

**Third meeting in 2023 of the Council held in PUBLIC
on Wednesday 27 September 2023 at 10am via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	Welcome, apologies and Chair's introduction	Oral	Chair	-	10am-10.05am (5mins)
2.	Declaration of interests	C34(23)	Chair	3-7	
3.	Minutes, actions and matters arising		Chair		10.05am-10.10am (5mins)
3.1	Minutes – 28 June 2023 For approval	C35(23)		8-13	
3.2	Updated actions For noting	C36(23)		14-16	
3.3	Matters arising				
FOR DECISION					
4.	Annual report and financial statements 2022/23 For approval	C37(23)	Director of Corporate Services	17-80	10.10am-10.30am (20mins)
5.	Equality, Diversity, and Inclusion: annual report 2022/23 For approval	C38(23)	Chief Executive and Registrar	81-166	10.30am-10.50am (20mins)
6.	Consultation to remove information about a registrant's gender on the public register For approval	C39(23)	Director of Regulatory Strategy	167-184	10.50am-11.05am (15mins)
7.	ARC annual report 2022/23 For noting	C40(23)	Director of Corporate Services	185-199	11.05am-11.10am (5mins)
FOR DISCUSSION					
8.	Registrant and public perception survey For discussion	C41(23)	Policy Manager	200-375	11.10am-11.35am (25mins)
11.35am – 11.50am Tea/Coffee break (15mins)					
9.	2025-30 strategy development: proposed stakeholder engagement For discussion	C42(23)	Director of Regulatory Strategy	376-381	11.50-12.05pm (15mins)
FOR ASSURANCE					

10.	Q1 Financial performance report/Q1 forecast For noting	C43(23)	Director of Corporate Services	382-407	12.05pm - 12.15pm (10mins)
11.	Business performance dashboard Q1 For noting	C44(23)	Head of Governance	408-410	12.15pm - 12.25pm (10mins)
12.	Business plan assurance report Q1 For noting	C45(23)	Head of Governance	411-414	12.25pm - 12.35pm (10mins)
13.	Chair's report For noting	C46(23)	Chair	415-416	12.35pm - 12.45pm (10mins)
14.	Chief Executive and Registrar's report For noting	C47(23)	Chief Executive and Registrar	417-433	12.45pm - 1.05pm (20mins)
FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)					
15.	Council forward plan For noting	C48(23)	Head of Governance	434-436	1.05pm - 1.10pm (5mins)
16.	Any other business (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	1.10pm - 1.15 pm (5mins)
Meeting Close – 1.15pm					
Date of next meeting – Wednesday 13 December 2023					

GENERAL OPTICAL COUNCIL – COUNCIL REGISTER OF INTERESTS 2023 (UPDATED 20 September 2023)

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Sinead BURNS Lay Member	<ul style="list-style-type: none"> Registered Psychologist: Health and Care Professions Council Registrant Member: Fitness to Practice Panel, Health and Care Professions Council 	<ul style="list-style-type: none"> Registered Fellow: Chartered Institute of Personnel and Development 	<ul style="list-style-type: none"> Former Vice President Pharmaceutical Society Northern Ireland 	<ul style="list-style-type: none"> Lay Member: Council Chair: Audit, Risk and Finance Committee 	<ul style="list-style-type: none"> None
Dr Josie FORTE Registrant (OO)	<ul style="list-style-type: none"> Part-time Lecturer: Plymouth University Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills) Consultant: Specsavers Optical Superstores Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University Lecturer (occasional, visiting): Plymouth University Vice chair (acting): Devon Local Eye Health Network Vice chair (acting): Cornwall Local Eye Health Network VisionForte Ltd (50% shareholding) 	<ul style="list-style-type: none"> Member: College of Optometrists Registered with the Optometrists and Dispensing Opticians Board of New Zealand Liveryman: Worshipful Company of Spectacle Makers Member: Clinical Committee at FODO Member: The Royal College of Ophthalmologists 	<ul style="list-style-type: none"> Member: Devon Local Optical Committee (end May 2017) Optometrist: Specsavers Torquay (end Apr 2014) Optometrist: Lascelles Opticians Plymouth (end Jun 2006) Specsavers Plymouth Cornwall Street Ltd (ended April 2020) Specsavers Saltash Ltd (ended April 2020) Specsavers Devon2 Domiciliary (ended January 2020) Board trustee: Inspiring Schools Partnership, Plymouth Member: AOP⁶ Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022) 	<ul style="list-style-type: none"> Registrant Council Member Chair: Standards Committee Member: Remuneration Committee 	<ul style="list-style-type: none"> None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Mike GALVIN Lay Member	<ul style="list-style-type: none"> • Non-executive Director: Martello Technologies Group Inc • Non-executive Director: ThinkRF • Director of Streetwave Ltd (a company registered in the UK) 	<ul style="list-style-type: none"> • Member: Institution of Engineering and Technology • Fellow: Institute of Telecom Professionals. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Lay member: Council • Chair: Education Committee • Member: Audit, Risk and Finance Committee • Council Lead: GOC Refresh 	<ul style="list-style-type: none"> • None
Lisa GERSON Registrant (OO)	<ul style="list-style-type: none"> • Primary Care Supervisor: Cardiff University • Has observer status on Regional Optical Committee (ROC) meetings across Wales 	<ul style="list-style-type: none"> • Member of AOP • Member of College of Optometry 	<ul style="list-style-type: none"> • Chair: Optometry Wales • Member: GOC Hearings Panel • Member/Acting Chair: GOC Investigation Panel • Member: GOC Education Visitor Panel • College Counsellor: College of Optometrists • Trustee: College of Optometrists • Trustee: AOP • Employee: Ronald Brown Group • Employee: Boots Optician 	<ul style="list-style-type: none"> • Registration Committee Chair • Nominations Committee Member • Council lead for FtP 	<ul style="list-style-type: none"> • None
Ken GILL	<ul style="list-style-type: none"> • Vice Chair of Board and Chair of Audit Committee at the Countess of Chester NHS Foundation Trust. • Study Portals. UK Advisory Board member. • Independent Management Board member of the Council of the Inns of Court. • Main Board Non-Executive Member and Chair: Audit and Risk Assurance Committee at the Legal Aid Agency. 	<ul style="list-style-type: none"> • Chartered Accountant Member of the Chartered Institute of Public Finance and Accountancy. • Chartered Member of the Chartered Institute of Personnel and Development • Fellow of the Royal Society of Arts 	<ul style="list-style-type: none"> • Independent member of the Audit and Risk Committee of the General Medical Council • Independent member of the Audit and Risk Committee of the Royal College of Veterinary Surgeons. 	<ul style="list-style-type: none"> • Member: Lay Council member • Member: Audit, Risk & Finance Committee 	<ul style="list-style-type: none"> • None

<p>Clare MINCHINGTON Lay Member</p>	<ul style="list-style-type: none"> • Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency 	<ul style="list-style-type: none"> • Fellow: Association of Chartered Certified Accountants 	<ul style="list-style-type: none"> • Senior Independent Board Member for the College of Policing (until Dec 2021) • Chair of Academic Council for BPP University (until Oct 2021) 	<ul style="list-style-type: none"> • Lay Member: Senior Council Member • Chair: Remuneration Committee 	<ul style="list-style-type: none"> • None
<p>Frank MUNRO Registrant (OO)</p>	<ul style="list-style-type: none"> • Director Munro Eyecare Limited (T/A Munro Optometrists) • Clinical Adviser, Optometry Scotland • Optometric Advisor, NHS Lanarkshire • Lead Optometrist, Glasgow City Health & Social care Partnership • Visiting Lecturer, Glasgow Caledonian University • Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) • Chair, NHS Lanarkshire Optometric Advisory Committee • Member, Greater Glasgow & Clyde Prescribing Review Board 	<ul style="list-style-type: none"> • Past President and Honorary Life Fellow, College of Optometrists • Member, Association of Optometrists • Member, Optometry Scotland • Hon Fellow, Association of Dispensing Opticians • Member, British Contact Lens Association 	<ul style="list-style-type: none"> • Past President, College of Optometrists • Past Chair, Optometry Scotland • Past Chair, Scottish Committee of Optometrists • Past Chair, NHS Education for Scotland Optometry Advisory Board 	<ul style="list-style-type: none"> • Registrant Member: Council • Member: Education Committee 	<ul style="list-style-type: none"> • None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Dr David PARKINS Registrant (OO)	<ul style="list-style-type: none"> Trustee: Spectacle Makers Charity Chair: London Eye Health Network (NHS England) Member: London Clinical Senate Council Director: BP Eyecare Ltd Provided short informal feedback (22 March 2022) to MOptom Programme Director, Cardiff University on high level course structure (no financials involved) 	<ul style="list-style-type: none"> Fellow: College of Optometrists Fellow, European Academy of Optometry and Optics Life Member: Vision Aid Overseas Liveryman: Worshipful Company of Spectacle Makers 	<ul style="list-style-type: none"> President: College of Optometrists (end Mar 2016) Board Trustee: College of Optometrists (end Mar 2018) Previous CET provider (ended 2015) Chair: Clinical Council for Eye Health Commissioning (2015-2017) Vice Chair: Clinical Council for Eye Health Commissioning (2017-2021) Member: British Contact Lens Association 	<ul style="list-style-type: none"> Member: Council Member: Audit, Risk and Finance Committee Member: Investment Committee Council Lead: Legislative Reform 	<ul style="list-style-type: none"> Close Relative: General Optical Council Case Examiner Close Relative: Member, College of Optometrists Spouse: Director - BP Eyecare Ltd
Tim PARKINSON Lay Member	<ul style="list-style-type: none"> Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector) 	<ul style="list-style-type: none"> Fellow: Chartered Management Institute Membership of the Institute of Water 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay member: Council Chair: Investment Committee Chair: Companies Committee Council Lead: FTP 	<ul style="list-style-type: none"> None
Roshni SAMRA Registrant (OO)	<ul style="list-style-type: none"> Locum optometrist (occasional): various high street or independent practices Professional Clinic Manager: City Sight, City University Student: City University (MSc in Clinical Optometry) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Member: Council Member: Registration Committee Council Lead: GOC Refresh (People Plan) 	<ul style="list-style-type: none"> Works with a current General Optical Council Case Examiner

<p>William STOCKDALE</p>	<ul style="list-style-type: none"> • Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding. • Own an organisation in the Optical Sector - Telford Opticians 50% Stake. 	<ul style="list-style-type: none"> • Member of ABDO • Member of FODO • Member of ONI 	<ul style="list-style-type: none"> • Chair: Optometry Northern Ireland • Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee. • Non-Executive Director FODO 	<ul style="list-style-type: none"> • Member: Registrant Council Member • Member: Nominations Committee 	<ul style="list-style-type: none"> • None
<p>Dr Anne WRIGHT CBE Lay Chair</p>	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Committee member: The Shaw Society • Director of Circa management company 	<ul style="list-style-type: none"> • Chair: Council • Chair: Nominations Committee 	<ul style="list-style-type: none"> • None

**GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council
meeting held on Wednesday 28 June 2023 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson, Roshni Samra and William Stockdale. Rukaiya Anwar, Jamie Douglas, Deepali Modha and Harry Singh (Council Associates).
GOC attendees:	Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Nicole Fitzgerald (Communications Manager), Kiran Gill (Head of Legal), Philipsia Greenway (Director of Change), Jenny Hazell (Governance & Compliance Manager), Vikki Julian (Head of Communications), Leonie Milliner (Chief Executive Officer and Registrar), Nadia Patel (Head of Registration), Phillip Ryan (Head of Programmes – Change), Ivon Sergey (Governance Officer) (Minutes), Dionne Spence (Director of Regulatory Operations), Andy Spragg (Head of Governance), Charlotte Urwin (Head of Strategy, Policy and Standards) and Manori Wickremasinghe (Head of Finance).
External attendees	Saqid Ahmad (AOP), Siobhan Carson (PSA) Emily McCormick (Optometry Today), Selina Powell (Optometry Today).
	Welcome and Apologies
1.	The Chair welcomed those in attendance. Jamie Douglas and Deepali Modha were welcomed to their first public Council meeting.
2.	There were no apologies.
	Declaration of Interests
3.	All Council members had an interest in the item considering member fees 2023/24. Council had a statutory power to determine its own fees, and it was noted that any perceived conflict of interest was managed by the use of benchmarking data to determine fees and appointing an independent member to Remuneration Committee. Therefore, it was considered that this interest could be managed with no further action.
	Minutes of the meeting held on 22 March 2023 C1723)
4.	The minutes were approved as an accurate record of the meeting.
	Action points update C18(23)
5.	Council noted the update on previous actions. Action: Governance Officer to record a missing action on the action tracker from the last Public Meeting on 22 March 2023 - “Director of Corporate Services to expand scope of the annual health and safety report to Council”. The updated action tracker to reflect this change at the next meeting.

	Matters arising
6.	There were none.
	GOC strategy 2025-30: laying the foundations C19(23)
7.	The Chief Executive and Registrar presented the item. Council would be asked to approve the proposed vision, mission, values and strategic objectives in December 2024 before final approval of the plan in March 2025. Governance would ensure the appropriate committees and other key stakeholders had the opportunity for input as the strategy developed. At the strictly confidential Council meeting on 27 June 2023, Council had discussed themes to take into consideration in future GOC regulatory and business models, including the impact of technology on delivery of patient care, the opportunity to extend the role of dispensing opticians, greater divergence in care models across the UK, and the agility to adapt to a changing economic and political context.
8.	Council was supportive of the approach, commenting that the use of the Chartered Management Institute template for developing the strategy was sensible. A strategy co-ordination group (SCG) had been set up by the Senior Management Team (SMT). Council suggested extending the membership to ensure input in respect to People and Culture and Equality, Diversity and Inclusion (EDI). Action: Frank Munro to provide alternative wording at page 20 of the penultimate point regarding ageing population and age-related problems (completed).
9.	Council noted the proposed approach and timescale for the development of the 2025-30 strategy (working title “Shaping the Future”); noted the terms of reference for the strategy coordination group (SCG); and appointed Clare Minchington as Council lead for strategic development.
	Call for evidence next steps C20(23)
10.	The Director of Regulatory Strategy presented the item. The call for evidence had received positive feedback from stakeholders for being measured and evidence based. The paper set out how the 24 individual commitments made in the call for evidence response would be taken forward. The 2013 statement of sight would be updated, subject to consultation, in due course. Council commented on the importance of clarifying the difference between the terms “supervision” and “delegation”.
11.	Council discussed the scope of the proposed research to understand the impact on public protection of separating elements of the sight test by time, place or person. It commented that this should take into consideration a care model that is still evolving, be sufficiently representative of the UK population, triage variances, patient outcomes and the risk of false negatives. Council noted that the proposed additional staffing resource to progress this work would be funded from positive variances in the business-as-usual budget. Approval of expenditure from strategic reserves was a power retained by Council, and therefore it was noted that the additional expenditure required to support the research on the impact of time, place and person on the sight test required Council approval.
12.	Council approved the GOC’s plan and timescales to take forward the commitments made

	<p>following the call for evidence; approved expenditure of £50,000 from the strategic reserves for additional research on the impact of time, place and person on the sight test; and delegated approval of the business case and invitation to tender to the Chief Executive and Registrar in consultation with the Council lead for regulatory reform (David Parkins).</p>
	Internal investigation policy C21(23)
13.	The Head of Governance presented the item. The updates made to the policy incorporated lessons learnt regarding previous internal investigations and were in line with the Advisory, Conciliation and Arbitration Service (ACAS) code of practice. It was confirmed investigation managers had access to ACAS training if required, and there was work underway to offer wider investigations training to managers across the organisation.
14.	Council approved the proposed internal investigation policy; and delegated any minor revisions to the Chief Executive and Registrar (in consultation with the Chair of Council).
	Member fees 2023/24 C22(23)
15.	The Senior Council Member introduced the report. Council commented that reading fees seemed quite low given the amount of time taken to read sizable paper bundles. It was confirmed this topic would be considered as part of the member support review and fed back to a future Remuneration Committee meeting.
16.	Council noted that Remuneration Committee reviewed benchmark data at its meeting on 25 April 2023 and recommended no change to member fees; and approved the member fee schedule for 2023-2024.
	Advice from Registration Committee: DBS checks for registrants C23(23)
17.	The Head of Governance presented the item. Council noted that the topic of Disclosure and Barring Service (DBS) checks had been discussed by the Registration Committee at previous meetings.
18.	Council discussed key considerations, including potential inconsistencies in how DBS checks were undertaken for those on the NHS performers list. It was noted there were variances in the application of DBS checks in the devolved nations as well as requirements for inclusion in NHS performer/commissioning lists. The complexities of how to manage the DBS check process for non-UK based practitioners or those who had non-conviction information recorded was discussed. Council noted that the GOC self-declaration guidance required a greater level of disclosure than that required by DBS checks. Revised and updated registrant self-declaration guidance was currently being prepared.
19.	Council was advised that any restriction to the ability to practise should be proportionate to risks presented to patients and the public. Further research on current risks and benefits of DBS checks was required to inform the development of a GOC policy position for consultation, consistent with the emerging policy direction of both the Professional Standards Authority (PSA) and Ministry of Justice. As this would be a significant policy decision, the potential impact of a revised approach requiring a DBS

	check on application, retention, restoration or at renewal, and whether student registrants would be included in such a policy approach, needed to be carefully considered. Engagement with the Professional Standards Authority (PSA) on the issue of requiring DBS checks for registrants was recommended.
20.	Council considered the referral from Registration Committee and the proposed next steps (paragraphs 29-31); and agreed to continue with the existing approach and consider the issue again once government and PSA policy direction are known.
	OCCS Annual Report C24(23)
21.	The Optical Consumer Complaints Service (OCCS) presented the item. Council noted insights and trends on the nature of complaints received. It had been a strong year for the service with resolution rates maintained and only 5% OCCS activity being referred from the GOC. Council applauded the great partnership and continuous improvement ethos. Data analysis could be beneficial to developing CPD. Council was advised that it was difficult to analyse EDI data, as complaints normally focused on teams rather than individuals, but this would be continued to be discussed further. Council noted and approved the OCCS annual report.
	Approved qualifications: AMR report C25(23)
22.	The Director of Regulatory Strategy introduced the paper. Council noted the Annual Monitoring & Reporting (AMR) Sector Report for the academic year 2021/22. Council welcomed the increase in dispensing optician (DO) course numbers as the sector recovered from the COVID-19 pandemic and considered factors relating to certain demographics attracting younger people, employer sponsorship in role progression, course accessibility for full-time employees and the course not being financially burdensome. Optometry course numbers were stable. Council noted there was an unresolved question of whether there were enough people applying to study to be an optometrist /DO to meet patient demand and it was suggested the team review the number of DOs and age profile taking up optometry conversion courses.
23.	Council was advised funding was a highly politicised issue and devolved to each UK nation, with optometry students in England being funding through the Office for Students (OfS) funding. Council noted the update and considered the report (annex one).
	PSA performance review C26(23)
24.	The Chief Executive and Registrar introduced the item. Staff were thanked for their collective effort in achieving an excellent PSA performance review outcome, with standout performance around EDI and Fitness to Practise (FtP) timeliness. Actions for further improvements were now embedded in the GOC's business plan. Council noted the PSA's assessment of our performance and our work in engaging with the review process.
	Q4 Financial performance report C27(23)
25.	The Head of Finance presented the report. Council was advised that the budget was re-forecasted three times a year. The external audit had been completed and would be

	presented to the Audit, Finance and Risk Committee (ARC) in July 2023 and to Council in September 2023. Council suggested additional narratives and annotations in the report to explain the reason(s) for an underspend, and the extent to which this would impact on 2023/24 to deliver business plan objectives, as well as variants in forecasting so that key activities were not delayed.
26.	Council was assured a robust approach had been followed for this year's budgeting, to improve forecast accuracy and achieve efficiencies and savings. Council was advised that SMT and directorates reviewed a far more detailed financial performance report. Council noted that the category "spend on resources" extended to staff, member fees, workers, contractors, in-house legal costs. Staff recruitment was still an extremely competitive market, the application of the agile working and the new pay and reward policy would help to ensure that staff turnover remained stable.
27.	Council noted that the reason for low value of efficiency savings identified was due to efficiencies routinely identified and incorporated into budgets and forecasts. Council noted the financial performance for the year ending 31 March 2023 in Annex one.
	Balanced Scorecard C28(23)
28.	The Head of Governance informed Council that the quarterly performance dashboard was to be revised for 2023/24. The proposed amendments would be considered at the next SMT meeting and later considered by ARC, ahead of reporting to Council in September 2023. Council noted the report.
	Business Plan Assurance Report Q4 C29(23)
29.	The Head of Governance introduced the report. More detailed operational reports were reviewed periodically by SMT. Council noted the report.
	Chair's report C30(23)
30.	The Chair introduced the report, commenting on the importance of having Council members from each of the four nations on Council. The proposed appointment of a Council member as an observer to the Welsh Optometric Committee was considered. It was noted that the Welsh Optometric Committee was an advisory body to Welsh Government. There were equivalent committees in other nations. It was confirmed the Nominations Committee's terms of reference did not cover the appointment of members, including Council members, to represent the GOC on outside bodies and the decision was therefore delegated to the Chair of Council. Action: Head of Governance to review devolved nation's role profiles.
31.	Council appointed Lisa Gerson as the GOC representative (observer status) on the Welsh Optometric Committee for 12 months; and delegated authority for the appointment of members, including Council members, to external bodies to represent the GOC to the Chair of Council (with appointments reported to Council via the Chair's report)

	Chief Executive and Registrar’s report C31(23)
32.	The Chief Executive and Registrar presented the item. The loss of former Chair of Council, Gareth Hadley, was noted with condolences for his friends and family. GOC highlights were noted, including work in education and CPD, cyber plus certification and the health and safety audit having achieved a gold standard for the second year in a row. Council was advised that MyGOC and CPD were expected to be fully compliant with Welsh language standards by 31 December 2024. An implementation group in co-ordination with various members of SMT and costing exercise was being carried out for this.
33.	Joint procurement had been explored with other regulators and an update would be provided at the Council meeting in September 2023. Council was advised that the transition from Celerity to Rock had gone smoothly and had now been completed. Council discussed the new CPD cycle was taking time for some registrants to engage with, particularly self-directed CPD, so there was a need to do more to support engagement in the scheme. Membership bodies assisted registrants with this process, and the registrant survey would also enquire about CPD system engagement. Council noted the report
	Advisory Panel minutes – 12 June 2023 C32(23)
34.	Council noted the minutes of the Advisory Panel.
	Council Forward Plan C33(23)
35.	Council noted the Council forward plan.
	Any Other Business
36.	There was none.
	Date of the next meeting
37.	Council noted the date of the next public meeting as Wednesday 27 September 2023.
	Close
38.	The meeting closed at 3pm.

COUNCIL

Actions arising from Public Council meetings

Meeting Date: 27 September 2023

Status: For noting

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

Purpose

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

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

Part 1: Action Points from the Council meeting held on 28 June 2023

Reference	By	Description	Deadline	Notes
Action points update C18(23)	Governance Officer	Governance Officer to record a missing action on the action tracker from the last Public Meeting on 22 March 2023 - "Director of Corporate Services to expand scope of the annual health and safety report to Council". The updated action tracker to reflect this change at the next meeting.	Sept 2023	COMPLETE: see tracker below.
GOC strategy 2025-30: laying the foundations C19(23)	Frank Munro	Frank Munro to provide alternative wording at page 20 of the penultimate point regarding ageing population and age-related problems.	Sept 2023	COMPLETE: wording provided and document updated.
Chair's report C30(23)	Head of Governance	Head of Governance to review role profile for Council members' who	Sept 2023	ONGOING: Nominations Committee reviewed

		live or work in a devolved nation.		the member profile at its meeting 29 November 2022. This contained several proposals regarding the devolved nation member role profile which will be brought back as part of the Governance Review update to Council at its December 2023 meeting.
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Part 2: Action points from previous meetings which remain outstanding

Reference	By	Description	Deadline	Notes
22.03.22	Director of Corporate Services	Director of Corporate Services to expand scope of the annual health and safety report to Council	Dec 2023	ONGOING: Additional detail to be provided in December

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
Balanced Scorecard 21.09.2022	Head of Governance/ Director of Corporate Services	Next iteration of the balanced scorecard include an Equality, Diversity and Inclusion (EDI) measure.	May 2022	COMPLETE: The balanced scorecard measures for 23-24 were revised and reviewed by ARC at its July 2023 meeting. It was noted that the methods of EDI data collection and analysis did not suit quarterly reporting. It is therefore proposed that trend analysis is provided for multiple years on an annual basis, as set out in

PUBLIC

				the EDI annual report 22/23 (included in the meeting agenda papers).
<p>Registrant fees rules and fee strategy 2023/2024 C48(22) 07.12.2022</p>	<p>Director of Corporate Services</p>	<p>Director of Corporate Services to review level of fees charged, including the rationale for the single fee for all body corporates.</p>	<p>Q1 23/24</p>	<p>COMPLETE: Review of fees for 24/25 will be part of the financial strategy work presented to ARC in Q3 prior to Council approval. Rationale for body corporate fees will form part of development of a model for business regulation (see Legislative Reform and call for evidence analysis paper as discussed at last meeting C04(23))</p>

GOC annual report and accounts 2022-23

Meeting: 27 September 2023

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Vikki Julian, Head of Communications; Andy Spragg, Head of Governance; Manori Wickremasinghe, Head of Finance

Purpose

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

Recommendations

Council is asked to:

- **approve** the annual report and accounts 2022-23;
- **approve** the letter of representation; and
- **delegate** any minor revisions to the Head of Governance (in consultation with the Chair of Council)

Strategic objective

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

Background

3. Under the provisions of the Opticians Act 1989, we are required to produce and lay before Parliament an annual report which sets out how we have contributed to public benefit and our annual accounts. We are also required to submit an annual report, accounts and return to Charity Commission. The report and accounts are attached as **annex 1**.
4. The annual report has been reviewed by the external auditor haysmactintyre, and the Council is asked to note the internal auditors opinion contained in section three of the report. The Council is required to approve a letter of representation, which is attached as **annex 2**.
5. As part of its sign-off, various sections required approval by the relevant committees of Council. Remuneration Committee approved the sections covering member fees and its role as a committee at its meeting on 25 April 2023. The Audit, Risk and Finance Committee (ARC) reviewed the report, including the external auditor's findings at its meeting on 11 July 2023.

Analysis

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

Finance

7. Production of the annual report is part of the business-as-usual activity for the GOC and carries no financial implications beyond the resources allocated as part of our annual budget. The accounts are a core finance document, and ensure that Council members, as trustees, are fully conversant with the financial statements that underpin GOC activity.

Risks

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

Equality Impacts

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

Devolved nations

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

Other Impacts

11. There are no significant impacts identified.

Communications

External communications

12. The annual report and accounts 2022/23 will be published on the GOC website. Key stakeholders will be advised of its public. A copy will be submitted to the Privy Council, and it will be laid before Parliament.

Internal communications

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

Next steps

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

Attachments

Annex 1: GOC Annual Report for Year End 31.03.23

Annex 2: GOC letter of representation for haysmacintyre



**Annual Report,
Annual Fitness
to Practise Report
and Financial
Statements**

For the Year Ended
31 March 2023

Registered as a charity by the Charity Commission in
England and Wales (Registered charity number 1150137)
Presented to Parliament pursuant to section 32A(2)
of the Opticians Act 1989 as amended by schedule 2
paragraph 3 of the Health Care and Associated Professions
(Miscellaneous Amendments) Order 2008

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

You can also read this report on our website at:
<https://optical.org/en/publications/annual-reports-and-financial-statements/>

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Page numbers will be updated in the final draft

Message from the Chair and Chief Executive



Dr Anne Wright CBE
Chair,
General Optical Council



Leonie Milliner
Chief Executive and Registrar,
General Optical Council

We are delighted to present the annual report and accounts of the General Optical Council for 2022-23. This report sets out how we have fulfilled our statutory obligations as a regulator and a charity.

We are also delighted that this year, in a significant step towards our ambition to become a world-class regulator, the GOC met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation.

The PSA highlighted several areas of work where the GOC has performed well, including improvements made to the time it takes to progress cases through the fitness to practise system and strong performance on equality, diversity, and inclusion (EDI) work.

This progress could not have been achieved without the substantial commitment and energy of GOC staff and members and is a useful assurance that we are meeting our statutory responsibilities as a regulator and protecting the public by upholding high standards in the optical professions.

This year also saw one of our most substantial engagement activities across the sector, with our call for evidence bringing forward several critical considerations for the future of the professions regulated by the GOC and eye health more broadly. We have committed to a programme of work from 2023 onwards that will see us developing a detailed blueprint for reform of the Opticians Act and connected policies which will involve a series of public consultations.

This work will include designing a high-level framework for business regulation. Increasingly, there is recognition that the patient experience is not just dependent on the individual providing the care but also the clinical environment in which care is delivered, and how commercial considerations can affect the quality of care.

However, only around half of optical businesses are registered with us, creating a regulatory gap where patients may be protected when using one business on their local high street but not the one next door. This situation also creates an unlevel playing field for optical businesses since unregistered businesses do not follow the same rules or incur the same costs. We also heard through our call for evidence that there is a shared view that the existing regulations are confusing, complex and inconsistent. Arguably, it is both too easy to avoid regulation and too difficult to become regulated depending on how a business is structured.

Following the call for evidence, Council agreed the policy position that all optical businesses carrying out restricted functions should be required to be registered with the GOC regardless of their name, corporate structure or who owns and manages them. Our work in 2024/25 will consider how a modernised system of business regulation should

work in practice, including issues relating to business and ownership structures, regulatory supervision, enforcement approach and sanctions, access to consumer redress and registration fees charged to optical businesses.

We are also progressing with our commitments in respect to equality, diversity and inclusion (EDI) across the organisation and our key stakeholders. Our EDI annual report for 2022-23 sets out a number of those critical pieces of work in more detail. This report can be found on our website.

One area we would like to celebrate as part of our annual report is the success of our Council Associate programme. This scheme has now run for two years and provides an opportunity for early-career registrants to support our work as a Council. We have four appointed Council Associates, and we benefit from their insight and diverse experiences. We are also glad that this has given them experience in governance and supported their professional development and next career steps. We would like to thank Rukaiya Anwar, Jamie Douglas, Deepali Modha and Harry Singh for their time and expertise.



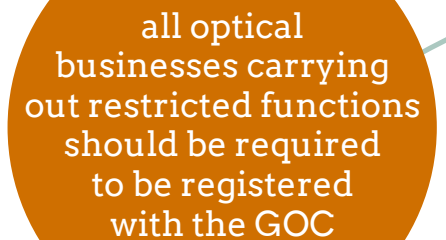
Dr Anne Wright CBE
Chair, General Optical Council

We said goodbye to two Council members in December 2022, Rosie Glazebrook (lay) and Glenn Tomison (registrant). Both made vital contributions to the work of the GOC and are much missed. In January 2023 we also welcomed two new Council members, Ken Gill (lay) and William Stockdale (registrant). The value of their knowledge, skills and experience has already benefited the GOC enormously, and we look forward to their ongoing input as we begin the work to develop our five-year strategy for 2025-30.

In May 2023 we sadly lost Gareth Hadley, who was Chair of the GOC between February 2012 and February 2021. Gareth's contribution and commitment to the GOC was immense, and we felt the loss keenly. Our thoughts remain with all who knew Gareth, and we hope this annual report demonstrates that Gareth's legacy at the GOC continues.



Leonie Milliner
Chief Executive and Registrar,
General Optical Council



all optical
businesses carrying
out restricted functions
should be required
to be registered
with the GOC

“This year also saw one of our most substantial engagement activities across the sector, with our call for evidence bringing forward several critical considerations for the future of the professions regulated by the GOC and eye health more broadly.”



Introduction

33,646

optometrists, dispensing opticians, student opticians and optical businesses are on our register

We are the regulator for the optical professions in the UK. Our charitable purpose and statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions

- Setting standards for optical education and training, performance and conduct;
- Approving qualifications leading to registration;
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Who we regulate

As of 31 March 2023, there were 33,646 optometrists, dispensing opticians, student optometrists and dispensing opticians and optical businesses on our register.

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

Total number of registrants in each GOC category

	31-3-23	%	31-3-22	%	31-3-21	%	31-3-20	%
Optometrist	17,401	52%	16,932	51%	16,267	50%	16,670	52%
Dispensing optician	6,912	21%	7,060	21%	7,190	22%	7,157	22%
Student optometrist	5,145	15%	4,990	15%	4,640	14%	3,934	12%
Student dispensing optician	1,267	4%	1,331	4%	1,383	4%	1,510	5%
Business registrant	2,921	9%	2,861	9%	2,796	9%	2,847	9%
TOTAL	33,646	100%	33,174	100%	32,276	100%	32,118	100%

Our income

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

In 2022/23, for the third year running, our fees for fully qualified registrants and corporate bodies joining, retaining or restoring to the register, were frozen. Fees for students have not increased since 2017/18. At the time, we stated that we would consider an increase in line with inflation for 2023-24. In the previous six years we have met the objective of modest and consistent increases, amounting to a £10 increase per annum for the main registrant fee each year, with no increase in any fees at all since 2020 (the third consecutive year of fee freezes).

About this report

This annual report sets out the activities we have undertaken over 2022/23 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2023. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

Annual registrant fee

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

Most of our income comes from registrant fees and is used to further our charitable purpose.



Section 1
**How We Deliver
Public Benefit**



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Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions.

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

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

- **Delivering world-class regulatory practice**
- **Transforming customer service**
- **Building a culture of continuous improvement**



This section of our annual report describes how we delivered public benefit

Our Performance in 2022/23

The PSA recognised
high standards
across all areas
of our work

Meeting all PSA Standards of Good Regulation for the first time in a decade

The Professional Standards Authority (PSA) periodic review of our performance for the period 1 October 2021 to 31 December 2022 concluded that we had met all 18 of its Standards of Good Regulation.

The PSA recognised high standards across all areas of our work including our regulatory operations, registration processes, education, policy and professional standards, in our communications functions, and corporate governance.

Their report highlighted several areas of work where we have performed well, including the improvements made to the time it takes to progress cases through our fitness to practise system, noting this compared favourably to other regulators, as well as recognising the ongoing programme of work that will further positively impact timeliness.

It also recognised our strong performance on equality, diversity, and inclusion (EDI) noting the comprehensive registrant EDI data we hold and collect as part of our annual public perceptions survey, which provides robust evidence to make informed decisions about our work.

The report provides important feedback on stakeholder communications and support. Though much was positive, we will reflect on comments relating to the stakeholder communications in the implementation of our new Education and Training Requirements (ETR) and the new Continuing Professional Development (CPD) system. We are already implementing improvements in this area, for example, in relation to our recent call for evidence on the Opticians Act and associated policies.

The PSA's performance review is useful assurance that we are meeting our statutory responsibilities as a regulator and protecting the public by upholding high standards in the optical professions. It is a significant step in our ambition to become a world-class regulator and we will continue to build on this positive performance.

Proactively preparing for legislative reform

Our vision for legislative reform is to ensure that we can continue to protect the public and that our legislation, the Opticians Act, is fit for the future given the ever-changing political, commissioning, technological, optical service delivery and business landscape.

Between March and July 2022, we undertook a call for evidence which sought views, information and factual evidence on the need for changes to the Opticians Act and associated GOC policies including sight testing, contact lenses fitting, supply of optical devices, business regulation and other aspects of legislation.

The Department for Health and Social Care (DHSC) is carrying out a review of all healthcare regulators' underpinning legislation to ensure consistency between the powers that all regulators have to deliver their regulatory functions and operating frameworks. We used this opportunity to review whether further changes are required to the Opticians Act to ensure continued effective public protection.

We received 353 responses which included over 8,000 individual comments and undertook a full analysis.

Following this, the main area where we will seek change to legislation is to extend regulation to all businesses carrying out restricted functions. Work will now begin on designing a draft framework for business regulation ahead of public consultation.

We have also identified opportunities to advance public protection where we can without legislative change, including through our forthcoming review of our standards (launched in April 2023) and issuing GOC position statements on key topics.

After careful consideration, Council decided that, at this point in time, dispensing opticians should not be permitted to refract for the purposes of the sight test. However, it agreed to consider updating its 2013 statement on the testing of sight.

We are now well positioned to move to the detailed design of a modernised legislative framework and look forward to engaging further with stakeholders as we continue this important work, and where changes to legislation or GOC policy are considered necessary and can be evidenced, we will carry out further public and targeted stakeholder consultation activities on its proposals.

Updated education and training requirements for GOC approved qualifications

In April 2022, we published our third and final set of new education and training requirements (ETR) for approved post-registration qualifications for dispensing opticians training as contact lens opticians. This sits alongside our requirements for optometrists and dispensing opticians and for independent prescribing qualifications, which include qualifications in additional supply and supplementary prescribing. Our new ETR sets out the knowledge, skills and behaviours a dispensing optician must demonstrate to register as a contact lens optician.

To support the optical sector to meet the updated requirements for contact lens opticians and independent prescribing categories, we commissioned the Sector Partnership for Optical Knowledge and Education (SPOKE) to establish a Knowledge Hub to facilitate collaborations.

One of the projects the hub will undertake is to draft indicative requirements to accompany the 'Outcomes for Approved Qualifications' for qualifications we approve in additional supply, supplementary prescribing, and independent prescribing, and for contact lens opticians.

We have been working closely with GOC-approved education providers to understand the pace at which they wish to adapt their existing qualifications to meet the new ETR or to develop new qualifications for GOC approval.



From September 2023, some of our existing providers of GOC approved qualifications in optometry or dispensing optics will begin to deliver their qualifications to meet the new ETR, including Anglia Ruskin University, Association of British Dispensing Opticians Examinations, Aston University, Cardiff University, City, Ulster University, University of Central Lancashire, University of Hertfordshire and University of Plymouth. We will continue to work with providers to support a smooth transition to the new ETR.

The new requirements ensure that all optical professionals continue to be equipped to deliver eye-care services in a rapidly changing landscape and meet the needs of patients in the future.

Supporting registrants' continuing professional development (CPD)

Following the launch of our new three-year CPD scheme in January 2022, we launched a recruitment campaign seeking optometrists and dispensing opticians to become either a continuing professional development (CPD) provider auditor or CPD registrant reviewer.

The role of the provider auditor is to ensure that GOC approved CPD providers deliver high quality professional development opportunities for registrants to utilise, and that GOC approved CPD providers continue to meet our standards for approval. Registrant reviewers will review a sample of registrants' CPD records each year, to ensure their fellow optometrists and dispensing opticians are keeping good-quality records of their completed CPD, have documented meaningful reflections, and are undertaking CPD which aligns with their professional needs.

We introduced these roles to help support the quality assurance process of our new CPD scheme and protect the public by promoting high standards.

We also published two new guides relating to our CPD scheme: 'CPD record review; a guide for registrants' and 'Guide to audit of providers of CPD'. These guides introduce the roles of the CPD registrant reviewer and provider auditor to registrants and GOC approved CPD providers respectively, as well as helping registrants to understand what might be asked of them should their CPD records be selected for review.

Updates to our illegal practice protocol to ensure continued public protection

Following public consultation in 2022 Council approved an updated illegal practice protocol in June 2022, to clarify our remit regarding illegal practice and ensure that we deliver the best outcome for the public and the sector under our current legislation.

Amendments to the protocol included:

- The addition of criteria to assess complaints (called "acceptance criteria") so that only complaints about an alleged offence under the Opticians Act 1989 ("the Act") are accepted and matters outside of the scope are referred elsewhere at an early stage;
- requiring lawyer input throughout the cycle of an illegal practice case; and
- greater clarity on when the GOC will consider a prosecution by outlining the specific factors it will assess.

Based on the feedback received during the consultation, the further following amendments to the protocol included:

- Potential for serious harm, in addition to actual harm, has been included as a factor indicating higher risk caused by illegal practice;
- the case assessor and/or reviewing lawyer will seek advice from the GOC's clinical advisers about clinical risk in appropriate cases;
- sections about legislation relating to the testing of sight and sale of prescription spectacles have been made clearer; and
- Provision that the GOC may re-open a complaint following a referral to a third party if the third party is unable to act and the statutory time limit for bringing a prosecution has not expired.

We have also identified opportunities to advance public protection where we can without legislative change

Our Plans for 2023/24

The 2023-24 financial year marks the fourth year of our five-year strategic plan 'Fit for the Future' which aims to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

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

The 2023-24 business plan has four key themes which align with these broader strategic objectives: Protecting the public; Supporting registrants to uphold high standards; Reforming our regulation; and Fit for the future.

Protecting the public

Our statutory activities in this area are focused around maintaining a register of individuals who are fit to practise or train, and bodies corporate who are fit to carry on business as well as managing our annual registrant and student renewal processes. We will also review the way we manage the assessment of applications from optical professionals who have qualified outside the UK and Switzerland who wish to register in the UK. We will continue to maintain fair, proportionate, and efficient processes for investigating fitness to practise concerns, including:

- continuing to embed improvements in our triage and casework processes to speed up investigations and improve the number of hearings that conclude first time;
- delivering a new, effective, electronic case management system to support the robust management of our end-to-end casework process; and
- sharing learning from FtP outcomes with registrants through our FtP bulletin to embed good practice.

Supporting our registrants to uphold high standards

Our focus will be on offering high quality services to our registrants, supporting them to maximise their professional capability in the best interests of patients. We will make improvements to the MyGOC and MyCPD online platforms and implement a new customer care strategy, working towards the Customer Service Excellence Standard, to ensure we are supporting registrants effectively.

We will continue to administer our new, more flexible CPD scheme, which gives registrants more control over their learning and development and the ability to tailor their own personal scope of practice to develop and diversify their skills throughout their career, maximising their professional capability. We will also support CPD providers by implementing a new audit system and hosting opportunities for engagement.

Following the introduction of our new education and training requirements (ETR), providers of GOC-approved qualifications will continue to submit their plans to meet our new requirements, which we will review and note. Whilst providers are adapting their qualifications to meet our new requirements, we will continue to quality assure GOC-approved qualifications and prepare for the introduction of our new Quality Assurance and Enhancement Method.

We have commissioned the Sector Partnership for Optical Knowledge and Education (SPOKE) to run a knowledge hub for the sector to support the introduction of the ETR for dispensing, optometry and qualifications leading to specialist entry to the GOC register. We will also progress plans for longitudinal research, which will measure the effectiveness of our new outcomes and standards on registrants' competence, confidence, and capability.

Reforming our regulation

We will review and consult on our Standards of Practice to ensure they are up to date, maintain best practice and respond to developments in the professions and wider healthcare sector. This will involve extensive stakeholder engagement on key topics such as social media and online conduct, maintaining professional boundaries, leadership, delegation and supervision, technology, AI and digital literacy.

We will work to ensure our legislation and associated policies are fit for purpose to deliver world class regulation and will continue to engage with and influence the healthcare regulatory legislative reform programme led by the Department of Health and Social Care (DHSC).


Fit for the future

We will continue work to make our organisation fit for the future, including delivering a new electronic case management system to improve how we record and manage FtP information, investing in our staff with a new people plan and installing new audio-visual facilities in our hearings and meetings rooms to better facilitate remote and hybrid engagement in our work by stakeholders.

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

We will implement a new communications strategy which will enhance our customer service and demonstrate to our stakeholders how we protect the public and uphold high standards.

We will also begin work on developing our next five-year corporate strategy, including undertaking research around the current state of the optical sector in order to identify key priorities for the future.



We will continue work to make our organisation fit for the future

We will continue to administer our new, more flexible CPD scheme, which gives registrants more control over their learning and development and the ability to tailor their own personal scope of practice to develop and diversify their skills throughout their career, maximising their professional capability.



Our internal controls, audit function and risk management approach

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions

Internal controls

The compliance functions for the organisation are undertaken by the governance team. This includes advising on the management of interests, monitoring information governance requests, corporate complaints, speaking up (otherwise known as whistleblowing) referrals and other associated activities.

We delivered training on the management of interests to most employees, members and workers in 2022/23.

We also revised our gifts and hospitality policy, which was approved by Council in December 2022. Training and guidance has been delivered to support employees, members and workers to understand their responsibilities in this area.

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

In 2022/23 we received:

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

The two complaints that were partially upheld related to the tone and timeliness of our communication with registrants. Lessons learnt have been cascaded to managers to improve our services. The GOC is also in the process of developing its customer strategy as part of its strategic change programme, and this will help ensure we are consistent in our responses to registrant queries.

We also have speaking up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received one referral in 2022/23. This was from a registrant and referred to our Regulatory Operations teams to investigate. There were no referrals by staff in 2022/23.

Internal audit function

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

In 2022/23 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 2 May 2023 and noted the Head of Internal Audit Annual Opinion:

“TIAA is satisfied that, for the areas reviewed during the year, the General Optical Council has reasonable and effective risk management, control and governance processes in place.

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

Risk management

Our approach to risk management is set out in our risk management policy. A new risk management policy and risk appetite statement was approved by Council on 28 June 2022.

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

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, the Audit, Risk and Finance Committee commenced producing an annual report on its activities. The first of these reports was received by Council in September 2022.

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

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

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

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

Financial risk continued to be an area of focus in 2022-23 as result of financial market instability, the cost-of-living crisis and the effect of rising inflation. A regular meeting of the relevant committee chairs (Audit, Risk and Finance Committee; Investment Committee; Remuneration Committee and the Chair of Council) was implemented to ensure there was appropriate coordination and strategic oversight of this key risk area in 2022/23. These meetings informed a number of operational decisions such as developing our proposals on registrant fees (which included extending the concession to lower earning registrants, keeping our low-income fee at £260 which has remained frozen since 2020/21), updating our investment policy, reviewing our reserves policy and financial planning for 2023/24.

The financial and operational impacts of part-heard hearings remain a critical risk for the organisation, though we have effectively used the risk management processes to put in place actions to reduce and mitigate the risk in this area.



Our people

In 2022/23 we embarked on an ambitious project to modernise our people policies to ensure they are fit for purpose, based on best practice and fair for our people. Working closely with our internal policy review group and through employee consultation, we have updated our annual leave, special leave and family support policies. We have also commenced a full-scale review of our pay and benefits policy to ensure that our offering is competitive and attracts the best talent to the organisation. As part of this, we have set out ambitious plans for the development of a knowledge skills and behaviours framework that will transform the organisation into a learning-focused organisation.

To support employee wellbeing, we have continued to review and monitor our agile working policy, implemented in 2021 to facilitate adaptations to working practices following the pandemic. Flexibility remains at the heart of how we work, as we believe it best supports recruitment and retention of a well-qualified geography diverse workforce, as well as encourage a sound work-life balance. In the last year we have delivered two wellbeing campaigns which have supported and provided resources for working from home and employee mental health, as well as offering collective challenges to support employees' physical health. Financial wellbeing has also been important, and we have launched several initiatives to support our employees in this difficult economic period.

The work of our Staff Wellbeing and Engagement Group (SWEG) has been essential for keeping our staff engaged and connected, particularly around EDI issues. In the last year our staff networks, which are employee led, have promoted women's history month, Black history month and disability/ neurodiversity awareness, supporting our aim of being an inclusive workforce where people can be their authentic self.

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

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



Our staff networks
have promoted
women's history month,
Black history month
and disability/
neurodiversity
awareness

Our structure, governance and management

Our legislation and our governance regulations

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

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

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

Our Council

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

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

The primary functions of Council are:

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

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see pages 26 and 27). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2022/23, having been appointed on 18 February 2021.

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

Glenn Tomison served as SCM until 1 January 2023. He demitted from the GOC on this date. Clare Minchington was SCM from 1 January 2023 to present.

Our governance structure

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

Our governance structure in 2022/23 consisted of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees.

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

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

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

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

Scheme of delegation

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

In September 2022, Council approved new schemes of delegation for financial management and financial regulations.

Senior Management Team

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

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

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

- Customer experience development
- Information technology
- Strategic change programmes

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

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

The Director of Regulatory Operations, Dionne Spence, is responsible for:

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

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

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

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



Effectiveness of governance

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2022, and the organisation judged itself to have complied with the majority of the code's recommended practice. Where it has not done so, the assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method.

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

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

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

Elements of this governance review will continue into 2023/24, including a new governance manual which will consolidate the policies and other associated documents relevant to the function of Council and its committees.

Members' conduct

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

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

This includes a responsibility to:

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

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

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2022/23.

Remuneration Committee statement 2022/23: member and director remuneration

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

- To advise Council on the payment of fees to members;
- To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management which are in line with the GOC's values and principles;
- To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team (SMT)
- To approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT;
- To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
- To approve a statement in the annual report about its membership, role and remit for the preceding year;
- To advise the Chief Executive and Registrar on the staff expenses policy; and
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

The Remuneration Committee is comprised of:

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

Other committee members in 2022/23 included:

- Glenn Tomison (Senior Council Member and committee chair until 1 January 2023, lay Council member)
- Tim Parkinson (committee member until 1 January 2023, lay Council member).

To discharge its functions, it met on five occasions in 2022/23: 26 April 2022; 16 June 2022; 5 July 2022; 1 November 2022 and 21 February 2023.

In 2022/23 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 29 June 2022. This revision removed the difference between teleconference and in-person meeting fees, and improved parity for members to reflect the post-pandemic environment.

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

It monitored progress with the development of a new reward and recognition policy for staff. In 2023/24 it will be asked to consider this policy in respect to the Chief Executive and Registrar and other members of SMT.

The level of remuneration for Council members and SMT is reported in section three of the annual report (see page 21).



Committees:

ARC – Audit, Risk and Finance,
Inv – Investment,
Nom – Nominations,
Rem – Remuneration

Panel:

AP – Advisory Panel

Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year, and the stats will only show the number of meetings they were expected to attend.

+ Senior Council Member remuneration is set at £16,462. From 1 May 2022 – 31 December 2022 this role was fulfilled by Glenn Tomison. From 1 January 2023, this role was fulfilled by Clare Minchington.

* Council expenses remain considerably reduced due to remote working.

** All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration, and which are not included in the attendance figures.

ⁱ appointed 1 January 2023

ⁱⁱ demitted 31 December 2022

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee and Advisory Panel Meeting Attendance
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	49,999.92	nil	7 out of 8	Nom 4 out of 4 ARC 6 out of 6
Sinead Burns	Lay	Northern Ireland	13,962	1197.84	8 out of 8	ARC 6 out of 6 Inv 2 out of 2 AP 1 out of 2
Josie Forte	Registrant	England	13,962	115.10	8 out of 8	AP 2 out of 2 Rem 1 of 1
Mike Galvin	Lay	England	13,962	397.84	8 out of 8	ARC 6 out of 6 AP 2 out of 2
Lisa Gerson	Registrant	Wales	13,962	210.50	8 out of 8	AP 2 out of 2 Nom 2 out of 4
Ken Gill ⁱ	Lay	England	3,490.50	nil	2 out of 2	ARC 2 out of 2
Rosie Glazebrook ⁱⁱ	Lay	England	10,471.50 (until Dec 2022)	nil	3 out of 5	Nom 1 out of 2
Clare Minchington +	Lay	England	14,586.99	424.80	8 out of 8	Rem 1 out of 1 ARC 4 out of 4
Frank Munro	Registrant	Scotland	13,962	388.73	8 out of 8	AP 1 out of 2
David Parkins	Registrant	England	13,962	nil	8 out of 8	ARC 6 out of 6
Tim Parkinson	Lay	England	13,962	464.25	8 out of 8	Rem 3 out of 3 Inv 2 out of 2 AP 1 out of 1
Roshni Samra	Registrant	England	13,962	42.20	8 out of 8	AP 2 out of 2
Williami Stockdale	Registrant	Northern Ireland	3,490.50	456.76	2 out of 2	Nomco 1 out of 1
Glenn Tomison ⁱⁱ +	Registrant	England	12,346.47 (until Dec 2022)	240.10	5 out of 5	Rem 3 out of 3 Inv 2 out of 2

¹The Advisory Panel meeting is a meeting of the following committees: Companies, Education, Registration and Standards.

Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005.

On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

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

Bankers

Lloyds Banking Group (incorporating Bank of Scotland)
4th Floor, 25 Gresham Street,
London, EC2V 7HN

Internal auditors

TIAA Ltd (from 31 March 2020)
Artillery House, Fort Fareham,
Newgate Lane, Fareham, PO14 1AH

External auditors

haysmacintyre LLP
10 Queen Street Place,
London, EC4R 1AG

Investment Advisors

Brewin Dolphin Limited
12 Smithfield Street,
London, EC1A 9BD

Council

Dr Anne Wright CBE (Chair)	(appointed 19 February 2021 to 18 February 2025)
Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
Josie Forte	(reappointed 1 April 2021 until 31 March 2025)
Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
Lisa Gerson	(appointed 1 May 2021 until 30 April 2025)
Ken Gill	(appointed 1 January 2023 until 31 December 2027)
Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
Frank Munro	(appointed 5 July 2021 until 4 July 2025)
David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
William Stockdale	(appointed 1 January 2023 until 31 December 2027)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)

Senior Management Team

Leonie Milliner	Chief Executive & Registrar
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations



Section 2

Our Fitness to Practise Report



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What is fitness to practise?

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



How we deal with concerns

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

Overview of our fitness to practise performance

- Achieved financial savings of over £400,000 across hearings and casework against reforecast budget through innovative and prompt responses to operational challenges (e.g. potential increased legal charges and impact of part-heard hearings).

- Delivered the revised illegal practice protocol to a positive response.
- Secured positive quality assurance from three audits (TIAA internal audit, PSA deep dive (triage) and annual independent review.)
- Commissioned a new case management system to further improve how we store and manage case-work information.

Our fitness to practise committee decisions

Outcome	Number of outcomes
No further action/ no case to answer	4
Misconduct found but not impaired	3
Impaired with no sanction	2
Warning	5
Fines	0
Conditional Registration	1
Suspension	14
Erasure	11

Triage

There was very little change in the volume of concerns received this year (448 in 2022/23 as compared to 452 in 2021/22). During this reporting year we opened 104 new investigations: a 23 percent conversion rate.

Almost 40 per cent of concerns received related to clinical issues; almost 30 per cent related to registrants' conduct, with the remainder a mix of conviction, health and blended issues.

Investigations

We continue to make improvements in the time taken to investigate new concerns:

- 17% reduction in investigation caseload.
- 34% reduction in the open median.
- 14% reduction in the decision median.
- 46% of new investigation to representations within 30 weeks.
- 87% of new investigation to representations within 40 weeks.
- 26% increase in cases disclosed on hearings.

We ended the year with 78 open concerns that were over one year old and reduced our open cases over two years old by over 22 per cent.

Of the 78 concerns that have been opened for longer than one year, 80 per cent are at post case examiner stage, so are either scheduled for a hearing or awaiting a hearing date. Of those opened for longer than two years, 85 per cent are at post case examiner stage, and 15 per cent are in active investigation or awaiting a health assessment.

We continue to increase the case examiner referral rate to a fitness to practise committee, ending the year with a rolling 61 per cent against 41 per cent in 2021/22. We consider this a positive indicator of our commitment to ensure that only the most serious allegations are being opened.

Including case examiner decisions, we ended the year with a 76-week median closure rate.

Hearings

- 53% of all cases concluded within 78 weeks.
- Sustained 76-week median for all final decisions.
- Scheduled 72 more hearing days than previous year.
- 75% of cases scheduled within 30 weeks, 100% within 34 weeks.
- Our hearings team continued to support remote and in person events. 94 per cent of our substantive events, and 99 per cent of our non-substantive events were heard remotely.
- In 2022/23, the fitness to practise committee considered 54 substantive hearings, resolving 40 cases. 14 scheduled cases went part-heard during 2022/23, 12 of these in the first half of the year.

87%
of new investigation
to representations
within 40 weeks

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants.



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Section 3
**Our Finance
Report**



Financial Review of the Year Ended 31 March 2023

'six times' was highlighted in red in the original draft.

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

The Audit, Risk and Finance Committee (ARC) met **six times** this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.

In 2022/23, financial performance for the year (measured by net income) was £0.8m deficit (2020/21 £1.0m surplus). The year started with a budget that achieved break-even for business-as-usual operations and included further plans for spending £1.9m from strategic reserves on several important strategic projects, aiming at a net deficit of £1.6m. The actual results for the year significantly improved the budgeted expectations by £0.8m. These improved operations were achieved whilst facing volatile market conditions in 2022, affecting our investment asset market value, reducing it by £0.8m from the budget.

Income for the year was £10.3m (2021/22 £10.0m). £10.0m (2021/22 £9.8m) was related to annual renewal fees.

During the year we incurred £10.5m expenditure (2021/22 £9.5m). Increased expenditure is due to the delivery of our enhanced business plan and budget for the year.

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

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

All our reserves are unrestricted and as of 31 March 2023, the total reserves were £8.9m (2021/22 £9.6m). The target range for non-designated funds as per reserves policy is from £2.3m to £3.8m. As of 31 March 2023, total non-designated funds net of tangible fixed assets was within this range at £3.3m (2021/22 £3.1m).

In setting the reserves policy, the Council has identified four designated reserves: legal cost reserve, strategic reserve, COVID-19 reserve, and infrastructure/ dilapidation reserve. The legal cost reserve (£0.7m) is to mitigate risk of high-value complex cases arising over and above planned levels. The strategic reserve (£2.0m) supports the delivery of specific projects and initiatives outlined in the GOC's strategic plans. The COVID-19 reserve (£0.9m) is a contingency reserve to provide against the risk of falling income due to pandemic. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £1.2m (2021/22 £0.7m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), implementation of our IT strategy, standards review and completion of CET/CPD transition, people plan, incorporating our HR strategy, and fit for the future projects. Several of these projects are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£0.1m expenses were identified as complex legal cases during the year and funded through the legal costs reserve. We have reduced the Covid-19 reserve by £0.9m.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We plan to carry out our next review later in 2023, aligning our reserves with the upcoming five-year strategic plan and financial strategy. It will also enable us to utilise reserves like Covid-19 for better usage in other areas as we have now passed the pandemic uncertainties.

We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

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

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

Statement of Trustees' Responsibilities

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

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

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

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

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

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

Approved by the trustees on 27 September 2023,
and signed on their behalf by

Dr Anne Wright CBE
Chair, GOC

Independent Auditors Report to the Trustees of General Optical Council

Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2023 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2023 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities

for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

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

Matters on which we are required to report by exception

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

Responsibilities of trustees for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;

- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

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

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

This description forms part of our auditor's report.

Use of our report

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

Haysmacintyre LLP

Statutory Auditors
10 Queen Street Place
London
EC4R 1AG

Statement of Financial Activities for the Year Ended 31 March 2023

	Notes	Unrestricted Funds £'000	Total 2022/23 £'000	Total 2021/22 £'000
Income from:				
Charitable activities	4	10,028	10,028	9,798
Investments	5	312	312	239
Total		10,340	10,340	10,037
Expenditure on:				
Raising Funds	12	44	44	47
Charitable activities	6	10,494	10,494	9,446
Total resources expended		10,538	10,538	9,493
Net (losses) / gains on investments	12	(559)	(559)	442
Net (expenditure) / income		(757)	(757)	986
Reconciliation of funds:				
Total funds brought forward		9,613	9,613	8,627
Total funds carried forward		8,856	8,856	9,613

There are no recognised gains or losses other than those recognised above. All activities are continuing. All the transactions in 2022/23 and 2021/22 were unrestricted. The notes on pages xx to xx form part of these financial statements.

Balance Sheet for the Year Ended 31 March 2023

	Notes	2022/23 £'000	2021/22 £'000
Fixed assets:			
Tangible fixed assets	11	742	814
Investments	12	8,694	9,260
Total fixed assets		9,436	10,074
Current assets:			
Debtors	13	433	525
Short term deposits		8,950	7,700
Cash at bank and in hand		1,253	1,848
Total current assets		10,637	10,073
Current liabilities:			
Creditors: amounts falling due within one year	14	(11,216)	(10,534)
Net current assets		(579)	(461)
Total assets less current liabilities		8,857	9,613
Net assets		8,857	9,613
Represented by:			
Unrestricted funds:			
Designated funds	16	4,850	5,750
General funds	16	4,007	3,863
Total funds		8,857	9,613

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

The financial statements were approved and authorised by the Council on **27 September 2023** and were signed on its behalf by:

Dr Anne Wright CBE
Chair, GOC

Cash Flow Statement for the Year Ended 31 March 2023

	2022/23 £'000	2021/22 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(757)	986
Depreciation	156	136
Loss on disposal of fixed assets	–	102
(Gains) / losses on investment income	559	(442)
Dividends, interest and rents from investments	(312)	(239)
Decrease / (Increase) in debtors	91	12
Increase/ (decrease) in creditors	682	385
Net cash provided by (used in) operating activities	419	939
Cash flows from investing activities:		
Dividends, interest and rents from investments	312	239
Purchase of tangible fixed assets	(84)	(33)
Proceeds from sale of investments	2,811	1,678
Movement in short term deposit account (more than three months)	(1,250)	–
Movement in Cash held in investment	(73)	117
Purchase of Investments	(2,730)	(1,752)
Net cash provided by (used in) investing activities	(1,014)	249
Change in cash and cash equivalents in the reporting period	(595)	1,188
Cash and cash equivalents at the beginning of the reporting period	1,848	660
Cash and cash equivalents at the end of the reporting period	1,253	1,848
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	1,253	1,848

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

Notes to the Financial Accounts for the Year Ended 31 March 2023

1. General information

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

2. Accounting policies

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

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

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

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

3. Judgments in applying accounting policies and key sources of estimation uncertainty

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

Depreciation:

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

i. Going concern

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2023/24, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held with. The short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for

2023/24 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

ii. Income

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

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

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

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

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

iii. Expenditure

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

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

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

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

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

iv. Fixed assets

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

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

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

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

v. Depreciation

Assets are depreciated in equal instalments over the following periods:

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

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

vi. Investments

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

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in March 2023.

vii. Financial instruments

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

viii. Debtors

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

ix. Cash at bank and in hand

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

x. Creditors and provisions for liabilities

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

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

xi. Funds and reserves

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

We have set designated funds aside as follows:

- Legal costs reserve – established to cover the cost of high-value complex cases arising over and above planned levels.
- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and Budget and beyond.
- COVID-19 reserve – established as a contingency reserve to mitigate the risk of falling registrant income.
- Infrastructure & dilapidations Reserve – established to build up adequate funds in developing the infrastructure should we leave current premises.

xii. Taxation

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

xiii. Operating leases

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

xiv. Employee benefits

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

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

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

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

	2022/23 £'000	2021/22 £'000
4. Income from charitable activities		
Registration and renewal fee	10,016	9,779
Continuing Education Training provider	12	19
Total	10,028	9,798

	2022/23 £'000	2021/22 £'000
5. Income from Investment		
Interest from fixed deposits	44	1
Dividend income	269	238
Total	312	239

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

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2021/22 £'000
Charitable activities			
Fitness to practise (Note 6a.)	3,691	1,911	5,602
Registration	541	392	933
Education & standards	1,444	662	2,106
Policy	224	187	411
Communications	282	112	394
Total	6,182	3,264	9,446

The following table analyses the Fitness to Practise costs:

	2022/23 £'000	2021/22 £'000
6a. Fitness to practise including Legal compliance		
Legal fees on investigations	605	692
Other investigation costs	1,898	1,468
Hearing costs	1,335	964
Dispute mediation	252	240
Legal compliance	292	327
Support costs	2,198	1,911
Total	6,579	5,602

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

Comparative figures below:

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2021/22 Total £'000
Support costs							
Fitness to practise	66	380	427	229	195	614	1,911
Registration	14	78	87	47	40	126	392
Education and Standards	23	132	148	79	67	213	662
Policy	7	37	42	22	19	60	187
Communications	4	22	25	14	11	36	112
Total	114	649	729	391	332	1,049	3,264

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

The details of the governance cost included under support cost are as follows.

Members' fees and expenses include Council (trustees) and committee members costs.

	2022/23 £'000	2021/22 £'000
Governance costs		
Members' fees and expenses	242	233
Staff cost	333	241
External audit fees	24	21
Internal audit fees	23	24
Other governance cost	63	130
Total	685	649

	2022/23 £'000	2021/22 £'000
8. Net income for the year are stated after charging:		
Fees paid to external auditors - haysmacintyre:		
external audit fee	24	21
Internal audit fees	23	24
Depreciation of fixed assets	156	136

	2022/23 £'000	2021/22 £'000
9. Staff costs		
Staff employment costs:		
Salaries	4,502	3,884
Settlements	73	15
National insurance	497	370
Pension costs	395	346
Total	5,467	4,615

	2022/23	2021/22
Average number of staff		
Chief Executive's office	1	1
Management team	4	6
Fitness to practise	38	33
Registration	9	7
Strategy	20	17
Governance, compliance, performance reporting	6	6
Corporate services (Facilities, HR, Finance, IT)	18	17
Change	7	-
Total	102	87

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

	2022/23	2021/22
£60,000 but under £70,000	5	5
£70,000 but under £80,000	4	3
£80,000 but under £90,000	2	1
£90,000 but under £100,000	-	2
£100,000 but under £110,000	1	-
£130,000 but under £140,000	1	1

During the year, Council paid £91,441 for eleven members of staff in this category (2021/22 £82,018 for eleven members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 28, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

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

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

	2022/23 £'000	2021/22 £'000
Key management personnel		
Gross Pay	505	528
Employer national insurance contributions	60	60
Employer pension contributions	48	51
Benefits	1	3
Total	614	642

	Fees £	Expenses £	2022/23 Total £
10. Trustees' expenses			
Sinead Burns	13,962	1,198	15,160
Josie Forte	13,962	115	14,077
Mike Galvin	13,962	398	14,360
Lisa Gerson	13,962	211	14,173
Ken Gill**	3,491	-	3,491
Rosie Glazebrook *	10,472	-	10,472
Claire Minchington	14,587	425	15,012
Frank Munro	13,962	389	14,351
David Parkins	13,962	-	13,962
Tim Parkinson	13,962	464	14,426
Roshni Samra	13,962	42	14,004
William Stockdale**	3,491	457	3,947
Glenn Tomison *	12,346	240	12,587
Dr Anne Wright CBE	50,000	-	50,000
Total	206,082	3,938	210,020

* Retired during the year

** Appointed during the year.

Comparative figures below.

	Fees £	Expenses £	2021/22 Total £
Trustees' expenses			
Sinead Burns	13,962	-	13,962
Josie Forte	13,962	-	13,962
Mike Galvin	13,962	-	13,962
Lisa Gerson**	12,799	-	12,799
Rosie Glazebrook	13,962	-	13,962
Clare Minchington	13,962	-	13,962
Frank Munro**	10,382	-	10,382
David Parkins	13,962	-	13,962
Tim Parkinson	13,962	-	13,962
Roshni Samra	13,962	-	13,962
Helen Tilley*	1,423	-	1,423
Glenn Tomison	16,254	-	16,254
Dr Anne Wright CBE	48,452	-	48,452
Total	201,005	-	201,005
Number of trustees			12

* Retired during the year

** Appointed during the year.

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

	Office, furniture and equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
11. Tangible fixed assets						
Cost as at 1 April 2022	304	1,058	297	1,459	-	3,117
Add: Cost of additions	-	-	19	-	65	84
Less: Disposals	-	-	-	-	-	-
Transfers	-	-	-	-	-	-
Total at 31 March 2023	304	1,058	316	1,459	65	3,201
Less: Depreciation						
As at 1 April 2022	(187)	(467)	(256)	(1,393)	-	(2,303)
Charged in the year	(30)	(74)	(28)	(24)	-	(156)
Disposals	-	-	-	-	-	-
Total at 31 March 2023	(217)	(541)	(284)	(1,417)	-	(2,459)
Net book value 31 March 2023	87	517	32	42	65	742
Net Book Value 31 March 2022	117	591	41	65	-	815

	2022/23 £'000	2021/22 £'000
12. Investment		
Investments b/f	9,176	8,659
Additions	2,730	1,752
Disposals	(2,811)	(1,678)
Realised gains	(126)	108
Unrealised gains/ (losses)	(432)	335
Investments c/f	8,537	9,176
Cash	157	84
Total portfolio	8,694	9,260

Total portfolio includes cash held with equity managers. During the year £44,110 (2021/22 £46,911) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2022/23 £'000	2021/22 £'000
13. Debtors		
Prepayments	289	391
Other debtors	9	10
Accrued income	135	124
Total	433	525

	2022/23 £'000	2021/22 £'000
14. Creditors: Amounts falling due within one year		
Trade creditors	36	97
Deferred income (note 14a)	10,078	9,303
Accruals	853	906
Other tax and social security	155	129
Other creditors	94	99
Total	11,216	10,534

	2022/23 £'000	2021/22 £'000
14a. Deferred income		
At 1 April	9,303	9,004
Amount deferred during the year	10,127	9,479
Amount released to Statement of Financial Activities	(9,352)	(9,180)
Total	10,078	9,303

Accruals include rent accrual amounting to £99,856 (2021/22 £213,658).
Income from registrant renewal fees received in advance is deferred and will be released as income in 2023/24.

	2022/23 £'000	2021/22 £'000
15. Financial Instruments		
Financial assets measured at fair value	8,694	9,260
Financial assets measured at amortised cost	10,348	9,682
Financial liabilities measured at amortised cost	(1,138)	(1,231)
Net financial assets measured at amortised cost	17,904	17,711

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

	2022 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2023 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(114)	114	700
Strategic reserve	2,000	-	(1,181)	1,181	2,000
Covid -19 reserve	1,800	-	-	(900)	900
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	5,750	-	(1,295)	395	4,850
General funds					
Income and expenditure reserve	3,863	10,340	(9,243)	(954)	4,007
Total funds	9,613	10,340	(10,539)	(558)	8,857

Comparative figures below.

	2021 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2022 £'000
Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(217)	217	700
Strategic reserve	2,000	-	(714)	714	2,000
Covid -19 reserve	900	-	-	900	1,800
Infrastructure/dilapidations reserve	500	-	-	750	1,250
Total designated funds	4,100	-	(931)	2,581	5,750
General funds					
Income and expenditure reserve	4,527	10,037	(8,562)	(2,138)	3,863
Total funds	8,627	10,037	(9,494)	443	9,613

All the reserves are un-restricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. The COVID-19 reserve is a contingency reserve and is created to mitigate the risk of falling registration income. Infrastructure/dilapidations reserve is set up to build in funds in developing the infrastructure needed should we leave the current premises when lease term expires.

	Unrestricted funds £'000	Total 2022/23 £'000	Total 2021/22 £'000
17. Analysis of net assets by fund			
Tangible fixed assets	742	742	814
Investments	8,694	8,694	9,260
Current assets	10,637	10,637	10,073
Current liabilities	(11,216)	(11,216)	(10,534)
Total net assets	8,857	8,857	9,613

18. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £394,575 (2021/22 £345,902). There were £18,665 in outstanding contributions in 2022/23, (2021/22 £67,699) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2023, the charity had the following future lease payments under operating leases.

	2022/23 £'000	2021/22 £'000
20. Commitments under operating leases		
Land and buildings		
Within one year	620	620
In two to five years inclusive	608	1,229
Over five years	-	-
	2022/23 £'000	2021/22 £'000
Office Equipment lease		
Within one year	25	28
In two to five years inclusive	-	15

The total charge of all operating leases to the statement of financial activities as at 31 March 2023 was £624,407 (2021/22 £548,220).

21. Related party transactions

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

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

- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £5,859 in fees for her services.

	At 1 April 2022 £'000	Cash flows £'000	At 31 March 2023 £'000
22. Analysis of changes in net debt			
Cash and cash equivalents			
Cash	1,848	(595)	1,253
Cash equivalents	7,700	1,250	8,950
Total	9,548	655	10,203

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date:

Dear Sirs

During the course of your audit of our financial statements for the period ended 31 March 2023, the following representations were made to you by management and trustees of the charity, and on behalf of the General Optical Council.

- 1 We have fulfilled our responsibilities as trustees under the Charities Act 2011 (“the Act”) for preparing financial statements, in accordance with FRS102 and the Act, that give a true and fair view and for making accurate representations to you as auditors.
- 2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and trustees’ meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3 We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS102.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Act.
- 5 We confirm that we have informed you of the details of all correspondence with the charity’s regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.
- 6 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
- 7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.
- 8 We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.
- 9 We confirm that the financial statements correctly disclose the Trustees’ remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.

- 10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business and which are central to the charity's ability to conduct its business.
- 12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 13 We confirm that we have reviewed the control procedures governing payments to overseas territories and that the charity has conducted appropriate due diligence procedures to ensure that such payments are used in accordance with the purposes for which they were given.
- 14 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 15 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.
- 16 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.
- 17 We confirm that there is no audit information of which you as auditors are unaware, and that each trustee has taken steps to make themselves aware of any relevant information and to establish that you are aware of that information.

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

Yours faithfully

Signed on behalf of the Board of Trustees by:

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

Equality, diversity and inclusion (EDI) annual report 2022-23

Meeting: 27 September 2023

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Spragg, Head of Governance

Purpose

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

Recommendations

Council is asked to:

- **approve** the EDI annual report 2022-23; and
- **delegate** any minor revisions to the Head of Governance (in consultation with the Chair of Council)

Strategic objective

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

Background

3. This is our second EDI annual report. It describes the progress we are making in relation to implementing our 2020-24 EDI action plan, our key achievements for the 2022/23 reporting year and sets out our annual EDI monitoring data. Last year's EDI annual report and previous years' EDI monitoring reports can be read [here](#).
4. The EDI annual report for the period 2022-23 is attached at annex one. It outlines our approach to EDI, including activities we have undertaken during the reporting year to 31 March 2023 to fulfil our commitments under the Equality Act 2010.
5. The EDI data included in the report is based on our in-house datasets on 31 March 2023. (The exception to this is student data, which is based on the academic year 2021-2022, and provided to us by providers of GOC approved qualifications.) Where data is available, a comparison of data trends over a three-year period is provided.
6. The Public Sector Equality Duty (PSED) requires the GOC to implement the Equality Act 2010. Specifically, to publish information to demonstrate the GOC's compliance with the PSED at least annually, and to set equality objectives at least every four years. In the report at annex one we explain how its publication helps us demonstrate

how we comply with our PSED. It also helps us demonstrate how we meet the Professional Standard Authority's (PSA) Standards of Good Regulation and its new [evidence framework](#) and [accompanying guidance](#), which sets out the PSA's intended approach to assessing the performance of regulators against Standard 3 for this performance review period.

7. The PSA's new evidence framework sets out four outcomes all regulators are expected to evidence through a series of indicators of good performance. The PSA intends to assess performance against this Standard on an annual basis, at the end of each performance review period, from March 2024 onwards. We undertook an initial mapping of our EDI activity against the draft evidence framework and will continue to keep this work under review to ensure we can demonstrate compliance at the conclusion of our 2023/24 performance review.
8. This year, for the first time in just under a decade, the GOC met all 18 of the Professional Standard Authority's (PSA) Standards of Good Regulation. The PSA's published review of the GOC's highlighted several areas of work where the GOC has performed well, including in EDI. The PSA said: "*the GOC continues to implement its EDI Action Plan 2020-24, which contains 27 actions under six themes: data; people development and education; recruitment; values setting; community and support; and leadership and accountability. The GOC has reported progress against these actions in its EDI Annual Report for 2021-22 – the first report in this format which provides welcome transparency around the GOC's activities in this area. This report also sets out the GOC's plans for work in 2022-23.*" Our EDI Annual Report intends to build on that commitment to transparency and accountability.

Analysis

9. Advancing equality, promoting diversity and fostering inclusion is central to everything we do, both as a regulator and as an employer. It is an important part of our strategic plan, which sets out our roadmap to March 2025. Our strategic plan underpins the discharge of our regulatory activities, consistent with our values as a responsible employer committed to achieving equality and fostering inclusion, and as an inclusive healthcare regulator.
10. As stated in the report at annex one, we invest in EDI because we value the benefits it brings, and because treating everyone fairly is obviously the right thing to do. It secures the benefits of a breadth of expertise, lived experience, insight and knowledge that our staff, members, registrants, stakeholders, and the public bring to our work, and ensures greater creativity, stronger governance and accountability, and better decision-making.
11. Last year's EDI report (2021-22) signalled a move away from solely publishing an analysis of our EDI datasets (which had been the common practice for the GOC since 2017) and included additional narrative on our EDI progress within in the organisation. The 2022-23 report develops this approach further, so we can celebrate

key achievements, showcase how we are embedding EDI into various strands of our work, and outline some of the challenges we face as we move forward as a community committed to change. This change has also allowed us to include some reflections from staff network leads and our Council Associates, showcasing the invaluable contribution they make in respect to EDI.

12. The previous year's report included a Red-Amber-Green (RAG) rating against the actions in the EDI action plan. This has been removed this year, as it generates a risk that ongoing actions are considered "complete" when the purpose of the plan is to ensure an evolving dialogue with EDI as part of our principal functions.
13. 2023-24 will see a review of the EDI action plan, and this will support transition to our new strategy for 2025-30. There are well-recognised challenges in how we engage both the public and registrants in respect to our EDI work, and we plan to continue setting high ambitions for ourselves as an organisation to remove unnecessary barriers and address disadvantage for our members, workers, employees, registrants and the public.

Finance

14. Production of the annual report is part of the business-as-usual activity for the GOC and carries no financial implications beyond the resources allocated as part of our annual budget.

Risks

15. The risk of non-compliance with the PSA standard is significant in reputational terms. In addition, the failure to meet the GOC's public sector equalities duties would be detrimental to the organisation in respect to its standing as a regulatory body and a claim for judicial review could be made with non-compliance. There is a risk that failing to comply with our EDI responsibilities will result in a failure of our duty of care in respect to employees, workers and members.

Equality Impacts

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

Devolved nations

13. The monitoring report does not present data broken down by the devolved nations, though this will be a consideration for future reports. Standard 21 of the new Welsh Language Standards (in effect from 6 December 2023) specifies:

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

(a) if the subject matter of the document suggests that it should be produced in Welsh, or

(b) if the anticipated audience in Wales, and their expectations, suggests that the document should be produced in Welsh.

14. It is therefore reasonable to infer that we should organise the report to be translated into Welsh. Although the requirement to comply with the new Welsh Language Standards is not until 6 December 2023, it would be good practice to ensure the report is translated into Welsh, which we plan to do so alongside our translation of the GOC annual report 2022-23.

Other Impacts

11. There are no significant impacts identified.

Communications

External communications

15. The EDI Annual Report 2022/23 report will be published on the GOC website.

Internal communications

16. The EDI Annual Report 2022/23 will be referenced in the Chief Executive and Registrar weekly bulletin when published.

Next steps

12. 2023/24 will include a review of the current EDI action plan to support the development of the next GOC five-year strategy.

Attachments

Annex 1: Equality, Diversity, Inclusion Annual Report for Year End 31.03.23

General Optical Council
**Equality, Diversity, and Inclusion Annual
Report**
for the year ended 31 March 2023

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

www.optical.org/en/news_publications/publications/annual_reports_archive.cfm

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Introduction:

The General Optical Council (the GOC) is the regulator for the optical professions in the UK. Our charitable purpose and statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians, optical businesses and those training to be optometrists and dispensing opticians. As of 31 March 2023, there were 33,646 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our registrants.

Our Equality, Diversity, and Inclusion (EDI) annual report sets out our key achievements, describes our EDI data, and the progress we are making in relation to implementing our 2020-24 EDI action plan. It outlines our approach to EDI, including activities we have undertaken during the reporting year to 31 March 2023 to fulfil our commitments under the Equality Act 2010. Our EDI data includes information and analysis about our registrants, registrants going through fitness to practise proceedings, our staff, members and workers, and students registered with us. The information in this section of the report is based on our in-house datasets on 31 March 2023. (The exception to this is student data, which is based on the academic year 2021-2022, and provided to us by providers of GOC approved qualifications.)

This year, for the first time in just under a decade, the GOC met all 18 of the Professional Standard Authority's (PSA) Standards of Good Regulation. The PSA published a review of the GOC's performance in 2023, which highlighted several areas of work where the GOC has performed well, including in EDI. The PSA said: *"the GOC continues to implement its EDI Action Plan 2020-24, which contains 27 actions under six themes: data; people development and education; recruitment; values setting; community and support; and leadership and accountability. The GOC has reported progress against these actions in its EDI Annual Report for 2021-22 – the first report in this format which provides welcome transparency around the GOC's activities in this area. This report also sets out the GOC's plans for work in 2022-23."*

This report intends to build on that commitment to transparency and accountability.

Our commitment to advancing equality and fostering inclusion:

Advancing equality, promoting diversity and fostering inclusion is central to everything we do, both as a regulator and as an employer. It is an important part of our strategic plan, which sets out our roadmap to March 2025 and underpins our regulatory activities, organised around three strategic objectives:

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

Our commitment to achieving equality and improving diversity is embedded into our values, underpinning the way we work with each other, the public and our stakeholders. Working in this way secures the benefits of the breadth of expertise, insight, and knowledge that our members, staff, stakeholders, registrants, and the public have to offer in shaping our regulatory activities and maintaining public confidence in the professions we regulate. Our values are:

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

Treating everyone fairly is obviously the right thing to do, as a responsible employer committed to achieving equality and fostering inclusion, and as an inclusive healthcare regulator. We invest in EDI because we value the benefits it brings to us as an organisation. A diverse workforce with a diversity of members on our Council and committees ensures greater creativity, stronger governance and accountability, and better decision-making. Those we regulate (optometrists, dispensing opticians, and students) are also from diverse backgrounds with diverse needs, and we have a duty to act in the best interests of all patients and service users. It is therefore essential that we as an organisation have the right insight and ability to support diversity amongst all our people and understand the impact of our regulatory activities upon the public and patients we seek to protect.

Our legal and regulatory obligations

The Equality Act 2010 (the 'Act') specifies nine protected characteristics, namely:

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

Section 149 of the Act sets out what is known as the Public Sector Equality Duty (PSED). Under the Act, we are treated as a public authority, and we are bound by the PSED. This means, when we carry out our public functions, we must have 'due regard' to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

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

How much regard is 'due' under a particular duty will depend on the circumstances. It will depend on how relevant a duty is to the decision or function in question, as it applies to any particular group or groups. The greater the relevance and potential impact for any group, the greater the 'regard' we must have under the duty.

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

The GOC carries a duty on under the PSED to implement the Act. Specifically, to publish information to demonstrate GOC compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years, which we set out in the form of our EDI action plan. However, our commitment is to do more than just

comply with the Act, it is also to go above and beyond, to follow best practice in all our EDI work and provide thought leadership in this area. However, we must also demonstrate how we meet our legal obligations in this context, and we report publicly on how we comply with our legal duties and ethical responsibilities, including (but not limited to) PSED, the Professional Standards Authority (PSA) Standards for Good Regulation, the Act, and the Human Rights Act 1998, as follows:

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

PSA Standard Three

In May 2023 the PSA updated its expectations for regulators it oversees in relation to equality, diversity and inclusion. Standard three of the PSA’s Standards for Good Regulation requires the following: *“The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.”*

The PSA’s new [evidence framework](#) and [accompanying guidance](#) for regulators sets out its intended approach to assessing the performance of regulators against Standard 3. The evidence framework sets out four outcomes all regulators are expected to evidence through a series of indicators of good performance. In its guidance the PSA states *‘in practice, there is little in the matrix that most regulators are not already doing (or planning to do), or that we are not already considering in our assessments.’* The PSA intend to assess performance against this Standard on an annual basis, at the end of each performance review period, from March 2024 onwards. We have undertaken an initial mapping of our EDI activity against the draft evidence framework and will continue to keep this work under review to ensure we can demonstrate compliance at the conclusion of our 2023/24 performance review.

Responsibility for embedding EDI in our work:

Our Council

Our Council is our governing body. It is responsible for the overall control of our organisation, including approval of our strategy, annual business plans and budget. It is responsible for holding the executive to account for their delivery in alignment with our values and EDI commitments.

Senior Management Team

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

Leadership team and line managers

Our leadership team is comprised of our heads of departments. Leadership team works with line managers to ensure the operational delivery of the EDI action plan. All heads of departments are responsible for EDI in their business areas. They must make sure that staff are engaged with these priorities, and that they understand how EDI underpins the work they do to meet the GOC vision and strategic plan.

Our staff, members and workers

Staff, members and workers are all central to the delivery of our mission, vision and strategic objectives. Everyone within the GOC is responsible for making sure they:

- act in accordance with equalities and human rights legislation;
- keep their training in and understanding of EDI up to date (this includes taking part in training sessions); and
- contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services.

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

Governance

Our EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our EDI strategy. It reflects the important relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work. In 2022-23 our EDI manager was part of our People and Culture Team, reporting to our Head of People and Culture, with a 'dotted line' of responsibility into our Governance Team. In September 2023 our EDI manager moved into the Governance Team, to support an increased, outward-facing commitment to our members and registrants in progressing our EDI action plan and activities.

Our EDI Projects:

Alongside our continued delivery of our operational functions and business-as-usual activity, in the reporting period to 31st March 2023 we undertook a series of EDI projects to help us better fulfil our statutory objectives and in doing so, protect the public. These projects are described below, organised under three broad themes, which connect and support achievement of our overarching EDI plan. These themes are:

- Our registrants, the public and other external stakeholders;
- Our members, employees and workers; and
- Raising awareness through communication, events and training

Theme 1: Our registrants, the public and external stakeholders

Updating information about a registrant's gender on the public register.

As part of our statutory duty to maintain and publish a register of all those who are fit to practise, we publish certain information about our registrants, which currently includes their gender. Section 11(2) of the Opticians Act 1989 and rule 21 of the Registration Rules 2005 set out the information that we must publish on our register. These do not include a specific requirement to publish a registrant's sex or gender.

Between December 2022 and March 2023, we ran a public consultation on a draft policy and impact assessment to support registrants who wish to update information about their gender on our register and ensure compliance with the Gender Recognition Act 2004 (GRA) and the Equality Act 2010. Our response to our consultation is published on our website. Whilst, overall, there was some support for the policy from our stakeholders, it was not overwhelming and some stakeholders responding to the consultation questioned why we provide information on gender on the register at all. As a result of feedback received, we intend to make our process for updating information we hold about registrant's gender clear and easy to apply. In addition, Council will consider at its meeting in September 2023, whether we should consult on continuing to publish information regarding a registrant's gender on the register.

Welsh language scheme compliance reporting

In July 2022 Senedd Cymru approved a new set of Welsh Language Standards regulations that will apply to healthcare regulators, including the GOC, and the PSA. Compliance notices were issued June 2023. The majority of the new standards will need to be implemented by 6 December 2023.

Throughout 2022-23, we engaged with the Welsh Language Commissioner and other healthcare regulators to provide feedback on how we intend to implement the new Welsh Language Standards. We also added questions about Welsh language in our impact assessment screening tool to ensure staff assessing impact remain

conscious of the need to consider the policy and process changes in the context of the requirements of the Welsh language scheme requirements. Following publication of the compliance notice, we will work toward meet the requirements in full by 6 December 2023 while securing best value for the public and registrants.

Annual monitoring of providers of GOC approved qualifications

Our annual monitoring of providers of GOC approved qualifications (AMR) is one of our key education quality assurance activities, providing an annual snapshot of providers of GOC approved qualifications' data, risk management and compliance arrangements; a window on the next generation of optical professionals. We require all providers to submit EDI data, which forms part of our analysis in this report and in our AMR report which is published separately on our website. This year, providers were additionally asked to submit widening participation (WP) information, including a narrative explanation as to how providers use WP information and data to inform the development and implementation of access and participation plans and initiatives at institutional and qualification level, and their impact on WP.

Registrant survey

Each year we commission a [registrant survey](#) to help us better understand registrant experiences of working in clinical practice and their views and perceptions of the GOC. This year we included new questions on the Continuing Professional Development (CPD) scheme, questions on EDI, questions on bullying, harassment and discrimination at work. The survey is an online survey of all our individual registrants, including optical students, sent out at the end of our EDI reporting year, between 21 March and 25 April 2023. We received 3,932 responses, representing a 13% response rate. While responses are slightly down on last year, the research is still highly robust with a 90% confidence interval at +/- 1.5%.

We found that while our public perceptions survey shows high levels of patient satisfaction and confidence in the professions, the experiences of registrants paint a different picture as many continue to struggle with heavy workloads and providing patients with a sufficient standard of care. In addition, new data this year reveals that many GOC registrants are subject to bullying, abuse, harassment, and discrimination at work, with the highest levels coming from patients / service users but also to a

significant from extent managers and colleagues. Much of this behaviour goes unreported and therefore unresolved.

Some of the groups that experienced higher levels of bullying, abuse, and harassment at work were younger respondents, women, those with a disability, members of the LGBTQ+ community and those from an ethnic minority background. Of those that had experienced these types of behaviours, only 26% said they had reported it.

In relation to discrimination at work over the last 12 months, 24% of respondents reported that they had some experience of discrimination from patients/service users, their relatives or other members of the public; 11% had experienced this from managers and 8% experienced this from other colleagues.

While we know that these issues are not unique to the optical sector, with many healthcare workers reporting similar experiences, we think it is important for us and wider sector to reflect and think about what actions we can take to foster a more positive working environment. A workforce that experiences negative working conditions, such as bullying, harassment, abuse and discrimination, is not one that is in an optimum place to deliver high quality patient care.

As a regulator focussed on public protection, it is important we take the lead in addressing these issues, so we are convening a meeting of senior stakeholders, including representatives of large employers, professional and representative bodies from across the optical sector in October 2023 to agree sector-wide commitments to address these issues. We have also invited student representation as we think it's important to consider the experiences of optical students on their journey to qualification and any negative behaviours that they face.

As in previous waves of the survey, the research report segments findings across the protected characteristics identifying statistically significant differences, and the data tables are published on our website, alongside the report, to allow anyone to interrogate the findings in more detail.

Public perceptions survey

We carried out our annual [public perceptions survey](#) between 27 January until 13 February 2023. Previous annual public perceptions surveys are available on the [policy and research](#) pages of our website. The 2023 survey is based on a UK representative sample of 2,020 interviews which were completed online. The aim of the survey is to track patient and public views, perceptions and experiences of optical care. This year we asked a series of new questions on shopping around for optical services.

This year's public perceptions survey showed that public confidence and satisfaction levels in optical services remain high, with 94% of respondents reporting that they were satisfied with the optometrist who carried out their sight test / eye examination (94% in 2022). However, whilst overall results are positive, breaking down the data further reveals stark differences between the experiences of those from, for example, an ethnic minority background and those with a disability.

Ethnic minority respondents were more likely than white respondents to feel uncomfortable about visiting an opticians / optometrist practice, citing the cost of the sight test / eye examination as one factor. They were less likely to get their sight tested in a high street opticians / optometrist practice, and more likely to get their sight tested in a hospital, and less likely to go to an opticians / optometrist practice in the event of an urgent eye problem. They were less likely to be satisfied with the experience of buying glasses. They were more likely to have considered complaining about an experience at an opticians / optometrist practice. These findings could indicate that some people from an ethnic minority background have different perceptions and experiences of visiting an opticians / optometrist practices compared to white people.

Respondents with a disability were less likely to say that they were satisfied with the optometrist who carried out their sight test and with the overall experience of visiting an opticians / optometrist practice than those without a disability. They were also more likely to say that something went wrong with the care / service they received and more likely to have complained than those without a disability. These findings could indicate that patients with a disability are struggling to receive the same

standards of care as those without a disability. New questions this year on shopping around and price transparency, shows that 21% shopped around when looking for an opticians / optometrist practice and 28% did not know the price of their sight test / eye examination before their appointment.

We think that the findings show concerning differences between the experiences of different patient / public groups, and the data suggests that there is scope to improve the quality of service offered to, for example, those with a disability and those from an ethnic minority background. Inclusion is often used to mean the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised. People belonging to excluded or marginalised groups tend to have very poor health outcomes, often much worse than the general population, and a lower average age of death.

We think it is important that we continue to track the data and will consider how we can use future surveys or other research to explore these differences. In order to understand these findings better, we are also exploring whether the next surveys could include multivariate analysis to help determine the most important factors that might shape a poor experience.

We are also using this data to inform our review of our professional standards to help us understand if we need to strengthen or set more detailed requirements. We already set standards for registrants to ensure they are respectful, fair and do not discriminate. They must also consider the needs of disabled patients and make responsible adjustments. We have commissioned further patient and public research as part of the Standards Review, which includes interviews with some vulnerable patients so that we can reflect their views and ensure the standards we set fully promote and embed the principles of quality, diversity and inclusion.

In terms of the wider optical sector, while the reasons for these differences between different groups may reflect many different factors, there may be more that the sector can do to reduce barriers to access, for example, for vulnerable patients. Greater transparency on the cost of the eye test, or improved information about the eye test online, might also help to reduce barriers to access.

Standards Review

This year we began a review of our standards of practice for optometrists and dispensing opticians and standards for optical students, ahead of a public consultation on proposed revisions planned in early 2024. Our engagement approach involves a series of 'conversations' with stakeholders between May and July 2023. The conversations cover areas where we have identified a possible need to strengthen our standards. EDI considerations impact on all the standards but one of the conversations topics - on maintaining professional boundaries - will consider EDI issues explicitly, particularly the issues described above raised in the registrant and public perceptions surveys.

