

**Third meeting in 2020 of the Council held in PUBLIC on Wednesday 15 July
at 10:00am via Microsoft Teams videoconference**

AGENDA

					Page No
1.	Welcome and apologies		Chair	10:00-10:05 (5 mins)	
2.	Declaration of interests				
3.	Minutes – 13 May 2020 For approval	Minutes		10:05-10:15 (10 mins)	3
	3.1 Updated actions For noting	C27(20)	Chair		18
	3.2 Matters arising For noting				
4.	Chief Executive and Registrar’s report For noting	C28(20)	LL	10:15-10:35 (20 mins)	20
5.	Chair’s report For noting	C29(20)	Chair	10:35-10:45 (10 mins)	32
STRATEGIC					
6.	Strategic Plan review resulting from Covid-19 pandemic For discussion	C30(20)	MD	10:45-11:00 (15 mins)	36
7.	Education Strategic Review (ESR): support for implementation For discussion	C31(20)	LM	11:00-11:15 (15 mins)	40
ASSURANCE					
8.	Performance report and balanced scorecard: quarter one 2020/21 For noting	C32(20)	EW	11.15-11:30 (15 mins)	50
9.	Financial performance report: period ending 31 May 2020 For noting	C33(20)	YG	11:30-11:40 (10 mins)	73
10.	Education: annual monitoring and reporting For noting	C34(20)	LM/PM	11:40-11:50 (10 mins)	87

LUNCH			11:50-12:20 (30 mins)	
11. Optical Consumer Complaints service: annual report 2019/20 For noting	C35(20)	OCCS & DS	12:20-12:50 (30 mins)	91
OPERATIONAL				
12. Quality Assurance Handbook (Optometry): temporary changes to standards and requirements in light of COVID-19	C36(20)	LM	12:50-13:05 (15 mins)	144
13. GOC annual report and accounts for the year ended 31 March 2020 For decision	C37(20)	YG/MI	13:05-13:15 (10 mins)	161
14. Council forward plan For noting	C38(20)	EW	13:15-13:20 (5 mins)	228
15. Any other business		Chair		
		Meeting close	13:20	

Date of next meeting: 11 November 2020

GENERAL OPTICAL COUNCIL

**DRAFT minutes of the second public meeting of Council held in 2020 on
Wednesday 13 May at 10:00am via Microsoft Team videoconference**

Present: Gareth Hadley (Chair), Sinead Burns, Josie Forte, Mike Galvin, Rosie Glazebrook, Scott Mackie, David Parkins, Roshni Samra, Helen Tilley, Glenn Tomison, Tim Parkinson and Clare Minchington, (item 11 onwards).

GOC attendees: Lesley Longstone, Dionne Spence, Leonie Milliner, Yeslin Gearty, Marcus Dye, Janet Adeyemi (minute taker) and Erica Wilkinson.

1.	Welcome and apologies
1.1.	The Chair welcomed everyone to the Council's first video-based meeting.
1.2.	The Chair cited paragraph 2.16 of the Council's Standing Orders that state " <i>All Council members have a duty to attend ordinary meetings in person and contribute effectively until the Chair closes the meeting. Only in exceptional circumstances (with the agreement of the Chair) will a Council member be permitted to participate in an ordinary meeting via electronic means</i> " He noted that his permission had been granted in these extraordinary circumstances for all participation to be via electronic means.
1.3.	Council: <ul style="list-style-type: none"> • extended particular welcome to Tim Parkinson who was appointed to his role as a Lay Council member on 16 April 2020; and • acknowledged Leonie Milliner (Interim Director of Education), Marcus Dye (Acting Director of Strategy) Yeslin Gearty (Acting Director of Resources), who were attending their first Council meeting in their role as Directors.
1.4.	No apologies were received.
2.	Declaration of members' interests
2.1.	All registrant members declared an interest in item six (education strategic review) due to their involvement in the management, delivery and design of education provision, pre-registration and post-graduate training as they were likely to be directly affected in their non-GOC roles by the direction, progress and outcome of this review. In addition:

	<ul style="list-style-type: none"> • David Parkins declared that he is a member of the Clinical Council for Eye Health Commissioning which advises/seeks to influence NHS commissioning processes in England; • Scott Mackie declared that he is a visiting lecturer for Glasgow Caledonian University; and • Josie Forte declared that she is a visiting lecturer for Plymouth University and lead assessor for Cardiff University
2.2.	Council agreed that these declarations did not represent a significant conflict and that all members could continue to participate in the discussions and make decisions as required.
3.	Minutes of the meeting held on 26 February 2020
	Council approved the minutes of the meeting held on 26 February 2020 as an accurate record of the meeting.
3.1.	Updated actions – C15(20)
	Council noted the actions.
3.2.	Matters Arising
	<p>Council queried:</p> <ul style="list-style-type: none"> • whether the organisation's aim, in relation to standards for optical businesses, was to gather data across the devolved nations, not just England. • assurance was received that the organisation intends to obtain data from businesses across all of the devolved nations.
4.	Chief Executive and Registrar's report – C16(20)
4.1.	<p>Council:</p> <ul style="list-style-type: none"> • recognised that the organisation has responded to the Covid-19 pandemic in-line with Government advice in a timely and effective manner, concentrating on the general public, patients', registrants' and the optical sector's needs; • noted that the organisation has continued to deliver all of its core functions remotely from the middle of March; • noted the Chief Executive and Registrar's gratitude to all staff for the way in which they have responded to the pandemic by ensuring that the organisation maintained its services to registrants and the general public; • noted that the impact of Covid-19 on the general public, patients and registrants has raised a raft of regulatory issues that the organisation has had to deal with; • noted that the Chief Executive and Registrar was not aware of any Covid-19 related deaths among its registrants;

	<ul style="list-style-type: none"> • were informed that the impact of Covid-19 on the long-term structure of the sector as a whole and its workforce was still not known but could be significant; • welcomed the latest Professional Standards Authority (PSA) review, where the GOC met 22 of the 24 standards. It was noted that the work being undertaken to address timeliness in the resolution of Fitness to Practise cases was making good progress with open caseloads down 47% on a year ago; • noted that the organisation has had to produce statements to support registrants during the Covid-19 emergency including updates regarding standards, CET, hearings and education quality assurance; • noted that 96.7% of Fully Qualified Registrants and 95.2% of Body Corporates had renewed as of 31 March 2020 and that these figures were broadly in line with recent years renewal rates; • noted that the organisation’s five-year strategy “Fit for the Future” and the 2020-21 Business Plan had been published on the GOC website; • noted that the organisation continued to implement its staff engagement plan developed in response to last year’s staff survey; and • noted that a task group called ‘Back to Old Bailey’, made up of staff members from across the GOC, has started to develop a plan for returning to the office, when appropriate.
4.2.	<p>In discussion, Council:</p> <ul style="list-style-type: none"> • acknowledged the impact Covid-19 will have on 2021/22 registration renewal; • suggested that the pandemic would cause significant problems for the professional workforce and the pre-registration in-take for this year and 2021/22; • agreed that there was no evidence at present of Covid-19 leading to a workforce shortage but were mindful that there was continuity planning in place against the contingency that a shortage might arise; • extended thanks to the Chief Executive and Registrar in how she had led the organisation during the Covid-19 pandemic and acknowledged that the organisation had been extremely proactive during the crisis; • thanked the staff for how they had collectively taken to the challenge of new methods of working; • acknowledged that the professions as a whole would not emerge from the pandemic with the same demand and service delivery model as before and requested a future discussion on the strategic impact of Covid-19 on the sector and workforce acknowledged the long-term impact of Covid-19 on GOC operations and discussed what actions the organisation must undertake as a result; • discussed the short and long-term implications of the delivery of eye care and the challenges that the GOC could face; • agreed that there would be a shift in the scopes both of secondary and of primary care;

	<ul style="list-style-type: none"> • suggested that the SMT should look at the long-term benefits of working remotely after the Covid-19 pandemic; • acknowledged the likely financial impact on the optical sector as a whole; and • requested that the Chief Executive and Registrar assess the impact that the pandemic has had on the strategic direction of the organisation, on the sector as a whole, and on registrants.
5.	Chair’s report – 17(20)
5.1.	<p>Council noted the contents of the report and;</p> <ul style="list-style-type: none"> • approved the appointment of Tim Parkinson as a member of the Remuneration Committee; and • were informed that, pursuant to the delegation approved by Council at its meeting on 18 March 2020, the Chair, Chief Executive and Registrar and David Parkins had approved Covid-19 statements and guidance for registrants on: <ul style="list-style-type: none"> ○ supply of spectacles and contact lenses; ○ contact lens aftercare; ○ verification of contact lens specifications; ○ Continuing Education and Training (CET); ○ Continuing Education and Training (CET) providers on CET provision; ○ optometrists, dispensing opticians and students working in different settings; and ○ our approach in fitness to practise for the service of documents and facilitating hearings.
6.	Education Strategic Review (ESR): draft outcome for registration, draft standards for approved qualifications and early draft assurance method– C18(20)
6.1.	<p>The Director of Education presented the paper and associated appendices. She acknowledged and extended thanks to all those who have contributed to GOC’s Education Strategic Review (ESR) over the past four years, in particular to the members of the two Expert Advisory Groups (Dispensing Opticians and Optometry), to the Advisory Committee, to those who had attended GOC’s Roundtable meetings, providers, Education Visitors, patients and public representatives, to the wider stakeholders community and the ESR team.</p>
6.2.	<p>Council:</p> <ul style="list-style-type: none"> • noted that two statutory committees (Standards and Education) had a responsibility under the Act to advise Council in relation to setting requirements for the approval of qualifications leading to registration. The Director of Education informed Council that the Education Strategic

Review team continue to share with the Expert Advisory Groups (EAGs) its work in progress, and had continued to consult and seek the Exepert Advisory Groups' feedback regarding the development of the draft outcomes for registration, the draft standards for approved qualifications, and the draft assurance method;

- **noted** the actions taken, both before and during the Covid-19 pandemic, to flex each strand of GOC work to enable the wider stakeholder community to continue to engage, given the multiple and competing demands on stakeholders at this time;
- **acknowledged** that the Education Strategic Review (ESR) was a complex programme comprising multiple stands of interconnected activity, and within the broad parameters agreed by Council in November 2019, actions taken so far were as follows:
 - that progress in drafting of outcomes and standards for post-graduate specialist qualifications (Independent Prescribing [for Optometrists] and Contact Lens [for Dispensing Opticians]), which should have commenced in April have been delayed as a result of lockdown. The intention was to recommence as soon as the GOC's wider stakeholder community had the bandwidth to continue to contribute;
 - that the drafting of the outcomes, which should have been completed on 17 March 2020, had been delayed due to the cancellation of the joint meeting of the EAGs planned for that day due to Covid-19. Work to progress the drafting of the outcomes, along with the standards and QA method, had continued online by email correspondence, with a reconvened joint EAG meeting on 5 May 2020 conducted via teleconference. Work would continue over the summer, albeit at a reduced pace, subject to the demands of lockdown easing;
 - that the co-commissioning of the RQF levels research, which was due to commence at the beginning of April 2020, had so far been delayed by two months; and
 - Roundtables which were planned for August/September may be delayed, subject to the demands of lockdown easing and the ability of GOC's wider stakeholder community to contribute to agenda planning and report writing.
- **acknowledged** the uncertain context of Covid-19 and its impact on the financial stability of UK higher education; and
- **noted** that the intention for the three ESR deliverables (the draft outcomes, standards, and assurance method) to replace the current GOC's Quality Assurance handbooks (and the detailed requirements contained within) that providers must adhere to. Council were informed that the prime purpose of the Education Strategic Review (ESR) was to mitigate a key strategic risk, namely that the requirements within the current Quality Assurance handbooks become out of date. The intention, once consulted upon and approved, was that the three deliverables together would provide a firm platform for the development of new, integrated, GOC-approved, fit for purpose qualifications.

6.3.	<p>In discussing the progress made since July 2019, Council:</p> <ul style="list-style-type: none"> • extended its gratitude to the ESR team and members of the two Expert Advisory Groups (EAGs) on the work they have carried out; and commended the ESR team on the progress made; • welcomed the significant engagement from the wider stakeholder community; • noted that continued engagement with stakeholders, including patients and third sector organisations, was vital to ensure the sector’s confidence in relation to the content of the three deliverables and timescale for implementation; • were mindful that the Education Strategic Review (ESR) was a complex, multi-strand programme of interconnected activity, and that the commissioning of eye-care service delivery models for both professions was changing rapidly, as were patient needs; a pace of change that, in all probability, would be accelerated by behavioural changes attributable to the Covid-19 pandemic; • acknowledged that the purpose of the ESR was to develop a flexible model of optical education responsive to change, and that a key recommendation within the draft proposals was the requirement for Single Points of Accountability empowered actively to engage with local, regional and national stakeholders including patient groups, commissioners and employers, in the design, teaching and assessment of new approved qualifications; • noted that some areas where change was required, for example, in securing additional devolved nation funding for experiential learning, were not within the GOC’s control and would require significant engagement and influence from a wide range of organisations across the optical and education sectors; • questioned whether the Director of Education and ESR team had the right resources to enable them to continue development of the proposals; • noted that the appendices included in the paper were still work in progress and would be subject to further engagement and consultation with both professional institutions and stakeholders, alongside verification; • requested that, in their fine-tuning of the deliverables, the EAGs should reflect on how Covid-19 would impact the sector, practitioners, service models, and the skills level that would be needed; and • noted that progress for many pre-registration trainees through the College of Optometrists’ Scheme for Registration was delayed due to Covid-19, and that prospective pre-registration trainees’ progress onto the scheme would be delayed, potentially compounding workforce supply issues both now and in the future.
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6.4.	In discussing the <i>draft</i> ESR deliverables: Outcomes for Registration; Standards for Approved Qualifications and Assurance and Enhancement Method, Council members were requested to pass on detailed drafting points direct to the ESR team.
6.5.	Council agreed to delegate authority to the Registrar to sign off ESR deliverables for consultation and verification.
6.6.	Council noted that the Chair had received a very helpful letter from College of Optometrists and Optometry Schools Council (OSC), signed on the College's behalf by their President Colin Davidson and on the OSC's behalf by their Chair Professor William Holmes, confirming their support for the ESR and the collaborative approach of the ESR team, and raising a number of matters that need to be considered in order to make the Education Strategic Review (ESR) a success.
6.7.	Council noted that the points raised in the letter would be discussed with the ESR team: the ESR team would be in touch with the College and the OSC to pursue those discussions.
6.8.	The Chair thanked the College of Optometrists and Optometry Schools Council (OSC) for writing to him.
7.	Quarter four 2019/20 performance report – C19(20)
7.1.	Council considered the quarter four performance report and: <ul style="list-style-type: none"> • noted a 13% reduction in overall FTP caseload in quarter 3 (31% reduction in 19-20); • noted the first remote hearings have taken place, including three substantive hearings; • noted the publication of new registrant guidance on disclosing confidential information; • noted that 97.7% of Registrants and 96.5% Body Corporates had renewed; • noted 1,204 registration applications had been processed within the prescribed timeframe; and • noted the organisation continued to engage with key stakeholders in co-design of ESR deliverables.
7.2.	Council: <ul style="list-style-type: none"> • noted that Health and Safety management and measurement was not included in the report. • received assurance that the Council did receive an annual report on Health and Safety and • welcomed the stronger performance against targets.
8.	Financial performance report: twelve months to 31 March 2020 – C20(20)
8.1.	Council considered the financial performance for the twelve months to 31 March 2020 and noted :

	<ul style="list-style-type: none"> the in-depth scrutiny and challenge provided by the Audit, Risk and Finance Committee (ARC) was working well; it had been a positive year, and had ended with a net deficit of £588k against a budget deficit of £1,390k, which was favourable by £803k; and that the economic downturn due to Covid-19 had resulted in a material decrease in the market value of the organisation's investment portfolio.
9.	Professional Standards Authority (PSA): performance review – C21(20)
9.1.2	<p>Council welcomed the PSA performance review for the period 1 January to 30 September 2019 and:</p> <ul style="list-style-type: none"> noted the GOC had met 22 of the PSA's 24 standards of good regulation, which was also the case in the previous performance report; noted that the organisation did not pass the sixth and ninth FTP standards; noted that the PSA recognised that the GOC remained committed to improving timeliness in completing FTP cases and noted that the organisation had a full programme of work to address the question as part of the five-year Strategic Plan; and was pleased to have met all of the Registration standards in particular the third Registration standard (easily accessing information on our register) that the organisation had not passed in the previous performance review.
9.2.	<p>Council:</p> <ul style="list-style-type: none"> queried whether a mechanism was in place to share good practice and learnings from other regulators; and received assurance that numerous inter-regulatory groups had been set up and shared good practice and learning sector-wide.
9.3.	Council was informed that the PSA acknowledged the impact of Covid-19 on healthcare professional regulatory bodies' work and that they were open to adapting the PSA review processes for 2020 where necessary.
10.	Balanced Scorecard – C22(20)
10.1.	<p>Council</p> <ul style="list-style-type: none"> noted that ARC were satisfied with the final performance indicators and agreed that the Balanced Scorecard would provide the right level of assurance needed to cover quarterly reporting of business activity to Council; and noted that the investment in people measure will be developed further following the outcome of the performance appraisal process due to take place in May/June 2020.
10.2.	Council approved the Balanced Scorecard to be used in reporting to Council against all GOC strategic objectives from July 2020.

11.	Covid-19 - C23(20)
11.1.	<p>Council considered the impact of the Covid-19 emergency on the optical sector and:</p> <ul style="list-style-type: none"> • noted how Covid-19 has affected the optical sector so far; • noted how the GOC has responded in support of the sector and registrants; • noted the strategic issues for the sector and for the GOC; <ul style="list-style-type: none"> ○ the longer-term impact on the sector at large; ○ the implication for individual practice going forward; ○ the impact on optical education and the ESR; and ○ the implications for the GOC’s recently agreed Strategic Plan and Business Plans. • noted the potential delay to government-led legislative reform and the potential impact of that delay on the GOC’s Strategic Plan and Business Plan objectives; and • noted the three Covid-19 related risks on the GOC corporate risk register.
11.2.	<p>Council endorsed the statements on the emergency that the GOC has developed so far.</p>
11.3.	<p>In discussing the implications of Covid-19, Council:</p> <ul style="list-style-type: none"> • noted the concerns in delivering optical services under present circumstances and the potential impact on the viability of some optical businesses in the future; • acknowledged that there had been fundamental changes to the sector’s way of working, including a significant increase in remote care delivery; • was mindful that the present circumstances would continue and that the optical sector as a whole must learn to live with the virus and that the delivery of care would have to change as a result; • recognised the increased risk for registrants through increased levels and complexity of clinical work and the additional professional judgement required with many registrants working to the top of their scopes of practice; • acknowledged the challenges on staffing and wider resources with implications for the availability and accessibility of quality eye care during the crisis; • acknowledged differences in commissioning models across the four nations, with a more complex system in England; • acknowledged that due to decisions only to provide urgent, essential and emergency NHS services across the nations, a backlog of routine care and referrals to secondary care may be building, which could lead to problems in capacity later on;

- **noted** that as remote care increases, the sales of eyecare products via the internet might also increase and was **mindful** that this may impact local practices, leading to a reduction of revenue;
- **recognised** that the impact on the sector as a whole was likely to be such that recovery might take several years and that patterns of provision for the longer term might change;
- **acknowledged** that the development of GOC statements has been helpful for registrants and employers, allowing them to provide urgent care during the emergency;
- raised **concerns** regarding the supply of Personal Protection Equipment (PPE) across the sector, particularly in England, and were **mindful** that there were differences in supply across the devolved nations;
- were **mindful** that the majority of pre-registration clinical placements were paused at this time and that the qualification awarding bodies had also paused all physical clinical exams, which could impact the current and future student cohorts and in the longer term affect throughput of newly qualified practitioners to the Register;
- **noted** that registrants' professional judgement skills and their capacity both to assess and manage clinical risk may need to be increased as a result of the emergency and that this should be considered in the ESR;
- raised **concerns** that we may see increased fitness to practise cases resulting from registrants working at the top of their scopes of practice, redeployed into unfamiliar roles, or through businesses not following guidance in order to reduce their operating costs;
- **noted** that numbers of registrants who had been furloughed during the emergency may require additional support and guidance to enable them to return to practice and meet the challenges of working under what would become the 'new normal';
- **noted** that business registrants may have to cope with a significant uplift in both the volume and complexity of HR issues as employees return to work;
- **recognised** that professional bodies were issuing guidance to support their members in a range of areas including remote care;
- **acknowledged** that registrants would need to provide different levels of service and utilise different skills, potentially to a higher level than had often been the case to date;
- that demand for optical services would vary across the nations and **suggested** that there was a need for a scoping exercise to determine workforce requirements across the four nations, although it was acknowledged that leadership of such an exercise was not within the GOC's remit;
- **noted** that the GOC was considering a further statement about decisions on provision of care if Personal Protection Equipment (PPE) was not accessible;

	<ul style="list-style-type: none"> • agreed that the prime duty of the GOC, placed upon it by Parliament, was to protect the public and to keep them safe, not to protect the industry despite the pressure that it currently faces; • recognised the joint engagement between the GOC, the College of Optometrists, FODO, AOP and ABDO and the contributions made to this and the Chief Executive and Registrar extended her gratitude to these organisations; • noted that the GOC is in dialogue with the College of Optometrists about changes required to the education system to support student pre-registration and the Scheme for Registration and is receptive to supporting innovation in this area; and • noted to have a further strategic discussion in June about the impact of the pandemic on the GOC's strategic aims, including patient needs, education and impact on businesses and workforce.
12.	Fitness to Practise (FTP) performance update – C24(20)
12.1.	Council received an update on progress against the organisation's 2019-2020 FTP performance projections, and a remodelled set of expectations for 2020-2021.
12.2.	<p>In discussing the implications of Covid-19, Council noted:</p> <ul style="list-style-type: none"> • that the FTP team are largely able to function effectively from home and cases were continuing to progress; • that the defence bodies have supported the FTP team on this and extended gratitude to them for their efforts; • that there had been a reduction in the number of complaints received, with only 12 new referrals received in April against a monthly average of 28 during the previous year; <ul style="list-style-type: none"> • that there had been some impact in terms of difficulties or delays in obtaining patient optical and medical records. Recognising that many businesses were not in a position to respond, the team were proceeding sensitively with such requests. The team were grateful to those optical businesses who had been able to respond as this has supported the GOC in keeping cases moving forward; and • that there was also a potential impact on the end-to-end KPI.
12.3.	<p>In discussing stage 1- Triage, Council noted:</p> <ul style="list-style-type: none"> • that since 1 September 2019, the team has closed at triage 45 cases that would previously have led to full investigations, equating to a 25% reduction in cases going into the formal investigation system; • that the team had reduced the Triage caseload from 112 cases in May 2019 to 62 (almost a 50% reduction) and has met its forecast in reducing the median age of the open cases down to the KPI target of 8 weeks. This was forecast to reduce further over the next 12 months; and • that the end of year Triage case closure median was 11 weeks. Based on the improvement in the open case median age, the team' was

	confident that it would meet the closure KPI (8 weeks) for the year ahead.
12.4.	<p>In discussing stage 2- Investigation, Council noted:</p> <ul style="list-style-type: none"> • that the team had exceeded their forecast in reducing the caseload from 272 to less than 200 by the end of the year; • that the investigation caseload was 125 cases compared to a high point, sixteen months ago, of 326 cases, reducing by 62% in that time with a further projected reduction in the stage 2 caseload by March 21; • that the team had concentrated on reducing case numbers; and that this had left the team with a caseload of older, more complex cases (47-week median age at 31/3/20). The reduction in the number of new cases coming into the system also impacted on the median figure but the team were forecasting that the median age of cases at stage 2 would drop significantly during the year; • the challenges around complex cases and forecasting the median age for cases was explained; and • in view of Covid-19, the team had made a conservative end of year projection that the closure median for stage 2 was likely to be closer to 30 weeks than the 26-week KPI.
12.5.	<p>In discussing stage 3 and 4, Council noted:</p> <ul style="list-style-type: none"> • stage 3 continued to be challenging; • that the projections showed an increasingly younger caseload at stage 3 as the year progresses, with less time spent at that stage. The team recognised the improvement needed to get cases through stage 3 and on to the Hearings team so that progress can be made against the end-to-end KPI; • to support this, the team were currently running case clinics to accelerate the progression of cases; • stage 4 (FTPC hearings) - the forecast was that the caseload would become younger as the year progresses and older cases were concluded; and • the Hearings team expected to continue to meet the KPI target for progressing cases through stage 4 with modifications to the original forecast of how many substantive hearings would be concluded this year, as a result of the pandemic.
12.6.	<p>In discussing end-to-end timeliness, Council noted:</p> <ul style="list-style-type: none"> • the achievement of the 78-week end-to-end KPI remained the FTP team's biggest challenge; • that the issue set out at paragraphs 8 and 9 of the paper, combined with the uncertainty as to the impact of Covid-19 on the closure of both older and younger cases at FTPC hearings (it could add months, or more), made the end-to-end KPI performance difficult to predict; and

	<ul style="list-style-type: none"> that the team was therefore revising previous forecasts that the 78 weeks could be achievable this year in favour of a more conservative forecast that performance could remain static with achievement the following year.
12.7.	<p>In discussion, Council:</p> <ul style="list-style-type: none"> acknowledged the excellent progress over the past year in reducing caseloads (31% overall reduction) and noted that the team was currently undertaking a review of its structure to see where they might further improve case progression; noted that open case ages currently remained high, but the reasons for it were understood and were being addressed. The team had now forecast that these will drop significantly at all stages of the process; noted that closed case timescales remained high during 2019-20 as forecast, but the team now expected these to fall during the year ahead; and noted that the end-to-end median time remains difficult to predict, however the team have developed additional reporting data for Council to provide more assurance about what was going on behind the legacy cases. The new measure would include all cases closed by both Case Examiners and the FTPC (more of a true end-to-end figure). Stressing that this was indicative only, it was explained that for the past year, the measure showed a median of 59 weeks.
12.8.	Council extended gratitude to the FTP team for their outstanding work and for producing a comprehensive report.
13.	Guidance on remote hearings – C25(20)
13.1.	<p>Council received a paper on panel guidance for holding remote FTP hearings and noted:</p> <ul style="list-style-type: none"> that on 19 March 2020 the GOC published its corporate response to the Covid-19 emergency and held its first remote hearing on the same day; that the organisation published a further statement on 26 March 2020 on its approach in FTP for the service of documents and facilitating hearings; that the team had worked incredibly hard in close collaboration with GOC colleagues, defence bodies and hearing parties to identify those cases that could proceed remotely, especially at the start of the emergency procedure; that as the paper detailed, the GOC had been able to proceed with 17 remote hearings. This has developed since 19 March 2020 with the initial focus being on completing mandatory interim orders, and interim order reviews, substantive order reviews and straightforward substantive hearings, for example those with disengaged registrants and/or no witnesses. Since then, this has progressed to include more substantive hearings involving registrants and a number of witnesses;

	<ul style="list-style-type: none"> • that the Hearings team have been able to adapt its approach to ensure that the GOC has maintained the integrity of the hearings and to ensure fairness for all parties; and • that the Hearings team have taken the decision that they can now facilitate the running of most substantive events remotely and thank all hearing parties who have embraced this new way of working.
13.2.	<p>In discussion, Council:</p> <ul style="list-style-type: none"> • acknowledged the guidance document to Committees would assist panels in determining whether a matter should proceed remotely; • noted that the team were currently developing a protocol which would support the guidance document and set out in more detail how the GOC will approach remote hearings; • recognised that the GOC needed to consider practical difficulties to ensure the smooth progression of hearings; • were mindful that the sector was going through a cultural shift as remote hearings become the new normal; • recognised that the team would continue to work with the defence bodies and listen to their concerns with a view to overcoming any barriers believed to exist that might inhibit proceeding with substantive events remotely; • acknowledged the scale of the task and appreciated the need to maintain a fair hearing in challenging circumstances; • noted that due to time constraints and a need for expedited outputs, the team were unable to hold a full or formal consultation but had ensured regular and consistent engagement with stakeholders including professional and defence bodies enabling feedback to be considered and inserted where appropriate; and • supported the position that the majority of substantive events should now proceed remotely and that a full physical hearing should become the exception.
13.3.	Council approved the guidance to Fitness to Practise Committee (FTPC) panels on remote hearings.
13.4.	Council extended gratitude to the Hearing team for their outstanding work and for producing comprehensive guidance.
14.	Council Forward plan - C26(20)
14.1.	Council noted the forward plan, commenting that the organisation should adopt the terminology Continuing Professional Development (CPD) instead of Continuing Education and Training (CET). Council were mindful of the statutory constraints and commissioned the Secretariat team to look into changing CET to CPD for future agenda items.
15.	Any other business

15.1.	Council noted that the Chief Executive and Registrar has extended her gratitude to GOC case examiner Rosie Gavzey who volunteered at London's NHS Nightingale Hospital during the coronavirus crisis. Council acknowledged the great work that GOC registrants were doing across the country in supporting the NHS in their fight against Covid-19.
	The public meeting ended at 14:36pm .
	Date and time of next meeting
	The next public meeting of Council would be held on Wednesday 15 July 2020 (time and venue to be confirmed).

COUNCIL

Actions arising from public Council meetings

Meeting: 15 July 2020

Status: For noting

Lead responsibility and paper author: Janet Adeyemi & Jamie O’Callaghan (Governance and Compliance Managers)

Purpose

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

Part 1A: Action points from the Council meeting held on 13 May 2020

Ref	by	Action	Deadline	Progress update
16(20) 4.2	LL	Chief Executive and Registrar’s report: 1. discuss the strategic impact of Covid-19 on the sector and workforce. 2. assess the impact that the pandemic has had on the strategic direction of the organisation, on the sector as a whole, and on registrants.	July 2020	COMPLETED The strategic impact of Covid-19 on the optical sector was explored at a two-day Council strategy event in June. A separate report on this is presented to Council.
18(20) 6.3	LM	Education Strategic Review (ESR): asked that in the fine-tuning of the deliverables, the EAGs should reflect on how Covid-19 would impact the sector, practitioners, service models, and the skills level that would be needed.	July 2020	COMPLETED Council’s feedback considered by the EAGs at their meetings on 10 th June & 9 th July.

Part 2: Action points from previous meetings which remain outstanding

Agenda Item Number	Lead	Action	Deadline	Progress Updates, Notes and Status
01(19) 13/02/19 (8828)	MB	Standards for optical businesses: consider whether it would be possible to provide further information on the geographical location of those who were more / less likely to register and what implications this might have for public protection	September 2020	IN PROGRESS We are considering this as part of our work to gather improved data on optical businesses. We have now obtained details of all businesses in England that provide NHS services and are developing a database of registered and unregistered businesses as part of our business regulation project.
06(20) 26/02/20 (27)	EW	Performance report : Q3 2019/20: financial figures be linked to strategic projects.	May 2020	IN PROGRESS Capacity within the Finance Department has been stretched during Q4 19-20/Q1 20-21. During Q2 20-21 this action will be progressed.

Part 3: Action points previously outstanding but now completed

None

COUNCIL

Chief Executive's Report

Meeting: 15 July 2020

Status: For noting

Lead responsibility and paper authors Lesley Longstone (CEO & Registrar)

Council Lead(s): Gareth Hadley

Purpose

1. To provide Council with an update on recent developments.

Recommendations

2. Council is asked to note the CEO & Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our new Strategic Plan and our 2020/21 Business Plan.

