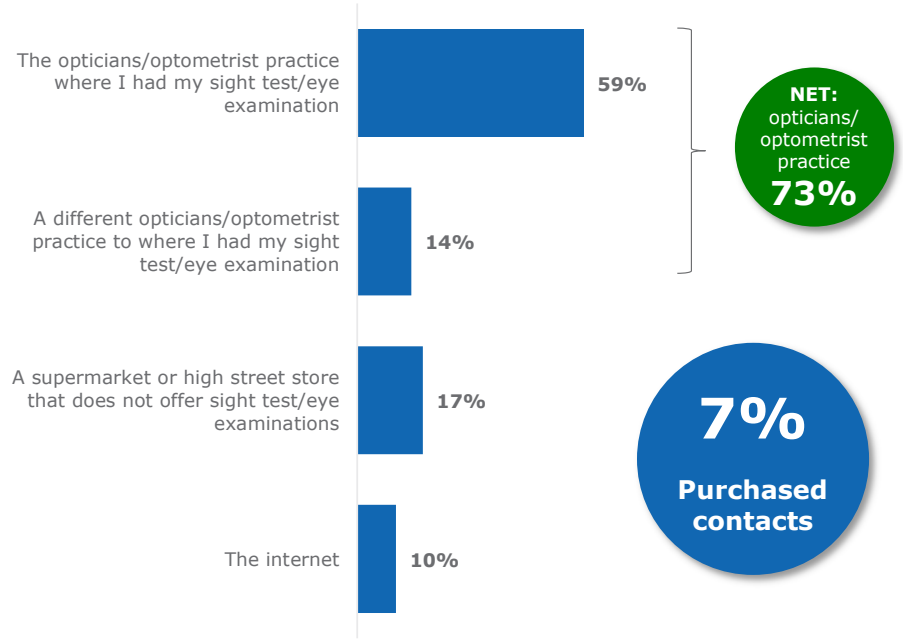
White participants are significantly more likely than ethnic minorities to have purchased their glasses from the same opticians/optometrist practice they had their sight test/eye examination at (84% vs. 70%). However, ethnic minority participants are significantly more likely to have purchased their glasses from a different opticians/optometrist practice (9%), a supermarket or high street (10%) or the internet (9%) than white participants (4%, 4%, 3% respectively).

Those who shopped around for their sight test/eye examination are significantly more likely to have purchased their glasses from a different optician/optometrist practice (14%), a supermarket or high street (14%) or the internet (10%).

Q012. Where did you purchase your glasses from? **Base:** All participants who purchased glasses (1013).

Source of contact lenses purchase

Most participants who purchased contact lenses as a result of their appointment did so from the opticians/optometrist practice where they had their sight test/eye examination (59%). Those who purchased contact lenses are significantly more likely to purchase from a supermarket or high street (17%) or a different opticians/optometrist practice to where they had their sight test/eye examination (14%) than those who purchased glasses (7% and 7% respectively).



White participants are significantly more likely to purchase contact lenses from where they had their sight test/eye examination (69%) compared to ethnic minorities (51%). Scottish participants are significantly more likely than those in England to purchase their contact lenses from the internet (29% vs 9%).

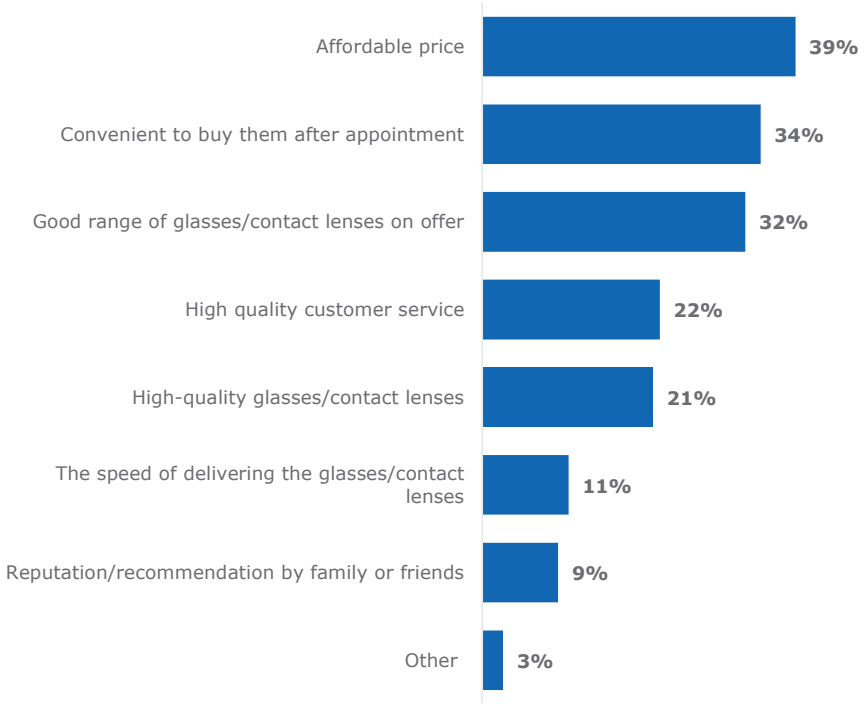
Those with a disability are significantly less likely than those without a disability to purchase their contact lenses from the opticians/optometrist practice where they had their sight test/eye examination (38% vs 68%), however, they are more likely to purchase their contact lenses from a supermarket or high street store (33% vs 12%). In addition, those with a caring responsibility are also less likely than those without such responsibility to purchase from the same opticians/optometrist practice where they had their sight test/eye examination (42% vs 66%). In contrast, carers are more likely to purchase from a different opticians/optometrist practice (23%) or the internet (17%) compared with those without a caring responsibility (10% and 7% respectively).

Those who shopped around are significantly more likely than those who do not to purchase their contact lenses from a supermarket or high street (23% vs 10%), or a different opticians to where they had their sight test/eye examination (22% vs 6%). Those who do not shop around are more likely to purchase from the same opticians/optometrist practice (72%) compared to those who do shop around (47%). Those who report not being able to afford essentials are significantly less likely than average to purchase contact lenses from the same opticians/optometrist practice as their sight test/eye examination (42%).

Q013. Where did you purchase your contact lenses from? **Base:** All participants who purchased contact lenses (196).

Reason given for purchase location

Across glasses and contact lens wearers, affordability is the most important factor when deciding where to make a purchase (cited by 39%). This is followed by the convenience of buying them directly after an appointment (34%) and the range of glasses or contact lenses on offer (32%).



Affordability is given higher priority amongst C2DE social grades (45%) and those with a household income of less than £20,000 (46%).

Convenience is a more important factor than average amongst those aged 55-64 (41%) and 65+ (46%), white participants (40%), those living in Wales (46%) and ABC1 social grades (36%).

The **range of products is** more of a consideration for those aged 55+ (36%) and white participants (35%).

Customer service is given higher priority by male participants (25% vs. 20% of females), those with a disability (27%), those with a household income of £35,000+ (26%) and those with an eye condition (27%).

The **quality of the products** is more of a consideration for 16-24s (30%) and 25-34s (29%), ethnic minority participants (25%), those with a disability (26%), those in work (25%) and contact lens wearers (30%).

Speed of delivery is comparatively more important for 16-24s (16%).

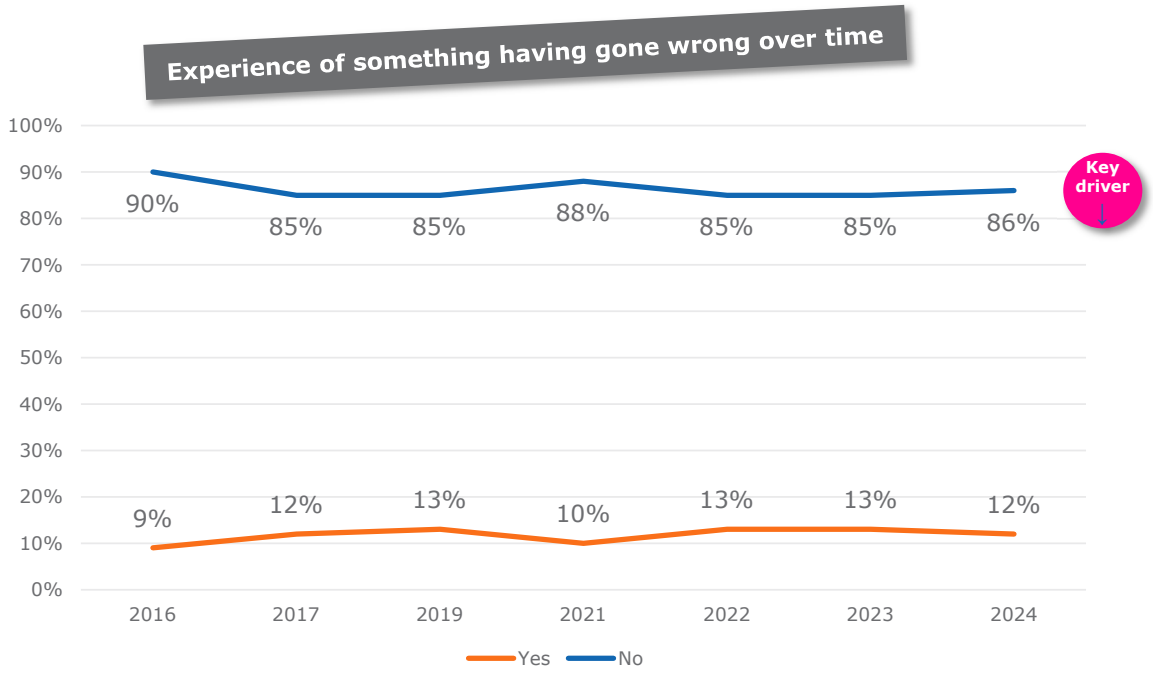
Reputation or a **recommendation from friend/family** is more important amongst 16-24s (14%), 25-34s (15%), ethnic minorities (13%), carers (17%) and those who cannot afford essentials (18%).

Q014. What was your main motivation for buying your glasses/ contact lenses/ glasses and contact lenses from…? **Base:** All participants who have purchases glasses OR contact lenses (1119)

Poor experiences and complaints

Poor experiences

One in eight (12%) have experienced a situation where something goes wrong with the care or service they received at an opticians/optometrist practice; this is in line with previous waves.



Demographic groups who are more likely than average to have experienced something going wrong include:

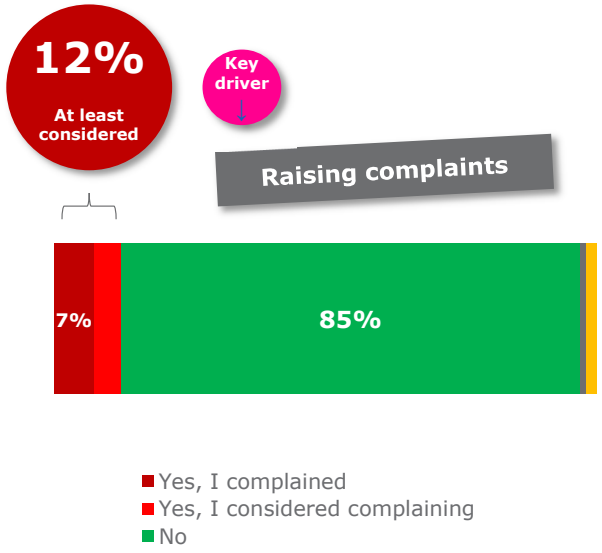
- Those with a disability (30%)
- Carers (24%)
- 16-24s (20%)
- Those with an eye condition (19%)
- Those who wear contact lenses (17%); and
- Those going through a difficult set of life circumstances (16%).

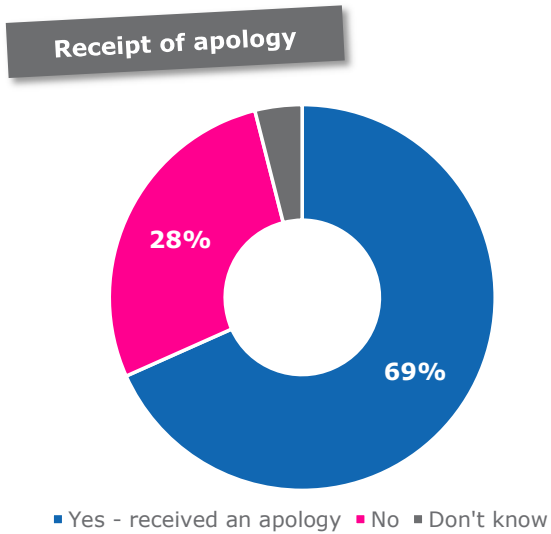
Those with at least one vulnerability marker are more likely than those who have none to say they had a situation where something went wrong (13% vs. 9%).

Q015. Have you ever experienced a situation where something has gone wrong with the care/service you received when visiting an opticians/ optometrist practice? **Base:** All participants who visited an opticians/ optometrists practice on their last sight test/eye examination (1667)

Raising complaints and receipt of apology

Fewer than one in ten (7%) say they complained about an experience when visiting an opticians/optometrist practice, though a further 5% considered complaining, in line with previous waves. Over two thirds (69%) received an apology after complaining.





Active complaint levels are higher than average amongst:

- Those with a disability (18%)
- Carers (15%); and
- Those with an eye condition (11%).

Those more likely to have at least considered complaining include:

- 16–34s (19%); and
- Those going through a difficult life circumstance (18%).

Those with at least one vulnerability marker are more likely than those who have none to say they complained (8% vs. 6%).

Around half of those who report having had an adverse experience say they made a complaint (48%), with a further one in five (20%) saying they considered complaining.

Complaint levels are broadly in line with those seen in recent waves – 8% in 2023, and 6% in 2022.

Due to changes in the questionnaire this wave, trend data for receipt of apology is not directly comparable to previous waves.

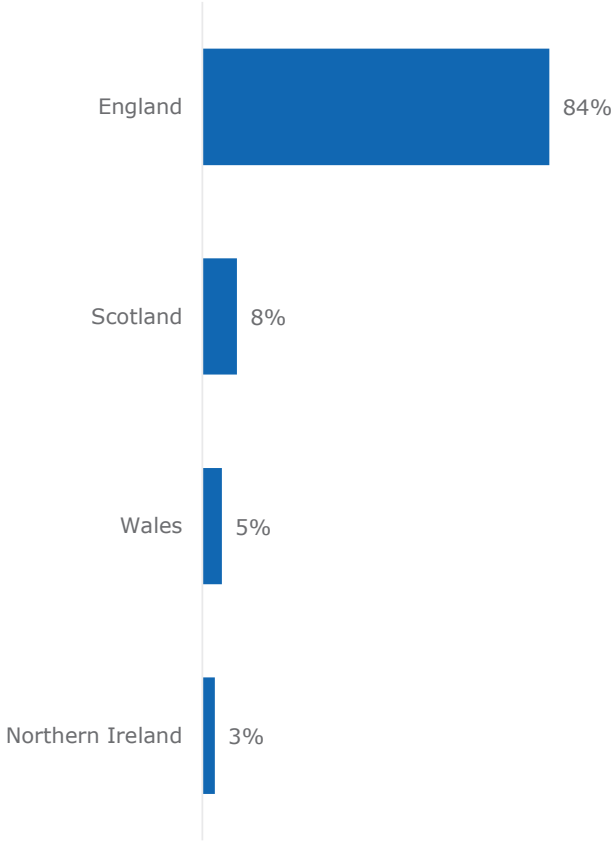
Q016. Have you ever complained or considered complaining about an experience when visiting an opticians/ optometrist practice? **Base:** All participants who visited an opticians/ optometrist practice on their last sight test/eye examination (1667). **Q017.** Did you receive an apology from the opticians/ optometrist practice as a result? **Base:** All participants who complained (114)

Chart is missing figures due to small proportions and spacing

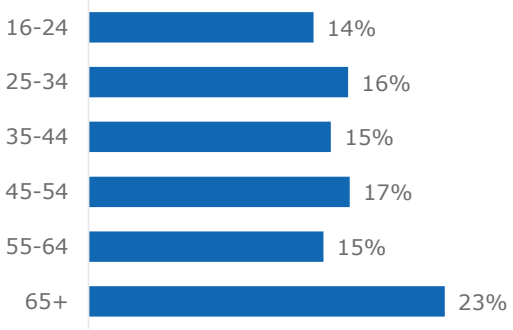
04 Audience profile

Weighted profile of participants

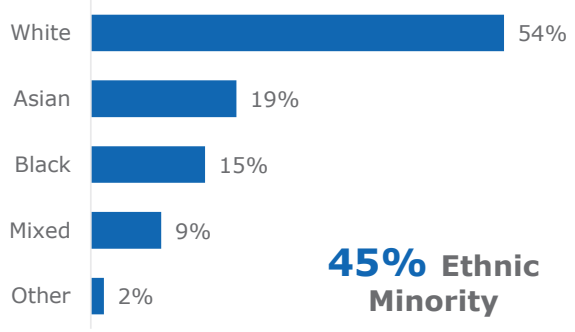
Nation



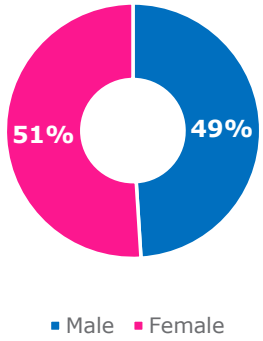
Age group



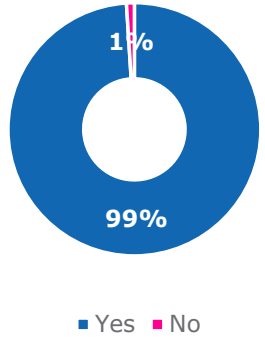
Ethnicity



Gender



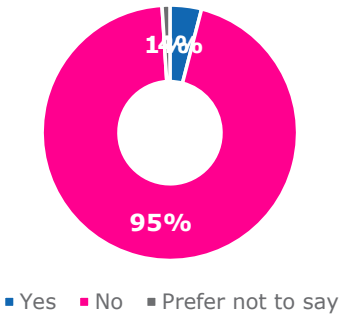
Gender identification same as assigned at birth



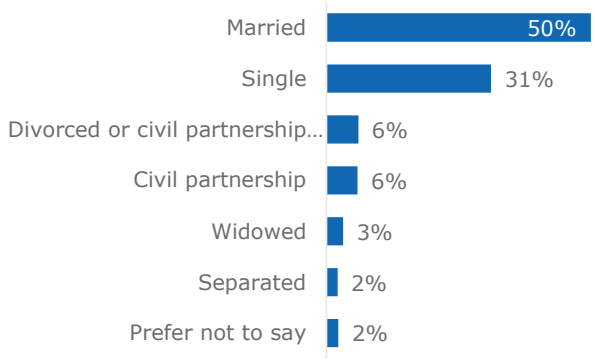
Source: S02, S03, S04, S05, S06 **Base:** All participants (2035)

Weighted profile of participants

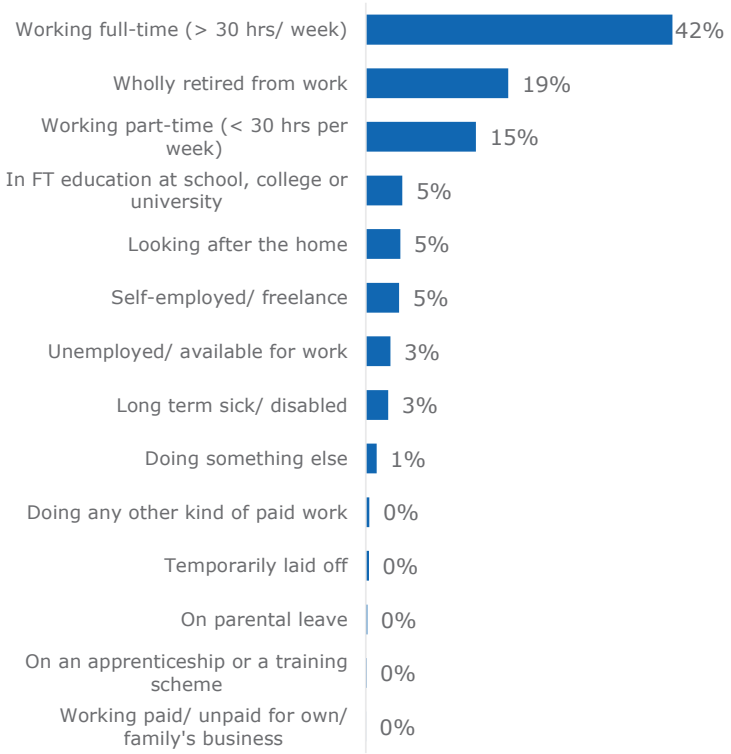
Pregnant/ maternity leave/ returning from maternity leave



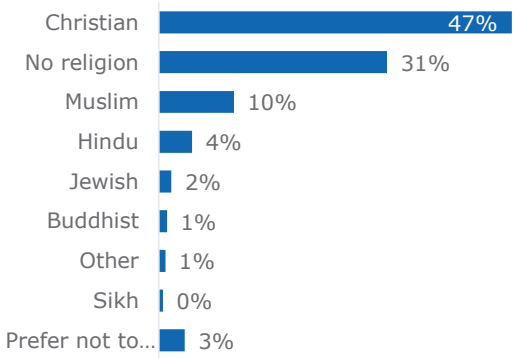
Marital status



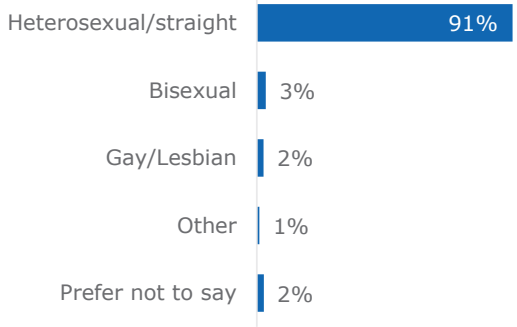
Working status



Religion



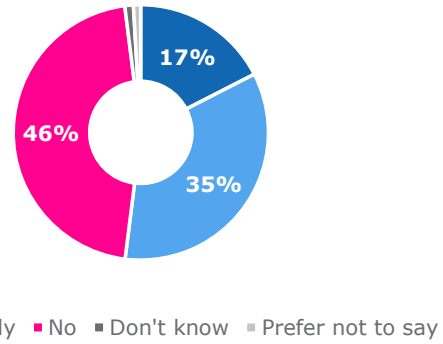
Sexual orientation



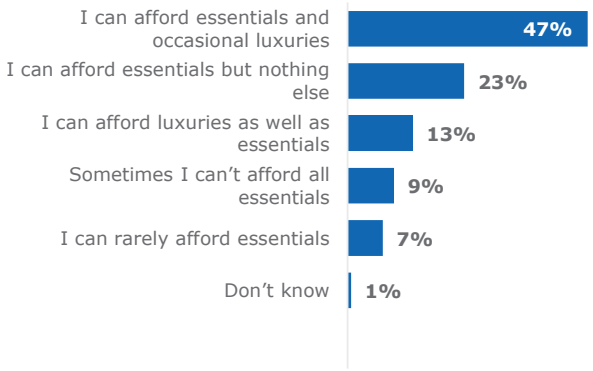
Source: C02, C05, C07, C08 **Base:** All participants (2035). C04. **Base:** All female participants (1046).

Weighted profile of participants

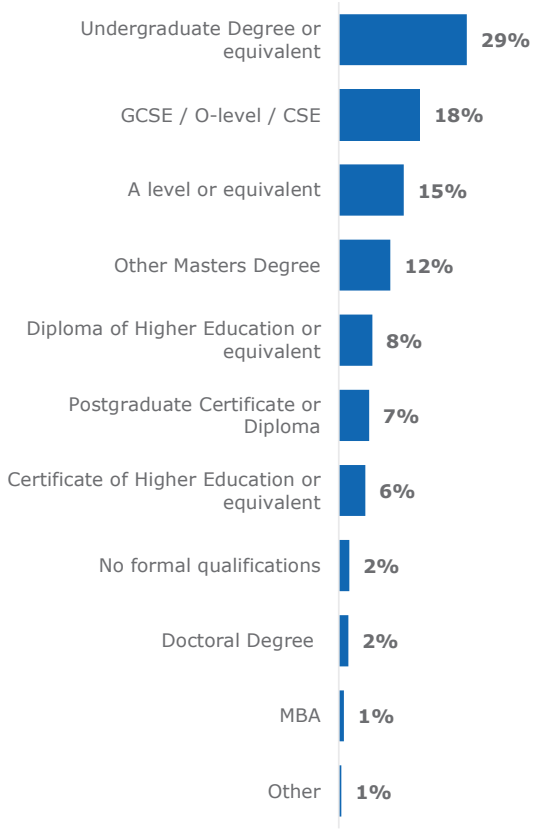
Financially struggling



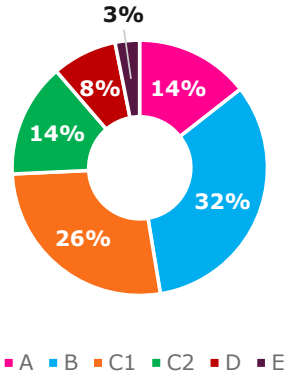
Ability to pay for luxuries or essentials



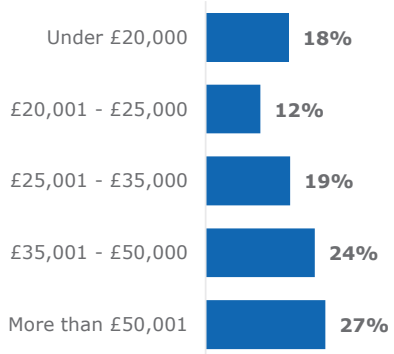
Highest level of education



SEG



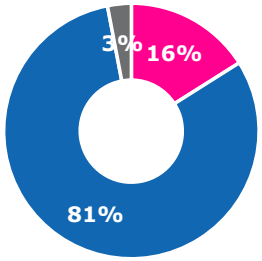
Annual income



Source:, C09, C10, C011, C014, C15 **Base:** All participants (2035)

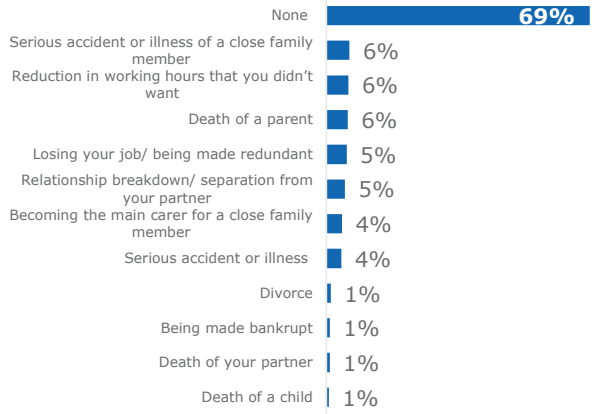
Weighted profile of participants

Disability

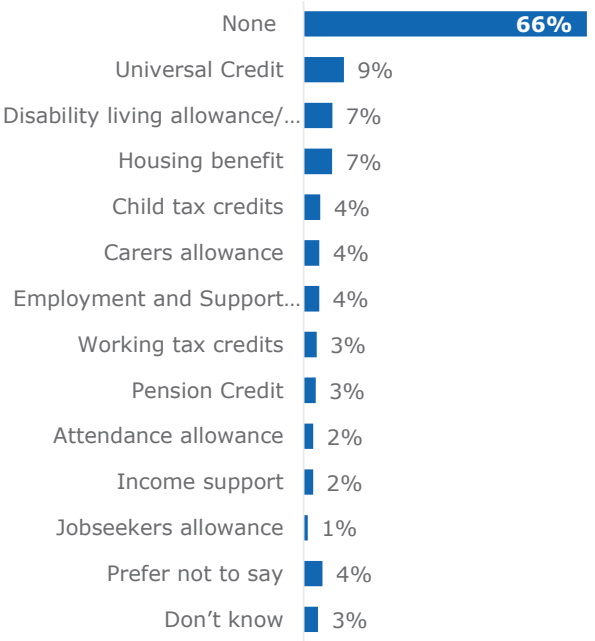


Yes No Prefer not to say

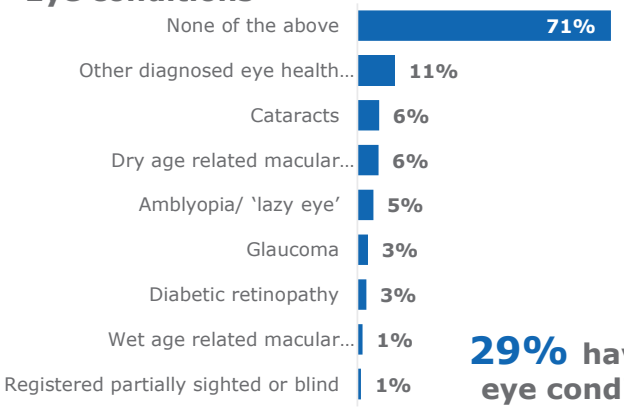
Events experienced in last 12 months



Benefits received

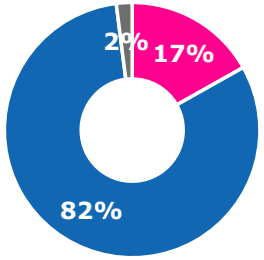


Eye conditions



29% have an eye condition

Role of a carer?

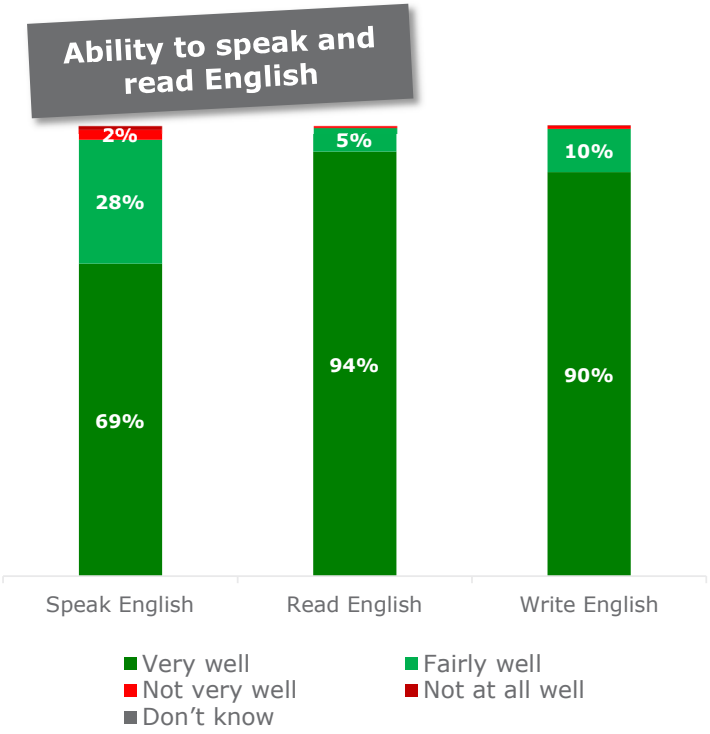


Yes No Prefer not to say

Source: C01, C02, C03, C06, C12, C13 **Base:** All participants (2035)

Language

Less than one in six (15%) say that English is not their first language, though amongst these participants, the vast majority feel they can speak English well. Across all participants, the vast majority (including non-native speakers) also feel that they can read and write English very well.



15%
said that English was not their first language

Those more likely than to say that English is not their first language include (vs. 15% overall):

- Those aged 16-44 (19%);
- Those from an ethnic minority background (26%); and
- Carers (20%).

Among non-native English speakers, those more likely than overall to feel that they do not speak English well include:

- Those aged 25-34 (7%) and 65 and over (11%);
- Those from an Asian ethnic background (6%);
- Those in C2DE social groups (8%); and
- Those not currently working (8%).

Among both native and non-native English speakers, there are no significant differences when it comes to self-reported ability to read or write English.

Source: S07. Is English your first language, or not? **Base:** All participants (2035). **S08.** Overall, how well, or not, would you say you speak English? **Base:** All participants who do not speak English as their first language (271). **S08_1**. Overall, how well, or not, would you say you read/write English? **Base:** All participants (2035)

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enventure research

General Optical Council

Registrant Workforce and Perceptions Survey 2024

Research Report

July 2024

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Contents

Key findings

The survey

The annual Registrant Workforce and Perceptions Survey was conducted in March and April 2024, open to all individual GOC registrants. The survey aims to gain insight into registrants' experiences of working in clinical practice and their perceptions of the GOC. A 15% response rate was achieved (4,575 responses), providing a robust sample for confident statistical analysis.

The workforce is almost equally split between full and part time workers

The survey provides insights into the composition and capacity of the optical workforce, highlighting an average of 3.9 days worked per week, and an almost equal split between registrants working full-time (47%) and part-time (53%), in line with previous years. Dispensing opticians, those aged under 35, and male registrants were more likely to work full-time, whereas optometrists, those aged 55+, and female registrants were more likely to work part-time.

By scaling up the survey results, the estimated full-time equivalent (FTE) workforce size is approximately 14,040 optometrists and 5,617 dispensing opticians.

White male registrants are more likely to work in more senior roles

Half of respondents (51%) reported having no managerial responsibilities, which was more common amongst female registrants and those from ethnic minority groups. Smaller proportions indicated that their role included some management or supervision (26%), the running of a practice (10%) or working at director/CEO level (13%). Working at the highest level of director/CEO was more common amongst male registrants and those of White British/Irish ethnicity.

A quarter (23%) of optometrist respondents also reported that they worked as a supervisor for pre-registration trainee optometrists, which was more common amongst those who worked for a multiple.

Locums are more likely to be dissatisfied, less interested in development, and struggle to provide patients with the sufficient level of care

Just over one in five respondents (22%) reported working as locums, which has remained static over the last three years. The survey presents some interesting insights into the profile of locums who, for example, are more likely to have been registered for over six years. They report higher levels of job dissatisfaction and show less interest in pursuing additional qualifications. A significant proportion of locums indicate difficulty in providing patients with the sufficient level of care over the last 12 months, and feel less comfortable raising patient safety concerns.

By far the most common reason for choosing to work as a locum was to have more flexibility and control over working hours (80%), which was a more common response from younger respondents aged under 35.

An increase in job dissatisfaction, but job satisfaction is improved by greater responsibility

Whilst the majority of registrants (58%) continue to indicate that they are satisfied in their role, there has been a noticeable increase in the proportion of registrants who are dissatisfied (+5% percentage points since 2023). As found in previous years, key factors contributing to dissatisfaction include not feeling valued, high workloads, poor salaries, limited career progression opportunities, and commercial pressures that can detract from patient care quality. Registrants who reported finding it difficult to provide patients with a sufficient level of care in the last 12 months were more likely to be dissatisfied.

However, those involved in delivering enhanced care and with additional GOC-approved qualifications report higher levels of satisfaction. These registrants indicated that they find their work more interesting, engaging, and rewarding, which contributes to their overall job satisfaction.

Experience of poor working conditions can negatively impact patient care and the size of the optical workforce

As found in previous years, significant proportions of respondents report sometimes or regularly experiencing poor working conditions, including working beyond their hours (67%), feeling unable to cope with their workload (54%), and finding it difficult to provide patients with a sufficient level of care in the last 12 months (31%). The results highlight that optometrists are more likely to experience these negative working conditions compared to dispensing opticians, particularly the ability to provide a sufficient level of care and feeling unable to cope with their workload.

Feedback suggests that these negative working conditions and experiences not only affect personal wellbeing but also hinder the ability of registrants to provide high quality patient care. Registrants experiencing poor working conditions are also more likely to consider leaving the professions.

Continued high levels of harassment, bullying, abuse, and discrimination reported

Reports of harassment, bullying or abuse and discrimination from patients and service users continue to be high. These experiences are more common amongst female registrants and ethnic minorities. This is significantly higher than the latest national average, as 42% of respondents reported experience of harassment, bullying or abuse from patients/service users, compared with 28% in the latest NHS Staff Survey (2023), and 26% reported experience of discrimination from patients/service users, compared with 8% in the NHS Staff Survey.

Most of this behaviour is not reported by registrants, with 38% reporting experiences of harassment, bullying or abuse, and 24% reporting experiences of discrimination. In both cases, the main reason for not reporting was a lack of confidence in the reporting process that anything would be done about it.

Short testing times and high volumes of patients are barriers to delivering safe patient care

New insights from this year's survey highlight several key workplace challenges that act as barriers to delivering safe patient care, such as short testing times, the volume of patients/overbooking/ghost clinics, understaffing and inexperienced/underqualified staff, and commercial pressures. Free-text feedback from registrants indicates that these issues create a high pressure environment where they struggle to balance patient care with the demands of their employers. They consider that commercial pressures often lead to a focus on sales and targets rather than patient wellbeing, and also contribute to job dissatisfaction. Registrants emphasise the strain these factors place on their professional practice and mental health.

> *Short testing times which can put an optometrist under pressure to manage time and adequate patient care.*
> **Optometrist**

> *Chains trying to cram in as many patients as possible by using ghost / maxi clinics.*
> **Optometrist**

> *Limited staff availability and/or limited qualified staff to deal with patients.*
> **Dispensing optician**

Positive attitudes to career development opportunities, but some groups report better access than others

Many registrants agree that their workplace provides opportunities to improve their knowledge and skills (73%), access to the right learning and development opportunities (61%), and opportunities for career development (55%). These results are generally in line with the most recent NHS Staff Survey. However, a smaller proportion agree that they feel supported to develop their potential (46%), a result lower than the NHS Staff Survey national average (57%).

Analysis of these results shows that optometrists, those working in hospitals and education/academia, and those based in Wales and Scotland were more likely to feel that they have opportunities to develop at their workplace. Those who worked as locums had a more negative view of development opportunities at work.

Although results in relation to career development opportunities are mostly positive, suggested barriers to career progression include financial constraints, lack of time, and lack of employer support.

Registrants' future plans are consistent with recent years

This year's survey results indicate that registrants' plans for the future have changed little in the last three years. A significant portion of respondents expressed intentions to pursue further qualifications and develop new skills (41%), most notably qualifications in independent prescribing, medical retina, and glaucoma. Others plan to reduce their working hours (26%), often citing burnout, stress, and a desire to improve their work/life balance as primary reasons.

