

**General Optical Council Annual Report,  
Annual Fitness to Practise Report and  
Financial Statements for the  
Year Ended 31 March 2021**



**General Optical Council Annual Report,  
Annual Fitness to Practise Report and  
Financial Statements for the  
Year Ended 31 March 2021**

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

©Copyright 2021 General Optical Council

All rights reserved.

Any unauthorised commercial copying, hiring, lending or distributing is prohibited and without permission will constitute an infringement on copyright. Permission granted to reproduce for personal and educational use only.

If you have any questions about this document, please email [communications@optical.org](mailto:communications@optical.org) or phone us on 020 7580 3898.

You can also read this report on our website at

[www.optical.org/en/news\\_publications/publications/annual\\_reports\\_archive.cfm](http://www.optical.org/en/news_publications/publications/annual_reports_archive.cfm)

## Contents

Message from the Chair	1
Message from the Chief Executive	3
Introduction	5
Our Strategy and Performance	7
Performance Against our Strategic Objectives	8
Our Plans for 2020/21	22
Our Risks	25
Our People	26
Our Values	28
Our Structure, Governance and Management	29
Reference and Administrative Details	37
Our Fitness to Practise Report	39
Financial Review of the Year Ended 31 March 2021	48
Statement of Trustees' Responsibilities	50
Independent Auditor's Report to the Trustees of General Optical Council	51
Statement of Financial Activities for the Year Ended 31 March 2021	55
Balance Sheet for the Year Ended 31 March 2021	56
Cash Flow Statement for the Year Ended 31 March 2021	57
Notes to the Financial Accounts for the Year Ended 31 March 2021	58

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### MESSAGE FROM THE CHAIR

---

This is my first year as Chair and I am struck by the progress that has been made in relation to our strategic plan 'Fit for the Future' 2020-25 despite the pandemic and the disruption and additional workload it created. I commend our staff for their commitment and professionalism during such an unprecedented time and for their ongoing dedication to delivering an excellent service to our registrants and members of the public.

I also pay tribute to my predecessor Gareth Hadley OBE, who shepherded the GOC through the most part of this reporting year and laid the foundations for its success through his eight years as Chair. Among the most significant changes was the updating of our standards for professional education, both initially upon registration and subsequently for renewal of registration.

In 2020-21, we consulted stakeholders on our Education Strategic Review (ESR) and our Continuing Education and Training (CET) Review. Council took several seminal decisions in February, approving updated requirements for qualifications we approve in optometry and dispensing optics and a new Continuing Professional Development (CPD) scheme, which together will ensure both optical students and professionals are able to meet the rapidly changing needs of patients.

Far from side-lining these reforms, COVID-19, and the fact that registrants are undertaking more clinical work because of changing commissioning models and care pathways, has emphasised their criticality. Other regulatory challenges and opportunities have arisen from the growth in online and remote provision and the GOC issued a series of COVID-19 statements throughout the year. I want to thank all our stakeholders who this year, more than ever, have been critical in providing us with their comments and perspectives, often in quick time as well as through formal consultations.

As we do every year, the GOC welcomed the Professional Standards Authority's report on our performance for 2019/20 and I'm pleased to say that we met 16 of the 18 Standards of Good Regulation. Those we failed to meet will be a key focus for Council over the coming year, to ensure we fulfil our obligations to members of the public and our registrants across all of our regulatory functions.

During the Autumn of 2021 we will start our search for a new Chief Executive and Registrar as we say goodbye to our Chief Executive, Lesley Longstone. Lesley has been a driving force for improvement at the GOC and we thank her for visible leadership and commitment to public benefit. Lesley started with us as an interim Chief Executive with the intention of serving for just six months. Four years later we are so grateful she decided to stay, and I thank Lesley for her sustained and valued contribution to furthering GOC's mission and purpose

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

I look forward to the coming year as we address the issues ahead of us and continue our journey toward our vision of being recognised for delivering world-class regulation and excellent customer service.

A handwritten signature in black ink that reads "Anne Wright". The signature is written in a cursive, flowing style.

**Anne Wright CBE**

Chair

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### MESSAGE FROM THE CHIEF EXECUTIVE

---

This year we said a fond farewell to our Chair of eight years – Gareth Hadley, OBE and welcomed our new Chair Dr Anne Wright, CBE. In times such as these, the role of Council is critical and as Chief Executive I have benefitted hugely from their strategic direction, support and critical analysis as we have trod some uncharted territory together.

The COVID-19 pandemic has tested our agility as an organisation and brought into focus the importance of working collaboratively with the sector we regulate, always for the benefit of the public at large. During 2020/21 the degree of collaboration and engagement with registrants and their membership bodies was greater than ever, and never was it more critical. There will always be matters where we will take different approaches and have different interests to represent, but we have a common interest in keeping the public and our registrants safe.

This year we have focused on that common cause and nowhere has that been more true than in relation to our COVID-19 statements. We benefitted from real-time collaboration and input from sector bodies as the situation evolved and from carefully considered responses to our formal public consultation later in the year. I would like to extend my appreciation to all those who have supported us in ensuring that we have regulated appropriately during this time, removing regulatory barriers wherever possible, without compromising public safety.

Other developments this year include the adoption of our new education requirements following the Education Strategic Review (ESR). The requirements replace our current Quality Assurance Handbooks and will ensure the qualifications we approve equip learners with the skills, knowledge and experience they need to be safe and effective practitioners in a context where the commissioning of eye-care services is rapidly growing in all parts of the UK.

I would like to thank our Expert Advisory Groups (EAGs) and other stakeholders for all their support and input and recognise the fact that establishing the new requirements is only the beginning of the journey. As we move into the implementation phase, continued collaboration will be key to success and we look forward to working with a wide range of partners, old and new.

We consulted on a new CPD scheme for 2022-24, which will be more flexible and less prescriptive than the current CET scheme it replaces, allowing registrants greater freedom to undertake learning and development that is relevant to their own personal scope of practice.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

In Fitness to Practise (FtP) we were able to proceed with our first virtual non-substantive event within 24 hours of our office closing due to COVID-19 and we were able to commence our first substantive matter within a week, with continued public access. This was a very significant achievement and meant that we were able to avoid a backlog of hearings with all the distress that would cause for everyone involved.

Instead, we continued to prioritise our FtP Improvement Programme and saw significant reductions in the number of open investigations (28 per cent over the course of the year) brought about largely through our new acceptance criteria which ensures that only those cases serious enough to raise questions about an individual's fitness to practise proceed to investigation. This year we also saw the launch of our first 'FtP FOCUS' lessons learned bulletin for registrants which has been very positively received.

I am indebted to Council and the staff of the GOC for their commitment to delivering our regulatory functions over this past year, operating in less-than-ideal circumstances but continuing nevertheless to prioritise the needs of the public, keeping them and our registrants safe.

At the end of 2021 I will step down from my role as Chief Executive. I will miss the strong friendships forged after four wonderful years and wish the GOC well over the forthcoming period.

A handwritten signature in black ink, appearing to read 'L. Longstone', written in a cursive style.

**Lesley Longstone**  
CEO and Registrar

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### INTRODUCTION

---

The trustees present their report on the activities we have undertaken over 2020/21 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2021. 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.

We are the regulator for the optical professions in the UK. As of 31 March 2021, there were 32,428 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'. 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.

Most of our income comes from registrant fees and is used to further our charitable purpose. Table one sets out the annual fees that registrants are required to pay for entry or retention on our register. In 2020/21, we implemented an increase of £10 in fee levels for fully qualified registrants and corporate bodies joining or restoring to the register. Fees for students have remained the same for a number of years. In 2020/21 the standard fee was £360.

**Table one: annual registrant fee**

Fee levels	2020/21	2019/20	2018/19	2017/18	2016/17
Optometrists	£360	£350	£340	£330	£320
Dispensing opticians	£360	£350	£340	£330	£320
Corporate bodies	£360	£350	£340	£330	£320
Students	£30	£30	£30	£30	£25
Low income fee	£260	£250	£240	£230	£220

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

Table two shows a breakdown of registrants across the UK on 31 March 2021 and compares this with the previous two reporting years. We report separately on the diversity of our registrants and registrants subject to FtP investigations, the report is available on our website: [EDI Performance Monitoring Report](#).

**Table two: total number of registrants in each GOC category**

	31-3-21	%	31-3-20	%	31-3-19	%
Optometrist	<b>16,267</b>	<b>50%</b>	16,670	52%	16,039	51%
Dispensing optician	<b>7,190</b>	<b>22%</b>	7,157	22%	7,032	22%
Student optometrist	<b>4,640</b>	<b>14%</b>	3,934	12%	3,761	12%
Student dispensing optician	<b>1,383</b>	<b>4%</b>	1,510	5%	1,753	6%
Business registrant	<b>2,796</b>	<b>9%</b>	2,847	9%	2,783	9%
<b>TOTAL</b>	<b>32,276</b>	<b>100%</b>	<b>32,118</b>	<b>100%</b>	<b>31,368</b>	<b>100%</b>

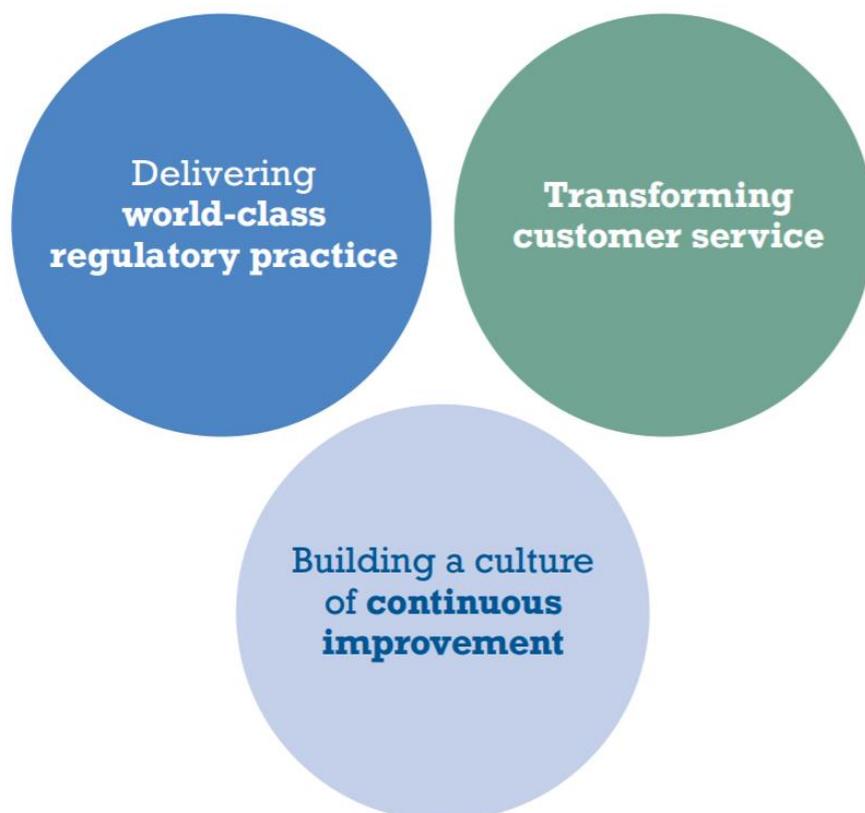
## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### OUR STRATEGY AND PERFORMANCE

---

#### **Strategic objectives**

Our priorities are organised under three overarching strategic objectives:



In 2020/21 we worked on five projects, grouped under our three strategic objectives.

#### **World-class regulation**

- Education Strategic Review (ESR)

In February 2021 GOC Council approved updated requirements for GOC approved qualifications for optometrists and dispensing opticians. Our new requirements introduce several important changes to make sure optical professionals are equipped for their future roles and that qualifications we approve are fit for purpose. These changes include introducing a new outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant and which supports their continued development after registration, moving away from our previous numerical and competency-based method for setting requirements for GOC qualification approval. We have introduced a minimum Regulated Qualification

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

Framework (RQF) level (or equivalent) for the qualifications we approve as well as new requirements for patient-facing learning and experience, inter-professional learning, teamwork and preparation for entry into the workplace.

Our new requirements will ensure the qualifications we approve in the future are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations, as well as meeting increased expectations of the student community and their future employers.

