

GOC response to business regulation consultation

July 2025

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Executive summary

Background

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 34,000 optometrists, dispensing opticians, student opticians and optical businesses.
2. 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). 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.
3. Our response to the 2022 call for evidence on legislative reform established our position that all businesses carrying out specified restricted functions¹ should be registered with the GOC. The current phase of work focuses on how best to modernise our business regulation framework so that it is fit for purpose in the changing landscape of eye care services in all four nations of the UK.
4. We carried out a [business regulation consultation](#) which sought views on changes to our framework for regulating businesses – the detail of and reasoning behind all of our proposals can be found in the annexes of the consultation document. The consultation was open from 23 October 2024 to 22 January 2025. We received 99 consultation responses from a range of stakeholders.

Summary of GOC responses to findings

5. Our responses to each of the sections of the report are summarised in the table below. To see the findings and our full responses with more detail, please refer to the relevant sections of the report.

Scope of regulation

- *GP practices and hospitals (NHS and independent) carrying out restricted functions:* We conclude that we should not regulate service providers (including at GP practices or hospitals, clinics, nursing homes or other similar institutions) that are performing restricted functions in the course of providing medical or surgical treatment.
- *Commercial units operating in GP practices and hospitals:* We conclude that we should regulate independent commercial units carrying out specified restricted functions, whether or not they are operating at the same premises as

¹ See paragraph 15 for a definition of the restricted functions.

GP practices and hospitals, *unless* these functions are being carried out as part of the care provided by the GP practice or hospital.

- *Regulation of charities:* When we extend business regulation, any charities providing specified restricted functions should be regulated by the GOC due to the strong public protection rationale.
- *Regulation of university eye clinics:* When we extend business regulation, any university eye clinics providing specified restricted functions should be regulated by the GOC due to the strong public protection rationale.
- *Discretionary power to exempt:* While we recognise the concerns around a discretionary power to exempt certain businesses from registration, we think it would be prudent to have this power as the market is diverse and evolving, and we need to ensure regulation is targeted, proportionate and future-proofed.
- *Majority of registrant directors:* The requirement for some bodies corporate to have a majority of registrant directors should be removed since it is no longer justified, anti-competitive, outdated and acts as a barrier to entry to the market.

Models of regulatory assurance

- *Head of optical practice for all businesses:* We have decided that it would be appropriate for all optical businesses to have a head of optical practice.
- *Responsibilities of the head of optical practice:* We welcome the broad support from stakeholders in relation to the proposed responsibilities of a head of optical practice. Setting out these responsibilities in primary legislation will provide clarity on the purpose and limits of the role. This will be supplemented by GOC guidance as required.
- *Responsibilities around training placement arrangements:* Businesses should have the discretion to appoint the most qualified and suitable person to oversee training placements, which may not be the same individual as the head of optical practice.
- *Fully qualified GOC registrant:* We welcome the strong support from stakeholders that a head of optical practice should be a fully qualified GOC registrant and will recommend this to government. The head of optical practice could be an optometrist or dispensing optician; the important issue is their ability to meet all the responsibilities of the role.
- *Employee:* There was broad support that the head of optical practice should be an employee within a business, and we intend to take this proposal forward.
- *Multiple businesses:* Our view is that one individual should not carry out the head of optical practice role for multiple separate and unrelated businesses. However, we are mindful of the different business models in the sector and see that flexibility could be applied in limited circumstances and still meet the needs

of the role, while avoiding situations whereby individuals perform a nominal or consultancy role across multiple unrelated businesses.

- *Power to introduce conduct standards:* We do not consider it necessary to introduce separate standards for this role. However, as the role evolves, we consider it would be prudent for us to have the flexibility to introduce additional standards in future.
- *Characteristics:* We should not prescribe in rules the essential characteristics of the role holder. We will consider the need for any guidance on person characteristics as part of our implementation approach.
- *Business register:* In the interests of public transparency the individual nominated as head of optical practice should be listed on the GOC business register.
- *Annotation on individual register:* If someone is listed as part of the business registrant entry, then it is not necessary to annotate this information to their individual registrant entry.

Enforcement approach and sanctions

- *Powers to impose a financial penalty:* Despite uncapped financial penalties not being favoured by stakeholders, we consider this approach would best reflect the diversity of business models and the need to future-proof our legislation.
- *Power to visit:* We have decided not to introduce this power and consider that our existing processes (for example, we can compel a business to provide written information and could visit a business with their consent) are sufficient to address fitness to carry on business concerns.

Consumer redress

- *Mandatory participation:* Ultimately, as a patient-focused regulator, we consider that mandatory participation in the OCCS is necessary to deliver public protection and would be a proportionate solution, and we will recommend this model to government.
- *Legally binding decisions:* We have decided to recommend to government that the OCCS should remain a mediation scheme, rather than moving to an adjudication model.
- *Delivery of consumer redress:* We intend to retain the existing model of delivering our consumer redress scheme with a single provider through a competition for the market model.
- *Funding of consumer redress scheme:* We intend to continue with current funding arrangements for the OCCS, sharing the cost among registrants through the registration fee as this is the simplest system to administer, and our

standards are the best lever to address any variability in unfair practices and first-tier complaint handling by businesses.

Next steps

6. 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.
7. We are committed to working in partnership with stakeholders to refine and further develop our proposals, for example, in relation to the head of optical practice role. We will confirm our plans for taking forward this work once the timetable for reform to the Act is clearer.
8. Should we achieve legislative reform to extend and modernise business regulation, much of the detail will be implemented in secondary legislation and/or guidance. There will be further consultations on any legislation or guidance, giving stakeholders opportunity to input as required.

Introduction

9. 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.
10. We have four primary functions:
 - setting standards for optical education and training, performance and conduct;
 - approving qualifications leading to registration;
 - maintaining a register of those 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 is impaired.

Background to the consultation

11. This consultation sought views on changes to our framework for regulating businesses. The detail of and reasoning behind all of our proposals can be found in the annexes of the [business regulation consultation document](#).
12. 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.
13. 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 response, 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.
14. Should the Department of Health and Social Care's (DHSC) legislative reform programme proceed, we wish to use this opportunity 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 was a first step in a programme of work to ensure that our legislation and associated policies are fit for the future.

15. As part of the 2022 call for evidence, we addressed the area of business regulation and commissioned 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.
16. Restricted functions (referred to as 'specified restricted functions') were defined in the consultation document as:
 - 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 registered sight impaired or severely sight impaired.

Consultation process

17. Our [business regulation consultation](#) was open for 13 weeks from 23 October 2024 to 22 January 2025.
18. We received 99 consultation responses from a range of stakeholders. These included:
 - one optical patient;
 - 36 optometrists;
 - seven dispensing opticians;
 - five contact lens opticians;
 - three therapeutic prescribing optometrists;
 - two student optometrists;
 - 17 GOC business registrants;
 - 11 optical businesses (not GOC business registrants);
 - four education providers;
 - seven optical professional/representative bodies; and
 - two patient representative charities/organisations.
19. The organisations that were willing to be named were:
 - Association of British Dispensing Opticians (ABDO)
 - Association of Optometrists (AOP)
 - Bexley, Bromley and Greenwich LOC [Local Optical Committee]

- Clyde & Co LLP
- The College of Optometrists
- F.Y. Eye Global Consulting
- FODO (The Association for Eye Care Providers)
- Heyes Opticians Ltd
- MyEyes (Opticians) Limited
- Optometry Scotland
- Optometry Wales
- Pearce & Blackmore Opticians
- The Professional Standards Authority for Health and Social Care (PSA)
- Robinson Optometrists Ltd
- SeeAbility

20. We are grateful for all the feedback we received and have taken this into account in deciding our next steps.

Approach to producing this response

21. Respondents were encouraged to provide comments throughout the consultation. We reviewed every comment received. We are unable to include individual responses to all of these comments within this report due to the volume that we received.
22. Any comments that have been included are produced verbatim, although we have made minor corrections to spelling and/or grammatical errors where we considered that these were obvious.
23. We have only included comments where the respondent has consented to their response being published (either alongside their name or anonymously). It is our practice not to include the names of individual respondents, even where they have given their consent for us to publish their response.

Patient and public research

24. As part of our consultation approach, we commissioned research to gather the views of patients on some of our proposals. The research included three online focus groups (24 participants in total), telephone depth interviews with individuals who have experienced dissatisfaction with optical services (three participants) and an omnibus survey of 2,205 members of the UK public.
25. We have summarised the findings of this research in relevant sections of the report below. For further details about the methodology and findings, the report and data tables are available on our website.

Advisory Panel

26. We also discussed our proposed response with our Advisory Panel, which is made up of four statutory committees: Companies Committee, Education Committee, Registration Committee and Standards Committee. Their role is to give advice and assistance to our Council. We have incorporated their comments where they gave us additional information that had not already been raised during the consultation.

Next steps

27. 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.
28. We are committed to working in partnership with stakeholders to refine and further develop our proposals, for example, in relation to the head of optical practice role. We will confirm our plans for taking forward this work once the timetable for reform to the Act is clearer.
29. Should we achieve legislative reform to extend and modernise business regulation, much of the detail will be implemented in secondary legislation and/or guidance. There will be further consultations on any legislation or guidance, giving stakeholders opportunity to input as required.

Findings

Section 1: Scope of regulation

GP practices and hospitals (NHS and independent) carrying out restricted functions

30. We asked stakeholders to what extent they agreed or disagreed that GP practices and hospitals (NHS and independent) carrying out specific restricted functions should be exempt from GOC business regulation. Of the 92 respondents that answered the question, 39 per cent agreed or strongly agreed, 13 per cent neither agreed nor disagreed, and 48 per cent disagreed or strongly disagreed.
31. The following themes were identified from the comments:
- regulation should be consistent and apply regardless of the environment, providing a level playing field;
 - regulation should only apply in GP practices / hospital settings where there is commercial activity;
 - there is already regulation of medical practitioners and GP practices and hospitals – duplication of regulation is not appropriate, could lead to additional costs and create confusion and unintended consequences; and
 - we should identify any gaps in existing regulation to ensure fairness and patient safety.
32. Overall, despite recognition of existing regulation by other bodies, the general sentiment was for consistent regulation across providers of specific restricted functions to ensure fairness, patient safety, and to avoid regulatory gaps.
33. The optical professional/representative bodies were generally in agreement that it would be disproportionate to regulate GP practices and hospitals in the course of the provision of medical treatment, as it could duplicate regulation and lead to additional costs and burdens. However, the AOP warned that there could be ambiguity over who has oversight over a business operating in a GP practice or hospital setting due to the current registration requirements in place for the Care Quality Commission (CQC). It argued that since the CQC's requirements give an exemption to primary ophthalmic services (for example, high street optometrists) or ophthalmic services that are of the same kind as those provided by high street optometrists, we would need to be careful of any blanket exemption for GP practices and hospitals.

34. Many of the points made in response to this question were more relevant to our next question on whether commercial units operating in GP practices or hospitals should be regulated.
35. A sample of comments is available in the box below.

“All practitioners should be subject to a uniform system of regulation.” Optical patient

“Regulation should be the same for all providers.” Optometrist

“...if a sight test or restricted function is performed by a Hospital (unlikely a GP practice) as part of the clinical care package, then the Trust or provider should not be subject to be GOC business regulation, as they will have other governance requirements instead e.g. CQC.” Optometrist

“Providers of restricted functions should have to abide by the regulation for that restricted function regardless of the environment.” Contact lens optician

“...Provided the services in question are led by a GMC registrant, patient should still receive the highest standards of care and it would be disproportionate for the GOC to provide additional regulation. We support the proposal on the condition that patients receive equivalent levels of protection wherever and whenever they access services involving restricted functions...” ABDO

“...these providers are already regulated by the CQC. As optometrists providing restricted functions in these settings will be regulated as individuals (and other healthcare professionals by their regulator) we think it could be disproportionate and unrealistic for the GOC to seek to regulate these settings as well...” The College of Optometrists

“Provided the services in question are led by a GMC registrant, such as an OMP/ophthalmologist, then we would support this proposal... any additional regulation by the GOC would be disproportionate...” FODO – The Association for Eye Care Providers

“We agree with this statement as long as the referenced services are led by a GMC registrant such as an Ophthalmologist or OMP [ophthalmic medical practitioner]. GP practices and hospitals (NHS and independent) are regulated by the relevant organisations.” Optometry Wales

GOC response – GP practices and hospitals (NHS and independent) carrying out restricted functions

36. As set out in paragraphs 78-80 of our [consultation document](#), we had not proposed to regulate GP practices and hospitals/clinics providing restricted functions *in the course of medical or surgical treatment*. This is on the basis that these services are already separately regulated and reflects the current

legislative framework. Specifically, the Act and the sight testing regulations² are drafted in such a way that the requirements to undertake specific duties while testing sight do not apply when the testing is carried out by a doctor at a hospital or clinic in the course of diagnosing or treating injury or disease of the eye³.

37. There was a difference of views between representative bodies and individual respondents, possibly reflecting some misunderstanding about a technical set of issues. Having considered the consultation responses, we conclude that we should not regulate service providers (including at GP practices or hospitals, clinics, nursing homes or other similar institutions) that are performing restricted functions in the course of providing medical or surgical treatment. We have heard the concerns about a blanket exemption and will suggest to government that it continue to use similar wording to the current exemption in the Opticians Act to address situations where commercial business is being carried out in the premises of a GP practice, hospital or other similar setting but not in the course of medical or surgical treatment.

Commercial units operating in GP practices and hospitals

38. We asked stakeholders whether they thought that commercial units operating in GP practices and hospitals that are providing specific restricted functions should be regulated by the GOC. Of the 70 respondents that answered the question, 86 per cent answered yes, six per cent answered no, and nine per cent were not sure.
39. The following themes were identified from the comments:
- regulation should be applied consistently to all providers including this group to ensure patient safety and care standards;
 - if a commercial service is led by a GOC registrant independently of the GP practice / hospital, it should be regulated by the GOC;
 - if the primary function of the business is to provide ophthalmology / eye health services, there might be a need for exemption or careful consideration to avoid regulatory complications;
 - there could be potential confusion for patients regarding the regulatory body responsible for their care, suggesting that default regulation by the GOC might support public understanding; and
 - there is a need for clarity on what constitutes a 'commercial unit' and any exemptions should be carefully designed.

² [The Sight Testing \(Examination and Prescription\) \(No. 2\) Regulations 1989](#)

³ Regulation 3(2) of the Sight Testing (Examination and Prescription) (No 2) Regulations 1989

40. Overall, most responses favoured consistent regulation by the GOC for optical businesses providing commercial services, including those located within GP practices or hospitals, to ensure uniformity in patient safety and care standards. This view was generally supported by the optical professional/representative bodies, with the caveat that to avoid duplication of regulation, businesses should fall within scope only where they are operating independently of the GP practice / hospital).
41. A sample of comments is available in the box below.