Background

4. The last report to Council was provided for its 13 May meeting.

Analysis

5. Since the last Council meeting, the impact of Covid-19 has continued to dominate our work. We have worked extremely closely with other sector bodies to respond appropriately to changes in Government advice across all four countries of the UK. This has been a considerable challenge and despite recent events, we have had a lot of positive feedback.
6. As Council members will be aware, the Change.org petition grew out of a complete misunderstanding and belief that we had retrospectively changed our advice on opening of optical practices. This was categorically not the case and we have responded accordingly to the petition. I was particularly grateful for a meeting with the Association of Independent Optometrists and Dispensing Opticians (AIO), who approached us to talk about the allegations on behalf of concerned registrants and who subsequently shared our response.
7. We have notified the Charity Commission of the allegations and I have assured the Chief Executive of the Professional Standards Authority (PSA) that we will cooperate with any enquiries they wish to make. Dealing with the fallout from this issue has put pressure on our very small policy and communications teams, who I would like to

thank for their hard work and professionalism in dealing with the issues raised.

There are no doubt things we could have explained better, but I know that everyone acted with the utmost integrity, putting public safety and confidence at the heart of our decision making.

8. In parallel we have been getting on with the normal business of regulation. We have commenced student registration, which is progressing well, have launched the CET consultation, which has generated an extremely good response rate despite Covid-19 and our quality assurance of education continues unabated.
9. The vast majority of our regulatory work has continued to be delivered remotely and while our Back to Old Bailey working group is developing plans for re-opening our premises as and when required, in line with Government guidance, those staff who can work from home will continue to do so for the foreseeable future. Hearings are likely to be among the first functions to return to the office, at least in part.

Education

10. Our quality assurance of education providers has continued with a focus on those providers and courses that are provisionally approved. The circumstances could not have been more challenging, but we are pleased with the progress that has been made. The outcome of our Annual Monitoring and Reporting (AMR) cycle is reported separately on the agenda for this meeting.
11. Our strategic work has also continued and we are particularly pleased to have launched an invitation to tender, jointly with ABDO, the College of Optometrists, the Optometry Schools Council and Opticians' Academic Schools Council for a piece of work to independently assess the level of qualification associated with our proposed new education outcomes and standards.
12. We have also commissioned the University of Manchester to undertake a separate verification exercise of the draft 'Outcomes for Registration' using the well-established 'Delphi' method, which will assist in fine-tuning the precise wording of the outcomes. We have an important meeting of the ESR Expert Advisory Groups (EAGs) planned for 8th July when the latest draft 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' will be tabled for discussion, along with sight of an early draft of the ESR consultation document.
13. We expect to be able to launch a 12-week consultation on our three documents (which together will replace our Quality Assurance Handbooks published in 2011 (for dispensing optician qualifications) and 2015 (for optometry qualifications)) w/c 20th July, with the intention that we will bring the results back to Council before the close of the year.

14. Council is asked to note that we have approved a change to the title of Glasgow Caledonian University's 'Postgraduate Ocular Therapeutics' qualification to 'Independent Prescribing for Optometrists'. As this programme runs from March to January, the current title will remain in place until the current cohort graduates in February 2021. The new programme title will come into effect from March 2021 for any new cohorts. We are in the process of updating our records and website.
15. The CET department has continued to provide support for both registrants and CET providers during the Covid-19 pandemic and has been monitoring the impact the lockdown has had on CET provision. We have reviewed the number of events - available to both optometrists and dispensing opticians (DOs) compared to the same period in the previous cycle and we can see that at this stage there has been a decrease of 12% in approved events for optometrists and 11% for DOs in this cycle.
16. However, due to the increased use of remote delivery and distance learning, which allows access to CET at more convenient times, registrants have still been able to meet their various targets with 39% of optometrists and 28% of DOs having met their interactive CET target as opposed to 31% and 30% respectively at this point in the last cycle. The peer review requirement for optometrists also does not appear to have been affected with 69% having met their requirement compared to 70% at this point in the previous cycle. A remotely delivered version of our annual CET Approver training is due to be delivered on 23 July 2020.

Registration

17. Following closure of the annual renewal process, we have been focussed on preparation for student registration, the window for which has now opened. The delay of examinations for the scheme for registration means that some individuals are having to re-register as students. In order that they are not disadvantaged by Covid-19 we have offered to treat their student fee as a credit toward their full fee when they pass their examinations and enter the fully qualified register.
18. We have also conducted an exercise to audit the adherence of businesses to the requirements for registration in so far as Board composition is concerned. This work will be considered by SMT shortly.

Casework & Resolution

19. Our FTP caseload continues to decline due to fewer referrals and a focussed progression of cases through to case examiners, but the average age of cases already in the system is growing. This is due in part to the difficulty in pursuing investigations while practices have been closed and a decision to avoid placing any additional burden on clinicians in hospital settings during this period. While investigations are now starting to progress more easily it will affect the overall

duration of them.

20. Progress at the other end of the spectrum has been very pleasing, with relatively few hearings needing to be postponed for any length of time. Our confidence and experience of running remote hearings has grown and we are anticipating a five-week case, our biggest yet, commencing in July. The hearings guidance approved by Council in May has now been supplemented with a remote hearings protocol and guidance for witnesses. Both have been consulted on with our defence bodies and have been published on our website.

Strategy

21. Our **policy and standards** team have been working tirelessly to support Covid-19 over the past few months. We have introduced two new statements since the May Council meeting and reviewed all others. The new ones include:
 - reopening optical practices; and
 - infection prevention and control.
22. With the potential for the whole of the UK, individual countries or regions, to move in and out of lockdown, we propose to develop a longer-term position on the circumstances in which the easements come into play. Government is also encouraging regulators to think about which, if any, changes introduced during the pandemic have the potential to be extended permanently. We are therefore considering a full, public consultation on these matters over the coming months.
23. Our **communications** function has supported the work of the policy team regarding the Covid-19 emergency and despite some of the criticism levelled at us in light of recent statements, we have also been applauded for being more open, engaging and transparent. That is certainly our intent and our new Communications Manager is keen to develop a social media strategy, as part of a wider communications and engagement strategy, and develop links with her sector body peers to ensure our communications are better aligned and our different roles better understood. The team, despite prioritising Covid-19 related communications, has also ensured that BAU and strategic projects across the organisation continue to be supported.

Resources

24. Council will receive a separate **finance** report which focuses on this year's financial position. We are shortly due to embark on our Q1 re-forecast, and in preparation teams have begun to renew their projections, including outyears, taking account of a range of scenarios for the impact of Covid-19 on registrant numbers. This analysis, along with strategic options, will be brought back to the Council for discussion at its September strategy day.
25. Our **IT Team** has been able to switch its efforts, necessarily focussed on remote

working for the past few months, back towards activities set out in the IT strategy. We have also made good progress on our **website** project, which we now expect to go live in August.

26. Our **HR team** have been busy supporting the annual appraisal process and on the back of that will be developing a training and development programme for the coming year. Our new pulse survey, referenced in the performance report, suggests that staff are holding up well throughout the pandemic and appreciating the communications and support they are receiving.
27. Elements of our staff engagement plan that have now been completed include the review of and wide consultation on the Disciplinary, Grievance and Performance Improvement policies, plus the design and launch of the new monthly pulse survey, as already mentioned. Alongside these HR have completed an all-staff consultation exercise to develop and agree the behaviours attached to our 6th value "*We are agile and responsive to change*" and have run a number of all-staff HR Surgeries addressing a variety of topical subjects including making the most of the staff benefits package.
28. 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 this as a catalyst for making real change within our own organisation, for our registrants and members of the public.
29. Our **facilities** team continue to oversee negotiations with our landlord regarding our rent review. They have also been working closely with our **Covid-19 Task Force** and **Back to Old Bailey** staff group on preparations for re-occupation of the building, including extensive risk assessment activity.

Secretariat

30. The Secretariat are pleased to have supported meetings of several committees and the appointment of Tim Parkinson as a new lay Council Member. We have also worked closely with Helen Tilley on the Chair campaign and are pleased to announce that this has now gone live.

External Developments

31. We continue to follow Brexit developments, particularly the potential for a no-deal outcome at the end of the transition period, but still consider this to be low risk from a regulatory point of view.
32. The Department for Health and Social Care (DHSC) led regulatory reform

programme is still expected to proceed, but to a delayed timeframe. We are working with other health and social care regulators to ensure that this is kept on ministers' radar and that they understand the importance of this for achieving effective and proportionate regulation. We are due to attend a further meeting led by the DHSC on 9 July 2020.

External stakeholder engagement

33. Since the last council session, the Chair and I met with Alan Clamp, the Chief Executive of the PSA and Dame Glenys Stacey, the PSA's new Chair as part of her induction programme. We also attended a Chairs and CEO Forum for all healthcare profession regulatory bodies.
34. I have attended one meeting of the Health and Social Care Regulators forum, which includes system regulators such as the CQC as well as some regulators of professions.
35. I chaired one meeting of the Chief Executives of Regulatory Bodies (CEORB) and one meeting of the Chief Executives Steering Group (CESG) whose membership includes departmental leads in all four nations and the PSA, alongside the CEOs of health and social care professional regulatory bodies. All these meetings focussed on cross-cutting regulatory issues, with a continued focus on management of the Covid-19 emergency.
36. I had meetings with individual regulators, including Duncan Rudkin, with whom we collaborated on a joint statement regarding the potential for optical professionals to assist in pharmacy practice in a national emergency such as Covid-19.
37. I had two regular meetings with the CEO of PSA related to CEORB and the GOC respectively. In the latter of these meetings I reiterated our willingness to engage with the PSA on the Change.org petition.
38. I met with Claire Armstrong, the Director of Workforce at the Department for Health and Social Care to discuss regulatory matters and the progress of the government's legislative reform programme.
39. We have continued to participate in the NHS led primary care clinical stakeholder forum, sometimes I have attended and at other times Marcus Dye our Director, Strategy. I have also had a meeting with Carol Reece and Richard Everitt of NHS(E) to discuss NHS commissioning and the impact of Covid-19.
40. I met with the Chief Executives of the AOP, ABDO, the COO and FODO collectively to discuss and share information related to a range of issues in the optical sector and have chaired a weekly meeting of a wider group of sector bodies, across all parts of the UK to discuss workforce issues in the context of Covid-19.

41. I have also had telephone catchups with Ian Humphreys of the COO, Henrietta Alderman of the AOP and David Quigley of Optometry Scotland. The meeting with David focussed on the distinctive approach Scotland has taken to the impact of Covid-19 and he kindly arranged a virtual tour of a practice and its preparations for opening with social distancing and other safeguards in place.
42. I had two meetings with the Association of Independent Optometrists and Dispensing Opticians in conjunction with Director, Strategy (Acting). The first of these was to discuss the AIO post-Covid-19 Manifesto. The second was to discuss concerns arising from the Change.org petition. I accepted that our statement could have been clearer but was grateful for the opportunity to put the record straight and to the AIO for subsequently sharing our response.
43. The Director, Strategy (Acting) and I had a call with Paul Carroll, the Director of Professional Services and Giles Edmunds, the Clinical Services Director of Specsavers to discuss a range of matters including the impact of Covid-19 on pre-registration placements, their developing guidance for return to practice and use of technology.
44. The Director, Education and I met with Colin Davidson (President), Ian Humphreys (CEO), Will Holmes (Optometry Schools Council) and Sally Gosling (Director of Education) of the College of Optometrists to discuss a range of issues in relation to the ESR.
45. A range of other engagements by Directors are listed in Annex 1.

Finance

46. This paper requires no decisions and so has no financial implications.

Risks

47. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC. Subsequent changes include the addition of a risk related to our engagement with social media.

Equality Impacts

48. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

49. We continue to engage with all four nations across a wide range of issues.

Other Impacts

50. No other impacts have been identified.

Communications

External communications

51. This report will be made available on our website, but there are no further communication plans.

Internal communications

52. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

53. There are no further steps required.

Attachment

Annex one – CEO and Directors Stakeholders Meetings

Meetings/visits since last Council meeting

<p>Leonie Milliner Director of Education</p>	<p>Marcus Dye Director of Strategy (Interim)</p>	<p>Dionne Spence Director of Casework and Resolutions</p>	<p>Yeslin Gearty Director of Resources (Interim)</p>
<p>GPhC- Mark Voce</p>	<p>Pre-registration placements discussion with FODO, College of Optometrists and Optometry Schools Council</p> <ul style="list-style-type: none"> • David Hewlett - FODO • Harjit Sandhu – FODO • Will Holmes - OSC • Sally Gosling - CoO 	<p>Individual / Joint panel firm meetings – Capsticks - John Witt and Keziah Pearson CMS – Rachel Cooper Kingsley Napley – Shannett Thompson, Sarah Harris</p>	<p>Celerity; Maggie Sutcliffe, Craig Aston, Steven Laidler</p>
<p>College of Optometrists - Sally Gosling</p>	<p>AIO x 2 meetings on post-Covid-19 manifesto and concerns raised by Change.org petition</p> <ul style="list-style-type: none"> • Mike Ockendon • Christian French 	<p>Regulatory Reform – Rules planning cross-regulatory meeting</p>	<p>TIAA; Ashley Norman</p>
<p>Optometry Schools Council – Will Holmes</p>	<p>Optical Sector workforce discussions. Held weekly to focus on issues arising from Covid-19</p> <ul style="list-style-type: none"> • AOP • FODO • ABDO • Optometry Scotland • Optometry NI • Optometry Wales • ACLM • BCLA • AIO • FODO 	<p>Rob Neil OBE, Head of Culture Change, Department for Education</p>	<p>Mazars; Gary Stewart</p>

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<p>4 Nations meeting re-funding; Welsh Government- Janet Pooley & David O’Sullivan, HSCNI- Raymond Curran, NHS England & NHS Improvement- Poonam Sharma</p>	<p>NHS England Primary Care stakeholder forum to discuss issues relating to Covid-19. Weekly from 11 March</p>	<p>PSA – Mark Stobbs</p>	<p>CTI; Steve Gale & project team Mareeba; Richard Boardman and Mark Payne</p>
<p>ABDO –Alicia Thompson and Miranda Richardson</p>	<p>Inter-regulatory meeting on Covid-19 impacts x 2 meetings</p> <ul style="list-style-type: none"> • Fiona Browne – GOsC • Steven Bettles – GOsC • Penny Bance - GCC 	<p>OCCS - Jennie Jones, Richard Edwards, Sue Clark</p>	<p>Hayesmacintyre; Adam Halsey, Charlotte Williams</p>
<p>Optical Sector workforce discussions. Held weekly to focus on issues arising from Covid-19</p> <ul style="list-style-type: none"> • AOP • FODO • ABDO • Optometry Scotland • Optometry NI • Optometry Wales • ACLM • BCLA • AIO • FODO 	<p>Meeting with AOP to discuss online refraction software</p> <ul style="list-style-type: none"> • Tony Stafford • Peter Hampson 	<p>AOP - Ella Franci</p>	
<p>NHS England & NHS Improvement- Omar Hussan</p>	<p>Specsavers meeting x 2 – Covid-19 and contact lens verification</p> <ul style="list-style-type: none"> • Paul Carroll • Giles Edmonds 	<p>ABDO – Katie Docker</p>	
<p>Future Doctor: Regulatory Bodies Focus Group</p>	<p>GPHC regarding joint statement</p>	<p>Defence Stakeholder Group (AOP, ABDO,</p>	

Professor Sheona MacLeod / HEE	<ul style="list-style-type: none"> • Mark Voce 	FODO, BLM, William Graham Law,	
Attendance at ABDO Academic Board Meeting/ presentation on ESR	<p>Council Strategy day discussions with various speakers:</p> <ul style="list-style-type: none"> • Stephanie Campbell – OKKO Health • Mitesh Patel – Lenstore and Grandvision • Fiona Anderson – Ythan Opticians and IOA • Vikki Stott – QAA • Sali Davis – Optometry Wales • Dan McGhee – Vision Express 		
NHSE special schools service training and accreditation sub-group hosted by the College of Optometrists	<p>Telephone meetings with College of Optometrists - GOC Covid-19 statements</p> <ul style="list-style-type: none"> • Olivier Deneve • Sarah Cant 		
AOP Hospital Consultants' Committee/ presentation on ESR			
Rachel Wallace and Simon Bullock, Quality Assurance Agency			
Optometry Wales – Sali Davis			
Dr Kathryn Morrison & Dr Lesley Rousselet Programme Directors, NES			
Professor Gino Martini, Chief Scientist			

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Royal Pharmaceutical Society			
Buttercups, Nick Marler Head of Communications			
Advisory Panel			
Expert Advisory Groups March & May 2020			
Funding Roundtable			

COUNCIL

Report from the Chair of Council

Meeting: 15 July 2020

Status: For noting

Lead responsibility and paper author: Gareth Hadley (Chair)

Introduction

1. This report covers my principal activities since the Council meeting held on **13 May 2020**.

Management

2. **Fitness to Practise Committee – Don Brown:** It is with sadness that I inform Council that, following his having suffered from a cancer for a number of months, Don, a lay member of our Fitness to Practise Committee, died on **20 June 2020**. Don served on FTP panels for rising seven years. An outstanding member able to bring his critical mind to bear on the complex issues of the cases that he was called upon to judge, he did so in a manner that demonstrated empathy with all of the parties concerned. He was much respected, both by other members of the Committee and by our hearings and investigations teams: he will be a big loss to all those alongside whom he worked. I have written to his wife to express our condolences.
3. **Nominations Committee – Penny Bennett:** For personal reasons, Penny Bennett, on **9 June 2020**, resigned her appointment as independent member of Nominations Committee with immediate effect. In order to maintain an independent voice on that Committee, and following consultation with the other Council members thereon, (Rosie Glazebrook and Glenn Tomison), I invited Chris Dearsley to join the committee as an interim member. Many colleagues will know Chris: he has broad experience as an independent panelist for non-executive appointments within healthcare and has previously assisted us as an independent assessor on a number of occasions. The substantive appointment will be advertised in due course. Meanwhile, **Council is asked to confirm my decision concerning the interim arrangement.**
4. Returning to Penny, she was a member of Nomco for over seven years and in that capacity was actively engaged in the development and operation of our Council and committee appointment processes and led on the performance assessment of our Fitness to Practice and Investigation Committee chairs and members. Before taking on her role with us, Penny was a Commissioner of the Appointments Commission where, amongst other things, she led on matters concerning all of the healthcare professional regulators including the GOC. I am sure that colleagues will wish to place on record the Council's appreciation of Penny's services and wish her and her family well for the future.

5. **Covid 19 – guidance for registrants:** Since our last meeting, pursuant to the delegation approved by Council (**18 March 2020**), the Chief Executive and Registrar, David Parkins and I have approved Covid-19 statements and guidance to apply during the Covid-19 emergency on:
 - 5.1. re-opening of optical practices (issued on 12 June 2020 and re-issued on 24 June 2020);
 - 5.2. redeployment of optometrists and dispensing opticians within pharmacy practice (not yet issued); and
 - 5.3. infection control (not yet issued).
6. Each statement/guidance note was produced following consultation with key stakeholders including the professional representative bodies.
7. Our Covid-19 statements were reviewed at the end of May following consultation with key stakeholders, and we have approved an extension of our current statements until **31 July 2020** (one with minor amendments), with the exception of the statement on the verification of contact lens specifications. At the time of writing this report, that statement was still under review. I will update colleagues orally at the meeting.
8. I have continued to have regular conversations with the Chief Executive and Registrar and with members of the Senior Management Team and the Leadership Team concerning the work of the Council. During the Covid-19 emergency I have had either telephone or videoconference discussions with the Chief Executive and Registrar on most days.

Council and Committees

9. Along with all Council members and the Senior Management Team, I participated in a strategy workshop (**8/9 June 2020**) arranged to discuss the impact of Covid-19 on our current strategic plan in terms of short-term, medium-term and long-term aims. The workshop took place against:
 - 9.1. the backdrop of the UK's four nations planning to introduce measures to exit lockdown in the context of longer term;
 - 9.2. expectations that something close to the current situation might be with us for some considerable time to come;
 - 9.3. growing consensus that the public will need to adapt to a 'new normal' and this would apply equally to how care will be delivered.
10. In exploring the impact of these potential changes on delivery of optical services and what implications that might have both for the way we regulate and for our 5 year Strategic Plan, we were assisted by initial contributions from:
 - 10.1. Mitesh Patel (e-Commerce Executive, Grand Vision) and registrant optometrist

- Dr Stephanie Campbell (Founder and CEO of OKKO Health); optometrist lead (Aneurin Bevan Hospital Board), on the impact of technology and connectivity;
- 10.2. Sali Davis (CEO, Optometry Wales), on the impact on and development of integrated commissioning models across the four nations;
 - 10.3. Vicki Stott (Executive Director of Operations and Deputy CEO, Quality Assurance Agency for Higher Education), on the impact on the higher education sector;
 - 10.4. registrant dispensing optician Fiona Anderson (Director, Ythan Opticians) and registrant optometrist Dan McGhee (Professional Services Director, Vision Express), on the impact on employers, employees, and patients.
11. We (i.e. Council members and members of the executive team) went on to consider in syndicate groups focusing on two different concepts for the future development of optical community practice:
- 11.1. the impact for workforce planning;
 - 11.2. the implications for businesses;
 - 11.3. the implications for skills needs and the education system;
 - 11.4. the implications for patients, the public and care delivery;
 - 11.5. the risks;
 - 11.6. the issues for us as a regulator;
 - 11.7. what we needed to regulate; and
 - 11.8. how our regulatory approach might need to change.
12. Aspects of the work undertaken on the strategy days are picked up today in agenda item 7.
13. I attended Remuneration Committee (**22 June 2020**) and Audit, Risk and Finance Committee (**24 June 2020**), and chaired Nominations Committee (**6 July 2020**).

Stakeholders

14. I participated in a meeting (**14 May 2020**) of the chairs and chief executives of the UK's **health and social care professional regulators**. Given the current pressures confronting all of us, the discussions primarily focused on operational matters.
15. I participated in a **Worshipful Company of Spectacle Makers'** moot (**19 May 2020**) entitled *What good has Covid-19 brought to future working practice*. Contributions from registrant participants helped informed my understanding of the challenges that registrants generally are confronting and the diversity of opinions about how the optical professions might establish their positions as society moves on from the current crisis. I was back with the WCSM on **16 June 2020** when we were addressed by Liveryman Vincent Keaveny (expected to be elected Lord Mayor for 2021/21) who spoke to us, amongst other things, about the implications of the current crisis for the City in general and for the City Corporation in particular.
16. Together with the Chief Executive and Registrar, I met Dame Glenys Stacey, chair of the **Professional Standards Authority**, and her chief executive Alan Clamp (**4 June**

- 2020**). We discussed matters of common interest. The meeting gave me the opportunity to brief Dame Glenys on our major developments and challenges, and to outline my thoughts as to how the PSA might continue to help us in our tasks.
17. Following receipt of an email from registrant optometrist Hamza Mussa concerning racism within the eyecare profession and the way in which racist incidents are handled in practice – concerns that were informed by respondents to his blog – I telephoned him (**9 June 2020**) to discuss the serious matter that he raised. (I understand Mr Mussa also to have written in similar terms to the leaders of other UK optics' bodies.) When the opportunity admits, I will visit Mr Mussa at his place of work in Kendal to continue our discussion.
 18. Finally, I was really sad to learn (**5 June 2020**), that resource problems generated by the current Covid-19 crisis has led to **Vision UK** having to wind up. The demise of Vision UK is a massive loss to the optical world, both in the UK and globally. Its emphasis on supporting research aimed at really reducing avoidable sight loss was a heavyweight task: the absence of their contribution to it will be sorely missed. I was so encouraged by what I saw at their conference back in October 2019 - researchers from a much broader range of disciplines than one so often finds at vision-related events (I particularly remember conversations that I had with a couple of neurologists) getting to grips with wicked problems. I have spoken both to the chair of Vision UK (Nigel Clarke) and to their chief executive (Matt Broom) to let them know that I shared their sadness and feared the implications of the loss of a small but significant third sector partner that had demonstrated its capacity to bring together cohorts of researchers from different academic disciplines with a view to protecting eyesight.

COUNCIL

Strategic Plan review resulting from Covid-19 pandemic

Meeting: 15 July 2020

Status: For decision

Lead responsibility: Lesley Longstone

Paper Author: Marcus Dye (Acting Director of Strategy)

Council Lead(s): David Parkins

Purpose

1. To review the GOC Strategic Plan to consider the impacts of the Covid-19 pandemic.

Recommendations

2. Council is asked to:
 - **agree** that no significant changes are required to the current Strategic Plan at present
 - **agree** the suggested changes to existing workplans as outlined in paragraphs 8-10
 - **agree** the proposals for areas that could be delayed or cancelled if the work plan is further impacted by Covid-19

Strategic objective

3. This work does not flow from any particular strategic objective but affects them all.

Background

4. We discussed the impacts of Covid-19 at the special meeting of Council on 18 March 2020 and again at the meeting on 13 May 2020. We also held a two-day strategic planning event for Council members on 8 and 9 June 2020.

Analysis

5. Our [Strategic Plan](#) outlines our strategic objectives over a period of 5 years from 2020 to 2025. At our strategy planning event we explored potential future models for the profession, which may result from Covid-19 and considered what the impact might be on regulation and our Strategic Plan. These impacts include:
 - increased use of technology and more remote delivery of care affecting the way businesses operate, and the skills that our registrants may need;
 - closer working relationships between primary and secondary care to manage the backlog of ophthalmology patients, resulting in more care delivered in primary and community settings and increased clinical skills needed by our registrants;
 - business models focussing on more commercial aspects of practice to recoup losses during lockdown and recovery phases of the pandemic;

- higher education sector delivery models changing substantially with potential for reduction in student intakes and impact on financial feasibility; and
 - need for GOC to be conscious of financial impacts on our registrants and deliver the most cost-effective regulation.
6. There was broad agreement that the Strategic Plan had the right focus and covered all of the key objectives and work plans that would be required to support the GOC and the sector to adapt to Covid-19 and protect patients and the public in the future. We outline below where it is essential that these continue and where minor changes to plans and emphasis would help us to better deal with the impact of Covid-19.
7. **Strategic Plan objectives and work plans that should continue:**
- Continue with business regulation reform in order to undertake more system regulation and potentially cover increased use of technology – would need to review how we interact with other systems regulators and reduce overlaps as part of this
 - Continue with Education Strategic Review and CET review to upskill the optical and optometry workforce for present and future challenges. This has become more important because of current need and the acceleration of change
 - Continue with FTP timeliness work plans and review of illegal practice strategies to deliver key regulatory functions effectively, but recognise that further delay in reaching our goals will be inevitable because of lockdown
 - Continue development of a new communications strategy in order to effectively deliver regulatory work in a more complex and rapidly changing environment
 - Continue development of public website, which will transform effective delivery of regulatory functions
 - Continue efficiency programme in order to mitigate the impact of Covid-19 on GOC finances
8. **Proposed changes to work plans to better deal with impact of Covid-19:**
- Changes to regulation of independent prescribing training are needed to make this more accessible, better support development and to increase numbers - needs to be accelerated as part of ESR work plan to support change in care delivery during the pandemic
 - Change to how we regulate care that is delivered into the UK to ensure patients are kept safe when accessing care from outside of the UK. Could form part of business regulation reform.
 - Consideration of the ability to deliver more care remotely is desirable during a pandemic and to allow more flexibility in the future – the GOC should review its current statements on the Covid-19 emergency to decide which ones should continue on a temporary or permanent basis
 - The wider legislative reform project will have to remain flexible to accommodate changes in plans and timescales for government-led reform and to accommodate potential changes in priorities as a result of Covid-19 as outlined in this paper

- The CET and ESR project work plans need to take account of the need for more skills in delivery of remote clinical management and care
 - All work plans need to recognise a more joined up approach across all primary and secondary care in future.
9. Covid-19 has demonstrated that the GOC needs to be agile to quickly adapt to changing situations and should be ready to adapt the Strategic Plan should it be necessary. The ways it might do this are considered below.
10. **Strategic Plan objectives and work plans that may need to be accelerated, delayed or cancelled:**
- The proposed review of Standards of Practice could be delayed as current standards are felt to be sufficient
 - Further consideration of reform to student registration could be delayed as the arguments for and against are finely balanced in any event. Further thinking could happen as part of government-led legislative reform, when registration is considered
 - Accept that the FTP timeliness target date will slip because of lockdown – avoiding the need to retain or increase resources in order to catch-up
 - Prioritise development of new MyGOC website/automated registration process and CRM update to ensure that efficiencies are realised as soon as possible
 - Postpone development of thematic reviews in FTP relying instead on current investigative processes
 - Accelerate research into the differential impact of FTP processes because of the detrimental impact that social and health inequalities have been shown to have on BAME communities during the Covid-19 pandemic
 - Postpone review and further development of GOC in-house advocacy
 - Maintain investment in IT infrastructure – where this will release further efficiencies and delay other non-essential work
 - Accelerate development of the GOC's People Plan to support remote working and ensure cost-effective delivery of training and development

Finance

11. The existing strategy and work plan remain affordable at this present time, and there is some scope, because of short-term savings, to accelerate areas of work, as above. The constraint on that will be available expertise, within and outside the GOC. We will however need to monitor the impact of Covid-19 on our income, which may trigger a need to review suggestions for areas of the Strategic Plan to delay or cancel.

Risks

12. There are three Covid-19 related risks on our corporate risk register:

- Regulatory requirements fail to ensure registrants deliver safe and effective services in the specific context of Covid-19 – mitigated by our work to remove unnecessary regulatory barriers, stakeholder engagement and signposting.
- Failure to protect staff, contractors, visitors and members from the effects of Covid-19 pandemic– mitigated through Covid-19 taskforce, closure of office and risk assessment work.
- Financial impact on reserves arising from additional cost of Covid-19 and/or reduced income – being closely modelled and monitored.

Equality Impacts

13. Impact assessments will need to be undertaken for any new work agreed or reviewed if work plans have changed.

Devolved nations

14. Changes to the plan would need to take account of differences within the devolved nations. Each nation is taking a slightly different approach to the pandemic, with different nations emerging from current lockdown at different rates. All nations have resumed non-essential NHS services by end of June, but the way both private and NHS services are being delivered must take account of risk to patients and ensure effective infection control and social distancing in line with Government, regulator, NHS and professional body guidance.

Other Impacts

15. The following other impacts have been identified:
 - Impact on GOC staff roles and objectives
 - Impact on external stakeholders and the work that they do

Communications

External communications

16. Changes to the Strategic Plan would need to be published and communicated to external stakeholders with rationale.

Internal communications

17. Changes to the Strategic Plan would need to be communicated clearly to staff to allow an understanding of changes to staff roles or individual objectives.

Next steps

18. If proposed changes are agreed, then we can incorporate under current objectives in the plan without any change to the document itself. The Executive would need to ensure it takes account of the Council agreements stemming from this paper when reviewing its business plans for 2020-21 and producing the new business plan for 2021-22.



Council

Education Strategic Review (ESR): Support for implementation

Meeting: 15 July 2020

Status: For decision

Lead responsibility: Leonie Milliner (Director of Education)

Paper Author(s): ESR Team (Peter Loader, Ben Pearson, Simran Bhogal, Leonie Milliner)

Council Lead(s): Josie Forte

Purpose

1. For Council to consider use of reserves to fund two schemes to support the implementation of proposals stemming from the Education Strategic Review, subject to decisions planned for later this year.