A significant proportion of registrants plan to leave the profession entirely over the next 12-24 months (16%), although this number has improved since the Covid pandemic when a quarter (26%) suggested this in 2021. Dispensing opticians, those aged under 35, locums, those with a disability, and those who worked for a multiple were more likely to plan to leave the profession. The results also highlight that registrants who are dissatisfied with their job/role or who have experienced negative working conditions such as working beyond their hours or feeling unable to cope with their workload are more likely to plan to leave the profession.

The primarily reasons for wanting to leave the profession are disillusionment with the profession, stress, burnout and fatigue, and low salaries.

High workload and volume of patients pose challenges for newly qualified professionals

A new free-text question to newly qualified registrants (those who had joined the GOC register within the last two years) found that this group face several significant challenges as they transition into their professional roles. Key issues include managing high workloads and high volumes of patients (including overbooking) and being able to effectively manage their time given the short testing times. The sudden shift to full responsibility and clinical decision making can be overwhelming, requiring new professionals to quickly adapt and develop confidence in their abilities. Additionally, the pressure to meet sales targets and commercial goals often conflicts with their primary focus on patient care, adding an extra layer of stress.

> *Trying to keep up with workload. Clinics are designed entirely to maximise patient inflow with no time allowed to do paperwork or referrals, of which there is an increasing amount.*
> **Optometrist**

> *Transitioning from pre-reg to NQ. I left my pre-reg store so didn't feel I had anyone to go to for extra help.*
> **Optometrist**

Confidence at completing CPD activities is beginning to increase

This year's results highlight that slightly larger proportions of registrants feel confident at completing CPD activities during the CPD cycle, most notably participating in a peer review activity to reflect and discuss learning with peers (77% in 2023 to 81% in 2024). Confidence at completing self-directed CPD has also increased (41% in 2023 to 48% in 2024), particularly amongst optometrists, those working full-time, and those newer to the GOC register.

Some positive attitudes towards the GOC and its role, but a strong perception that registration fees are unreasonable

Overall, feedback on the GOC is mixed. Many registrants continue to agree that the GOC sets fair standards (80%), ensures the quality of optical education (71%), and promotes equality, diversity and inclusion in its work (64%). However, registrants were more likely to disagree that the GOC charges reasonable registration fees (56%), especially dispensing opticians (76%).

Disagreement that the GOC's fees are fair was also expressed by a larger proportion of those who plan to leave the profession in the next 12-24 months, and may explain the decrease in satisfaction levels amongst registrants since 2023.

The Research Programme

Introduction

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public. The GOC currently registers approximately 31,000 optometrists, dispensing opticians, student optometrists, and student dispensing opticians (the GOC also registers approximately 3,000 optical businesses, but these are not included in this research).

To track registrants' experiences of working in clinical practice and their perceptions of the GOC, a regular survey of the registrant population is carried out. This year's survey focused on the following areas:

- Working status and hours worked
- Job satisfaction and future career plans
- Workplace challenges, including bullying, harassment, and discrimination
- Career development
- Perceptions of the GOC's role
- Speaking up and raising concerns
- Continuing Professional Development (CPD)

Enventure Research, an independent research agency, was appointed to deliver this survey. This report details the findings of this research.

Methodology

A questionnaire was designed by the GOC and Enventure Research, including a mix of previously used questions to allow for benchmarking and new questions to cover new topics. The questionnaire took approximately 10-12 minutes for registrants to complete. For reference, a copy of the questionnaire can be found in **Appendix A**.

The survey was promoted via personalised email invitation to all GOC registrants with a valid email address. In total, 30,970 registrants were invited to take part. Those who did not respond received up to four reminder emails encouraging them to take part.

The survey was also promoted by the GOC and stakeholder organisations via email newsletters and social media. Respondents who took part via this promotion were required to provide their GOC-registered email address to verify their registration and ensure no duplicate responses were received.

The survey was live between 19 March and 21 April 2024. During this time, **4,575 responses** were received, representing **a 15% response rate**. The table below shows the response rate for each UK nation and those based outside the UK.

Figure 1 – Survey response rate by location

Location	Registrant population	Number of responses	Response rate
England	24,813	3,402	14%
Wales	1,474	219	15%
Scotland	2,679	427	16%
Northern Ireland	906	145	16%
Outside the UK	612	129	21%

Interpretation of the findings

Weighting

As the survey was completed by a sample of GOC registrants, and not the entire population of registered optical professionals, the data has been weighted to ensure that certain subgroups are not over or under-represented and that the data is as close to the GOC registrant profile as possible. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population.

The sample has been weighted by registration type (optometrist, dispensing optician, student optometrist, student dispensing optician), based on an up to date version of the GOC register. All survey results presented within this report are based on the weighted data. This approach to weighting has been taken in previous years of the survey, allowing for comparability.

Sampling confidence interval

As the online survey was completed by a sample of GOC registrants and not the entire registrant population, all results are subject to sampling tolerances. However, as a large number of responses were received, the confidence interval for analysis (also known as the margin of error) is narrow.

Based on a total population of approximately 31,000 registrants and 4,575 survey responses, when interpreting the results to a question which all respondents answered, with a response of 50% there is a 95% chance that this result would not vary by more than +/- 1.3 percentage points (48.7% to 51.3%) had the result been obtained from the entire registrant population.

Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups of GOC registrants, such as registration type, length of registration, workplace setting, location, and key demographics including gender, age group, ethnicity, and disability status. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create larger groups. This

analysis is presented in charts, tables, and commentary where statistically significant differences between subgroups have been found.

Interpretation of survey data

This report contains various tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 0.4% will be shown as 0%

For the analysis of certain questions, response options have been grouped together to provide an overall level. For example, in some instances 'strongly agree' and 'agree' have been grouped and shown as 'total agree'. Where these combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.

For the analysis of free-text responses, verbatim comments were read in detail and a coding frame was developed for each question based on themes emerging. This then allowed for categorisation of the themes emerging in the comments, which are presented as analysis.

To provide the GOC with insight to inform future workforce planning, certain survey results have been scaled up to the number of optical professionals currently on the GOC's register, converting the results into approximate registrant numbers. Please note that the numbers presented in this report are only approximations, are subject to sampling confidence intervals, and are shown to provide a general idea of the number of GOC registrants who may have answered in a particular way, if everyone on the register had responded to the survey question.

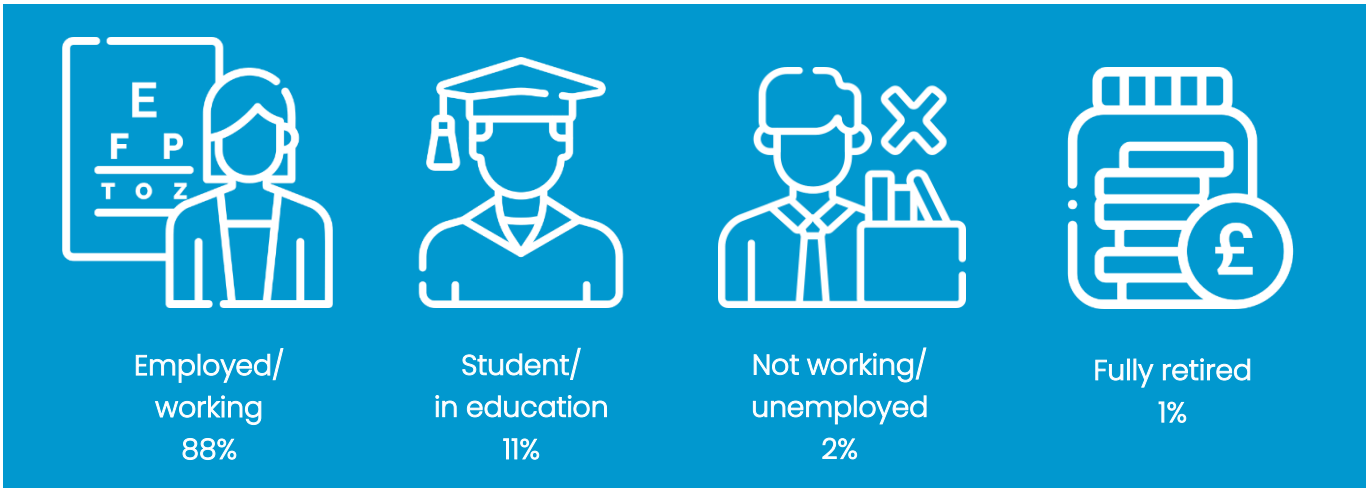
Throughout this report, those who took part in the survey are referred to as 'respondents'.

Workforce profile

Working status

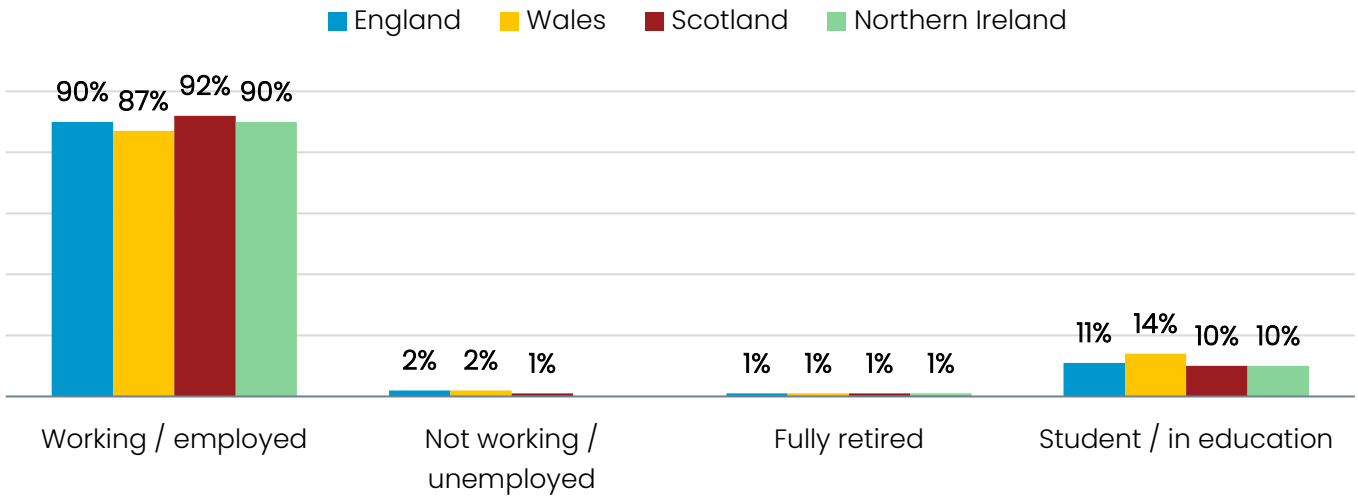
The majority of respondents (88%) were working/in employment. Working status has remained static since 2022.

Figure 2 – Working status
Base: All respondents (4,575)



Working status is generally consistent across the UK nations, with a slightly greater proportion of respondents from Wales in education.

Figure 3 – Working status by UK nation
Base: All respondents England (3,377); Wales (221); Scotland (419); Northern Ireland (147)

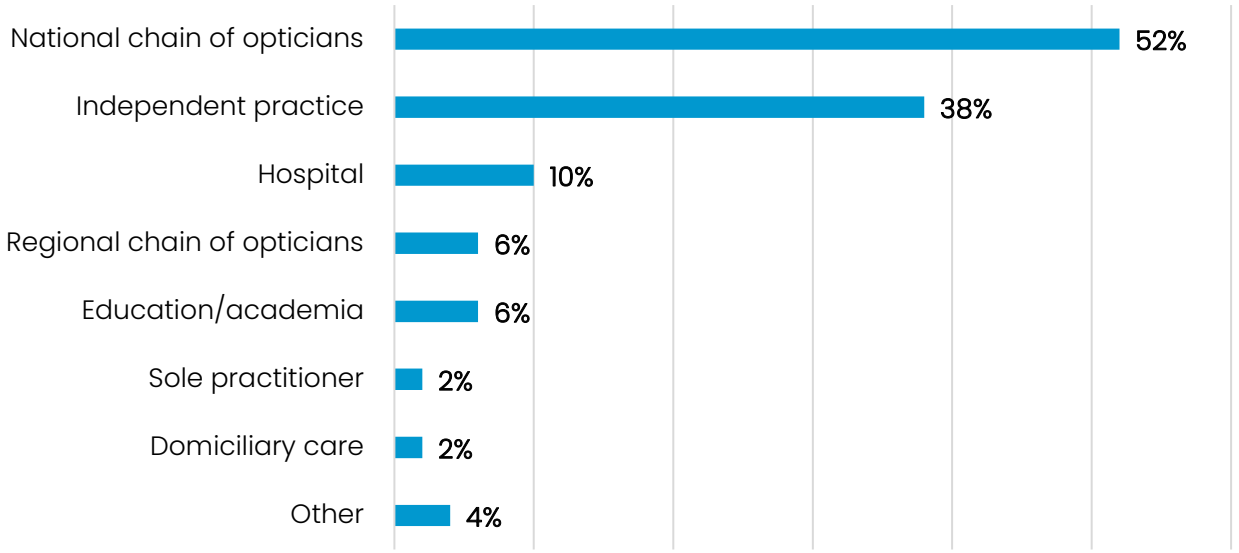


Workplace setting

Little change to where registrants work over the last four years

A combined total of 59% worked for either a national or regional chain of opticians (referred to as 'multiple' throughout this report), and a further 38% worked for an independent practice. These results almost mirror those collected in previous years, showing **very little change in the workforce in terms of workplace setting since 2021**.

Figure 4 – Workplace setting
Base: Those currently working (4,090)

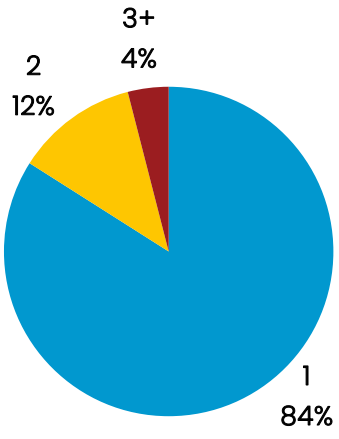


'Other' workplace settings mentioned included reflective surgery/clinics, charities, regulatory or professional bodies, and manufacturing/industry.

Most registrants work in a single workplace setting

The majority of working respondents worked in just one workplace setting, but 16% worked across multiple locations, most commonly two (12%). Optometrists were more likely to work across multiple workplace settings (22%) when compared with dispensing opticians (8%).

Figure 5 – Number of workplace settings
Base: Those currently working (4,090)



The most common combinations of multiple workplace settings were:

- Independent practice and national chain of opticians
- Independent practice and hospital

Workforce capacity

Average number of days worked per week

Working respondents provided the number of days per week on average they worked across each location. The table below presents the mean (average) number of days worked, split by registration type (please note that working student optometrists and dispensing opticians have been removed from these calculations), calculated as **3.9 days per week overall – 3.9 days for optometrists and 4.1 days for dispensing opticians**.

Figure 6 – Average number of days worked per week across workplace settings by registration type
Base: Those currently working who provided a response (3,686); Optometrists (2,686); Dispensing opticians (1,025)

Workplace setting	Number of responses	Total number of days	Optometrists	Dispensing opticians
Independent practice	1,492	3.3	3.1	3.9
Sole practitioner	92	2.3	2.5	1.4
National chain of opticians	1,740	3.7	3.6	4.0
Regional chain of opticians	265	3.1	2.9	3.6
Hospital	416	2.8	2.8	2.8
Domiciliary care	94	2.3	2.2	2.7
Education/academia	256	2.6	2.5	3.0
Other	184	2.7	2.4	3.8
Total/overall	**3,686**	**3.9**	**3.9**	**4.1**

There is slight variation in the average number of days worked per week across the UK nations, but the total across all settings is consistent.

Figure 7 – Average number of days worked per week across workplace settings by UK nation
Base: England (2,742); Wales (172); Scotland (354); Northern Ireland (127)

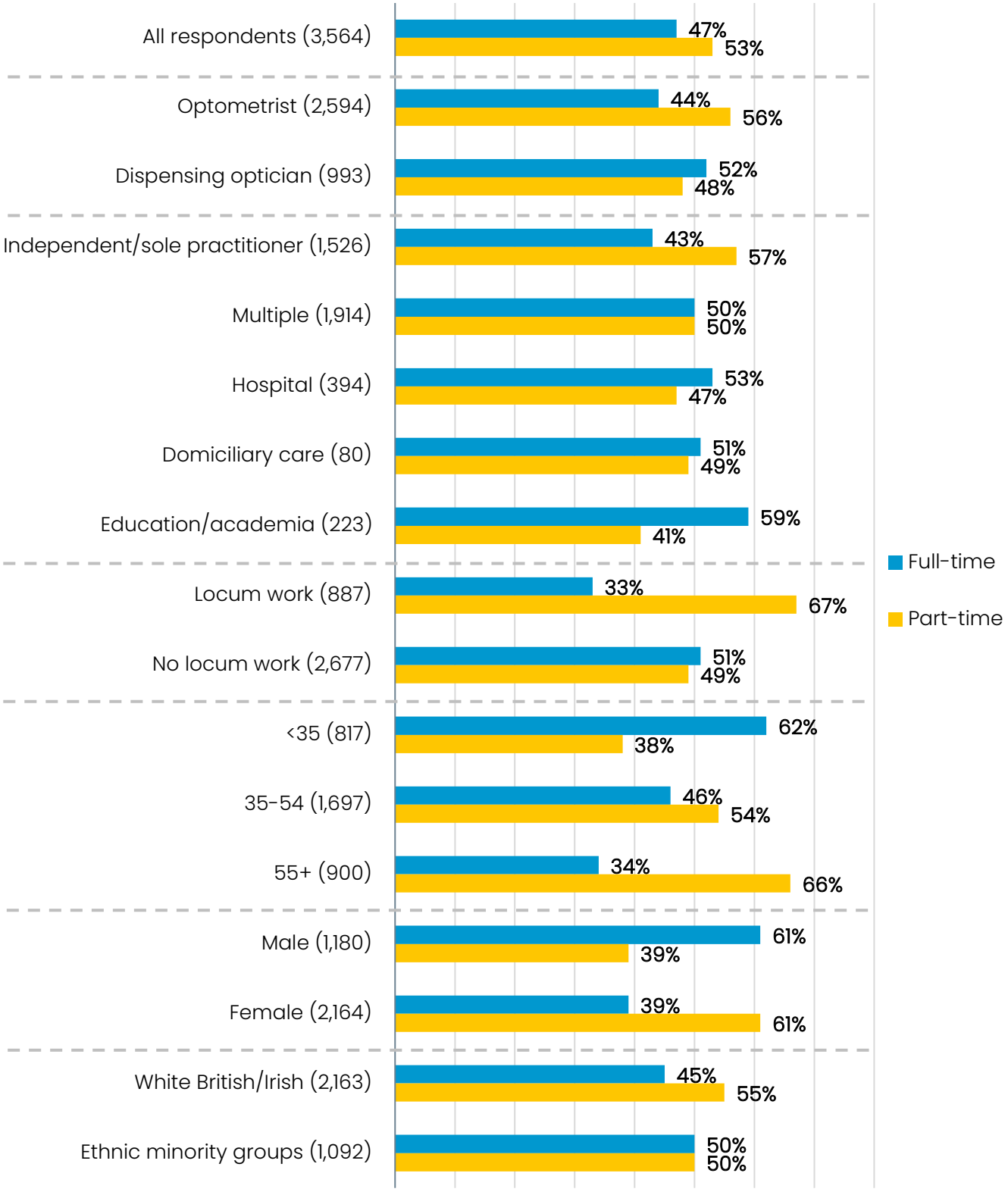
Workplace setting	England	Wales	Scotland	Northern Ireland
Independent practice	3.3	3.4	3.3	3.4
Sole practitioner	2.1	1.5	2.4	3.8
National chain of opticians	3.7	4.0	3.9	3.6
Regional chain of opticians	3.0	1.9	3.5	5.0
Hospital	2.8	1.7	2.3	3.4
Domiciliary care	2.4	1.8	1.6	2.5
Education/academia	2.4	2.6	2.8	3.4
Other	2.6	3.6	2.8	1.6
Total/overall	**3.9**	**3.9**	**4.0**	**4.0**

Almost an equal split between full-time and part-time working

Based on full-time work being five days or more per week, **47% of respondents worked full-time and 53% worked part-time**. The chart below presents this result split by a number of key subgroups, highlighting a range of differences.

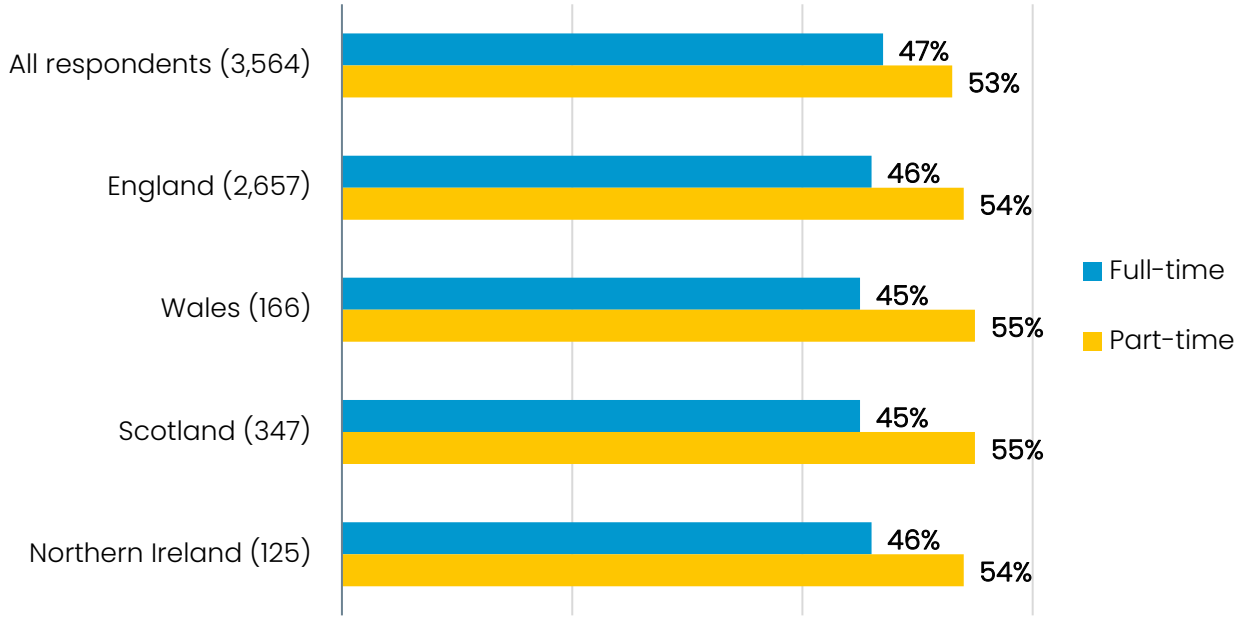
Figure 8 – Full-time/part-time working by registration type, workplace setting, locum working, age group, gender, and ethnicity

Base: Shown in chart (excluding working students)



The split between full and part-time working is consistent across the UK nations.

Figure 9 – Full-time/part-time working by UK nation
Base: Shown in chart (excluding working students)



Workforce capacity results scaled up

To help inform workforce planning, the number of working days has been scaled up based on the number of optometrists and dispensing opticians on the current GOC register to provide an informed estimate of the full time equivalent (FTE) number of registrants.

The average number of days and total approximate number of registrants have been multiplied and then divided by five (working days per week) to calculate the approximate workforce size in terms of FTE registrants.

The table below shows that **there are approximately 14,040 FTE optometrists and 5,617 FTE dispensing opticians**.

Figure 10 – Scaled up workforce size

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Optometrist	3.9	18,000	14,040
Dispensing optician	4.1	6,850	5,617
Total	**3.9**	**24,850**	**19,657**

The following tables show this calculation individually for optometrists and dispensing opticians split across different workplace settings, using the survey results to calculate the approximate number of FTE registrants working in each setting.

Figure 11 – Scaled up workforce size for optometrists by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Independent practice	3.1	7,560	4,687
Sole practitioner	2.5	540	270
National chain of opticians	3.6	8,640	6,221
Regional chain of opticians	2.9	1,260	731
Hospital	2.8	2,700	1,512
Domiciliary care	2.2	540	238
Education/academia	2.5	1,260	630

Figure 12 – Scaled up workforce size for dispensing opticians by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Independent practice	3.9	2,809	2,191
Sole practitioner	1.4	69	19
National chain of opticians	4.0	3,425	2,740
Regional chain of opticians	3.6	411	296
Hospital	2.8	137	77
Domiciliary care	2.7	69	37
Education/academia	3.0	274	164

The following tables show the scaled up approximate workforce size calculation for optometrists and dispensing opticians split by UK nation using the GOC's 2023 EDI Annual Report to calculate the approximate number of registrants working in each location.

Figure 13 – Scaled up workforce size for optometrists by UK nation

UK nation	Average number of days	Total number of registrants	Number of FTE registrants
England	3.9	14,328	11,176
Wales	3.8	882	670
Scotland	4.0	1,746	1,397
Northern Ireland	4.0	702	526

Figure 14 – Scaled up workforce size for dispensing opticians by UK nation

UK nation	Average number of days	Total number of registrants	Number of FTE registrants
England	4.0	5,912	4,729
Wales	4.2	315	265
Scotland	4.2	480	403
Northern Ireland	4.3	82	71

Specialties, additional qualifications and enhanced services

Most specialties are used frequently

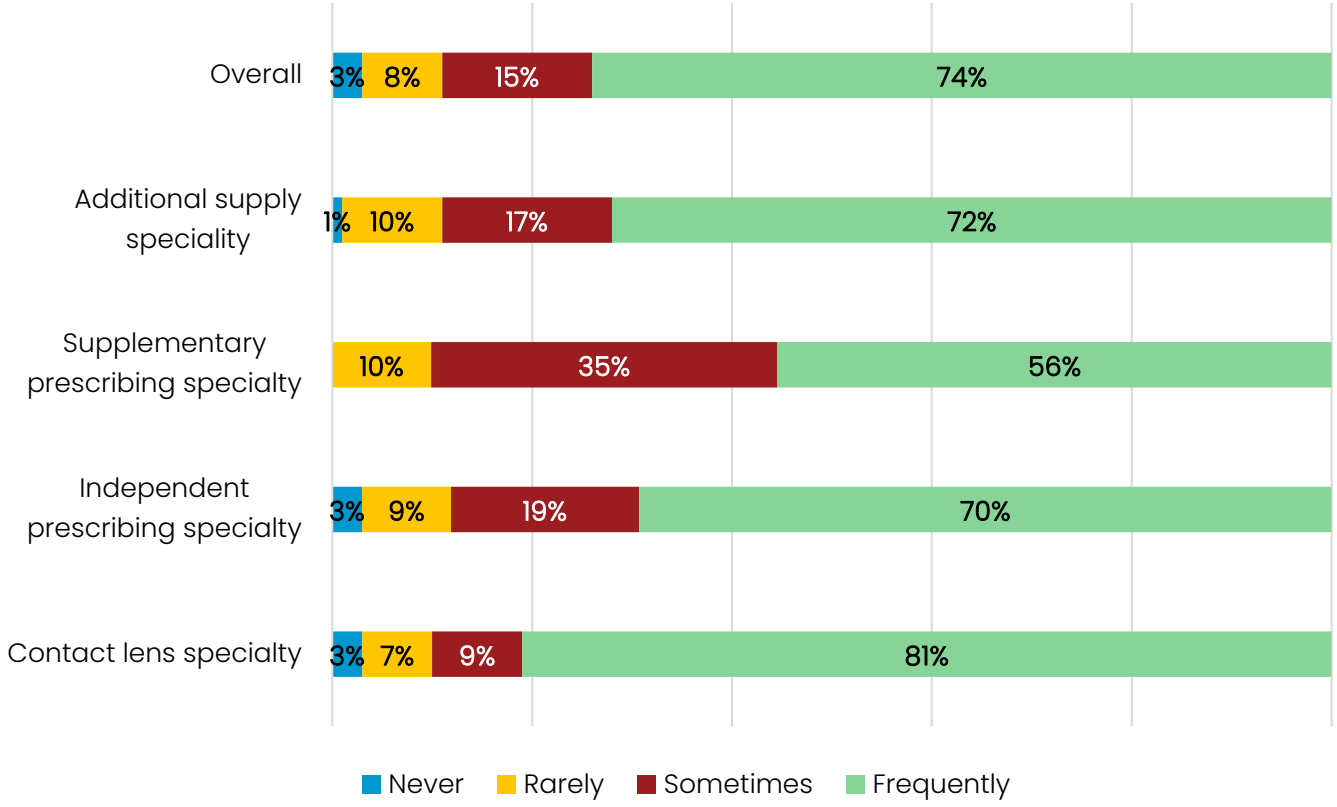
The GOC approves four post-registration qualifications leading to specialist entry on the GOC register. For optometrists, these are additional supply (AS), supplementary prescribing (SP) and independent prescribing (IP). For dispensing opticians, this is a qualification as a contact lens optician (CLO).

Three quarters (74%) of respondents with these specialties indicated that they had used them frequently in the last 12 months. This year's results are broadly similar to those found in 2023.

Dispensing opticians with a contact lens speciality were more likely to use their specialty frequently when compared with other specialties.

Figure 15 – Use of specialty in role over last 12 months

Base: Working respondents with a specialty (684); Additional supply (115); Supplementary prescribing (28)[1]; Independent prescribing (377); Contact lens specialty (209)



Frequent use of specialties was also more common amongst those who worked in a **hospital (82%)** when compared with independent practice/sole practitioners (70%) and multiples (70%). It was also more common amongst those in **Scotland (83%) and Wales (81%)** when compared with England (71%) and Northern Ireland (72%).

[1] Please note this is a very small base size and analysis should be treated with caution

Mixed reasons for not using specialty

Just 3% of respondents with a specialty said they had not used their specialty in the last 12 months (18 respondents). When asked to explain why, reasons included:

- Lack of need
  - Some specialties, like independent prescribing, are not needed frequently in certain practices
  - Over-the-counter solutions sufficing in place of prescribed medications
  - Current roles do not require use of their speciality (e.g. managerial roles)
- Personal circumstances
  - Maternity leave
  - Career changes to different roles or sectors
- Systemic and administrative barriers:
  - Lack of schemes or systems in place to support the use of their specialty
  - Regulatory or bureaucratic hurdles, e.g. needing additional registration or certification
- Practice-specific limitations:
  - Practices not performing specific procedures that would utilise the specialty
  - Limited demand for the specialty skills in the current practice setting
  - Lack of support or company policies, such as refusal to offer certain services
- Experience and qualification issues:
  - Newly qualified and have not yet had the opportunity to use their specialty
  - Long gaps since last working in the specialty, leading to a loss of practical application

"

I work in community practice, and my multiple does not have any additional schemes set up for independent prescribing. I work in England and the scope for using my independent prescribing in a regular practice is limited.
Optometrist with IP specialty

"

I work in a practice which rarely does MECS. It's all about filling my clinic with refractions. Plus the need has not arisen.
Optometrist with IP specialty

"

Company refuses to do contact lenses.
Dispensing optician with contact lens specialty

"

Need to get registered within the hospital board I work in before can use IP.
Optometrist with IP specialty

"

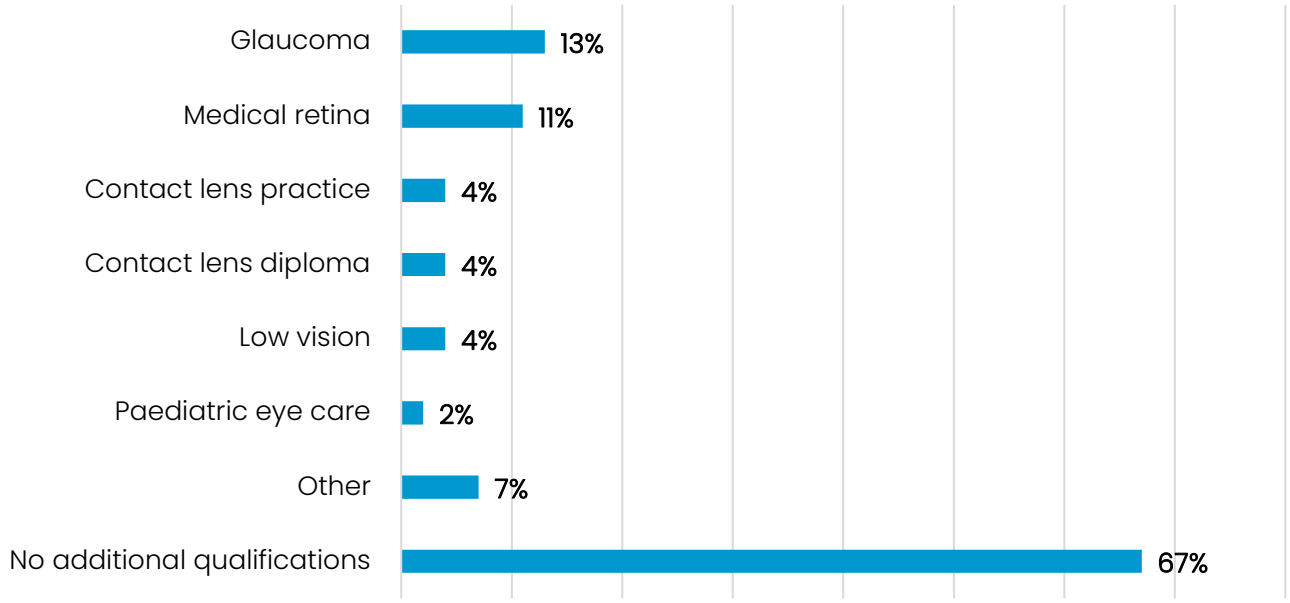
There has been no need to use my IP speciality because there are so few cases where topical steroid or antibiotic are required. I spend 50% of my working year busy in practice and these cases just don't present.
Optometrist with IP specialty

Glaucoma and medical retina are the most common additional qualifications

Respondents were asked if they had obtained any additional qualifications, other than the post-registration qualifications approved by the GOC (additional supply speciality, supplementary prescribing speciality, independent prescribing speciality, and contact lens specialty).

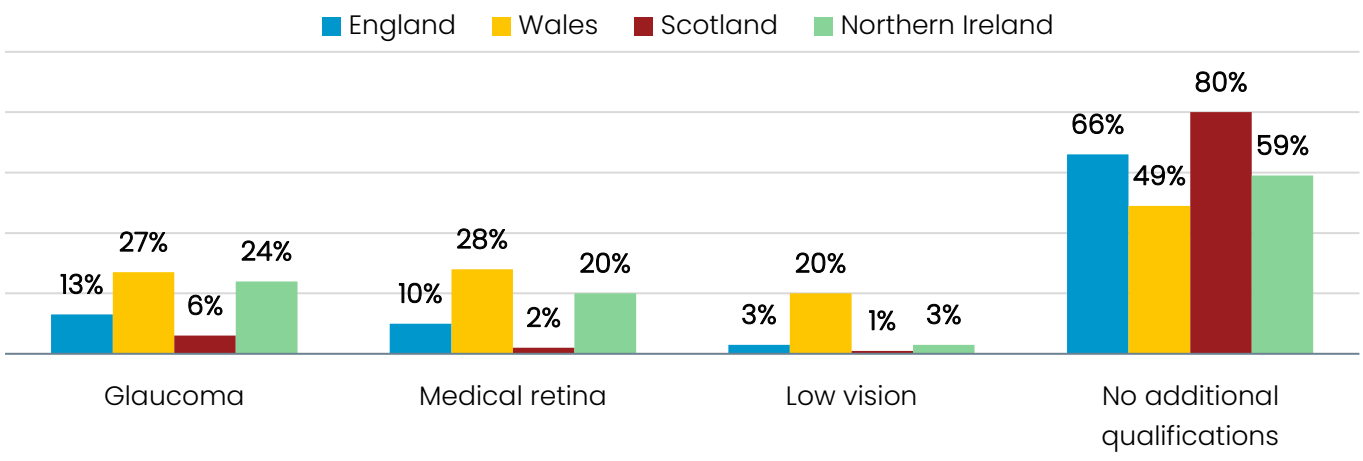
In total, **a third (33%) of respondents indicated that they had additional qualifications**, including 13% who had a glaucoma qualification and 11% who had a medical retina qualification.

Figure 16 – Additional qualifications
Base: All respondents excluding students (4,214)



The presence of glaucoma and medical retina qualifications was higher amongst respondents in Wales and Northern Ireland when compared with those in England and Scotland. Respondents in Wales were also more likely to have low vision qualifications when compared with all other UK nations. Having no additional qualifications was more common amongst those living in Scotland.

Figure 17 – Additional qualifications by UK nation
Base: All respondents excluding students England (3,124); Wales (199); Scotland (396); Northern Ireland (134)

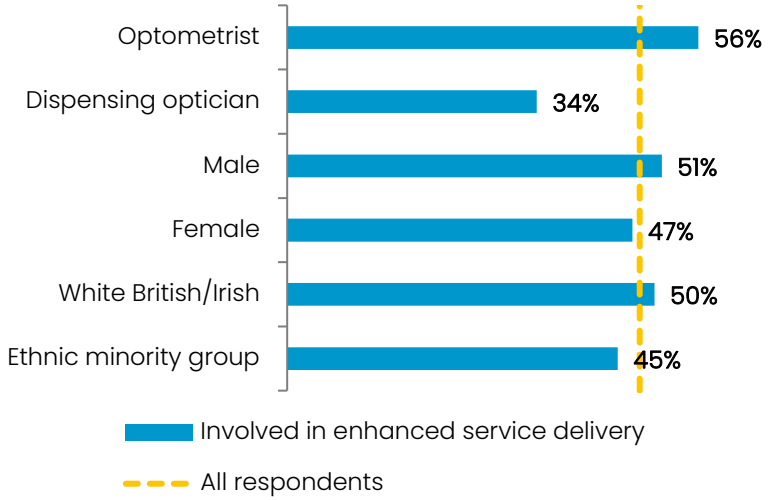


Involvement in enhanced eye care services has remained static

Almost half of respondents (48%) are involved in the delivery of enhanced eye care services. This level has remained static over the last three years.