“Commercial units are similar to high street opticians, and location of this should not matter.” Optical business (not a GOC business registrant)

“Ensures consistent patient safety and care standards for commercial optical services.” Dispensing optician

“GP practices are separate from hospitals as some incorporate an optometry practice - if this is the case the optometry practice if carrying out commercial restricted functions should be regulated by the GOC. Optometry practices working in a commercial manner should all fall under GOC regs.” Education provider

“If this is a standalone commercial operation located within the premises of a GP practice or hospital and thus operates outside the jurisdiction of the GP or hospital regulatory authorities, it should fall under the regulation of the General Optical Council (GOC).” ABDO

“Commercial units within GP practices and hospitals should be treated no differently to any other. As they are sub-let spaces, the only distinction to any other commercial unit is their location.” AOP

“...it would be beneficial - to ensure consistency and uniformity - that units providing commercial functions are regulated, particularly as some independent providers operate out of GP practices. This occurs for example where a room is hired in a GP practice by an optical business, in which restricted functions may be carried out. It would be important that these entities are regulated, as they are most likely not subject to the CQC regulation of the wider practice/hospital. However, we would wish to see a clearer definition of what the GOC considers a ‘commercial unit’ before commenting further.” The College of Optometrists

“...If the commercial service is operated/led by a GOC registrant independently of the GP/hospital (i.e. the actual provider organisation of the commercial service does not fall under HIS, HIW, CQC, RQIA, CI or CIW regulation) then it should be regulated by the GOC...” FODO – The Association for Eye Care Providers

“...in the case of commercial units operating in GP practices and hospitals it would be useful to understand what other regulatory oversight would apply and therefore the current level of unmanaged risk. We welcome the GOC’s position of working

with the relevant regulators to better understand the need for regulation for this category of optical business.” PSA

GOC response – commercial units operating in GP practices and hospitals

42. We have concluded that we should regulate independent commercial units carrying out specified restricted functions, whether or not they are operating at the same premises as GP practices and hospitals, *unless* these functions are being carried out as part of the care provided by the GP practice or hospital. In this case those functions would be subject to alternative regulatory oversight in the same way as other care provided by the GP practice or hospital. There was strong support for the principle that the location of the business, or who it is being led by, should not matter in this context. We are satisfied this approach will promote consistent public protection without duplicating regulation. We recognise the need for care with definitions provided in any new legislation so that businesses are not inappropriately exempted.

Regulation of charities

43. We asked stakeholders to what extent they agreed or disagreed that charities providing specific restricted functions should be regulated by the GOC. Of the 70 respondents that answered the question, 83 per cent agreed or strongly agreed, 11 per cent neither agreed nor disagreed, and six per cent disagreed or strongly disagreed.
44. The following themes were identified from the comments:
- charities providing restricted functions should be regulated to ensure consistent service standards and patient safety;
 - regulation should be applied uniformly across all providers regardless of profit status, to maintain public trust and confidence, create a level playing field and avoid creating loopholes that could be exploited;
 - while charities should be held to the same standards, the financial burden of regulation could be mitigated through reduced fees or exemptions, given their not-for-profit nature and the valuable services they provide to underserved groups;
 - since the Charity Commission does not have a clinical focus, regulation of charities by the GOC would not create duplication of regulation;
 - charities often serve vulnerable populations and should potentially face more scrutiny to ensure these groups receive proper care; and

- if individual practitioners are regulated, additional regulation for charities might not be necessary, provided their governance is maintained by an independent regulator.

45. Overall, while there is a clear call for consistent regulation of charities providing restricted functions, there is also a strong recommendation for a fee structure that acknowledges the financial constraints and social contributions of charitable organisations. This sentiment was supported by the optical professional/representative bodies and a charitable organisation.

46. A sample of comments is available in the box below.

“...The proposal to regulate charities providing restricted functions would therefore appear to be appropriately risk-based. Further, while we do acknowledge the potential downsides of imposing regulation on charities, as a general principle we believe that regulation should be consistent. This includes being consistent between providers. Creating ‘loopholes’ in terms of which providers are regulated also has the potential to create unintended consequences.” PSA

“Our responses follow better regulation principles which mean that regulation should be proportionate and based on objective rather than ideological criteria. This means there is no basis on which to make universal assumptions about incentives/behaviour based solely on organisational form...” FODO – The Association for Eye Care Providers

“Charities providing restricted functions should be regulated on the same basis as other providers, no organisation should be treated differently to others.” Optometry Wales

Comments referencing fees

“It could be argued that charities should have more regulation because they are more likely to be dealing with members of the public who are extremely vulnerable e.g. homeless, children with severe disabilities. You may consider reducing the financial burden of GOC registration on charities by reducing or having no cost to register if the business has charitable status.” GOC business registrant

“In principle we support consistency of application so all those delivering restricted functions are registered, but would argue for financial recognition in the fee structure and application of lower fees for charities... applying the same fee regime to charities will not be sustainable if a charity is already cross subsidising eye care through fundraised income or cannot access contracts that enable full cost recovery, and the pressures of the as yet unidentified fee structure could lead to withdrawal of services.” SeeAbility

“...While the Charity Commission provides general governance and oversight, it does not enforce clinical standards or patient safety protocols. GOC regulation would ensure that restricted functions are delivered with appropriate professional

accountability and oversight... the AOP recommends that the GOC implements a tiered system of fees where the smallest businesses pay less than the larger corporations.” AOP

“...Feedback from the College’s Policy Advisory Panel and Board, strongly recommends that the GOC should consider a fee exemption or a reduced fee model for charities, given that they are not primarily operating a for-profit model. A fee could be a deterrent to new charities emerging to offer vital services to vulnerable groups and could reduce the ability of any charity reaching and benefitting the widest possible cohort of patients.” The College of Optometrists

*“Charities providing restricted functions should be regulated by the GOC to ensure consistent service and patient safety. However, the cost of registration could be a concern, so a reduced fee or exemption should be considered for these charities.”
Optometry Scotland*

GOC response – regulation of charities

47. We conclude that when we extend business regulation, any charities providing specified restricted functions should be regulated by the GOC due to the strong public protection rationale. We are sympathetic in principle to the case for lower registration fees for charities reflecting their status and social contribution. We would expect the legislation to provide us with the flexibility to set reduced fees for groups of registrants, as we do now for individual registrants on low incomes.

Regulation of university eye clinics

48. We asked stakeholders to what extent they agreed or disagreed that university eye clinics providing specific restricted functions should be regulated by the GOC. Of the 70 respondents that answered the question, 86 per cent agreed or strongly agreed, seven per cent neither agreed nor disagreed, and seven per cent disagreed or strongly disagreed.
49. The following themes were identified from the comments:
- university eye clinics providing restricted functions should be regulated to ensure consistency, safety and quality of service to patients;
 - while these clinics primarily serve as educational facilities for students, they also operate in some capacity as commercial entities, especially when they provide services to the public and generate revenue;
 - regulation of university eye clinics would maintain equity with high street optometrists and other providers;

- there are potential unintended consequences of overburdensome regulation, which could impact the ability of universities to provide clinical training and experience for students, suggesting that a light-touch approach or a tiered system of registration might be appropriate; and
 - since university eye clinics are already regulated under the GOC's educational standards, additional business regulation may not be necessary.
50. Overall, there was consensus on the need for regulation of university eye clinics that provide services to the public, with considerations for a balanced approach that does not hinder educational objectives or impose excessive financial burdens on educational institutions.
51. The optical professional/representative bodies were all in agreement that university eye clinics should be regulated. The College of Optometrists suggested that consideration should be given to a reduced fee model for university eye clinics.
52. It was notable that of the two university education providers that responded to the consultation, one was in support of the proposal to regulate university eye clinics and the other was not. One of the comments in the 'any other areas' section at the end of the consultation suggested that we should consider parallels with the regulation of other university-based services such as audiology, podiatrists and other allied health clinics.
53. A sample of comments is available in the box below.

"They are already regulated and the type of regulation would need to be different from business regulation, but they should still be regulated." Optometrist

"University clinics will see all categories of patients, albeit that the students will be under supervision, this is no different to a high street practice and requires the same level of governance and oversight." Optometrist

"As a student, I respect the need for the GOC to regulate our practices and to ensure we are safe/ready for pre-reg training." Student optometrist

"If they have a commercial aspect, perform restricted functions and produce profit they should be regulated." Education provider

"Our University eye clinic is not a business, but rather a small part of a charitable organisation. It would be disproportional to have similar business registration fees and administrative burden applied to a single clinic compared to multiples with over 2,000 clinics. Hence the undefined fees is concerning [26] and we do not support the proposal that University clinics are not exempted [74] from the proposed regulations."

Hence for organisations such as Universities and Charities, imposing ‘business’ regulation will impact on staff time and organisational finances, detracting from student education and therefore patient safety, so we are not in support of these proposed changes.” Education provider

“In a learning environment it is important that from the outset best practice is modelled. They are often seeing vulnerable patients whose care could be compromised.” Patient representative charity/organisation

“Without regulation of the GOC, there would be a gap in regulation as the risks associated with the entity as opposed to individual practitioners would not be adequately addressed.” ABDO

“...If university eye clinics are delivering restricted eye care services to the public, they are in effect a commercial entity and are competing with local practices – in this case, they should be required to be registered to avoid fostering inequity. This comes with the caveat they should be subject to our suggested tiered system of registration because any commercial earnings they make are secondary to their main function as education facilities.” AOP

“...Whilst welcome in principle, university eye clinics exist as part of an educational setting and are not necessarily separate businesses to the University. They exist to support undergraduate teaching courses, while also providing restricted functions to patients, and are already subject to education-related GOC regulation to accredit courses. We would need reassurance that there will be clear distinction between both aspects of regulation e.g. education panel visits and business inspections, and that there wouldn’t be over-lap and duplication.

We think that to ensure consistency and patient protection and reassurance, and to protect students and staff, regulation of university eye clinics would be positive, and we would be in favour of a light-touch approach...” The College of Optometrists

GOC response – regulation of university eye clinics

54. We have concluded that when we extend business regulation, any university eye clinics providing specified restricted functions should be regulated by the GOC due to the strong public protection rationale.
55. The focus of GOC activity relating to quality assurance of qualifications is to ensure students are well trained; these mechanisms are not designed to ensure university eye clinics provide safe and effective care to patients. Likewise, higher education regulators do not focus on clinical services provided to the public, so there would not be duplication of regulation.
56. We note the comment regarding how other allied health services are regulated in universities e.g. audiology and podiatry. Our understanding is that audiology

and podiatry clinics do not have to be registered with any other organisation regardless of where they are operating, so we consider this is a different starting point to the need to regulate university eye clinics.

57. We note the comments regarding reduced fees for university eye clinics. As with charities where similar considerations apply, we are sympathetic in principle to the case for lower registration fees for university eye clinics and would expect the legislation to provide flexibility in how we set fees.

Discretionary power to exempt

58. We asked stakeholders to what extent they agreed or disagreed that the GOC should have a discretionary power to exempt particular businesses from registration. Of the 70 respondents that answered the question, 36 per cent agreed or strongly agreed, 13 per cent neither agreed nor disagreed, and 51 per cent disagreed or strongly disagreed.

59. The following themes were identified from the comments:

- discretionary powers to exempt businesses from registration have the potential to lead to inconsistencies and unfair advantages;
- all businesses interacting with patients should be held to the same standards and exemptions could undermine regulatory uniformity and patient safety;
- there would need to be clear, published guidelines on exemption criteria to ensure fairness and transparency;
- exemptions should only be used in rare or exceptional cases – any discretionary power should not be open to abuse or conflict of interest, with some respondents not being able to envision a situation where exemptions would be necessary if regulations are well-defined from the start;
- the need to be explicit about which entities are exempt and for what reasons, rather than making decisions on a case-by-case basis – there was a lack of confidence by some in the GOC's current regulatory capabilities, questioning its ability to make fair exemption decisions; and
- exemptions could be considered for non-profit organisations or those not directly interacting with the public, such as companies set up for tax purposes for locum optometrists.

60. Overall, there was a desire for consistent regulation across all businesses to ensure patient safety and professional accountability.

61. The optical professional/representative bodies were concerned about the GOC having a discretionary power to exempt, although some suggested safeguards

to ensure any such power would be used appropriately in exceptional circumstances.

62. A sample of comments is available in the box below.

“...Unless the discretionary power is laid out under very specific conditions which can't be changed or amended (in which case it is not really discretionary), this would be give rise to huge conflicts of interests where it is in someone's interests to either exempt or retain any particular business interest from regulation.”

Optometrist

“Struggle to understand why a business should be exempted.” Contact lens optician

“There seems to be no rationale for this except that the GOC is trying to future proof the rules to allow for business models to be exempt from registration for models that have not yet been thought of...” GOC business registrant

“Agree however it should be considered as to what situations an exemption would be provided, as the default position should be that all businesses should be registered.” Optical business (not a GOC registrant)

“In principle it is better to have consistency for patients and public in approach but it would seem understandable to have the legislative power for exemptions, as part of future proofing.” SeeAbility

“The proposal that the GOC should have discretionary powers to exempt providers from having to register may have advantages in terms of future-proofing the legislation. Whilst the consultation sets out a range of provider types that may be exempted, with reference to the relative risks in each case, no overarching criteria for exemption are provided. Were the GOC to move forward with this proposal we would expect to see a clear framework setting out the approach to exemptions and guidance for decision-makers to ensure consistency of approach. Further, the GOC would need to be mindful of how such exemptions would be communicated to the public.” PSA

“...Introducing exemptions could lead to the potential for inconsistency and perceived inequity in regulatory oversight, leading to varying standards of care and undermining public trust in the regulatory framework. It would also risk creating a precedent where businesses, knowing what type of exemptions are available, vary their operating model to avoid regulatory oversight...” ABDO

“...the AOP has concerns about the use of pre-determined exemption criteria and thinks that if the GOC is to have this power, then it should be used only by rare exception and in accordance with clear, published guidance on how and when it would be deployed... allowing unnecessary exemptions would undermine regulatory uniformity, enabling businesses to adapt their operational models in

ways that circumvent registration requirements and fees - compromising patient safety and accountability..." AOP

"We believe the GOC should establish from the start which entities fall under their regulatory remit, and which don't. However, it may be useful for the GOC to have this option available to them to be used only in exceptional circumstances." The College of Optometrists

"Given the case the GOC is making to extend business regulation, there would seem to be no objective case for discretion at an individual business level. Instead, we believe, the GOC should be explicit about exemptions and the reasons for them..." FODO – The Association for Eye Care Providers

GOC response – discretionary power to exempt

63. While we recognise the concerns around a discretionary power to exempt, we think it would be prudent to have this power as the market is diverse and evolving, and we need to ensure regulation is targeted, proportionate and future-proofed. The legislative framework will make it clear which businesses are in scope, and we would expect to use this power in exceptional circumstances only. We recognise the need to build confidence in such a power and would have clear guidance. We could also maintain a published list of exemptions with reasons for our decisions. We would consult on our proposed approach prior to implementation to ensure that stakeholders had a chance to input.

