

Annex 3: GOC response to our consultation on our corporate strategy for 2025-2030

December 2024

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1. Executive summary

1. The General Optical Council (GOC)'s current strategy, 'Fit for the future' covers the period 1 April 2020 to 31 March 2025.¹ We sought stakeholder views on a new strategy, for the period 1 April 2025 to 31 March 2030.
2. We ran a consultation on our draft strategy from 17 April to 10 July 2024, available on our online consultation platform. We also carried out three stakeholder engagement events aimed at registrants, professional bodies and charities. This document summarises our analysis of the responses we received, both written and those at our events, and our response.

Findings from the consultation

3. Key findings from the consultation were:
 - broad support for our vision, mission and strategic objectives, including the strong emphasis on issues of equity;
 - support for our focus on putting patients and the public at the heart of what we do;
 - a call for more detail on our project plans, financing the strategy and how we will measure success; and
 - the importance of collaboration with a range of partners in the sector to deliver the strategy.

Our response to the consultation

4. Key actions we have taken in response to the consultation feedback, include:
 - confirming the vision, mission and strategic objectives as unchanged;
 - adding new sections to the strategy on financing and performance reporting. Annual business plans will contain detail on projects; and
 - strengthened text in the strategy to recognise GOC's role as one part of a wider system and underlining our commitment to collaborating with a range of partners to deliver the strategy.

2. Introduction

5. The GOC is one of a number of organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals and some businesses/premises. We are the regulator for the optical professions in the UK. We currently register around 34,000 optometrists, dispensing opticians, student opticians and optical businesses.
6. We have four primary 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.

Background to the consultation

7. Our current strategy expires at the end of March 2025. In early 2023 we started developing our new strategy, for the period April 2025 – March 2030. We wanted to give ourselves enough time to engage with stakeholders and fully understand the context in which we are setting our new strategy.
8. We engaged with our Council, Advisory Panel, professional and representative bodies, charities that represent patients with eye care needs, and others. We are grateful to all those who provided their feedback and engaged with us during the process of developing our strategy. We supplemented those conversations by looking at research in the sector, news articles of relevance and reviewing other regulators' and sector bodies' strategies to see what we could learn.

Consultation process

9. We undertook a full public consultation on our draft strategy, which was open for 12 weeks from 17 April to 10 July 2024. We received 25 written consultation responses from a range of stakeholders including our registrants, charities and optical professional and representative

organisations. We also carried out three stakeholder engagement events aimed at registrants, professional bodies and charities.

10. The organisations who were willing to be named were:
 - Association for Independent Optometrists and Dispensing Opticians
 - Association of British Dispensing Opticians
 - Association of Optometrists
 - Bailey Opticians
 - Bexley Bromley and Greenwich LOC
 - British Contact Lens Association
 - FODO - the Association for Eye Care Providers
 - LightAware
 - Optometry Scotland
 - Optometry Wales
 - Royal National Institute of Blind People (RNIB)
 - SeeAbility
 - The College of Optometrists
11. We are grateful for all the feedback we received and have taken this into account when deciding the next steps.

Approach to producing this response

12. We have reviewed every comment received. We encouraged respondents to provide comments to support their response to each question, but it was optional to do so and not all respondents provided commentary. Any comments that have been included are produced verbatim.
13. We have not quoted all the comments we received to this consultation but have included a summary of comments and quotes which reflect different opinions. We are unable to include individual responses to all comments within this report.
14. We did not record the conversation at the stakeholder events but took notes of key points. We have included feedback from those events in our analysis. Note that some topics, such as the impact of our strategy on individuals or groups with a protected characteristic, were only explored through our consultation and were not discussed at the events.

3. Findings and our response

3.1 The strategic context

15. We asked stakeholders whether any areas were missing from our analysis of the strategic context.

Feedback from stakeholder events

16. Most of the areas identified by stakeholders at the engagement events are also reflected in the consultation responses summarised below and are therefore not repeated here. However, stakeholders at the engagement events also highlighted the following:
- The need to reflect on the broader financial context in which we are setting our strategy, such as high inflation and concerns about the cost of living. Challenging financial circumstances might lead to members of the public delaying their sight test to save money or could force registrants to leave the workforce or change their working patterns.
 - Artificial intelligence will have a significant impact on healthcare and can be an enabler to support better patient care as well as a disrupter. The key challenge will be providing clarity on who is the decision-maker when it is used and being clear on where responsibility and accountability lie.
 - There will be increased fragmentation of healthcare between private and public providers, with the potential to increase gaps in service provision.