Figure 18 – Involvement in enhanced eye care service delivery by registration type, gender and ethnicity

Base: Optometrists (2,594); Dispensing opticians (993); Male (1,285); Female (2,526); White British/Irish (2,328); Ethnic Minority Group (1,383)



A larger proportion of optometrists said they were involved in delivering enhanced eye care services when compared with dispensing opticians.

Analysis by demographics also highlights that male respondents and those of White British/Irish ethnicity were more likely to be involved in delivering enhanced eye care services when compared with female respondents and those from ethnic minority backgrounds.

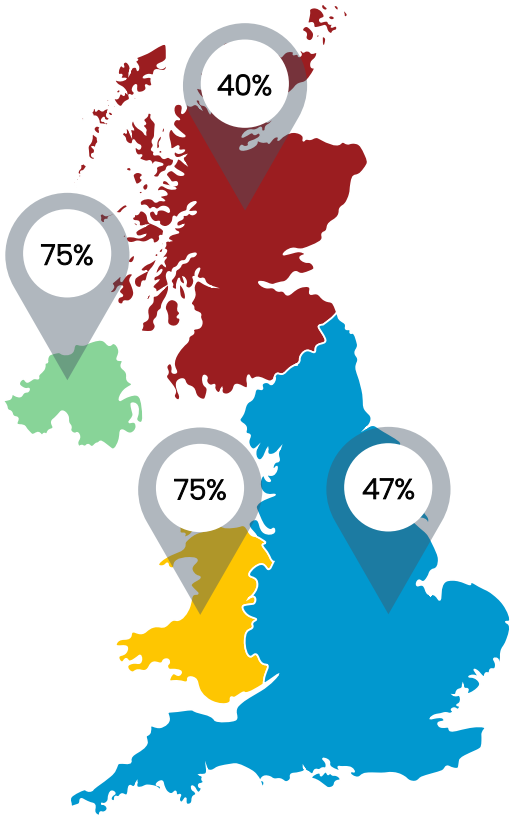
Delivery of enhanced eye care services is far more common in Wales and Northern Ireland

Respondents in Wales and Northern Ireland were far more likely to be involved in the delivery of enhanced eye care services when compared with those in England and Scotland.

Within England, a larger proportion of those based in the North (56%) were involved in the delivery of enhanced eye care services when compared with the rest of the country.

Figure 19 – Involved in the delivery of enhanced services by UK nation

Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)



Locum working

No increase in locum working

After an increase between 2021 and 2022, the proportion of **locum working has remained static at 22% for the last three years**.

This result may be unexpected due to anecdotal evidence that there continues to be an increase in registrants, particularly those more recently qualified, working as locums rather than taking on permanent full-time employment.

Instead, the opposite result is found in the results, with respondents who have been on the GOC register for over six years more likely to be working as locums when compared with newer registrants.

Figure 20 – Locum working 2021 to 2024
Base: Working respondents 2021 (4,880); 2022 (3,647); 2023 (3,468); 2024 (4,049)

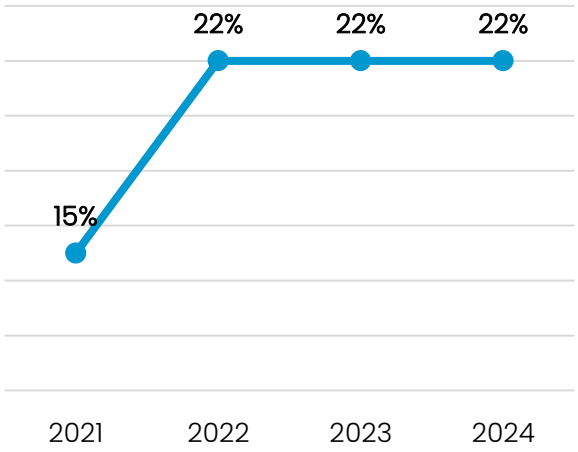
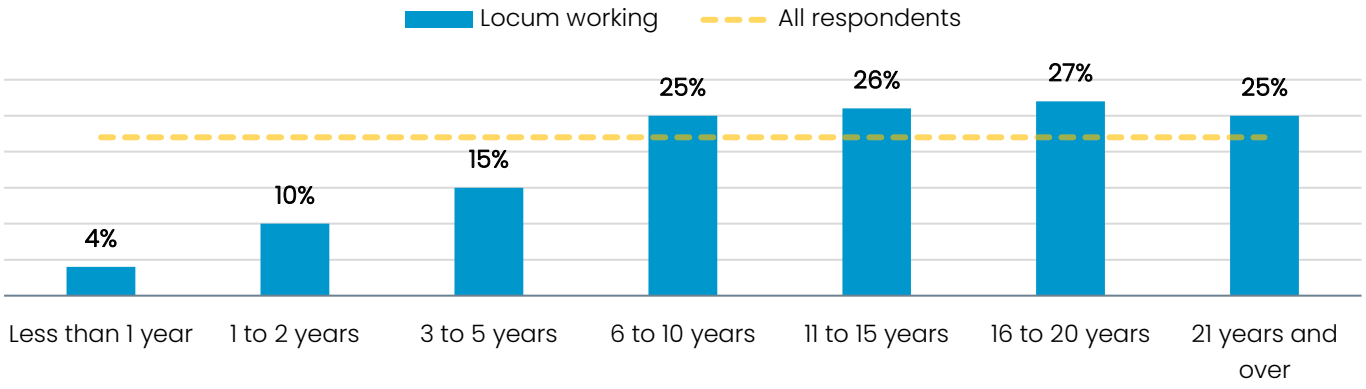


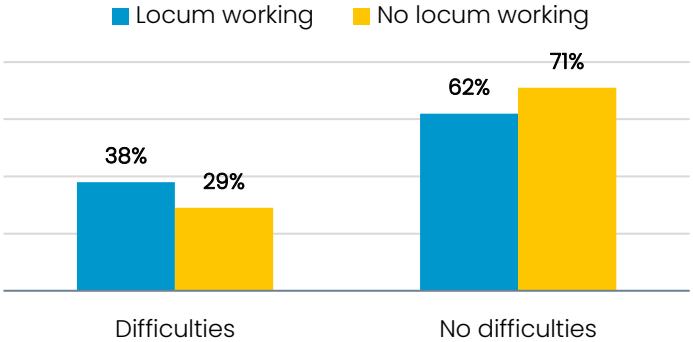
Figure 21 – Locum working by length of time on GOC register
Base: <1 year (201); 1-2 years (314); 3-5 years (456); 6-10 years (494); 11-15 years (465); 16-20 years (484); 21+ years (1,612)



Impact of locum working on delivering sufficient patient care

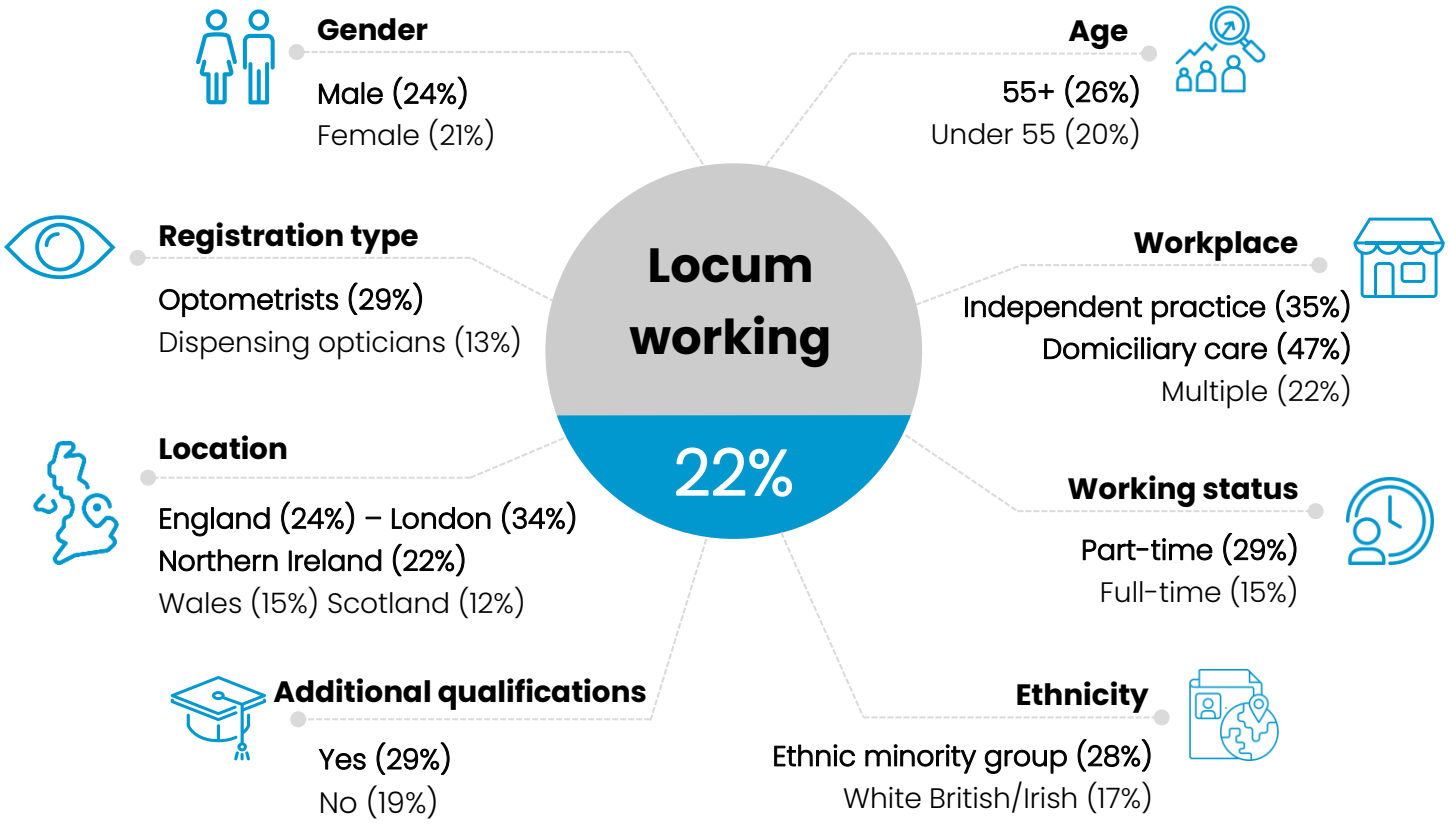
Those who work as locums are **more likely to indicate that they have found it difficult to provide patients with the sufficient level of care they need** during the last 12 months.

Figure 22 – Difficulties providing sufficient patient care by locum working
Base: Locum working (891); No locum working (3,158)



Profile of locum workers

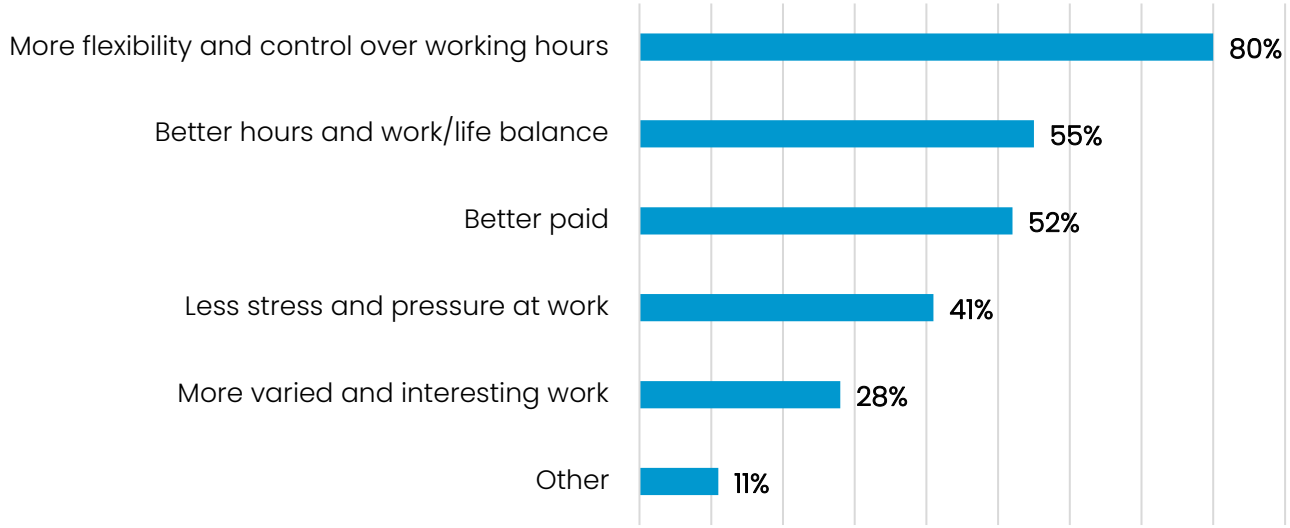
The diagram below highlights which groups are more likely to undertake locum work.



Choosing locum working for greater flexibility and control

By far the main reason provided for choosing to work as a locum was **more flexibility and control over working hours**. Over half of locum respondents also highlighted the reasons of **better hours and work/life balance** and being **better paid**.

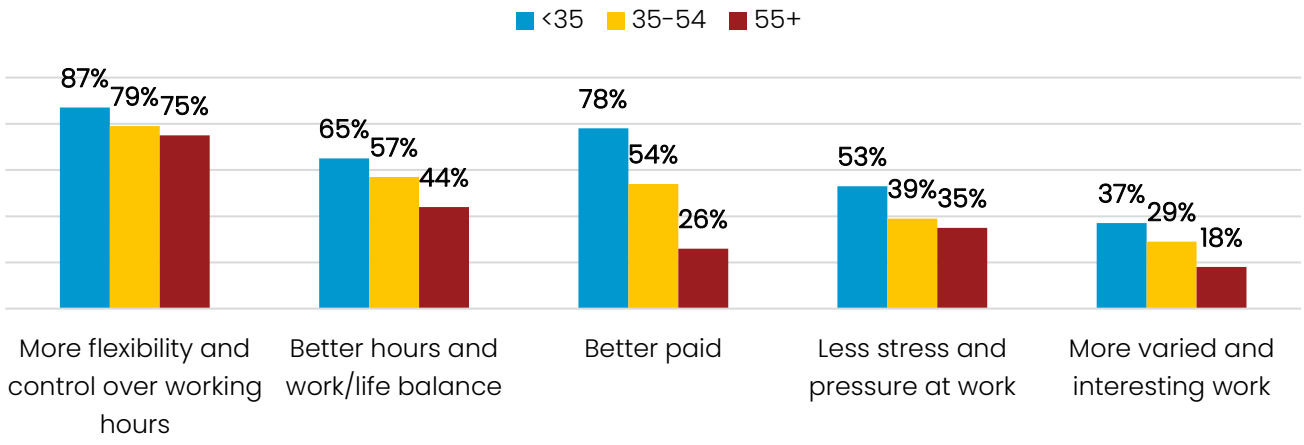
Figure 23 – Reasons for working as a locum
Base: Locums (891)



'Other' reasons suggested related to supplementing income, maintaining an income in retirement, keeping skills up to date and maintaining clinical exposure, difficulties finding full-time roles with satisfactory conditions or salary, avoiding stressful working environments, personal circumstances, and moving away from a focus on sales/retail.

Although locum working was more popular with older respondents aged 55+, those aged under 35 were more likely to select each reason for choosing to work as a locum, suggesting that **younger registrants perceive a greater range of benefits to locum working, especially the work being better paid**.

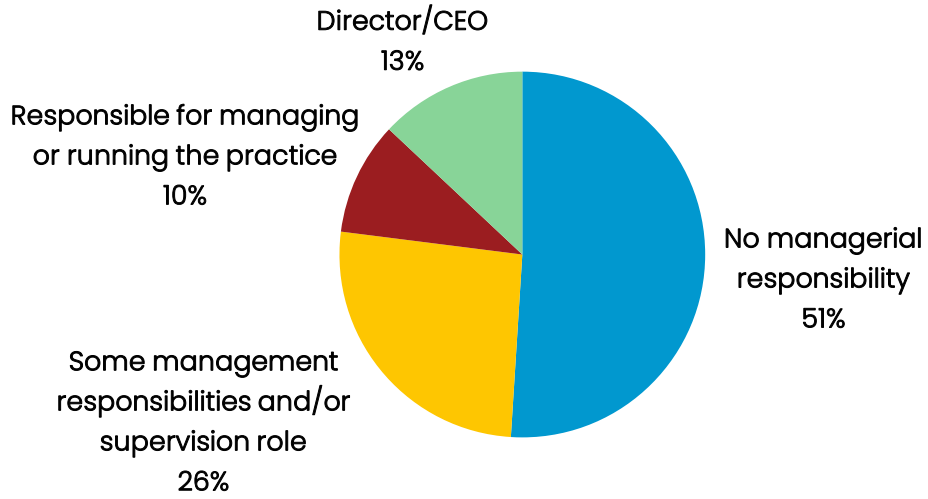
Figure 24 – Reasons for working as a locum
Base: Locums aged <35 (201); 35-54 (405); 55+ (237)



Level of seniority

Half of respondents (51%) had no managerial responsibilities, but the remainder indicated that they had varying levels of responsibility from some management or supervision (26%) to director or CEO level (13%).

Figure 25 – Level of seniority in current role
Base: All working respondents (4,049)

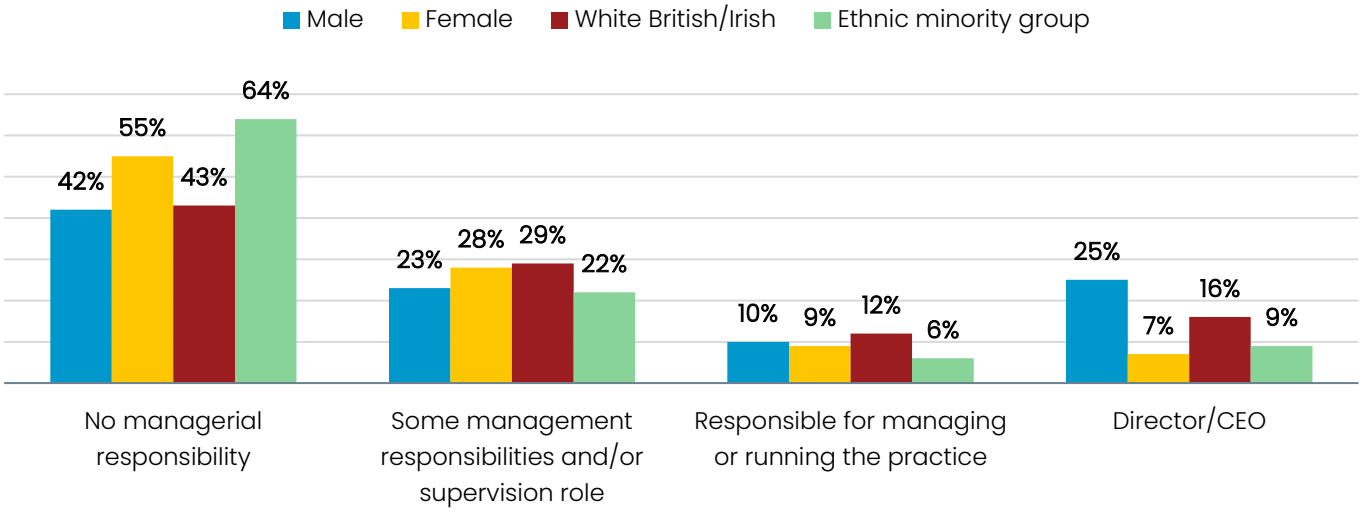


As could be expected, younger respondents aged under 35 were more likely to have no managerial responsibility, whereas those aged 35+ were more likely to report some form of management responsibility.

Differences in level of seniority were also recorded by gender and ethnicity. Female respondents and those from ethnic minority groups were more likely to report no managerial responsibilities when compared with male respondents and those of White British/Irish ethnicity. At the other end of the scale, male respondents and those of White British/Irish ethnicity were more likely to indicate that they were working at Director/CEO level when compared with female respondents and those from ethnic minority backgrounds.

Figure 26 – Level of seniority in current role by gender and ethnicity

Base: Male (1,285); Female (2,526); White British/Irish (2,328); Ethnic minority group (1,383)



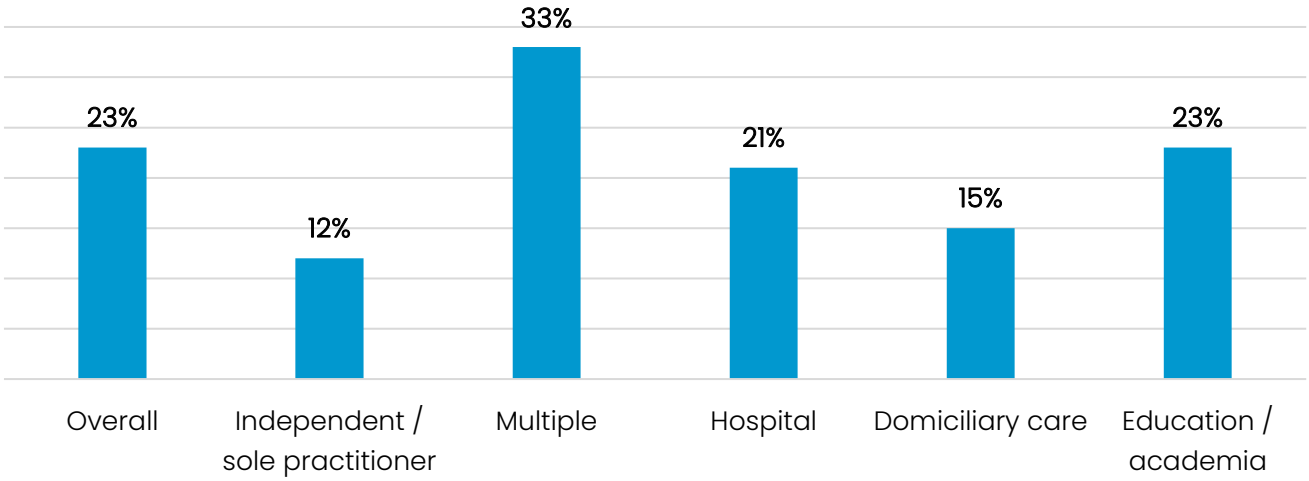
Supervising and remote care

Almost a quarter (23%) of working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months.

Supervision is more commonplace in chain opticians

Working as a supervisor was **more common amongst those who worked for a multiple** when compared with other workplace settings.

Figure 27 – Working as a supervisor for pre-registration trainee optometrists by workplace setting
Base: Optometrists working in – Independent/sole practitioner (1,129); Multiple (1,363); Hospital (378); Domiciliary care (72); Education/academia (182)



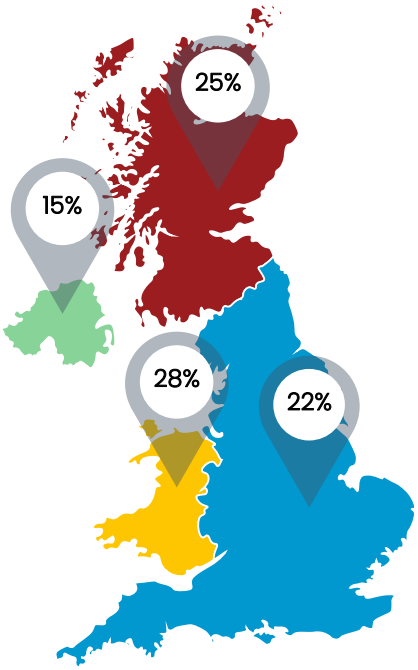
Levels of supervision vary across the UK

Respondents in Wales were more likely to have worked as a supervisor in the last 12 months, particularly when compared with those in Northern Ireland.

A greater proportion of supervisors are male

A greater proportion of those who had worked as a supervisor in the last 12 months were male (25%) when compared with female respondents (21%).

Figure 28 – Working as a supervisor for pre-registration trainee optometrists by UK nation
Base: Optometrists working in – England (1,897); Wales (119); Scotland (262); Northern Ireland (114)



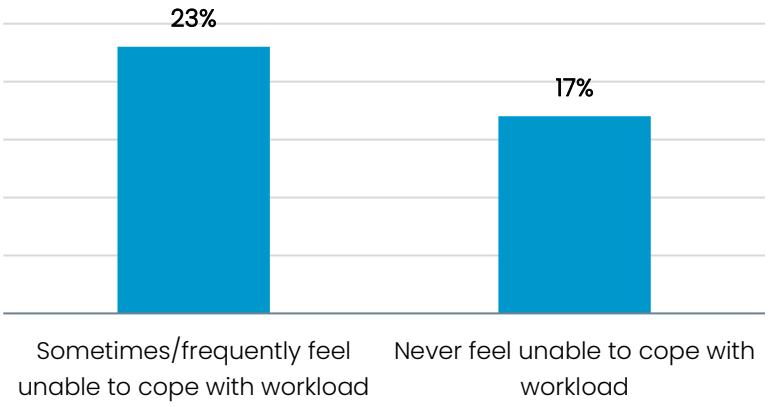
Taking on a supervision role may negatively impact optometrists' workload

Respondents who indicated that they **sometimes or frequently feel unable to cope with their workload** were more likely to work as supervisors for pre-registration trainees when compared with those who never felt this way.

This suggests that this role may negatively impact the ability of optometrists to manage their workload alongside supervision responsibilities.

Figure 29 – Working as a supervisor for pre-registration trainee optometrists by experience of feeling unable to cope with workload

Base: Sometimes/frequently feel unable to cope with workload (1,453); Never feel unable to cope with workload (1,453)



This result is also found when looking at level of seniority, where respondents with some managerial responsibilities and/or a supervision role were also more likely to answer that they sometimes or frequently felt unable to cope with their workload (58%) when compared with respondents with no managerial responsibilities (52%) or working at director/CEO level (50%).

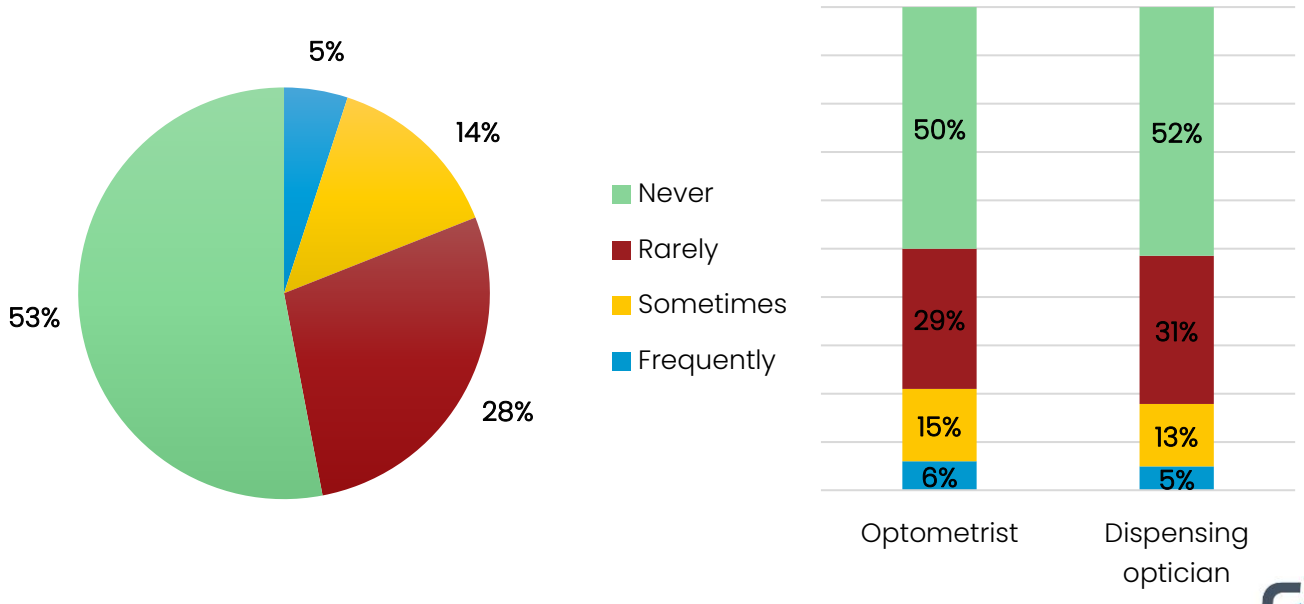
Experiences of delivering remote care to patients

The majority of respondents (53%) had **no experience of delivering remote care to patients in the last 12 months** (e.g. care which is not delivered face to face). However, smaller proportions indicated that they had done this either rarely (28%), sometimes (14%), or frequently (5%).

Optometrists had more experience of delivering remote care sometimes or frequently (21%) when compared with dispensing opticians (17%).

Figure 30 – Experience of delivering remote care to patients

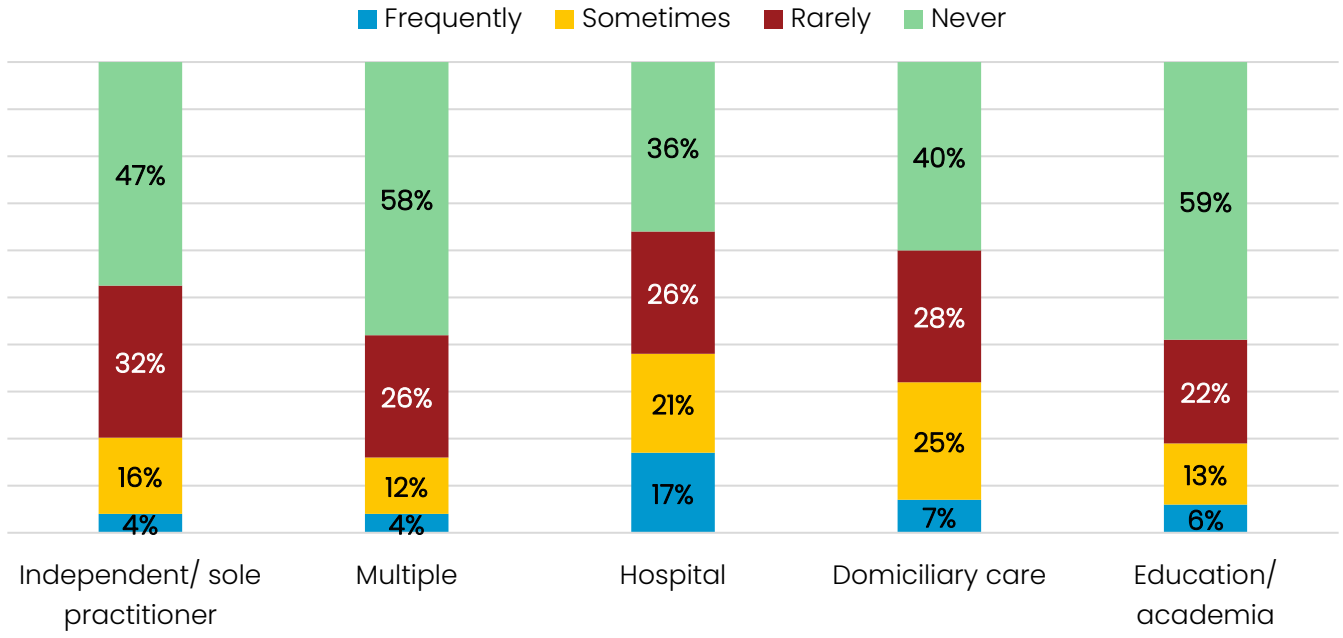
Base: Those currently working (4,049); Optometrists (2,594); Dispensing opticians (993)



Delivering remote care is more frequent amongst those working in a hospital setting and those working in Scotland and Northern Ireland

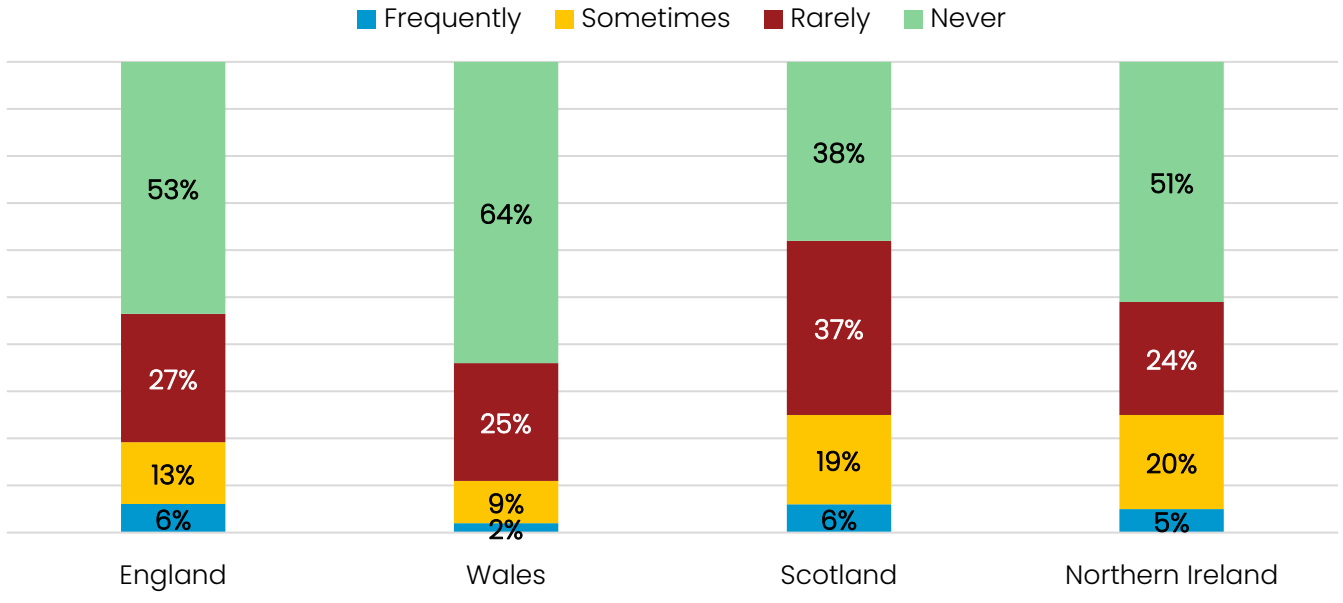
Analysis by workplace setting shows that delivering remote care to patients is more commonplace in hospital and domiciliary care when compared with other workplace settings.

Figure 31 – Experience of delivering remote care to patients by workplace setting
Base: Those working in Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domiciliary care (80); Education/academia (226)



Registrants in Scotland and Northern Ireland are significantly more likely to have delivered remote care to patients in the last 12 months when compared with those in England and Wales.

Figure 32 – Experience of delivering remote care to patients by UK nation
Base: Those working in England (3,026); Wales (193); Scotland (387); Northern Ireland (132)



Job satisfaction

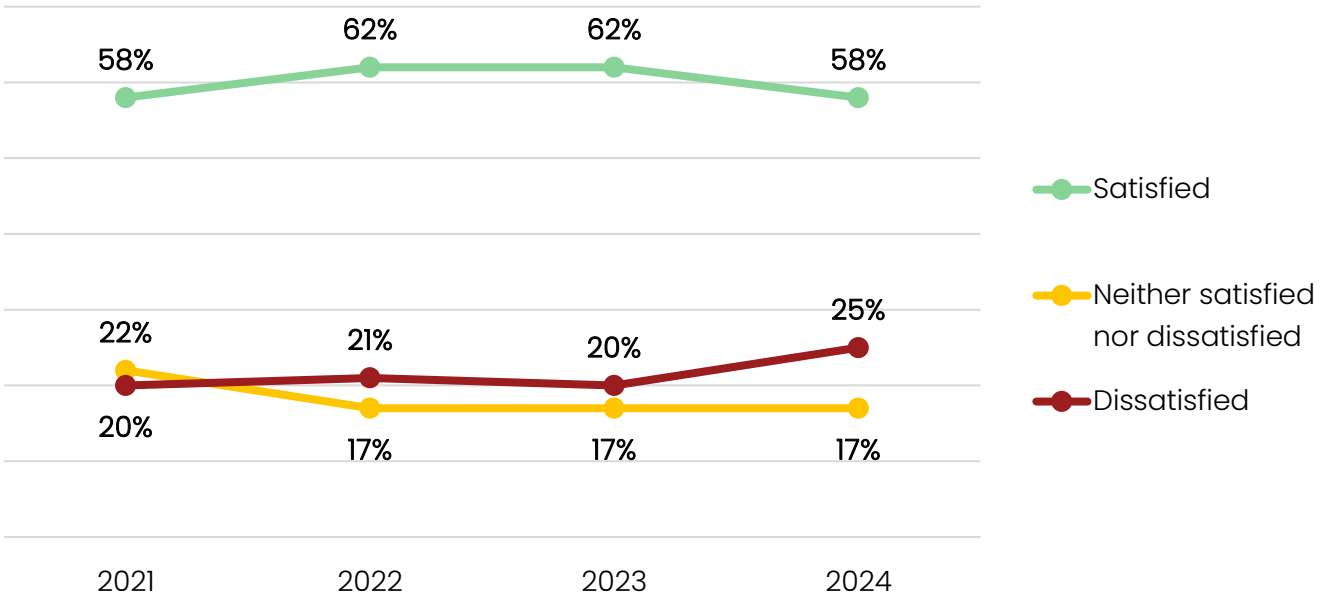
Dissatisfaction has increased

Almost three in five respondents (58%) indicated they were satisfied in their job/role over the last 12 months.

After a small increase in satisfaction in 2022 and 2023, satisfaction has returned to the same level recorded in 2021, and **dissatisfaction has increased to 25%**.

Figure 33 – Job/role satisfaction 2021 to 2024

Base: Working respondents excluding 'not applicable' 2021 (4,378); 2022 (3,628); 2023 (3,468); 2024 (4,043)



Satisfaction levels were generally similar across registration types, but other groups within the sample were more likely to express higher or lower levels of satisfaction, covered later in this chapter.