Majority of registrant directors

64. We asked stakeholders to what extent they agreed or disagreed with our proposal to remove the requirement for some bodies corporate to have a majority of registrant directors. Of the 69 respondents that answered the question, 48 per cent agreed or strongly agreed, 13 per cent neither agreed nor disagreed, and 39 per cent disagreed or strongly disagreed.

65. The following themes were identified from the comments:

- the current requirement is outdated and overly restrictive, potentially hindering business flexibility and growth;
- it can prevent some businesses from opting into GOC regulation;
- non-registrant directors can play crucial roles in business management without compromising clinical standards;
- if the requirement is removed, there should be adequate measures in place to ensure patient safety and quality of care – in particular, any alternative to

majority registrant directors will need to ensure they understand and comply with optical legislation and GOC regulations; and

- potential negative consequences, such as increased commercial pressures that could compromise patient care, recognising the importance of maintaining a balance between commercial and clinical decision-making.
66. Overall, while there was support for more flexible business structures and recognition of the role non-registrant directors can play, there was also a strong emphasis on the need for businesses to prioritise patient care and adhere to professional standards. The potential risks of removing the majority registrant director requirement were acknowledged, with suggestions for alternative oversight roles and regulatory measures to mitigate these risks.
67. The optical professional/representative bodies were generally supportive of removing the requirement, providing that a head of optical practice (or similar proposal) was adopted.
68. A sample of comments is available in the box below.

Comments in support

“...To safety proof removal of the majority board rule, you do need to have a registrant HOP [head of optical practice], responsible officer or similar in place. Having a diligent, experienced, accountable registrant in place with not just oversight of the organisation but responsibility for ensuring that the organisation has a robust management system in place is far more effective to ensure patient safety and quality than the majority board rule. Sufficient systems and measures need to be in place to ensure that the individual holds authority and listened to at business ownership level...” GOC business registrant

“Our business of [redacted] optical practices would like to be registered with the GOC but is currently unable to because of this requirement; it is now an outdated and excessive requirement.” Optical business (not a GOC business registrant)

“We attempted to register as a corporate body in 2023, as a family run independent practice where the directors include myself (registered optometrist) and my husband who controls account/payroll/practice management and decision making. We were unable to as we had no way round the legislation. We could not reduce to only myself as director as my husband carried out tasks which required business control beyond that of a business secretary, and we did not feel it was right to bring in an outside director who is registered, solely for the purpose of GOC body corporate registration...” Optical business (not a GOC business registrant)

“...regulators need to tackle business practices that fail to put patients first, risk undermining confidence in the professions, or fail to allow registrants to exercise

their professional judgement. Removing the requirement for a majority of registrant directors should therefore sit alongside other reforms to ensure that patient care is prioritised by optical businesses.” PSA

“...Registrant directors do not in themselves necessarily add to patient protection and the current requirement creates an unnecessary administrative burden. However where registrant directors are not in place we would expect to see a head of optical practice appointed.” ABDO

“...While we support this change in principle, it is important that it does not happen in isolation. For example, if the requirement was removed, but mandatory business registration wasn't enacted, then this could increase, rather than decrease the risk of businesses adapting to avoid registration. The proposal also links to the requirement to maintain registrant input into the wider process and as such must be considered alongside the responsibilities of the Head of Optical Practice role.” AOP

“We agree that if an alternative, such as the Head of Optical Practice serving as a director, were in place, the majority registrant director requirement would not be necessary. However, any alternative should ensure businesses understand optical regulations and maintain compliance.” Optometry Scotland

Comments against

“...A removal of director requirements can only result in more commercial pressures. The comment in the consultation document around investment and consolidation is very telling. Your proposals are always aimed at easing the commercial approach and reducing the viability of smaller practices to survive...” Optometrist

“I think your point about the risk of commercial overtaking clinical provision is sound and this decision would further the potential for this particularly in larger organisations. Keeping a majority (equal to or greater than 50%) I feel is a safer position for organisations which primarily should exist to provide eyecare not to sell products.” Therapeutic prescribing optometrist

GOC response – majority of registrant directors

69. We have concluded that the requirement for some bodies corporate to have a majority of registrant directors is no longer justified, anti-competitive, outdated and acts as a barrier to entry to the market. We recognise many stakeholders only felt comfortable removing this requirement if there is another position to ensure that a clinician is involved in the management of the business. Our head of optical practice proposals would deliver such a safeguard, but we do not consider that removal of the majority registrant director requirements should be conditional on this. This reflects the problems that the requirements create and

the availability of alternative regulatory mechanisms to ensure safe and effective patient care, including our [Standards for Optical Businesses](#).

70. We note the PSA's challenge to tackle business practices that do not ensure that patient care is prioritised. Our [standards of practice](#) address such matters, supported by supplementary guidance on [speaking up](#). We expect to begin a substantive review of our business standards later in 2025/26. In addition, as part of our corporate strategy for 2025/30, Council decided in March 2025 that commercial practices and patient safety will be the topic of our first thematic review, designed to assess current or emerging risks in the sector.

Section 2: Models of regulatory assurance

Head of optical practice for all businesses

Patient and public research

71. In the focus groups and interviews, there was widespread support for our proposal to have a nominated person in a business with overall responsibility for meeting the GOC's regulatory standards. Participants felt their confidence and trust would increase with the appointment of a head of optical practice to ensure compliance with our standards. However, some sought clarity on how this would apply in daily practice and reassurance it would not lead to increased costs, especially for small businesses.

Consultation responses

72. We asked stakeholders whether all businesses should be required to appoint a head of optical practice. Of the 96 respondents that answered the question, 63 per cent answered yes, 18 per cent answered no, and 20 per cent were not sure.

73. The following themes were identified from the comments:

- the concept and benefits of a head of optical practice were acknowledged, particularly if the registrant director requirement was removed, but any requirement must be implemented proportionately;
- larger businesses with complex structures could benefit from the role;
- concerns about the potential impact on smaller practices and that the requirement might be unnecessary or burdensome for single-practice owners or small businesses, for example, where there may not be any suitable candidates for the role, or the business employs locums; and
- concerns about the clarity of the role and its responsibilities, particularly the need for additional regulation when current systems such as clinical audits and governance leads already exist.

74. Overall, while there was support for the head of optical practice role, particularly in larger businesses, there was concern about its impact on smaller practices. The potential overlap with existing roles and the financial implications were also common concerns. Should the proposal be implemented, the need for clear guidance and proportionate implementation was identified.

75. There was mixed support from the optical professional/representative bodies. In principle they could see the benefits especially for larger businesses. However, there was concern about the impact this would have on smaller or single owner businesses. To mitigate against this, they emphasised the approach must be

flexible and proportionate, considering the range of business structures in the optical sector. The College of Optometrists raised concerns around registrants not wanting to take on the role. Some of these bodies encouraged the GOC to engage with them to further develop and refine the proposals.

76. A sample of comments is available in the box below.

“Small businesses may struggle to meet this requirement, especially if no registrant is available to take on the role.” Dispensing optician

“If the requirement for majority registrants as directors is removed, then yes.”
Education provider

“A “Head of Practice” role is a nice idea, but would be costly and the additional registration risk for that individual would make the role unpopular...” Education provider

“In practice holding NHS contracts and delivery of NHS services obliges businesses to ensure a clinical audit role is performed and reported upon to the contracting authority, so to all intents and purposes many businesses will have individuals (including practice owners) fulfilling this role but GOC regulation of it would provide greater accountability for business practice to meet professional standards...” SeeAbility

“We support the principle of appointing a head of optical practice and for most businesses this would be a proportionate requirement. However, we are concerned that for a small owner-led business with a single practice, the requirement to appoint a head of optical practice might be disproportionate to the level of risk involved...” ABDO

“...To illustrate our flexible approach, take the example of a small single-registrant business, where the owner is already responsible for both clinical oversight and operational management. In this common scenario, the HOP role is unnecessary. In such a business the owner/director/registant already holds liability and accountability in ways that an owner/director of a larger practice does not. Introducing an additional governance role in this context creates unnecessary bureaucracy and adds an unwarranted financial burden that small or independent businesses – already operating under tight margins – are ill-equipped to bear...”
AOP

“Not against the idea but would depend on the size of the practice.” Bexley Bromley and Greenwich LOC

“Whilst we are in favour of this proposal in principle (especially to ensure safe and robust systems and processes, transparency and professionalism), the practicalities of appointing a Head of Optical Practice (HOP) could be challenging, and there could be many deterrents to individuals adopting the role. While in large optical practices there are often multiple optometrists and dispensing opticians, in

some practices there may be only one optometrist, or a practice may solely rely on locums to provide restricted functions...” The College of Optometrists

GOC response – head of optical practice for all businesses

77. We welcome the broad support for the concept of a head of optical practice and the range of responsibilities envisaged. We think the focus of this role on systems, policies, processes and culture as part of delivering regulatory assurance aligns with a broader policy agenda that aims to strengthen clinical governance. For example, several NHS inquiries have highlighted the failings that poor leadership can have on patient care and the Government has consulted on regulating NHS managers. Strengthening clinical governance will also help instil greater confidence in the regulatory system as government policy seeks to move more hospital eye care services into community settings.
78. We have decided that it would be appropriate for all optical businesses to have a head of optical practice. The optical business sector is complex in terms of the different operating models, and we recognise the need for proportionality, especially for smaller businesses. While we note suggestions that there is no need for a head of optical practice for sole traders, we do not think this would be burdensome in the vast majority of businesses given that by their very nature they are owned by a single individual who has clear responsibility for ensuring the business meets the GOC’s regulatory requirements. In addition, our Advisory Panel considered that there should be consistency in the requirement to have a head of optical practice and that risks to patients were often higher in smaller practices, including when owned by lay persons. Given the role is new and the sector is diverse, we consider it would be prudent for the GOC to have the power to specify exceptions in rules.
79. It should not be necessary for businesses to recruit additional staff to carry out the role, although we note that there may be a small number of businesses that are lay owned and may only contract with locums to carry out restricted functions. In many cases businesses already allocate primary responsibility for compliance to a specified person or role. Even so, we recognise the need to build understanding about the purpose of the role and provide reassurance about where the role holder’s responsibilities begin and end.
80. There is appetite from sector bodies and businesses to work with the GOC to further develop and refine our proposals, which we would welcome. Much of the detail of the role will be set out in rules to be developed following legislative reform, whereas our focus now is on a small number of key provisions that will need to be enshrined in primary legislation. We will confirm our plans for further engagement with the sector once the timetable for reform to the Act is clearer.

Responsibilities of the head of optical practice

81. We asked stakeholders to what extent they agreed or disagreed with the proposed responsibilities for the head of optical practice⁴. Of the 75 respondents that answered the question, 65 per cent agreed or strongly agreed, 24 per cent neither agreed nor disagreed, and 11 per cent disagreed or strongly disagreed.
82. The following themes were identified from the comments:
- whilst the responsibilities outlined seemed largely sensible, as a new development it is important to allow space for the role to evolve;
 - there is a need for clarity and flexibility in the role, with concerns about the potential for over-centralisation of responsibility;
 - the head of optical practice should not be held solely responsible when something goes wrong; and
 - more clarity is needed on how the role will interact and report to other senior management level positions, and particularly any lay ones.
83. Overall, while there was support for the concept of a head of optical practice role, respondents called for clear definitions, practical guidance, and appropriate training to ensure the role is effective and does not place undue burden or unreasonable responsibilities on individuals.
84. The optical professional/representative bodies mainly agreed with the proposals, although the AOP said greater clarity and more detail was needed on the responsibilities, powers and accountability of the role. The importance of training and support for anyone undertaking the role was highlighted.
85. A sample of comments is available in the box below.

“Businesses under lay ownership will be encouraged/have to keep to the same standards as other businesses. Having a head of optical practice will help them understand the responsibilities of a GOC registrant.” Optometrist

“Agree with your principles, however there should be flexibility to allow for the HOP role to evolve and change as this new model beds in and standards of practice evolve and change.” GOC business registrant

“This would ensure standards as maintained according to the GOC Standards for Optical Businesses.” Optical business (not a GOC business registrant)

⁴ These responsibilities were set out in paragraph 98, page 40 of the [business regulation consultation document](#).

“...We strongly recommend that the GOC clarifies the HOP’s responsibilities, powers, and accountability mechanisms through further consultation with sector stakeholders. Ultimately, any new regulatory role must be clear, balanced, and pragmatic, ensuring patient safety while supporting the diverse businesses that make up the optical sector. When/if the HOP role becomes mandatory, we strongly feel that GOC example scenarios must outline such potential complex conflicts of accountability.” AOP

“...consideration could be given to the training required to enable registrants to confidently and effectively take on an HOP role if they have not previously had any experience of optical business management...” The College of Optometrists

*“The HOP role should not become an isolated position where businesses rely solely on them without taking ownership themselves. We also support ongoing training for individuals taking on these responsibilities. We welcome the GOC’s recognition of the need for clarity in relationships and ensuring the HOP is not unfairly penalised for all issues. The level of authority required should be clearly defined, particularly when the HOP reports to others within the business...”
Optometry Scotland*

GOC response – responsibilities of the head of optical practice

86. We welcome the broad support from stakeholders in relation to the proposed responsibilities of a head of optical practice. Setting out these responsibilities in primary legislation will provide clarity on the purpose and limits of the role. This will be supplemented by GOC guidance as required.
87. The need to support registrants with training to carry out the role is recognised. We would not anticipate the GOC providing such training as this would not be consistent with our statutory role, but there is an important role for professional leadership here, and we would expect continuing professional development (CPD) providers to develop provision.

