

# **Consultation on draft General Optical Council strategy for 2025-2030**

17 April to 10 July 2024

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## Overview

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### 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 our draft strategy for the period 1 April 2025 to 31 March 2030.
4. This consultation will be open from 17 April to 10 July 2024, and you can respond either using our [online consultation platform](#) or by emailing [consultations@optical.org](mailto:consultations@optical.org)

### Why we're doing this now

5. Our current strategy 'Fit for the future' covers the period 1 April 2020 to 31 March 2025.<sup>1</sup>
6. We consulted on our last strategy before finalising it and are grateful for all the comments we received. We are consulting on our new strategy now, so that stakeholders can shape the plan as it develops and so that we can finalise the plan in good time for the new strategic period, starting April 2025.

### What will happen next?

7. The public consultation will be open for 12 weeks.
8. Once the consultation has closed, we will analyse all the comments we have received and identify whether we need to make changes to our strategy. We will ask our Council to approve the final strategy, along with a document

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<sup>1</sup> [Fit for the future - strategic plan 1 April 2020 to 31 March 2025 | GeneralOpticalCouncil](#)

summarising the responses we received to the consultation and the changes we are making in response.

9. We expect to publish our new strategy in early 2025, accompanied by an equality, diversity and inclusion (EDI) strategy.

## Section 1: Fit for the Future – reflections on our current strategy

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10. Our 'Fit for the future' strategy for 1 April 2020 to 31 March 2025 described what we planned to do over those five years to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.
11. In 2023 the Professional Standards Authority for Health and Social Care (PSA) assessed that, for the first time in just under a decade, the GOC met all 18 of the PSA's Standards of Good Regulation. We maintained this achievement in 2024, when for the second year in a row we met all the standards. In both assessments, the PSA particularly highlighted the improvements made to the time it takes to progress cases through our fitness to practise system and our strong performance on EDI.<sup>2</sup>
12. Under our current strategy we have achieved the following:
  - Completed our strategic review of education and published updated education and training requirements (ETR). These ensure that the qualifications we approve are fit for purpose and meet patient and service-user needs. They also 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.
  - Supported the sector in its journey to implement the ETR, including facilitating knowledge-led collaborations within the optical sector.
  - Delivered a new Continuing Professional Development (CPD) scheme, which gives greater flexibility and scope for the professional development of optometrists and dispensing opticians.
  - Carried out one of our most substantial engagement activities across the sector, with our call for evidence on the Opticians Act 1989 and associated policies. This brought forward several critical considerations for the future of the professions regulated by the GOC and eye health more broadly.
  - Recruited new Council associates to give registrants at an early stage in their careers an opportunity to gain insight and experience of working with the Council, and Council the benefit of fresh and diverse perspectives.
  - Made significant improvements to the timeliness of fitness to practise cases, so that we have now achieved the PSA's Standards of Good Regulation and introduced a new illegal practice protocol.
  - Published an anti-racism statement as part of our wider commitment to embed anti-racism in our policies and practices, and used the substantially improved data we collect to embed EDI in everything we do.

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<sup>2</sup> [PSA review concludes that the General Optical Council meets all Standards of Good Regulation | GeneralOpticalCouncil and GOC meets all PSA Standards of Good Regulation for second year | GeneralOpticalCouncil](#)

- Invested in our digital transformation, to ensure our regulatory, communication and internal operations are supported by efficient and effective utilisation of technology, including the launch of a new website.
- Made improvements to our customer service and achieved the Customer Excellence Standard.
- Implemented a new directorate structure and updated operating model, including investing in our people and processes.

## Section 2: The strategic context

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13. 2020 proved to be an unprecedented time for the eye care professions and services. We could not have anticipated that our 2020-2025 strategy would have been published during such extraordinary circumstances. The pandemic accelerated changes already happening, for example, the increased use of digital technologies and changing workforce patterns.
14. We wanted to ensure we fully understood the context in which we are setting our new strategy. 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.
15. We have identified the following external influences as being particularly relevant to our work.

### Changes in patient needs and delivery of eye care

16. An ageing population will lead to increased comorbidities and eye health concerns and be more likely to need domiciliary care, at home services or more complex care.<sup>3</sup> At the same time, patients will continue to expect high quality care, with a move towards increased partnership and joint decision-making with eye care professionals to maintain their eye health and correct refractive error. A continued cost of living crisis could lead to increased health inequalities because patients are unable to afford appropriate eye care or a lack of transparency on cost of care prevents patients accessing care.
17. Ophthalmology continues to be the highest outpatient attendance of any recorded speciality but there remain concerns about the capacity of the ophthalmology workforce to continue to deliver hospital-based care given predicted future volume.<sup>4</sup> We are already seeing increased management of eye conditions in the community setting, at home or other locations away from hospital and this trend is likely to continue.