Consultation feedback

17. Respondents highlighted the need for us to consider the increasing complexity of conditions and comorbidities in the population, beyond just an ageing demographic. This included making sure that services are accessible for people at risk of missing out due to social factors or health conditions, as well as recognising that those accessing services may be more vulnerable. In addition, we should recognise the role that optometrists can play in primary and preventative healthcare. Some respondents argued that we needed to strengthen references to the changing delivery models of eye care in community settings and devolved nations.
18. Technological advancements, while beneficial, are also seen as potentially leading to workforce deskilling and difficulties in accessing services for those with complex needs or who are digitally excluded. Several respondents highlighted the negative effect of commercial pressures and low NHS funding on patient experience and professional practice.

19. Some respondents highlighted the continuing importance of education and training and workforce development, including the impact of the Education and Training Requirements (ETR). Others highlighted the increasing levels of stakeholder interest in understanding and developing the workforce through mapping and delivery of higher qualifications.
20. Respondents also called for greater consideration of the impact of legislative reform and changes to the Opticians Act. One respondent highlighted the possibility of changes in technology combining with updated legislation to allow Dispensing Opticians to refract under supervision. However, other respondents argued that we should ensure that any changes do not separate the interconnected elements of eye health and refraction in sight tests.
21. A sample of the comments we received in response to this question are in the box below.

“There are increasing numbers of people in the population with more complex conditions, disabilities and comorbidities (children and working age disabled adults) – i.e. more emphasis than “an ageing population” (SeeAbility)

“There should be a greater emphasis on identifying and seeking the views of people at risk of missing out on eye health services due to social factors or co-existing health conditions/disabilities. We would also like to see more alignment with organisations working with those most at risk of sight loss (EG Age UK/older people.” (Patient representative charity/organisation)

“There is also the fact that some stores have 20 minute testing and ghost clinics which can make practicing there unsafe for optometrists” (Optometrist)

“The impact of the Education and Training Review (ETR) on the workforce seems to be overlooked. (...). The ETR might reduce the number of pre-reg optometrists, negatively affecting the overall workforce and hindering the vision of safe and effective eye care for all.” (Optometry Scotland)

“Workforce mapping: It would be in the public’s interest as well as commissioners, businesses and individual optometrists to have an open access easily accessible mapping tool.” (Optometrist)

“We would wish the GOC to provide reassurance to the profession in Wales and confirm in its Strategy that it will not seek to propose any changes in the Opticians Act that has the potential to separate the refraction element of the sight test to the eye health element of the sight test.” (Optometry Wales).

Our response

22. We are grateful for the additional insights that stakeholders provided into the context in which we are setting our strategy. These insights will help us to ensure that we have a broad understanding of the challenges and opportunities facing the sector over the next five years.
23. When we publish our final version of the strategy, we do not intend to provide an updated strategic context. However, we will take those insights into account as we take forward our work under the new strategy.

3.2 Our vision

Feedback from stakeholder events

24. We received very few comments on our proposed vision of 'safe and effective eye care for all' at the consultation events. Stakeholders were supportive of putting patients and access at the heart of our strategy. However, some raised concerns about whether the vision would be possible for us to achieve, given that the problems we need to tackle were complex and required co-ordination of different organisations and individuals from across the sector. Others questioned how we would demonstrate success in achieving this vision and its supporting strategic objectives.

Consultation feedback

25. Respondents generally supported the vision as a guiding principle for our strategy. One respondent welcomed the use of 'eye care' rather than 'optical' as it reflected the wider range of activities undertaken by registrants. Respondents welcomed the focus on accessibility and equity in eye care, recognising the need to work in partnership with other stakeholders to overcome barriers to accessing eye health services.
26. However, there were concerns about the practicality and scope of this vision. One respondent questioned whether we have the necessary leverage over all actors involved in UK eyecare to achieve this goal and suggested that factors beyond our control, such as funding and technology, are also crucial to achieving that vision. Another respondent mentioned the need for us to define what "effective eye care" means.
27. A sample of the comments we received in response to this question are in the box on the next page.