Recommendations

2. To **approve** use of reserves of up to £315,000 over a period of nine years (2021 - 2029) to support two schemes: longitudinal research and knowledge hub/information exchange central to the successful implementation of proposals stemming from the Education Strategic Review and in support of the ESR's original objects; 'preparedness for practice' and 'competent and safe beginners.'¹
3. To **delegate** to the Chief Executive and Registrar authority to approve final scheme designs, budget, contract specifications and tender process in accordance with our Scheme of Delegation for Financial Management and Contracts and Procurement Policy (should ESR proposals be approved by Council).

Strategic objective

4. The ESR is a key strategic objective within our 2020-2025 strategic plan, contributing to our strategic objective; 'Delivering world-class regulatory practice.'

Background

5. Council discussed an alternative proposal for use of reserves at its meeting in November 2019. At that meeting Council requested an alternative proposal with the potential to support changes through sharing of excellence and knowledge from those who implement early. Council also requested that any future proposal be considered by the Audit, Finance and Risk committee for scrutiny, particularly in respect of budget and governance arrangements prior to reconsideration by Council.

¹ Please see: <https://www.optical.org/en/Education/education-strategic-review-esr/index.cfm>

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6. Audit, Finance and Risk Committee (ARC) considered an earlier draft of this paper at its meeting on 24 June 2020. The committee agreed broad support for the approach outlined and that the proposals were preferable to those Council had previously considered. The committee commented that it was planning to meet again in August to further consider GOC's financial situation including its reserves policy and highlighted the need to use reserves to support projects or research such as the two summarised in the paper.

Analysis

7. This paper describes two schemes for which support from reserves is provisionally requested over a period of four/ nine years (2021 - 2029):
 - a. Longitudinal research to measure the effectiveness of our outcomes and standards for GOC approved qualifications on the new registrants' competence, confidence and capability (measuring the change we want to see.)
 - b. Knowledge exchange/ information hub to facilitate cross-sector knowledge-led collaborations in supporting programme leaders and academic faculty to design innovative, integrated qualifications that meet our outcomes and standards, reducing the risk of poorly designed programmes failing to meet our standards.
8. Both schemes are intended to support successful implementation of proposals stemming from the Education Strategic Review (ESR). The first is a scheme which will provide a granular measure of the impact of our proposed changes on different pathways to registration taken by students. The second to better support providers/ SPA in preparing programmes/qualifications that successfully meet our proposed outcomes and standards, identifying and sharing best practice and generating a library of commissioned co-produced resources and indicative documentation. Both help mitigate a key strategic risk, that our regulation of education and training in the optical sector is not fit for the future, and help us meet the original intention of the ESR; preparedness for changing registrant roles in response to technological change, multi-disciplinary working, demographic change and increasing incidence of chronic conditions and co-morbidities.
9. The Education Strategic Review (ESR) was launched in March 2016 and remained a key priority throughout our 2017-2020 Strategic Plan. In our 2020-2025 'Fit for the future' strategy we said we intend to build on this work to redefine our education requirements for new registrants for the next decade and beyond, an enormously important and complex piece of work that will enable us to maintain public protection as the roles of registrants evolve.
10. In July 2019 Council agreed steers to guide the development of key elements of the ESR. This included the steer to introduce a new integrated model of optical education, combining academic study with professional and clinical experience into a single approved qualification (led by a single point of accountability – SPA); and with the formation of two Expert Advisory Groups (EAGs), draft new outcomes for registration, new standards for approved qualifications and an updated quality

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assurance process. Together, if approved, these documents will replace our Quality Assurance Handbooks for Optometry and Ophthalmic Dispensing, including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks

11. If the outcomes and standards are approved by Council (most likely to be considered in Nov/Dec 2020), our plan is to work with the sector to receive and consider applications from providers/SPAs for their new, integrated qualifications in the three phased programme agreed by Council in November 2019. (Early adopters (tranche 1) will recruit students from the 2022/23 academic year, tranche 2 from the 2023/24 academic year, and tranche 3 from 2024/25). From January 2021 onwards we anticipate providers/SPAs will begin to develop their new, integrated qualifications and the relationships and infrastructure required, seek internal/institutional validation/approval and engage with our proposed quality assurance and enhancement process to seek approval of their proposed new qualifications.
12. Successful implementation of proposals stemming from the ESR will be dependent on two factors;
 - a. New (or adapted) qualifications developed by providers/SPAs are sufficiently well-developed and resourced, are attractive to new entrants and meet stakeholder and patient/ service user expectations to achieve a positive GOC approval decision.
 - b. We have the right data to measure the effectiveness of our proposed outcomes and standards for GOC approved qualifications in shaping the skill and ability of future registrants in meeting patient and service user needs, and to ensure that our standards remain responsive over time to the changing context of eye-care health across all four nations of the UK.
13. A key risk for us developing new outcomes and standards is that we receive applications for approval of designed programmes that struggle to meet the outcomes and standards, struggle to recruit and fail to thrive. This risk is mitigated by the scheme described below to facilitate a cross-sector knowledge-led collaboration and information exchange for the benefit of the academic community, specifically programme leaders and module coordinators, to better support academic staff in their design and development of new, integrated qualifications which meet our outcomes and standards.
14. In addition, given it is not possible to introduce our outcomes and standards on a trial basis, without the granular-level data to provide indication of the impact and effectiveness of our proposed changes, and it will simply not be possible to measure whether the changes we plan to introduce achieve their intended effect. Indeed, it could be argued that the absence of such data to date has hindered the development of our regulation of optical education and the responsiveness our Quality Assurance Handbook requirements to wider developments in the sector and in student, employer and provider needs.

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15. The support required from reserves for these two schemes is described below. In relation to the proposed longitudinal research, if in-principle support for use of reserves is confirmed, we will form a subgroup, chaired by an academic researcher if possible, to develop the research scope, sample size and research methodology to inform the development brief, budget and tender documentation for selection of a contractor (most likely a research-led university or business school independent of the optical sector) in accordance with our Contracts and Procurement Policy and Scheme of Delegation for Financial Management.
16. In relation to the knowledge hub/informational exchange, the primary costs underpinning the outline scheme below stem from continuing the work of the roundtables (at approx. £2.5k per roundtable), the co-curation and production of content to support programme design (such as the planned co-produced indicative syllabus/document to complement the outcomes) and the staff time and effort required to support the research that sits behind each roundtable and workstream. We have also identified a low cost off-the-shelf digital product ideal to aid collaboration and information sharing (one functionality is a categorisation and indexing facility) for up to 1000 users, aimed at academic staff (programme and module leaders, supervisors and preceptors) in the design of new qualifications, use of which would be suggested to the successful contractor.
17. The schemes described below have been discussed at our recent EVP briefing, at our Expert Advisory Groups (8th July) and feedback sought from the OASC and OSC; each will be each will be subject to detailed design and development with our stakeholder community.

Scheme one: Longitudinal research

18. Much attention has been given to the structural changes required to ensure successful implementation of the proposed new model of optical education; the re-planning of academic programmes to integrate periods of professional and clinical experience to meet the new outcomes and standards, for example, or the formation of current (or new) providers as SPAs, and the organisation of relationship with stakeholders, such as placement providers, alongside consideration of what knowledge, skills and behaviours are required of a day-one registrant to ensure safe patient care. What has been less considered is how we might measure the change we want to see; how we might gauge the effectiveness of our proposed outcomes and standards for GOC approved qualifications to ensure new graduates/ registrants have the expected level of knowledge, skills and behaviours and the confidence and capability to undertake new and enhanced roles in practice across all four nations as a result of the changes we've made to optical education, given it is not possible to introduce our outcomes and standards on a trial basis.

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19. An additional consideration is how we gather data to inform further revisions to the outcomes and standards ‘in real time’ to ensure our requirements for approved qualifications remain up to date, and to avoid the wholesale periodic (and often painful) review every decade or so. It’s important that this data is captured independently from the providers whose qualifications we approve. The intention is that this would be a multi-year longitudinal evaluation/ cohort study, beginning with creating a baseline to measure the existing skill, competence and capacity of current graduates (DOs and Optometrists) at the point of registration, then following up with measurements made as tranche 1 (early adopters) and tranche 2 progress through the new integrated programmes, register and enter the workforce from 2025 onwards. Perspectives of new registrants’ skill competence and capacity would be taken using a validated survey tool, with the intention that this would be completed by students and new registrants, employers and placement providers, patients and service users and the academic community. An appropriate sample of each cohort will be measured three times; on registration; at the point of renewal after 12 months’ registration, and again after 24 months’ registration.
20. The proposal is that this evaluation would be carried out by a specialist research organisation/ university business school/institute after a competitive tender process, based on a brief developed in consultation with the sector. We anticipate the budget is approximately £175k spread over nine years (including VAT if charged and all other contractor costs), and that the number of baseline measures (we have proposed two) and participating cohorts (tranche 1 (early adopters) & tranche 2) and sample size will be confirmed depending on the advice of the sector and the selected research organisation/institute. (As a guide, a recent cohort study undertaken by Warwick Business School which followed a cohort in a single healthcare subject area for three years cost £70-80k, including follow-up activity). We estimate the approximate budget over the five-year lifespan of the proposed research is as follows:

	Baseline measure (cohorts 1 & 2)	Tranche 1/ early adopters (cohort 3)*	Tranche 2 (cohort 4)*	Total
FY 2021/22	Set-up, testing and survey validation	-	-	£35k
FY 2022/23	Cohort 1 (initial registration) measure	-	-	£15k
FY 2023/24	Cohort 1 (registration +12 months) / Cohort 2 (initial registration) measure	-	-	£20k
FY 2024/25	Cohort 1 (registration +24 months)/ Cohort 2 (registration +12 months)	Set-up, testing and validation	-	£20k
FY 2025/26	Cohort 2 (registration +24 months)	Cohort 3 (initial registration) measure	Set-up, testing and validation	£20k
FY 2026/27	<i>Publication of cohorts 1-2 findings</i>	Cohort 3 (registration +12 months)	Cohort 4 (initial registration) measure	£20k
FY 2027/28	-	Cohort 3 (registration +24 months)	Cohort 4 (registration +12 months)	£20k

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FY 2028/29	-	<i>Publication of cohorts 1-3 findings</i>	Cohort 4 (registration +24 months) <i>Final Publication of cohorts 1-4</i>	£25k
Total				£175k

*Note – assuming 3 year programmes/ programmes may be longer or shorter than the three years indicated.

21. We propose to establish a small steering group to develop the research brief and scope data requirements/ sample size, etc. as well as advise on the drafting of the contract terms and selection of contractor. The steering group will include representatives from GOC, OSC, OASC and sector bodies, will be supported by GOC and we hope, chaired by an academic researcher with expertise in this sector. The purpose of the steering group will be to provide research advice and guidance in the development of the brief, establishing methods of data collection and analysis, ethical considerations and project governance.
22. Conversations with NIHR (National Institute of Health Research) indicate that there may be scope within the NIHR Health Services and Delivery Research (HS&DR) Programme to collaborate on the part of our evaluation which engages with patients and services users if our evaluation is primary research which also addresses an issue of major strategic importance to the NHS and is likely to lead to changes in practice that will have a significant impact on a large number of patients across the UK. My suggestion is that may be worthwhile for the steering group to develop the research brief with this opportunity in mind.
23. This is an in-depth multi-year longitudinal evaluation, the results of which will inform the development of our future registrant skill base and help mitigate a key strategic risk that our regulatory requirements for approved qualifications are fit for purpose. This type of information is not available in any form, and as a regulator, commissioning such innovative work where the output is likely to be both practical recommendations and published peer-reviewed papers will contribute to meeting our strategic objective of delivering world class regulation.

Scheme two: Knowledge exchange/ information hub

24. Our quality assurance and enhancement process is essentially a confidential process with each provider/SPA. Our role is to receive and consider applications and evidence in accordance with our published quality assurance and enhancement method and decide if the qualification meets our outcomes and standards. Within this process our capacity to share information, disseminate best practice and suggest more broadly how SPAs might organise themselves to meet our outcomes and standards is limited. Each application for qualification approval ‘turns on its own facts’, or evidence, and as a regulator care must be taken not to advocate an approach (say, an assessment method) which may or may not be suitable for a SPA in its specific context in meeting our standards and outcomes.

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25. However, if and when ESR proposals are approved, we will be asking education and training providers to make significant changes to their approved qualifications, about which they are understandably nervous. To ensure a smooth transition between new and legacy qualifications we need to do two things. First, provide providers/SPAs with a set of outcomes and standards they have confidence in, the development of which is ongoing. Second, support them as they move to implementing the proposed outcomes and standards, with its inherent risks and investment costs, so that providers/SPAs have the best possible opportunity in designing their programmes and preparing applications for approval that are a success, and reduce the risk of failing to meet our outcomes and standards, struggling to recruit and consequent instability in workforce supply. It is important that we support the exchange of information between providers so they can learn from each other in developing their new, integrated academic awards, in addition to their participation in our assurance and enhancement method. This capacity does not exist at present, relying instead on informal conversations and relationships between institutions, and the work of the two representative academic councils (OSC and OASC).
26. The purpose of the knowledge exchange/ information hub is a neutral, independent forum for academic staff to exchange ideas, ask questions, develop indicative curricula and share best practice as they develop their new qualifications for GOC approval. The aim is for the knowledge exchange/ information hub to be independently curated on a contract basis on behalf of GOC, open to all providers/ SPA academic and college faculty and practice-based staff, including programme leaders, module coordinators, preceptors and supervisors, with all encouraged to contribute. The hub will have a limited lifespan, commencing in Jan 2021, when providers will start preparing their new programmes, and closing once all currently approved providers have migrated into the new system (by 2024/25 at the very latest, when tranche 3 begins to recruit students.) To enable the sharing of good practice, the facilitation of cross sector projects and the exchange of knowledge and continuance of roundtables, we are seeking Council's approval to use up to £140k.
27. The proposal is for the activities of the knowledge exchange/ information hub to be organised into three themes, as follows:

Journal

- a. Create, share, exchange and disseminate knowledge, ideas, insights, data and projects to support providers/SPAs in their design and development of new, integrated qualifications;
- b. Build a digital archive of resources and published output (evaluations, studies, videos, reports, papers, etc.) to support academic staff and the sector in implementing the proposed new model of optical education;

Community

- c. Curate a vibrant interdisciplinary forum open (for free) to providers/SPAs, sector bodies and the GOC, providing leadership and support for the sector, bringing together the academic community, researchers, registrants, employers, students,

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healthcare professionals and the wider eye-care team, sector bodies, HEIs, and funders;

- d. Provide a structured platform for digital connectivity to inform and facilitate cross-sector knowledge-led collaborations and information exchange for the benefit of the community in the design and development of new, integrated qualifications, so that the skills and abilities of future registrants remain up to date and responsive to the needs of the healthcare system; and

Projects

- e. Collaborative cross sector projects to develop indicative curricula and supporting documentation describing assessment options and quality controls, as well as continuation of roundtables and research to assist providers/SPAs in their design of new programmes/ qualifications to meet the proposed new outcomes and standards.
28. The intention is to seek an external contractor to host the knowledge exchange/ information hub on behalf of GOC, initially for a four-year term (the lifespan of the project) with a break clause at year two. If we are unable to appoint an external contractor, we would revert to hosting the hub ourselves, albeit at arms-length from our quality assurance and enhancement team (although this may incur additional cost). The proposal is that GOC's Director of Education will have oversight of the contractor's performance and adherence to the contract terms. The contractor will be responsible for the hub's day-to-day activity to meet its contracted purpose, intended aims, budget and reporting, coordinated through a joint advisory committee hosted by the contractor, with representatives from GOC, OSC, OASC, sector bodies and providers providing insight and guidance.
 29. We will suggest to any organisation intending to bid for this contract they may like to consider using the online public service collaboration platform, <https://www.khub.net/>, an online public service community which can provide at low cost (approx. £3-5k a year) a digital platform for information sharing, a repository for information, and a forum for live discussions, as an alternative to a bespoke digital platform. Its features include:
 - A secure UK-hosted collaboration space with ability to create open, restricted, privileged, and private collaboration groups
 - Own branding across pages and groups
 - Manage own network information and curate news
 - Collaboration tools such as blogs, discussions, library, real-time document collaboration and polls
 - A search and recommendations engine, content tagging, categorisation and indexing facility.
 30. We estimate the approximate contract value for the proposed four-year lifespan of the hub is £130-£140k (including VAT if charged and all other contractor costs) as follows:

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	Journal	Community	Projects	Total
FY 1 (Jan-March 2021)	£5k (set up costs)	£10k (curation and hosting)	£15k (indicative curricula)	£30,000
FY 2 April 2021 - March 2022	£10k (£5k/ digital costs+ £5k/content)	£15k (curation and hosting)	£15k (assessment/ quality control)	£40,000
FY 3 April 2023 - March 2024	£10k (£5k/ digital costs+ £5k/content)	£15k (curation and hosting)	£15k (1 further project to support SPAs)	£40,000
FY 4 April 2023-Dec 2024	£8k (£4k/ digital costs+ £4k/content)	£10k (curation and hosting)	£10k (1 wrap-up project to support SPAs)	£28,000
Total				£138,000

Finance

31. We are seeking Council's approval to use up to £315k of reserves to support two proposals over a four/ nine-year timeframe as follows:
- Knowledge exchange/ information hub – up to £140,000 (2021-24)
 - Longitudinal research - up to £175k (2021-29)

Risks

32. ESR and its planned implementation will mitigate the key strategic risk that our regulation of education and training in the optical sector is not fit for the future and our current requirements (contained within our Quality Assurance Handbooks) become out of date. Both schemes will help mitigate against the risk of failing to engage stakeholders and keep pace with changes to roles and scopes of practice, and will ensure the qualifications we approve in the future are responsive to increased expectations of the student community and their future employers, the rapidly changing landscape in the commissioning and delivery of eye-care services, the needs of patients and service users and changes in higher education.
33. To not to support the culture change and data-gathering necessary for successful ESR implementation risks attracting poor quality applications from SPAs that fail to meet our proposed standards and outcomes, fail to recruit, and fail to thrive, with resulting instability in the sector and consequential workforce supply issues.

Equality Impacts

34. Not applicable at this stage.

Devolved nations

35. Not applicable at this stage.

Other Impacts

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36. No other impacts have been identified.

Communications

External communications

37. Council's decision will be shared with our expert advisory groups and other relevant stakeholders.




Internal communications

38. This decision will be communicated to the relevant teams as per normal practice.

Next steps

39. If provisionally approved, this will also feed into the updated impact assessment that will accompany our recommendations following consultation on the ESR deliverables.

Quarterly Performance Dashboard – Q1 20/21

	Better than last quarter
	Roughly same as last quarter
	Worse than last quarter

Off track
At risk
On track




FINANCE

Budget Operate within budget	
Reserves Operate within our reserves policy	
Efficiency Programme progress Realise 90% of planned efficiencies	




PEOPLE

Investment in People Realise 90% of planned events	
Sickness Absence 2.6% or less (minus COVID)	
Engagement Index Achieve an upward trend in the staff engagement score	

PERFORMANCE

FTP Timeliness 67% of concerns will be resolved within 78 weeks	
Education timeliness in assessing conditions 85% conditions resolved on time	
Registration quality & accuracy Zero tier 1 errors and 96% accuracy overall*	

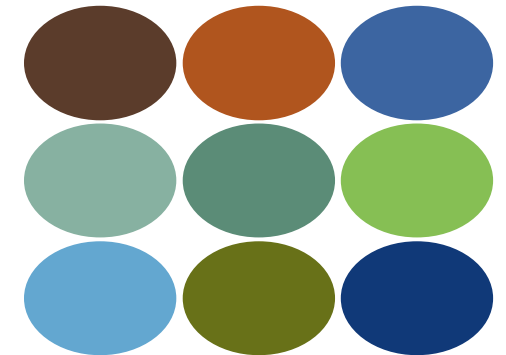
CUSTOMER

FTP timely updates 85% of customers receive an update every 12 weeks	
Registration 90% of all application forms completed within target	
Education quality of CET provision 90% of CET provision meets registrant expectations	

KPI (current)	Bullet points about the RAG status of the KPI and a comparison from last quarter and what/how/when improvement(s) will take place	Budget implications	Associated risks
<p><u>FINANCE</u> <u>Efficiency Programme progress</u> Realise 90% of planned efficiencies</p>	<ul style="list-style-type: none"> • Why amber? Because we need to introduce a better method to measure progress. The efficiency programme exercises were carried out from October 2018 but measurements were not visible as each improvement was incorporated to the next forecast and measurement was made compared to the latest forecast. • Comparison with last quarter – None as we are still in the planning stage of creating the template. • Improvement – A template will be designed in time for November ARC/Council. 	<ul style="list-style-type: none"> • Monitoring a planned efficiency programme will put more accountability to budget-holders and more visibility to the efficiencies. This will improve the future budgets. 	<ul style="list-style-type: none"> • Economic uncertainties from COVID, challenges to future fee settings, impact on investment portfolio on reserves may affect the ability to realise planned efficiencies.
<p><u>PERFORMANCE</u> <u>FTP Timeliness</u> 67% of concerns will be resolved within 78 weeks</p>	<ul style="list-style-type: none"> • Since 1 April 2020, Case Examiners and the FTPC have concluded 60 cases. Of these, 47% concluded within 78 weeks. • This is less than the 2019-20 figure (64%) and reflects that older cases are still proceeding through the system. • We expect to see this figure improve as the age of our stage 2 caseload is now decreasing. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Prolonged (or re-implemented) COVID restrictions on accessing clinical records and delaying or adjourning substantive hearings.
<p><u>PEOPLE</u> <u>Investment in People</u> Realise 90% of planned events</p>	<ul style="list-style-type: none"> • Why amber? The two big centrally planned training packages on EDI and management development remain restricted by remote-working as these ideally require a classroom format. Despite this challenge, progress is being made with access to LinkedIn Learning resources extended for all people managers. Interim approaches for EDI training are being explored with the providers also. • Individual departments are successfully using technology to continue running local training plans. • Comparison with last quarter – similar challenges but with greater adaptability being shown, with the likely duration of remote working becoming more apparent. • Improvement – the appraisal process has generated a substantial number of training and development requests which will form the basis for the remainder of the training plan. 	<ul style="list-style-type: none"> • Already been budgeted. • Delaying training will compress the time in which we have to achieve this, pushing expenditure later in the year. 	<ul style="list-style-type: none"> • None
<p><u>PEOPLE</u> <u>Sickness Absence</u> 2.6% or less (minus COVID)</p>	<ul style="list-style-type: none"> • Why amber? Sickness absence is still above 2.6% at present (3.2% June 2020) and has been for some time. • Comparison with last quarter – slight improvement but some way to go still. • Improvement – Figures are being skewed by long-term absences but these are being managed more proactively. Of the top 5 absentees (42% of total absence), 3 have left, 1 is on maternity leave and the 5th is back at work after a long period of absence. • Short-term sickness management is impacted by remote-working. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None

Internal Operational Business Plan 2020/21

– Q1 review of progress



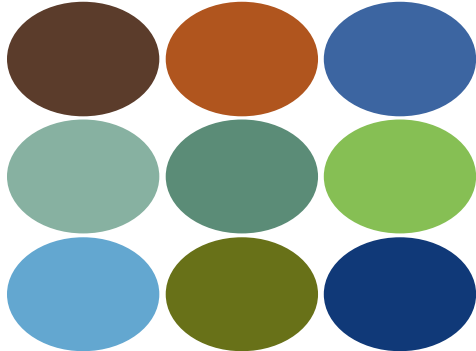
Objectives key

 **On Track**

 **At Risk**

 **Off Track**

 **Not yet started**



Registration BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • 95% of all new entries to the register are accurate	Student renewal – c.5,000		Registration Fees Rules	Registrant Renewal – c.24,000
	Registrant removal following renewal – c.500 - complete			
Customer Service • 90% of registration (inc speciality) and qualification update forms completed within 10 working days • 90% of restoration (inc speciality) forms completed within 15 working days	50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)	c.50 Non-UK applications (Possible Brexit impact on EAA applications)
	Restoration following renewal	Registration of new fully-qualified c.1000 and first year students – c.1,400		
Continuous Improvement	Review and analysis of renewal data (data cleanse)			
	CRM continual improvements (Outlook/Email integration – dependant on CRM upgrade)			
	Registration processes review (to feed into MyGOC redevelopment)	Registration processes review (to feed into MyGOC redevelopment)		

- **Review and analysis of renewal data (data cleanse)** c.2700 companies registered under Section 9.2 (a) of the Opticians Act (majority of directors) have been reviewed against Companies House to check if they still meet the criteria relating to directors. Results to be presented to SMT shortly.
- **CRM improvements** The timelines for CRM upgrade and full project plan are in development with external suppliers and there are dependencies that are yet to be fully articulated, although the milestones are still considered achievable. A review of “as is” processes is underway to ensure our current processes are still fit for purpose for upgrade of MS Dynamics application. The upgrade is due for completion in November 2020, and will mainly focus on ensuring current processes are configured in the upgraded system. This will though allow for analysis of process and feed into the work to design new “to-be” leaner customer focussed processes as part of the following task.
- **Registration processes review** As with the CRM improvement work, there still needs to be a fully developed plan as part of the overall strategy to improve customer focus and service and will require committed resource. Completed review of MyGOC with Website Delivery Manager to give full demonstration of current system, processes and configuration. This will feed into the work to identify potential improvements and changes required in the redesign of MyGOC as part of phase 2 of the project in line with the new website development.

Education BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class regulation <ul style="list-style-type: none"> Proportionate regulatory action taken against risk Quality of visit activity 90% of visits completed 	Conduct 18 visit days	Conduct 3 visit days	Conduct 6 visit days	Conduct 14 visit days
		Publish Annual Monitoring (AMR) process reports	Open annual monitoring	Close annual monitoring and complete data analysis of annual monitoring
Customer Service <ul style="list-style-type: none"> 80% of provider attendance 			Hold annual provider forum	
Continuous Improvement <ul style="list-style-type: none"> Timeliness in operational processes and planning 	Review conditions management process	Serious Concerns review process evaluation	Develop performance reporting systems	
	Training for Education Visitor Panel and team		Training for Education Visitor Panel and team	

- Conduct 18 visit days** – We are focusing on critical visits, mainly for providers with provisional approval. Visit days have been affected due to COVID, however excellent agility demonstrated in organising our remote visits, which have been successful – 9.5 visit days completed.

Education Strategic Review Project – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March	
World-class regulation <ul style="list-style-type: none"> Project delivered on time and within budget 		Consultation	Consider consultation results and impact assessment finalisation		
		Public and patient consultation on standards and outcomes	Finalise Outcomes, Standards & QA&E Method, seek agreement and publish final documentation. Launch event		
		Verification of outcomes	Launch event		
		Develop deliverables: Standards, Outcomes, and QA framework	Development of approval process	New programme approval and assurance method developed, tested and launched. Discussions with existing providers to agree when recruitment to existing programmes cease. Applications invited for tranche 1	
		Co-commissioned evidence gathering re. RQF level		Consider whether to incorporate RQF level results into standards criteria	
			Development of evidence framework	Test evidence framework	
		Non-UK Approval and Quality Assurance policy review		Working with SPAs to create culture-change required to ensure successful implementation of ESR	
Customer service <ul style="list-style-type: none"> Positive feedback from majority of stakeholders 	Engagement				
Continuous improvement			Develop performance reporting systems		
			Training for Education Visitor Panel and team		

- **Develop deliverables** – Currently being worked on. Twelve week public consultation, July to October, agency appointed and planning started.
- **Co-commissioned evidence gathering** – RQF project out for tender, contract for Verification work being drafted, work to begin in early August.

Standards BAU – Milestones and critical path tasks

PERFORMANCE MEASURES		April-June	July-September	October-December	January-March
<u>World-class regulation</u>	Standards BAU Respond to 90% enquiries within 10 working days		New organisation-wide process for responding to Standards queries introduced		
	Response to registrant survey indicates 60% confidence level in standards				
	Review of Standards of Practice			Informal stakeholder consultation	
	Raising concerns guidance		Publication consultation		Consultation report received

• No reporting due for Q1.

CET BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • Support 96%			Registrants to meet annual target	
Customer Service • Complete 90% of registrant led peer review approvals within 10 working days • Deliver 95% of CET approvals within 10 working days • Respond to 90% enquiries within 5 working days • 98% of disputes completed within 1 month of receipt	c.135 registrant-led peer review approvals 1083 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1139 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 952 approvals – by approvers Agree non-standard approvals	c.135 registrant-led peer review approvals 1033 approvals – by approvers Agree non-standard approvals
				Issue CET provider fee notifications by 31 January Issue provider suspension warnings by 28 February Provider suspensions completed by 31 March
			Manage end of second year of CET cycle	End of second CET year – notifications of failure to attain 6 points
Continuous Improvement	Publish Peer Review Guidance Implement any changes arising from Enquiries team pilot	Deliver 2 x CET approver training events		

- **Publish Peer Review Guidance** - this has been delayed due to refocusing on Covid-19 priorities within the Communications Team but we have however published a statement on the emergency with regards to CET.
- **Implement any changes arising from Enquiries team pilot** –the enquiries team pilot is a joint project with Registration and will be difficult to roll out until face to face meetings can take place. We will endeavor to roll out both the peer review and enquiries team pilot work during Q2/3 but this will depend on the easing of Covid-19 restrictions.

CET Review Programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
<u>World-class regulation</u> <ul style="list-style-type: none"> Project delivered on time and within budget 	Consultation on CET reforms in relation to freeing up system, mandatory reflection and re-branding	Consultation report received		Guidance published for registrants, providers and approvers, and re-branded materials issued
	Agree project plan for transition to practice and supervisory support			
	Agree project plan for proportionate approvals			

- No amber or red reporting in Q1

FTP Case Progression BAU

Milestones and critical path tasks 2020-21

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service We will address our long-standing issue with timeliness in fitness to practise	210 substantive case examiner decisions			
<ul style="list-style-type: none"> Meeting 8-week median for Triage decisions Meeting overall 26-week median for investigations Achieving rolling 78-week median for FTPC decisions 	CE Training/Meeting (April)	CE Meeting (July)		Achieve rolling 78-week median
	Clinical Contracts Review (or 'recruitment')	Review of Acceptance Criteria (Bus. Registrants)	Review of Case Examiner and IC Guidance	
We will review and modernise all our processes	Implement Online Complaint Form	OCCS Annual Report		
<ul style="list-style-type: none"> Improved customer feedback by Q4 	Implement new customer feedback processes		Review of end to end casework	
	Four defence stakeholder group meetings			
We will develop a learning culture	Produce Registrant Learning 'Bulletin'		Produce Registrant Learning 'Bulletin'	GOC/OCCS Training Day
<ul style="list-style-type: none"> We will be receiving consistently positive feedback from registrants regarding our 'learning from FTP' work by Q4 	External Engagement Events (Minimum of two)		External Engagement Events (Minimum of two)	FTP Clinical Training Day
Continuous Improvement We will deliver embed our efficiency programme	FTP Structure Review	Review efficiency of in-house advocacy	Complete feasibility study for expansion of IHA	Potential expansion of In-House Advocacy
World-class Regulation We will deliver a high quality service to all users	Independent audit of FTP decision making (Triage/CE/IC)	Review of Risk Management Strategy	CE/IC Joint Training (Nov)	

- CE Training/Meeting (April)** – This was due to be a legislative reform workshop, but was cancelled due to Covid-19. It will be rescheduled as a remote event(s) as part of the ongoing reform process.
- Clinical Contracts Review** – Ongoing discussions with HR about status – expected to resolve by end of Q2.
- Implement Online Complaint Form** – This forms part of the GOC website delivery project and has been delayed. The OCF was not included as part of the initial build, but will now be an add-on during Q2.
- Reg Learning bulletin** – We decided that it would be inappropriate to launch the bulletin during the COVID crisis with so many registrants furloughed and with jobs at risk. We will revisit this during Q2 as lockdown eases.
- External engagement events** – This has been delayed however we still hope to engage in external events remotely, although due to COVID, nothing is currently scheduled.
- FTP Structure Review** – All of the initial consultation work with the team was completed in Q1, but the review will now conclude (i.e. final decisions on structure) in July 2020.