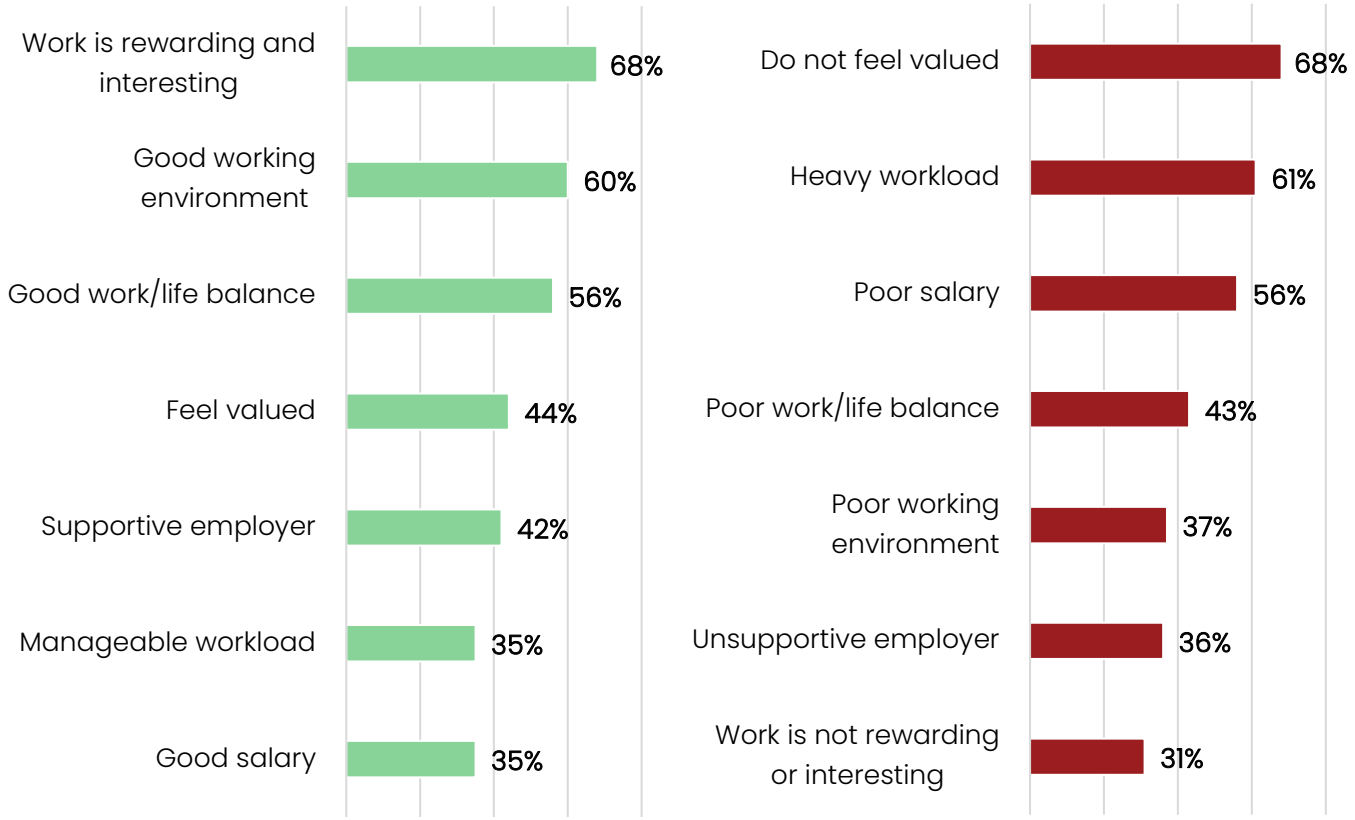
Exploring job satisfaction

Respondents' primary reasons for feeling satisfied in their job related to their **work being rewarding and interesting**, a **good working environment**, and a **good work/life balance**.

Those who were dissatisfied cited **not feeling valued**, a **heavy workload**, and **poor salary.**

Reasons for both job satisfaction and dissatisfaction are very similar to those found in 2023.

Figure 34 – Reasons for feeling satisfied or dissatisfied with job/role in last 12 months
Base: Those very/quite satisfied with job/role (2,344); Those very/quite dissatisfied with job/role (1,002);



Who and what is driving satisfaction?

A number of subgroups were more likely to be satisfied based on their workplace setting, ethnicity, level of qualification, and involvement in enhanced services (shown on the right).

Satisfied (58%)

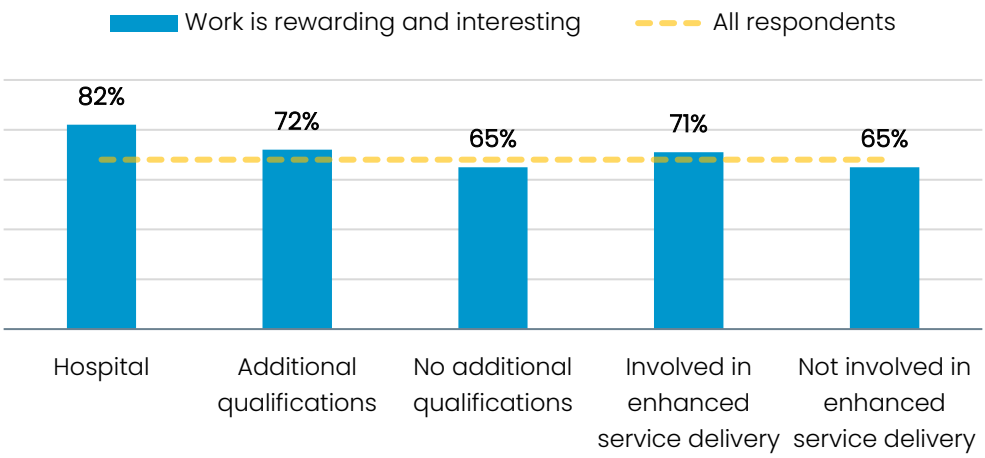
- Education/ academia (67%)
- Hospital (65%)
- White British/Irish (63%)
- Independent/sole practitioner (61%)
- Additional qualifications (60%)
- Delivery of enhanced services (60%)

Delivering rewarding and interesting work

Satisfaction was higher amongst respondents with **additional qualifications** and those **involved in the delivery of enhanced services**. Both these groups, as well as those who worked in a hospital setting, were more likely to indicate that they felt satisfied because their **work is rewarding and interesting**.

Figure 35 – Satisfied due to work being rewarding/interesting

Base: Those working in hospital (269); Additional qualifications (817); No additional qualifications (1,527); Involved in enhanced service delivery (1,167); Not involved (1,141)



Workplace setting

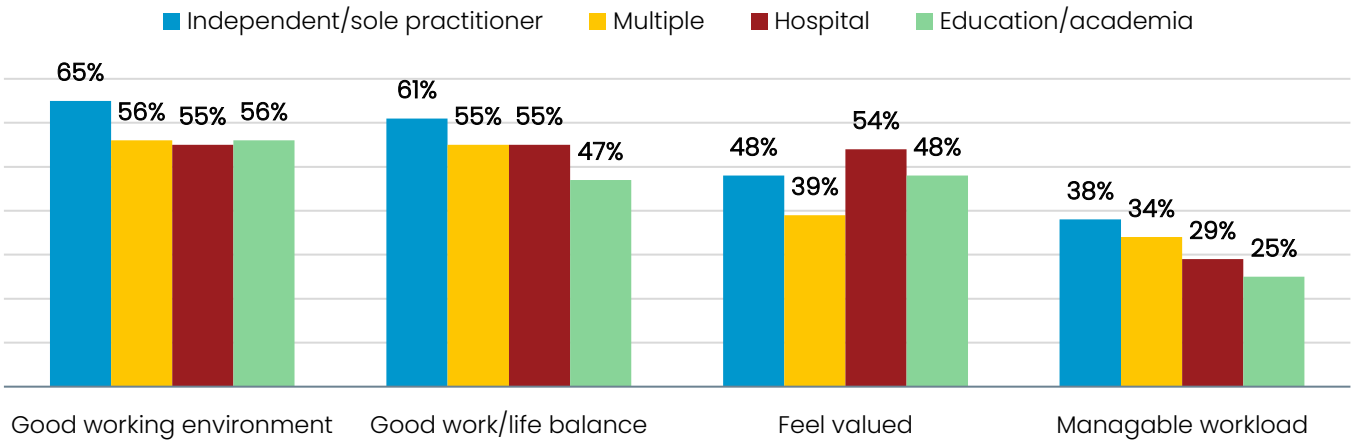
Satisfaction was higher amongst those working in **independent practice/as a sole practitioner**, **hospital**, and **education/academia**, particularly when compared with those who worked for a multiple.

The combination of a **good working environment**, **good work/life balance** and a **manageable workload** are **drivers of satisfaction** for those who worked for an **independent/as a sole practitioner**.

Feeling valued is a clear driver of satisfaction for those who worked in a hospital, education/academia, or an independent practice/as a sole practitioner.

Figure 36 – Reasons for satisfaction by workplace setting

Base: Independent/sole practitioner (981); Multiple (1,230); Hospital (269); Education/academia (152)



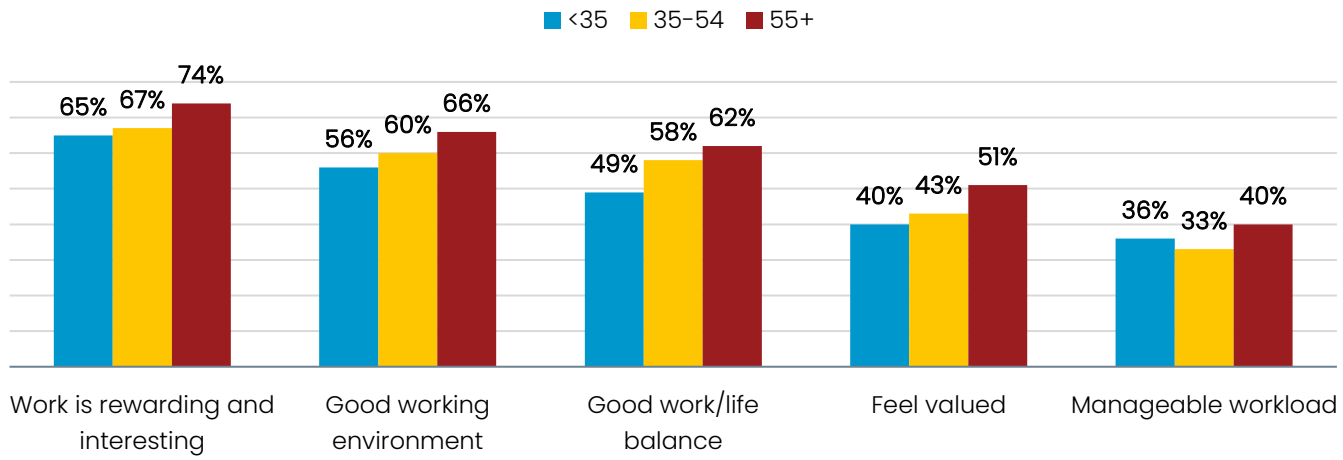
Older registrants select more reasons for being satisfied

Analysis by age group highlights that those **aged 55+ were more likely to be satisfied when compared with respondents from younger age groups**.

This age group were more likely to select a range of reasons for being satisfied, particularly when compared with those aged under 35.

Figure 37 – Reasons for satisfaction by age group

Base: <35 (661); 35-54 (1,032); 55+ (587)



Who and what is driving dissatisfaction?

Key subgroups more likely to answer that they were dissatisfied in their job/role over the last 12 months included those working as locums, working for a multiple, living in London, and those with a disability. This closely reflects the results found in 2023.

Those who found it difficult to provide patients with the sufficient level of care they need were much more likely to be dissatisfied.

Analysis by demographics also highlights that male respondents were more likely to be dissatisfied (27%) when compared with female respondents, and those from ethnic minority backgrounds were also more likely to be dissatisfied (25%) when compared to White British/Irish respondents (22%).

Dissatisfaction (25%)

- Locums (28%)
- Multiple (29%)
- Live in London (30%)
- Disability (41%)
- Difficult to deliver patients sufficient care (43%)

Unclear reasons for dissatisfaction amongst locums

Although **locums were more likely to be dissatisfied**, there is little difference in reasons for dissatisfaction when comparing those who worked as locums and those who did not.

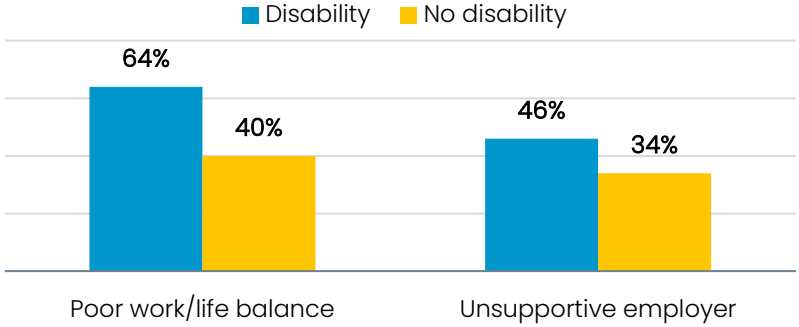
Locums were only slightly more likely to indicate that they did not find work interesting or rewarding when compared with non-locums. Instead, locums were less likely to select that they had a poor work/life balance, meaning that **no clear reasons for their increased level of dissatisfaction have emerged** in response to this question.

London-based registrants do not find work rewarding or interesting

The higher rate of dissatisfaction amongst respondents who lived in London is driven by **not finding work rewarding or interesting,** selected by a larger proportion of London-based respondents (49%) when compared with other areas of England and the UK.

Disabled registrants report a poor work/life balance and do not feel supported by their employers

Figure 38 – Reasons for dissatisfaction by disability status
Base: Disability (105); No disability (788)



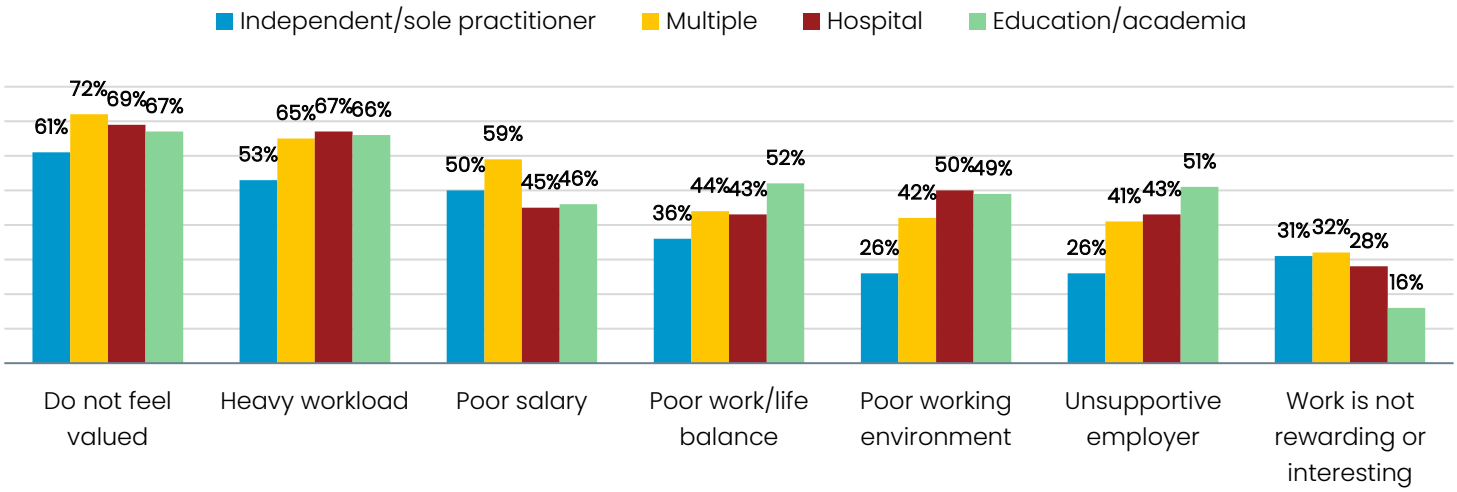
Respondents with a disability, who were more likely to be dissatisfied in their role, were more likely to select a **poor work/life balance** and an **unsupportive employer** as reasons for this when compared to those with no disability.

Contrast between experiences in multiple and independent practice

In line with previous years' results, **respondents working for a multiple were significantly more dissatisfied in their job/role**. Analysis of reasons for dissatisfaction highlights that those who worked in a multiple were more likely to select every reason listed when compared with those who worked in independent practice/as a sole practitioner, suggesting that there are a variety of reasons for dissatisfaction in this setting.

Analysis by workplace setting also shows that the issues of heavy workload, poor work/life balance, poor working environment, and unsupportive employers also affect those who work in hospitals and education/academia.

Figure 39 – Reasons for dissatisfaction by workplace setting
Base: Independent/sole practitioner (345); Multiple (658); Hospital (67); Education/academia (42)



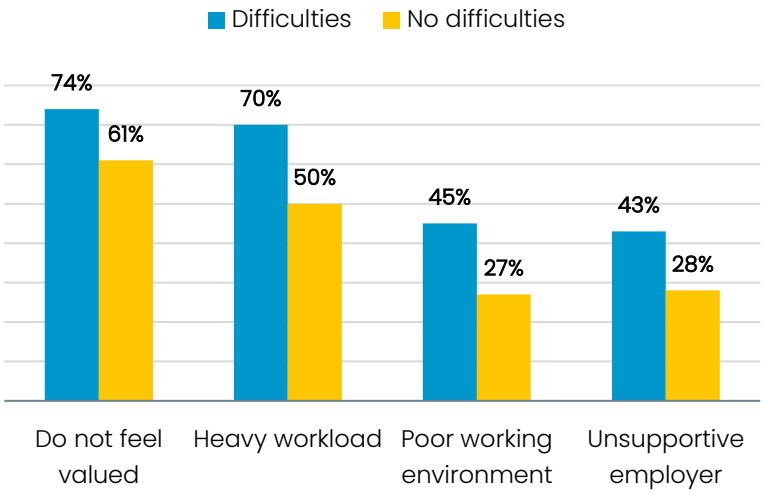
Experiencing difficulties providing sufficient patient care is a key driver of dissatisfaction

Respondents who indicated that they had experience of difficulties providing patients with the sufficient level of care they need were significantly more likely to be dissatisfied in their job/role.

Four reasons for dissatisfaction were driving this result, including:

- Not feeling valued
- A heavy workload
- A poor working environment
- An unsupportive employer.

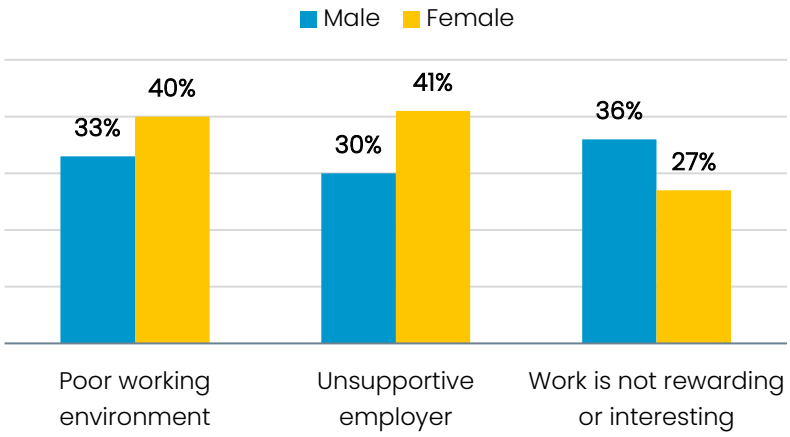
Figure 40 – Reasons for dissatisfaction by experience of difficulties providing sufficient patient care
Base: Difficulties (547); No difficulties (455)



Different reasons for dissatisfaction between men and women

Figure 41 – Reasons for dissatisfaction by gender

Base: Male (347); Female (559)



Analysis by gender highlights that whilst a greater proportion of female respondents are dissatisfied due to a poor working environment and unsupportive employer, male respondents are more likely to report dissatisfaction because their work is not rewarding or interesting.

Working conditions

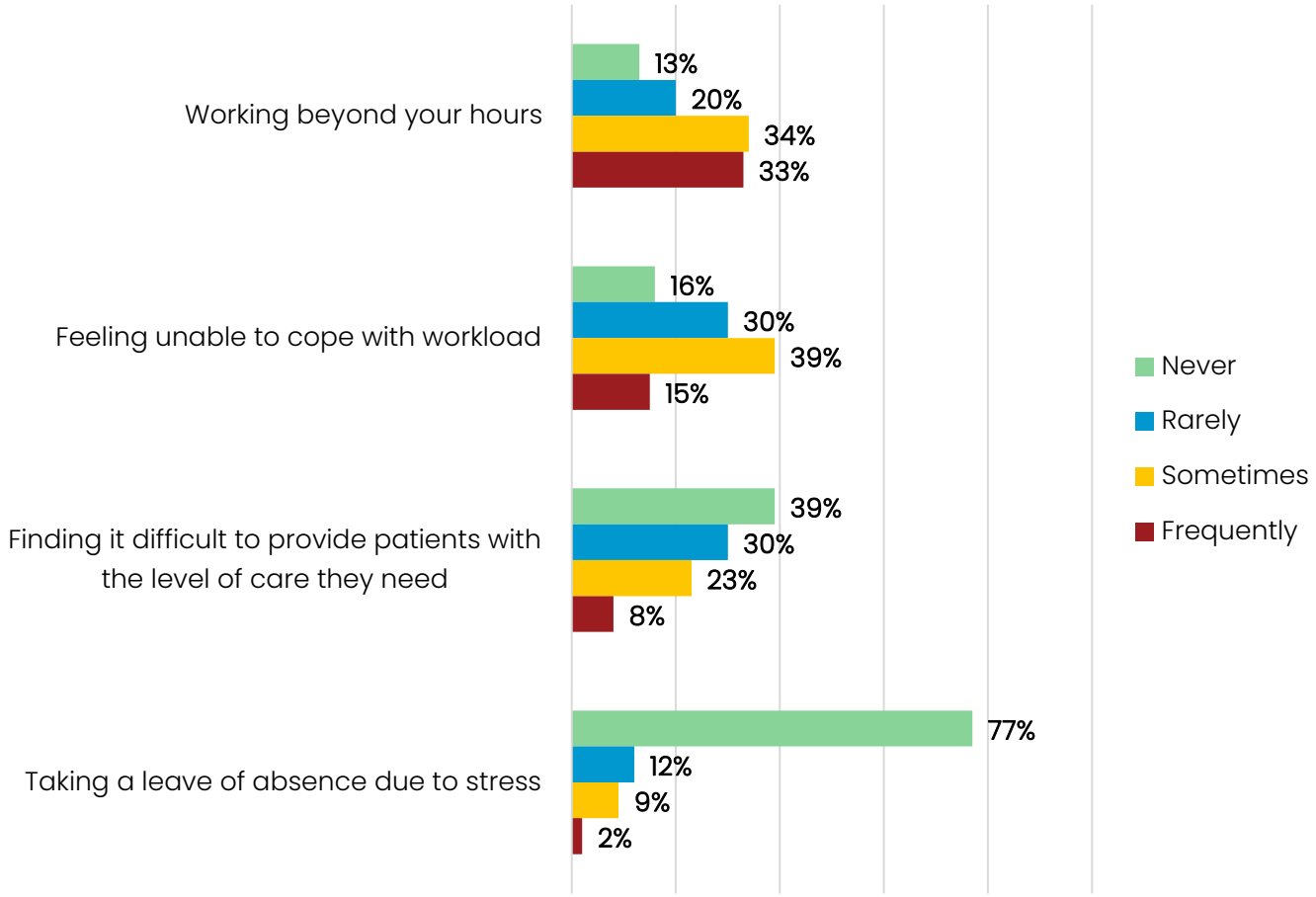
Experiences of negative working conditions

The majority of respondents experience working beyond their hours and feeling unable to cope with their workload

Working beyond hours was the most widely experienced negative working condition, with two thirds (67%) of respondents indicating this happened *sometimes* or *frequently*. Over half (54%) also highlighted that they had **felt unable to cope with their workload** either *sometimes* or *frequently*. Three in ten (31%) had experienced **difficulties providing patients with the level of care they need** either *sometimes* or *frequently*

However, the majority (77%) reported never **taking a leave of absence due to stress**.

Figure 42 – Experience of negative working conditions in the last 12 months
Base: Those currently working/employed (4,049)



Indirect comparison with previous years' survey results (where the question was asked in a different format) highlights that **the proportion of registrants working beyond their hours and feeling unable to cope with their workload may be increasing**.

Workplace setting, level of responsibility, and disability influence negative working conditions

A number of factors influence the likelihood of experiencing negative working conditions. Those working in a hospital or education/academia were more likely to report working beyond their hours and feeling unable to cope with their workload. A larger proportion of those who worked for a multiple also reported feeling unable to cope with their workload.

Those with greater responsibility, such as practice managers/directors or those in more senior roles, those with additional qualifications, and those involved in the delivery of enhanced services were also more likely to report working beyond their hours or feeling unable to cope.

Respondents who indicated that they had a disability were significantly more likely to report working beyond their hours and feeling unable to cope with their workload when compared with those with no disability.

Figure 43 – Impact of workplace setting, level of seniority, additional qualifications, and disability status on working beyond hours

Base: Hospital (412); Education/academia (226); Practice manager/director or above (933); Additional qualifications (1,356); Disability (255)

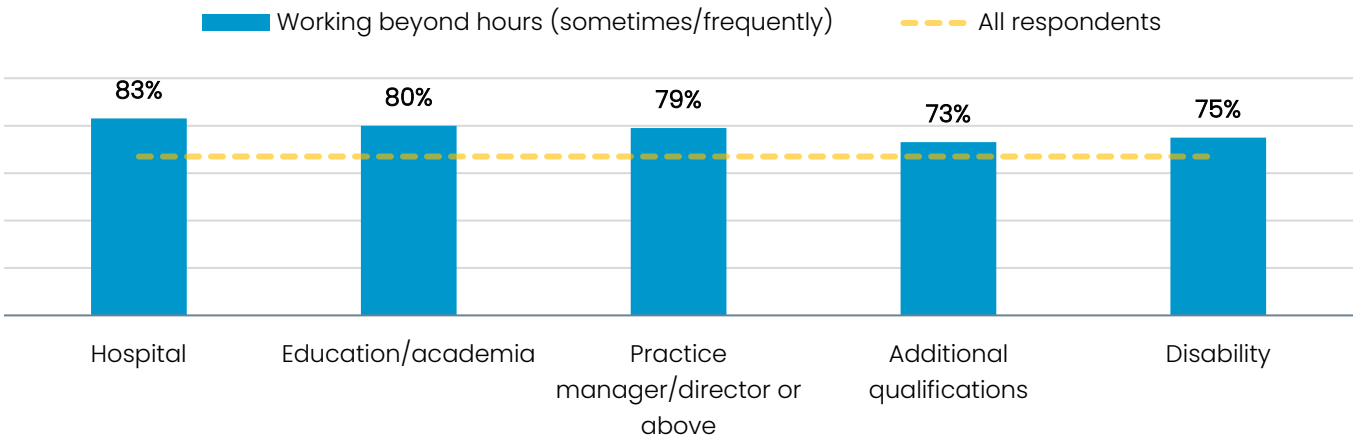
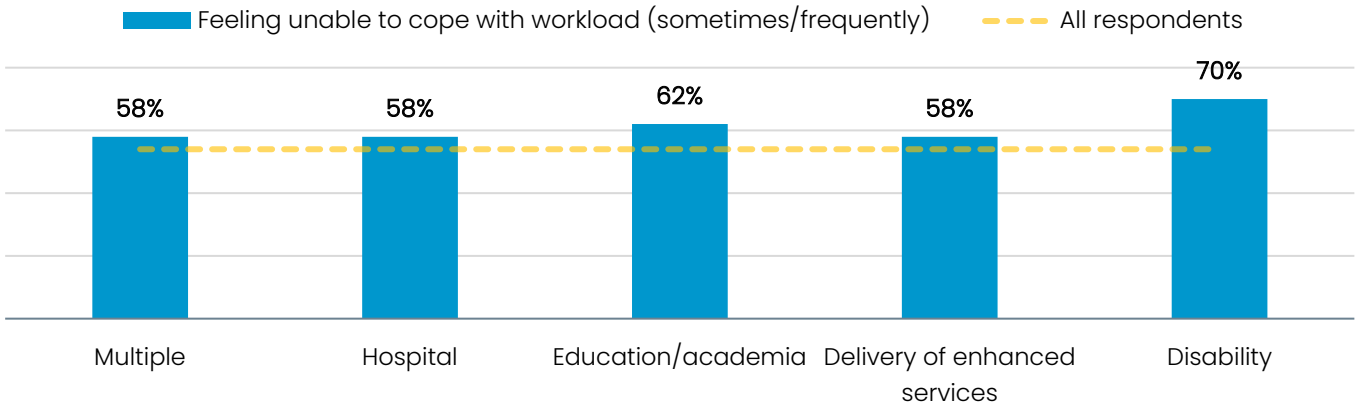


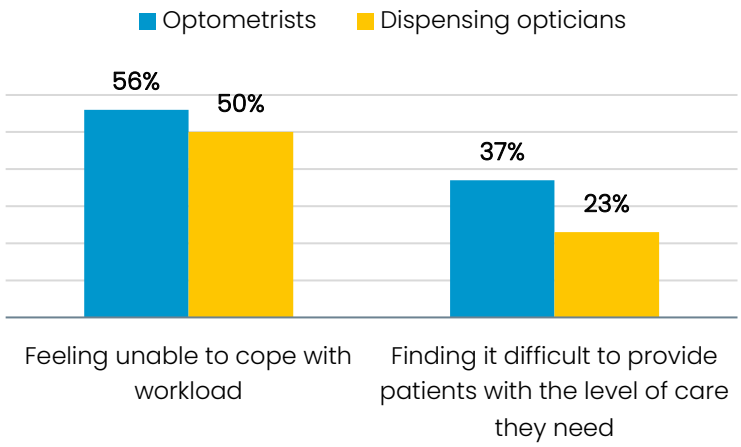
Figure 44 – Impact of workplace setting, delivery of enhanced services and disability status on feeling unable to cope with workload

Base: Multiple (2,307); Hospital (412); Education/academia (226); Delivery of enhanced services (1,950); Disability (255)



Optometrists more likely to experience some negative working conditions

Figure 45 – Experience of negative working conditions in the last 12 months by registration type
Base: Optometrists (2,594); Dispensing opticians (993)



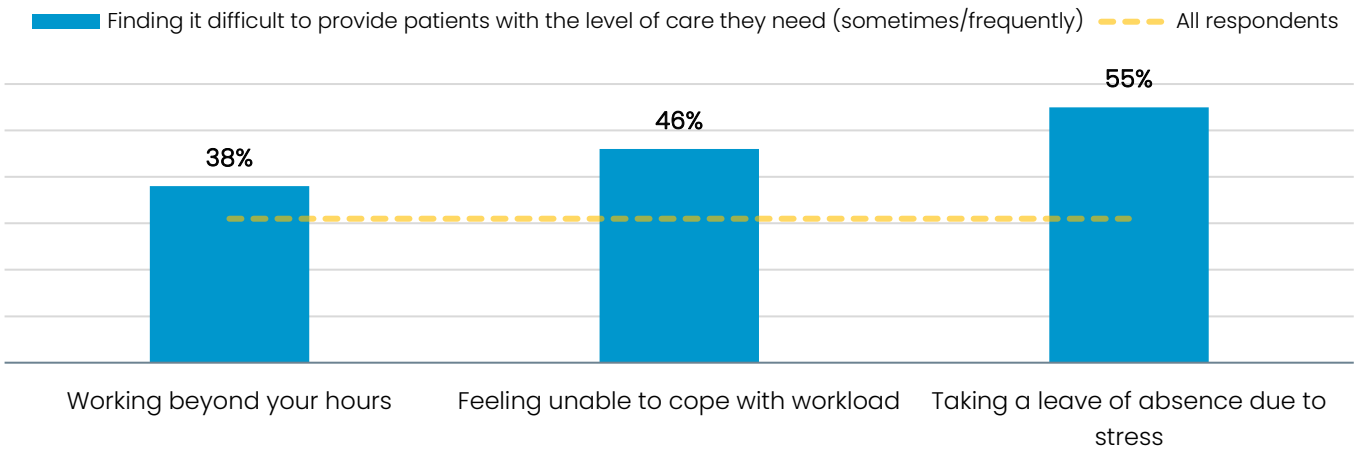
Optometrists were more likely have experience of feeling unable to cope with their workload and finding it difficult to provide patients with the level of care they need in the last 12 months when compared with dispensing opticians.

Analysis by registration type also highlights that a larger proportion of student optometrists indicated that they had taken a leave of absence due to stress in the last 12 months (18%) when compared with all other registration types.

Experiencing negative working conditions correlates with difficulties providing patients with sufficient care

If respondents had experience of working beyond their hours, feeling unable to cope with their workload, or taking a leave of absence due to stress, they were also **more likely to report difficulties providing patients with the level of care they need**.

Figure 46 – Impact of negative working conditions on providing sufficient patient care
Base: Working beyong hours (2,715); Feeling unable to cope with workload (2,183); Taking a leave of absence due to stress (446)



Barriers to delivering safe care

All working respondents were asked to specify what barriers, if any, they could identify to delivering safe care for their patients.

Time pressures and short testing times

By far the most common barrier identified was time pressures and short testing times. Respondents often mentioned that the time they were allocated for a sight test was insufficient to provide safe patient care, and many mentioned that they ran behind and worked additional hours as a result.

> *Too short test times. Need to be at least 25 minutes appointments to deliver safe care.*
> **Optometrist**

> *Short testing times which can put an optometrist under pressure to manage time and adequate patient care.*
> **Optometrist**

> *Time pressures on testing time, limited time to create effective notes on patient encounters.*
> **Optometrist**

Volume of patients/overbooking/ghost clinics

Another frequent barrier mentioned was the sheer volume of patients they were required to see, caused by overbooking and "ghost clinics", where companies double book patients to clinics to mitigate potential lost appointments if customers do not turn up.

> *Chains trying to cram in as many patients as possible by using ghost / maxi clinics.*
> **Optometrist**

> *Store I work for only cares about the numbers and not about the patients.*
> **Dispensing optician**

> *Over booked clinics and having to see extra patients.*
> **Optometrist**

Understaffing and inexperienced/underqualified staff

The barrier of understaffing and reliance on inexperienced and underqualified staff was highlighted by some participants as a barrier to safe patient care.

> *Limited staff availability and/or limited qualified staff to deal with patients.*
> **Dispensing optician**

> *Lack of support staff and low skilled support staff, due to workforce constraints.*
> **Dispensing optician**

> *In hospital environment, insufficient staffing levels to provide safe care.*
> **Optometrist**

Sales/commercial pressures/targets

Some respondents explained that they found the focus of their employer on sales targets and profit posed a significant barrier to safe patient care.

> *Commercial interests making anything more than a straight forward routine exam where I may need to perform additional tests leaving me to have to constantly justify my clinical decisions*
> **Optometrist**

> *Too much emphasis now on making profit since practice joined large co-ownership group means patient care less easy to deliver.*
> **Dispensing optician**

The analysis of free-text comments to show the frequency of mentions is presented in the table below.

Figure 47 – Barriers identified to delivering safe patient care (coded free-text, 50+ mentions)

Top themes in free-text responses	Frequency
Time pressures/short testing times	978
Volume of patients/overbooking/ghost clinics	318
Understaffing/inexperienced/underqualified staff	280
Sales/commercial pressures/targets	274
NHS pressures/waiting lists/delays to care	219
Insufficient NHS fees/GOS contract	212
Management pressures/interference	167
High/unrealistic workload	116
Funding/budget constraints	114
Time needed for complex patients/ageing population	102
Poor communication/lack of joined up working	95
Outdated/limited equipment/products available	93
Demand for services/lack of capacity	89
Late patients/walk ins/emergency presentations	86
Patient attitudes/expectations/demands	80
Admin level/lack of admin time	75
Poorly managed service	66
Stress/burnout	57
Complex/inefficient referral systems	55
None/NA/no barriers	302

Harassment, bullying or abuse

In total, **half of respondents (50%) had personally experienced some form of harassment, bullying, or abuse at work (or study for those in education) in the last 12 months.**

Most incidences of harassment, bullying or abuse come from patients/service users

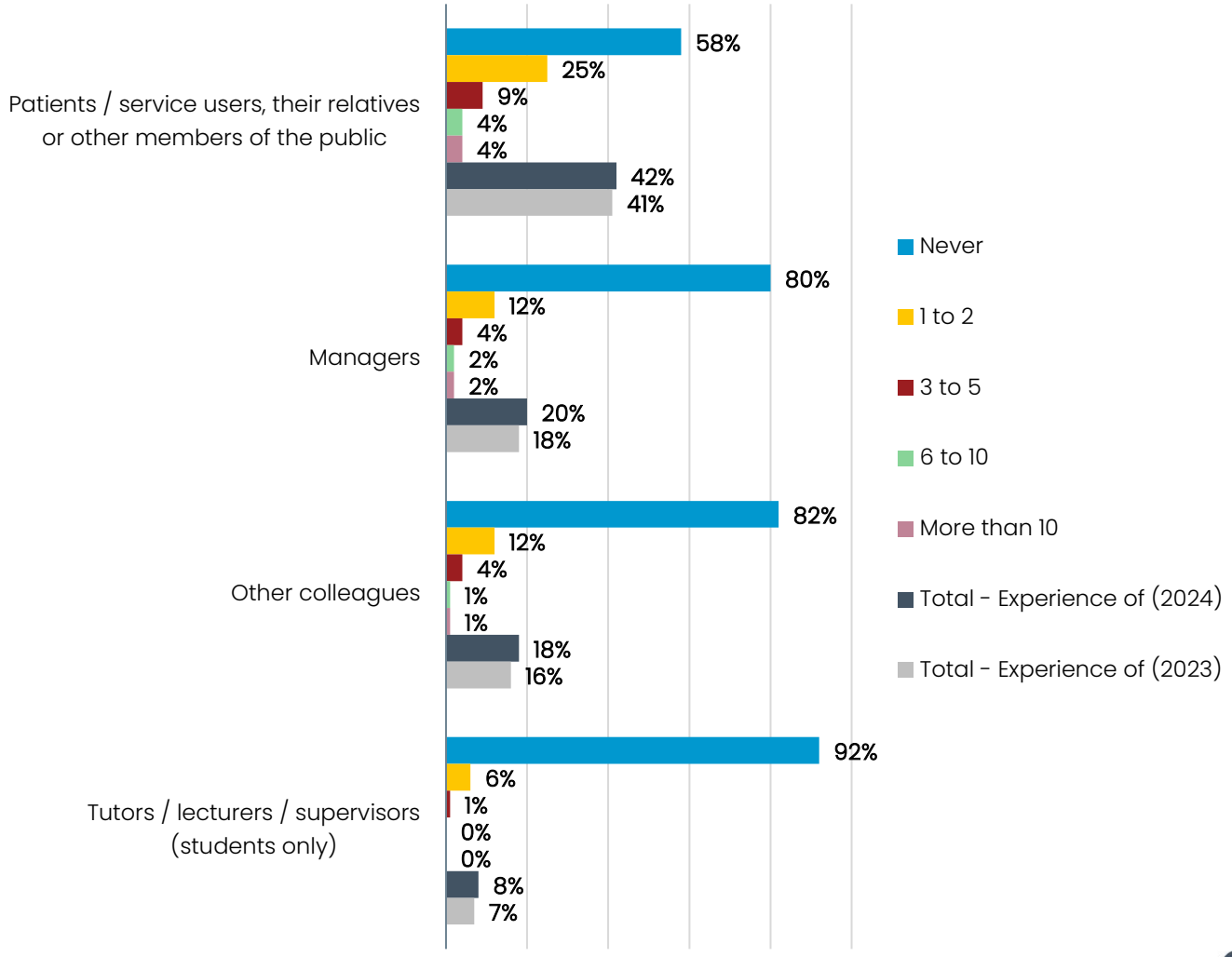
The primary source of harassment, bullying or abuse comes from patients and service users, their relatives or other members of the public, with 42% of respondents having at least one experience of this in the last 12 months.