Theme 2: Our members, employees and workers

Council Associate scheme

We are now in the second year of our Council Associate scheme. We have four registrant Council Associates, who actively participate in our Council and committee meetings, as well as other associated activities. The scheme aims to increase the diversity of experiences and perspectives on our Council, while providing registrants with the first step towards a board, committee or panel role. Our current Council Associates are:

- Rukaiya Anwar (appointed 2021 –2023)
- Jamie Douglas (appointed 2023 –2025)
- Deepali Modha (appointed 2023 –2025)
- Harry Singh Bhakar (appointed 2021 -2023)

In 2022-23 we assessed the first year of the scheme and agreed to extend it to a two-year appointment. This has the benefit of supporting an overlap between cohorts of Council Associates and ensuring they have peer-to-peer support. For 2023-24 we will be working with other regulators with similar schemes to develop an alumni network.

Rukaiya Anwar said the following about her experience as a Council Associate:

“Since joining the GOC as a Council Associate in January 2022, I have been encouraged and supported to contribute to discussions within a safe and welcoming space. Equally, all input by colleagues is considered and thoughts are respected and valued, allowing for collective decision-making.”

The Council Associate programme has been instrumental in opening up the discussions to individuals like myself who would have otherwise not had the opportunity to take part until much later on in my career. Having been part of this organisation for the last 18 months, I am very proud of the efforts of the GOC in continuously looking for ways to improve and innovate.”

Staff welfare and engagement and staff networks

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

Our staff networks each have a SMT sponsor, are self-governed, and their terms of reference, leadership and membership arrangements are determined by their own members in accordance with guidelines approved by our SMT.

Current GOC staff led equality networks include:

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

In 2022-23 the networks hosted a range of activities including:

Awareness raising – Able, the staff disability network, raised awareness around the history of neurodiversity and its impact in the workplace, through a range of well attended workshops.

Educational Work – The LGBTQIA+ network offered a range of sessions during LGBT+ History Month highlighting inspirational LGBT+ people involved in the creative sectors.

Discussion – Both EMBRACE and the Woman's network provided a range of inspirational guest speakers offering people the opportunity to discuss lived

experience of Ramadan, the role of the Minister for Women and Equalities and Government Equality Hub, as well as the history of African art.

External networking – Staff network chairs attended a meeting with chairs from the Coal Authority to seek opportunities for sharing best practice and opportunities to collaborate and co-produce events.

Internal networking – The SWEG network activities have included Monday Night Yoga, Fit for Winter, Staff Cooking Class, Christmas events, talks, and Time to Talk Tea. These provide an excellent resource for developing working relationships, learning about different work areas, and the types of roles that colleagues are engaged with across the GOC.

Signposting - All the GOC networks have provided peer advice and guidance to members and, where necessary, signposted them to relevant GOC services or external organisations.

In 2022 we revised our framework for staff networks, in part to reaffirm the commitment the GOC has made in supporting them, and ensure there is the leadership, resources and guidance available to make them a success.

The Staff Wellbeing and Engagement Group (SWEG) was shortlisted for Employee Network Group of the Year by the Employers Network for Equality & Inclusion (enei) Inclusivity Excellence Awards 2022. The judging panel at Employers Network for Equality & Inclusion felt that our submission stood out as a great example of what it takes to truly make a difference in creating a more inclusive workplace.

In celebrating our successes, our Chair of SWEG said:

“It has been a real pleasure to engage staff members with SWEG activities. Our presentation-led coffee breaks have been an excellent way for colleagues to advocate and share the virtues of personal hobbies, to boost their online presentation skills, and to make new connections across the organisation. Additionally, the sessions have been a great demonstration of the diversity of

experiences and skills that fellow colleagues bring to the GOC over and about the expertise demonstrated in their specific roles.”

A Co-Chair of the Woman’s network said:

“I joined as a Co-Chair of the Women’s Network in 2022 and it has proven to be an invaluable way to connect with colleagues on a more personal level. With the pandemic meaning we have all been working from home, there was a definite need for physical interaction between colleagues. I held an in-person Women’s session full of fun activities, competitions, and icebreakers. We had a very successful turn out of around 30 people attending and received glowing feedback about how lovely it was to meet people in person. We are hoping to hold more in-person events in the future to allow colleagues more of an opportunity to socialise with each other based on shared interests.”

A Co-Chair of the Anti-Racism Group said:

“The Anti-Racism Group (ARG) was developed as a forum where staff from all backgrounds and ethnicities could better help each other in the understanding of people’s differences. I joined as Co-Chair in 2022 and since then I have been very fortunate to be part of many lively in-depth discussions and presentations, for which we have received glowing praise for helping to make a sensitive topic more accessible for those who may have felt isolated. Personally, I had the opportunity to lead a presentation on an ‘Introduction to West Africa’ as part of Black History Month, where I explored the countries and regions within and its cultural impact on modern western society. It received very positive feedback from both staff and Council members. We are planning to host more events in the future, and hope to continue our success in achieving our goal to inspire conversation, promote education, and provide support to all.”

The Chair of the LGBTQIA+ network said:

“The GOC’s LGBTQIA+ network promotes equality, diversity and inclusion by improving colleagues’ awareness of issues relevant to the network. In the year ending March 2023, this included:

- *Sharing the recording of a GOC presentation by the charity ‘Queer Britain’;*

- *Working with the GOC's EDI manager on intranet publications about Bisexual Visibility Day and LGBT+ History Month;*
 - *Organising internal presentations to mark LGBT+ History Month and International Day against Homophobia, Biphobia and Transphobia.*
- We welcomed colleagues from other regulators to the 'Queer Britain' presentation (in March 2022) and we aim to continue inviting external colleagues to further events.*
- The support of other GOC staff network groups makes it easier to have organisational conversations about LGBTQIA+ issues, and it is rewarding to see more colleagues bringing their whole selves to work.”*

Theme 3: Raising awareness through communication, events, and training

Staff and stakeholder communications and training

We have been proactive in communicating with staff to help raise awareness and support understanding on EDI.

Over the past 12 months we have published a Global Equality and Diversity Celebrations Calendar and published 15 articles for staff and other internal stakeholders on EDI related topics to raise awareness of global and national diversity celebrations. This included events such as Black History Month, Christmas and Easter, Diwali, Eid al-Fitr and Eid al-Adha, Ramadan, LGBT+ History Month, Pride, and Women's History Month. Networks and individual staff members have been supported to deliver sessions that cover these events, often sharing personal experiences or reflections. These sessions are often volunteered or organised by staff, and we are proud to celebrate with them. It is critical part of how we create a supportive space in which people can share their culture, heritage and insight.

We continue to commission external training or deliver it "in-house" to ensure all members, employees and workers are fully conversant with their responsibilities in relation to EDI.

We introduced the Skill Booster platform to provide online virtual EDI training. This is available to everyone at the GOC, regardless of whether they are a member, employee or worker. As of 31 March 2023 there were 140 users enrolled on the learning management system (LMS), with 78 enrolled on courses. All new employees are required to complete the online Inclusion Essentials course and we work with specific directorates to focus awareness on certain areas for example unconscious bias.

Modernising our people policies

In 2022-23 we reviewed and updated all of our family friendly policies, including: Maternity, Adoption, Shared Parental Leave, Paternity and Parental Leave. In

addition, we have implemented an Agile Working Policy and we are currently reviewing our Flexible Working and Probation Policy.

In collaboration with external consultants QCG, we developed a new reward and recognition policy to align our approach to reward and recognition with the GOC’s strategic aims, and to encourage and reward required behaviours and performance. It is also designed to provide a clear and consistently applied process by which individual and team reward and recognition decisions are determined. It will also help us maintain salary competitiveness and attract the best talent whilst controlling payroll costs within agreed budgets. After extensive research and preparation, including equality impact assessments that considered how the policy would support our EDI duties, the launch and staff consultation was opened on 5 April 2023. Our new reward and recognition policy was implemented in July 2023.

Review of roles requirements

We have revised our recruitment processes to ensure that role descriptions are reviewed prior to being advertised to ensure inclusive language is used throughout and that any bias is removed. Roles reviewed during this reporting period include Optometric Advisor, Head of People and Culture, Head of Hearings, and Standards Manager.

Review staff recruitment campaign EDI data

In 2022-23 we took steps to review and analyse recruitment campaign data in relation to EDI to reduce inequality and eliminate barriers to career progression. From 1 April 2022 to 31 March 2023 we recruited to 45 positions across the organisation and filled these positions with a mixture of internal promotions and the addition of 25 new employees. We had 1,664 completed applications for our vacancies. All candidates were asked to complete our diversity monitoring form. Completion of this form is voluntary and not all candidates completed the form or answered all of the questions. The results can be viewed below.

Gender	Applications received	%
Male	504	37
Female	835	62
Other	13	1
Total	1352	100

Ethnicity	Applications received	%
White - English / Welsh / Scottish/ NI / British	339	23
African / African British	149	10
Indian / Indian British	147	10
White and Asian / British	116	8
Other White Background	76	5
Pakistani / Pakistani British	61	4
White and Black African / British	61	4
Others	302	21
Other ethnic Group	109	7
Prefer not to say	106	7
Total	1466	100
Disability	Applications received	%
No	1346	92
Yes	60	4
Prefer not to say	60	4
Total	1466	100
Sexual Orientation	Applications received	%
Heterosexual / Straight	1175	90
Bisexual	39	3
Gay / Lesbian	27	2
Other	12	1
Prefer not to say	56	4
Total	1309	100
Age	Applications received	%
Under 25	166	12
25-34	504	38
35-44	339	26
45-54	204	15
55-64	59	4
Prefer not to say	57	4
Total	1329	100
Religion	Applications received	%
Christian	539	46
Muslim	286	24
Hindu	144	12
Other	74	6
Prefer not to say	131	11
Total	1174	100
Marital Status	Applications received	%
Married	469	38
Single	536	43
Partner	76	6
Other	154	12
Total	1235	100

Analysis of the results suggests that we are attracting a diverse range of applicants although more emphasis could be placed on attracting people above 55 years old, disabled persons, and members of the LGBTQ+ community. We will continue to collect and analyse recruitment campaign data in relation to EDI and progress our planned review of our recruitment policies to ensure we continue to reduce inequality and eliminate barriers to career progression.

Review member recruitment campaign EDI data

The Nominations Committee, which is responsible for member recruitment, is committed to inclusive recruitment and removing barriers to participation on our Council and Committees.

In relation to member recruitment, 186 applicants for member-roles in this reporting period completed an EDI monitoring form. The recruitment campaigns for member roles in this reporting period were:

- two Council members (one dispensing optician and one lay member)
- 15 Advisory Panel members
- two Council Associates

The Council member campaign included a message and targeted campaign encouraging candidates in Northern Ireland to maintain fair representation from the devolved nations on our Council. The Council Associate roles were aimed at early career registrants. These two factors may influence statistics for 2022-23.

The data collected showed that 51.1% of applicants were male and 48.4% were female. Most applicants split evenly across three different age categories: 35-44 (25.3%); 45 – 54 (22.0%) and 55-65 (23.1%). 83.3% were not carers; 14.5% were carers.

The majority of applicants reported they were White: English, Welsh, Scottish or Northern Irish (60.2%). The second highest group was Asian/Asian British - Indian / Indian British (13.4%) followed by White - Any other white background (7%) and then Asian/Asian British - Pakistani / Pakistani British (5.9%). Less than 2% opted for “prefer not to say”.

Gender Pay Gap Report

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

The Gender Pay Gap Report had a snapshot date of 5 April 2022. Our results show the GOC workforce is predominantly female and this year there has been an increase in the mean pay gap in favour of men, but a reduction in the median pay gap in favour of women. Both are well within industry norms for the regulatory and charity sector.

Overview:

- Mean Gender Pay Gap – on average men earn 4.5% higher hourly rate than women, this an increase 3.18% on 2021.
- Median Gender Pay Gap – on average men’s median pay is 0.6% higher than for women. This figure is less than 1% and not significant. Last year’s figure was 5.0%
- Bonuses – we do not pay bonuses so there is no mean or median bonus gap.

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

	Men	Women
Lower Quartile	29%	71%
Lower Middle Quartile	33%	67%
Upper Middle Quartile	22%	78%
Upper Quartile	43%	57%
All Staff	32%	66%

Although we have seen a rise in our mean gender pay gap, we have also seen a reduction in the median gender pay gap. Both remain significantly better than the national averages for other full-time employees. Please keep in mind when looking at the figures the impact of the small size of our population. As each person represents nearly 1.06% in each quartile, a 2% difference equates to 2 people only.

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

- The launch of new policies for reward and recognition, and family friendly and flexible working policies;
- A review of our recruitment practices, processes, and policies to promote fairer hiring practices;
- Continuing to promote our staff networks to support diversity and inclusion, including Women's; Black and Global Majority, Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+), and Disability networks; as well as our Anti-Racism group; and Staff Welfare and Engagement Group (SWEG);
- Roll out of an ambitious programme of learning and development to run over the next 2 years; and
- Our new applicant tracking system which allows us to track EDI data on applicants to ensure that we are attracting a diverse hiring pool;

Renewing our commitment to EDI with a new corporate strategy

Following an internal review of our EDI culture, policies, and practices in 2019, our current EDI plan was approved in April 2020. Its themes and objectives were developed using an evidence-based approach and responded to the views of a wide range of diverse internal and external stakeholders at the time. As we now look forward to the formation of our 2025-30 corporate strategy, and a renewal of our EDI action plan, we plan to commission an external review 'temperature check' of our progress against the recommendations made in the 2019 internal review. This will assist us in making the transition to the new PSA evidence framework supporting achievement of standard 3 of the PSA's Standards of Good Regulation, and lay the groundwork for our new EDI strategy for 2025-30

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

Our 2020-24 EDI action plan:

Our current EDI action plan for 2020-24 captures the critical activities we committed to as part of our five-year corporate strategy. It is organised around the following themes.

1. Data
Collecting data on our registrants, staff, Council and committee members can direct our actions and processes to ensure we progress equality. It is therefore important to collect the right type of data and analyse it to highlight areas of weakness. This will allow us to explore the reasons why certain groups are subjected to certain processes, what barriers are presented, and the feeling of inclusion.
2. People development and education
It is important to develop a learning culture where shared learning is encouraged, giving a better understanding of EDI topics, and how to make the GOC an equal and inclusive environment at all levels.
3. Recruitment
It is important that people who come into the organisation feel included, no matter their background, from the moment they apply to be part of the GOC. This process is an important chance to embed the GOC values and commitment to EDI.
4. Values setting
Embedding GOC values and our commitment to EDI into every aspect of the GOC's work will allow staff to understand how their roles are connected to EDI and how they can personally contribute. This also embeds EDI into all practices in the GOC.
5. Community engagement and support
Building community is essential to creating a sense of belonging and forming trust, for mutual wellbeing support, and providing a place to discuss issues.
6. Leadership and accountability
Organisations with strong leadership on EDI are generally more successful. Therefore, it is important to have clear and practical definitions of EDI, which are shared and understood throughout the organisation, with a defined direction and

plan of action, and a culture of ease in talking about EDI issues in relation to the work of the GOC.

We regularly monitor our progress against this plan, and we report our progress through this, our annual EDI reports.

What next: Our plans for 2023/24:

Our strategic priorities demonstrate our level of ambition to advance equality, promote diversity, and foster inclusion in everything we do, as a regulator and as an employer. In 2023-24, we will begin developing our next five-year corporate strategy, to 31st March 2030. This will include the next phases of our plans for delivering equality, improving diversity and fostering inclusion, recognising our leadership role in the eye-healthcare sector to tackle discrimination, and use our data better to co-produce solutions with our staff, registrants, members, patients, public and external stakeholders.

As part of this work, we will refresh our EDI action plan, ensuring the resource, leadership, and people are there to make it a reality, alongside the development of our next five-year corporate strategy. We have asked our Council Associates to help contribute to the preparation of the EDI component of our corporate strategy, and we will work with all our stakeholders to ensure this aligns to our values and ethos as a regulator.

Our commitment to EDI, through the delivery of our Fit for the Future strategy, continues into 2023/24. We know we have more work to do to fully understand and tackle other issues within the optical sector including:

- How we can better understand the communities and cultures of the people we work with, and the challenges they face, and apply this knowledge to our regulatory work.
- How we can use our regulatory influence and levers to tackle discrimination and negative working environments and support the reduction of health inequalities
- How to make sure that diversity (including diversity of 'lived experience') is better reflected both in and through our governance and leadership.

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

We will revise our action plan and plan our strategy with these challenges at the forefront our minds. We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible, working with our stakeholders to shape our approach, deliver our regulatory responsibilities and inform our decision-making.

Annex One Our progress against our EDI Plan 2020 – 2024

The following tables provide evidence of progress against agreed actions:

Data

Programme of work	Strategic Objective	When	Progress
Improve collection, analysis and recording of protected characteristics in its regularity, use, and timeliness, to better inform policy, processes, and impact.	Continuous improvement	Jan–Mar 2022	We have made substantial changes in how we collect and review EDI data, in particular in relation to registrant and public perception surveys. We have also adjusted how we collect EDI data for our members, relying on an annual return to capture the changes to our EDI profile year on year. While the response rates remain low, we will proactively encourage members to complete these surveys in future years.
Improve recording, analysis and sharing of fitness to practise data.	Transforming customer service	Jan–Mar 2022	As part of our ambition to become a world-class regulator, the Fitness to Practise Improvement Programme for 2022-2025 contains a workstream to develop and implement guidance for decision-makers in recognising and addressing potential bias.
Implement new data analysis programs to explore intersectional data and remove barriers.	Continuous improvement	Jan–Mar 2023	Intersectionality describes people who are shaped by their simultaneous membership of multiple interconnected social categories. We have included more in our monitoring report this year to highlight where intersectionality may be an important factor in terms of the data we have collected. New programmes are not necessary as intersectionality is an approach to analysing EDI data. We are in the process of updating our equalities impact assessment process and will consider how we use intersectional data to identify barriers. By doing

			so, it is not necessary to implement new data analysis programmes but instead consider intersectionality from the outset as a method that helps us to understand how people experience services, such as healthcare, differently because of their identities and unequal power dynamics.
Embed EDI benchmarking reporting into each quarter.	Continuous improvement	Jan–Mar 2021	Council had previously expressed support for a set of EDI measures to be regularly monitored. However, exploratory work by SMT showed there is limited scope to introduce a numerical quarterly EDI benchmark, given the small sample size (for example, variances in the EDI profile of staff on a quarterly basis would potentially identify individuals), and that the data does not significantly change in-year to warrant quarterly reporting. The monitoring of systemic change associated with the GOC’s EDI plans is better served by an annual data set, such as that contained in the EDI monitoring report. Further monitoring around the staff EDI profile at an operational level, including recruitment data, investigations, grievances and other HR matters will be incorporated into BAU reporting to SMT over 2023-24.
Create an inter-regulatory sharing space for learning and research that progress EDI, where there are limits to data use.	Transforming customer service	Jan–Mar 2023	On behalf of the GOC the EDI Manager attended the inter-regulatory EDI forum to share ideas for best practice and research that progresses EDI.
Start collecting qualitative data to understand inclusion.	Continuous improvement	Jan–Mar 2023	Our qualitative data is, in part, gathered via regular pulse surveys and an annual staff survey. The themes and topics that emerge from this feedback are discussed with teams and action plans are drawn up for

		implementation in response. The outcome of the staff survey is reported to Council via its informal catch-ups.
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People development and education

Programme of work	Strategic Objective	When	Progress
Roll out essential EDI training for all staff	Continuous improvement	Jan–Mar 2021	EDI Learning and Development programme was launched, and training opportunities provided to a range of stakeholders.
Develop and launch an enhanced management development program	Continuous improvement	Apr–Jun 2021	Completed. This was launched in March 2021 and details were published on IRIS. Management training is being provided to new and potential managers in 2023-24. There is further work being undertaken in the context of developing the People Plan, and the production of a new knowledge, skills and behaviour framework. This will seek to enhance manager skills as well as develop their understanding of EDI in the context of people management.
Develop and launch a continuous EDI learning program for staff which includes embedded values	Continuous improvement	Apr–Sep 2022	Suite of EDI learning available through partnership with Skills Boosters and Vinci Works LMS system for all staff.
Develop an EDI training program for Council	Continuous improvement	Apr–Sep 2022	Training is being delivered regularly using a combination of e-learning (Skills Boosters), internal sessions, and external providers. In 2023-24 we are undertaking a member support review which will

			consider the wider offer to our members, covering both Council and committee members.
Develop informal EDI learning opportunities for registrants.	Continuous improvement	Jan– Mar 2023	There are opportunities for the GOC to showcase its EDI work, however this needs to be done in coordination with the relevant professional bodies to ensure it is coordinated and appropriate for our role as regulator. The standards review will support components of this work, including recent discussions about professional boundaries.
Adopt reverse mentoring to further develop leaders and people managers	Continuous improvement	Jan– Mar 2023	There is a need to redevelop this work in line with the development of the new knowledge, skills and behaviour framework, and revised reward and recognition policies. The development of the People Plan will also assist with identifying where this approach is suitable. Coaching opportunities are available to staff via an inter-regulatory support offer.

Recruitment and retention

<i>Programme of work</i>	<i>Strategic Objective</i>	<i>When</i>	<i>Progress</i>
Review recruitment policy, processes, and assessment, to embed EDI and values	Continuous improvement	Jan–Mar 2022	A review of recruitment practices and procedures was undertaken to ensure best practice in inclusive recruitment was being followed in 2022. Further work will be undertaken in this area in 2023-24 to ensure we are consistently demonstrating GOC values.

Analyse EDI data of recruitment campaigns to highlight and analyse inequality and barriers.	Continuous improvement	Jan–Mar 2023	EDI data from recruitment campaigns for employees, workers, and members provides evidence that we attracted a diverse range of candidates. We can see from Hireful data that, over the 12-month period, 1,664 applicants applied for positions at the GOC. Analysis demonstrated that 62% of applicants were female compared to 27% male and 1% other. With regards to ethnicity 77% of applicants were from non-white backgrounds, however 7% of applicants preferred not to say. There are some areas where more targeted recruitment and marketing may help, namely related to older people, disabled people, and members of the LGBTQ+ community. Reliable data for these groups may be difficult to confirm as many candidates may withhold the data for fear of unfair discrimination.
Review roles requirements to ensure the role descriptions are not limiting.	Continuous improvement	Jan–Mar 2023	Job descriptions for roles are regularly reviewed by the EDI Manager to ensure inclusive language is used throughout and that any bias is removed; this is now standard procedure in HR. Recent roles reviewed include Optometric Advisor in case progression, Head of People and Culture for HR, Head of Hearings for Operations, and Standards Manager for the Strategic Team.

Values Setting

Programme of work	Strategic Objective	End	Progress
Clarify the link between EDI and GOC values and	Continuous improvement	Jan–Mar 2022	Previous work has included ensuring appraisal documents reference the GOC values and behaviours. This is now being

embed those values into ways of working.			taken forward through the Change programme, work to update GOC values for 2025-30, and development of the People Plan.
Redraft all HR policies and processes.	Continuous improvement	Jan–Mar 2023	The family friendly suite of policies have been redrafted and approved. There are further updates, including to the EDI policy that will be updated in 2023-24.
Redesign processes to practise values.	Continuous improvement	Jan–Mar 2023	This action links in with the above action around the People Plan and, as such, a redesign of processes is already underway with the launch of reward and recognition policy and a new appraisal process planned for 2024.
Build EQIAs into each process.	Continuous improvement	Jan–Mar 2022	Equality Impact Assessments are used when developing and/or renewing policy or processes. Staff are able to access advice and peer support across the organisation in preparing these. Work to redevelop our Equality Impact Assessments is underway with a view to strengthen our approach and ensure it is aligned to best practice.

Community Engagement and Support

Programme of work	Strategic Objective	When	Progress
Review and promote a staff engagement plan where EDI dates are celebrated.	Continuous improvement	Jan–Mar 2022	EDI Calendar established and dates such as PRIDE, Black History month, Disability History Month are celebrated. SWEG, staff networks, and individual staff members are regularly engaged in leading and preparing these plans.

Review the staff network structures and support.	Continuous improvement	Jan–Mar 2022	Staff networks were reviewed in September 2022, with a framework for operating staff networks developed and presented to SMT in October 2022. The guidance document provided clarity, coherence and consistency of approach in the operation of all network groups. Small budgets exist to support operation and engagement.
Set up new, and develop existing, structures to promote and reward cross-department / cross-team working.	Continuous improvement	Jan–Mar 2023	The Change programme has driven this cross-departmental working, bringing together multiple perspectives and experiences to develop our work in this area. Leadership Team and SMT colleagues have provided a wealth of anecdotal evidence as to the depth of cross-department / cross-team working that has occurred in the past 12 months, demonstrating that at the GOC informal structures have been put in place that promote and reward cross-department / cross-team working.
Develop and implement a People Plan.	Continuous improvement	Jan–Mar 2023	Whilst development of the People Plan is well underway, this project was not completed by March 2023. The People Plan is being supported by the Change programme and deadlines have been realigned to support preparation of the 2025-30 corporate strategy.
Develop and implement a revised communications strategy to engage staff.	Continuous improvement	Jan–Mar 2022	A 12-month EDI Communications plan was put in place from January 2023 for the year. The EDI Manager supports at least five big ticket items across the year to include: Women’s History Month, Wellbeing Week, Ramadan and Eid, PRIDE and Black History Month, while continuing to support staff networks to raise awareness, such as the Chinese New Year event on 19 th January, hosted by Embrace.

Leadership and accountability

Programme of work	Strategic Objective	End	Progress
Develop guidance on 'speaking up' for staff and registrants	World-class regulatory practice	Jan–Mar 2021	This was completed and implemented in Nov 2021. The number of staff referrals received under this policy are reported as part of the exception reporting to Audit, Risk and Finance Committee (ARC) on a quarterly basis.
Publish and implement guidance on 'speaking up' for registrants	World-class regulatory practice	Jan–Mar 2022	This was completed and reported in optometrist media.
Monitor the revised communications strategy to achieve greater transparency.	Transforming customer service	Apr–Jun 2023	In collaboration with the Internal Communications team, an EDI communications plan was trialled between September and December 2022, where a total of 12 EDI awareness articles were published on IRIS between September and December, accounting for 435 views by staff. This strategy was reviewed and a 12-month EDI communications plan was put in place from January 2023 for the year.

Annex 2. EDI Data Monitoring Report 2022/23

Our EDI monitoring data

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

The information in this report is based on our in-house datasets on 31 March 2023. (The exception to this is student data, which is based on the academic year 2021-2022, and provided to us by education providers.)

Data

While we aim to gather evidence about protected characteristics, there is a variation in response rates.

We are unable to report data involving small cohorts where individuals may be identifiable. Similarly, we may round up or group figures to ensure that individuals cannot be identified within the report. Due to rounding, percentages may not always add up to 100 percent.

Categories

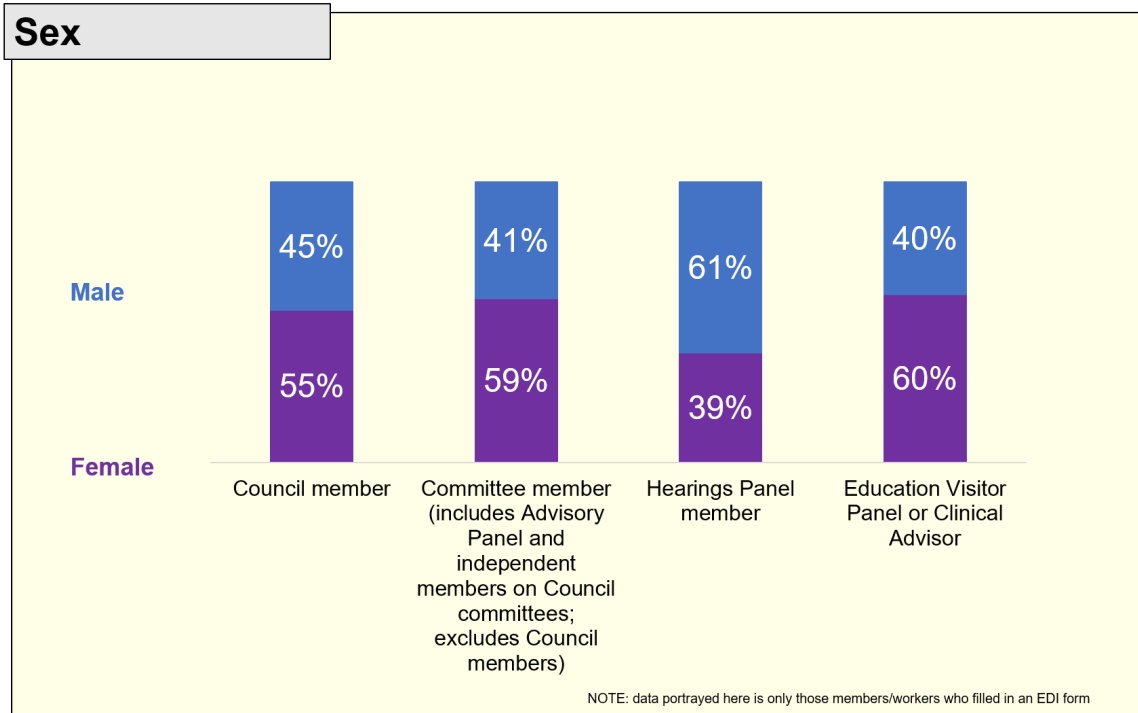
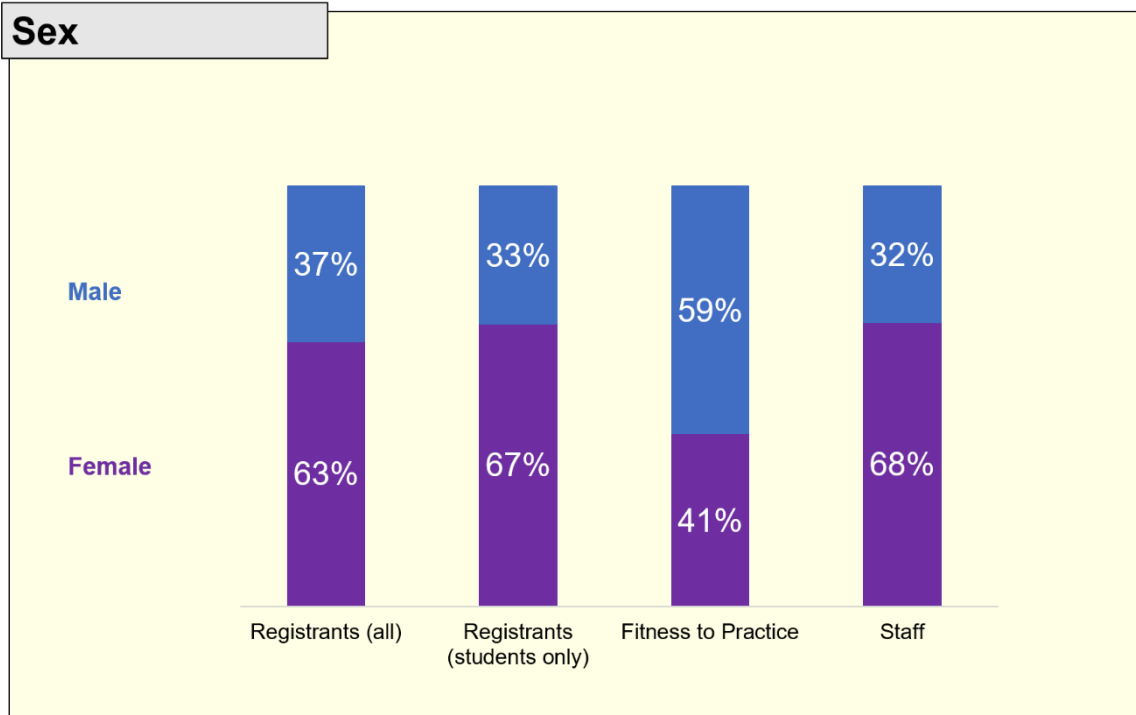
Where possible, we provide a breakdown of White, Asian, Black, Mixed, and Other ethnic groups. White EWSNI/Irish means "White English, Welsh, Scottish, Northern Irish, or Irish".

The religion category "Christian" includes Anglican, Catholic and all other Christian denominations.

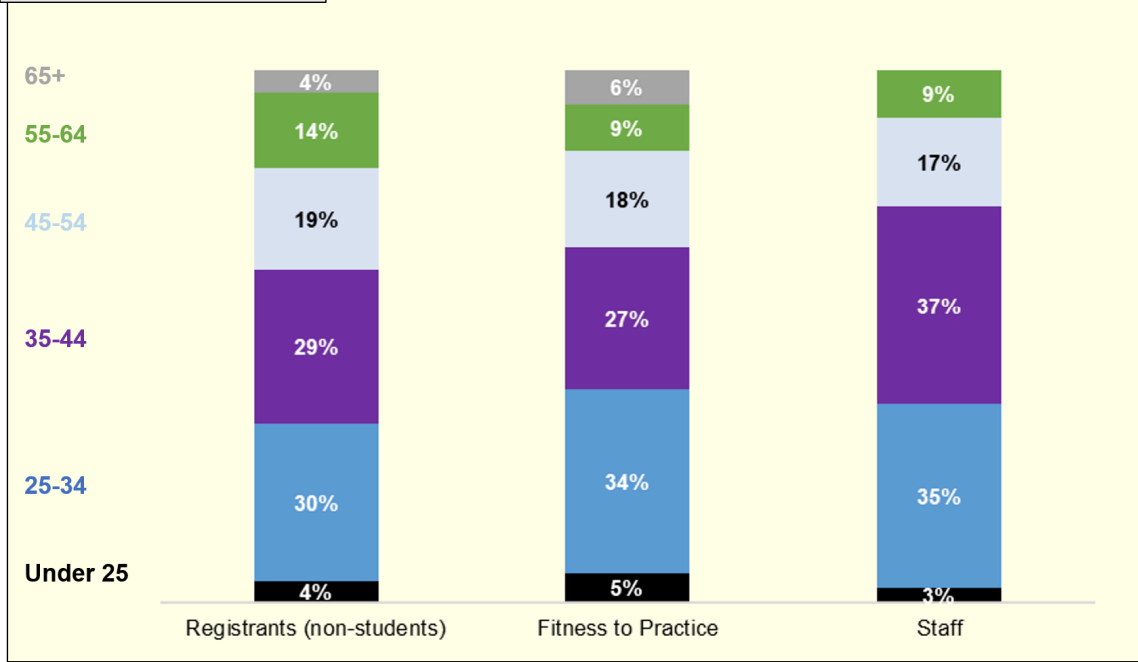
Timeframe

Where possible we have provided three annual instances of data: 31 March 2021, 31 March 2022, and 31 March 2023, to help us identify any trends.

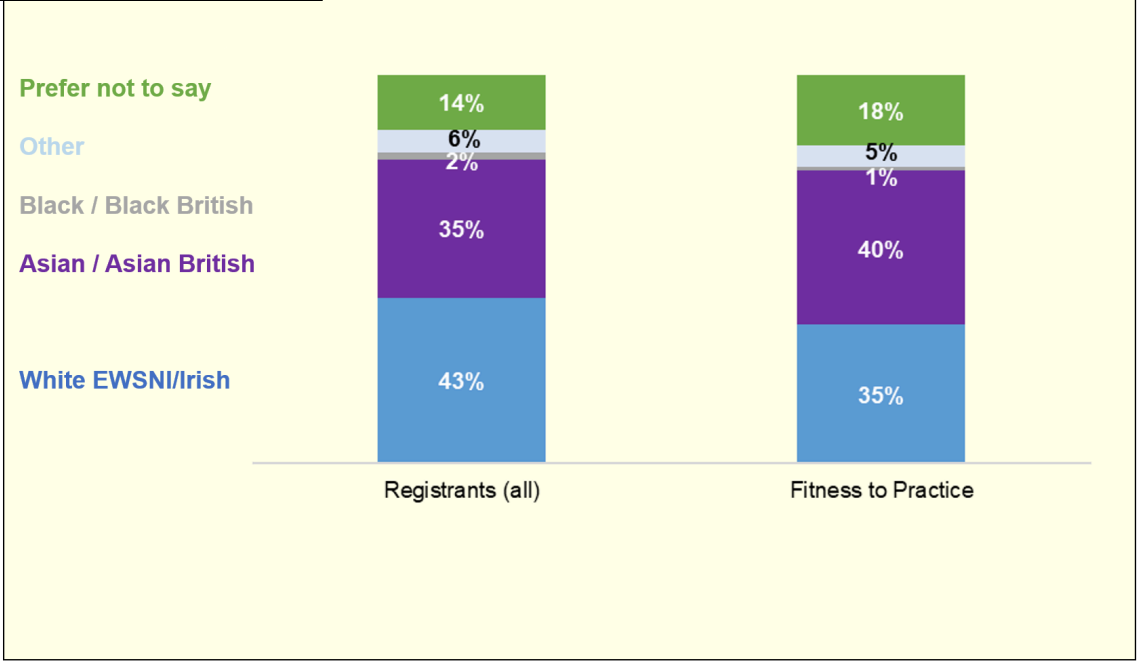
2023 EDI Data Snapshots



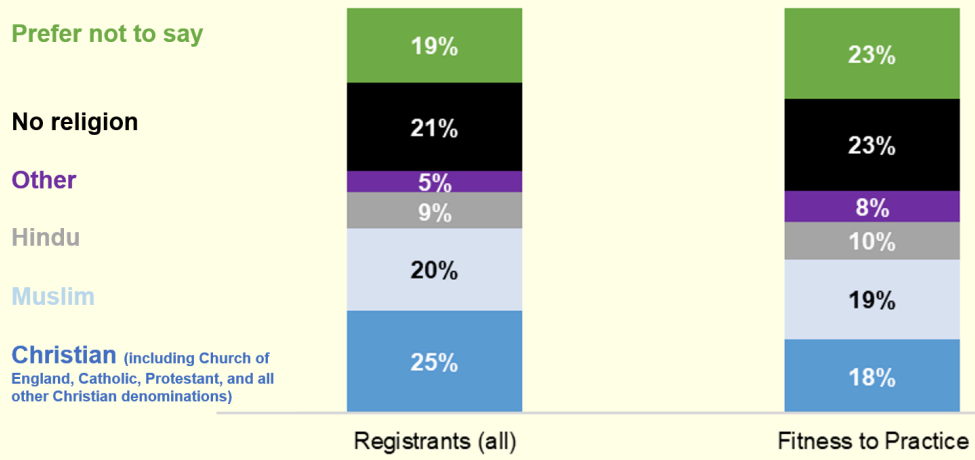
Age



Ethnicity



Religion



Registrants

Appendix: Tables 1-22

As of 31 March 2023, we had 30,484 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our registers.

Numbers

The largest annual change occurred with student optometrists (like the past year): this group has increased by 6.3% compared to the past year. The total number of registrants has increased by 1.4% compared to the past year.

Sex

63.6% of all registrants are female (63.1% in 2022). Like 2022, the most marked imbalance is found in student optometrists and student dispensing opticians where females account for 67.3% and 68.2% respectively. All four specialty categories are roughly 60% female and 40% male.

Age

Excluding students, the age groups with the highest percentage of registrants are 25-34 and 35-44 (29.6% and 29.2% respectively); regarding this, there has been no significant change over the three-year period. Like the past year, the specialty age profile shows a comparatively higher proportion of registrants aged 35-44 (32.9%, compared to 29.2% of all registrants excluding students).

Ethnicity

42.7% of all registrants (43.3% in 2022) are White EWSNI/Irish; this has been decreasing over the three-year period. 35.4% of all registrants (33.9% in 2022) are Asian / Asian British; this has been increasing over the three-year period. The proportion of registrants who are Black, Asian, Mixed, or from

another ethnic group is significantly higher than the UK population (13%)¹.

Excluding registrants who prefer not to say, 49.7% are white EWSNI/Irish, and 41.2% are Asian / Asian British. There is a proportionately higher rate of white EWSNI/Irish specialty registrants (61.9%, compared to 42.7% of all white EWSNI/Irish registrants).

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

Religion

The religion declared most frequently by all registrants was Christian (25.3%) followed by Muslim (20.0%); in 2022, this was 26.4% and 18.4% respectively.

Excluding those who prefer not to say, 31.1% of registrants are Christian, and 24.5% are Muslim.

The percentage of Muslim registrants is significantly higher than the UK Muslim population (5.2%)².

Disability

1.1% of registrants declared that they are disabled. Since 2020, there has been no significant change in the percentage of all registrants who have declared a disability.

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

² [Muslim Population in the UK](#), ONS, 2018

In 2020, 10% of working age adults in the UK who are economically active, considered themselves to have a disability³.

Sexual Orientation

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

Pregnancy and Maternity/Paternity Leave

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

Nation

81.4% of registrants live in England. 2.0% of registrants live outside of the UK.

³ Disabled People in Employment, House of Commons Briefing Paper No 7450

Fitness to Practise

Appendix: Tables 23-36

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

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

Further information regarding FtP outcomes can be found in our [Annual Report](#).

The data presented in the Appendix shows activity at each of the different stages of our fitness to practise process. They do not track a single cohort of complaints through the system because cases do not necessarily reach outcomes in the same year.

Complainants

Excluding the unknowns, 60.5% of complaints come from females (56.1% in 2022). Compared to the past year, the number of complaints received is very similar. There has been an increase of 40.3% in the number of complaints compared with 2021.

Location

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

Registrants subject to an FtP Investigation

Compared with 2021, there have been 60.0% more FTP investigations this year; compared with 2022, there have been 2.8% fewer FTP investigations this year. Over the past three years, there has been no significant difference in the percentage of registrants by profession subjected to an FtP investigation.

Sex

64.5% of registrants under FTP investigation are male (59.0% in 2022).

Ethnicity

42.7% of registrants on the register are white EWSNI/Irish, and 35.5% of registrants under FTP investigation are white EWSNI/Irish. Comparatively 35.4% of registrants on the register are Asian / Asian British, and 39.8% of registrants under FTP investigation are Asian / Asian British. Asian / Asian British registrants make up a disproportionate number of FTP investigations. This trend has remained unchanged over the past three years.

Excluding those who prefer not to say, 43.4% of registrants under FTP investigation are White EWSNI/Irish, and 48.7% are Asian / Asian British.

Age

The age group with the highest percentage of registrants under FtP investigation is 25-34 (34.4%), followed by 35-44 (26.9%).

Most registrants under FTP investigation are 25- to 34-year-old Asian / Asian British males.

Religion

25.3% of registrants on the register are Christian, and 18.3% of registrants under

FTP investigation are Christian. 20.0% of registrants on the register are Muslim, and 19.4% of registrants under FTP investigation are Muslim. 9.1% of registrants on the register are Hindu, and 9.7% of registrants under FTP investigation are Hindu.

Excluding those who prefer not to say, 23.6% of registrants under FTP investigation are Christian, and 25.0% are Muslim.

Fitness to Practise – Types of Allegations

Appendix: Tables 37-42

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

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

Allegation Types

The most frequent allegations concern clinical practice (53.8%), followed by conduct (33.3%).

Sex

Like the past two years, male clinical cases make up the largest allegation category by sex (33.3%). For both the sexes, cases are mostly clinical and conduct-related; this has remained unchanged over the past three years.

Age

Clinical cases of 25-34 year-olds, clinical cases of 35-44 year-olds, and conduct cases of 25-24 year-olds make up the largest age group categories (16.1% each).

Ethnicity

Asian / Asian British clinical cases represent the largest allegation category by ethnicity (22.6%), followed by White EWSNI/Irish clinical cases (17.2%).

Religion

"No religion" and "Prefer not to say" clinical cases represent the largest allegation category by religion (12.9%).

Fitness to Practise – Case Examiner Outcomes

Appendix: Tables 43-48

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

Sex

71.0% of registrants referred to the FtPC were male (85.7% in 2022).

Age

Like 2022, the age of registrant cases considered by case examiners is consistent with the register.

Ethnicity

Of the cases referred to the FtPC, 33.9% were White EWSNI/Irish (35.7% in 2022),

and 43.6% were Asian / Asian British registrants (35.7% in 2022).

Most registrants referred to the FtPC were 35- to 44-year-old Asian / Asian British males.

Religion

The religion category shows a more even spread for cases.

Employees

Appendix: Tables 49-52

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

All employees are asked to complete an EDI monitoring form on appointment. The information requested covers sex, age, ethnicity, religion, disability, and pregnancy and maternity/paternity, and is managed by our Human Resources team. Case examiner data is not included in this data set.

Sex

62.8% of staff are female (67.5% in 2022).

Age

The age demographic of GOC employees matches the UK Labour Force Survey, in that the age groups with the highest proportion of people in employment are aged 25-34 and 35-44. There has been no significant change in the past three years.

Ethnicity

This has remained almost unchanged compared to the past year. Approximately 87% of people in the UK are White British; 44.9% of employees are White.

Pregnancy and Maternity/Paternity Leave

As of 31 March 2023, fewer than ten employees were on maternity/paternity leave.

Disability

As of 31 March 2023, fewer than ten employees were disabled.

Religion

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

Members and Workers

Appendix: Tables 53-57

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

There are limitations to the data below, in that only information about those who filled in our EDI form is shown. 50 out of 161 members/workers chose not to fill in the EDI form, so we only have data for 68.9% of our members/workers.

Sex

Of the members and workers who filled in our EDI form, 50.5% are female. 49.5% selected male. No-one selected prefer not to say.

Age

Of the members and workers who filled in our EDI form, the most populous age group is 55-64 (36.9%), followed by 45-54 (28.8%); 7.2% preferred not to say.

Ethnicity

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

Disability

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

Sexual orientation

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

Religion

Of the members and workers who filled in our EDI form, the largest ethnicity group is Christian, which is 45.9%.

Students

Appendix: Tables 58-65

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

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

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

Sex

In the Academic Year (AY) 2021/22, 64.4% (64.9% in 2020/21) of students were female, slightly higher than the percentage of female registrants. Of all four individual courses, the range of female students is 58.6% to 66.7% (58.7% to 65.8% in 2020/21).

Age

In the AY 2021/22, the age group with the highest proportion of students is aged 20 and under (48.1%; 45.6% in 2020/21) and aged 21-24 (25.0%; 24.8% in 2020/21). The age profile of students enrolled in Independent Prescribing and Contact Lens courses is significantly older than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been no significant annual change.

Ethnicity

In the AY 2021/22, White students make up 32.5% of all students (34.0% in 2020/21) – compared with the register, which is 45.8%. The number of White registrants has decreased over past years, and data shows that this will most likely continue. Asian students make up 54.5% of all students (55.0% in 2020/21) –

compared with the Asian / Asian British registrants on the register, which is 35.4%.

As of 31 March 2023, 52.1% of student optometrists are Asian / Asian British, and 11.9% of student optometrists are White EWSNI/Irish. Excluding student who prefer not to say, 70.2% of student optometrists are Asian / Asian British, and 16.0% of student optometrists are White EWSNI/Irish.

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

As of 31 March 2023, 18.2% of student dispensing opticians are Asian / Asian British, and 43.0% of student optometrists are White EWSNI/Irish. Excluding student who prefer not to say, 26.4% of student optometrists are Asian / Asian British, and 62.4% of student optometrists are White EWSNI/Irish.

In the AY 2021/22, most students are Asian / Asian British females aged 20 and under.

Disability

In the AY 2021/22, 7.6% (5.3% in 2020/21) of students across all courses have declared that they are disabled.

Religion

As of 31 March 2023, 41.1% of student optometrists are Muslim, and 11.0% of student optometrists are Christian.

Excluding student who prefer not to say, 56.8% of student optometrists are Muslim, and 15.2% of student optometrists are Christian.

The number of Muslim optometrists has rapidly increased over past years, and student data shows that this will most likely continue.

As of 31 March 2023, 32.9% of student dispensing opticians declared no religion. Excluding student who prefer not to say, 51.1% of student optometrists declared no religion.

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	2021		2022		2023		2022 to 2023 % change	2021 to 2023 % change
Optometrists	16,663	56.8%	17,082	56.8%	17,428	57.2%	2.0%	4.6%
Dispensing opticians	7,108	24.2%	7,074	23.5%	6,904	22.7%	-2.4%	-2.9%
Student optometrists	4,258	14.5%	4,614	15.4%	4,906	16.1%	6.3%	15.2%
Student dispensing opticians	1,330	4.5%	1,290	4.3%	1,246	4.1%	-3.5%	-6.7%
All registrants (excluding body corporate)	29,359	100.0%	30,060	100.0%	30,484	100.0%	1.4%	3.8%

Table 2: Registrants – Sex – 31 March 2023

	Male			Female			Total	
	Total registrants	% of register	% of register	Total registrants	% of register	% of register	% of registrant type	
Optometrists	6,712	22.0%	38.5%	10,716	35.2%	61.5%	17,428	57.2%
Dispensing opticians	2,386	7.8%	34.6%	4,518	14.8%	65.4%	6,904	22.7%
Student optometrists	1,606	5.3%	32.7%	3,300	10.8%	67.3%	4,906	16.1%
Student dispensing opticians	396	1.3%	31.8%	850	2.8%	68.2%	1,246	4.1%
All registrants	11,100		36.4%	19,384		63.6%	30,484	100.0%

Table 3: Registrants (excluding students) – Sex – 2021 to 2023

		2021		2022		2023		2022 to 2023 % change	2021 to 2023 % change
		Total registrants	% of register	Total registrants	% of register	Total registrants	% of register		
Male	Optometrists	6,605	27.8%	6,680	27.7%	6,712	22.0%	0.5%	1.6%
	Dispensing opticians	2,540	10.7%	2,482	10.3%	2,386	7.8%	-3.9%	-6.1%
Female	Optometrists	10,058	42.3%	10,402	43.1%	10,716	35.2%	3.0%	6.5%
	Dispensing opticians	4,568	19.2%	4,592	19.0%	4,518	14.8%	-1.6%	-1.1%
Total		23,771	100.0%	24,156	100.0%	24,332	100.0%	0.7%	2.4%

Table 4: Registrants – Specialty – Sex – 31 March 2023

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		All specialties	
	Total registrants	% of register	Total registrants	% of register	Total registrants	% of register	Total registrants	% of register	Total registrants	% of register
Female	700	60.2%	891	60.5%	896	60.5%	893	60.7%	3,380	61.3%
Male	463	39.8%	556	39.5%	561	39.5%	554	39.3%	2,134	38.7%
Total	1,163	100.0%	1,447	100.0%	1,457	100.0%	1,447	100.0%	5,514	100.0%

Table 5: Registrants (excluding students) – Age – 31 March 2023

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

Table 6: Registrants (excluding students) – Age – 31 March 2022

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

Table 7: Registrants (excluding students) – Age – 31 March 2021

	Optometrist		Dispensing optician		All non-students	
Under 25	838	5.0%	102	1.4%	940	4.0%
25-34	5,346	32.1%	1,626	22.9%	6,972	29.3%
35-44	4,838	28.0%	2,064	29.0%	6,902	29.0%
45-54	2,857	17.2%	1,653	23.3%	4,510	19.0%
55-64	2,063	12.4%	1,353	19.0%	3,416	14.4%
65+	721	4.3%	310	4.4%	1,031	4.3%
Total	16,663	100.0%	7,108	100.0%	23,771	100.0%

Table 8: Registrants – Specialty – Age – 31 March 2023

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	0	106	269	298	372	118	1,163
	0.0%	9.1%	23.1%	25.6%	32.0%	10.2%	100.0%
Independent Prescribing Specialty	0	401	517	316	185	28	1,447
	0.0%	25.7%	35.7%	21.8%	12.8%	1.9%	100.0%
Additional Supply Specialty	0	399	513	321	192	32	1,457
	0.0%	27.4%	35.2%	22.0%	13.2%	2.2%	100.0%
Supplementary Prescribing Specialty	0	400	514	318	186	29	1,234
	0.0%	27.6%	35.5%	22.0%	12.9%	2.0%	100.0%
Total	0	1,306	1,813	1,253	935	207	5,514
	0.0%	23.7%	32.9%	22.7%	17.0%	3.8%	100.0%

Table 9: Registrants – Ethnicity – 31 March 2023

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

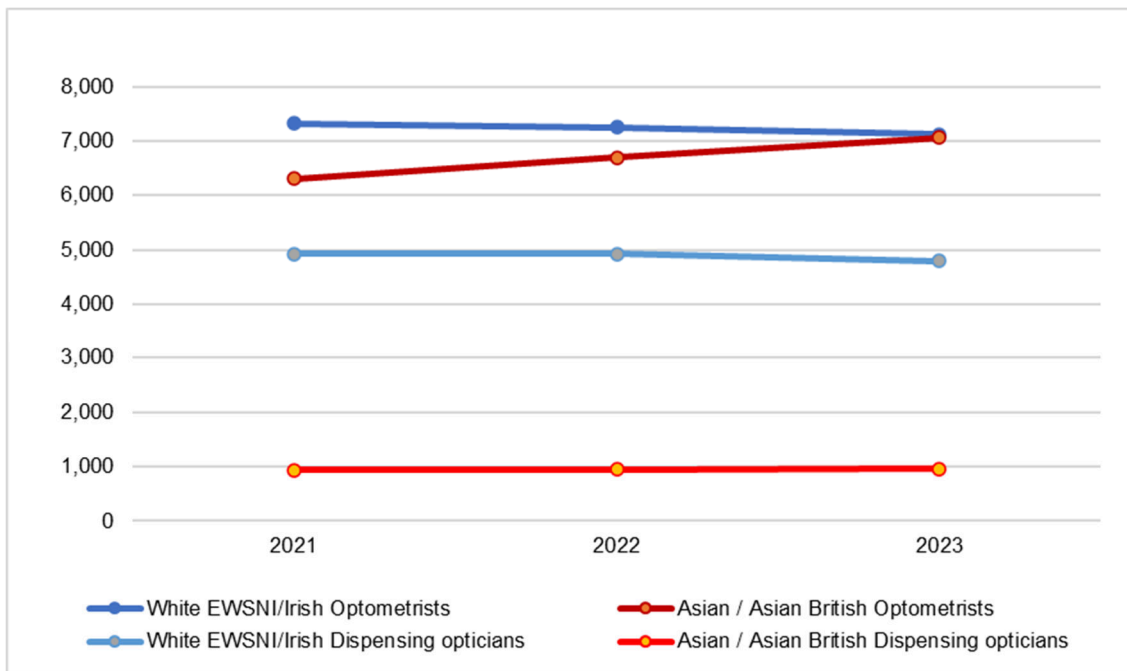
Table 10: Registrants – Ethnicity – 31 March 2022

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

Table 11: Registrants – Ethnicity – 31 March 2021

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,317	43.9%	4,929	69.3%	584	13.7%	661	49.7%	13,491	46.0%
Asian / Asian British	6,307	37.9%	938	13.2%	2,084	48.9%	283	21.3%	9,612	32.7%
Black / Black British	219	1.3%	71	1.0%	126	2.7%	31	2.3%	447	1.5%
Mixed/Multiple	154	0.9%	65	0.9%	60	1.4%	11	0.8%	290	1.0%
Other	765	4.6%	317	4.5%	231	5.4%	66	5.0%	1,379	4.7%
Prefer not to say	1,901	11.4%	788	11.1%	1,173	27.6%	278	20.9%	4,140	14.1%
Total	16,663	100.0%	7,108	100.0%	4,258	100.0%	1,330	100.0%	29,359	100.0%

Graph 1: Registrants (excluding students) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2021 to 2023



Graph 2: Registrants (only students) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2021 to 2023

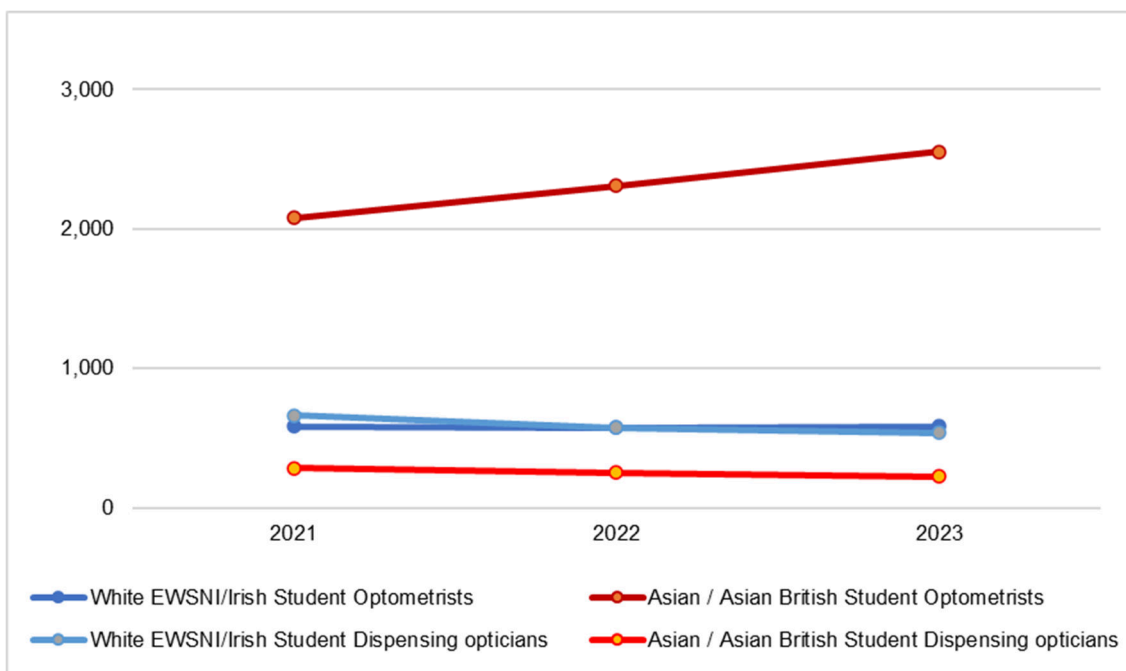


Table 12: Registrants – Specialty – Ethnicity – 31 March 2023

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

Table 13: Registrants – Specialty – Ethnicity – 31 March 2022

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

Table 14: Registrants – Specialty – Ethnicity – 31 March 2021

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	863	69.8%	10	0.8%	167	13.5%	3	0.2%	41	3.3%	153	12.4%	1,237	100.0%
Independent Prescribing Specialty	665	63.4%	9	0.9%	225	21.5%	11	1.1%	43	4.1%	96	9.2%	1,049	100.0%
Additional Supply Specialty	670	63.1%	9	0.9%	228	21.5%	11	1.0%	44	4.1%	100	9.4%	1,062	100.0%
Supplementary Prescribing Specialty	665	63.2%	9	0.9%	225	21.4%	11	1.1%	44	4.2%	98	9.3%	1,052	100.0%
Total	2,863	65.1%	37	0.8%	845	19.2%	36	0.8%	172	3.9%	447	10.2%	4,400	100.0%

Table 15: Registrants – Disability – 2021 to 2023

	2021		2022		2023	
Has a disability	250	0.9%	291	1.0%	319	1.1%
Does not have a disability	25,277	86.1%	25,750	85.7%	26,120	85.7%
Prefer not to say	3,832	13.1%	4,019	13.4%	4,045	13.3%
Total	29,359	100.0%	30,060	100.0%	30,484	100.0%

Table 16: Registrants – Sexual orientation – 2021 to 2023

	2021		2022		2023	
Heterosexual/Straight	23,778	81.1%	24,322	80.9%	24,772	81.3%
Gay/Lesbian	342	1.2%	356	1.2%	353	1.2%
Bisexual	184	0.6%	224	0.8%	242	0.8%
Other	67	0.2%	69	0.2%	73	0.2%
Prefer not to say	4,988	17.0%	5,089	16.9%	5,044	16.6%
Total	29,359	100.0%	30,060	100.0%	30,484	100.0%

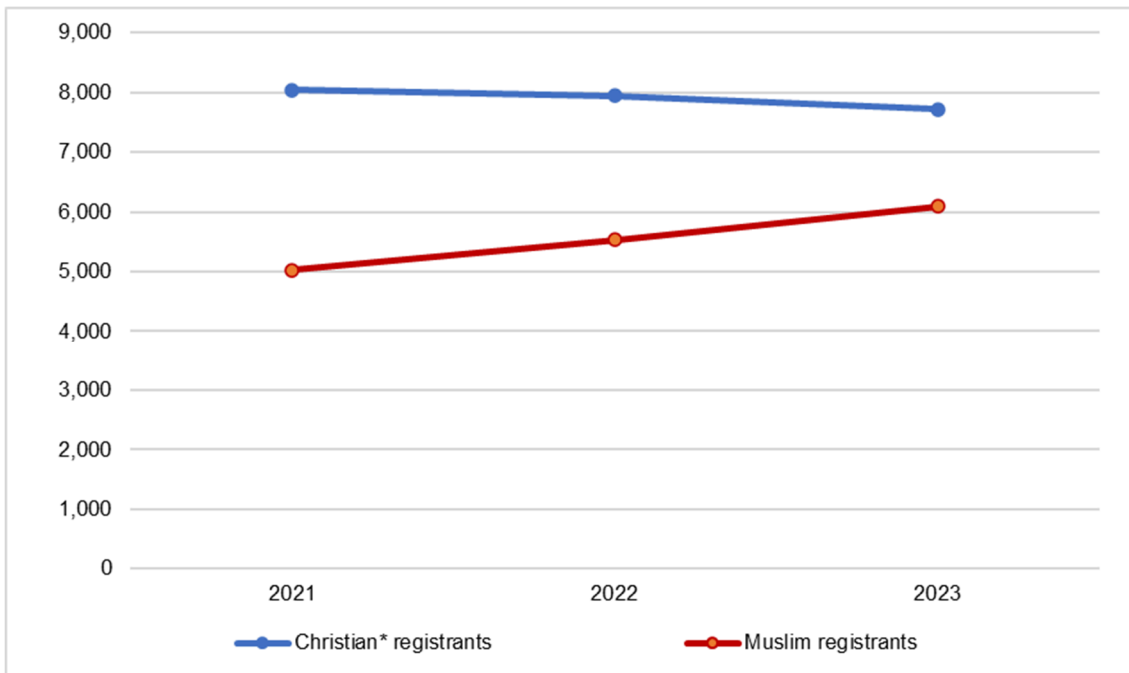
Table 17: Registrants – Pregnancy and maternity/paternity – 2021 to 2023

	2021		2022		2023	
Pregnant or on maternity/paternity leave	1,852	6.3%	1,863	6.2%	1,841	6.0%
Not pregnant or on maternity/paternity leave	21,343	72.7%	21,750	72.4%	22,111	72.5%
Prefer not to say	6,164	21.0%	6,447	21.5%	6,532	21.4%
Total	29,359	100.0%	30,060	100.0%	30,484	100.0%

Table 18: Registrants – Religion – 2021 to 2023

	2021		2022		2023	
Christian	8,044	27.4%	7,944	26.4%	7,723	25.3%
Muslim	5,027	17.1%	5,537	18.4%	6,089	20.0%
Hindu	2,696	9.2%	2,771	9.2%	2,787	9.1%
Sikh	1,199	4.1%	1,225	4.1%	1,272	4.2%
Jewish	281	1.0%	259	0.9%	250	0.8%
Buddhist	132	0.5%	138	0.5%	139	0.5%
Other	0	0.0%	0	0.0%	0	0.0%
No religion	6,404	21.8%	6,452	21.5%	6,545	21.5%
Prefer not to say	5,576	19.0%	5,734	19.1%	5,679	18.6%
Total	29,359	100.0%	30,060	100.0%	30,484	100.0%

Graph 3: Registrants – number of Christian compared to number of Muslim – 2021 to 2023



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

Table 19: Registrants – Religion – 31 March 2023

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		All	
Christian	4,722	27.1%	2,288	33.1%	540	11.0%	173	13.9%	7,723	25.3%
Muslim	3,493	20.0%	420	6.1%	2,017	41.1%	159	12.8%	6,089	20.0%
Hindu	2,109	12.1%	352	5.1%	289	5.9%	37	3.0%	2,787	9.1%
Sikh	950	5.5%	124	1.8%	179	3.6%	19	1.5%	1,272	4.2%
Other	278	1.6%	79	1.1%	28	0.6%	4	0.3%	389	1.3%
No religion	3,154	18.1%	2,481	35.9%	500	10.2%	410	32.9%	6,545	21.5%
Prefer not to say	2,722	15.6%	1,160	16.8%	1,353	27.6%	444	35.6%	5,679	18.6%
Total	17,428	100.0%	6,904	100.0%	4,906	100.0%	1,246	100.0%	30,484	100.0%

Table 20: Registrants – Nation – 31 March 2023*

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
England	13,878	79.6%	5,961	86.3%	3,940	80.3%	1,034	83.0%	24,813	81.4%
Scotland	1,694	9.7%	482	7.0%	402	8.2%	101	8.1%	2,679	8.8%
Wales	853	4.9%	319	4.6%	252	5.1%	50	4.0%	1,474	4.8%
Northern Ireland	680	3.9%	84	1.2%	118	2.4%	24	1.9%	906	3.0%
Other	323	1.9%	58	0.8%	194	4.0%	37	3.0%	612	2.0%
Total	17,428	100.0%	6,904	100.0%	4,906	100.0%	1,246	100.0%	30,484	100.0%

*based on postcode data supplied at registration – this may not reflect where individuals registrants work.

Table 21: Registrants – Sex and Ethnicity – 31 March 2023

	White EWSNI/Irish		Non white EWSNI/Irish		Prefer not to say		Total	
Male	4,538	40.9%	4,641	41.8%	1,921	17.3%	11,100	100.0%
Female	8,492	43.8%	8,531	44.0%	2,361	12.2%	19,384	100.0%
Total	13,030	42.7%	13,172	43.2%	4,282	14.0%	30,484	100.0%

Table 22: Registrants – Age and Ethnicity – 31 March 2023

	White EWSNI/Irish		Non white EWSNI/Irish		Prefer not to say		Total	
Under 25	835	15.7%	3,252	61.1%	1,236	23.2%	5,323	100.0%
25-34	2,967	35.1%	4,548	53.8%	946	11.2%	8,461	100.0%
35-44	3,407	45.5%	3,171	42.3%	911	12.2%	7,489	100.0%
45-54	2,782	58.9%	1,366	28.9%	578	12.2%	4,726	100.0%
55-64	2,368	68.1%	632	18.2%	476	13.7%	3,476	100.0%
65+	671	66.5%	203	20.1%	135	13.4%	1,009	100.0%
Total	13,030	42.7%	13,172	43.2%	4,282	14.0%	30,484	100.0%

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Table 23: Complainants – Sex – 2021 to 2023

	2021		2022		2023	
Male	124	38.8%	137	30.2%	116	25.8%
Female	160	50.0%	175	38.6%	178	39.6%
Not known	2	0.6%	141	31.1%	155	34.5%
N/A (e.g. referred by company)	34	10.6%	0	0.0%	0	0.0%
Total	320	100.0%	453	100.0%	449	100.0%

Table 24: Complainants – Location – 2021 to 2023

	2021		2022		2023	
England	184	57.5%	303	66.9%	369	82.2%
Scotland	16	5.0%	19	4.2%	31	6.9%
Wales	9	2.8%	11	2.4%	10	2.2%
Northern Ireland	5	1.6%	5	1.1%	1	0.2%
Not known / Other	106	33.1%	115	25.4%	38	8.5%
Total	320	100.0%	453	100.0%	449	100.0%

Table 25: Registrants under FTP investigation – Professional group – 2021 to 2023

	2021		2022		2023	
Optometrists	43	66.2%	74	69.2%	70	67.3%
Dispensing Opticians	8	12.3%	15	14.0%	13	12.5%
Student Optometrists	4	6.2%	4	3.7%	7	6.7%
Student Dispensing Opticians	4	6.2%	2	1.9%	3	2.9%
Subtotal	59	90.8%	95	88.80%	93	89.4%
Business Registrants	6	9.2%	12	11.2%	11	10.6%
Total FTP Investigations	65	100.0%	107	100.0%	104	100.0%

Table 26: Registrants under FTP investigation (excluding business registrants) – Professional group – 31 March 2023

	Total investigations	% of total FTP investigations against role	% of investigations against total registrant role	Total registrants	% of total registrants
Optometrists	70	75.3%	0.4%	17,428	57.2%
Dispensing Opticians	13	14.0%	0.2%	6,904	22.7%
Student Optometrists	7	7.5%	0.1%	4,906	16.1%
Student Dispensing Opticians	3	3.2%	0.2%	1,246	4.1%
All	93	100.0%	0.3%	30,484	100.0%

Table 27: Registrants under FTP investigation (excluding business registrants) – Specialty – 31 March 2023

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Contact lens specialty	23	24.7%	0.1%	1,163	3.8%
Independent prescribing specialty	59*	63.4%	0.2%	1,447	4.8%
Additional supply specialty	59*	63.4%	0.2%	1,447	4.8%
Supplementary prescribing specialty	59*	63.4%	0.2%	1,447	4.8%
Total	200			5,504	18.1%

*These figures may be double-counted due to registrants being active in all three prescribing categories.

Table 28: Registrants under FTP investigation (excluding business registrants) – Sex – 31 March 2023

	Total	Male		Female	
		Under investigation	Register	Under investigation	Register
Optometrists	70	46	49.5%	24	25.8%
Dispensing Opticians	13	9	9.7%	4	4.3%
Student Optometrists	7	4	4.3%	3	3.2%
Student Dispensing Opticians	3	1	1.1%	2	2.2%
All	93	60	64.5%	33	35.5%

Table 29: Registrants under FTP investigation (excluding business registrants) – Age – 31 March 2023

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Optometrists	0	0.0%	24	25.8%	20	21.5%	16	17.2%	5	5.4%	5	5.4%	70	75.3%
Dispensing Opticians	1	1.1%	3	3.2%	5	5.4%	0	0.0%	3	3.2%	1	1.1%	13	14.0%
Student Optometrists	4	4.3%	3	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	7.5%
Student Dispensing Opticians	0	0.0%	2	2.2%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	3	3.2%
All (minus body corporate)	5	5.4%	32	34.4%	25	26.9%	17	18.3%	8	8.6%	6	6.5%	93	100.0%

Table 30: Registrants under FTP investigation (excluding business registrants) – Ethnicity – 31 March 2023

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Optometrists	22	66.7%	28	75.7%	1	100.0%	1	100.0%	4	100.0%	14	82.4%	70	75.3%
Dispensing Opticians	7	21.2%	3	8.1%	0	0.0%	0	0.0%	0	0.0%	3	17.7%	13	14.0%
Student Optometrists	1	3.0%	6	16.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	7.5%
Student Dispensing Opticians	3	9.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	3.2%
All (minus body corporate)	33	100.0%	37	100.0%	1	100.0%	1	100.0%	4	100.0%	17	100.0%	93	100.0%

Table 31: Registrants under FTP investigation (excluding business registrants) – Ethnicity – 2021 to 2023

		Registrants under FTP investigation	Register
White EWSNI/Irish	2021	48%	46%
	2022	36%	44%
	2023	36%	43%
Asian / Asian British	2021	36%	33%
	2022	46%	34%
	2023	40%	35%
Black / Black British	2021	2%	2%
	2022	2%	2%
	2023	2%	2%
Mixed/Multiple	2021	0%	<1%
	2022	0%	1%
	2023	0%	<1%
Other	2021	2%	5%
	2022	6%	5%
	2023	6%	5%
Prefer not to say	2021	14%	14%
	2022	9%	14%
	2023	9%	14%
Total	2021	100%	100%
	2022	100%	100%
	2023	100%	100%

Graph 4: Registrants under FTP investigation (excluding business registrants) compared to the total register – % of White EWSNI/Irish vs. % of Asian / Asian British – 2021 to 2023

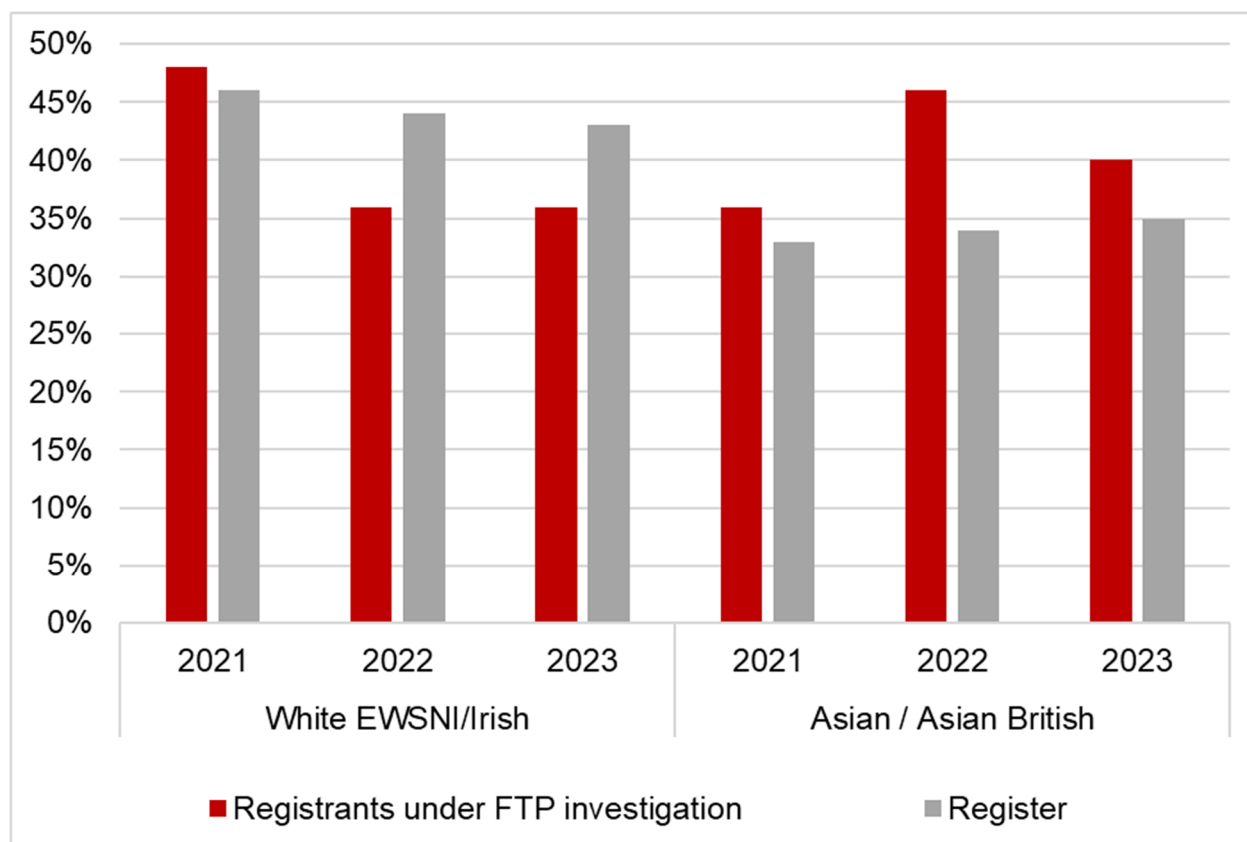


Table 32: Registrants under FTP investigation (excluding business registrants) – Pregnancy and maternity/paternity – 31 March 2023

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Pregnant or on maternity/paternity leave	2	2.9%	0	0.0%	0	0.0%	0	0.0%	2	2.2%
Not pregnant or on maternity/paternity leave	47	67.1%	10	76.9%	6	85.7%	2	66.7%	65	69.9%
Prefer not to say	21	30.0%	3	23.1%	1	14.3%	1	33.3%	26	28.0%
Total	70	100.0%	13	100.0%	7	100.0%	3	100.0%	93	100.0%

Table 33: Registrants under FTP investigation (excluding business registrants) – Religion – 31 March 2023

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Optometrists	12	70.6%	12	66.7%	9	100.0%	5	71.4%	15	71.4%	17	81.0%	70	75.3%
Dispensing Opticians	3	17.7%	0	0.0%	0	0.0%	2	28.6%	4	19.1%	4	19.1%	13	14.0%
Student Optometrists	1	5.9%	6	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	7.5%
Student Dispensing Opticians	1	5.9%	0	0.0%	0	0.0%	0	0.0%	2	9.5%	0	0.0%	3	3.2%
All (minus body corporate)	17	100.0%	18	100.0%	9	100.0%	7	100.0%	21	100.0%	21	100.0%	93	100.0%

Table 34: Registrants under FTP investigation (excluding business registrants) – Religion – 2021 to 2023

	2021		2022		2023	
	Registrants under FTP investigation	Register	Registrants under FTP investigation	Register	Registrants under FTP investigation	Register
Christian	23.7%	27.4%	19.0%	26.4%	18.3%	25.3%
Muslim	18.6%	17.1%	16.8%	18.4%	19.4%	20.0%
Hindu	11.9%	9.2%	16.8%	9.2%	9.7%	9.1%
Other	6.8%	5.5%	12.6%	5.4%	7.5%	5.5%
No religion	28.8%	21.8%	21.1%	21.5%	24.7%	21.5%
Prefer not to say	10.2%	19.0%	13.7%	19.1%	24.7%	18.6%

Table 35: Registrants under FTP investigation (excluding business registrants) – Sex and Ethnicity – 2021 to 2023

	White EWSNI/Irish		Non white EWSNI/Irish		Prefer not to say		Total	
	Count	%	Count	%	Count	%	Count	%
Male	20	33.3%	24	40.0%	16	26.7%	60	100.0%
Female	13	39.4%	19	57.6%	1	3.0%	33	100.0%
Total	33	35.5%	43	46.2%	17	18.3%	93	100.0%

Table 36: Registrants under FTP investigation (excluding business registrants) – Age and Ethnicity – 2021 to 2023

	White EWSNI/Irish		Non white EWSNI/Irish		Prefer not to say		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Under 25	1	20.0%	4	80.0%	0	0.0%	5	100.0%
25-34	11	34.4%	16	50.0%	5	15.6%	32	100.0%
35-44	6	24.0%	10	40.0%	9	36.0%	25	100.0%
45-54	8	47.1%	8	47.1%	1	5.9%	17	100.0%
55-64	2	25.0%	4	50.0%	2	25.0%	8	100.0%
65+	5	83.3%	1	16.7%	0	0.0%	6	100.0%
Total	33	35.5%	43	46.2%	17	18.3%	93	100.0%

Table 37: Registrants under FTP investigation (excluding business registrants) – Allegation type – Professional group – 31 March 2023

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Clinical	46	65.7%	4	30.8%	0	0.0%	0	0.0%	50	53.8%
Conduct	16	22.9%	7	53.9%	5	71.4%	3	100.0%	31	33.3%
Conviction/caution	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Health	5	7.1%	2	15.4%	2	28.6%	0	0.0%	9	9.7%
Mix	3	4.3%	0	0.0%	0	0.0%	0	0.0%	3	3.2%
All	70	100.0%	13	100.0%	7	100.0%	3	100.0%	93	100.0%

Table 38: Registrants under FTP investigation (excluding business registrants) – Allegation type – Sex – 2021 to 2023

	Female						Male					
	2021		2022		2023		2021		2022		2023	
Clinical	8	13.6%	17	17.9%	19	20.4%	18	30.5%	24	25.3%	31	33.3%
Conduct	1	1.7%	15	15.8%	8	8.6%	15	25.4%	15	15.8%	23	24.7%
Conviction/caution	2	3.4%	0	0.0%	0	0.0%	4	6.8%	5	5.3%	0	0.0%
Health	1	1.7%	4	4.2%	6	6.5%	2	3.4%	5	5.3%	3	3.2%
Mix	2	3.4%	3	3.2%	0	0.0%	6	10.2%	7	7.4%	3	3.2%
All	14	23.7%	39	41.1%	33	35.5%	45	76.3%	56	58.9%	60	58.9%

Table 39: Registrants under FTP investigation (excluding business registrants) – Allegation type – Age – 31 March 2023

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Clinical	1	1.1%	15	16.1%	15	16.1%	11	11.8%	5	5.4%	3	3.2%	50	53.8%
Conduct	4	4.3%	15	16.1%	4	4.3%	5	5.4%	2	2.2%	1	1.1%	31	33.3%
Conviction/caution	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Health	0	0.0%	2	2.2%	6	6.5%	1	1.1%	0	0.0%	0	0.0%	9	9.7%
Mix	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.1%	2	2.2%	3	3.2%
All	5	5.4%	32	34.4%	25	26.9%	17	18.3%	8	8.6%	6	6.5%	93	100.0%
All (minus students)	1	1.1%	27	29.0%	25	26.9%	16	17.2%	8	8.6%	6	6.5%	83	89.3%

Table 40: Registrants under FTP investigation (excluding business registrants) – Allegation type – Ethnicity – 31 March 2023

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
White EWSNI/Irish	16	32.0%	9	29.0%	0	0.0%	5	55.6%	3	100.0%	33	35.5%
Asian / Asian British	21	42.0%	12	38.7%	0	0.0%	4	44.4%	0	0.0%	37	39.8%
Black / Black British	0	0.0%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	1	1.1%
Mixed/Multiple	1	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.1%
Other	3	6.0%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	4	4.3%
Prefer not to say	9	18.0%	8	25.8%	0	0.0%	0	0.0%	0	0.0%	17	18.3%
Total	50	100.0%	31	100.0%	0	0.0%	9	100.0%	3	100.0%	93	100.0%

Table 41: Registrants under FTP investigation (excluding business registrants) – Allegation type – Religion – 31 March 2023

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
Christian	9	18.0%	5	16.1%	0	0.0%	2	22.2%	1	33.3%	17	18.3%
Muslim	7	14.0%	8	25.8%	0	0.0%	3	33.3%	0	0.0%	18	19.4%
Hindu	7	14.0%	2	6.5%	0	0.0%	0	0.0%	0	0.0%	9	9.7%
Other	3	6.0%	2	6.5%	0	0.0%	2	22.2%	0	0.0%	7	7.5%
No religion	12	24.0%	6	19.4%	0	0.0%	2	22.2%	1	33.3%	21	22.6%
Prefer not to say	12	24.0%	8	25.8%	0	0.0%	0	0.0%	1	33.3%	21	22.6%
Total	50	100.0%	31	100.0%	0	0.0%	9	100.0%	3	100.0%	93	100.0%

Table 42: Registrants under FTP investigation (excluding business registrants) – Allegation type – Nation – 31 March 2023

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
England	36	72.0%	31	100.0%	0	0.0%	6	66.7%	2	66.7%	75	80.7%
Scotland	14	28.0%	0	0.0%	0	0.0%	1	11.1%	1	33.3%	16	17.2%
Wales	0	0.0%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	1	1.1%
Northern Ireland	0	0.0%	0	0.0%	0	0.0%	1	11.1%	0	0.0%	1	1.1%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	50	100.0%	31	100.0%	0	0.0%	9	100.0%	3	100.0%	93	100.0%

Table 43: Case Examiner decisions – Sex – 31 March 2023

	Male		Female		Total	
No further action (incl. advice/warning issued)	28	25.7%	19	17.4%	47	43.1%
Referral to Fitness to Practise Committee (FTPC)	44	40.4%	18	16.5%	62	56.9%
Total	72	66.1%	37	33.9%	109	100.0%

Table 44: Case Examiner decisions – Sex – 2021 to 2023

	Male			Female		
	2021	2022	2023	2021	2022	2023
No further action (incl. advice/warning issued)	65.1%	46.7%	38.9%	71.1%	84.6%	51.4%
Referral to Fitness to Practise Committee (FTPC)	34.9%	53.3%	61.1%	29.0%	15.4%	48.7%
Total	63	45	72	38	26	37

Table 45: Case Examiner decisions – Age – 31 March 2023

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
Under 25	1	50.0%	1	50.0%	2	100.0%
25-34	12	40.0%	18	60.0%	30	100.0%
35-44	11	33.3%	22	66.7%	33	100.0%
45-54	10	52.6%	9	47.4%	19	100.0%
55-64	12	66.7%	6	33.3%	18	100.0%
65+	1	14.3%	6	85.7%	7	100.0%
All	47	43.1%	62	56.9%	109	100.0%

Table 46: Case Examiner decisions – Ethnicity – 31 March 2023

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
White EWSNI/Irish	19	40.4%	21	33.9%	40	36.7%
Asian / Asian British	21	44.7%	27	43.6%	48	44.0%
Black / Black British	0	0.0%	1	1.6%	1	0.9%
Mixed/Multiple	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	5	8.1%	5	4.6%
Prefer not to say	7	14.9%	8	12.9%	15	13.8%
All	47	100.0%	62	100.0%	109	100.0%

Table 47: Case Examiner decisions – Ethnicity – 2021 to 2023

		No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
White EWSNI/Irish	2021	25		10		35	
		71.4%		28.6%		100.0%	
	2022	19		10		29	
Asian / Asian British	2022	65.5%		34.5%		100.0%	
		19		21		40	
	2023	47.5%		52.5%		100.0%	
Black / Black British	2021	30		17		47	
		63.8%		36.2%		100.0%	
	2022	18		10		28	
Mixed/multiple	2022	64.3%		35.7%		100.0%	
		21		27		48	
	2023	43.8%		56.3%		100.0%	
Other	2021	2		1		3	
		66.7%		33.3%		100.0%	
	2022	3		2		5	
Prefer not to say	2022	60.0%		40.0%		100.0%	
		0		1		1	
	2023	0.0%		100.0%		100.0%	
White EWSNI/Irish	2021	2		0		2	
		100.0%		0.0%		100.0%	
	2022	1		0		1	
Asian / Asian British	2022	100.0%		0.0%		100.0%	
		0		0		0	
	2023	0.0%		0.0%		100.0%	
Black / Black British	2021	1		1		2	
		50.0%		50.0%		100.0%	
	2022	1		0		1	
Mixed/multiple	2022	100.0%		0.0%		100.0%	
		0		0		0	
	2023	0.0%		0.0%		100.0%	
Other	2021	0		5		5	
		0.0%		100.0%		100.0%	
	2022	0		5		5	
Prefer not to say	2022	0.0%		100.0%		100.0%	
		8		4		12	
	2023	0.0%		100.0%		100.0%	

		66.7%	33.3%	100.0%
	2022	1	6	7
		14.3%	85.7%	100.0%
	2023	7	8	15
		46.7%	53.3%	100.0%
Total	2021	68	33	101
		67.3%	32.7%	100.0%
	2022	43	28	71
		60.6%	39.4%	100.0%
	2023	47	62	109
		43.1%	56.9%	100.0%

Table 48: Case Examiner decisions – Religion – 31 March 2023

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
No further action (incl. advice/warning issued)	6	5.5%	7	6.4%	10	9.2%	3	2.8%	12	11.0%	9	8.3%	47	43.1%
Referral to Fitness to Practise Committee (FTPC)	8	7.3%	11	10.1%	8	7.3%	10	9.2%	16	14.7%	9	8.3%	62	56.9%
Total	14	12.8%	18	16.5%	18	16.5%	13	11.9%	28	25.7%	18	16.5%	109	100.0%

EMPLOYEE DATA

Table 49: GOC Employees – Sex – 2021 to 2023

	2021		2022		2023	
Female	51	67.1%	52	67.5%	49	62.8%
Male	25	32.9%	25	32.5%	29	37.2%
Total	76	100.0%	77	100.0%	78	100.0%

Table 50: GOC Employees – Age – 2021 to 2023

	2021		2022		2023	
Under 25	3	4.0%	3	3.9%	2	2.6%
25-34	27	35.5%	27	35.1%	27	34.6%
35-44	25	32.9%	26	33.8%	29	37.2%
45-54	14	18.4%	14	18.2%	13	16.7%
55-64	7	9.2%	7	9.1%	7	9.0%
65+	0	0.0%	0	0.0%	0	0.0%
Total	76	100.0%	77	100.0%	78	100.0%

Table 51: GOC Employees – Ethnicity – 2021 to 2023

	2021		2022		2023	
White British	35	46.1%	35	45.5%	35	44.9%
Asian / Asian British	12	15.8%	13	16.9%	15	19.2%
Black / Black British	15	19.7%	16	20.8%	16	20.5%
Mixed/multiple	2	2.6%	3	3.9%	2	2.6%
Other	11	14.5%	9	11.7%	9	11.5%
Prefer not to say	1	1.3%	1	1.3%	1	1.3%
Total	76	100.0%	77	100.0%	78	100.0%

Table 52: GOC Employees – Religion – 2021 to 2023

	2021		2022		2023	
Christian	9	11.8%	12	15.6%	15	19.2%
Muslim	3	4.0%	4	5.2%	6	7.7%
Hindu	2	2.6%	2	2.6%	3	3.9%
Other	1	1.3%	3	3.9%	2	2.6%
No religion	12	15.8%	12	15.6%	16	20.5%
Prefer not to say	49	64.5%	44	57.1%	36	46.2%
Total	76	100.0%	77	100.0%	78	100.0%

MEMBER AND WORKER DATA

Table 53: Members and Workers – Committee – 31 March 2023

	Lay	Registrant	Total
Council member	6	5	11
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	11	18	29
Hearing Panel	26	25	51
Education Visitor Panel or Clinical Advisor	6	14	20
Total responses received	51	60	111

Table 54: Members and Workers – Sex – 31 March 2023

	Male		Female		Total	
Council member	6	54.6%	5	45.5%	11	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	17	58.6%	12	41.4%	29	100.0%
Hearing Panel	20	39.2%	31	60.8%	51	100.0%
Education Visitor Panel or Clinical Advisor	12	60.0%	8	40.0%	20	100.0%
Total responses received	55	49.6%	56	50.5%	111	100.0%

Table 55: Members and Workers – Age – 31 March 2023

	Under 25		25-34		35-44		45-54		55-64		65+		Prefer not to say		Total	
Council member	0	0.0%	0	0.0%	0	0.0%	2	9.1%	5	45.5%	4	36.4%	0	0.0%	11	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	0	0.0%	1	3.4%	2	6.9%	10	34.5%	13	44.8%	1	3.4%	2	6.9%	29	100.0%
Hearing Panel	0	0.0%	1	2.0%	9	17.6%	12	23.5%	16	31.4%	7	13.7%	6	11.8%	51	100.0%
Education Visitor Panel or Clinical Advisor	0	0.0%	0	0.0%	4	20.0%	9	45.0%	7	35.0%	0	0.0%	0	0.0%	20	100.0%
Total responses received	0	0.0%	2	1.8%	15	13.5%	33	29.7%	41	36.9%	12	10.8%	8	7.2%	111	100.0%

Table 56: Members and Workers – Ethnicity – 31 March 2023

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Council member	10	90.9%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	0	0.0%	11	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	24	82.8%	5	17.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	29	100.0%
Hearing Panel	40	78.4%	6	11.8%	0	0.0%	1	2.0%	4	7.8%	0	0.0%	51	100.0%
Education Visitor Panel or Clinical Advisor	16	80.0%	1	5.0%	0	0.0%	0	0.0%	2	0.0%	1	5.0%	20	100.0%
Total responses received	90	81.1%	12	10.8%	0	0.0%	1	0.9%	7	6.3%	1	0.9%	111	100.0%

Table 57: Members and Workers – Religion – 31 March 2023

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
Council member	6	54.5%	0	0.0%	0	0.0%	1	9.1%	3	27.3%	1	9.1%	11	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	18	62.1%	2	6.9%	1	3.5%	0	0.0%	8	27.6%	0	0.0%	29	100.0%
Hearing Panel	22	43.1%	2	3.9%	2	3.9%	6	11.8%	16	31.4%	3	5.9%	51	100.0%
Education Visitor Panel or Clinical Advisor	6	30.0%	0	0.0%	0	0.0%	1	5.0%	11	55.0%	2	1.0%	20	100.0%
Total responses received	52	46.8%	4	3.6%	3	2.7%	8	7.2%	38	34.2%	6	5.4%	111	100.0%

STUDENT DATA

Table 58: Students – Sex – 2019/20 to 2021/22

	2019/20	2020/21	2021/22
Male	34.0%	35.1%	35.6%
Female	66.0%	64.9%	64.4%
Total	100.0%	100.0%	100.0%

Table 59: Students – Sex – 2019/20 to 2021/22

	2019/20				2020/21				2021/22			
	Male		Female		Male		Female		Male		Female	
Optometry	943	33.4%	1883	66.6%	1,077	34.2%	2,077	65.8%	1,161	35.5%	2,109	64.5%
Dispensing	371	35.2%	683	64.8%	278	36.7%	480	63.3%	262	34.4%	501	65.6%
Independent Prescribing	113	37.0%	193	63.0%	24	41.2%	34	58.7%	113	41.4%	159	58.6%
Contact lens	31	30.8%	70	69.2%	161	39.0%	251	61.0%	22	33.3%	44	66.7%
Total	1,458	34.0%	2,829	66.0%	1,540	35.1%	2,842	64.9%	1,558	35.6%	2,813	64.4%

Table 60: Students – Age – 2019/20 to 2021/22

Age Group	2019/20	2020/21	2021/22
20 and under	41.2%	45.6%	48.1%
21-24	31.0%	24.8%	25.0%
25-29	13.8%	11.9%	9.7%
30-39	14.0%	16.7%	11.3%
40+			5.5%
Not known	0.0%	9.9%	0.5%
Total	100.0%	100.0%	100.0%

Table 61: Students – Age – 2021/22

	20 and under	21-24	25-29	30-39	40+	Prefer not to say
Optometry	57.3%	26.4%	5.5%	7.1%	3.4%	0.4%
Dispensing	29.9%	29.2%	18.0%	19.5%	2.7%	0.7%
Independent Prescribing	0.0%	2.2%	31.2%	30.1%	36.6%	0.0%
Contact lens	0.0%	3.3%	36.0%	47.3%	13.3%	0.0%

- **Table 62: Students – Ethnicity – 2019/20 to 2021/22**

	2019/20	2020/21	2021/22
White	36.9%	34.0%	32.5%
Black	3.4%	3.5%	3.8%
Asian	50.1%	55.0%	54.5%
Mixed	1.8%	1.9%	3.7%
Other	5.8%	3.3%	2.8%
Not known	3.0%	2.3%	2.7%
Total	100.0%	100.0%	100.0%

Table 63: Students – Ethnicity – 2021/22

	White / White British	Black / Black British	Asian / Asian British	Mixed/multiple	Other	Not known
Optometry	27.0%	3.9%	59.9%	3.6%	3.4%	2.1%
Dispensing	48.9%	4.1%	37.9%	5.3%	0.2%	3.8%
Independent Prescribing	40.6%	2.5%	45.2%	0.8%	3.0%	7.5%
Contact lens	81.7%	0.0%	18.3%	0.0%	0.0%	0.0%

Table 64: Students – Disability – 2019/20 to 2021/22

	2019/20	2020/21	2021/22
Known disability	5.1%	5.3%	7.6%
No known disability	94.9%	94.8%	89.5%
Prefer not to say	0.0%	0.0%	2.9%
Total	100.0%	100.0%	100.0%

Table 65: Students – Disability – 2021/22

	Known disability	No known disability	Prefer not to say
Optometry	7.5%	88.4%	3.8%
Dispensing	9.5%	90.5%	0.0%
Independent Prescribing	4.9%	94.1%	1.0%
Contact lens	0.0%	100.0%	0.0%

Consultation to remove information about a registrant's gender on the public register

Meeting: 27 September 2023

Status: For decision

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)

Paper Author(s): Steve Brooker (Director of Regulatory Strategy)

Council Lead(s): there is no Council lead for this work.