FTP Hearings BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service <ul style="list-style-type: none"> We will address our long-standing issue with timeliness in fitness to practise <ul style="list-style-type: none"> 90% of cases to conclude first time 80% of substantive cases to conclude first time 85% of hearing dates utilised We will review and modernise all our processes We will develop a learning culture 	325 hearings days c.60 decisions			
		Hearing recording and transcription services procurement completed		
	At least four decision review group meetings			
		Learning from audit of decision-making	Annual standard operating procedures review	Review Indicative Sanctions Guidance and Bank of Conditions (with legal)
	Review guidance documents provided to unrepresented registrants and commence feedback mechanism		Interim review of effectiveness of case management process	
Continuous Improvement <ul style="list-style-type: none"> We will complete the investment in our IT infrastructure 			Explore feasibility of paperless hearings	
World-class Regulation <ul style="list-style-type: none"> We will deliver a high-quality service to all users 	Independent audit of FTP decision making (FTPC)	Panel member training	Chairs meeting	Chairs panel member training

- 325 hearings days c.60 decisions** - We are below expected numbers given COVID impact although both are expected to rise in the coming months with the support of the guidance to panels on remote hearings, which was approved by Council in May 2020. We currently have 30 substantive hearings scheduled to conclude by the end of December 2020. This is against new yearly target of 46-50 decisions which was highlighted to Council.
- Review guidance documents provided to unrepresented registrants and commence feedback mechanism** - We incorporated a review of the information provided to unrepresented registrants in the case management meeting process to ensure it was accessible and easy to read. The full project start date was delayed due to COVID although we will pick this up in Q2 with initial focus being on creating a questionnaire for unrepresented registrants to complete by the end of July 2020. We have also started to review our template letters in response to the COVID emergency and have consulted on a hearings protocol for remote hearings. This is due to be published with witness guidance in July 2020.

Legal BAU – Milestones and critical path tasks 2

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
<u>World-class Regulation</u> <ul style="list-style-type: none"> Deliver high-quality legal advice on all GOC functions 		Advise on Government proposals for legislative reform. Advise on student regulation inc bespoke Acceptance Criteria – in progress	Advise on post-EU transitional period – in progress	Advise on review of Standards guidance – not started
		Review and advise on GOC contract, inc devise boilerplate clauses – not started		
	Legal input to CET review and legislative reform programmes – in progress Advice on education provider approval and quality assurance processes – in progress			
<u>Customer Service</u> <ul style="list-style-type: none"> Take proportionate regulatory action against the risks from illegal optical practice Respond to 90% enquiries within 10 working days 		Review Protocol for tackling illegal optical practice, make recommendations to SMT – not started	Finalise process for responding to registrants in crisis – in progress	Advise on final updating of website info inc FAQs – in progress
		Devise new KPIs for legal advice and advocacy to help develop learning culture – not started	Implement revised Illegal Practice Protocol after targeted consultation – not started	
<u>Continuous Improvement</u> <ul style="list-style-type: none"> Proactively identify areas where we can assist GOC functions, and work with colleagues to deliver enhancements Increase number and range of FTP cases prepared and presented inhouse 		Final advice on unrepresented registrant experience project – in progress	Review efficacy of in-house advocacy and hearings on papers – in progress	
		Review process for FTP advice, to enable earlier identification of issues, improving efficiency and timeliness – not started		
		Advise on review of processes in Registration (inc businesses), FTP (inc allegation drafting) and Education (inc student supervision and provider QA) – in progress		Annual review of FTPC Indicative Sanctions Guidance and Bank of Conditions – not started
FTPC/RAC advice and advocacy: prepare and/or present 100 hearings – in progress				

- No amber or red reporting in Q1

Secretariat BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation	Contributing to development of Government proposals for Governance reform			
Customer Service • Initial corporate complaints and correspondence responses within 5 working days	Manage 20 corporate complaints			
	Provide staff advice, guidance, induction and training – inc EDI, Corporate complaints, Impact Assessment			
	7 meetings – 2 Council, AP, 2 ARC, Nom, Rem	2 Council meetings	7 meetings – 2 Council, AP, ARC, 2 Nom, Rem	4 meetings – 2 Council, ARC, Rem
	Council chair appointment	Council chair appointment and Council members appointment planning	Council chair and member appointment and Chair induction	Council member appointment/induction
	20 member reviews	25 member reviews	40 member reviews	40 member reviews
	Council workshop	Member indn (tbc) and e-learning	Council workshop (tbc)	Member induction (tbc)
	Council and committee evaluations	Forward plans and meeting calendar	Committee reappointments	Member declarations and register of interests
	Annual report stats & narrative			Annual Return
	EDI monitoring report			
	Code of Conduct Review		Gifts and Hospitality Policy Review	
	Corporate Complaint Policy, serious incident reporting policy and management of interest policy review		Member Fees Review	
	Develop strategic and departmental KPIs and improve data collection system		Data collection and methodology audit	
	Monthly SMT and Quarterly Council performance and business plan reporting/reforecasting			
	PSA data set			
	Annual performance review	Business planning guidance	Draft business plan	Final business plan

- **Contributing to development of Government proposals** – the governance development work is currently on hold but the HOS continues to contribute to the Inter-Regulatory Reform Group
- **20 member reviews** – our former independent member has had to stand down and has been replaced by an interim independent member who will be carrying out the outstanding reviews in Q2.

Policy BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March	
<p>World-class Regulation</p> <ul style="list-style-type: none"> 90% of consultations reviewed within 10 working days to decide if a response is required 	Policy input to CET review programme (including reflective practice)				
	Project management of legislative reform programme and related projects				
	Monitor/coordinate responses to external consultations, PSA policy initiatives, MP letters, and other external policy/research enquiries				
	Attend external forums including quarterly AURE meetings (meeting of regulators to discuss European issues), meetings of the European Council of Optometry and Optics (ECOO) and emerging concerns working group				
	Implement changes to regulation required by Brexit				
		Input to PSA performance review 2019/20			
		Public perceptions and Registrants survey	Stakeholder survey		
		Consultation on exceptional circumstances policy	Consider policy proposals for parental leave, restoration, return to practice, and voluntary removal		
			Review position on non-UK applicants including Republic of Ireland applicants	Potential research related to FTP and EDI	

- No amber or red reporting in Q1

Legislative reform programme – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
<u>World-class Regulation</u> • Performance measures to be developed once we have clarity about Government's legislative reform plans and timelines	Engage with Government proposals (Govt due to engage with us as an individual regulator in April 2020)	Engage with Govt proposals and plan for implementation	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Engage with Government proposals (Govt due to engage with us as an individual regulator in June 2020)	Engage with Govt proposals and plan for implementation	Respond to Govt consultation and plan for implementation (currently proposed for late 2021)	
	Informal engagement/consultation with stakeholders around business registration			
	Identify legislative reforms required and share with DHSC	Develop policy proposals	Conduct appropriate stakeholder engagement	Develop detailed proposals for implementation of GOC-led reforms

- **Engage with Government proposals** - COVID-19 has delayed the DHSC's timetable to engage with us in a 1-1 in relation to FTP and Governance reforms. The FTP project is now progressing again, but the governance reform project is still on hold due to resourcing in DHSC.
- **Informal engagement/consultation with stakeholders around business registration** - due to COVID-19 this will not start until at least Q2 due to other internal priorities and the link to the Standards work on raising concerns guidance.

Communications BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
World-class Regulation • At least 90% of positive or neutral press coverage	Promote ESR consultation	Promote new ESR learning outcomes and Education Standards	Ongoing ESR communications and engagement	
		Promote whistleblowing guidance consultation	Promote Whistleblowing guidance	
	Promote CET consultation	Ongoing CET communications and engagement		
	Running press office – proactive and reactive comms			
Customer Service • 80% of registrants who are aware of new business standards	Optrafair, CTSI Symposium		Scottish Regulation event	100% Optical, Op Tmrw
	Implement stakeholder engagement strategy and new communications (internal and external) strategy			Commence evaluation of strategies
		Support registrant survey launch		
Continuous Improvement	Communications plan to launch new website	Website evaluation	Website evaluation	Website evaluation
	Develop CRM			

- **Promote ESR consultation** – the consultation has been delayed due to Covid-19 and is now expected to take place in Q2.
- **Optrafair, CTSI Symposium** – both events were cancelled due to COVID.
- **Stakeholder engagement and communications strategy** – interim strategies have been put in place whilst new ones are being scoped and developed (Q1-Q2) in line with the strategic plan 'Fit for the Future'.
- **Communications plan to launch the new website** – the website launch has been delayed until the end of July. A plan will be developed to support the launch.
- **CRM** – conversations have commenced with the CRM lead.

Finance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March	
World-class Regulation	Year-end accounts	Quarterly Accounts	Quarterly Accounts	Quarterly Accounts	
	External Audit 2019-20			External audit planning for 2020-21 audit	
	Annual SORP Compliant Financial Accounts	Rolling Finance process review		Short-term investment plan for 2021/22	
	Consolidated Annual Report	Finalise Consolidated Annual Report. ARC & Council approval	Annual Report lay before parliament		
			Budget 2021-22 Draft	Budget 2021-22 Final. ARC & Council approval	
	Re-forecast (add 2022-23)	Q1 + 3-year re-forecast	Q2 + 3 year re-forecast	Q3 + 3 year re-forecast	
	Cash flow forecast and planning				
	Purchase ledger and supplier payments				
	Staff and Council Payrolls				
	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings	Quarterly review of efficiency savings
	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts	Admin. review of contracts
	Quarterly review of risk registers	Q2 review of risk registers	Q3 review of risk registers	Q4 review of risk registers	

- **Re-forecast 2022-23** - this is Year 3 of the new three-year cycle starting from April 2020. We initially planned the work in Q1 but changed it to be completed with Q1+3yr forecast work as completing in Q1 would have been challenging for the new finance team doing the year-end, audit work and for the budget holders facing Covid-19 pressures across the organisation. The work is now started with budget holders planning the year 3 in preparation for the Q1+3Yr forecast. The work will be completed by the 3rd week of July.
- **Quarterly review of Efficiency savings** – We provided an analysis of variances in the May finance performance report highlighting the impact on Covid-19 and staff costs savings. The HoF and DoR are preparing a new efficiency capturing format where we can compare the planned efficiencies with actual results and will be presenting it to the November ARC. The format will be designed in July.

Facilities BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service	Start of New Contract for live plants (expecting a 39% saving)			
	Internal Annual Audit on H&S	Review (and deliver if required) First Aiders and Fire Marshalls training		
	Assess options with third party advisers on rent review	Consider proposals on rent review	Assess possible scenarios for Rent Review with Landlord	Rent Review
	Implement the Travel & Subsistence Policy			
	Records Management Archive Plan – review phase	Records Management Archive Plan – renew phase		Records Management Archive Plan – digitalise phase and cross refer to sharepoint plan
Conclude desk H&S assessment – Inc Display Screen Equipment (DSE) pending from 2018	H&S risk assessment of key functions – e.g. Hearings	Annual H&S risk assessment	Annual desk H&S assessment inc DSE	
Continuous Improvement	Office redecoration (painting, repairs etc.)	5-year mains electrical test		

- **Internal Annual Audit on H&S** – Was scheduled as a virtual visit to the office for the 3 July 2020
- **Assess options with third party advisers on rent review** – *Farebrother*, our rent review consultants continue the negotiations, which are currently stalled.
- **Office maintenance** – 5 Year Mains Electrical (EICR) and voltage test took place 14 March 2020 . All redecoration has been put on hold until new-normal for returning to the office is decided (possible modifications). 5 Year Mains Electrical (EICR) and voltage test took place 14 March 2020

IT BAU – Milestones & critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March	
<p>Continuous Improvement</p> <ul style="list-style-type: none"> • % Resolve time for Helpdesk tickets • % Resolve satisfaction for Helpdesk tickets • Number of IT Support ticket raised within Quarter • Number of incidents resulting in operational downtime (excess of 15 mins*) 	Provision of IT Helpdesk services				
	Review IT Policy, IT User Forms & SLA creation			Annual IT DR Test	
	Review and upgrade IT Security Tools including Phishing			Annual IT Security Pen Tests	
	CRM Improvements including Implementation of Hearings Software		CRM Support & minor developments		
	Implementation of monthly software patching to all servers, laptops, and other devices.				

- No amber or red reporting in Q1

IT PROJECTS – Milestones & critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March	
Continuous Improvement <ul style="list-style-type: none"> • % Resolve time for Helpdesk tickets • % Resolve satisfaction for Helpdesk tickets • Number of IT Support ticket raised within Quarter • Number of incidents resulting in operational downtime (excess of 15 mins*) 	SharePoint 365 Migration Programme			SharePoint 365 & Dynamics 365 Document Storage Integration	
	Department Scoping for SharePoint 365 Development	SharePoint 365 Site Development/build, Migration and Onboarding/Training. Target live Dec 2020.			
	Upgrade CRM Dynamics 8.1 to 365 Cloud and re-write all CRM/Web interfaces. Go live Dec 2020				
	New optical.org web site and Online Register – go live target June 2020	Build new MyGOC linked to Dynamics 365. Target go live Dec 2020			
	Printer Refresh	Procure via tender new IT Helpdesk System			Review Mobile Phone Contract & replace phones
		Review existing Celerity Support Contract and plan for replacement in January 21			
O365 Security Improvements including secure access & 2-Factor authentication	Additional Meeting Room Screens & AV		Desktop to Laptop Refresh Organisation wide		

- **New optical.org web site and Online Register – go live target June 2020** - We now have access to the content management system and have started the website build. We have made good progress in a short space of time which is very encouraging. However, the project has slipped once again from the supplier side, due to the issues around integration and the project subsequently being put on hold. The integration issues have now been resolved and work has started on the public register and forms elements of the website, with Phase 1 now likely to be delivered in mid-late August.
- **Printer Refresh** – The large devices are installed and in use but due to the lockdown the solution for the two smaller printers will be implemented in July. This will provide an enhanced solution for the GOC at no extra cost. The two smaller printers have been retained in the interim.
- **O365 Security Improvements including secure access & 2-Factor authentication** - two Factor Authentication has now been implemented by the IT Steering Group and is being rolled out to the rest of the business in July.

Information Governance BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Continuous Improvement <ul style="list-style-type: none"> 85% of FOI responses completed within 20 working days 85% of SAR responses completed within one calendar month 100% of reportable breaches reported to the ICO within 72hrs 	Manage IG breaches (average 20 per year), IG requests (average 120 per year) and dept reviews			
	Provide IG advice, guidance, induction, and training to staff and members. All staff to receive induction within one week of joining GOC. Quarterly bespoke training dependent on job role			
	Develop records management/archiving policy and process	Review Information Governance Framework	Review Information Asset Register	Review Publication Scheme

- Develop records management/archiving policy and process** – This is being looked at as part of the wider GDPR improvement plan. Completion is now planned for August. IG manager is using the General Medical Council new GDPR corporate retention plan as a benchmark.

HR BAU – Milestones and critical path tasks

PERFORMANCE MEASURES	April-June	July-September	October-December	January-March
Customer Service <ul style="list-style-type: none"> Improve on previous LEVI score in survey 	Staff engagement action plan roll out	Staff engagement action plan roll out contd.	All staff annual survey: completion. Engagement action plan review	Staff engagement action planning and implementation
Continuous Improvement <ul style="list-style-type: none"> Target sickness level of 2.7% (to match Public Sector sickness level) Staff Turnover (Rolling Annual) Against Industry (24%) 	End of year appraisals + moderation. 360 feedback broadened.		Mid-year performance appraisals + moderation. Objective setting	
	1/4ly review against L&D plans, EDI training and Management Development planning / rollout	1/4ly review against L&D plans, EDI training, and Management Development	Organisation wide L&D planning to support budget planning Succession planning EDI training and Management Development	1/4ly review against L&D plans EDI Training planning /rollout
	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles	Organisation wide resource planning to support budget planning Recruitment against requirements/plan – 6 roles	1/4ly review against resource plans Recruitment against requirements/plan – 6 roles + Directors project
	Rollout of organisational training for new disciplinary policy and grievance policy		Preparation and review of new family-friendly policies and flexible working policies	Rollout of organisational training for new family-friendly and flexible working policy
	Updating next tranche of policies	Implementation of new policies including training	Updating next tranche of policies	Implementation of new policies including training
	Monthly payroll preparation for Finance Annual benefit renewal	Monthly payroll preparation for Finance		

- End of year appraisals + moderation. 360 feedback broadened** – Appraisals and moderation completed on time against a tight timetable, despite the challenges of remote working. 360 feedback was separated out this year and will take place in July, focussing on the new behaviours and values.
- 1/4ly review against L&D plans, EDI training, and Management Development planning/rollout** – both major training programmes have been seriously impacted by remote working as both were planned as classroom formats. Alternative approaches have been investigated with an eLearning platform made available to all people managers.
- Rollout of organisational training for new disciplinary policy and grievance policy** – Delayed by slower than expected update to the policies through the consultation process. Partially due to remote working and partly due to the consultation bodies deciding their roles and terms of reference. These are now understood and progress should accelerate accordingly.

Financial performance report: two months to 31 May 2020

Meeting: 15 July 2020

Status: For noting

Lead responsibility and paper author: Manori Izni-Muneer (Head of Finance)

Purpose

1. To provide a summary of the financial reports presented to Audit & Risk Committee (ARC)

Recommendations

2. Council is asked to note the content of this report and the annexes.

Strategic objective

3. This work contributes towards the achievement of all our strategic objectives.

Background

4. The report presented covers the latest financial results for the current year to date.
5. The report was not reviewed by ARC, who will assess a complete Q1 financial performance report accompanied by the Q1 and three-year forecast report in August.

Analysis

6. The financial performance report covering the two months to 31 May 2020 (annex one) is the latest financial report to-date. The report is presented to the Council for noting.
7. Key points are highlighted within the paper, with the bulk of the narrative and financials in the annex.

Headlines

8. There was a material financial impact from Covid-19 during the period due to some activities being either postponed or cancelled.

2 months to 31 May 2020

9. The results before unrealised gains for the two months show a net surplus of £238k. This is £398k favourable to the budgeted deficit of £160k.
10. The total registrant income of £1,551k is £90k less than the budget.
11. The total expenditure of £1,376k is £485k favourable to the budget.
12. The key driver of positive financial performance is Covid-19. Several budgeted operations and projects were either delayed or cancelled due to the direct impact of Covid-19. 10 Old Bailey office premises closed in response to the lockdown in March resulting in changes to or delays in operations normally held within the physical premises.
13. Currently, we are reviewing the budget in preparation for the Q1 forecast. The process will consider the impact of Covid-19 on business operations, the wider economy, external stakeholders, and registrants.
14. After the initial negative impact of Covid-19, the investment portfolio valuation improved by £0.8m in mid-June. However, we expect high volatility in short-term market valuation during the year. The Director of Resources and the SMT are reviewing the best means of funding planned investments under the current economic circumstances.
15. Overall reserves as at 31 May 2020 £5,778k (31 March 2020 £5,538k).

Finance

16. This paper is for noting only, and so there are no additional financial implications arising from this paper.

Risks

17. The following risks are associated with the issue, as identified in the corporate risk register.
 - Financial impact on reserves arising from additional cost of Covid-19 and/or reduced income.
18. Reporting and monitoring financial performance against budgets and forecasts is a fundamental process in mitigating this risk.

Equality Impacts

19. No equality impact has been undertaken.

Devolved nations

20. There are no implications for the devolved nations

Communications

External communications

21. None planned

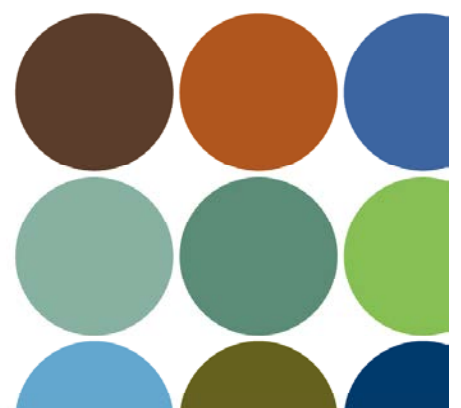
Internal communications

22. The financial reports are shared with the Leadership Team as part of the regular financial reporting process.

Attachments

Annex one: Financial performance report for two months to 31 May 2020.

Financial Performance Report for the 2 months ending 31 May 2020



General Optical Council

Financial Performance Report for the 2 months ending 31 May 2020

Contents	Page
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Income and Expenditure Accounts (Table B)	8-9
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General Optical Council

Financial Performance Report for the 2 months ending 31 May 2020

G O C :- Summary P & L to 31 May 2020

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	1,551	1,641	(90)
Other Income	64	60	4
Total Expense	<u>(1,376)</u>	<u>(1,861)</u>	485
Surplus / (Deficit) before portfolio gains/losses	<u>238</u>	<u>(160)</u>	398

Highlights

The results before unrealised gains/losses for the two months ending 31 May 2020 show a positive variance against the budget.

The net surplus of £238k is £398k favourable to the budgeted deficit of £160k. The total registrant income of £1,551k is £90k less than the budgeted and the total expenditure (including projects) of £1,376k is £485k favourable to budget.

The key drivers of the improved performance are:

(Comparison against the budget)

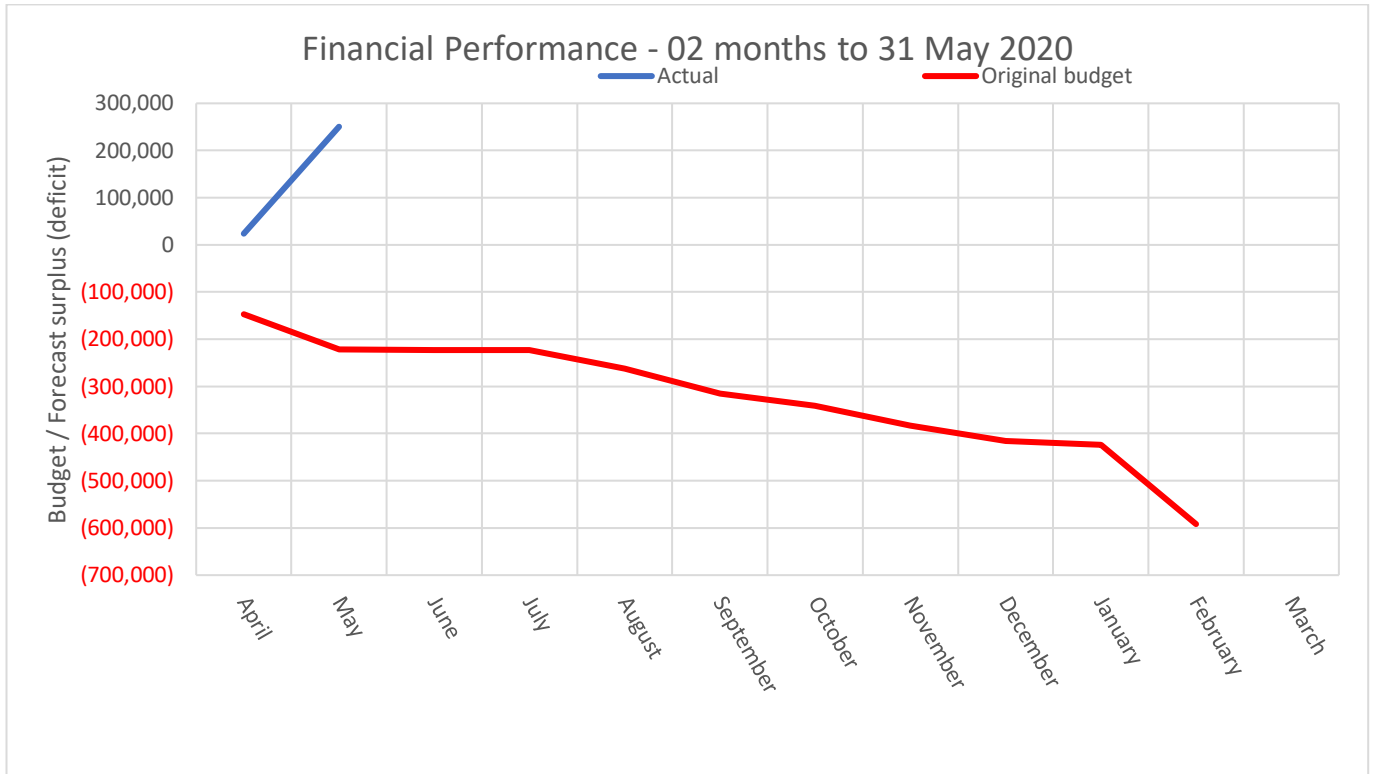
Financial Impact of Covid-19

Budgeted operations in several key areas were delayed or cancelled due to the direct impact of Covid-19. The office closed in response to the upcoming lockdown on the 18th March with no date of re-opening yet. Although the staff carries the planned operational work from home, there are material impacts to-date in some areas (refer graph 3 - page 5).

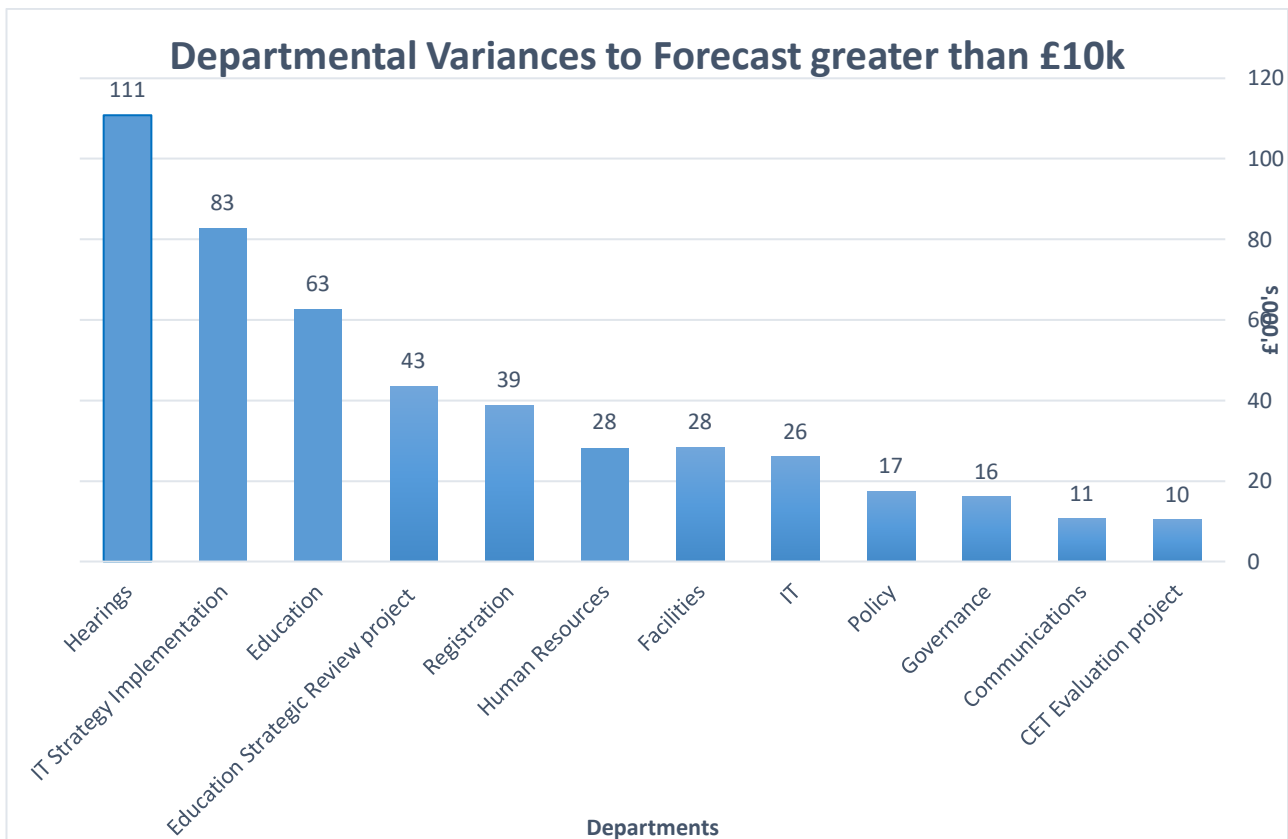
Fifteen days' worth hearings were postponed, creating a significant positive variance in areas of member fees, expenses, and related expert costs. Travel, catering and venue expenses and some office upkeep expense budgets were not spent. Recruitment, training, consultancy, and research activities were postponed. Covid-19 related (direct and indirect) uncertainties and resulting changes in plans drove high positive variances across many business areas (refer Graph 2 – page 5). These costs will be reviewed in early July at Q1 re-forecasting to enable better business planning.