Head of optical practice: responsibilities around training placement arrangements

88. We asked stakeholders to what extent they agreed or disagreed that the head of optical practice should have responsibilities around the adequacy of arrangements for training placements. Of the 73 respondents that answered the question, 60 per cent agreed or strongly agreed, 19 per cent neither agreed nor disagreed, and 21 per cent disagreed or strongly disagreed.
89. The following themes were identified from the comments:
 - the head of optical practice should have a role in overseeing training, but there should be discretion within a business as to how this is managed

operationally on a day to day basis and overall responsibility should lie with the business itself;

- if the head of optical practice were to manage this aspect it would likely require significant time commitments, especially in larger organisations;
- responsibility for training could be allocated to another registrant or specialist within the organisation depending on its size and structure, and training should be led by the most experienced individual; and
- clarification is needed on the precise responsibilities of the head of optical practice in this area.

90. Overall, while there was consensus on the importance of ensuring the quality of training placements, there were mixed views on whether this should fall within the remit of the head of optical practice. If this is to be the case, there was a clear call for flexibility in assigning responsibility based on the size and structure of the business, with an emphasis on not overburdening the head of optical practice and avoiding conflicts with existing educational structures.

91. There were mixed views from the optical professional/representative bodies on whether training placements should be one of the responsibilities of the role. It was felt that the GOC should avoid being too prescriptive in this area. The head of optical practice could have an oversight role, but it should be possible for them to delegate the more operational day to day running to a colleague with specialist knowledge of this area. The size of the business will also play a part in determining where oversight and operational management for education and training requirements sits. There was also concern about the additional time, responsibility and burden placed on a head of optical practice to fulfil this responsibility, which may deter registrants from taking on the role.

92. A sample of comments is available in the box below.

“Head of optical practice should work with the business owner to achieve this. They should bear equal responsibility.” Optometrist

“I believe this HOP position would be a poisoned chalice and is likely to be too great a burden for one individual particularly in a larger organisation.” Therapeutic prescribing optometrist

“The GOC’s Standards for Optical Businesses requires that the business ensures that training placements are adequately operated and people are properly supervised. It can still be the businesses responsibility to ensure high standards for training and that any programmes are operated in accordance with rules laid down by the BCO/ABDO/training institutions. How the business decides to delegate this, either to the HOP or to a Learning & Development (L&D) manager

should be left to the business based on the business need.” GOC business registrant

“...Given that optical businesses come in many different forms, it would make sense for the head of optical service to have oversight of the system of education and training within a business, but not necessarily to have specific responsibility for the adequacy of placements. The GOC should avoid being too prescriptive in this area.” ABDO

“Education and training in optometry is a complex and technical space, for which we cannot give a full answer here, especially without more specific information on the proposal... There could be a potential role for HOPs to have some responsibility for ensuring commitments to education providers are met and are properly managed, but not necessarily responsibilities around the “adequacy” of arrangements for training placements. In large practices, other colleagues may be better suited to be being responsible for managing the training...” The College of Optometrists

“This depends on the type of organisation. For example, in a smaller practice this is most likely to be the same person in any case in some larger organisations, it might be necessary to have more than one HOP and a large team with a different head of department leading training and education in other organisations, it might be that each practice has a HOP, but training and education is organised centrally...” FODO – The Association for Eye Care Providers

“The HOP should have a role in ensuring training is conducted, but the overall responsibility must remain with the business. A key unintended consequence of placing this solely on the HOP is the significant time commitment required in larger organisations...” Optometry Scotland

“We believe that this should be kept as a decision made by the practice as we feel there could be unintended consequences around recruitment/job descriptions caused if the GOC were to be prescriptive on this point.” Optometry Wales

GOC response – head of optical practice: responsibilities around training placement arrangements

93. Although most respondents supported the head of optical practice having responsibilities around training placements, we note the range of concerns expressed and the optical professional/representative bodies had mixed views.
94. We appreciate that education and training is a specialist area and the nature of ensuring compliance with our requirements in this area is somewhat different to the other responsibilities envisaged. Having considered the feedback, and noting that curriculum design and assessment strategy for training placements are the responsibility of education providers under standard 3 of the [Requirements for Approved Qualifications in Optometry or Dispensing Optics](#),

we have concluded that businesses should have the discretion to appoint the most qualified and suitable person to oversee training placements, which may not be the same individual as the head of optical practice. This would avoid being overly prescriptive on the remit of the role and narrowing the pool of potential role holders.

95. Therefore, we will not propose to government that the head of optical practice should have specific responsibilities around the adequacy of arrangements for training placements. However, we would expect the head of optical practice to have an oversight role, through their responsibility to take reasonable steps to ensure that the business complies with the requirement in the [Standards for Optical Businesses](#) to ensure that all staff ‘have suitable levels of training so as not to have an adverse impact on patient safety’ (see standard 3.2).

Head of optical practice: fully qualified GOC registrant

96. We asked stakeholders to what extent they agreed or disagreed that the head of optical practice should be a fully qualified GOC individual registrant. Of the 73 respondents that answered the question, 81 per cent agreed or strongly agreed, 11 per cent neither agreed nor disagreed, and eight per cent disagreed or strongly disagreed.
97. The following themes were identified from the comments:
- the head of optical practice should be a GOC registrant, as it is important to have someone with the necessary clinical and regulatory expertise to ensure compliance and maintain clinical standards;
 - a registrant would be more trustworthy and have a better understanding of the nuances of optical practice;
 - the practicalities of how this requirement would work for smaller practices was highlighted, especially if the head of optical practice must be directly employed and cannot work across multiple businesses;
 - there should be exemptions or flexibility in certain circumstances, such as long-term absence of the head of optical practice or for small practices owned by non-registrants; and
 - the GOC should engage with sector bodies to further clarify how the role would operate in practice to mitigate risks and costs.
98. Overall, while there was strong support for the head of optical practice to be a GOC registrant due to their understanding of clinical governance and patient care, there was also recognition of the need for flexibility in certain business models or circumstances. It was felt that the role’s responsibilities should be

clearly defined, and further discussion with sector bodies was desirable to address potential challenges.

99. The optical professional/representative bodies largely agreed with the proposal but also called for flexibility, for example, taking into account the size of the business and any absence by the head of optical practice. Optometry Wales disagreed as they said there could be unintended consequences in being too prescriptive about the role, such as in relation to recruitment. FODO said this requirement could be difficult for lay business owners or small practices to adhere to, with unintended financial consequences, for example, having to employ an additional employee to fulfil the role or making it difficult to sell a business due to the additional regulatory requirements.
100. A sample of comments is available in the box below.

“If not the director, definitely need a registrant accountable.” Optometrist

“Many of the risks are clinically related, and therefore, it should be a registrant appropriate to the functions provided.” Optometrist

“Ensures the individual responsible for compliance has the necessary clinical and regulatory expertise.” Dispensing optician

“Provides reassurance that they are trustworthy.” Student optometrist

“HOP needs to have knowledge of what is required by being regulated.” Optical business (not a GOC business registrant)

“Whilst we see this role as ideally being registrant-led, we do recognise that the system has to be workable. If the head of optical practice is not a registrant then it should be the business owner (supported ideally by registrant directors) so in the event of any concerns arising the GOC could hold the relevant person to account...” ABDO

“The appointment of a GOC registrant with suitable levels of experience to the HOP role will foster greater trust and confidence among employees...” AOP

“Should a Head of Optical Practice model be adopted, we believe that they should be a fully qualified GOC individual registrant. However, there may be exceptional circumstances where this is not possible e.g. to cover extended periods of HOP leave in a small practice owned by a non-registrant, and provision may need to be made to account for such circumstances.” The College of Optometrists

“...while most feedback we received supports that this should always be a GOC registrant, we also received some feedback about challenges the current proposal from the GOC might create for smaller practice owners...” FODO – The Association for Eye Care Providers

“The HOP role would need clearly defined responsibilities and a minimum knowledge requirement if both optometrists and dispensing opticians can be

eligible. A dispensing optician, for example, should not be held responsible for advice related to procedures within an eye examination.” Optometry Scotland

“We believe that this should be kept as a decision made by the practice as we feel there could be unintended consequences around recruitment/job descriptions caused if the GOC were to be prescriptive on this point.” Optometry Wales

GOC response – head of optical practice: fully qualified GOC registrant

101. We welcome the strong support from stakeholders that a head of optical practice should be a fully qualified GOC registrant and will recommend this to government. A registrant with clinical training who is bound by professional standards will help ensure trust and confidence among both the public and registrants. We note the concerns around unintended consequences and that there may be limited circumstances where some flexibility is needed. We would expect the detailed arrangements to be agreed following change to primary legislation to address how the need for flexibility is best met in those limited circumstances where it is not possible for a registrant to carry out the role.

102. The head of optical practice could be an optometrist or dispensing optician; the important issue is their ability to meet all the responsibilities of the role.

Head of optical practice: employee

103. We asked stakeholders to what extent they agreed or disagreed that the head of optical practice should be an individual employed by the business. Of the 73 respondents that answered the question, 68 per cent agreed or strongly agreed, 14 per cent neither agreed nor disagreed, and 18 per cent disagreed or strongly disagreed.

104. The following themes were identified from the comments:

- the head of optical practice should have a direct and significant connection to the business, and first hand experience to understand how the business operates;
- an individual employed by the business would ensure greater accountability;
- there is the potential for conflict of interest or reduced effectiveness if the role is not employed by the business, as an external head of optical practice might not have the same impact or authority as someone within the business;
- there are potential challenges for small practices and the need for flexibility, such as allowing contracted services in certain situations like sick leave, recruitment periods, or when no suitable internal candidate is available;

- contractors or consultants could potentially fill the role where there is no suitable candidate within a business; and
- the GOC should further consult with stakeholders to help refine and clarify the role of the head of optical practice.

105. Overall, while there was consensus on the need for the head of optical practice to have a strong link to the business, there was also a call for flexibility to accommodate various business sizes and situations. It was felt that more stakeholder engagement is needed to refine this aspect of the proposals.

106. The optical professional/representative bodies largely agreed, but again stated that any prescriptive requirements could have unintended consequences and a degree of flexibility was needed, for example, where recruitment to the role is difficult, where services are provided by locums, or the head of optical practice is on long term leave.

107. A sample of comments is available in the box below.

“Without this if not employed by the business it could lend itself to bribery and corruption. I feel the business needs to be directly accountable...” Optometrist

“I think to do this job well you need to have a grasp of the nuances that exist within each business as well as the ability to directly engage with employees. I do not feel an external person would be able to have the same impact.” Optometrist

“Ensures accountability since the HOP would be directly integrated into the business and its operations.” Dispensing optician

“Where would liability/responsibility lie otherwise.” Contact lens optician

“Employment is the preferred and likely model, but a nominated or named registrant is equally viable or preferable. For example, employment may be onerous for small businesses whose resident registrant does not wish to take on the HOP responsibility or where a business has a prolonged period of absence of the incumbent HOP (e.g. sick leave, maternity/paternity leave) or where the HOP leaves the business and the business is in the process of recruitment...” GOC business registrant

“It should be someone who has knowledge and access to the business as a whole.” Optical business (not a GOC business registrant)

“Without this there is a risk of a token figurehead.” Education provider

“Without a direct line from shareholder/owner to HOP there may be less communication and the possibility of inappropriate behaviours being hidden.”
Patient representative charity/organisation

“...we need to recognise that people change jobs, go onto maternity/paternity leave, have periods of sickness and absence and the business owner would need

to have flexibility in providing cover for the HOP role in these circumstances if they couldn't take the role on themselves. There could be a need, therefore, to allow a contractor to take on the HOP role-ideally a registrant.” ABDO

“The AOP supports the idea that in instances where a HOP is required, they should be employed by the business...” AOP

“It would be reasonable that the Head of Optical Practice should be an individual employed by the business. However, there may be circumstances where this may not be possible, such as where no suitable candidate for the HOP is available, where the clinical services are provided by locums, or in circumstances where the HOP is on long-term leave. Provision should be made for this.” The College of Optometrists

“Whilst most businesses are likely to employ the HOP, there might be sound reasons for also allowing the HOP role to be fulfilled by a contractor, for example:

- the need to cover a period of sick leave*
- the need to cover a period in which a new HOP is being recruited*
- smaller businesses might struggle to find an employed optometrist who wishes to take on the responsibilities of a HOP and a business owner might need to hire in additional resource to help them manage this...”* FODO – The Association for Eye Care Providers

GOC response – head of optical practice: employee

108. There was broad support that the head of optical practice should be an employee within the business, and we intend to take this proposal forward. It is important for there to be clear lines of responsibility and accountability, and we consider this is best ensured if the individual is employed by the business. We recognise practical challenges where flexibility is required in the day-to-day operation of the policy, for example, in situations where the role holder is absent for a long period. We are confident these can be addressed through rules and guidance supported by a proportionate approach to enforcement.

Head of optical practice: multiple businesses

109. We asked stakeholders to what extent they agreed or disagreed that an individual should not be a head of optical practice for multiple businesses. Of the 73 respondents that answered the question, 38 per cent agreed or strongly agreed, 26 per cent neither agreed nor disagreed, and 36 per cent disagreed or strongly disagreed.

110. The following themes were identified from the comments:

- restricting individuals to being head of optical practice for a single business would ensure direct and clear accountability a stronger focus on ensuring compliance with regulatory requirements;

- conflicts of interest could arise if a head of optical practice was overseeing multiple separate and unrelated businesses;
- there should be flexibility as business models in optics are complex and in some cases, such as larger multiples or franchises, it may be reasonable for a head of optical practice to oversee multiple related businesses;
- in practical terms there is no reason why a single individual could not fulfil the needs of the role across multiple businesses;
- capping the number of businesses that a single individual could carry out the role for could mitigate risks relating to dilution of focus; and
- it should be up to the business to determine how the role would work and manage the risks.

111. Overall, while there was no consensus, there was a preference for limiting the number of businesses a single individual could undertake the head of optical practice role for to ensure effective management and regulatory compliance, with some flexibility based on the structure and relationship of the business.

112. There were mixed views from the optical professional/representative bodies. Flexibility was a common theme as business structures can vary significantly. Furthermore, these bodies suggested it may be difficult for a business to recruit a head of optical practice, and some flexibility is needed for smaller businesses to be able to fulfil regulatory requirements.