Purpose

1. To seek Council approval to consult on a proposal to remove information about a registrant's gender on the public register. We are not asking Council to make a decision about this issue today, but to agree to consult on the proposal.

Recommendations

2. Council is asked to:
 - Approve the proposal to consult on removing information about a registrant's gender from the public register.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: building a culture of continuous improvement. This work is not included in our 2023/24 Business Plan but is follow on activity from the consultation on updating gender on the register.

Background

4. The proposal to remove information about a registrant's gender from the public register follows the outcome of our consultation on a draft policy to support registrants who wish to update their gender on our register. Some respondents to this consultation, including the Professional Standards Authority (PSA), questioned why we provide information on gender on the register at all.

Analysis

5. Section 11(2) of the Opticians Act 1989 and rule 21 of the [Registration Rules 2005](#) set out the information that we must publish on our register. These do not include a specific requirement to publish a registrant's sex or gender. Under the Scheme of delegation, "To make rules regarding the form and keeping of the registers, and making of entries and alteration in them" is a decision retained by Council, hence the need for Council approval to consult on whether to remove information about a registrant's gender from the public register.

PUBLIC

6. The key arguments in favour of removing gender from the register are as follows:
 - Only information needed to deliver public protection should be on the register.
 - While patients may use gender as a proxy for a registrant's sex as part of seeking same-sex care, they are unlikely to be using the register to find this information and can obtain it by other routes when making an appointment.
 - The binary gender options we currently publish on the register is not in keeping with current social expectations. If information on gender continues to be mandatory, including non-binary options would risk outing registrants. If it was voluntary, the risk of inadvertently outing people remains. It would also create gaps on the register and there may be increased administrative costs.
 - GOC is in a minority of regulators by publishing this information.
 - The PSA prefers a trajectory of keeping a pared down approach to information published on registers and evidence it might look for under Standard 10 of the Standards of Good Regulation includes: 'Information on the rationale for including the information displayed on the register, including legal requirements where applicable'.
7. The draft consultation document, at annex 1, outlines the proposal in more detail.
8. If Council approves the proposal to consult, and if the outcome of any such consultation is to remove reference to gender from the public register, we will continue to record registrants' gender internally on our CRM system for EDI data gathering purposes only (as we do with information on other protected characteristics). We will manage requests from registrants to change their gender on our internal CRM system in accordance with our updated policy.

Finance

9. Should Council decide to remove reference to gender from the public register following consultation, there may be modest website development costs that can factored into planning for the 2024/25 FY budget.

Risks

10. Policy development impacting on gender identity can be contentious and attract adverse publicity, so there are potential reputational risks. However, as set out above, there are also equalities and other risks if we do not change our approach.

Equality Impacts

11. An impact assessment has been completed and is included within the consultation.

Devolved nations

12. There are no implications for the devolved nations.

Communications

External communications

13. The consultation will be issued shortly following the Council meeting and hosted on our consultation hub. As well as our regular set of stakeholders, we will reach out to organisations representing women and other relevant interest groups to alert them to the consultation opportunity.

Internal communications

14. No specific activities are considered necessary.

Next steps

15. We will finalise the consultation based on discussion at this meeting and issue with a 12-week response time. Subject to the volume and content of responses, we plan to return to Council seeking a decision at its 13 March 2024 meeting.
16. There are a wider set of issues relating to the information about registrants that we collect and publish on our register and for what purposes, how we can best make available and share this information and what information we should include on the public register. Thinking on these issues is progressing internally and we plan a public consultation on this topic in future. Given current priorities and the significant consultation activity already planned in the first half of 2024, this will be factored into business planning for the 24/25 FY.

Attachments

Annex 1: Draft consultation document and impact assessment.

Consultation to remove reference to a registrant's gender on the public register

Section one

Overview

- 1.1 The General Optical Council (GOC) is the regulator for the optical professions in the United Kingdom (UK). We currently register around 33,000 optometrists, dispensing opticians, students and optical businesses.
- 1.2 We have four core functions:
- setting standards for optical education and training, performance and conduct;
 - approving qualifications leading to registration;
 - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
 - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.
- 1.3 This single-issue consultation relates to the third function and proposes that we should remove information about a registrant's gender from the public register.

Why we are consulting now

- 1.4 Our specific proposal to remove information about a registrant's gender from the public register follows the outcome of our [consultation](#) on a draft policy to support registrants who wish to update information about their gender on our register. Some respondents to this consultation, including the Professional Standards Authority (PSA), questioned why we provide information on gender on the register at all.

The consultation

- 1.5 We would like to hear your views on the issues described in section two of this consultation paper, and our draft assessment of impact and cost benefit analysis.
- 1.6 The consultation will last for a period of 12 weeks closing at [date TBC].

Section two

Removing reference to a registrant's gender on the public register

- 1.1 As part of our statutory duty to maintain and publish a register of all those who are fit to practise, we publish certain information about our registrants, which currently includes their gender. Section 11(2) of the Opticians Act 1989 and rule 21 of the [Registration Rules 2005](#) set out the information that we must publish on our register. These do not include a specific requirement to publish a registrant's sex or gender.
- 1.2 Between December 2022 and March 2023, we ran a public consultation on a draft policy to support registrants who wish to update information about their gender on our register and ensure compliance with the [Gender Recognition Act 2004](#) (GRA) and the [Equality Act 2010](#). Our response to that consultation is being published alongside the issue of this consultation and the new policy is being put into operation.
- 1.3 Some stakeholders responding to this consultation questioned why we provide information on gender on the register at all. In its response, the PSA reiterated its policy that regulators should continue in the trajectory of keeping a pared down approach to registers and that only details necessary for the purposes of public protection should be on the register. The PSA continued that if a register user wishes to find information which is unrelated to public protection, they should use other resources (such as a professional's practice's website or a directory). The PSA said its position is informed by previous policy work and consumer research. In addition, one of the pieces of evidence the PSA might look for under Standard 10 of the Standards of Good Regulation is: 'Information on the rationale for including the information displayed on the register, including legal requirements where applicable.'
- 1.4 Among the healthcare regulators, the GOC is in the minority with only the General Osteopathic Council (GOsC), General Chiropractic Council (GCC) and General Medical Council (GMC) also providing information on gender on the public register. The GOsC and GCC are required to provide this information by statute and the GMC is planning to consult on removing this information from the register.
- 1.5 One argument for retaining information about gender on the register is that members of the public may use gender as a proxy for a registrant's sex as part of seeking same-sex care, so may use this information to decide which optical professional they want to see. Balanced against this, members of the public may use other means to secure same-sex care, such as asking for this when making an appointment.
- 1.6 As part of this consultation, we are running a short survey on our website to ascertain who uses the register and for what purposes. It is possible to search the register by

gender using the advanced search facility, but our expectation is that this is little used by the public. The results of the survey will feed into our analysis.

- 1.7 The GMC has reflected on whether it is a legitimate expectation for patients to be able to choose to be treated by a doctor of a particular sex and, if so, whether the GMC has a role in enabling this.¹ Its ethical analysis concluded that, "*whilst the human right to healthcare is clear, there does not appear to be a fundamental right for patients to be treated by a doctor of a certain birth sex. However, in reality, patients are entitled to request to be treated by someone of a particular birth sex (and commonly do this at local healthcare provider level)*". The GMC's view is that there can be good reasons for such requests to be accommodated locally where possible, such as in the case of those who have experienced sexual and/or physical abuse, or where they arise because of specific religious beliefs. However, the public register is not the best place for patients to locate this information.
- 1.8 Under the Data Protection Act and the Gender Recognition Act, there are legal implications for revealing someone's trans status without their permission or unless it is with the intention of preventing or investigating a crime. The GMC also identified risks relating to the public misunderstanding information, which in turn could undermine trust in the register. It highlighted that some members of the public use gender as a proxy for birth sex and therefore the GMC may need to add caveats to this information if they continue to display it to address these risks.
- 1.9 While GOC must resolve this policy issue by reference to the current Opticians Act and Registration Rules, we are mindful of implications of planned legislative reform. The planned Order for the regulation of Physician Associates and Anaesthesia Associates is intended to provide a template for changes to other healthcare regulators' legislative frameworks. Our interpretation of the most recent draft Order is that we could record gender data if we wanted to, but we would not be able to publish it unless we decided that doing so would be in the interest of public protection.
- 1.10 If we decide to retain publishing information about a registrant's gender on the public register, the binary gender options we currently record is not in keeping with current social expectations. Including information about gender rather than sex would be the more inclusive approach since not everyone identifies with their sex registered at birth. However, since providing information on gender is currently mandatory, including other options, such as non-binary, would risk outing registrants. If information about gender is deemed necessary to protect the public, it follows that this information should remain on the public register. While we could consider making recording gender on the public register a voluntary option, the risk of inadvertently

¹ See page 39 onwards [96903689-council-meeting-1-march-2023--agenda-and-papers.pdf \(gmc-uk.org\)](#)

outing people remains, it would create gaps on the register and there would be increased administrative costs to consider.

- 1.11 If we decide to remove reference to gender from the public register, we will continue to operate our policy for managing requests from registrants to change their gender recorded within our internal CRM system. It is necessary to do this to ensure our records are accurate while also respecting the rights of individual registrants. We need to hold information internally on our CRM system about the gender of our registrants (and other protected characteristics) so that we can carry out equality and diversity data analysis and so that we can share appropriately anonymised information about the gender of our registrants with commissioners and other stakeholders.
- 1.12 Our proposal is that we should no longer include information on gender on the public register. This is because it is not necessary for public protection purposes, we believe there is little use of this information by the public and members of the public have alternative means to obtain this information.

Proposed implementation and transitional arrangements

- 1.13 Should we decide to remove gender from the website this will involve some website development work, which we would progress as soon as possible.

Questions

(Question numbers are different in the consultation hub to accommodate questions about respondents)

1. Do you agree that we should remove information about a registrant's gender from the public register?

a) Yes b) No c) Neutral

Please explain the reasons for your answer.

2. We want to understand whether the proposal may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010 which protects everyone living in the UK including refugees and migrants. Do you think the proposal will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please select all that apply)

a) Age b) Disability c) Gender reassignment d) Marriage and civil partnership e) Pregnancy and maternity f) Race g) Religion or belief h) Sex i) Sexual orientation j) None of the above k) Don't know

Please describe the impact on the individuals or groups that you have ticked.

3. We also want to understand whether the proposal may benefit any individuals or groups sharing any of the protected characteristics in the Equality Act 2010 which protects everyone living in the UK including refugees and migrants. Do you think the proposal will have a positive impact on any individuals or groups who share any of the protected characteristics listed below? (Please select all that apply)

a) Age b) Disability c) Gender reassignment d) Marriage and civil partnership e) Pregnancy and maternity f) Race g) Religion or belief h) Sex i) Sexual orientation j) None of the above k) Don't know

Please describe the impact on the individuals or groups that you have ticked.

4. Have we identified and captured the impact accurately within the impact assessment and are there other impacts we should be considering?

a) Yes b) No

Please provide further detail.

Annex A: Impact Screening Assessment

Name of policy or process	Removing information about a registrant's gender from the public register.
Purpose of policy or process	To consult on removing information about a registrant's gender from the public register.
Team/Department	Policy and Registration teams
Date	14.09.23
Screen undertaken by	Steve Brooker, Director of Regulatory Strategy
Approved by	Jem Nash, EDI Manager
Date approved	14.09.23
Instructions:	<ul style="list-style-type: none"> • Circle or colour in the current status of the project or policy for each row. • Do not miss out any rows. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is not required, put your reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High risk	Medium risk		Low risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	No budget is required OR budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation and media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	N/A
8. Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh; Comms Team aware		Does not need to be published in Welsh	

Please put commentary below about your impacts ratings above:

The consultation affects all registrants since gender is currently a mandatory field on the searchable GOC public register.

The proposal we are consulting on has low impact i) because a consultation on updating gender on the register has taken place and laid the foreground for this work; ii) we believe there is little use of this information by the public and there are alternative means for people to obtain this information; iii) we would still collect this information for EDI monitoring purposes.

The proposal carries some reputational risk since gender identity has been a prominent issue in society generally, however, our previous consultation indicated some stakeholder support for removing gender from the register.

Planned changes to the Opticians Act should mean little change to the current legislative framework on this issue. Our interpretation of the most recent draft Order is that we could record gender data if we wanted to, but we would not be able to publish it unless we decided that doing so would be in the interest of public protection.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	
4. Is all of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule and the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO and approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes - been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

B) Information governance	High risk	Medium risk		Low risk	? or N/A
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	

Please put commentary below about reasons for information governance ratings:

The information handled will be consultation response data. All respondents will be asked permission for anonymised personal data and responses to questions to be used. No individuals will be identified in their responses, and all EDI information will be fully anonymised.

All data will be processed and stored in line with our [information governance policies](#), and individuals will be provided with a privacy notice.

The proposal would remove information about gender from the public register and should therefore reduce information governance risk. We will keep information internally on the gender of our registrants, so that we can carry out equality and diversity monitoring and so that we can share appropriately anonymised information on the gender of registrants with commissioners and other stakeholders.

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	Public			Registrants, employees or members	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required	N/A
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	There is clear decision criteria and a form to record the decision	N/A
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	N/A
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded	
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
	months; and there is no further training planned			months, which is recorded	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team	N/A
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		Planned well in advance	N/A
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	N/A
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	N/A
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		Attendance/involvement is equal, and monitored per attendee	N/A
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)	N/A
8. Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available	N/A
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	N/A

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups	

Please put commentary below for human rights, equalities and inclusion ratings above:

The consultation will help us to identify whether the proposal will have a positive/negative/neutral impact.

The consultation considers whether there is a legitimate expectation for patients to be able to choose to be treated by a healthcare professional of a particular sex and, if so, whether the relevant regulator has a role in enabling this. While some patients may wish to obtain this information, alternatives are available, and the public register is not the best place for patients to locate this information.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Neutral	The protected characteristic is not impacted by the proposal.
Disability	Neutral	The protected characteristic is not impacted by the proposal.
Sex	Neutral, although the consultation seeks views on the impact	The proposal would remove this information about gender from the public register. We will need to keep information internally on the gender of our registrants, so that we can carry out equality and diversity monitoring and so that we can share appropriately anonymised information on the gender of our registrants with commissioners and other stakeholders.
Gender reassignment (trans and non-binary)	Neutral, although the consultation seeks views on the impact	The proposal would remove this information about gender from the public register. We will need to keep information internally on the gender of our registrants, so that we can carry out equality and diversity monitoring and so that we can share appropriately anonymised information on the gender of our registrants with commissioners and other stakeholders.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Marriage and civil partnership	Neutral	The protected characteristic is not impacted by the proposal.
Pregnancy/ maternity	Neutral	The protected characteristic is not impacted by the proposal.
Race	Neutral	The protected characteristic is not impacted by the proposal.
Religion/belief	Neutral	Some patients may request to see a female practitioner because of specific religious beliefs. However, alternative sources of information are available, and the public register is not the best place for patients to locate this information.
Sexual orientation	Neutral	The protected characteristic is not impacted by the proposal.
Other groups (e.g. carers, people from different socio-economic groups)	Neutral	These groups are not impacted by the proposal.

Audit, Risk and Finance Committee (ARC) annual report 2022-23

Meeting: 27 September 2023

Status: For noting

Lead responsibility: Sinead Burns, Chair of ARC

Paper Author(s): Andy Spragg, Head of Governance

Purpose

1. To present the ARC annual report 2022-23 for Council's information.

Recommendations

Council is asked to:

- **note** the ARC annual report 2022-23

Strategic objective

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

Background

3. ARC has a dedicated role in providing assurance to the Council on matters pertaining to finance, risk and internal control. Its annual report is attached as annex 1.
4. As part of developing its annual report, ARC Committee members were asked to complete a self-assessment form, using the National Audit Office (NAO) Audit and Risk Assurance Committee Effectives self-assessment tool. The anonymised outcome of this self-assessment is included in the report. The Committee has agreed to revisit these results and identify next steps in January 2024, following a review by the Chair of ARC and the Head of Governance in Q3 23/24.
5. The annual report has been drafted by the Head of Governance and Chair of ARC. It has been circulated to Committee members, the Chair of Council and the Senior Management Team (SMT) for comment. It was approved by ARC at its meeting on 5 September 2023.

Analysis

6. An annual report to Council increases the visibility of this assurance role to Council members, the public and registrants. It also supports good governance practice by ensuring that there is a clear mechanism for ARC to report on its activities and findings on a regular basis.

Finance

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

Risks

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

Equality Impacts

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

Devolved nations

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

Other Impacts

13. There are no significant impacts identified.

Communications

External communications

14. The ARC Annual Report 2022/23 is included in the Council papers for the public meeting and therefore will be available on the GOC website.

Internal communications

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

Next steps

16. The Committee Chair and Head of Governance will review the self-assessment results in Q3 23/24 and share their key findings and any proposed next steps with ARC in January 2024.

Attachments

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

**General Optical Council
Audit, Risk and Finance Committee
Annual Report
Year Ended 31 March 2023**

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Message from the Chair

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

It is important to note that Clare Minchington was chair of ARC for a period covered by this report (1st April 2022 to 31st December 2022) and her tenure, which in total spanned several years, led to several improvements in how the Committee discharged its responsibilities. I would like to thank Clare on behalf of the Committee and on behalf of Council for all of her work with ARC over the years.

I would also like to express my sincere thanks to the ARC Committee Members who continue to discharge their duties and responsibilities with exceptional diligence and dedication. I am also grateful to the Council Associates who have taken the time to join our meetings and have made valuable contributions to our discussions on several topics.

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

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

Membership

The Committee membership for 2022/23 was:

- Sinead Burns (lay committee member 1 April 2022 – 31 December 2022; lay chair – 1 January 2023 – 31 March 2023)
- John Cappock (independent committee member 1 April 2022 – 31 March 2023)
- Mike Galvin (lay committee member 1 April 2022 – 31 March 2023)
- Ken Gill (lay committee member 1 January 2023 – 31 March 2023)
- Clare Minchington (lay chair – 1 April 2022 – 31 December 2022)
- David Parkins (registrant committee member – 1 April 2022 – 31 March 2023)

ARC is attended by the Chief Executive, SMT as required, the Head of Governance and Head of Finance. Secretariat support is provided by the governance team. In addition, the Chair of Council regularly attends as an observer. The Council Associates have observed ARC meetings and made valuable contributions, and an invitation to observe ARC has extended to the newly appointed Council Associates for 2023/24.

Introduction

This report presents the activity of the ARC for 2022/23, alongside its assessment of the GOC position in respect to its areas of responsibility. The aim is to produce an annual report to model best practice in respect to governance and assist Council with the necessary assurances with regard to the organisation.

Purpose

The ARC terms of reference are [available online](#). Its primary duties are:

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

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

The annual report provides Council with:

- An account of how ARC has fulfilled its responsibilities in 2022/23
- A self-assessment of the strength and capacity of the ARC membership regarding the required skills and expertise to adequately fulfil its functions.
- An evaluation of the organisation's performance in respect to internal and external audit, and the corporate control environment.
- Areas for future consideration both by Council and its committees.

Our activity in 2022/23

ARC met six times in 2022/23. A list of agenda items is attached as **annex 1**. The Committee divided its meetings, so the agenda for each meeting alternated between either a focus on risk or financial performance throughout the year. This was the second year of alternate agendas, and although there were sometimes time-critical items that fell outside of the scope of the planned focus for the session, the Committee has felt that this arrangement works successfully. The Committee was able to be flexible when required and the Chair exercised discretion to ensure time-critical matters were not unduly delayed.

As part of its annual report 2021/22, the Committee identified three areas of focus for 2022/23:

1. To continue to review the governance and performance of the Fit for the Future change programmes to ensure programme objectives and benefits are realised.
2. The current economic uncertainty generated by the post-pandemic recovery, conflicts in Ukraine and the cost-of-living crisis mean that ARC will closely monitor how the GOC manages financial risk and its use of reserves. The external auditor has also highlighted that the uncertainty generated by the legislative reform has consequences for forecasting accurately, and ARC will be reviewing how the executive has taken account of this in its budget preparations.
3. Increased Cyber Security risks and the actions GOC are taking to review their key operational Cyber Security arrangements and take appropriate remedial action.

Fit for the Future Change Programme

The GOC's Fit for the Future change programme remained a high priority in 2022/23 with regular reporting and engagement to understand the challenges and opportunities connected with the successful delivery of the change programme. This was augmented by the appointment of the Independent Member, John Cappock, as an observer on the Strategic Change Board (SCB). He was able to provide regular assurance to ARC on the management of the strategic change programme by the SCB. The Committee reviewed the business case for a new Case Management System, including the proposed use of Council reserves to fund the project, prior to it being approved by Council in December 2022.

The Committee also undertook a dedicated afternoon workshop in May 2023 focused solely upon the Change programme. The Committee are very grateful to the executive for facilitating this session.

Financial management

Major revisions to the scheme of delegation for financial management and financial regulations were approved by the Committee in September 2022. This revised the financial authorities and spending limits to reflect the changing nature of the organisation, as well as renewing understanding across the organisation on how financial responsibilities are delegated down through the GOC.

ARC conducted regular and detailed reviews of the organisation's financial performance and five-year forecast, including an interrogation of forecasting assumptions throughout the year. It continues to work closely with the Investment Committee to ensure that the risks associated with financial volatility are managed and mitigated.

In January 2023, ARC reviewed the internal and external business plans and proposed budget for 2023/24 prior to approval by Council in February.

Cyber security

Following an internal audit of Cyber Security in February 2022 which provided an audit opinion of 'Reasonable Assurance', the Committee has continued to receive updates on the development of the organisation's approach to cyber security. This has included achieving Cyber Essentials Plus accreditation in March 2023. The Committee undertook a deep dive review of the IT risk register in January 2023.

Internal audit

The internal audit plan for 22/23 was delivered within the year, including audit of the following areas: Hearings Process Assurance; Health and Safety Assurance; Risk Management Assurance; Budget Setting and Financial Control / Reporting Assurance; and Transformation Governance.

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

Risk management

The Committee reviewed the corporate risk register on a regular basis, prior to it being considered by Council at its strictly confidential meetings. It undertook deep dives into the following areas: change team and programme (May 2022); education (September 2022); and IT (January 2023).

Chair's opinion to Council

It is my assessment that ARC discharged its responsibilities over the past year. The Committee covered a broad range of issues relating to finance, risk, governance, and internal control. This work supported the Council and executive by providing

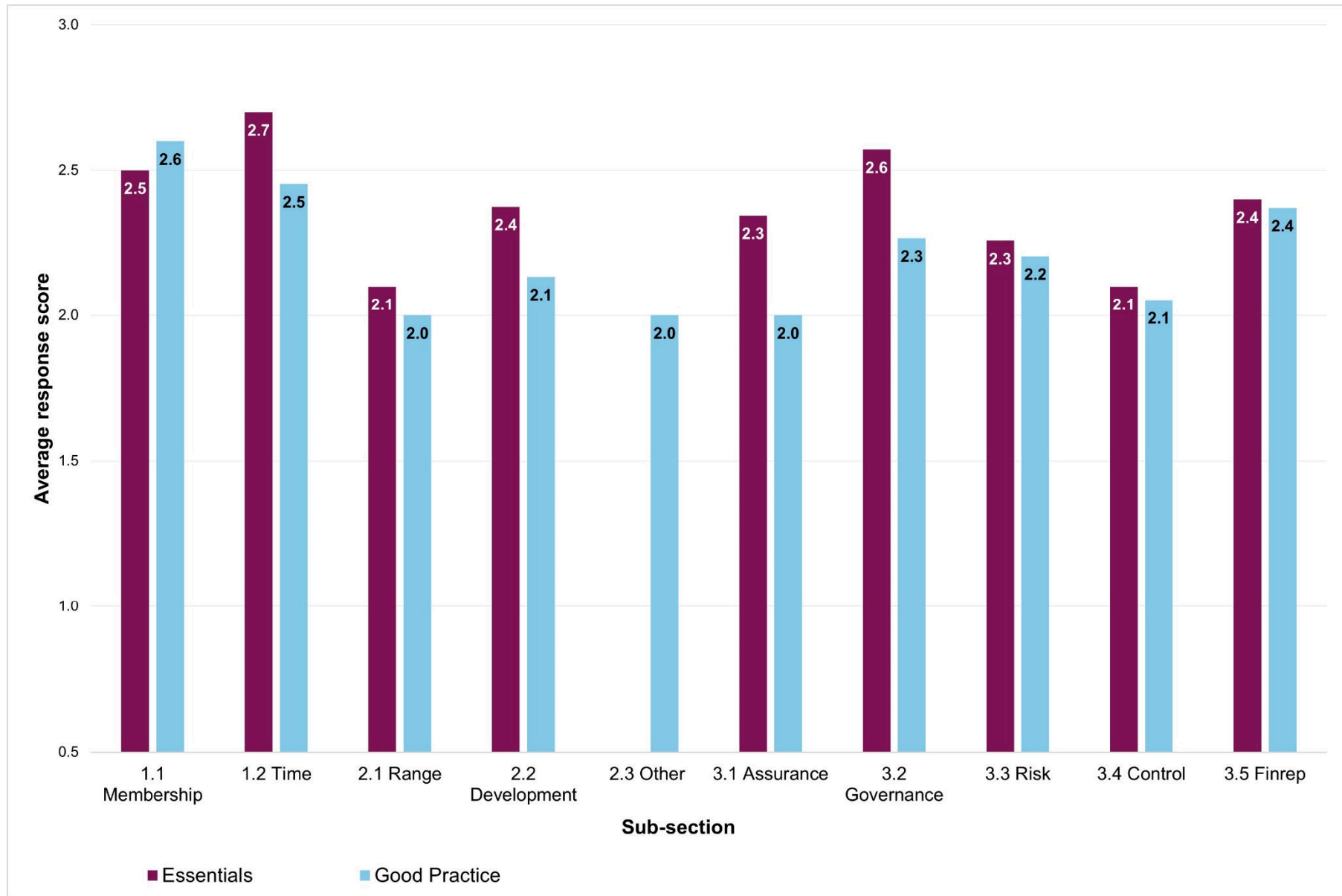
assurance on the internal control environment, including financial and risk management.

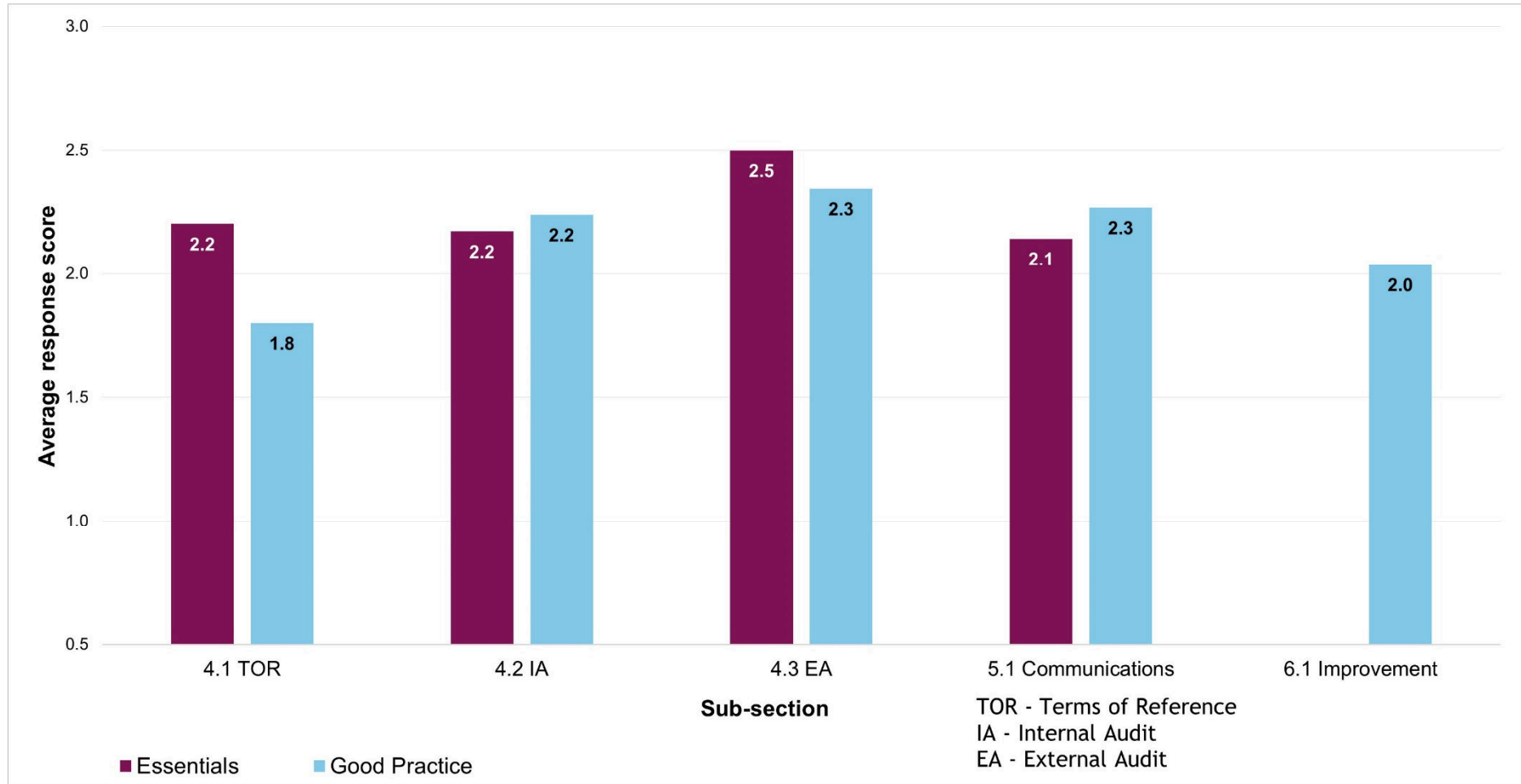
Committee self-assessment

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

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

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





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

- Overall, the self-assessment shows ARC members consider the Committee to be meeting standards in most areas.
- Terms of reference was the one section that scored lower than others. The following statements received a majority score of “requires improvement”: “The ARC terms of reference cover the rights of the ARC over co-opting additional members or procuring specialist advice.” and “ARC has compared its terms of reference against those of similar profile organisations.” Both will be taken forward for consideration when the Committee reviews its terms of reference in Autumn 2024. It should be noted that the Committee has an independent member, and while it does not have a power to co-opt (an appointment will require approval from Council) there is no explicit prohibition on it requesting this. The Committee also highly scored the statement: “ARC explores the option of bringing in additional independent, non-executive members from sources other than the Board to ensure an appropriate level of skills and experience.”
- There is no budgetary provision for the Committee to procure specialist advice, though there would be scope to explore this if the Committee felt unable to fulfil its functions without additional advice. The scoring in other areas does not suggest this to be an area of immediate concern.
- There was a variance between scores depending on how long individual members had served on the Committee. Overall, recent appointees identified more areas with room for improvement. This is a potential area for the Committee to explore in more detail at a future session, as it suggests there is scope to challenge assumptions and draw on expertise and experience from elsewhere.
- Some notable areas of strength (for example where three or more members scored a statement with an assessment “excelling”) including the following statements: “All matters falling within the terms of reference of the ARC are covered adequately over the course of the year or a reasonable time period.”; “The reports received by the ARC are the right level of detail, and presented in a manner which makes it easy for members to review and challenge”; “ARC understands the Board's operating framework, including the organisation's vision and purpose.”
- The Committee’s response to the continual improvement section was limited, with two members opting not to complete this section. Given the NAO tool is intended for general use across different organisations, there were sections that members did not feel were relevant. It is proposed that the Committee uses a future discussion to consider whether the NAO section on continual improvement includes some practical considerations in the context of its work, and it will do this in conjunction with the ongoing member support review.

There were no identified concerns with respect to the Committee's knowledge, skills and expertise. It will continue to monitor this in future years and report back to Council to inform the recruitment and appointment processes as required.

The Committee will take time to consider the outcome of the self-assessment at a future ARC meeting and will raise actions where necessary to address emerging themes.

Forward look

The Committee will use 2023-24 to maintain its focus on risk, finance and internal controls. It will continue its deep dives into departmental risk registers and flag any ongoing areas of risk as necessary to Council. Its priority remains the delivery of the strategic change programme, and it plays a critical role in providing regular assurance to Council in respect to its progress. This includes the review of business cases that require Council approval to utilise reserves.

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

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

Appendix 1 - Substantive items considered by ARC: April 2022 to March 2023

Tuesday 3 May 2022

Director of Corporate Service's Report	ARC27(22)
Exceptions and Serious Incidents Report	ARC28(22)
External Audit and Annual report timetable 2021-2022	ARC29(22)
Outstanding Internal Audit Recommendations Progress Report	ARC30(22)
Corporate Risk Register	ARC31(22)
Change Management Office: Governance Structure, Strategic Projects and High-Level Risks	ARC32(22)
Compliance Report	ARC33(22)
Gifts and Hospitality Register	ARC34(22)
ARC: Work Plan 2022-23	ARC35(22)

Tuesday 5 July 2022

External Audit Findings	ARC39(22)
Annual Report and Financial Statements	ARC40(22)
Financial Performance: 12 months to 31 March 2022	ARC41(22)
Fit for the Future Programme (GOC Refresh)	ARC42(22)
Annual Self-Assessment	ARC43(22)
Compliance Report	ARC44(22)
ARC: Work Plan 2022-23	ARC45(22)

Tuesday 6 September 2022

Financial Scheme of Delegation	ARC49(22)
ARC annual report 2021-22	ARC50(22)
Fit for the Future Programme Assurance and Project Updates	ARC51(22)
Corporate risk register - plus departmental deep-dive: Education Department	ARC52(22)
Progress against internal audit workplan, internal audit findings report - Core Finance, Hearings Process and Health & Safety	ARC53(22)
Director's Report (including any Significant Incidents)	ARC54(22)
Balanced Scorecard	ARC55(22)

Tuesday 22 November 2022

GOC Fit for the Future: Case Management System Procurement	ARC60(22)
Gifts and Hospitality Policy/ Register of Interests, Gifts and Hospitality Annual Review	ARC61(22)
Financial performance / Budget Updates	ARC62(22)
Registrant Fees 2023/24	ARC63(22)
Contracts Update	ARC64(22)
Strategic Change Board – Quarterly Assurance Report	ARC65(22)
Compliance Report	ARC66(22)
Exceptions and Serious Incidents	ARC67(22)
ARC: Work Plan 2022-23	ARC68(22)

Tuesday 31 January 2023

Annual reappointments of auditors	ARC03(23)
External Audit - Terms of Engagement	
Chair's Update	
Director's report	ARC05(23)
FTP Decision Audit	ARC06(23)
Progress against Internal Audit workplan	ARC07(23)
Draft Internal Business Plan	ARC08(23)
Corporate risk register review and Departmental Deep Dive: IT	ARC09(23)
ARC Committee Development Day	
ARC: Work Plan 2022-23 and proposed Forward Plan for 2023-24	ARC10(23)

Tuesday 28 February 2023

Strategic Change Board – Q3 assurance report	ARC14(23)
Five-year financial forecast including 2023-24 budget	ARC15(23)
Financial performance for nine months ending 31 December 2022	ARC16(23)
Exceptions and serious incidents	ARC17(23)
Compliance Report	ARC18(23)
ARC: Work Plan 2023-24	ARC19(23)

COUNCIL

Registrant and public perceptions surveys 2023

Meeting: 27 September 2023

Status: For noting

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)

Paper Author: Angharad Jones (Policy Manager)

Council Lead(s): There is no Council lead for this work.

Purpose

1. To enable Council to discuss the key findings from our [public perceptions survey](#) and [registrant survey](#) (annex one and two) and actions taken in response. A pre-recorded [presentation](#) is also available (annex three).

Recommendations

2. Council is asked to note the findings from the surveys and the actions the GOC will take in response.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Transforming customer service. This work is included in our 2023/24 Business Plan.

Background

4. We carried out one [registrant survey](#) in 2016, and then commissioned Enventure Research to carry out three waves of the survey in 2021, 2022 and 2023. The survey is an online survey of all our individual registrants including optical students. The aim of the survey is to help us better understand registrant experiences of working in clinical practice and views and perceptions of the GOC. This year we included new questions on the Continuing Professional Development (CPD) scheme and on bullying, harassment and discrimination at work.
5. The survey was an online survey sent out between 21 March and 25 April 2023. We received 3,932 responses, representing a 13% response rate. While responses are slightly down on last year, the research is still highly robust with a 90% confidence interval at +/- 1.5% (this compares to +/- 5% in many public opinion surveys).
6. We carried out an annual public perceptions survey in 2015, 2016, 2017, 2019 and 2020/21 (it was deprioritised in 2018 and so not carried out that year), all of which are available on the [policy and research](#) pages of our website. We commissioned M.E.L Research to carry out our 2021, 2022 and 2023 surveys. The 2023 survey is based on a UK representative sample of 2,020 interviews which were completed online

between 27 January until 13 February 2023. The aim of the survey is to track patient and public views, perceptions and experiences of optical care. This year we asked a series of new questions on shopping around for optical services.

Analysis

7. In this section we have provided the key findings from both surveys, and we have focused the analysis on some of the areas that we think are of concern to the GOC and wider sector and outlined the actions we are taking. The areas we have focused on are:
- bullying, harassment, abuse and discrimination at work;
 - patient experiences of receiving optical care; and
 - registrant views on Continuing Professional Development (CPD).

Key findings from the public perceptions survey

8. Public confidence and satisfaction levels remain high:
- 94% were satisfied with the optometrist who carried out their sight test / eye examination (94% in 2022);
 - 93% were satisfied with the overall visit (94% in 2022); and
 - 92% were confident in receiving a high standard of care from an opticians / optometrist practice (93% in 2022).
9. Opticians / optometrist practices are now the first port of call if people woke up with an emergency eye problem, with 36% saying they would go to an opticians / optometrist practice (34% in 2022), compared to 33% who would go to a GP practice. In 2015, the figures were 19% and 54% respectively. As in previous years there were some significant differences between the four nations.
10. 77% of the UK public reported getting their sight tested in the last two years which is the highest figure since the survey began, and only 3% reported never having had their sight tested compared to 11% when the survey was first launched in 2015.
11. New questions this year on shopping around and price transparency, shows that 21% shopped around when looking for an opticians / optometrist practice and 28% did not know the price of their sight test / eye examination before their appointment.

Key findings from the registrant survey

12. Satisfaction and dissatisfaction levels remain similar to 2022 findings with:
- 62% saying that they were satisfied with their job / role over the last 12 months mostly due to it being rewarding and interesting work (62% in 2022); and
 - 20% saying they were dissatisfied mostly due to not feeling valued and heavy workloads and pressure (21% in 2022).

13. In terms of challenging working conditions, 52% reported working beyond their hours (57% in 2022); 37% felt they were unable to cope with their workload (41% in 2022); and 27% said they found it difficult to provide patients with the level of care they need (31% in 2022).
14. In terms of future plans over the next 12-24 months:
 - 40% said they planned to gain additional qualifications (40% in 2022);
 - 8% planned to switch to locum work (9% in 2022);
 - 26% planned to reduce their hours (27% in 2022); and
 - 15% said they planned to leave the professions (15% in 2022).

Bullying, harassment, abuse and discrimination at work

15. We found that while our public perceptions survey shows high levels of patient satisfaction and confidence in the professions, the experiences of registrants paints a different picture as many continue to struggle with heavy workloads and providing patients with a sufficient standard of care. In addition, new data this year reveals that many GOC registrants are subject to bullying, abuse, harassment, and discrimination at work, with the highest levels coming from patients / service users but also to a significant extent managers and colleagues. Much of this behaviour goes unreported and therefore unresolved.
16. In relation to bullying, abuse, and harassment at work over the last 12 months:
 - 41% had experienced this from patients and service users;
 - 18% from managers; and
 - 16% from other colleagues.
17. Some of the groups that experienced higher levels were younger respondents, females, those with a disability, those of a non-heterosexual / straight sexual orientation, and those from an ethnic minority background. Of those that had experienced these types of behaviours, only 26% said they had reported it.
18. In relation to discrimination at work over the last 12 months:
 - 24% had some experience of discrimination from patients/service users, their relatives or other members of the public;
 - 11% experienced this from managers;
 - 8% experienced this from other colleagues;
19. In terms of the main types of discrimination, 44% said it was based on race, 32% said age and sex, and 20% said religion or belief. Some of the groups that experienced higher levels of discrimination were those from an ethnic minority background, those with a disability, younger respondents and females.

Actions we are taking in response

20. While we know that these issues are not unique to the optical sector, with many healthcare workers reporting similar experiences, we think it's important for the GOC and wider sector to reflect and think about what actions we can take to foster a more positive working environment. A workforce that experiences negative working conditions, such as bullying, harassment, abuse and discrimination, is not one that is in an optimum place to deliver high quality patient care.
21. As a regulator focussed on public protection, it is important we take the lead in addressing these issues, so we are convening a meeting of senior stakeholders from across the optical sector in October to agree sector-wide commitments to address these issues. We have invited representatives of large employers within the optical sector and the professional and representative bodies to attend. We have invited student representation as we think it's important to consider the experiences of optical students on their journey to qualification and any negative behaviours that they face. We have also invited a representative from the pharmacy sector. The Royal Pharmaceutical Society carry out an annual Wellbeing survey and have hosted a roundtable with stakeholders to discuss how they can better support pharmacy teams to deliver patient care through, for example, healthy working environments. We think it would be valuable to learn from their experience as they operate in a similar working environment.
22. We have already used the findings to inform conversations we have had with external stakeholders on reviewing our standards of practice, for example, such as strengthening standard 13: Show respect and fairness to others and do not discriminate. We will be consulting on any changes to our standards in early 2024. We may also need to make consequential amendments to our standards for optical businesses as part of the standards review project, We are likely to carry out a full review of our standards for optical businesses once the standards for individual registrants have been revised.

Patient experiences of receiving optical care

23. Overall patient satisfaction levels remain high, however, while these overall results are positive, breaking down the data further reveals stark differences between the experiences of those from, for example, an ethnic minority background and those with a disability.
24. Ethnic minority respondents were more likely than white respondents to feel uncomfortable about visiting an opticians / optometrist practice, citing the cost of the sight test / eye examination as one factor. They were less likely to get their sight tested in a high street opticians / optometrist practice, and more likely to get their sight tested in a hospital, and less likely to go to an opticians / optometrist practice in the event of an urgent eye problem. They were less likely to be satisfied with the experience of buying glasses. They were more likely to have considered complaining about an experience at an opticians / optometrist practice. These

findings could indicate that some people from an ethnic minority background have different perceptions and experiences of visiting an opticians / optometrist practices compared to white people.

25. Respondents with a disability were less likely to say that they were satisfied with the optometrist who carried out their sight test and with the overall experience of visiting an opticians / optometrist practice than those without a disability. They were more also more likely to say that something went wrong with the care / service they received and more likely to have complained than those without a disability. These findings could indicate that more vulnerable groups of patients are struggling to receive the same standards of care as those without a disability.

Actions we are taking in response

26. We think that the findings show concerning differences between the experiences of different patient / public groups, and the data suggests that there is scope to improve the quality of service offered to, for example, those with a disability and those from an ethnic minority background. Inclusion is often used to mean the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised. People belonging to excluded or marginalised groups tend to have very poor health outcomes, often much worse than the general population, and a lower average age of death.
27. We think it's important that we continue to track the data and will consider how we can use future surveys or other research to explore these differences. In order to understand these findings better, we are also exploring whether the next surveys could include multivariate analysis to help determine the most important factors that might shape a poor experience.
28. We are using the data to inform the standards review project and help us understand if we need to strengthen or set more detailed requirements. We already set standards for registrants to ensure they are respectful, fair and do not discriminate. They must also consider the needs of disabled patients and make responsible adjustments. We have commissioned further patient and public research as part of the Standards Review, which includes interviews with some vulnerable patients so that we can reflect their views and ensure the standards we set fully promote and embed the principles of quality, diversity and inclusion.
29. In terms of the wider sector, while the reasons for these differences between different groups may reflect many different factors, there may be more that the sector can do to reduce barriers to access for example for disabled patients. Greater transparency on the cost of the eye test, or improved information about the eye test online, might also help to reduce barriers to access.

Continuing Professional Development (CPD)

30. This year we asked a set of new questions on registrant experiences of the new CPD scheme. Overall, it is positive that 75% of the professions think that CPD improves their practice, however, when we delved into the issues of completing the various requirements of the new scheme confidence levels dropped.
- 39% were not confident about completing their PDP at the beginning of the cycle with 59% confident.
 - 40% were not confident in completing a short written reflective statement after each CPD activity to capture learning with 58% confident.
 - 21% said that they were not confident participating in a peer review activity with 77% confident, (with more dispensing opticians not feeling confident but to note this is the first cycle where this has been a requirement for them).
 - 51% not confident in completing a reflective exercise with a peer at the end of the cycle with 43% confident.
31. In terms of registrants voluntarily completing self-directed CPD 34% had completed some so far, with 53% saying they did not feel confident in completing any. Unsurprisingly those who had not completed any were much less confident. On a positive note, those that had completed self-directed CPD felt that it gave them the flexibility to tailor CPD to their scope of practice and develop their knowledge and skills in a wider range of areas than those available in provider led CPD.

Actions we are taking in response

32. The education team have reviewed the findings and have already taken the following actions:
- We have enhanced our communications strategy to help engage and motivate registrants and improve general understanding about the scheme and its requirements. We have done this via blogs and articles in the optical press, for example, on the importance of completing the personal development plan.
 - We are working with employers to help promote CPD and the completion of requirements.
 - We are creating simpler templates for registrants to use and we are continuing to develop our online resources.
 - We have undertaken a rapid review of the first 18 months of the CPD cycle, which has incorporated the findings from the registrant survey.

Finance

33. The policy and standards budget includes the costs of commissioning the public and registrant surveys.

Risks

Registrant survey

34. There is a risk that we do not understand registrant views of the GOC or working in clinical practice, which could have negative implications for our role of protecting and

promoting the public's health and safety. There is also a potential reputational risk if we do not act upon the findings of the survey. We mitigate these risks by ensuring that we capture and track registrant data via our annual survey, and we demonstrate publicly, how we are acting on these findings.

Public perceptions survey

35. There is a risk that we do not understand the public's views and experiences of eye care, which could have negative implications for our role of protecting and promoting the public's health and safety.
36. There is also a risk that we do not address the risks and issues raised by the public via our research, which could have negative implications for our role of protecting and promoting the public's health and safety. We have mitigated these risks by carrying out an annual survey since 2015, and we use the research to, for example, inform the policies and standards we set to fulfil our statutory role in protecting the public.

Equality Impacts

37. We have not carried out an equality impact assessment as the surveys are not a new or amended policy.

Devolved nations

38. For the public perceptions survey, Scotland, Wales and Northern Ireland were over-sampled to ensure that confident statistical analysis could be undertaken by nation. Of the 2,020 interviews, 1,271 were in England, 249 were in Scotland, 249 were in Wales, and 251 were in Northern Ireland.
39. The registrant survey was sent to all individual registrants across the UK. In total, 80% of respondents were in England, 9% in Scotland, 6% in Wales and 4% in Northern Ireland (this broadly matches our registration data by nation).
40. [Infographics](#), highlighting the key findings, are available for each nation for both surveys. Data tables have also been made available for each nation.

Communications

External communications

41. The [public perceptions](#) and [registrant survey](#) reports and data tables have been published on the GOC's website and disseminated to external stakeholders. There has been wide coverage of both surveys in the trade press, including a series of articles focusing on the findings about negative working environments. This shows how the registrant survey can usefully stimulate conversations in the sector.
42. Both reports have already been presented and well received by a number of different external stakeholders including The College of Optometrists and national optometric advisors in Wales, Scotland and Northern Ireland. We are aware that the findings

and tracking of data on an annual basis continue to be of interest and are used to help inform policy development.

43. We are also sharing the data with other regulators such as the GMC and via the cross regulatory group on research.

Internal communications

44. We have already presented the findings of the public perceptions and registrant survey to internal staff.

Next steps

45. The contracts with M.E.L (public perceptions survey) and Enventure (registrant survey) have now finished and we will be re-tendering and issuing an invitation to tender for both contracts over the autumn. We have reviewed how well both surveys have been run over the last three years, to ensure that we continue to deliver value for money and provide useful data for the GOC and wider optical sector.
46. In addition, we will shortly begin procurement for what we hope will be an annual survey of business registrants.

Attachments

- Annex one: Public perceptions survey 2023
Annex two: Registrant survey 2023
Annex three: [Pre-recorded presentation](#)



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research

General Optical Council

Public perceptions research

March 2023

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Project details

Title	Public Perceptions Research 2023
Client	General Optical Council
Project number	20189
Author	Kirsty Marshall and Katherine Atkinson

M·E·L Research Ltd

Somerset House, 37 Temple Street, Birmingham, B2 5DP

Email: info@melresearch.co.uk

Web: www.melresearch.co.uk

Tel: 0121 604 4664



Executive summary

Based on a UK representative sample of 2,020 interviews which were completed online between 27 January until 13 February 2023, the headline messages for the General Optical Council are summarised below.

Public Perceptions Research 2023 – Key Messages



77% of the population had a sight test / eye examination in the last two years, up 3% since last year.

(Wording has changed from 2021 when it was visited an optician)



36%

+2 vs. last year

Would go first to an opticians / optometrist practice with an emergency eye problem, the second most common choice was a GP practice/surgery (33%)



21%

Shopped around when looking for an opticians / optometrist practice

41%

of people agreed that a convenient location was the main factor behind choosing the opticians / optometrist practice for their sight test / eye examination

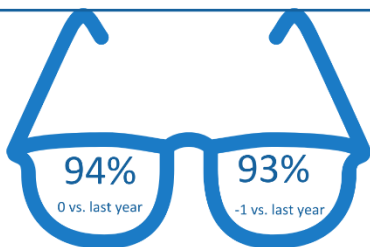


21%

Agree that affordability is an important factor when selecting an opticians / optometrist practice

72%

Did know the price of the sight test / eye examination before attending their appointment



94%

0 vs. last year

93%

-1 vs. last year

Were satisfied with optometrist during their last sight test / eye examination

Were satisfied with their visit overall



13%

of all respondents indicate that they have ever experienced a situation where something has gone wrong with the care / service they received from an opticians / optometrist practice, remaining consistent with the levels seen last year.

There is higher confidence in receiving a high standard of care from an opticians / optometrist practice than all of the other healthcare services



Opticians / Optometrist practice
92% confident
0 vs last year



Pharmacy 86%



Dental practice/surgery 81%



GP practice/surgery 79%

Of those who purchased products following their appointment:

85%



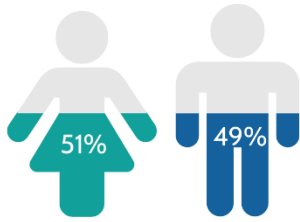
bought them from the opticians / optometrist practice where they had their sight test / eye examination

63%

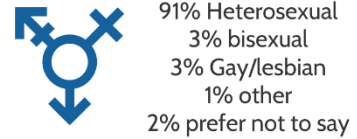


Public Perceptions Research 2023 – Demographic profile

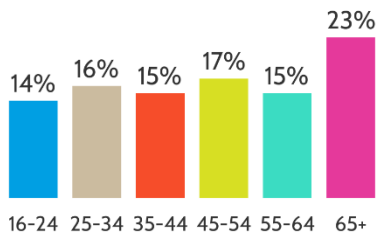
Gender



Sexuality



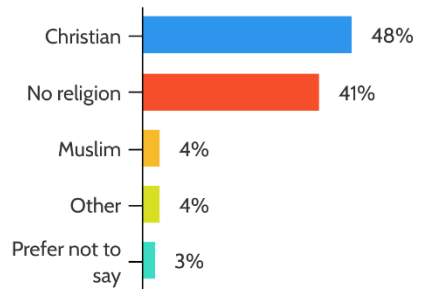
Age



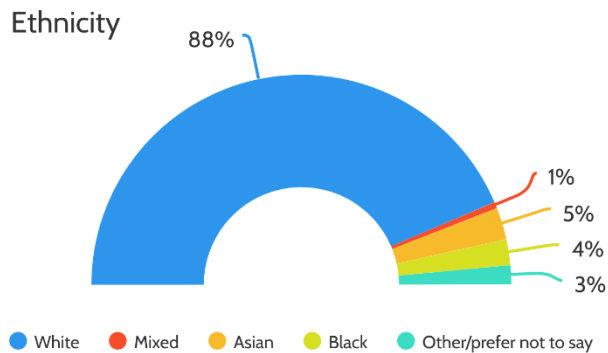
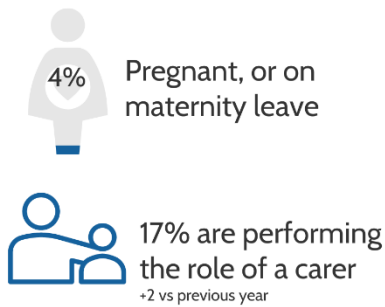
Region



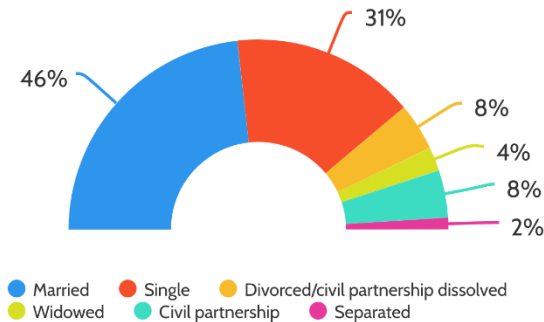
Religion



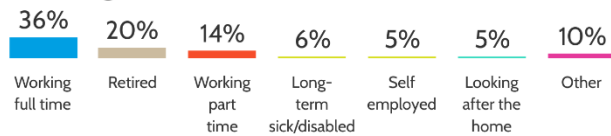
Ethnicity



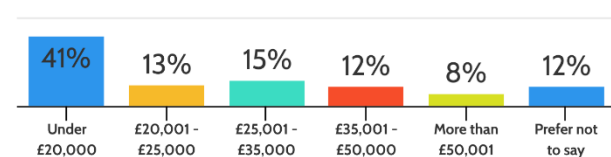
Marital status



Working status



Personal annual income



Perceptions and service experiences

Our mission is...

to protect the public
by upholding high
standards in the
optical professions

Our vision is...

to be recognised for
delivering world-class
regulation and excellent
customer service

Key findings

The mission of the General Optical Council (GOC) is to protect and promote the health and safety of the public by upholding high standards in the optical profession. This regulatory function is being delivered across a sector that the public continue to view in a highly positive manner:

- **Public satisfaction levels** - The high level of public satisfaction with optometrists who carry out sight tests / eye examinations that has been evident in previous iterations of this research has been sustained into 2023. More than nine in ten individuals (94%) who have had a sight test / eye examination within the last two years state that they were satisfied with the optometrist who carried this out. This is in line with the result seen last year, where satisfaction levels were 94%. (N.B., both sight test and eye examination are included in the wording as in Scotland they use the term eye examination.)
- **Satisfaction with the overall experience** - Echoing the satisfaction levels (above) for the optometrist who carried out the sight test, 93% of those who had a sight test / eye examination during the last two years were satisfied with the overall experience. This is a small drop from the level of satisfaction seen in 2022 (94%), although this isn't statistically significant. Over three quarters (80%) of respondents who had had a sight test / eye examination within the last two years were also satisfied with the overall value for money.

- **Public confidence in opticians / optometrist practice** - Public confidence remains strong. Nine in ten respondents (92%) are either fairly or very confident in the standard of care that is provided by opticians / optometrist practices. The confidence is higher than seen in other healthcare professionals, with confidence in GP practices/surgeries fallen significantly compared to last year (79% cf. 86%), as has confidence in dental practices/surgeries (81% cf. 88%).
- **Perceptions of opticians / optometrist practices** - Perceptions of opticians / optometrist practices as healthcare providers have seen some improvements in the last year, with an increasing proportion likely to attend an opticians / optometrist practice as their first port of call if they woke up with an eye problem. This figure has risen from 34% in 2022 to 36% in 2023 and has now, for the first time, overtaken the proportion who would speak to their GP practice/surgery first (33%, decreasing from 35% seen in 2022, and from 38% in 2021). The long-term trend for those who would go to or speak to an opticians / optometrist practice has also increased each year since 2015 and is now at the highest levels seen (19% in 2015, 36% in 2023).
- **Negative experiences when visiting an opticians / optometrist practice** - There has been no change this year in the incidence of something going wrong with care/service received by patients at an opticians / optometrist practice compared to 2022. 13% report experiencing such an event in both 2023 and 2022. The proportion who received an apology (of those who have experienced a situation where something has gone wrong) was also in line with results seen last year (56% cf. 58%).
- **Levels of shopping around** – One in five (21%) respondents shopped around to compare different opticians / optometrist practices before picking which one to go to. Having a convenient location (41%), seeing the same healthcare professional as previous tests (25%) and an affordable price (21%) were the top three factors when choosing the provider for their sight test / eye examination.
- **Knowing the price ahead of the appointment and purchasing glasses / contact lenses** - Seven in ten (72%) knew the price of their sight test / eye examination before attending their appointment, with three quarters (75%) finding it easy to find the price out. Around a third (30%) knew the price already from previous visits. 70% bought either glasses or

contact lenses as a result of their sight test / eye examination, with 85% of those purchasing their glasses in the same place they had their test, and 63% of those who bought contact lenses buying them from where they had their test.

Research objectives and methodology

Research background and objectives

The GOC is the regulator for the optical professions in the UK. The mission of the GOC is to protect the public by upholding high standards in the optical professions. The GOC currently registers around 33,000 optometrists, dispensing opticians, student opticians and optical businesses. As part of the organisation's research programme which seeks to help understand the views and experiences of members of the public across the UK. The GOC first commissioned research into public views in 2015. In 2021 the GOC updated its approach to public research and this report represents the third iteration of that approach.

The key objectives of the 2023 public perceptions survey were to:

- conduct a survey with a robust and representative sample of the UK adult population (16+) including a mix of both patients and non-patients.
- measure and track trends in perceptions and levels of awareness over time, comparing results to previous years.
- collect further data on who answered the survey, including protected characteristics such as religion, marital status, and disability status.

Methodology

The 2023 survey was redesigned jointly by M·E·L Research and the GOC to ensure that the survey content remained aligned with the GOC's strategic objectives and that it reflected the practical experiences the public will have had of using eyecare services throughout 2022.

A copy of the questionnaire can be found in Appendix B. Interlocking quotas were set to ensure a representative sample was achieved based on gender and age within each UK nation. Scotland, Wales, and Northern Ireland were over-sampled to ensure that confident statistical analysis could be undertaken by nation. The survey was hosted online and distributed to a UK consumer panel, which includes members of the public who have signed up to take part in online research on a wide number of topics. This approach replicates the approach used in the last two waves of this research delivered in 2021 and 2022. Earlier waves prior to 2019 used a mixture of telephone and online techniques.

In total 2,020 interviews were completed, exceeding the 2,000-interview target set. The distribution of these interviews per nation is shown in the figure below.

Figure 1: Sample achievement by nation



A full sample profile by nation can be found in Appendix A. Prior to the application of weighting, the survey included:

1,596 who are either glasses or contact lens wearers (79%)

1,559 who've had a sight test in the past two years (77%)

The 2023 dataset also includes further information on the online panel members. These variables are:

- Age, gender, region, gender reassignment, sexuality, disability, pregnancy, ethnicity, marital status, those with carer responsibilities, religion, working status, income, those with an eye condition.

All the questions of a more sensitive nature had the option to select prefer not to say, with income receiving 12% selecting prefer not to say, all other demographic questions received 3% or less selecting this option.

It's important to note that 41% of the sample were in the lowest income bracket (under £20,000 for their personal annual income before tax), with those retired (65+) and those under 16-24 more likely to be within the lowest income band.

As the online survey was undertaken with a sample of the public, all results are subject to sampling tolerances. For example, when interpreting the results to a survey question which all respondents answered, where 50% responded with a particular answer, there is a 95% chance that this result will vary by no more than +/- 2.18 percentage points had the result been obtained from the entire UK population (16+). Sampling tolerances are higher for the smaller subgroup populations such as Northern Ireland, Scotland, and Wales. Each of these nations has a 95% confidence interval level of +/- 6.2 percentage points, with England having a 95% confidence interval level of +/- 2.75 percentage points.

Analysis and reporting

Weights have been applied to the returned data to ensure that certain subgroups are not over or under-represented within the data, and that the data is as close to the demographic profile of the UK as possible in terms of gender and age. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population. Minor weighting corrections were applied by age and gender within each nation.

When setting the survey quotas, it was decided that the nations of Scotland, Wales and Northern Ireland should be over-sampled to allow for confident data analysis at a nation-specific level and to allow confident analysis between countries.

Statistical tests

To provide further insight into the results, we have carried out sub-group analysis by different demographics and some other variables (e.g., when their last sight test / eye examination was and current use of glasses and contact lenses). The results for these sub-groups have been presented only where they are statistically significant (at the 95% confidence level) and if the base sizes are 30 or more. Where there is a statistically significant difference between groups, this has been noted in the report as a “significant” difference.

Presentation of data

Throughout this report, those who took part in the survey are referred to as ‘respondents’. For this report, those who reported having a sight test / eye examination in the last two years are referred to as ‘patients’. Those who reported having a sight test / eye examination more than two years ago or never are referred to as ‘non-patients’.

The questions were updated last year to reflect the difference between optometrists and dispensing opticians, the two distinct optical professions the GOC regulates. This was done by splitting out certain questions into different codes or including both codes in the answer to not impact on trended data.

Owing to the rounding of numbers, percentages displayed on graphs may not always add up to 100% and may differ slightly to the text. The figures provided in the text should always be used as the authoritative results. Where shifts are shown, these have been calculated on the figures rounded to the nearest whole number.

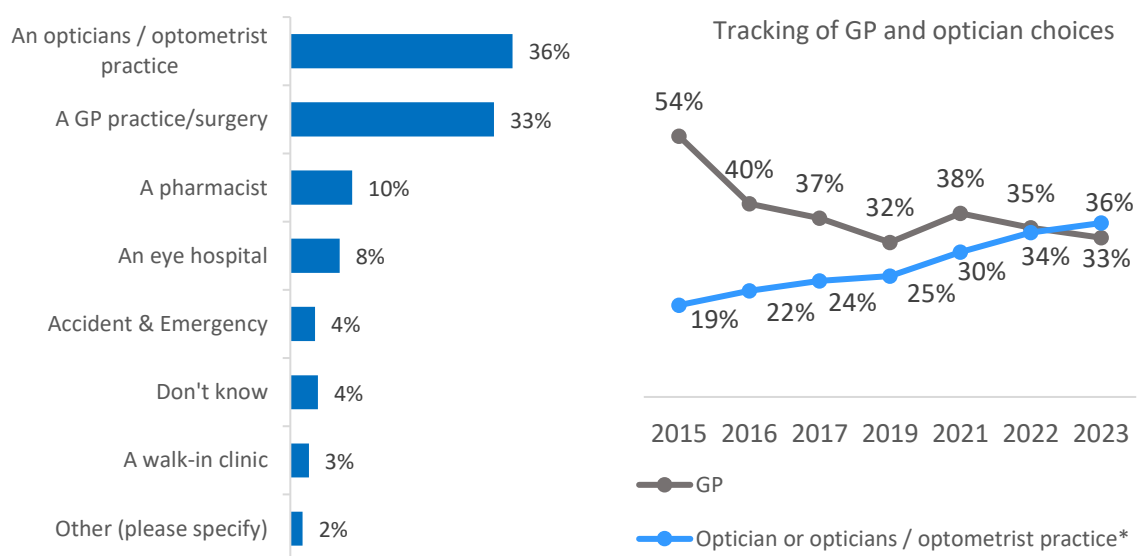
Public perceptions of opticians / optometrist practices

The role of opticians in treating eye problems

The proportion of respondents who state that they would first go to or speak to an opticians or optometrist practice if they woke up with an eye problem has continued to grow year on year, having risen from 30% in 2021, 34% in 2022 to 36% in 2023. This figure has been steadily growing since 2015, when 19% reported, they would go to an opticians first. However, it should be noted that in 2022, the wording of this option was altered from “optician” to “An opticians / optometrist practice”, which may have impacted on the proportion who selected it in 2022 and in 2023 results.

As the proportion who would first go to an opticians / optometrist practice with an eye problem has increased, there has been a concurrent decline in the proportion who would first go to a GP since 2015, when 54% reported that they would do so. Although this figure saw a slight spike in 2021, when it rose to 38%, it has continued to fall again, with this year the first time that the proportion who would go to an opticians / optometrist practice overtaking the proportion who would go to a GP practice/surgery first.

Figure 2: If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first? (All respondents)



Unweighted sample base: 2023 (2,020) / 2022 (2,234) / 2021 (2,087) / 2019 (2,000) / 2017 (3,025) / 2016 (3,252) / 2015 (2,250)

*Answer option changed from “An optician” to “An opticians / optometrist practice” in 2022

Among patients (those who have had a sight test / eye examination in the last two years), the proportion who would go to an opticians / optometrist practice first if encountering an eye problem is significantly higher (39%) than the proportion of non-patients (23%) who would do so. 32% of patients were likely to go to a GP practice first, whilst the figure for non-patients was 37%.

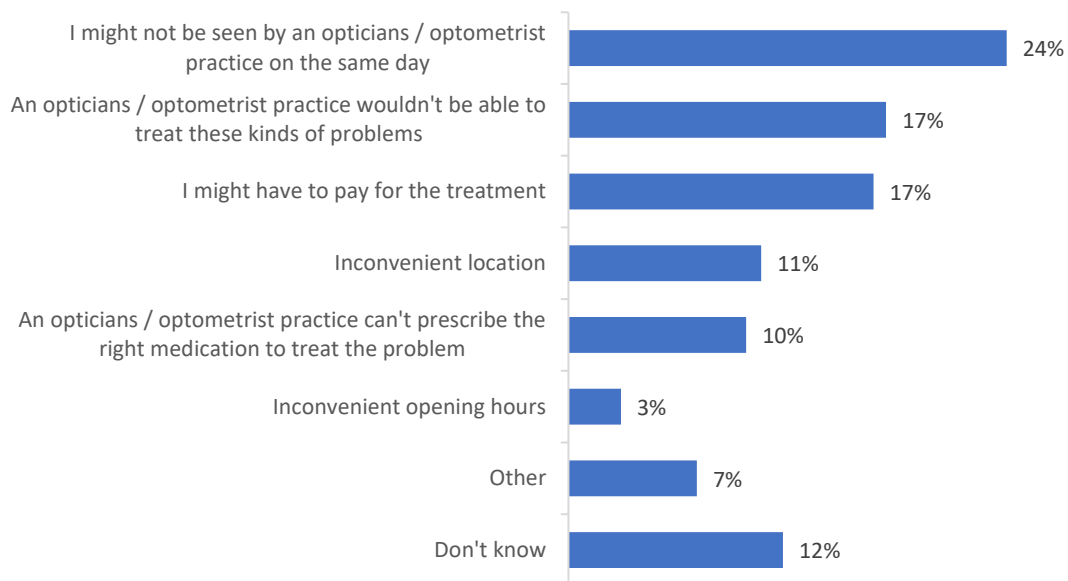
At the nation level, respondents in Northern Ireland (49%) and Scotland (46%) are significantly more likely than those in the overall sample to go to an opticians / optometrist practice first, while respondents in England are less likely to (30%). (39% for those living in Wales, which was not statistically significant compared to the other nations).

Female respondents (39%) are significantly more likely than male (32%) to go to an opticians / optometrist practice first, as are those over the age of 35, with those aged 35-44 (41%), 45-54 (41%) and 65+ (41%) significantly more likely to go to an opticians / optometrist practice first than those aged 16-24 (22%) and 25-34 (30%). White respondents (37%) are significantly more likely than ethnic minority respondents (25%) to go to an opticians / optometrist practice first, with ethnic minority respondents more likely to go to an eye hospital (17%) than an opticians / optometrist practice. Glasses or contact lenses wearers are significantly more likely to go to an opticians / optometrist practice (38%) first than those who don't (27%).

Those in the higher income band (earning £50k+) were more likely to go to an eye hospital (20% cf. 8% for total average), and less likely to go to a GP practice/surgery (24% cf. 33% for total average). Those who have an eye condition were also more likely to go to an eye hospital first (13% cf. 8% for total average).

Among those who choose not to go to an opticians / optometrist practice first, the most common reason given is that they might not be seen on the same day (24%). Meanwhile 17% express concern that the opticians / optometrist practice wouldn't be able to treat these kinds of problems, with 17% also concerned that they might have to pay for the treatment.

Figure 3: Why would you choose not to go to an opticians / optometrist practice first in this situation? (Those who did not select an opticians / optometrist practice for advice on an eye problem)



Unweighted sample base: 1,297

This continues the trend from 2019, 2021 and 2022, when not being seen by an opticians / optometrist practice on the same day was also the most given reason for not attending an opticians / optometrist practice first, reported by 24%, 28% and 28% of respondents in each year respectively.

Among patients, the primary reason for not considering an opticians / optometrist practice is the potential of not being seen on the same day (25%), with the second greatest concern for this group being that they might not be able to treat the problem (20%). For non-patients, the two most common reasons for not considering an opticians / optometrist practice are that they might have to pay for the treatment (24%), which is significantly higher compared to patients selecting this response (14%), and that they might not be seen on the same day (21%).

By location, those in Scotland are more likely (20%) than the overall sample to cite inconvenient location as a reason for not choosing to go to an opticians / optometrist practice. Those in Northern Ireland are more likely than others to state that an opticians / optometrist practice can't prescribe the right medication to treat the problem (18%). (No significant differences reported for England and Wales compared to the total average).

The reasons given also vary by gender, with males more likely than females to state that they might have to pay for the treatment (19% cf. 14%) and that the opticians / optometrist practice is in an inconvenient location (12% cf. 9%). Female respondents are more likely than males to state that an opticians / optometrist practice can't prescribe the right medication to treat the problem (13% cf. 7%).

The responses also vary by age, with concern about needing to pay for payment highest among those aged 16-24 (30%) and 25-34 (22%). Meanwhile inconvenient location is most likely to be a concern for those aged 65+ (14%).

Those who earned under £20,000 were less likely to believe that an opticians / optometrist practice wouldn't be able to treat these types of problems (14% cf. total average of 17%). Those earning between £35,001 - £50,000 were more likely to cite an inconvenient location as a reason they would not choose to go to an opticians / optometrist (17% cf. 11% for total average), with those earning over £50,001 more likely to say inconvenient opening hours (9% cf. 3% total average).

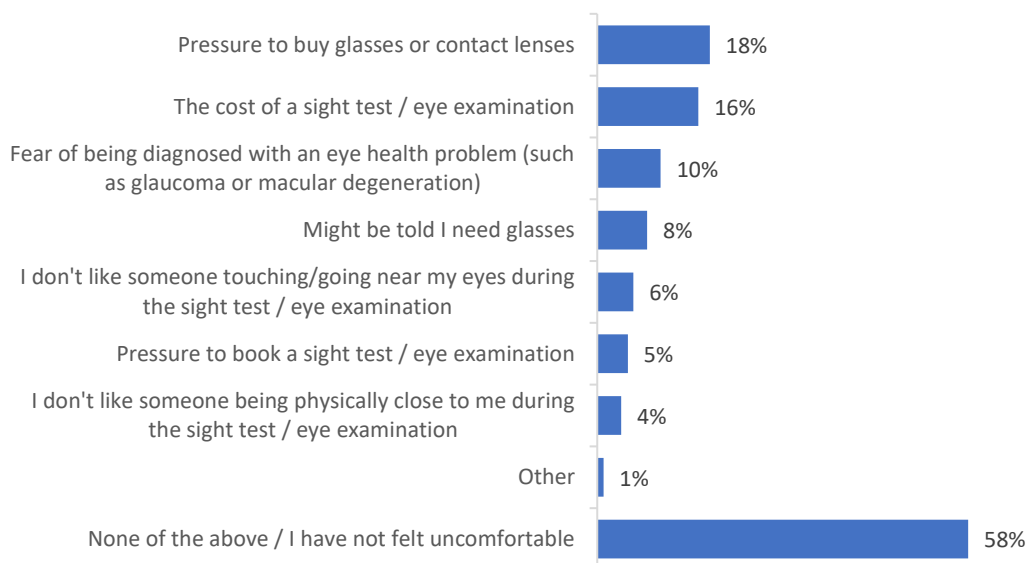
Those who have an eye condition are more likely to believe that an opticians / optometrist practice wouldn't be able to treat these types of problems (22% cf. 15% for those who don't have an eye condition).

Using the services provided by an opticians / optometrist practice

Feeling uncomfortable about visiting an opticians / optometrist practice

Almost six in ten (58%) respondents state that they have never felt uncomfortable (or said none of examples given in the question made them uncomfortable) about visiting an opticians / optometrist practice. This is the same proportion who expressed this in 2022. The most common reason for feeling uncomfortable about visiting an opticians / optometrist practice is the pressure to buy glasses or contact lenses – this was also the most common reason in 2022, however the proportion agreeing has fallen from 21% to 18% in this period. All other answers were provided by a similar proportion (+/- one percentage point difference) to 2022, with the cost of a sight test / eye examination being the second most common reason for feeling uncomfortable (16% in 2023) and fear of being diagnosed with an eye health problem the third most common (10% in 2023). These were also the top three causes of feeling uncomfortable in 2021, when they were reported by 20%, 13%, and 10% of respondents respectively, and the proportion who have never felt uncomfortable was 60%.

Figure 4: Have you ever felt uncomfortable about visiting an opticians / optometrist practice for any of the following reasons? (All respondents)



Unweighted sample base: 2020

The reasons given vary by nation, with those in England more likely than the overall sample to state they feel uncomfortable due to the cost of a sight test / eye examination (18%), the fear of being diagnosed with an eye health problem (11%) and that they might be told they need glasses (9%). Respondents from England are also less likely to feel comfortable (56% cf. 58% for the total sample agreeing to none of the above / I have not felt uncomfortable). Within England, those in Greater London are more likely than the overall sample to cite pressure to buy glasses or contact lenses (24%), the cost of a sight test / eye examination (22%), that they might be told they need glasses (19%), fear of being diagnosed with an eye health problem (17%) and the pressure to book a sight test / eye examination (9%) as reasons why they have felt uncomfortable about visiting. They are also more likely to have felt uncomfortable as a whole (43% cf. 58% for total average agreeing none of the above / I have not felt uncomfortable). Meanwhile, those in Scotland are less likely than the overall sample to feel uncomfortable because of the pressure to buy glasses or contact lenses (12%) or the cost of a sight test / eye examination (9%). Those living in Wales and Northern Ireland were in line with the total average across all answer options.

There also exist significant differences by gender and age among those who have ever felt uncomfortable about visiting an opticians / optometrist practice. Male respondents are more likely than females to state they might be told they need glasses (10% cf. 6%). Female respondents are meanwhile more likely than males to cite the cost of a sight test / eye examination (18% cf. 14%), and that they don't like someone being physically close to them during a sight test / eye examination (5% cf. 2%).

By age, older respondents were more likely to feel comfortable when visiting an opticians / optometrist practice, with the proportion stating they have not felt uncomfortable significantly higher among those aged 65+ (80%), 55-64 (64%) and 45-54 (64%) than those aged 16-24 (37%), 25-34 (40%) and 35-44 (55%). Compared to the overall sample, concern is significantly higher about the cost of a sight test / eye examination among those aged 16-24 (27%) and 25-34 (26%), as well as that they might be told they need glasses among those aged (16-24 18%, 25-34 16%), that they might be diagnosed with an eye health problem (16-24 15%, 25-34 17%) and the pressure to book a sight test or eye examination (16-24 8%, 25-34 12%). Those aged 25-34 were also more likely than the overall sample to feel uncomfortable

by pressure to buy glasses (22%), not liking someone touching/going near their eyes (8%) and not liking someone being physically close to them (6%).

Those who have an eye condition were more likely to have felt uncomfortable when visiting an opticians / optometrist practice than those who don't have an eye condition. Compared to those without an eye condition, those with an eye condition were more likely to cite that they have felt pressure to buy glasses or contact lenses (22% cf. 16%), be afraid of being diagnosed with an eye health problem (15% cf. 8%), told they might need glasses (15% cf. 8%) or pressure to book a sight test / eye examination (7% cf. 4%).

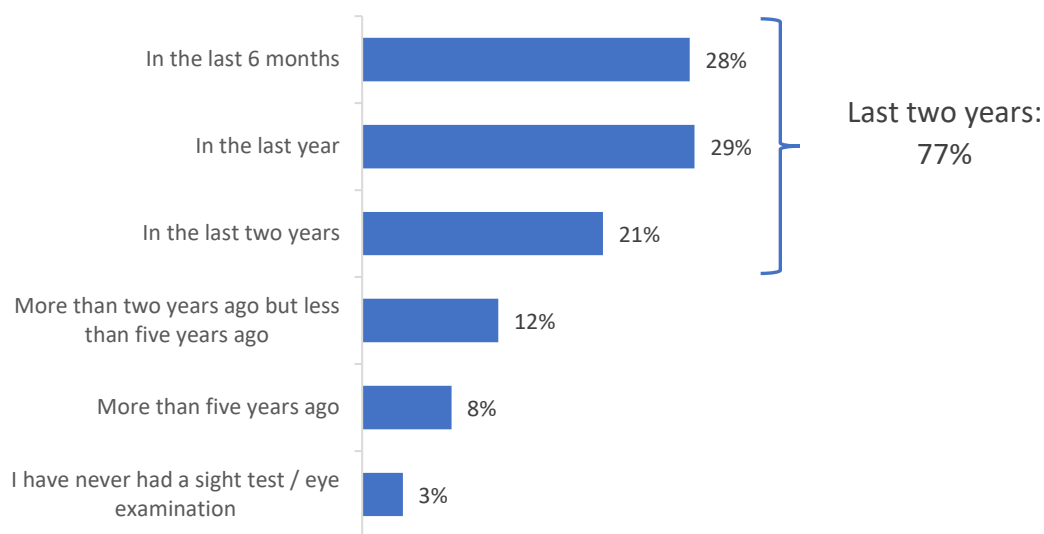
Ethnic minority respondents are more likely to feel uncomfortable when visiting an opticians / optometrist practice than white respondents. While 60% of white respondents have never felt uncomfortable, 35% of mixed / multiple ethnicity respondents, 44% of Asian / Asian British and 40% of black / black British respondents state the same. Mixed / multiple ethnicity respondents are more likely than the overall sample to state they might be told they need glasses (24%) and that they fear being diagnosed with an eye health problem (31%). Asian / Asian British respondents are more likely to say that they fear being diagnosed with an eye health problem (18%), that they might be told they need glasses (13%) and the pressure to book a sight test / eye examination (11%). Black / black British respondents more commonly report a fear of being diagnosed with an eye health problem (20%), the cost of a sight test / eye examination (29%), pressure to book a sight test (10%) and that they don't like someone going near their eyes (13%).

Those in the highest income bracket (earning more than £50k) were more likely to feel uncomfortable about visiting an opticians / optometrist practice (agreement with not felt uncomfortable 44% cf. 58% for total average). Fear of being diagnosed with an eye health problem (36% cf. total average 10%), might be told they need glasses (18% cf. 8% for total average) and pressure to book a sight test / eye examination (10% cf. 5% for total average), and not liking someone touching or going near their eyes (11% cf. 6% for total average) all significantly higher amongst this cohort.

Last reported visit for a sight test / eye examination

Over three quarters (77%) of respondents report having had a sight test / eye examination in the last two years, rising from 74% in 2022. This may be due to restrictions between 2020-2022 caused by the Covid-19 pandemic. Over one in ten (11%) report having had a sight test / eye examination more than five years ago or never having had one.

Figure 5: When was the last time you had a sight test / eye examination? (All respondents)

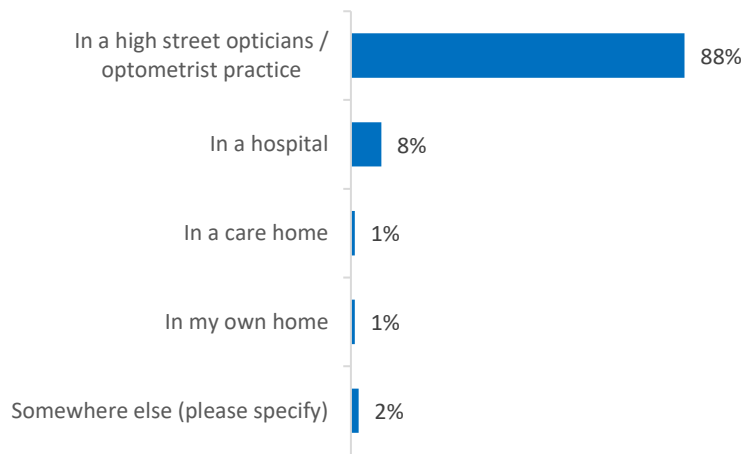


Unweighted sample base: 2,020

Glasses or contact lens wearers (87%) were significantly more likely than non-wearers (40%) to have had a sight test / eye examination in the past two years. Those who have ever felt uncomfortable when visiting an opticians / optometrist practice were less likely to have had a sight test / eye examination in the last two years (71%). Respondents aged 55+ were also significantly more likely than the overall sample to have had a sight test / eye examination in the last two years (55-64 83%, 65+ 88%), as well as those who have an eye condition (88%).

Nine in ten respondents (88%) who had had a sight test / eye examination did so in a high street opticians / optometrist practice, with a further 8% having it in a hospital. However, ethnic minority respondents were significantly less likely than white respondents to have had their last sight test / eye examination in a high street practice (74% cf. 90%), and significantly more likely to have had it in a hospital (18% cf. 8%).

Figure 8: Thinking of the last time you had a sight test / eye examination where was this...? (All respondents)

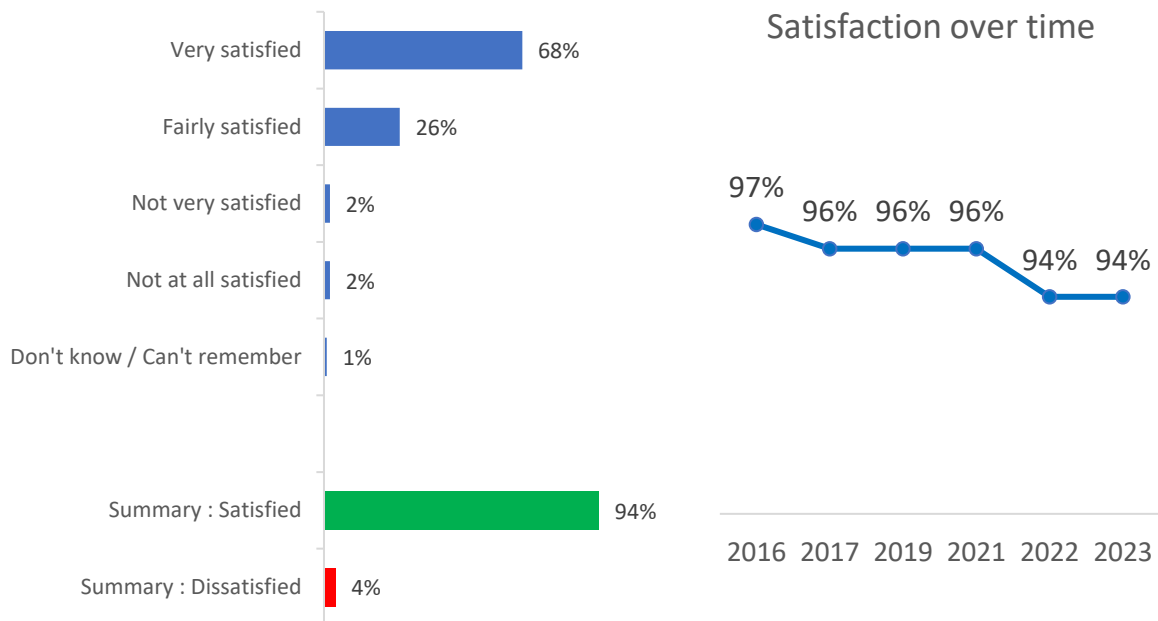


Unweighted sample base: 1,951

Satisfaction with sight test / eye examination

Satisfaction with the optometrist remains high, with 94% of those who had a sight test / eye examination in the past two years satisfied with the optometrist who carried out their sight test / eye examination. This is in line with the result seen last year, where 94% were also satisfied. Only 4% of those who had a sight test / eye examination in the last two years indicated any level of dissatisfaction with the optometrist who carried out their sight test / eye examination.

Figure 9: Thinking of the last time you had a sight test / eye examination*, how satisfied or otherwise were you with the following? The optometrist / optician** who carried out your sight test / eye examination (All those who have had a sight test / eye examination within the last two years)



Unweighted sample base: 1,559

*Question wording changed in 2022 from “Thinking of the last time you saw an optician...” to “Thinking of the last time you had a sight test / eye examination...”

**Answer option changed from “The optician” to “The optometrist” in 2022

Satisfaction was significantly higher amongst females (96%) than males (93%). By age, older respondents tended to report higher levels of satisfaction. Those aged 55-64 (97%) and 65+ (98%) were significantly more satisfied than those aged 16-24 (86%) and 25-34 (89%).

Satisfaction was significantly lower amongst those earning more than £50,001 compared to the total average (90% cf. 94%).

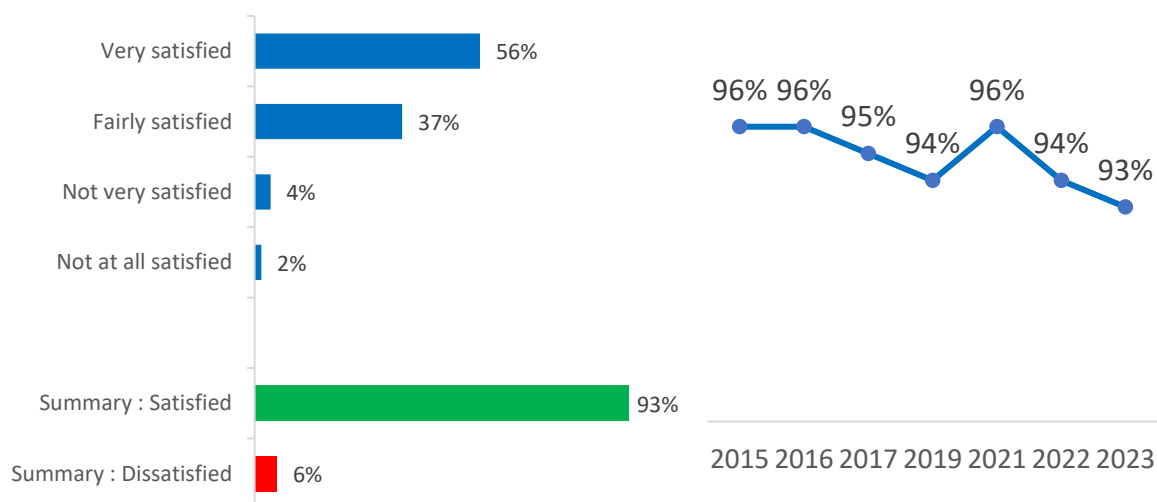
Satisfaction was higher amongst those who don't have a disability, compared to those who do have a disability (95% cf. 92%), with those that wear glasses or contact lenses also significantly more satisfied than those who don't (95% cf. 90%).

Satisfaction was significantly higher among those who had a sight test / eye examination in the last six months (97%) and lower among those who had a sight test / eye examination in the last two years (92%). Satisfaction is lower amongst those who have an eye condition, and higher amongst those who don't (92% cf. 96%).

Satisfaction was also higher amongst those who hadn't shopped around (96% cf. 89%), with those who knew the price ahead of their appointment also significantly more satisfied (96% cf. 91%).

Satisfaction with the overall experience at an opticians / optometrist practice remains high, with 93% of those respondents who have had a sight test / eye examination in the past two years being fairly or very satisfied. However, this marks a small drop from the level of satisfaction reported in 2022 (94%).

Figure 10: Thinking of the last time you had a sight test / eye examination, how satisfied or otherwise were you with the following? Your overall experience of the opticians / optometrist practice** (All those who have had a sight test / eye examination within the last two years)*



Unweighted sample base: 1,559

*Question wording changed in 2022 from “Thinking of the last time you saw an optician...” to
“Thinking of the last time you had a sight test / eye examination...”

**Answer option changed from “The optician” to “The opticians / optometrist practice” in 2022

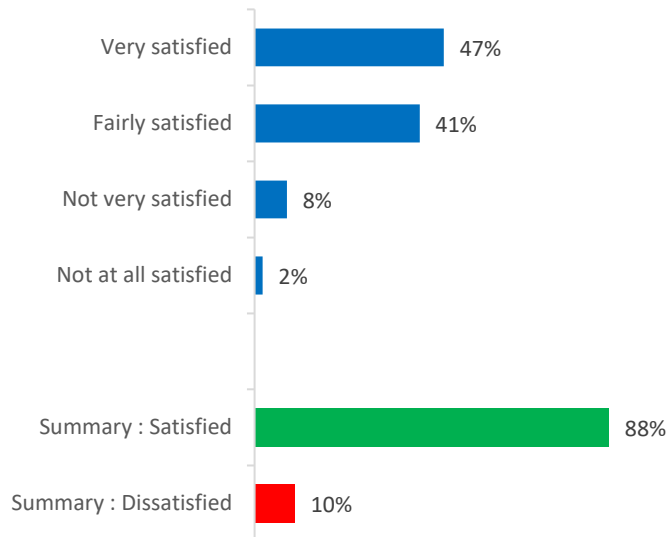
Satisfaction was higher for the overall experience also amongst females (94% cf. males 91%), in line with higher satisfaction results seen for satisfaction with the optometrist who performed the sight test / eye examination.

Those aged 65+ were more likely to be satisfied with the overall experience (97%), with those aged 16-24 the least likely to be satisfied (83%). Those who have an eye condition were less likely to be satisfied compared to those who don't. (90% cf. 94%).

Those living with a disability were less likely to be satisfied with the overall experience, compared to those who don't have a disability (94% cf. 90). Those who wear glasses or contact lenses were more likely to be satisfied with the overall experience, compared to those who don't wear glasses or contact lenses (94% cf. 87%). Those who had a sight test / eye examination in the last six months were also more likely to be satisfied than those who last had a sight test / eye examination in the last two years (95% cf. 90%), as were those who earn under £20k (95% cf. 93% for total average).

Nearly nine in ten (88%) respondents who had had a sight test / eye examination within the last two years were satisfied with the experience of buying glasses or contact lenses.

Figure 12: Thinking of the last time you had a sight test / eye examination, how satisfied or otherwise were you with the following? The experience of buying glasses or contact lenses (All those who had a sight test / eye examination within the last two years, excluding those selecting not applicable)



Unweighted sample base: 1,291

There was significant variation in satisfaction by age, with significantly fewer of those aged 16-24 reporting that they are satisfied (76%) than those aged 25-34 (84%), 35-44 (89%), 45-54 (92%), 55-64 (91%) and 65+ (91%). Those from an ethnic minority (83%) were less likely to be satisfied in the experience of buying glasses or contact lenses than those whose ethnicity is white (89%).