- Continuing Education and Training (CET) Review

Alongside consulting on broadscale changes to qualifications we approve in optometry and dispensing optics, we also consulted on proposed changes to our CET scheme to make sure that scheme continued to support our registrants' learning and development needs and maintained the safety and quality of care patients receive. We've changed the name of the scheme from CET to CPD to better align with other healthcare regulators and signal the changes we are intending to make from 1 January 2022 – a flexible and less prescriptive scheme, allowing registrants greater freedom to undertake learning and development which is relevant to their own personal scope of practice. In 2021 we consulted on our proposals for new legislation to underpin the new CPD scheme, including a new requirement for dispensing opticians to carry out peer review. We've also removed the requirement for every CPD activity to be approved by the GOC in advance – we feel that it is more proportionate to move to a system of approving CPD providers to provide CPD, rather than approving every CPD activity, alongside introducing a system of audit to ensure quality.

- Legislative Reform

Over the past year, we engaged with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation, with the aim of allowing us to operate more efficiently and effectively. In addition, we continued to develop proposals for reform of our legislation beyond DHSC's proposals. This included a public consultation on amendments to our CET Rules 2005, to support proposed changes to our CET scheme which we expect DHSC to update in late 2021. We also obtained emergency legislation to underpin our response to the COVID-19 pandemic to ensure that we could operate effectively in a remote environment and continue to hear fitness to practise cases in a timely manner. A new statutory instrument came into effect in December 2020.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### **Transforming customer service**

- MyGOC

Behind the scenes we have upgraded our Customer Relationship Management (CRM) system, to allow for process improvements and efficiencies. This will also allow us to integrate digital services offered through our new MyGOC registrant portal. This will be launched in Winter 2021/Spring 2022 and will deliver a number of benefits and improvements for users including:

- An enhanced, secure login that allows GOC registrants/applicants to perform more of their own administrative tasks online, reducing the need to contact us, whilst improving and simplifying the annual renewal process for all registrants.
- Fully integrated processes, allowing registrants/applicants the ability to set up a secure online account and apply and pay for the full range of GOC services online which in turn will create workflows and integrate data into our CRM automatically, reducing processing times.

### **Continuous improvement**

- Website replacement

During the course of the year, we have worked with our suppliers to develop a new website. Unfortunately, there were technical issues that meant the launch in January 2021 had to be rolled back to allow us to fix issues that prevented users fully accessing the site and register. We continue to work to resolve these and plan a launch later this year. The new fully functioning site will have an improved, modern look and feel, will be optimised for mobile devices and meet accessibility standards. It will be user focused with up to date, relevant, organised content.

We also focused on the effective and efficient fulfilment of our regulatory, statutory and support functions, and on building our capacity and capability to ensure delivery of our strategic plan.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### PERFORMANCE AGAINST OUR STRATEGIC OBJECTIVES

---

#### Education Strategic Review

In our [‘Fit for the Future’ strategic plan](#) for 2020-25, we committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

In February 2021 Council approved new, updated requirements for GOC approved qualifications for optometrists and dispensing opticians. Our new requirements replace our current Quality Assurance Handbooks and related policies for both professions and are organised in three sections:

- **Outcomes for Registration** (‘outcomes’) which describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.
- **Standards for Approved Qualifications** (‘standards’) which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.
- **Quality Assurance and Enhancement Method** (QA&E Method) which describes the evidence we will gather and use to assess whether a qualification leading to registration as either a dispensing optician or an optometrist meets or continues to meet our outcomes and standards.

Our new requirements ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations. This includes responding to changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers.

The new requirements replace our Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core competencies, the numerical requirements for students’ practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

The requirements for qualification approval have been guided by research and consultation, and draw upon best practice from other regulators, professional and chartered bodies. We were also advised by two Expert Advisory Groups (EAGs), for optometrists and dispensing opticians, with input from the Quality Assurance Agency

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

(QAA) and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committees), the optical sector and sight-loss charities. You can read the EAG's terms of reference on [our website](#). We would like to thank EAG members who volunteered their time to consider all of the detailed feedback received as part of the consultation, along with additional commissioned work. We would also like to thank all stakeholders, the Advisory Panel and constituent committees for their careful review of the proposals.

In July 2020 we launched a 12-week public consultation seeking views on our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician. You can read more background, research and briefing papers on [our website](#). Alongside our public consultation we commissioned four additional packages of work to further inform the fine-tuning of our proposals post-consultation by our two EAGs:

- **RQF Level research.** Together with the College of Optometrists (CoO), the Association of British Dispensing Opticians (ABDO), the Opticians Academic Schools Council (OASC) and the Optometry Schools Council (OSC), and following a competitive tender process, we co-commissioned the QAA to gather evidence and make recommendations regarding the most appropriate Regulated Qualifications Framework (RQF) level (and equivalent) for our approved qualifications for optometry and ophthalmic dispensing. QAA recommendation is a minimum of RQF level for the qualifications we approve (RQF L7 or equivalent for optometrists and RQF L6 or equivalent for dispensing opticians).
- **Verification of Outcomes for Registration.** We commissioned the University of Manchester to verify the Outcomes for Registration. The purpose of the verification is to test the veracity of the outcomes and the allocation of level (Miller's pyramid) through use of the Delphi method. The Delphi method involves gathering a consensus of expert opinion and has been applied to the development of competency frameworks and curricula for optometric and medical subspecialties (Clancy et al. 2009; Hay et al. 2007; Myint et al. 2010; Stewart et al. 1999).
- **Financial Impact Assessment.** We commissioned Hugh Jones Consulting to examine the financial impact of our proposals. This impact assessment had a particular focus on assessing the financial impact of the proposed integration of professional and clinical experience within the approved qualification for both professions in each of the devolved nations, as well as of healthcare education.
- **Equality Impact Assessment.** We also commissioned Fraser Consulting to undertake an EDI assessment of the impact of our proposals with reference to each of the protected characteristics as defined by the Equality Act (2010) across each of the four nations. This assessment focused particularly on EDI impacts (positive and negative) on students and future providers of GOC approved qualifications using qualitative and quantitative data analysis. Clare Fraser is an

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

experienced equality and diversity consultant with a range of clients across the public and private sectors.

We have also been active in the media, raising the profile of the Education Strategic Review and the opportunity to provide views through our consultation:

- RNIB radio interview with Director of Education, Leonie Milliner, broadcast multiple times on RNIB radio during early September.
- AOP members webinar (15 September) with Leonie Milliner and the ESR Project Team, which was listened to by approx. 200 AOP members.
- GOC registrants Q&A session, (9 September and 9 October), again with Leonie Milliner
- OPG webinar (15 October) with Leonie Milliner and the ESR Project Team.
- Optometry Scotland & Scottish stakeholders seminar (14 October) with Leonie Milliner and the ESR Project Team.
- Preparation of copy for articles in the professional press, including Acuity Magazine
- Reach to third sector, public and patient bodies through email campaigns, social media, our website and direct contact.

The **Outcomes for Registration** will be supplemented by a GOC commissioned sector-led, co-produced indicative document drafted by the sector in Autumn 2021, which will provide a greater level of detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes. The Outcomes will be reviewed and if necessary, updated by Council in light of the indicative document, most likely in early 2022.

### **Key changes to our requirements**

Our new requirements introduce several important changes to make sure optical professionals are equipped for their future roles and that qualifications we approve are fit for purpose. These changes include:

- Introducing a new outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant that cover their full education and training and which supports their continued development after registration, moving away from our previous numerical and competency-based method for setting requirements for GOC qualification approval.
- Emphasising the development of professional capability needed for current and future roles. This includes a combination of critical thinking, clinical-reasoning and decision-making vital in the formation of an optical professional well-prepared to take responsibility for decisions and actions; engagement in research-informed clinical practice and ability to respond effectively to changing patient and service-user needs in each of the four nations, including a greater focus on key skills such

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

as professional judgement, patient-centred communication, management of risk and diagnostic, consultation and clinical practice skills.

- Introducing a minimum of RQF level for the qualifications we approve (RQF L7 or equivalent for optometrists and RQF L6 or equivalent for dispensing opticians).
- Ensuring students gain greater experience of working with patients, inter-professional learning, teamwork and preparation for entry into the workplace in a variety of settings, with at least 1600 hours/ 48 weeks of patient-facing learning and experience which must increase in volume and complexity as a student progresses through a programme.
- Introducing an integrated approach for curriculum design and assessment which must be informed by feedback from a range of stakeholders, including patients, to ensure that detailed curriculum and assessment will remain current and responsive to local, regional and national patient and service-user needs and broader stakeholder requirements.
- Using an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' (knows: knows how: show how and does).
- A greater emphasis on EDI.
- A new risk-based approach to quality assurance and enhancement, informed by thematic, periodic, sample-based and annual reviews of qualifications we approve.

Successful implementation of the new education and training requirements will depend on a number of factors, in particular recognising the importance of a collaborative approach in finding solutions to support the providers as they begin to adapt their existing approved programmes to meet the new requirements. Following Council approval in February 2021, GOC met with sector professional bodies and discussed the launch of a sector-led steering group, providing leadership to the optical sector to coordinate and prioritise workstreams to ensure the most advantageous external operating environment for providers and potential providers of GOC-approved qualifications. The sector-led group will work closely with the GOC-commissioned Knowledge Hub, the GOC's Technical Advisory Group and the GOC's Education team, as well as the sector bodies representative on the group providing visible leadership on matters of common concern.

### **Contact lens and therapeutic prescribing qualifications**

We also commenced work during 2020/21 to review the two post-registration qualifications GOC approves for specialist register entry: for dispensing opticians, contact lens qualifications and for optometrists, therapeutic (independent) prescribing qualifications. Our current requirements for these qualifications are published on [our website](#). As part of our ESR we are working with two EAGs - one for therapeutic/Independent Prescribing and one for contact lens opticians - to update our education and training requirements for GOC approved qualifications for specialist

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

entry to the GOC register as a Contact Lens Optician and in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP).

We anticipate consulting on our draft requirements in summer 2021, and once approved will replace our current Quality Assurance Handbooks and related policies for both specialty professions. Current drafts are organised in three sections:

- **Outcomes for Approved Qualifications for specialist entry to the GOC register (AS, SP & IP) and as a Contact Lens Optician** which describe the expected knowledge, skills and behaviours an optometrist/dispensing optician must have for the award of an approved qualification for specialist entry to the GOC register in AS, SP and/or IP categories and as a Contact Lens Optician (CLO).
- **Standards for Approved Qualifications for specialist entry to the GOC register (AS, SP & IP) and as a CLO** which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register in the AS, SP and/or IP categories and as a CLO.
- **Quality Assurance and Enhancement Method** describes how we will gather evidence to decide whether a qualification **for specialist entry to the GOC register in the AS, SP and/or IP categories and as a CLO** meets our Outcomes for Approved Qualifications and Standards for Approved Qualifications, in accordance with the Opticians Act. This method statement is common to qualifications for specialist entry to the GOC register.

The outcomes and standards for approved qualifications for specialist entry to the GOC register (AS, SP & IP) (CLO) once approved by GOC Council will replace our 'Handbook for Optometry Specialist Registration in Therapeutic Prescribing' published July 2008 and the 'Competency Framework for Independent Prescribing' published in 2011. The outcomes and standards for approved qualifications for specialist entry to the GOC register as a Contact Lens Optician replace our 'Visit handbook guidelines for the approval of training institutions and providers of schemes for registration for United Kingdom trained Contact Lens Opticians' published July 2007 and the 'Contact Lens Speciality Core Competencies' published in 2011. This includes the list of required core-competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

Together these documents will ensure the specialist post-registration qualifications we approve are responsive to a rapidly changing landscape in the delivery of eye-care

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

services, fit for purpose in each of the devolved nations, and responds to the changing needs of patients and service users and enhanced roles for dispensing opticians within new models of service delivery, as well as increased expectations of trainees and their employers, and ensure that the qualifications we approve are fit for purpose.

These proposals are based on our analysis of key findings from our Call for Evidence, Concepts and Principles Consultation published in 2017-2018, feedback from our 2018-2019 consultation on proposals stemming from the ESR and associated research and 2021 public consultation. For more information, please see the [GOC's consultation hub](#).