113. A sample of comments is available in the box below.

“Provided they are directly working in the business, multiple businesses shouldn’t be prohibited.” Optometrist

“It is wholly possible for an individual to ensure that standards and systems are in place across many sites and businesses, especially with current high tech risk management systems...” GOC business registrant

“Multiple branches of one company would be fine, not several businesses. Clear conflicts of interest can always happen in similar business models.” Pearce & Blackmore Opticians (GOC business registrant)

“For individual businesses to assess and manage the risk.” Patient representative charity/organisation

“While a HOP might ideally be focused on one particular business, there are many different types of optical business and the GOC should therefore allow flexibility about how the role is carried. The overriding need is to focus on the desired outcome of providing the necessary leadership to maintain high standards of care and regulatory compliance in each individual business.” ABDO

“...Furthermore, a HOP dedicated to one business creates a cohesive work environment for the clinical team, ensuring that professional standards are upheld in a consistent way. This approach fosters a clear and accessible point of contact for clinical teams, helping to avoid potential conflict of commercial interests that could arise if the HOP were overseeing multiple, unlinked businesses. In situations of non-compliance, or a breach of GOC standards, having the HOP operate across multiple organisations would be more challenging to defend...” AOP

“...an independent consultant could oversee many practices and be in a position to share best practice frameworks.” Bexley Bromley and Greenwich LOC

“In most cases, it would be reasonable that for individual practices or small groups of practices, the Head of Optical Practice should be responsible for that one business. However, for some larger multiples, for operational reasons, it would be reasonable that provision is made for the individual to be responsible for several related businesses/franchises. Guidance may be needed on the potential maximum number of practices the HOP should be responsible for, and what structures should be in place for the delegation of responsibilities on a day-to-day basis...” The College of Optometrists

“...Further, if a small practice has a single highly valued employed optometrist who can only work part time because they have caring responsibilities and cannot take on the HOP role, then the GOC’s proposals to require HOPs to be employed and not to support multiple practices could result in less good patient safety outcomes. Such restrictions on the HOP role could also create complexities with existing employment law, the Equality Act 2010 and put smaller practice owners at risk of having to close – e.g. having to hire an additional GOC registrant to be the HOP which the practice income cannot support...” FODO – The Association for Eye Care Providers

GOC response – head of optical practice: multiple businesses

114. There was no clear consensus in the responses on this issue. It is important to recognise that stakeholders were coming from different perspectives distinguishing between multiple linked businesses (such as joint venture partnerships and franchises) and multiple unlinked businesses. We recognise the challenges for large and small businesses are very different.

115. As the default approach, our view is that one individual should not carry out the head of optical practice role for multiple separate and unlinked businesses. As set out in our consultation, we are concerned this could dilute the individual’s ability to carry out the role effectively given their need for access to information, to have the authority to take certain decisions and for there to be proper lines of accountability. We agree with some stakeholders that this situation could lead to potential conflicts of interest that could not be managed satisfactorily.

116. However, we are mindful of the different business models in the sector and see that flexibility could be applied in limited circumstances and still meet the needs of the role, while avoiding situations whereby individuals perform a nominal or consultancy role across multiple unlinked businesses. We will work with stakeholder organisations on the details of implementation to ensure the regulatory framework strikes the right balance. We do not consider this issue needs to be prescribed in primary legislation but instead can be specified in rules and guidance which will be subject to public consultation.

Head of optical practice: power to introduce conduct standards

117. We asked stakeholders to what extent they agreed or disagreed 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. Of the 73 respondents that answered the question, 46 per cent agreed or strongly agreed, 21 per cent neither agreed nor disagreed, and 33 per cent disagreed or strongly disagreed.

118. The following themes were identified from the comments:

- if the head of optical practice role encompasses new responsibilities, which our existing standards do not cover, then there could be a case for introducing separate standards for this role to ensure clear expectations;
- separate standards should be introduced if the role is carried out by a non-GOC registrant;
- there is the potential for complexity, over regulation and bureaucracy if separate standards for a head of optical practice role are introduced especially if the role is carried out by GOC registrants who are already subject to GOC standards;
- any additional regulation could be cumbersome and confusing, and the GOC should provide clear guidance rather than creating new standards as the current standards are sufficient and rigorous enough; and
- small businesses may find it difficult to identify a suitable head of optical practice as specific standards could be perceived as onerous.

119. Overall, there was caution against introducing additional regulatory requirements, particularly if those carrying out the role are already regulated by the GOC. Some were not clear on why the GOC would seek to have the power to potentially introduce standards in future but sought assurance that we would engage and consult further with stakeholders if we did so.

120. The optical professional/representative bodies were against introducing additional regulatory standards if the role holder was already a GOC registrant.

It was felt that this could be costly, unnecessary and lead to over regulation, and that any future standards should be subject to further consultation with stakeholders with a clear rationale as to why this is needed.

121. A sample of comments is available in the box below.

“More bureaucracy.” Optometrist

“This could be a step too far in finding such people for small lay owned businesses as registrants may not want to subject themselves to a higher(?) set of standards.”

Optometrist

“GOC rules should apply for everyone, but there could be additional rules for heads to make sure they know they can't get away with misuse of power.” Student optometrist

“The GOC should have autonomy to introduce new standards (which are helpful) in the same way that the current standards for individual registrants and optical businesses are updated from time to time to allow for change.” GOC business registrant

“Is this not what is already covered in GOC standards when registered? It sounds like it getting more complex and separated. I feel that if a HOP is required, then their role is to ensure that the business adheres to the GOC standards/code of conduct.” Optical business (not a GOC business registrant)

“The GOC should clearly outline the responsibilities of a head of optical practice as above and assuming that the person carrying out this role is either a registrant or accountable as a business owner, it should not be necessary to have separate standards for the head of optical practice. The GOC should avoid creating a separate set of standards that is unnecessarily costly and complex to administer.” ABDO

“...The consultation document suggests that separate standards for HOPs are not required, and there is no rationale provided for their creation. As such, we support the GOC position that additional standards are not required. Further, we do not think it is appropriate for a regulatory body to seek the power to introduce new standards on a speculative basis. Instead, if the GOC identifies a legitimate need for separate standards in future, they should consult again at that time providing full and detailed reasoning.” AOP

“While the roles and responsibilities of an HOP should be made clear to the post-holder, we do not feel additional regulation is required. However, if the role of a HOP is ever filled by a non-registrant (dependent on acceptance of the related proposal above), the GOC may need to consider additional standards for such individuals.” The College of Optometrists

GOC response – head of optical practice: power to introduce conduct standards

122. We do not consider it necessary to introduce separate standards for this role. Since we intend for the role holder to be a GOC registrant who is already subject to our standards, introducing any additional standards could be confusing and disproportionate. However, as the role evolves, we consider it would be prudent for us to have the flexibility to introduce additional standards in future. After further enquiry we consider that our existing legislation enables us to set certain requirements for specific registrant groups. Should we decide to introduce specific standards in the future, as with all changes to our standards, we would consult publicly.

Head of optical practice: characteristics

123. We asked stakeholders to what extent they agreed or disagreed that the GOC should specify in rules/guidance essential characteristics of a head of optical practice that businesses should satisfy themselves are met. Of the 71 respondents that answered the question, 73 per cent agreed or strongly agreed, 8 per cent neither agreed nor disagreed, and 18 per cent disagreed or strongly disagreed.

124. The following themes were identified from the comments:

- while there is a need for consistency and clarity in defining the role of a head of optical practice, the GOC should not be overly prescriptive in mandating essential characteristics for the role;
- job descriptions and the appointment of the role should be left to the discretion of business owners, with perhaps the GOC providing guidance or a template for businesses to adapt;
- too much detail in defining essential characteristics could limit suitable candidates or deter potential registrants, and any requirements must be objective and non-discriminatory; and
- being too specific could make it difficult for smaller businesses to recruit and the GOC should not require businesses to recruit additional staff to meet overly stringent criteria.

125. Overall, respondents called for a balanced approach that provides clarity and supports effective leadership, without imposing restrictions that could hinder the recruitment process or the operational flexibility of optical practices.

126. The optical professional/representative bodies were mainly in favour of person characteristics being defined but cautioned against being too prescriptive, as this could deter individuals from taking on the role or there might be no suitable candidates. ABDO thought it should be left to businesses to decide.

127. A sample of comments is available in the box below.

“This would enable consistency across all practices.” Optometrist

“If you do proceed with the HOP proposal I suppose having a set of guidelines would be helpful but it should be left to the organisations to determine who they feel is best suited to the role.” Therapeutic prescribing optometrist

“Provides clear guidance for businesses on selecting qualified and capable individuals as HOPs.” Dispensing optician

“It is hard to imagine how the GOC could mandate the characteristics of a HOP candidate as there will be variables across many business models. It may make it difficult to recruit to a mandated model, especially for smaller businesses. It would be helpful if the GOC provided guidance on essential and preferable knowledge, skills and characteristics ie like a job specification.” GOC business registrant

“As we noted in the responses to previous questions, it is imperative that the HOP role is better defined in order that the postholder is as effective as they can be. This can be achieved using a template “person specification” for businesses to adapt. Detailing the general desirable levels of education and experience that would make someone a good candidate for this role would be hugely beneficial. We would also welcome clarity on how this role may be protected to assure that it can operate as intended.” AOP

“Specific rules and guidance are essential.” Bexley Bromley and Greenwich LOC

“If a Head of Optical Practice requirement is introduced, it could be helpful that the GOC specify in rules/guidance, the essential characteristics that it considers necessary for the HOP. However, an unintended consequence is that if no employee or locum meets these characteristics, there would be no Head of Optical Practice. We would need to see the proposed essential characteristics first before commenting further.” The College of Optometrists

“The FCA and other regulators have such criteria/principles. However, in those sectors, firms are not appointing individuals who are already regulated in their own right in that specific sector/specialism. In the case of a HOP being a GOC registrant, it is therefore difficult to imagine what the GOC would define as “essential characteristics” that are not already covered in existing registrant standards...” FODO – The Association for Eye Care Providers

“An unintended consequence is that too much detail on essential characteristics could limit the people who would be suitable for these roles OR put registrants off. The current set up is not an onerous one on registrants and therefore attracts more individuals looking to progress.” Optometry Scotland

GOC response – head of optical practice: characteristics

128. Overall stakeholders considered that we should not prescribe in rules the essential characteristics of the role holder, and we agree with this view. Stakeholders did however favour the GOC providing some guidance in this area to help understand our expectations. We will consider the need for any guidance on person characteristics as part of our implementation approach.

Head of optical practice: business register

129. We asked stakeholders to what extent they agreed or disagreed with our proposal for the name of the head of optical practice to be listed on the GOC register of businesses. Of the 72 respondents that answered the question, 57 per cent agreed or strongly agreed, 24 per cent neither agreed nor disagreed, and 19 per cent disagreed or strongly disagreed.

130. The following themes were identified from the comments:

- listing the head of optical practice could enhance transparency and accountability, and provide a clear point of contact for the public;
- concerns about the potential shift of focus from organisational accountability to individual responsibility and creating unfair pressure on the head of optical practice, as it may give the impression they are solely accountable for regulatory compliance when it is a shared responsibility;
- practical concerns about keeping the register up to date, especially for businesses with multiple sites and heads of optical practice;
- information on GOC registrants is already publicly available, and additional listings may be redundant and could lead to increased complaints;
- such a measure might deter individuals from taking on the role due to the risk of public scrutiny and potential harassment; and
- the current system is sufficient for raising concerns with the regulator.

131. Overall, while there was recognition of the need for accountability and transparency, there was apprehension about the implications of listing an individual head of optical practice on the GOC business register, with a call for a more balanced approach to responsibility and concerns about practical implementation.

132. There were mixed views from the optical professional/representative bodies. The AOP and Optometry Scotland disagreed and said it could be misleading by giving the impression that the individual was solely responsible for the failings of a business. The College of Optometrists highlighted that it could improve transparency with the public as there would be a clear line of accountability.

133. A sample of comments is available in the box below.

“Point of contact available to the public and other interested bodies.” Optometrist

“Risks deterring individuals from taking on the role due to public visibility and scrutiny.” Dispensing optician

“This may add unnecessary complexity to the register and needs further thought. Where a business has multiple sites listed on the GOC’s body corporate register and has multiple HOPs (e.g. they may wish to adopt a regional HOP approach), it would not be easy to identify which HOP is relevant for which site. Further thought is required to understand the benefits to patients, employers and other businesses in listing the nominated HOP on the business register. Any solution needs to take account of the fact that patients/businesses etc need to be able to easily identify the HOP relevant to that particular business site/location.” GOC business registrant

“I understand the need for accountability to the public, but I think that that’s what the GOC exists for. Having a single name listed online for any disgruntled customer to hound has the potential to become very nasty, without much benefit to the safety of the public.” Other

“Accountability and follows similar lines taken by other regulatory bodies.” Patient representative charity/organisation

“We do not consider this to be necessary and would query the purpose of such a listing. The necessary information would already be available to the GOC and any member of the public would be able to raise any concerns with the regulator in the usual way without having access to this information.” Clyde & Co LLP

“...More broadly, our view is that accountability for compliance should be shared proportionately among business owners, directors, senior management, and clinical leads, as they all play a role in operational and clinical governance. Singling out the HOP publicly could place an unfair burden on one individual...”
AOP

“In order to ensure transparency with the public, and enhance communication between optometry practices and the GOC, this would be a reasonable measure. This would also make it clear to the public and other healthcare professionals who is responsible for ensuring the practice/s meets GOC standards.” The College of Optometrists

“The FCA has a similar approach. GOC registrants are also already on the register, so there is no significant impact with respect to data in the public domain.”
FODO – The Association for Eye Care Providers

“Putting too much emphasis on a specific person by naming on the GOC list suggests ultimate responsibility which may not be the case and could be misleading to the public or other businesses. The business should remain named

only as this keeps the company responsible. Another unintended consequence is that patients may wish to speak directly to the HOP and bypass company complaints procedure which in larger businesses particularly would be problematic and in some cases could cause delay in procedures.” Optometry Scotland

GOC response – head of optical practice: business register

134. Whilst we acknowledge the concerns raised by some stakeholders, we have concluded that in the interests of public transparency the individual nominated as head of optical practice should be listed on the GOC business register. It is important that it is clear to the public who is responsible for ensuring a business meets the required regulatory standards. We agree that any annotation must be clearly and correctly communicated, for example, to ensure the head of optical practice is not unduly held to account for the failings of a business, and that we comply with all data protection requirements.

Head of optical practice: annotation on individual register

135. We asked stakeholders to what extent they agreed or disagreed 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. Of the 72 respondents that answered the question, 42 per cent agreed or strongly agreed, 32 per cent neither agreed nor disagreed, and 26 per cent disagreed or strongly disagreed.

136. The following themes were identified from the comments:

- concerns highlighted the potential confusion and unnecessary complexity of any annotation on the GOC register;
- such annotations could be misleading when professionals work across multiple practices but only hold the head of optical practice role in one;
- listing head of optical practice next to business registrant entries would be clearer for the public;
- an annotation could deter qualified individuals from taking on the role due to the increased scrutiny and accountability, and they could be easily contactable by the public;
- the GOC register should focus on clinical qualifications and risks rather than governance roles; and
- questions around the purpose of the annotation and its impact on patient safety or accountability.