“This vision aligns well with our goals and values at Optometry Scotland. Ensuring safe and effective eye care for all is essential and a goal we fully support.” (Optometry Scotland)

“Impossible to disagree with this vision as worded and is a laudable aim. (Association of Optometrists)”

“Many of the barriers to accessing eye health services may be beyond the control of the GOC & optical service providers and therefore effective partnership working with other stakeholders will be required.” (Patient representative charity/organisation)

“We welcome the use of ‘eye care’ rather than ‘optical’ as it reflects the wider range of activities that are undertaken by registrants. However, we would welcome more information from the GOC on how they will measure success in achieving its vision.” (The College of Optometrists)

“We share the desire for ‘safe and effective eye care for all’, but we question whether this an appropriate vision to guide the GOC’s work for the period until 2030. The GOC should be able to achieve its vision using the levers at its disposal and operating within the statutory framework created by the Opticians Act. The proposed vision does not meet this test.” (ABDO)

Our response

28. We welcome the broad support for the vision as set out in the strategy, particularly the increased focus on the public and accessing eye care. However, there are concerns about whether the scope of our strategy, particularly the vision, is too broad or may be impossible for us to achieve with the regulatory levers available to us.
29. Our overarching statutory objective is the protection of the public and is supported by secondary objectives including to protect, promote and maintain the health, safety and well-being of the public. Our next strategy is designed to be more externally focussed and aspirational than the current one, setting out what we want to achieve for the public in line with our statutory objectives. Our vision statement reflects this approach and recognises the full contribution that our registrants make to delivering eye care, beyond sight tests and the sale of optical appliances, using terminology which can be understood by lay audiences. It is consistent with the Government’s plans for

three big shifts in the focus of healthcare: from hospital to community; analogue to digital; and sickness to prevention.

30. Research shows that some groups of patients face barriers to accessing services or experience worse outcomes. We cannot achieve our statutory objectives without addressing those barriers and worse outcomes. We have a range of regulatory levers available to us to achieve those objectives, although we accept there is more that we can do to address differential experience of eye care services than tackle barriers to accessing eye care. Our standards, registration, education and continuing professional development (CPD) requirements and processes for handling concerns all contribute to achieving our vision. We will also utilise other levers, such as research and improved use of our data, to identify trends and issues.
31. We recognise that we cannot achieve our vision in isolation. We intend to use our powers as a convenor more in the next strategic period, bringing together stakeholders and interested parties to address the issues we have outlined under the relevant strategic objectives. We have strengthened this section of the strategy document in response to the feedback received.
32. A business reporting framework is being developed to measure our success in achieving our vision and this work is summarised in the final strategy.

3.3 Our mission

Feedback from stakeholder events

33. As with the vision, we received few comments on our proposed mission 'protect the public by upholding high standards in eye care services' at the engagement events. Stakeholders supported the emphasis on public protection, as a core part of our role. Some highlighted ongoing concerns that they felt damaged public protection, such as unregulated online sales or increasing delivery of care into the UK by unregulated international providers.

Consultation feedback

34. Respondents generally supported our mission, viewing patient safety and upholding standards as being fundamental roles of a regulator. Respondents highlighted the connection between the vision and mission, mentioning the need for inclusive and equitable access to services and the importance of our role in creating fairer services. One respondent argued that our mission

should be expanded to include not just standards but the importance of other regulatory functions such as guidance, CPD and fitness to practise.

35. However, some expressed concerns that the mission may be too broad as eye care services go beyond those delivered by our registrants and include aspects that we have no control over. Instead, the mission should be more aligned with our core functions and purpose.
36. A sample of the comments we received in response to this question are in the box below.