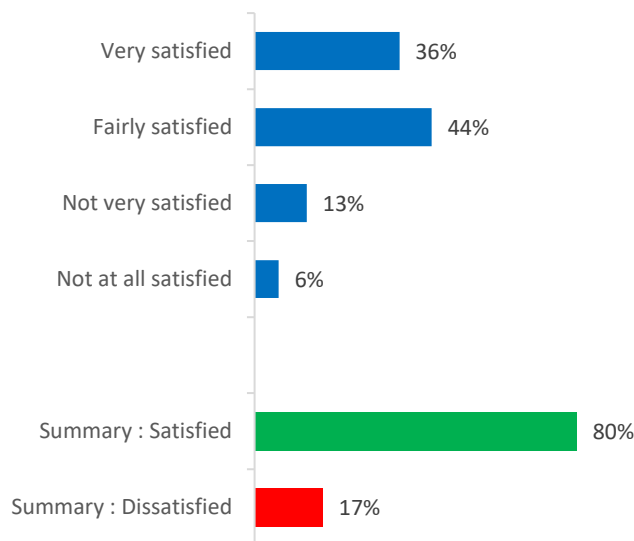
Those who have ever felt uncomfortable visiting an opticians / optometrist were significantly less likely to be satisfied than those who have never felt uncomfortable (77% cf. 95%). Those that had had a sight test / eye examination in the last six months were also more likely to be satisfied with the experiences of buying glasses or contact lenses compared to those who had visited in the last two years (92% cf. 85%).

Those that had shopped around were less likely to be satisfied with the experience of buying glasses or contact lenses compared to those who hadn't shopped around (80% cf. 91%), with those that knew the price before their appointment more likely to be satisfied with the experience of buying glasses / contact lenses (90% cf. 83%).

Those who have an eye condition were significantly less likely to be satisfied with the experience of buying glasses or contact lenses, compared to those without an eye condition (84% cf. 90%).

Over three quarters (80%) of respondents who had had a sight test / eye examination within the last two years were satisfied with the overall value for money.

Figure 13: Thinking of the last time you had a sight test / eye examination, how satisfied or otherwise were you with the following? Overall value for money (All those who had a sight test / eye examination within the last two years, excluding those selecting not applicable)



Unweighted sample base: 1,435

Those aged 16-24 were significantly less likely to be satisfied with the overall value for money (64%), with those aged 65+ the most satisfied (85%). The following groups were also less likely to be satisfied:

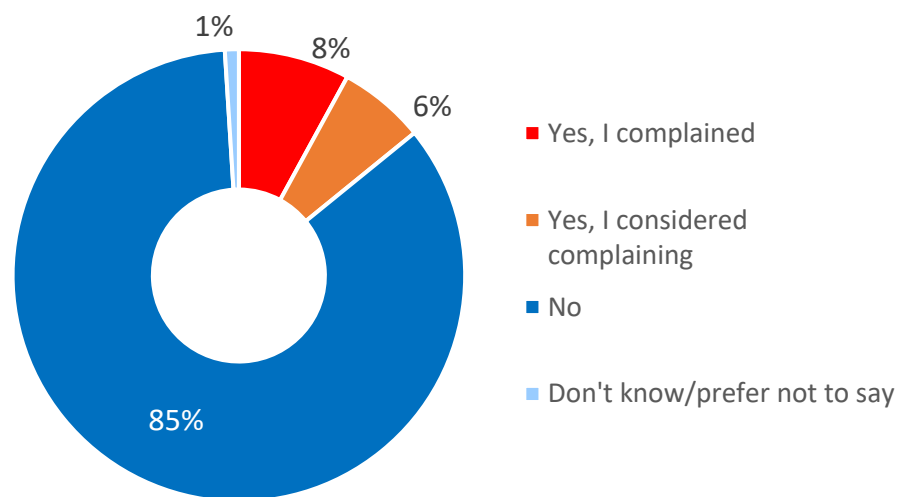
- Those who were from an ethnic minority (70% cf. 81% for white respondents)
- Those with caring responsibilities (74% cf. 81% for those without caring responsibilities)
- Those who have felt uncomfortable during a visit in the past (66% cf. 89% for those who hadn't)
- Those whose visit was in the last two years (73% cf. 86% for those who had visited in the last six months)

- Those who had had an adverse experience (70% cf. 84% for those who hadn't)
- Those who had shopped around (71% cf. 83% for those who hadn't)
- Those who didn't know the price ahead of the appointment (70% cf. 84% for those who did know the price).

Adverse experiences and complaints

Those who had ever had a sight test / eye examination were asked about whether they had ever complained about an experience when visiting an opticians / optometrist practice. In 2023, 85% reported that they had never complained, with 8% stating that they had complained and a further 6% that they considered doing so.

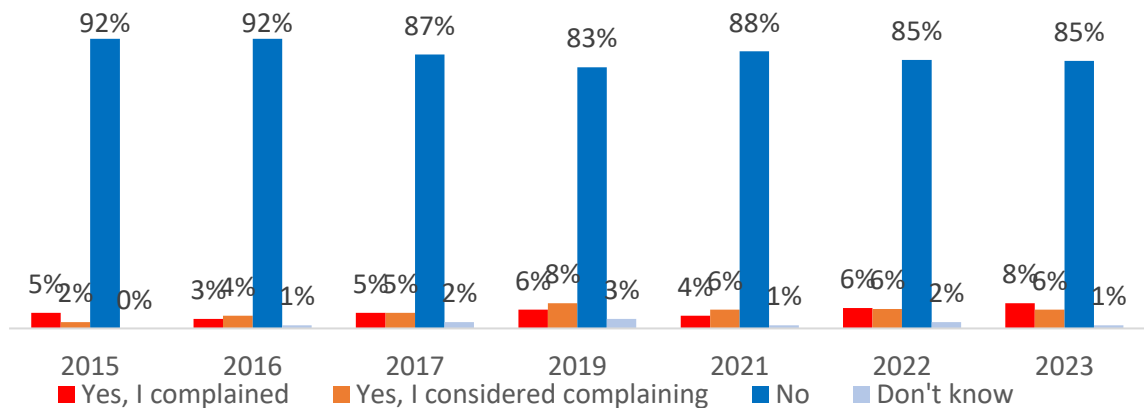
Figure 14: Have you ever complained or considered complaining about an experience when visiting an opticians / optometrist practice? (All those who have ever had a sight test / eye examination)



Unweighted sample base: 1,721

The proportion who had complained has risen from 6% to 8% since 2022, marking a small but statistically significant increase. It should be noted that in 2021 and the years prior, this question was asked about visiting “An optician” whereas in 2022 and 2023 it asked about visiting “An opticians / optometrist practice”.

Figure 15: Complaint incidence over time* (All those who have ever visited an optician / had a sight test / eye examination**)



Unweighted sample base: 2023 (1,721), 2022 (2,172), 2021 (2,014) / 2019 (1,886) / 2017 (2,895) / 2016 (2,983) / 2015 (1,994)

*Question wording referred to visiting “An optician” up until 2021, and was changed to refer to “An opticians / optometrist practice” in 2022

**In 2022, the question wording was changed to “When was the last time you had a sight test / eye examination?”, whereas in 2015-2021 this was asked in the following way “When was the last time you saw an optician?”

By nation, those from Northern Ireland are less likely to have complained (3%) than those living in England (8%), Wales (11%), and Scotland (8%). By age, those aged 65+ were the group most likely to have complained (11%), with those aged 16-24 the least likely to have complained (4%). However, the youngest group are more likely to have considered complaining (16%), with those aged over 65 the least likely to have considered complaining (3%).

White (7%) and ethnic minority (9%) respondents were similarly likely to have complained, but ethnic minority respondents were significantly more likely to have considered complaining (14%) than white respondents (5%). As were respondents who are pregnant, on maternity leave or returning from maternity leave (14%) compared to those who aren’t (5%).

Meanwhile, glasses or contact lens wearers were more likely than non-wearers to both have complained (9% cf. 2%) and to have considered complaining (7% cf. 3%). Carers are also significantly more likely to have complained than non-carers (14% cf. 6%) and were more likely to consider complaining (13% cf. 5%). Those with a disability were more likely to

complain than those without a disability (10% cf. 7%). Also, those who have ever felt uncomfortable when visiting an opticians / optometrist practice were more likely to have complained (10% cf. 6%), and to have considered complaining (11% cf. 3%), compared to those who have never felt uncomfortable. Those that had a sight test / eye examination in the last six months were more likely to have complained than those who visited in the last year, in the last two years, and longer ago (12% cf. 7%, 6% and 4% respectively).

Those earning over £50k were more likely to have considered complaining (11% cf. 6% for total average). Those in the other income brackets were in line with the total average (under £20,000, 6%, £20,001-£25,000, 7%, £25,001 - £35,000, 5%, £35,001 - £50,000, 6%).

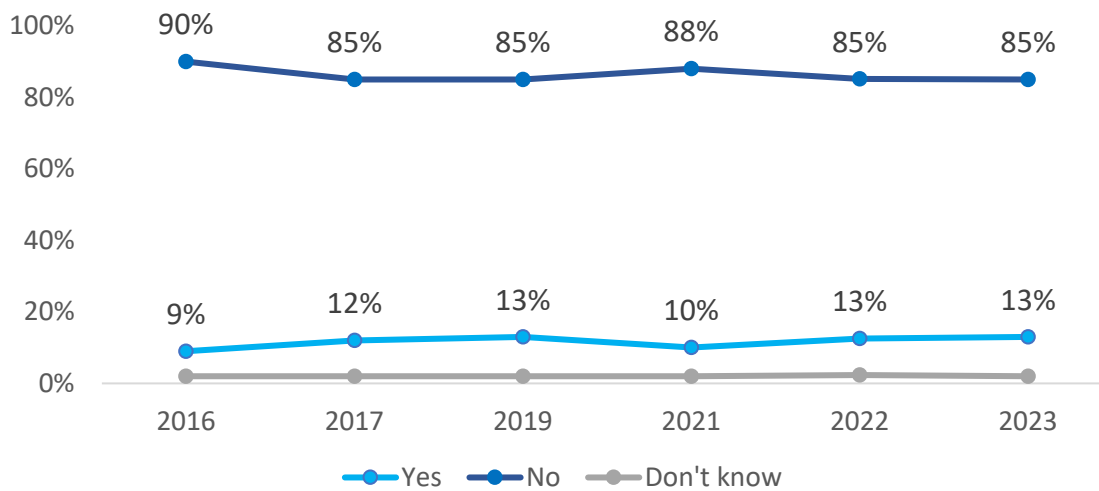
Those with an eye condition were more likely to have complained (14% cf. 5% for those without an eye condition) and were more likely to have considered complaining (12% cf. 4% for those without an eye condition).

Those that had shopped around before choosing which opticians / optometrist practice they went to were more likely to complain (15% cf. 7%), and more likely have considered complaining (17% cf. 4%). Those that knew the price of the sight test / eye examination before they attended were also more likely to have complained (10% cf. 5%).

The Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students require optical professionals to be candid to patients and customers when something goes wrong and to provide an apology. In this context, questions were included to quantify how frequently something goes wrong for patients and whether they receive an apology when this happens.

13% report that something went wrong with the care/service they received when visiting an opticians / optometrist practice, in line with the figure reported last year (13%). It should be noted that the question wording changed in 2022 to reference “the care received when visiting an opticians / optometrist practice”, whereas in previous years it asked about the “care/service received from an optician”. This wording change may have had an impact on the proportion reporting that they experienced a situation where something has gone wrong.

Figure 16: Have you ever experienced a situation where something has gone wrong with the care/service you received when visiting an opticians / optometrist practice? * (All those who have ever visited an optician or had a sight test / eye examination**)



Unweighted sample base: 2023 (1721), 2022 (2,172) / 2021 (2,014) / 2019 (1,886) / 2017 (2,895) / 2016 (2,983)

*In 2022 this question referenced “the care received when visiting and opticians / optometrist practice”, whereas in previous years it asked about the “care/service received from an optician”

**In 2022, the question wording was changed to “When was the last time you had a sight test / eye examination?”, whereas in 2016-2021 this was asked in the following way “When was the last time you saw an optician?”

Respondents in England (14%), Wales (12%) and Scotland (14%) are equally likely to report that something went wrong with the care/service they received when visiting an opticians / optometrist practice. However, those in Northern Ireland were significantly less likely than the overall sample to state that this had happened (7%) than in the other UK nations.

Analysis of subgroups reveals that those who consider themselves to have a disability were significantly more likely (19%) than those who don’t (11%) to report that something went wrong during their visit. This may suggest that not all opticians / optometrist practices have the facilities and processes required to provide a suitable level of service to customers with disabilities. Those that have caring responsibilities were also more likely to have something go wrong during their visit, compared to those who don’t have caring responsibilities (22% cf. 11%). Higher earners (those earning more than £50,001) were also more likely to have something go wrong, compared to the total average (23% cf. 13%).

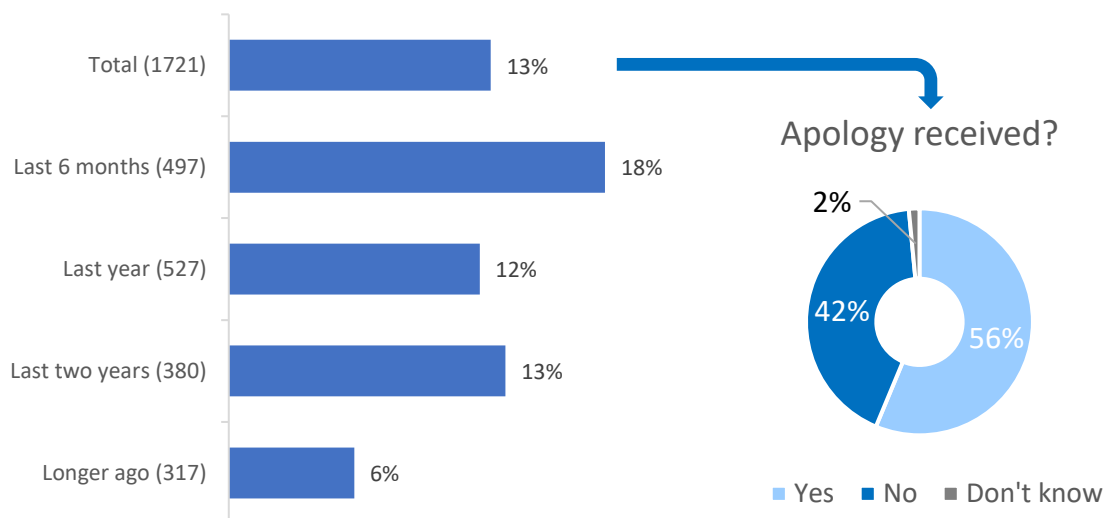
Those who wear glasses or contact lenses were also significantly more likely (15%) than those who don't (3%) to report that something went wrong during their visit, as were those with an eye condition (24% cf. 9% for those without an eye condition), and those that have ever felt uncomfortable when visiting an opticians / optometrist practice (18% cf. 10%).

Those who have visited an opticians / optometrist practice in the last six months were most likely to state that something had gone wrong with the care/service they received, compared to the total average (18% cf. 13%).

Those that shopped around were also more likely to have experienced something going wrong, compared to those who didn't shop around (28% cf. 11%), and those that knew the price ahead of their appointment (16% cf. 10%).

Figure 17: Have you ever experienced a situation where something has gone wrong with the care/service when visiting an opticians / optometrist practice? (All those who have ever had a sight test / eye examination)

Did you receive an apology from the opticians / optometrist practice as a result? (All those who have experienced a situation where something has gone wrong)



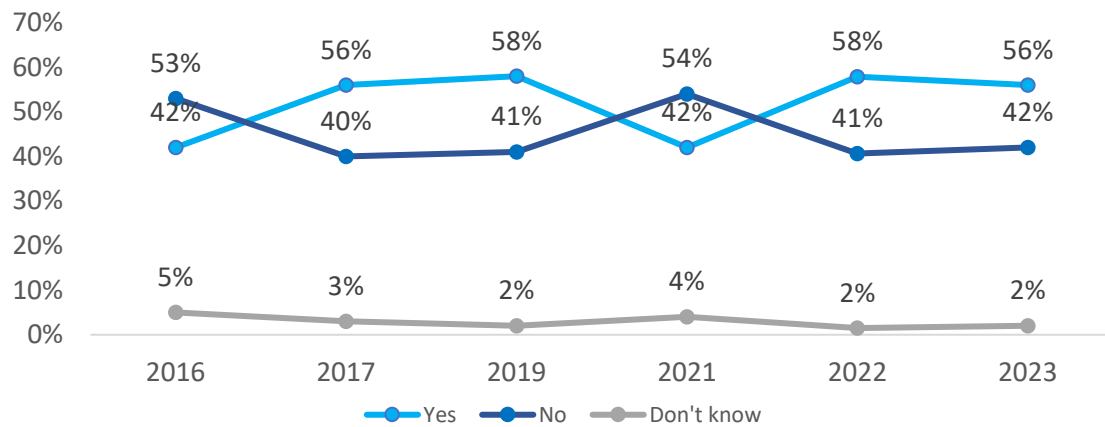
Unweighted sample base: 1,721/223

Among those who had something go wrong with the care/service they received, over half (56%) said that they received an apology. Focusing on differences by subgroups, males were more likely to have received an apology than females (65% cf. 48%). Those with caring responsibilities were also more likely to have received an apology, compared to those who don't have caring responsibilities (67% cf. 53%). Those who have an eye condition were also more likely to have received an apology (63% cf. 49% for those without an eye condition).

Those who shopped around for an appointment were significantly more likely to have received an apology than those who did not (80% cf. 46%). This too was true of those who knew the price of their appointment before attending (62% cf. 42%).

The proportion who received an apology has remained in line with the result seen in 2022.

Figure 18: Did you receive an apology from the opticians / optometrist practice as a result? (All those who experienced something going wrong)*



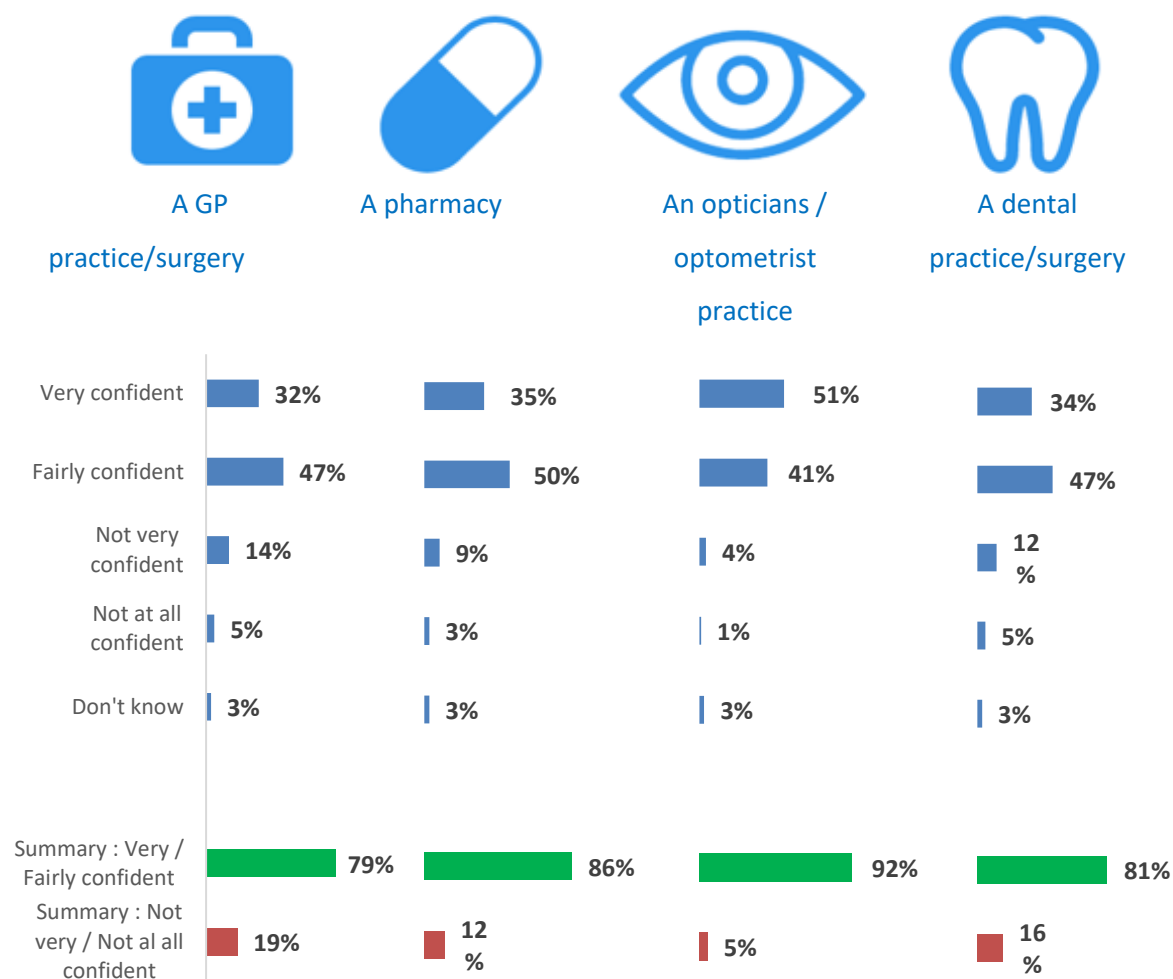
Unweighted sample base: 2023 (223) / 2022 (272) / 2021 (209) / 2019 (249) / 2017 (356) / 2016 (254)

*In 2022 this question asked whether an apology was received from the opticians / optometrist practice, whereas in previous years it asked if an apology was received from the opticians. It should also be noted that there were alterations at the previous question which asked whether something had gone wrong “with the care/service received from an optician” until 2021, and “when visiting and opticians / optometrist practice” from 2022, which may impact on who saw this question and the data provided at this question.

Trust and confidence

When looking at the standard of care that respondents expect to receive from healthcare services, confidence levels were higher in opticians / optometrist practices (92%) than they are in a GP practice/surgery (79%), dental practice/surgery (81%), and a pharmacy (86%). Confidence in a GP practice/surgery has fallen significantly compared to last year (79% cf. 86%), as has confidence in dental practices/surgeries (81% cf. 88%).

Figure 20: How confident or otherwise are you of receiving a high standard of care from each of the following healthcare services? (All respondents)



All respondents (2,020)

Confidence in opticians / optometrist practices is significantly lower amongst those aged 16-24 (83%) compared to all the other age groups, particularly those aged 65+ (98%). Those with

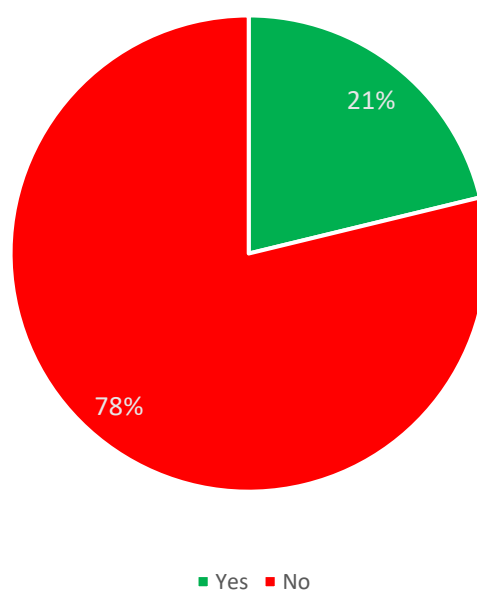
caring responsibilities had significantly lower confidence than those without caring responsibilities (93% cf. 90%). Those that were working had significantly less confidence also, compared to the total average (91% cf. 92%), with those who were retired having the most confidence (99%). Glasses / contact lens wearers were significantly more likely (94%) to be confident in opticians / optometrist practices than non-wearers (85%). Those that have ever felt uncomfortable about visiting an opticians / optometrist practice were also less likely to feel confidence (87% cf. 96%). Those who had visited more recently were more likely to feel confident, with those who had visited in the last six months seeing the highest levels of confidence (97% cf. 88% for those who visited more than two years ago). Those who had never visited had the lowest confidence levels (61%).

Confidence levels in opticians / optometrist practices were also lower amongst those who had an adverse experience in the past (89% cf. 97%), those that shopped around (92% cf. 95%), and amongst those that knew the price ahead of the appointment (96% cf. 90%).

Shopping around

Just over one in five shopped around to compare different opticians / optometrist practices before picking which one to go to (21%).

Figure 21: Did you shop around (i.e., compare different opticians / optometrist practices) before picking which one to go to?



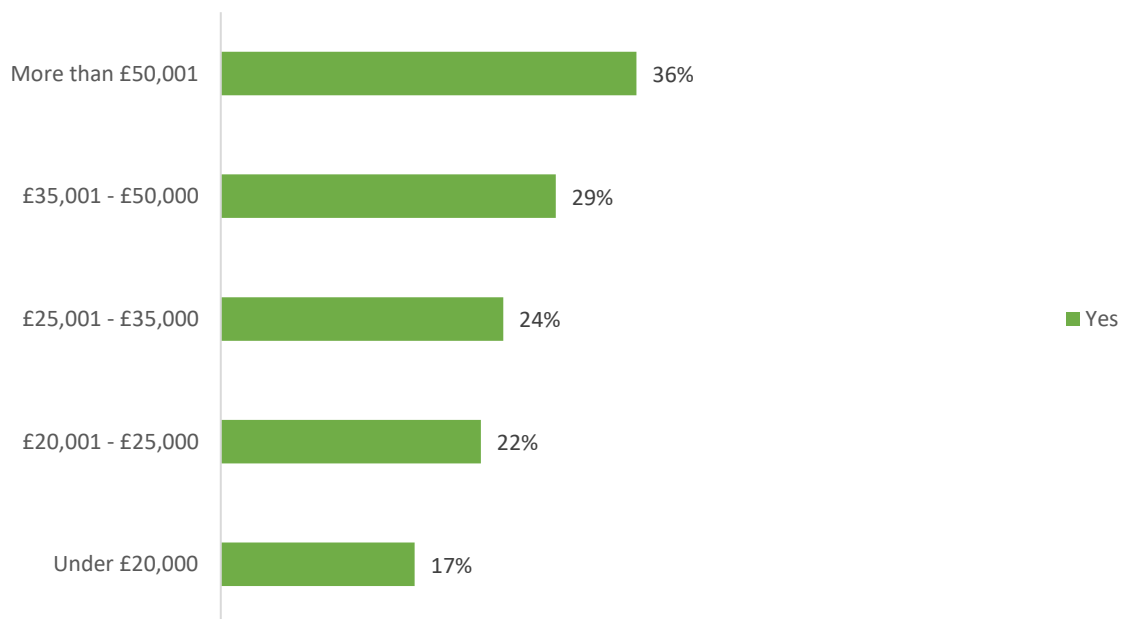
Unweighted Sample Base: 1559

When considering the different regions of the UK, those in England (24%) were significantly more likely than those in Wales (17%) or Northern Ireland (13%) to have shopped around to compare different opticians / optometrist practices (with 18% of those living in Scotland shopping around). This is particularly true in the case of those living in Greater London who are significantly more likely than all other English regions to have shopped around at 39%. Males too are significantly more likely to have done so (27% cf. 16%) as are those of younger ages, with 37% of those aged 16-24, 32% of those aged 25-34 and 24% of those aged 35-44 all being significantly more likely than those aged 45-54 (16%), 55-64 (15%) and 65+ (13%). Those who are disabled were more likely than those who aren't disabled to shop around (26% cf. 20%).

Ethnic minorities were significantly more likely to shop around when looking to compare different opticians / optometrist practices before attending (39% cf. 19% for white respondents). Carers were more likely to shop around than non-carers (35% cf. 18%). Those who work (25%) are significantly more likely to shop around, particularly those who are working full-time (28%) as well as those in full-time education (26%). Those with an eye condition were significantly more likely to shop around, compared to those without an eye condition (28% cf. 17%).

Those who report a lower income were significantly less likely than those of a higher income to shop around when comparing different opticians / optometrist practices before attending. Earners of £50,001 or more were significantly more likely to consider their options (36%) than those of an income below £35,000 (<£20,000, 17%; £20,001 - £25,000, 22%; and £25,001 - £35,000, 24%).

Figure 22: Did you shop around (i.e., compare different opticians / optometrist practices) before picking which one to go to? (Income brackets)



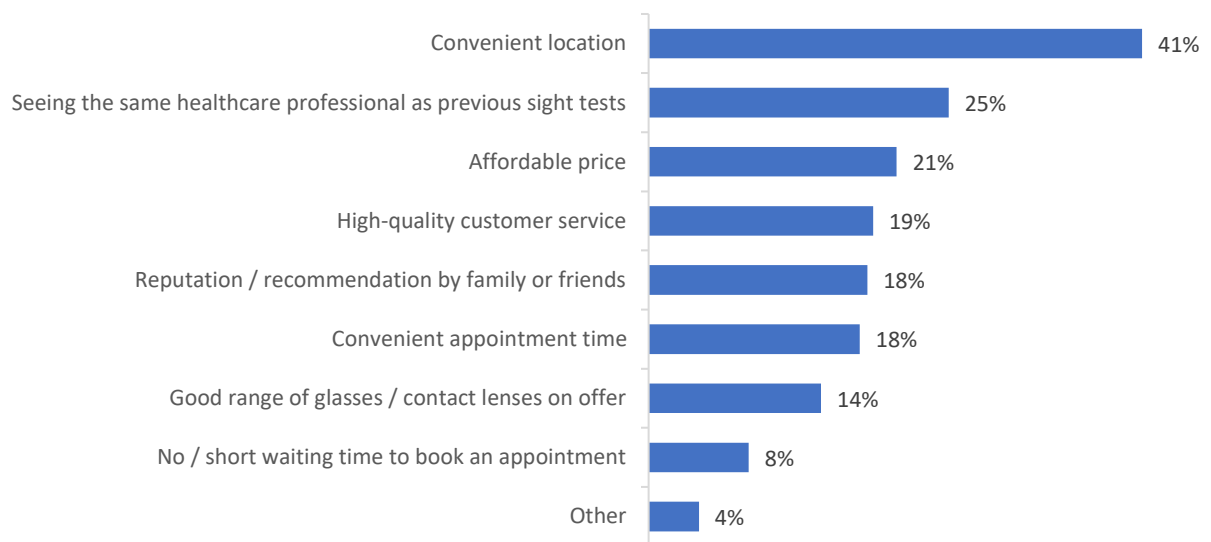
Unweighted Sample Base: 1559

Those who have ever felt uncomfortable about visiting an opticians / optometrist practice were more likely to have shopped around when looking at opticians / optometrist practices compared to those who have not felt uncomfortable (33% cf. 14%). These are similar results seen to those who had undergone an adverse experience when visiting an opticians /

optometrist practice, with those who have encountered adverse experiences (37%) significantly more likely than those who have not (15%) to shop around.

When considering the top factor in choosing your opticians / optometrist practice for the sight test / eye examination, the most popular choice is that of location, with four in five (41%) requiring it to be convenient. Seeing the same healthcare professional as previous sight tests, affordability and quality of customer service came in behind location at 25%, 21% and 19% respectively.

Figure 23: What was the top factor in choosing your opticians / optometrist practice for the sight test / eye examination?



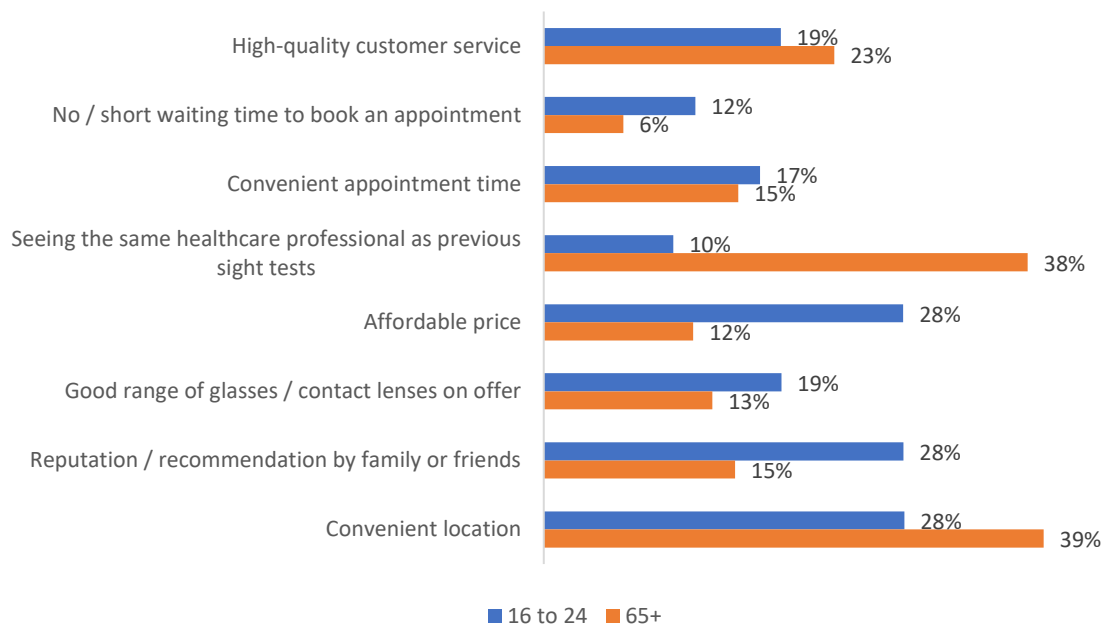
Unweighted Sample Base: 1559

Location is particularly important to those in England and Wales (43% and 45%) when compared to Northern Ireland (32%). (39% for those living in Scotland). In particular, the South East, South West and East Midlands were significantly more likely than the East of England to consider convenience of location as the key important factor, likely driving the overall percentage for England, while Greater London in particular was significantly more likely than some other areas to prioritise affordability (28%).

Differences were seen by gender when considering the factors for choosing your opticians / optometrist practice for the sight test / eye examination. Males are significantly more likely than females to say that both reputation / recommendation by family or friends (21% cf. 15%)

and quality of customer service are of high importance (21% cf. 17%) whilst females were significantly more likely to suggest that convenience of location is by far the key factor (45% cf. 37%). The reverse is true for the youngest age group, with those aged 16-24 significantly less likely to consider convenience of location as an important factor when choosing your opticians / optometrist practice for the sight test / eye examination at 28% (compared to total average of 41%). Instead, 16-24-year-olds were significantly more likely to consider both reputation (28% cf. 18% for total average) and affordability (28% cf. total average of 21%) as equally important factors as well as a convenient location. It is the older generation of 65+ who would consider seeing the same healthcare professional as previous sight tests as the most important factor (38% cf. 25% for total average).

Figure 24: What was the top factor in choosing your opticians / optometrist practice for the sight test / eye examination? (By key age groups; 16-24 and 65+)



Unweighted Base Size: 16- to 24-year-olds 178, 65+ 402

Those who shopped around were also more likely to agree that affordability (31% cf. 18%) and reputation (23% cf. 17%) were important in their decision on who they chose. Those who shopped around were also significantly more likely to select good range of glasses / contact lenses on offer (23% cf. 12%) and high-quality customer service (23% cf. 17%), compared to those who didn't shop around.

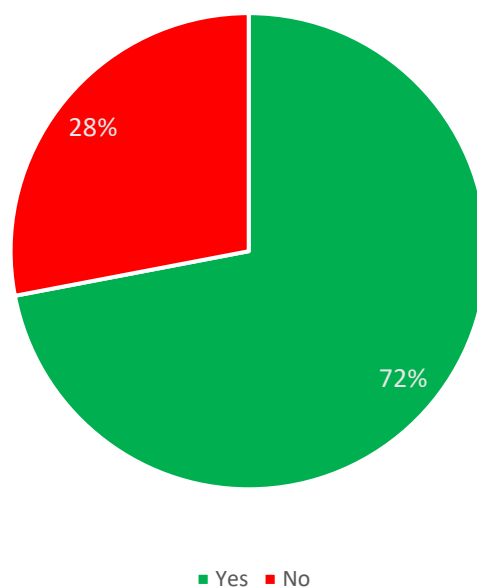
High quality customer service was significantly more important to ethnic minorities compared to white respondents (27% cf. 18%). This is true also for those who are carers when compared to those who are not carers (25% cf. 17%), as well as those who are retired compared to those who are still working (23% cf. 17%). High quality customer service is also more likely to be acknowledged by those who knew the price before attending the appointment compared to those who didn't (20% cf. 16%). Those who knew the price were also more likely to state they made their choice as they wanted to see the same healthcare professional as previous sight tests (28% cf. 18% who didn't know the price before appointment) as well as the place they chose having a good range of glasses / contact lenses on offer (16% cf. 11%). Those who did know the price before attending the appointment were significantly less likely to consider convenient location when choosing their opticians / optometrist practice for the sight test / eye examination (39% cf. 46% of those who didn't know the price before attending).

Those in the highest income bracket and those with an eye condition were more likely to select high-quality customer service as one of their top factors in choosing their opticians / optometrist practice (more than £50,001 32% cf. total average 19%, for those with an eye condition 22% cf. 17% for those without).

Knowing the price ahead of the appointment and purchasing glasses / contact lenses

Seven in ten (72%) knew the price of their sight test / eye examination before attending their appointment.

Figure 25: Did you know about the price of the sight test / eye examination before you attended your appointment?



Unweighted Sample Base: 1559

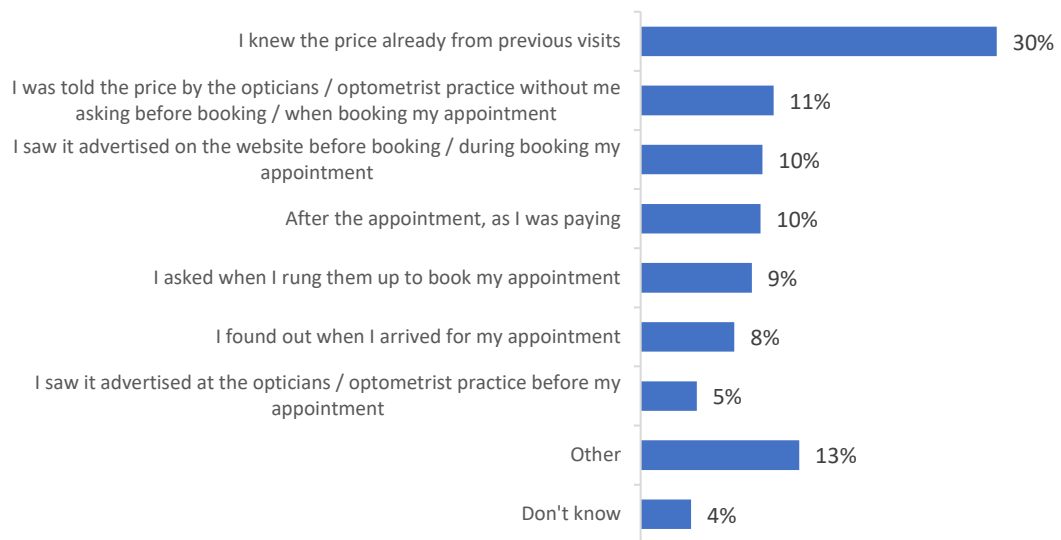
Those aged 65+ were significantly more likely to know the price of their appointment before arrival (85%) compared to only 53% of those aged 16-24, 69% of those aged 25-34 and 61% of those aged 35-44. Naturally this somewhat aligns with the finding that those who have retired are also significantly more likely to know the price at 85%, with those in full-time education significantly less likely to know the price before attending the appointment (40%).

Those earning more than £50k were the least likely of the income bands to know the price before attending (64% cf. total average 72%). Glasses or contact wearers were significantly more likely than non-wearers to know price before attending (74% cf. 56%), while those who have ever felt uncomfortable when visiting an opticians / optometrist practice are

significantly less likely to know the price than those who have never felt uncomfortable (66% cf. 75%). Those who have an eye condition were more likely to know the price ahead of the visit also (75% cf. 70% for those without an eye condition).

When asked how they first found out what the price of the sight test / eye examination would be, 30% knew the price already from previous visits.

Figure 26: How did you first find out what the price of the sight test / eye examination would be?



Unweighted Sample Base: 1559

Those living in Scotland were more likely to know the price already from previous visits (39% cf. England 29%, Wales 30%, Northern Ireland 26%). Those living in Scotland were also significantly less likely to find out the price after the appointment as they are paying (6% cf. England 10%, Wales 13%, Northern Ireland 12%). Those in England were more likely than those in Scotland to find out what the price of the sight test / eye examination cost after seeing it advertised on the website before booking / during booking the appointment (11% cf. 5% for those in Scotland, Wales 10%, Northern Ireland, 9%) or by being told via the opticians / optometrist practice without asking before booking / when booking the appointment (12% cf. 5% for those in Scotland, with those in Wales 11%, Northern Ireland 12%). It's important to note that site tests are free in Scotland, so the differences seen are unsurprising.

Female respondents were significantly less likely to find out the price on or after their arrival at the opticians / optometrist practice (6% cf. 9% for males). Those aged 16-24 were significantly more likely to find out the price after their arrival (19% cf. 8% total average).

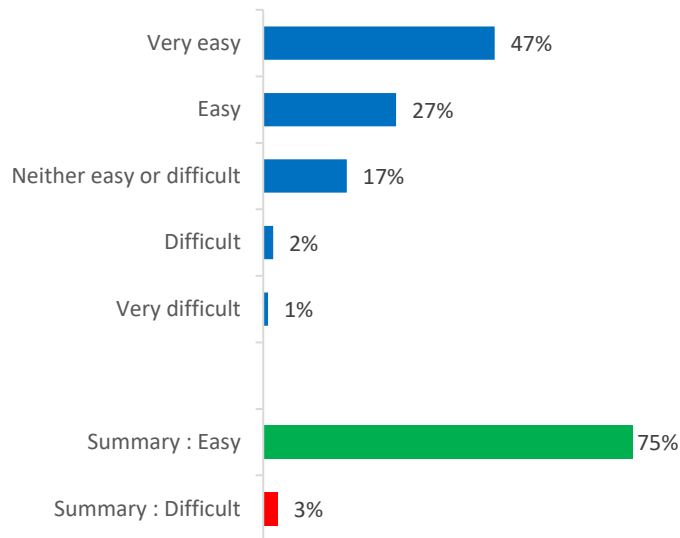
In contrast, those aged 65+ were significantly more likely than the other age groups to already know the price based on a previous visit to the opticians / optometrist practice (49% cf. 30% for total average) and to have found out about the price in another way (24% cf. 13% for total average).

Those from ethnic minorities were more likely to have found out the price when they arrived for their appointment (12% cf. white respondents 7%). White respondents were more likely to know the price from previous visits (31% cf. 19% for ethnic minorities). Those without caring responsibilities were more likely to know the price due to previous visits (32% cf. 22% for those with caring responsibilities). In contrast to those who are not, carers were significantly more likely to have enquired about price when they rung up to book their appointment (15% cf. 8% for those without caring responsibilities).

Those who had never felt uncomfortable when visiting an opticians / optometrist practice for a sight test / eye examination were more likely to be aware of the price ahead of their appointment from previous visits (35% cf. 21% for those who had ever felt uncomfortable during a visit), as well as glasses or contact lens wearers (32% cf. 12% for non-wearers). Non-wearers were also more likely to have asked the price when ringing to book the appointment (14% cf. 9%). Those who have ever felt uncomfortable when visiting an opticians / optometrist practice for a sight test / eye examination were more likely to have seen the price advertised on the website when booking (13% cf. 8%), have seen it advertised at the opticians / optometrist practice before their appointment (7% cf. 3%), or found out when they arrived for their appointment (12% cf. 5%).

Most respondents found it easy to find out the price, with three quarters (75%) agreeing that they found it very easy or easy to find out the price. Only 3% of respondents found it difficult.

Figure 27: Overall, how easy, or difficult was it to find out the price of your last sight test / eye examination?



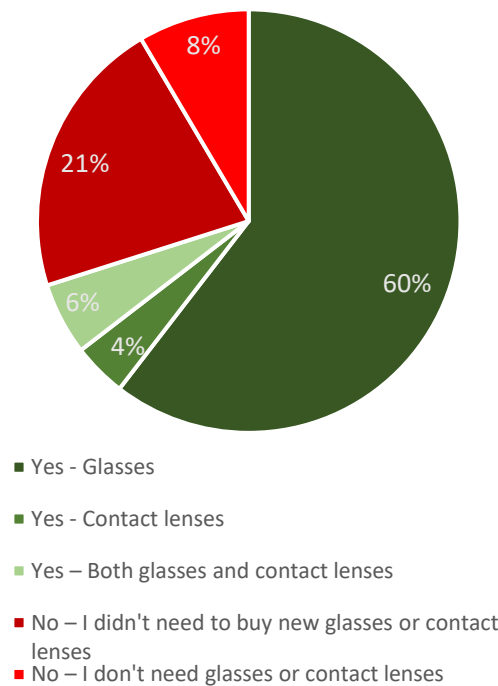
Unweighted sample base: 1,559

It is notable that 16-24-year-olds as well as 25-34-year-olds were significantly more likely to agree that finding out the price of the sight test / eye examination was difficult (8% and 7% respectively, compared to 3% total average).

Those earning between £20-25k were more likely to find it easy to find out the price (80% cf. 75% total average), along with those who are glasses or contact wearers (75% cf. 78% for non-wearers), those who have never felt uncomfortable (78% cf. 69% for those who have ever felt uncomfortable about visiting an opticians / optometrist practice), along with those who had never had an adverse experience when visiting (78% cf. 73%). Those who had their sight test / eye examination in the last six months were more likely to have found it easy to find out the price (80% cf. 68% for those who visited in the last two years).

After having their sight test / eye examination 60% purchased glasses, 4% purchased contact lenses, and 6% purchased both glasses and contact lenses.

Figure 28: Did you purchase glasses or contact lenses as a result of your sight test / eye examination?



Unweighted Sample Base: 1559

Those in Scotland were more likely not to need glasses or contact lenses following their appointment than those in England (14% cf. 7%), while those in Northern Ireland were significantly more likely to purchase both glasses and contact lenses following their appointment than those living in Scotland (8% cf. 3%). Focusing on those living in English regions, those living in the North East of England were more likely (11%) to buy contact lenses as a result of the sight test / eye examination (11% cf. total average 4%). Those living in the South West of England were more likely not to need to buy new glasses or contact lenses (29% cf. 21% for total average).

Those who visited in the last six months were significantly less likely to need to buy new glasses or contact lenses (25% cf. 21% total average).

Females were more likely to purchase glasses or contact lenses after attending their sight test / eye examination (73% cf. 67% for males). They were significantly more likely to report buying glasses specifically after their appointment than males (64% cf. 56%) while males were significantly more likely to purchase contact lenses than females (6% cf. 3%).

People aged 45-64 were significantly more likely to purchase glasses after their appointment (45 to 54; 66%; 55 to 64, 69% cf. total average 60%), with those aged 16-24 and 35-44 less likely (51% and 54% respectively cf. total average 60%). Those aged 16-44 were significantly more likely to purchase contact lenses after their appointment (16-24, 7%; 25-34, 7%; and 35-44, 8%) than those 55-64 (1%); and 65+ (2%).

Buying both glasses and contact lenses together is significantly higher among those under 35 (16-24, 11%; 25-34, 14% cf. total average 6%). Not needing to buy new glasses or contact lenses is significantly higher for those aged 65+ (32% cf. those aged 16-24, 13%; 25-34, 15%; and 35-44, 15%) as well as for those in full-time education (25% cf. 8% for total average).

Perhaps unsurprisingly the need for glasses is lowest for those aged 16-24, with 17% not needing glasses or contact lenses, similar to those aged 35-44 among whom 15% suggest they did not need glasses or contact lenses (cf. total average 8%).

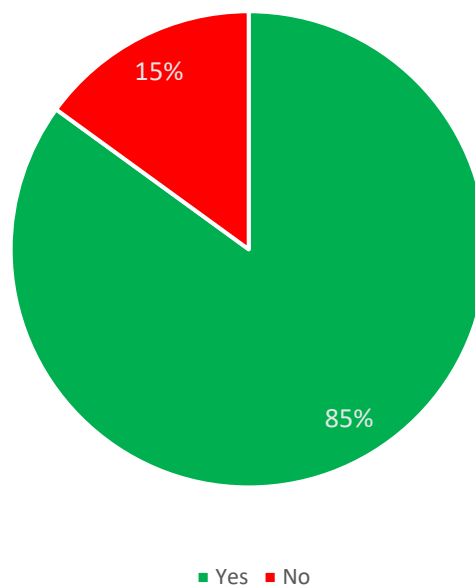
Those with a disability were more likely to need to purchase glasses or contact lenses (76% cf. 69% for those without a disability), along with those from ethnic minorities (80% cf. 69% for white respondents), those with caring responsibilities (79% cf. 68% for those without), those who were working (73% cf. 70% total average) and those with an eye condition (74% cf. 68% for those without an eye condition). Those earning £50,001+ are significantly more likely than any other pay bracket to have reported purchasing items after their appointment (77% cf. 70% for total average).

Those who have ever felt uncomfortable when attending a sight test / eye examination were significantly more likely to report making a purchase (23% cf. 18% total average) of either glasses or contact lenses (79% cf. 65% for those who have never felt uncomfortable), with this group also more likely to specifically buy contact lenses (7% cf. 2%) or purchase both glasses and contact lenses (9% cf. 3%) compared to those who have never felt uncomfortable. In contrast, those who have never felt uncomfortable are significantly more likely not to need new glasses or contact lenses (25% cf. 15%).

Those who shopped around were more likely to make a purchase (80% cf. 68%) as were those who have had an adverse experience in the past (82% cf. 67%).

A high proportion of respondents were aware that you can buy your glasses or contact lenses from a different opticians / optometrist practice than where you had your sight test / eye examination / contact lens fitting (85%).

Figure 29: Are you aware that you can buy your glasses or contact lenses from a different opticians / optometrist practice than where you had your sight test / eye examination / contact lens fitting?



Unweighted Sample Base: 1559

Those living in England (86%), Wales (87%) and Scotland (87%) were more likely than those in Northern Ireland (75%) to know that you could purchase from elsewhere. Within England, those living in the South West of England were more likely to be aware (92% cf. 85% for total average). Those aged 65+ were also significantly more likely to know than the younger age groups (92% cf. 16-24 76%, 25-34 80%).

While there are no significant differences across areas such as gender, disability, or ethnicity, 32% of those in full-time education were significantly less likely to know they could buy from elsewhere (32% cf. 15% for total average). Those earning <£20,000 were the most likely to not know you can purchase glasses or contact lenses from a different opticians / optometrist

practice than where they had their sight test / eye examination / contact lens fitting (18% cf. 15% for total average).

Those who are glasses wearers were significantly more likely than non-glasses or contact lens wearers to know that they can buy their glasses or contact lenses from a different opticians / optometrist practice where they had their sight test / eye examination / contact lens fitting than those who are not glasses or contact lens wearers (87% cf. 72%). This was also seen for those who have never felt uncomfortable when visiting the opticians (88% cf. 80% for those who had felt uncomfortable), as well as those who shopped around compared to those who did not (90% cf. 84%) and those that knew the price before their appointment (90% cf. 71% for those who did not), and those who had had their last visit more recently (89% in the last six months cf. 81% who had their last visit to an opticians / optometrist practice in the last two years).

Most respondents who purchased glasses did so from the opticians / optometrist practice where they had their sight test / eye examination (85%). For those purchasing contact lenses, they were also more likely to purchase from where they had their sight test / eye examination (63%), but they were more likely to purchase from a different opticians / optometrist practice than those who purchased glasses (25% cf. 9% for glasses).

Figure 30: Where did you purchase your glasses from? Where did you purchase your contact lenses from?



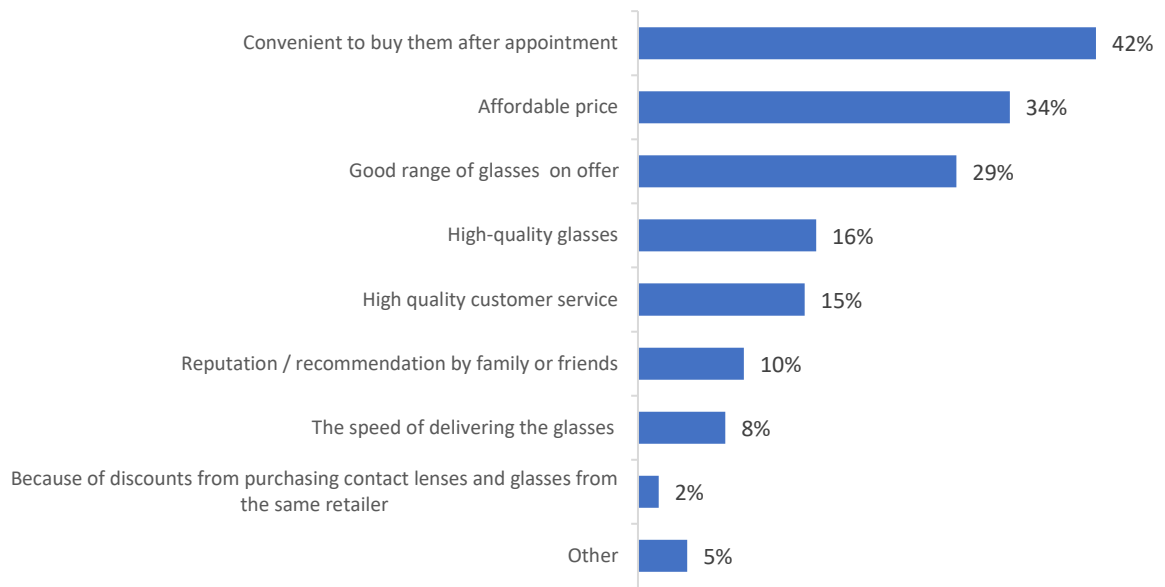
Those living in Greater London were less likely to buy their glasses from the opticians / optometrist practice where they had their sight test / eye examination (76% cf. 85% for total average, with those living in Greater London more likely to have purchased their glasses from a different opticians / optometrist practice to where they had their sight test / eye examination (16% cf. 9% for total average).

Females were significantly more likely than males to purchase glasses from the opticians / optometrist practice where they had their sight test / eye examination (87% cf. 82%), the same of which can be said for white respondents compared to ethnic minorities (86% cf. 74%). This is also true of the older age groups 55-64, 90%; and 65+ (90% compared to 72% of those aged 16-24 and 76% of those aged 25-34). Those aged 16-24 and 25-34 were significantly more likely to purchase their glasses from a different opticians / optometrist practice to where they had their sight test / eye examination at 24% and 19% respectively (9% for total average). Those with an eye condition were more likely to purchase their glasses from a different opticians / optometrist practice (14% cf. 6% for those without an eye condition).

Purchases of glasses from the opticians / optometrist practice where they had their sight test / eye examination were also significantly more likely for those who are on long-term sick / disabled (92%) or retired (91%) than those who are working (80%). Those who are working were significantly more likely to purchase their glasses from a different opticians / optometrist practice to where they had their sight test / eye examination (13% cf. 9% for total average). Those earning under £20k (89%), those who have never felt uncomfortable during a visit (89%), those who had never had an adverse experience (89%), and those who didn't shop around (91%) were more likely to purchase from the place where they had their sight test / eye examination (compared to total average of 85%).

The main motivations for buying glasses from where they had their sight test eye examination were the convenience (42%), affordable price (34%) and the good range on offer (29%).

Figure 31: What was your main motivation for buying your glasses from there?



Unweighted Sample Base: Glasses 1,026

Appendix A: Sample profile

Below is the sample collected prior to the application of weighting.

Country	Count	%
England	1,271	63%
Wales	249	12%
Scotland	249	12%
Northern Ireland	251	12%

Age	TOTAL	ENGLAND	WALES	SCOTLAND	NORTHERN IRELAND
	2020	1271	249	249	251
16-24	282	177	35	34	36
	13.96%	13.93%	14.06%	13.65%	14.34%
25-34	330	211	38	40	41
	16.34%	16.60%	15.26%	16.06%	16.33%
35-44	310	198	34	38	40
	15.35%	15.58%	13.65%	15.26%	15.94%
45-54	333	209	40	41	43
	16.49%	16.44%	16.06%	16.47%	17.13%
55-64	307	190	39	39	39
	15.20%	14.95%	15.66%	15.66%	15.54%
65+	458	286	63	57	52
	22.67%	22.50%	25.30%	22.89%	20.72%
Gender	TOTAL	ENGLAND	WALES	SCOTLAND	NORTHERN IRELAND
Male	979	617	119	121	122
	48.47%	48.54%	47.79%	48.59%	48.61%
Female	1023	641	127	128	127
	50.64%	50.43%	51.00%	51.41%	50.60%

Appendix B: Questionnaire

General Optical Council Public Perceptions Research 2023

This survey is about eye health and your use of opticians / optometrist practices. The questions are being asked by M.E.L Research <https://melresearch.co.uk/>, an independent research agency.

M.E.L Research fully comply with the Market Research Society Code of Conduct. The information you provide in this survey will be used for research purposes and your own responses will not be shared with anyone else. The M.E.L Research privacy policy which details how data is stored and used can be found here: <https://melresearch.co.uk/page/privacypolicy>

The first two questions are about you.

QA Do you wear glasses or contact lenses? Click all that apply

Yes - glasses

Yes - contact lenses

No

Q1. If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first? *Please select one option only*

- A GP practice/surgery
- An eye hospital
- Accident & Emergency
- A pharmacy
- A walk-in clinic
- An opticians / optometrist practice
- Don't know
- Other *Please specify*

IF OPTICIANS / OPTOMETRIST CODED AT Q1 SKIP TO Q3

Q2. Why would you choose not to go to an opticians / optometrist practice first in this situation? *Please select one option only*

- An opticians / optometrist practice wouldn't be able to treat these kinds of problems
- I might have to pay for the treatment
- Inconvenient location
- Inconvenient opening hours
- I might not be seen by an opticians / optometrist practice on the same day
- An opticians / optometrist practice can't prescribe the right medication to treat the problem
- Other
- Don't know

Q3. Have you ever felt uncomfortable about visiting an opticians / optometrist practice for any of the following reasons?

Please select all that apply

- Pressure to buy glasses or contact lenses
- Might be told I need glasses
- Fear of being diagnosed with an eye health problem (such as glaucoma or macular degeneration)
- The cost of a sight test / eye examination
- Pressure to book a sight test / eye examination
- I don't like someone touching/going near my eyes during the sight test / eye examination
- I don't like someone being physically close to me during the sight test / eye examination
- Other
- None of the above / I have not felt uncomfortable

Q4. When was the last time you had a sight test / eye examination? *Please click one box only*

- In the last six months

- In the last year
- In the last two years
- More than two years ago but less than five years ago
- More than five years ago
- I have never had a sight test /eye examination -SKIP TO Q6

Q4b Thinking of the last time you had a sight test / eye examination where was this?
Please click one box only

- In a high street opticians / optometrist practice
- In a hospital
- In a care home
- In my own home
- Somewhere else (type in)

Q5. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Thinking of the last time you had a sight test / eye examination, how satisfied or otherwise were you with the following?

<i>Please click one box per row</i>	Very satisfied	Fairly satisfied	Not very satisfied	Not at all satisfied	Don't know / can't remember	Not applicable
The optometrist who carried out your sight test / eye examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The experience of buying glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall experience of the opticians / optometrist practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall value for money						

Q6. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Did you shop around (i.e., compare different opticians / optometrist practices) before picking which one to go to?

- Yes
- No

- Don't know

Q7. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

What was the top factor in choosing your opticians / optometrist practice for the sight test / eye examination?

You may select up to two options.

1. High-quality customer service
2. No / short waiting time to book an appointment
3. Convenient appointment time
4. Seeing the same healthcare professional as previous sight tests
5. Affordable price
6. Good range of glasses / contact lenses on offer
7. Reputation / recommendation by family or friends
8. Convenient location
9. Other, please specify:

Q8. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Did you know about the price of the sight test / eye examination before you attended your appointment?

1. Yes
2. No

Q9. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

How did you first find out what the price of the sight test / eye examination would be?

1. I saw it advertised on the website before booking / during booking my appointment
2. I saw it advertised at the opticians / optometrist practice before my appointment
3. I found out when I arrived for my appointment
4. I asked when I rung them up to book my appointment
5. I was told the price by the opticians / optometrist practice without me asking before booking / when booking my appointment
6. I knew the price already from previous visits
7. After the appointment, as I was paying
8. Other
9. Don't know

Q10. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Overall, how easy, or difficult was it to find out the price of your last sight test / eye examination?

Very easy

Easy

Neither easy nor difficult

Difficult

Very difficult

Don't know

Q11. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Did you purchase glasses or contact lenses as a result of your sight test / eye examination?

Yes - Glasses

Yes - Contact lenses

Yes – Both glasses and contact lenses

No – I didn't need to buy new glasses or contact lenses

No – I don't need glasses or contact lenses

Q12. ASK IF Q4 = WITHIN LAST TWO YEARS (CODED 1-3)

Are you aware that you can buy your glasses or contact lenses from a different opticians / optometrist practice than where you had your sight test / eye examination / contact lens fitting?

- Yes
- No

Q13. ASK THOSE WHO SELECTED Q11=1 OR 3

Where did you purchase your glasses from?

- The opticians / optometrist practice where I had my sight test / eye examination
- A different opticians / optometrist practice to where I had my sight test / eye examination
- A supermarket or high street store that does not offer sight tests / eye examinations
- The internet
- Other
- Don't know

Q14. ASK THOSE WHO SELECTED Q11=2 OR 3

Where did you purchase your contact lenses from?

- The opticians / optometrist practice where I had my sight test / eye examination
- A different opticians / optometrist practice to where I had my sight test / eye examination
- A supermarket or high street store that does not offer sight tests / eye examinations
- The internet
- Other
- Don't know

Q15. ASK THOSE ASKED Q13 AND Q14. ASK FOR EACH LOCATION SELECTED IF MORE THAN ONE SELECTED

What was your main motivation for buying your glasses / contact lenses from [PIPE IN ANSWER FROM Q13/Q14]?

You may select up to two options

1. High-quality glasses / contact lenses
2. Convenient to buy them after appointment [ONLY SHOW FOR CODE 1 FROM Q13/Q14]
3. Affordable price
4. Good range of glasses / contact lenses on offer
5. Reputation / recommendation by family or friends
6. High quality customer service
7. The speed of delivering the glasses / contact lenses
8. Other, please specify:

Q16. ASK IF Q4 = EVER VISITED AN OPTICIANS / OPTOMETRIST PRACTICE (CODES 1-5 AND Q4b=1)

Have you ever complained or considered complaining about an experience when visiting an opticians / optometrist practice?

- Yes, I complained
- Yes, I considered complaining
- No
- Don't know
- Prefer not to say

Q17. ASK IF Q4 = EVER VISITED AN OPTICIANS / OPTOMETRIST PRACTICE (CODES 1-5 AND Q4b=1)

Have you ever experienced a situation where something has gone wrong with the care/service you received when visiting an opticians / optometrist practice?

- Yes
- No
- Don't know

Q18. ASK IF Q17 = YES

Did you receive an apology from the opticians / optometrist practice as a result?

- Yes
- No
- Don't know

Q19. How confident or otherwise are you of receiving a high standard of care from each of the following healthcare services?

	Very confident	Fairly confident	Not very confident	Not at all confident	Don't know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An opticians / optometrist practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A GP practice/surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A dental practice/surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We have a few additional questions that we would like to ask, to gain a better understanding of how views on this subject vary among different groups

C1. Which, if any, of the following conditions do you currently have?

- Glaucoma
- Dry age related macular degeneration (Dry AMD)
- Wet age related macular degeneration (Wet AMD)
- Diabetic retinopathy
- Cataracts
- Registered partially sighted or blind
- Amblyopia / 'lazy eye'
- Other diagnosed eye health condition
- None of the above
-

C2. Are you...?

1. Female
2. Male
3. Intersex
4. Non-binary
5. Prefer not to say

C3. Is the gender you identify with the same as your sex registered at birth? (SINGLECODE)

1. Yes
2. No
- Prefer not to say

C4. How old are you?

1. 16-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+

7. Prefer not to say

C5. How would you describe your sexual orientation? (SINGLECODE)

1. Heterosexual/straight
2. Gay/Lesbian
3. Bisexual
4. Other
5. Prefer not to say

C6. The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability? (SINGLE CODE)

1. Yes
2. No
3. Prefer not to say

C7. Are you pregnant, on maternity leave, or returning from maternity leave? (ASK WOMEN ONLY RC1=2)

1. Yes
2. No
3. Prefer not to say

C8. To which of these groups do you consider you belong? (SINGLE CODE)

a) **White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish traveller
- Other White background

b) **Mixed / multiple ethnic group**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background

c) **Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

- d) **Black / African / Caribbean / Black British**
- o African
 - o Caribbean
 - Any other Black / African / Caribbean background
- e) **Other ethnic group**
- o Arab
 - o Other ethnic background

98. Prefer not to say

99. If you selected other, please specify

C9. What is your marital status?

1. Civil partnership
2. Divorced or civil partnership dissolved
3. Married
4. Separated
5. Single
6. Widowed
7. Prefer not to say

C10. Do you perform the role of a carer? (SINGLECODE)

1. Yes
2. No
3. Prefer not to say

C11. What is your religion? (SINGLECODE)

1. No religion
2. Buddhist
3. Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
4. Hindu
5. Jewish
6. Muslim
7. Sikh
8. Any other religion/belief
9. Prefer not to say

If you have selected other, please specify

C12. Which of these activities best describes what you are doing at present? (SINGLE CODE)

1. Working full-time (30 hrs or more per week)

2. Working part-time (Under 30 hrs per week)
3. On an apprenticeship or a training scheme
4. Doing any other kind of paid work
5. Self-employed or freelance
6. Working paid / unpaid for your own or family's business
7. Temporarily laid off
8. Unemployed and available for work
9. On parental leave (maternity or paternity leave)
10. In full-time education at school, college or university
11. Long-term sick or disabled
12. Wholly retired from work
13. Looking after the home
14. Doing something else

C13. What is your personal annual income before tax?
(SINGLECODE)

1. Under £20,000
2. £20,001 - £25,000
3. £25,001 - £35,000
4. £35,001 - £50,000
5. More than £50,001



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research



Registrant Workforce and Perceptions Survey 2023

Research Report

July 2023

www.enventure.co.uk



Report prepared by:

Matt Thurman
matt@enventure.co.uk

Report reviewed by:

Kayleigh Pickles
Andrew Cameron

Thornhill Brigg Mill
Thornhill Beck Lane
Brighouse
West Yorkshire
HD6 4AH

01484 404797

www.enventure.co.uk

info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894



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Key findings



62% were **satisfied** with their role or job over the last 12 months, mostly due to it being **rewarding and interesting work**.



20% were **dissatisfied**, mostly due to **not feeling valued**



No change from 62% satisfied and 21% dissatisfied in 2022



53% work **full-time** (35+ hours per week)



47% work **part-time** (>35 hours per week)

22% of respondents said that they worked as **locums**



40% plan to **gain additional qualifications**



No change from 40% in 2022



26% plan to **reduce their working hours**



Decrease from 27% in 2022



15% plan to **leave the profession**



No change from 15% in 2022



10% plan to **retire**



No change from 10% in 2022



52% reported **working beyond their hours**



Decrease from 57% in 2022



37% reported feeling **unable to cope with their workload**



Decrease from 41% in 2022



Reported experience of **harassment, bullying or abuse** from different groups at place of work or study **in the last 12 months** groups



41% patients / service users



18% managers



16% other colleagues

75% **agreed** that **CPD improves practice**

34% had **completed some self-directed CPD** as part of the current cycle

53% said they **did not feel confident** completing self-directed CPD



Reported experience of **discrimination** from different groups at place of work or study **in the last 12 months**



24% patients / service users



11% managers



8% other colleagues



The majority of registrants continue to be satisfied in their role

The majority of registrants reported that they have been satisfied in their role or job over the last 12 months. Satisfaction was recorded at exactly the same level as in 2022, following a small increase in satisfaction from 2021, suggesting that there has been little change over the last two years.

As also seen last year, satisfaction is higher amongst certain groups, including student dispensing opticians, those working in a hospital or in education/academia, and those working full-time. However, dissatisfaction was more likely amongst other groups, including those who worked as locums, those who worked for a multiple opticians or in domiciliary care, and those who were based in London or Northern Ireland.

Insight into drivers of satisfaction and dissatisfaction

The key drivers of job satisfaction are doing rewarding and interesting work, a good working environment, and a good work-life balance. Conversely the main reasons for job dissatisfaction are not feeling valued, a heavy workload, and a poor salary. Although there are some differences in these drivers by registration type and workplace setting, it appears that these are the main reasons influencing registrant perceptions formed by the majority of survey respondents.

Improved results in relation to negative working conditions

The 2022 survey found increases in negative working conditions, including registrants feeling unable to cope with their workload, finding it difficult to provide patients with the sufficient level of care they need, and taking a leave of absence due to stress. However, this year's results have seen reporting of these negative working conditions fall back to similar levels reported in 2021.

Despite these positive results, it is still important to note that over half of registrants report working beyond their hours, over a third feel unable to cope with their workload, and over a quarter find it difficult to provide patients with the sufficient level of care they need.

Significant reporting of harassment, bullying, or abuse at work from patients and service users

The survey results show that some registrants experience harassment, bullying and abuse at work, which was recorded at as high as 41% for harassment, bullying and abuse from patients, service users, their relatives, or other members of the public. When compared with national data collected via the NHS Staff Survey, we can see that experience of harassment, bullying and abuse at work from patients/service users is more likely amongst GOC registrants than it is amongst NHS staff, suggesting that this may be a particular problem within the environments in which optical professionals work. Experience of harassment, bullying and abuse at work from managers and other colleagues was less commonplace, but was still reported by significant minorities of respondents. The results also indicate that the majority of harassment, bullying or abuse at work goes unreported.

Experiences of discrimination at work highlighted

Significant proportions of registrants have experienced discrimination in their role at work or place of study in the last 12 months, again most notably from patients, service users, their relatives, or other members of the public. Exploration of this result highlights that discrimination is more likely to be experienced by student registrants, younger registrants aged 35 and under, female registrants, those from ethnic minority backgrounds, and those with a disability. This is in line with the most common forms of discrimination reported, which were racial, age, and sexual discrimination.

Stable reporting of future career plans

Survey results from 2021 found that large proportions of registrants planned to reduce their hours or leave the profession over the next 12-24 months, highlighting potential future staffing problems for the profession. However, the results collected in 2022 found that the proportion of registrants planning to reduce their hours or leave the profession had fallen, along with smaller proportions who planned to retire, switch to locum work, or take a career break, and the results collected this year have remained very consistent. This suggests that the 2021 results may have been affected by the Covid-19 pandemic when there was greater uncertainty.



However, as highlighted last year, although this appears to be a positive result, it is important to note that the combined total of those who plan to reduce their hours, leave the profession, and retire is still considerable. Key drivers such as disillusionment with the profession, stress, burnout and fatigue, lack of job satisfaction, too much focus on sales and commercial pressures, and improving work-life balance may need to be considered to change these future career plans.

Small improvements recorded in how comfortable registrants feel about speaking up

When comparing this year's results with 2021, small increases can be seen in terms of how comfortable registrants would feel if required to speak up about patient safety concerning an individual registrant or an employer to various authorities, including managers, employers, professional associations, and the GOC.

However, as in previous years, registrants are still considerably more likely to feel comfortable speaking up about these issues to their manager, their employer, or their professional association/representative body, rather than the GOC.

Awareness of the OCCS continues to be mixed

As found in 2021 and 2022, although the majority of registrants are aware of the OCCS, a large proportion indicated that they were unaware. This awareness varies across the subgroups, with student optometrists, those newer to the GOC register, and those who worked for a multiple opticians continuing to be less likely to be aware. To see any change in this result, additional promotion of the OCCS and its role may be required.

Mixed levels of confidence at completing new CPD activities

Levels of confidence at completing the new requirements of the CPD scheme are mixed. Confidence is highest amongst registrants in relation to participating in a peer review activity but is lower for completing a personal development plan (PDP) and a short written reflective statement after each CPD activity. Confidence is lowest in relation to completing a reflective exercise with a peer, where a greater proportion of registrants indicated that they were not confident than confident. These results indicate that, following its introduction in January 2022, there are still large proportions of registrants who may require more information about the CPD scheme to increase these confidence levels.

Generally positive perceptions of CPD and its benefits

Despite mixed levels of confidence at completing the requirements of the new CPD scheme, it is positive to note that the majority of registrants agree that completing CPD improves their practice. Further investigation of the ways that CPD improves practice shows that the key benefits are seen to be the ability to refresh and develop knowledge, skills and behaviours, more so than developing confidence to deliver good patient care and reflecting on professional practice.

Suggested topics for provider-led CPD

A small proportion of registrants feel that there are certain topics where it is hard to find provider-led CPD. The most commonly suggested topics were leadership, management and accountability, peer review, contact lenses, and binocular vision.

Confidence at completing self-directed CPD is low, but has scope to increase

A larger proportion of registrants do not feel confident in completing self-directed CPD than feel confident. However, those who had completed some self-directed CPD as part of the 2022-2024 cycle were more likely to feel confident, highlighting that once they attempt it, their confidence increases. As only a third of registrants had completed any self-directed CPD as part of the 2022-2024 cycle, this suggests that there is significant scope to increase these confidence levels by encouraging more registrants to undertake self-directed CPD.

The main reason provided for not having completed any self-directed CPD was a lack of understanding of what counts as self-directed CPD, indicating that increased awareness and understanding is needed.

Useful feedback from those who have completed some self-directed CPD

Those who had completed some self-directed CPD, which was more commonplace amongst those working in a hospital or in education/academia, provided some useful feedback on their experiences. The



majority of respondents agreed with positive statements about self-directed CPD, including that it gives them flexibility to tailor CPD to their scope of practice, that it enables them to develop in a wider range of topics, that they can learn from other professions, and that it enables them to reflect upon qualifications and courses not approved by the GOC.

The majority of respondents had not recorded all of their self-directed CPD, and a key reason provided was that it takes too long to record it onto the system, highlighting a potential area for improvement.

Perceptions towards the GOC's performance in line with its strategic objectives have returned to 2021 levels

After small decreases were recorded in 2022, this year's survey results show that the proportion of registrants who agree that the GOC is meeting the objectives set out in its Strategic Plan 2020-25 (delivering world-class regulatory practice, transforming customer service, and building a culture of continuous improvement) have returned to similar levels found in 2021.

However, as seen in previous years, rather than being more likely to disagree, larger proportions of registrants indicated that they did not know when asked to rate the GOC's performance in relation to its Strategic Plan 2020-25, again highlighting that awareness of what the GOC's strategic objectives are and what it is doing to meet them may be low.

Continued mixed perspectives of the GOC's roles and responsibilities

This year's survey results show consistency of registrant perspectives of the GOC's roles and responsibilities, which continue to be mixed. In terms of positive perspectives, the majority of registrants think that the GOC sets fair standards for the profession, ensures the quality of optical education, and promotes equality, diversity, and inclusion in its work. However, a large proportion of registrants continue to be unsure of the GOC's fairness to registrants when taking action via the fitness to practise process.

As seen in both the 2021 and 2022 surveys, the most critical perspective of the GOC was recorded for the charging of registration fees, where opinion was again equally divided between those who agreed they were reasonable and those who disagreed, the latter including a larger proportion of dispensing opticians.



The Research Programme

Introduction

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public. The GOC currently registers approximately 30,300 optometrists, dispensing opticians, student optometrists, and student dispensing opticians (the GOC also registers approximately 3,000 optical businesses, but these are not included in this research).

To help track registrants' views and perceptions of the GOC, and their experiences of working in clinical practice, a regular survey of registrants is carried out. This year's survey had the following aims:

- Gain greater insight into the optical workforce, including hours worked, job satisfaction, and future career plans
- Explore experiences and perceptions of Continuing Professional Development (CPD)
- Achieve a robust and representative response to the survey to provide a confident level of analysis
- Compare with results from the 2021 and 2022 surveys to help identify any trends and changes over time

Enventure Research, an independent research agency, was appointed to deliver this survey. This report details the findings of this research.

Methodology

Questionnaire design

A questionnaire was designed by the GOC and Enventure Research, including a mix of previously used questions to allow for benchmarking and new questions to cover new topics. The questionnaire took approximately 10-12 minutes for registrants to complete. For reference, a copy of the questionnaire can be found in **Appendix A**.

Promotion of the survey

The survey was securely hosted online and personalised invitations to take part were emailed to all GOC registrants with a valid email address. In total, 30,307 registrants were invited to take part. Those who did not respond received up to four reminder emails encouraging them to take part.

An open-access link to the survey was also promoted by the GOC and stakeholder organisations via email newsletters and social media. Respondents who took part via the open-access link were asked to provide their registration number to access the survey to verify their registration and ensure no duplicate responses were received.

Survey response

The survey was live between 21 March and 25 April 2023. During this time, 3,932 responses were received, representing a 13% response rate.



Interpretation of the findings

Weighting

As the survey was completed by a sample of GOC registrants, and not the entire population of registered optical professionals, the data has been weighted to ensure that certain subgroups are not over or under-represented and that the data is as close to the GOC registrant profile as possible. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population.

The sample has been weighted by registration type (optometrist, dispensing optician, student optometrist, student dispensing optician), based on an up to date version of the GOC register. All survey results presented within this report are based on the weighted data. This approach to weighting has been taken in previous years of the survey, allowing for comparability.

Sampling confidence interval

As the online survey was completed by a sample of GOC registrants and not the entire registrant population, all results are subject to sampling tolerances. However, as a large number of responses were received, the confidence interval for analysis (also known as the margin of error) is narrow.

Based on a total population of approximately 30,300 registrants and 3,932 survey responses, when interpreting the results to a question which all respondents answered, with a response of 50% there is a 95% chance that this result would not vary by more than +/- 1.5 percentage points (48.5% to 51.5%) had the result been obtained from the entire registrant population.

Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups of GOC registrants, such as registration type, length of registration, workplace setting, location, and key demographics including gender, age group, ethnicity, and disability status. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create larger groups. This analysis is presented in charts, tables, and commentary where statistically significant differences between subgroups have been found.

Interpretation of survey data

This report contains various tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 0.4% will be shown as 0%

For the analysis of certain questions, response options have been grouped together to provide an overall level. For example, in some instances 'strongly agree' and 'agree' have been grouped and shown as 'total agree'. Where these combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.

For the analysis of open-ended (free-text) responses, verbatim comments were read in detail and a coding frame was developed for each question based on themes emerging. This then allowed for categorisation of the themes emerging in the comments, which are presented as analysis.



To provide the GOC with insight to inform future workforce planning, certain survey results have been scaled up to the number of optical professionals currently on the GOC's register, converting the results into approximate registrant numbers. Please note that the numbers presented in this report are only approximations, are subject to sampling confidence intervals, and are shown to provide a general idea of the number of GOC registrants who may have answered in a particular way, if everyone on the register had responded to the survey question.

Throughout this report, those who took part in the survey are referred to as 'respondents'.



Research Findings

Survey respondent profile

The following charts present the weighted profile of survey respondents, including their role, length of time on the GOC register, use of specialty, working status, number of hours worked, workplace setting, involvement in locum working and the delivery of enhanced eye care services, and location.

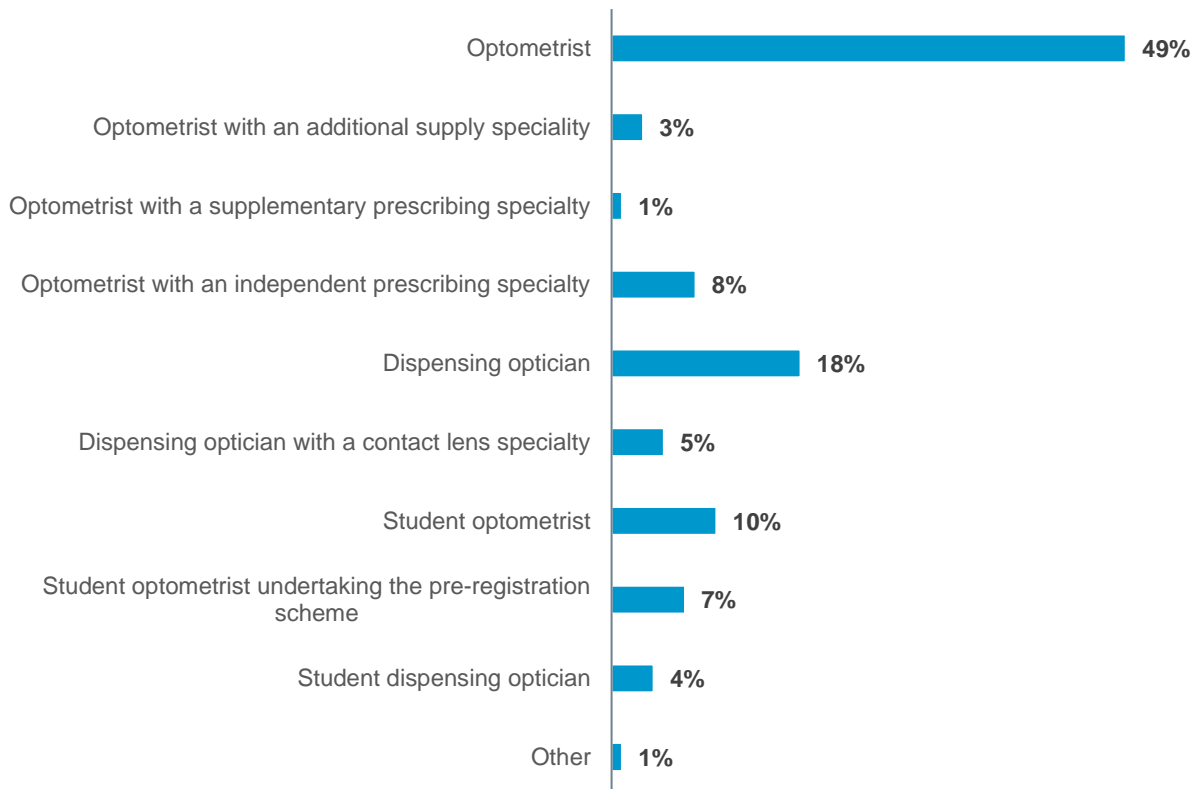
The full demographic profile of respondents can be found in **Appendix B**.

Registration

Respondents were able to select the role or roles that applied to them including any additional post registration qualification leading to specialist entry on the GOC register. A total of 57% were in optometrist roles, including optometrists (49%), optometrists with an additional supply specialty (3%), optometrists with a supplementary prescribing specialty (1%) and optometrists with an independent prescribing specialty (8%). Almost a quarter of respondents were registered as dispensing opticians (23%), including 18% who selected dispensing optician and 5% who had a contact lens specialty.

A total of 16% indicated that they were student optometrists and a further 4% were student dispensing opticians.

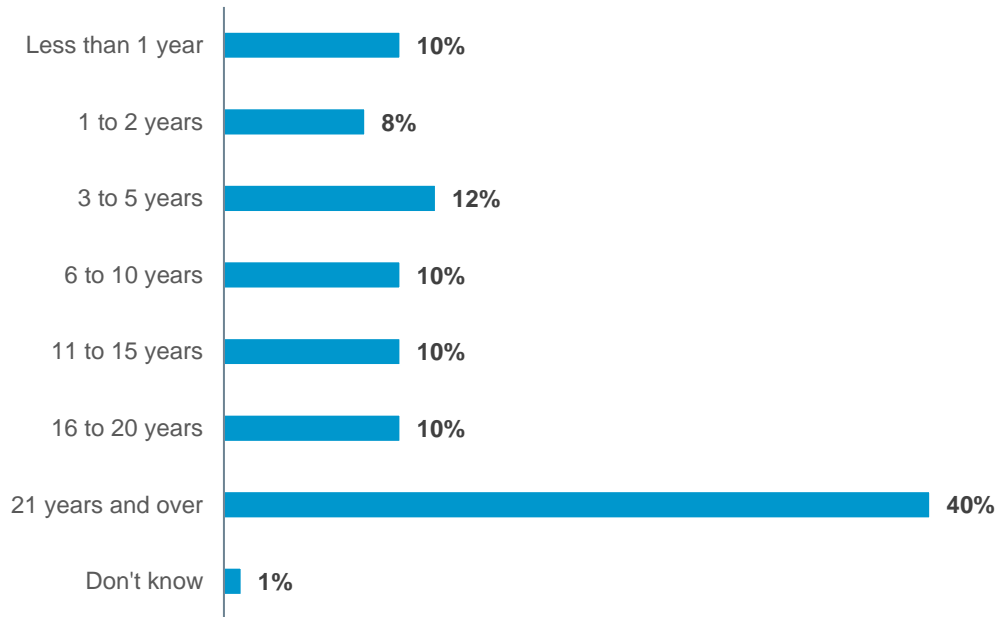
Figure 1 – Role
 Base: All respondents (3,932)



Although a mix of length of time on the GOC register was represented across survey respondents, the largest proportion had been registered for 21 years and over (40%).

Figure 2 – Approximately how long have you been on the GOC register?

Base: All respondents (3,932)



Location

The map below shows where survey respondents were located across the UK. In total, 80% were in England, 9% in Scotland, 6% in Wales and 4% in Northern Ireland.

Figure 3 – Location by UK region

Base: All respondents (3,929)



Use of a GOC specialist qualification

The GOC approves four post-registration qualifications leading to specialist entry on the GOC register. For Optometrists, these are additional supply (AS), supplementary prescribing (SP) and independent prescribing (IP). For Dispensing Opticians, this is a qualification as a Contact Lens Optician (CLO).

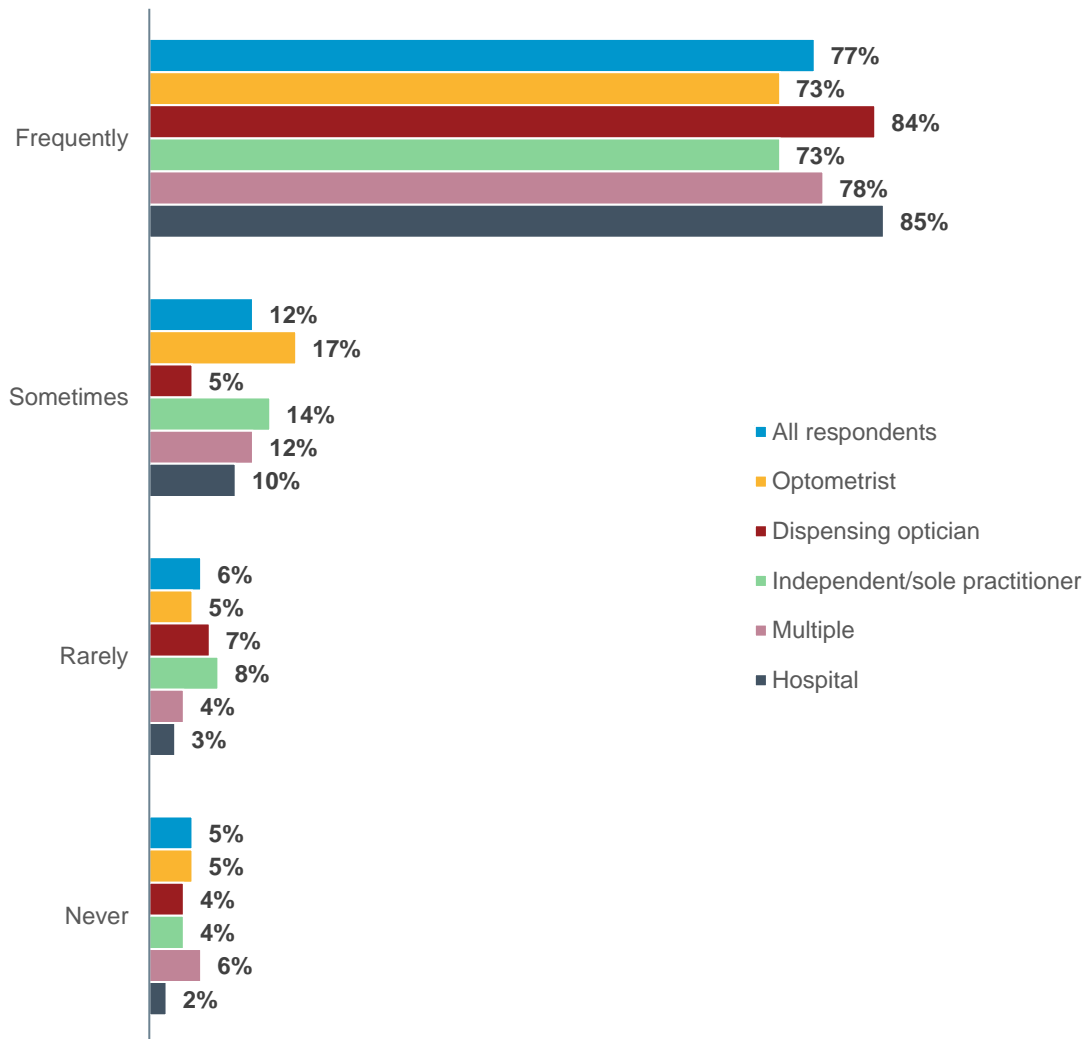
Respondents with a GOC specialist qualification in additional supply, supplementary prescribing, and independent prescribing, or contact lens specialty were asked to indicate how often they had used their specialty in their role over the last 12 months.

Over three quarters said they had used their specialty *frequently* (77%), with much smaller proportions who said they had used it *sometimes* (12%), *rarely* (6%), or *never* (5%).

Dispensing opticians were more likely to indicate that they had used their specialty *frequently* (84%) when compared with optometrists (73%), as were those who worked in a hospital (85%) when compared with those who worked in an independent opticians/as a sole practitioner (73%) or multiple opticians (78%).

Figure 4 – How often have you used your specialty in your role over the last 12 months?

Base: Working respondents with a specialty (575); optometrist (388); dispensing optician (194); independent/sole practitioner (230); multiple (270); hospital (157)



The table below presents the proportion of respondents with the independent prescribing qualification alongside the frequency of use, split by UK nation. Respondents in Scotland were more likely to have the independent prescribing qualification (22%) and were most likely to use it *frequently* (85%). Respondents with the independent prescribing qualification in England were more likely to use it *sometimes* when compared with other UK nations.

Figure 5 – Frequency of use of independent prescribing qualification by UK nation

Base: Shown in table

UK nation	With independent prescribing qualification	Frequently	Sometimes	Rarely	Never
England	171 (6%)	68%	20%	6%	6%
Wales	21 (9%)	83%	4%	4%	9%
Scotland	77 (22%)	85%	7%	5%	2%
Northern Ireland	18 (13%)	89%	11%	-	-
UK	288 (8%)	75%	15%	5%	5%

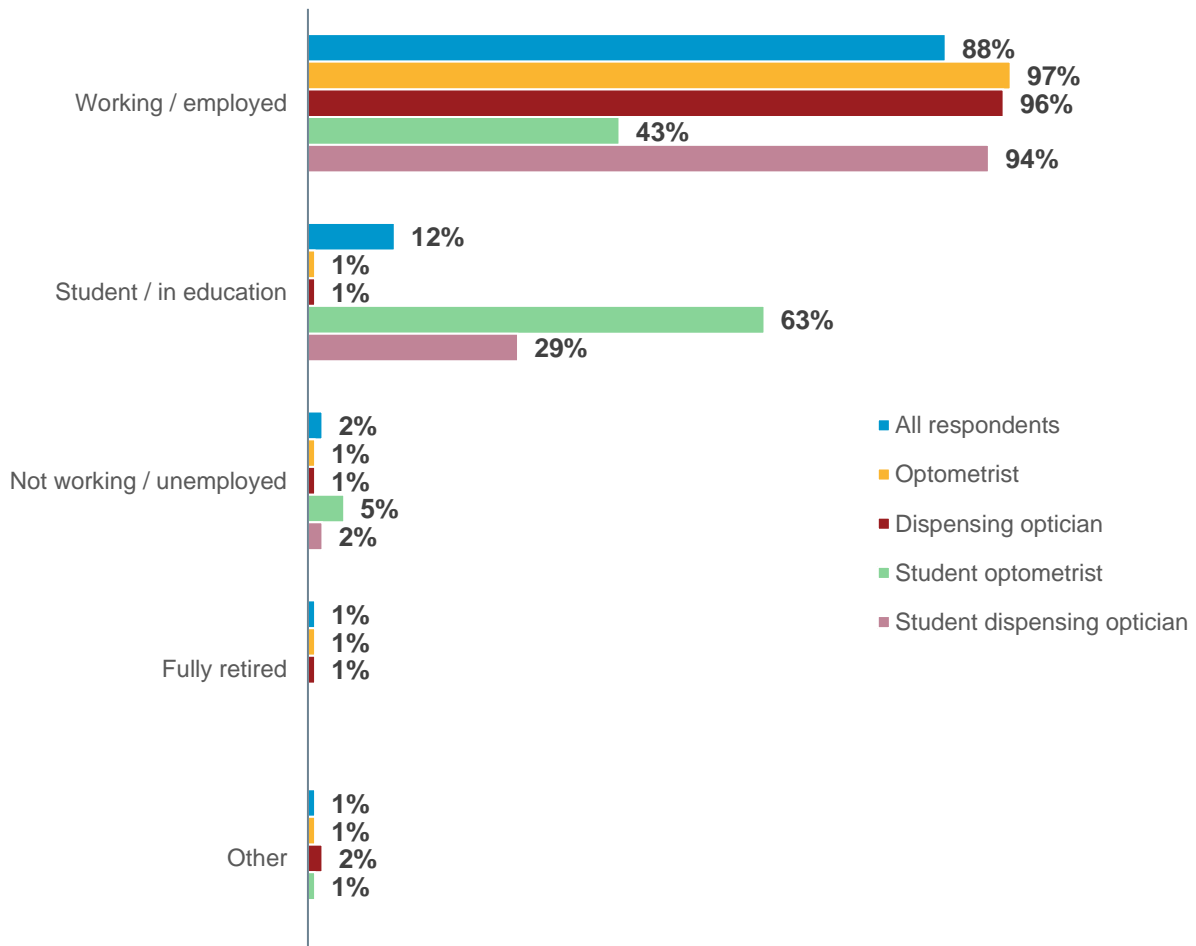


Working status and number of hours worked

The majority of respondents were working (88%). A further 12% were students/in education, which was significantly more common amongst student opticians (63%). The majority of student dispensing opticians indicated that they were working/employed (94%), as did a large proportion of student optometrists (43%), likely those undertaking their pre-registration training.