In contrast, experiences of harassment, bullying or abuse from managers, other colleagues, or tutors/lecturers/supervisors is less frequent.

As can be seen in the chart below, this year's results are very similar to those found in 2023, with very small increases in experience reported from each source.

Figure 48 – In the last 12 months, how many times have you personally experienced harassment, bullying, or abuse at work (or study) from…?

Base: All respondents excluding full-time students and retired 2024 (4,521); 2023 (3,557); Students 2024 (509); 2023 (469)



GOC registrants are more likely to experience this behaviour from patients or the public and managers when compared with the national NHS average

This question is asked in the annual NHS Staff Survey, highlighting that experience of harassment, bullying or abuse from patients/service users, their relatives, or other members of the public is much more common amongst GOC registrants. GOC registrants are also more likely have experience of this behaviour from managers, but are in line with the national NHS average in relation to harassment, bullying or abuse from other colleagues.

Figure 49 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2023
Base: GOC survey respondents (4,521), NHS Staff Survey 2023 (c.670k)

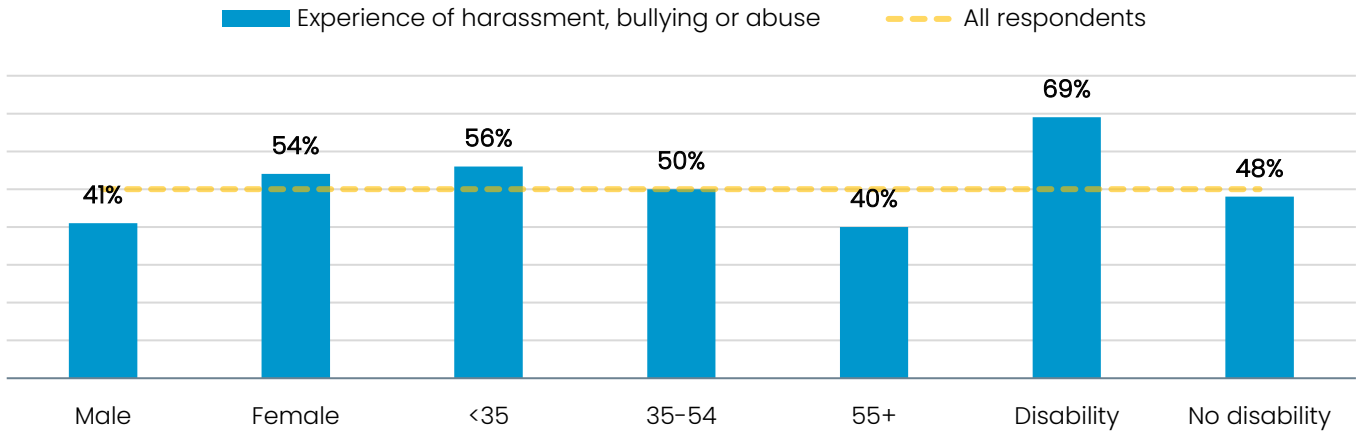
Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2023
Patients/service users/relatives, other members of the public	42%	28%
Managers	20%	10%
Other colleagues	18%	18%

Experiences are more common amongst women, younger respondents, those with a disability, and those from ethnic minority backgrounds

Female respondents were more likely to have experienced harassment, bullying or abuse from all sources when compared with male respondents. Similarly, younger respondents aged under 35 and those aged 35-54 were more likely to have experienced harassment, bullying or abuse when compared with those aged 55+.

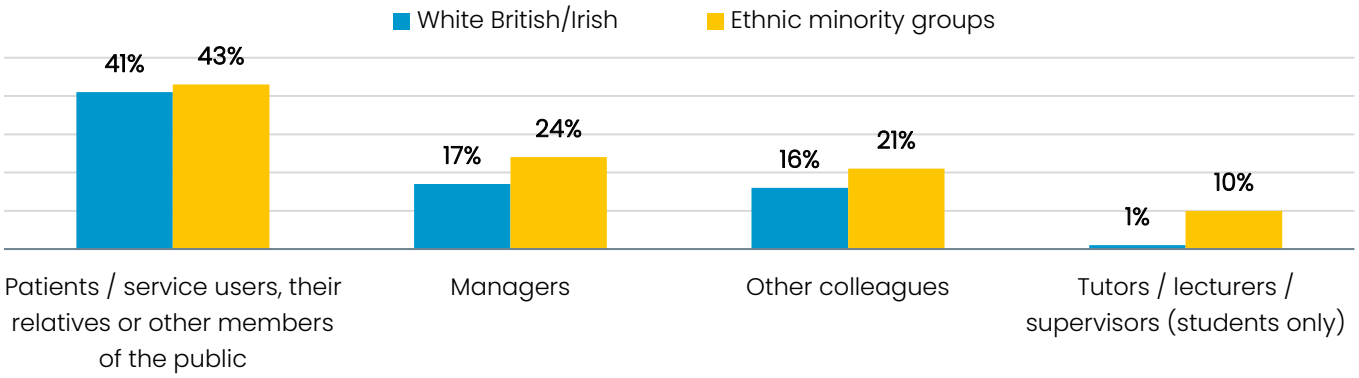
Respondents with a disability were also more likely to have experienced bullying, harassment or abuse when compared with those with no disability.

Figure 50 – Experience of harassment, bullying, or abuse at work by gender, age group, and disability
Base: Male (1,439); Female (2,832); <35 (1,521); 35-54 (1,914); 55+ (917); Disability (284); No disability (3,947)



Respondents from ethnic minority backgrounds were more likely to have experienced harassment, bullying or abuse specifically from managers, other colleagues, and tutors, lecturers or supervisors, when compared with those of White British/Irish ethnicity. However, no significant difference in ethnicity was found in relation to harassment, bullying or abuse from patients and service users.

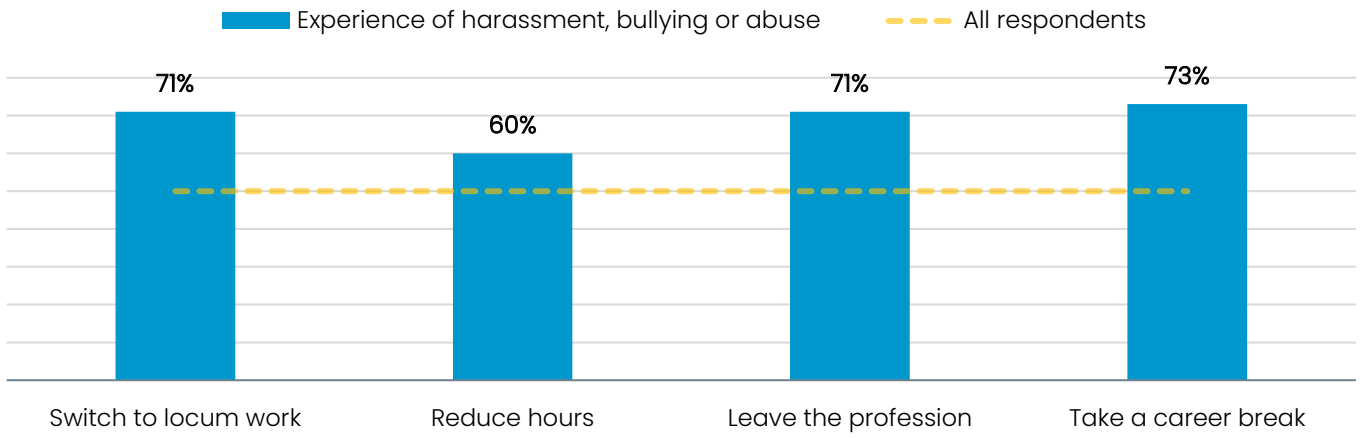
Figure 51 – Experience of harassment, bullying, or abuse at work by ethnicity
Base: White British/Irish (2,429); Ethnic minority groups (1,729)



Negative influence on future career plans

Respondents who reported that they planned to switch to locum work, reduce their hours, take a career break, or leave the profession were more likely to have had experience of harassment, bullying or abuse at work, suggesting that these experiences may be influencing their future career plans.

Figure 52 – Experience of harassment, bullying, or abuse at work by future career plans
Base: Switch to locum work (373); Reduce hours (1,061); Leave the profession (628); Take a career break (221)



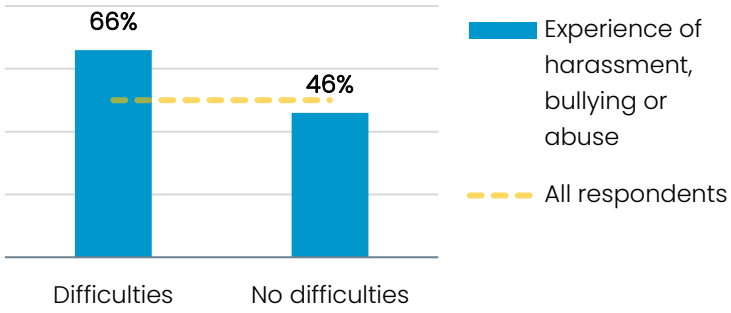
Influence on the ability to deliver sufficient care for patients

Respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced harassment, bullying or abuse at work.

This highlights a potential link between this negative experience and the ability to deliver safe patient care.

Figure 53 – Experience of harassment, bullying, or abuse at work by experience of difficulties providing sufficient patient care

Base: Difficulties (1,264); No difficulties (2,784)

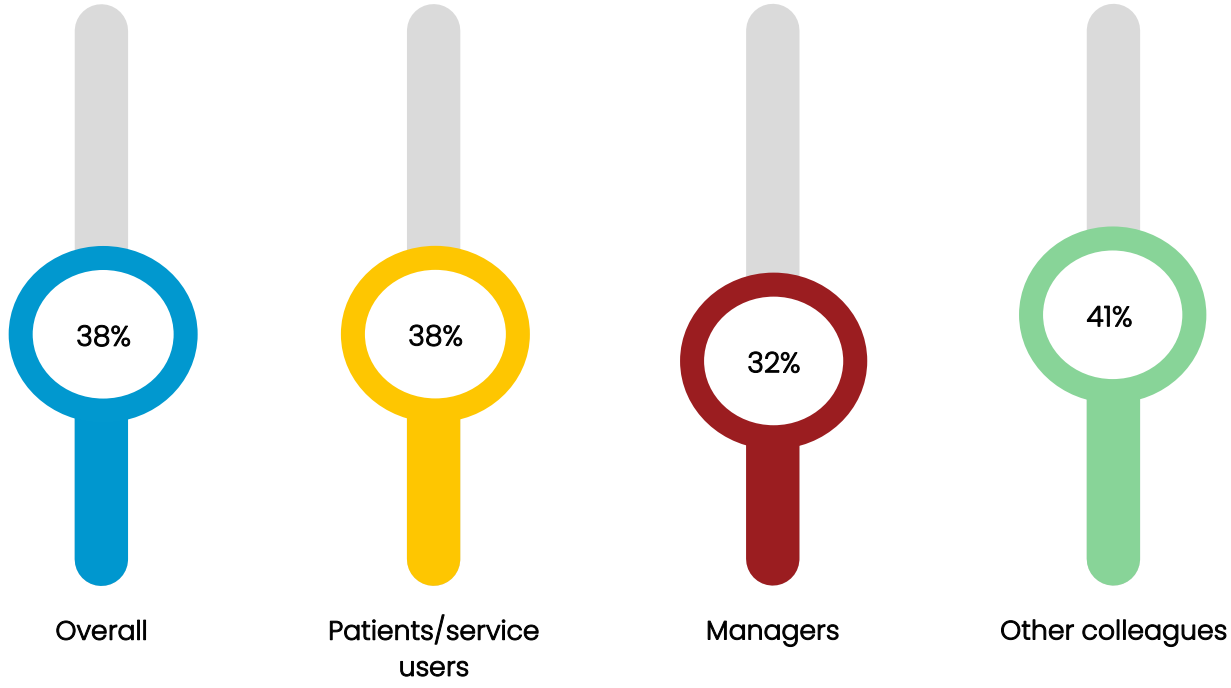


Increased reporting levels, but registrants are less likely to report harassment, bullying or abuse from managers

Almost two in five respondents (38%) who had experienced harassment, bullying or abuse in the last 12 months said they or a colleague had reported it. This represents a small increase from 2023, where a third (33%) had reported it.

Reporting was more likely in the case of harassment, bullying or abuse from patients/service users and other colleagues when compared with managers.

Figure 54 – Reporting harassment, bullying or abuse at work (they or a colleague reported)
Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months excluding 'don't know' and 'not applicable' responses (1,980)



GOC registrants are less likely to report harassment, bullying or abuse than the national NHS average

Although this year's results represent a small increase in the proportion of GOC registrants reporting bullying, harassment or abuse, this is significantly lower than the national average found in the 2023 NHS Staff Survey. It is interesting to note that GOC registrants are at the same time both more likely to experience harassment, bullying or abuse, but less likely to report it.

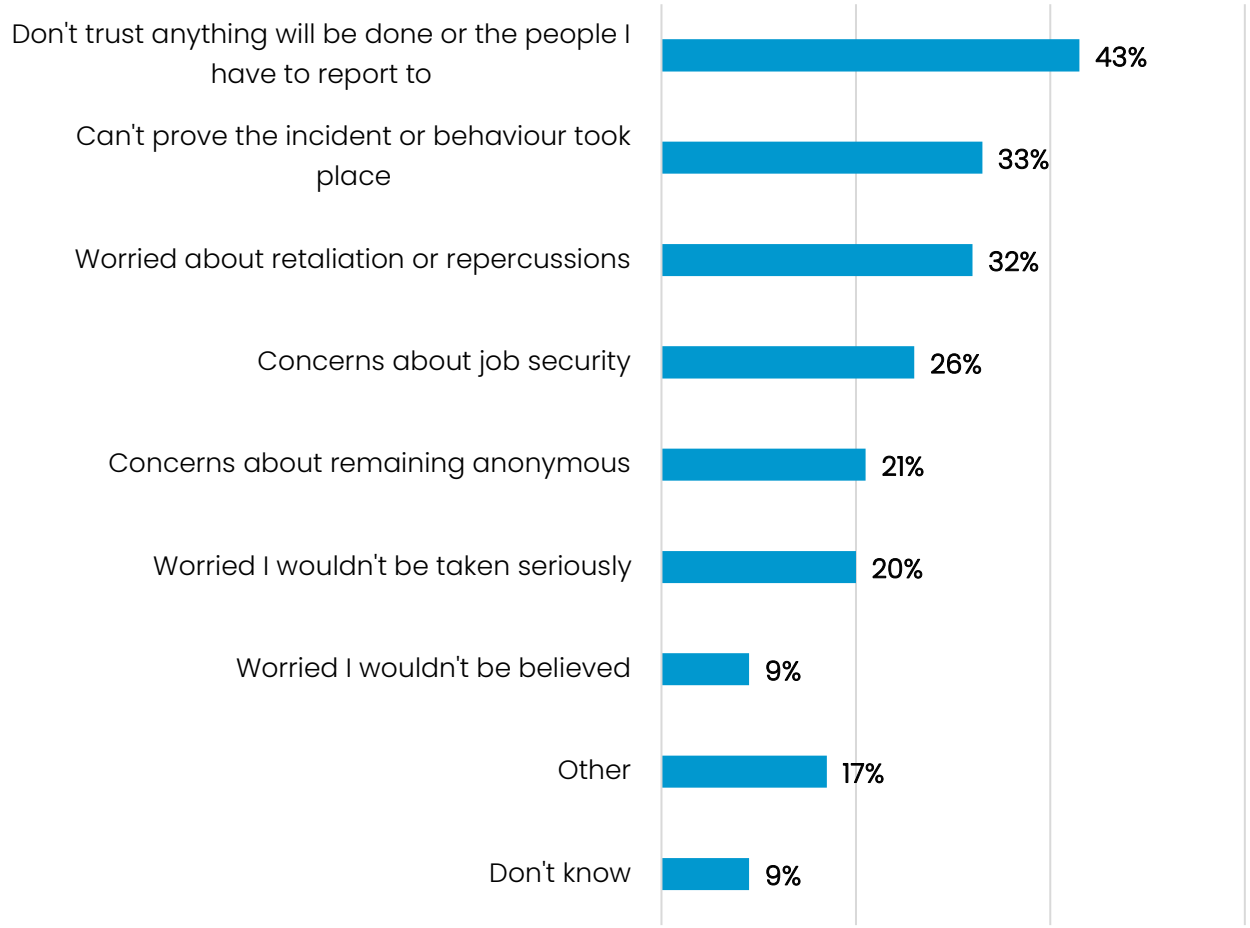
Figure 55 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2023
Base: GOC survey respondents (1,746), NHS Staff Survey 2023 (c.222k)

Harassment, bullying or abuse reported	This survey	NHS Staff Survey 2023
Yes (they or a colleague reported)	38%	52%

Lack of faith in the reporting process

The most common reason provided for choosing not to report harassment, bullying or abuse at work was **not trusting that anything would be done or the people they have to report to** (43%). A third said they couldn't prove the incident or behaviour took place (33%) or were worried about retaliation or repercussions (32%).

Figure 56 – Reasons for not reporting harassment, bullying or abuse at work
Base: Those who had not reported it (1,231)



'Other' reasons suggested by respondents for not reporting harassment, bullying, or abuse at work related to the belief that it is part of the job, especially with the public or patients, and that reporting is ineffective as management often does not act. Some explained they prefer to handle it themselves or did not consider the incident severe enough to report.

Discrimination

In total, **three in ten respondents (31%) had personally experienced some form of discrimination at work (or study for those in education) in the last 12 months.**

Most discrimination experiences are from patients/service users

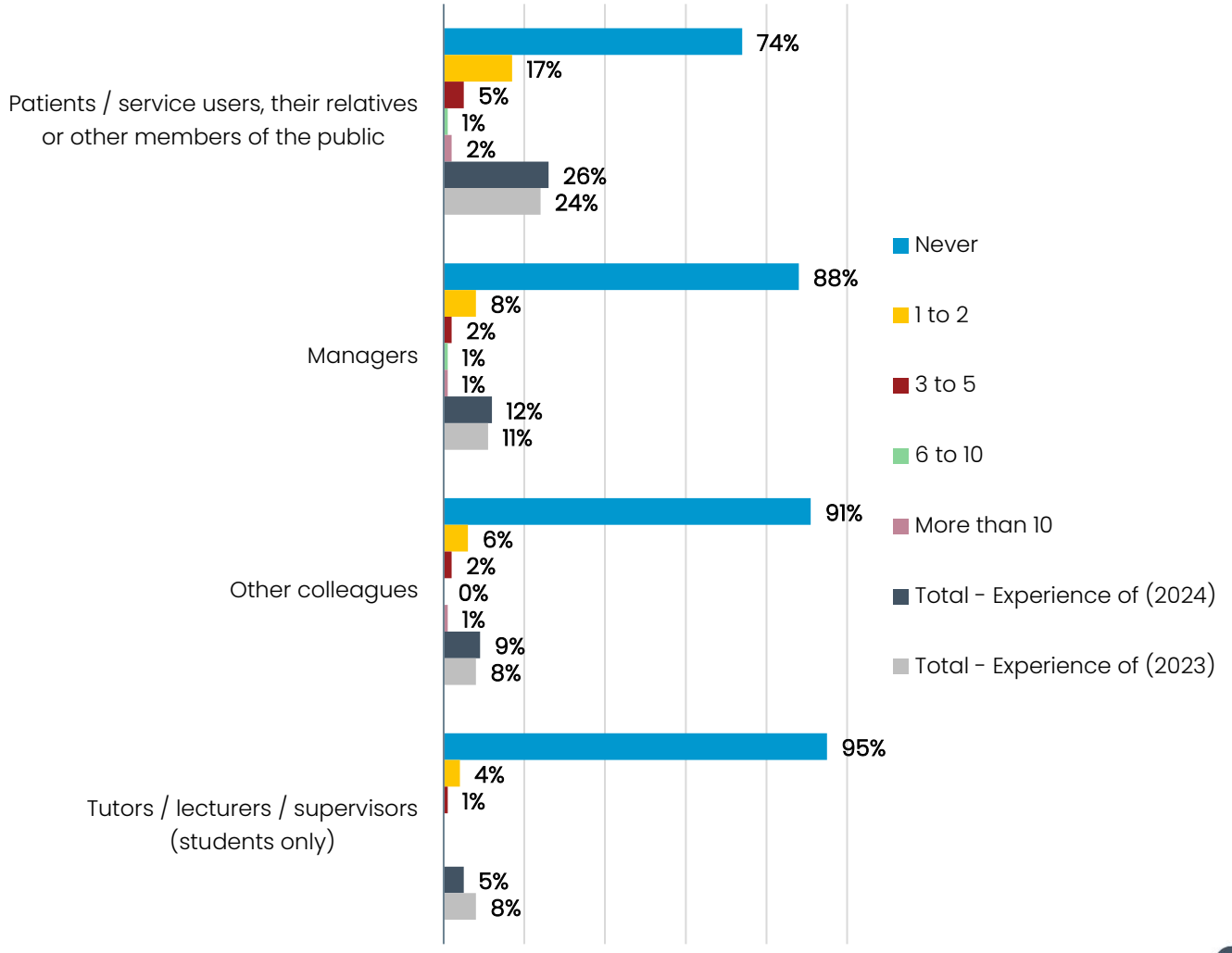
As found with harassment, bullying and abuse, **the primary source of discrimination towards registrants comes from patients and service users, their relatives or other members of the public**, although to a lesser degree. A quarter (26%) of respondents said they had at least one experience of this in the last 12 months.

Experiences of discrimination from managers, other colleagues, and tutors/lecturers/supervisors was less frequent.

As shown in the chart below, this year's results are consistent with those found in 2023 for each source of discrimination.

Figure 57 – In the last 12 months, how many times have you personally experienced any discrimination at work (or study) from…?

Base: All respondents excluding full-time students and retired 2024 (4,521); 2023 (3,557); students 2024 (509); 2023 (468)



GOC registrants are more likely to experience this behaviour from patients or the public when compared with the national NHS average

A similar question is asked in the annual NHS Staff Survey, highlighting that **experience of discrimination from patients/service users, their relatives, or other members of the public and from managers or other colleagues is much more common amongst GOC registrants**.

Figure 58 – Experience of discrimination in the last 12 months – Comparison with NHS Staff Survey 2023
Base: GOC survey respondents (4,521), NHS Staff Survey 2023 (c.668k)

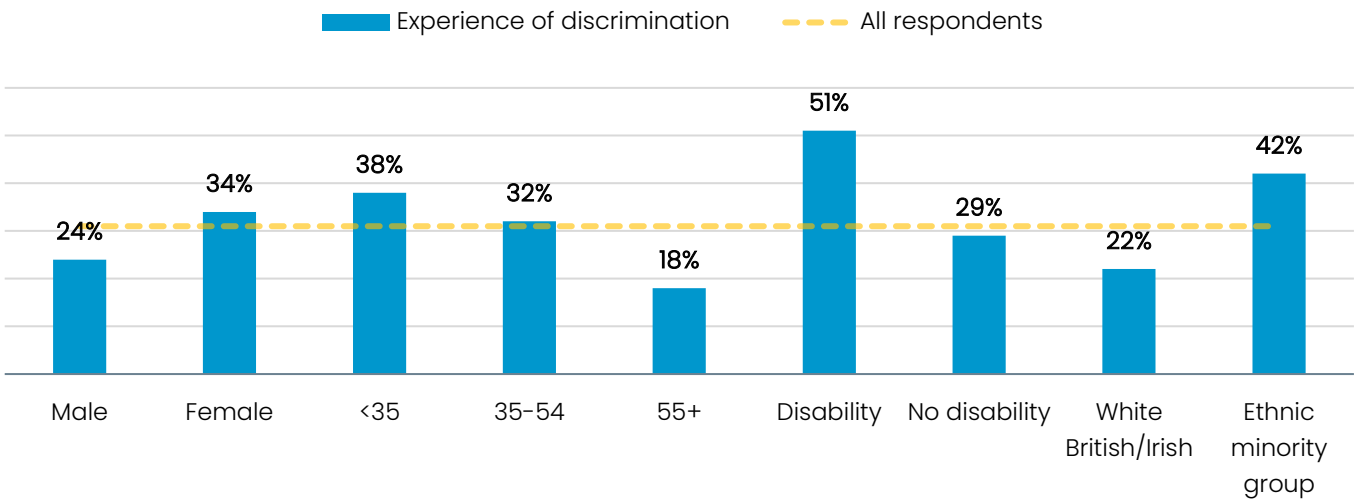
Source of discrimination	This survey	NHS Staff Survey 2023
Patients/service users/relatives, other members of the public	26%	8%
Managers **or** other colleagues	15%	9%

Multiple groups more likely to face discrimination

Female respondents, respondents from younger age groups, and those with a disability were all more likely to report experience of discrimination at work or study in the last 12 months.

Those from ethnic minority groups were also more likely to have experienced any discrimination, particularly those of Asian/Asian British ethnicity (44%).

Figure 59 – Experience of discrimination at work by gender, age group, disability, and ethnicity
Base: Male (1,439); Female (2,832); <35 (1,521); 35-54 (1,914); 55+ (917); Disability (284); No disability (3,947); White British/Irish (2,425); Ethnic minority group (1,729)



Experience of discrimination is more commonplace in England

Respondents in England were more likely to report experiences of discrimination at work or study when compared with those in other UK nations, particularly Wales and Northern Ireland.

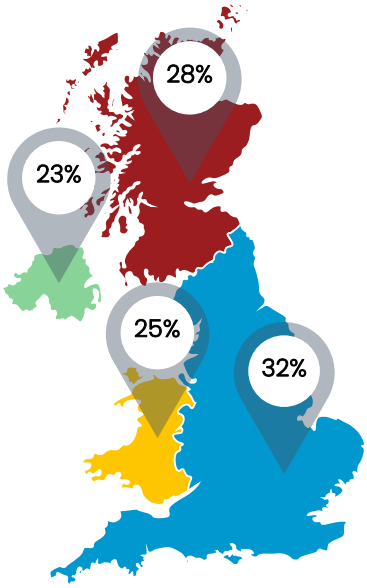


Figure 60 – Experience of discrimination at work by UK nation

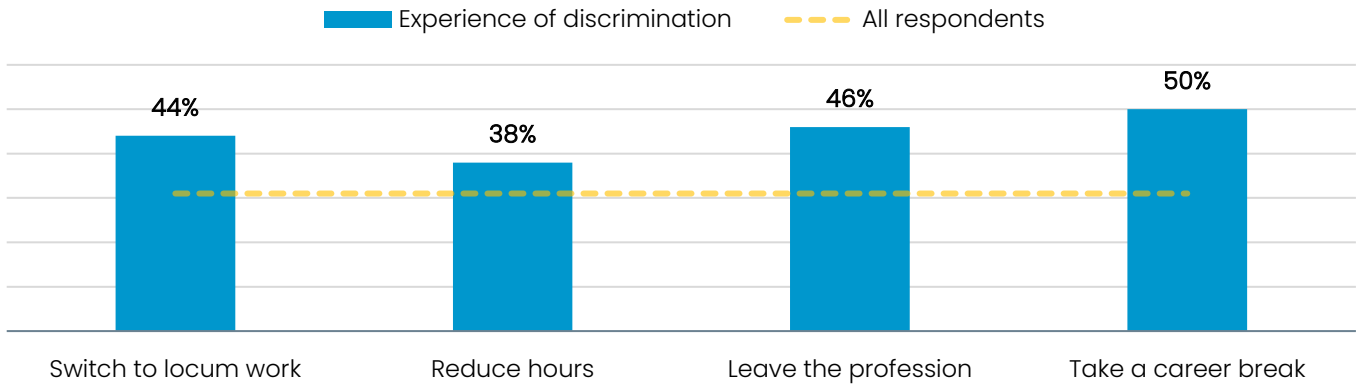
Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

Influence on future career plans

As with experience of harassment, bullying or abuse at work, respondents who indicated that they planned to switch to locum work, reduce their hours, take a career break, or leave the profession were also more likely to have experienced discrimination at work. Again, this may suggest that these negative experiences are influencing their future career plans.

Figure 61 – Experience of discrimination at work by future career plans

Base: Switch to locum work (373); Reduce hours (1,061); Leave the profession (628); Take a career break (221)

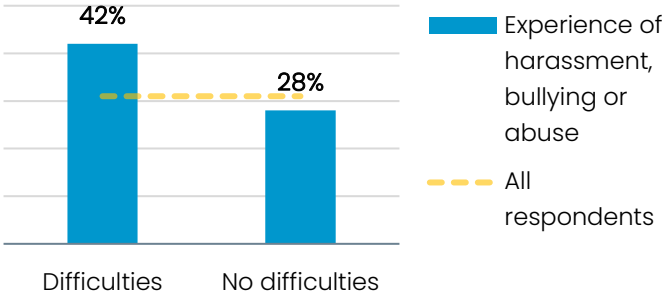


Influence on the ability to deliver sufficient care for patients

Also mirroring experiences of harassment, bullying or abuse, respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced discrimination at work. This again may indicate correlation between the negative experience of discrimination and the ability to deliver safe patient care.

Figure 62 – Experience of discrimination at work by experience of difficulties providing sufficient patient care

Base: Difficulties (1,264); No difficulties (2,784)

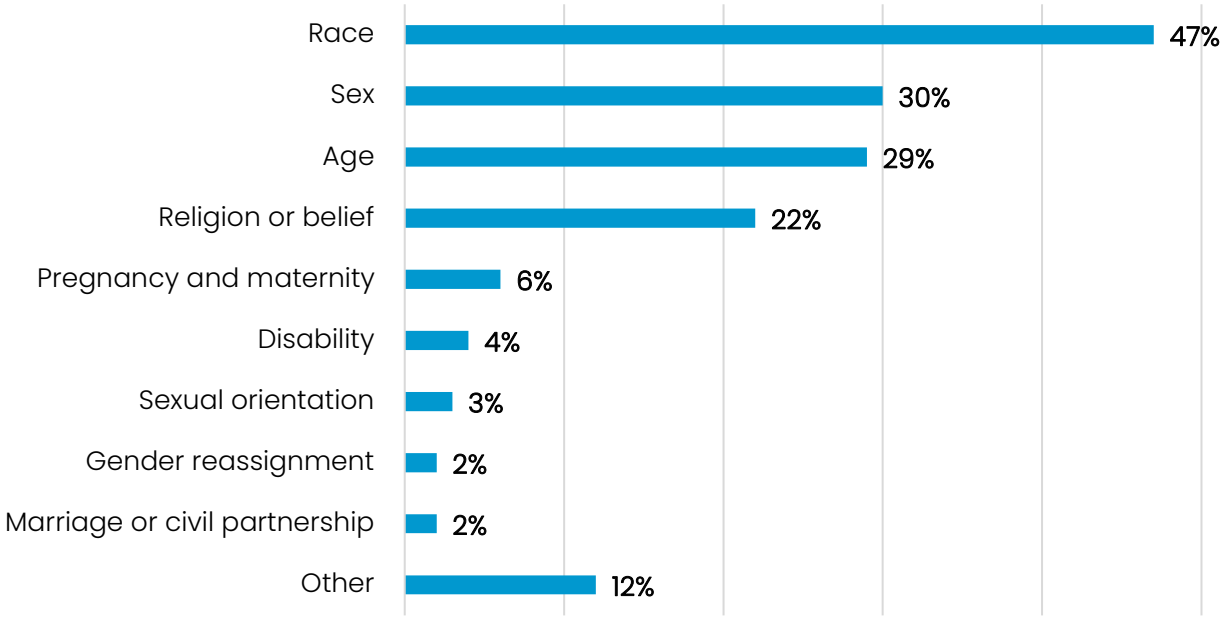


Racial, sexual, and age-related discrimination are most frequently reported

Almost half (47%) of those who had experienced discrimination specified that this was related to race. Other common forms of discrimination reported included sex (30%), age (29%), and religion or belief (22%).

Figure 63 – Types of discrimination experienced

Base: Those who had experienced discrimination in the last 12 months (1,409)

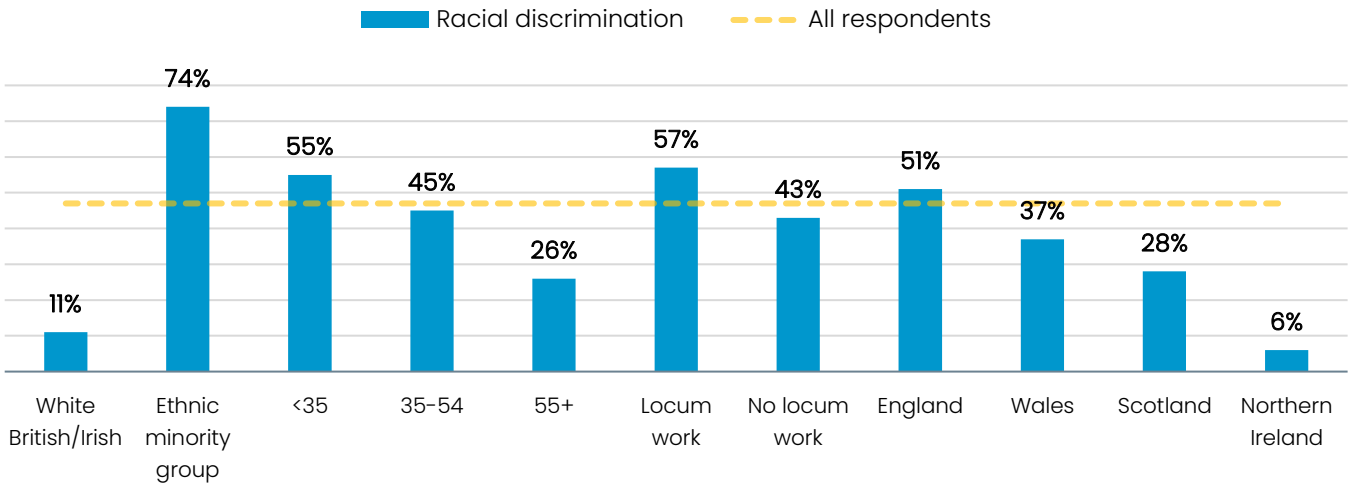


Groups more likely to have experience of racial discrimination

As could be expected, experiences of racial discrimination were far more common amongst those from ethnic minority groups, especially those of Black/Black British ethnicity (93%). However, racial discrimination was also more likely to be experienced by female respondents, those aged under 35, locums, and those based in England.

Figure 64 – Experience of race discrimination by ethnicity, age group, locum work and location

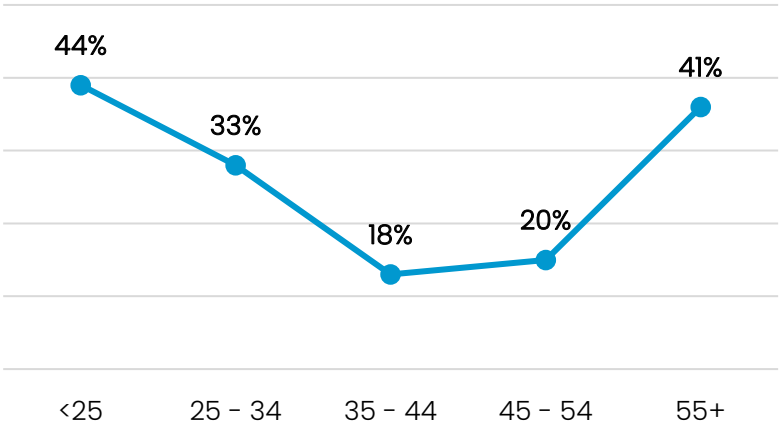
Base: White British/Irish (538); Ethnic minority group (730); <35 (571); 35-54 (609); 55+ (165); Locum work (324); No locum work (983); England (1,061); Wales (54); Scotland (118); Northern Ireland (34)



Age discrimination affects both younger and older registrants

Figure 65 – Experience of age discrimination in the last 12 months by age group

Base: <25 (169); 25-34 (402); 35-44 (377); 45-54 (233); 55+ (165)



Age discrimination was reported less frequently by those aged 35 to 54, highlighting that this is an issue that is faced by both younger registrants aged under 35 and older registrants aged 55+.