“We are very supportive of the GOC mission to protect the public by upholding high standards in eye care services, as this is a fundamental role of a regulator. It is important to note that eye care is more than clinical care, it also encompasses patient support.” (RNIB)

“We agree in principle but feel the draft mission statement focusses too much on the GOC’s standard setting and punitive role and not enough on its supportive role e.g. guidance, CPD, FtP. Although ‘upholding’ potentially includes ‘supporting’ (just as ‘effective’ includes ‘safe’ in the vision statement above) we feel the mission would be improved by bringing it out more viz ‘to protect the public by supporting and upholding high standards in eye care services’ “(FODO)

“The delivery of safe and effective eye care is not limited to optometrists, dispensing opticians, students and businesses, but it also involves other professions not regulated by the GOC. It is therefore not possible for the GOC to uphold high standards in all eye care services in the UK. The GOC sets standards for the performance and conduct of registrants to ensure the care and safety of their patients, but not standards in eye care services. (...) We suggest the GOC better aligns its mission with the scope of its core functions and better defines its mission.” (The College of Optometrists)

Our response

37. We welcome the broad support for our mission but note some stakeholders’ concerns about the scope of the mission being too broad, particularly as it encompasses professions and groups which we do not regulate. As these comments are similar to those we received about our vision, please refer to our response in the previous section.

38. We note concern that the use of the word 'upholding' in our mission does not sufficiently encompass the work we undertake to support registrants, such as producing guidance or setting requirements for education and CPD. We recognise the importance of those activities in supporting registrants to practise safely and effectively. Everything that we do as a regulator, not just issuing standards of practice, supports upholding professional standards.

3.4 Strategic objective 'Creating fairer and more inclusive eye care services'

Feedback from stakeholder events

39. Stakeholders welcomed the emphasis on patient experience, fairness and inclusion in the strategy. They highlighted the need to improve our understanding of areas where registrants may encounter those with vulnerabilities, such as in domiciliary care or children, and the increased need to protect those groups from poor practice. Stakeholders also highlighted the importance of public health messaging in getting people to seek care and raising awareness of the risks of accessing unregulated services, arguing that we had a role to play in educating the public on these issues.

Consultation feedback

40. Respondents emphasised the importance of creating fairer and more inclusive eye care services, with a focus on reducing barriers for underserved groups, including those with disabilities, and addressing health inequalities. The importance of tackling negative working environments was also noted, as it impacts service delivery and professional well-being.
41. There was consensus that data collection and research are crucial for highlighting and addressing inequalities. Respondents recommended that we use our regulatory levers to encourage service provision in non-urban and socio-economically deprived areas and consider how to support registrants working in these areas.
42. However, some respondents disagreed with the objective, feeling that the strategy's scope may be too broad and suggested a more focused approach, especially for vulnerable groups. There was also a call for clarity on what 'fairer' and 'more inclusive' means within the strategy, and a suggestion that our role in creating inclusive services may be limited.
43. A sample of the comments we received in response to this question are in the box on the next page.

"We are supportive of the GOCs strategic objective to create fairer and more inclusive eye care services as it's crucial that optometry practices are more accessible and inclusive particularly for blind and partially sighted people. We welcome the GOC prioritising using research insight and data to highlight inequalities facing the public, patients and professionals. This will be crucial to reducing inequality. The insights and data the GOC gather should be used to develop meaningful metrics that can track progress towards achieving this objective as all too often inequality issues are only brought to light when patients complain, leaving many issues to go under the radar as not all patients will lodge a complaint." (RNIB)

"Whilst we completely agree with the strategic objective, we would wish to see additional text within the objective to detail what exactly is meant by 'fairer' and 'more inclusive'." (Optometry Wales)

"We agree with this strategic objective but would recommend putting more emphasis on tackling negative working environments since the GOC Registrant Workforce and Perceptions Survey 2023 found high numbers of registrants experiencing bullying, harassment, abuse, or discrimination in the workplace. We also recommend adding more emphasis on regulation that facilitates more inclusive access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics, e.g. tackling the postcode lottery and ensuring every person in the UK has access to an optometrist." (The College of Optometrists)

"A commitment in the strategy to working with the wider sector to reduce the inequalities highlighted is strongly recommended. The AOP would be keen to collaborate on future work in this area as complexity will grow exponentially with the widening societal health gap." (Association of Optometrists)