General Optical Council Financial Performance Report for the 2 months ending 31 May 2020

Graphical analysis on Financial Performance and Variance

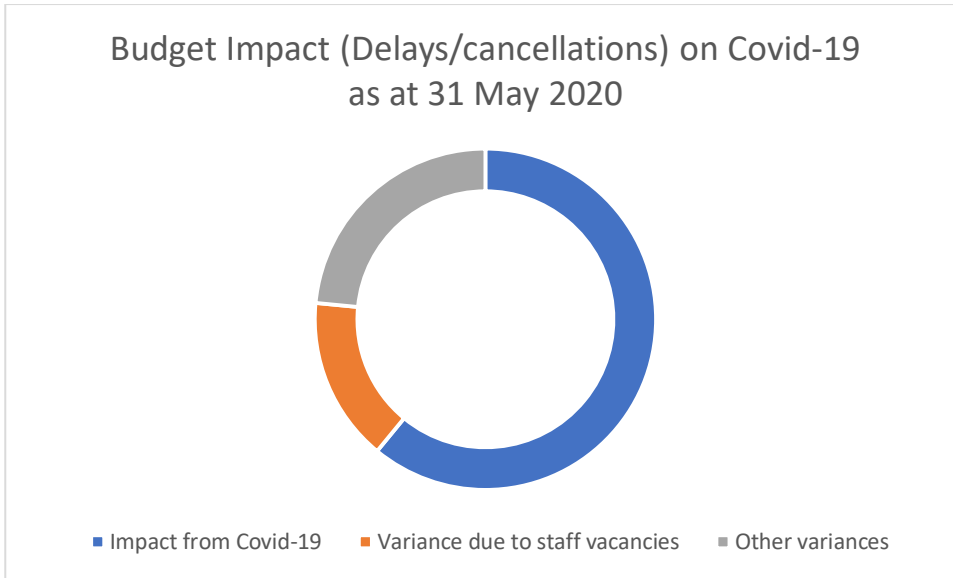


Graph 1

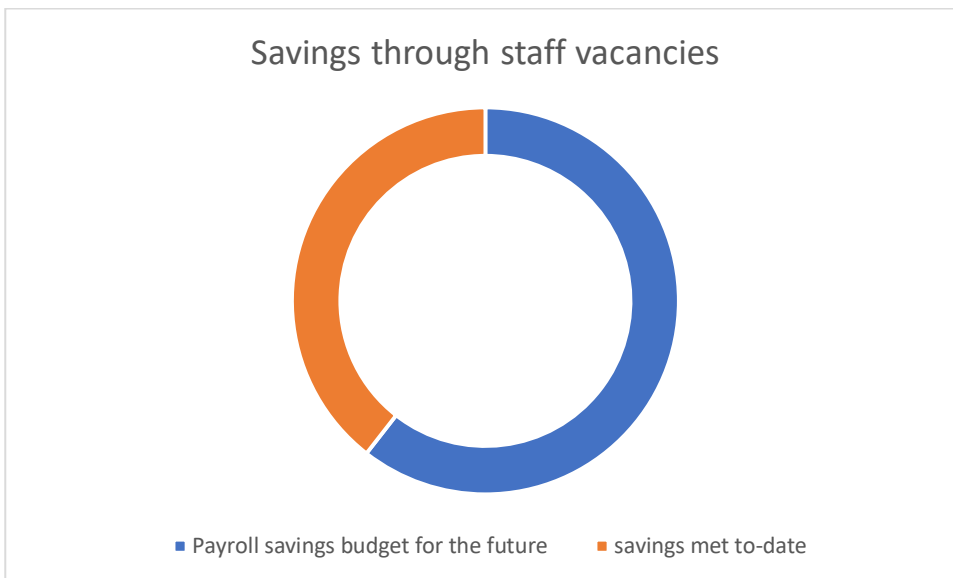


Graph 2

**General Optical Council
Financial Performance Report for the 2 months ending 31 May 2020**



Graph 3



Graph 4

Headcount 2019-20 (F T E's)

	Actual May-20	Budget May-20
Chief Executive Office	8.0	8.0
Strategy	9.5	9.5
Education	10.3	12.5
Casework & Resolution	34.1	35.5
Resources	23.9	27.9
Furlough	1.0	-
Total Headcount	86.8	93.4

General Optical Council

Financial Performance Report for the 2 months ending 31 May 2020

Cash and Cash Equivalent Summary -31/5/20

	Actual	Budget	Variance
	£'000	£'000	£'000
Cash at Bank	2,991	330	2,661
Short term Investments	3,500	5,650	(2,150)
Working Capital	6,491	5,980	511
Investments	6,997	8,400	(1,403)
Total	13,488	14,380	(892)

Risks to achieving the Budget

Although renewal income for 2020-21 was received in advance, there may be reduced income from other planned areas such as CET provider approvals, dividend income, and fixed deposit interest income. There may be negative impacts in registration numbers to fully qualified student register during the year. Reduced income could reduce the cash available for operations.

Delays, cancellations, and postponements may result in us being able to operate at reduced income levels. There has been a keen interest in improving efficiencies and reviewing better or new ways of working to achieve business plans. It is vital to keep reviewing these changes and re-forecast regularly to ensure that the business plan is still achievable.

There are non-Covid-19 related external risks such as high external legal charges due to complex clinical cases and employment tribunal related HR legal advice costs, which need to be reviewed as they progress to mitigate the effects.

The availability of adequate cash is essential to minimise operational risks. Plans are underway to ensure the availability of cash without having a negative impact on reserves. HoF and DoR are reviewing and option to apply for a Coronavirus Business Interruption Loan Scheme (CBILS) as uncertainties in the level of future fee income may result in a possible cashflow disruption. CIBLS could provide cash instead of the original plan of investment drawdown, enabling the investment to build up closer to pre-coronavirus level values.

Cost saving initiatives

The focus during April-May was operating at normal levels or close-to normal while faced with Covid-19 related economic and logistic challenges. Material savings were made due to necessity in achieving new ways of work under the circumstances. HoF and DoR will be starting an efficiency planning and measurement process in July.

There were nine vacancies at the end of May, meeting 39% of the full years' vacancy level built into the budget. All vacancies are reviewed and not filled automatically. Some vacancies will not be filled in the light of the Covid-19 situation. (Refer Graph 4 on page 5).

General Optical Council
Financial Performance Report for the 2 months ending 31 May 2020

Table A
Income and Expenditure Accounts Including Project Expenditure

	April - May			2020-21
	Actual £'000	Forecast £'000	Variance £'000	Budget £'000
Income				
Registration	1,551	1,641	(90)	9,844
Dividend Income	58	49	9	250
Bank & Deposit Interest	5	7	(1)	20
Other Income	0	4	(4)	26
Total Income	1,615	1,701	(86)	10,140
Expenditure				
Staff Salaries Costs	714	821	107	4,794
Other Staff Costs	28	50	22	312
Staff Benefits	31	18	(13)	127
Members Costs	103	249	145	1,430
Case Examiners	18	31	13	159
Professional Fees	38	97	59	379
Finance Costs	5	19	14	211
Case Progression	142	123	(19)	704
Hearings	15	38	22	226
CET & Standards	31	40	9	280
Communication	4	8	4	51
Registration	0	0	0	15
IT Costs	80	170	90	869
Office Services	144	175	31	1,040
Depreciation & Amortisation	24	23	(0)	136
Total Expenditure	1,376	1,861	484	10,732
Surplus / Deficit	238	(160)	398	(592)
Unrealised Investment gains	0	39	(39)	232
Surplus / (Deficit)	238	(121)	359	(360)

General Optical Council
Financial Performance Report for the 2 months ending 31 May 2020

Table B
Income and Expenditure Accounts

	April - May			2020-21
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	1,551	1,641	(90)	9,844
Dividend Income	58	49	9	250
Bank & Deposit Interest	5	7	(1)	20
Other Income	0	4	(4)	26
Total Income	1,615	1,701	(86)	10,140
Expenditure				
CEO's Office				
CEO	34	20	(14)	120
Secretariat	88	104	16	579
Total CEO's Office	121	124	2	699
Strategy				
Director of Strategy	19	24	5	145
Policy	22	39	17	240
Standards	8	14	7	103
Communications	24	35	11	221
Total Strategy	72	112	40	709
Education				
Director of Education	20	15	(5)	129
CET	52	57	5	345
Education	52	115	63	662
Total Education and Standards	125	187	62	1,136
FTP				
Director of FTP	22	23	1	138
Case Progression	316	318	2	1,831
Legal	56	56	0	397
Hearings	112	223	111	1,383
Total FTP	507	621	114	3,749

**General Optical Council
Financial Performance Report for the 2 months ending 31 May 2020**

Table B (Contd.)

	April - May			2020-21
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Resources				
Director of Resources	19	23	4	140
Facilities	156	185	28	1,078
Human Resources	65	94	28	468
Finance	58	63	5	475
IT	114	140	26	843
Registration	58	97	39	541
Total Resources	471	602	131	3,544
Depreciation	24	23	(0)	136
Total Expenditure	1,320	1,669	348	9,973
Surplus / (Deficit) before project expenditure	294	32	262	167
Project Expenditure				
CET Evaluation project	7	17	10	148
Education Strategic Review project	31	74	43	282
IT Strategy Implementation	18	101	83	328
Total Project expenditure	56	192	136	758
Surplus / (Deficit) after project expenditure	238	(160)	398	(592)
Unrealised Investment gains	0	39	(39)	232
Surplus / Deficit	238	(121)	360	(360)

General Optical Council

Financial Performance Report for the 2 months ending 31 May 2020

Detailed analysis of 2 months results against the budget

Revenue

The total registrant income of £1,551k is £90k less than the budget due to the low level of new registrants in April-May. This new trend, which may be due to Covid-19 impacts, will be further analysed prior to Q1 forecast. Dividend income performed better than budget as these early dividends were already declared before Covid-19 related economic impact. There were no applications to-date for CET approval organisations. The income from CET approvers provide a regular level of small income categorised under other income.

Expenditure

The expenditure is reported in two formats; Table A uses expenditure by specific cost categories and incorporates project expenditure. Table B shows the traditional GOC format of expenditure by the department with project expenditure at the end to separate out business as usual and strategic project expenditure.

The total expenditure of £1,376k is £484k favourable to the budget.

General Optical Council
Financial Performance Report for the 2 months ending 31 May 2020

Balance Sheet as at 31 May 2020

	2020-21	2019-20	Variance
	31 May 2020	31 March 2020	
	£'000	£'000	£'000
Fixed Assets			
Refurbishment	728	738	(10)
Furniture & Equipment	171	178	(7)
IT Equipment (Hardware)	77	61	16
IT software (Including CRM)	0	0	0
Total Tangible Fixed Assets	976	977	(1)
Investment	6,997	7,012	(15)
Total Fixed Assets	7,973	7,989	(16)
Current Assets			
Debtors, Prepayments & Other Receivable	467	442	25
Short term deposits	3,500	7,200	(3,700)
Cash and monies at Bank	2,991	468	2,523
Total Current assets	6,958	8,110	(1,152)
Current Liabilities			
Creditors & Accruals	907	1,233	(326)
Income received in advance	7,747	8,914	(1,167)
Provision for rent	499	414	85
Total Current Liabilities	9,153	10,561	(1,408)
Current Assets less Current Liabilities	(2,195)	(2,451)	256
Total Assets less Current Liabilities	5,778	5,539	239
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	5,778	5,539	239
Reserves			
Legal Costs Reserve	1,624	1,624	0
Strategic Reserve	2,983	2,984	(1)
Income & Expenditure	1,171	931	240
Total	5,778	5,539	239

Education: A&QA Annual Monitoring & Reporting Sector Report 2018/19

Meeting: 15 July 2020

Status: For noting

Lead responsibility: Leonie Milliner (Director of Education)

Paper Author(s): Philippa Mann (Head of Education), Richard Calver (Approval and Quality Assurance Officer)

Purpose

1. This paper presents the Annual Monitoring & Reporting Sector Report for the academic year 2018/19, which forms a key part of the Approval and Quality Assurance (A&QA) cycle undertaken by the Education department.

Recommendations

2. Council is asked to **note** the update and **consider** the report (**annex one**).

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: delivering world class regulation and is included in our 2020/21 Business Plan.

Background

4. The Annual Monitoring & Reporting (AMR) Sector Report is produced alongside individual programme reports. The last AMR report was both presented to Council and published in July 2019.
5. AMR forms one of our quality assurance activities, alongside our quality assurance visits, notification of reportable events and changes to programmes, and conditions management.
6. Whilst we already require providers to notify us about key events and changes throughout the year, AMR is a mechanism that enables these notifications to be verified and considered against the broader context of a programme. AMR also enables us to carry out sector-wide analysis of programmes and overall routes to registration, to identify key themes, trends and risks.

Analysis

7. This year's AMR focussed more on risk, as well as gathering data relating to programme delivery, progression, lessons learned and good practice.

8. Following the submission of AMR forms and supporting evidence, we reviewed and analysed the information. Where further information or clarification was required, we requested this from the relevant programme.
9. Following our analysis of the information submitted, we normally produce:
 - a sector report, which provides a summary of our findings and an overview of the key themes and risks that our analysis identified as impacting the sector; and
 - a programme report for each individual programme, which have been slightly delayed due to prioritising the COVID-19 responses. We will endeavour to send these to providers as per the timeline below.
10. Prior to finalisation of the reports, we will send copies of the sector report and programme reports to all providers for a factual check but are relatively confident that the information is accurate having followed up any queries with providers during the drafting stage. Any significant changes will be reported to Council.
11. Following the publication of the AMR and distribution of programme reports to providers, the 2018/19 AMR process will be closed.

AMR findings

12. Compliance with this year's AMR process was very good, with all 33 returns submitted and 30 (91%) submitted by the 17 January 2020 deadline. Responses to additional queries were generally prompt.
13. Through this year's AMR process, we identified a range of themes and risks affecting the optical education sector:
 - Optometry (OO) programmes reported a high ratio of applications to admissions, strong academic qualifications (average offer) amongst prospective students and high levels of student progression and attainment.
 - Ophthalmic dispensing (DO) programmes reported high levels of student progression but appear to have experienced difficulty in recruiting students.
 - National Student Survey (NSS) scores for OO and DO programmes outperform the national average.
 - Independent prescribing (IP) programmes showed a high level of student attainment in their internal exams.

Risks

14. **Sustainability of student numbers, particularly for DO programmes:** This is an ongoing concern and was identified in last year's AMR. Student admissions, which are down 25% over the past 2 years, could be significantly impacted by COVID-19, the availability of more optometry places, and any decrease in 'feeder' courses from Optical Assistants. We will request that programmes inform us of their cohort sizes at the beginning of the academic year.

15. **Resourcing and investment, including staffing and equipment:** Staffing remains a on-going concern and some programmes reported that they needed more up-to-date equipment. It would be helpful for the sector to consider the actions that it could take to support the education and training providers. We will remind providers that they must notify us of any reportable events and changes to their programmes, including departure of staff, and their contingency plans to ensure our standards are met, in line with our policy.
16. **Comparability of progression and attainment data across different routes to registration:** the current reporting at different points of each route to registration is very complex. We will continue to work with all parties to improve the quality and comparability of progression and attainment data which allows for easier analysis of student attainment.
17. **Data and information management:** we will remind providers to explain anomalous and unexpected data in their AMR submission particularly, but not limited to, student admissions, progression, attainment and feedback.

AMR development

18. We are continually developing our A&QA processes to be more proportionate and risk-based. One proposal from the ESR (in the draft Quality Assurance and Enhancement Method) is to use AMR data in a more strategically, alongside sample-based reviews (of outcomes) and thematic based reviews (of standards) to inform the volume and frequency of periodic reviews of our 'new' or 'adapted' approved qualifications. As such, we are developing our capacity and capability to process and analyse data in a way that positively contributes to this goal in the medium- to long-term.
19. We will consider all feedback received from stakeholders regarding this year's AMR process and will use this to help refine the AMR process for next year.

Finance

20. Instability in the HE sector is widely predicted, given the negative effects of COVID-19 on university income, and coupled with a lack of HM Treasury guarantee of financial support to prevent institutional failure, higher education providers are understandably nervous.
21. We have conducted a desk-based review of providers' financial stability, which provides an indication of where risk is highest.

Risks

22. The risks and issues identified through the AMR are set out above.

Equality Impacts

23. We requested EDI data this year and whilst no major concerns were identified, we will seek to improve our analysis next year by clearly stipulating the categories that should be used, in order to improve comparability.

Devolved nations

24. There are no specific impacts of the AMR on devolved nations. Providers reported some local, regional and national changes within their AMR returns.

Communications

25. We plan to follow the below next steps to close the year and open the next AMR.

Next steps

26. The next steps are as follows:

July 2020	Distribute a draft version of sector report to Awarding Bodies
July 2020	Finalise & publish sector report
August – September 2020	Distribute programme reports to providers
August 2020	Obtain and review feedback on 2018/19 AMR process
August – September 2020	Refine and finalise 2019/20 AMR process & documentation
October 2020	2019/20 AMR form and guidance sent to providers
January 2021	Deadline for 2019/20 AMR form returns

**COUNCIL
Optical Consumer Complaints Service (OCCS) Annual Report 2019-2020**

Meeting: 13 July 2020

Status: For noting

Lead responsibility: Dionne Spence (Director of Casework and Resolutions)

Paper Author(s): Jennie Jones, Head of the OCCS (report)
Dionne Spence (cover)

Council Lead(s): There is no council lead for this item

Purpose

1. To allow council to note the content of the 2019-2020 OCCS Annual Report

Recommendations

2. Council is asked to note and approve the report.

Strategic objective

3. This report contributes towards the achievement of the following strategic objective: customer service - and was included in our 2020/2021 business plan.

Background

4. Nockolds Resolution have provided the Optical Consumer Complaints Service (OCCS) since 2014. Following their success in a competitive procurement exercise commenced in 2019, their contract has been renewed for a further
5. Each July, the OCCS are invited to present their annual report to Council.

Analysis

6. The GOC is fortunate to have the OCCS available to the sector to provide an effective and efficient mediation service between patients and registrants on a variety of lower level complaints which may otherwise be received into fitness to practise.
7. Since Nockolds Resolution took over the OCCS contract in 2014 there has been an almost 260% increase in enquiries received - 600 per year to over

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1600 per year – alongside an almost 60% reduction in unit costs, providing excellent value for money for the GOC.

8. 2019-2020 saw a slightly lower than projected increase of 8% on the previous year, most likely due to the emerging pandemic and resulting lockdown and reduction in service towards the end of the reporting year. Their increased volume coincides closely with a comparable decrease in enquiries to the GOC for the same period.
9. Alongside the mediation and resolution service provided, the OCCS have developed a robust prevention methodology – focussed on identifying and exploring trends, developing a strategy to address broader issues, and then planning, implementing and reviewing impact.
10. An example of this was the perceived increase in diagnoses of maculopathy that was highlighted to Council last year. Having witnessed a continued increase in concerns raised, the OCCS considered that further work was needed. You'll note in this year's report, an update on some collaborative work undertaken with the Macular Society and the Birmingham Optical Group to create new CET for this growing area and I would draw Council's attention to the insight driven focus on complaints highlighted on pages 37-39.
11. The GOC has benefitted from the close working relationship developed with the OCCS over the year to 18-months. This proved particularly beneficial in the support provided to the design and development of our enhanced Acceptance Criteria and revised triage process – both of which benefitted significantly from a critical friend analysis provided throughout the design, development, implementation and review phases to ensure a robust and sustained focus on public protection and customer care.
12. Last year saw substantial 80% reduction in referrals from the OCCS coming up to the GOC's fitness to practice team, down from 37 to just seven. While this number appears low, it is indicative of the proactive and outward facing work undertaken primarily by the OCCS and supported by the GOC, to increase knowledge and awareness of the service across the sector and how effective complaint handling at the earliest stage can minimise and mitigate the escalation of many local concerns to fitness to practise.
13. As mentioned earlier, the impact of COVID-19 hit the sector just prior to the end the reporting year with most enquiries into the OCCS addressing the immediate aftermath of lockdown and closed practices. It was therefore a little early to explore trends in this report, but this could be addressed during the presentation should Council seek to explore the issues further.

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Risks

14. There are no identified risks associated with the completion of this report.

Impacts

15. No equality impact assessment was necessary for the report but I would like to draw Council's attention to one notable inclusion in the report in relation to EDI data analysis.
- a. Within their 41.3% response rate, the OCCS have identified that their service user demographic is distinct from the sector demographic, more closely aligned to that of the general population. They will be undertaking further work to explore this anomaly, particularly with regard to the gender anomaly.

Devolved nations

16. There are no direct implications for the devolved nations and the report shows a proportionate spread consistent with population data.
17. A future focus will consider the impact of the varied guidance and restrictions in place across the developed nations during the Emergency and will be included in the 2020-2021 report.

Communications

18. The report will be uploaded to the OCCS and GOC website and communicated via the social network platforms for each organisation.

Timeline for future work

19. No further work is required.

Attachments

Annex one: OCCS Annual Report 2019-2020 – Future Vision



Future Vision

Complaint Mediation Supporting Optical Practice, Patient Relationships and Regulation

Annual Report 2019-20



www.opticalcomplaints.co.uk



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1 Introduction

2019-20 has been a year of both reflection and future strategic vision for the OCCS. As a service, we have reflected, with humble pride, on the achievements of the OCCS since 2014. This reflection has highlighted the role the service has played in supporting consumers and practices at an individual level, and the strategic role played by the OCCS within the optical sector.

In the last 18 months, we have also seen significant transition in the GOC Fitness to Practise process starting with the introductions of Acceptance Criteria and more recently the remodelling of the triage process. These changes are directly relevant to the OCCS, and the last 18 months have seen a true collaborative approach taken by both organisations to deliver effective and proportionate complaint resolution, public protection and the use of shared insight to devise an effective implementation plan and embed these changes. As reported to the GOC Council on 13 May 2020, the data indicates these changes are delivering real results. We have seen a reduction in investigations opened by the FtP team, alongside an increase in complaint mediations opened by the OCCS. We have also seen a fall in investigations involving consumer related issues such as non-tolerance and communication. These results encourage the OCCS in its efforts to deliver strategic aims for the future.

Nockolds Resolution was delighted to be reappointed in February 2020 as the provider of complaint mediation in optics as the OCCS. This competitive procurement process allowed the GOC to ensure that it receives excellent value for money and return on its investment in the service, and was a worthwhile exercise in both reflection and also exploring how the OCCS can continue to develop and support the GOC in achieving the Corporate Strategy for 2020 and beyond. The continuity of delivery and relationships with the GOC, stakeholders and practices enables the OCCS to provide complaint mediation, insight and wider support as the sector navigates the challenges presented by the COVID-19 pandemic.

Continual improvement is a cornerstone of the OCCS and Nockolds Resolution, both within our activity and also through our commitment to sharing complaint insight to support the sector and GOC registrants to improve customer care, communication and the delivery of optical care. With the Department of Health and Social Care referencing mediation in their response to proposals for Regulatory Reform in healthcare, the role of alternative and innovative approaches to FtP and concerns are being explored and developed. Through the GOC's forward-thinking appointment of a mediation focused provider in 2014, optics has six years of experience in evolving how mediation can support FtP and wider complaint resolution. The OCCS is trusted by the sector and has the confidence of the regulator. Both provide the strong foundations to enable the OCCS, through Nockolds Resolution and the GOC, to lead the way in developing the role of mediation, support the GOC in delivering world class regulation with excellent customer service and accessibility for consumers, registrants and the demands of the wider public.

The OCCS looks forward to playing its part in leading the way!



by Jennie Jones
Head of OCCS
Partner at Nockolds Resolution

2

Executive Summary

OCCS Received: 1,611 enquiries

OCCS Concluded: 1,626 enquiries and mediations

Fig. 1 OCCS Activity 2014-2020

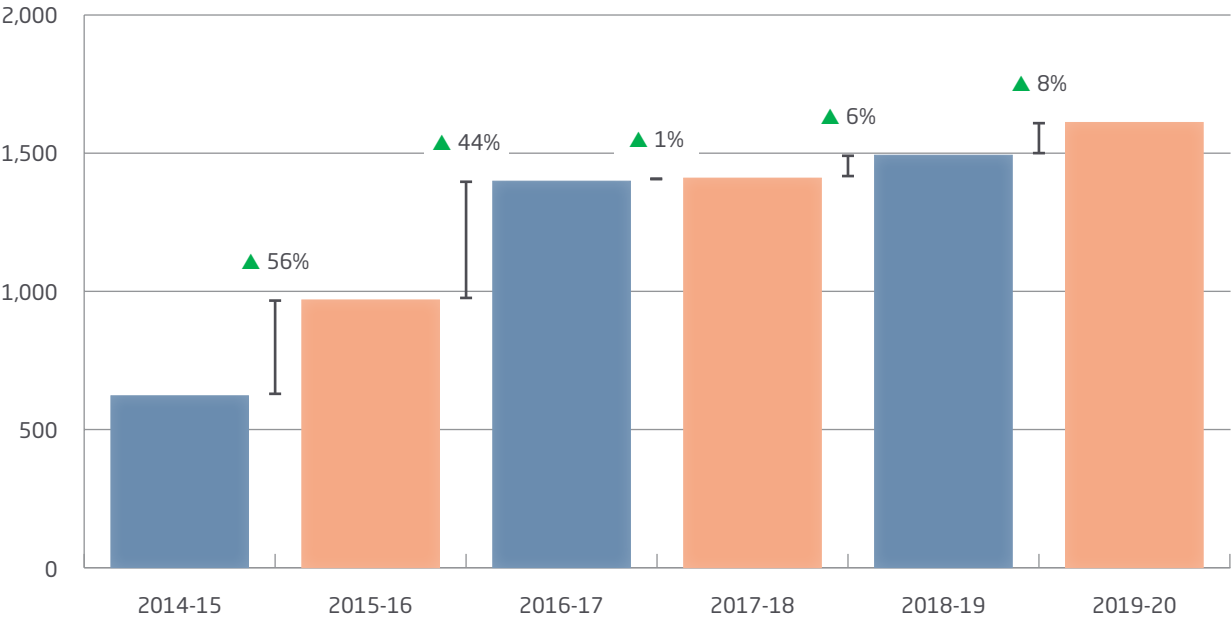
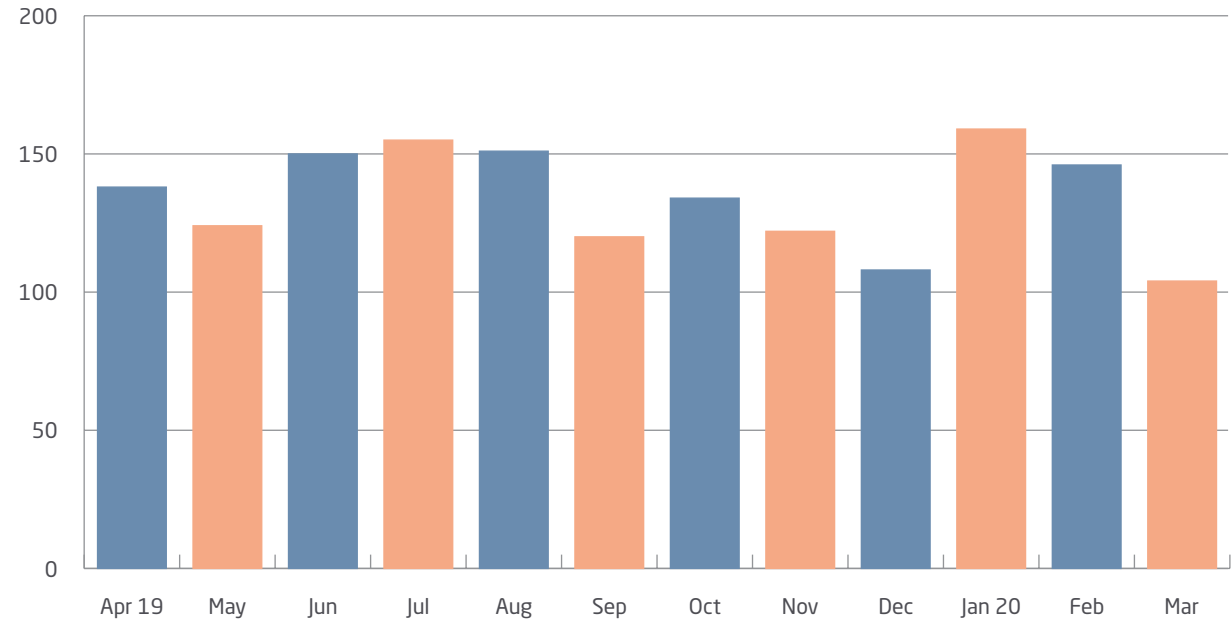
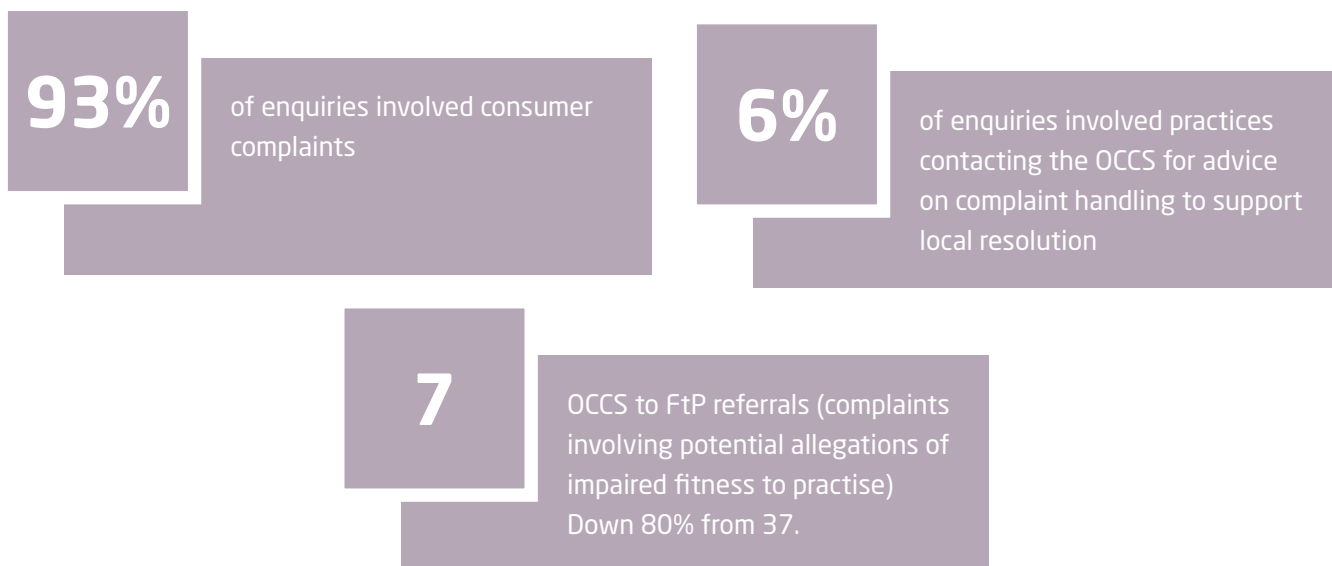


Fig. 2 OCCS Activity - Enquiries Received Per Month



The impact of COVID-19 and government restrictions touched the last two months of 2019-20, and the service received a lower number of enquiries in March 2020 than was forecast. Resolution and mediation progressions were maintained as the lockdown restrictions came into place on 23 March 2020. The OCCS will continue to monitor and analyse COVID-19 related complaints and facilitate sector-wide approaches as becomes necessary.

Key Trends in OCCS Remit and Enquiries



This year, the OCCS has seen an increase in enquiries by 113 compared to a decrease in FtP enquiries of 111. The OCCS considers this outcome to be closely linked to the investment in collaborative working with the FtP team in implementing Acceptance Criteria and underpinning the remodelling of the FtP triage and overall process.

Outcome Trends

The outcomes of enquiries during 2019-20 has remained consistent with previous years.

Outcome - in remit	% in remit	2018-19
Referred to practice with advance and early mediation	41%	70%
Enquiry resolved with advice	29%	
Client did not pursue	10%	9%
Resolved on mediation	18%	18%
Mediation concluded without resolution	2%	3%
TOTAL	100%	

Early Involvement of the OCCS

In the enquiries where the consumer is given advice and/or referred back to the practice with OCCS input, only 6.4% (64 of 1007) return to the OCCS requiring mediation assistance. This illustrates the value of that early input, and importantly the time invested by the consumer and the optical practice to resolve the complaint at that stage.