### **Education approval and quality assurance (A&QA) function**

This has been a challenging but successful year in which we adapted our ways of working in response to COVID-19 and continued to make improvements to our A&QA processes.

In response to the COVID-19 emergency we:

- Introduced virtual visits in May 2020, with visits which had been scheduled for April 2020 rescheduled to take place virtually before the summer. Generally these visits were for new programmes or programmes under provisional approval. Other planned visits were rescheduled to take place later in the year;
- Launched temporary changes to the Optometry Handbook and the Supervision policy following approval by a sub-group of Council on 7 August 2020. The temporary changes applied from 1 September 2020 for the 2020/21 academic year only.

Despite the challenges this year, we continued to effectively manage and make improvements to our A&QA processes, including:

- A review of all Annual Monitoring & Reporting (AMR) submitted by providers and analysis of these in order to provide a sector-wide report;
- Restructuring the team in order to work more efficiently, with two Education Quality Officers having responsibility for the visits process, and the third being responsible for the triaging of conditions and notification of reportable events and changes;
- A review of our conditions management process to ensure a more timely review of open conditions.

We did not grant provisional or full approval to any providers during this timeframe, and we did not withdraw approval from any providers.

Despite working remotely, we have continued to engage with stakeholders, including hosting a remote provider forum on 9 November 2020.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

We appointed 14 new EVPs and held a training day as part of their induction in February 2020, which received positive feedback.

### **Continuing Education and Training (CET) reform**

Following previously reported development work, we sought stakeholder views on our proposals for reform via a 12-week consultation published in May 2020. We received 484 unique responses from a variety of stakeholders. Broad support was given for our proposals and the consultation report by our partners, Enventure Research, is available on our website. The data from that consultation shaped our final proposals, which included:

- A change of name from CET to Continuing Professional Development (CPD) to better describe the learning to be undertaken and to align with other healthcare professionals;
- Changing the scheme underpinning from the largely clinical day-one competencies for undergraduate education to the Standards of Practice for Optometrists and Dispensing Opticians, with a view to opening up registrants' CPD and allowing them to tailor it to their own scope of practice, as well as enabling the scheme to accommodate potential future changes to the roles of optical professionals;
- Retaining a requirement to undertake learning in core clinical areas to prevent de-skilling;
- Replacing the system of advance approval of all CPD sessions with a mechanism that allows for rigorous quality assurance where necessary, and for more proportionate quality assurance of those providers with a proven track record of CPD delivery;
- Allowing registrants to use self-directed CPD (ie relevant learning from outside the sector) to count towards their cycle points total (up to a maximum of 50 per cent of their minimum points requirement);
- Introducing a system of random and targeted audit of both registrants and CPD providers to ensure compliance and understanding of new expectations;
- Introducing a requirement for a reflective exercise for all registrants; and
- Introducing a 'peer review' requirement for dispensing opticians (subject to legislative change).

These proposals were supported by the GOC's Advisory Panel in September 2020 and given approval by Council in November 2020. Since then, we have begun preparatory work in readiness for the reforms to take effect from the start of the next three-year CPD cycle in January 2022.

This preparatory work has included technical specification, design and understanding of user journeys and needs so that registrants and CPD providers are able to log

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

content easily and efficiently on the GOC's CPD recording portal, MyCET (which will become MyCPD following development work to overhaul).

We have also invested a great deal of effort into communications for this project, including ongoing individual liaison with key stakeholders and quarterly webinars for current CET providers to communicate change, answer live questions and collaborate on policy and process development, and this has resulted in our production of comprehensive guidance for future CPD providers. A detailed communications plan has been developed and is actively being implemented, with more in-depth registrant communications to begin from May 2021. We have also worked closely with the legislative reform project team on the changes to legislation needed to implement reform most effectively.

The reforms remain on track to be introduced at the start of the 2022-25 CPD cycle.

### **CET operations**

Over the past year we undertook a number of activities to enhance our CET operations and assist registrants in meeting their requirements, especially in view of the COVID-19 restrictions and subsequent lockdowns. This included:

- Dealing with 3,257 standard applications, 165 registrant-led peer review applications, 210 non-UK CPD application, 15 non-standard applications and 52 appeals;
- Reviewing the CET modality requirements to enable remote delivery and supporting providers to adapt to new forms of delivery due to the various lockdowns;
- Processing and approving 37 new CET provider applications;
- Removing access to the system for ten providers who no longer wished to deliver CET;
- Successfully encouraging 85 per cent of registrants to meet their annual CET points target by December 2019 despite advising them the target had been waived due to COVID-19; and
- Participating in two webinars with CET providers to advise on areas where registrants are behind in meeting requirements, thereby encouraging the providers to increase delivery, and to review any issues around the new remote delivery conditions.

The review of registrants' ratings when accepting points confirmed a satisfaction rating of more than 92 per cent from the top ten CET providers and over 90 per cent from all providers, which exceeded expectations.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### **Legislative reform programme**

Over the past year, we engaged with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation, with the aim of allowing us to operate more efficiently and effectively. We worked with the DHSC and collaboratively with other healthcare regulators to review proposals for reform around governance, education and training, registration and fitness to practise.

We continued to develop proposals for reform beyond DHSC's proposals and, following the reforms that we will be making to our CET scheme (detailed under 'CET review programme'), carried out a public consultation into amendments to our CET Rules 2005. Following closure of the consultation in January 2021, where there was broad support for the amendments, we have been in touch with DHSC to seek the legislative reform required to update our rules. We expect this to happen in late 2021.

We were invited by DHSC to apply for emergency legislation to underpin our response to the COVID-19 pandemic. A new statutory instrument entitled The General Optical Council (Committee Constitution, Registration and Fitness to Practise) (Coronavirus) (Amendment) Rules 2020 came into effect in December 2020, which had the effect of amending the GOC's Committee Constitution Rules 2005, Registration Rules 2005 and Fitness to Practise Rules 2013. This can be found on the [rules and regulations](#) page of our website. This helped us to manage our response to the pandemic to ensure that we can operate effectively in a remote environment and continue to hear fitness to practise cases in a timely manner.

### **Standards and supporting guidance**

During the COVID-19 emergency, we realised that some of our legislation and regulations may have prevented care being delivered effectively during a pandemic, particularly remote care, which was an important part of keeping infection rates low and reducing risk to patients. We were also being asked specific questions regarding how our standards and legislation applied to practice during the emergency. To help support registrants, we published a [series of statements](#) aimed at removing unnecessary regulatory barriers, clarifying certain areas of practice and bolstering the guidance we normally give on our [standards](#) for optometrists, dispensing opticians, students and optical businesses.

Due to the need to implement change quickly, we were only able to consult a small number of key stakeholders in the optical sector and healthcare commissioners prior to implementation. We therefore carried out a public consultation on our statements between October 2020 and January 2021. We commissioned Enventure Research to analyse the responses and the report is published [on our website](#). We

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

are currently in the process of producing a response to the report and updating our statements following consideration of the feedback. We published our response to the consultation on 28 May 2021 and taking into account the consultation we made updates to all of our statements, including aligning them to The College of Optometrists' red-amber-green classification system so that it is clear in which phase(s) of the pandemic each statement applies. The revised set of statements are available on the [COVID-19 page](#) of our website

Following a number of recommendations from recent healthcare inquiries, we were keen to play our part in making sure that everyone working in the optical sector is free and able to speak up about concerns they have. We created some draft guidance to make our expectations clear and give our registrants more confidence in speaking up when they need to. We consulted on Speaking Up guidance for registrants from December 2020 to March 2021. We are in the process of analysing the results of the consultation and aim to publish the guidance in the summer of 2022.

### Research

We carried out public perceptions research in 2021, which sought to understand the public's views and experiences of opticians across the UK. Over 2,000 members of the public responded to an online survey as part of the research. The research will be used to inform its work in transforming customer service and future policy and research activities. The [full report](#) is available on our website.

Over 2,000 members of the public responded to an online survey as part of the research. Some key findings include:

- 96 per cent of respondents were satisfied with their last opticians visit overall.
- 94 per cent of respondents remain confident in the standard of care provided by opticians, higher than that for doctors, dentists and pharmacists.
- 97 per cent said they were satisfied with the measures that were in place during their last optician visit to protect them from coronavirus.
- A new high of 30 per cent of respondents said they would speak to an optician first if they woke up with an eye problem, representing an 11 percentage point increase since 2015.
- Over a third of respondents (35 per cent) said they perceive opticians to be solely a healthcare service, which has increased by four percentage points since 2019.

During the financial year we also commissioned a survey of our registrants to gain an up-to-date understanding of their views so that we could continue to support them in protecting patients and the public, particularly in light of the COVID-19

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

pandemic. The survey closed in early April 2021 and we expect to publish a report by the end of June 2021.

### **How our performance is measured externally**

Like all other healthcare regulators, our performance is assessed externally by the Professional Standards Authority (PSA). The assessment focuses on whether we have met the PSA's standards of good regulation, which describe the outcomes the PSA expects us to achieve through our regulatory functions.

In the most recent assessment for the period 1 October 2019 to 30 September 2020 we met 16 out of the 18 standards, including meeting all of the standards for our Education and Standards functions, as well as all of the general standards. The standards we did not meet related to maintaining and publishing an accurate register and our timeliness in fitness to practise cases.

With respect to maintaining and publishing an accurate register, the PSA noted that the issues were quickly addressed in each case with the appropriate course of action followed to correct the register and change our processes. We take this issue seriously and are taking on board the feedback to ensure that we are continuously improving, including completing additional checks following hearings and improving our IT systems. In addition, as part of their monthly performance review, the Senior Management Team (SMT) also assess quality assurance reports from the regular checks undertaken by the Registration and Hearings teams.

Our commitment to improve our FtP function is outlined within our strategic plan 2020-2025. This includes the modernisation of our casework processes including the development of an improved case management system to ensure that we progress investigations efficiently and effectively.

### **Fitness to Practise Quality Audit**

We continue to receive a good level of assurance in respect of our FtP decision-making.

Our annual independent audit of decisions reviews mostly higher-risk decisions, for example cases closed by the Registrar (at triage stage), cases closed by case examiners and by the Investigation Committee (IC), and cases where the Fitness to Practise Committee (FtPC) takes no action, including decisions of the FtPC not to impose an interim order. The decisions of the case examiners, the IC and the Registrar are higher risk as matters are considered on documents alone, and there is no public hearing.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

The overall finding of our audit of 2018-19 decisions was that ‘the findings made in this audit demonstrate substantial compliance with the Council’s statutory obligations. They also demonstrate compliance with the Council’s own procedural requirements and guidance. We have identified a small number of cases where there were errors in decision making but we did not regard those as material.’

### **Information Technology**

In 2020/21 we began implementation of our new IT Strategy. This included an upgrade to our Customer Relationship Management system and development of a new website and register, which was launched in January 2021. Unfortunately, there were technical issues with the site, meaning it had to be rolled back. The new website will re-launch towards the end of 2021 and will be followed by a new MyGOC registrant portal later in the year. This will provide enhanced on-line registrant access to a wider range of services. The new website improves accessibility for those with a sight impairment. Continued investment in cyber security and our IT infrastructure will provide operational improvements for staff and better services to registrants and the public.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### OUR PLANS FOR 2021/22

---

This year, 2021/22, continues to be an unprecedented time for the optical professions.

Responding to the COVID-19 emergency has been at the forefront of our work over the past 12 months and inevitably this has resulted in our need to be more agile by accelerating some aspects of our strategy and delaying others.

We will need to continue to adapt to emerging regulatory issues brought about by the pandemic, as they impact on patients, members of the public and registrants. That will continue to be a high priority, but we must also deliver our operational functions to fulfil our statutory obligations and in doing so, protect the public.

Council will continue to review our five-year strategic plan 'Fit for the Future' in light of COVID-19 during the year.

We will take forward implementation of our education reforms, flowing from the ESR, working closely with our education providers and other stakeholders. As we come toward the close of the final CET cycle, we will also be preparing for the implementation of a new CPD scheme from 2022.

Our recent success in reducing the FtP caseload has been driven by focussing on the right cases and dealing with those cases more appropriately. Over the course of the coming year, we expect that to translate into improved timescales enabling us to invest resource in activities that prevent things from going wrong in the first place.

We will also launch a new communications strategy underpinned by a modern and refreshed GOC website.