### Changes in the workforce, skill acquisition and utilisation

18. We will continue to see changes to professionals' scope of practice and opportunities for the greater utilisation of advanced post-registration professional and clinical skills to support the delivery of service redesign, to support patients to make shared care decisions, or to be able to use innovative

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<sup>3</sup> [Living longer - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>4</sup> [Summary Report - Treatment Specialities - NHS Digital](#)

technologies. This offers opportunities for professionals to undertake additional post-registration qualifications and apply advanced skills such as independent prescribing to support patient care and service redesign. This could also raise challenges for employers, professional bodies and regulators in maintaining oversight, reducing risk and ensuring standards are met.

19. Workforce shortages may become more acute at a time of increasing demand. A continued shift in working patterns, such as more locums and part-time working, and choice of geographical location may reduce the effective size of the workforce, even if registrant numbers grow steadily. The wellbeing of the workforce will remain a priority, in the context of GOC survey data showing considerable burnout and disillusionment in the profession, as well as alarming levels of harassment, bullying, abuse and discrimination by patients, colleagues and managers.<sup>5</sup>

### **Innovation and technology**

20. Scientific advances like DNA sequencing at birth, gene therapy and editing, nanomedicine, stem-cell medicine, and smart bodies are expected to enable more personalised care and should improve prevention, early detection and treatment of many common eye conditions.
21. Technology will continue to enable changes in eye care, enabling more digital, virtual, or remote eyecare, which could result in increased competition or international delivery of services into the UK. Increasing use of artificial intelligence (AI), particularly in the diagnosis of conditions or in the screening or triaging of patients, could see conditions diagnosed at an earlier stage but requires a workforce which understands that technology. We also expect to see increased automation, taking on some tasks undertaken by professionals or for chatbot-style patient engagement and advice.
22. We will continue to see changes in the eye care market. Independent practices may change business models and move to join larger networks or franchises. We may also see a greater number of practices choosing to no longer deliver NHS services. On the other hand, more practices may get involved in the delivery of enhanced eye care, with a range of schemes available in all four nations.

### **Regulatory, political and international developments**

23. An overhaul of the Opticians Act promises to expand and develop business regulation, give us greater freedoms to make rules and move our governance model to a unitary board.<sup>6</sup> The timetable for that is still unknown, although we expect it to happen in the lifetime of this strategy. We will continue to deliver our

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<sup>5</sup> [GOC Registrant Survey 2023](#)

<sup>6</sup> [Call for evidence on the Opticians Act and consultation on associated GOC policies](#)



four main statutory functions but increase our role in proactive regulation, preventing harm before it happens, through improved evidence gathering, analysis and identification of appropriate responses.

24. The COVID-19 Public Inquiry could trigger reforms to specific aspects of healthcare regulation. The Government's response to previous independent inquiries is ongoing, which could lead to changes in areas like clinical indemnity cover and declaring professionals' conflicts of interest. Other Government reviews, for example on DBS (Disclosure and Barring Service) checks, could also prompt reform.
25. Trade deals negotiated by government may impact on international registration processes. Meanwhile, review of EU-derived laws in areas like data protection and consumer rights may lead to legislative reforms that may impact on eye care services and the GOC's operations.

### **Section 3: The foundations of our strategy – our vision and mission**

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26. Our proposed strategy outlines our vision, mission and strategic objectives for the next five years, sustaining our success as a high performing regulator, building on our strengths and addressing the areas where we wish to improve. 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's Standards of Good Regulation.
27. The proposed strategy will be supported by the following documents:
  - EDI strategy
  - Financial strategy
  - Digital strategy
  - People plan
  - Business performance reporting framework
28. We have decided that we will describe our proposed strategic direction for the purpose of public consultation at a high level. Once agreed by Council, post-consultation we will provide more detailed information on how we will achieve each objective in our annual business plans.
29. We expect to begin the next strategy from a strong position, with positive stakeholder relationships, sound finances, including healthy reserves, and having delivered major investment in digital transformation that promises to improve our customer service. We will continue to develop our internal capacity to deliver the ambition and shift in approach contained in this corporate strategy, by implementing financial, people, digital and EDI sub-strategies to support the achievement of our proposed mission, vision and strategic objectives by 2030.
30. The focus of this strategy is on areas of change, but we are committed to continuous improvement across our core statutory functions such as maintaining the registers, approving qualifications, and managing our fitness to practise operations. Also, the effective realisation of major reforms delivered in the current strategy period, such as in education and training, updated professional standards and digital transformation, will be supported and adjustments made as necessary.