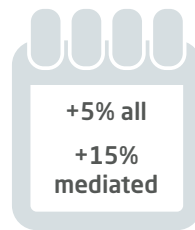
Timescales

Average number of days to conclude a complaint referral



down from 19.9 days

Improvement in percentage of complaints concluded within 45 days or less

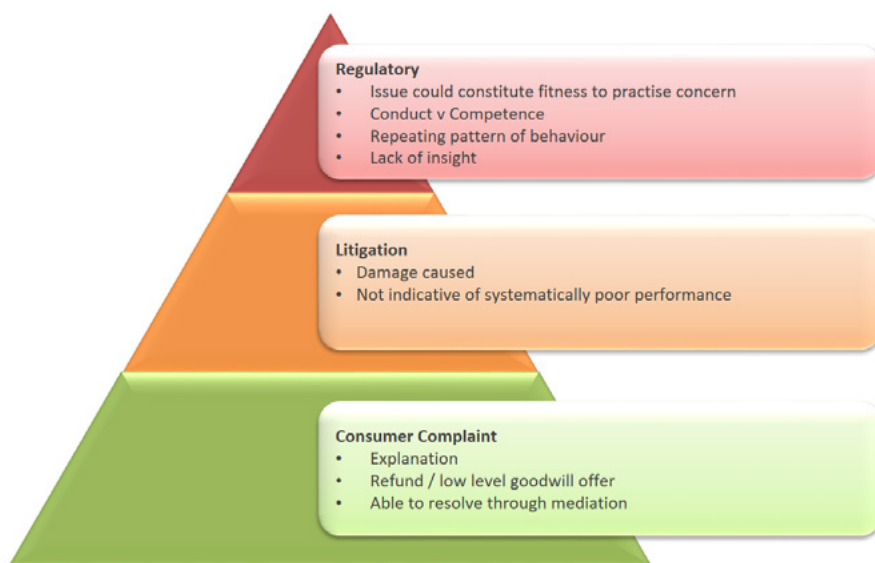


Complaint insight

Nature of complaint	%	v 18-19
Goods and service	47%	+ 4
Customer care	29%	- 6
Charges	6%	-
Product	9%	- 2
Other	9%	+ 6
TOTAL	100%	

Key trends for 2019-20

- Complaints involving customer care issues reduced compared to last year;
- Increase in 'other' complaints such as data protection, inter-practice disputes, practices ceasing to trade;
- Increase in complaints involving consumer dissatisfaction with the outcome of refractive or cataract surgery;
- Increase in core optic consumer issues such as prescription queries, varifocal dispensing, dissatisfaction with the eye examination, which fall within three key areas:
 - » Concerns which are unlikely to progress in the FtP process following remodelling of FtP triage;
 - » Concerns which would not enter the FtP process under the 2018 Acceptance Criteria;
 - » Issues which involve the consumer-business relationship and the delivery of eyecare or products



This OCCS seeks to mediate concerns which do not amount to FtP concerns or allegations where a patient has suffered optical harm. The work the OCCS team have been undertaking with the sector focuses on helping registrant to appreciate the different levels of concern and how to approach each appropriately. The collaborative work between the FtP team and the OCCS allows concerns to be proportionately resolved or addressed within the most appropriate forum, benefiting patients, registrants and the wider sector. This pyramid graphic helps registrants to appreciate the severity of complaints and enable them to approach issues in an objective and proportionate way, which supports resolution and reflective practice.

Feedback

The OCCS continues to request feedback from all service users. Feedback remains excellent, and provides reassurance that the service is seen as independent, impartial and effective.

Response rates have fallen during 2019-20, and the approach to gathering feedback continues to be developed and evolved to reverse this trend.

Feedback is also obtained through dialogue with stakeholders, professional bodies and major employers/multiples.

Consumer	Satisfied or very satisfied
The client would use the practice again	44%
The client is satisfied with the process	90%
The OCCS was fair	87%
The consumer would use OCCS again	93%
The OCCS was easy to contact	98%
The OCCS was productive	93%

The client would use ADR again	93%
The OCCS understood my concerns	95%
The OCCS was efficient	95%
The client is satisfied with the outcome	88%
The OCCS was helpful	93%
The client would recommend the OCCS to others	93%

3 Beyond 2020

Following a competitive procurement process in December 2019 - January 2020, Nockolds was re-appointed to deliver the OCCS from 1 April 2020. The Nockolds Team welcomed the opportunity to reflect and evaluate on the work and impact of the OCCS since 2014.

There are three reflections arising from the analysis and evaluations:

1. The GOC and the OCCS are leading the way in international healthcare regulation in developing an effective alternative dispute resolution approach, using mediation to support regulation alongside the individuals and businesses involved. Nockolds has now presented an overview of the GOC / OCCS case study to the Professional Standards Authority - Academic and Research Conference in March 2020, and most recently to the internal PSA team;
2. The OCCS has seen a 259% increase in activity since 2014, and with investments in technology, ways of working and engagement with the sector has maintained resolution and satisfaction rates, while delivering a highly cost effective 59% reduction in unit cost per case;
3. The potential for further development of mediation in regulation and in particular, FtP is still in the early stages. Acceptance Criteria, triage and FtP remodelling are bearing fruit with reductions in FtP investigations opened and current case loads¹. With 83% of case examiner decisions concluding the investigation at that stage, there is scope for the GOC and the OCCS team to continue working to explore how mediation can be used to benefit all those involved, and allowing the GOC to focus resources on timely progression of those most serious concerns and upstreaming to support the professions in maintaining and raising standards.

GOC Strategic Aims

World Class Regulation	Improving Customer Service	Continuous Improvement
<ul style="list-style-type: none">- Rated highly PSA- Innovative approaches to regulation- Public and professional confidence	<ul style="list-style-type: none">- Cx engagement- EDI- Communicating with customers	<ul style="list-style-type: none">- CPD- Intelligence-led insight- Learning culture

OCCS Strategic Aims

World Class Resolution	Leverage Benefits of FtP Remodelling	Upstreaming
<ul style="list-style-type: none">- Satisfaction and resolution success- Capability to do more- Disruptive innovators	<ul style="list-style-type: none">- Work collaboratively with GOC- OCCS role following FtP triage remodelling	<ul style="list-style-type: none">- Increasing CET / CPD- Intelligence-led insight- GOC 'halo' and communications agility

¹ FtP Performance Report presented to GOC on 13 May 2020

The OCCS must continue to evolve and develop to meet the ever-changing needs of the optical sector and patient groups. These will include:

- A changing patient demographic;
- Fast-paced development of treatments and practice diagnostic capability;
- Changes to the delivery of eye health care including online and remote provision which has been an aspect of eyecare highlighted during the COVID-19 restrictions, and use of artificial intelligence (AI);
- Evolution of the professional roles and demands of those healthcare professionals delivering care;
- Commissioning and supply variations and changes in the NHS contracts and across the four nations.

Complaint resolution and mediation must keep ahead of these developments to ensure the service has the capability and capacity to handle the changes and variations in complaints escalating to the service. The insight also becomes invaluable in terms of:

- Acting as an earlier indicator of potential concerns;
- Highlighting areas where professionals and patients may be facing challenges and conflict, and how to educate and equip the profession to solve those challenges;
- Informing educational requirements and skills needed in consumer / patient communication, counselling and chronic condition management.

In 2020-21, the OCCS will continue to support the sector in delivering complaint mediation within the challenging environment of the COVID-19 pandemic, restrictions to protect public health and the commercial consequences for practices, and their patients. As a result, the OCCS objectives will remain as identified and implemented in an agile and sensitive way.

4

Objectives and Ambitions

To date, the OCCS has delivered on the following 2019-20 objectives:

2019-20 Objective Review

Share insight and analysis from OCCS activity to date, to include activity with education establishments to reach out to optical students.

Continue to support the GOC strategy for managing fitness to practise, by identifying and implementing ongoing plans to assist the FtP team to conclude FtP complaints more quickly and effectively and in the delivery of the milestones to track progress.

Continue to examine and consider ways of working that will support the embedding of development of Acceptance Criteria by the GOC.

Continue to monitor feedback responses and rates to ensure OCCS effectiveness and accessibility.

In the first year of a new contract phase, the OCCS is setting out the objectives for 2020-21, and also for the longer term.

Proposed 2020-21 objectives:

- Share insight and analysis from OCCS activity to date, to include activity with education establishments to reach out to optical students;
- Continue to support the GOC strategy for managing fitness to practise to secure PSA objectives are delivered;
- Continue to examine and consider ways of working that will support increased sensitivity and specificity of FtP process;
- Develop collaboration across healthcare regulators around complaint management and promote the GOC as an exemplar in this arena.

OCCS 2020-23 Strategic Aims

Development of the OCCS to ensure it delivers world class complaint resolution

- Support the GOC in delivering the corporate and strategic plans for 2020-27;
- The challenges faced by the sector such as an ageing population and the increased provision of ever more complex eyecare in primary settings; and
- Resource available to the OCCS, which could be linked to resource efficiencies within the GOC achieved by widening the use of the OCCS (which offers more agility and potential for economies of scale).

Leverage the benefits FtP remodelling by delivering trusted complaint resolution in optics

- Work collaboratively with the FtP team to extract value from introduction of Acceptance Criteria and proactively drive low-level complaints out of triage to OCCS for resolution;
- Work collaboratively with FtP to ensure PSA objectives are successfully delivered;
- Work collaboratively with the GOC to explore how mediation can support FtP as set outlined in the government white paper: 'Promoting Professionalism, Reforming Regulation July 2019'. Given the working relationship built over the past five years, the GOC and the OCCS have the opportunity to progress the already ground-breaking work in complaint mediation in regulated healthcare to lead the regulatory field.

Deliver insight sharing activity which provides upstreaming and supports an embedded learning culture

- Deliver student presentations at optometry universities and dispensing colleges to drive student awareness of the OCCS, greater understanding of professionalism and expectations of consumers, the public and their regulator, and effective complaint management;
- Continue to use our CET proposition to carry positive messages of change in FtP to registrants, and to incorporate learnings from FtP cases and analysis of complaints referred into both organisations;
- Increased use of online tools and medium to widen reach to members of the optical professions and share 'bite size' learnings and insight.

Continually develop and improve the OCCS effectiveness, accessibility and inclusivity (Equality, Diversity and Inclusion)

- Continue to evaluate and develop initiatives to improve the accessibility of the OCCS for all consumers, and to ensure that all consumers have a clear understanding of what they can expect from their eyecare provider to assess 'what good looks like'.

Effective consumer and public protection

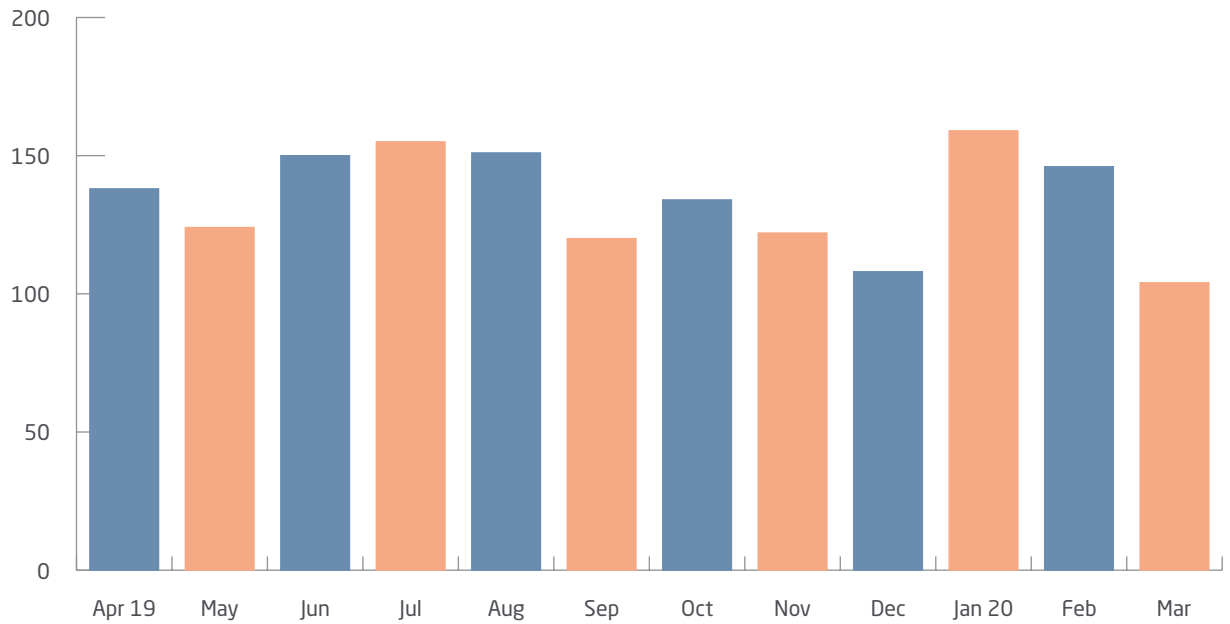
- Work collaboratively with the GOC to develop greater interaction and risk management within the overall regulation of eyecare namely, NHS via performers list, employer/practice links and other bodies to ensure the public are not put at risk by a lack of knowledge or sharing of a registrant's impairment.
- Work collaboratively to support the implementation of a reformed approach to business regulation:
 - » In recent years, the OCCS has seen an increase in complaints referred to the service where the business providing eye care services and supplying spectacles / lenses was not registered with the GOC and no individual registrant was involved in the complaint. Many consumers expect all suppliers of eyecare and optical products to be regulated by the GOC. The knowledge gained, and evidence collated by the OCCS, will be shared with the GOC to inform its proposed strategic aim to seek reform of the Opticians Act and business regulation. As the GOC progresses a strategic aim in this area, the OCCS will continue to work collaboratively with the GOC, to support the regulator in delivering a comprehensive, simpler and more effective system of business regulation.
 - » Work collaboratively with the GOC to review the remit of the OCCS given the reform of business regulation, activity in niche areas of the sector such as refractive surgery and the cross border issues arising from online supply and sales which may expand with improving technology and the potential to increase remote sight tests and refractions.

5

OCCS Overview

a. Enquiry Volumes

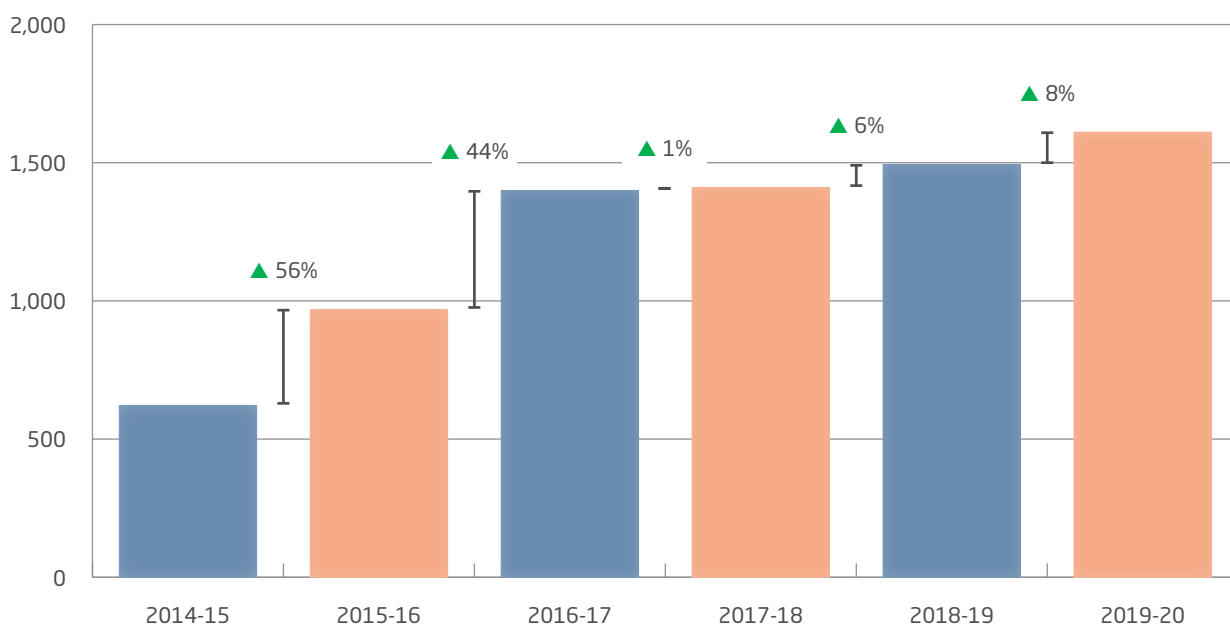
Fig. 2 OCCS Activity - Enquiries Received Per Month



Activity was forecast to reach around 1,700 in 2019-20. The OCCS received 1,611 new enquiries (referrals to the service).

In March 2020, the OCCS received 104 enquiries, which is down on the monthly average of 134, and against an average of 153 in January and February 2020. While the impact of the COVID-19 pandemic is still to be seen, at this stage, this variation is likely to be linked to the early phase of the COVID-19 pandemic and the associated public health concerns and restrictions.

Fig. 1 OCCS Activity 2014-2020



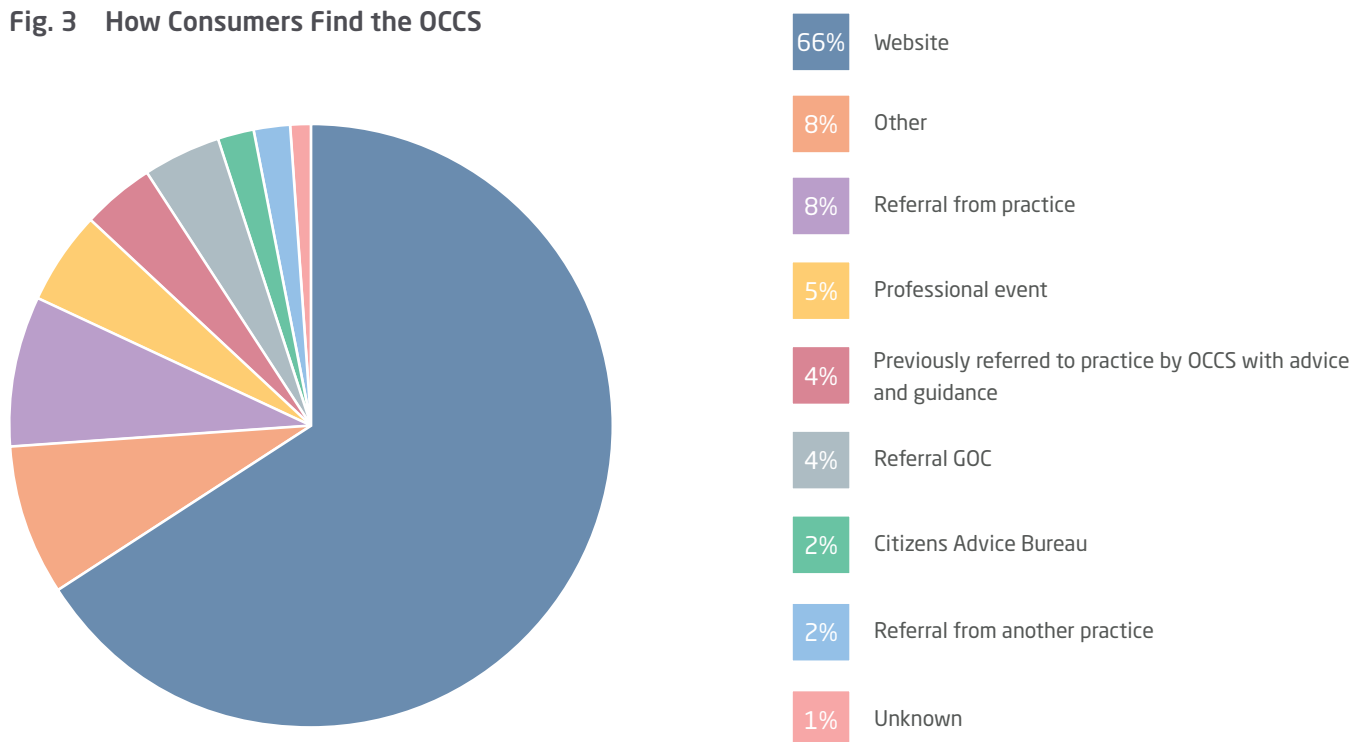
The OCCS received 113 more enquiries in 2019-20 compared to 2018-19, which equates to an 8% increase. In context, the UK Optical market was valued at £3.3 billion in 2019, with over 23 million sight tests conducted. The nature of the complaints referred do not indicate a shift in customer care across the sector. While the increase in consumer complaints involving refractive or cataract surgery has increased, the OCCS analysis suggests a positive impact of Acceptance Criteria and FtP triage remodelling, and the associated OCCS insight sharing and communication work have been the drivers behind the increase. The OCCS will continue to analyse and evaluate during 2020-21.

During the initial phase of the COVID-19 pandemic, the OCCS saw a fall in the number of referrals into the service. The OCCS received a low number of COVID-19 related complaints mainly linked with the closure of a practice, and consumers seeking advice on where to go and who to contact. These enquiries were managed proactively and often involved putting the consumer and practice team in contact. The OCCS recognises the commitment and work within the sector to keep consumers informed, to maintain the delivery of urgent, emergency or essential eye care in accordance with regulations and restrictions in place across the four nations of the UK. The OCCS will continue to work collaboratively with the sector to provide mediation support and share insight to facilitate an ongoing pro-active approach to managing the associated impact of the pandemic.

The OCCS will provide further analysis of any COVID-19 related consumer issues over the coming months.

b. Source

Fig. 3 How Consumers Find the OCCS



59 concerns were referred to the OCCS by the GOC during 2019-20. When considered against the number of enquiries received by the GOC during the same period (342), the number of referrals represent a significant proportion of enquiries, and illustrates the positive impact of the OCCS in supporting the management of concerns raised with the GOC and triaging of concerns within the FtP process.

The number of complaints returning to the OCCS for mediation after being referred back to the practice with advice and guidance, remains low at 4% of all enquiries. This is consistent with previous years and demonstrates the effectiveness of the advice and guidance given to consumers who have not yet exhausted the complaint process with the practice, and the commitment of optical practices to resolve complaints at a local level.

c. Conclusion Rate

During 2019-20, the OCCS concluded 1,626 complaint interactions.

6% of enquiries came from optical practices seeking advice and guidance to aid local resolution.

d. Outcomes

Fig. 4 Outcome Of All Enquiries

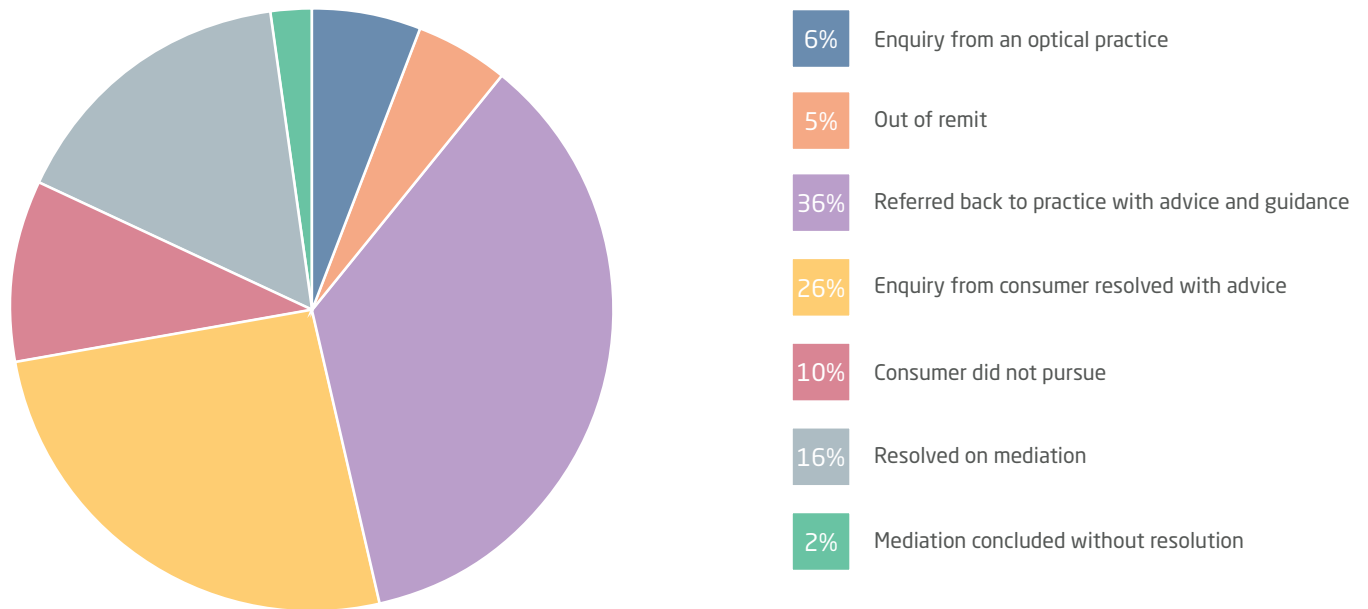
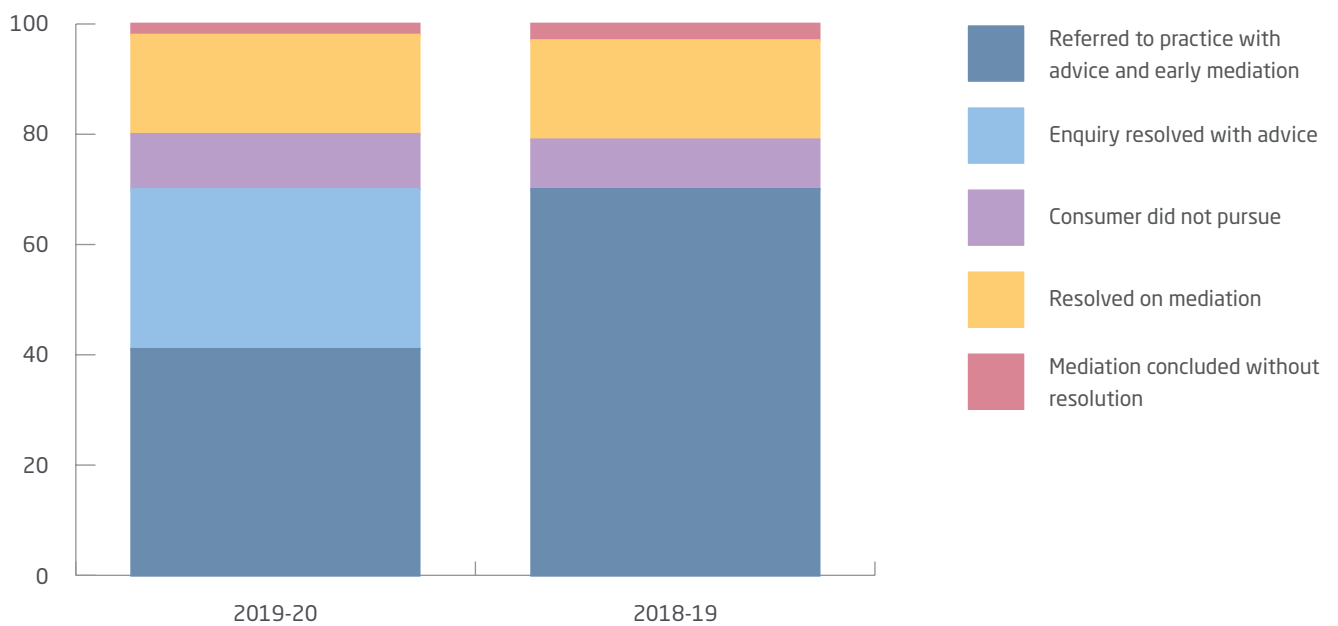
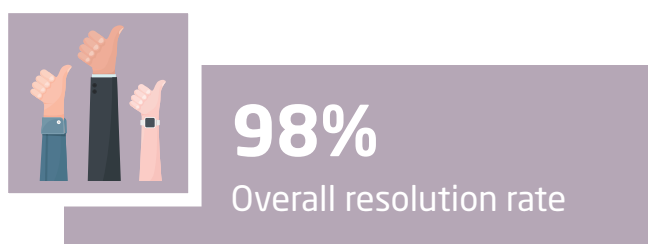


Fig. 5 Outcome of Enquiries (in Remit)



The OCCS has provided more analysis of those enquiries where the OCCS has an early involvement in the complaint. In previous years, these outcomes were categorised under one 'outcome' - referred to practice. In fact, the OCCS identified that a proportion of those enquiries were resolved through interaction with the OCCS team, and advice being given. In 2019-20 a new outcome group of 'Enquiry resolved with advice' was introduced. The proportion of enquiries concluded with a referral back to practice with OCCS input or resolved with OCCS advice is comparable with previous years, but this year sub categorised.



Where the OCCS provides full mediation, the mediation is successful in 91% of the mediations.

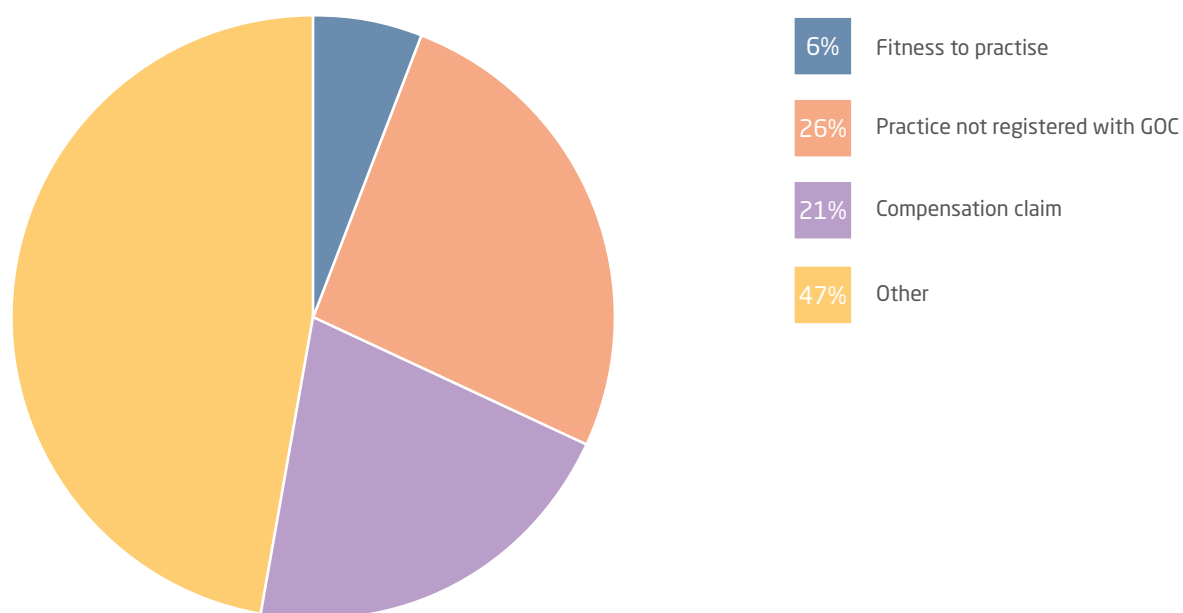
In mediated complaints involving refractive or cataract surgery, the resolution rate is lower at 74%.

e. Remit

93% of enquiries related to consumer complaints, and this is a 4% increase on 2018-19.

Of the 7% of enquiries falling outside the remit of the OCCS:

Fig. 6 Reasons Complaint Falls Outside of the Remit of the OCCS



Fitness to practise referrals by OCCS to GOC - 7

- Complaints in this category involve allegations or concerns which may potentially amount to a fitness to practice impairment. The referrals from the OCCS to the GOC FtP process have fallen by 81%, from 37 to 7, and equates to 0.4% of the enquiries concluded in 2019-20. From analysis of the referrals made, and those enquiries mediated by the OCCS, this reduction is attributed to the implementation of Acceptance Criteria and the remodelling of the FtP triage stage. The direct interactions between the OCCS and FtP teams have further developed the funnelling of enquiries into the appropriate complaint resolution process.