"There are currently groups who are excluded from eyecare services, either because they cannot access opticians' premises because of the severe reactions they have to the lighting used and the display screens installed, or because due to severe hypersensitivity to light arising from an underlying health condition they have reluctantly to decline the parts of the eye test involving shining lights directly in the eye, and have been therefore refused access to any part of the eye test." (LightAware)

Our response

- 44. We welcome the broad support for our increased focus on patient experience, fairness and inclusion in the strategy. We focussed on this objective because our research shows that patients in vulnerable circumstances are less likely to have a sight test or be satisfied by their sight test. Since the consultation was issued, we have strengthened our standards of practice to support better care for patients in vulnerable circumstances and committed to producing guidance to help registrants apply the standards.
- 45. We are publishing a separate EDI strategy alongside the corporate strategy, which provides further guidance and details planned activities.
- 46. Our most recent registrant survey highlighted a continued need to address difficult working conditions and negative workplace culture, demonstrating a correlation with these issues and providing patients with sufficient care. Registrants experiencing these issues are much more likely to plan to leave the professions in the next two years, so this will be a priority area for us.
- 47. These are complex issues and not ones we can address in isolation. We recognise the need to work collaboratively with sector partners to address both poor patient experiences and challenging working conditions if we are to make eye care truly fair and inclusive.

3.5 Strategic objective 'Supporting responsible innovation and protecting the public'

Feedback from stakeholder events

- 48. Stakeholders were supportive of proposals to reform CPD requirements and take a more strategic approach to post-registration qualifications, recognising the important role that both play in supporting registrants to develop and strengthen their skills. Stakeholders agreed with supporting responsible innovation but asked what more we could do about 'irresponsible' innovation, including acting against unregulated services or making the public aware of the lower protections available when using these services. They also expressed support for plans to regulate all optical businesses providing specific restricted functions.

Consultation feedback

- 49. Respondents expressed support for education and training reforms, including updates to the CPD system in the context of the expansion of clinical roles.

There was consensus on the importance of innovation in eye care, with a call for regulation that supports safe innovation without stifling it. However, one respondent highlighted the need for regulation to be proportionate and not to overlook market forces or data protection concerns.

50. The extension of regulation to all businesses performing restricted activities was widely supported, with emphasis on ensuring patient safety and ensuring that the regulation was proportionate and targeted. The role of technology, including AI and remote eye care, was recognised as increasingly influential, and stakeholders wanted us to provide more detail on how we plan to support these advancements.
51. Concerns were raised about the administrative burden of CPD and the need for a more flexible approach that allows registrants to manage their professional development autonomously. There was also a desire for CPD to include non-optical skills such as management and leadership.
52. Additionally, there was a call for us to consider our approach to post-registration qualifications in light of workforce transformation and the need for a flexible regulatory framework. There was a push for optometrists to be supported in obtaining higher qualifications for enhanced services, and for maintaining a record of these qualifications on our register for public confidence and workforce planning reasons.
53. A sample of the comments we received in response to this question are in the box on the next page.

“And consideration should be given as to how this objective can embrace innovation being offered from offshore, and the extent to which powers can be used to (for example) take down websites in need to protect the public.”
(Association for Independent Optometrists and Dispensing Opticians)

“Developments in technology and innovations in optics are increasingly influencing the delivery of eye care. However, there is little detail related to what the GOC plans to do in the priorities it has identified under this strategic objective. We would welcome more information on how the GOC plans to effectively support innovation and the use of new technologies, including AI.”
(The College of Optometrists)

“Historically the GOC’s CPD system has tended to be a little infantilising and we would like to see greater trust and autonomy shown in registered clinicians to direct and manage their own CPD. In addition, reforming the CPD system must be done efficiently and in a cost-effective way so as not to increase costs to registrants, and not negatively impact patients.” (FODO)

“We suggest that in pursuing this objective, it would be useful for the GOC to explore the role that deliberative research could play in gaining views from patients and the public on the potential trade-offs between harnessing technology and public protection.” (ABDO)