#### **Proposed vision**

31. Safe and effective eye care for all.

#### **Proposed mission**

32. To protect the public by upholding high standards in eye care services.

## **Section 4: Proposed strategic objectives**

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33. We have identified three key objectives which we propose will underpin our strategy:
- Creating fairer and more inclusive eye care services
  - Supporting responsible innovation and protecting the public
  - Preventing harm through agile regulation
34. We recognise that the objectives are intersecting and will naturally overlap. For example, addressing inequalities in the first objective gives this due prominence but these issues will cut across all our work.
35. In identifying these objectives, we have considered both external and internal aspects of our work. The first two objectives are externally focused, and the third is more internally focused.

### **Creating fairer and more inclusive eye care services**

36. There is much to celebrate about the last five years. Despite the challenges of COVID-19, public trust in registrants and satisfaction with service remains high. People are increasingly turning to registrants for eye issues as their first port of call instead of GPs. Registrants are upskilling and taking on more clinical roles, enabling patients to access a wider range of eye care services in their communities.
37. Even so, there remains significant preventable sight loss. And there is evidence to suggest that the successes of the last five years are not equally shared, with some groups of patients facing higher barriers to accessing services and getting worse outcomes. For example, our public perceptions survey shows that people from ethnic minorities are less likely to get their sight tested. Also, people with disabilities are more likely to report things going wrong during their visit. External surveys have highlighted the impact of the cost of living crisis as a barrier to accessing eye care. Availability of enhanced services differs both between nations and within nations.
38. While our equalities data shows the registrant base is more diverse than ever before, our registrant survey shows that experiences of working in the sector are unequal. Abusive behaviour, harassment and discrimination are higher in this sector than elsewhere in the NHS and more likely to be experienced by some population groups. We risk losing good professionals when demand for their services is rising, and the unsafe working environments these behaviours create puts patient safety at risk.
39. Such problems are not unique to this sector. Other healthcare regulators are giving these issues more attention, while the PSA is enhancing its scrutiny of regulators on EDI issues and encouraging greater involvement in addressing

health inequalities. EDI will be embedded across our work and throughout the professional lifecycle from education and training through registration, setting standards and fitness to practise. However, while regulation can positively contribute to this arena, it cannot provide all the solutions. Since these issues are structural and multifaceted, addressing them will require a sector-wide effort with partnership and collaboration across many actors.

40. Priorities in 2025-30 under this theme will include:

- using research insight and data to highlight inequalities facing the public, patients and professionals;
- deploying our regulatory levers to help reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments; and
- monitoring for and addressing any disproportionate representation of groups with protected characteristics in the GOC's regulatory processes.

### **Supporting responsible innovation and protecting the public**

41. Developments in technology, service delivery, business models, commissioning and working patterns are changing the face of eye care. These changes present both opportunities and challenges that regulation must respond to.
42. There are growing concerns about workforce shortages in some geographic areas. By realising the full benefits of our education and training reforms, thinking strategically about post-registration qualifications and delivering a more flexible system of CPD, regulation can support the professions to both grow in size and develop their roles to meet more patient eye care needs.
43. Striking the right balance between supporting responsible innovation, protecting the public and maintaining public confidence in the professions and businesses we regulate is likely to be a recurring theme during a period of potentially rapid change. Innovation has transformed eye care in recent decades and future developments promise to reduce barriers to access and deliver better outcomes. Balanced with this, as registrants undertake more complex clinical work, regulation must respond to a changing risk profile. Our focus will be on creating a flexible, agile regulatory framework that supports innovation while maintaining the necessary safeguards.
44. Reform of the Opticians Act will modernise our approach to business regulation and plug important gaps in public protection. Updating our business standards will be an early priority in the strategy period. Legislative reform will also give us freedom to make and amend our own rules, some of which are unchanged for many years, making us better able to support the sector to adapt to a changing environment.