Finally, we will continue to put GOC values, our public duty to progress equality, diversity and inclusion, and our published commitment to become an anti-racist organisation at the heart of all we do. This is discussed further in the 'Our People' section.

We detail below the projects we have planned for 2021/22 in order to deliver our three strategic objectives.

Project	Objectives, outcomes and planned activity
ESR	<ul style="list-style-type: none"><li>• Work with providers of GOC approved qualifications and other stakeholders to implement updated education and training requirements for GOC approved qualifications leading to entry to the register as an optometrist or a dispensing optician.</li></ul>

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

Project	Objectives, outcomes and planned activity
	<ul style="list-style-type: none"> <li>• Commission and launch the 'Knowledge Hub/ Information Exchange' to support co-operation and collaboration between providers of GOC-approved qualifications as they begin to adapt existing approved qualifications to meet the new requirements or develop new qualifications for GOC approval. The Knowledge Hub / Information Exchange's first project will be to draft the GOC-commissioned, sector-led indicative document to support the clinical practice section of the outcomes.</li> <li>• Support the sector achieve the most advantageous external operating conditions for providers of GOC-approved qualifications as they begin to adapt existing approved qualification to meet the new requirements or develop new qualifications for GOC approval through support and chairing of a Sector Strategic Implementation Steering Group and related workstreams.</li> <li>• Scope, develop the brief and commission longitudinal-cohort-based study to measure the change we want to see.</li> <li>• Complete preparation, consultation and finalisation of proposals for updating education and training requirements for specialist entry to the GOC register in either the CLO or AS, SP and/or IP categories.</li> </ul>
CPD Scheme	Continue to prepare for and implement the planned transition to our new CPD scheme for the start of the new three-year cycle from 1 January 2022, freeing up the system to ensure the new scheme operates effectively and registrants are safe to practise and encouraged to focus on CPD.
Legislative reform	Continue to engage with Government and other healthcare regulators on reform of our governing legislation to help us operate more efficiently and effectively. In 2021/22, we will respond to the Government consultation, plan for implementation and work with the other healthcare regulators to develop model rules. We will engage with DHSC over their independent reviews of the number of regulators and the professions that are currently regulated. We will also explore other areas of legislation that are not covered by DHSC-led reforms.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

Project	Objectives, outcomes and planned activity
IT strategy	<p>In 2021/22 we will continue to implement our IT Strategy including the new MyGOC registrant portal and website allowing greater online registrant access to services. The new website will improve accessibility for those with a sight impairment and we will continue the work we have begun to capture more and better data on a wider range of protected characteristics to help inform and shape our regulatory work. Investment in cyber security and our IT infrastructure will provide operational improvements for staff and lay the building blocks for improved services to customers.</p>
GOC refresh	<p>In 2021/22 we will be implementing a new internal business structure intended to make the GOC a truly 'future-ready' organisation with a greater focus on evolving our regulatory strategy, improving registrant experience and being resilient and agile, allowing us to continuously evolve, particularly in the face of the pandemic and anticipated changes in the regulatory landscape.</p>
Communications strategy	<p>In 2020, we developed a new communications and engagement strategy to help us deliver our 'Fit for the Future' strategic plan (2020-25). In 2021/22, we will continue to deliver the new strategy in line with the objectives outlined within it.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Proactively communicate our role, the work we do and its impact.</li> <li>• Deliver effective and coordinated communications to promote our core regulatory work.</li> <li>• Invest in understanding our audiences and their needs so that we can tailor our communication and engagement.</li> <li>• Increase confidence and customer satisfaction to build our reputation with the public and across the optical sector.</li> <li>• Build a highly skilled and knowledgeable Communications function and embed high standards of communications and engagement across the organisation.</li> <li>• Increase engagement with internal stakeholders by sharing our work and actively supporting a culture of continuous improvement.</li> </ul>

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### OUR RISKS

---

Our approach to risk management is set out in our risk management policy. We consider that an effective risk management strategy and policy is fundamental to the achievement of all the GOC's 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 SMT regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and departmental 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 requirements for qualification approval and continuing professional development are not fit for purpose;
- The register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants; or
- External political or legal developments threaten the continued functioning of the GOC in current form or drastically change remit.

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.

Risks associated with the COVID-19 emergency, failure to achieve FtP end to end timescale improvements and the impact on Healthcare Regulators from the Department of Health and Social Care's consultation on "Regulating healthcare professionals, protecting the public", are amongst our primary considerations and will remain important over the next year. As noted last year, the long-term implications of COVID-19 for the optical sector and related education institutions may also give rise to new risks, which continue to be carefully monitored.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### OUR PEOPLE

---

We continue to monitor staff engagement through an annual staff satisfaction survey conducted each autumn by an independent consultancy. After several years of declining scores, we saw a dramatic turnaround in this survey. For 2020-21 the overall engagement score jumped from 32 per cent to 50 per cent and those disengaged dropped from 15 per cent to just 4 per cent. Overall staff engagement draws on answers to a number of questions to produce a single measure (LEVI: Leadership, Engagement, Voice and Integrity). Comparing the results to the benchmark data for the public sector, shows responses equal to or better than benchmark in 42 of the 45 areas measured. Full feedback has been shared with staff and an updated Staff Engagement Plan is being rolled out to build on the good work done in the past year.

We continue to review and if possible, improve the range of benefits staff have access to. The staff survey reports 58 per cent of staff are happy with their benefits package, but there was ongoing dissatisfaction with the appraisal, pay and reward framework.

The Staff Wellbeing and Engagement Group continues to go from strength to strength and has now taken the lead on staff wellbeing also, one of the areas of concern highlighted in the survey.

In the last 12 months EDI has become a core part of everything we do. We developed and published our commitment to being an anti-racist organisation, ran three all-staff sessions on Black Lives Matter facilitated by Rob Neill, OBE and appointed a full time EDI lead for the organisation, pulling together the various strands of activity. We rolled out all staff training on Bias and Behaviours, alongside training for all managers on Inclusive Leadership and Management and agreed a follow up schedule with the training provider to ensure that this becomes embedded in our work going forwards.

Our dynamic staff networks have run several awareness events covering Black History, Women's History, Disability History and LGBT+ History. These have included external speakers, quizzes, articles, drop-in sessions, time to talk sessions and a charity fund raiser. Four volunteers came forward to run a 'Fit for Winter' campaign designed to help our staff's mental health through the winter. This focussed on mental health, healthy eating, physical wellbeing and mindfulness.

Regarding mental health, 20 per cent of our staff are now fully trained Mental Health First Aiders and we will shortly be rolling out further mental health training for staff and managers. Finally, since you cannot improve what you cannot measure, we overhauled the EDI data that we collect from staff.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

The health and safety of those that work for us is of paramount importance. We are pleased to report that we had no major health and safety incidents reported during the year.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### Our values

---

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.

The development activity around our values and behaviours continued. We rolled out a 360-degree feedback mechanism to all our Leadership Team, based on their perceived fit with our new values. 170 reviews from peers, managers, subordinates, and external stakeholders were combined and fed back to the eighteen members of the Leadership Team (LT).

We continued to implement our staff engagement plan, developed in response to our 2019/20 staff survey, and we initiated significant work on EDI and reviews of policies and communications from which we introduced a new form of temperature check on staff engagement.

The new staff pulse survey evidenced that staff appreciated the communications and support received during the continuing pandemic.

HR completed an all-staff consultation exercise to develop and agree the behaviours attached to our sixth value, “We are agile and responsive to change”, and ran a number of all-staff HR Surgeries addressing a variety of topical subjects including making the most of the staff benefits package.

Our EmbRace staff network led an all staff meeting to discuss the issues raised by the Black Lives Matter campaign, which was extremely well attended. We heard some very personal and powerful stories about the experience of some of our black staff and want to use that as a catalyst for making real change within our own organisation, for our registrants and members of the public.

Our HR team have also delivered a workshop for managers and staff on Inclusive Leadership and Management. This was an action that formed part of our staff engagement plan and was well received.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### OUR STRUCTURE, GOVERNANCE AND MANAGEMENT

---

#### **Our legislation and our governance regulations**

We are 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. We aim to be transparent in the work we undertake and how our work delivers public benefit, including through this annual report.

#### **Our Council**

Our 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:

- Policy and strategic direction. Providing strategic direction and making decisions in the interests of public protection;
- Performance monitoring. Ensuring our statutory functions are delivered effectively and efficiently by holding the Executive to account, monitoring performance and ensuring adherence to the values of the organisation;
- Financial stewardship. Oversight of financial performance and providing active financial stewardship to further the organisation's purposes and achieve value for money; and
- Accountability, communication, and stakeholder engagement. Publishing an annual report, ensuring effective communication with the public, registrants, professional bodies, the government, and other interested parties and promoting public confidence in regulation.

Our Council is comprised of 12 members, of whom six are registrants and six are lay members (see page 28). Members are drawn from England, Wales, Scotland and Northern Ireland. [Biographies can be viewed on our website](#) One Council member is appointed as a Senior Council Member (SCM) to carry out the Chair's review, provide a sounding board for the Chair and serve as an intermediary for Council members, the Executive and stakeholders as necessary. Helen Tilley fulfilled this role throughout the reporting year. Gareth Hadley fulfilled the role of Chair throughout the reporting year until 17 February 2021. Dr Anne Wright CBE took over as Chair

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

on 18 February 2021.

Tim Parkinson was appointed to Council at the beginning of the financial year in April 2020.

### **Effectiveness of governance**

We believe that effective and robust governance ensures probity in the decisions we make and serves to increase confidence in our work. Council conducts its business in accordance with the seven principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

This year we undertook the following activities to further enhance the effectiveness of our governance:

- **Governance review** we carried out a self-assessment of our compliance with the Charity Governance Code and have produced a governance improvement plan on the back of that assessment.
- **Terms of reference** we have agreed to set up a new Investment Committee and approved new terms of reference with all Committees reviewing their terms of reference where needed;
- **Risk Management** the Audit, Finance and Risk Committee continues to review the corporate risk register and directorate risk registers and report into Council on a quarterly basis.

### **Council evaluation**

In February 2021, Council reviewed its compliance with the Charity Good Governance Code which has seven main principles. Each principle, as set out within the code, had been evidenced with explanations provided on organisational purpose, leadership, integrity, decision making, risk and control, Board effectiveness and openness and accountability. The results of the evaluation were very positive evidencing good practice across governance generally and supporting our priority of continued improvements in relation to EDI.

### **Induction, review and development**

All Council and committee members are inducted, developed and reviewed in accordance with our published policies. We hold routine induction sessions for newly appointed members, as an opportunity for members to meet each other and understand our challenges and priorities. Council members' individual performance is reviewed annually and, in general, committee members biennially. Reviews are used to support any recommendation for reappointment and identification of development requirements. The member development plan is designed to

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

supplement areas of skills and knowledge that have been identified by members.

### **Members' conduct**

Council (in their role as members and trustees) and committee members have a duty to act impartially and objectively and to 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 as a result of their membership of, or association with, other organisations or individuals. To make this fully transparent, we publish a [register of members' interests on our website](#).

### **Fees**

Member Fees were agreed from 1 April 2020, in line with the [Member Fees policy](#).

Our Members Fees policy is reviewed and benchmarked each year. In March 2021 this annual review took place which resulted in no fee rises. Member fees have not been increased for the last three years.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### Fees and Expenses

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee & Advisory Panel Meeting <sup>1</sup> Attendance
Gareth Hadley (Chair)	Lay (Chair)	England	52,190	1,064	8/8	Nom 3/4, Rem 1/1
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	6,484	nil	1/8***	Nom 1/4
Sinead Burns <sup>i</sup>	Lay	N. Ireland	13,962	nil	8/8	ARC 5/6, AP 1/2
Josie Forte	Registrant	England	13,962	nil	8/8	AP 1/2
Mike Galvin	Lay	England	15,591****	nil	8/8	ARC 6/6, AP 2/2
Rosie Glazebrook	Lay	England	13,962	nil	8/8	Nom 4/4, AP 2/2
Scott Mackie	Registrant	Scotland	16,754****	nil	8/8	
Clare Minchington	Lay	England	13,962	nil	8/8	ARC 6/6
David Parkins	Registrant	England	13,962	nil	8/8	ARC 6/6
Roshni Samra	Registrant	England	13,962	nil	8/8	
Helen Tilley	Registrant	Wales	17,073	316	8/8	Rem 1/1,
Glenn Tomison	Registrant	England	13,962	nil	8/8	Nom 4/4, AP 2/2
Tim Parkinson	Lay	England	13,387	nil	8/8	Rem 1/1

#### **Key:**

**Committees:** ARC - Audit, Risk and Finance, **Nom** - Nominations, **Rem** - Remuneration.

**Panel:** AP – Advisory Panel

\* Council expenses have been considerably reduced from previous years 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.