Our response

54. Responsible innovation supported by an appropriately trained and developed workforce is a key enabler for achieving safe and effective eye care for all. We recognise that innovation will continue to shape eye care delivery in the future and will incorporate consideration of challenges and opportunities into work we deliver under our new strategy. We have added text to the strategy explaining how we will use our role as a regulator to support innovation.
55. Our Illegal Practice Protocol was updated in June 2022 following public consultation, while the list of restricted functions in the Opticians Act was considered in our call for evidence on legislative reform over 2022/23. Our core statutory functions relate to the regulation of our registrants. We do not have statutory powers in relation to the activities of non-registrants, and it is not practical or proportionate to act in response to every complaint of illegal practice. As stated in the Illegal Practice Protocol, the enforcement of our legislation relating to sales – bringing a private prosecution in the magistrates’

court – is not practicable for an organisation the size of the GOC or in relation to sales in a global online market.

56. We take a risk-focused approach when considering whether it is necessary to act to protect the public under our Illegal Practice Protocol, which includes considering criteria such as whether illegal activities are being carried out in relation to children or vulnerable adults, or whether there is potential for serious harm or there has been actual harm. Where a case does not meet our criteria for action, we may refer to and support other agencies, including Trading Standards.
57. Technology is evolving and models are developing where parts of the sight test are carried out remotely from the patient and sometimes different elements are carried out by different people in different places and/or at different times. We have recently commissioned research seeking clinical and regulatory expert advice to develop a risk-based framework to understand the risks of the different components of a sight test not being carried out at the same time, by the same person and/or in the same place. We will use the findings of this research to shape our future work in this area.
58. We acknowledge frustrations relating to some current CPD requirements. We plan to develop proposals for consultation that will result in a less prescriptive scheme which will further free up registrants to tailor learning to their needs. However, substantive change will require legislative reform. Similarly, our role in post-registration qualifications is limited by statute to prescribing categories and contact lens opticians, but we see value in taking a strategic look at this landscape and to consider what our future role should be.

3.6 Strategic objective ‘Preventing harm through agile regulation’

Feedback from stakeholder events

59. Stakeholders strongly supported our focus on improved data sharing, both to support workforce planning and to understand more clearly inequalities and issues in service delivery and experience. Stakeholders welcomed our intention to strengthen the user voice in our work, but highlighted the importance of valuing that voice and making sure the voice is heard from the beginning of any project. Stakeholders also expressed an interest in how we would demonstrate success in this area.

Consultation feedback

60. Respondents generally supported our focus on proactive and agile regulation, emphasising the importance of preventing harm before it occurs and responding quickly to changes in the eye care sector. There was a call for clarity on what 'agile regulation' entails in practice, and some concern about the risks of new technology and external commercial factors.
61. There was support for our proposed shift to a data-driven model of regulation and the collection of better data about registrants to support workforce planning, with recommendations to continue engaging with UK-wide projects on workforce supply and demand. Respondents also supported involving patients and the public in decision-making processes.
62. A sample of the comments we received in response to this question are in the box below.

"GOC are leading other regulators here we should keep raising the bar"
(Optometrist)

"Needs to also analyse risk in eyecare provision. Also to consider the risk of new technology. Feel it is more realistic to say "future regulation" rather than "agile regulation" (Bexley Bromley and Greenwich LOC)

"It is important to put patients at the heart of what we do in order to ensure that we as a profession can learn from mistakes in care and put steps into place to ensure it doesn't happen again" (Optometrist)

"We recognise the positives of adopting an agile approach to regulation, especially in such a fluid healthcare culture. However, we question if agile regulation comes at the cost of true accountability? What kind of structure would this follow? How would this agile regulation prevent harm effectively? How will risk be addressed and/or mitigated? In terms of process, how flexible and adaptable will new regulations be to update? How will agile regulations fit into the GOC's priorities? Regulation should be proactive and have the necessary levels of flexibility built in. There are potential risks involved in decisions being made too quickly without all of the relevant information. (Association of Optometrists)

Our response

63. We recognise that our style of regulation will need to evolve to meet modern expectations of regulators and face current challenges. As in healthcare so in

regulation, preventing harm before it arises is better than treating problems after the fact. This focus on prevention will cut across our work underpinned by strengthening our approach to data and insight and translating this into effective action. This is agile regulation.