FtP referrals down:

▼ 81% ▼

No GOC registrant identified within the complaint circumstances or consumer interaction - 32

- The practice involved in the complaint was not a GOC registrant and no individual GOC registrant involved in the optical product supplied, so not within the OCCS remit (32). This year has seen a decrease in the number of enquiries signposted to Trading Standards or Citizens Advice Bureau because no GOC registrant (individual or body corporate) could be identified within the consumer's interaction with the optical business. The OCCS will look to identify a GOC registrant involvement, and to gain engagement by the practice and the registrant.

Compensation claims - 26

- Concerns where the consumer felt harm had been caused, and therefore fell outside the OCCS remit and consumers would need seek independent legal advice;

Other

- The most significant increase in 'out of remit' enquiries was seen in the 'other' category (58, compared to 49 in 2018-19) and these have included:
 - » Data protection issues;
 - » Complaints relating to hearing care provided by optical businesses;
 - » Enquiries from outside UK;
 - » Inter-practice complaints;
 - » Employee issues;
 - » Practices ceasing to trade and consumers seeking registration details.

f. Timescale and Resolution Periods

Average for all OCCS interactions is 12.4 days.

Average for all mediations is 40.14 days.

	All	Variance on 2018-19	Mediated	Refractive - All	Refractive - Mediated
Average (days)	12.4	- 7.5 days	40.14	28.6	75.6

% Concluded			Optics	Refractive	
0-45 days	91%	+ 5%	71% (+ 15%)	82%	48%
46-90 days	7%	- 1%	21% (- 5%)	9%	27%
Over 90 days	2%	- 4%	8% (- 10%)	9%	25%

Given the distinct nature of refractive and cataract surgery related complaints, the OCCS have analysed the timescales and resolution rates in these complaints.

g. Feedback

The OCCS continues to request feedback from service users. The feedback captures accessibility, satisfaction and effort ratings. At present this is available at the conclusion of the OCCS interaction with the service user via an online survey or in paper format.

All feedback responses are reviewed by the Mediation Services Manager and Head of Service. Any dissatisfaction is reviewed and where appropriate, discussed with the OCCS team.

Overall feedback is also shared with the OCCS team to celebrate success and to support the learning culture embedded within the OCCS. Conclusion and resolution rates are reviewed monthly on a service basis to ensure consistency.

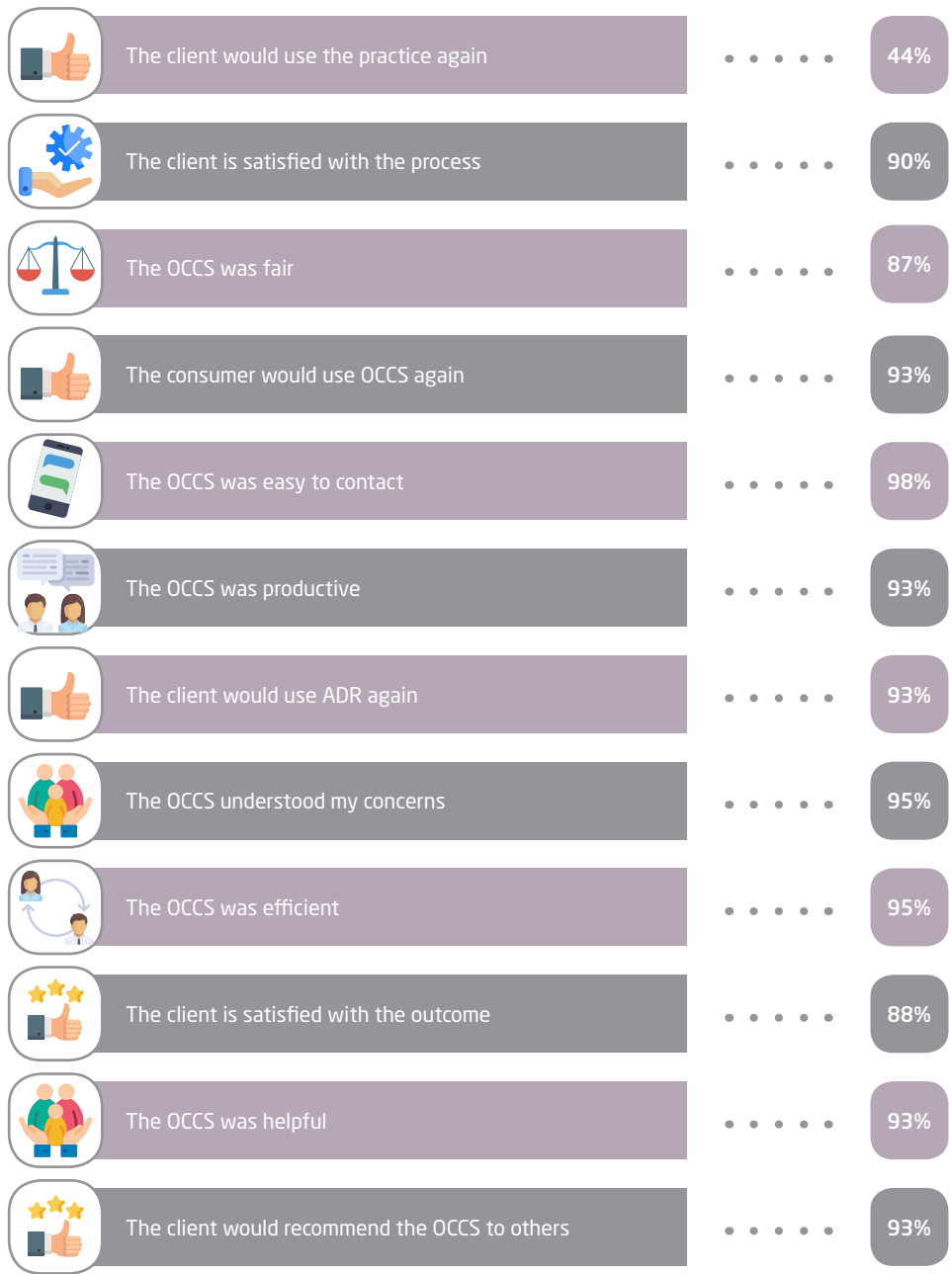
Response rates: 14% of mediations (down from 33% 2018-19)

In addition to quantitative feedback, service users also provide narrative feedback.

Examples of feedback received during 2019-20:

- 'Thanks a million for all your efforts, I couldn't be happier. This is completely unexpected!!!'
- 'Thanks again, what an amazing service you are, I hope you all know that'
- 'Wanted to express how eternally grateful I am for both your (successful) efforts to help me out with this. I found it all extremely stressful dealing with the practice myself and as soon as you started mediating it made such a difference'
- 'I hope you realise what a great job you do, and get some satisfaction out of helping me with this'
- 'Thanks again and know that you have made me very happy today'
- 'We have never received a complaint via the OCCS before and am impressed at the mediation service that you offer'.

Feedback from practice representatives and optical stakeholders was provided during the 2019-20 procurement process. Stakeholders gave testimonials on their experience of mediating complaints with the OCCS team, and the overall impact of the OCCS on the sector, benefiting consumers and registrants.



“

We have been very satisfied with the outstanding support received by our customers and store partners while providing the OCCS service. We have found them easy to communicate with and very supportive towards our customers and store partners when reviewing and mediating customer complaints. They are able to achieve excellent results for our customers and partners through very delicate and challenging negotiations, being able to reach a resolution that is acceptable to both parties. [The feedback we receive through mediations and insight] allows us to develop improvements to our customer service and customer care as we continually strive to improve these crucial areas.

- Executive Customer Care Manager, Multiple Optical Businesses

“

Our annual face-to-face meeting allows us to further understand our complaint volume verses the industry, nature, specifics and current complaint trends. This enables us to proactively continually improve our customer service.

- Executive Customer Care Manager, Multiple Optical Businesses

“

I have always found working with the OCCS team a pleasure and have never hesitated to advise one of our stores that, in the event of them being unable to resolve a concern at a local level, they should refer the complaint to the OCCS. I do this because in my experience the OCCS team will always take a balanced and pragmatic approach to any complaint and will work very hard to assist both the complainant and store reach a mutually agreeable conclusion.

- Professional Services Support, Multiple Optical Businesses

“

Since first winning the contract in 2014, they have taken a moribund service and transformed it into vital part of the optical infrastructure which is trusted and respected by patients, practitioners and optical providers alike. It has also taken complaints handling upstream through CET and seminars and, by providing service excellence in all cases, has reached the point where practices and practitioners come to them for advice before issues become a complaint. This makes life easier for patients for whom making complaints can sometimes be daunting. Moreover, their support to complainants and practices is second to none and they are in our view the premier mediation organisation in clinical complaints resolution.

- Optical Stakeholder and Indemnity Insurer



We have been very impressed with the way [the OCCS team have developed] their understanding of the sector and their management of complaints. They are an experienced team who are focused on resolving issues quickly and fairly whilst also identifying learning points from their work and sharing them with the sector. [Our] legal team have no hesitation in advising members to direct patients to them if a matter cannot be resolved at a practice level.

- *Optical Stakeholder and Indemnity Insurer*

Service Complaints

The OCCS has handled one concern regarding the OCCS process and approach raised by a practice in December 2019. The mediation was reviewed by the Head of OCCS and the Mediation Services Manager. The concerns were resolved through a telephone conversation between the Head of OCCS and the practice owner.

Evaluation of feedback for 2020-23

There has been a downward trend in response rates to feedback requests in recent years. The OCCS has undertaken a wide ranging review of the feedback strategy and process.

1) Concluding without full mediation	Phone or email 2 phase	<ul style="list-style-type: none"> - Impact focus - Resolving complaint at a local level; - Productive and accessible
2) Concluding following mediation	Email link or hard copy	<ul style="list-style-type: none"> - Impact on complaint - Accessibility - Independence / impartiality

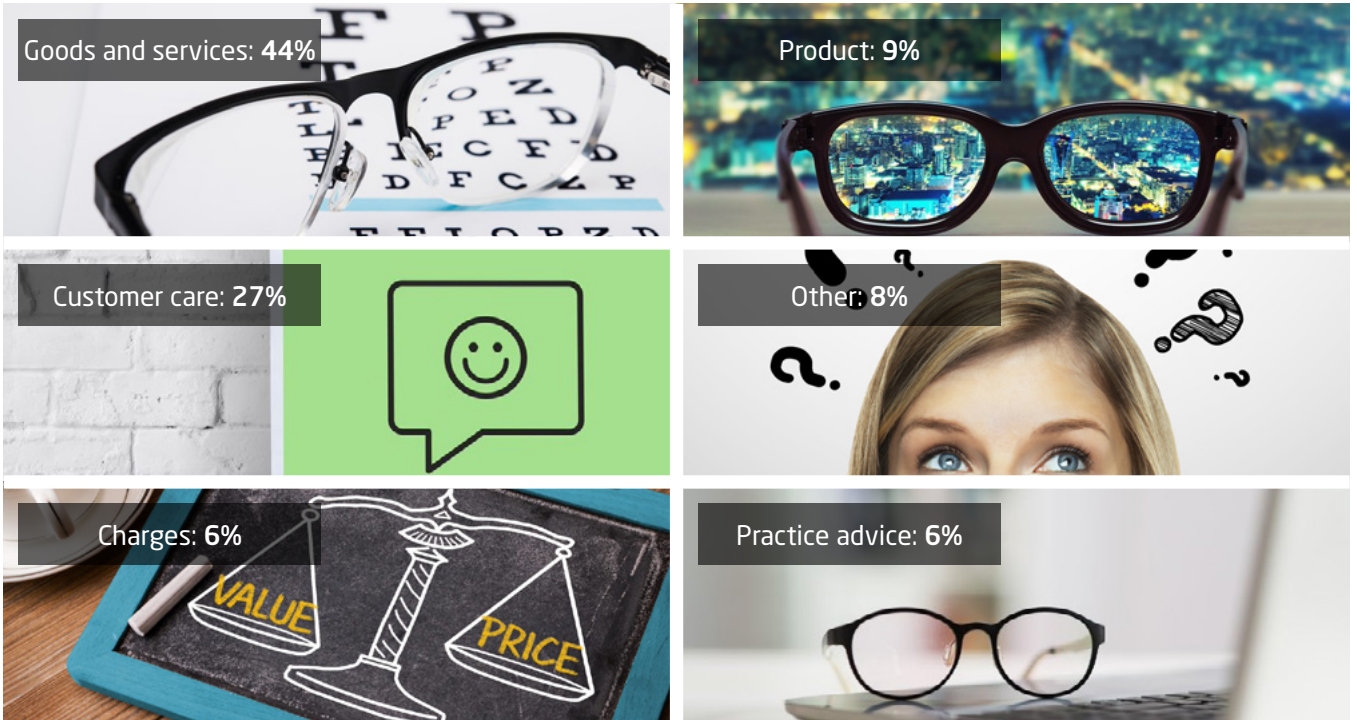
Varied methods are planned to support service users in providing their feedback in the most convenient manner. Feedback requests without incentives have low feedback response rates and so, 14% is seen as a strong response compared to other customer service benchmarking data. The OCCS are committed to obtaining feedback through direct requests, practice and stakeholder consultations. These are all combined to provide an overview of the impact of the OCCS, and the effectiveness of the service in delivering excellent customer service.

The OCCS has committed to continual evaluation and to develop initiatives to improve the accessibility of the OCCS for all consumers. Feedback from service users provides a mechanism to evaluate this activity. User feedback will also inform improvements to our process, the tone and language used in communication, and our ongoing objective of delivering a person-centred approach to complaint resolution.

6

Complaint Insight

a. What Do Consumers Complain About?



This year, the OCCS has categorised enquiries from practices as a stand-alone group. These account for 6% of enquiries received. This will enable ongoing comparison in the future.

The data below shows the nature of complaints excluding practice enquiries, which allows a direct comparison with 2018-19:

Nature of Complaint	%	v 2018-19
Goods and service	47%	+ 4
Customer care	29%	- 6
Charges	6%	-
Product	9%	- 2
Other	9%	+ 6

Appendix 1 provides the detailed data on the sub-nature of complaints. This allows more in depth of analysis of complaints and provides useful insight.

The five most common complaint issues as presented by the consumer, and referred to the OCCS in 2019-20:

1. Consumer complains the prescription issued was incorrect (231);
2. Outcome of laser eye surgery (102);
3. Charges (93);
4. Concerns regarding the eye examination (81);
5. Prescription dispensed by a different practice (76).

In terms of variance compared to complaints referred to the OCCS in 2018-19:

1. Complaints involving consumer dissatisfaction with the outcome of laser surgery have increased by 117%;
2. Complaints where the consumer has been excluded from the practice have increased by 83% (however low in volume, 11);
3. Concerns with the eye examination as a main issue within the complaint have increased by 76%;
4. Circumstances where the consumer had concern regarding a clinical diagnosis also increased for a second year, rising by +40%, from a low numerical base.

Miscellaneous enquiries also increased significantly during 2019-20. Further analysis is given below.

Laser eye surgery complaints

This year, the OCCS has seen a significant increase (compared to 2018-19) in the number of complaints concerning the outcome of laser eye surgery and consumer satisfaction with how their concerns are addressed by the provider. The nature of the complaint differs from those received in previous years.

These are consumer issues, relating to expectation and understanding. While it is not for the OCCS to assess the clinical basis or commercial reasons for contractual terms offered to consumers, it is surmised that changes in the contractual aftercare periods and their implementation are likely to account for the increase.

The OCCS remains in dialogue with GOC registrants in this part of the sector to explore how this insight should inform future consumer care. The OCCS has adapted the mediation process for refractive surgery complaints, which has achieved effective resolutions in previous years. This approach is currently under review as resolution rates have decreased and timescales increased.

Charges

This year complaints concerning fees and charges are listed in the most common concerns presented by consumers. Having analysed the mediations in this category:

- 8% were outside remit, either due to the consumer or practice being outside the UK or there being no GOC registrant involved (online supply);
- All the complaints were resolved via referral to the practice with advice or on mediation;
- Complaints included issues with direct debits, charges in situations where the consumer would have expected the practice to provide a service free of charge (such as second opinion), relationship

between NHS services and private purchases, and contact lens after care charges.

Some of these complaints may relate to more challenging economic situations, where consumers may be concerned about affordability and also where practices apply stricter policies or interpretation of consumer law such timescales for refunds, provision of some elements of their service which may previously have been included as a goodwill gesture. Communication is generally a factor in these complaints as the consumer is not expecting a charge at that level and conversations may be challenging. The OCCS anticipates complaints of this nature may increase in 2020-21.

Consumer excluded from the practice

These complaints are low in volume (11) but the OCCS has seen an 83% increase this year. These complaints involve emotive situations, where practices are seeking to protect their practice team and consumers will feel aggrieved.

The OCCS are analysing insight from these mediations. The desired outcome is a useful insight, and can be categorised as:

- The consumer seeking the disciplining of the practice owner or manager;
- The consumer seeking to restore their relationship with the practice;
- The consumer seeking compensation.

In each, the OCCS resolution managers explore the trigger of the escalation. Where the consumer may have a vulnerability or a protected characteristic, mediation can support both the consumer and the practice to resolve the situation. The team can also pro-actively support the consumer in accessing support. If a consumer has been aggressive or threatening, the OCCS will reiterate the reasons why the practice have excluded them from the store, seek to gain a better understanding by the consumer of why this was necessary and bring the conflict to an end.

The OCCS will continue offer communication and conflict resolution insight and training to enable escalating situations to be managed at a local level.

'I cannot see with my glasses' - most common consumer complaint in optics

Consumer complaints involving diagnosis or management of a clinical condition

The OCCS has seen an increase in complaints involving diagnosis and management of clinical conditions in primary optical care settings. The numbers remain low (53), but represent a 38% increase on top of the increase seen in 2018-19. Having reviewed these complaints, the OCCS has concluded these continue to be largely communication and clinical counselling issues. The table below provides further detail on the nature of the clinical conditions involved and also the outcomes of those enquiries. Where a consumer's health and, or vision is alleged to have been harmed, the enquiry falls outside the remit of the OCCS.

Condition	Refer to practice with advice	Out of remit	Advice only	Resolved on mediation	Still live	Total
Cataract	3		2	4	1	10

Glaucoma	3					3
Retinal detachment	5	3	5		1	4
ARMD	3		1	8		12
Misc	4	3	3	1	1	12
MECS/EOS	1		1			2
Total	19	6	12	13	3	

When a consumer presents this complaint, the precise underlying issue within their complaint could be one of (or a combination of) a number of issues: the eye examination, accuracy or significant change in prescription and the dispense of a product.

During 2019-20, the OCCS has seen these complaints increasing overall.

The OCCS records the complaint based on the consumer's presentation of the issues. This 'categorisation' may not reflect the actual reason behind why the consumer is struggling to use and wear their spectacles successfully. It does, however, reflect how consumers see their complaints, assisting complaint insight analysis. The OCCS team reviews the complaint to assist the parties in identifying a resolution which will often unpick the complaint situation.

Issue	Refer to practice	Out of remit	Advice only	Resolved on mediation	Live	Total
Prescription/ non-tolerance	16	1	8	7	1	33
Quality of eye examination	8	5	8			21
Optical/clinical advice	2	2	2			6
Diagnosis/ clinical	6	4	1	3		14
Misc		2	5			7
Total	32	14	24	10	1	81

While it is too early to say, one explanation could be a positive. Complaints of this nature would fall under the Acceptance Criteria introduced in October 2018, and therefore would now be managed through the OCCS mediation process, rather than entering FtP. Analysis of the complaints referred to the OCCS by the GOC supports this as they involve complaints in these categories, and customer care issues.

The OCCS is focusing insight sharing and CET development on consumer / patient communication around diagnosing and counselling of clinical findings. The increase in diagnosis related complaints supports the continuing focus in this area in 2020-21. In addition, these complaints are also seen in the group referred to the OCCS by the GOC, which is a further illustration of the current impact of Acceptance Criteria on complaint resolution. These complaints are then resolved through advice and guidance as well as full mediation. Early advice has included signposting to support services such as Macular Society. Data also shows that all of these complaints have concluded with a resolution, further supporting the positive

impact of Acceptance Criteria for consumers, GOC registrants, and the FtP specificity and sensitivity.

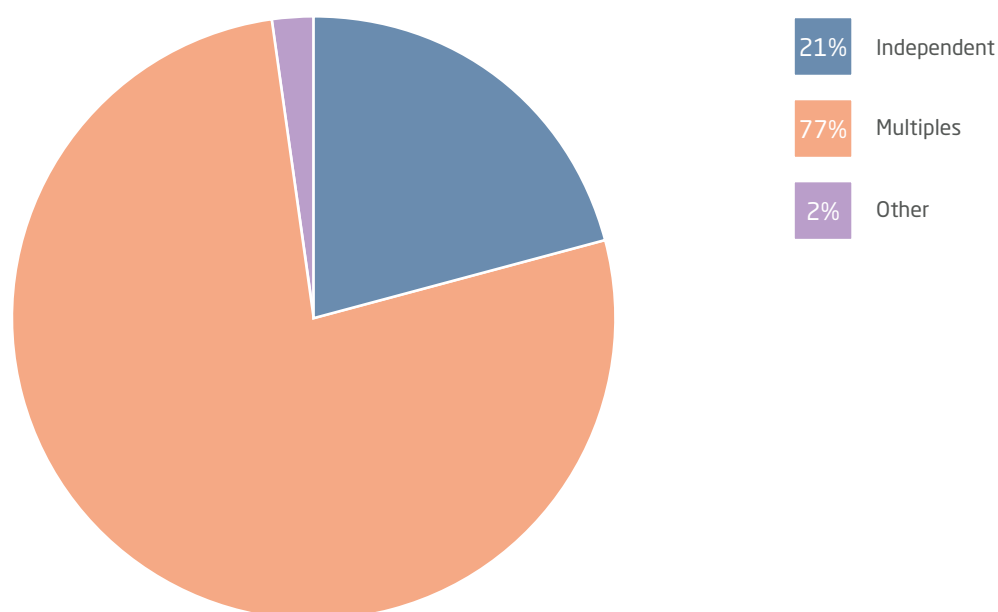
Prescription dispenses elsewhere

As identified in last year's annual report, the OCCS mediates complaints where the prescription issued by one practice is dispensed by another. In mediating complaints, the OCCS notes that awareness of the Optical Confederation guidance in this situation may have fallen within practices, and so the OCCS will feed this back to the sector and the Optical Confederation. In a more challenging economic climate, there is likely to be an increase in situations where two practices may be involved and may be seeking the other to accept responsibility.

b. Who Uses the OCCS? - Service User Analysis

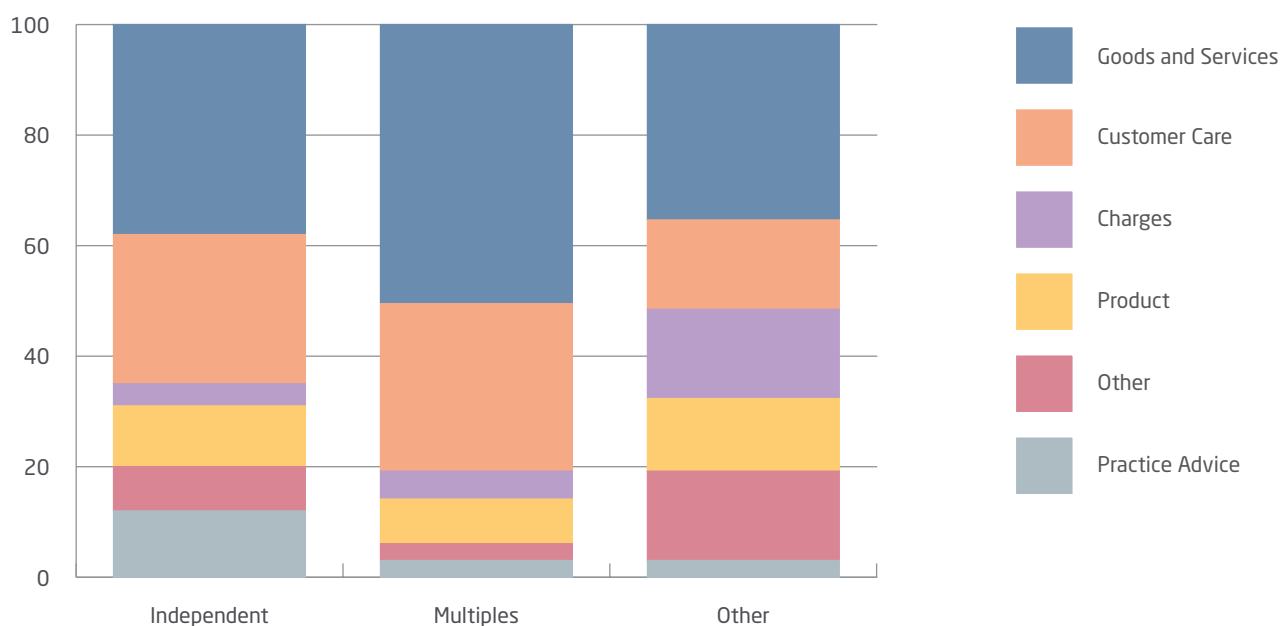
Practice Business Types

Fig. 8 Enquiries and Complaints by Practice Type (% of all known)



This year, the enquiries and referrals involving a practice within a multiple group have accounted for 75% of all interactions, an increase of 5% on 2018-19. This split between practices in the independent and multiples business models reflects the split in market share across the sector.

Fig. 9 Nature of Complaint by Business Type %



When looking at the nature of the complaints referred to the OCCS by practice business models, there are some key observations:

1. Practice enquiries are more likely to originate from practices in the *Independent* sector, with over 10% of referrals to the OCCS in the Independent sector being practice instigated. This is to be expected as those practices do not have a central office support team to provide guidance or handle escalated complaints;
2. Customer care related complaints in *Multiples* account for a slightly higher proportion than in other areas of the wider optical sector (30%). An area of focus for the OCCS has been insight sharing with *Multiple* providers on complaint handling as this had been an area identified as over indexed in concerns referred to the GOC FtP team. In addition to highlighting this cross-sector analysis, the OCCS has worked with providers to review complaint processes and information shared with complainants to self-triage customer service and consumer rights issues to escalate to the OCCS. The OCCS will also continue to review the impact of Acceptance Criteria on low level service complaints being referred to the OCCS for mediation. When excluding the practice enquiries, the proportion of customer service-related complaints across both areas of the sector are comparable. Consistent with previous years, complaints from different areas within the sector are referred to the OCCS at different stages. Complaints involving an *Independent* practice may come to the OCCS at an earlier stage, as they do not have the option escalating to a central support team. Complaints from a multiple service provider may escalate as they have been handled over a protracted period and further issues may arise during the complaint process. Consumers and practices may also have different emotional responses to complaints based on factors such as perception, engagement and practice loyalty.

-
3. Practices categorised as *Other* are lower in number, and the enquiries are more likely to fall outside the remit of the OCCS. As such the variance in proportions is of less complaint insight value. The analysis does however inform OCCS team training, signposting activity and consumer facing communication.

Consumers

Nockolds Resolution captures EDI data and all consumer service users are asked to provide personal equality and diversity information.

The OCCS continues to request:

- Age;
- Gender;
- Marital status;
- Sexual orientation;
- Religion;
- Ethnicity;
- Disability;
- Gender re-assignment

consistent with the GOC's own EDI data capture.

Response rates have increased slightly to 41.3% compared to 39.3% in 2018-19.

As part of the 2020-23 objectives, the OCCS is seeking to refine the consumer EDI analysis. While the responses suggest the OCCS service users demographics are consistent with general population figures, it is likely that the optical consumer population demographics differs from the general population. The OCCS will reach out to the optical sector to gather further data and insight from consumer EDI data capture at practice level. This is important in assessing the accessibility and awareness of the OCCS in all consumer groups. Having reviewed the EDI data categorisation in 2019-20, it was considered appropriate to explore the optical consumer demographic data to measure OCCS activity against meaningful, relevant markers.

Full details of the EDI data analysis is at Appendix 2.

Geographical Analysis

Northern Ireland

% of enquiries: 1.8%
Population as % of UK total: 2.8%
Variance: -1

Wales

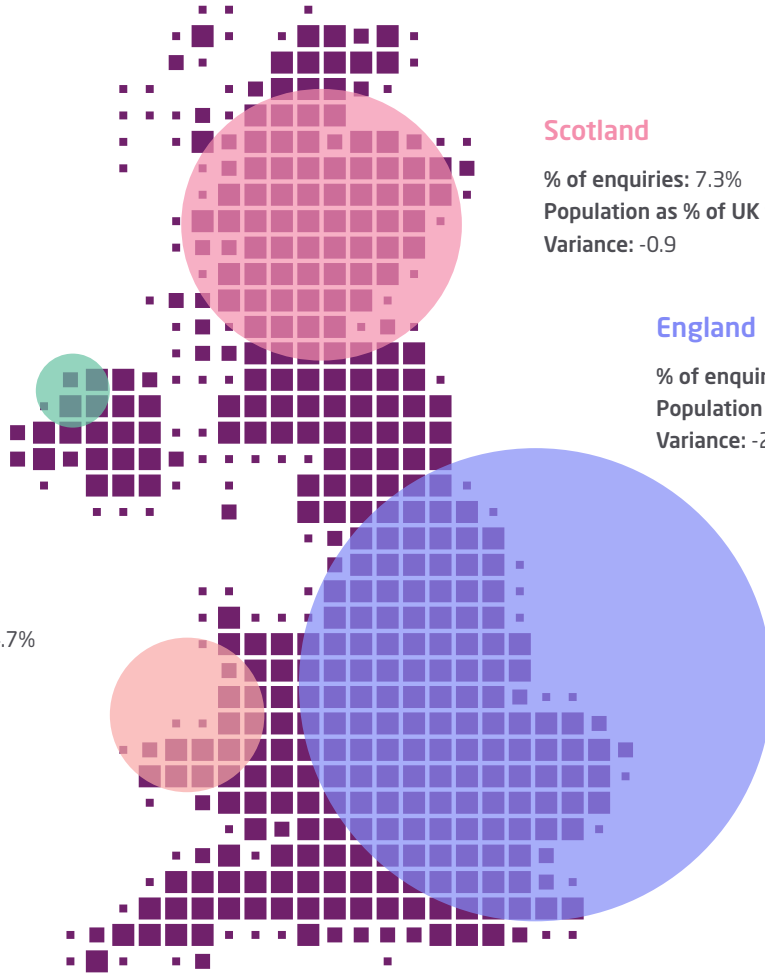
% of enquiries: 3.9%
Population as % of UK total: 4.7%
Variance: -0.9

Scotland

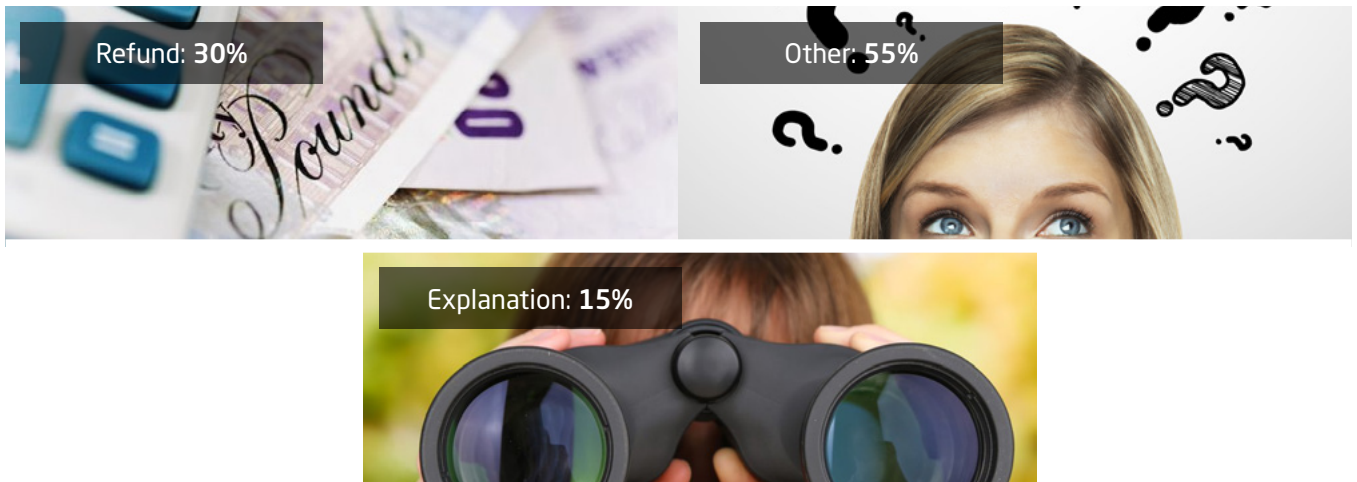
% of enquiries: 7.3%
Population as % of UK total: 8.2%
Variance: -0.9

England

% of enquiries: 87.1%
Population as % of UK total: 84.3%
Variance: -2.8



c. What Do Resolutions Teach Us?