137. Overall, respondents were predominantly concerned about the potential for confusion, the deterrent effect on professionals considering the role, and the appropriateness of making such annotations public. Associating the role with business registrant entries rather than individual registrants would be more effective and less confusing.
138. The optical professional/representative bodies disagreed with this proposal. They thought that it could cause confusion with the public, particularly where a registrant works across several practices. It was suggested that it would be better to link this to the registration of the business.
139. A sample of comments is available in the box below.

“May deter individuals from taking on the role due to public annotation.”

Dispensing optician

“This may add unnecessary complexity to the register, especially as people work in multiple locations...” GOC business registrant

“The individual may not want this shared with the public.” Bexley Bromley and Greenwich LOC

“The register of optical businesses should list the name of the head of optical practice and perhaps indicate whether they are a registrant. It is an excessive burden then to cross reference this onto the registrant list and runs the risk of creating confusion and excessive administration, while adding nothing to patient safety or accountability.” ABDO

“Annotating the HOP’s name implies a greater level of personal accountability compared to other key stakeholders, such as business owners, directors, and senior managers. This undue scrutiny may discourage qualified individuals from applying for the role, undermining the GOC’s broader goal of improving regulatory oversight. The GOC individual register exists to verify a professional’s qualifications, registration status, and Fitness to Practise history. Adding annotations unrelated to clinical risks or clinical qualifications dilutes the register’s primary function and purpose. The HOP role is fundamentally a governance position tied to business compliance, not personal clinical practice...” AOP

“There may be occasions whereby a registrant is the HOP of one practice, but also works in several other practices/businesses (e.g. as a locum) where they are not the HOP. This would cause confusion with the public...” The College of Optometrists

“This would be unnecessary and could also cause confusion – e.g. where an individual registrant works across multiple practices but has a HOP role at just one practice...” FODO – The Association for Eye Care Providers

“Would be confusing in instances where an optometrist works across other practices.” Optometry Scotland

“We believe that it would be less confusing for the public if heads of optical practices were to [be] listed against the practice entry rather than the registrant entry.” Optometry Wales

GOC response – head of optical practice: annotation on individual register

140. Based on the feedback we have concluded that if someone is listed as part of the business registrant entry, then it is not necessary to annotate this information to their individual registrant entry. We agree this could cause confusion, particularly if an individual works across multiple businesses and agree with the point that annotations are primarily used to highlight additional clinical skills or risks, not senior levels of management.

Section 3: Enforcement approach and sanctions

Powers to impose a financial penalty

Patient and public research

141. In the focus groups and interviews, there was widespread support for changing the GOC's powers to an uncapped fining system rather than have a maximum fine, as now. Participants supported stronger enforcement powers, including the ability to issue fines tailored to the size and turnover of an optical business. However, many also wanted the severity of impact on customers to be considered, rather than fines being based solely on business size.

Consultation responses

142. We asked stakeholders which option they favoured in relation to the GOC's powers to impose a financial penalty on business registrants. Of the 94 respondents that answered the question, 59 per cent said the financial penalty should be linked to turnover, 28 per cent said that there should be a new maximum amount (replacing the current £50,000 cap) and 14 per cent said that the GOC should have a power to impose an uncapped financial penalty.

143. The following themes were identified from the comments:

- financial penalties should be set in a proportionate and fair way, taking into account, for example, the size and turnover of a business;
- penalties should be impactful enough to act as a deterrent without being so severe as to threaten the viability of businesses, particularly smaller practices;
- appropriate regulation and financial penalties can help improve patient outcomes, however, excessive penalties could harm patient care by forcing practices to close, especially in underserved areas, or preventing practices from making improvements to patient care;
- no evidence was provided as to why the GOC needs a power to impose an uncapped financial penalty – this approach would be disproportionate and potentially damaging to businesses, without clear evidence of benefit to public protection;
- the concept of linking penalties to turnover is complex and potentially unfair, especially for businesses with diverse revenue streams or those that are part of larger and/or global corporations – some businesses might have a high turnover but might not be very profitable or even loss-making; and

- a new maximum penalty could be a viable option, provided it is set in a fair and proportionate manner – clarity is needed on how any new cap would be determined and further consultation would be required.
144. Overall, respondents advocated for proportionate and fair penalties that take into account the size and turnover of businesses, with many opposing uncapped fines and expressing concerns about the potential negative impacts on both businesses and patient care.
145. There were mixed views from the optical professional/representative bodies on whether the maximum fine should be linked to turnover, or a new limit should be set. None of them supported having an uncapped fine, as they said this was disproportionate and no evidence was provided as to why this power was needed to effectively protect the public. However, the PSA favoured an uncapped fine system since it would help to future-proof our legislation.
146. The AOP supported linking the fine to turnover considering this would be the most equitable and proportionate approach. Given the varying sizes of businesses within the UK market, it considered this option would work effectively to penalise companies at the right financial level. However, arguments against this approach were that turnover is not easily calculable. What constitutes turnover can vary between companies and be impacted by, for example, whether the company is operating globally or offers other services such as audiology. A company could have a healthy turnover but be running at a loss, in which case, any fine could damage a business' ability to continue or limit its ability to make improvements to patient care.
147. All of the other optical professional/representative bodies favoured setting a new maximum limit for the fine as the most equitable option, and this could be linked to inflation. The College of Optometrists proposed a hybrid model whereby the penalty is capped but the amount is linked to turnover (or profit).
148. A sample of comments is available in the box below.

“You have had many chances over recent years to instigate proceedings against business registrants - most notably when organisations were breaching Covid rules and more recently around shortened testing times. With this decision making in mind why should you have the power to raise the fine level. As an organisation you want to increase the power available to you, adding to business costs whilst having completely failed to use your existing powers.” Optometrist

“Linking the penalty to turnover ensures a relatively equal penalty for all.” Heyes Opticians Ltd (GOC business registrant)

“The fine should be related to the seriousness of the incident and size of the company. A fine of the same size will have a very different impact on a large

multimillion pound company compared to a small independent one.” Optical business (not a GOC business registrant)

“The ability of the GOC to impose uncapped fines is unjustified (from the evidence they provide) as there is no immediate risk to public protection – this is therefore out of the GOC’s remit.” Education provider

“A fixed maximum will be eroded by inflation and a link to turnover can be manipulated by clever accounting.” Education provider

“An uncapped penalty would seem to be an extreme scenario as a sanction for businesses not adhering to standards and could lead to variable application and legal disputes. Although we have chosen a new maximum amount it would need to be reflective of the level of risk to patient safety...” SeeAbility (patient representative charity/organisation)

“...The possibility of imposing an uncapped fine would ensure that the GOC’s legislation remained future-proof. Clearly the details of how the quantum of the fine would be arrived at requires careful consideration; we welcome the GOC’s detailed assessment of how this might be done.” PSA

“Linking financial penalties to a business’s turnover ensures fines are proportionate, fair, and impactful across businesses of all sizes...” AOP

“...In all cases, the impact of financial penalties on smaller practices must be considered, particularly where a small practice is one of the few (or only) options for patient access to eye care (e.g. rural areas) and a large fine would prevent them from making the required improvements and therefore remaining operational. While there should be a financial penalty as a deterrent, and safeguards in place to protect the public, the sanctions should not risk the provision of safe patient care in areas of greatest need.” The College of Optometrists

“...if the GOC did have powers to impose a financial penalty based on turnover, it would be difficult to use such a regulatory tool effectively and proportionately in the UK, given the wide range of business models and complex global supply chains. It is therefore not clear under which circumstances a financial penalty based on turnover for primary eye care services would protect the public. For these reasons we think linking a financial penalty to turnover is an unviable option...” FODO – The Association for Eye Care Providers

“We do not believe that uncapped financial penalties would be appropriate as we do not see the benefit to the public and runs the risk of discouraging practices from supporting regulating reform. We do not believe that linking the financial penalty to turnover is appropriate - an optical practice may have a healthy turnover and be making a financial loss, and again this runs the risk of discouraging practices from supporting regulatory reform.” Optometry Wales

GOC response – powers to impose a financial penalty

149. We have carefully considered the feedback from stakeholders in relation to our approach to setting financial penalties. Despite uncapped financial penalties not being favoured by stakeholders, we consider this approach would best reflect the diversity of business models and the need to future-proof our legislation. As the risk profile of the professions grows and more businesses are brought into regulation, it is important that we can impose appropriate sanctions. In addition, our Advisory Panel noted that businesses are already exposed to unlimited fines (for example, through employment tribunals related to discrimination legislation⁵) so this would not present novel risk.
150. We agree with the arguments that linking fines to turnover alone would be too complex given the business models operating in the market and the limitations of turnover as a metric. We also consider setting a new arbitrary maximum fine limit would pose the same issues that we currently have in not being able to fine proportionately in relation to the market. Also, the cap would need to be reviewed periodically and require legislative reform each time it is changed.
151. Whilst we reiterate that the aim of the financial penalty is not to penalise registrants, any sanction should act to reinforce compliance, and we consider this approach would best help achieve this. Many of the objections to our proposal focused on proportionality and our lack of track record in using fines. To ensure fines are proportionate, we will produce sanctioning guidance to explain how financial penalties should be calculated. Further, the published determination will explain how the fine was calculated in each case. We expect that turnover will often be a key factor in this calculation, but this may not be appropriate in all cases. As with any sanction, the registrant may appeal against the decision, which provides an additional safeguard.
152. To note, in paragraph 154 of our [consultation document](#), we applied the Bank of England's inflationary rate from 1958 (when the Opticians Act was enacted) to estimate what the £50,000 financial penalty would be worth today, which we noted came to nearly £1 million. However, the £50,000 financial penalty was not introduced until [The Opticians Act 1989 \(Amendment Order\) 2005](#), so the equivalent amount today would be approximately £86,700.

⁵ The annual employment tribunal award statistics for the period 2023/24 showed average awards varying between £10,750 and £102,891. ([Employment Tribunal Award Stats 2023/24 Published | MFMac](#))

Power to visit

Patient and public research

153. In the focus groups and interviews, there was widespread support for giving the GOC a power to visit an optical business if we decided to open an investigation once a concern had been raised. Some participants spontaneously favoured routine inspections upon registration to identify potential issues early (which we did not propose as part of our business regulation proposals), followed by additional inspections triggered by complaints or self-referral.

Consultation responses

154. We asked stakeholders to what extent they agreed or disagreed that introducing a power to visit businesses as part of the fitness to carry on business process could give the GOC greater powers to protect patients and the public. Of the 85 respondents that answered the question, 62 per cent agreed or strongly agreed, 18 per cent neither agreed nor disagreed, and 20 per cent disagreed or strongly disagreed.

155. The following themes were identified from the comments:

- regulatory oversight (by way of visiting or inspecting a business) can help ensure standards are met and increase public safety and confidence in the system;
- as a regulator, the GOC should have a power to oversee the businesses it regulates;
- it was unclear when and how this power would be needed or used and the examples given in the consultation did not clearly demonstrate this – more information is needed to give an informed view;
- concern about the potential duplication with other bodies, as some practices are already subject to NHS inspections;
- if such visits were to occur, there must be clarity on the scope and circumstances under which they would operate; and
- concern that the regulatory costs associated with the proposal would be passed onto registrants.

156. Overall, while there was recognition of the potential benefits of GOC visits for regulatory effectiveness and public confidence, there was also significant concern about duplication, cost, and the need for clear guidelines and justifications for when and how these powers would be used.

157. Although this was not proposed, the optical professional/representative bodies reiterated that they did not support a system of regular or routine inspections. Support for the power to visit was mixed, and some thought the consultation lacked evidence as to why this power was required over and above the investigatory powers the GOC currently has. These bodies also highlighted concerns over costs being passed on to registrants.

158. A sample of comments is available in the box below.

“Practices already registered have a lot of protocols and governance along with accountable registrants and things like NHS visits, don't see how the GOC should have a right to come to the business, they will already have evidence provided by the practice i.e. records.” Optometrist

“Important for non NHS practices that have otherwise no oversight.” Optometrist

“To protect the Optical Practice against any unwarranted allegations from patients or non-patients. For GOC to be aware of the day-to-day running of practices in real life & not be sheltered in their ivory towers in London.” Dispensing optician

“It is not clear what benefit a site visit adds to FtP cases unless it helps the FtP panel gain a better understanding of what happened in any particular situation (?). Perhaps give the GOC power to utilise this where they have a strong prevailing argument for doing so. It should not be a part of every FtP case or we can see that it may prolong GOC FtP cases even more than currently.” GOC business registrant

“We agree that there is no evidence to support regular or routine inspections. We consider that the current proposals are disproportionate and unnecessary. Further, it is not clear who would carry out the inspections and what documents or information the GOC would seek to access. We query whether the GOC has staff with the necessary skills and training to appropriately carry out visits which would not prejudice ongoing investigations. We also note that practice visits can be carried out by the College of Optometrists for any issues relating to supervision of pre-registration optometrists...” Clyde & Co LLP

“Gives public confidence and follows the approach of other regulatory bodies.”
Patient representative charity/organisation

“...We see potential benefits in the GOC having powers to visit businesses in order to more clearly establish the facts in a particular case. As with all additional regulation however, it would be important to clearly establish the unmanaged risk arising from the current model and whether visiting powers would be the appropriate mechanism to address this. Any proposals to introduce additional regulation, especially where this might impose costs on businesses, would of course need to be carefully considered.” PSA

“...In relation to whether the GOC requires a power to visit premises as part of a fitness to practise investigation, it is not clear in what circumstances this would be necessary given that the GOC already has powers to request information and gather witness evidence. We would be concerned about the additional costs on registrants of appointing and training a team of inspectors.” ABDO

“The AOP cannot support the proposed GOC visiting powers without firm assurances for several reasons. Regulatory intervention must be proportionate to business size, risks, and specific non-compliance activity... The AOP understands how in theory this power could assist the GOC to investigate concerns, but believe it should be used only rarely, in a circumscribed way, and only in relation to reported breaches of business regulations. It should not be used opportunistically, to gather evidence against individual registrants.” AOP

“Having the ability to inspect optical practices could enhance the reputation of the GOC’s role as regulator, provide additional confidence to patients and the public, and enable the GOC to fully investigate concerns where they arise – if the inspections are carried out effectively, by suitably qualified ‘inspectors’ and bring about positive change...” The College of Optometrists

“Practices are already inspected by the NHS and therefore we feel this would be duplication of time, cost and effort to both practices and GOC. We don’t understand the situations that the GOC may require to visit as part of a fitness to practise and would seek further clarity on this before responding further.”
Optometry Scotland

“We do not understand why the GOC is seeking to introduce this power and on what evidence this is based. We would appreciate further discussion to better understand why this is being proposed.” Optometry Wales

GOC response – power to visit

159. We have carefully considered stakeholder feedback in relation to having a power to visit a business as part of the fitness to carry on business process. Whilst we can see the benefits of having such a power, we are mindful that concerns were raised about a lack of evidence, the potential duplication with other regulatory bodies, and the cost and resource implications. We have taken these concerns on board and decided not to introduce this power, as we consider that our existing processes (for example, we can compel a business to provide written information and could visit a business with their consent) are sufficient to address fitness to carry on business. However, we may revisit this issue in the coming years if it becomes apparent that we cannot address any identified regulatory risks within our existing powers.