\*\*\* Attended as observer as part of induction process.

\*\*\*\* Fees including VAT

---

<sup>1</sup> The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### **Attendance**

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 32. During 2020/2021 there were eight Council meetings (made up of four Public and four Strictly Confidential), 13 committee meetings and the Advisory Panel met twice. Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public; business is usually transacted in private only if it is commercially or legally sensitive, a preliminary discussion on development of strategy or policy, or if the matter being discussed concerns an individual or specific group.

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

### **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 is able to delegate any of its functions with the exception of approving rules.

### **The Executive**

Our Chief Executive and Registrar, Lesley Longstone, is responsible for the Executive, which is structured into four interlinked directorates and a Secretariat function. 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 to other members of the Executive.

The Director of Casework and Resolution, Dionne Spence, has responsibility for three functions: Case progression (including contract management of the Optical Consumer Complaints Service), Hearings and Legal.

The Interim Director of Strategy, Marcus Dye, has responsibility for three functions: Standards, Policy and Research, and Communications.

The Interim Director of Resources, Yeslin Gearty, has responsibility for five functions: Registration, Human Resources, Facilities, Finance and IT.

The Director of Education, Leonie Milliner, has responsibility for three functions: Education operations, and ESR and CET teams.

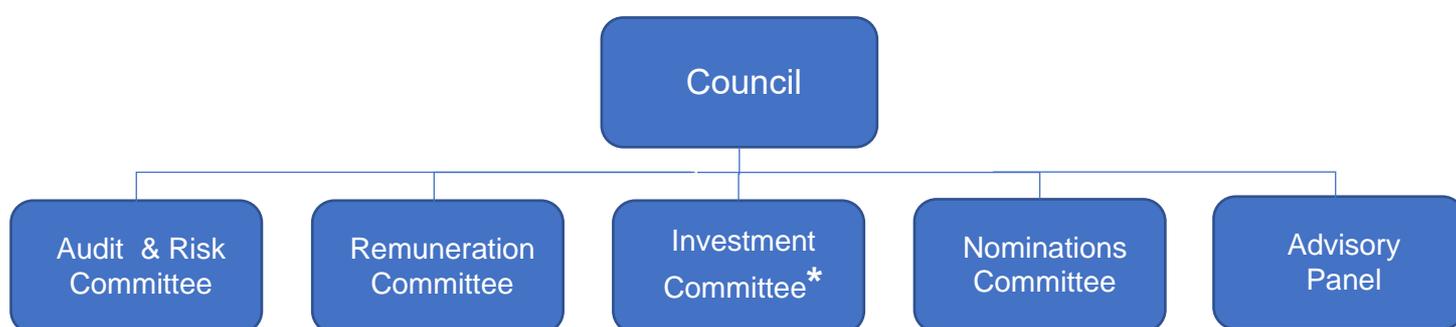
## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

The Head of Secretariat, Erica Wilkinson, has responsibility for five functions: Governance, Compliance, Information Governance, EDI and business planning and performance.

### Our governance structure

Our governance structure consists of three non-statutory committees and four statutory advisory committees (Education, Standards, Registration and Companies) that meet collectively as an advisory panel.

Our structure is illustrated in the diagram below.



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

The committees and Advisory Panel are a valuable source of stakeholder input, alongside views obtained from research, public consultation and other engagement in shaping Council's thinking and decision-making.

### Audit, Finance and Risk Committee

The Committee scrutinises financial reports prior to their presentation to Council, advises and provides assurance to Council on audit, risk and some aspects of governance, and takes some decisions as delegated by Council. In addition to the Council members on the Committee, Helen Dearden is appointed as an independent member and she attended all meetings during the year. The role of the independent member is to provide the Committee with independent, objective and impartial advice and judgement on audit, risk, governance and charity governance matters. The Chair (Clare Minchington) satisfies the provision under the UK Corporate Governance Code that at least one member of the Committee has relevant financial experience.

The Committee undertook the following work during 2020/2021:

- Scrutinised the quarterly financial performance reports and forecasts and the draft budget prior to their presentation to Council;

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

- Reviewed the annual report and accounts, budget-planning timetable and guidance, and external audit findings report, accounting and internal control recommendations;
- Reviewed the corporate risk register at each meeting and departmental risk registers on a rotational basis;
- Regular reviews of a significant incidents report;
- Agreed to recommend the Reserves Policy for approval by Council;
- Assessed and approved the internal audit plan;
- Approved the re-appointment of Internal Auditors;
- Approved the ARC Work Plan for 2021/22; and
- Considered potential mitigations for the financial impact of COVID-19.

The Committee also held a development day in November 2020.

### **Remuneration Committee**

The Committee advises Council on the payment of Council and Committee member fees, the Chief Executive and Registrar and Director remuneration, processes to determine executive remuneration, reward and performance management, and takes some delegated decisions. In addition to the Council members on the Committee, Helen Dearden is appointed as an independent member and she attended three of the four meetings during the year. The independent member acts as an independent advisor on remuneration issues.

The Committee undertook the following work during 2020/21:

- Agreed the remuneration arrangements for the Chief Executive and Registrar;
- Agreed the recommendation regarding performance related pay awards for Directors with effect from 1 April 2020;
- Received an update on the Employee appraisal process 2019 and agreed to provide assurance to Council;
- Agreed to recommend to Council the proposed amendment to the member fees policy.

### **Nominations Committee**

The Committee advises Council and takes some delegated decisions in areas of appointment, reappointment, appraisal, evaluation, induction and development of members. In addition to the Council members on the Committee, Chris Dearsley is appointed as an independent member and attended all meetings during the year. The independent member provides independent, objective and impartial advice and judgement. In addition, the independent member acts as an independent assessor for appointment and reappointment processes and participates in the appraisal of our

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

Hearings Panel Chairs and the IC Chair.

The Committee undertook the following work during 2020/2021:

- Agreed to the Committee, appointments and reappointments work plans for 2020/2021;
- Agreed recruitment procedure for Registrant Council members (Scotland and Wales);
- Agreed the change of working status of clinical advisers, CET Chairs and deputy Chairs;
- Agreed to recommend the terms of reference and membership of the Investment Committee to Council.

### Advisory Panel

The Advisory Panel is a combined meeting of all the GOC's statutory advisory committees: Standards, Education, Companies and Registration. Its purpose is to give advice and assistance to the Chief Executive and Registrar and to Council (whether or not in response to a request from them), specifically including matters which would be addressed by each of the statutory advisory committees as defined under their terms of reference.

The Advisory Panel will also help to identify what task and finish groups might be necessary and suggest other appropriate members.

The Advisory Panel met twice during the year and were asked to advise and note the following workstreams:

<b>29 September 2020</b>	<ul style="list-style-type: none"><li>• COVID-19 Update</li><li>• Strategic plan update</li><li>• ESR (Workstreams, key proposals, EAGs)</li><li>• CET Review (proposals following public consultation)</li><li>• Speaking U Guidance</li><li>• Consultation on COVID-19 Statements</li><li>• Introducing Lifetime Registration Numbers</li><li>• Communications strategy</li></ul>
<b>25 January 2021</b>	<ul style="list-style-type: none"><li>• ESR (Proposals to update requirements for GOC approved qualifications and Progress of EAGs for CLOs and Therapeutic Independent Prescribing Qualifications)</li><li>• How are practices working under COVID-19</li></ul>

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### 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 at 10 Old Bailey, London, EC4M 7NG operational address

**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**

Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025)
Gareth Hadley (Chair)	(reappointed 19 February 2017 to 18 February 2021)
Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
Josie Forte	(appointed 1 April 2017 until 31 March 2021)
Mike Galvin	(appointed 1 April 2017 until 31 March 2021)
Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
Scott Mackie	(reappointed 1 April 2017 until 31 March 2021)
Clare Minchington	(appointed 1 April 2017 until 31 March 2021)
David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Roshni Samra	(appointed 1 April 2017 until 31 March 2021)
Helen Tilley	(reappointed 1 May 2017 until 30 April 2021)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)

## SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

### **Senior Management Team**

Lesley Longstone

Marcus Dye

Yeslin Gearty

Leonie Milliner

Dionne Spence

Chief Executive & Registrar

Interim Director of Strategy

Interim Director of Resources

Director of Education

Director of Casework and Resolution

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

### Our Fitness to Practise Annual Report

---

#### **Introduction**

In order to meet our statutory function and our overarching objective to protect the public, we investigate and act where a registrant's fitness to practise, train or carry on business is alleged to be impaired.

We recognise all professionals may make errors of judgement during the course of their practice and our FtP process is designed to assess whether that mistake, conduct or behaviour could reoccur, or is so serious that we ought to take action to place restrictions on a registrant's registration.

A concern that a registrant may not be fit to practise can be as a result of one or more different factors including:

- Poor professional performance;
- Physical or mental health problems affecting their work;
- Inappropriate behaviour;
- Being under the influence of alcohol or drugs at work;
- Fraud or dishonesty;
- A criminal conviction or caution; or
- A finding by another regulatory body.

We undertake an initial assessment of all concerns raised, to determine whether the matters constitute an allegation of impaired fitness to practise and relate to a registered individual or business. Complaints that do not meet these criteria may be referred elsewhere (for example, to the OCCS).

For complaints that meet these criteria, we conduct an investigation to gather relevant information. We keep the referrer informed and provide the registrant with an opportunity to offer a full response to the allegations, before our case examiners (or theIC) determine whether the matter should proceed to a full hearing.

#### **Highlights**

Starting the year in the midst of a global pandemic presented some very specific challenges to our FtP function – triage and case progression teams suddenly working in isolation, from home, and hearings moving to a never previously used virtual platform, and all alongside a clear and unequivocal commitment to ensure the least damage to our public protection function.

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

With the support of our defence stakeholder group and the commitment of our FtPC, we were able to proceed with our first virtual non-substantive event within 24 hours of the office closure and we were able to commence our first substantive matter within a week, with public access, and have ended the year having scheduled 50 substantive events against 56 the previous year and concluding 40 against 42 – an incredible achievement during these unprecedented times.

Over the last year we have continued to prioritise the elements of our improvement programme that focus on the new challenges being faced – ensuring that the lessons learned from fitness to practise continue to support improved practice and a reduction in incoming concerns that raise regulatory concerns.

Perhaps surprisingly, given the impact that the pandemic had on the sector, we saw a very slight eight percent reduction in the number of concerns raised with us – 314 this year, against 342 the previous year. Having embedded our revised Acceptance Criteria and enhanced triage process we have sustained the outputs seen in the first year of the pilot with 36.3 per cent of complaints being formally opened for further investigation (39 per cent in 2019-2020).

As projected, our Triage open caseload has reduced by over 28 per cent over the last year and we have ended the year with an open median of three weeks (down by five weeks), and a triage decision median of eight weeks – three weeks quicker than the previous year. There has remained a very small number of cases that have taken a disproportionate amount of time, not helped by early difficulties in obtaining clinical records this year. Our longest triage decisions are still taking well over two years, and although linked to third-party investigations, we will need to reflect on our methodology with these types of referrals to ensure that reasonable progress can be made alongside linked investigations.

We are pleased to have further reduced the overall caseload in investigations (stage 2) by over 37 per cent, alongside a 60 per cent reduction in post case examiner referrals (stage 3) to the FtPC. For the first time we have far fewer cases waiting to be disclosed on registrants than we have scheduled for hearing.