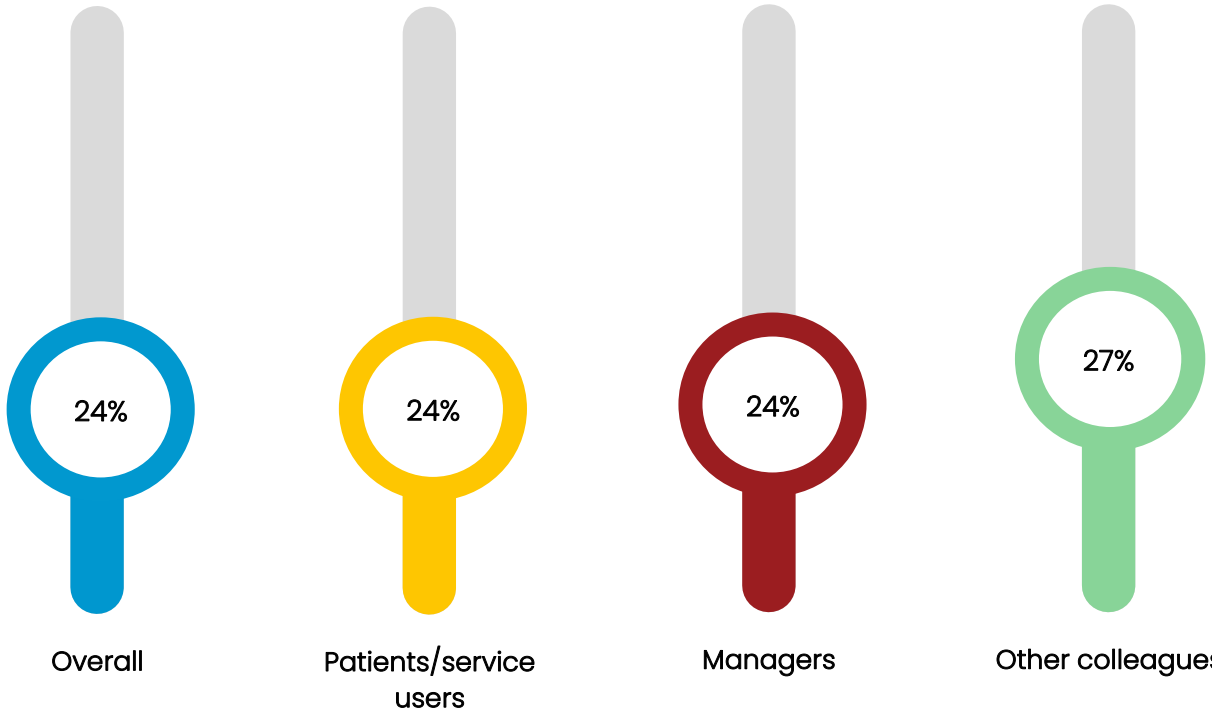
Consistent levels of reporting of discrimination across all sources

A quarter of respondents (24%) who had experienced discrimination at work in the last 12 months said they or a colleague had reported it.

Reporting was only slightly more likely in the case of discrimination from other colleagues, but otherwise was consistent across different sources of discrimination.

Figure 66 – Reporting discrimination at work

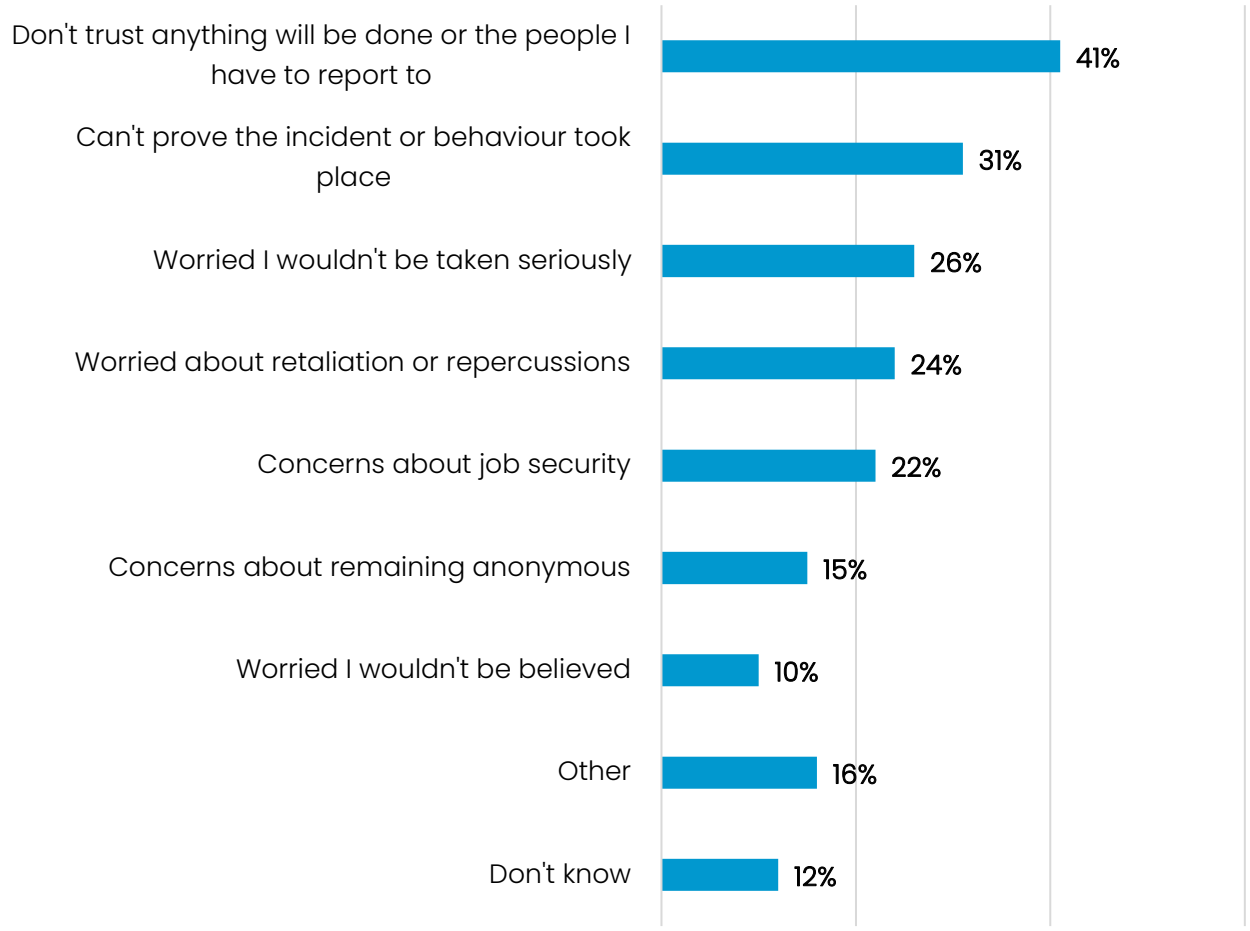
Base: Those who had experience of discrimination at work in the last 12 months excluding 'don't know' and 'not applicable' responses (1,277)



Lack of faith in the reporting process

As with harassment, bullying or abuse, the most common reason provided for choosing not to report discrimination at work was **not trusting that anything would be done or the people they have to report to** (41%).

Figure 67 – Reasons for not reporting discrimination at work
Base: Those who had not reported it (974)



'Other' reasons suggested by respondents for not reporting discrimination related to the belief that it is not worth the hassle or would not change anything, feeling accustomed or indifferent to such behaviour, and perceiving it as part of the job, societal norms, or comments based on ignorance rather than malice. Respondents mentioned that discrimination was sometimes expected when dealing with members of the public or patients, particularly when dealing with older people who may be more likely to hold discriminatory attitudes. Additionally, some noted that there was no clear reporting mechanism and a lack of support from management.

Plans for the future

Consistency of immediate future career plans over the last three years

The most popular immediate future career plan is to gain additional qualifications/skills (41%).

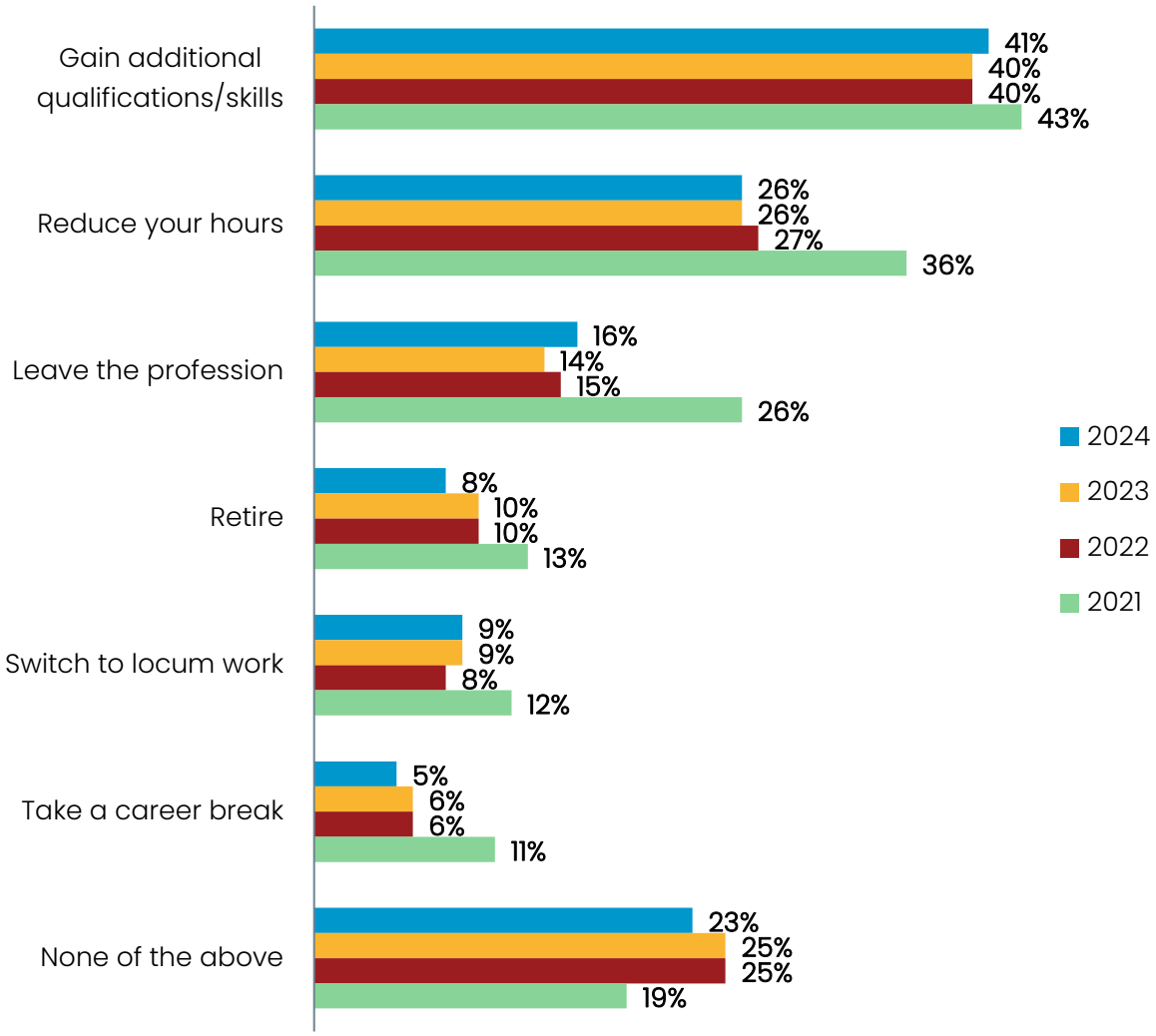
Although smaller, significant proportions of respondents indicated that they planned to reduce their hours (26%), leave the profession (16%), retire (8%), or take a career break (5%), all of which would have an impact on the optical workforce.

However, almost a quarter (23%) selected none of these options, suggesting no immediate intentions to change their career in the optical sector.

This year's survey results represent consistency with the last three years, after significantly greater proportions of registrants indicated that they planned to reduce their hours or leave the profession in 2021.

Figure 68 – Are you considering making any of the following changes to your career over the next 12-24 months?

Base: Those currently working 2024 (4,049); 2023 (3,486); 2022 (3,647); 2021 (4,479)



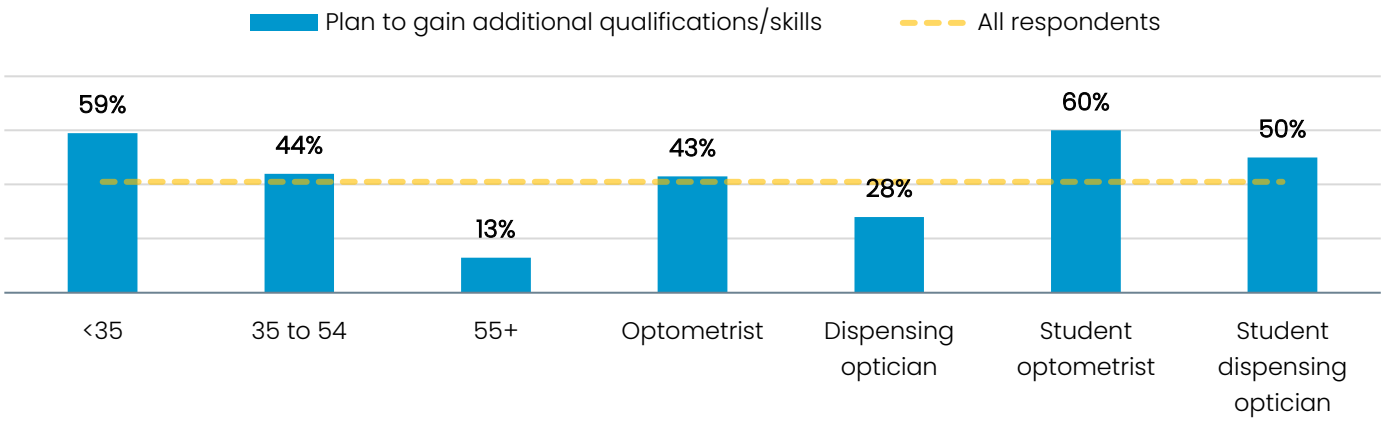
Gaining additional skills

More enthusiasm for gaining additional skills/qualifications amongst those newer to the profession

As could be expected, younger respondents and those with fewer years of GOC registration were more likely to plan to gain additional qualifications or skills in the next 12 months. This finding is also reflected in the larger proportions of student optometrists and student dispensing opticians who have this in their short-term future career plans. In contrast, older respondents and dispensing opticians were less likely to have this future career plan.

Figure 69 – Plan to gain additional qualifications/skills by age and registration type

Base: Aged <35 (1,170); 35-54 (1,817); 55+ (900); Optometrist (2,594); Dispensing optician (993); Student optometrist (341); Student dispensing optician (174)

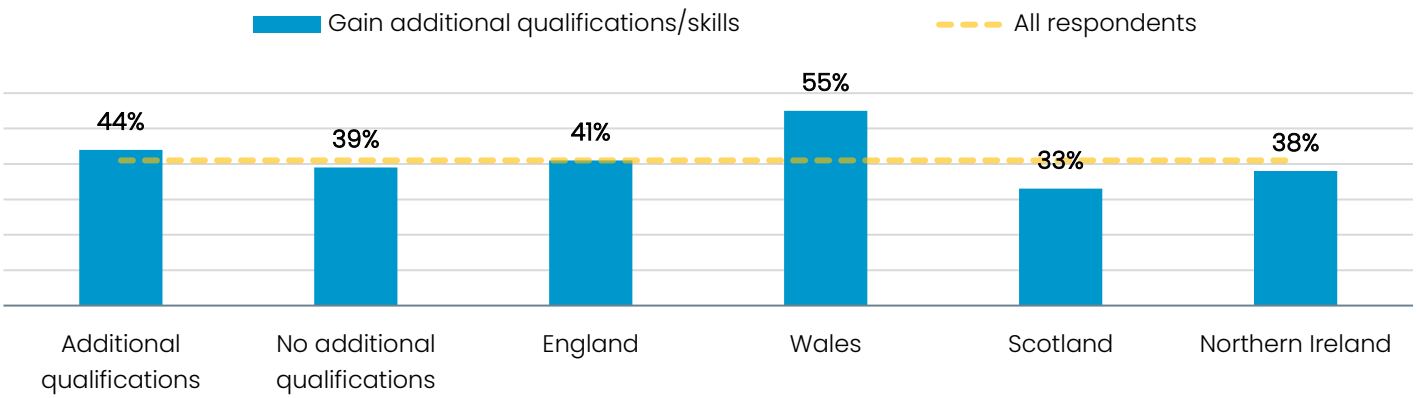


More interest in developing skills from those who already have additional qualifications, particularly in Wales

Respondents who indicated that they already had additional qualifications were more likely to plan to gain more. Furthermore, respondents based in Wales were more likely to plan to gain additional qualifications or skills when compared with the rest of the UK, where a greater proportion of respondents in Wales already have additional qualifications.

Figure 70 – Plan to gain additional qualifications/skills by additional qualifications and UK nation

Base: Additional qualifications (1,356); No additional qualifications (2,693); England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

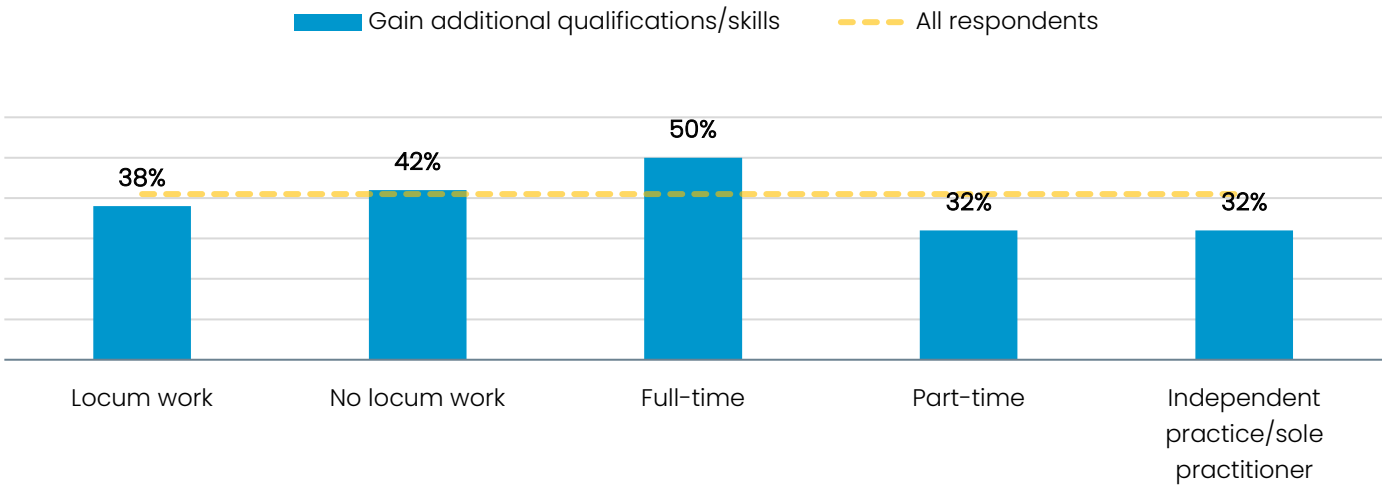


Interest in developing is lower amongst locums, part-time workers, and in independent practice

Interest in gaining additional qualifications or skills was lower amongst certain subgroups, including those who worked as locums, those who worked part-time, and those who worked for an independent practice/as a sole practitioner. This may highlight an issue with professional development in these areas.

Figure 71 – Plan to gain additional qualifications/skills by locum working, working status, and workplace setting

Base: Locum work (891); No locum work (3,158); Full-time (1,995); Part-time (2,054); Independent practice/sole practitioner (1,596)



Popular areas of interest for development

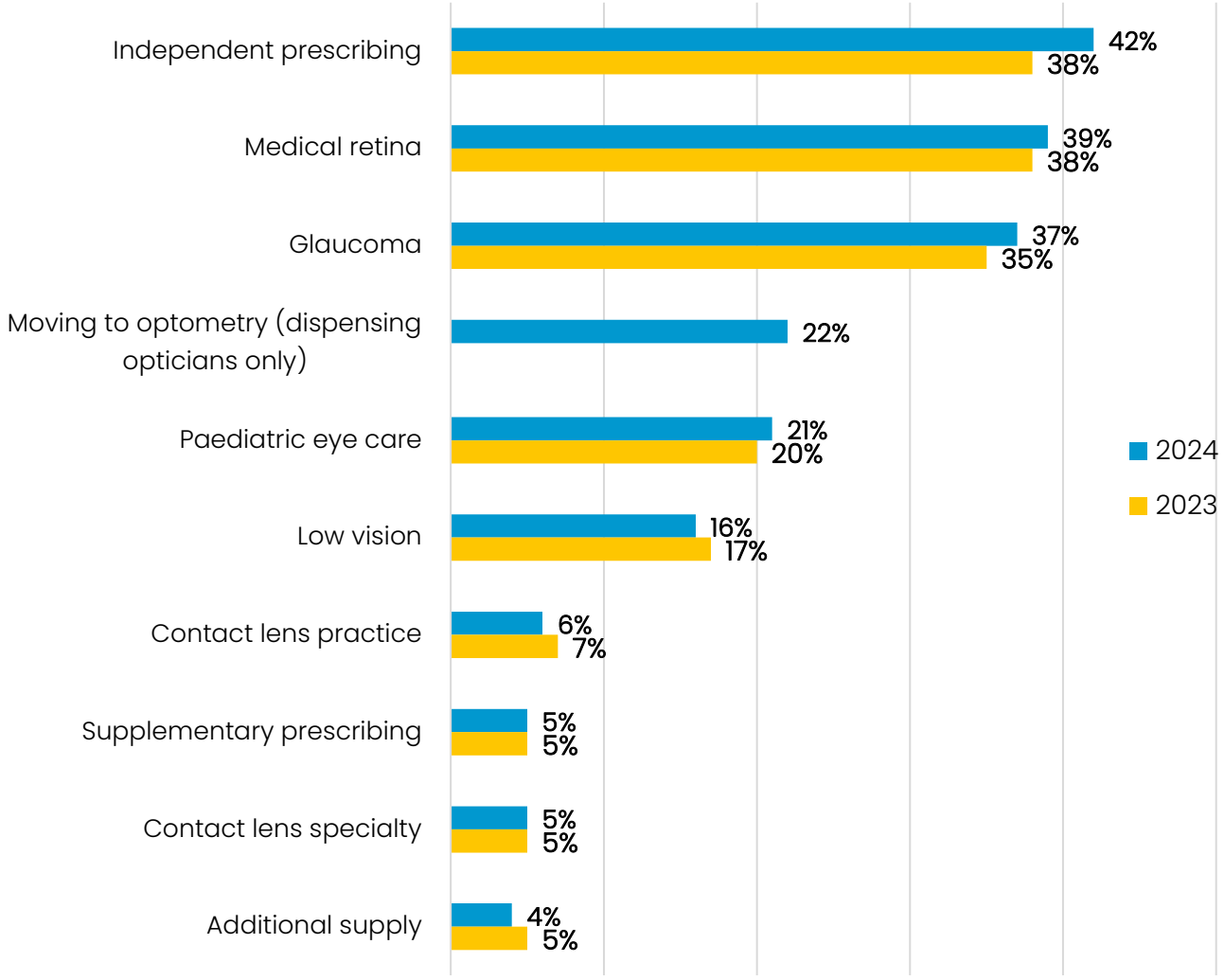
The two most popular areas for gaining additional qualifications/skills were **independent prescribing, medical retina and glaucoma**, followed by paediatric eye care and low vision.

In comparison with last year's results, there has been a small increase in the level of interest in independent prescribing (+4% pts), but similar levels of interest for all other topics.

A new option for 2024, 22% of dispensing opticians expressed an interest in moving to optometry.

Figure 72 – Areas of interest in gaining additional qualifications/skills

Base: Those who plan to gain additional qualifications/skills in the next 12-24 months 2024 (1,653); 2023 (1,377)

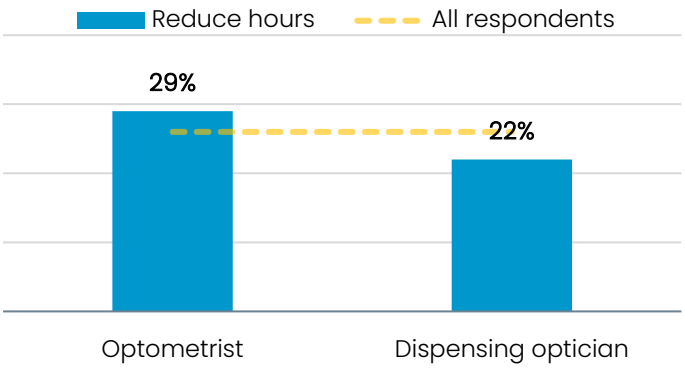


Plans to reduce hours

Optometrists and those working full-time are more likely to plan to reduce their hours

Figure 73 – Plans to reduce hours by registration type

Base: Optometrists (2,594); Dispensing opticians (993)



A greater proportion of optometrists planned to reduce their hours in the next 12-24 months when compared with dispensing opticians, particularly those who already worked full-time.

Analysis by UK nation and workplace setting found no differences in relation to plans to reduce hours.

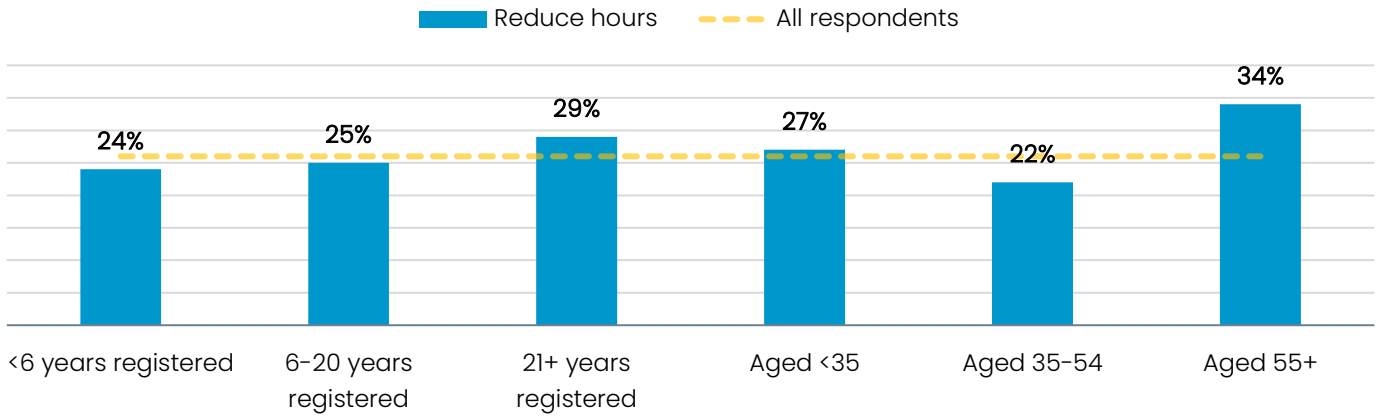
Although older registrants were most likely to plan to reduce their hours, there is still interest amongst younger registrants

A larger proportion of registrants with a greater number of years of GOC registration indicated that they planned to reduce their hours, but this does not directly correlate as could be expected with age group.

Although older respondents aged 55+ were more likely to plan to reduce their hours, a large proportion of younger respondents aged under 35 also provided this response, highlighting that it may not just be older registrants towards the later stages of their careers who plan to reduce their hours.

Figure 74 – Plans to reduce hours by length of registration and age group

Base: <6 years registered (970); 6-20 years registered (1,443); 21+ years registered (1,612); Aged <35 (1,170); Aged 35-54 (1,817); Aged 55+ (900)

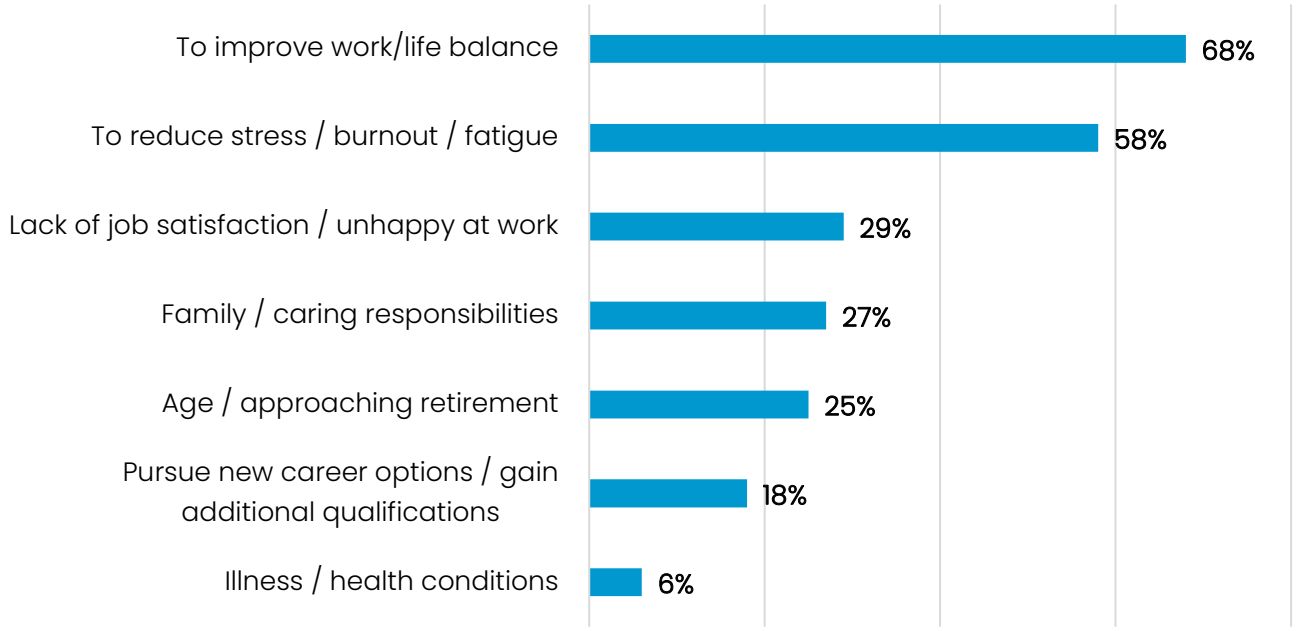


Reducing hours to improve work/life balance and reduce stress

Reasons expressed for planning to reduce hours mirror those provided in 2023, with the two main reasons relating to improving work/life balance and reducing stress, burnout and fatigue.

Figure 75 – Reasons for planning to reduce hours

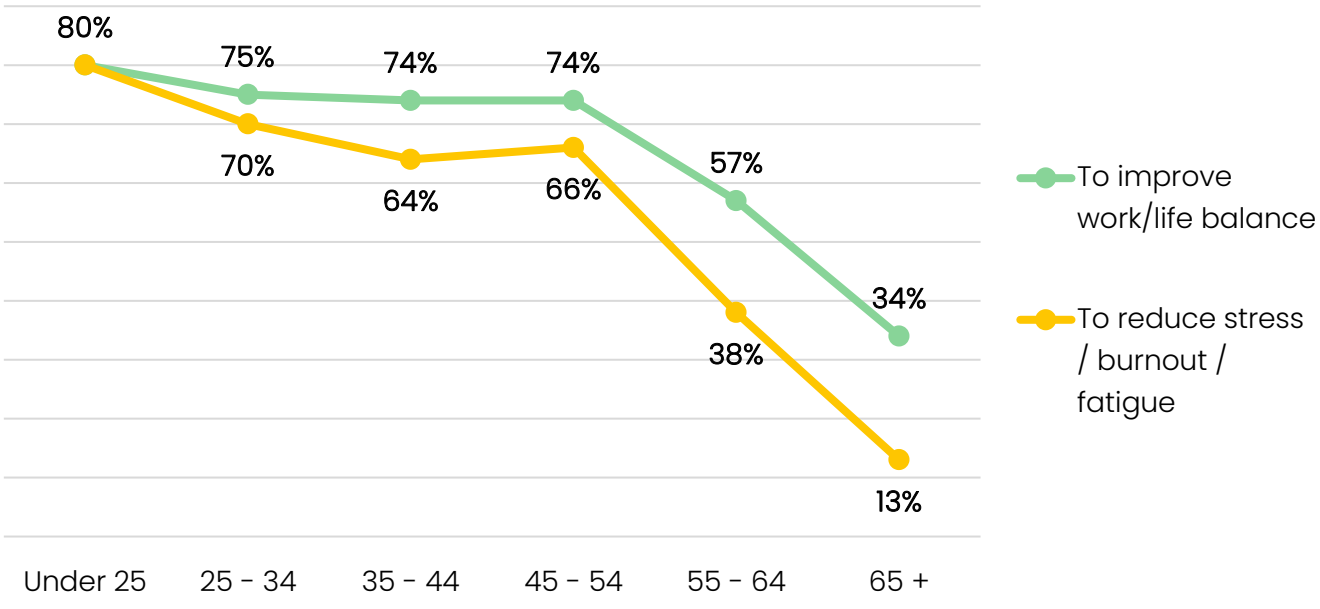
Base: Those who plan to reduce their hours in the next 12-24 months (1,061)



Younger respondents were more likely to answer that they planned to reduce their hours to improve their work/life balance and reduce stress, burnout and fatigue when compared with older respondents.

Figure 76 – Reasons for planning to reduce hours by age group

Base: Under 25 (72); 25-34 (248); 35-44 (211); 45-54 (181); 55-64 (246); 65+ (59)



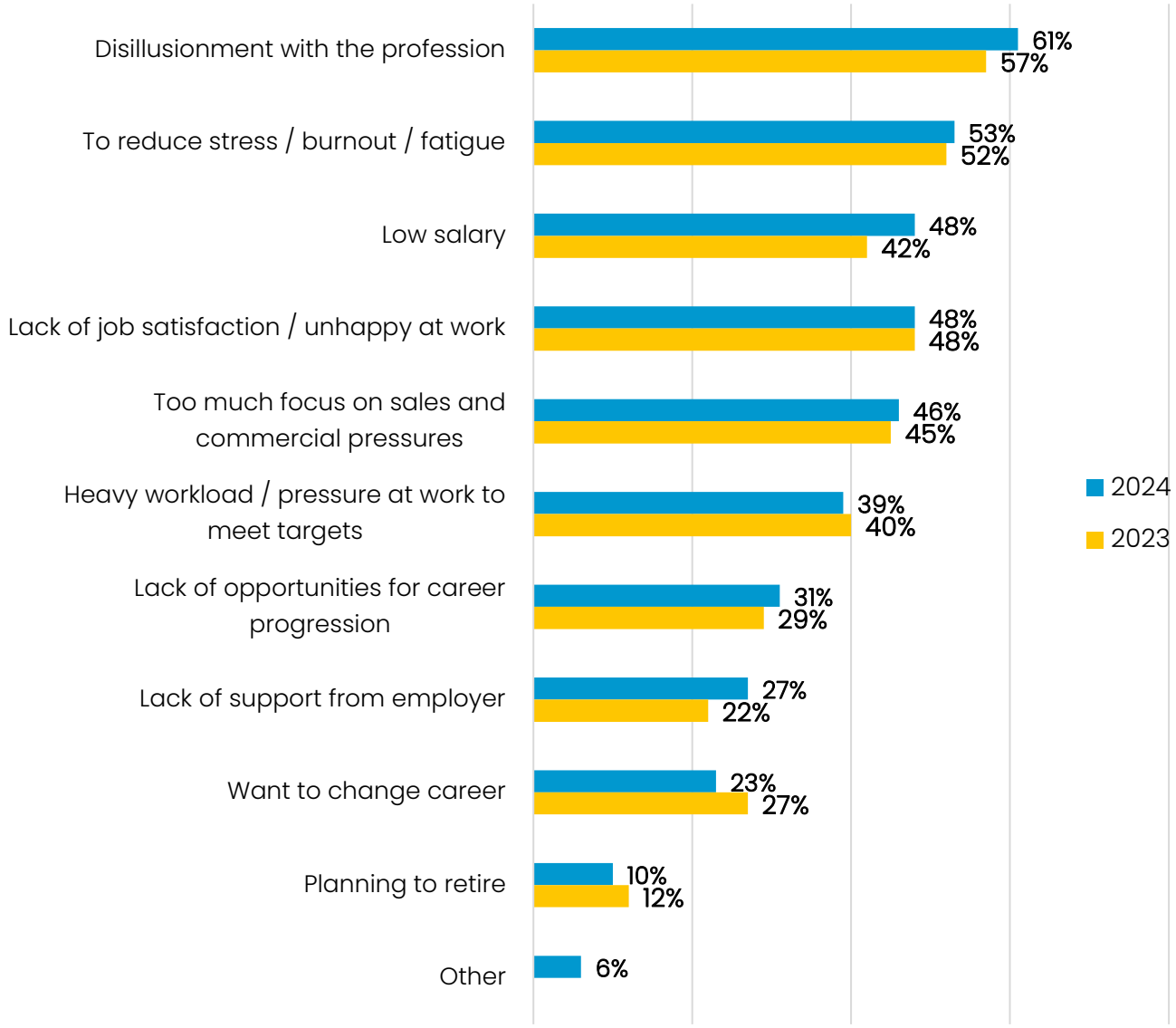
Plans to leave the profession

Multiple factors are leading registrants to consider leaving the profession

A number of reasons for considering leaving the profession in the next 12-24 months were provided, suggesting that **there is not one clear issue driving this potential career change**. Key reasons suggested included disillusionment with the profession, reducing stress, burnout and fatigue, low salaries, lack of job satisfaction, and too much focus on sales and commercial pressures.

Figure 77 – Reasons for planning to leave the profession

Base: Those who plan to reduce leave the profession in the next 12-24 months 2024 (628); 2023 (500)



The reasons of disillusionment with the profession, low salary, and lack of employer support have all increased since last year's survey in 2023.