Figure 6 – Which of these best describes your current working status?

Base: All respondents (3,932); optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)



Those who were working were asked to indicate the number of hours they worked in a typical week to allow the proportions of full-time (35+ hours) and part-time (<35 hours) workers to be established. Overall, based on the number of hours provided, a slightly larger proportion of respondents worked full-time (53%) than part-time (47%). This represents a small increase in the proportion of respondents who worked full time (50% in 2022).

When scaling this result up to the total number of working registrants (approx. 26,700 based on 82% of the total 30,300 registrant population), this indicates that approximately 14,151 registrants worked full-time and 12,549 worked part-time.

Figure 7 – Working status scaled up to approximate registrant numbers

Base: Working registrants – Survey result (3,486); Registrant database (26,700)

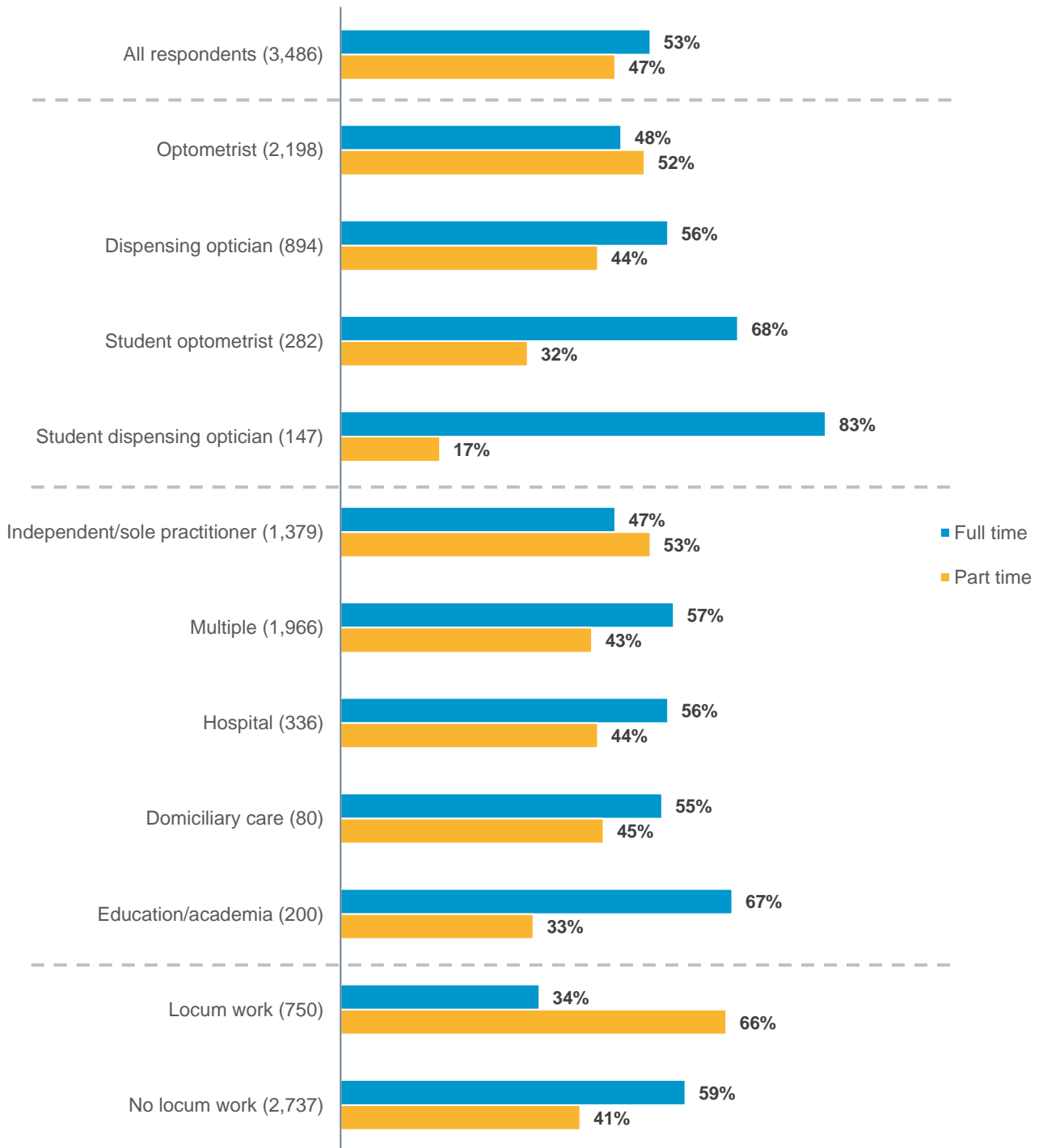
Working status	Survey result	Scaled up number of registrants (approx.)
Full-time (35+ hours)	53%	14,151
Part-time (<35 hours)	47%	12,549



The chart below shows this result split by registration type, workplace setting, and locum working.

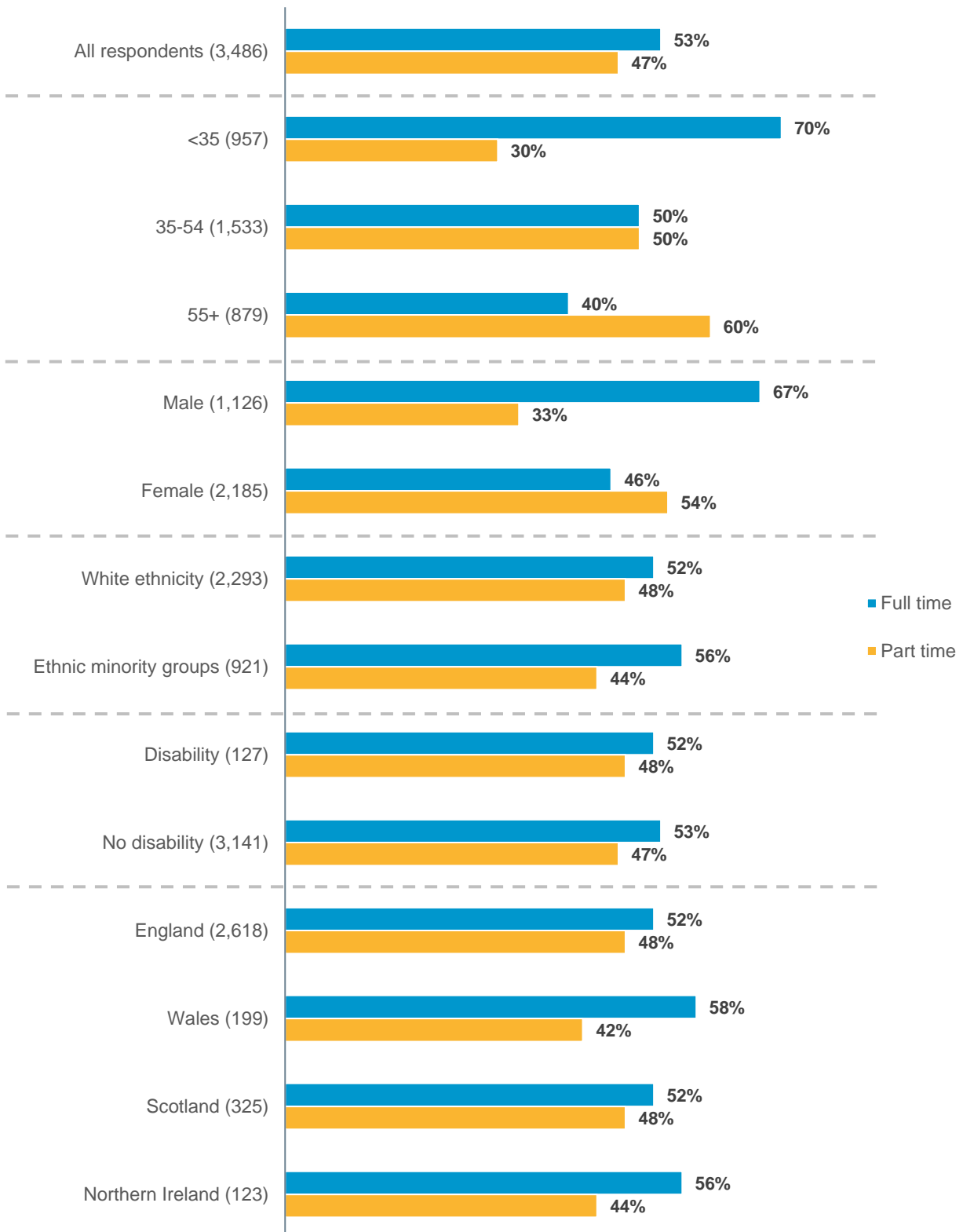
Figure 8 – Full-time/part-time working by registration type, workplace setting, and locum working, age group, gender, ethnicity, and disability

Base: Shown in chart



The chart below shows the split between full and part-time working by age group, gender, ethnicity, disability, and UK nation.

Figure 9 – Full-time/part-time working by age group, gender, ethnicity, and disability
 Base: Shown in chart



Respondents provided the approximate number of hours they worked in a typical week in each different workplace setting. The table below shows the mean (average) number of hours worked in each setting, calculated as 31.3 hours overall per week.

The table also shows the mean number of hours worked by optometrists and dispensing opticians in each workplace setting.

Figure 10 – Approximate number of hours worked in a typical week across workplace settings by registration type

Base: Those currently working who provided a response (3,486); optometrist (2,198); dispensing optician (894)

Workplace setting	Number of responses	Overall	Optometrist	Dispensing optician
Independent opticians/as a sole practitioner	1,379	26.2	24.4	30.6
National chain of opticians	1,785	29.1	27.6	29.3
Regional chain of opticians	235	22.5	20.5	24.6
Hospital	336	21.4	21.5	18.5
Domiciliary care	80	16.5	17.2	13.6
Education/academia	200	20.1	19.8	21.7
Other	144	21.6	18.8	32.2
Total	3,486	31.3	30.8	31.8

When compared with the number of hours worked reported in 2022, only small differences have been recorded, as shown in the table below. Overall, the average number of hours worked increased by 1.1 hours between 2022 and 2023, with the largest increase found for national chain of opticians (+2.6 hours).

Figure 11 – Approximate number of hours worked in a typical week across workplace settings – 2022 to 2023 comparison

Base: 2022 (3,164); 2023 (3,486)

Workplace setting	2022	2023	Difference
Independent opticians/as a sole practitioner	26.5	26.2	-0.3
National chain of opticians	26.5	29.1	+2.6
Regional chain of opticians	22.2	22.5	+0.3
Hospital	20.2	21.4	+1.2
Domiciliary care	17.7	16.5	-1.2
Education/academia	20.3	20.1	-0.2
Other	19.9	21.6	1.7
Total	30.2	31.3	+1.1

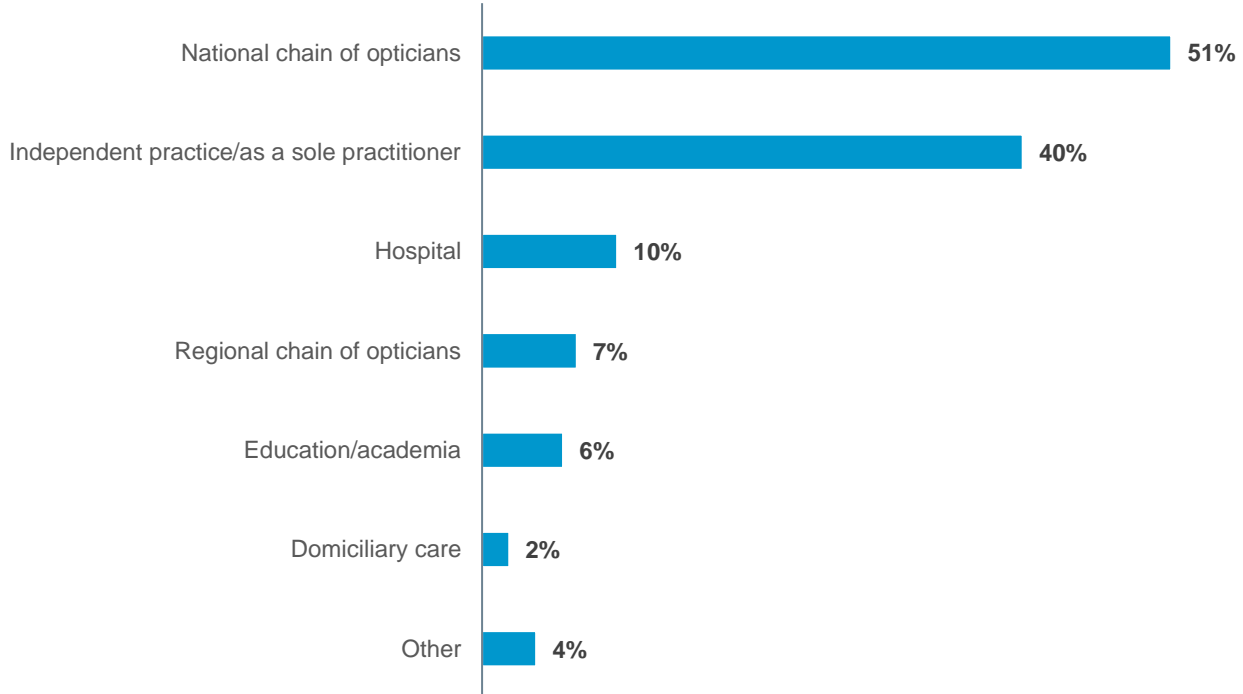


Workplace setting, locum working, and enhanced eye care services

Half of working respondents worked for a *national chain optician* (51%), closely followed by 40% who worked for an *independent practice/as a sole practitioner*.

Figure 12 – Where do you currently work?

Base: Those currently working (3,486)

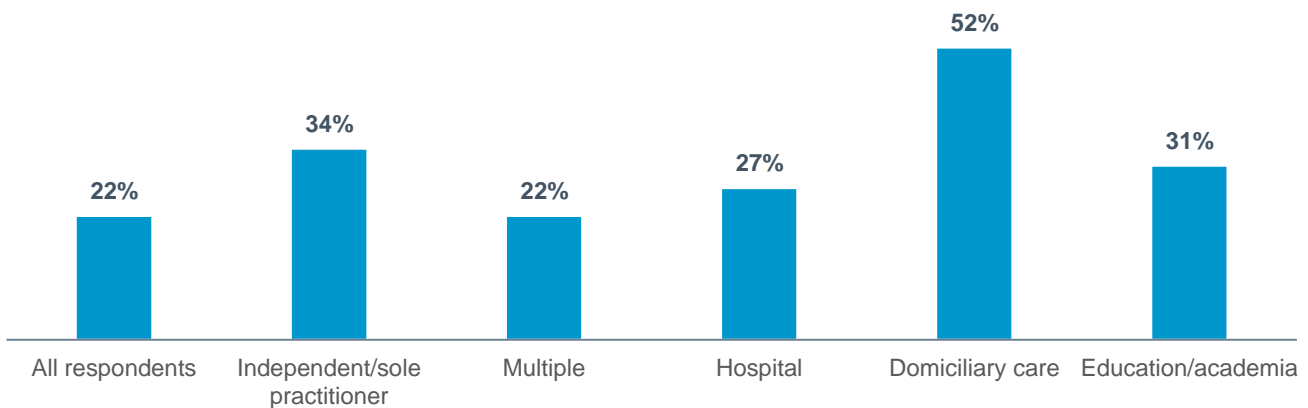


Just over one in five working respondents said they worked as a locum (22%). This is the same result found in the 2022 survey, after an increase from 15% in 2021 to 22% in 2022 (+7 percentage points).

As shown in the chart below, locum working was more commonplace in all other workplace settings when compared with multiple opticians, particularly within domiciliary care.

Figure 13 – Locum work by workplace setting

Base: Those currently working (3,486); Independent/sole practitioner (1,379); multiple (1,966); hospital (336); domiciliary care (80); education/academia (200)



Locum working was also more commonplace amongst respondents in England (24%) when compared with those in Scotland (10%), Wales (16%) and Northern Ireland (15%).



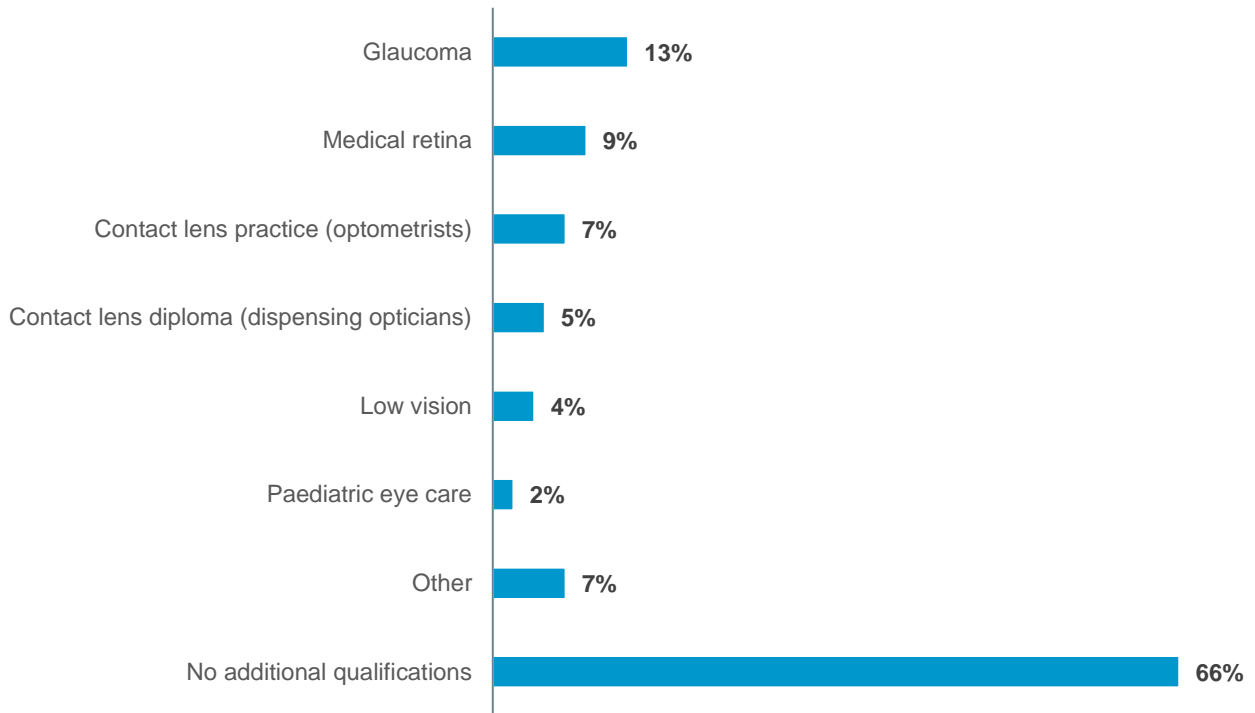
Additional qualifications and delivery of enhanced eye care services

Respondents were asked if they had obtained any additional qualifications, other than the post-registration qualifications approved by the GOC (additional supply speciality; supplementary prescribing speciality; independent prescribing speciality; and contact lens speciality).

In total, over a third of responses indicated that they had additional qualifications (34%), including 13% who had a glaucoma qualification and 9% who had a medical retina qualification.

Figure 14 – Do you have any of the following additional qualifications?

Base: All respondents excluding students (3,590)



The most common *other* qualifications (8%) mentioned included Minor Eye Conditions Service (MECS) (54 responses), cataracts (36 responses), diabetic screening/diabetes (30 responses), PhD/doctorates (27 responses), and Wales Optometry Postgraduate Education Centre (WOPEC) (16 responses).

The table below shows this result scaled up to the total number of registrants excluding students (approx. 27,600 based on 91% of the total 30,300 registrant population).

Figure 15 – Additional qualifications scaled up to approximate registrant numbers

Base: All excluding students – Survey result (3,590); Registrant database (27,600)

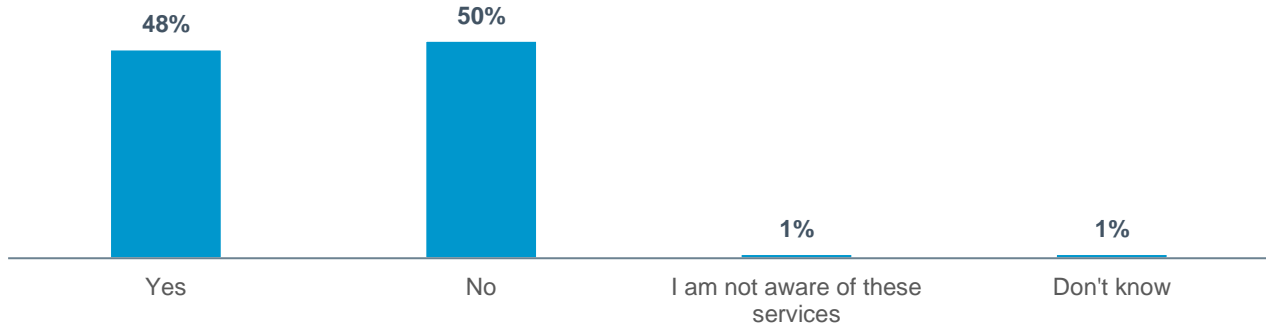
Additional qualification	Survey result	Scaled up number of registrants (approx.)
Glaucoma	13%	3600
Medical retina	9%	2500
Contact lens practice (optometrists)	7%	1900
Contact lens diploma (dispensing opticians)	5%	1400
Low vision	4%	1100
Paediatric eye care	2%	550
Other	7%	1900
No additional qualifications	66%	18200



Almost half of respondents were involved in delivering enhanced eye care services (48%). This was more common amongst optometrists (58%) than dispensing opticians (30%).

Figure 16 – Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS) or Low Vision Service Wales (LVSU))?

Base: Those currently working (3,468)



Delivering enhanced eye care services was more commonplace amongst respondents in Wales (77%) and Northern Ireland (74%) when compared with those in England (46%) and Scotland (38%).

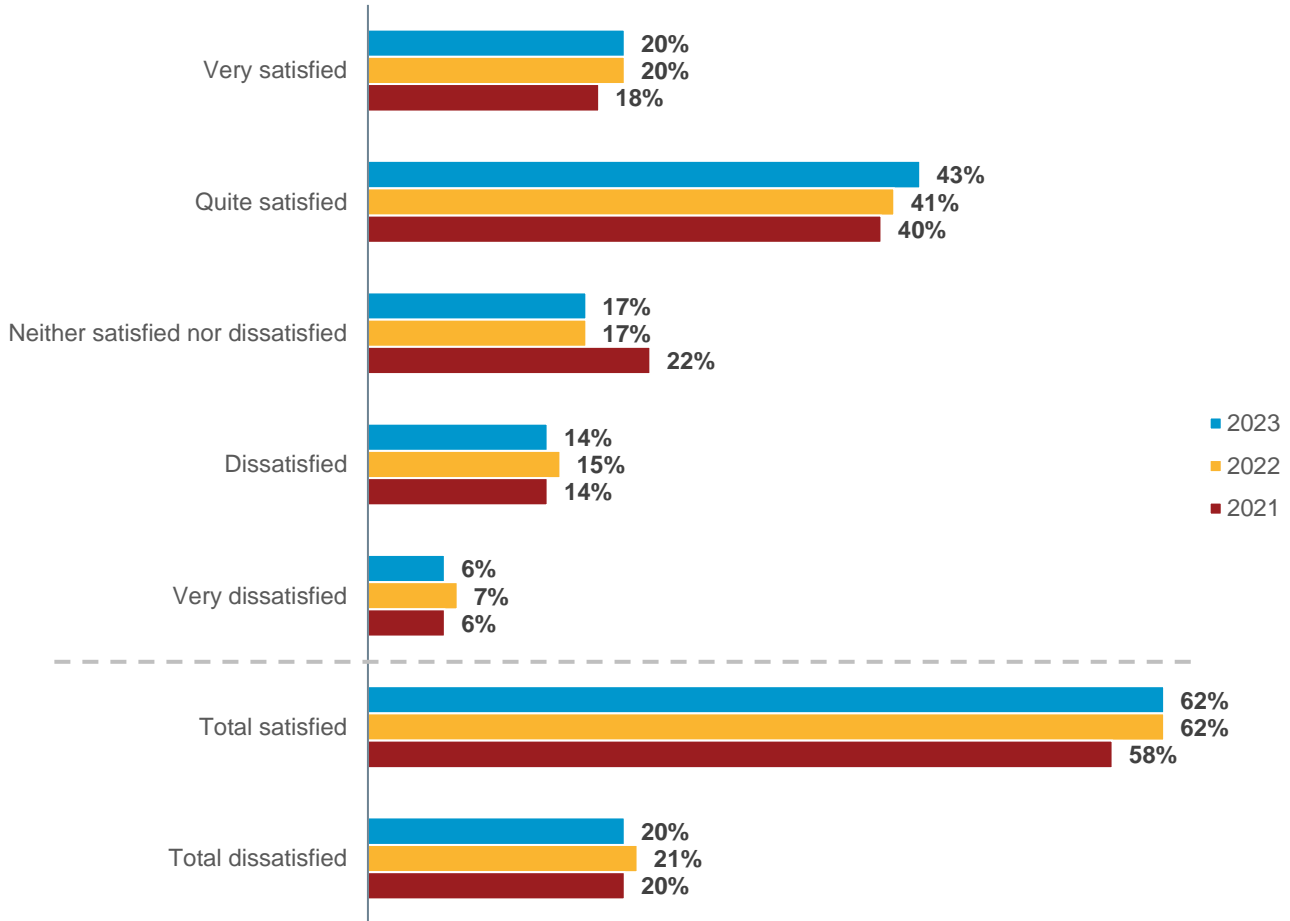


Job satisfaction

In total, 62% of respondents indicated that they were satisfied with their role or job over the last 12 months, including 43% who were *quite satisfied* and 20% who were *very satisfied*. One in five respondents, however, were dissatisfied (20%), and a further 17% were *neither satisfied nor dissatisfied*.

Figure 17 – Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?

Base: Those currently working excluding ‘not applicable’ responses 2023 (3,468); 2022 (3,628); 2021 (4,378)



2021 to 2023 comparison

Compared with results from previous years, after a small increase in overall satisfaction from 58% in 2021 to 62% in 2022 (+4 percentage points), satisfaction has remained stable between 2022 and 2023.

When scaling this result up to the total number of registrants (approx. 30,300), this indicates that approximately 18,800 registrants felt satisfied with their role or job over the last 12 months, and around 6,100 felt dissatisfied.

Figure 18 – Job satisfaction scaled up to approximate registrant numbers

Base: Survey result (3,468); Registrant database (30,300)

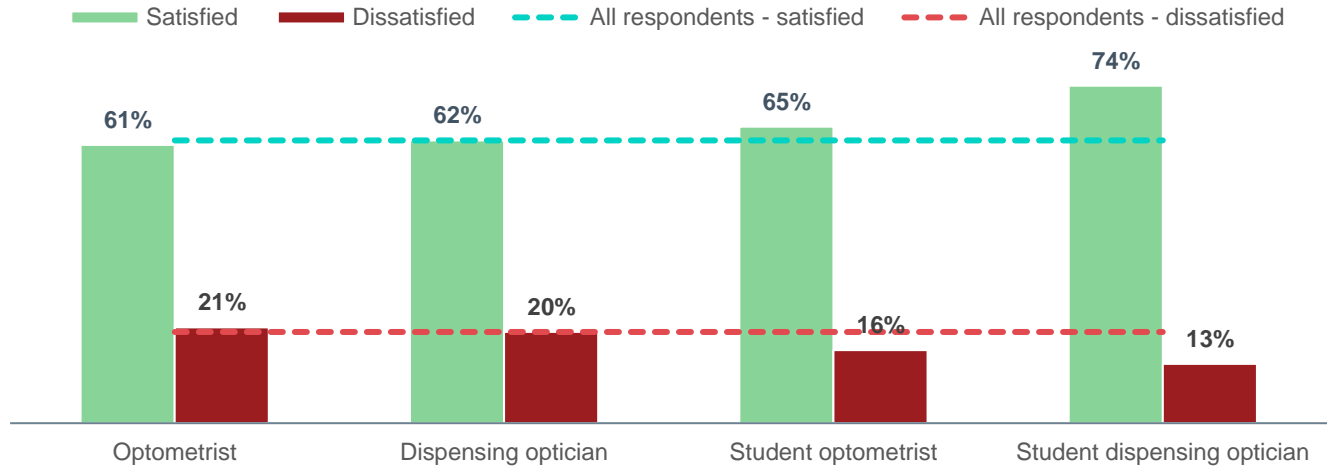
Level of satisfaction with role/job over last 12 months	Survey result	Scaled up number of registrants (approx.)
Total satisfied	62%	18,800
Neither satisfied nor dissatisfied	17%	5,200
Total dissatisfied	20%	6,100



Analysis by registration type shows very similar levels of job satisfaction between optometrists, dispensing opticians, and student optometrists, but higher levels of satisfaction amongst student dispensing opticians.

Figure 19 – Job satisfaction by registration type

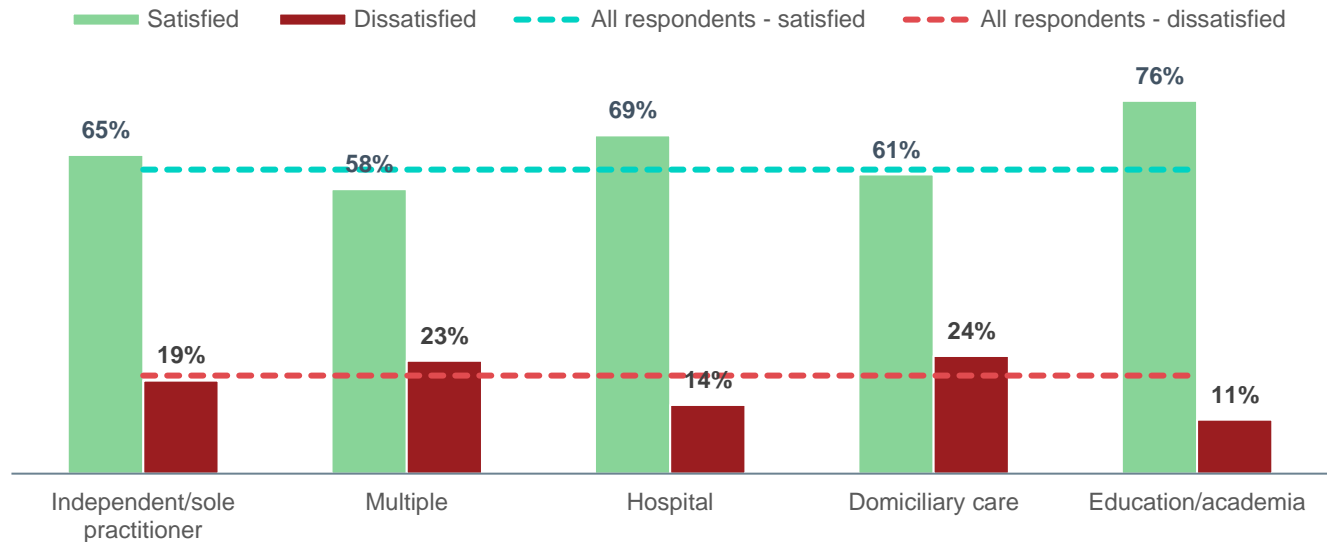
Base: Optometrist (2,194); dispensing optician (890); student optometrist (272); student dispensing optician (147)



Analysis by workplace setting highlights that those who worked in a hospital or in education/academia were more likely to be satisfied with their role or job when compared with those working for a multiple opticians. The highest levels of dissatisfaction were recorded for those working for a multiple opticians or in domiciliary care.

Figure 20 – Job satisfaction by workplace setting

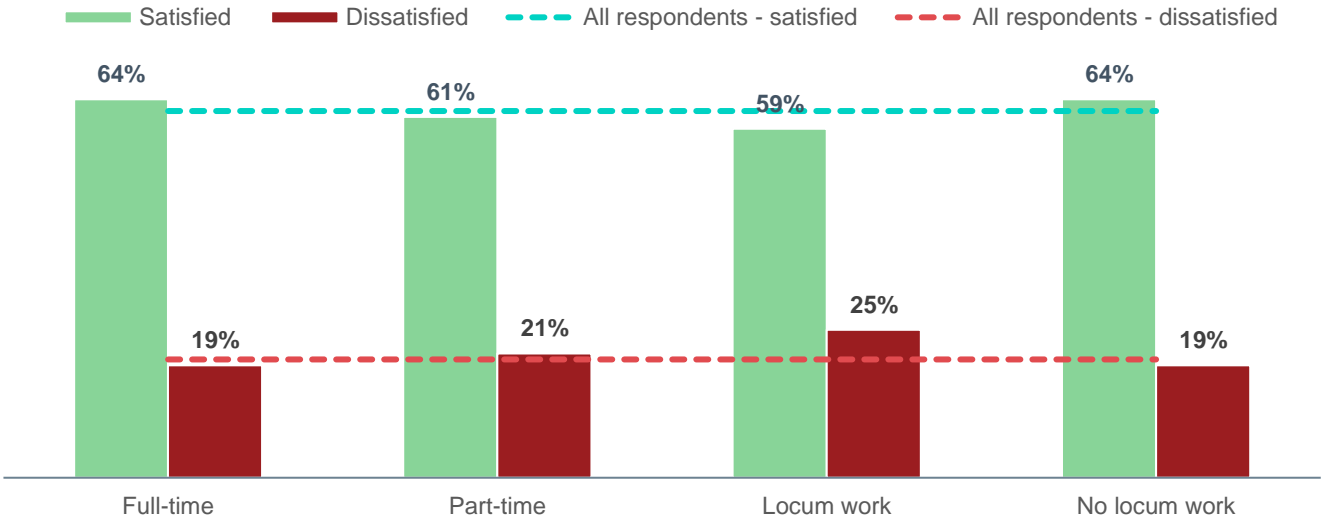
Base: Independent/sole practitioner (1,375); multiple (1,954); hospital (336); domiciliary care (80); education/academia (200)



Analysis by working status shows similar levels of satisfaction between those who worked full-time and those who worked part-time. However, those who worked as locums were more likely to be dissatisfied when compared with those who did no locum work.

Figure 21 – Job satisfaction by working status and locum working

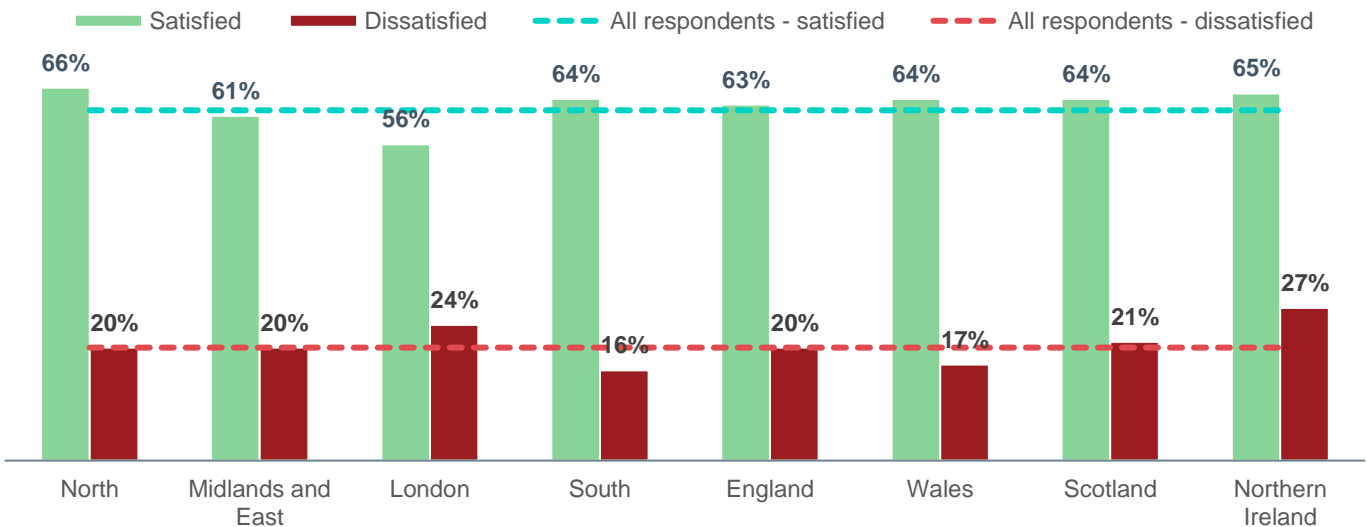
Base: Full-time (1,851); part-time (1,617); locum work (750); no locum work (2,718)



Analysis by location shows similar levels of job satisfaction across the four UK nations, but that dissatisfaction was higher in Northern Ireland when compared with the other UK nations. In terms of English regions, satisfaction was lower amongst respondents in London and dissatisfaction was higher.

Figure 22 – Job satisfaction by location

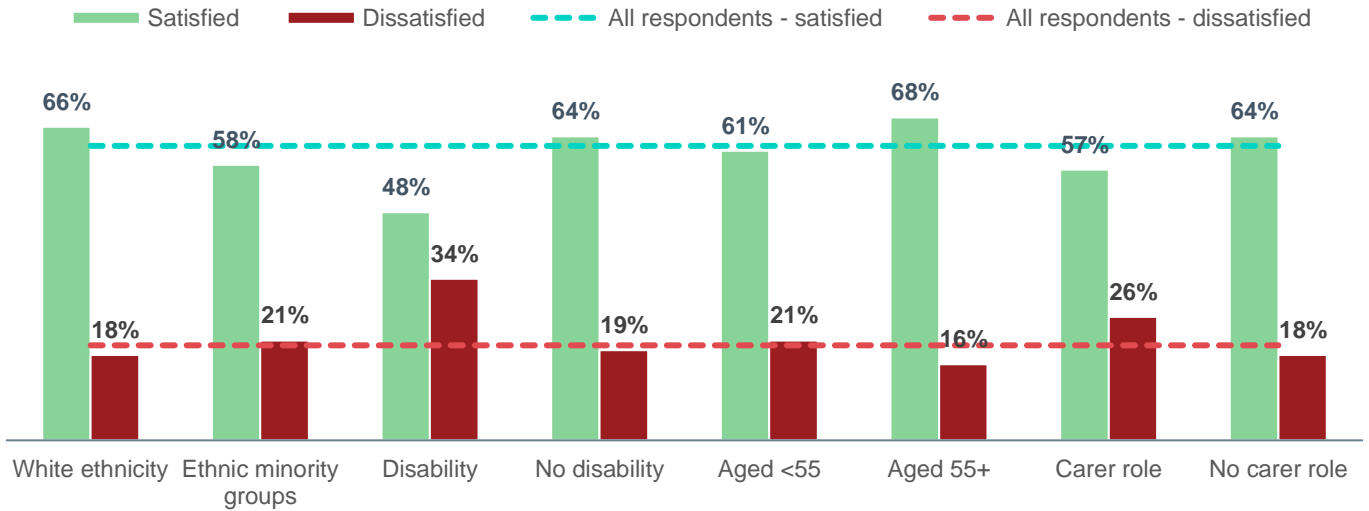
Base: North (735); Midlands and East (688); London (353); South (830); England (2,607); Wales (199); Scotland (323); Northern Ireland (123)



As found in 2022, **analysis by demographics and protected characteristics** highlights some difference in satisfaction. Those from ethnic minority groups were less likely to be satisfied when compared with those of White ethnicity, in particular those from Asian or Asian British backgrounds (57% satisfied). Those with a disability were more likely to be dissatisfied when compared with those who did not have a disability. Older respondents aged 55+ were also more likely to be satisfied when compared with younger respondents aged <55 (61%). Those who perform the role of a carer were more likely to be dissatisfied (26%) when compared with those who did not (19%).

Figure 23 – Job satisfaction by location

Base: White ethnicity (2,400); ethnic minority groups (861); disability (92); no disability (3,268); aged <55 (2,475); aged 55+ (878); carer role (401); no carer role (2,851)



Exploring job satisfaction

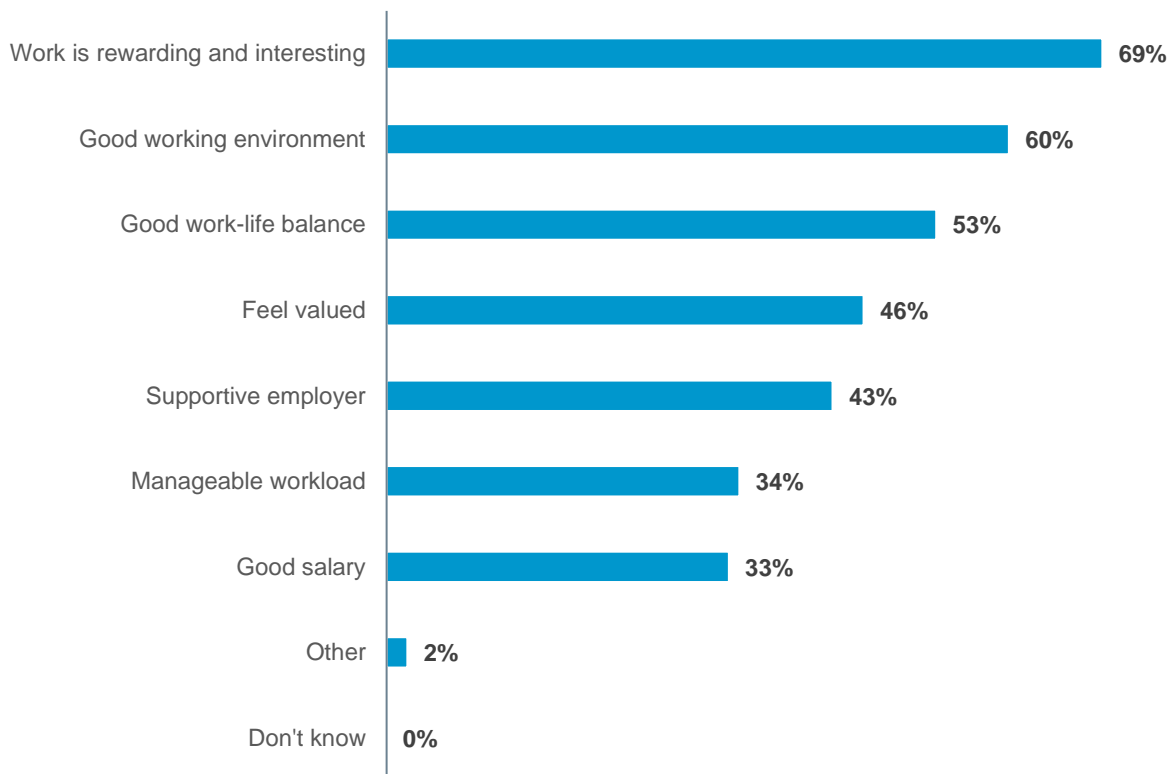
To gain more insight into job satisfaction, respondents were asked to select reasons for being either satisfied or dissatisfied with their role/job over the last 12 months. Multi-choice lists were included in the survey based on analysis of free-text responses from last year’s survey, where the most common reasons for satisfaction and dissatisfaction had been drawn out.

Reasons for being satisfied

The most common reasons for job satisfaction, selected by over half of those who were satisfied, were that *work is rewarding and interesting* (69%), *good working environment* (60%), and *good work-life balance* (53%). Under half said they were satisfied because they *feel valued* (46%) or have a *supportive employer* (43%). A third of respondents selected *manageable workload* (34%) and *good salary* (33%).

Figure 24 – Why have you felt satisfied with your role/job over the last 12 months?

Base: Those very/quite satisfied with job/role (2,166)



Analysis by registration type highlights that optometrists were more likely to be satisfied because *work is rewarding and interesting* (70%) and due to a *good salary* (38%) when compared with dispensing opticians (64% and 32% respectively). Dispensing opticians, however, were more likely to be satisfied because of a *supportive employer* (48%) when compared with optometrists (39%).

Analysis by working status finds that those who worked part-time hours were more likely to select *good work-life balance* (68%) and *manageable workload* (42%) as reasons for being satisfied when compared with those who worked full-time hours (39% and 27% respectively).

Analysis by locum status finds a similar result, where those who worked as locums were also more likely to select *good work-life balance* (65%) and *manageable workload* (40%) when compared with those who did no locum work (49% and 32% respectively). Locums were also more likely to select *good salary* (41%) when compared with those who did no locum work (31%).

Analysis by involvement in enhanced services shows that respondents who were involved were more likely to select *work is rewarding and interesting* (72%) when compared with those who were not involved (65%).



Analysis by workplace setting highlights a number of differences in reasons for job satisfaction, as presented in the chart below. Those who worked for a multiple opticians were less likely to select *work is rewarding and interesting* when compared with all other workplace settings, whereas those who worked for an independent opticians/as a sole practitioner were more likely to select *good working environment* when compared with those working in all other workplace settings.

Good work-life balance was selected by smaller proportions of those who worked in a hospital and in education/academia when compared with those who worked for an independent opticians/as a sole practitioner.

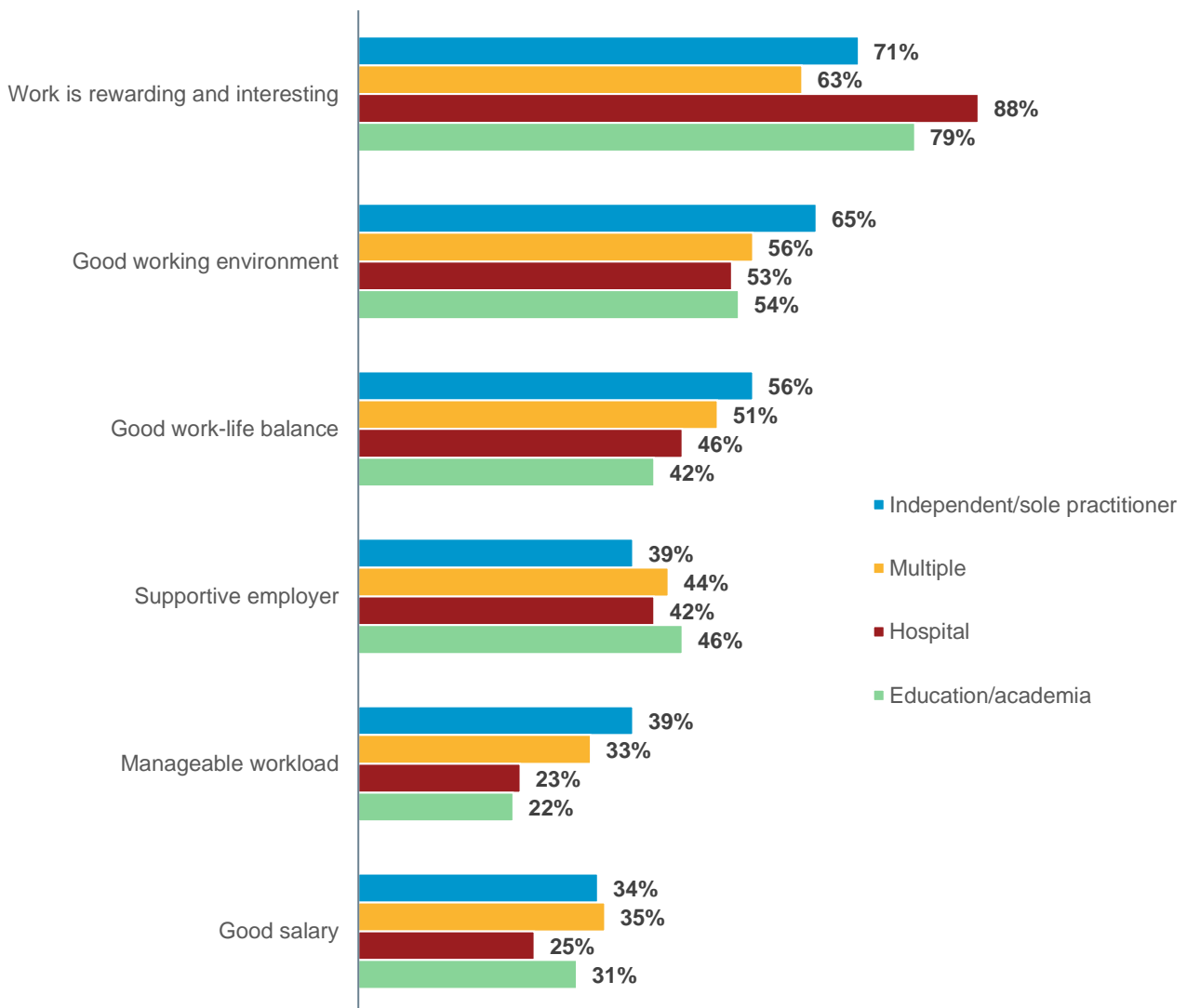
Those who worked for a multiple opticians were more likely to select *supportive employer* when compared with those who worked for an independent opticians/as a sole practitioner, whereas those who worked for an independent opticians/as a sole practitioner were more likely to select *manageable workload* when compared with all other workplace settings.

Those who worked in a hospital were less likely to select *good salary* when compared with those who worked for an independent or multiple opticians.

No significant differences were seen by workplace setting for those who selected *feel valued*.

Figure 25 – Reasons for job satisfaction by workplace setting

Base: Independent/sole practitioner (894); multiple (1,133); hospital (232); education/academia (151)

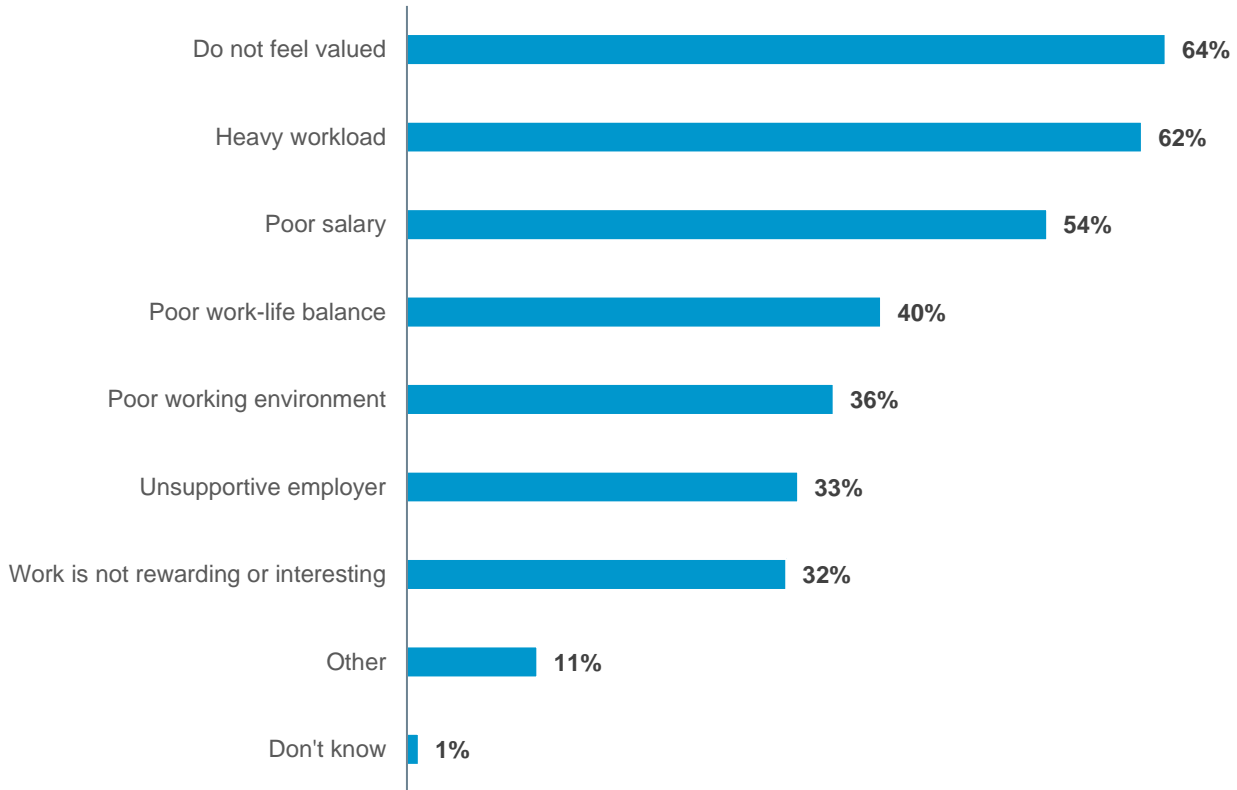


Reasons for being dissatisfied

The most common reasons suggested for feeling dissatisfied were *do not feel valued* (64%), *heavy workload* (62%), and *poor salary* (54%). Large proportions also indicated issues such as *poor work-life balance* (40%), *poor working environment* (36%), *unsupportive employer* (33%), and *work is not rewarding or interesting* (32%).

Figure 26 – Why have you felt dissatisfied with your role/job over the last 12 months?

Base: Those very/quite dissatisfied with job/role (701)



‘Other’ reasons suggested for feeling dissatisfied included increasing responsibilities/tasks (12 responses), demanding patients/patient attitudes (10 responses), time pressures (10 responses), NHS fees/underfunding (9 responses), and stress/burnout/anxiety (8 responses).

Analysis by registration type highlights that optometrists were more likely to be dissatisfied because of a *heavy workload* (65%) when compared with dispensing opticians (50%), whereas dispensing opticians were more likely to be dissatisfied because of a *poor salary* (67%) when compared with optometrists (47%).

In contrast with reasons for being satisfied, **analysis by working status** finds that those who worked full-time hours were more likely to select *heavy workload* (66%) and *poor work-life balance* (53%) as reasons for being dissatisfied when compared with those who worked part-time hours (57% and 27% respectively).

Analysis by locum status finds that, although those who worked as locums were less likely to select *poor work-life balance* (28%) when compared with those who did no locum work (45%), larger proportions of locums selected *poor working environment* (44%) and *work is not rewarding or interesting* (39%) when compared with those who did no locum work (33% and 30% respectively).

Analysis by involvement in enhanced services shows that respondents who were involved were more likely to select *heavy workload* (66%) and *poor work-life balance* (46%) when compared with those who were not involved (58% and 35% respectively).

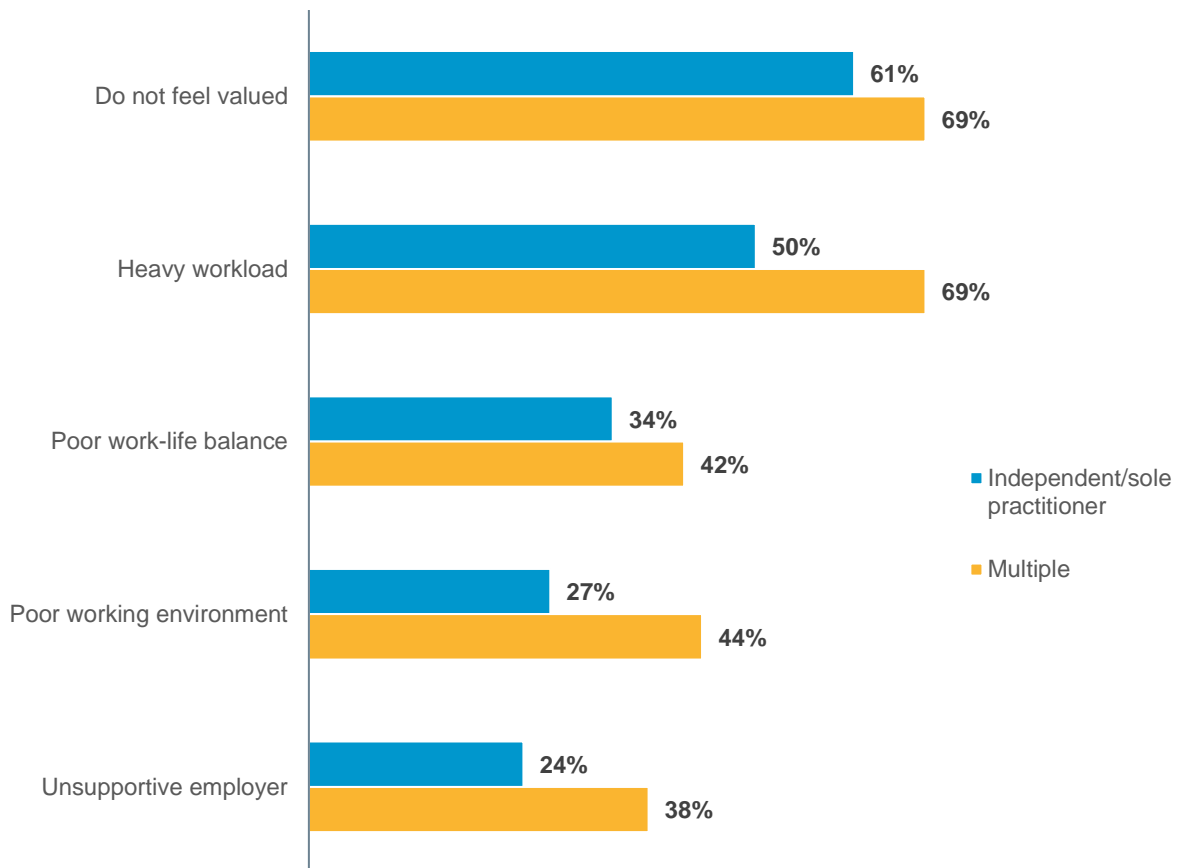


As shown in the chart below, **analysis by workplace setting** highlights that those who worked for a multiple opticians were more likely to be dissatisfied because they *do not feel valued*, due to a *heavy workload*, *poor work-life balance*, *poor working environment*, and an *unsupportive employer* when compared with those who worked for an independent opticians/as a sole practitioner.

Analysis of those working in other workplace settings is not included due to small base sizes in response to this question.

Figure 27 – Reasons for job dissatisfaction by workplace setting

Base: Independent/sole practitioner (260); multiple (443)



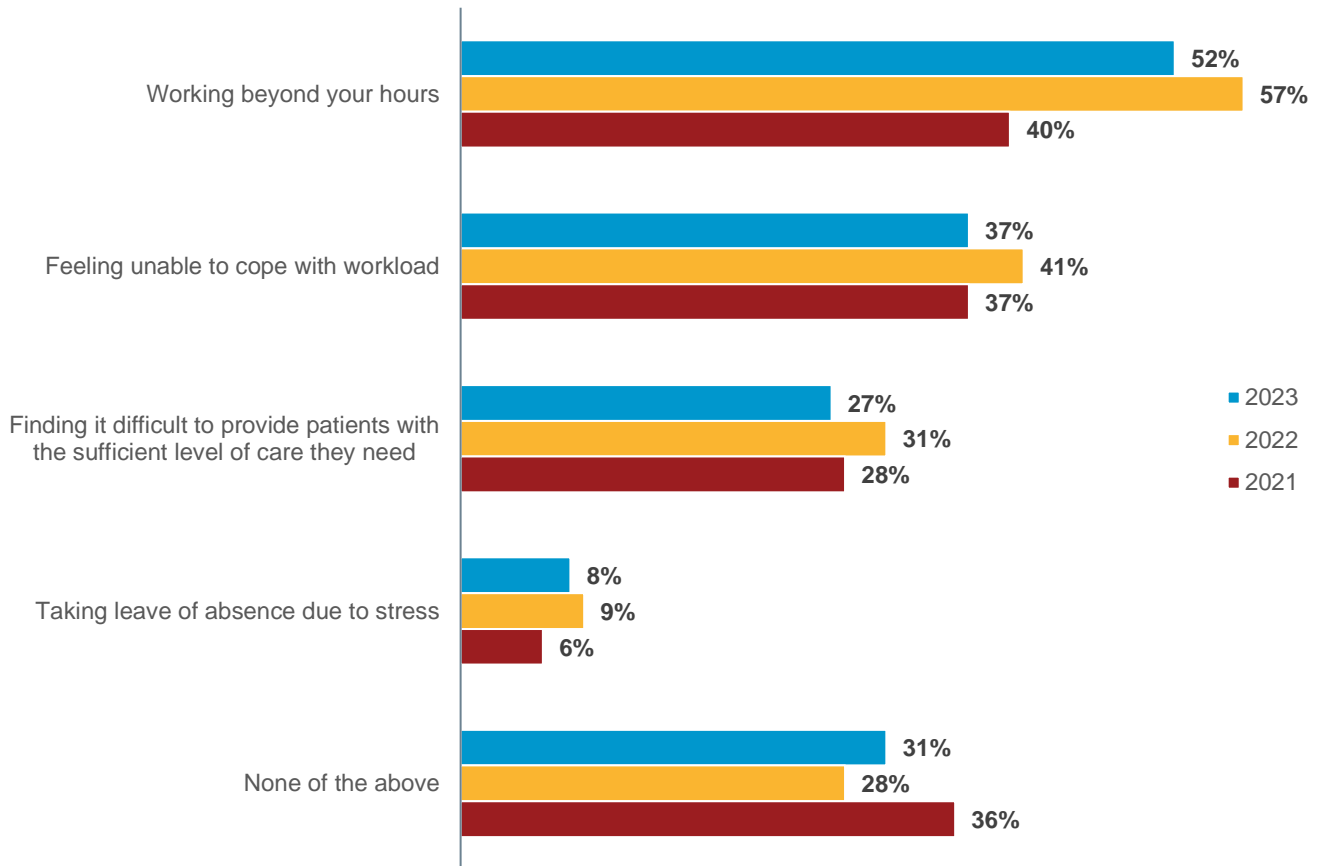
Working conditions

Experience of negative working conditions

Just over half of respondents said that they had experienced *working beyond their hours* in the last 12 months (52%). Large proportions also said they had felt *unable to cope with their workload* (37%) or had found it *difficult to provide patients with the sufficient level of care they need* (27%). A small proportion of respondents said they had *taken a leave of absence due to stress* in the last 12 months (8%).

Figure 28 – In the last 12 months, have you experienced any of the following?

Base: Those currently working 2023 (3,486); 2022 (3,647); 2021 (4,479)



2021 to 2023 comparison

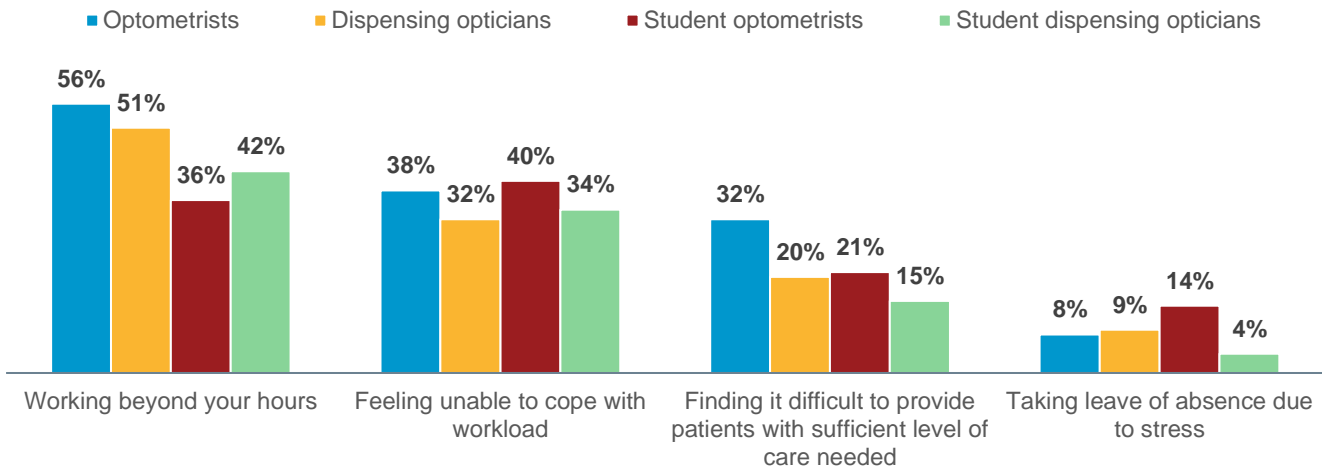
After increases were seen in the proportion of respondents reporting negative impacts on their working conditions between 2021 and 2022, most notably for those who said they were *working beyond their hours* (+17 percentage points), this year's results show decreases across the board.



Analysis by registration type shows that optometrists were more likely to indicate that they were *working beyond their hours* or were *finding it difficult to provide patients with the sufficient level of care they need* when compared with other registration types. Optometrists and student optometrists were more likely to indicate that they were *feeling unable to cope with their workload* when compared with dispensing opticians, and student optometrists were also more likely to state that they had *taken a leave of absence due to stress*.

Figure 29 – Working conditions by registration type

Base: Optometrist (2,198); dispensing optician (894); student optometrist (282); student dispensing optician (147)

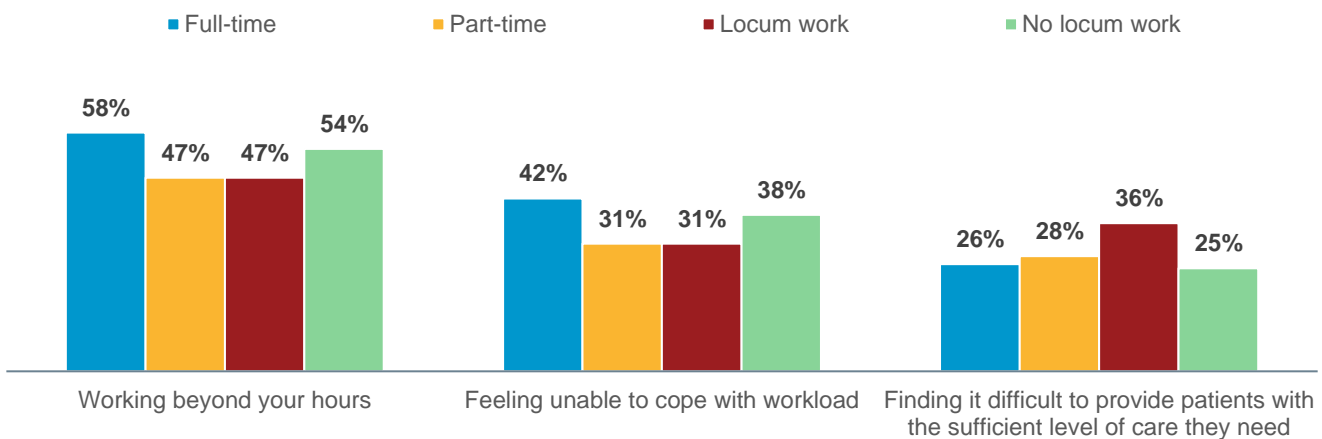


Analysis by working status shows that those who worked full-time were more likely to state that they had experienced *working beyond their hours* or had felt *unable to cope with their workload* when compared with those who worked part-time.

Analysis by locum working indicates that those who did not work as locums were more likely to report that they were *working beyond their hours* and *feeling unable to cope with their workload* when compared with locum workers, whereas locum workers were more likely to state that they found it *difficult to provide patients with the sufficient level of care they need* when compared with those who did not work as locums.

Figure 30 – Working conditions by working status and locum working

Base: Full-time (1,864); part-time (1,622); locum work (750); no locum work (2,737)



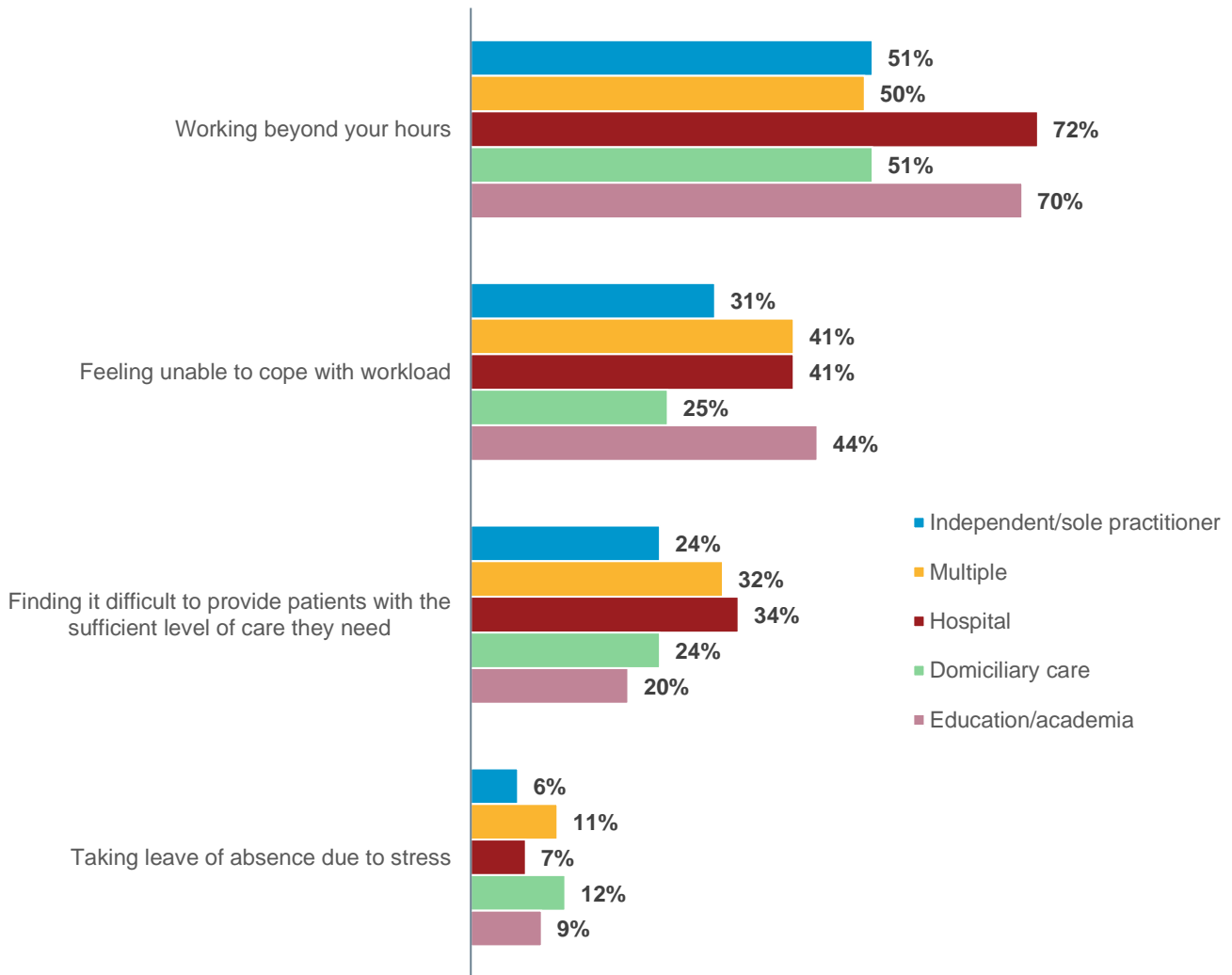
Analysis by workplace setting highlights that those who worked in a hospital setting or in education/academia were more likely to indicate that they had been *working beyond their hours* when compared with those working in other settings.

Those who worked for a multiple opticians, in a hospital, or in education/academia were more likely to answer that they had felt *unable to cope with their workload* when compared with those working for an independent opticians/as a sole practitioner or in domiciliary care.

Larger proportions of those who worked for a multiple opticians or in a hospital said that they had found it *difficult to provide patients with the sufficient level of care they needed* when compared with those who worked in other settings.

Figure 31 – Working conditions by workplace setting

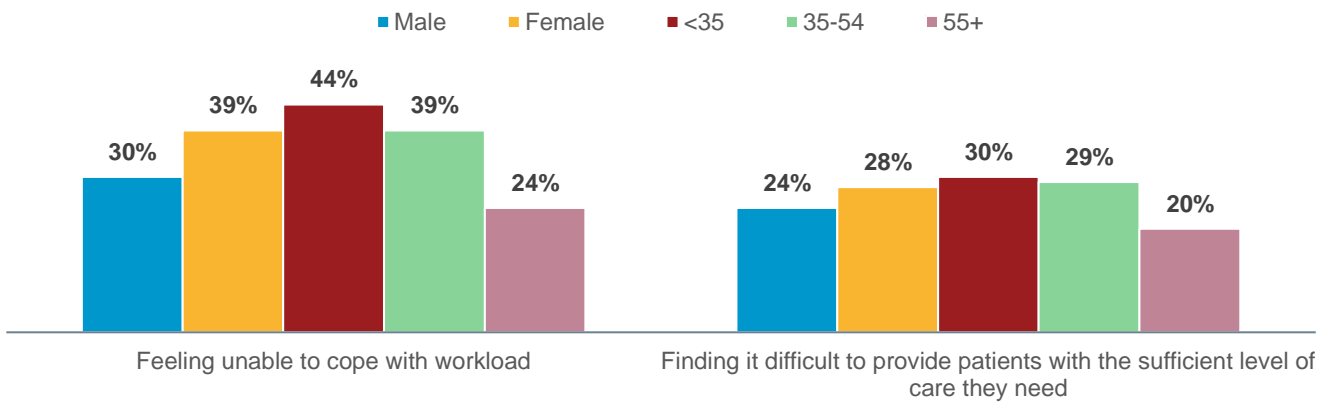
Base: Independent/sole practitioner (1,379); multiple (1,966); hospital (336); domiciliary care (80); education/academia (200)



Analysis by gender and age group shows that female respondents and those aged under 35 were more likely to indicate that they were *feeling unable to cope with their workload* when compared with male respondents and those aged 55+. Female respondents were also more likely to select *finding it difficult to provide patients with the sufficient level of care they need* when compared with male respondents.

Figure 32 – Working conditions by gender

Base: Male (1,126); female (2,185); Aged <35 (957); 35-54 (1,533); 55+ (879)



Analysis by disability shows that those who had a disability were more likely to indicate that they were *feeling unable to cope with their workload* (45%) or had *taken a leave of absence due to stress* (19%) when compared with those who did not have a disability (36% and 8% respectively).

Analysis by ethnicity highlights that those of White ethnicity were more likely to indicate that they were *working beyond their hours* (55%) when compared with those from ethnic minority groups (45%). Conversely, those from ethnic minority groups were more likely to report that they had *taken a leave of absence due to stress* (13%) when compared with those of White ethnicity (6%).



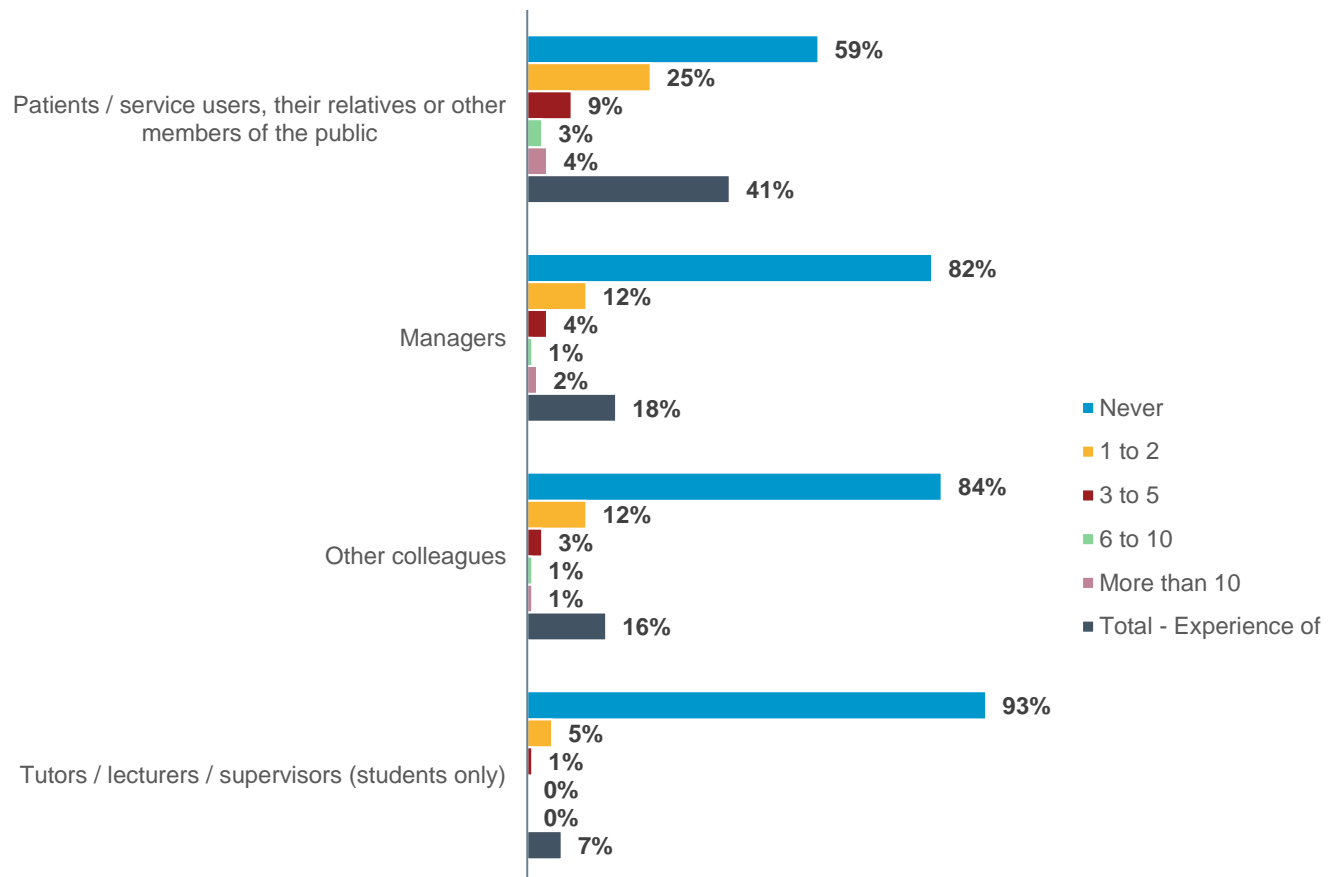
Harassment, bullying or abuse

Respondents were asked to indicate whether they had personally experienced harassment, bullying, or abuse at work (or place of study for those in education) from different sources in the last 12 months.

In total, two in five respondents indicated that they had some experience of harassment, bullying, or abuse from patients/service users, their relatives or other members of the public in the last 12 months (41%). Smaller proportions indicated that they had experienced this from managers (18%), other colleagues (16%), or tutors/lecturers/supervisors (7%).

Figure 33 – In the last 12 months, how many times have you personally experienced harassment, bullying, or abuse at work (or study) from...?

Base: All respondents excluding full-time students and retired (3,557); students (469)



This question is asked in the annual NHS Staff Survey¹, allowing for comparisons to be made as shown in the table overleaf. Although larger proportions of GOC registrants report having experienced harassment, bullying or abuse from patients/service users, their relatives, or other members of the public and from managers when compared with the NHS Staff Survey results, GOC registrants were less likely to report having experienced this behaviour from other colleagues.

Figure 34 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2022

Base: GOC survey respondents (3,557), NHS Staff Survey 2022 (607,636; 603,445; 600,906)

Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2022
Patients/service users/relatives, other members of the public	41%	28%
Managers	18%	11%
Other colleagues	16%	19%

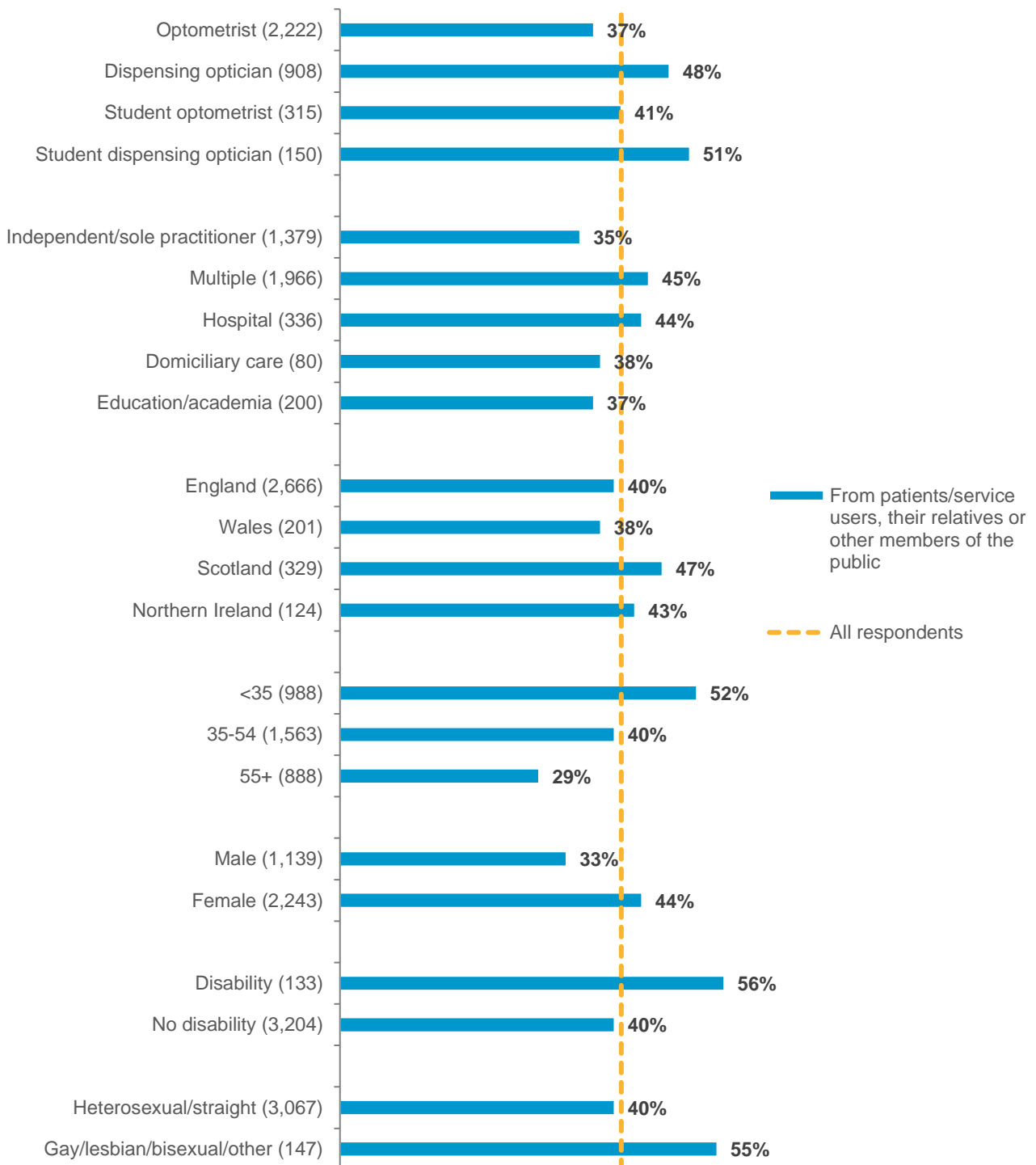
¹ <https://www.nhsstaffsurveys.com/results/national-results/>



Subgroup analysis highlights that dispensing opticians and student dispensing opticians, those who worked in a hospital or multiple opticians, those in Scotland, younger respondents, female respondents, those with a disability, and those of non-heterosexual/straight sexual orientation were more likely to report experience of harassment, bullying or abuse from **patients, service users, their relatives, or other members of the public**. Additionally, those of Muslim and Sikh belief were more likely to report experience of this type of harassment, bullying or abuse (51% and 50% respectively) when compared with other religious beliefs, as were those of other White ethnicity not including White British (47%) when compared with those of White British (39%) and Black or Black British ethnicity (33%).

Figure 35 – Experience of harassment, bullying or abuse from patients, service users, their relatives or other members of the public by registration type, workplace setting, location, age group, gender, disability, and sexual orientation

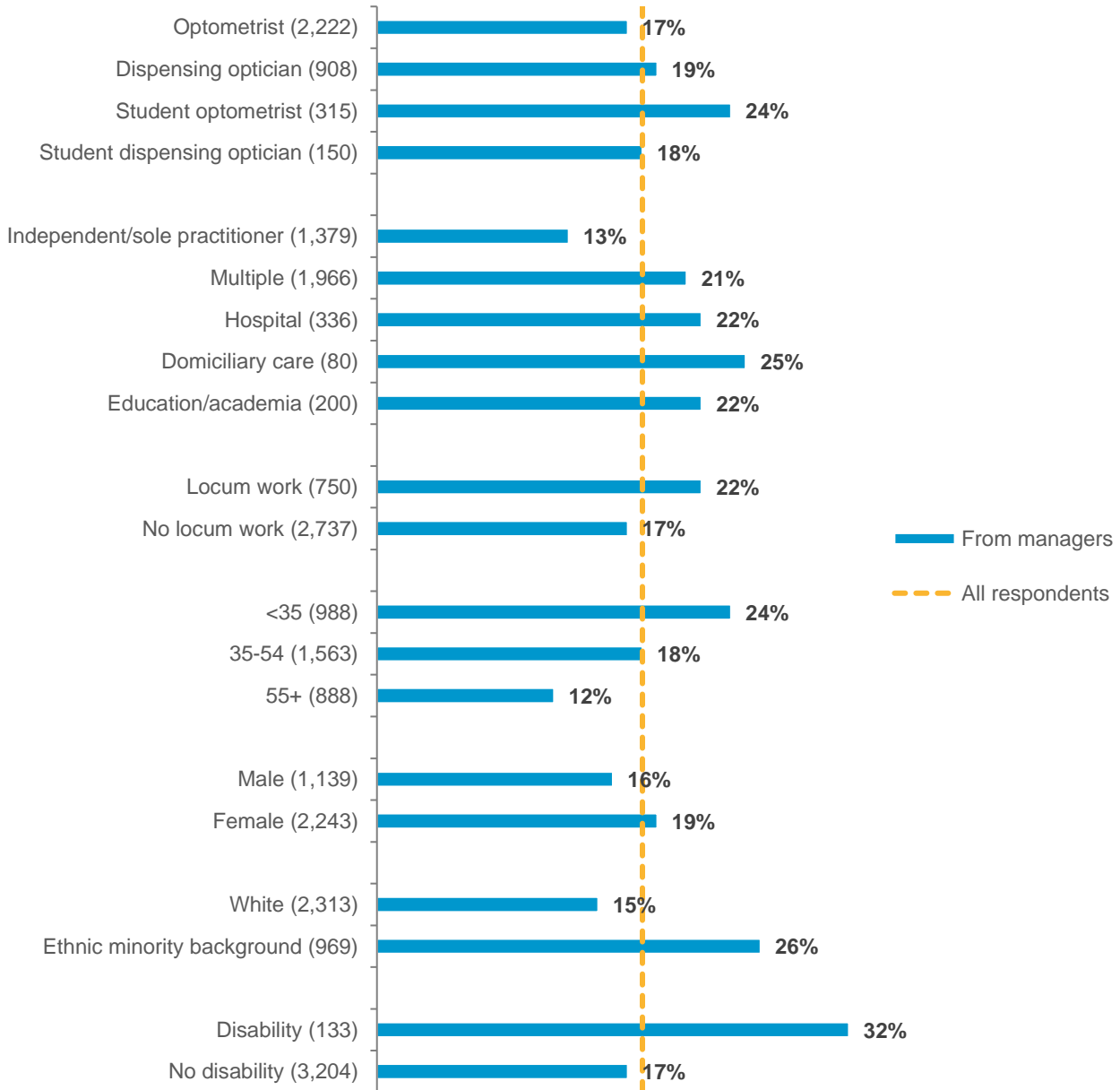
Base: shown in chart



Subgroup analysis highlights that student optometrists, those who worked as locums, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of harassment, bullying or abuse from **managers**. Those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this type of harassment, bullying or abuse.

Again, those of Muslim and Sikh belief were more likely to report experience of this type of harassment, bullying or abuse (30% and 25% respectively) when compared with other religious beliefs.

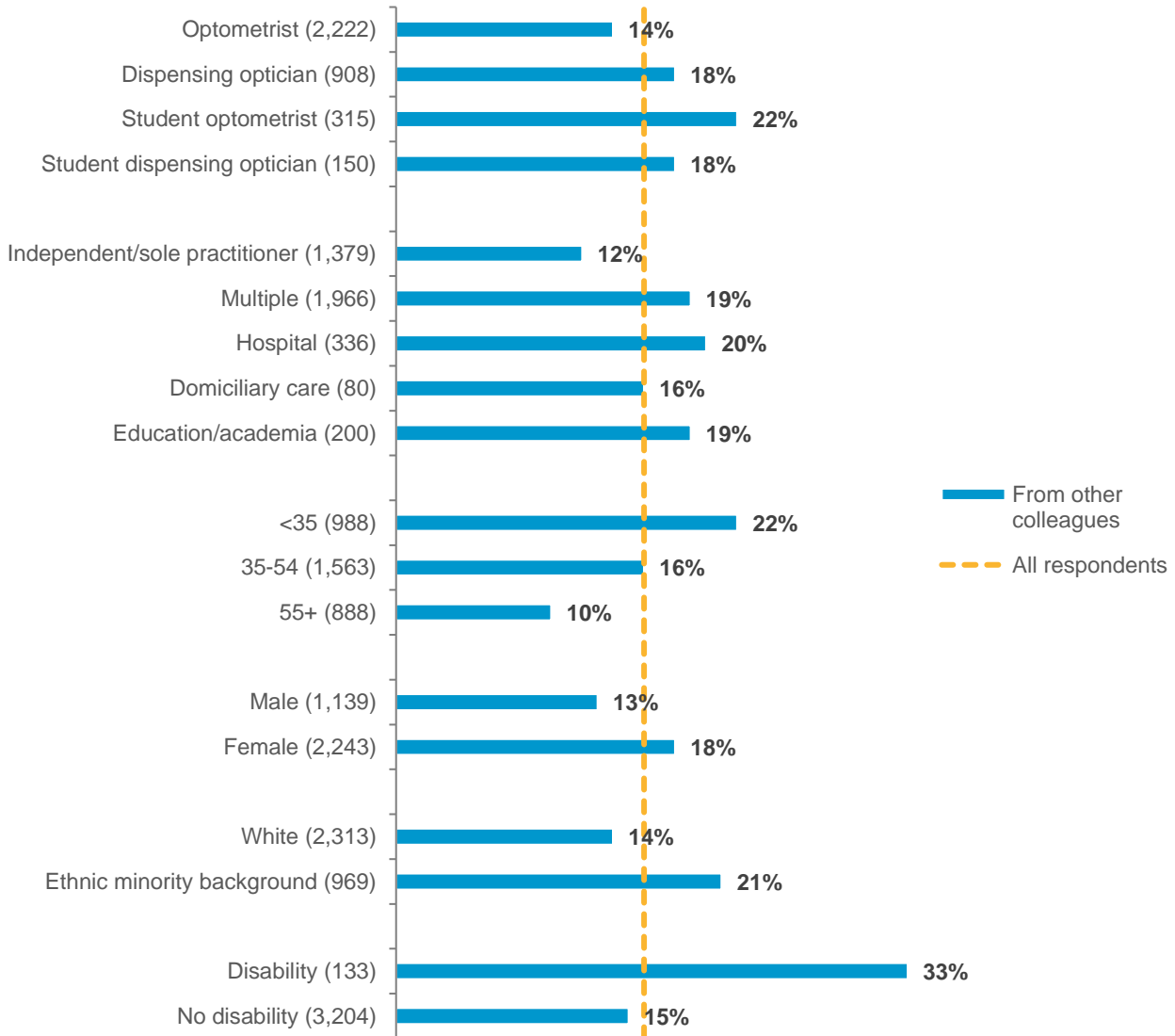
Figure 36 – Experience of harassment, bullying or abuse from managers by registration type, workplace setting, location, age group, gender, and disability
 Base: shown in chart



Dispensing opticians and student optometrists, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of harassment, bullying or abuse from **other colleagues**. Again, those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this type of harassment, bullying or abuse.

Those of Muslim belief were also more likely to report experience of this type of harassment, bullying or abuse (24%) when compared with other religious beliefs.