Our biggest unmet objective this year has again been with reducing the time it is taking us to investigate concerns, both pre and post case examiner decision. Our previous, very successful, focus on reducing the volume of cases in the system has left us with a residual caseload of older, more complex, cases with a consequentially higher median age. It is frustrating that some of the early progress we were making in trying to significantly improve the pace of case progression has been impacted by delays linked to the pandemic and respective access to registrants and records, with the median time from date of receipt to case examiner decision increasing from 60 weeks to 74 weeks this year. For the investigation stage alone, the median age of open cases at year-end has increased by four per cent from 55 weeks to 57 weeks

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

(from date of receipt), but with a slight reduction at post case examiner stage, from 122 weeks to 121 weeks.

While not entirely unexpected for this year, it is disappointing to see the median time that we have taken to reach these critical decision points increase again, up 14 weeks from the time of receipt to case examiner decision, and up 21 weeks from date of receipt to final Committee decision – 141 weeks from 120, against an objective of 78 weeks. We recognise that, despite the challenges of the past year, this is not acceptable; however, there are some indicators of overall improvement.

This year we have reduced the number of open cases that are older than one year from the date of receipt by over 40 per cent, down from 152 to 90, and for those open over two years down by 46 per cent, from 79 to 43. What we have been able to achieve, despite the move to remote hearings, is a median time of 26 weeks to schedule a hearing once the matter has been disclosed.

Based on the cases that were already pending, we projected an end-to-end case progression median time of 130 weeks for this year which, without the small number of agreed adjournments to our hearings at the start of the pandemic, we would have achieved. As we start the new year, we acknowledge that it will be a significant challenge to improve our end-to-end median time, given the age profile of the cases currently being investigated.

We expected to sit for 300 hearing days this year and are pleased that in spite of the move to remote hearings, the pace with which we were able to accommodate this change means that we achieved just under 260 hearing days, 86 per cent against our target.

Our 'effective case management' pilot concluded this year with some notable successes. We sought to minimise the number of lost hearing days and to ensure that time estimates were revised, and any non-substantive matters resolved in advance of hearings. Our date utilisation increased from 85 to 95 per cent this year and despite a small number of hearings going part-heard towards the end of the year, we met our objective to increase the percentage of substantive events concluding within the time allocated, to 80 per cent.

During the year we attended two external remote events to continue with our commitment to sharing lessons from fitness to practise and were delighted with the launch of FtP Focus, our first registrant learning bulletin, which has been very positively received. Additionally, we created and delivered a free online CET webinar, attended by almost 300 attendees with free recorded access to many more.

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

### Complaints received in 2020-2021

We received 314 referrals relating to the fitness to practise of our registrants, from which we opened 65 investigations. This reflects just an eight per cent reduction in the number of new referrals coming into our Triage team, but almost a 60 per cent reduction in the proportion of full investigations opened – 21 per cent this year, against 47<sup>2</sup> per cent and 59 per cent in the previous two years.

In respect of the number of concerns progressed to investigation, this constitutes only 0.2 per cent of our total registrant population and although this must be caveated with the very unusual circumstances of the past year, continues to demonstrate that the vast majority of our registrants are unlikely to be the subject of fitness to practise concerns. Aside from a reduction in the proportion of conviction cases referred to us this year, there was little variance in the type of complaints we received or which registrant category they were received about.

The GOC was the complainant in 20 percent of all concerns raised, with employers or former employers increasing their proportion by more than double. For the first time, we saw more registrant-on-registrant concerns being raised, which were all related to activities undertaken during the lockdown, see Table one.

**Table one – types of complaints investigated over the last three years**

Nature of Complaint	20-21	%	19-20	%	18-19	%
<b>Clinical</b>	<b>25</b>	<b>39%</b>	<b>67</b>	<b>42%</b>	<b>125</b>	<b>47%</b>
<i>multiple clinical</i>	16	25%	29	18%	17	6%
<i>retinal detachment</i>	4	6%	7	4%	17	6%
<i>tumour</i>	1	2%	0	0%	13	5%
<i>glaucoma</i>	3	5%	13	8%	10	4%
<i>cataracts</i>	0	0%	4	3%	9	3%
<i>macular degeneration</i>	0	0%	8	5%	4	2%
<i>laser surgery</i>	0	0%	0	0%	3	1%
<i>other clinical</i>	1	2%	6	4%	52	19%
<b>Conduct</b>	<b>15</b>	<b>23%</b>	<b>32</b>	<b>20%</b>	<b>33</b>	<b>12%</b>
<i>personal conduct</i>	13	20%	32	20%	28	10%
<i>theft</i>	1	2%	0	0%	3	1%
<i>fraud</i>	1	2%	0	0%	2	<1%
<b>Mixed - clinical / conduct</b>	<b>5</b>	<b>8%</b>	<b>4</b>	<b>3%</b>	<b>16</b>	<b>6%</b>
<b>Conviction / Caution</b>	<b>5</b>	<b>8%</b>	<b>20</b>	<b>12%</b>	<b>39</b>	<b>15%</b>
<b>Business procedures / complaints</b>	<b>7</b>	<b>11%</b>	<b>16</b>	<b>10%</b>	<b>21</b>	<b>8%</b>
<b>Health</b>	<b>4</b>	<b>6%</b>	<b>7</b>	<b>4%</b>	<b>14</b>	<b>5%</b>
<b>Miscellaneous</b>	<b>4</b>	<b>6%</b>	<b>15</b>	<b>9%</b>	<b>21</b>	<b>8%</b>
<b>TOTAL</b>	<b>65</b>	<b>100%</b>	<b>161</b>	<b>100%</b>	<b>269</b>	<b>100%</b>

<sup>2</sup> Reported as 39 percent last year – now reconciled

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

**Table two – number of complaints opened against each GOC registrant category over the last three years**

	20-21	%	19-20	%	18-19	%
Optometrist	43	66%	120	75%	186	69%
Student Optometrist	4	6%	5	3%	18	7%
Dispensing Optician	8	12%	15	9%	25	9%
Student Dispensing Optician	4	6%	6	4%	8	3%
Business Registrant	6	9%	15	9%	32	12%
<b>TOTAL</b>	<b>65</b>	<b>100%</b>	<b>161</b>	<b>100%</b>	<b>269</b>	<b>100%</b>
<i>total number of registrants</i>	<i>32,276</i>		<i>32,118</i>		<i>30,759</i>	
<i>percentage subject to complaints</i>	<i>0.20%</i>		<i>0.50%</i>		<i>0.87%</i>	

**Table three – the source of concerns received over the last three years.**

Source of concern	20-21	%	19-20	%	18-19	%
patient or representative	19	29%	63	39%	146	54%
self-declaration	8	12%	29	18%	54	20%
GOC	13	20%	20	12%	23	9%
primary care organisation	4	6%	7	4%	11	4%
employer / former employer	11	17%	10	6%	8	3%
other	2	3%	14	9%	12	5%
professional / educational body	2	3%	3	2%	8	3%
Whistle blower	3	5%	7	4%	3	1%
police	0	0%	0	0%	1	<1%
anonymous	0	0%	7	4%	3	1%
counter-fraud services	0	0%	1	<1%	0	0%
other registrant(s)	3	5%	0	0%	0	0%
	<b>65</b>		<b>161</b>		<b>269</b>	

Our case examiners and IC made 176 decisions this year including some cases that may have been subject to more than one decision, for example, interim decisions and those cases that were subject to a review pursuant to Rules 15<sup>3</sup> and Rule 16<sup>4</sup>, of which there were 38 this year, an increase from 22 in 2019-2020.

This year, 55 per cent resulted in no further action, down from 63 per cent the year before - potentially reflective of the more serious nature of cases coming through.

**Table four - decisions made by the case examiners or the Investigation Committee over the last three years**

<sup>3</sup> General Optical Council (Fitness to Practise) Rules Order of Council 2013 – the case examiners may review the decision not to refer an allegation to the FtPC

<sup>4</sup> General Optical Council (Fitness to Practise) Rules Order of Council 2013 – the case examiners may review the decision to refer the allegation(s) to the FtPC

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

Outcome	20-21	%	19-20	%	18-19	%
<b>Substantive Outcomes</b>						
No further action	53	45%	135	54%	111	51%
No further action with advice	12	10%	22	9%	40	18%
warning	16	14%	37	15%	30	14%
Referral to FtPC	37	31%	56	22%	37	17%
<b>Interim Outcomes</b>						
Further investigation required	8	N/A	6	N/A	21	N/A
Minded to issue a warning	9	N/A	42	N/A	49	N/A
Directed to a performance review	0	N/A	0	N/A	0	N/A
Directed to a health assessment	0	N/A	2	N/A	4	N/A
<b>Review Outcomes</b>						
Termination of referral to FtPC	30	N/A	20	N/A	12	N/A
Confirmation of referral to FtPC	7	N/A	5	N/A	3	N/A
Review of decision not to refer	4	N/A	12	N/A	5	N/A
<b>Substantive decisions</b>	<b>118</b>	<b>100</b>	250		218	

31 per cent of concerns were referred by case examiners to the FtPC – which, given the significant reduction in the number of less serious cases entering the investigation system was an expected increase on the 22 and 17 per cent over the past two years. We expect this proportion to continue to rise as the enhanced Triage process continues to filter out concerns that do not reach the regulatory threshold.

### Interim orders

The GOC Registrar has the legal power to refer a matter directly to the FtPC for consideration whether to impose an interim order (IO) on the registrant's practice. Both case examiners and the IC also have the power to direct the Registrar to take this step. An IO is an immediate order, which is used where the FtPC is satisfied that it is:

- Necessary to restrict the registrant's practice to protect the public;
- Otherwise in the public interest; or
- In the interests of the registrant.

In the period covered by this report, we applied for an interim order in six cases of which five were approved. This reflects a 50 per cent reduction in the number of applications made in the last year.

The time taken to impose an interim order, from the date where the need was identified, rose by one week this year to four weeks, still in line with our commitment to ensure that prompt action is taken in cases that present the most serious risk to the public. The time taken from receiving the initial complaint to obtaining an order rose to 25 weeks from 12 weeks the previous year. This was the result of our commitment to build

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

a stronger prima facie case and seeking a clinical opinion prior to applying for an interim order and the improvement in our positive outcome indicates that this was worthwhile investment.

We continue to retain the management of IO applications/reviews in-house to ensure the close engagement of our case officers and to provide a more efficient service. The total number of applications for High Court extensions reduced from 20 to eight, and extensions were granted in all cases.

### **Fitness to Practise Committee (FtPC)**

In reaching a decision, the FtPC considers whether it is necessary to take action to protect the public and whether taking action is necessary for the wider public interest: for example, in order to maintain public confidence in the professions or to declare and uphold proper standards of conduct and behaviour.

If the FtPC finds that the registrant's fitness to practise or to undertake training is currently impaired, one of the following outcomes is available to it:

Warning	If the registrant's fitness to practise or undertake training is considered not impaired, the FtPC can still warn the registrant about their future behaviour or performance. A warning can be for varying periods of time and will be appended to the registrant's online registration
Payment of a financial penalty	Imposition of a financial penalty in conjunction with any other directions that it has imposed, up to a maximum of £50,000.
Conditional registration	The registrant can stay on the register provided they comply with certain conditions such as doing extra training or being supervised.
Suspension from our register	The registrant's name is temporarily taken off the register and they cannot undertake functions that are restricted by law to registered optometrists or dispensing opticians or run a registered business in the UK for a fixed period. If someone tries to work after being suspended or erased they are committing a criminal offence.
Erasure of the registrant's name from our register	The registrant's name is taken off the register and they cannot undertake functions that are restricted by law to registered optometrists or dispensing opticians or run a registered business in the UK. If they want their name restored to the register, they must go through a separate process which includes considering the reasons for their removal and any remediation that may have taken place. A registrant can apply for their name to be put back on the register no earlier than 22 months following the date of erasure.

In 2020-2021 the FtPC considered 44 substantive hearings, resolving 40 during the reporting year, with four going part-heard into 2021-2022. There was a notable

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

increase in the proportion of suspension orders issued this year which we will continue to monitor.

**Table five shows the outcomes of cases determined by the FtPC over the last three years**

Substantive hearings	20-21	%	19-20	%	18-19	%
erasure	7	18%	18	43%	9	21%
suspension	19	48%	7	17%	9	21%
conditional registration	3	8%	3	7%	1	2%
payment of a financial penalty	0	0%	0	0%	1	2%
warning	1	3%	1	2%	6	14%
no further action - no case to answer	10	25%	13	31%	16	38%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>	<b>42</b>	<b>100%</b>	<b>42</b>	<b>100%</b>

The FtPC also considered 31 hearings on the papers over the past year, including 28 interim order reviews and three procedural hearings. Due to the amendments to our Rules, we were able to facilitate applications to adjourn hearings administratively, where this was agreed by both sides.