Dispensing opticians are considering leaving the profession due to low salary

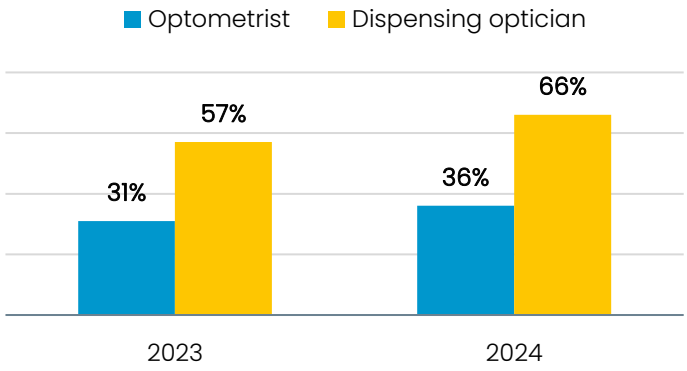
A much larger proportion of dispensing opticians (22%) said they planned to leave the profession in the next 12-24 months when compared with optometrists (15%).

Also in contrast between the two registrant groups, **dispensing opticians were more likely to provide the reason of low salary** when compared with optometrists.

The overall proportion of respondents who provided this reason has increased since 2023, and although it has increased for both registrant groups, it has increased more significantly for dispensing opticians.

Figure 78 – Planning to leave the profession due to low salary by registration type

Base: Those who plan to reduce leave the profession in the next 12-24 months 2023 Optometrists (305); Dispensing opticans (167); 2024 Optometrists (391); Dispensing opticians (220)

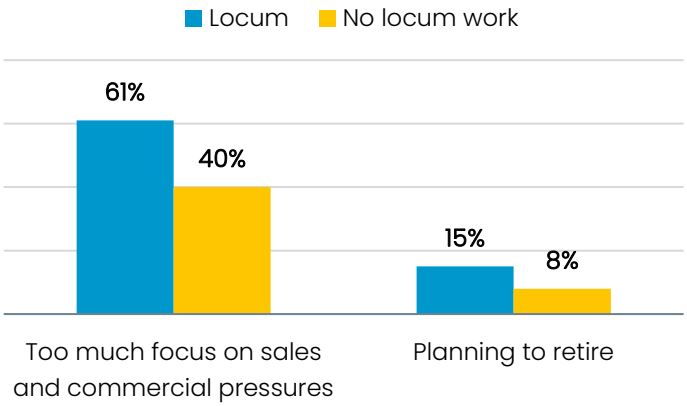


Other subgroups more likely to select low salary as a reason for considering leaving the profession included **those working for a multiple** (52%) and **younger registrants aged under 35** (59%).

Locums are more likely to plan to leave the profession due to commercial pressures, but some also plan to retire

Figure 79 – Planning to leave the profession due to too much focus on sales and commercial pressures or planning to retire by locum working

Base: Those who plan to leave the profession in the next 12-24 months Locums (191); No locum work (438)



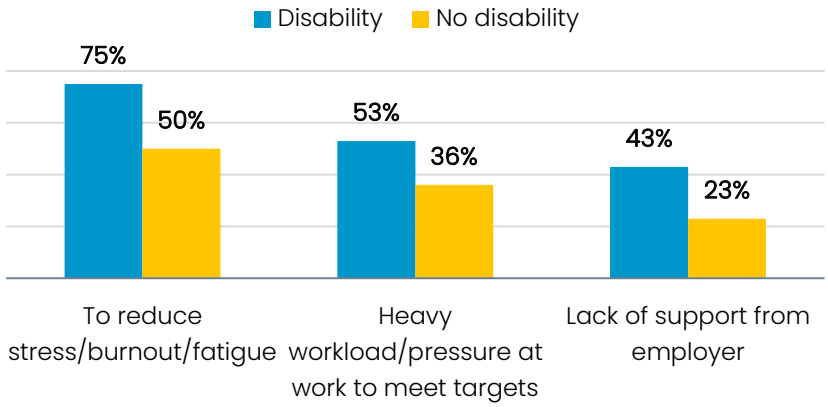
Those who worked as locums were more likely to plan to leave the profession in the next 12-24 months (21%) when compared with those who did no locum work (14%). One of the top reasons suggested for this by locums was **too much focus on sales and commercial pressures**, in contrast to those who did not work as locums.

However, locums were also more likely to indicate that they planned to leave the profession **due to retirement** when compared with those who did not work as locums, which may highlight a difference in reasons for taking on locum work between younger and older registrants.

Larger proportions of optometrists (51%) and those working for a multiple (60%) also stated that they planned to leave the profession due to commercial pressures.

Registrants with disabilities are more likely to plan to leave the profession

Figure 80 – Reasons for planning to leave the profession by disability status
Base: Those who plan to leave the profession in the next 12-24 months
Disability (62); No disability (493)



Respondents who said they had a disability were more likely to plan to leave the profession in the next 12-24 months (24%) when compared with those who did not have a disability (14%).

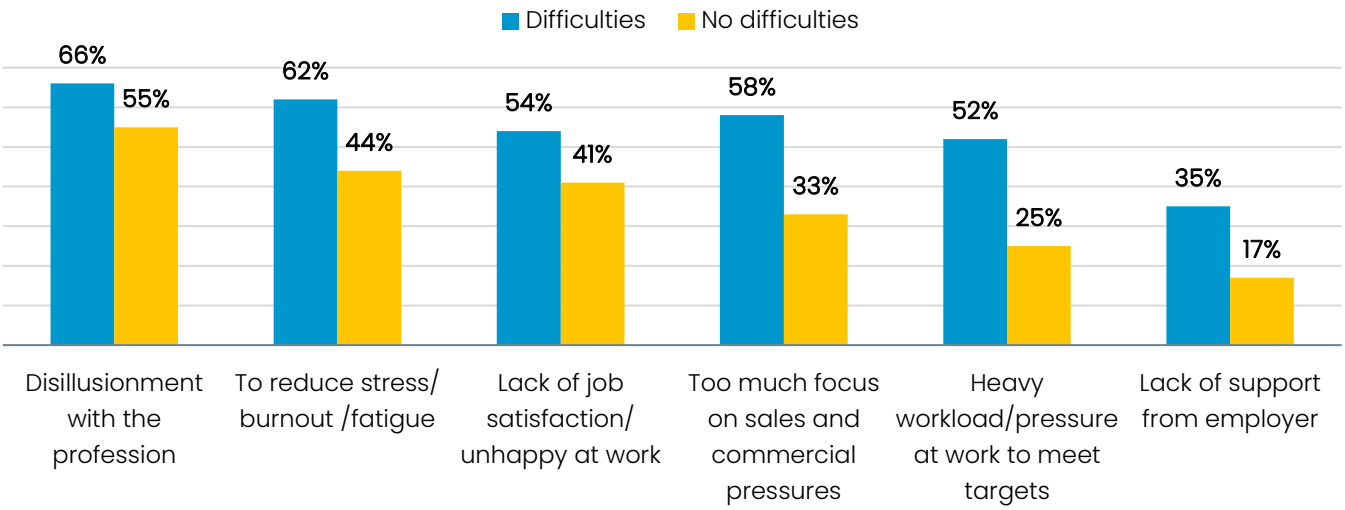
These respondents were more likely to explain that this was planned to **reduce stress, burnout and fatigue, due to heavy workloads and pressure to meet targets, and due to lack of employer support**.

Registrants who struggle to provide patients with sufficient care are more likely to plan to leave the profession, focusing on issues relating to workload and commercial pressure

Respondents who indicated that they found it difficult to provide patients with the sufficient level of care they need were more likely to plan to leave the profession in the next 12-24 months (26%) when compared with those who did not (11%).

When explaining why, larger proportions of these respondents selected a range of reasons, particularly **heavy workloads, pressure to meet targets, and too much focus on sales and commercial pressures**.

Figure 81 – Reasons for planning to leave the profession by difficulties providing sufficient patient care
Base: Difficulties (327); No difficulties (301)



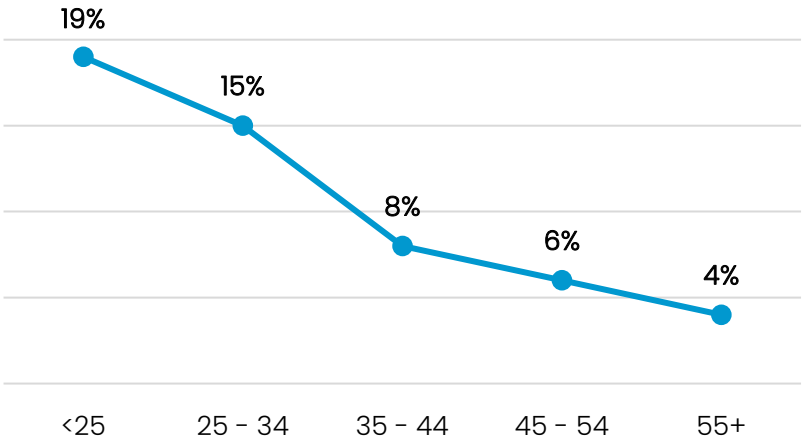
Plans to switch to locum work

Interest in locum work is higher amongst younger registrants

Interest in switching to locum work was significantly higher amongst younger respondents aged under 35.

Linked to this finding, student optometrists were also more likely to express their interest in locum working (14%).

Figure 82 – Planning to switch to locum work by age group
Base: <25 (299); 25-34 (872); 35-44 (955); 45-54 (822); 55+ (900)

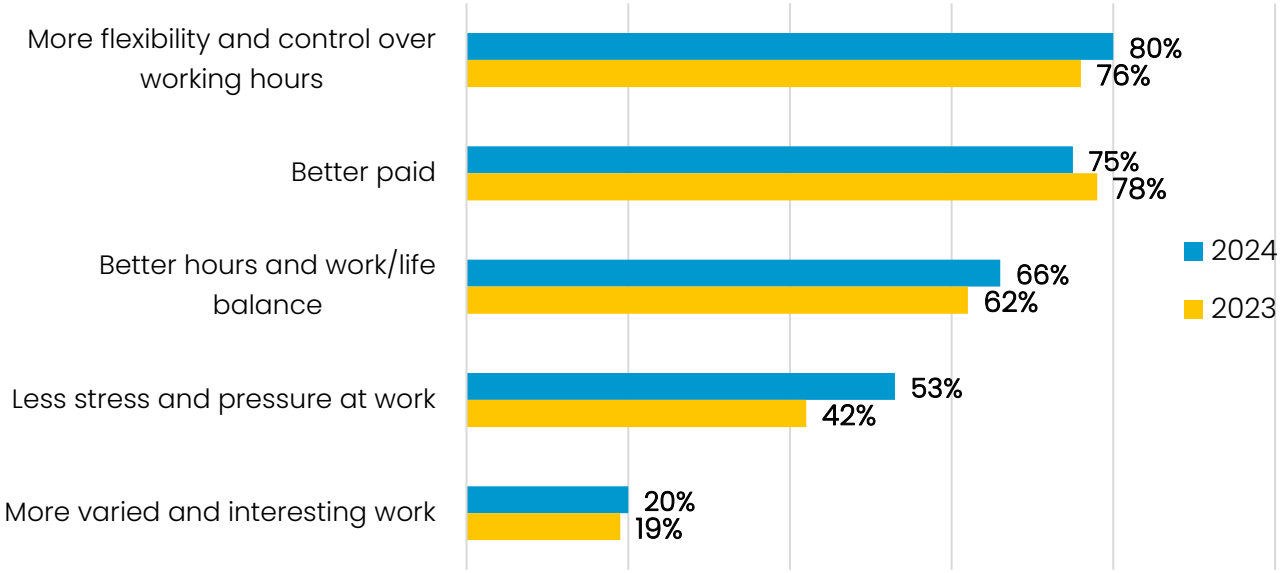


Registrants are considering locum work to achieve more control, flexibility and balance, as well as better pay

Of the 9% of respondents who planned to switch to locum work in the next 12-24 months, when asked why, large proportions focused on having **more flexibility and control over working hours** and **better hours and work/life balance**. Another common reason suggested was that locum work was **better paid**.

In contrast with the results to this question from 2023, a larger proportion of respondents provided the reason of **less stress and pressure at work**, highlighting that this is an increasingly important issue for some registrants.

Figure 83 – Reasons for planning to switch to locum work
Base: Those who plan to switch to locum work 2024 (373); 2023 (325)



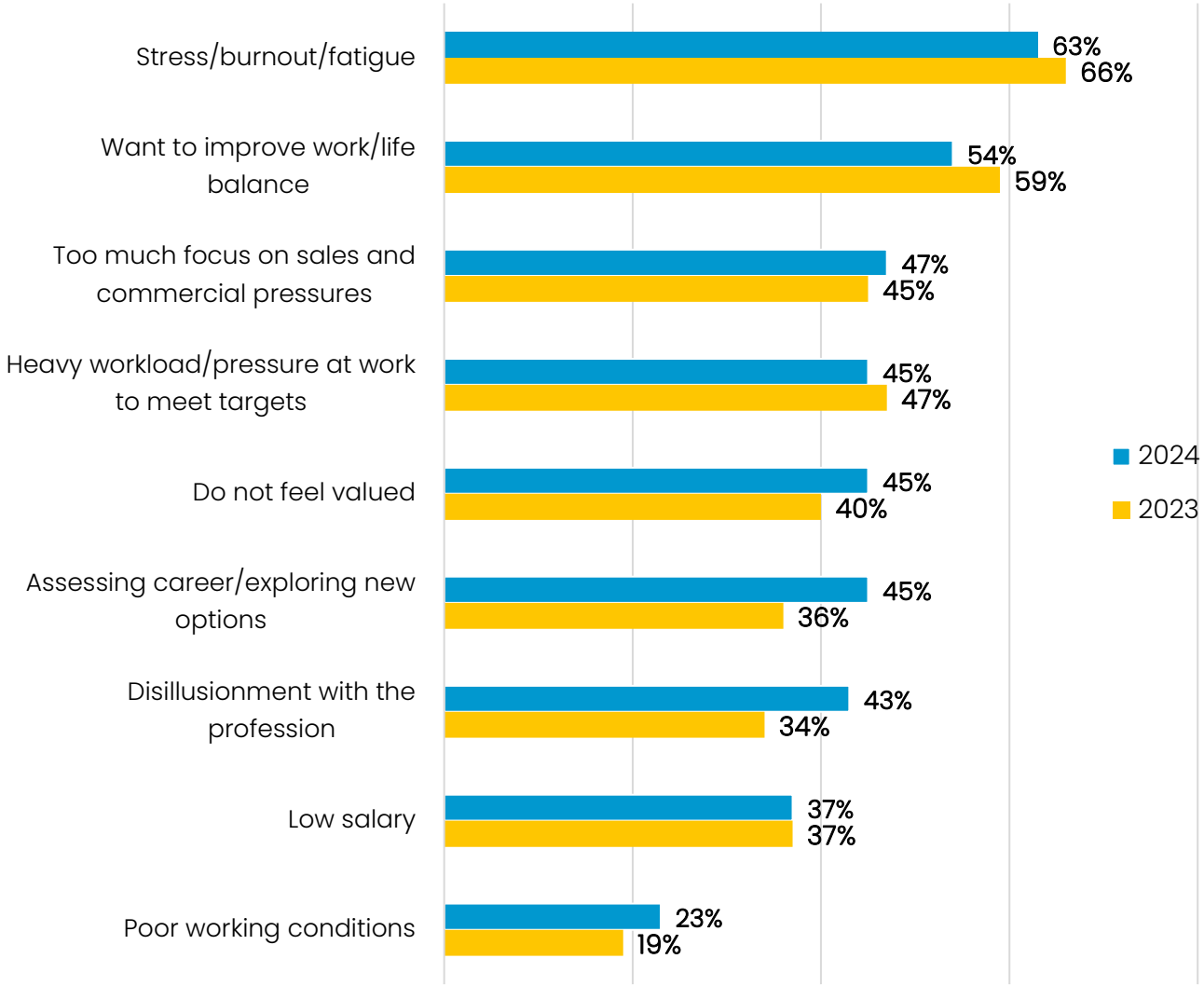
Plans to take a career break

Some changes in the reasons provided for planning a career break

The primary reasons suggested for planning to take a career break were **stress/burnout/fatigue** and **wanting to improve work/life balance**. Although selected by the largest proportions of respondents, both these reasons were chosen by smaller proportions in this year's survey results.

Instead, the proportions of respondents stating that they **do not feel valued, are assessing or exploring new career options, are disillusioned with the profession, or have poor working conditions** have increased since last year.

Figure 84 – Reasons for planning to take a career break
Base: Those who plan to take a career break 2024 (221); 2023 (196)



Career development

Opportunities to develop

Working respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about career development opportunities at their place of work.

Registrants feel enabled to develop their knowledge and skills, but less supported to develop their career and potential

Agreement was highest in relation to having opportunities to specifically **improve knowledge and skills** (73%), followed by **being able to access the right learning and development opportunities when needed** (61%).

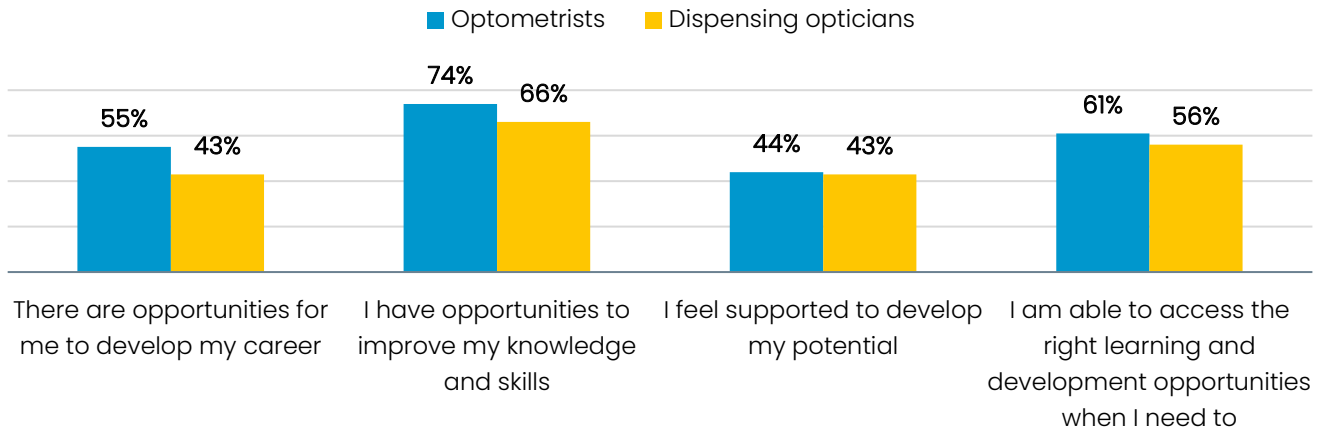
However, just over half (55%) agreed that there are opportunities to develop their career at their place of work, and less than half (46%) agreed that they feel supported to develop their potential. This suggests that development opportunities and support provided across workplaces may be **more focused on knowledge and skills rather than more general career development and progression**.

Figure 85 – Agreement with statements about development opportunities at work
Base: Working respondents (4,049)

Greater opportunities to develop for optometrists when compared with dispensing opticians

Optometrists were more likely to agree that they had opportunities to develop their career, improve their knowledge and skills, and access the right learning and development opportunities when compared with dispensing opticians. However, the level of agreement in relation to feeling supported to develop their potential was consistently lower for both registrant types.

Figure 86 – Agreement with statements about development opportunities at work by registration type
Base: Optometrists (2,594); Dispensing opticians (993)

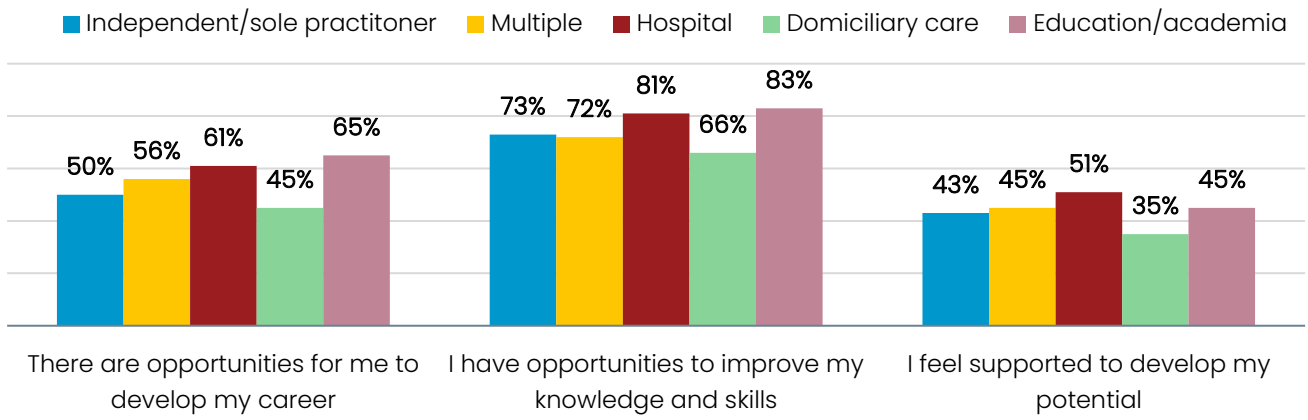


Greater opportunities to develop in hospital and education/academia

Those who worked in a hospital or in education/academia generally expressed more positive experiences of opportunities to develop, especially when compared with those who worked in independent practice and domiciliary care. For example, agreement that there are opportunities to develop their career was much higher for those working in a hospital or education/academia when compared with those working in independent practice or domiciliary care.

Agreement was consistent in relation to being able to access the right learning and development opportunities when needed across all workplace settings.

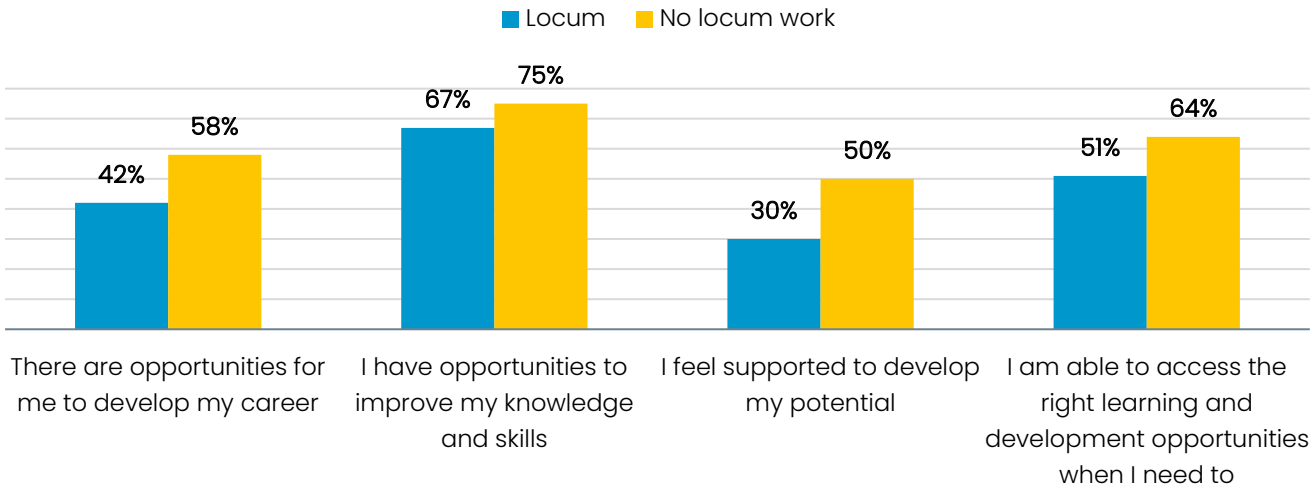
Figure 87 – Agreement with statements about development opportunities at work by workplace setting
Base: Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domiciliary care (80); Education/academia (226)



Locum workers have more negative experiences of career development opportunities

For each statement, **those who worked as locums were less likely to agree** when compared with those who did no locum work. Most significantly, locums were less likely to agree that there were opportunities for them to develop their career and that they feel supported to develop their potential.

Figure 88 – Agreement with statements about development opportunities at work by locum working
Base: Locums (891); No locum work (3,158)

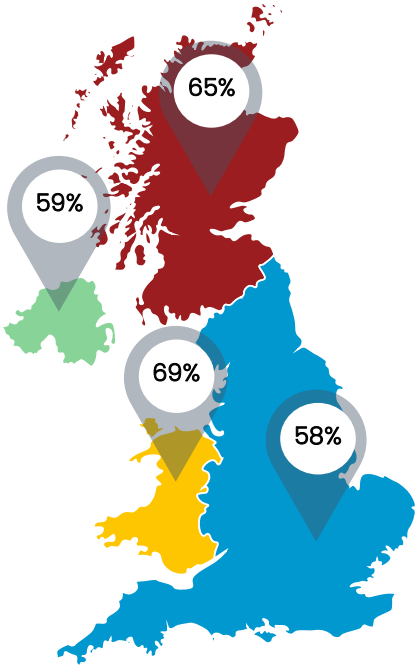


Better opportunities to develop in Wales and Scotland

Those who worked in Wales, and to a lesser extent in Scotland, were more likely to agree with all statements about development opportunities.

The map below shows the combined level of agreement across all four statements, highlighting that those who worked in England and Northern Ireland were less likely to agree in comparison.

Figure 89 – Agreement with statements about development opportunities at work by UK nation
Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

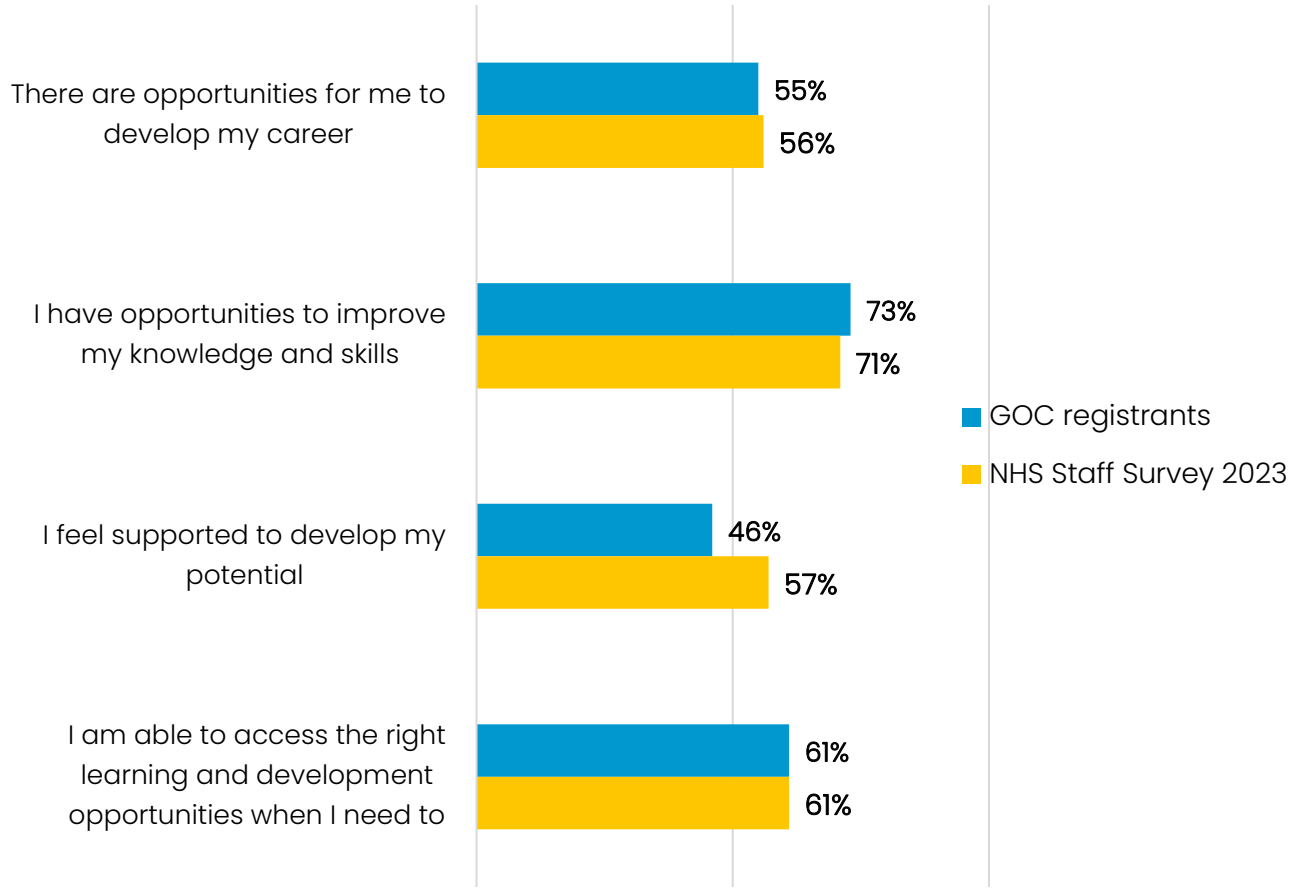


Attitudes are mostly consistent with NHS Staff Survey

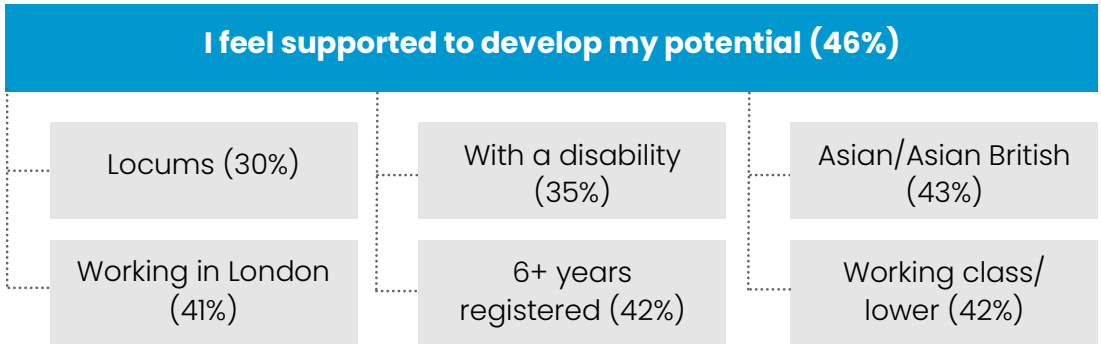
These questions were taken from the NHS Staff Survey, allowing for comparison. There are high levels of consistency for three of the four statements. However, this comparison highlights that GOC registrants are less likely to agree that they feel supported to develop their potential when compared with the NHS Staff Survey results.

Figure 90 – Agreement with statements about development opportunities at work compared with NHS Staff Survey

Base: Working respondents (4,049); NHS Staff Survey 2023 (c.700k)



The following groups were less likely to agree that they felt supported to develop their potential, and therefore may be more significantly contributing to the disparity with the NHS Staff Survey results.



Barriers to career progression

All working respondents were asked to specify what barriers, if any, were stopping their career progression. The analysis of free-text comments to show the frequency of mentions is presented in the table overleaf.

Time constraints/workload/being too busy

Time constraints are a significant barrier to career progression for many respondents due to the high demands of their current workloads, which leave little to no time for additional training, studying, or professional development. Many participants report working long hours, often with excessive overtime, and face challenges in finding time to step back from their immediate responsibilities or take time off for further education without impacting their primary job duties. The expectation to complete training in their personal time further exacerbates this issue, making it difficult to balance work and self-improvement.

> *I am overwhelmed with work and unable to make time for self-development.*
> **Dispensing optician**

> *Completing the contact lens course which is very demanding while maintaining a full time job.*
> **Dispensing optician**

> *I see an overbooked clinic everyday with conversion and KPI pressures. There is no potential for any progress. Every day is just a grind.*
> **Optometrist**

Cost/financial constraints/need to self-fund

Financial constraints are also a barrier to career progression for many respondents, primarily due to the high costs associated with courses, professional fees, and additional qualifications. Many individuals are required to self-fund their further education, which is often unaffordable without substantial financial sacrifices or taking on additional work, depending on where in the country they are based. Lack of access to funding or grants can make it difficult for professionals to invest in their career development.

> *Cost of courses, funding and professional fees almost £900 a year.*
> **Dispensing optician**

> *Cost of courses! Our professional fees have risen and our salaries are the same since I qualified nearly 20 years ago! Scotland offers IP courses for free. Why do we not have this in the England?*
> **Optometrist**

> *Financial - I am self-funding my additional qualifications, whereas friends in Wales have theirs paid by the NHS.*
> **Optometrist**

Lack of employer support

A lack of employer support is a barrier to career progression, as respondents highlighted a pervasive absence of encouragement and resources from their employers. This includes a lack of

mentorship, insufficient investment in staff development, and an overall disinterest from management in promoting and facilitating career advancement. Respondents emphasised that, without support from employers, employees face significant challenges in obtaining further qualifications and progressing in their careers.

> *Employers not seeing the value of additional qualifications.*
> **Optometrist**

> *The company do not see the value in a DO expanding into low vision or contact lenses.*
> **Dispensing optician**

> Unsupportive manager. I feel it's possible if I had the right support. It's very sad and unfortunate that I don't.
> **Optometrist**

Figure 91 – Barriers to career progression (coded free-text, 45+ mentions)

Top themes in free-text responses	Frequency
Time/workload/being too busy	492
Cost/financial constraints/need to self-fund	331
Lack of employer support	315
Low pay/little financial incentive/not worthwhile	201
Family/caring responsibilities	180
Age/approaching retirement	140
Few progression opportunities/roles available	138
No opportunity to use additional qualifications/no local schemes	84
Lack of/difficult to find placements	77
Stress/burnout/fatigue	70
Work-life balance	70
Feel undervalued/disillusioned with profession	66
Too much sales focus/commercial pressure	61
Access to education/training	59
No desire to progress/happy in role	58
Lack of interest/motivation	57
Don't want additional pressure/responsibility	55
Location/lack of local opportunities	48
Can't progress further/at highest level	47
Lack of knowledge/information/guidance	45
None/no barriers/NA	216

Challenges faced by newly qualified registrants

Optometrists and dispensing opticians who had joined the GOC register within the last two years were asked to specify the biggest challenge they have faced at work since becoming newly qualified. The majority of responses were provided by newly qualified optometrists rather than dispensing opticians, who made up the majority of this sample.

The analysis of free-text comments to show the frequency of mentions is presented in the table overleaf.

Workload and time management

Most responses referred to the challenges of workload and time management. For newly qualified optometrists and dispensing opticians, this involves coping with heavy patient volumes and overbooking, short appointment times, and increasing administrative tasks while striving to maintain high standards of patient care. Balancing these demands often leads to feelings of being overwhelmed, struggling to keep up with workload expectations and patient demands, and difficulty in finding time for essential tasks like paperwork and referrals.

> *Trying to keep up with workload. Clinics are designed entirely to maximise patient inflow with no time allowed to do paperwork or referrals, of which there is an increasing amount.*
> **Optometrist**

> *Increased workload, especially in the beginning. Short appointment times. The feeling that you are always trying to catch up. No time for referrals. Working over hours.*
> **Optometrist**

> *Workload is too much and no help or support provided.*
> **Dispensing optician**

Transition to having responsibility and clinical decision making

A number of respondents mentioned the challenge of transitioning to having responsibility and adapting to autonomous clinical decision-making without the support of supervisors, navigating the shift from a supervised role to being solely responsible for patient care, and feeling overwhelmed by the sudden increase in workload and responsibilities. This transition often involves a steep learning curve and requires building confidence in managing patients independently.

> *Transitioning from pre-reg to NQ. I left my pre-reg store so didn't feel I had anyone to go to for extra help.*
> **Optometrist**

> *It's overwhelming going from having a supervisor to 'being on your own' and making clinical decisions by yourself. It's a big jump. Yes, there are people there to ask but ultimately, it's on you.*
> **Optometrist**

> *Suddenly being solely responsible for patients.*
> **Optometrist**

Sales pressure and retail focus

Some respondents explained the challenge of navigating the expectation to meet sales targets and conversion goals, often without prior training or preparation during their studies. This pressure can lead to feelings of stress, anxiety, and conflict as newly qualified registrants strive to balance patient care with commercial objectives, which may not have been emphasised in their education.