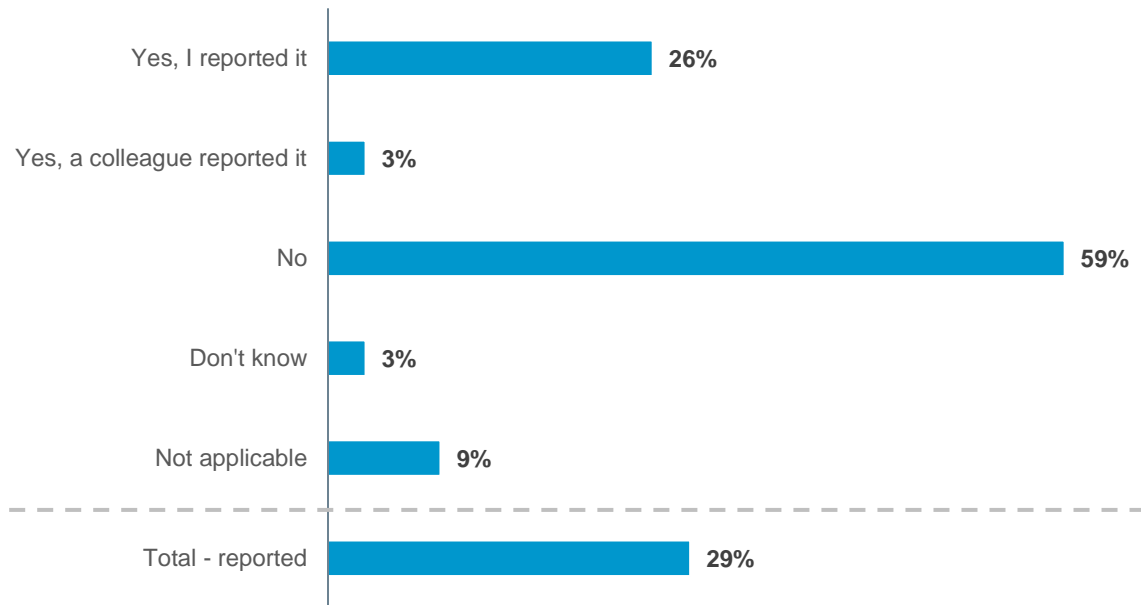
Figure 37 – Experience of harassment, bullying or abuse from other colleagues by registration type, workplace setting, location, age group, gender, and disability
 Base: shown in chart



Those who had experienced some form of harassment, bullying or abuse at work in the last 12 months were asked whether this had been reported the last time they had experienced it. In total, 29% said it had been reported, including 26% who had reported it themselves and 3% who said a colleague had reported it.

Figure 38 – The last time you experienced harassment, bullying or abuse at work (or study), did you or a colleague report it?

Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months (1,746)



The following subgroups were more likely to indicate that they had not reported their experience of harassment, bullying or abuse (59% overall):

- Optometrists (63%) and student optometrists (61%) vs dispensing opticians (52%) and student dispensing opticians (44%)
- Those who worked as locums (65%) vs those who did not (57%)
- Male respondents (64%) vs female respondents (56%)



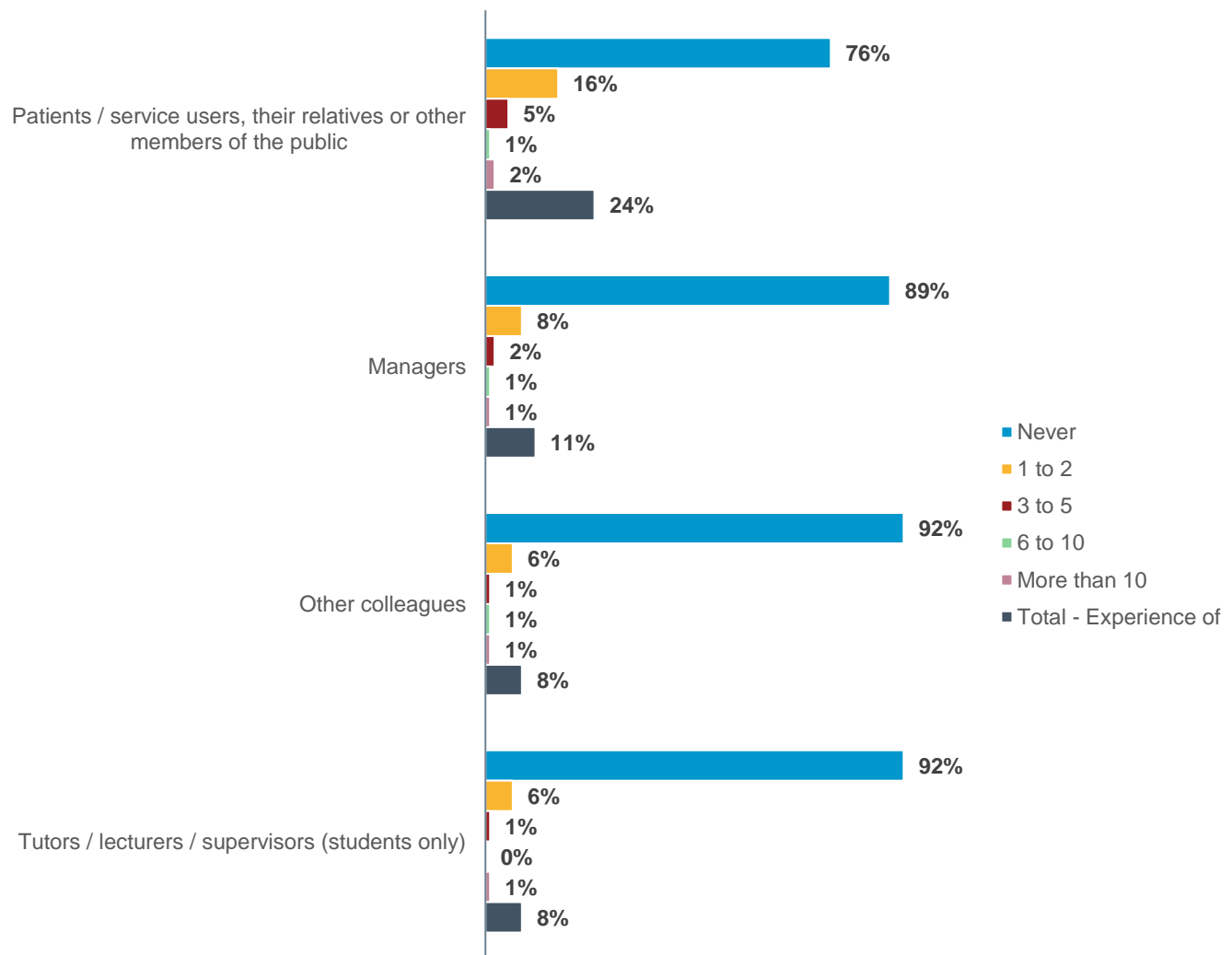
Discrimination

Respondents were asked to indicate whether they had personally experienced any discrimination in their role at work (or place of study for those in education) from different sources in the last 12 months.

A quarter of respondents indicated that they had some experience of discrimination from patients/service users, their relatives or other members of the public in the last 12 months (24%). As with harassment, bullying and abuse, smaller proportions indicated that they had experienced discrimination from managers (11%), other colleagues (8%), or tutors/lecturers/supervisors (8%).

Figure 39 – In the last 12 months, how many times have you personally experienced discrimination in your role at work (or study) from...?

Base: All respondents excluding full-time students and retired (3,557); students (468)



2021 to 2023 comparison

A similar question was asked to GOC registrants in 2021 and found that 10% of respondents had experienced some form of discrimination in their role at work or study in the previous 12 months². A direct comparison with this result suggests that experience of discrimination has increased over the last two years.

² GOC Registrant Survey 2021 – <https://optical.org/en/publications/policy-and-research/registrant-survey/goc-registrant-survey-2021/>



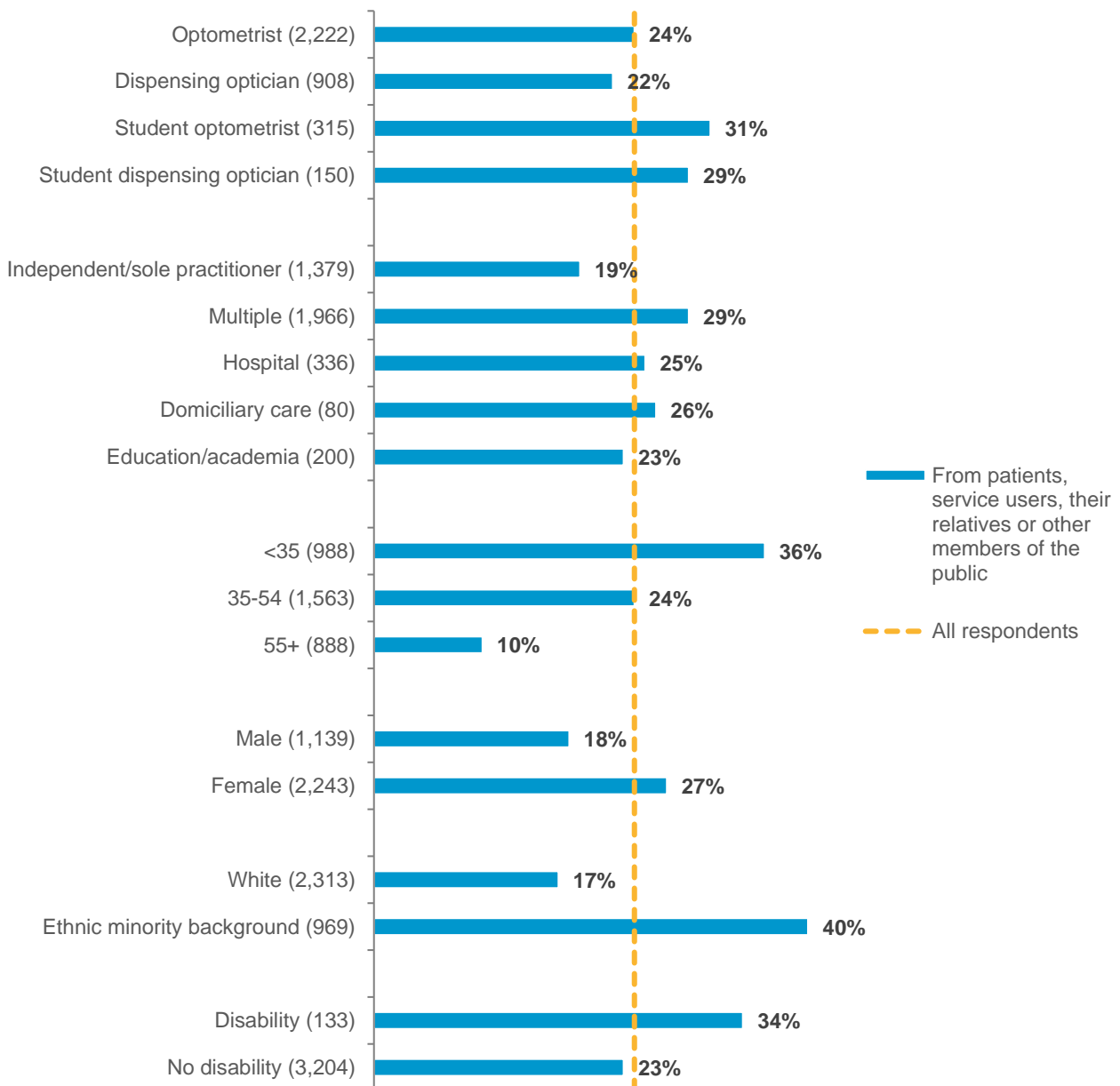
Analysis shows that student optometrists, younger respondents, female respondents, and those with a disability were more likely to report experience of discrimination from **patients, service users, their relatives, or other members of the public**. Those from ethnic minority backgrounds were also more likely to have experienced this form of discrimination when compared with those of White ethnicity, in particular those from Asian or Asian British (40%), Black or Black British (36%) or Mixed backgrounds (52%).

In terms of workplace setting, those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this form of discrimination when compared with those who worked for a multiple opticians or in a hospital.

Additionally, those of Hindu, Muslim and Sikh belief were more likely to report experience of this type of discrimination (33%, 42% and 41% respectively) when compared with other religious beliefs, as were those who were pregnant or on/returning from maternity leave (34%) when compared with those who were not (24%).

Figure 40 – Experience of discrimination from patients, service users, their relatives or other members of the public by registration type, workplace setting, age group, gender, disability, and ethnicity

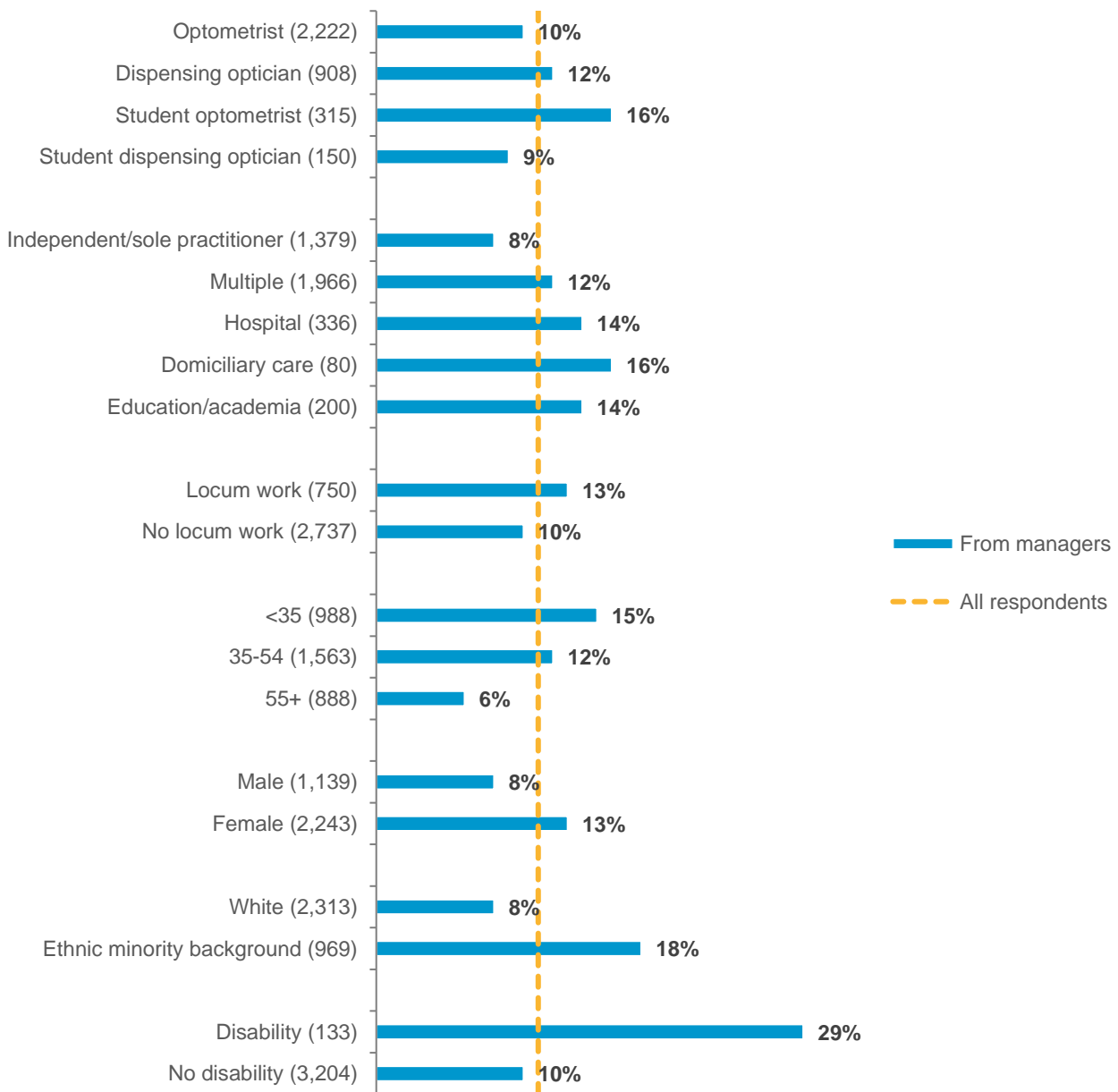
Base: shown in chart



Analysis highlights that student optometrists, those who worked as locums, younger respondents, female respondents, those from ethnic minority backgrounds, and those with a disability were more likely to report experience of discrimination from **managers**. Again, analysis by workplace setting shows that those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this form of discrimination when compared with all other workplace settings.

Analysis of ethnicity in more detail highlights that those from Black or Black British (22%) and Asian or Asian British backgrounds (17%) were more likely to report experience of this type of discrimination, as were those of Muslim and Sikh belief (20% and 22% respectively). Additionally, those who were pregnant or on/returning from maternity leave and those who performed the role of a carer were also more likely to report experience of this type of discrimination (21% and 19%) when compared with those who were not (11% and 10%).

Figure 41 – Experience of discrimination from managers by registration type, workplace setting, age group, gender, disability, and ethnicity
 Base: shown in chart

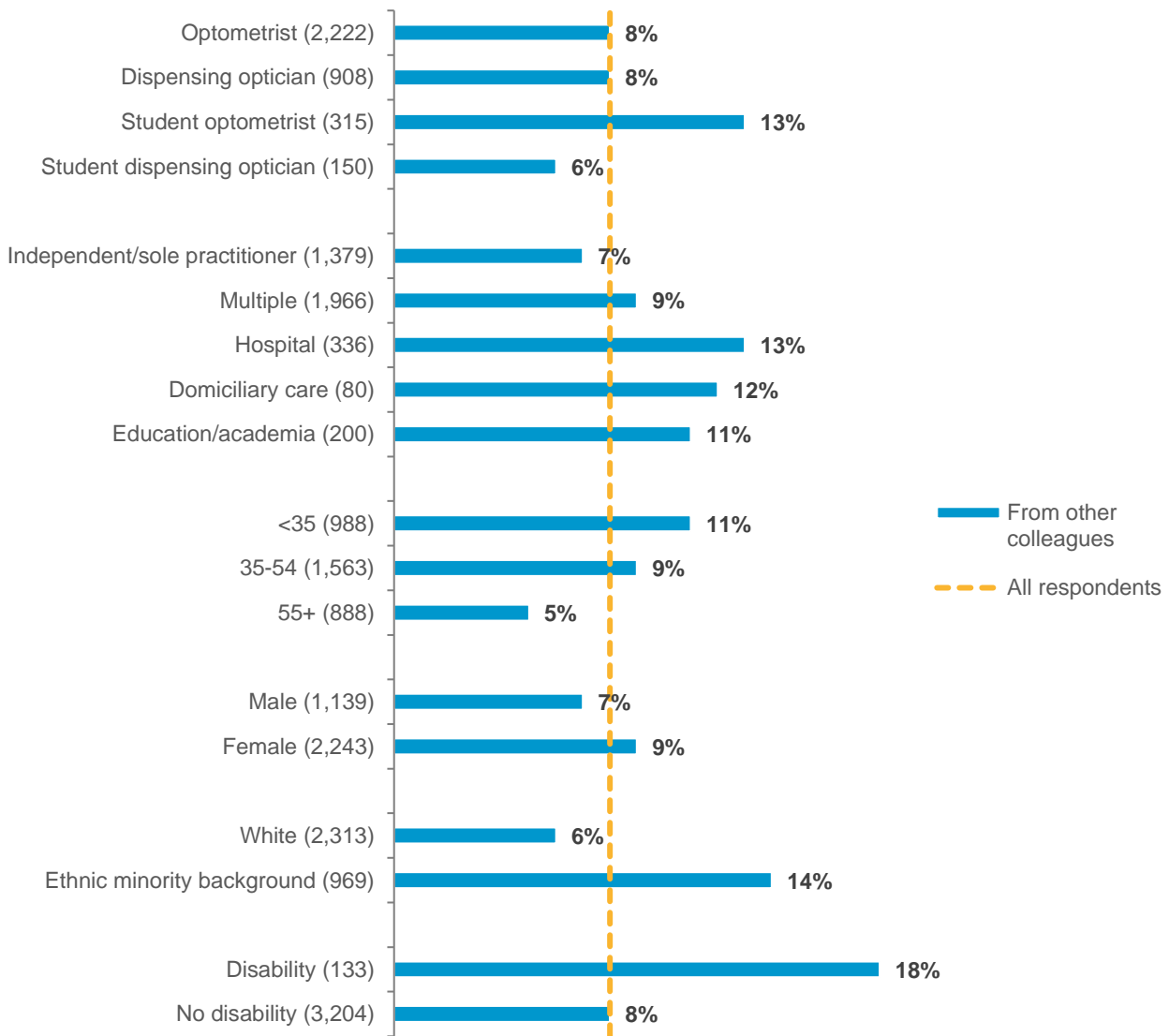


Student optometrists, those who worked in a hospital, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of discrimination from **other colleagues**.

Respondents of Muslim and Sikh belief were more likely to report experience of this type of discrimination (14% and 17% respectively), as were those from Black or Black British and Asian or Asian British backgrounds (20 and 14% respectively). Again, those who were pregnant or on/returning from maternity leave and those who performed the role of a carer were also more likely to report experience of this type of discrimination (14% and 15%) when compared with those who were not (8% and 7%).

Figure 42 – Experience of discrimination from other colleagues by registration type, workplace setting, location, age group, gender, and disability

Base: shown in chart

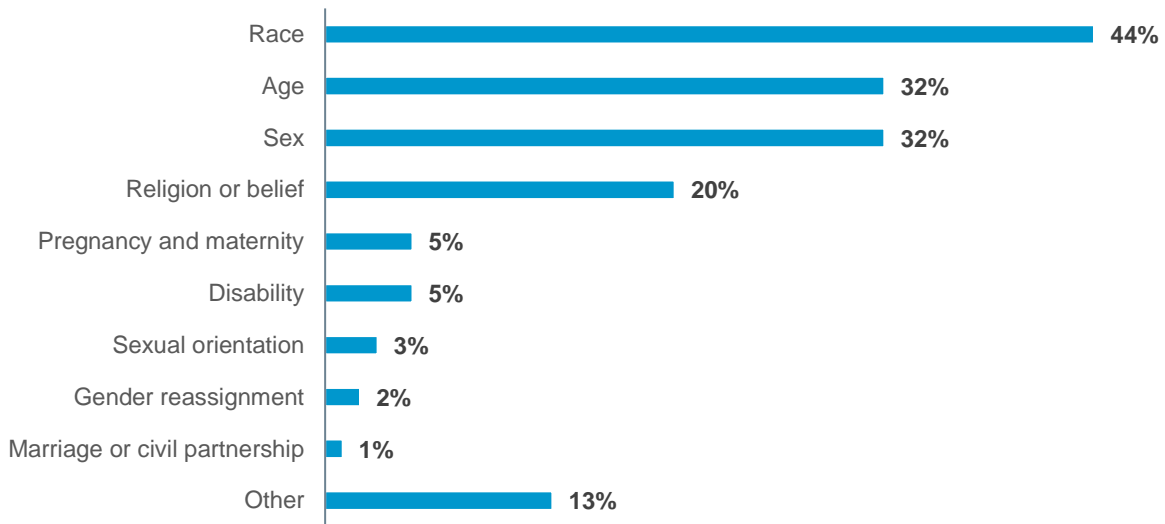


Those who had experienced discrimination at work or study in the last 12 months were asked to specify what type of discrimination this was. Just over two in five respondents said that they had experienced discrimination related to race (44%). A third had experienced discrimination related to age or sex (both at 32%), and one in five had experienced discrimination related to religion or belief (20%).

The most common ‘other’ responses (13%) focused on discrimination related to nationality and being a parent/childcare.

Figure 43 – What type of discrimination have you experienced?

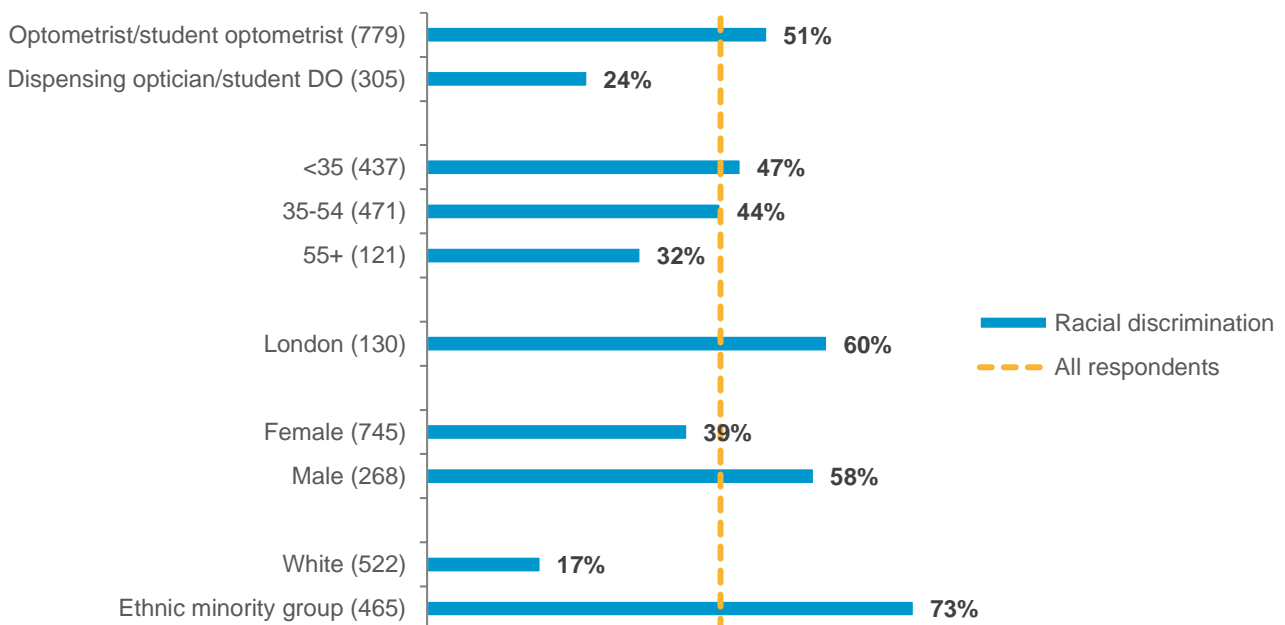
Base: Those who had experience of discrimination in their role at work (or study) in the last 12 months (1,073)



A number of subgroups were more likely to indicate that they had experienced **racial discrimination** in their role in the last 12 months, most commonly those from ethnic minority groups when compared with those of White ethnicity. In particular, those of Black or Black British and Asian or Asian British background were more likely to report experiences of racial discrimination (90% and 71% respectively). This type of discrimination was more prevalent amongst optometrists and student optometrists, younger respondents, those based in London, and male respondents, as well as those of Hindu, Muslim, and Sikh belief (76%, 64% and 81% respectively).

Figure 44 – Experience of racial discrimination in the last 12 months by registration type, age group, location, gender, and ethnicity

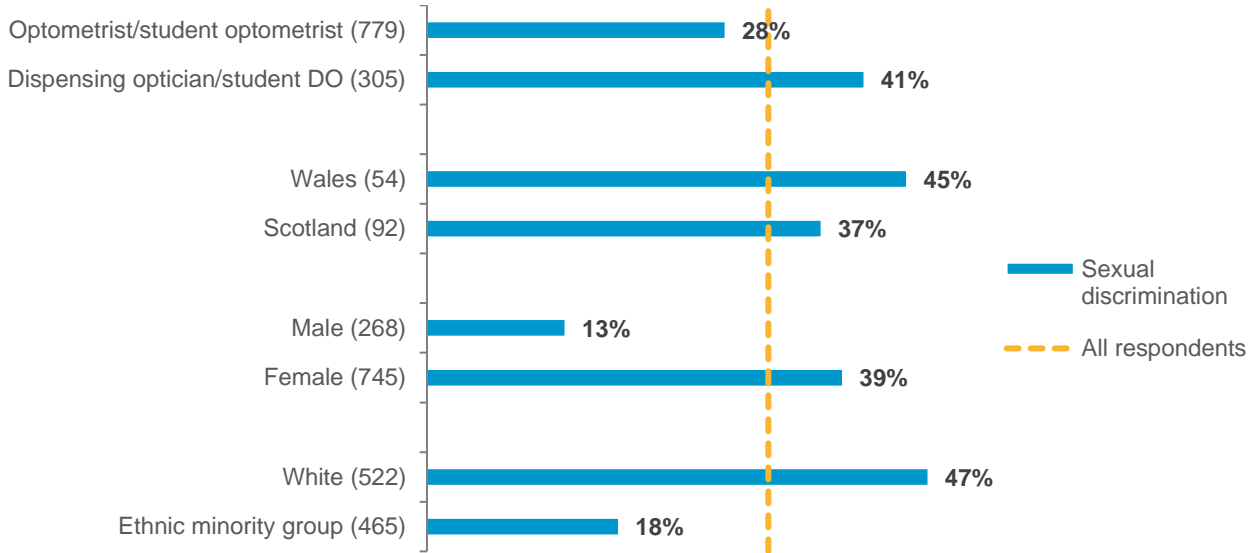
Base: shown in chart



Subgroups more likely to indicate that they had experienced **sexual discrimination** in their role in the last 12 months included dispensing opticians and student dispensing opticians (who were more likely to be female), those based in Wales and Scotland, female respondents, and respondents of White ethnicity.

Figure 45 – Experience of sexual discrimination in the last 12 months by registration type, location, gender, and ethnicity

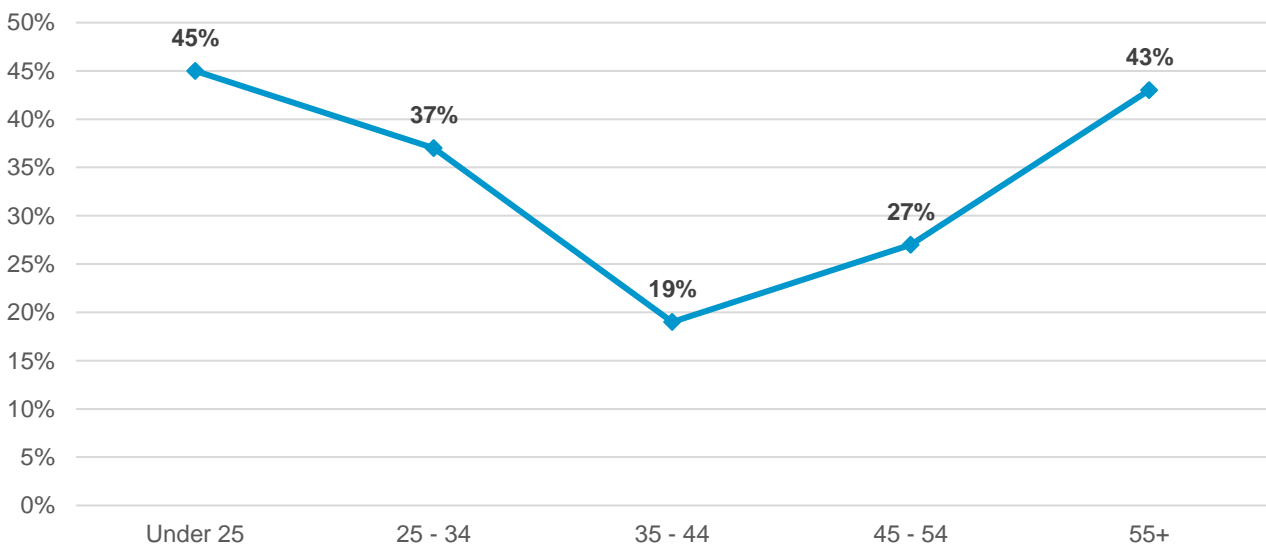
Base: shown in chart



Age discrimination was reported by larger proportions of both younger and older respondents. For example, 45% of those aged under 25 and 43% of those aged 55 and above indicated that they had experienced age discrimination in their role in the last 12 months, compared with just 19% for those aged 35 to 44.

Figure 46 – Experience of age discrimination in the last 12 months by age group

Base: Under 25 (121); 25-34 (316); 35-44 (289); 45-54 (182); 55+ (121)



Religious discrimination was reported by a larger proportion of those of Muslim belief (62%) when compared with other religions or beliefs.

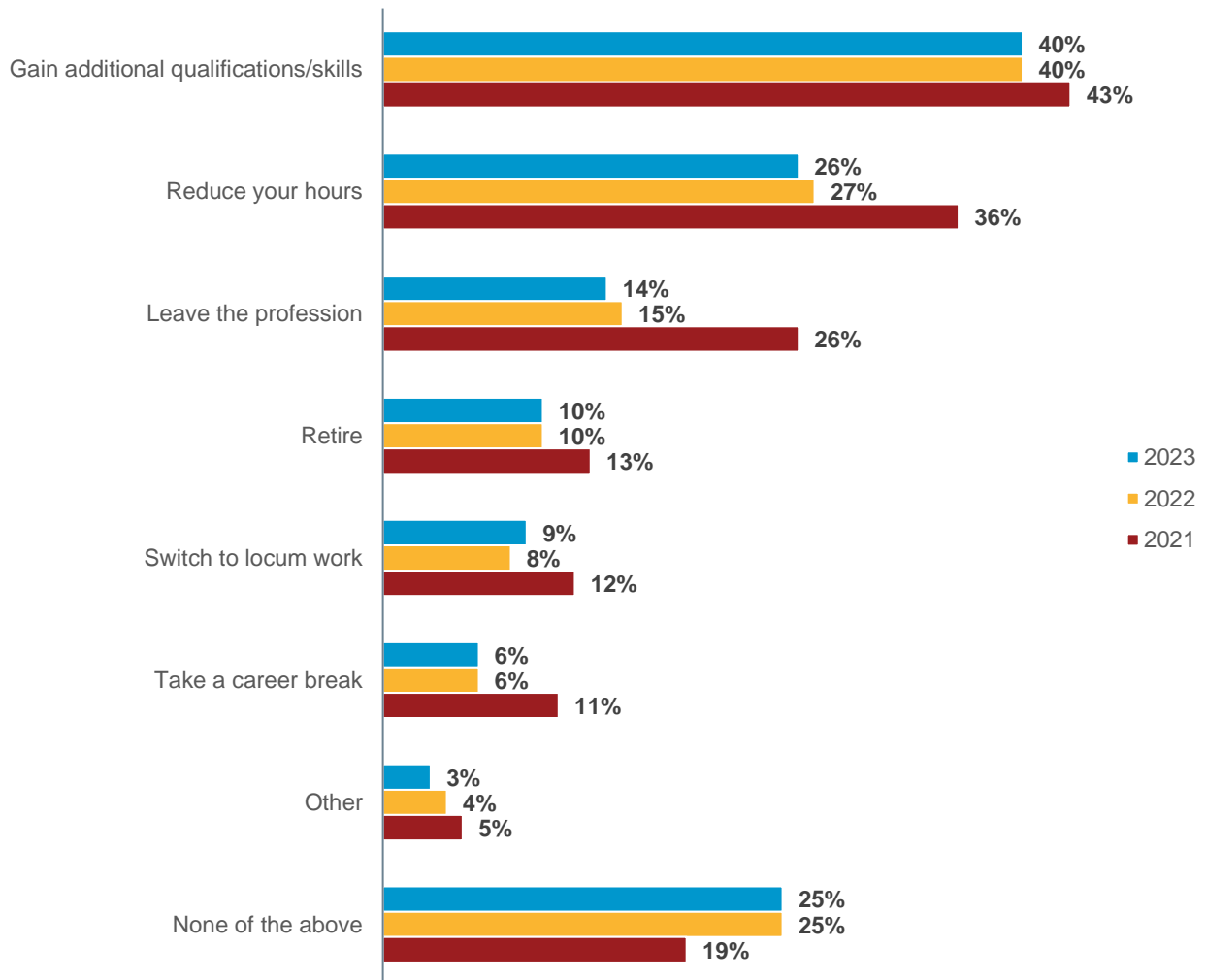


Plans for the future

When asked about their career plans over the next 12 to 24 months, the largest proportion of respondents said that they planned to *gain additional qualifications or skills* (40%), followed by 26% who planned to *reduce their hours*. One in seven respondents said that they planned to *leave the profession* (14%), and smaller proportions indicated they planned to *retire* (10%), *switch to locum work* (9%) or *take a career break* (6%).

Figure 47 – Are you considering making any of the following changes to your career over the next 12-24 months?

Base: Those currently working 2023 (3,486); 2022 (3,647); 2021 (4,479)



2021 to 2023 comparison

This year’s results are almost identical to those collected in 2022, highlighting very little change. This is in contrast to the way results changed between 2021 and 2022, as shown in the chart above, which may have been a temporary impact on attitudes that can be attributed to the Covid-19 pandemic.



The table below presents this result scaled up to the total approximate number of registrants, based on a total population of approximately 30,300. This shows that approximately 12,100 registrants plan to *gain additional qualifications or skills* over the next 12 to 24 months. However, it also highlights that approximately 7,900 registrants plan to *reduce their hours*, and that 4,200 plan to *leave the profession*. Please note that, as this survey question was multiple-choice, the scaled up total number of registrants will exceed 30,300.

Figure 48 – Future career changes over the next 12-24 months scaled up to approximate registrant numbers

Base: Survey result - All respondents excluding those fully retired and 'not applicable' responses (3,486); Registrant database (30,300)

Future career change over next 12-24 months	Survey result	Scaled up number of registrants (approx.)
Gain additional qualifications/skills	40%	12,100
Reduce your hours	26%	7,900
Leave the profession	14%	4,200
Retire	10%	3,000
Switch to locum work	9%	2,700
Take a career break	6%	1,800
Other	3%	900
None of the above	25%	7,600

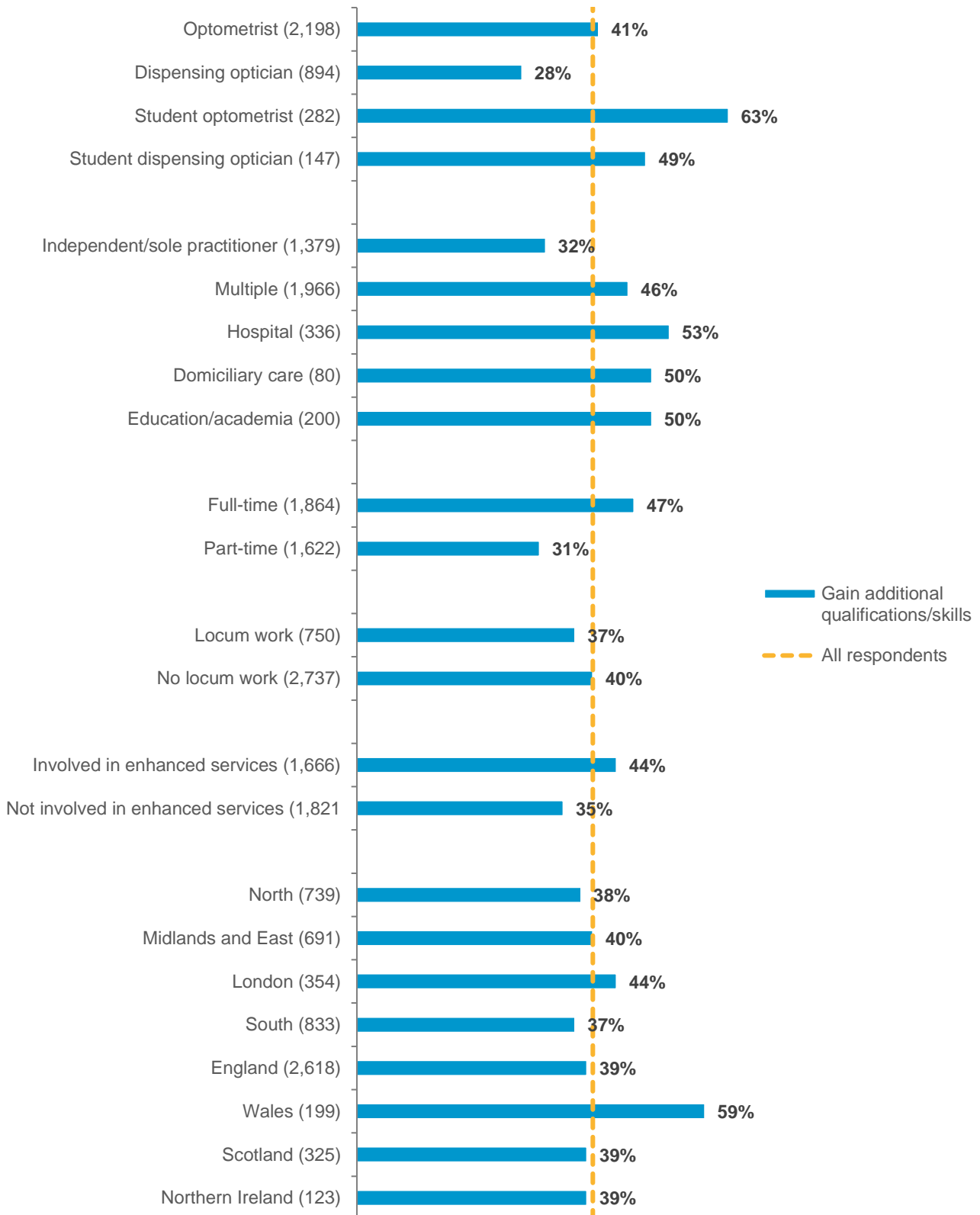


Plans to gain additional qualifications/skills

The chart below presents subgroup analysis for those who planned to gain additional qualifications or skills over the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 49 – Plans to gain additional qualifications/skills by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to gain additional qualifications or skills included those who:

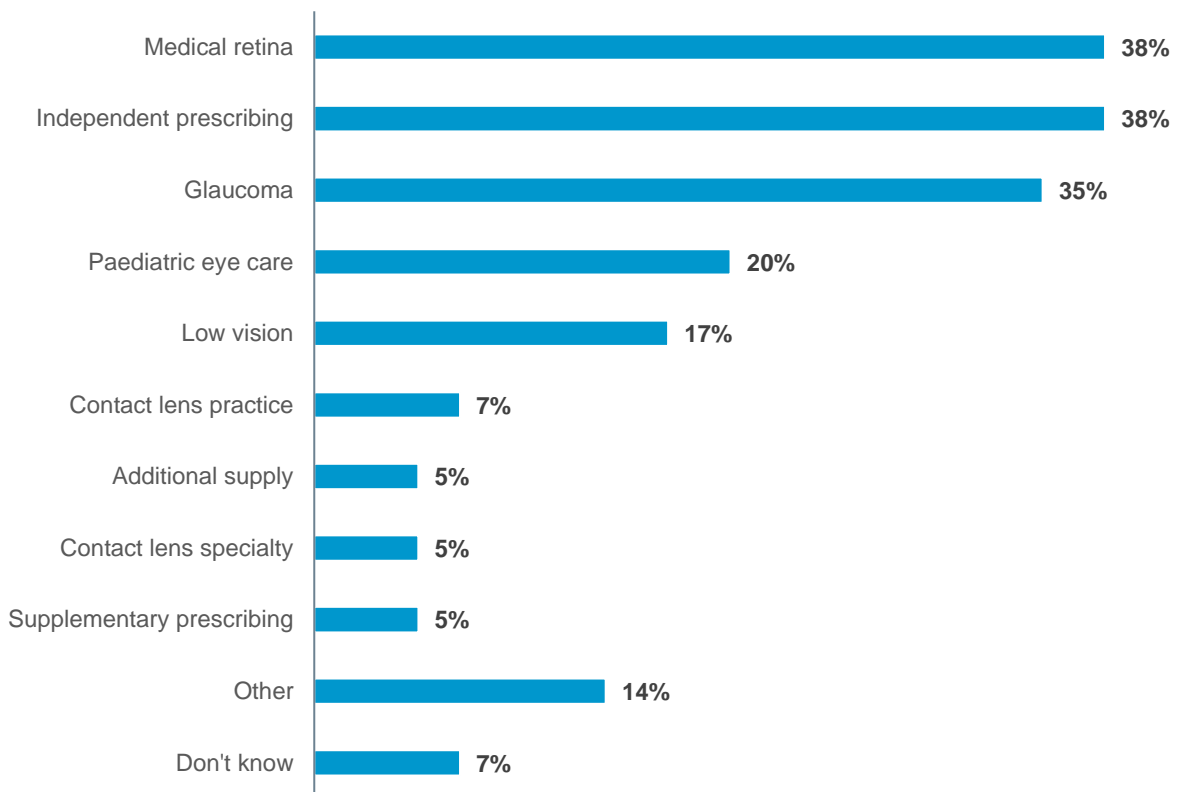
- Were student optometrists (63%) and student dispensing opticians (49%) when compared with optometrists (41%) and dispensing opticians (28%)
- Worked in a hospital (53%), domiciliary care (50%) or in education/academia (50%) when compared with those who worked for an independent opticians/as a sole practitioner (32%)
- Worked full-time (47%) when compared with those who worked part-time (31%)
- Were involved in the delivery of enhanced eye care services (44%) when compared with those who were not (35%)
- Lived in Wales (59%) when compared with all other locations

Topics/areas

Respondents were asked to specify the areas in which they were interested in gaining additional qualifications/skills, choosing from a list provided. The most commonly selected areas were *medical retina* (38%), *independent prescribing* (38%), and *glaucoma* (35%).

Figure 50 – In what areas are you interested in gaining additional qualifications/skills?

Base: Those who plan to gain additional qualifications/skills in the next 12-24 months (1,377)



'Other' suggested areas (14%) included MECS (28 responses), leadership/management (27 responses), optometry (26 responses), contact lenses (16 responses), and education/teaching/training/ assessing (14 responses).

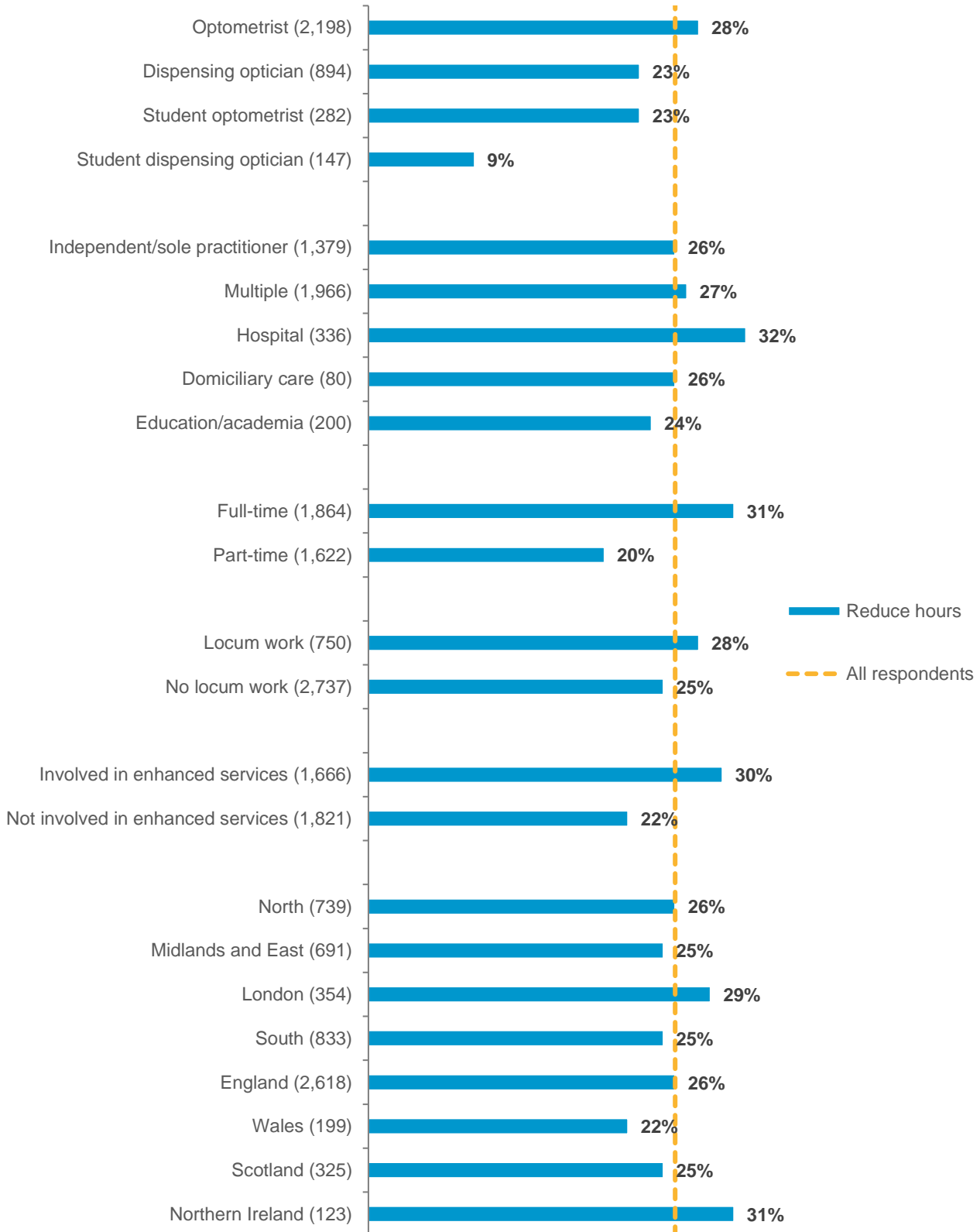


Plans to reduce hours

The chart below presents subgroup analysis of those who planned to reduce their hours over the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 51 – Plans to reduce hours by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to reduce their hours included those who:

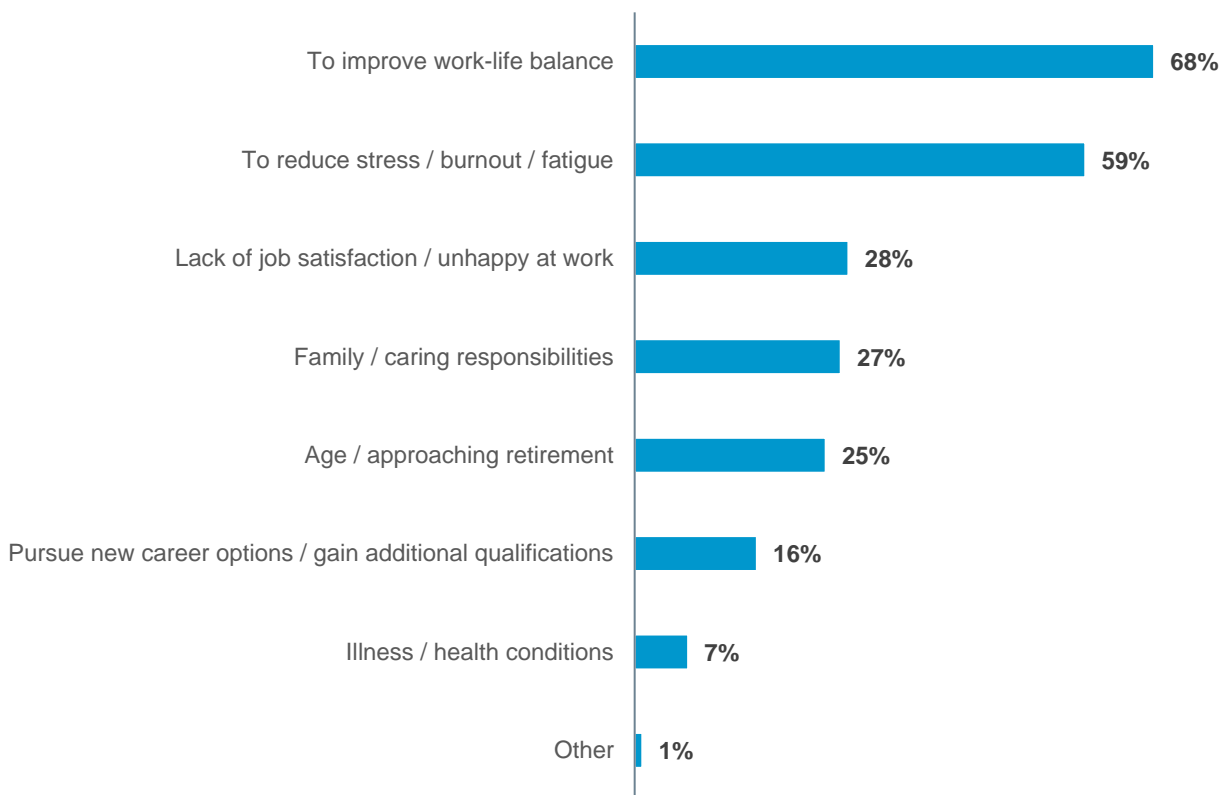
- Were optometrists (28%) when compared with dispensing opticians (23%)
- Worked in a hospital (32%) when compared with other settings
- Worked full-time (31%) when compared with those who worked part-time (20%)
- Were involved in the delivery of enhanced eye care services (30%) when compared with those who were not (22%)

Explanations provided

Respondents were asked to explain why they planned to reduce their hours, selecting from a list provided. The majority of respondents said they planned to do so *to improve work-life balance* (68%) or *to reduce stress/burnout/fatigue* (59%).

Figure 52 – Why do you plan to reduce your hours?

Base: Those who plan to reduce their hours in the next 12-24 months (901)

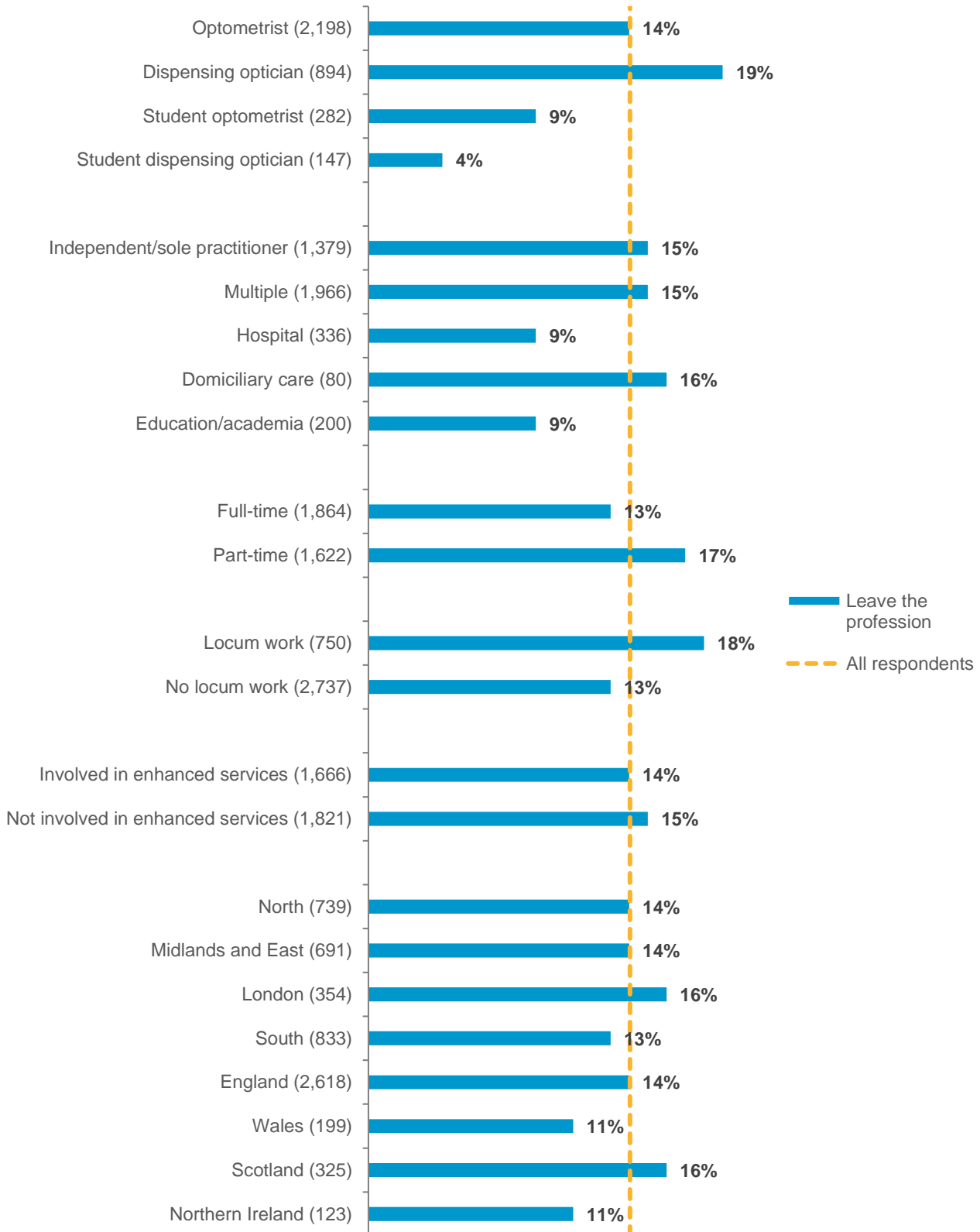


Plans to leave the profession

The chart below presents subgroup analysis of those who planned to leave the profession during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 53 – Plans to leave the profession by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to leave the profession included those who:

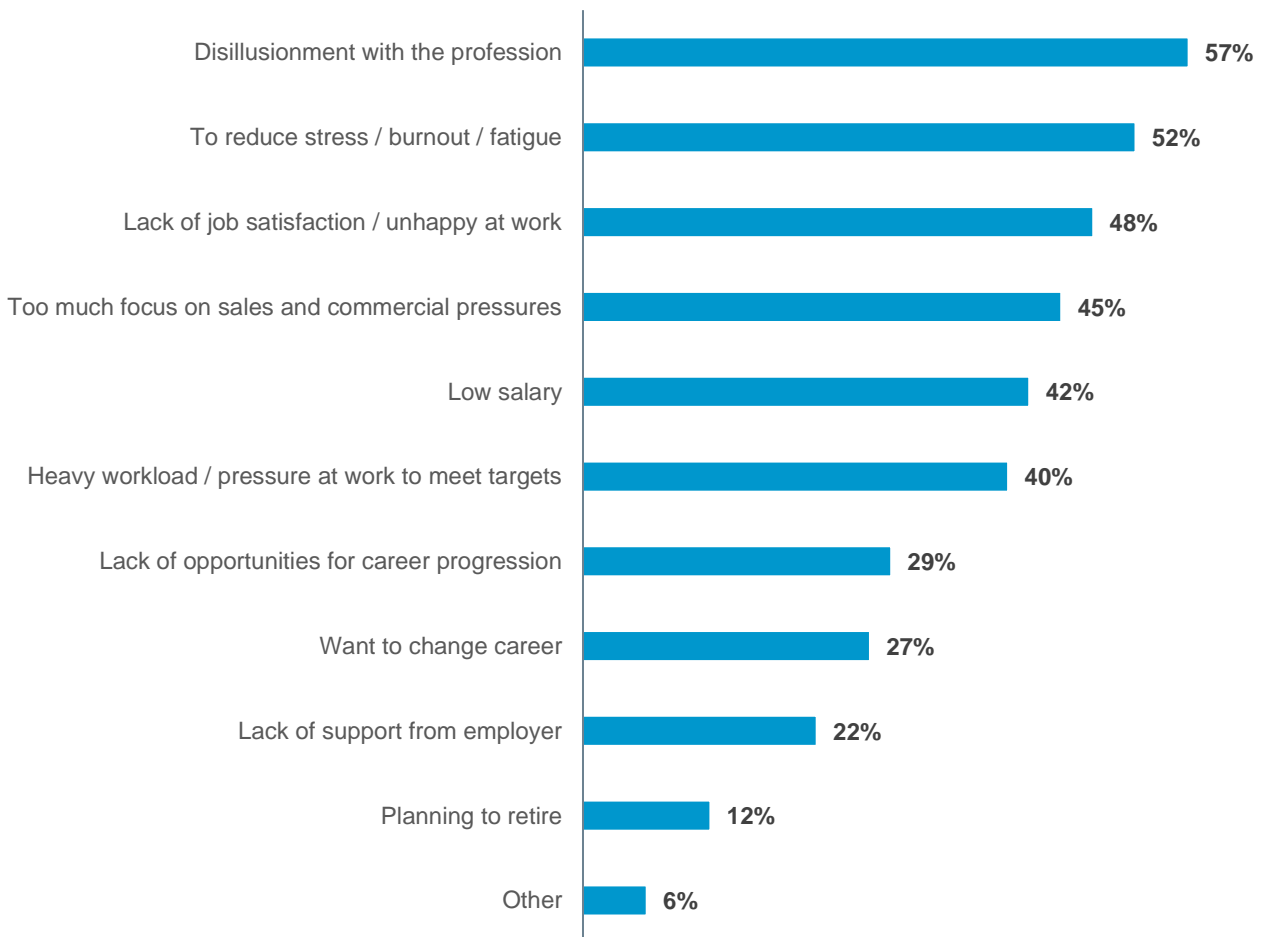
- Were dispensing opticians (19%) when compared with optometrists (14%)
- Worked for an independent opticians/as a sole practitioner (15%), multiple opticians (15%), or in domiciliary care (16%) when compared with those who worked in a hospital (9%) or in education/academia (9%)
- Worked part-time (17%) when compared with those who worked full-time (13%)
- Worked as a locum (18%) when compared with those who did not (13%)

Explanations provided

Respondents were asked to explain why they planned to leave the profession, selecting from a list provided. The most common responses included *disillusionment with the profession* (57%), *to reduce stress/burnout/fatigue* (52%), *lack of job satisfaction/unhappy at work* (48%), and *too much focus on sales and commercial pressures* (45%).

Figure 54 – Why do you plan to leave the profession?

Base: Those who plan to leave the profession in the next 12-24 months (500)

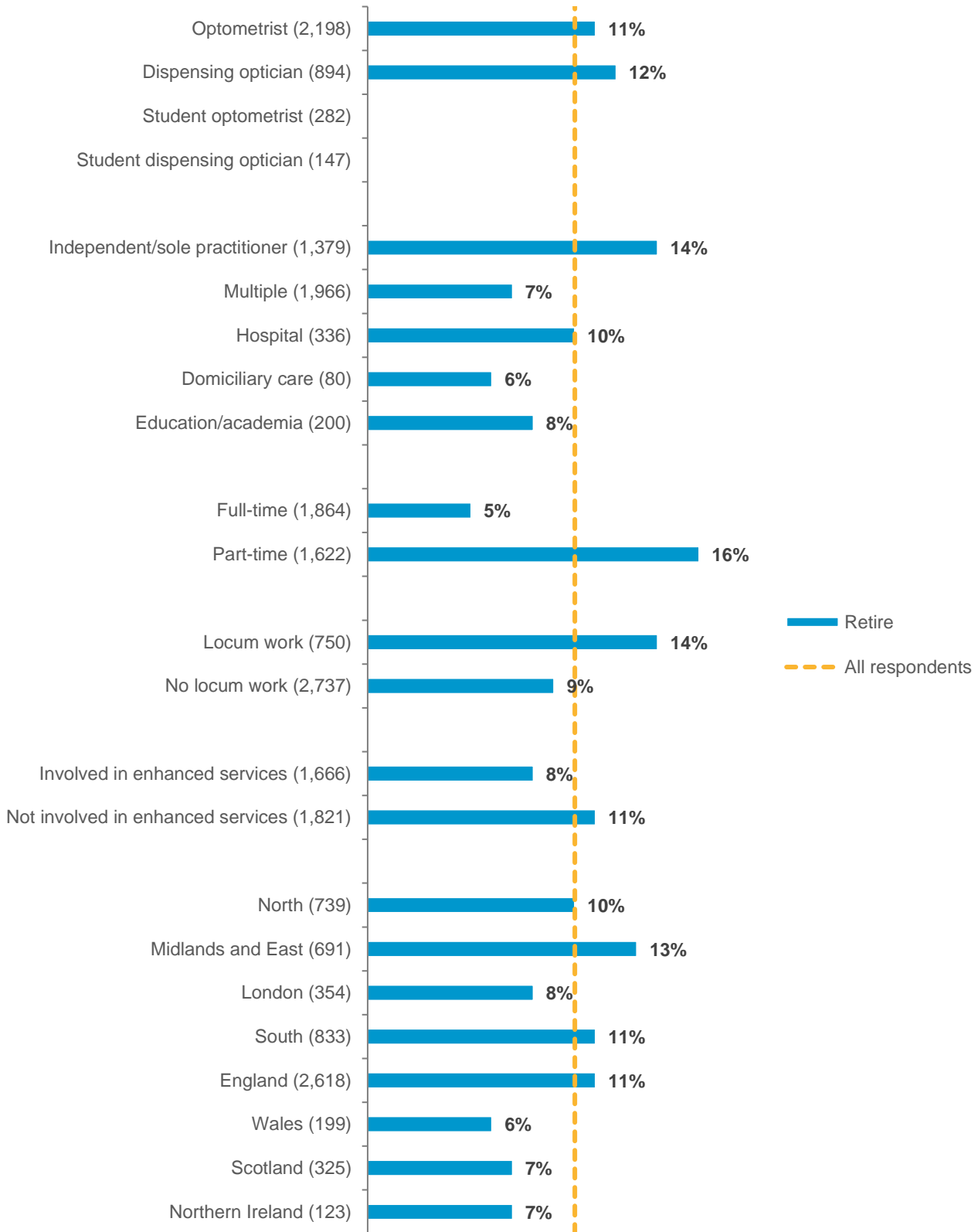


Plans to retire

The chart below presents analysis of those who planned to retire during the next 12 to 24 months by workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 55 – Plans to retire by workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to retire included those who:

- Worked for an independent opticians/as a sole practitioner (14%) when compared with those who worked for a multiple opticians (7%) or in education/academia (8%)
- Worked part-time (16%) when compared with those who worked full-time (5%)
- Worked as a locum (14%) when compared with those who did not (9%)
- Were not involved in enhanced services (11%) when compared with those who were (8%)

Almost equal proportions of optometrists and dispensing opticians indicated that they planned to retire (11% and 12% respectively).

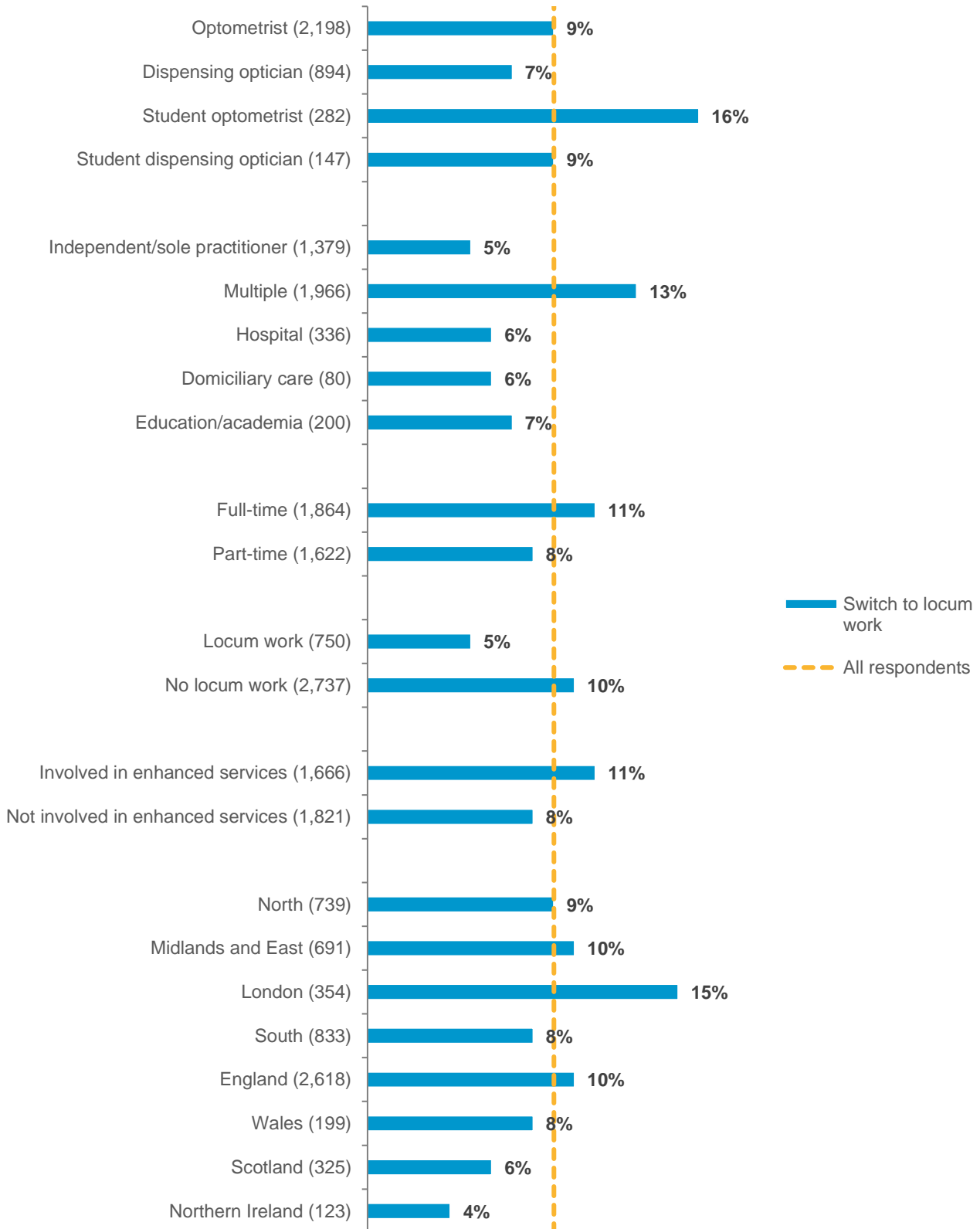


Plans to switch to locum work

The chart below presents subgroup analysis of those who planned to switch to locum work during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 56 – Plans to switch to locum work by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to switch to locum work included those who:

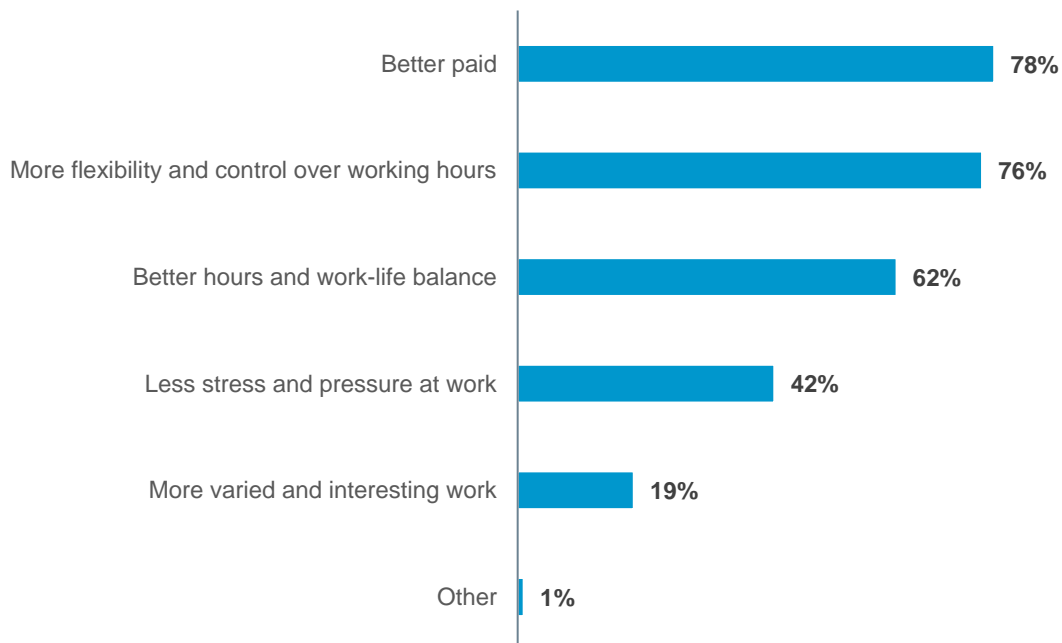
- Were student optometrists (16%) when compared with optometrists (9%) and dispensing opticians (7%)
- Worked for a multiple opticians (13%) when compared with all other workplace settings
- Worked full-time (11%) when compared with those who worked part-time (8%)
- Lived in London (15%) when compared with other locations, particularly Northern Ireland (4%) and Scotland (6%)

Explanations provided

Respondents were asked to explain why they planned to switch to locum work, selecting from a list provided. By far the most common responses selected were being *better paid* (78%) and having *more flexibility and control over working hours* (76%). Just over three in ten respondents also selected *better hours and work-life balance* (62%).

Figure 57 – Why do you plan to switch to locum work?

Base: Those who plan to switch to locum work in the next 12-24 months (325)

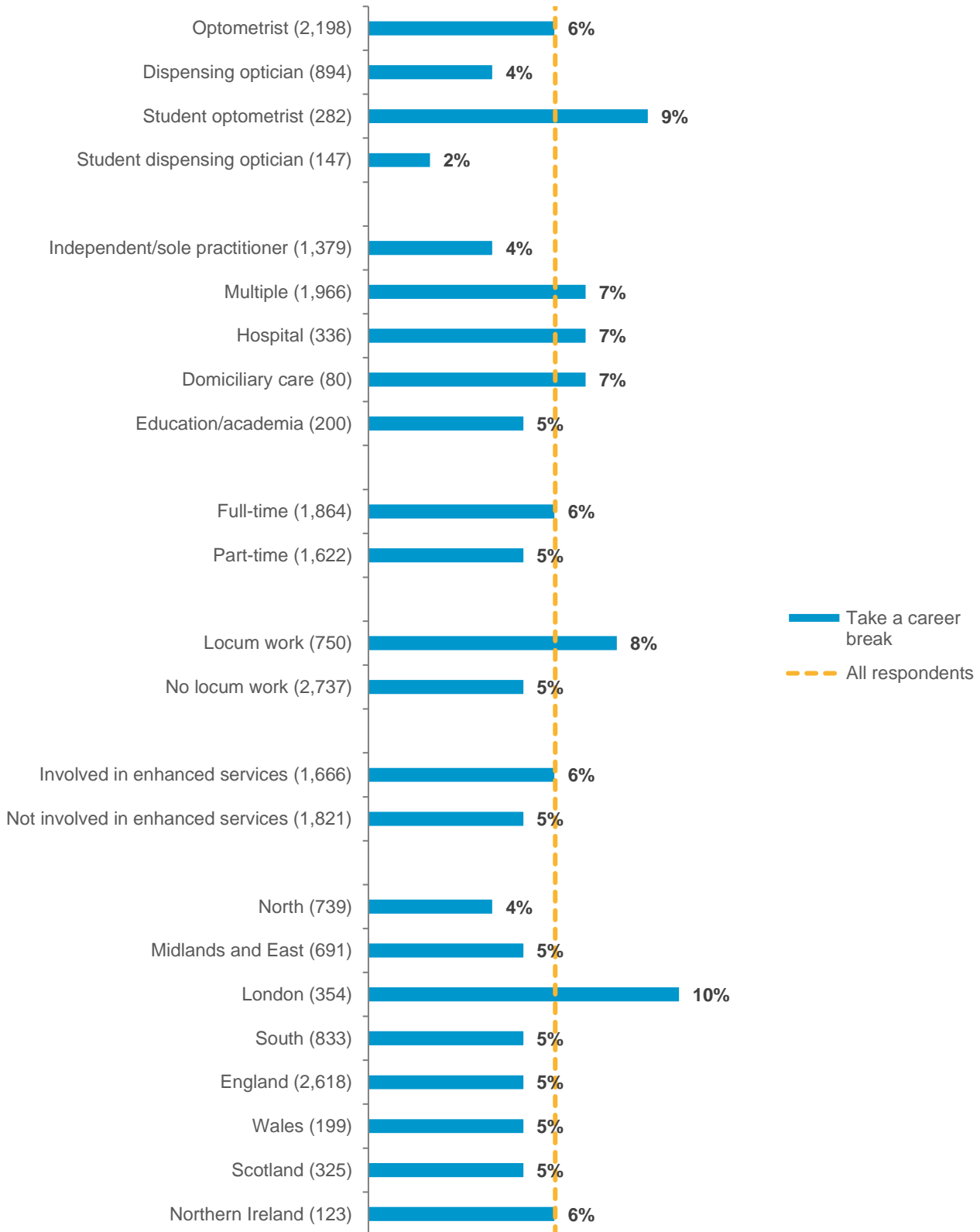


Plans to take a career break

The chart below presents subgroup analysis of those who planned to take a career break during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 58 – Plans to take a career break by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location

Base: shown in chart



Subgroups more likely to indicate that they planned to take a career break included those who:

- Were optometrists (6%) or student optometrists (9%) when compared with dispensing opticians (4%) and student dispensing opticians (2%)
- Worked for a multiple opticians (7%) or in a hospital (7%) when compared with those who worked for an independent opticians/as a sole practitioner (4%)
- Worked as a locum (8%) when compared with those who did not (5%)
- Lived in London (10%) when compared with all other locations

Explanations provided

Respondents were asked to explain why they planned to take a career break, selecting from a list provided. Two thirds of respondents selected *stress/burnout/fatigue* (66%), closely followed by 59% who selected *want to improve work-life balance*. Just under half also selected *heavy workload/pressure at work to meet targets* (47%) and *too much focus on sales and commercial pressures* (45%).

Figure 59 – Why do you plan to switch to take a career break?

Base: Those who plan to take a career break in the next 12-24 months (196)



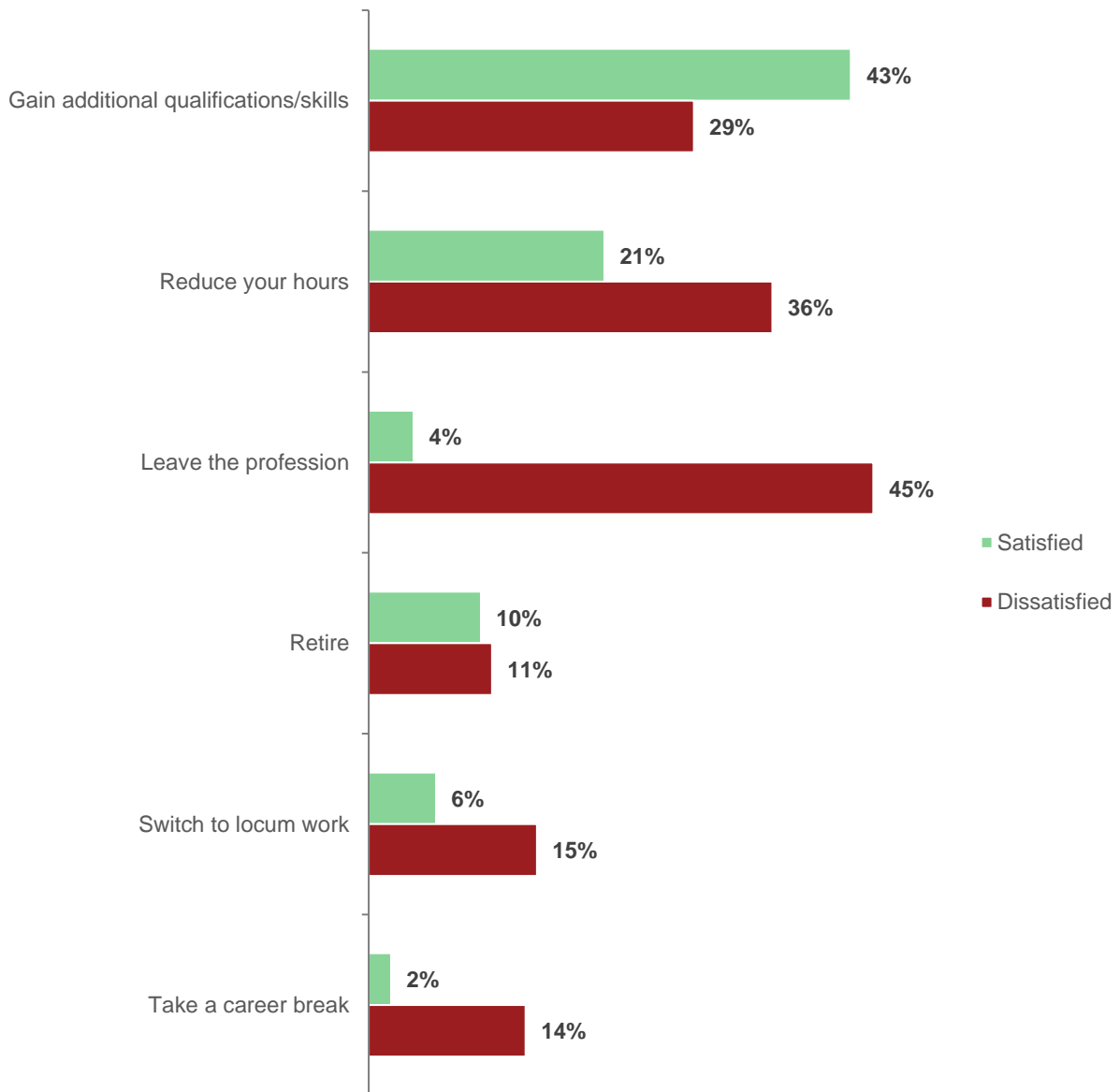
Analysing future plans by job satisfaction

As found in 2022, respondents’ satisfaction or dissatisfaction with their current role or job over the last 12 months has an impact on their future career plans for the next 12-24 months. As shown in the chart below, those who were satisfied with their role/job were more likely to plan to *gain additional qualifications/skills* when compared with those who were dissatisfied.

Conversely, those who were dissatisfied were significantly more likely to plan to *leave the profession* when compared with those who were satisfied and were also more likely to plan to *reduce their hours*, *switch to locum work*, and *take a career break*, when compared with those who were satisfied.

Figure 60 – Future plans by role/job satisfaction

Base: Satisfied (2,166); dissatisfied (701)

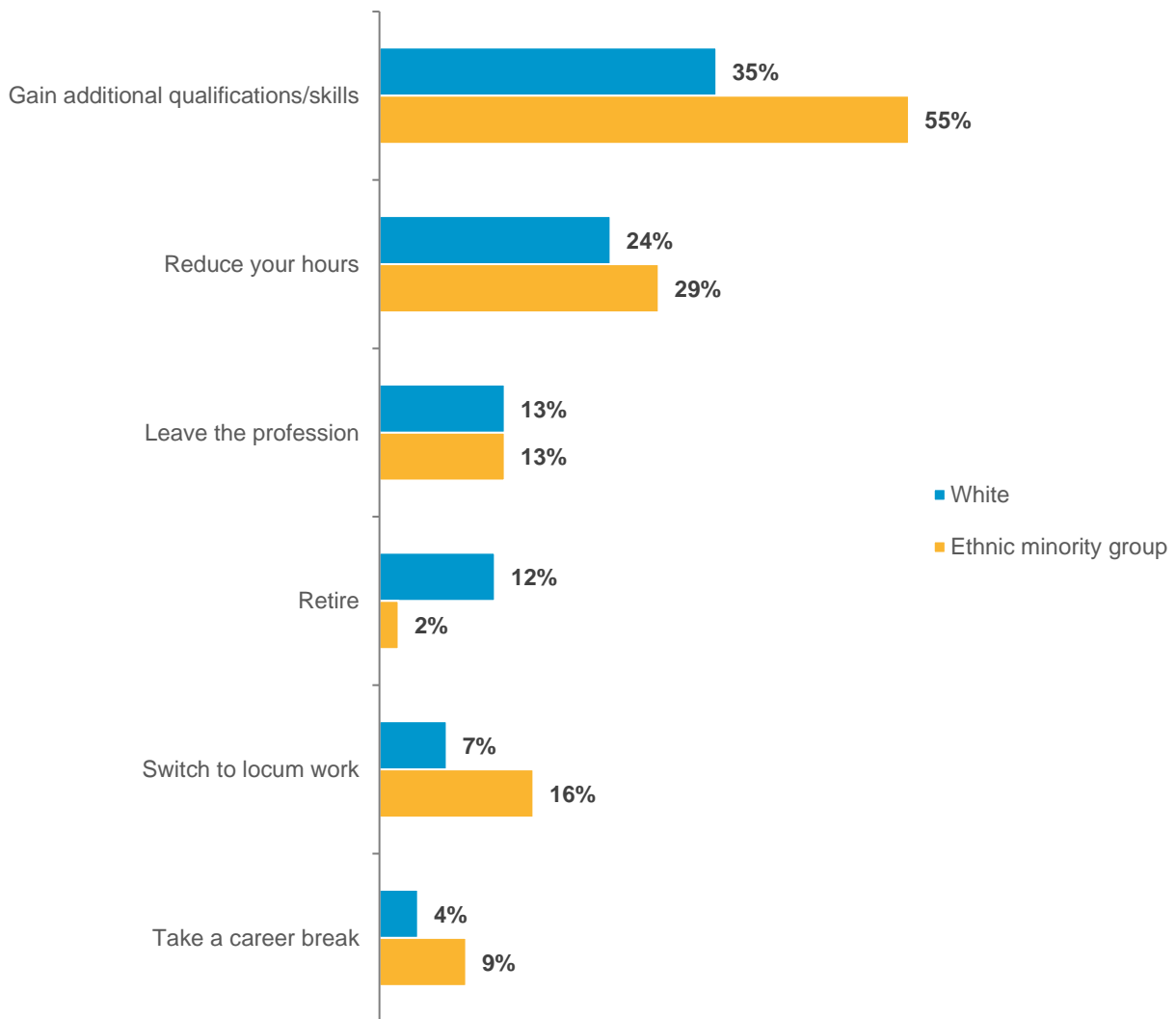


Analysing future plans by demographics

Analysis by gender highlights that a larger proportion of female respondents planned to *gain additional qualifications/skills* than male respondents, whereas a larger proportion of male respondents planned to *reduce their hours* or *retire* than female respondents.

Analysis by ethnicity highlights that respondents from ethnic minority groups were more likely to indicate that they planned to *gain additional qualifications/skills*, *reduce their hours*, *switch to locum work*, and *take a career break* when compared with those of White ethnicity. These results are driven in particular by those from Black or Black British and Asian or Asian British backgrounds. A larger proportion of those of White ethnicity said they planned to *retire* when compared with those from ethnic minority groups. No difference by ethnicity was recorded for those who planned to *leave the profession*.

Figure 61 – Future plans by ethnicity
 Base: White (2,293); ethnic minority groups (921)

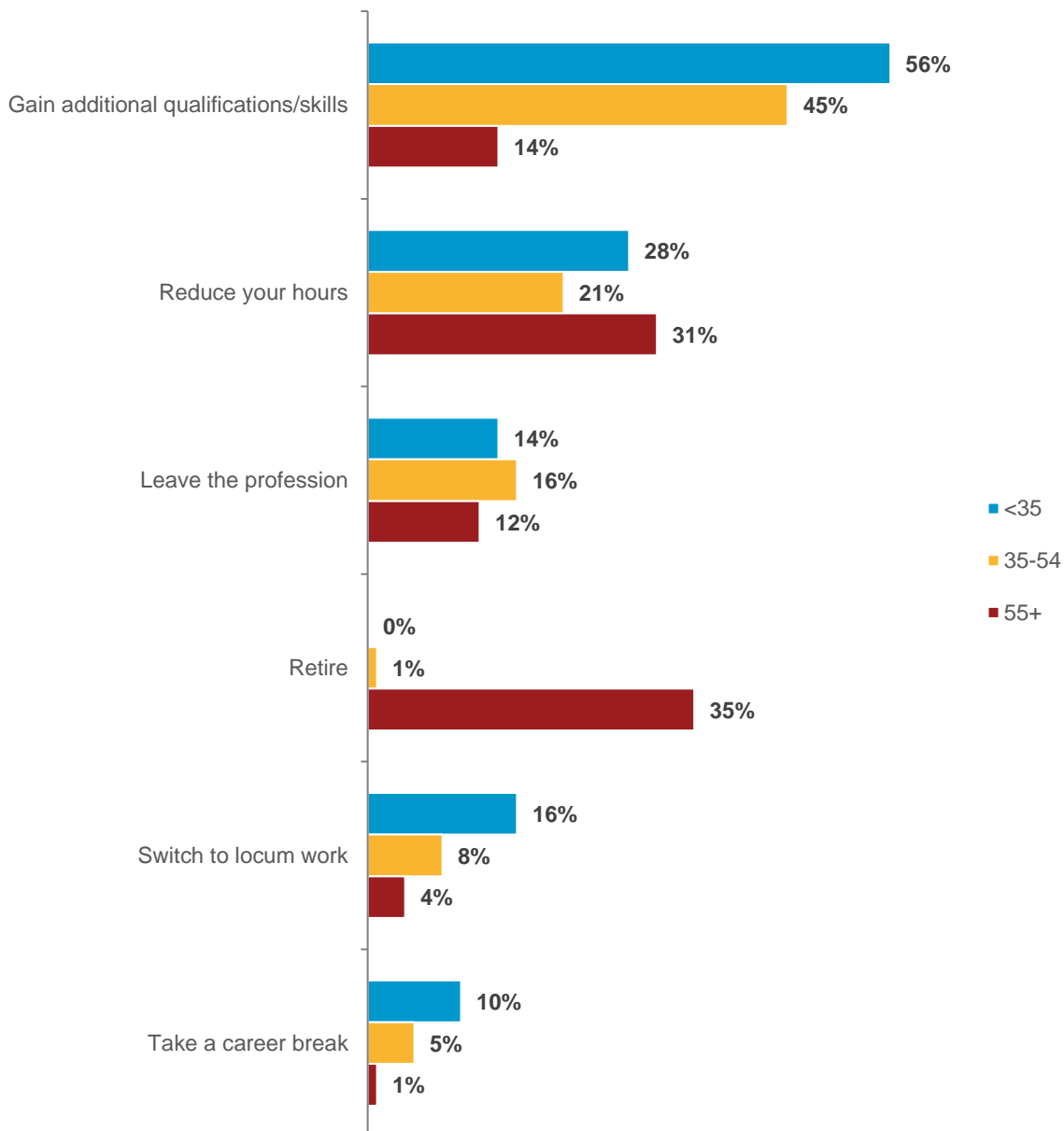


Analysis by age group highlights that respondents aged under 35 and 35-54 were more likely to indicate that they planned to *gain additional qualifications/skills* when compared to those aged 55+. Those aged under 35 were also more likely to state that they planned to *switch to locum work* and *take a career break* when compared with older respondents.

Respondents aged 35-54 were slightly more likely to answer that they planned to *leave the profession* when compared with younger and older respondents.

As could be expected, larger proportions of those aged 55+ said they planned to *retire* or *reduce their hours* than younger respondents.

Figure 62 – Future plans by age group
 Base: Aged <35 (957); 35-54 (1,533); 55+ (879)



Speaking up

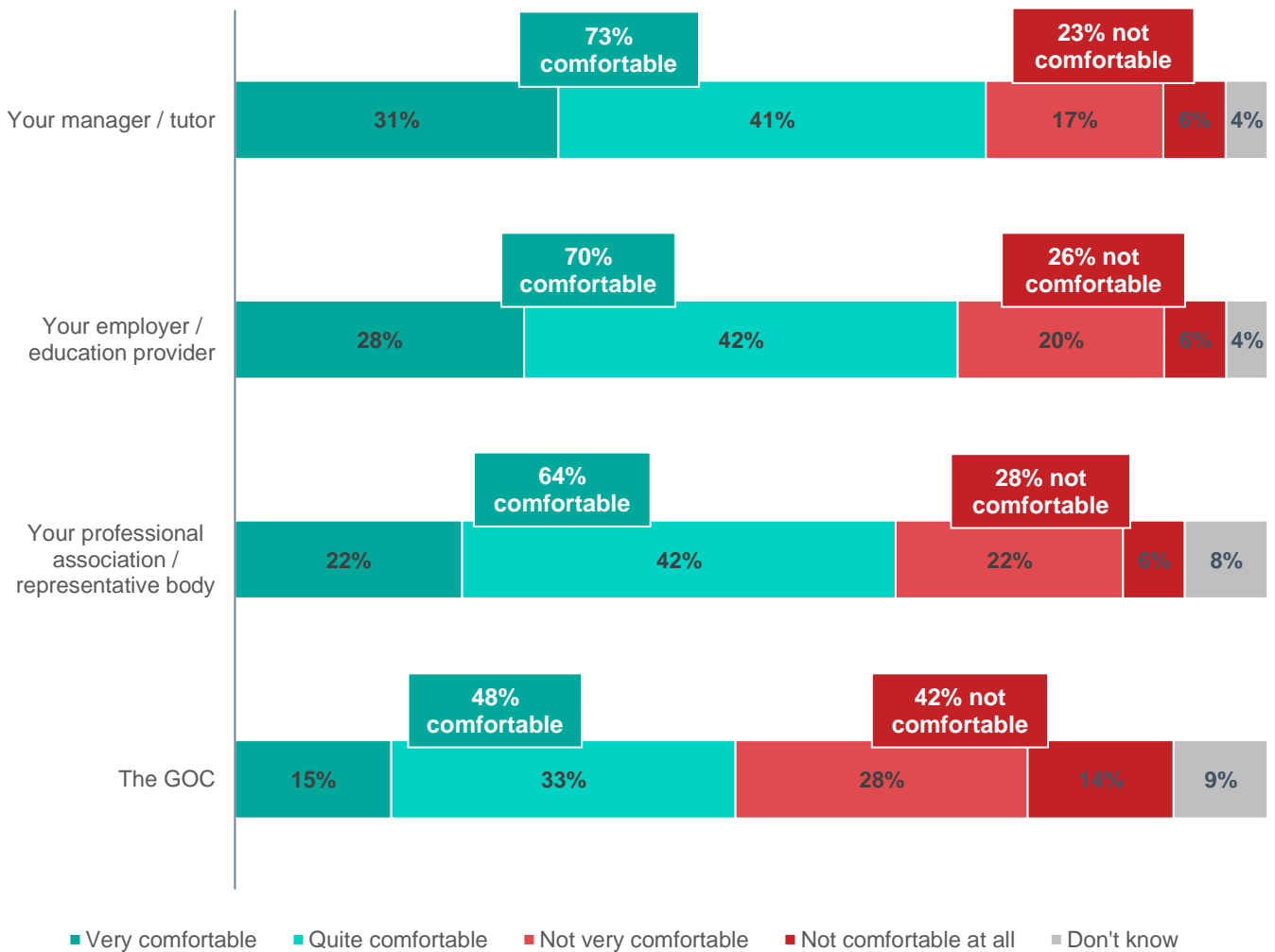
Patient safety concerning an individual GOC registrant

Respondents were asked how comfortable they would feel speaking up about patient safety **concerning an individual GOC registrant** with different authorities. Respondents would feel most comfortable speaking up to their manager or tutor if they were a student (73%), followed by their employer or education provider (70%) and their professional association or representative body (64%).