All substantive outcomes are published on our website for a period of 12 months, subject to an application by the registrant in determinations where no misconduct has been found. Older determinations are available on request.

### **Registration Appeal Committee (RAC)**

In circumstances where a registrant is erased from the register, any application for restoration is heard by the RAC. The applicant cannot make an application until 22 months have passed since the order for erasure took effect, and the restoration hearing cannot take place until at least 24 months have passed. Prior to making the application, the applicant must have acquired the required number of CET points. This does not apply to optical students. There were no such applications during the year 2020-2021.

The RAC also considers appeals against decisions made by the Registrar not to allow registration. During 2020-2021, the RAC received one appeal against the Registrar's decisions that was upheld.

### **Professional Standards Authority (PSA) Section 29 referrals**

The PSA has the discretion to refer a decision of the FtPC to the High Court when it considers that the decision of the Committee is insufficient for public protection.

## SECTION TWO: OUR FITNESS TO PRACTISE REPORT

During 2020-2021 the PSA has referred one decision of the FtPC under this process, which is ongoing. We will reflect on any learning at its conclusion.

### **Audit**

Each year, we commission an independent audit of the FtP decision making of the IC and FtPC, to demonstrate our compliance with the Professional Standards Authority's (PSA) FtP standard 16. This requires that *“The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.”*

This year the audit was conducted by RadcliffesLeBrasseur, solicitors and auditors, the second to be completed by them following their successful bid for a three-year contract. The audit contains sections on the auditor's findings, compliance with previous recommendations and learning points. After the GOC management response was agreed, the audit report was submitted to our Audit and Risk Committee for their scrutiny before being presented to our Council in February 2021. The level of assurance given by the audit has also been shared with the PSA.

For the first time, we asked the auditor to include a small sample of decisions taken by the GOC Registrar at triage stage. This was one of the risk management mechanisms we committed to when we introduced Acceptance Criteria (AC) in November 2018. In future audits, as we have subsequently enhanced the AC, and introduced a new triage process, we will be increasing the sample of triage decisions included.

A total of 106 decisions were audited, and the audit report identified a small number of learning points, the vast majority of which we accepted and acted upon. In summary, the auditors concluded that: *“We confirm that the findings made in this audit demonstrate substantial compliance with the Council's statutory obligations. They also demonstrate compliance with the Council's own procedural requirements and guidance. Whilst we have identified a number of cases where there were errors in decision making most were regarded as not having been material to the outcome. In a small number of cases we identified material errors and we detail those in this report.”*

With regard to the material issues identified by the auditor, we have taken action to review those cases and to refer them back to the decision-makers for review.

## SECTION THREE: OUR FINANCE REPORT

### OUR FINANCE REPORT

---

#### **FINANCIAL REVIEW OF THE YEAR ENDED 31 MARCH 2021**

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 met five times this year, reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed the financial performance, operational and compliance controls and risk management.

In 2020/21, financial performance for the year (measured by net income) was £3.1m surplus (2019/20 £1.5m deficit). Improvement of financial performance was partly due to changed working methods due to Covid restrictions. The year saw a rebound in the market value of investments of £1.9m, which is a marked change from the loss of value at the end of 2019/20, with news of the global spread of the COVID-19 virus. Income for the year was £9.8m (2019/20 £9.6m). £9.6m (2019/20 £9.3m) was related to annual renewal fees.

During the year we incurred £8.6m expenditure (2019/20 £10.3m). Expenditure reduced from the pre-Covid period, due to remote working practices, delays and efficiencies.

We continue to maintain a robust position in regards to cash resource 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 Chair of the Audit, Risk and Finance Committee.

The reserves policy was updated in November 2020 to align with the current five-year strategic plan, taking into account reduced legal costs in recent years, the new five-year financial forecast, and challenges to revenue due to COVID-19.

## SECTION THREE: OUR FINANCE REPORT

All of our reserves are unrestricted and as of 31 March 2021, the total reserves were £8.6m (2019/20 £5.5m). Target range for non-designated funds in the new reserves policy is from £2.3m to £3.8m. As of 31 March 2021, total non-designated funds net of tangible fixed assets were £3.5m (2019/20 £0.1m).

The Council in setting the reserves policy 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 new contingency reserve to provide against risk of falling income due to the pandemic. The infrastructure/dilapidation reserve (£0.5m) is also a new reserve which is designed to build up funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £371k was spent from the strategic reserve for strategic projects. The current strategic projects are the IT strategy, the ESR and the CET Review. The IT strategic project is a multi-year programme of work, the effects of which will bring long-term benefits to the organisation.

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

### **Investment policy**

The Working Capital Policy recognises that all deposits must be secure, liquid and not exposed to currency risk.

The Investment Policy Statement recognises the additional needs of the GOC as it seeks to ensure that funds provide reasonable returns within acceptable risk profiles.

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 Resources) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

## SECTION THREE: OUR FINANCE REPORT

### 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 22 September 2021, and signed on their behalf by



Dr Anne Wright CBE  
Chair, GOC

## SECTION THREE: OUR FINANCE REPORT

### INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF GENERAL OPTICAL COUNCIL

---

#### **Independent auditor's 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 2021 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 2021 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.

## SECTION THREE: OUR FINANCE 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 50, 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.

## SECTION THREE: OUR FINANCE REPORT

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 known or suspected instances 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

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](http://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.

SECTION THREE: OUR FINANCE REPORT



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

Date: 09 November 2021

Haysmacintyre LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## SECTION THREE: OUR FINANCIAL REPORT

### STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2021

	Notes	Unrestricted Funds £'000	Total 2020/21 £'000	Total 2019/20 £'000
<b>Income from:</b>				
Charitable activities	2	9,571	9,571	9,313
Investments	3	214	214	288
<b>Total</b>		<b>9,785</b>	<b>9,785</b>	<b>9,601</b>
<b>Expenditure on:</b>				
Raising Funds	11	43	43	43
Charitable activities	5	8,550	8,550	10,224
<b>Total resources expended</b>		<b>8,593</b>	<b>8,593</b>	<b>10,267</b>
Net (losses) / gains on investments	11	1,896	1,896	(827)
<b>Net (expenditure) / income</b>		<b>3,088</b>	<b>3,088</b>	<b>(1,493)</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward		5,539	5,539	7,032
<b>Total funds carried forward</b>		<b>8,627</b>	<b>8,627</b>	<b>5,539</b>

There are no recognised gains or losses other than those recognised above. All activities are continuing.

All the transactions in 2020-21 and 2019-20 were unrestricted.

The notes on pages 58 to 71 form part of these financial statements.

## SECTION THREE: OUR FINANCE REPORT

### BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2021

	Notes	2020/21 £'000	2019/20 £'000
<b>Fixed assets:</b>			
Tangible fixed assets	10	1,019	977
Investments	11	8,860	7,012
<b>Total fixed assets</b>		<b>9,879</b>	<b>7,989</b>
<b>Current assets:</b>			
Debtors	12	537	442
Short term deposits		7,700	7,200
Cash at bank and in hand		660	468
<b>Total current assets</b>		<b>8,897</b>	<b>8,110</b>
<b>Current liabilities:</b>			
Creditors: amounts falling due within one year	13	(10,149)	(10,560)
<b>Net current assets</b>		<b>(1,252)</b>	<b>(2,450)</b>
<b>Total assets less current liabilities</b>		<b>8,627</b>	<b>5,539</b>
<b>Net assets</b>		<b>8,627</b>	<b>5,539</b>
<b>Represented by:</b>			
Unrestricted funds:			
Designated funds	15	4,100	4,469
General funds	15	4,527	1,070
<b>Total funds</b>		<b>8,627</b>	<b>5,539</b>

The notes on pages 58 to 71 form part of these financial statements.

The financial statements were approved and authorised by the Council on 22 September 2021 and were signed on its behalf by:



Dr Anne Wright CBE  
Chair, GOC

## SECTION THREE: OUR FINANCE REPORT

### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	2020/21 £'000	2019/20 £'000
<b>Cash flows from operating activities:</b>		
<b>Reconciliation of net (expenditure) / income to net cash flow from operating activities:</b>		
Net income / expenditure for the reporting period (as per the statement of financial activities)	3,088	(1,493)
Depreciation	137	152
Loss on disposal of fixed assets	-	2
(Gains) / losses on investment income	(1,896)	827
Dividends, interest, and rents from investments	(214)	(288)
Decrease / (Increase) in debtors	(95)	216
Increase/ (decrease) in creditors	(410)	441
<b>Net cash provided by (used in) operating activities</b>	<b>610</b>	<b>(143)</b>
<b>Cash flows from investing activities:</b>		
Dividends, interest, and rents from investments	214	288
Purchase of tangible fixed assets	(180)	(9)
Proceeds from sale of investments	1,693	2,242
Movement in short term deposit account (more than three months)	(500)	(2,100)
Movement in Cash held in investment	45	7
Purchase of Investments	(1,690)	(1,816)
<b>Net cash provided by (used in) investing activities</b>	<b>(418)</b>	<b>(1,388)</b>
<b>Change in cash and cash equivalents in the reporting period</b>	<b>192</b>	<b>(1,531)</b>
Cash and cash equivalents at the beginning of the reporting period	468	1,999
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>660</b>	<b>468</b>
<b>Cash and cash equivalents at the end of the reporting period</b>		
Cash at bank and in hand	660	468

The notes on pages 58 to 71 form part of these financial statements.

## SECTION THREE: OUR FINANCE REPORT

### NOTES TO THE FINANCIAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

---

#### 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.

## SECTION THREE: OUR FINANCE REPORT

### **(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, 2021/22, the most significant area of uncertainty relates to the impact of COVID-19 on the economy and the number of registrants, with associated financial implications for our fee income. The level of uncertainty is lower than last year because registrant renewal rates have broadly stayed on par with previous years. Ongoing volatility of the market value of investments also creates a risk. The review of our financial position, reserve levels and future plans gives Council members' 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 fall 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 FtP, 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.

## SECTION THREE: OUR FINANCE REPORT

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

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

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

### **(iv) FIXED ASSETS**

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

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £500.

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

## SECTION THREE: OUR FINANCE REPORT

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 February 2019.

### **(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.

## SECTION THREE: OUR FINANCE REPORT

- 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. The assets of the scheme 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.