> *Dealing with sales pressure, conversion targets and similar. This is never talked about during your studies and yet is the most stressful and anxiety inducing thing when it comes to your daily job.*
> Optometrist

> *Pressure of meeting up to high standards of conversion and average sales per test, trying to do thorough sight tests when the clinic is overbooked and having to do 15 minute appointments.*
> Optometrist

Figure 92 – Biggest challenges faced at work since becoming newly qualified (coded free-text, 10+ mentions)

Top themes in free-text responses	Overall	Optometrists	Dispensing opticians
Workload/volume of patients/overbooking	36	32	4
Time management/short testing times	34	33	1
Transition to having responsibility/clinical decision making	27	23	4
Sales pressure/retail focus	20	18	2
Working alone/lack of supervision/guidance	14	13	2
Lack of support	14	12	2
Low pay	13	9	5
Lack of respect/undervaluing of role	10	1	9
None/no challenges/NA	10	7	3

Speaking up

Managers and employers viewed as the first port of call when raising a concern about an individual GOC registrant

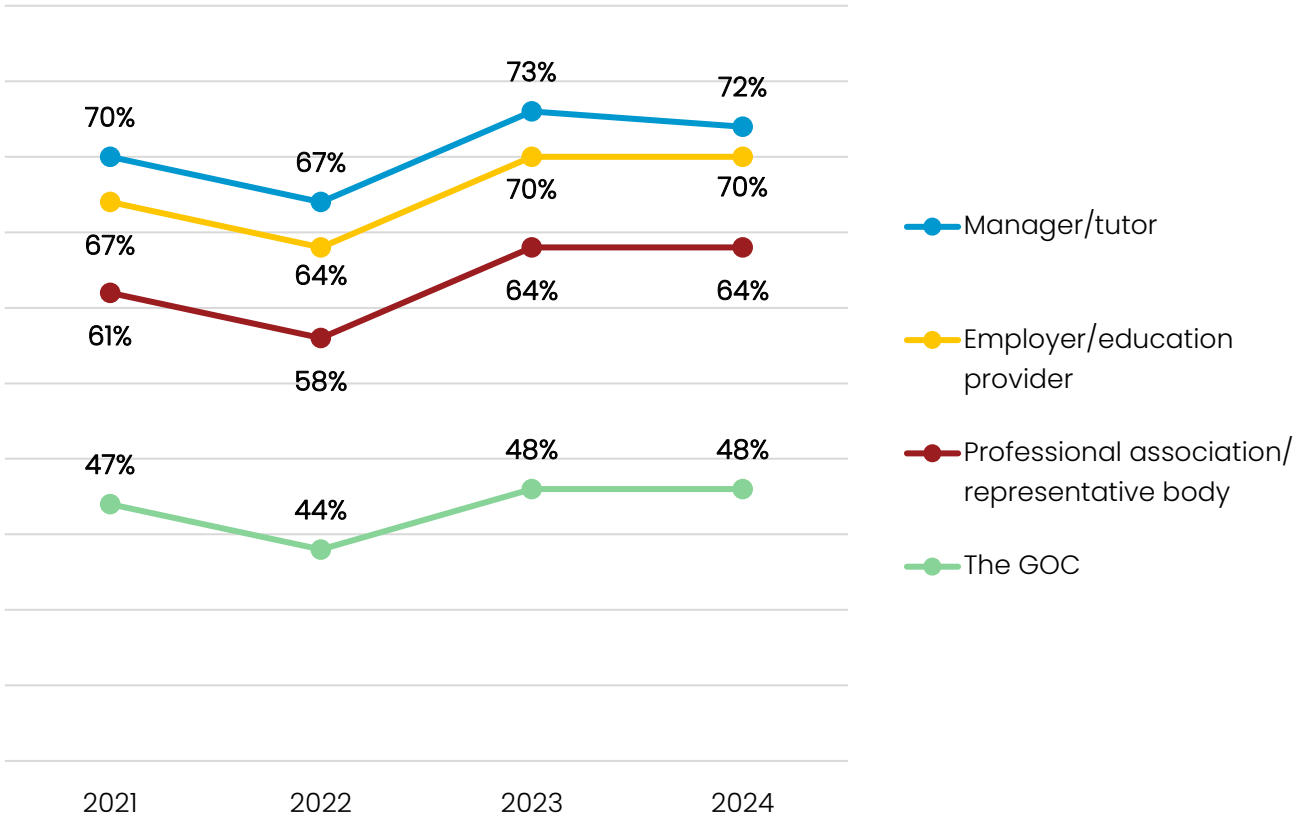
Respondents would feel most comfortable speaking up about patient safety concerning an individual GOC registrant to their manager or tutor (72%), closely followed by their employer or education provider (70%). This suggests that these authorities are likely to be the first port of call when raising a concern for most registrants.

As found in previous years, **a smaller proportion would feel comfortable speaking up about patient safety concerning an individual to the GOC** (48%).

After levels of feeling comfortable speaking up to all types of authority increased between 2022 and 2023, they have remained static in this year's results.

Figure 93 – Feeling comfortable speaking up about patient safety concerning an individual GOC registrant

Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



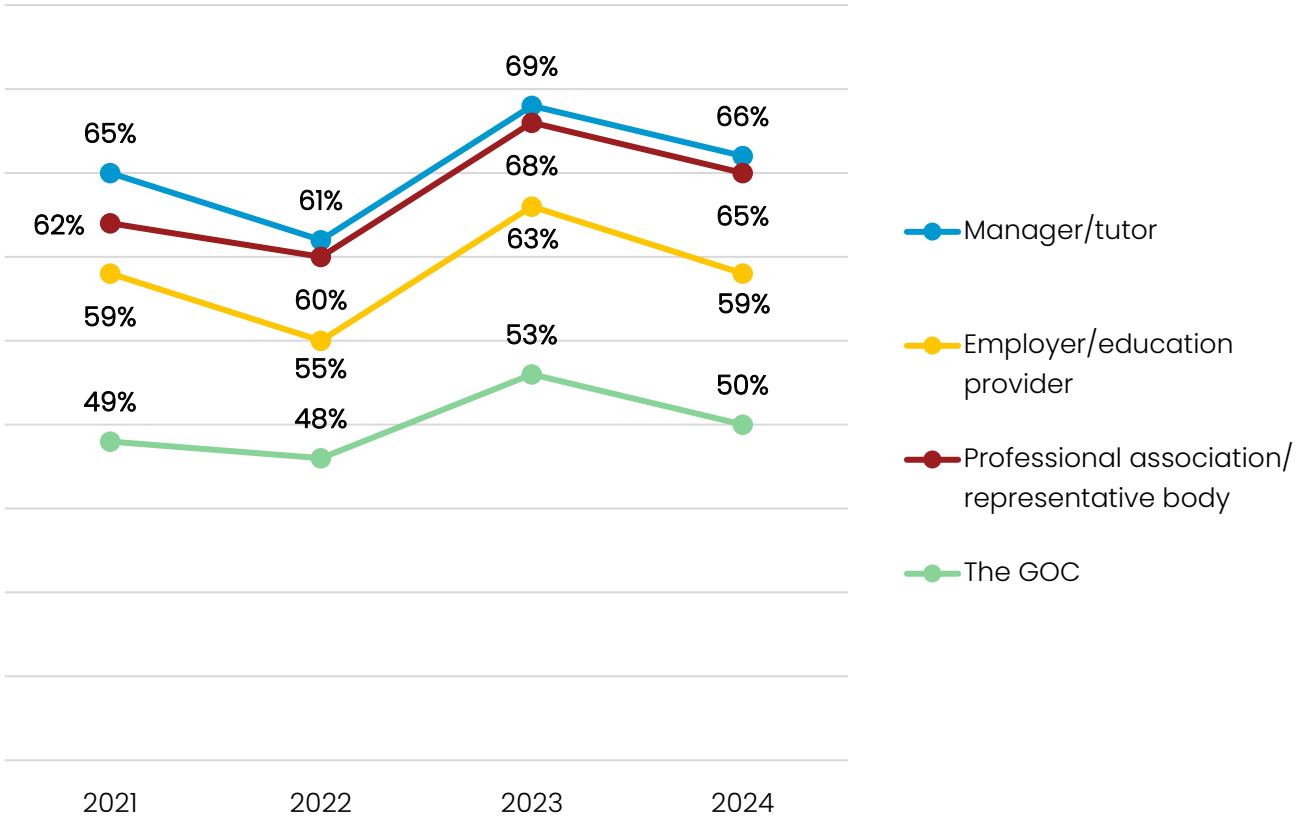
Managers and professional associations viewed as the first port of call when raising a concern about an employer

As with issues relating to an individual registrant, in relation to speaking up about an employer, respondents would also feel most comfortable speaking up to their manager or tutor (66%). However, **for issues concerning an employer, respondents are more likely to feel comfortable speaking up to their professional association or representative body (65%) than their employer or education provider** (59%).

As with speaking up about patient safety concerning an individual, respondents were less likely to feel comfortable speaking up about patient safety concerning an employer to the GOC (50%).

Levels of feeling comfortable speaking up to all types of authority about an employer increased between 2022 and 2023, but have returned to similar levels found in 2022 this year.

Figure 94 – Feeling comfortable speaking up about patient safety concerning an employer
Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



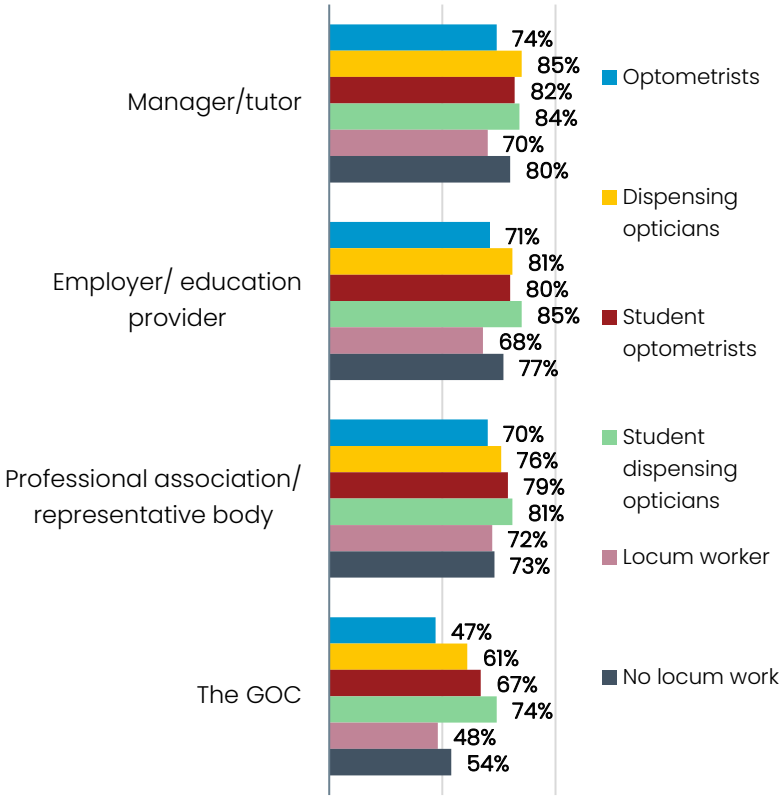
Optometrists and locums are less likely to feel comfortable about speaking up

Optometrists are less likely to feel comfortable speaking up about patient safety concerning either an individual or an employer to all authorities when compared with dispensing opticians, student optometrists, and student dispensing opticians.

With the exception of speaking up to a professional association or representative body, those who work as locums are also less likely to feel comfortable in the same way.

Figure 95 – Feeling comfortable speaking up about an individual GOC registrant or employer by registration type and locum work

Base: Optometrist (2,412); Dispensing optician (946); Student optometrist (722); Student dispensing optician (184); Locum worker (824); No locum work (2,932)

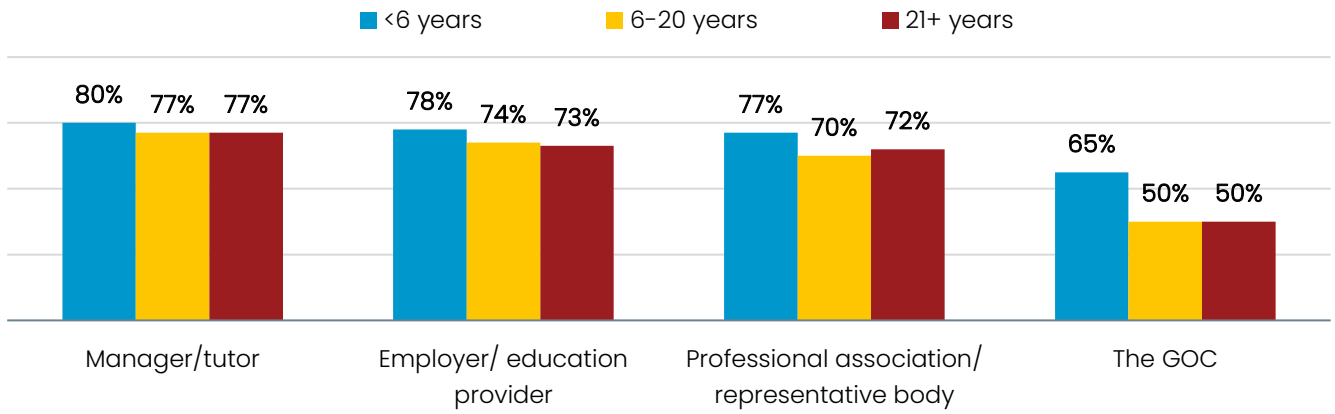


Newer registrants feel more comfortable about speaking up

Registrants newer to the GOC register were more likely to feel comfortable speaking up about patient safety related to individual registrants or employers when compared with more established registrants with 6+ years on the register.

Figure 96 – Feeling comfortable speaking up about an individual GOC registrant or employer by length of time on GOC register

Base: <6 years (1,381); 6-20 years (1,466); 21+ years (1,627)

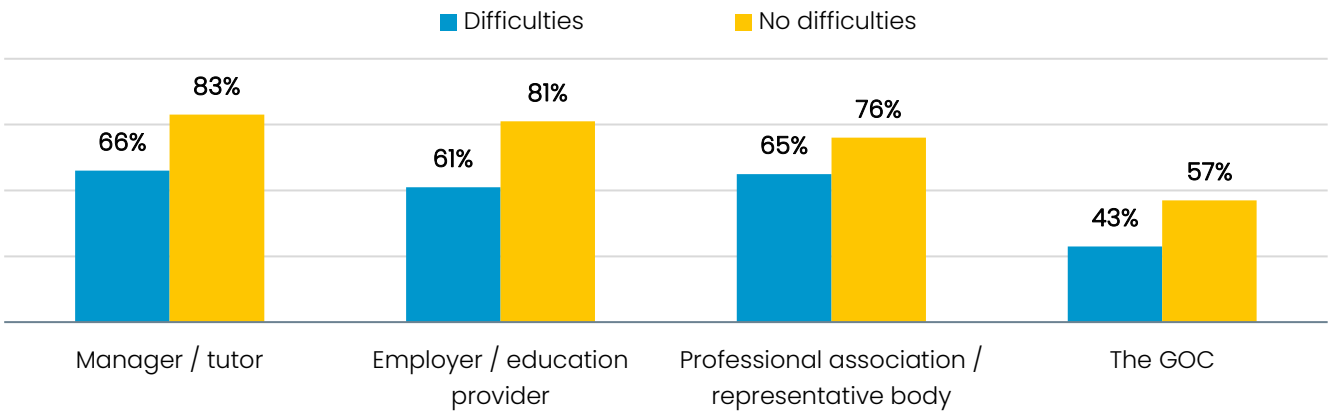


The impact of being able to deliver safe patient care on speaking up

Respondents who find it difficult to provide patients with the sufficient care they need were less likely to feel comfortable speaking up about patient safety concerning an individual registrant or employer when compared with those who did not. As in other areas of this survey, this may highlight a link between confidence in raising concerns and the ability to deliver safe patient care.

Figure 97 – Feeling comfortable speaking up about an individual GOC registrant or employer by experience of difficulties providing sufficient patient care

Base: Difficulties (1,259); No difficulties (2,770)

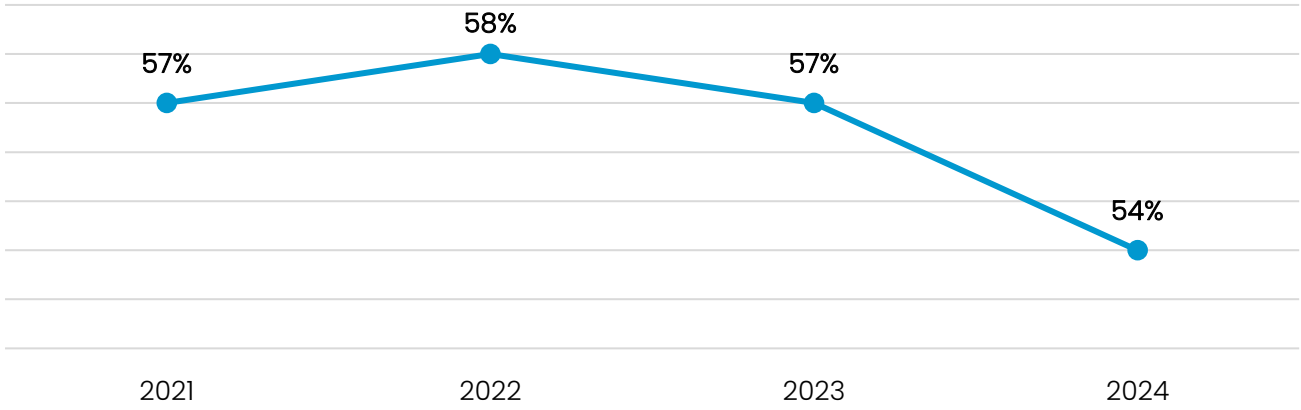


Consumer complaints

Awareness of the OCCS has fallen

Although the majority of respondents (54%) were aware of the Optical Consumer Complaints Service (OCCS), this awareness has fallen slightly over the last three years. This year, 43% were unaware of the OCCS and a further 2% answered 'don't know'.

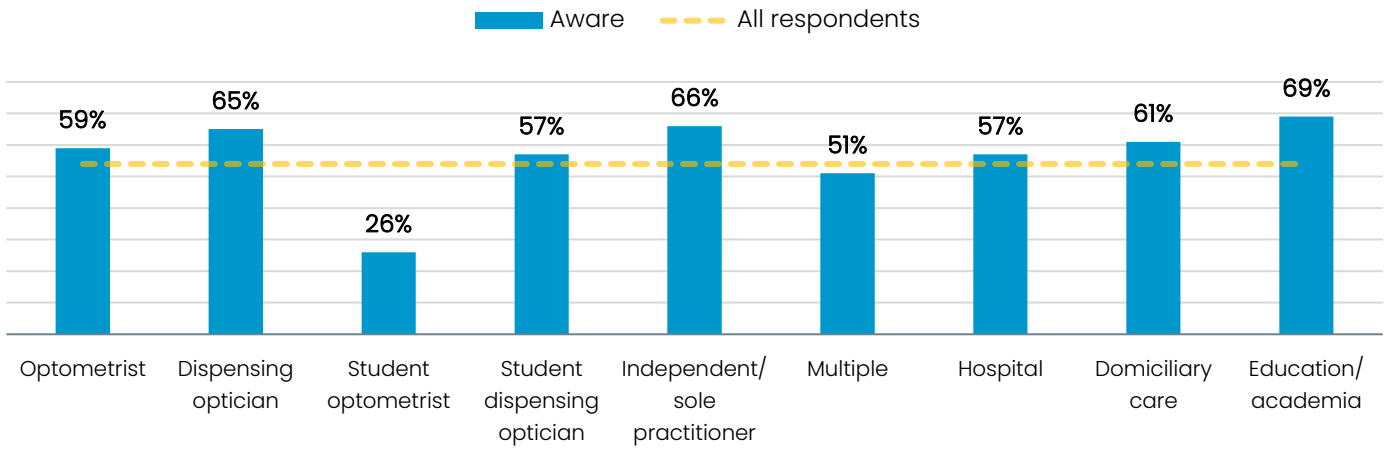
Figure 98 – Awareness of the Optical Consumer Complaints Service (OCCS)
Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



Decrease in awareness is driven by newly qualified optometrists

A number of subgroups were less likely to be aware of the OCCS, including optometrists, student optometrists, and those who worked for a multiple. In contrast, dispensing opticians, student dispensing opticians, and those who worked for an independent practice/as a sole practitioner, in a hospital, or in education/academia were more likely to be aware.

Figure 99 – Awareness of the Optical Consumer Complaints Service (OCCS) by registration type and workplace setting
Base: Optometrist (2,686); Dispensing optician (1,025); Student optometrist (1742); Student dispensing optician (184); Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domicilairy care (80); Education/academia (226)



As found in previous years, **awareness of the OCCS increases in line with time on the GOC register**, suggesting that it is likely newly qualified optometrists that are less aware.

Continuing Professional Development

CPD scheme activities

Mixed levels of confidence in completing CPD activities during the cycle

In relation to the requirements of the new Continuing Professional Development (CPD) cycle, the majority of respondents were confident at completing their personal development plan, completing a reflective statement after each CPD activity, and especially participating in a peer review. However, confidence was lower for completing a reflective exercise.

Figure 100 – Confidence at completing activities during the CPD cycle (% confident)
Base: All respondents excluding students (3,686)

Confidence at completing CPD activities is beginning to increase

Small increases in confidence at completing CPD activities during the cycle have been recorded, most notably for participating in a peer review activity to reflect and discuss learning with peers.

Figure 101 – Confidence at completing activities during the CPD cycle (% confident) – 2023 to 2024
Base: All respondents excluding students 2023 (3,167); 2024 (3,686)

CPD activity	2023	2024
Completing your personal development plan (PDP)	59%	60%
Completing a short written reflective statement after each activity	59%	60%
Participating in a peer review activity	77%	81%
Completing a reflective exercise with a peer	43%	45%

Confidence at completing self-directed CPD has increased

Almost half of respondents (48%) indicated that they felt confident undertaking self-directed CPD, representing an increase from last year's results.

Optometrists, those who worked full-time, those working in a hospital or education/ academia, and those newer to the GOC register were more likely to be confident at undertaking self-directed CPD.

Figure 102 – Confidence completing self-directed CPD (% confident)
Base: All respondents excluding students 2024 (3,686); 2023 (3,167)

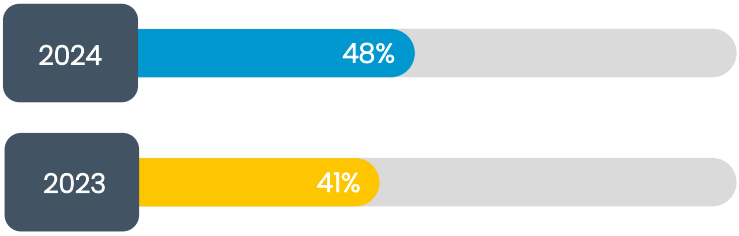
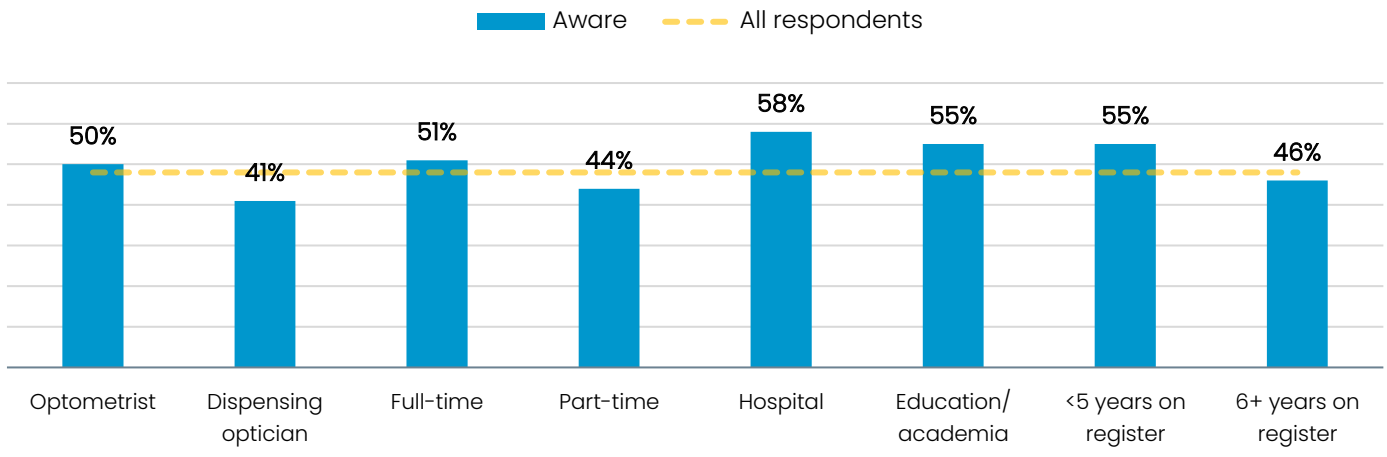


Figure 103 – Confidence completing self-directed CPD by registration type, working status, workplace setting, and time on GOC register
Base: Optometrist (2,686); Dispensing optician (1,025); Full-time (1,665); Part-time (1,899); Hospital (397); Education/academia (223); <5 years on register (535); 6+ years on register (3,140)

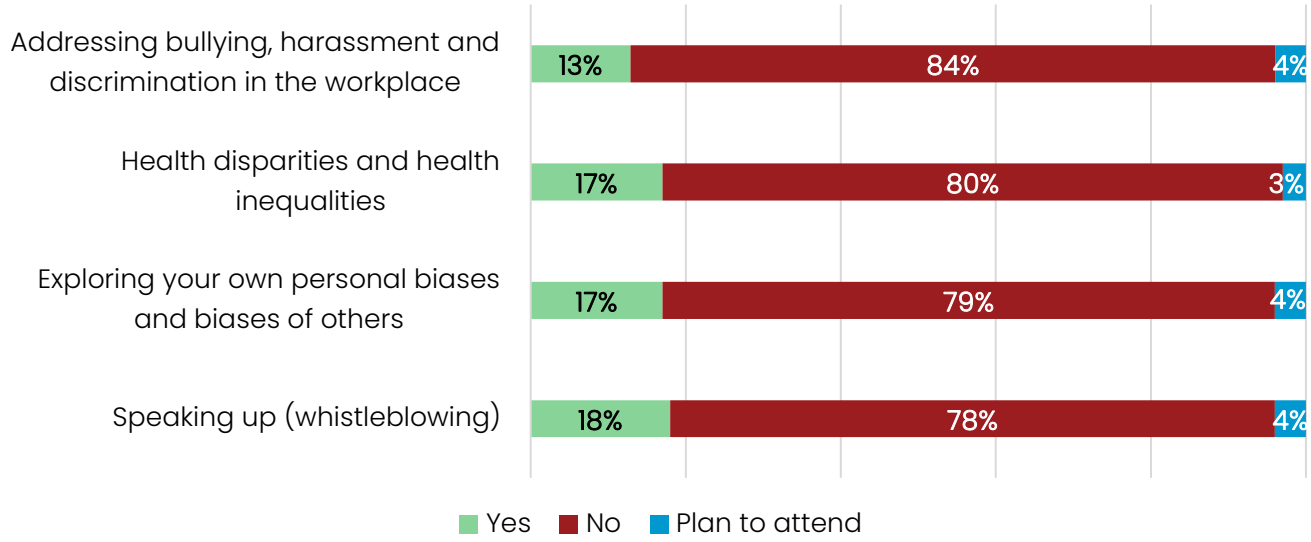


CPD topics

Low attendance at CPD relating to workplace issues

Small proportions of respondents had attended CPD (provider-led or self-directed) to learn about addressing bullying, harassment and discrimination, health disparities and inequalities, exploring personal biases and biases of others, and speaking up within the latest CPD cycle. The majority had not attended CPD on these topics, and only very small proportions planned to attend.

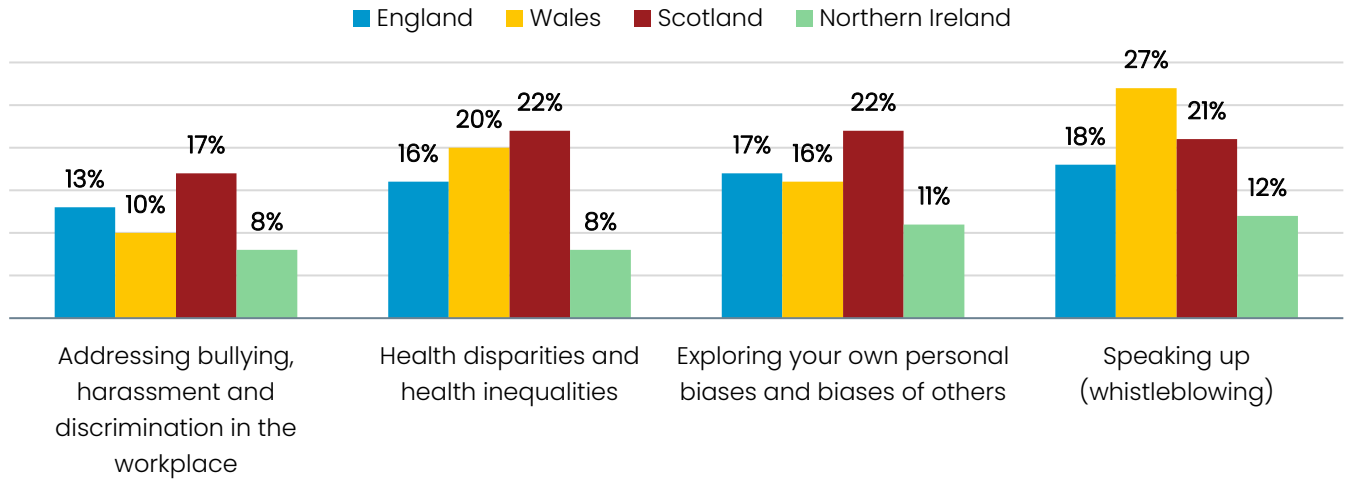
Figure 104 – Attendance at CPD on specific topics within the latest CPD cycle
Base: All respondents excluding students (3,686)



Attendance at CPD on workplace issues is more common in Scotland and amongst those working in education/academia

For each topic, attendance within the latest CPD cycle was higher amongst respondents based in Scotland. For the topic of speaking up, attendance was also significantly higher amongst those based in Wales.

Figure 105 – Attendance at CPD within the latest CPD cycle by UK nation
Base: England (2,742); Wales (172); Scotland (354); Northern Ireland (127)

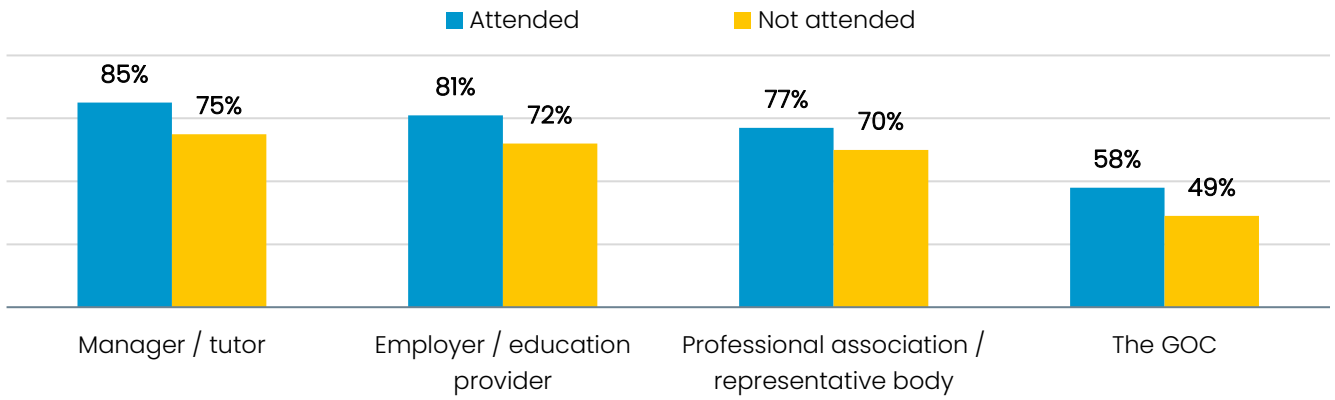


Attendance at CPD on the topic of speaking up improves feeling comfortable about speaking up across the board

Respondents who had attended CPD to learn about speaking up were more likely to indicate that they would feel comfortable speaking up about an individual GOC registrant or an employer to each different authority when compared with those who had not attended this type of CPD. These results may highlight the positive impact of attending CPD on this topic.

Figure 106 – Feeling comfortable speaking up about an individual GOC registrant or employer by attendance at CPD on the topic of speaking up (% comfortable)

Base: Attended (660); No difficulties (2,816)



Perspectives of the GOC

Mixed perspectives towards the GOC's role

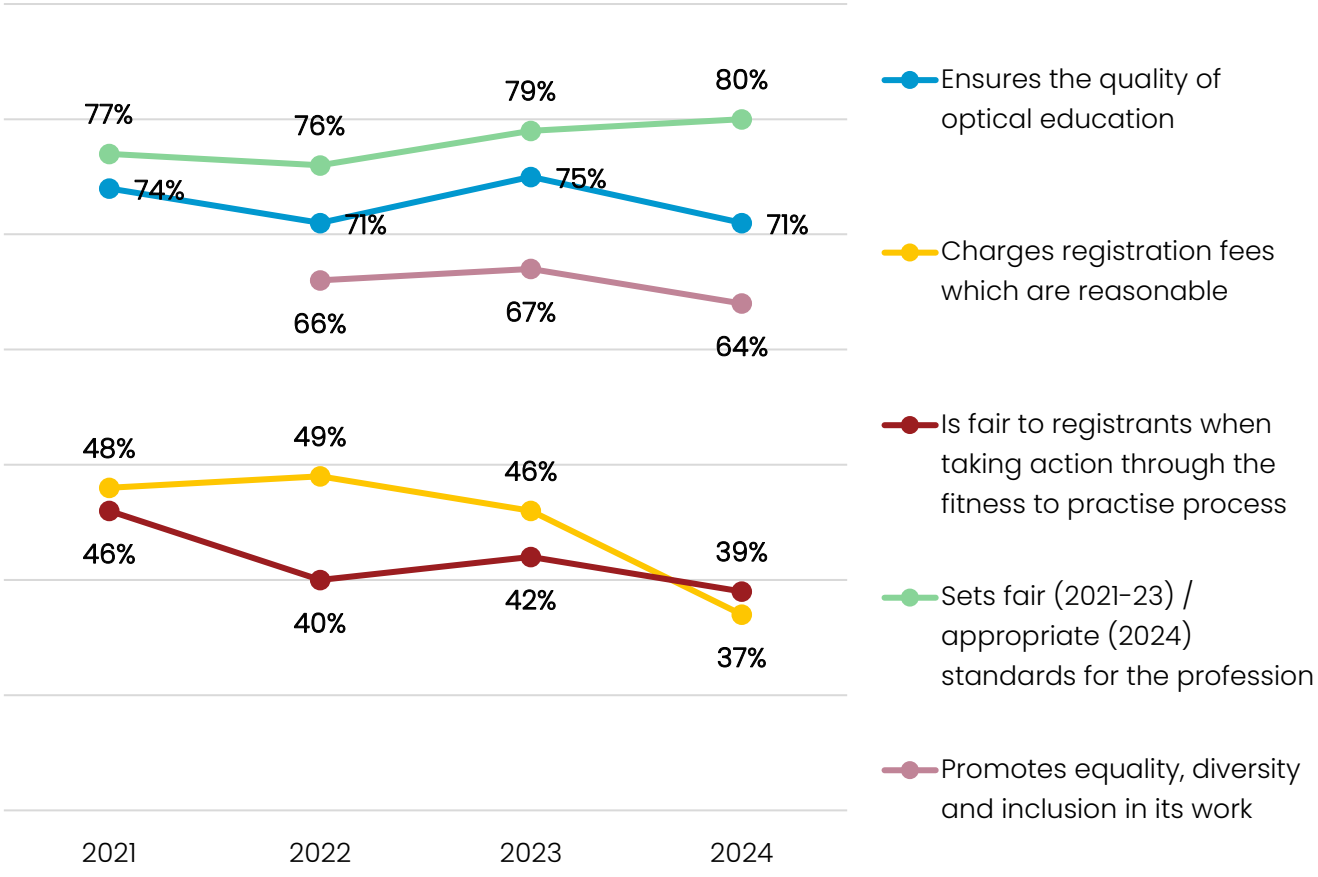
Respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about the GOC's role.

As in previous years, the majority of respondents agreed that the GOC sets appropriate standards for the profession (80%), ensures the quality of education (71%), and promotes equality, diversity and inclusion in its work (64%).

Agreement with these statements has fluctuated slightly over the last four years, with agreement that the GOC sets appropriate standards for the profession slowly increasing[2].

However, in contrast, only just over a third of respondents agreed that the GOC is fair to registrants when taking action through the fitness to practice process (39%), which is similar to previous years, and charges registration fees which are reasonable (37%), representing a significant decrease.

Figure 107 – Agreement with statements about the GOC's role
Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



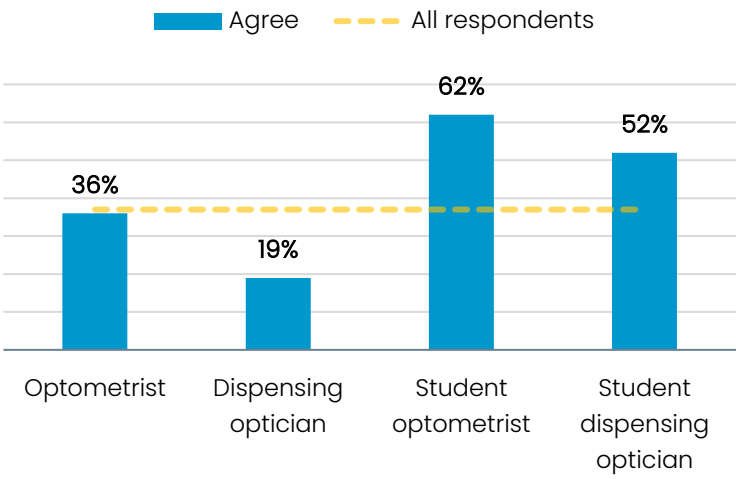
[2] In previous years, the questionnaire has referenced 'fair standards' and this year changed to 'appropriate standards' which may have had some influence in the change in result.

Increasing disagreement that registration fees are reasonable, which may be leading some to consider leaving the profession

There has been a significant decrease in the level of agreement that the GOC charges registration fees which are reasonable since 2021, most notably between 2023 and 2024. The GOC announced that registration fees would be increasing for the 2024/25 registration period in December 2023[3], a few months before the survey was administered.

Agreement is significantly lower amongst dispensing opticians when compared with optometrists, and especially when compared with student registrants.

Figure 108 – Agreement that the GOC charges reasonable registration fees by registration type
Base: Optometrists (2,686); Dispensing opticians (1,025); Student optometrist (742); Student dispensing optician (184)



Agreement was also **lower amongst respondents from working class/lower socio-economic backgrounds** (32%) when compared with those from intermediate and professional/higher backgrounds (41%).

Analysis by future career plans highlights that **agreement that registration fees are reasonable is significantly lower amongst those who plan to leave the profession in the next 12-24 months** (16%).

Low awareness of the fairness of the fitness to practise process and the GOC's commitment to equality, diversity and inclusion

Large proportions of respondents answered 'don't know' in response to the statements about the GOC being fair when taking action through the fitness to practise process (46%) and promoting equality, diversity and inclusion (28%), which may explain lower levels of agreement due to low levels of awareness of the GOC's actions in these areas.

Dispensing opticians (51%) and those working in hospital (56%) were more likely to answer 'don't know' in relation to the GOC being fair when taking action through the fitness to practise process.

Improving perceptions of the GOC's standards

Agreement that the GOC sets fair/appropriate standards for the profession has steadily improved over the last three years. Student optometrists and student dispensing opticians were both more likely to agree with this (94% and 95% respectively) when compared with optometrists (75%) and dispensing opticians (78%).

[3] https://optical.org/en/news/news-and-press-releases/goc-announces-registrant-fees-for-2024-25/