45. Priorities in 2025-30 under this theme will include:

- supporting registrants to deliver more clinical eye care by realising the full benefits of our education and training reforms and taking a more strategic approach to post-registration qualifications;
- reforming our CPD system so that it focuses on the quality rather than quantity of professional development and supports the expanded clinical roles registrants will perform within service redesign; and
- extending regulation to all businesses carrying out restricted activities underpinned by updated standards for business registrants.

### **Preventing harm through agile regulation**

46. Our style of regulation will 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. Linked to this, we will exercise proactive leadership on topical issues and collaborate on solutions to issues facing the sector.
47. We will exploit opportunities to share our registration and survey data to support commissioners to plan services better and for patients to locate and benefit from the wider range of services now delivered by registrants in their communities.
48. Inquiries into poor patient care often highlight a failure to listen to the concerns of patients or service users. The GOC ultimately exists to protect the public, so we wish to strengthen the user voice across our work, enabling us to put the interests of the public and patients at the heart of regulation. This includes better understanding the views and experiences of the public and patients through the research we commission, building our relationships with organisations representing these groups, and ensuring these interests are at the forefront in shaping the decisions we take.
49. We will continue to actively prepare for legislative reform to the Opticians Act, although the timing is unknown. Further, Charity Commission requirements, revised PSA standards and other external drivers, may require changes to our governance, financial management and operating model. While often invisible to stakeholders these arrangements provide the firm foundations underpinning all our activities.

50. Priorities in 2025-30 under this theme will include:

- putting the public and patients at the heart of our regulatory approach by investing more in our research activities, engaging better with patient groups and strengthening the user voice in our decision-making structures;
- shifting to a more anticipatory model of regulation that seeks to prevent harm based on a risk-based, data-driven approach that joins up our intelligence and insight, and translates this into effective action;
- supporting workforce planning and patient choice by collecting better data about registrants and improving how we publish and share this with others; and
- changing our governance arrangements and other internal processes in response to legislative reform, including through the creation of a unitary board and reviewing our advisory committee structure.

## Section 5: Seeking your views

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51. Below we have set out some questions for you to consider.
52. We have asked questions 9-11 to test our compliance with the Welsh language standards, which aim to promote and facilitate use of the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.<sup>7</sup>

**Q1. Do you agree with our vision ‘safe and effective eye care for all’?**

**Yes**

**No**

**Not sure**

**Please explain your reasoning.**

**Q2. Do you agree with our mission ‘to protect the public by upholding high standards in eye care services’?**

**Yes**

**No**

**Not sure**

**Please explain your reasoning.**

**Q3. Are there any other developments we have missed from our analysis of the strategic context in section 2?**

**Yes**

**No**

**Not sure**

**If yes, please explain the missing developments.**

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<sup>7</sup> Welsh Language Commissioner, 2023, Welsh Language Standards, [Welsh language standards \(welshlanguagecommissioner.wales\)](https://welshlanguagecommissioner.wales)

**Q4. Do you agree with our strategic objective 'Creating fairer and more inclusive eye care services'?**

**Yes**

**No**

**Not sure**

**Please explain your reasoning.**

**Q5. Do you agree with our strategic objective 'Supporting responsible innovation and protecting the public'?**

**Yes**

**No**

**Not sure**

**Please explain your reasoning.**

**Q6. Do you agree with our strategic objective 'Preventing harm through agile regulation'?**

**Yes**

**No**

**Not sure**

**Please explain your reasoning.**

**Q7. Do you think 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?**

**Yes**

**No**

**Not sure**



**If yes, please explain how.**

**Q8. Do you think any of the strategic themes could affect any other individuals or groups, either positively or negatively?**

**Yes**

**No**

**Not sure**

**If yes, please explain how.**

**Q9. Will the proposed changes 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?**

**Yes**

**No**

**Not sure**

**If yes, please explain your reasoning.**

**Q10. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:**

**(a) opportunities for persons to use the Welsh language, and**

**(b) treating the Welsh language no less favourably than the English language?**

**Yes**

**No**

**Not sure**

**If yes, please explain how.**

**Q11. 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?**

**Yes**

**No**

**Not sure**

**If yes, please explain your reasoning.**

**Q12. Is there anything else you think we should consider as part of the development of our strategy?**

**Yes**

**No**

**Not sure**

**If yes, please explain your reasoning.**

## **Section 6: How to respond to the consultation**

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- 53. This consultation will be open from 17 April to 10 July 2024.
- 54. 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.
- 55. However, if that is not possible, you can respond to the consultation by emailing [consultations@optical.org](mailto:consultations@optical.org)