	2020/21 £'000	2019/20 £'000
<b>2. Income from charitable activities</b>		
Registration and renewal fee	9,559	9,279
Continuing Education Training provider	12	34
<b>Total</b>	<b>9,571</b>	<b>9,313</b>
	2020/21 £'000	2019/20 £'000
<b>3. Income from Investment</b>		
Interest from fixed deposits	12	29
Dividend income	202	259
<b>Total</b>	<b>214</b>	<b>288</b>

## SECTION THREE: OUR FINANCE REPORT

4. There was no income arising from other activities during 2020-21 and 2019-2020.

	<b>Direct Cost £'000</b>	<b>Support Cost £'000</b>	<b>Total 2020/21 £'000</b>
<b>5. Charitable activities</b>			
Fitness to practise (Note 5a.)	3,281	1,625	4,906
Registration	484	458	942
Education & standards	1,279	671	1,950
Policy	226	146	372
Communications	240	140	380
<b>Total</b>	<b>5,510</b>	<b>3,040</b>	<b>8,550</b>

Comparative figures below:

	<b>Direct Cost £'000</b>	<b>Support Cost £'000</b>	<b>Total 2019/20 £'000</b>
<b>5. Charitable activities</b>			
Fitness to practise (Note 5a.)	4,123	1,787	5,910
Registration	708	503	1,211
Education & standards	1,561	838	2,399
Policy	222	100	322
Communications	243	139	382
<b>Total</b>	<b>6,857</b>	<b>3,367</b>	<b>10,224</b>

The following table analyses the FtP costs:

	<b>2020/21 £'000</b>	<b>2019/20 £'000</b>
<b>5a. Fitness to practise including Legal compliance</b>		
Legal fees on investigations	336	606
Other investigation costs	1,282	1,540
Hearing costs	1,025	1,321
Dispute mediation	228	215
Legal compliance	410	441
Support costs	1,625	1,787
<b>Total</b>	<b>4,906</b>	<b>5,910</b>

## SECTION THREE: OUR FINANCE REPORT

							2020/21
<b>6. Support costs</b>	<b>Management</b>	<b>Governance</b>	<b>Facilities</b>	<b>HR</b>	<b>Finance</b>	<b>IT</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Fitness to practise	52	389	387	201	171	425	1,625
Registration	14	109	109	57	48	121	458
Education and Standards	21	161	160	83	70	176	671
Policy	5	35	35	18	15	38	146
Communications	4	34	33	17	15	37	140
<b>Total</b>	<b>96</b>	<b>728</b>	<b>724</b>	<b>376</b>	<b>319</b>	<b>797</b>	<b>3,040</b>

### Comparative figures below:

							2019/20
<b>6. Support costs</b>	<b>Management</b>	<b>Governance</b>	<b>Facilities</b>	<b>HR</b>	<b>Finance</b>	<b>IT</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Fitness to practise	126	405	410	271	130	445	1,787
Registration	36	114	115	76	36	126	503
Education and Standards	59	190	192	127	61	209	838
Policy	7	23	23	15	7	25	100
Communications	10	31	32	21	10	35	139
<b>Total</b>	<b>238</b>	<b>763</b>	<b>772</b>	<b>510</b>	<b>244</b>	<b>840</b>	<b>3,367</b>

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

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

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

	2020/21	2019/20
	£'000	£'000
<b>Governance costs</b>		
Members' fees and expenses	252	301
Staff cost	368	360
External audit fees	20	19
Internal audit fees	23	39
Other governance cost	65	44
<b>Total</b>	<b>728</b>	<b>763</b>

## SECTION THREE: OUR FINANCE REPORT

	2020/21 £'000	2019/20 £'000
<b>7. Net income for the year are stated after charging:</b>		
<hr/>		
Fees paid to external auditors - haysmacintyre:		
external audit fee (excl. VAT)	17	16
taxation advice	-	2
Internal audit fees	23	39
Depreciation of fixed assets	137	152

	2020/21 £'000	2019/20 £'000
<b>8. Staff costs</b>		
<hr/>		
<b>Staff employment costs:</b>		
Salaries	3,780	4,079
Settlements	17	46
National insurance	359	403
Pension costs	325	341
<b>Total</b>	<b>4,481</b>	<b>4,869</b>

<b>Average number of staff</b>	<b>2020/21</b>	<b>2019/20</b>
Chief Executive's office	1	2
Management team	6	6
Fitness to practise	30	34
Registration	8	10
Education, Standards & CET	12	15
Policy and Communications	5	5
Governance, Compliance, performance planning	6	5
Resources (Facilities, HR, Finance, IT)	15	14
<b>Total</b>	<b>83</b>	<b>91</b>

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

	2020/21	2019/20
£60,000 but under £70,000	5	4
£70,000 but under £80,000	3	1
£80,000 but under £90,000	-	2
£90,000 but under £100,000	1	1
£110,000 but under £120,000	-	1
£130,000 but under £140,000	1	1

## SECTION THREE: OUR FINANCE REPORT

During the year, Council paid £79,522 for ten members of staff in this category (2019/20 £48,058 for ten members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 37, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management.

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:

<b>Key management personnel</b>	<b>2020/21 £'000</b>	<b>2019/20 £'000</b>
Gross Pay	462	550
Employer national insurance contributions	53	63
Employer pension contributions	46	48
Benefits	3	10
<b>Total</b>	<b>564</b>	<b>671</b>

<b>9. Trustees' expenses</b>	<b>Fees £</b>	<b>Fees inc. VAT £</b>	<b>Expenses £</b>	<b>2020/21 Total £</b>
Gareth Hadley*	52,190	52,190	1,064	53,254
Helen Tilley	17,073	17,073	316	17,389
Scott Mackie	13,962	16,754	-	16,754
Glenn Tomison	13,962	13,962	-	13,962
Rosie Glazebrook	13,962	13,962	-	13,962
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	-	13,962
Josie Forte	13,962	13,962	-	13,962
Mike Galvin**	13,962	15,591	-	15,591
Clare Minchington	13,962	13,962	-	13,962
Roshni Samra	13,962	13,962	-	13,962
Tim Parkinson***	13,387	13,387	-	13,387
Anne Wright***	6,484	6,484	-	6,484
<b>Total</b>	<b>214,792</b>	<b>219,213</b>	<b>1,380</b>	<b>220,593</b>
<b>Number of trustees</b>				<b>12</b>

\* Retired during the year.

\*\* Fees include VAT.

\*\*\* Appointed during the year.

## SECTION THREE: OUR FINANCE REPORT

Comparative figures below.

<b>Trustees' expenses</b>	<b>Fees £</b>	<b>Fees inc. VAT £</b>	<b>Expenses £</b>	<b>2019/20 Total £</b>
Selina Ullah*	5,818	5,818	1,238	7,056
Gareth Hadley	58,806	58,806	585	59,391
Helen Tilley	17,073	17,073	3,852	20,925
Scott Mackie	13,962	13,962	3,374	17,336
Glen Tomison	13,962	13,962	3,229	17,191
Rosie Glazebrook	13,962	13,962	55	14,017
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	5,462	19,424
Josie Forte	13,962	13,962	2,758	16,720
Mike Galvin***	13,962	16,288	1,486	17,774
Clare Minchington	13,962	13,962	1,022	14,984
Roshni Samra	13,962	13,962	188	14,150
Deborah Bowman**	6,554	6,554	-	6,554
<b>Total</b>	<b>213,909</b>	<b>216,235</b>	<b>23,249</b>	<b>239,484</b>

**Number of trustees** **12**

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

	<b>Office, furniture and equipment £'000</b>	<b>Refurbish- ment £'000</b>	<b>IT hardware £'000</b>	<b>IT software £'000</b>	<b>Capital work-in progress £'000</b>	<b>Total £'000</b>
<b>10. Tangible fixed assets</b>						
<b>Cost as at 1 April 2020</b>	304	1,058	257	1,387	-	3,006
<b>Add: Cost of additions</b>	-	-	17	-	163	180
<b>Less:</b>						
<b>Disposals</b>	-	-	-	-	-	-
<b>Transfers</b>	-	-	-	-	-	-
<b>Total at 31 March 2021</b>	<b>304</b>	<b>1,058</b>	<b>274</b>	<b>1,387</b>	<b>163</b>	<b>3,185</b>
<b>Less:</b>						
<b>Depreciation As at 1 April 2020</b>	(126)	(320)	(196)	(1,387)	-	(2,029)
<b>Charged in the year</b>	(30)	(74)	(33)	-	-	(137)
<b>Disposals</b>	-	-	-	-	-	-
<b>Total at 31 March 2021</b>	<b>(156)</b>	<b>(394)</b>	<b>(229)</b>	<b>(1,387)</b>	<b>-</b>	<b>(2,166)</b>
<b>Net book value 31 March 2021</b>	<b>148</b>	<b>664</b>	<b>45</b>	<b>-</b>	<b>163</b>	<b>1,019</b>
<b>Net Book Value 31 March 2020</b>	<b>178</b>	<b>738</b>	<b>61</b>	<b>-</b>	<b>-</b>	<b>977</b>

## SECTION THREE: OUR FINANCE REPORT

	2020/21 £'000	2019/20 £'000
<b>11. Investment</b>		
Investments b/f	6,766	8,035
Additions	1,690	1,816
Disposals	(1,693)	(2,242)
Realised gains	263	23
Unrealised gains	1,633	(866)
Investments c/f	8,659	6,766
Cash	201	246
<b>Total portfolio</b>	<b>8,860</b>	<b>7,012</b>

Total portfolio includes cash held with equity managers.

During the year £43,249 (2019/20 £43,214) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2020/21 £'000	2019/20 £'000
<b>12. Debtors</b>		
Prepayments	486	368
Other debtors	37	74
Accrued income	14	-
<b>Total</b>	<b>537</b>	<b>442</b>

	2020/21 £'000	2019/20 £'000
<b>13. Creditors: Amounts falling due within one year</b>		
Trade creditors	111	363
Deferred income (note 13a)	9,004	8,914
Accruals	823	1,119
Other tax and social security	127	97
Other creditors	84	67
<b>Total</b>	<b>10,149</b>	<b>10,560</b>

	2020/21 £'000	2019/20 £'000
<b>13a. Deferred income</b>		
At 1 April	8,914	8,528
Amount deferred during the year	9,065	9,076
Amount released to Statement of Financial Activities	(8,975)	(8,690)
<b>Total</b>	<b>9,004</b>	<b>8,914</b>

## SECTION THREE: OUR FINANCE REPORT

Accruals include rent accrual amounting to £468,655 (2019/20 £413,515).

Income from registrant renewal fees received in advance is deferred and will be released as income in 2021/22.

	2020/21	2019/20
	£'000	£'000
<b>14. Financial Instruments</b>		
Financial assets measured at fair value	8,860	7,012
Financial assets measured at amortised cost	8,412	7,742
Financial liabilities measured at amortised cost	(1,145)	(1,645)
<b>Net financial assets measured at amortised cost</b>	<b>16,127</b>	<b>13,109</b>

- (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.

	2020	Income	Expenditure	Transfers / gain / loss	2021
	£'000	£'000	£'000	£'000	£'000
<b>15. Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	1,624	-	-	(924)	700
Strategic reserve	2,845	-	(371)	(474)	2,000
Covid -19 reserve	-	-	-	900	900
Infrastructure/dilapidations reserve	-	-	-	500	500
<b>Total designated funds</b>	<b>4,469</b>	<b>-</b>	<b>(371)</b>	<b>2</b>	<b>4,100</b>
<b>General funds</b>					
Income and expenditure reserve	1,070	9,784	(8,221)	1,894	4,527
<b>Total funds</b>	<b>5,539</b>	<b>9,784</b>	<b>(8,592)</b>	<b>1,896</b>	<b>8,627</b>

Comparative figures below.

## SECTION THREE: OUR FINANCE REPORT

	2019	Income	Expenditure	Transfers / gain / loss	2020
	£'000	£'000	£'000	£'000	£'000
<b>Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	1,624	-	-	-	1,624
Strategic reserve	2,984	-	(139)	-	2,845
<b>Total designated funds</b>	<b>4,608</b>	<b>-</b>	<b>(139)</b>	<b>-</b>	<b>4,469</b>
<b>General funds</b>					
Income and expenditure reserve	2,424	9,601	(10,128)	(827)	1,070
<b>Total funds</b>	<b>7,032</b>	<b>9,601</b>	<b>(10,267)</b>	<b>(827)</b>	<b>5,539</b>

Two new reserves were added, and legal costs reserve was re-defined in an update to the reserves policy during the year. 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 new 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 2020/21 £'000	Total 2019/20 £'000
<b>16. Analysis of net assets by fund</b>			
Tangible fixed assets	1,019	1,019	977
Investments	8,860	8,860	7,012
Current assets	8,897	8,897	8,110
Current liabilities	(10,149)	(10,149)	(10,560)
<b>Total net assets</b>	<b>8,627</b>	<b>8,627</b>	<b>5,539</b>

### 17. 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 £324,679 (2019/20 £341,356). There were £58,992 in outstanding contributions in 2020/21, (2019/20 £50,111) included in the balance sheet.

## SECTION THREE: OUR FINANCE REPORT

### 18. Commitments under operating leases

At 31 March 2021, the charity had the following future lease payments under operating leases.

	2020/21	2019/20
	£'000	£'000
<b>Land and buildings</b>		
Within one year	620	620
In two to five years inclusive	1,861	2,481
Over five years	-	-
<b>Office Equipment lease</b>		
Within one year	28	36
In two to five years inclusive	31	59

The total charge of all operating leases to the statement of financial activities as at 31 March 2021 was £556,812 (2019/20 £532,413).

### 19. Related party transactions

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

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

- Scott Mackie provided services as a CET approver. We paid Scott £3,449 for services provided during the year as a CET approver. Scott's spouse and business partner, Dr Roisin Mackie also provided CET services as a CET approver. We paid her £3,170 for the services provided during the year.
- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £4,314 in fees for her services.