Section 4: Consumer redress

Mandatory participation

Patient and public research

160. In the focus groups and interviews, there was widespread support for the proposal that optical businesses should be required to participate in the sector's consumer redress scheme so that all consumers have access to it. Participants felt their trust and confidence would increase knowing that there was such a complaint service, even if it was unlikely they would need to use it.
161. In the omnibus survey, 69 per cent of respondents agreed that if something goes wrong with a service they receive from an optical business, they should have access to an independent organisation to help resolve their complaint.

Consultation responses

162. We asked stakeholders to what extent they agreed or disagreed that it should be mandatory for business registrants to participate in the consumer redress scheme. Of the 94 respondents that answered the question, 56 per cent agreed or strongly agreed, 23 per cent neither agreed nor disagreed, and 21 per cent disagreed or strongly disagreed.
163. The following positive or neutral themes were identified from the comments:
- the need for independence and fairness in the complaint resolution process, with some respondents suggesting that the Optical Consumer Complaints Service (OCCS) should remain independent of the GOC;
 - consistency and clarity for the public are important factors;
 - some support for the idea that a mandated redress scheme could improve trust in optical services and drive higher standards of care; and
 - recognition of the potential for a mandated scheme to alleviate regulatory pressure by resolving minor complaints.
164. The following negative themes were identified from the comments.
- while the OCCS is functioning well, making participation mandatory could lead to complications, especially for businesses that already engage with other services like NHS feedback or trading standards;
 - a lack of clear justification and evidence for the proposals;
 - businesses should have the freedom to choose their consumer redress schemes;

- while there is a need for an independent consumer redress service, there is also a sentiment that many registrants are capable of managing their own affairs without compulsory schemes;
- concerns about the potential for mandatory schemes to over-favour consumers at the expense of businesses; and
- concern that mandatory participation could lead to increased financial burdens (particularly on smaller businesses) and create an unnecessary layer of bureaucracy.

165. Overall, while there was recognition of the benefits of consumer redress schemes like the OCCS, there was apprehension about making such schemes mandatory, with concerns focusing on independence, financial impact and potential over-regulation.

166. The optical professional/representative bodies were not in agreement about whether it should be mandatory for business registrants to participate in the consumer redress scheme. The College of Optometrists, AOP and Optometry Scotland did not think it was necessary or appropriate, with concerns around lack of evidence, potential costs and complications for patients/consumers. However, ABDO, FODO and Optometry Wales were in support citing factors including building public trust, raising standards, saving time for businesses, improving clarity and consistency of approach. Two large business groups and SeeAbility (representing patients) also favoured mandatory participation.

167. A sample of comments is available in the box below.

Comments in support

“It needs to be a statutory requirement to be fair to all, and at the moment, OCCS does not cover non GOC business registrants.” Optometrist

“This proposed system is designed to introduce fairness across business registrants, and the current OCCS works well where businesses participate in the service. Any proposal for consumer redress should build on the success of the OCCS model.” GOC business registrant

“Again for consistency for patients/public so they are clear there is this process and it is mandatory.” SeeAbility (Patient representative charity/organisation)

“A mandatory consumer redress scheme would ensure that patients have a clear accessible route to seek the resolution of complaints. Public knowledge of such schemes would foster trust even further in optical services whilst at the same time driving higher standards of care in optical businesses who would be aware that they would be accountable for their services. A mandated redress scheme would bring consistency across practices and should support registrants in providing

clarity and guidance on how to deal with patient concerns alongside helping promote best practice across healthcare.” ABDO

“...mandating a business to be part of a consumer redress scheme could help avoid regulatory time being taken up with consumer product type complaints. These are best resolved as quickly as possible at local level or, if not, by referral (currently) to the GOC quality-assured OCCS... if it is possible for the GOC to require use of a quality assured system such as the OCCS and the GOC is confident that its governance arrangements can demonstrably manage any conflicts of interest into the future, we would support this proposal.” FODO – The Association for Eye Care Providers

Comments against

“I think the OCCS performs well as an independent body. More could be done to publicise their presence to consumers but forcing businesses to sign up to a redress scheme puts them at risk from opportunistic members of the public.”

Therapeutic prescribing optometrist

“We do not consider that there is any evidence that this is necessary. In our experience, the current systems in place work well and businesses engage with them well.” Clyde & Co LLP

“While we agree that there would be benefits to businesses voluntarily participating in the consumer redress scheme, we are not aware of evidence of public protection risks that would justify making participation mandatory. All additional regulatory burdens should be clearly justified in relation to the GOC’s overarching objective of public protection and be proportionate to the risks involved. Further, making participation mandatory risks the process becoming more adversarial and, as the GOC has noted ‘arguably goes against the essence of mediation as a process with which parties engage voluntarily and constructively to resolve a dispute.’ ” PSA

“The AOP does not support the implementation of a mandatory scheme due to a lack of clear justification and detail... without clear justification, statutory underpinning, or detailed analysis, the proposal is unsubstantiated, potentially costly, and impractical. The AOP advocates for a proportionate and evidence-based approach that fully considers the financial impact on businesses...” AOP

“We do not believe this is required. The industry is regulated enough and businesses are able to resolve issues themselves. We have concerns that this would become an additional layer of bureaucracy that is not necessary and would also become a very expensive service that ultimately the registrants are paying for.” Bexley Bromley and Greenwich LOC

“The current Optical Consumer Complaints Service (OCCS) works well as a non-mandatory intermediary, and we see no reason to change the system and make

this mandatory. The current GOC triage of complaints works well and should continue.” The College of Optometrists

“We acknowledge that the OCCS are working well in current capacity and would encourage members to access this service however we have concerns that if mandatory, this could cause complications for patients/customers who contact other services first such as the NHS feedback services in Scotland or trading standards. We would suggest making it a recommendation to practices to utilise the service and provide more awareness to optical businesses on how the service operates.” Optometry Scotland

GOC response – mandatory participation

168. We recognise that views were divided on this issue, including between the optical professional/representative bodies. As well as support from some of these bodies and the two large businesses who responded, there was strong support for mandatory participation in the patient/public research.
169. The responses, both for and against mandatory participation in the OCCS, largely reflected the arguments advanced in the consultation document with factors relating to public trust, raising standards and consistency, balanced by concerns around changing arrangements that work well and possible negative impacts for business registrants.
170. We are keen to build on a scheme which has operated successfully for more than a decade⁶ and are not persuaded that making participation in the scheme mandatory would alter its fundamental nature. For existing business registrants who participate in the scheme voluntarily, nothing would change. However, we are concerned that there may be businesses brought into regulation that are not willing to participate voluntarily. This would widen a power imbalance between consumers and businesses, risk undermining public trust in the regulatory framework and create an unlevel playing field between businesses.
171. Ultimately, as a patient-focused regulator, we consider that mandatory participation in the OCCS is necessary to deliver public protection and would be a proportionate solution, and we will recommend this model to government.

⁶ 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.

Legally binding decisions

Patient and public research

172. In the focus groups and interviews, participants were asked whether optical businesses should be forced to comply with the outcome recommended by the scheme. They were told that if businesses were forced to comply with the outcome, the scheme might become slower, more formal and cost more, but on the other hand, it could mean that consumers are better protected and disputes are kept out of the courts. Most focus group participants favoured a slightly slower yet more formal complaints procedure.
173. In the omnibus survey, 61 per cent of respondents favoured access to a complaints scheme that could make binding decisions, even if this meant a slower and more formal process.

Consultation responses

174. We asked stakeholders to what extent they agreed or disagreed that the consumer redress scheme should have powers to make decisions that are legally binding on businesses. Of the 76 respondents that answered the question, 34 per cent agreed or strongly agreed, 24 per cent neither agreed nor disagreed, and 42 per cent disagreed or strongly disagreed.
175. Nearly all of those who provided free-text comments were from those who disagreed with the proposal. The following themes were identified from the comments:
- concerns about the necessity and potential consequences of making decisions from the consumer redress scheme legally binding;
 - the belief that the current system, which is largely mediation-based and managed by the OCCS, is effective and efficient;
 - concern that legally binding decisions could lead to unnecessary formalisation of simple complaints, increased costs, and possible overlaps with fitness to practise procedures;
 - concern about the impact on small and independent practices, as higher operational expenses could be passed on to businesses;
 - the potential for increased bureaucracy and red tape without clear benefits;
 - a lack of clarity on how legally binding decisions would interact with existing regulatory functions and whether they would trigger further investigations or disciplinary action;

- the industry is low risk and does not require this level of regulation; and
- decisions should remain non-binding, with the courts having final jurisdiction, and businesses should only be answerable to the GOC for investigation.

176. Overall, there is significant resistance to making consumer redress scheme decisions legally binding, with concerns about the necessity, potential increased costs, procedural complications, and the impact on current effective systems. There is a call for more clarity and evidence to support any changes.

177. All of the optical professional/representative bodies were in agreement that the consumer redress scheme should not make legally binding decisions. The PSA considered there was not enough evidence to support such a change. However, the patient representative charity, SeeAbility, did support this option.

178. A sample of comments is available in the box below.

Comments in support

“By this stage it would seem fair to patients/public that a decision in their favour should be binding, otherwise its potentially a bureaucratic process that could lead to disappointment.” SeeAbility (Patient representative charity/organisation)

Comments against

“Feels like strong arming businesses, if we have complied with all duties then OCCS should see this and if not then we should be answerable to GOC only for investigation.” Optometrist

“We are a low risk industry so we should not need this level of regulation at this stage. It should be mandatory for businesses to participate in consumer redress, but not legally binding.” GOC business registrant

“This would make the OCCS more adversarial as mentioned - businesses follow Consumer Rights so there is no need for the OCCS to provide binding decisions.” Optical business (not a GOC business registrant)

“We have not seen evidence risk to public protection, which would warrant changing the nature of the consumer redress scheme to make decisions legally binding.” PSA

“The present process with OCCS does work well without powers to make legally binding decisions and we would not want to see consumer redress become a lengthy, legalistic and more costly process.” ABDO

“While the AOP is aware that consumer redress exists in many other areas, it cannot support a proposal to render the decisions of any Consumer Redress Scheme for optometry legally binding until there is clarity on a number of significant issues. To ensure that there is not an unnecessary formalising of simple

complaints, increased costs, and possible overlaps with Fitness to Practise procedures, we need clarity on the status, identity and processes of any such scheme...

... while the AOP is supportive of the general aim to increase consumer protection, we consider the lack of supporting evidence and detail on the proposed redress scheme in this consultation unhelpful, given the risks involved. Therefore, we must strongly oppose the proposal.” AOP

“The current scheme works well, and we see no reason to change the system. Legally binding decisions - in the absence of any evidence to the contrary - would be an unnecessary step.” The College of Optometrists

“There is no evidence that this is necessary. The GOC evidence is clear that the current system works very well, it is quick and efficient and adding more duties and red tape for businesses is likely to increase costs for all without benefits for the majority.” FODO – The Association for Eye Care Providers

“The current system is evidenced to work very well. We have not seen any evidence to suggest that any further processes are required.” Optometry Wales

GOC response – legally binding decisions

179. While the patient and public research indicated support for the OCCS making legally binding decisions, this was more finely balanced than whether business participation in the scheme should be mandatory. We recognise the concerns from the consultation feedback around a lack of evidence, the low-risk nature of the industry, and the possible negative impacts for consumers and businesses (particularly around timeliness). Therefore, we have decided to recommend to government that the OCCS should remain a mediation scheme, rather than moving to an adjudication model with legally binding decisions.
180. This model does carry the risk that some consumers may not achieve a fair outcome from their complaint, and if this became a common problem, it could undermine public trust in the regulatory system. However, this needs to be balanced against the benefits to most users who would continue to receive quick, informal and fair redress building on the strengths of the current scheme. We have a range of tools available to incentivise businesses to engage constructively with mediation, including our [Standards for Optical Businesses](#). While we cannot use these standards to insist that businesses comply with a recommended outcome from mediation, a pattern of behaviour across multiple cases could help to complete an overall picture about any business that we have cause to investigate.
181. We also recognise that moving to an adjudication model would fundamentally alter the nature of a scheme that works well. The interaction with our fitness to practise processes is an important consideration here and this dynamic could

change if both the OCCS and the GOC could determine outcomes. We note that mandatory mediation is becoming more common as part of informal resolution techniques prior to court proceedings (e.g. there are plans for compulsory mediation in small civil claims up to a value of £10,000⁷).

Delivery of consumer redress

182. We asked stakeholders to what extent they agreed or disagreed 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. Of the 74 respondents that answered the question, 59 per cent agreed or strongly agreed, 26 per cent neither agreed nor disagreed, and 15 per cent disagreed or strongly disagreed.

183. The following themes were identified from the comments:

- the current consumer complaints service works well and should not be significantly altered; and
- the benefits of having a single provider for consistency of decision-making and simplicity, both for businesses and patients.

184. Overall, the consensus among respondents was to maintain the current OCCS model, with some suggesting improvements in communication, oversight and regulation to enhance its effectiveness.

185. The vast majority of optical professional/representative bodies were in favour of keeping the existing system. The AOP cautioned against changes that could lead to fragmentation, inconsistency and confusion, and highlighted the risks of complacency, advocating for evidence-based changes if any are to be made. However, they also highlighted the conflict of interest risks of a scheme funded and contracted by the GOC.

186. A sample of comments is available in the box below.

“One provider helps with consistency and ease of access for the public.”