64. We note stakeholder support for us to do more with our data. We hold information about our registrants, about developments in eye care and about patient expectations but there are gaps in that data and more we can do with it. In the next five years we want to improve how we use that data and insight to address the strategic objectives. And we want to make that data more accessible to stakeholders and partners. This will be a key priority under the new strategy.

3.7 Impact on any individuals or groups with protected characteristics

65. In the consultation, we asked respondents whether any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010. Most respondents did not provide comments in response to this question but those who did mostly believed that the proposed changes will have a positive impact on individuals receiving and delivering care, with a focus on improving access and equity in eye care. One respondent stated that the strategy could empower those less likely to seek help and ensure better care.
66. However, a handful of respondents raised concerns. For example, respondents raised concerns about the potential for technological advances and AI to isolate older individuals or those with a disability. A respondent also highlighted the importance of ensuring that all children have access to eye care services. There was also an emphasis on the importance of equitable implementation of the strategic themes to avoid any unintended deterioration in patient experience.
67. A sample of the comments we received in response to this question are in the box on the following page.

“We do not foresee any negative impacts on these groups. In fact, the objective of providing safe and effective eye care for all is likely to positively affect individuals with protected characteristics by improving access and equity in eye care.”
(Optometry Scotland)

“An ageing population will lead to increased needs for eye care, and we believe that older patients may be disproportionately impacted if regulation becomes a barrier to them accessing services. Similarly, regulation needs to enable all children to have full access to eye care services, especially with the rising rates of myopia.” (The College of Optometrists)

3.8 Impact on any other groups or individuals

68. In the consultation we also sought views on whether our proposals would have any impact on any other groups or individuals. Most respondents did not provide comments in response to this question but those who did appreciated the inclusive approach of our strategy, with a focus on addressing health inequalities and improving care for under-served patient populations. There was a consensus on the importance of patient-centred care, with suggestions to also support registrants through education and technology innovation to enhance patient outcomes. The strategy's themes were seen as beneficial for enhancing the quality and accessibility of eye care services, with a shift towards patient care rather than sales.
69. Equality, diversity, and inclusion were highlighted, with a call for awareness and practical steps to include marginalised groups such as those with a disability and to ensure more inclusive and equal access to eye care services.
70. One respondent highlighted the potential impact of our strategy on other healthcare professionals within multidisciplinary eye health teams and recommended that we should consider these wider implications when developing our strategy.
71. A sample of the comments we received in response to this question are in the box on the next page.

“It would affect patients positively as it would move the profession away from a profession based on sales and more based on patient care” (Optometrist)

“We recommend the GOC includes more emphasis on the need to ensure more inclusive and equal access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics.” (The College of Optometrists)

“We welcome the increased focus on equality, diversity and inclusion. Light-sensitive and light-disabled people can be some of the most marginalised, excluded and socially isolated groups in society. Understanding and awareness of simple practical steps to enable their inclusion can make a huge difference.” (LightAware)

3.9 Welsh Language Impacts

72. 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. We asked respondents multiple choice questions about Welsh language impacts of our proposals. The breakdown of responses can be found in annex 1.

Our response

73. Given the limited feedback to the impact assessment and Welsh language questions, we are combining our response to each here.
74. We are pleased that some stakeholders consider that our strategy will have a positive impact on groups with protected characteristics and agree about the need to work together to address inequalities. Responsible innovation must ensure that it does not disadvantage some groups or worsen their access or experience of care. A separate EDI strategy 2025-30 setting out our activities in more detail will be published alongside the final corporate strategy.
75. We have not identified any effects from our strategy on either opportunities for persons to use the Welsh language or on treating the Welsh language no less favourably than the English language. We will assess Welsh language impacts for any policy decisions made under this strategy, as we develop those proposals.

3.10 Other comments

76. We asked respondents if there was anything else we should consider as we develop our strategy. Some respondents called for more detail on how the strategy would be implemented, for example on how technology can be safely integrated into eye care services or inequalities would be addressed. Several highlighted the need for us to work closely with registrants and stakeholders in developing and implementing the strategy, ensuring that it does not impose disproportionate impacts on the sector while maintaining patient safety.
77. Some respondents commented on the need to improve GOC engagement with optical businesses. For example, better communication and engagement with small, independent practices or increased oversight of larger practices through audits and spot checks.
78. Respondents highlighted other issues such as the importance of being aware of environmental impact and sustainability; concerns about wages for dispensing opticians; and a call for public education on the risks associated with unregulated suppliers of visual aids.
79. A sample of the comments we received in response to this question are in the box below and on the following page.