In contrast, a smaller proportion of respondents said they would feel comfortable speaking up about patient safety to the GOC (48%), with almost the same proportion indicating that they would not feel comfortable (42%).

Figure 63 – How comfortable would you feel speaking up about patient safety concerning an individual GOC registrant with the following...?

Base: All respondents excluding retired and all 'not applicable' responses – Your manager/tutor (3,580); Your employer/education provider (3,604); Your professional association/representative body (3,825); the GOC (3,850)

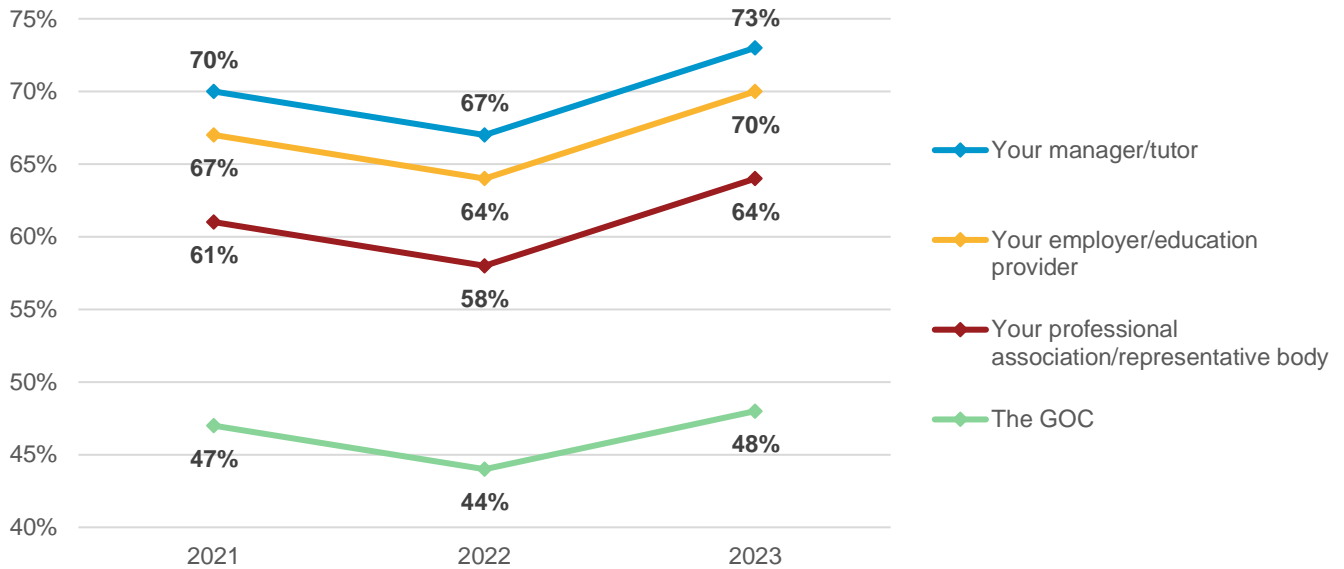


2021 to 2023 comparison

When comparing these results with the two previous years, the proportion of respondents who would feel comfortable speaking up about patient safety concerning an individual GOC registrant has increased for all types of authority, with the largest increases recorded between 2022 and 2023.

Figure 64 – Speaking up about patient safety concerning an individual GOC registrant – 2021 to 2023 comparison (% comfortable)

Base: All respondents excluding ‘not applicable’ responses (varies)

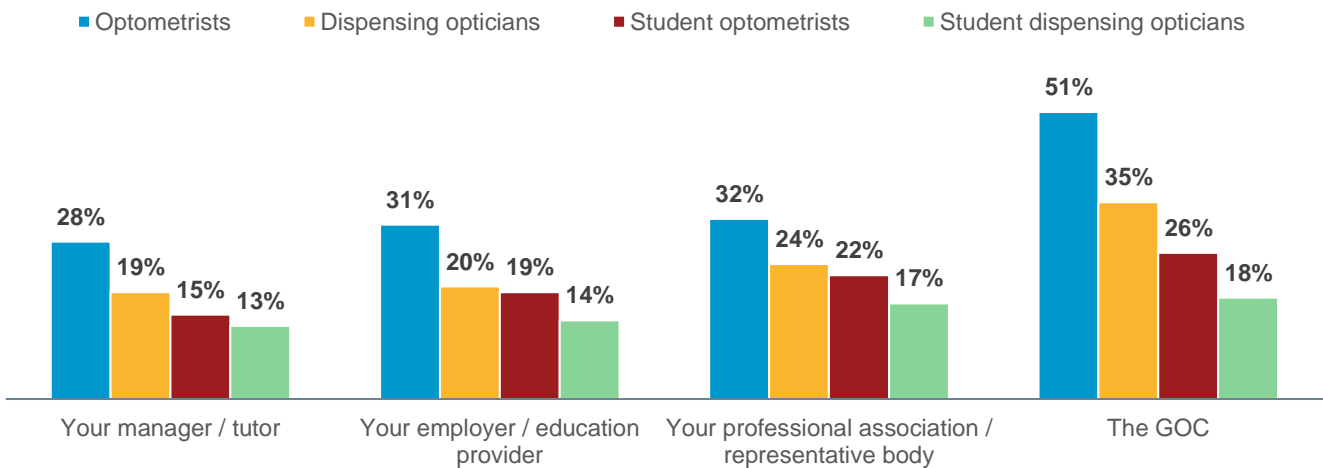


As found in 2022, **analysis by registration type** shows that optometrists were more likely to not feel comfortable speaking up about patient safety concerning individual GOC registrants to all authorities when compared with dispensing opticians. In particular, 51% of optometrists said they would not feel comfortable speaking up to the GOC, compared with 35% of dispensing opticians.

In comparison to both optometrists and dispensing opticians, smaller proportions of student optometrists and student dispensing opticians said they did not feel comfortable about speaking up about patient safety concerning individual GOC registrants.

Figure 65 – Discomfort if speaking up about patient safety concerning an individual GOC registrant by registration type (% not comfortable)

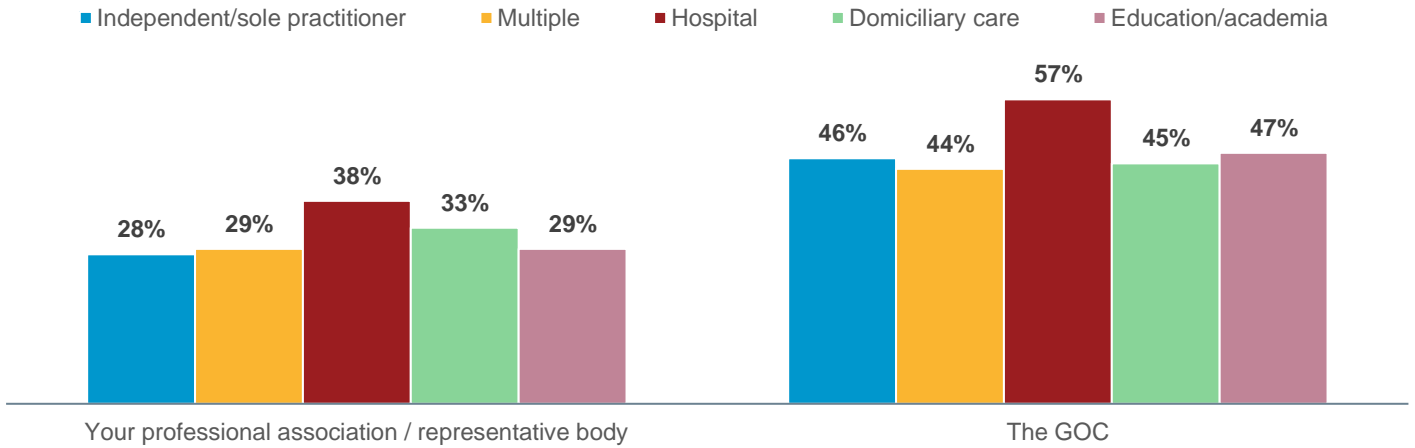
Base: All respondents excluding ‘not applicable’ responses (various)



Again, as found in 2022, **analysis by workplace setting** shows that those who worked in a hospital setting were more likely to not feel comfortable about speaking up about patient safety concerning an individual GOC registrant to their *professional association/representative body* and to *the GOC* when compared with other workplace settings.

Figure 66 – Discomfort if speaking up about patient safety concerning an individual GOC registrant by workplace setting (% not comfortable)

Base: All respondents excluding 'not applicable' responses (various)



The following groups of respondents were also more likely to indicate that they would feel uncomfortable speaking up about patient safety concerning individual GOC registrants **to the GOC** (42% overall):

- Those who worked as locums (53%) vs those who did not (42%)
- Those aged 35+ (40%) vs those aged under 35 (35%)
- Those of White ethnicity (44%) vs those from ethnic minority groups (34%)



Patient safety concerning an employer

Respondents were also asked how comfortable they would feel speaking up about patient safety **concerning their employer**. As with speaking up about an individual GOC registrant, respondents would feel most comfortable speaking up to their *manager or tutor* (69%) or their *professional association or representative body* (68%).

A smaller proportion said they would feel comfortable speaking up to *the GOC* about patient safety concerning their employer (53%), but this represents a larger proportion when compared with the previous question about speaking up about a registrant. Respondents were also less likely to feel comfortable speaking up about their employer to their *employer or education provider* (63%) when compared with the previous question.

Figure 67 – How comfortable would you feel speaking up about patient safety concerning your employer with the following...?

Base: All respondents excluding retired and all 'not applicable' responses – Your manager/tutor (3,483); Your employer/education provider (3,565); Your professional association/representative body (3,723); the GOC (3,741)

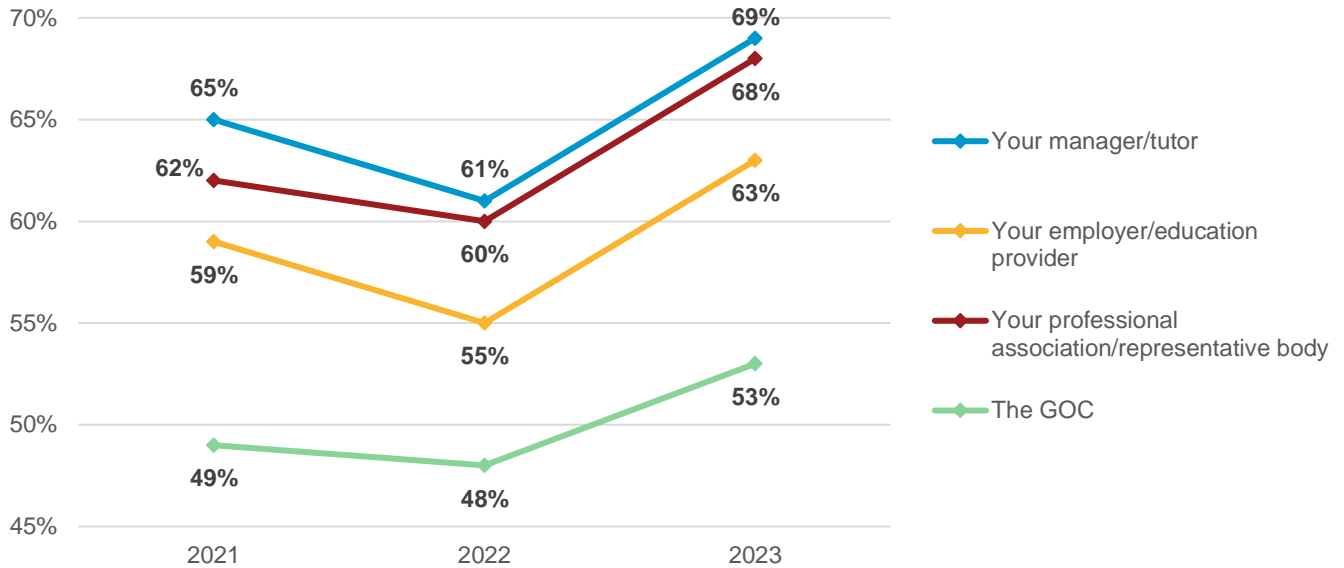


2021 to 2023 comparison

This year’s results show the highest recorded levels of respondents who would feel comfortable speaking up about patient safety concerning an employer in the last three years for each type of authority. It is positive to note that, for the first time in three years, the majority of respondents indicated that they would feel comfortable speaking up about an employer to the GOC (53%).

Figure 68 – Speaking up about patient safety concerning an employer – 2021 to 2023 comparison (% comfortable)

Base: All respondents excluding ‘not applicable’ responses (varies)

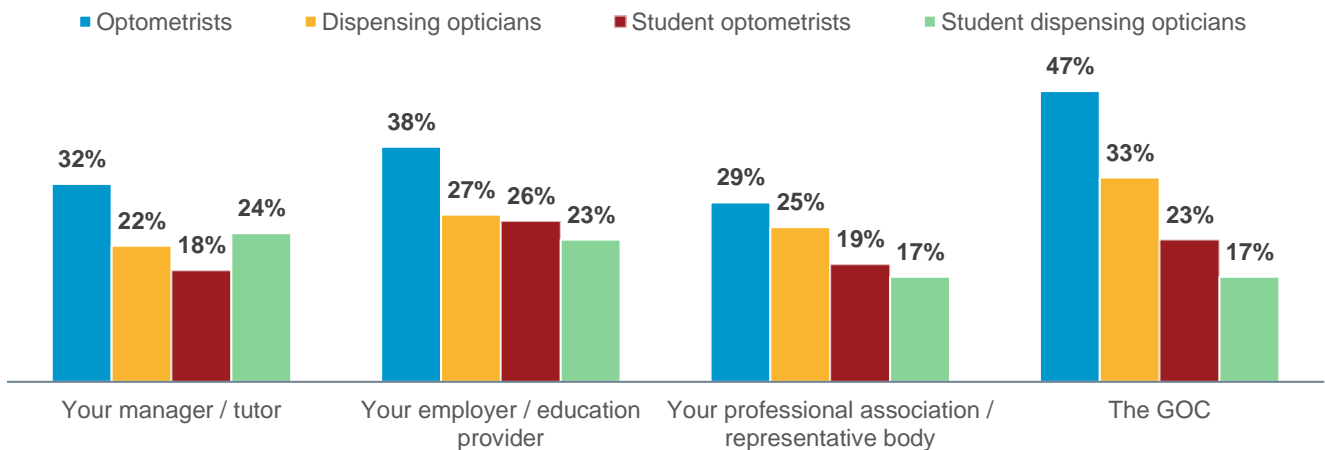


As seen in relation to speaking up about an individual GOC registrant, and as seen in 2022, **analysis by registration type highlights** that optometrists are more likely to not feel comfortable about speaking up about patient safety concerning their employer to all authorities when compared with dispensing opticians. For example, 47% of optometrists said they would not feel comfortable speaking up to *the* GOC, compared with 33% of dispensing opticians.

This analysis again also highlights that smaller proportions of student optometrists and student dispensing opticians felt uncomfortable about speaking up about patient safety concerning their employer.

Figure 69 – Discomfort if speaking up about patient safety concerning an employer by registration type (% not comfortable)

Base: All respondents excluding ‘not applicable’ responses (various)



Analysis by ethnicity shows that those of White ethnicity were more likely to not feel comfortable when speaking up about patient safety concerning an employer to all authorities when compared with those from ethnic minority groups.

Analysis by workplace setting highlights that respondents who worked for an independent opticians/as a sole practitioner or in a hospital were more likely to not feel comfortable about speaking up about patient safety concerning their employer *to the GOC* (43% and 51%) when compared with other workplace settings, particularly those who worked for a multiple opticians (39%).

The following groups of respondents were more likely to indicate that they would not feel comfortable speaking up about patient safety concerning an employer **to the GOC** (39% overall):

- Those who worked for an independent opticians/as a sole practitioner or in a hospital (43% and 51%) vs those who worked for a multiple opticians (39%)
- Those who worked as locums (50%) vs those who did not (38%)
- Those aged 35+ (41%) vs those aged under 35 (32%)
- Those with a disability (46%) vs those who did not have a disability (37%)

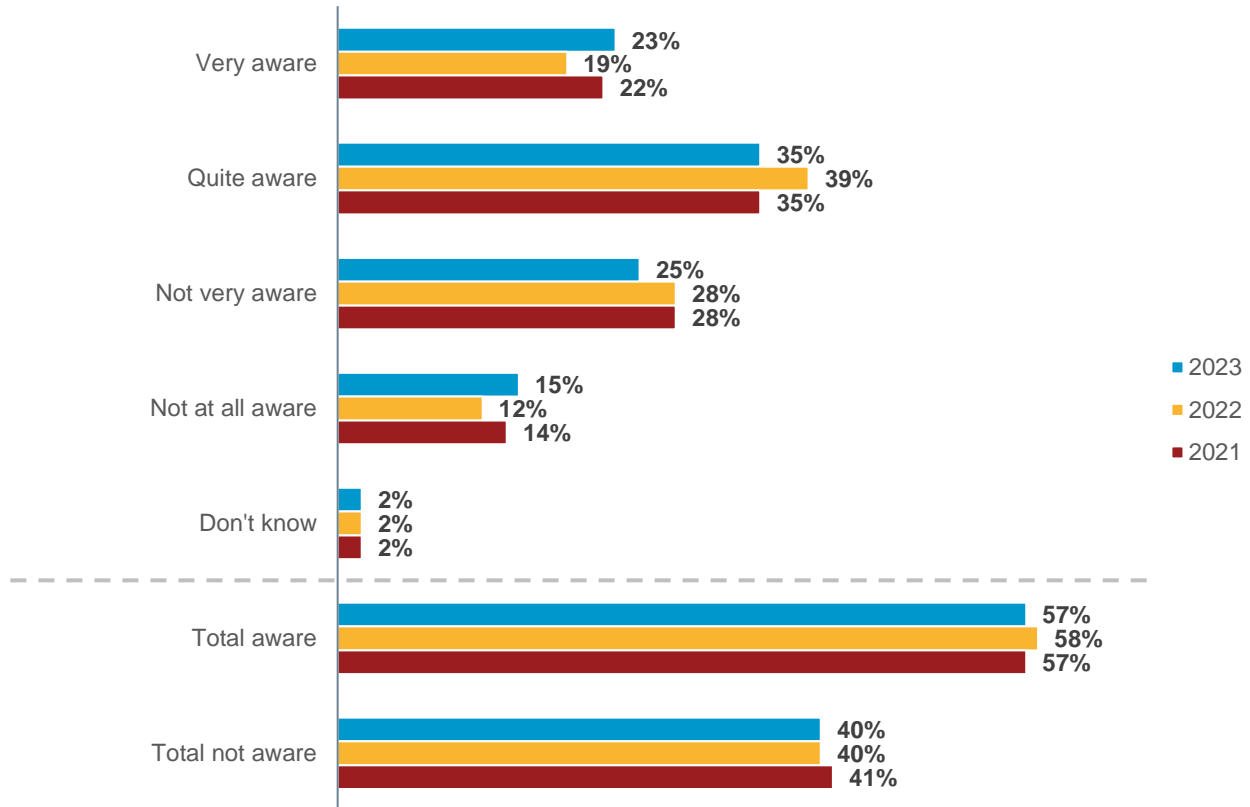


The Optical Consumer Complaints Service (OCCS)

Whilst the majority of respondents were aware of the OCCS (57%), a large proportion were unaware (40%). The survey results show that awareness of the OCCS has remained consistent over the last three years.

Figure 70 – How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?

Base: All respondents 2023 (3,932); 2022 (4,102); 2021 (4,880)

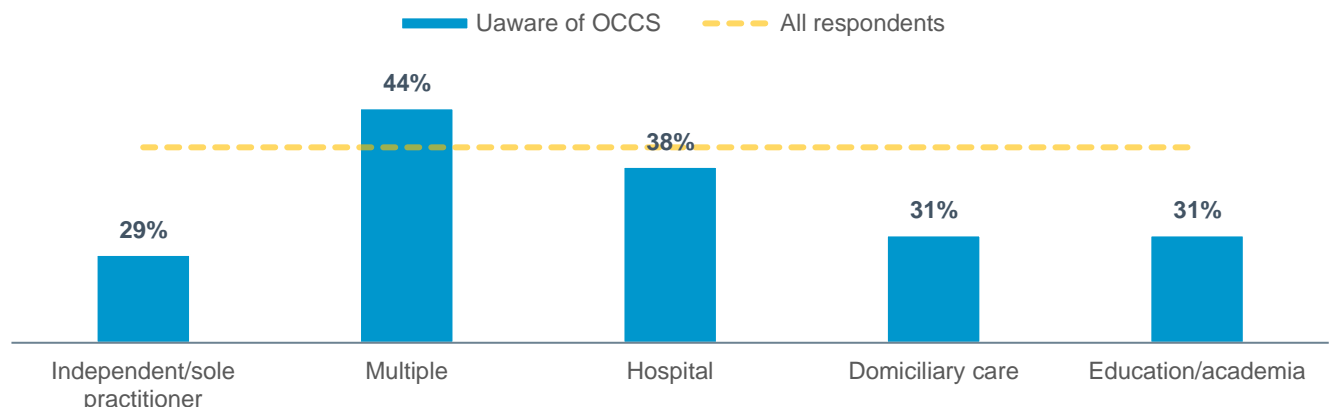


Analysis by registration type highlights that student optometrists were much more likely to answer that they were *not aware* of the OCCS (69%) when compared with optometrists (36%), dispensing opticians (31%), and student dispensing opticians (34%).

Analysis by workplace setting finds that those who worked for a multiple opticians were most likely to be unaware of the OCCS when compared with those who worked in other settings.

Figure 71 – Awareness of the OCCS by workplace setting (% unaware)

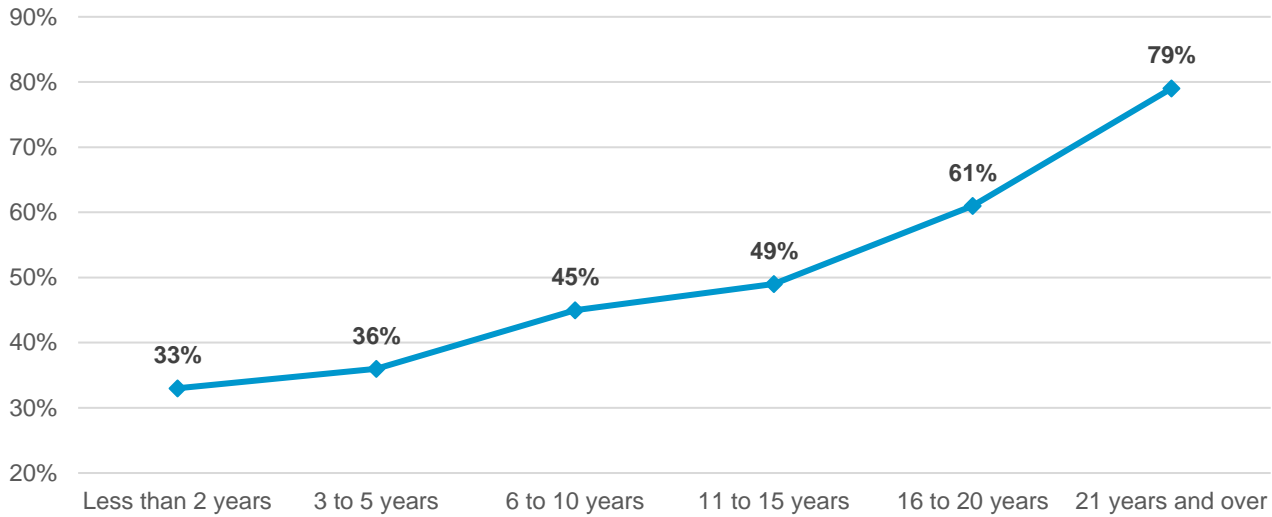
Base: Independent/sole practitioner (1,467); multiple (2,037); hospital (328); domiciliary care (81); education/academia (204)



Analysis by length of time on the register clearly shows that awareness of the OCCS increases in line with length of time on the GOC register. Just a third of respondents with less than a year on the register were aware of the OCCS, increasing to three quarters for those who have been on the register for 21 years and over. **Analysis by age group** finds a very similar pattern, with awareness of the OCCS increasing with age.

Figure 72 – Awareness of the OCCS by length of time on the register

Base: <2 year (682); 3-5 years (460); 6-10 years (392); 11-15 years (411); 16-20 years (390); 21+ years (1,570)



Analysis by ethnicity highlights that those from ethnic minority groups were more likely to answer that they were not aware of the OCCS (58%) when compared with those of White ethnicity (32%).

Analysis by gender finds that female respondents were more likely to be unaware of the OCCS (46%) than male respondents (31%).



Continuing Professional Development (CPD)

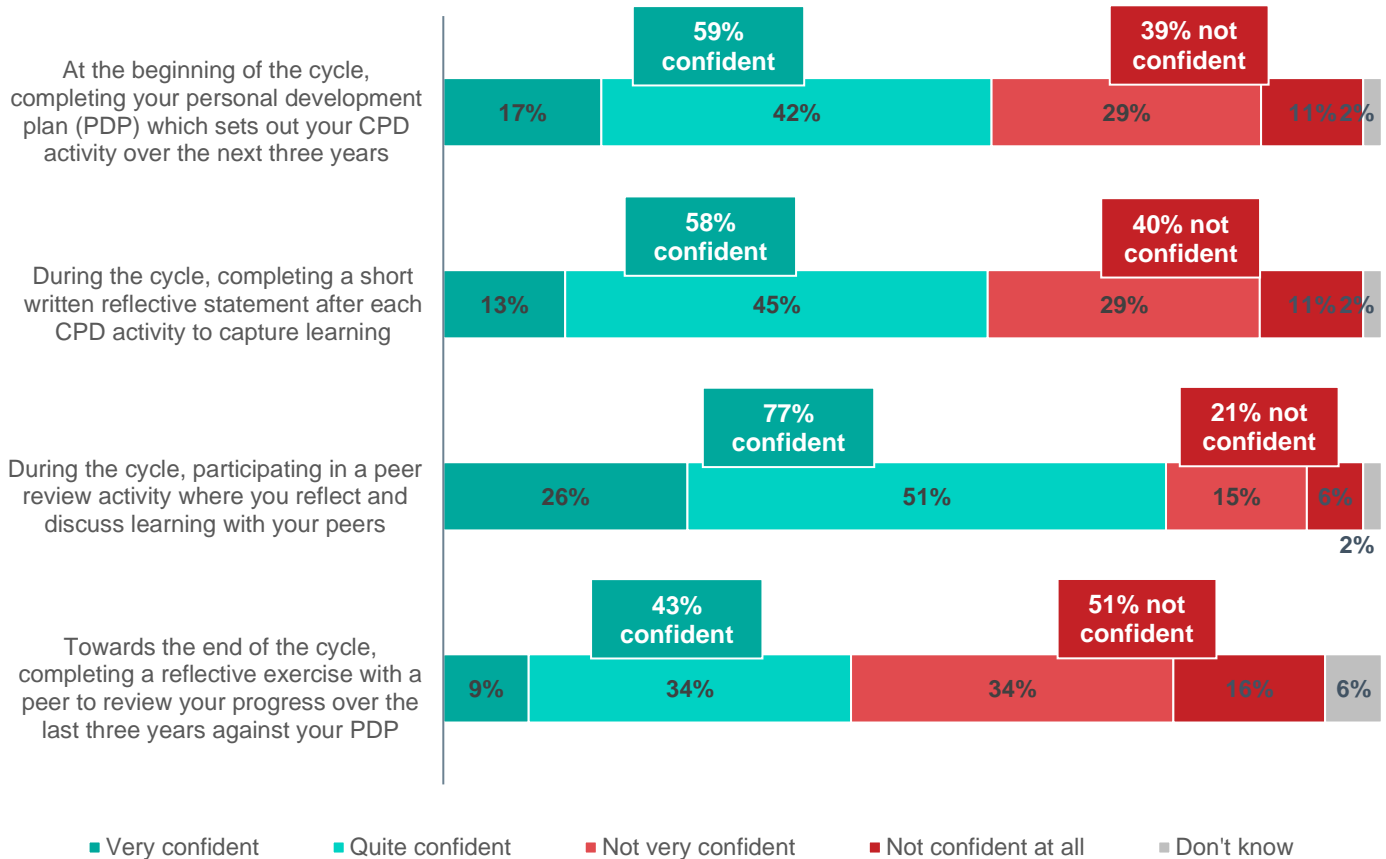
Confidence in completing CPD scheme activities

On 1 January 2022, the GOC changed to a system of Continuing Professional Development (CPD), with some new requirements for registrants. Respondents were asked to state how confident or otherwise they felt about undertaking key CPD activities. Confidence was highest overall for *participating in a peer review activity* at 77%, split between 26% who said they felt ‘very confident’ and 51% who felt ‘quite confident’.

Although still representing the majority, confidence levels were lower for the activities *completing your personal development plan (PDP)* (59%) and *completing a short written reflective statement after each CPD activity* (58%), as large proportions of respondents said they did not feel confident.

Confidence was lowest for the activity *completing a reflective exercise with a peer*, where a larger proportion of respondents said they were not confident (51%) than were confident (43%).

Figure 73 – How confident or otherwise are you in completing the following CPD activities?
 Base: All respondents excluding students (3,167)



Analysis by registration type highlights that the only difference in confidence between optometrists and dispensing opticians was found for the activity *participating in a peer review activity*, where dispensing opticians were more likely to state that they did not feel confident (30%) when compared with optometrists (17%).

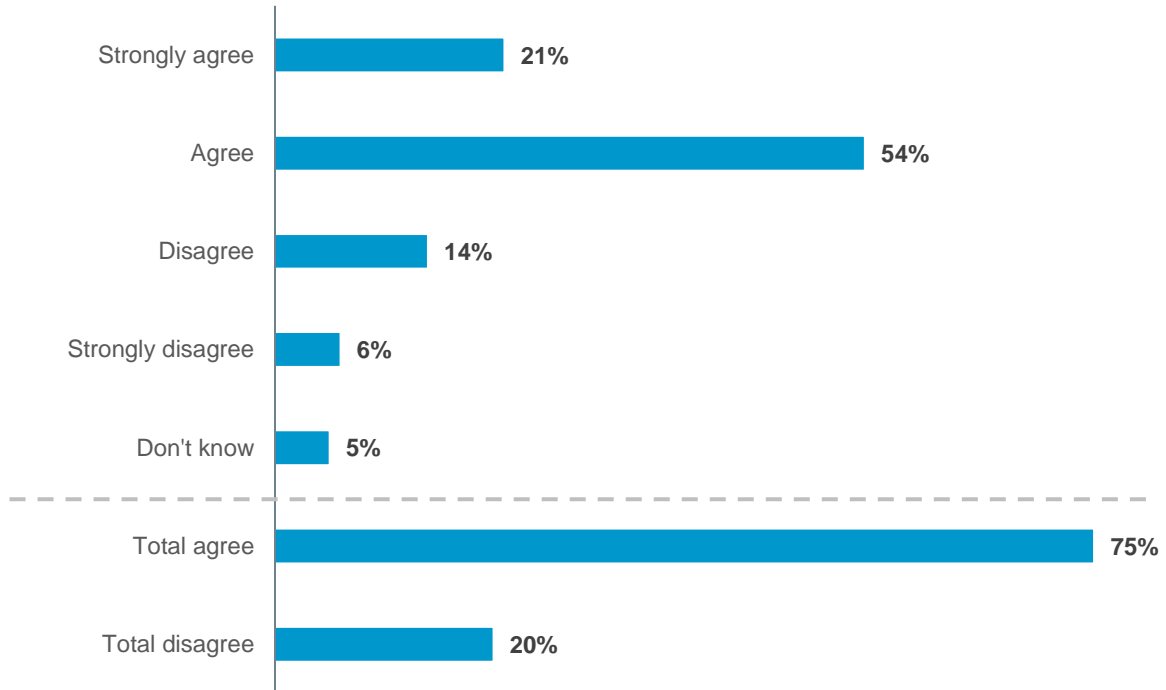
Analysis by length of time on the GOC register highlights that those with less than five years on the register were also more likely to indicate that they did not feel confident *participating in a peer review activity* (29%) when compared to those who had been registered for six years or more (20%). A similar result is found when comparing younger respondents aged under 35 (25%) with older respondents aged 35+ (20%).



Perceptions of the CPD scheme

Three quarters of respondents agreed that completing CPD improves their practice (75%), including 54% who agreed and 21% who strongly agreed.

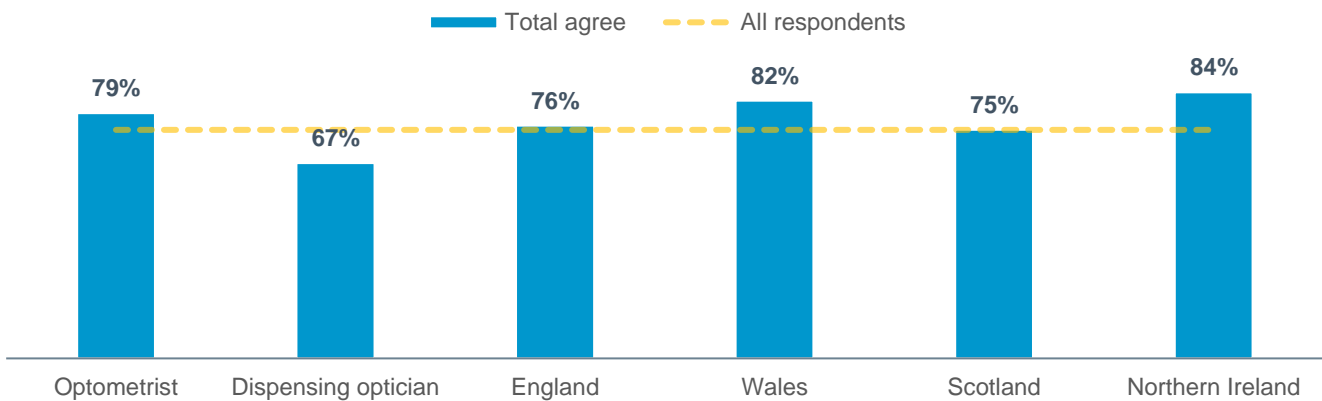
Figure 74 – To what extent do you agree or disagree that completing CPD improves your practice?
 Base: All respondents excluding students (3,167)



Analysis by registration type shows that optometrists were more likely to agree that completing CPD improves their practice when compared with dispensing opticians. **Analysis by location** finds that respondents in Wales and Northern Ireland were also more likely to agree that completing CPD improves their practice when compared with those in England and Scotland.

Figure 75 – Agreement that completing CPD improves practice by registration type and location (% agree)

Base: Optometrist (2,260); dispensing optician (917); England (2,371); Wales (186); Scotland (285); Northern Ireland (117)



Respondents were asked to rank four ways that CPD can improve their practice on a scale of 1 to 4, where 1 was ‘most improves’. A lower score (closer to 1) represents something which is seen as improving practice in comparison to a higher score (closer to 4).

Refresh my knowledge, skills and behaviours was the most highly ranked option with a mean score of 1.7 and was therefore seen as the way that CPD most improves practice. This was closely followed by *developing my knowledge, skills and behaviours* with a mean score of 2.1.

The options of *develop my confidence to deliver good patient care* and *reflect on my professional practice* recorded mean scores of 2.9 and 3.3 respectively and were therefore not as highly ranked as ways in which CPD improves practice.

Figure 76 – How does CPD improve your practice? Options ranked from 1 to 4 (mean scores)
Base: Those who agreed that completing CPD improves their practice (2,383)



The survey data shows very little variation in the mean scores recorded across the various subgroups, suggesting that the ranking of how CPD improves practice is applicable for the vast majority of respondents.

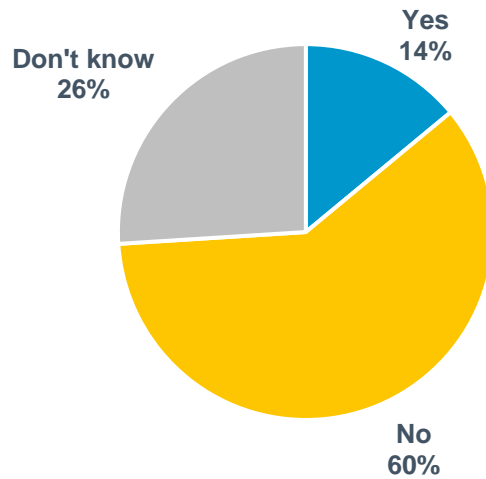


Provider-led CPD

One in seven respondents indicated that there were certain topics where they had found it hard to find provider-led CPD (14%).

Figure 77 – Are there any topics where you have found it hard to find provider-led CPD?

Base: All respondents excluding students (3,167)



Respondents were asked to specify which topics they had found it hard to find provider-led CPD, providing a free-text response. The table below presents the coded responses, highlighting that the most common topic suggested was *leadership/management/accountability*, followed by *peer review*, *contact lenses/fitting/products* and *binocular vision*.

Figure 78 – Specific topics suggested where it is hard to find provider-led CPD

Base: Those who provided an answer (434)

Topic	Number	Percentage
Leadership/management/accountability	113	26%
Peer review	50	11%
Contact lenses/CL fitting/CL products	44	10%
Binocular vision	38	9%
IP/independent prescribing/prescribing	31	7%
Other pathology/eye conditions	28	6%
Paediatric care	25	6%
Professionalism	24	5%
Role specific CPD	23	5%
Dispensing	21	5%
Low vision	19	4%
OCT/OCT interpretation	19	4%
Interactive points	17	4%
Complaint/other comment about CPD	13	3%
Practical skills/refraction techniques	11	3%
Specialties/specialty points	9	2%
Glaucoma	8	2%
New technology/equipment/treatments	7	2%
Myopia management	7	2%



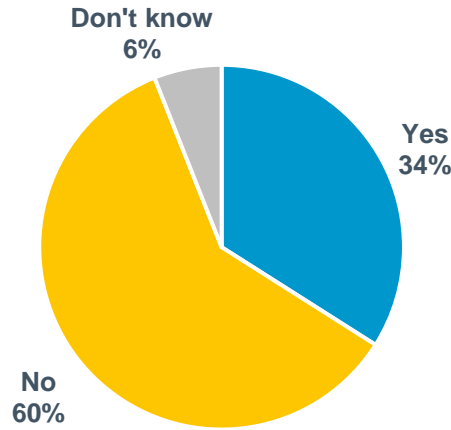
Topic	Number	Percentage
Hospital optometry/HES	7	2%
Legal/regulatory issues	6	1%
MECS	4	1%
Communication	4	1%
Therapeutics	4	1%
Orthoptics	4	1%
Visual stress/colorimetry	4	1%
Safety/sports eyewear	4	1%
Health/wellbeing/mental health	3	1%
Visual fields	3	1%
Domiciliary care	3	1%
Other	13	3%



Self-directed CPD

A third of respondents had completed some self-directed CPD as part of the 2022-2024 CPD cycle (34%).

Figure 79 – To date, have you completed any self-directed CPD as part of the 2022-2024 CPD cycle?
 Base: All respondents excluding students (3,167)

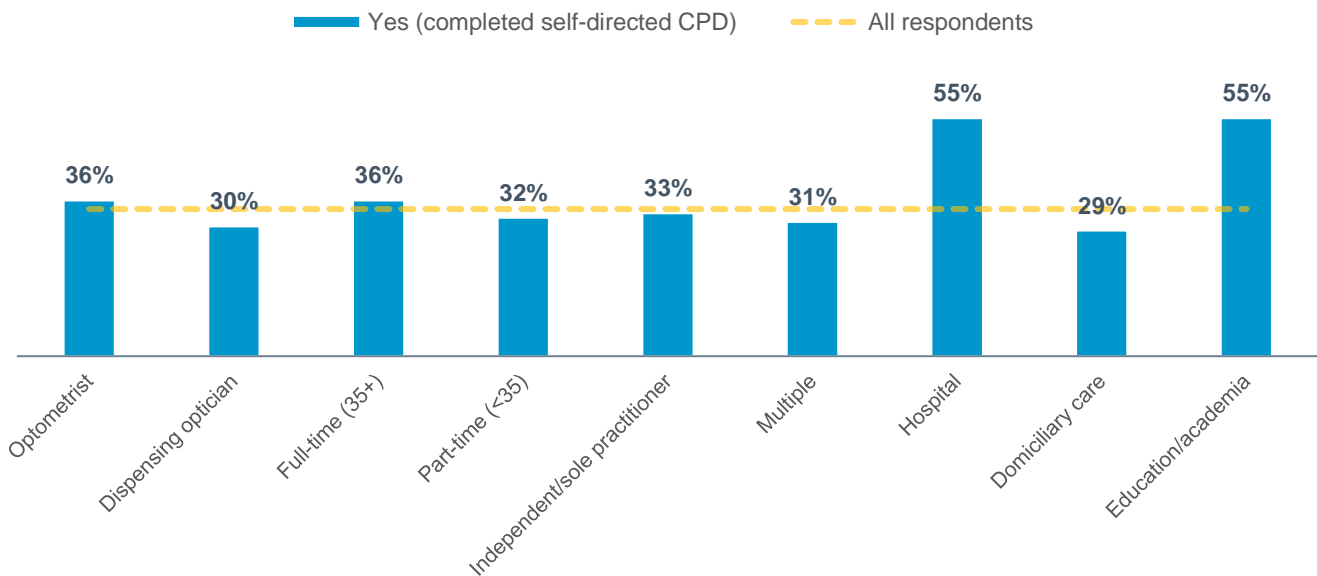


Analysis by registration type highlights that optometrists were more likely to have completed self-directed CPD when compared with dispensing opticians, and **analysis by working status** shows that those who worked full-time were more likely to have completed self-directed CPD when compared with those who worked part-time.

Analysis by workplace setting shows that much larger proportions of those who worked in a hospital or in education/academia had completed self-directed CPD when compared with other settings.

Figure 80 – Completion of self-directed CPD 2022-2024 by registration type, working status, and workplace setting

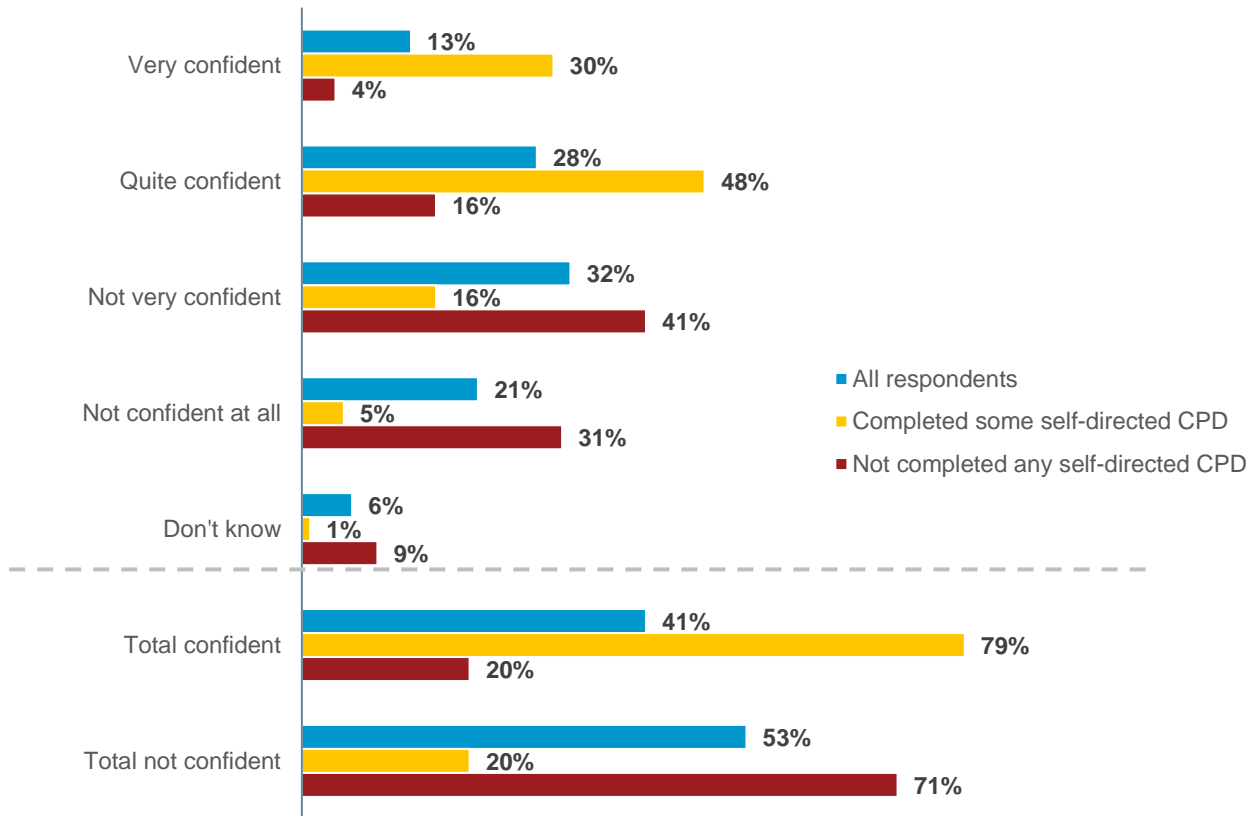
Base: Optometrist (2,260); dispensing optician (917); full-time (1,555); part-time (1,521); independent/sole practitioner (1,324); multiple (1,615); hospital (329); domiciliary care (80); education/academia (199)



The majority of respondents said they were not confident in completing self-directed CPD (53%). As could be expected, respondents who indicated that they had completed some self-directed CPD as part of the 2022-2024 cycle were more likely to answer that they were confident when compared with those who had not completed any.

Figure 81 – How confident are you in completing self-directed CPD?

Base: All respondents excluding students (3,167); completed some self-directed CPD (1,076); not completed any self-directed CPD (184)

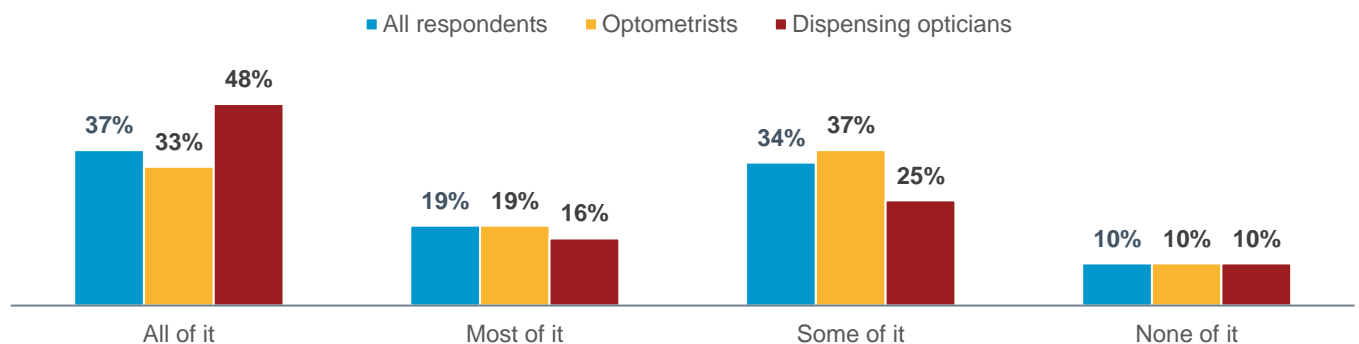


Of those who had completed self-directed CPD as part of the 2022-2024 cycle, over a third indicated that they had recorded *all of it* on MyCPD (37%). One in five said they had recorded *most of it* on MyCPD (19%), but another third said they had recorded just *some of it* (34%) and a further 10% *none of it*.

Analysis by registration type shows that dispensing opticians were more likely to state that they had recorded *all of it* on MyCPD when compared with optometrists, who were more likely to have recorded *some of it* on MyCPD.

Figure 82 – How much of your self-directed CPD have you recorded on MyCPD?

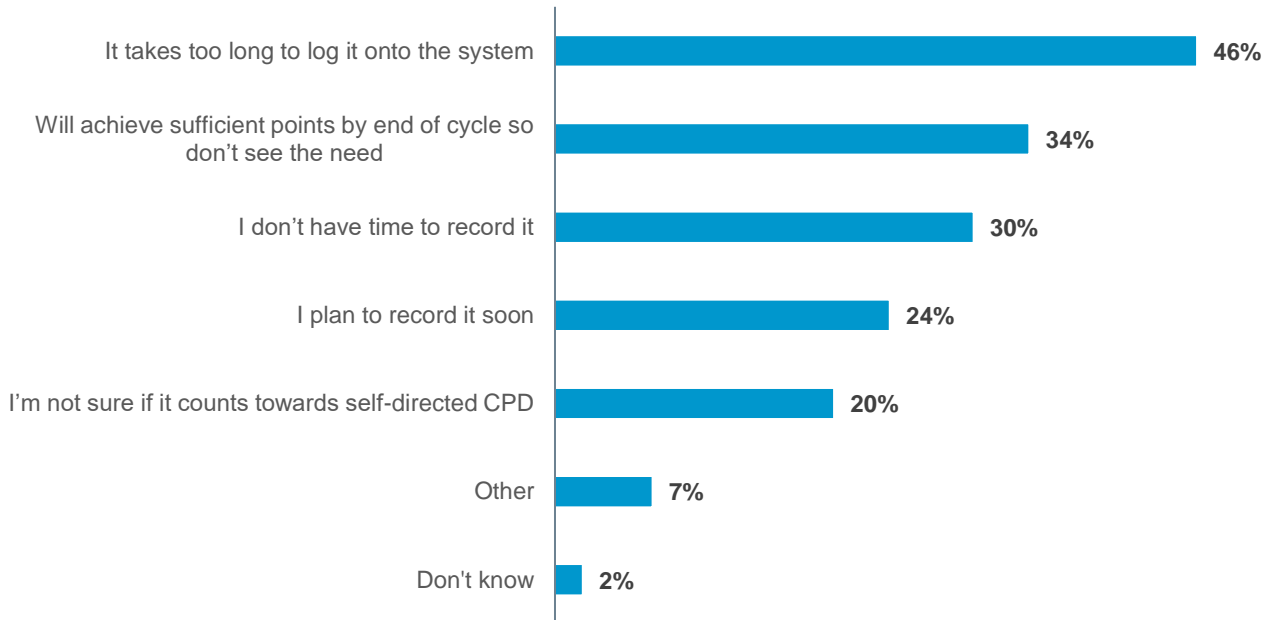
Base: Those who had completed some self-directed CPD 2022-2024 (1,076); optometrists (811); dispensing opticians (276)



Those who indicated that they had not recorded all of their self-directed CPD on MyCPD were asked to explain why. The most common reason, selected by almost half of these respondents, was that *it takes too long to log it onto the system* (46%), followed by a third who said they *will achieve sufficient points by the end of the cycle so don't see the need* (34%), and three in ten who said *I don't have time to record it* (30%).

Figure 83 – Why haven't you recorded all of your self-directed CPD on MyCPD?

Base: Those who had not recorded all of their self-directed CPD on MyCPD (679)



Analysis by registration type finds that optometrists were more likely to answer that *it takes too long to log it onto the system* (49%) and that *I don't have time to record it* (31%) when compared with dispensing opticians (32% and 22% respectively).

Analysis by workplace setting shows that those who worked in a hospital were also more likely to answer that *I don't have time to record it* (41%), and that they *will achieve sufficient points by the end of the cycle* (44%) when compared with those working in other settings.

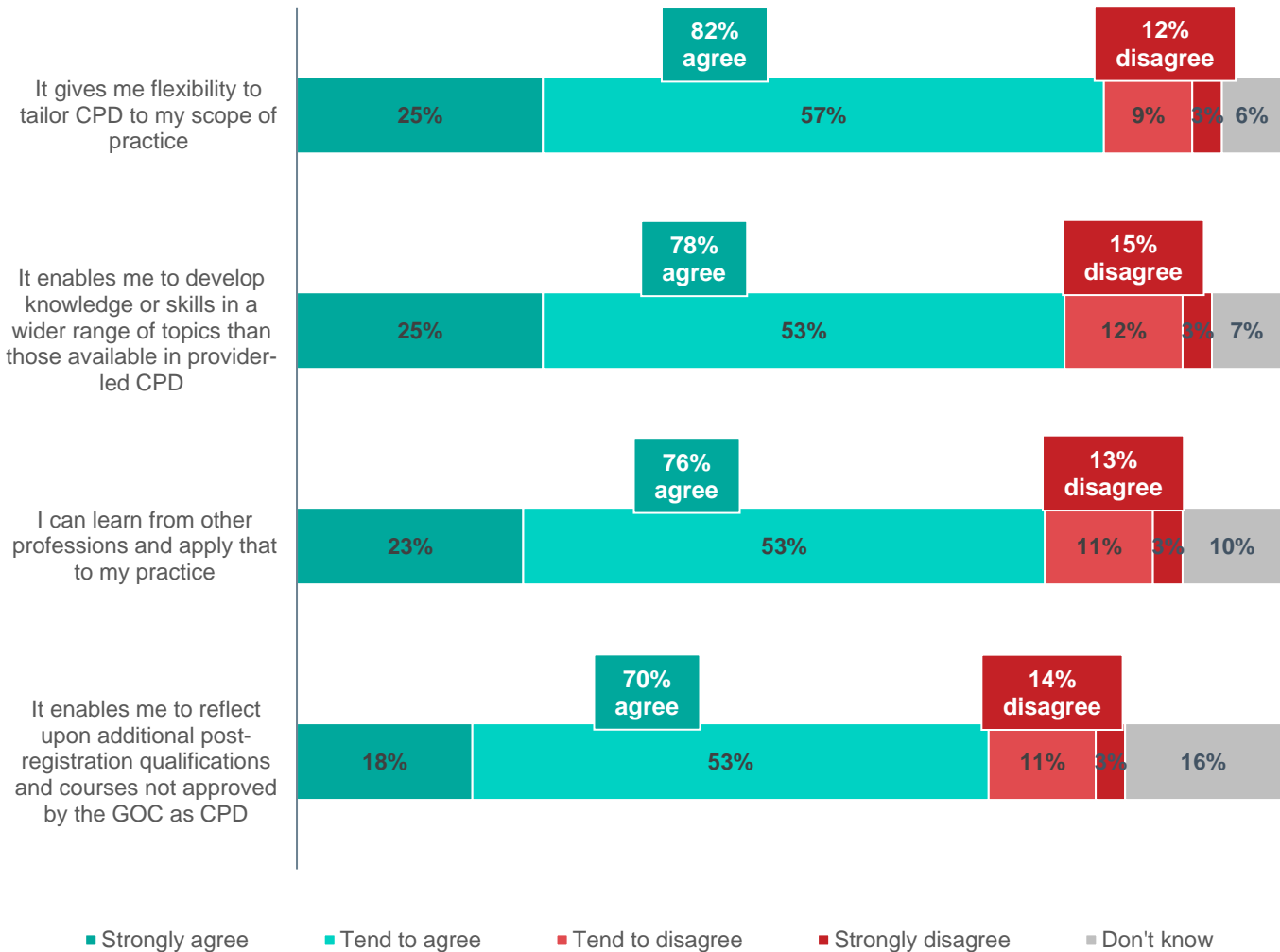


Respondents who had completed some self-directed CPD as part of the 2022-2024 cycle were asked to indicate the extent to which they agreed or disagreed with a series of statements about this type of CPD.

Just over four in five agreed that *it gives me flexibility to tailor CPD to my scope of practice* (82%) and a further 78% agreed that *it enables me to develop knowledge or skills in a wider range of topics than those available in provider-led CPD*. Three quarters agreed *I can learn from other professions and apply that to my practice* (76%) and seven in ten agreed *it enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD* (70%).

Figure 84 – To what extent do you agree or disagree with the following statements about self-directed CPD?

Base: Those who had completed some self-directed CPD 2022-2024 (1,076)



Analysis by workplace setting highlights that those who worked in a hospital or in education/academia were more likely to agree that self-directed CPD *enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD* (both at 79%) when compared with other workplace settings.



Those who indicated that they had not completed any self-directed CPD as part of the 2022-2024 cycle were asked to explain why. Over two in five respondents answered *I don't understand what counts as self-directed CPD* (44%), which was the most commonly selected response. A quarter said *I don't think self-directed CPD is a good use of my time* (24%), and 22% said *it's more difficult to find suitable CPD activities*.

It is encouraging to note that 14% indicated that they *plan to do some soon*.

Figure 85 – Why have you not yet completed any self-directed CPD?

Base: Those who had not completed any self-directed CPD 2022-24 (1,907)



The most commonly suggested 'other' responses received (11%) included:

- Difficult/time-consuming to log (53 responses)
- Enough provider-led CPD/not needed to fulfil points (53 responses)
- Lack of time/too busy (27 responses)
- Already do self-directed CPD but don't record it (25 responses)
- Concerned it will be rejected/difficult to evidence (21 responses)
- Retired/retiring/leaving the profession (17 responses)
- Easier/more convenient to do provider-led CPD (17 responses)

Analysis by workplace setting shows that those who worked for a multiple opticians were more likely to answer *I don't know what counts as self-directed CPD* (50%) when compared with those who worked for an independent opticians/as a sole practitioner (40%).

Analysis by age group highlights that younger respondents aged under 35 were more likely to answer *I don't know what counts as self-directed CPD* (56%) when compared with older respondents aged 35-54 (46%) or 55+ (34%). Conversely, older respondents aged 55+ were more likely to answer *I don't think self-directed CPD is a good use of my time* (30%) when compared with younger respondents aged under 35 (19%) or 35-55 (21%).



Perspectives of the General Optical Council

Meeting strategic objectives

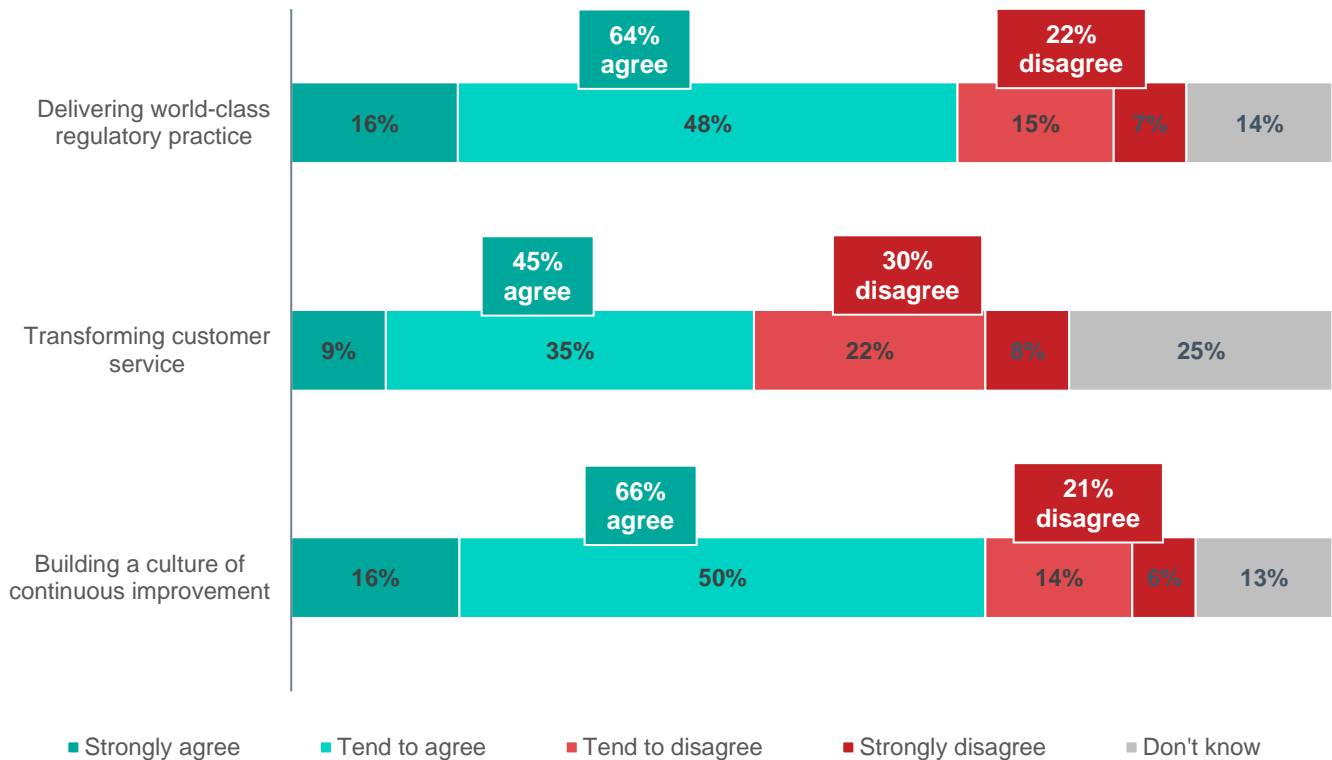
Respondents were asked to what extent they agreed or disagreed that the GOC is meeting its three strategic objectives set out in its Strategic Plan 2020-25.

Two thirds agreed that the GOC is *building a culture of continuous development* (66%), closely followed by almost two thirds who agreed that the GOC is *delivering world-class regulatory practice* (64%). Less than half of respondents agreed that the GOC is *transforming customer service* (45%).

Large proportions of respondents indicated that they did not know whether the GOC was meeting the strategic objectives of *transforming customer service* (25%) and *delivering world-class regulatory practice* (13%), which may explain why agreement with these objectives is lower.

Figure 86 – For each of the aims below, to what extent do you agree or disagree that the GOC is meeting its three strategic objectives outlined in its Strategic Plan 2020-25?

Base: All respondents (3,932)

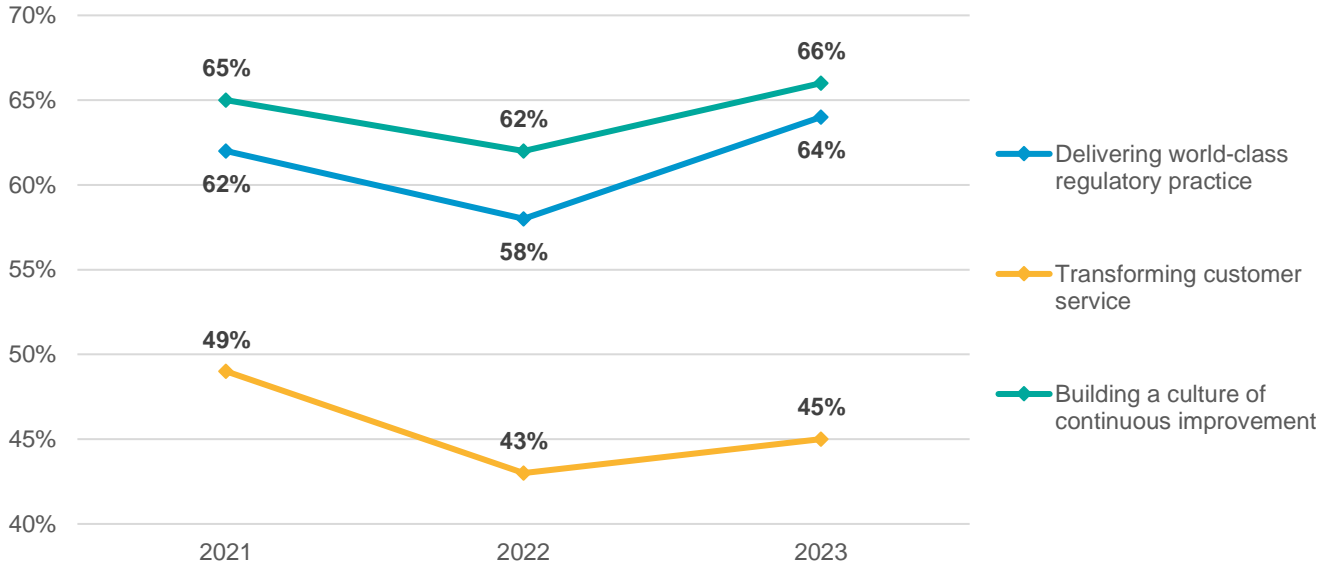


2021 to 2023 comparison

When compared with survey results from the previous two years, this year’s results represent small increases in agreement with the positive statements about the GOC, returning to similar levels recorded in 2021 after small decreases found in 2022.

Figure 87 – Perspectives of the GOC – 2021 to 2023 comparison (% agree)

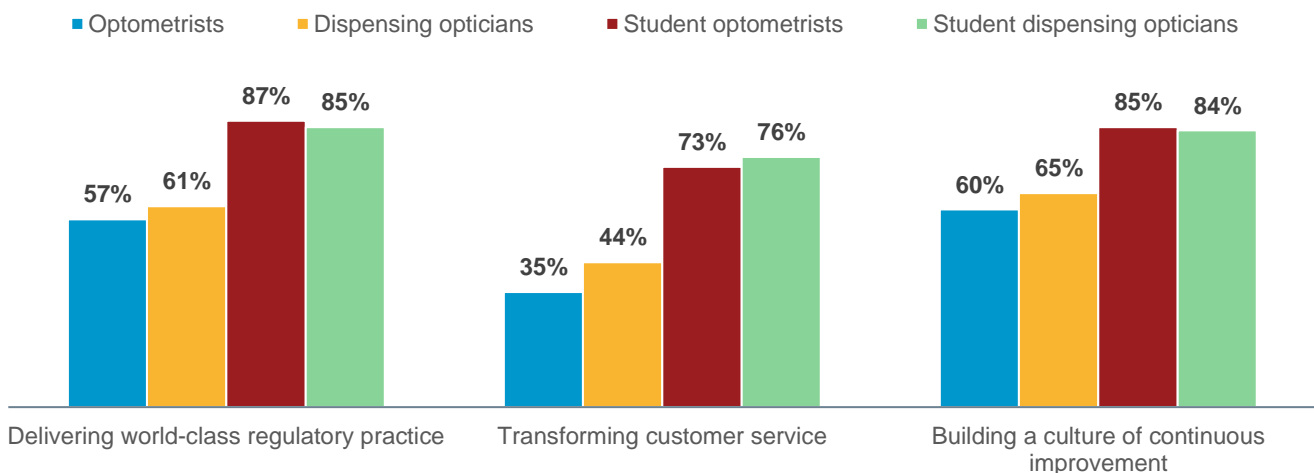
Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932)



Analysis by registration type highlights that student optometrists and student dispensing opticians were more likely to agree that the GOC is meeting all three of its strategic objectives when compared with optometrists and dispensing opticians. Dispensing opticians were also more likely to agree that the GOC is *transforming customer service* and *building a culture of continuous improvement* when compared with optometrists.

Figure 88 – Agreement that the GOC is meeting its strategic objectives by registration type

Base: Optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)



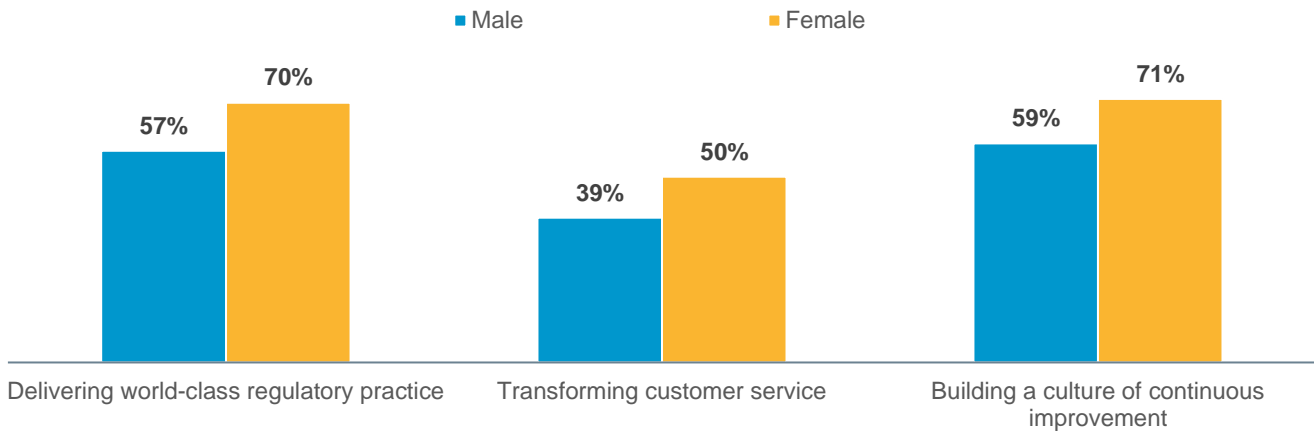
Linked to registration type, a similar pattern can be seen when looking at **age and length of time on the GOC register**, where younger respondents (<35) and those who had been on the register for a shorter length of time (<5 years) were more likely to agree that the GOC is meeting its strategic objectives.



Analysis by gender highlights that female respondents were more likely to agree that the GOC is meeting its strategic objectives when compared with male respondents.

Figure 89 – Agreement that the GOC is meeting its strategic objectives by gender

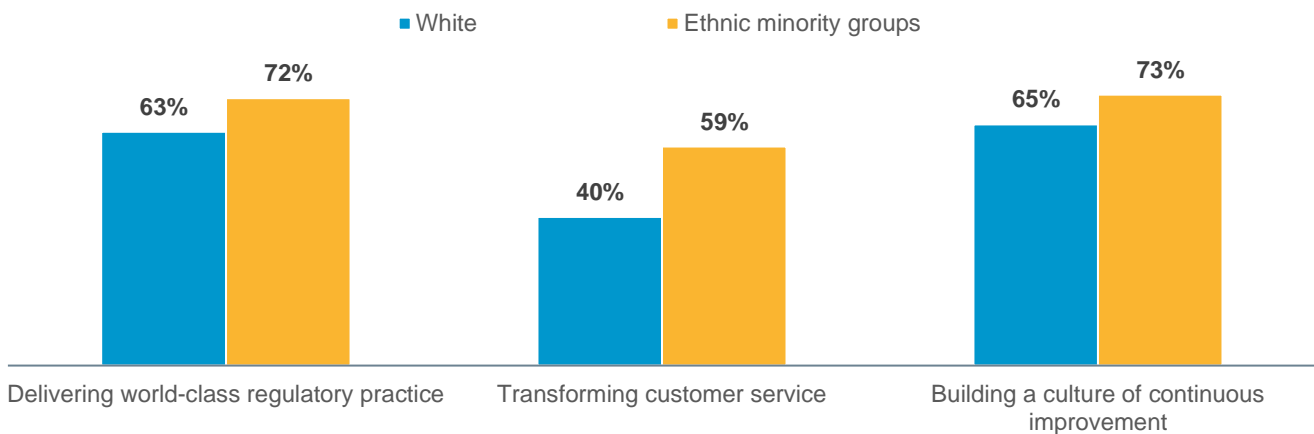
Base: Male (1,265); female (2,485)



Analysis by ethnicity highlights that those from ethnic minority groups were more likely to agree that the GOC is meeting its strategic objectives when compared with those of White ethnicity.

Figure 90 – Agreement that the GOC is meeting its strategic objectives by ethnicity

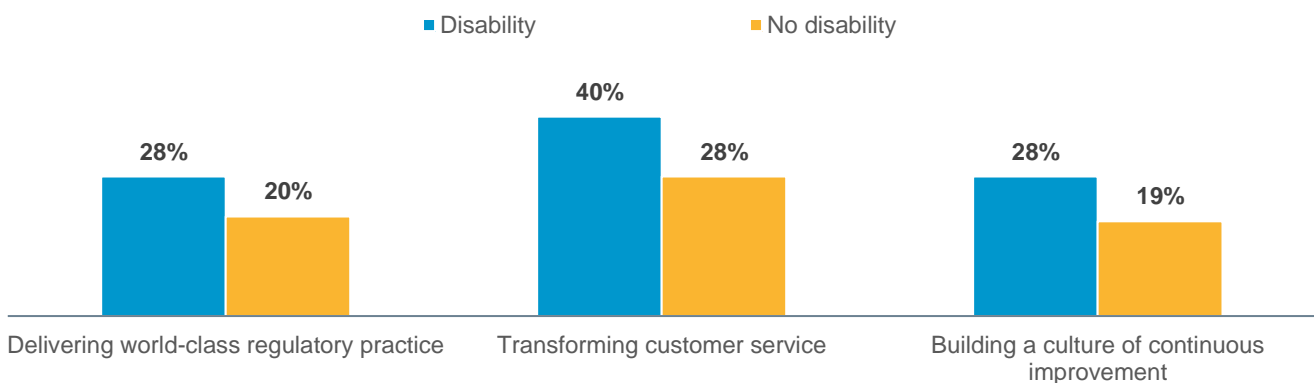
Base: White (2,390); ethnic minority groups (1,254)



Analysis by disability highlights that those with a disability were more likely to disagree that the GOC is meeting its strategic objectives when compared with those with no disability.

Figure 91 – Disagreement that the GOC is meeting its strategic objectives by disability

Base: Disability (142); no disability (3,559)



The roles and responsibilities of the GOC

Respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about the GOC. The largest level of agreement was recorded in response to the statement *the GOC sets fair standards for the profession* (79%), followed by 75% who agreed that *the GOC ensures the quality of optical education*.

Two thirds of respondents agreed that *the GOC promotes equality, diversity and inclusion in its work* (67%), but a large proportion answered ‘don’t know’ (26%).

Agreement was much lower for the statement *the GOC charges registration fees which are reasonable* (46%), to which almost the same proportion disagreed (45%).

Whilst only 42% agreed that *the GOC is fair to registrants when taking action through fitness to practise*, the same proportion answered that they did not know in response to this statement (42%), a much larger proportion when compared with the other statements.

Figure 92 – For each of the following statements please say to what extent you agree or disagree
 Base: All respondents (3,932)

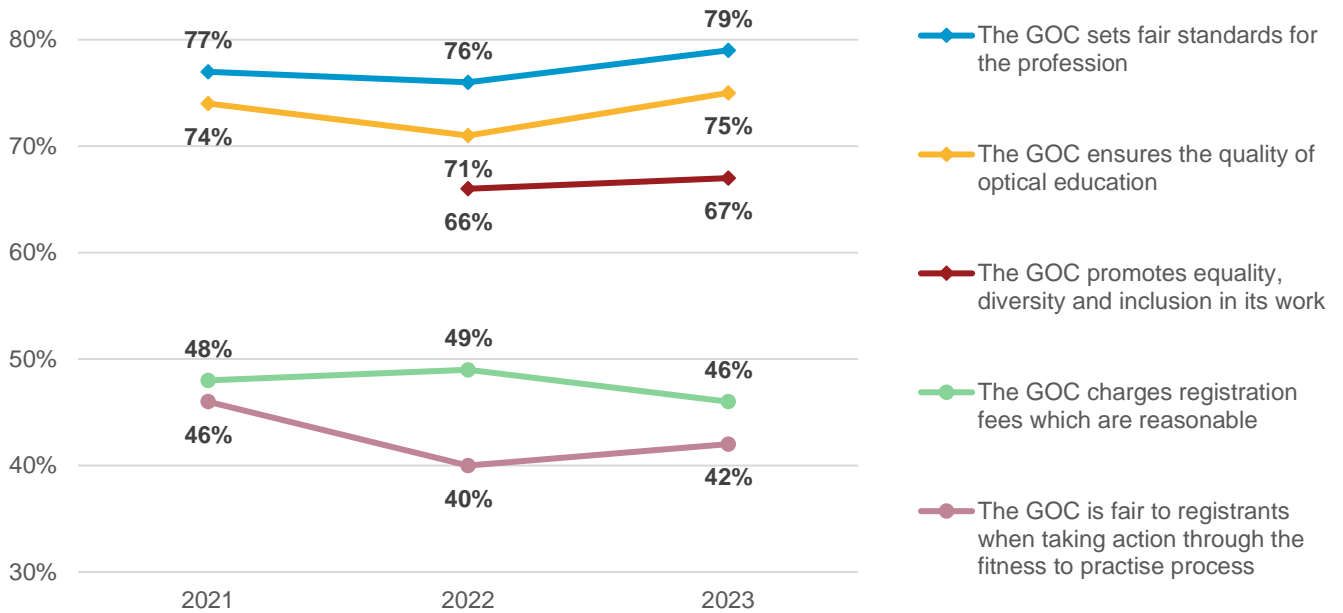


2021 to 2023 comparison

There is mostly consistency when comparing this year’s results with those collected in 2021 and 2022. Between 2022 and 2023, small positive increases in agreement can be seen for the statements *the GOC sets fair standards for the profession* (+3 percentage points) and *the GOC ensures the quality of optical education* (+4 percentage points). Also, between 2022 and 2023, a small negative decrease in agreement with the statement *the GOC charges registration fees which are reasonable* (-3 percentage points) has been recorded.

Figure 93 – Perspectives of the GOC’s roles and responsibilities – 2021 to 2023 comparison (% agree)

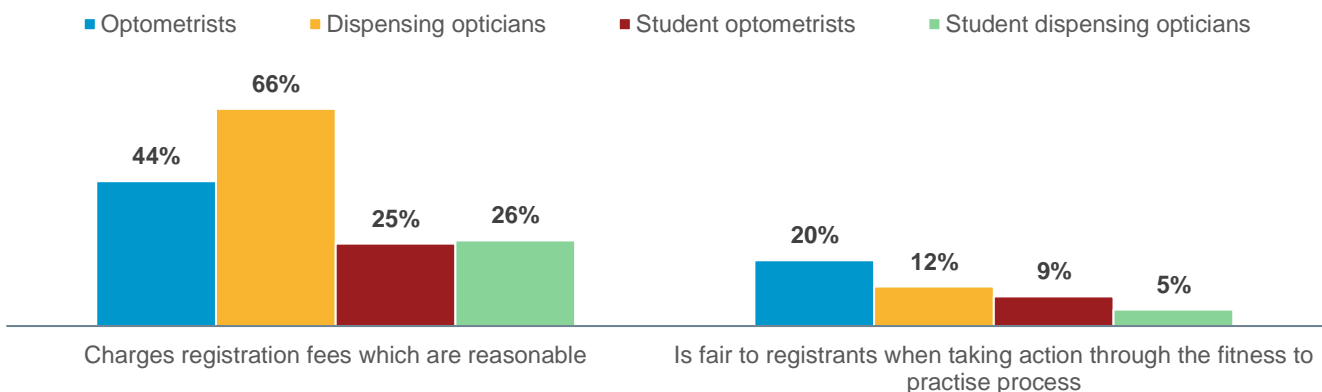
Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932)



Analysis by registration type finds that dispensing opticians were much more likely to disagree that *the GOC charges registration fees which are reasonable* when compared with all other registration types. Optometrists were more likely to disagree that *the GOC is fair to registrants when taking action through the fitness to practise process*, particularly when compared with student optometrists and student dispensing opticians. Student optometrists and student dispensing opticians were more likely to agree with all statements about the GOC’s role and responsibilities when compared with optometrists and dispensing opticians.

Figure 94 – Disagreement that the GOC charges registration fees which are reasonable / is fair to registrants when taking action through the fitness to practise process by registration type (% disagree)

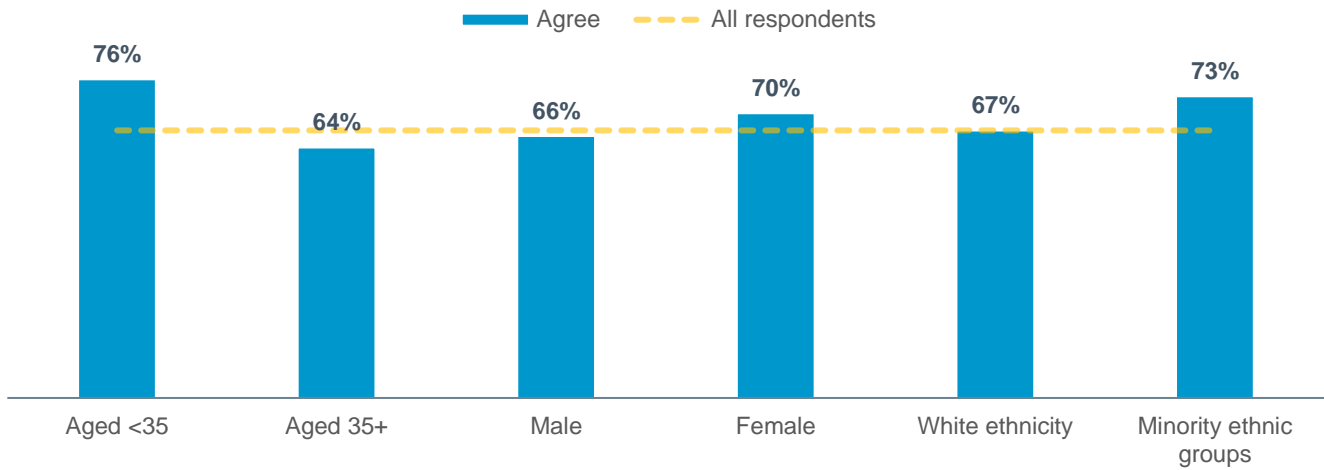
Base: Optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)



Analysis by demographics highlights that younger respondents aged under 35, female respondents, and those from ethnic minority backgrounds were more likely to agree that *the GOC promotes equality, diversity and inclusion in its work* when compared with those aged 35+, male respondents, and those of White ethnicity. Further analysis by ethnicity finds that those of Asian or Asian British and Black or Black British background were more likely to agree with this statement (74% and 72% respectively).

Figure 95 – Agreement that the GOC promotes equality, diversity and inclusion by age, gender, and ethnicity (% agree)

Base: Aged <35 (1,297); aged 35+ (2,513); male (1,265); female (2,485); white ethnicity (2,390); ethnic minority groups (1,254)



Appendix A – Questionnaire

Registrant Workforce & Perceptions Survey 2023

Welcome to the General Optical Council (GOC)'s Registrant Workforce and Perceptions Survey 2023.

This important regular survey will help the GOC better understand registrants in terms of their current working situation, future career plans, attitudes towards the GOC, and experiences and understanding of the CPD scheme.

It should only take around **10-12 minutes** to complete. By taking part, you can be entered into a prize draw to win a **£100 online gift card**. The winner will be randomly selected once the survey is closed.

Completing the survey

To navigate through this questionnaire, use the arrow buttons at the bottom of each page. **DO NOT** use the back/forward options in your browser. To remove your answers to a question, click the reset button.

If you do not have time to complete the survey in one sitting, your progress will be automatically saved and you can return to where you left off at any point by clicking on the survey link again.

How Enventure Research will use your information

The GOC has invited an independent organisation, Enventure Research, to conduct this survey so that your responses remain confidential. The GOC will receive a report on the findings and anonymised data from the survey.

If you received an email invitation, your name and email address were securely passed to Enventure Research by the GOC. They will only be used by Enventure Research for the purposes of carrying out this survey and will not be disclosed to any third parties.

For more information about your rights and who to contact please read our privacy policies:

Enventure Research's privacy policy can be found [here](#).
The GOC's privacy policy can be found [here](#).

Questions or help

Please click the arrow button below to begin.

Your role

The first set of questions are about your role and where you work.

Q1 Please tell us which of the following roles apply to you (if you are retired, please select the most appropriate role before you retired) Please select as many as apply

- Optometrist
- Optometrist with an additional supply speciality
- Optometrist with a supplementary prescribing speciality
- Optometrist with an independent prescribing speciality
- Dispensing optician
- Dispensing optician with a contact lens speciality
- Student optometrist
- Student optometrist undertaking the pre-registration scheme
- Student dispensing optician
- Other

Other Please specify

Q2 Which of these best describes your current working status? Please select as many as apply

- Working / employed (including full/part-time and locum work, and temporarily away from work e.g. parental leave/extended sick leave etc.)
- Not working / unemployed
- Fully retired
- Student / in education
- Other

Other Please specify

Q3 How often have you used your specialty in your role over the last 12 months?

- Frequently
- Sometimes
- Rarely
- Never

Q4 **Do you work as a locum?**

- Yes
- No

Q5 **Where do you currently work? Please select as many as apply**

- Independent practice/sole practitioner
- National chain of opticians (e.g. UK-wide chain of opticians)
- Regional chain of opticians (e.g. chain of opticians working within one region in the UK)
- Hospital
- Domiciliary care
- Education/academia
- Other

Other Please specify

Q6 **For each location selected, please state the approximate number of hours you work there in a typical week Please type in the boxes below - the total number of hours per week will be automatically calculated**

Independent opticians/sole practitioner	<input type="text"/>
National chain of opticians	<input type="text"/>
Regional chain of opticians	<input type="text"/>
Hospital	<input type="text"/>
Domiciliary care	<input type="text"/>
Education/academia	<input type="text"/>
Other	<input type="text"/>
Total number of hours	<input type="text"/>

Q7 **Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS) or Low Vision Service Wales (LVSU))?**

- Yes
- No
- I am not aware of these services
- Don't know

Q8 **Do you have any of the following additional qualifications?** *Please select all that apply*

- No additional qualifications
- Glaucoma
- Medical retina
- Paediatric eye care
- Low vision
- Contact lens practice (optometrists)
- Contact lens diploma (dispensing opticians)
- Other

Other *Please specify*

Q9 **Approximately how long have you been on the GOC register?**

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 years and over
- Don't know

Your career

The GOC would like to find out a bit more about satisfaction levels and career prospects in the professions.

Q10 **Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?**

- Very satisfied
- Quite satisfied
- Neither satisfied or dissatisfied
- Quite dissatisfied
- Very dissatisfied
- Not applicable

Q11 **Why have you felt satisfied with your role/job over the last 12 months?** *Please select all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Work is rewarding and interesting | <input type="checkbox"/> Good working environment |
| <input type="checkbox"/> Manageable workload | <input type="checkbox"/> Supportive employer |
| <input type="checkbox"/> Good salary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Feel valued | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Good work-life balance | |

Other *Please specify*

Q12 **Why have you felt dissatisfied with your role/job over the last 12 months?** *Please select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Work is not rewarding or interesting | <input type="checkbox"/> Poor working environment |
| <input type="checkbox"/> Heavy workload | <input type="checkbox"/> Unsupportive employer |
| <input type="checkbox"/> Poor salary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Do not feel valued | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Poor work-life balance | |

Other *Please specify*

Q13 **In the last 12 months, have you experienced any of the following?** *Please select all that apply*

- Working beyond your hours
- Feeling unable to cope with workload
- Taking leave of absence due to stress
- Finding it difficult to provide patients with the sufficient level of care they need
- None of the above

Q14 **Are you considering making any of the following changes to your career over the next 12-24 months?** *Please select all that apply*

- Gain additional qualifications/skills
- Switch to locum work
- Reduce your hours
- Leave the profession
- Take a career break
- Retire
- Other
- None of the above

Other Please specify

Q15 In what areas are you interested in gaining additional qualifications/skills? Please select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Additional supply | <input type="checkbox"/> Paediatric eye care |
| <input type="checkbox"/> Independent prescribing | <input type="checkbox"/> Low vision |
| <input type="checkbox"/> Supplementary prescribing | <input type="checkbox"/> Contact lens practice |
| <input type="checkbox"/> Contact lens specialty | <input type="checkbox"/> Other |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Medical retina | |

Other Please specify

Q16 Why do you plan to switch to locum work? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> More flexibility and control over working hours | <input type="checkbox"/> Less stress and pressure at work |
| <input type="checkbox"/> Better hours and work-life balance | <input type="checkbox"/> More varied and interesting work |
| <input type="checkbox"/> Better paid | <input type="checkbox"/> Other |

Other Please specify

Q17 Why do you plan to reduce your hours? Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Age / approaching retirement | <input type="checkbox"/> Pursue new career options / gain additional qualifications |
| <input type="checkbox"/> To improve work-life balance | <input type="checkbox"/> Family / caring responsibilities |
| <input type="checkbox"/> To reduce stress / burnout / fatigue | <input type="checkbox"/> Illness / health conditions |
| <input type="checkbox"/> Lack of job satisfaction / unhappy at work | <input type="checkbox"/> Other |

Other Please specify

Q18 Why do you plan to leave the profession? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Planning to retire | <input type="checkbox"/> Low salary |
| <input type="checkbox"/> Lack of job satisfaction / unhappy at work | <input type="checkbox"/> Lack of opportunities for career progression |
| <input type="checkbox"/> To reduce stress / burnout / fatigue | <input type="checkbox"/> Want to change career |
| <input type="checkbox"/> Heavy workload / pressure at work to meet targets | <input type="checkbox"/> Disillusionment with the profession |
| <input type="checkbox"/> Too much focus on sales and commercial pressures | <input type="checkbox"/> Lack of support from employer |
| | <input type="checkbox"/> Other |

Other Please specify

Q19 Why do you plan to take a career break? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Stress / burnout / fatigue | <input type="checkbox"/> Low salary |
| <input type="checkbox"/> Heavy workload / pressure at work to meet targets | <input type="checkbox"/> Want to improve work-life balance |
| <input type="checkbox"/> Too much focus on sales and commercial pressures | <input type="checkbox"/> Disillusionment with the profession |
| <input type="checkbox"/> Poor working conditions | <input type="checkbox"/> Assessing career / exploring new options |
| <input type="checkbox"/> Do not feel valued | <input type="checkbox"/> Other |

Other Please specify

Your perspective of the GOC

The GOC would like to understand more about how its registrants view its role.

Q20 For each of the aims below, to what extent do you agree or disagree that the GOC is meeting its three strategic objectives outlined in its Strategic Plan 2020-25?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Delivering world-class regulatory practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transforming customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building a culture of continuous improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 For each of the following statements please say to what extent you agree or disagree.

The General Optical Council...

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Ensures the quality of optical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charges registration fees which are reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is fair to registrants when taking action through the fitness to practise process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets fair standards for the profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes equality, diversity and inclusion in its work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Speaking up

The GOC introduced 'Speaking up: guidance for registrants' in October 2021. The guidance helps registrants understand their professional requirement to speak up about, for example, concerns where patient or public safety are, or may be, at risk.

Q22 How comfortable would you feel speaking up about patient safety concerning an individual GOC registrant with the following...

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 How comfortable would you feel speaking up about patient safety concerning your employer with the following...

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Harassment, bullying or abuse

Q24 In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work{OrStudy} from...?

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 The last time you experienced harassment, bullying or abuse at work{OrStudy}, did you or a colleague report it?

- Yes, I reported it
- Yes, a colleague reported it
- No
- Don't know
- Not applicable

Discrimination

Q26 In the last 12 months, how many times have you personally experienced any discrimination in your role at work {OrStudy} from...?

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 What type of discrimination have you experienced? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Race |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion or belief |
| <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Marriage or civil partnership | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Pregnancy and maternity | <input type="checkbox"/> Other |

Other Please specify

Consumer Complaints

Q28 How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?

- Very aware
- Quite aware
- Not very aware
- Not at all aware
- Don't know

Understanding and perceptions of Continuing Professional Development (CPD) 2022-24

On 1 January 2022, the GOC changed to a system of Continuing Professional Development (CPD), with new requirements for registrants. The GOC would like to hear your views on the scheme.

Q29 How confident or otherwise are you in completing the following CPD activities?

	Very confident	Quite confident	Not very confident	Not confident at all	Don't know
At the beginning of the cycle, completing your personal development plan (PDP) which sets out your CPD activity over the next three years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the cycle, completing a short written reflective statement after each CPD activity to capture learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the cycle, participating in a peer review activity where you reflect and discuss learning with your peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Towards the end of the cycle, completing a reflective exercise with a peer to review your progress over the last three years against your PDP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Understanding and perceptions of Continuing Professional Development (CPD) 2022-24

Q30 To what extent do you agree or disagree that completing CPD improves your practice?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Q31 How does CPD improve your practice? Please rank the four options below on a scale of 1 to 4, where 1 is 'most improves', by selecting the options in the left hand box and dragging them into the right hand box in your preferred order

	1	2	3	4
Refresh my knowledge, skills and behaviours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop my knowledge, skills and behaviours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop my confidence to deliver good patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflect on my professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provider-led CPD

Provider-led CPD refers to CPD that is delivered by organisations that have been approved by the GOC. One way to identify if the CPD is provider-led is that it has a C-reference number.