Optometrist

“The current OCCS model works well and is efficient and any new system should be based on this success.” GOC business registrant

“We agree with the GOC that the OCCS works well for consumer redress and the current arrangements should not be altered.” Education provider

“It appears at present that the OCCS arrangements work well. Communication for how the business registration scheme and raising issues of meeting GOC

⁷ [Increasing the use of mediation in the civil justice system: Government response to consultation - GOV.UK](https://www.gov.uk/government/consultations/increasing-the-use-of-mediation-in-the-civil-justice-system)

standards as opposed to consumer redress could however be made clearer for patients/public. It is better to have a single provider for simplicity and be clear on the roles for the GOC and the roles for the OCCS.” SeeAbility (Patient representative charity/organisation)

“The present process works well and is understood and supported by the sector and patient feedback is supportive of the scheme.” ABDO

“The AOP believes the current OCCS model is largely effective, and any changes must be approached with caution to avoid unintended consequences. It is important to acknowledge potential risks that could arise in maintaining or altering its delivery... Any proposed changes must be grounded in clear evidence, provide demonstrable improvements, and avoid creating unnecessary complexity or conflicts. Without such justification, maintaining the existing OCCS model – with ongoing monitoring to ensure quality – is the most pragmatic and proportionate approach.” AOP

“The current delivery model and process for identifying a single provider appears fair and effective. We see no reason to change the system.” The College of Optometrists

“We agree with the GOC’s analysis. The current scheme is proportionate, popular with patients and works very efficiently.” FODO – The Association for Eye Care Providers

“Appears to be fair and operating effectively.” Optometry Scotland

GOC response – delivery of consumer redress

187. Given the strong support in favour of our existing model and lack of arguments to change the system, we intend to retain the existing model of delivering our consumer redress scheme with a single provider through a competition for the market model. We will continue to periodically tender for the scheme to ensure we are getting best value for money and a high-quality scheme, with fair and consistent outcomes for users.

Funding of consumer redress scheme

188. We asked stakeholders how any consumer redress scheme should be funded. Of the 75 respondents that answered the question, 44 per cent thought that every business should contribute through the registration fee (as now), nine per cent thought there should be a pay per use model whereby the business pays for any complaint made against them that is considered by the scheme, 19 per cent thought there should be a combination of the previous two models, three per cent selected ‘other’, and 25 per cent were not sure.

189. The following themes were identified from the comments:

- support for a shared funding model (as per the existing process which is efficient and effective), where all businesses contribute to the costs, as more equitable and likely to result in lower overall costs which they are able to plan for;
- concerns about the fairness and practicality of funding models for business regulation, particularly in relation to handling complaints – there would be a potential negative impact on businesses, especially smaller ones, if they were required to pay per complaint;
- a pay-per-use model could discourage businesses from seeking mediation services, and could be unfair if complaints are unfounded or vexatious;
- the idea that serial offenders should bear a greater cost was mentioned as an incentive for businesses to improve their practices. However, there was also a call for the system to be fair and equitable across all sizes of business, without discounts for larger market shares; and
- businesses should not be penalised when complaints arise from communication breakdowns rather than actual faults.

190. Overall, the responses highlighted a desire for a fair, simple and equitable funding system that does not disproportionately burden businesses, particularly in cases of unjustified complaints. The optical professional/representative bodies were generally in support of continuing with the existing funding model of a shared fee model.

191. A sample of comments is available in the box below.

“A pay per use model would potentially make vexatious complaints more costly for a business that has done nothing wrong.” Optometrist

“[A combination of the above two models] Serial offenders should carry a greater cost - gives an incentive to improve.” Contact lens optician

“[Every business contributing through the registration fee] As long as the larger providers pay per practice the same as smaller organisations and do not have a discounted fee just because they have a larger market share. The system must be fair and equitable across all sizes of business.” Therapeutic prescribing optometrist

“[A pay per use model] Would make businesses more wary of causing a patient complaint. As long as if the complaint is dismissed at the early stage (for instance if the complaint is obviously frivolous or unreasonable) that the practice does not have to pay.” Pearce & Blackmore Opticians (GOC business registrant)

“While it might be superficially attractive to seek to incentivise businesses to avoid complaints by requiring payment per complaint, this would be unfair in a case where a complaint is unwarranted. Furthermore, administering such a system would add an increased amount of administration and cost to the process, and would be likely to prove unworkable. Therefore, we would support continuing with the present funding method.” ABDO

“We believe that the shared funding model is the most equitable and is likely to deliver the overall lowest cost to all practices.” AOP

“We agree with paragraph 198 in the consultation document i.e. continue with the current funding arrangements.” The College of Optometrists

“In the same way as it would be unworkable for individual registrants to fund more of the GOC costs if they get a complaint/concern, it would be impractical and add to bureaucracy for businesses to have a pay per use model. It could also result in less provider support for customers accessing such services (especially from a business struggling to meet expectations).

A model where all registrants pay the GOC fee and the GOC procures an efficient service, works cost-efficiently and effectively and ensures there is a level playing field for patients/consumers and registrants with poor providers exiting the market sooner than if there were a pay per use model.” FODO – The Association for Eye Care Providers

“Cost effective to have all businesses contributing. Would encourage businesses to utilise service better. Could impact small businesses more where they don’t have support from peers or additional departments that can specialise in customer service. In many cases it is a breakdown in communication and may not be the practice’s “fault” and therefore, why should they be penalised in this instance. There is no cost to the patient in these scenarios so believe it should be the same for practices.” Optometry Scotland

GOC response – funding of consumer redress scheme

192. Having considered the responses, we note the concerns around a pay per use model and do not intend to pursue this. We intend to continue with current funding arrangements for the OCCS, sharing the fee among registrants through the registration fee as this is the simplest system to administer, and our standards are the best lever to address any variability in unfair practices and first-tier complaint handling by businesses.

Section 5: Other areas

5.1 Impact assessment

193. We asked stakeholders whether there were any aspects of our proposals that could discriminate against stakeholders with specific characteristics. Of the 93 respondents that answered the question, only nine respondents thought that there were.

194. The following themes were identified from the comments:

- the potential disadvantage to part-time workers for the head of optical practice role, who often have childcare or other caring responsibilities – this could lead to a bias towards full-time employees in the appointment of this role, potentially affecting female registrants more;
- the lack of flexibility in the head of optical practice role to accommodate those on maternity leave or with long-term absences; and
- the cost of the proposals and their impact on individual businesses, especially those serving under-served populations or operating with low income.

195. Overall, respondents were worried about the implications on part-time workers, those with caring responsibilities, and the potential for increased costs affecting service provision to vulnerable groups.

196. A sample of comments is available in the box below.

“In appointing a HOP [head of optical practice], there is a risk that employers could favour those who are full-time employees, over part-time employees, which could affect those with childcare and other caring responsibilities. This is more likely to disadvantage female registrants – who are less likely to work full-time [GOC Registrant Survey 2024].” The College of Optometrists

“The cost of the proposals has not been identified on individual businesses thus there could be an impact on provision of services to under-served populations if provision of services becomes unsustainable due to increased registration fees or additional personnel. This particularly affects people with disabilities, those on a low income and of different ethnicities who research shows often experience barriers to accessing sight testing and other prescribed services.” SeeAbility (Patient representative charity/organisation)

“The way in which the Head of Optical Practice (HOP) has been specified and restricted might have a negative impact...” FODO – The Association for Eye Care Providers

“The HOP role could be assumed to be full time and affect those working part time due to childcare or caring responsibilities. One HOP may limit those who can apply – companies may wish to have multiple HOP to cover in instances of pregnancy or paternity or long term absence.” Optometry Scotland

“The proposed requirements around Head of Optical Practice e.g. being employed, could negatively impact those who work part time (due to caring or parental responsibilities) and in a locum role.” Optometry Wales

197. We asked stakeholders whether there were any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics. Of the 79 respondents that answered the question, only seven respondents thought that there were.

198. There were no common themes identified from the comments, but the following points were made:

- consistent business regulation would be beneficial for all, potentially leading to improved standards and positive impacts for various groups, especially those who face challenges in accessing eye care services, such as people with disabilities;
- the importance of fairness and non-discrimination in regulations;
- clearer rules or guidance could enable younger optometrists to qualify for roles that they might be excluded from due to age-related experience requirements; and
- the proposals could have positive effects on groups with characteristics relating to age, disability, sex, and race.

199. A sample of comments is available in the box below.

“Better regulation would be beneficial for all.” Optometrist

“If business regulation is more consistent and standards are raised, there should be a positive impact across the population and for those who report worse experiences than others in accessing eye care services (such as people with disabilities). It may also help alleviate concerns that individual registrants have that despite the professional standards they must adhere to, there are commercial imperatives they are faced with that can sometimes put them in a difficult position. These are noted by the GOC in the consultation as having an impact on patient and clinical care.” SeeAbility (Patient representative charity/organisation)

“If the GOC were to specify in rules/guidance, the essential characteristics that it considers necessary for the HOP, this could help enable some younger

optometrists to qualify for the role, who otherwise may have been not considered experienced enough solely due to their age.” The College of Optometrists

“We agree with the GOC’s assessment as set out in the accompanying Impact Assessment that the proposals may have positive effects on groups with certain characteristics. The proposals may benefit groups with shared characteristics relating to age, disability, sex, and race.” PSA

GOC response – impact assessment

200. We note the concerns around the head of optical practice role potentially negatively impacting women, part-time workers and those on long term absences such as maternity leave, as these people may be less likely to be selected for these roles. These will be considered as we work through the detailed arrangements for implementation.
201. We also note the comment around fees and the impact that it could have if businesses were unable to operate in under-served populations. We would expect the legislation to provide flexibility in fees but this will be considered further following legislative reform.
202. We note that it was felt that there would be positive impacts on persons with protected characteristics if business regulation was consistent and if regulations/guidance promote fairness.

5.2 Welsh language

203. We asked stakeholders if the proposed changes would 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. Of the 85 respondents that answered the question, only three thought that there would be any effects but did not provide any substantive details in comments.
204. We asked stakeholders whether the proposed changes could 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. Of the 63 respondents that answered the question, only two thought that there were but did not provide any substantive details in comments.
205. We asked stakeholders whether 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, and (b) treating the Welsh language no less favourably than the English language. Of the 61 respondents that answered the question, only three

thought that there were but did not provide any substantive details in comments.

GOC response – Welsh language

206. We do not believe that our proposals would have any adverse impacts on Welsh language speakers and have detailed this in our updated impact assessment.

5.3 Any other areas

207. We asked stakeholders to tell us about any other areas relevant to business regulation that were not covered by the consultation. Thirty-eight respondents provided us with free-text comments in response.

208. The following points were identified from the comments where they had not already been addressed above and we have responded to these after the summary of each point:

- the regulation of online sales, with many highlighting the risks associated with unregistered businesses selling contact lenses and glasses online. There was a call for these businesses to be brought under regulatory control to ensure public safety and to address issues such as incorrect prescriptions and poor-quality materials – *GOC response*: under our new model of business regulation, online sellers based in the UK will be required to register with us if they are providing specified restricted functions. All businesses within the scope of the legislation will be subject to our standards whether they operate physically or online;
- calls for the GOC to address issues with online retailers based outside the UK and for all providers of optical services within the UK to be registered with the GOC – *GOC response*: as outlined on pages 133-134 of our [response to the call for evidence on the Opticians Act](#), “the Opticians Act applies only in the UK and it is difficult to use UK law to prosecute an overseas company even where the purchaser is in the UK. There would be practical problems in presenting a hearing without the power to compel the defendant to attend a UK court. It would also be extremely hard to enforce any conviction or order.” We note The College of Optometrists’ request for us to raise the issue of overseas sales that do not comply with UK law with the appropriate national regulator/authority and have the powers to end the illegal practice occurring in the UK. It would not be appropriate for us to write to other countries’ authorities about sellers based in other jurisdictions, as this is not part of our remit and we must apply registrants’ funds towards our statutory purposes. In any event, it is our understanding that other countries’ authorities would have no basis for taking action if the businesses are complying with their domestic legislation. We also note the

AOP's calls for us to become a thought leader and innovator in this area. In its 2022 report [Safer care for all](#), the PSA calls on governments to use the current healthcare regulator legislative reform programme "to ensure regulators have the agility to address the challenges brought about by new approaches to funding and delivering care, including the introduction of new technologies", specifically mentioning the difficulties in regulators' ability to act against online providers being "impeded by restrictions on their geographical jurisdictions". We continue to be part of inter-regulatory groups led by government bodies and the PSA that discuss online sales and new technologies;

- the commercial pressure on optometrists to meet sales targets and the potential conflict of interest when optometrists are on bonus schemes could compromise patient care and the GOC should provide clear guidance to prevent such practices and protect employees who raise concerns – *GOC response*: our [standards of practice](#) address such matters, including the need for our registrants to use their professional judgement, and we encourage our registrants to speak up (with [supporting guidance](#)) where they believe that patient care is being compromised and detail the support that is available to them. In addition, in 2025/26 we will begin a thematic review on commercial practices and patient safety, designed to assess current or emerging risks in the sector;
- a review of the [standards of practice](#) to ensure that the balance is right between the responsibilities of individuals and businesses to address the commercial pressures and concerns about speaking up outlined above – *GOC response*: we plan to start our review of our standards for business registrants later in 2025, and will review the balance of the standards between individuals and businesses as part of this;
- the impact of existing regulation (e.g. if they hold an NHS contract) and any extended business regulation on small practices, with concerns about unfair burden and that increased regulation could lead to the closure of small practices, particularly in rural areas where they are vital for patient access to care – *GOC response*: we note the concerns around the impact on small businesses and will take this into account when designing the new system to ensure that our approach is proportionate;
- a more detailed overview of the gaps in regulation, particularly those relating to non-restricted activities such as enhanced schemes for independent prescribing and glaucoma care, many of which are provided under NHS contracts and covered by the CQC – *GOC response*: as outlined in our [response to the call for evidence on the Opticians Act](#), we do not believe the case has been made to change the current list of restricted functions to include enhanced schemes that are effectively part of medical

services regulated by the CQC. However, to future-proof the legislation we proposed a mechanism for the GOC to make recommendations to the Secretary of State to alter the list of restricted functions without the need for primary legislation;

- a call for more robust regulation of domiciliary eye care due to the risks it presents to both practitioners and patients – *GOC response*: as part of our corporate strategy for 2025/30, we will be carrying out several thematic reviews to assess current or emerging risks in the sector – domiciliary care is one of the areas that we will consider for a future thematic review; and
- concerns about the use of locums by businesses – *GOC response*: it is for individual businesses to decide whether it is appropriate to use locums and to ensure that they are appropriately qualified and trained. Our [Standards for Optical Businesses](#) refer to locums and we will consider as part of our review of these standards whether any further amendments should be made in this area.

209. A number of comments were made that were outside the scope of this consultation and have therefore not been considered here.