“We recommend that the GOC provides more detailed information on how they will achieve each objective, and further consults with registrants and stakeholders, to ensure that any proposals and priorities do not impose disproportionate administrative or financial impacts on patients, registrants, and the sector, whilst retaining good patient safety and public protection.” (The College of Optometrists)

“Zero support for businesses and how business models develop, who ultimately provide the services and safe eyecare for the public. Greater detail on technology as a whole and how this can be provided whilst safeguarding the public e.g. data sharing and data protection” (Bexley Bromley and Greenwich LOC)

“Small independent practices can feel quite remote from the GOC who historically have been regarded as an organisation to be feared (...). For any strategy to be fully effective for the intended beneficiaries (the general public) it is very important that the registered community knows and understands what is expected of it. (...). We suggest that much thought is given as to how the strategy is communicated and made tangible for registrants, and more broadly their practices.” (Association for Independent Optometrists and Dispensing Opticians)

“There is no mention of the need for opticians and optical businesses to protect their patients though ensuring that their working environments meet basic standards of Sustainability (e.g. energy, waste , recycling etc)” (Dispensing Optician)

“Unregulated and illegal supply of visual aids continues to pose a risk for the public - particularly contact lenses (although spectacles can also be an issue of course). (...) Better education needs to be provided to the public about the legal aspects of purchasing contact lenses/spectacles and also the health risks of procurement from an unregulated supplier. Equally punitive measures and other regulatory aspects should continue to be explored.” (British Contact Lens Association)

“In our view the strategy does not sufficiently recognise that the GOC is also part of a system and that it is only by working with partners within that system that, without in any way compromising its independence and regulatory role, some of its strategic objectives can be realised. This goes further than just ‘positive stakeholder relationships’ It would be helpful therefore if this were more clearly recognised and set out in a clear objective to work with sector partners, registrants and other regulators to achieve ‘safe and effective eye care for all’.” (FODO)

“GOC needs to expand on the financial planning and resourcing of these objectives. Will this lead to another unwelcome increase in the GOC fee? This will obviously affect registrants and needs to be considered. (Association of Optometrists)

“We would urge GOC to undertake new research with patients using domiciliary eye care and understand if there are patients who are missing out. (...) Reflecting on the commercial tensions that can lead to poorer patient care, this review could also reflect on the oversight needed in the domiciliary eye care system where patients are inherently more vulnerable.” (SeeAbility)

“We encourage the GOC to think creatively about how it can protect patients and the public in relation to the risks posed by services that cannot be regulated using its formal powers, such as services provided by businesses based outside the UK. In our view, raising patient awareness of the risks, and enabling patients to make informed choices, should be an important part of the GOC’s toolkit as it is for regulators in many other sectors.” (ABDO)

Our response

80. Many of the comments received in response to the consultation focussed on the delivery of programmes of work we included within the strategy or contained views on specific topics. We recognise that this strategy is written at a high level and will provide more detailed information on how we will achieve each objective in our annual business plans and through our website. We will take views on specific topics into account as we develop the work identified within the strategy and will consult with stakeholders where appropriate, in line with our consultation policy.
81. We note stakeholders' concerns about the potential costs of our proposals and the possible impact of these on registrant fees. We have developed a financial strategy to support the corporate strategy, setting out our approach in this area. A summary of this is included in the finalised corporate strategy.
82. We endorse remarks that GOC is one part of a wider system and the need to work with stakeholders to achieve the strategy. We hope that our approach to the Standards Review and business regulation is evidence of the more open and collaborative approach we are taking on our major external initiatives. Working effectively with a wide range of partners across the sector will be a cornerstone of our work over the next five years.

4. Next steps

83. We will publish our strategy for 2025-30 in early 2025, before we begin the start of our new strategic period in April 2025. We will also continue to publish our annual external business plans each year.

Annex 1: Graphs