Q32 Are there any specific topics where you have found it hard to find provider-led CPD?

- Yes
- No
- Don't know

Q33 Please list below which specific topics you have found it hard to find provider-led CPD

Self-directed CPD

The ability to gain CPD points from completing self-directed CPD was introduced at the start of the new CPD cycle in January 2022. Self-directed CPD is learning from sources other than GOC-approved CPD providers. You do not have to complete self-directed CPD, but it allows you to count learning from wider sources towards your points total and gives you the chance to benefit from undertaking relevant learning with others outside of the sector.

Q35 How confident are you in completing self-directed CPD?

- Very confident
- Quite confident
- Not very confident
- Not confident at all
- Don't know

Q36 To date, have you completed any self-directed CPD as part of the 2022-2024 CPD cycle?

- Yes
- No
- Don't know

Q37 How much of your self-directed CPD have you recorded on MyCPD?

- All of it
- Most of it
- Some of it
- None of it

Q38 **Why haven't you recorded all of your self-directed CPD on MyCPD? Please select all that apply**

- I don't have time to record it
- It takes too long to log it onto the system
- I will achieve sufficient CPD points by the end of the cycle so I don't see the need to log it
- I'm not sure if it counts towards self-directed CPD
- I plan to record it soon
- Other
- Don't know

Other Please specify

Q39 **To what extent do you agree or disagree with the following statements about self-directed CPD?**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
It enables me to develop knowledge or skills in a wider range of topics than those available in provider-led CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It gives me flexibility to tailor CPD to my scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can learn from other professions and apply that to my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q40 **Why have you not yet completed any self-directed CPD? Please select all that apply**

- I plan to do some soon
- I don't understand what counts as self-directed CPD
- It's more difficult to find suitable CPD activities
- It's more expensive to do self-directed CPD
- I don't think self-directed CPD is a good use of my time
- Other
- Don't know

Other Please specify

About you

The GOC is committed to promoting equality, valuing diversity and being inclusive in all its work as a health professions regulator, and to making sure we meet our equality duties. The following questions relate to our equality and diversity work and add to our understanding of the diversity of the optical profession, so that we can make sure our services and events reflect this diversity. They will also allow any differences in results between different groups to be highlighted.

Please remember you will not be individually identified in your survey response.

Q41 Your age group:

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Prefer not to say

Q42 Your gender:

- Male
- Female
- Intersex
- Non-binary
- Prefer not to say

Q43 Is your gender identity different from the gender that you were assigned at birth?

- Yes
- No
- Prefer not to say

Q44 Your sexual orientation:

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Other
- Prefer not to say

Q45 Your marital status:

- Civil partnership
- Divorced or civil partnership dissolved
- Married
- Separated
- Single
- Widowed
- Prefer not to say

Q46 Your ethnicity:

- | | |
|--|--|
| <input type="radio"/> White: English, Welsh, Scottish, Northern Irish, British | <input type="radio"/> Asian or Asian British - Bangladeshi |
| <input type="radio"/> White: Irish | <input type="radio"/> Asian or Asian British - Chinese |
| <input type="radio"/> White: Gypsy or Irish Traveller | <input type="radio"/> Other Asian background |
| <input type="radio"/> Other White background | <input type="radio"/> Mixed - White and Black Caribbean |
| <input type="radio"/> Black or Black British - Caribbean | <input type="radio"/> Mixed - White and Black African |
| <input type="radio"/> Black or Black British - African | <input type="radio"/> Mixed - White and Asian |
| <input type="radio"/> Other Black background | <input type="radio"/> Other mixed background |
| <input type="radio"/> Asian or Asian British - Indian | <input type="radio"/> Other - Arab |
| <input type="radio"/> Asian or Asian British - Pakistani | <input type="radio"/> Other ethnic group |
| | <input type="radio"/> Prefer not to say |

Other *Please specify*

Q47 Your religion or belief:

- | | |
|---|---|
| <input type="radio"/> No religion or belief | <input type="radio"/> Jewish |
| <input type="radio"/> Buddhist | <input type="radio"/> Muslim |
| <input type="radio"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="radio"/> Sikh |
| <input type="radio"/> Hindu | <input type="radio"/> Other |
| | <input type="radio"/> Prefer not to say |

Other *Please specify*

Q48 Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

Q49 **Are you pregnant, on maternity leave, or returning from maternity leave?**

- Yes
- No
- Prefer not to say

Q50 **Do you perform the role of a carer?**

- Yes
- No
- Prefer not to say

Q51 **In which of the following regions do you live?**

- | | |
|--|---|
| <input type="radio"/> North East | <input type="radio"/> South East |
| <input type="radio"/> North West | <input type="radio"/> South West |
| <input type="radio"/> Yorkshire and Humber | <input type="radio"/> Wales |
| <input type="radio"/> East Midlands | <input type="radio"/> Scotland |
| <input type="radio"/> West Midlands | <input type="radio"/> Northern Ireland |
| <input type="radio"/> East of England | <input type="radio"/> Outside the UK |
| <input type="radio"/> London | <input type="radio"/> Prefer not to say |

Prize draw

As a thank you for your time today, we are offering you the opportunity to enter our prize draw to win a £100 gift card that can be used at a range of outlets. The winner will be randomly selected when the survey closes.

Q52 **Do you want to be entered into our prize draw?**

By answering yes you are agreeing to be contacted by Enventure Research via your GOC-registered email address if you are selected as the winner.

- Yes
- No

So that we can contact you if you are selected as the winner, please provide your name, contact number, and email address in the boxes below. *Any details you provide will only be used to contact you if you are selected as the winner of our prize draw. Your details will not be passed on to any third parties and will be kept separate from your survey answers, meaning that you will not be identified in any way. Your contact details will be kept securely for a maximum of three months, after which they will be confidentially deleted.*

Q53 **Name**

Q54 **Contact number**

Q55 **Email address**

Thank you for taking the time to take part in this survey. Your views are greatly appreciated.

Please click the tick button below to send your response.

Appendix B – Demographic profile

The table below shows the demographic makeup of survey respondents, where the sample has been weighted by registration type to accurately reflect the overall GOC registrant population.

Demographic profile of survey respondents

Base: All respondents (3,932)

Demographic	Number	Percentage
Gender		
Male	1,265	32%
Female	2,485	63%
Intersex	1	0%
Non-Binary	10	0%
Prefer not to say	172	4%
Age group		
Under 25	519	13%
25-34	779	20%
35-44	859	22%
45-54	736	19%
55-64	689	18%
65+	229	6%
Prefer not to say	122	3%
Ethnic group		
White British	2,137	54%
White other	253	6%
Black/Black British	194	5%
Mixed/Multiple	39	1%
Asian/Asian British	973	25%
Any other ethnic group	48	1%
Prefer not to say	289	7%
Sexuality		
Heterosexual/Straight	3,415	87%
Gay/Lesbian	70	2%
Bisexual	65	2%
Other	20	1%
Prefer not to say	326	9%
Marital status		
Civil partnership	128	3%
Divorced or civil partnership dissolved	148	4%
Married	2,114	54%
Separated	46	1%
Single	1,065	27%
Widowed	28	1%
Prefer not to say	402	10%
Religion or belief		
No religion or belief	1,140	29%
Buddhist	26	1%
Christian	1,388	35%
Hindu	219	6%
Jewish	52	1%
Muslim	532	14%
Sikh	100	3%
Other	60	2%

Demographic	Number	Percentage
Prefer not to say	415	11%
Do you consider yourself to have a disability?		
Yes	142	4%
No	3,559	91%
Prefer not to say	232	6%
Are you pregnant, on maternity leave, or returning from maternity leave?		
Yes	135	3%
No	3,592	91%
Prefer not to say	205	5%
Do you perform the role of a carer?		
Yes	448	11%
No	3,243	82%
Prefer not to say	241	6%

Stakeholder engagement to support the GOC strategy 2025-30: shaping the future

Meeting: 27 September 2023

Status: For noting

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Charlotte Urwin, Head of Strategy, Policy and Standards;
Vikki Julian, Head of Communications

Council Lead(s): Claire Minchington

Purpose

1. To set out the GOC's approach to stakeholder engagement to support the development of its 2025-2030 strategy (working title "Shaping the Future.")

Recommendations

2. Council is asked to discuss the proposed approach to stakeholder engagement.

Strategic objective

3. This work contributes towards the achievement of all three of the strategic objectives and begins to lay the foundations for agreeing strategic objectives for 2025-30.

Background

4. In June, Council discussed plans to develop the 2025-30 strategy (working title "Shaping the Future") at their public session.

5. The timetable for strategy development includes the following key milestones (please note that this is a summary of the agreed timetable):

- March 2024 Council to consider proposed vision, mission, values, and strategic objectives; and EDI strategy for 2025-2030, in advance of public consultation
- May – July 2024 public consultation
- September 2024 Council to consider outcome of public consultation
- December 2024 Council to approve proposed vision, mission, values, and strategic objectives for 2025-30; and associated EDI, financial, digital and people strategy. (Note: published in January/Feb 2025)

Analysis

6. Stakeholders sit at the heart of effective strategy development. They have insights that can be used to help us to understand the optical sector and patient expectations and they are part of the system which will help us to protect the public, uphold public confidence and ensure robust, appropriate regulation. The more stakeholder buy-in

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that the strategy has, the more successful the GOC is likely to be in delivering the strategy.

7. Groups who may be interested in, or can influence, the development of our strategy include:
 - Professional and representative bodies
 - The public
 - Patients
 - Patient organisations
 - Professional Standards Authority
 - Other regulators
 - National Optometric Advisers
 - Registrants
 - Employers
 - CPD providers
 - Education providers
 - Parliament and four nations/civil servants
 - Council
 - Advisory Panel
 - Staff
 - Members
8. We know that during the 16 months (September 2023 – January/February 2024) in which we develop, consult on, and launch our strategy we will also be consulting stakeholders on important topics such as our revised standards of practice and our new approach to business regulation. Whilst stakeholder input is vital, we want to avoid stakeholder fatigue by making sure that our engagement is appropriately targeted and valuable for all parties involved. We are also aware that our stakeholders will have differing levels of interest in and influence on our strategy.
9. With that approach in mind, we have identified a range of engagement activities for each phase of the strategy development process, as described in the table in annex one. These activities give stakeholders a range of opportunities to be involved, whilst also being mindful of their time and commitments. We have targeted more in-depth activities towards those stakeholders who will have the greatest level of interest in, or influence on, the development of our strategy. However, all stakeholders will have the opportunity to engage with the strategy as it develops. We will review all the activities we carry out during the development and consultation stages in producing the strategy, and feed that learning into our plans for launch of the new strategy (in early 2025.)
10. As a regulator whose focus is public protection, it is important that we hear the views of the public and patients. We know that other regulators have found it difficult to ensure effective public/patient/consumer engagement on their respective strategies. We hope to understand the patient perspective primarily through patient organisations, using their expertise in bringing out the patient voice. We are also engaging with other healthcare regulators, some of whom are also developing their

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new strategy in the same timeframe, to see what we can learn from their experiences or if we can take advantage of shared opportunities to engage the public. We will also feed into the development of the strategy findings from our public perceptions survey and public research to support the standards review (the latter is not yet published).

Finance

11. No financial costs for our engagement activities are anticipated, except Welsh translation of the consultation on the draft strategy.

Risks

12. There are no immediate risks presented as result of this item. Ongoing risk assessments and management will continue as part of the strategy development.

Equality Impacts

13. Development of the 2025-30 strategy will include ongoing work to assess the equality impacts of any proposal. Our engagement with patient organisations will ensure our strategy development is informed by the needs of hard-to-reach patients.

Devolved nations

14. We will engage with stakeholders in each of the devolved nations to inform proposals for the new strategy.

Communications

External communications

15. Our external communications will be included as part of the stakeholder engagement taking place as we develop, consult on, and launch the new strategy.

Internal communications

16. The stakeholder engagement plan includes engagement with staff as part of the strategy development process. No specific internal communications are planned regarding this item.

Next steps

17. Council will meet on 2-3 November 2023 for a series of workshops to shape the development of the next strategy.
18. We will begin planning for the roundtable on the future of optical care and regulation, taking place later in the autumn.

Attachments

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Annex one – Table of stakeholder engagement activities

Annex one - Table of stakeholder engagement activities

Phase	Activity	Stakeholder groups
Development [Autumn 2023 – Spring 2024]	Roundtables on the future of optical care and its regulation	Professional and representative bodies Patient organisations Representatives in the four nations Sector leaders and key influencers Education provider representatives
	Council strategy sessions, engagement and engagement with non-statutory committees	Council and Council's committees
	Staff engagement session	Staff
	Campaign on social media (LinkedIn) informed by roundtable seeking thoughts on future of optical care and regulation	All stakeholders, but individual registrants are a key target group We will use existing meetings (such as education provider and CPD provider days) to engage with stakeholders.
	Slides on our strategy for delivery at meetings	
	Blog and information on website	
	Member and worker engagement session	Member and workers
Consultation [May – July 2024]	Meetings with professional bodies and patient organisations to discuss proposals in strategy	Professional and representative bodies Patient organisations Education providers
	Slides on our strategy for delivery at meetings	We will use existing meetings (such as education provider and CPD provider days) to engage with stakeholders on our consultation proposals
	Staff engagement session	Staff
	Public affairs engagement with four nations	Parliamentarians, civil servants, and optical representatives in the four nations
	Pre-record summarising the strategy for any stakeholders to listen to and give feedback	All stakeholders

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	Usual communications at launch of consultation (social media, press release)	
	Council's committees, member and worker engagement session	Members and workers
Launch [January/February 2025]	Publish strategy and consultation response document Press release, social media on publication	All stakeholders

Council

**Financial performance report for the period ending 30 June 2023 and Q1
forecast of 2023/24**

Meeting: September 2023

Status: for noting

Lead responsibility: Yeslin Gearty
(Director of Corporate Services)

Paper author: Manori Wickremasinghe
(Head of Finance)

Purpose

1. To provide a summary of the financial reports and the latest forecast for the 2023/24 financial year presented to ARC at its meeting on 12 September 2023.

Recommendations

2. Council is asked to:
 - **note** the financial performance for the three months ending 30 June 2023 in annex one
 - **note** the Q1 forecast for the current 2023-24 financial year in annex two.

Strategic objective

3. This report is relevant to delivery of all our strategic objectives.

Background

4. The forecast for 2023/24 relates to year 4 of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

Analysis

5. The June 2023 financial performance showed a surplus of £375k on business-as-usual activities and a surplus of £119k before portfolio gains/losses. The report compares these results to the agreed 2023/24 annual budget.
6. Financial performance has improved in both income and expenditure, compared to budget. Key drivers for positive variance in income is sustained demand for international assessments from optical professionals qualified overseas, and additional bank & deposit Interest due to higher interest rates.
7. Key drivers for positive variance in expenditure are mainly unforeseen staff vacancy gaps (between staff leaving and new joiners arriving), delays and/or savings in operational activities, including in education, and uncertainty in timing of some activities due to dependencies elsewhere. Our agile and risk-

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adverse approach to budgeting and forecasting, and mix of routine, change and continuous improvement objectives also contributes to the quarter-one results. The detailed analysis of performance is included in the report at annex one.

8. The high level of surplus in June's financial performance impacts the Q1 forecast made in July 2023. The Q1 forecast our quarterly exercise using both actual performance to June and future predictions for Q4. Delays, changes, and developments in operations identified during quarter one are included in re-forecasting. The Q1 forecast for the current year is included in annex two.
9. The new forecast continues to project a balanced business as usual (BAU) position with a small surplus (£77k compared to the budgeted £60k) at the end of the current year. Pre-approved strategic projects and complex legal cases continue to use reserves. The forecast makes a part of a larger five-year forecast which enables us to make better decisions regarding authorisation and commissioning of new projects, working capital, cash flow, and reserves management.

Finance

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

Risks

11. The following risks are associated with finance, as identified in the finance risk register:
 - The GOC fails to deliver value for money
 - The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively
 - Capability and resilience: Small teams lead to over-reliance on particular individuals, causing burnout, errors and/or impacting organisational delivery if absent or on departure.
12. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

Equality Impacts

13. No equality impact has been undertaken.

Devolved nations

14. There are no implications for the devolved nations.

Communications

External communications

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15. None planned.

Internal communications

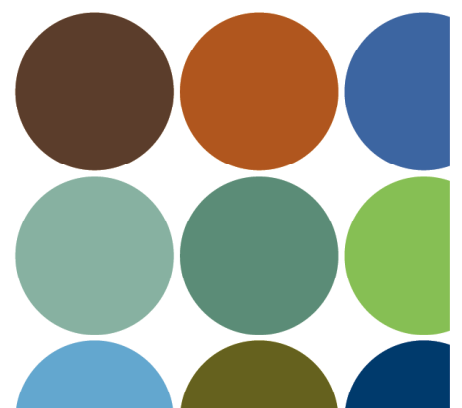
16. The financial report and the forecast are shared with the Leadership Team and SMT as part of the regular financial reporting process.

Attachments

Annex one: Financial performance report for the period ending 30 June 2023.

Annex two: Q1 Forecast for 2023-24.

Financial Performance Report for the Period ending 30 June 2023



**General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023**

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General Optical Council

Financial Performance Report for the 03 months ending 30 June 2023

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	2,732	2,716	16
Other Income	121	71	50
Expenses - BAU	(2,478)	(2,782)	304
Surplus / (Deficit) -BAU	375	6	370
Project expenditure	(256)	(385)	129
Surplus / (Deficit) -before portfolio Gains/Losses	119	(379)	498

Highlights

The results before unrealised gains/losses for the quarter ending 30 June 2023 show a positive variance of £498k against the budget. The business as usual (BAU) results before strategic projects show a positive variance of £370k against the budget.

The total registrant income of £2,732k is £16k favourable to the budget. The total expenditure (including projects) of £2,734k is £433k favourable to the budget.

Key drivers of the improved performance

Key drivers for positive variance are mainly delays in operations or uncertainty of the timing of activities that depend on other events. The variance was also partly due to net savings of £53k made during the quarter. (ref. tables 3-4 – page 7)

Delays due to the pace/volume of providers of GOC approved qualifications adapting to meet the ETR adaptations, managed by education development, continue from last year. Given this is a new, one-off process at provider's pace it is difficult to accurately predict expenditure, the speed of operations and trends. The education auditor and review fees are also new areas contributing to the delays. Several operations such as the archiving project and some planned staff training were delayed, but have now started. Payroll increases due to the outcomes of the reward and recognition project will be factored in July's payroll instead of June as originally anticipated.

There is a substantial saving from staff vacancies (ref. table 2 page 6), some of which are now filled. However, our staff vacancy levels are within the average industry levels.

With GOC being agile and responsive toward changes, the above variations were reviewed and incorporated into the Q1 forecast.

Risks for achieving the budget.

General Optical Council Financial Performance Report for the 03 months ending 30 June 2023

Any delays in resolving the high number of part-heard hearings and reducing the average numbers of days per case will increase expenditure and may negatively impact the budget if no permanent solutions are identified.

There is always a risk of an increase in the number of cases coming to case progression. This risk is partially resolved by using legal reserve for cases identified as complex.

Delayed hearings costs valued at £156k were identified in 2022-23 accounts at the year-end. These costs need careful management through upcoming forecasts to achieve a balanced BAU budget.

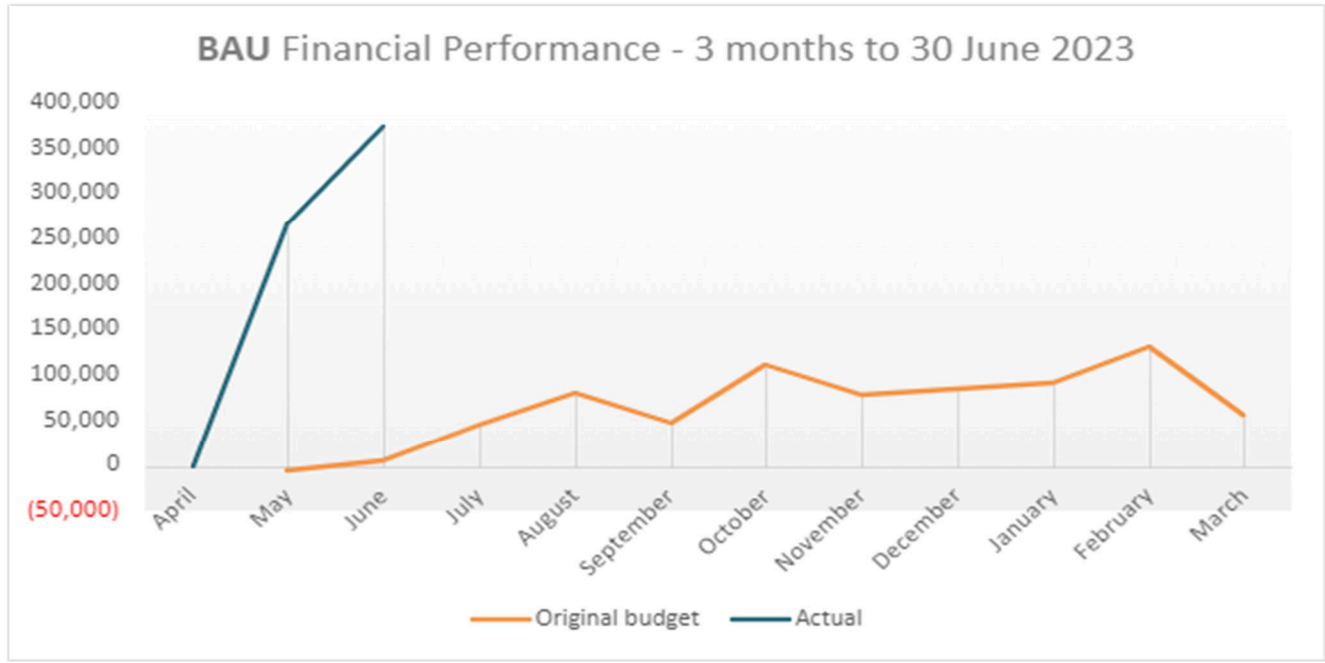
Delays in operations could impact our cash draw-down plans. We will require more cash drawdowns if activities shift towards the “cash-poor months” (Nov-Jan.).

Future Impacts (So what?)

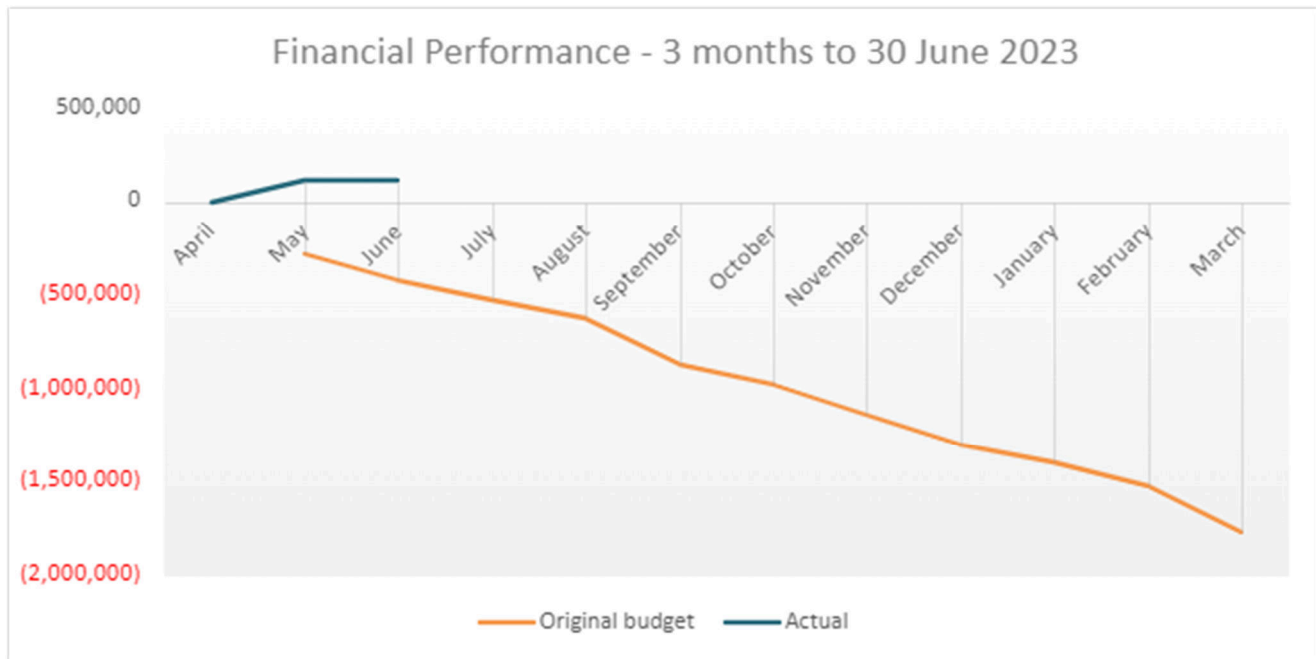
All material delays and changes in operations are being carefully reviewed and reported to SMT, ensuring steps are being taken to achieve the business plan and a balanced BAU budget.

**General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023**

Graphical analysis on Financial Performance and Variance



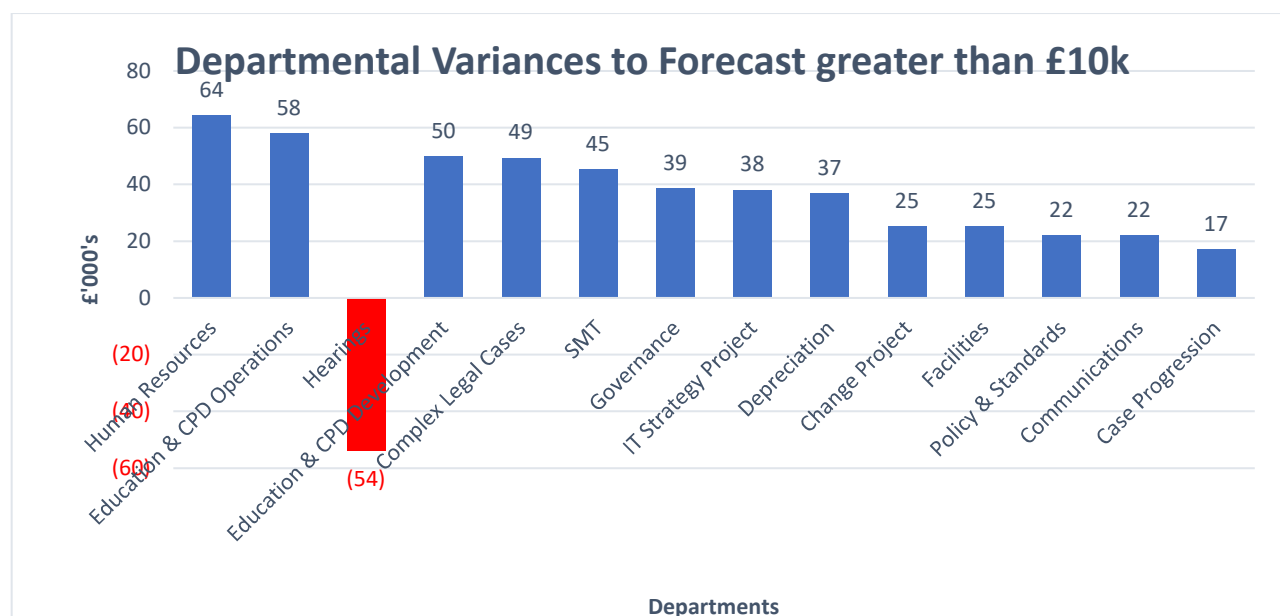
Graph 1



Graph 2

General Optical Council

Financial Performance Report for the 03 months ending 30 June 2023



Graph 3

Cash and Cash Equivalent Summary - 30 June 2023

	Actual £'000	Budget £'000	Variance £'000
Cash at Bank	934	391	543
Short term Investments	6,750	6,750	0
Working Capital	7,684	7,141	543
Investments	8,625	8,643	(18)
Total	16,309	15,784	525

Table 1

Headcount June 2023 (F T E's)

	Actual FTC* Jun-23	Actual Perm. Jun-23	Actual Total Jun-23	Budget Jun-23
Chief Executive Office	-	8.0	8.0	9.0
Regulatory Strategy	1.8	21.0	22.8	23.6
Regulatory Operations	6.0	32.8	38.8	41.0
Corporate Services	3.8	18.4	22.2	22.4
Change	7.0	7.8	14.8	18.0
Total Headcount	18.6	88.0	106.6	114.0

Table 2

**General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023**

Analysis of BAU expense variance June		
Savings		£'000
	Efficiency	9
	Savings	158
	Staff vacancy gaps (excluding efficiency measures)	67
	Delays and timing (uncertain)	223
	Accounting, PO, coding errors	3
	Forecast errors	4
	Others	21
Additional expenses		485
Additions		(180)
Total Expense Variance		304

Table 3

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000				£'000
Efficiency	9				9
Savings	158				158
Staff vacancy gaps	67				67
Additions	(180)				(180)
Net savings/(Overspent)	53				53

Table 4

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023

Table A
Income and Expenditure Accounts

	April - June			2023-24
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,732	2,716	16	10,729
Dividend Income	59	66	(6)	263
Bank & Deposit Interest	60	2	57	10
Other Income	2	2	(1)	10
Total Income	2,853	2,787	66	11,012
Expenditure				
Executive Office				
CEO's Office	42	83	41	331
Governance	153	192	39	706
Total Executive	195	274	79	1,036
Regulatory Strategy				
Director of Regulatory Strategy	28	28	0	113
Policy & Standards	78	100	22	471
Communications	60	81	22	298
Education & CPD Operations	145	203	58	765
Education & CPD Development	45	95	50	275
Total Regulatory Strategy	356	508	152	1,921
Regulatory Operations				
Director of Regulatory Operations	33	33	0	132
Case Progression	542	560	17	2,221
Legal	51	53	2	213
Hearings	375	321	(54)	1,338
Total Regulatory Operations	1,001	966	(34)	3,904
Corporate Services				
Director of Corporate Services	29	33	4	122
Facilities	258	283	25	1,135
Human Resources	63	128	64	511
Finance	102	108	6	505
Registration	207	207	0	614
Total Corporate Services	659	759	100	2,887

**General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023**

Table A (Contd.)

	April - June			2023-24
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
IT (BAU)	246	238	(8)	1,062
Depreciation	20	36	16	143
Total Expenditure	2,478	2,782	304	10,954
Surplus / (Deficit) before project expenditure	375	6	370	59
Project Expenditure				
Education Strategic Review project	90	85	(5)	372
IT Strategy Project	18	56	38	419
Change	143	168	25	562
Complex Legal Cases	1	50	49	200
Potential Projects	0	0	0	150
Project Depreciation & Amortisation	4	25	21	101
Case management				10
Total Project expenditure	256	385	129	1,814
Surplus / (Deficit) after project expenditure	119	(379)	498	(1,755)
Investment gains	(49)	69	(118)	275
Surplus / Deficit	70	(310)	380	(1,479)

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023

Table B
Income and Expenditure Accounts Including Project Expenditure

	April - June			2023-24
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,732	2,716	16	10,729
Dividend Income	59	66	(6)	263
Bank & Deposit Interest	60	2	57	10
Other Income	2	2	(1)	10
Total Income	2,853	2,787	66	11,012
Expenditure				
Staff Salaries Costs	1,488	1,632	143	6,181
Other Staff Costs	12	73	61	318
Staff Benefits	18	31	13	49
Members Costs	321	326	5	1,315
Professional Fees	100	133	33	708
Finance Costs	79	72	(7)	94
Case Progression	198	244	46	994
Hearings	70	69	(1)	286
CPD & Standards	12	20	8	114
Communication	6	21	16	54
Registration	4	3	(1)	19
IT Costs	163	181	18	1,039
Office Services	239	252	13	1,040
Other Costs	0	49	48	162
Depreciation & Amortisation	24	61	37	244
Upcoming Projects	0	0	0	150
Total Expenditure	2,734	3,167	433	12,766
Surplus / Deficit	119	(379)	499	(1,754)
Unrealised Investment gains	(49)	69	(118)	275
Surplus / (Deficit)	70	(310)	380	(1,479)

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2023

Balance Sheet as at 30 June 2023

	2022-23 30 June 2023 £'000	2021-22 31-Mar-23 £'000	Variance £'000
Fixed Assets			
Refurbishment	504	517	(13)
Furniture & Equipment	81	87	(6)
IT Hardware	30	32	(2)
IT software	38	42	(4)
Capital WIP	33	65	(32)
Total Tangible Fixed Assets	686	742	(57)
Investment	8,633	8,694	(61)
Total Fixed Assets	9,320	9,436	(116)
Current Assets			
Debtors, Prepayments & Other Receivable	568	433	135
Short term deposits	6,750	8,950	(2,200)
Cash and monies at Bank	934	1,253	(319)
Total Current assets	8,252	10,637	(2,385)
Current Liabilities			
Creditors & Accruals	1,090	1,138	(48)
Income received in advance	7,556	10,078	(2,522)
Total Current Liabilities	8,646	11,216	(2,570)
Current Assets less Current Liabilities	(394)	(579)	185
Total Assets less Current Liabilities	8,926	8,857	69
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	8,926	8,857	69
Reserves			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	900	900	0
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	4,076	4,007	69
Total	8,926	8,857	69

General Optical Council Financial Performance Report for the 03 months ending 30 June 2023

Investment portfolio analysis

Portfolio Overview

LAST 12 MONTHS PERFORMANCE
-4.55%

TOTAL VALUE
8,375,665.18 GBP

ESTIMATED ANNUAL INCOME
239,696.43 GBP

OWNER(S)
General Optical Council

PORTFOLIO DESCRIPTION
Investment Portfolio

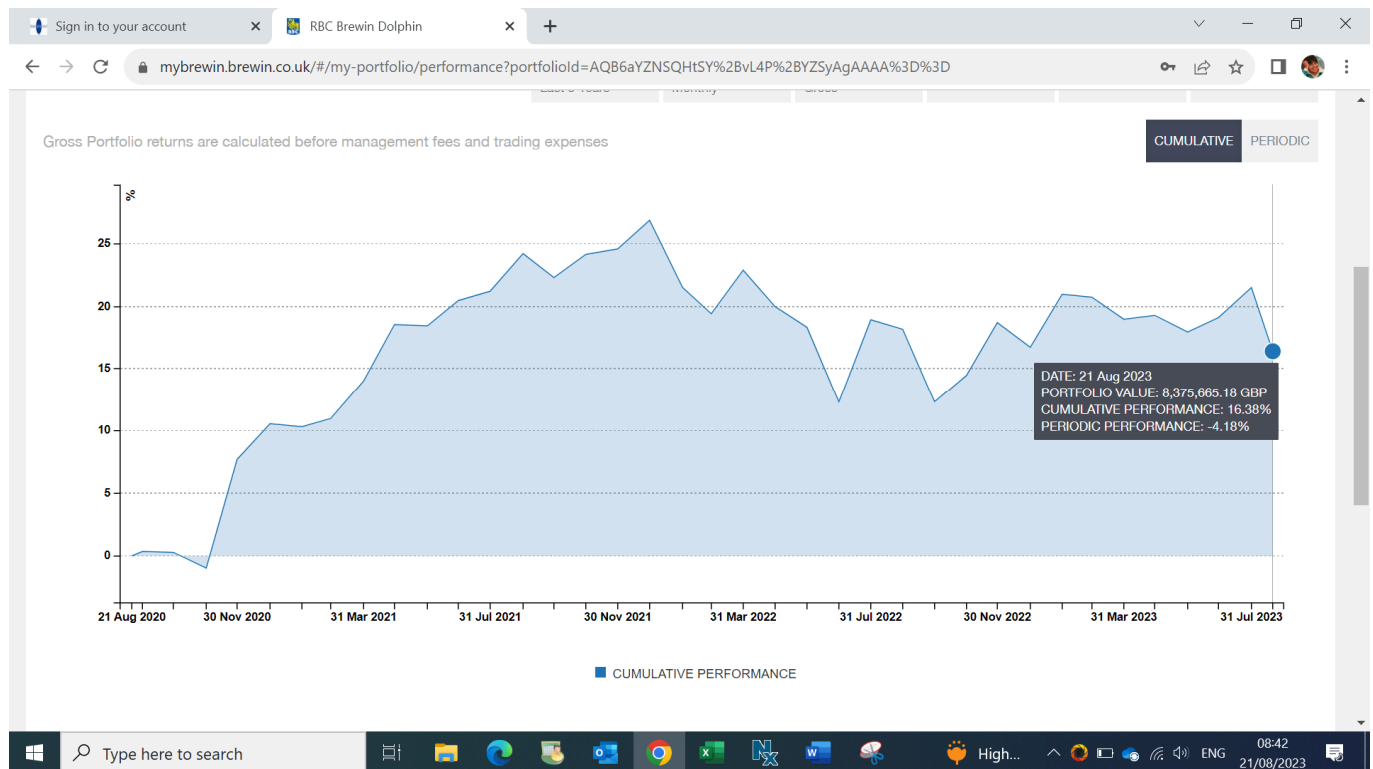
INVESTMENT OBJECTIVE
Income and Capital Growth

MANAGEMENT TYPE
Discretionary

RISK PROFILE
Risk Level 6

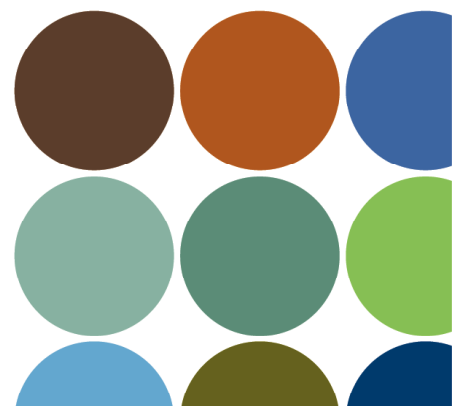
(Valuation date – 21st Aug 23)

Performance over the three years



The portfolio has increased to 8.761k by 31st July, but has decreased to £8,376k by 21st August, showing the short-term volatility nature.

Q1 Forecast for 2023-24



Contents	Page
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Cash-flow projections	11

Q1 Forecast 2023/24

GOC Summary P&L Q1 forecast 2023-24

	Budget	Q1 forecast	Variance to Q1 Forecast
	£'000	£'000	£'000
Income	11,012	11,154	142
Expenditure (BAU)	10,952	11,077	(125)
Surplus / (Deficit) before reserve expenditure	60	77	17
Reserve (Strategic & legal) Expenditure	1,814	1,571	244
Surplus / (Deficit) after project expenditure	(1,754)	(1,494)	261
Unrealised Investment gains	275	79	(196)
Surplus / (Deficit)	(1,479)	(1,415)	65

Highlights

The latest Q1 forecast for 2023/24 continues to show a small surplus from BAU activities.

The reserve expenditure is designed to spend funds from the reserves, as previously covered (during the setting of the budget), keeping within the recommended range as per the reserves policy.

Funds are earmarked for potential strategic projects, ensuring there are adequate reserves for future strategic projects, which are not yet known. We will continue to monitor the risks identified on page 10 and add to our future forecasts when they become measurable and more likely to occur in a known period.

Key drivers to the change in performance

Both fixed deposit interest income and non-UK application fee income increased from budgeted levels. High fixed deposit and current account interest rates enabled us to project over £100k additional income. The non-UK application fee income continues to outperform the budget.

The main reason for BAU expenditure rises over the budgeted levels was due to the increased complexity of cases moving from case progression to hearings, increasing the average days per case and related expenditure. This is a new development, and we will be reviewing both case progression and hearings areas to understand the situation, find solutions, and incorporate any changes into our future budgets and forecasts.

Risks of not Achieving 2023/24 Q1 Forecast.

The increase in the complexity of cases disclosed to hearings may continue to raise hearing costs over forecast levels, if the reasons for complexity are not properly understood and planned for.

The market value of the investment portfolio could be reduced, impacting our reserve levels.

Steps in Mitigating the Risks

A multi-departmental group is working together in identifying various factors that contribute to the increase in hearing days. This work will enable us to help achieve the forecast.

We meet regularly and keep close communications with the investment management company to understand market volatility, and its effects on our investments and our reserves. The Investment Committee regularly assesses the appropriateness of our investment risk category.

Regular review of departmental and corporate risk registers in identifying any upcoming and increasing risks assists with mitigations and preparation.

Regular re-forecasting enables us to find solutions to risks and manage the BAU surplus within break-even and reserves within the policy range.

Income and Expenditure Accounts – Q1 Forecast

	Year 1		
	2023-24		
	Budget	Q1 Forecast	variance
	£'000	£'000	£'000
Income			
Registration	10,729	10,770	41
Dividend Income	263	257	(6)
Bank & Deposit Interest	10	117	107
Other Income	10	10	0
Total Income	11,012	11,154	142
Expenditure			
CEO's Office			
CEO	331	248	83
Governance	706	658	48
Total CEO's Office	1,036	906	131
Regulatory Strategy			
Director of Regulatory Strategy	113	112	1
Policy & Standards	471	488	(17)
Communications	298	291	7
Education & CPD Operations	764	725	39
Education & CPD Development	275	252	23
Total Regulatory Strategy	1,921	1,868	53
Regulatory Operations			
Director of Regulatory Operation	132	132	0
Case Progression	2,221	2,279	(58)
Legal	213	209	4
Hearings	1,338	1,583	(245)
Total Regulatory Operations	3,904	4,202	(299)
Corporate Services			
Director of Corporate Services	122	116	6
Facilities	1,135	1,138	(3)
Human Resources	511	463	48
Finance	505	542	(37)
Registration	614	699	(85)
Total Corporate Services	2,887	2,959	(72)

Income and Expenditure Accounts Q1 Yr. Forecast (Contd.)

	Year 1		
	2023-24		
	Budget	Q1 Forecast	variance
	£'000	£'000	£'000
IT (BAU)	1,062	996	65
Depreciation & Amortisation	143	147	(4)
Total Expenditure	10,952	11,077	(125)
Surplus / (Deficit) before reserve expenditure	60	77	17
Reserve Expenditure			
Education Strategic Review project	372	361	10
IT Strategy Project	419	253	166
Change	562	565	(3)
Call for Evidence Research	0	50	(50)
Potential Projects*	150	100	50
Complex Legal Cases	200	151	49
Project Depreciation & Amortisation	101	81	20
Case Management System Project	10	9	1
Total Reserve expenditure	1,814	1,571	244
Surplus / (Deficit) after reserve expenditure	(1,754)	(1,494)	261
Unrealised Investment gains	275	79	(196)
Surplus / (Deficit)	(1,479)	(1,415)	65

* Potential Projects – Funds earmarked for future projects not yet planned; authorisation required to release funding.

Income & Expenditure Forecast - by Category

	2023-24		
	Budget	Q1 Forecast	Variance
	£'000	£'000	£'000
Income			
Registration	10,729	10,770	41
Dividend Income	263	257	(6)
Bank & Deposit Interest	10	117	107
Other Income	10	10	0
Total Income	11,012	11,154	142
Expenditure			
Staff Salaries Costs	6,180	6,241	(61)
Other Staff Costs	318	295	23
Staff Benefits	49	23	26
Members Costs	1,315	1,471	(156)
Professional Fees	708	771	(63)
Finance Costs	94	101	(8)
Case Progression	994	1,024	(30)
Hearings	286	309	(23)
CPD & Standards	114	112	2
Communications	54	48	6
Registration	19	18	1
IT Costs	1,039	829	210
Office Services	1,040	1,001	39
Other Costs	162	77	85
Depreciation & Amortisation	244	228	16
Upcoming Projects	150	100	50
Total Expenditure	12,766	12,648	119
Surplus / Deficit	(1,754)	(1,494)	261
Unrealised Investment gains	275	79	(196)
Surplus / (Deficit)	(1,479)	(1,415)	65

Assumptions

Income

- 80% of new registrants would be transfers and 20% would be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- There is a risk of volatility of 9.2% of investment valuation.
- We have assumed that the portfolio will not have high volatility levels.

Expenditure - assumptions

- IT developments will be carried out as planned.
- There will be no new projects costing more than the potential earmarked project funding set aside in the Q1 forecast for future projects.
- There will be no high-value fixed asset purchases over the forecast values.
- Flexible and agile working will continue for staff, members, and panels.
- Governance
 - Committee meetings will be held remotely, saving expenses.
 - Council meetings will remain online, but at least two in person Council strategy days will be held face-to-face each year.
- Policy
 - Yr 1- Research budget will be spent to support strategy development.
 - Yr 1-The research into the statement on testing of sight may not happen if it cannot be delivered within a reasonable budget.
- Education
 - EVP and CPD auditor/reviewer training/workshop and other events may be face-to-face.
 - EVP member fees - Piloting of new QAEM methods and other development work requiring EVP input.
- ESR project
 - It will be absorbed into BAU work at the end of 2023/24.
- Case Progression
 - FTC extensions to support project work (improvement programme and CMS project) until December 2023. The vacant head of role will be recruited in November 2023 and the vacant lawyer in January 2024.
 - Legal case volumes will stay as planned, with CE case levels around 160 in Yr 1.
 - External legal fees – The in-house legal resources will not be impacted further meaning we can keep the majority of investigations in-house with advocacy and complex matters being dealt with externally.
 - Staffing increase required due to the projection that referral levels, investigations being opened and referral rate to Hearings are likely to remain at previous levels. Following the introduction of our POD structure and in-house lawyers, our intention is for more investigations to be brought in-house rather than being sent to panel firms which results in additional

administration time from our officers and administrators to ensure that our matters are progressing in a timely way. Staff resource is also being utilised for project work, such as the Regulatory Operations improvement programme, and consideration is required on whether to continue to backfill position to support the design, development, and introduction of our new Case Management System with the Change Team (due for launch Sep 23).

- Hearings
 - Q1 - Forecast under the assumption that hearing days will now increase to 417 hearing days (from 350 hearing days)
 - Hearing panel fees –
 - Yr 1- Q1 Forecast - Under assumption hearing days will increase in 2023/24, based on number of hearing days already scheduled in Q2 &3 this year. 22 Cases disclosed in hearings against a projected 11 in Q1. Would expect to close all these by end of financial year, so increase in hearing days required.
 - Panel expenses
 - Yr 1 – 24% live, 76% remote
 - Clinical adviser needed for 10% of hearing days.
 - Legal adviser costs will incur for 20% of hearings.
- HR
 - There will be annual staff surveys.
 - Staff training - Assumption based on planned courses from performance review feedback and professional development requirements.
 - Insurance and staff benefit costs will fluctuate according to the number of headcount.
- Finance
 - No. of contracts reviewed by the contract legal firm will be as planned. This is a new contract and was difficult to forecast without trends.
 - There will not be an increase in the volume of unplanned member travel to the office, which will increase the tax costs.
 - Annual capital growth of investment portfolio will be 2.5% +2.5% in dividend income resulting in 5% total returns)
 - The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Facilities
 - Staff agile working will remain at similar levels to present. This will positively affect the office utility and other admin costs.
- Change
 - All current recruitment activity will continue made as planned
- Potential projects
 - This includes potential IT projects. £50k was since allocated to Call for Evidence research.
- MyGOC and CMS Projects
 - Both these are capital costs. Assume these will not be delayed as that will impact operations and finance projections.

Risks not covered in Q1

The one-off and recurrent cost of compliance with the Welsh language translation is being scoped and is not included in the above forecasts or budget. One-off translation costs to meet 6th Dec deadline are being funded from CEO contingency budget. Additional costs may be incurred in the areas of governance, Comms., and IT. We may request funds from the strategic reserve if necessary at a future date, once scoping is complete. In addition, there may be future ongoing costs which will need to be incorporated into future budgets.

Extra costs (holiday pay, Employer NI and PAYE, pension) related to Worker/member classification of the Hearings panel. This may cost about £73k p.a. We are observing the. NMC case before deciding.

Cash Drawdown Plan

In the event of us exhausting the annual renewal income received at the beginning of the year before the next renewal cycle, we will be drawing down cash from investments. These will happen if and when there is a large expenditure planned during Q3 and early Q4 before the renewal cycles bring the next batch of funds.

At the end of each renewal cycle, the HoF places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

As per the budget, we required £100k drawdown this year, which is a minimal amount, but the Q1 forecast doesn't require any additional investment drawdowns. The table below shows the history of drawdown plans. The plans/ forecasts get refined and more accurate over time.

2023-24 Cashflow forecast - updated in July'23

Month ending	Budget 2023-24													Year 1
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	
	Actual £'000's	Actual £'000's	Actual £'000's	Actual £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's	Q1 Forecast £'000's
Opening Balance	1,228	1,034	954	774	970	1,281	941	697	740	549	708	1,407	1,228	
Income														
Registration	76	3	52	101	70	63	49	49	49	313	1,704	8,545	11,073	
Dividend income	21	21	23	21	21	21	21	21	21	21	21	21	257	
FD intertest income	12	5	7	7	13	11	8	4	1	0	4	4	76	
Other	0	0	2	0	1	1	1	1	1	1	1	1	9	
Transfers from Deposit Account	400	800	1,000	900	1,250	1,100	800	1,000	950	750	0	0	8,950	
Transfers from Investment									0	0			0	
Total Cash Inflow	509	829	1,084	1,029	1,356	1,197	879	1,075	1,022	1,085	1,730	8,571	20,364	
Expenditure														
Staff payroll	298	292	295	296	316	322	326	329	324	322	322	323	3,764	
Council/Worker payroll	59	45	70	47	66	114	103	121	107	77	94	126	1,029	
HMRC	160	169	159	187	180	201	202	212	194	188	196	202	2,249	
Pension Contributions	1	62	60	64	54	55	56	56	55	55	55	55	629	
Rent and service charge			199			199			199			199	796	
Corporate credit cards	18	12	4	4	5	5	5	5	5	5	5	5	78	
Supplier payments	148	305	428	200	211	485	294	289	308	245	222	648	3,784	
Direct Debits	19	24	22	35	20	20	20	20	20	20	20	20	260	
Fixed assets	0	0	27	0	192	136	117	0	0	14	117	0	603	
Unplanned Future exp.													0	
Transfers to Deposit Account											0	7,600	7,600	
Total Cash outflow	703	909	1,264	833	1,045	1,537	1,123	1,032	1,212	926	1,031	9,179	20,793	
Net Cash in / (outflow)	(194)	(80)	(180)	196	311	(341)	(244)	43	(190)	159	699	(607)	(428)	
Closing Balance	1,034	954	774	970	1,281	941	697	740	549	708	1,407	800	800	
On Deposit														
Opening balance	8,950	8,550	7,750	6,750	5,850	4,600	3,500	2,700	1,700	750	0	0	8,950	
Deposited	0	0	0	0	0	0	0	0	0	0	0	7,600	7,600	
Withdrawn	(400)	(800)	(1,000)	(900)	(1,250)	(1,100)	(800)	(1,000)	(950)	(750)	0	0	(8,950)	
Closing Balance	8,550	7,750	6,750	5,850	4,600	3,500	2,700	1,700	750	0	0	7,600	7,600	
Brewin Dolphin Investment														
Opening balance	8,689	8,689	8,689	8,633	8,633	8,633	8,695	8,695	8,695	8,757	8,757	8,757	8,689	
Investment Gains	0	0	(49)	0	0	69	0	0	69	0	0	69	157	
BD charges			(7)			(7)			(7)			(7)	(28)	
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0	
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0	
Closing Balance	8,689	8,689	8,633	8,633	8,633	8,695	8,695	8,695	8,757	8,757	8,757	8,818	8,818	

Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2023 - 31 March 2024

Q1 report (1 April 2023 - 30 June 2023)		Q1	Q2	Q3	Q4	Measure	Q4 (22/23)
Finance							
1.1	BAU budget; operate within budget	+18%				Tolerance is ±10%	+6%
1.2	Reserves; operate within reserves policy	0%				Tolerance is ±10%	0%
1.3	Change team; operate within budget	+15%				Tolerance is ±10%	+1%
People							
2.1	Planned L&D events realised	100%				Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)	6%				Target is ≤17%	8.6%
2.3	Staff engagement (pulse survey):	37%				Target is to achieve an upward trend (Green is ≥70%)	37%
	a. % of staff who respond	81%					81%
Customer							
3.1	FOI requests resolved	100%				Target is ≥100% in 20 working days	98%
3.2	Corporate complaints (stage 2):	1				Target is ≥90% in 20 working days	1
	a. received	100%					100%
3.3	Customer satisfaction (TBC)	N/A				Target is ≥80% positive (TBC)	N/A
Regulatory functions							
4.1	Registration applications completed	98%				Target is ≥95% forms completed	98%
4.2	Registration accuracy	99%				Target is ≥95%	98%
4.3	Approved qualifications meeting new ETR	31%				Target is 100% by Sep 2025 ex. CoO	13%
4.4	Quality of GOC approved providers' CPD	95%				Target is ≥85% good or excellent	93%
4.5	Customers receiving an FtP update	95%				Target is ≥90% every 12 weeks	93%
4.6	FtP cases resolved (rolling median)	50%				Target is ≥60% within 78 weeks	54%
4.7	Hearings concluded first time	87%				Target is ≥90%	82%
4.8	Hearings dates utilised	87%				Target is ≥90%	89%
4.9	New investigations at representations	80%				Target is 80% within 40 weeks	87%

KPI	Current RAG status (why amber/red; when/how green)	Budget implications	Risks
<p>BAU budget; operate within budget – +18%</p> <p>Tolerance is $\pm 10\%$</p>	<p>Method of measure is variation of Net profit margin from budget to Q1.</p> <p>The high positive variance is mainly due to delays of operations and uncertainty of the timing of activities that depend on other events.</p> <p>The amber items below contributed (mainly) to the Budget KPI. Solutions to them will enable to change the RAG status on BAU budget.</p>	<p>No additional budget implications other than the KPI itself.</p> <p>The Q1 forecast has since completed, recalibrating the income and expenses, and agreeing the KPI for the year to that of the full years' budget.</p>	<p>Delays in operations would impact our cash draw-down plans. We will require more cash drawdowns if activities shift towards the “cash-poor months” £ (Nov-Jan.)</p> <p>Above risk was eliminated through Q1 forecast.</p>
<p>Change team; operate within budget – +15%</p> <p>Tolerance is $\pm 10\%$</p>	<p>Due to staff vacancies of the change team during Q1, there has been higher variance than the tolerance level.</p>	<p>There may be variances in 23/24 due to staff vacancies, but the Q1 forecast ensures that the approved budget for change programme will be met by the end of the programme.</p>	<p>None</p>
<p>FtP cases resolved (rolling median) – 50%</p> <p>Target is $\geq 60\%$ within 78 weeks</p>	<p>Strong start to new reporting period, with 30 closures in Q1 and 50% resolving within 78 weeks, with a median end-to-end time of 72 weeks (which is ahead of the 78-week median KPI). Although there is a slight dip of 4% in comparison to 22/23 end of year's position (54%), a considerable number of closures (10 cases) were legacy cases and older than two years. Although the position at the end of Q1 is 10% under target KPI, we expect to improve this position throughout this reporting period. This is because new cases are progressing swiftly, with cases reaching case examiner consideration quicker (47 weeks median time for decisions).</p> <p>84% of legacy cases are now past the CE stage and 61% of these cases are awaiting a FtPC hearing; 20% are yet to go to representations and these cases are closely scrutinised.</p> <p>An increased number of cases were disclosed on hearings in Q1 and the residual legacy stage 3 caseload is a priority to progress to disclosure in Q2.</p>	<p>N/A</p>	<p>PSA standard 15</p> <p>Resource implications for supporting key projects (including CMS and AV testing) and unexpected absences</p>

<p>Hearings concluded first time – 87%</p> <p>Target is ≥90%</p>	<p>2 hearings out of 15 listed in Q1 started and did not conclude first time. These went part-heard due to insufficient time.</p> <p>We are looking at all cases on an individual basis to ensure they have the appropriate time listed going forward.</p>	<p>Will need 2 more resuming hearings plus transcripts</p>	<p>Will impact end to end time</p>
<p>Hearings dates utilised – 87%</p> <p>Target is ≥90%</p>	<p>112 hearing days in Q1 and 15 of those were lost as a result of hearings finishing early or getting adjourned on day 1. We'll consider each listing on a case-by-case basis to ensure the appropriate number of days are listed.</p> <p>We can also consider more options on how to make better use of lost hearing days to ensure better utilisation.</p>	<p>Hearings that finish early are good for timeliness, however, it also raises the number of lost days.</p> <p>We do have the cancellation policy in place to ensure any long running hearings have their losses capped.</p>	<p>By listing additional hearing days, we decrease the risk of cases going part-heard but we increase the number of unutilised days.</p>

GOC internal business plan - 2023/24

Exceptions Report - Q1 update

All **critical and essential** Q1 activities are ON TRACK for the following business areas:

Case Progression
Facilities
Legal
CPD

Legislative Reform
Hearings,
Finance
Education

Policy & Standards
P&C
Registration

The following slides describe critical and essential Q1 activities that are OFF TRACK (amber or red) with commentary

Comms

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Supporting the "State of the Nation" research and eventual report with effective communications	Strategic Project	Q1-Q4	● Essential	- Communications delivered in timely manner - Report published in 2024	N/A	This is no longer part of strategy development, but comms will continue to support strategy work

Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Implementation of customer care strategy and associated delivery (extends to 24/25)	Continuous Improvement	Q1-Q4	● Essential	- Delivery of projects as described in agreed project plans - Implement whole organisation approach to excellent customer care, including improved customer analytics and performance data - Achieve external recognition (Customer Service Charter Mark) for enhanced customer service		Why amber/red: Extended timelines for submission to Customer Care Excellence standard following informal feedback from assessors. Assessment due in Q2 How we will get back to green: Plan in place for accreditation. Constant monitoring on training elements, which are now completed and ready for handover to L&D project for inclusion in training package

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Support the business (Registration) to retender then implement the new MyGOC portal	Strategic Project	Q1-Q4	● Essential	Q1 Complete new specification to include revised processes and user stories based on recent review. Q2 – Undertake tendering process to identify a new supplier to build our new MyGOC. Q3 onwards – Select new supplier who will build a new solution, ready for testing and go live.		<p>Why amber/red: Original business plan was documented before firm proposals and budget was put in place.</p> <p>How we will get back to green: Since then, there has been a comprehensive business case approved by SMT with consequential Council budget approval with an achievable plan in place, aiming for live in Q3 2024-2025. Amber recognises this change in approach but from here we will work to the new project plan and success measures, then compare progress against the new plan.</p>
Quarterly Vulnerability Scanning & remediation	BAU	Q1-Q4	● Essential	Scoring Matrix to cover these areas (if using same product): - Overall score /100 - E-mail Gateway /100 - Web Gateway /100 - Endpoint Security /100 - Lateral Movement /100		<p>Why amber/red: IT Managed Services Contract commenced with our new Managed Services Supplier (MSP) in June when original plan was for it to be live by April. Consequently, this activity did not take place in Q1.</p> <p>How we will get back to green: This activity is on track to commence in Q3 though different tools are in use now so different metrics may be provided. The GOC received compensation from our new MSP so we were not materially affected by the delay.</p>

Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Compliance with GDPR requirements	BAU	Q1-Q4	● Critical	- All GDPR processes are managed in line with the policies and required timeframes - Performance is consistently measured and reported to SIRO; no major data breaches require a report to the ICO		Why amber/red: Seven breaches reported to the ICO in June and July 2023. Serious incident management process put in place for two weeks. How we will get back to green: Formal investigation underway. Outcome will result in action plan for Council approval. In the meantime, interim process is in place, and additional training is being considered.
Equality, Diversity, & Inclusion Strategy	BAU	Q1-Q4	● Essential	- ≥80% delivery against EDI action plan - Members, workers and employees clearly engaged in EDI considerations across decision making, policy development and strategic governance		Why amber/red: EDI manager role currently out to recruitment. Action plan requires review following appointment. How we will get back to green: EDI manager appointed and action plan reviewed.
Welsh Language Standards	Continuous Improvement Project	Q1-Q4	● Essential	Engage with relevant services to ensure the GOC is prepared to implement and be compliant with Welsh Language Standards) including Communications, FTP, Registration, IT, and other services as needed. Q1 - Project scoped Q2-Q3 - Concept and design stages Q4 - Handover to BAU		Why amber/red: Work has not progressed at the pace required in Q1 23-24 due to capacity. How we will get back to green: August will include sprint activity and additional resource allocated to get implementation progressed. Engagement with directorates is underway and risk has been escalated to the corporate risk register as of August 2023.

PUBLIC COUNCIL

Report from the Chair of Council

Meeting: 27 September 2023

Status: For noting

Lead responsibility & paper author: Dr Anne Wright (Chair of Council)

Introduction

1. This report covers my principal activities since the last Council meeting on 28 June 2023.
2. On 31 August 2023, we were delighted to welcome ten new Dispensing Opticians who were appointed to our Hearings Panel.
3. In addition, we welcomed new members to our Investigation Committee in mid-September 2023.

Management

4. I have had weekly catch-up meetings with the Chief Executive and Registrar (CE&R) and the Head of Governance. I have had pre-briefing meetings and received briefings from members of the Senior Management Team (SMT), Leadership Team (LT), Regulatory Strategy, Communications and Governance Teams on a range of priorities.
5. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues. I had an introductory meeting with our new Equality, Diversity & Inclusion (EDI) Manager, Jem Nash on 21 September 2023.

Council and Committees

6. I attended the Audit, Risk and Finance Committee (ARC) meeting on 11 July 2023, and part of the ARC meeting on 5 September 2023. I chaired the Nominations Committee meeting on 12 September 2023.

7. I have held fortnightly meetings with our Senior Council Member (SCM), Clare Minchington. I have chaired regular informal Council Catch Up sessions including the sessions held on 11 July 2023 and on 05 September 2023.
8. On the 17 July 2023, I conducted an end of year review meeting with Nick Yeo, the independent member of the Nominations Committee.

Stakeholders

9. 10 July 2023: attended Chairs' Roundtable with fellow Chairs of the professional health regulators organised and hosted by the Professional Standards Authority (PSA).
10. 13 July 2023: attended the College of Optometrists (COO) President's Dinner. The dinner provided an informal opportunity to discuss how to best utilise multi-professional collaboration to improve eye health outcomes and patient experience across the full range of patient pathways.
11. 05 September 2023: participated in patient safety workshop on consent organised by the Chair of the Health and Care Professions Council (HCPC) with other health professional regulator chairs and representatives of other health sector bodies.

Council Member meetings with stakeholders

12. 19 July 2023: SCM, Clare Minchington attended the School of Vision and Optical Sciences for a tour hosted by Professor of Clinical Vision Sciences at Cardiff University, John Wild.

COUNCIL

Chief Executive & Registrar's Report

Meeting: 27 September 2023

Status: For noting

Lead responsibility & paper author: Leonie Milliner (Chief Executive & Registrar)

Council Lead(s): Dr Anne Wright CBE

Purpose

1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

Recommendations

2. Council is asked to note the Chief Executive and Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our strategic plan and our 2023/2024 business plan.

Background

4. The last report to Council was provided for its public meeting on 28 June 2023.

Analysis

5. I will start my report by paying tribute to the former Chair of the General Medical Council (GMC), Dame Clare Marx, who sadly passed away in November last year. On behalf of the GOC, I attended a celebration of the life of Dame Clare Marx at the Wellcome Trust on the 5 September 2023, where it was clear Dame Clare Marx left a profound legacy not only as the first woman to chair the GMC, but right across the medical professions and health service.
6. Since Council last met, I am delighted to announce the GOC's 65th Anniversary which was on 7 July 2023, marked by a publication of a blog describing the GOC's history, and related social media posts. I am also pleased to welcome six new starters to the GOC, Richard Calver, education specialist; Catherine McCargo, Administrator (Regulatory Operations); Emilio Escobar, Head of

Programmes; Jem Nash, Equality, Diversity & Inclusion (EDI) Manager; Anne Oatley, Archiving Assistant; and Agnes Wanjiru, Administrator (Regulatory Operations). I would like to thank the employees who have departed the GOC since the last report, including Lizeth Ospina, Administrator (Regulatory Operations); Joy Bolt, Continuing Professional Development (CPD) Manager; Phil Ryan, Head of Programmes; David Reeder, Head of Casework Operations; Olusuen Oliyinka, Finance Officer; Lee Wood, Hearing and Scheduling Officer; Simran Bhogal, Project Manager; Jenny Hazell, Governance and Compliance Manager; Tabinda Kiani, Operations Manager (Investigations); and Paola Piredda, Registration Officer. We wish them well for the future.

7. An equality, diversity, and inclusion (EDI) workshop was held on 27 June 2023, directly after the Strictly Confidential Council meeting. The workshop, provided by an organisation called Inclusive Employers, was attended by all GOC Council members, Council associates and the senior management team (SMT). The workshop focused on inclusive leadership, the behaviours and importance of active role modelling and 'mirror holding' to understand blind spots and privilege, and the value of being an inclusion ally.
8. I continue to hold weekly meetings with the Chair of Council, Head of Governance and each member of the SMT, and monthly meetings with the Head of Finance. I chaired three monthly all-staff meetings, and fortnightly meetings of SMT, as well as attending monthly Risk Register meetings, chaired by the Director of Corporate Services and monthly Leadership Team (LT) meetings (with a rotational chair). I chaired a series of finance Q1 reforecast review meetings, which included the Director of Corporate Services, Head of Finance and relevant head of service. I meet monthly with all newly appointed GOC employees, and on 21 September 2023 I attended an internal all-staff workshop to consider the outcome of the standards review engagement. Plans are progressing for our staff Christmas lunch on 14 December, which will be preceded by an in-person all-staff facilitated event at our offices in Old Bailey.
9. Since Council last met, I have also held two catch-up meetings with Senior Council member Clare Minchington; a catch-up meeting with independent Remuneration Committee member Nigel Sully; and a catch-up meeting with Council member Sinead Burns.
10. I attended two Council catch-up sessions on 11 July and 5 September; the Audit, Risk and Finance Committee (ARC) meetings on 11 July 2023 and on 5 September 2023; and the Nominations Committee meeting on 12 September 2023.
11. To support the development of our Council associates, I held a briefing session on 16 August 2023 led by Council member, Ken Gill, and the Head of Finance to discuss GOC's annual financial reports and accounts. I also attended the

induction training for the ten newly appointed dispensing optician (DO) members of the hearings panel on 7 September 2023 and provided an overview of the GOC's mission, purpose and strategic objectives. I also attended the annual Fitness to Practise (FtP) Chairs' briefing session on 14 September 2023 and panel training on 15 September 2023.

12. Internal meetings with relevant staff consisted of the GOC future office accommodation (FOA) design principles workshop on 4 July 2023, and two FOA project board meetings on 9 August 2023, and 20 September 2023. I attended a quarterly Strategic Change Board (SCB) meeting on 9 August 2023 and a People Plan Programme Board meeting on 15 August 2023.
13. I participated in an Anti-Racism Group Committee meeting on 7 July 2023 which was chaired by the GOC Investigation Officer, Nkiruka Umeh and on 3 August 2023 I joined a Time to Talk Mental Health Special hosted by the GOC's Head of People & Culture; Head of Case Progression; and Head of Customer Experience Development. In this session we looked at what Mental Health First Aiders do, what resources are available to help staff with mental health and in addition, it provided some time to talk about and discuss mental health and wellbeing.

Change Directorate

Change Management Office (CMO)

14. The CMO continues to deliver at pace its planned programme of strategic projects. As noted at ARC meeting held on 5th September, since May 2023 we have 3 members of the team have left the GOC due to external promotions; our Communication & Engagement Manager, Head of Programmes, and a Project Manager. We have also recruited a senior digital project manager to bolster the increased activities as part of digital projects delivery.
15. Our new Head of Programmes, Emilio Escobar, started on 11 September, to ensure continuity of delivery as the majority of the projects move into the delivery phase.
16. The previous Communication & Engagement Manager, whilst serving a relatively short time in the role, took rapid action in supporting project managers with stakeholder analysis for their projects and developing subsequent individual plans to be enacted accordingly. This work continues, with the project managers leading on their individual areas. Project managers have also been combining engagement where there is synergy and dependencies, to both provide a more joined up approach, as well as to reduce the burden of frequent multiple engagement with the same group of staff.

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17. Where risk remains high in relation to strategic project communications and engagement activity, project managers are working closely with colleagues within the communications team, especially for projects which intend to deliver organisation-wide benefits, as these tend to be more sensitive with high impact.
18. For the purpose of this paper, I will highlight three project areas:
19. **CMS project** continues to enact development phase activities. Sprint 1 focused on the build of the triage function. This has now been completed including a week of testing by the triage team. Tests have revealed some areas for further refining, and these are being managed accordingly. Investigation sprint began on 17 July and is well under way with full participation from the team. Collaboration between project and the team remains high, with full engagement from business areas.
20. **MyGOC**: following the submission of an outline business case to SMT on 15th June and subsequently to Council on 27th June, funding for MyGOC and tender route were approved.
21. Since then, the Expression of Interest phase has been completed with 18 expressions submitted. These are being evaluated by the procurement working group, with the outcome reported to those expressing an interest on 24th August.
22. The Invitation to Tender (ITT) has subsequently been sent out, including the addition of draft legal contracts. The ITT closes on 25th September.
23. **Learning and development** encompasses the upskilling of staff, workers, and members across the whole organisation. The People Plan Programme Board met in August and reviewed the scope of the training offer for staff and the balance between mandatory 'core' training, some of which must be repeated on an annual basis, 'on the job' coaching and workplace shadowing, and formal external professional development opportunities. This followed a comprehensive review of staff learning needs identified through appraisal information, as well as detailed engagement with staff and managers on their training and professional development requirements. A similar review will now be carried out to ascertain the mandatory training needs of workers and members (as part of the member support review). There is already work underway developing an engagement plan to support the implementation and to ensure staff are fully aware of the offers and the processes for accessing them. This will include redevelopment of the IRIS pages.

IT

24. There has been minimal disruption following the transition of our IT Managed Services from Celerity to Rock in June. Feedback from staff so far indicate an appreciation for the enhanced technical expertise they have experienced through

their interaction with Rock. The highest scores have been on speed of response, directly as a result of Rock providing 24/7 support.

Corporate Services

Facilities

25. We have nearly completed the annual process of reviewing our people's Display Screen Equipment (DSE) and home working assessments, final reminders are being issued individually. During the process, we ensure that any staff members who require additional equipment and/or furniture are provided with the items needed. This year we also included a wellbeing questionnaire, including questions around the level of support GOC provides on mental health, physical wellbeing, and healthy eating. The People and Culture team are leading on this campaign, using the feedback to determine next steps.

People and Culture

26. On 1 July 2023 we launched our new Reward and Recognition Policy, following a detailed consultation with our employees and review by our Policy Review Group. We also published our new pay scales which have been benchmarked with the regulatory sector. Following the introduction of the new policy and pay scales SMT conducted a review of staff salaries and made consequential adjustments to pay for about one third of our employees, in accordance with the new policy and pay scales and transitional criteria approved by SMT. In addition, we developed and prepared a new web page and process for the new recognition element of the policy. This was launched to employees in August 2023.
27. We have been focusing on learning and development and arranged a number of training courses to support employees, including an introduction to management for new managers and excel training. As part of the People Plan Programme Board and member support review, we have been working to identify all mandatory training that is required across the GOC for employees, workers, and members. A business objectives review framework has been developed for employee mid-year (Oct 2023) and end of year (April-May 2024) reviews. In addition, we are setting up a working group to develop our new Knowledge Skills and Behaviours Framework and have developed a detailed project plan to outline the key stages of the project over the next 12 months.
28. We have developed a first draft of an interim People Plan to support our fit for the future Strategic plan and are in consultation with other employees to ensure that it is fit for purpose and covers all staff including employees, workers, and members. We hope to have this approved and published soon.

Registration

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29. The annual renewal of registration for student registrants commenced on 30 May and closed on 31 August. Overall, 95% of students renewed their registration and paid the renewal fee. This is in line with previous years, with a slight increase on the 94% seen in the past two years.
30. Levels of interest in joining our register from applicants who qualified overseas continues to be high. Numbers of applications are on track to exceed the 350 received in 2022, which was double the number received in 2021. To help us manage the increased workload, five new non-UK assessors have been appointed and are undergoing training.
31. This time of year, sees new students applying to register for the first time. Indications from education providers show us that numbers remain in line with previous years intakes, and we expect to receive around 1,500 applications before the end of October.

Regulatory Operations

32. It has been a very busy period across the directorate with the external promotion of two business-critical operational leaders, David and Tabinda, and we are grateful to colleagues from the Change team who stepped in to provide support and cover during this period. Interim measures have been put in place while a review of the resource structure is underway, with the intention to recruit externally at the beginning of Q4.
33. We continue to sustain and further improve the time it takes us to resolve investigations and minimise delay for registrants and as we approach the midway point of our Improvement Programme 2.0, we are taking the opportunity to review and reprioritise our targeted activity for the rest of the programme. Despite a hold on some of the workstreams due to resource challenges, we continue to see progress in some key areas, for example 54 per cent of our investigations are now reaching representation stage in 30 weeks, a 10-percentage point improvement since the start of the year and for the same period, we've seen the median time for all case closures from the date of complaint reduce by 18 weeks, to 58 weeks within the first three months of the year. We must anticipate some continued fluctuation with this measure, but indications remain positive.
34. We have noted this year a significant increase in the average length of our hearings, almost doubling year on year. This strongly reflects the output from the work done to remove concerns that no longer meet the regulatory threshold from formal proceedings but does have an impact on cost and our ability to multi schedule future hearings. In spite of our best efforts, and sustained improvement, we are noticing an increase in the number of cases not concluding within the

allotted time and if not contained, will have a detrimental impact on the achievements so far.

35. Council may be aware of a recent successful High Court appeal against the decision of a Fitness to Practise Committee. The issue related to the management of conflicts and while there was no suggestion of actual bias within the committee decision making, the ruling highlighted the unequivocal need for greater scrutiny and management of all conflicts - actual, potential, and perceived. While the facts and outcome are specific to the nuances of this set of circumstances, alongside the tightening of our own internal processes, we have proactively shared these findings with all committee members and GOC legal assessors to remind all hearing participants of the shared responsibility we hold to ensure the integrity of the hearing function is not open to criticism.

Regulatory Strategy

Standards Review

36. Since the last Council meeting in June 2023, we have undertaken a range of activities to support the Standards Review, including the following:
- delivered conversations with representative bodies and registrants on two key topics (technology, AI and digital literacy and maintaining professional boundaries);
 - presented to CPD Providers, to give providers an overview of our plans for the review and an update on what we heard during the stakeholder conversations;
 - presented at the Annual Committee Member Training Day, to give committee members an overview of our plans for the review and an update on what we heard during the stakeholder conversations;
 - presented to GOC staff, to give staff an update on what we heard during the stakeholder conversations;
 - provided an update on the review via a second blog post; and
 - appointed a research agency to undertake a piece of patient and public research. We have attended weekly meetings with the research team and provided advice and guidance, as necessary.
37. We also examined the Registrant Survey 2023 to identify any issues which may need to be considered as part of the review. We noted the significant number of registrants who had experienced harassment, bullying or abuse in the workplace, or learning environment. We included data from the Registrant Survey in the stimulus material for the conversation on maintaining professional boundaries.
38. Our priorities for the coming months will be to reflect on what we have heard from the stakeholder conversations, other engagement events and the patient and public research, to inform our draft revisions to the standards. We will also begin

preparations for the consultation in early 2024. Council will discuss the standards and draft consultation document at its meeting in December.

Legislative reform

Call for evidence and associated policies – next steps

39. At the last Council meeting, Council agreed a plan for taking forward commitments made following our analysis of responses to the 2022 Call for Evidence. That paper identified six different work streams arising from those commitments. Since that meeting, we have taken forward several work streams in line with the timetable set out in that paper.
40. One work stream focusses on updating our 2013 statement on the testing of sight. There is stakeholder concern that some sight test models which are separated by time, place or person may not adequately protect the public. As a healthcare regulator, our overriding consideration is public protection, patient safety and upholding public confidence in the professions we regulate. At its last meeting Council agreed that further research is needed to understand more about the separation of elements of the sight test by time, place, or person and whether this separation has adverse impacts on public protection or patient safety. Council approved additional expenditure of £50,000 from the strategic reserves for the costs of this research and agreed that the business case and invitation to tender could be signed off by the Chief Executive and Registrar, in consultation with the Council lead for legislative reform.
41. Since the last Council meeting, we have sought advice from our networks, including representatives from the professional bodies, on how to shape and deliver this research considering factors like resources and timescales, to inform an invitation to tender exercise.
42. Following those conversations, we will progress this research by commissioning an external research agency to develop a risk-based framework that will explore the differing risks arising from separation of elements of the sight test by time, place or person on public protection or patient safety. We acknowledge that there is no 'single model' of a sight test and the risk-based model will need to take this into account but think it is possible to define what constitutes a 'safe' sight test. A second element of the brief will invite agencies to propose how the GOC might test the risk-based framework in a real-world setting.
43. We are preparing an invitation to tender for this work. Commissioning in line with our newly agreed procurement and contracts policy, we expect to bring the outcome of this research to Council in March 2024.
44. We have also made progress in relation to the other key work streams. Since the last Council meeting, we advertised for an additional policy manager on a fixed

term contract to develop a new model of business regulation. Unfortunately, this campaign was unsuccessful, and we are reviewing options.

45. On 29 August we launched a [consultation](#) on a statement on the verification of contact lens specifications and a definition of aftercare. This consultation is the first of five consultations scheduled to take place over the next 18 to 21 months taking forward the recommendations from the Call for Evidence. The consultation seeks stakeholder views on a statement which sets out the following positions:
- verification of a copy of a contact lens specification is no longer necessary, provided that the specification is clear, does not contain any obvious errors and has not obviously been tampered with; and
 - a definition of aftercare should be provided that gives sufficient detail to ensure the public is protected.
46. The consultation closes on 24 October, and we hope to present the findings to Council in December, depending on the number and breadth of responses.

DHSC-led reforms

47. In August we responded to a request from The Department of Health and Social Care (DHSC) for comments on the latest version of the Anaesthesia Associates and Physician Associates Order, after engaging with Council on our response. We identified that we were content with the drafting. We continue to engage positively with DHSC and are awaiting updates on the progress of this order and legislative reform programme more broadly.

Communications and Parliamentary Engagement

48. I attended the All-Party Parliamentary Group (APPG) for Eye Health and Visual Impairment, chaired by Marsha De Cordova MP in July. Topics discussed included the impact of sight loss on mental health and research on trials of low vision services.
49. I, together with our Head of People and Culture, met with Charles Colquhoun, Chief Executive of the Thomas Pocklington Trust. The charity supports blind and partially sighted people across the UK, focusing on education, employment, and engagement. We discussed how the GOC could support the Trust's work, possibly through an internship for a blind or partially sighted individual which would be supported by or facilitated through the Trust, starting in January 2023.
50. We attended the DHSC roundtable on special schools eye services. Following this, the DHSC announced their plans to extend the Special Schools Eye Care Service (SSECS) to all special schools in England on 19 June 2023. We are preparing a response to the NHS England engagement exercise on how the proposed model will operate focusing on the regulatory dimensions.

Education

51. Since 1 April 2023 we have undertaken five quality assurance visits, three of which were virtual and two were in-person. We continue to review whether visits should be taken in-person or virtually on a provider-by-provider basis.
52. Twelve GOC-approved qualifications have adapted to the new education and training requirements, all of which are admitting students into year one from September/October 2023. Of the 12 qualifications noted, eight are optometry, three are dispensing optics and one is independent prescribing for optometrists.
53. One further notification of adaptation has been received. We continue to work with providers to ensure we are aware of their proposed plans for adaptation, and to ensure we are sufficiently resourced to manage their notification to adapt.
54. In July, we launched a consultation on managing applications for GOC registration from optical professionals who have qualified outside of the UK or Switzerland. The consultation seeks views on a revised approach to managing international registration applications to ensure these systems are aligned with our new education and training requirements. The consultation closes on 4 October 2023.
55. In June 2023, we launched the first CPD provider audit and registrant review process. The audits and reviews take place over a six-week period and are designed to provide supportive feedback to providers and registrants to help them meet our standards and CPD requirements.
56. A rapid review of the first 18 months of the new CPD cycle has taken place. The review sought to understand whether the new CPD scheme is meeting the objectives of reform, if it has been well received, and provides an opportunity to provide further guidance or enact changes where necessary. It will also feed into the analysis for any change to the 2025-2027 CPD cycle.

Governance

57. The Governance team has been supporting several member recruitment activities over the summer, including vacancies for Hearing Panel and Investigation Committee. It has also been involved in developing plans for the forthcoming registrant Council member recruitment. These plans were approved by Nomination Committee on 12 September 2023 and the campaign will commence in autumn 2023.

58. The team continues to develop its member support review, which is the key priority for the wider governance review work in 2023/24. This is considering the various ways we support members in their duties, from induction, day-to-day support, training, and IT. Council will be briefed at a future Council catch-up on the next stages of this work, including how we intend to engage them in the process and gather their feedback.
59. An internal audit into the organisation's compliance with the Charity Governance Code received an audit opinion of "substantial assurance." This represents a key assurance on the work that has been undertaken by the executive and members as part of the Council's self-assessment. The self-assessment activity will be repeated this December as part of Council's annual requirements.
60. Production of the "governance manual" and related pages on the public website have been delayed due to a reprioritisation of work within the team. These will be delivered before the end of the year to support the other governance review work that is underway.

Equality Diversity and Inclusion (EDI)

61. We have published our annual Gender Pay Gap Report [here](#). The GOC employs less than 250 employees and so we are not required to publish our gender pay gap data. However, as part of our commitment to equality, diversity, and inclusion (EDI) we have chosen to publish our data on an annual basis with a snapshot date of 5 April 2022.
62. Our results show the GOC workforce is predominantly female and this year there has been rise in our mean gender pay gap and a reduction in the median gender pay gap. Both are well within industry norms for the regulatory and charity sector.
63. The Welsh Language Commissioner issued the GOC with a compliance notice in June 2023, as set out in the previous Chief Executive report to Council. Implementation of the new Welsh Language Standards is now progressing, with the translation of several public-facing documents into Welsh. We will be running training for staff to promote the new standards and help them understand our new responsibilities in this area.
64. We have commissioned an external EDI review of our progress against our current EDI action plan, which will commence in October 2023. This review will be undertaken by an external EDI consultant and managed by our EDI manager. The review will include a 'temperature check' of progress against the original recommendations made in the 2019 internal review of EDI, which evolved into our current EDI action plan, as set out in the EDI annual report elsewhere in this agenda. The review will look at our EDI activity and culture more broadly, and will

assist us in making a secure transition to the new PSA evidence framework, supporting achievement of standard 3 of the PSA's Standards of Good Regulation. It will also help us lay a firm foundation for the development of our new EDI strategy for 2025-30.

65. We submitted a nomination to the Employers Network for Equality and Inclusion to be considered as best improved workplace relating to Equality Diversity and Inclusion. We will hear if we have been successful later in the year.

External stakeholder engagement

66. Since the last Public Council meeting on 28 June 2023, I have attended the following external meetings and engagements:
- 29 June 2023: Advisory Committee on Degree Awarding Powers (ACDAP) organised by the Quality Assurance Agency (QAA) and including the relevant sector bodies.
 - 30 June 2023: Chief Executives of Health & Social Care Regulators Steering Group (CESG) meeting.
 - 3 July 2023: Meeting with Chief Executive, Alan Clamp of the Professional Standards Authority (PSA).
 - 5 July 2023: All-Party Parliamentary Group (APPG) on Eye Health and Visual Impairment 'The Emotional Impact of Sight Loss' Chaired by Member of Parliament (MP), Marsha de Cordova.
 - 2 August 2023: Introductory meeting with Health and Care Professions Council (HPC) new Chief Executive, Bernie O'Reilly.
 - 4 August 2023: Sector Strategic Implementation Steering Group (SSISG)
 - 7 August 2023: COO Chief Executive, Ian Humphreys quarterly 1:1 meeting.
 - 7 August 2023: Royal Academy of Dramatic Art (RADA) Learning and Development/Exploratory meeting with RADA Business Senior Client Managers, Katie Lightfoot, and Alice Landman.
 - 8 August 2023: Thomas Pocklington Trust (TPT) meeting with TPT Chief Executive Officer, Charles Colquhoun and TPT Director of Partnerships, Cathy Low.
 - 29 August 2023: Q&A Sessions with Head of Internships, Joshua Feehan at Thomas Pocklington Trust regarding internship possibilities.
 - 30 August 2023: Chief Executives of Regulatory Bodies (CEORB) meeting organised by General Dental Council (GDC) with the relevant sector bodies.

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- 5 September 2023: Dame Clare Marx Memorial Event, joined for a special evening to remember and celebrate the life of Dame Clare Marx, former Chair of GMC.
- 11 September 2023: Catch up meeting with Chief Executive and Registrar, Nick Jones from General Chiropractic Council (GCC).
- 13 September 2023: Breakfast with Chief Executive and Chief Ombudsman at the Financial Ombudsman Service, Abby Thomas. The topic was entitled 'Bridging the sectors, transforming & innovating for consumer, business, and public sector success.'
- 13 September 2023: Pension Awareness 2023: Gender Gap In Pension Saving (How can women make more of their pension?) hosted by the Pension Awareness team.
- 25 September 2023: Optical Sector CEO meeting with the relevant sector bodies.

67. A range of other engagements by Directors are listed in annex one.

Finance

68. This paper requires no decisions and so has no financial implications.

Risks

69. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

70. No impact assessment has been completed as this paper does not propose any new policy or process

Devolved nations

71. We continue to engage with all four nations across a wide range of issues.

Other Impacts

72. No other impacts have been identified.

Communications

External communications

73. This report will be made available on our website, but there are no further communication plans.

Internal communications

74. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

75. There are no further steps required.

Attachment

Annex one - Directors' stakeholder meetings.

Annex 1 - Meetings/visits since last Council meeting

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations)	Steve Brooker Director of Regulatory Strategy
19.7.23 meeting with Director of Change & Continuous Improvement, NMC	5.7.23 meeting with Malcolm Brackley, Farebrother property consultants	13.07.23 PSA online policy forum on perspectives on discriminatory behaviours in health and care	3.7.23 Quarterly SSISG Funding Group – ETR funding issues
3.8.23 meeting with Head of Corporate Business Support & Development, GPhC	6.7.23 Risk Management training – Cordie Training	20.07.23 Defence Stakeholder Group meeting	4.7.23 Shift Insight – public engagement on Standards Review
4.9.23 Melanie Franklin, Change Management thought leader	7.7.23 meeting with Gurvinder Soomal, COO at GDC	13.09.23 Programme Board meeting –ITS (case management system)	5.7.23 Regulated Professions Advisory Forum – overseas trade
	7.7.23 meeting with Phillip Payne, Director Brewin Dolphin (investment managers)		5.7.23 National Optometric Advisers – regular catch-up
	8.8.23 meeting with Samantha Bache, Associate Director of Finance GDC		6.7.23 Technology and AI Standards Review conversation (x2 sessions)
	14.8.23 meeting with Kelly Reed, TIAA internal auditors		15.7.23 Ministerial roundtable on special school's service

<p>Philipsia Greenway Director of Change</p>	<p>Yeslin Gearty Director of Corporate Services</p>	<p>Dionne Spence Director of Regulatory Operations)</p>	<p>Steve Brooker Director of Regulatory Strategy</p>
			<p>20.7.23 College of Optometrists working group – presentation of evidence on workforce planning project by YHEC</p>
			<p>20.7.23 Maintaining professional boundaries Standards Review conversation (x2 sessions)</p>
			<p>20.7.23 DHSC Eye Health Forum</p>
			<p>27.7.23 AOP – regular catch-up</p>
			<p>27.7.23 Chief Executives of Regulatory Bodies (deputising for CEO&R)</p>
			<p>27.7.23 St James's - NHS 75th anniversary celebrations</p>
			<p>4.8.23 SSISG</p>
			<p>7.8.23 Nursing and Midwifery Council – Home Office child sexual abuse call for evidence</p>
			<p>9.8.23 DHSC – proposal for National Regulatory Depository</p>

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
			30.8.23 AOP, ABDO, College of Optometrists – research on separation of sight test by time, place, person
			30.8.23 National Optometric Advisers – regular catch-up
			8.9.23 Regulated Professions Advisory Forum – UK/India trade discussions
			8.9.23 Optical Sector Policy Forum
			13.9.23 National Optometric Advisers – regular catch-up
			14.9.23 College of Optometrists working group on workforce planning
			25.9.23 SPOKE/GOC catch-up

<p>Council Meeting (Strictly Confidential) 26 September 2023</p> <p>For decision</p> <ul style="list-style-type: none"> - GOC strategy 2025-30: approach to stakeholder engagement <p>For discussion</p> <ul style="list-style-type: none"> - Strategic risk discussion - Legislative / Regulatory Reform - Public perceptions survey - Registrant survey <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
<p>Council Meeting (Public) 27 September 2023</p> <p>For decision</p> <ul style="list-style-type: none"> - Annual report and financial statements 2022/23 - ARC annual report 2022/23 - Equality, Diversity and Inclusion annual report 2022/23 <p>For discussion</p> <ul style="list-style-type: none"> - Update on research on testing of sight - Registrant and public perception survey - GOC strategy 2025-30: stakeholder engagement - Q1 Financial performance report/Q1 forecast - Business performance dashboard Q1 - Business Plan Assurance Report Q1 <p>For noting</p> <ul style="list-style-type: none"> - Chair's report - Chief Executive and Registrar's report
<p>Council Catch-up 3 October 2023</p> <p>-</p>
<p>Council Strategy Day – 2 and 3 November 2023</p> <ul style="list-style-type: none"> - GOC strategy 2025-30: workshops to include: SWOT analysis; values and behaviours; mission and vision; horizon scanning and state of the nation; financial and digital strategy.
<p>Council Catch-up 14 November 2023</p> <p>-</p>
<p>Council Meeting (Strictly Confidential) 12 December 2023</p> <p>For decision</p> <ul style="list-style-type: none"> - GOC strategy 2025-30: key emerging themes/ strategic choices; potential presentations/ discussions with stakeholder groups <p>For discussion</p> <ul style="list-style-type: none"> - Strategic risk discussion - Legislative / Regulatory Reform <p>For noting</p> <ul style="list-style-type: none"> - Corporate Policies - Governance Review Progress Report - Committee updates - Council papers for the public session

<p>Council Meeting (Public) 13 December 2023</p> <p>For decision</p> <ul style="list-style-type: none"> - Registrant fees 24/25 - Reserves policy - Governance review update: member support review and Council member role profile <p>For discussion</p> <ul style="list-style-type: none"> - H&S assurance report - FTP Update - Council's self-assessment against the Charity Governance Code - Q2 Financial performance report/Q2 forecast - Business performance dashboard Q2 - Business Plan Assurance Report Q2 <p>For noting</p> <ul style="list-style-type: none"> - CEO / Chair Report - Advisory Panel minutes
<p>Council Catch-up 9 January 2024</p> <p>-</p>
<p>Council strategy day January 2024 (final date TBC)</p> <ul style="list-style-type: none"> - GOC strategy 2025-30: workshops to consider draft vision, mission, values and strategic objectives; EDI strategy; early draft financial, people and digital strategy.
<p>Council Catch-up 20 February 2024</p> <p>-</p>
<p>Council Meeting (Strictly Confidential) 12 March 2024</p> <p>For decision</p> <p>For discussion</p> <ul style="list-style-type: none"> - Strategic risk discussion - Legislative / Regulatory Reform <p>For noting</p> <ul style="list-style-type: none"> - Corporate Policies - Governance Review Progress Report - Committee updates - Council papers for the public session
<p>Council Meeting (Public) 13 March 2024</p> <p>For decision</p> <ul style="list-style-type: none"> - Member fees 24/25 - GOC strategy 2025-30: proposed vision, mission, values and strategic objectives; and EDI strategy for 2025-2030, in advance of public consultation. - Budget and business plan for 2023/24 <p>For discussion</p> <ul style="list-style-type: none"> - Q3 Financial performance report/Q1 forecast - Business performance dashboard Q3 - Business Plan Assurance Report Q3

For noting

- Chair / Chief Executive Report
- Committee updates

Previous meetings

Council Meeting (Strictly Confidential) 27 June 2023

For decision

- MyGOC: Outline Business Case

For discussion

- Strategic risk discussion
- GOC strategy 2025-30: shaping the future

For noting

- Committee updates
- Council papers for the public session

Council Meeting (Public) 28 June 2023

For decision

- GOC strategy 2025-30: laying the foundations
- Legislative Reform
- Internal investigation Policy
- Member fees 23/24
- Advice from Registration Committee: DBS checks for registrants

For discussion

- OCCS Annual Report
- Approved qualifications: AMR report
- PSA performance review
- Q4 financial and performance reports
- Balanced Scorecard
- Business Plan Assurance Report Q4

For noting

- Chair / CEO report
- Advisory Panel minutes

Council Catch-up 11 July 2023

- Education funding across the devolved nations
- PSA symposium on collaboration - feedback

Council Catch-up 5 September 2023

- **Developing the GOC strategy 2025-30: stakeholder engagement**
- **Regulation and workforce planning**
- Welsh language compliance update