This year, the OCCS has sought to analyse the resolution agreed in the mediations.

* Other resolutions include: future discounts; replacement products; further examination and consultation; goodwill product or future care; re NHS voucher; in refractive or cataract surgery related complaints, further treatment or enhancements as part of the after care.

d. Insight on Future Awareness

Richard Edwards, Clinical Advisor to the OCCS has reviewed the OCCS activity in 2019-20, and shares his reflections on the areas for future focus as move into 2020-21:

'An increasingly informed and expectant population with increased propensity to challenge authority will drive up the expectations in all clinical professions. When that profession operates in a private and commercial landscape, and at a time of economic turbulence and mass unemployment we should expect increased challenge across all categories over the coming years. Last year at council we discussed in detail the rising expectations around maculopathy and I feel we would be wise to remain vigilant to this challenge. I am delighted the OCCS along with the Macular Society and Birmingham Optical group have been able to do our bit in creating new CET content in this area (see page 38 for more details).

As professional roles evolve we should also be cognisant of the potential for Local Enhanced Services to bring increased activity. To date I am delighted to say we have seen very little activity around such schemes, however, I am sure this will change as the professions' roles in managing chronic eye conditions in the community accelerates over the coming years.'

COVID-19

In March 2020, the COVID-19 pandemic suspended 'business as usual' across the UK. With government lockdown restrictions in place, practices were able to offer emergency eye health care only. The OCCS team has kept updated on the GOC and wider sector guidance and lockdown measures. In reaching out to stakeholders and representative bodies, the OCCS was able to keep channels of communication open with practices and customer service teams in the multiples. During the last month of the OCCS year, the team

sensitively handled and resolved a low number of COVID-19 related complaints, related to the collection of orders and contact lens checks. These were resolved with early engagement with the practice and a solution focused approach.

The OCCS notes the commitment and work of the optical sector in delivering emergency, urgent or essential eye care in accordance with the restrictions in place across the four nations, and helping consumers to understand the available eye care and to work together to assess their eyehealth and optical needs. As the pandemic continues to have an impact into 2020-21, the OCCS will:

- Continue dialogue with the sector;
- Approach complaint mediation with sensitivity and awareness of the challenges faced by practices and consumers;
- Keep updated and continue to contribute to the consultations informing GOC guidance; and
- Provide consumer facing communications which help consumers to navigate and work collaboratively to support practices.

The OCCS will continue to report to the GOC FtP team and GOC Senior Leadership Team to share insight on the impact of the virus, lockdown and any complaint trends arising in the coming months.

7

Impact of the OCCS

a. Proportionate Complaint Resolution - the OCCS and FtP

Public protection must sit at the forefront of complaint resolution and processes followed by the OCCS. The OCCS is a direct access service. Consumers may approach the OCCS with complaint circumstances which could amount to allegations of impaired fitness to practise. In 2019-20, these circumstances accounted for less than 0.5% of OCCS enquiries.

The fundamental purpose of the OCCS is to provide a proportionate and effective resolution process for concerns that do not amount to allegations of impaired FtP. The two roles co-exist and complement one another.

In recent years, the OCCS has also worked collaboratively with the GOC FtP to support its clear objective to remodel FtP to provide an effective and timely approach to managing FtP concerns.

The OCCS input has been focused in three areas:

1. Raising awareness and accessibility of the OCCS so consumers are able to self-triage their complaint, and refer consumer issues to the OCCS in the first instance, minimising unnecessary enquiries referred to the GOC;
2. Developing strong relationships with the FtP triage team to support the implementation of Acceptance Criteria within the initial assessment of concerns received by the GOC;
3. Supporting the development and application of Acceptance Criteria within opened FtP investigations as part of the remodelling of FtP, to enable the OCCS role in complaint resolution for concerns which do not progress to Committee hearings.

At GOC Council in July 2019, Council asked the GOC FtP Officers if Acceptance Criteria was expected to have an impact on activity levels at the OCCS.

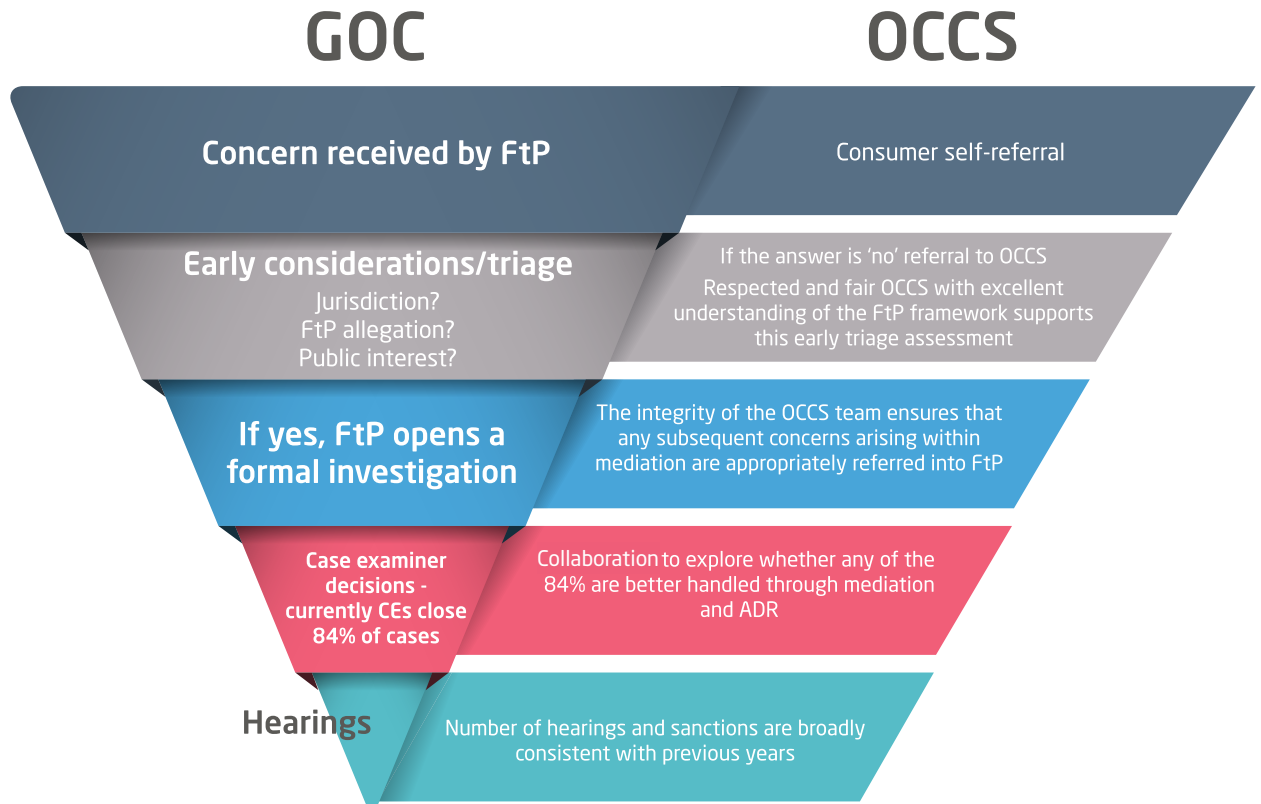
While still too early to see the full value and impact of Acceptance Criteria and a remodelled FtP triage approach on GOC to OCCS referrals, there is encouraging data showing a reduction in FtP referrals, particularly in areas of OCCS focus, such as complaint handling, prescription and dispensing concerns and single clinical incidents. This data sits alongside an increase in OCCS activity (113), comparable to the decrease in enquiries received and investigations opened in FtP (-114).

Below is an extract of data presented to Council in May 2020. The data illustrates the excellent results in FtP process and activity. The OCCS is proud to have supported the implementation of Acceptance Criteria and the remodelling of the FtP triage process, contributing by playing our part in the work to deliver timely and proportionate regulation of the optical professions by the GOC:

	2016-17	2017-18	2018-19	2019-20	Variance
GOC registrants	29,136	29,883	30,097	31,368	
New referrals	425	495	453	342	- 111
Investigations opened	293	262	269	155	- 114

Referrals to the FtPC	59	57	37	58	+ 21
Erased from the GOC register	3	5	9	13	+ 4

The current and potential future role of the OCCS in supporting the GOC in managing FtP concerns is illustrated in this 'FtP Funnel':



In 2019-20, this work has been delivered through:

- OCCS consultation and input on proposed operational implementation plans such as the FTP Case Progression: Performance and Process Review paper presented to Council in November 2019;
- Team-Team meetings and interactions which have:
 - » Improved joint confidence and reciprocal understanding of risk and harm analysis
 - » Identified the importance of 'desired outcome' as a factor in assessing complaints;
 - » Reinforced proportionality focus.
- Collaborative case reviews and evaluation to agree appropriate pathways for complaints and to pressure test and develop a consistent, fair process.

Over the past 5 years, the OCCS has been developed to deliver highly effective proportionate complaint resolution. With safeguards in place to ensure serious concerns are investigated within the FtP process, the OCCS underpins the successful implementation of Acceptance Criteria and a remodelled ftP triage process. Enabling concerns to be resolved in the most proportionate and appropriate forum is welcomed by consumers, registrants, stakeholders, defence bodies, the GOC and the wider society.

Inappropriate referrals into FtP impacts on FtP case progression timescales in concerns involving the most serious of allegations. They also unreasonably raise the expectation of complainants and place the GOC registrant under significant distress which can be detrimental to their mental health, wellbeing and on occasions, safety.

During 2019-20 referrals from the OCCS to FtP accounted for just 0.4% of all enquiries, compared to 2.4% in the previous year. This is an early indication of the successful implementation of the Acceptance Criteria and remodelled triage by the GOC. Noting that the number of concerns progressing to hearings, and findings of impairments have remained consistent, the OCCS and the FtP team can reassure Council, and the PSA, that serious concerns are identified and enter the FtP specificity and sensitivity. With lower level complaints capable of resolution by the OCCS, the FtP can progress FtP investigations expediently. This supports the GOC in their statutory function of public protection and the need to provide proportionate and agile regulation.

Should the team identify a potential FtP or safeguarding concern, the complaint is referred to the Head of Service and a Clinical Advisor for review. Where a potential 'red flag' safeguarding concern is identified by the OCCS team, the complaint is reviewed by the Head of the OCCS and a Clinical Advisor immediately, and where appropriate a referral made to the GOC within 24 hours. Where the circumstances could potentially involve an allegation of impaired fitness to practise, the OCCS will consult the GOC FtP team and seek input.

Referrals are then recorded and monitored in a live data report, known as the 'GOC-OCCS Referral Tracker'.

b. Illegal Practice

The OCCS has provided information and details to the illegal practice team at the GOC during 2019-20. These reports have resulted in communication with:

- Individuals who were alleged to be illegally using the title of, or holding themselves out to be a dispensing optician;
- The use of 'optician' by a business not registered as a Body Corporate.

This important work also supports consumer understanding of the difference between a GOC registrant and a provider who opts to remain unregistered. Research shows consumer awareness of the importance of regulation in eyecare and services and distinction between those regulated/unregulated is low. Action to prevent illegal practise affirms the importance and value of the regulated status of the profession and the protection it affords the public.

c. Working together - the GOC and OCCS

The current Working Together Policy has been reviewed to ensure it is accurate and fit for purpose.

Further examples of OCCS contribution to GOC strategic objectives:



-
- Consultation in the development and implementation of Business Standards for Body Corporate registrants;
 - Eventure risk in optics research project;
 - Reflective practice review;
 - Education strategic review;
 - Presenting a tri-organisation session to the GOC Expert Advisory Group with the FtP team and AOP legal team;
 - COVID-19 guidance.

d. Learning from Complaint Insight

During 2019-20, the OCCS continued its commitment to upstreaming key insights from complaints back to the profession. OCCS communications focus on learning from complaints to improve consumer experience, particularly around communication, empathy and complaint triggers. It has also become clear that many GOC registrants do not fully appreciate the distinction between different levels of complaints. This has informed much of the OCCS' work in the CET arena in recent years.

The OCCS has therefore worked to support the sector in a clearer understanding of complaint and regulatory risk. Complaint insights lend themselves perfectly to peer group discussion and are proving an effective vehicle to also carry the message that the regulator is evolving.

In 2019-20, the OCCS has delivered almost 50 CET sessions to thousands of registrants this year at no cost to the GOC / OCCS - all sessions were funded by the event hosts and average feedback scores continue to be in high 90 per cents.

In the last five years, the OCCS has undertaken an extensive and largely self funded programme of insight-led CET:



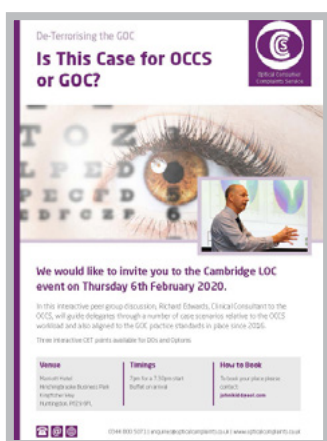
On completion of a recent CET session, I was approached by a delegate who thanked me for the session and said that the session should be compulsory for every registrant. He thanked me for the work we are doing to reform FtP and then shared that he had, in the past, been subject to a vexatious complaint from a family member of an elderly patient, a complaint that resulted in him being under FtP investigation for three years before being told there was no case to answer. He told me he had considered suicide a number of times in that three-year period out of sheer frustration and that the work we are doing is really important.

- Richard Edwards, Clinical Advisor to OCCS

To reinforce the highly collaborative work between Nockolds and the GOC, sessions on insight sharing and lessons from complaint resolution were delivered jointly by GOC officers and OCCS:

Over **5,000 registrants** in three years

Feedback of **+ 95%**



- In September 2019, Dionne Spence, Director of Casework and Resolution, and Jennie Jones, Head of OCCS, delivered an awareness and insight sharing workshop to key influencers and leaders of optical academic institutions at the Essilor symposium. This event showcased the significant work undertaken to improve FtP case progression and the developments towards a more proportionate approach to complaint resolution in the optical sector;
- In October 2019 an OCCS Clinical Advisor, Richard Edwards, and Head of Case Progression at the GOC, Keith Watts, delivered a CET session together to over 500 registrants at the annual Specsavers PAC Conference in Birmingham. This session titled '*Be Safe Not Sorry*' used three redacted GOC cases to highlight key insights that drove the escalation of a complaint to an FtP matter. All attendees were asked to complete an individual action plan to capture and commit to the learning from this session

Wider insight activity for the OCCS continued at pace with both an active social media, contributions to professional media publications and the continuation of the 'sold out' CET sessions delivered at professional trade fairs, large employer conferences and at the local LOC meetings. We estimate we have reached some 3,000 registrants at these events this year.



e. Insight Driven Activity - 'the Macular Spectacular'

Following the potential early trend identified in the 2018-19 Annual Report and discussed at GOC Council in July 2019 regarding communication and management of macular conditions in primary care, the OCCS has met with the Macular Society to help design a plan to raise practitioner awareness, increase information sharing, develop a practitioner focused campaign which the OCCS can support, upskilling the OCCS team and aiding GOC registrants in developing their patient empathy and understanding of non-clinical aspects relevant to the management of macular conditions. Online delivery is planned in conjunction with the Macular Society and Birmingham Optical throughout 2020, and subject to COVID-19 restrictions, planned for the rescheduled Optrafair 2020, and 100% Optics in 2021.

8 Engagement



a. Stakeholder - Optics



Stakeholder engagement remains strong. The OCCS has continued the ongoing investment in these critical relationships. Nockolds was humbly proud to receive the support and endorsement from the sector during the recent procurement process. Across the sector, stakeholder response illustrates the commitment to working together and value placed on the OCCS succeeding as a complaint mediation service.

Annual presentations have been delivered to:

- Chief executives group of key stakeholders;
- National Optometric Advisors Association for NHS England optometric advisors;
- Multiples - professional services teams;
- FODO and AOP committees including OC Domicillary Eye Care Committee.

These sessions facilitate proactive complaint trend and resolution discussions, and allow the OCCS to share perspectives on strategic work at the GOC to remodel FtP expectations, and the big opportunities to achieve more proportionality, customer satisfaction and timely progression of cases through the FtP framework.

b. Regulation

In section of 7 of this report, the OCCS has set out in detail it's work with the GOC and in particular with

the FtP team. In addition, the OCCS and Nockolds Resolution has been engaging with the wider regulation sector.

In July 2019, the government published a white paper: '*Promoting Professionalism, Reforming Regulation*'. Within the proposed reforms, the government referred to the increased use of mediation within FtP and regulation overall. Over the past five years, the GOC and the OCCS, delivered by Nockolds Resolution have led the field in developing the OCCS ADR model which meets the particular needs of regulated sectors.

In delivering the OCCS and working collaboratively with the GOC on Acceptance Criteria and the remodelling the approach to FtP, Nockolds Resolution was invited to present at the Professional Standards Authority Academic and Research Conference in March 2020 to showcase how complaint mediation has collaborated with the GOC FtP team to support and underpin the remodelling of the GOC FtP processes, and wider exploration of the benefits of mediation in healthcare regulation.

In the spirit of increased collaborative working as encouraged by the PSA, Nockolds Resolution launched a Healthcare Regulators Complaint Forum, which is hosted quarterly and has excellent attendance and participation from all healthcare regulators. The forum supports regulators in corporate complaints, seeking to share the mediation insights to drive consistency and effectiveness.

c. Consumer

The OCCS team offers the agility and flexibility to manage wider consumer issues arising in the sector with pace and efficacy. We continue to respond and contribute to mainstream regional and national media requests such as the consumer affairs programme 'You and Yours' on BBC Radio 4.

Consumer facing guidance and information continues to be developed and promoted through social media, online and via consumer representative groups who provide direct support for vulnerable consumers.

Engagement with patient representatives and charity support groups continues, focus in particular has been with the Macular Society to develop the 'Macular Spectacular initiative'.

The OCCS will also feed this insight into the plans to develop a new OCCS website with improved accessibility and resource hubs.

With almost two thirds of OCCS enquiries quoting the OCCS website and search engines as their source of information about the OCCS, the website and social media activity is a crucial channel of communication with consumers, as well as optical practice.

Website activity:

Website Statistics (Apr 2014 - Jan 2020)

Sessions	Users	Page Views	Avg. Duration	New Visitors
107,046	87,687	196,046	01:19	88.6%

Five Most Visited Pages (Apr 2014 - Jan 2020)

- FAQs for Consumers (57,564 page views);

-
- Home (55,196 page views);
 - Complaints (22,601 page views);
 - Consumers (16,445 page views);
 - What We Offer (7,710 page views).

At Appendix 3 are details of the social media campaigns published by the OCCS.

9

Customer Service Strategy

a. Access and Accessibility

The OCCS continually undertakes wider assessments and evaluations to improve accessibility and operational effectiveness supporting service users, and EDI focus will be incorporated in all aspects of this work of the OCCS.

Nockolds has identified key areas of EDI focus relevant to consumer and optical practice team where a service user has a vulnerability or protected and intersectional characteristics:

- Awareness of what a consumer can and should expect from their eye care provider;
- Awareness of OCCS;
- Access to OCCS;
- Effective individual complaint resolution, meeting the needs of all consumers including consideration of unconscious bias;
- Ability to effectively engage with all consumers;
- Bringing a wide and inclusive consumer perspective to initiative and collaborations with the sector.

The OCCS proposes to review the EDI categories and the comparison date in 2020-21 to evaluate accessibility against more accurate data on the optical consumer population demographics. This is an area for potential collaboration between the OCCS and the GOC.

Within complaint resolution, the parties interacting with the OCCS can be frustrated and emotive due to the complaint circumstances. The team effectively identifies EDI characteristics which may mean a service user may require additional support or an adaptation to our process to ensure they are able to have their complaint heard, understood and resolved. The team is mindful and aware that vulnerability may be present in both consumers and registrants, and may be permanent, intermittent, or related to the complaint circumstances presented. The OCCS team also regularly support consumers and practices in handling and resolving complaints where resolution may be less likely as a consequence of the consumer's vulnerability and how their complaint has been managed at a local level.

The OCCS will use complaint and mediation insight to also support practices and the optical professions to manage difficult situations effectively and in a way that recognises consumer vulnerability and protects the team's wellbeing and safety.

During the next 12-18 months, the OCCS will:

- Implement a planned response to the website accessibility review conducted in 2019-20;
- Review and update the 'Equality, Diversity and Inclusion Support Guide';
- Conduct a training evaluation on the need and benefit of unconscious bias training for the team;
- Review EDI data categories for completeness;
- Work with the GOC, stakeholders and industry to obtain more sector relevant demographic data for comparison analysis;

-
- Develop insight led CET focused on further developing the skills and confidence to manage difficult situations and conflict.

b. Communication and Correspondence Review

OCCS communication is continually reviewed for clarity and tone. To develop accessible and helpful communication, the OCCS will look to increase the use of infographics as well as the review the language and content of practice and consumer correspondence.

c. Feedback Strategy to Capture Feedback in Enquiries Where the Consumer is Given Advice and Guidance, and Referred Back to the Practice

The OCCS has set out above how the feedback strategy will be developed to increase response and to evaluate the impact of early OCCS advice and input.

The detailed objectives set out in section 2 outline the focus of the OCCS over the next three years.

d. Mediation in Regulation

The OCCS and wider Nockolds team, will work collaboratively with the GOC and other regulators to explore how mediation can support FtP as set out in the government white paper - '*Promoting Professionalism, Reforming Regulation July 2019*'. Given the working relationship built over the past five years, the GOC and the OCCS have the opportunity to progress the already groundbreaking work in complaint mediation in regulated healthcare to lead the regulatory field.

e. Complaint Network

The OCCS will explore how best to work collaboratively with the GOC to develop greater interaction and risk management within the overall regulation of eyecare, namely NHS via performers list, employer / practice links and other bodies to ensure the public are not put at risk by a lack of knowledge or sharing of a registrant's impairment.

f. Business Regulation

The OCCS will continue to capture data and insight to:

- Support the implementation of a reformed approach to business regulations as the GOC progresses a strategic aim in this area;
- Review the remit of the OCCS given the reform of business regulation, which may increase the number of 'body corporate' registrants if the requirement of regulation is linked to employment of individual registrants and activity. This may have an impact in niche areas of the optical sector, such as refractive surgery and the cross-border issues arising from online supply and sales which may expand with improving technology and the potential to increase remote sight tests and refractions.

10

Conclusion

The activity over the past year has once again shown the positive impact of the OCCS. The OCCS is made up of a committed team who are passionate about the individual mediations, and the strategic impact of the service. Having delivered more successful mediations than ever before, coupled with the fantastic work in advising consumers who are still in the local resolution phase, this report showcases the effectiveness of mediation in private healthcare complaints. Towards the end of 2019-20, the optical sector had to navigate the challenges of the COVID-19 pandemic, and the OCCS will continue to provide consumer complaint support in this area into 2020-21.

That is only part of the role of any alternative dispute resolution service. We must continue to share the insights from complaints and mediation to support the sector in understanding their consumers, aiding communication and providing optical professionals with the insight they need to meet the evolving needs of their patients. 2019-20 has been an important year of insight sharing. The OCCS focuses on complaints and escalation, helping registrants to understand how to resolve complaints and not escalate them into fitness to practise scenarios, and developing plans to invest OCCS insight in the communication and patient aspects of managing clinical conditions in primary practice. Alongside the role of the OCCS in supporting the changes in FtP at the GOC, the service is excited to continue and expand these roles during 2020 and beyond.

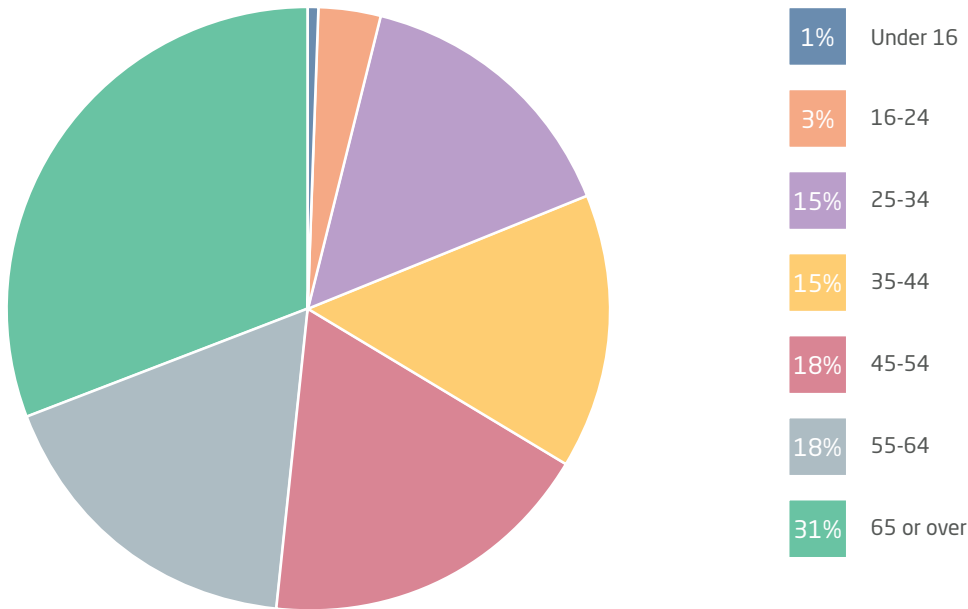
Appendix 1: Sub-Nature of Complaints

Nature of Complaint	2019-20
Goods and Service	712
Concerns with the examination	81
Dispense of varifocal	67
Dispensing	68
Error with prescription	231
Missed diagnosis	53
Outcome of laser eye surgery	102
Paediatric	2
Prescription prescribed in one practice and dispensed in another	76
Reglaze - issue with consumer's own frame	30
Unknown	2
Customer Care	438
After care	10
Alleged inappropriate selling	42
Attitude	73
Complaint handling	71
Consumer change of mind	22
Delay in supply	73
Dispensing optician customer care	1
Excluded from store	11
Failure to deal with concerns/complaint	34
Laser surgery - complaint handling	4
NHS voucher query	34
No prescription provided	26
Non-qualified staff issues	3
Optom customer care	28
Pupillary distance - entitlement	4
Unknown	2
Charges	94
Charges and offer	93

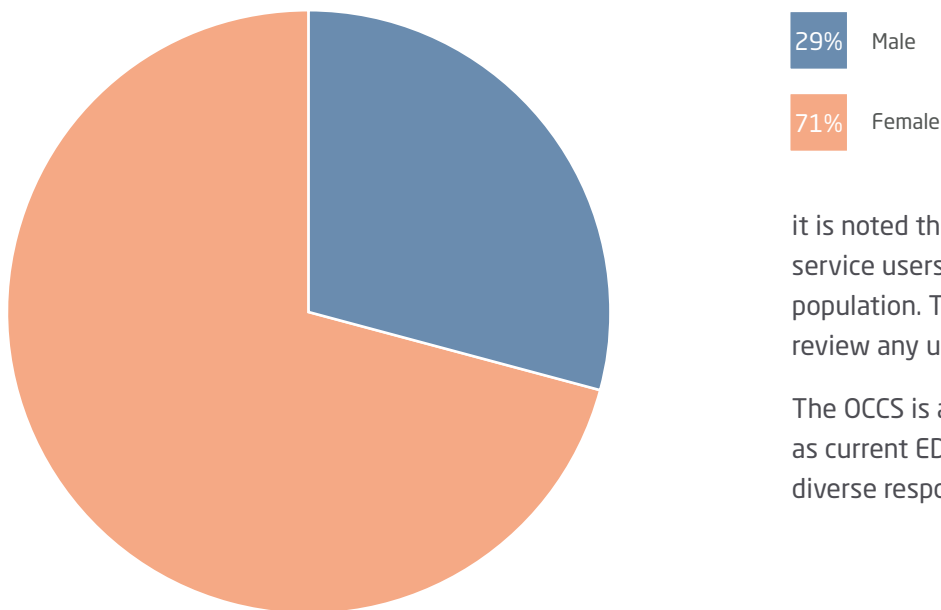
Unknown	1
Product	139
Contact lenses	4
Product - frames	90
Product - lens coating	28
Product - lenses	17
Other	125
Miscellaneous	110
Practitioner query	14
Prescription - content	1
Practice Advice	98
Unknown	98
Unknown	5
Unknown	5
Grand Total	1611

Appendix 2: EDI Data

Consumer - Age of Consumers Contacting OCCS



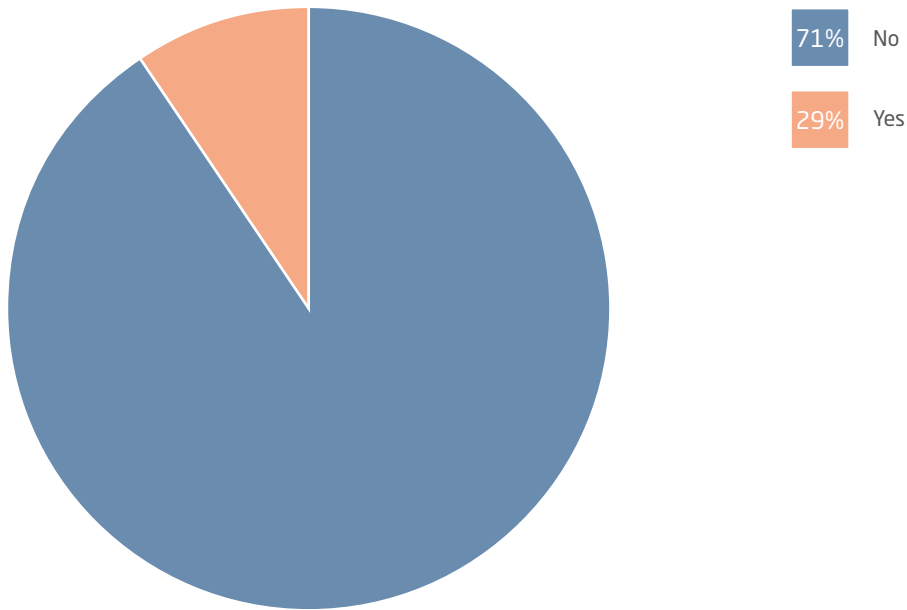
Gender (%)



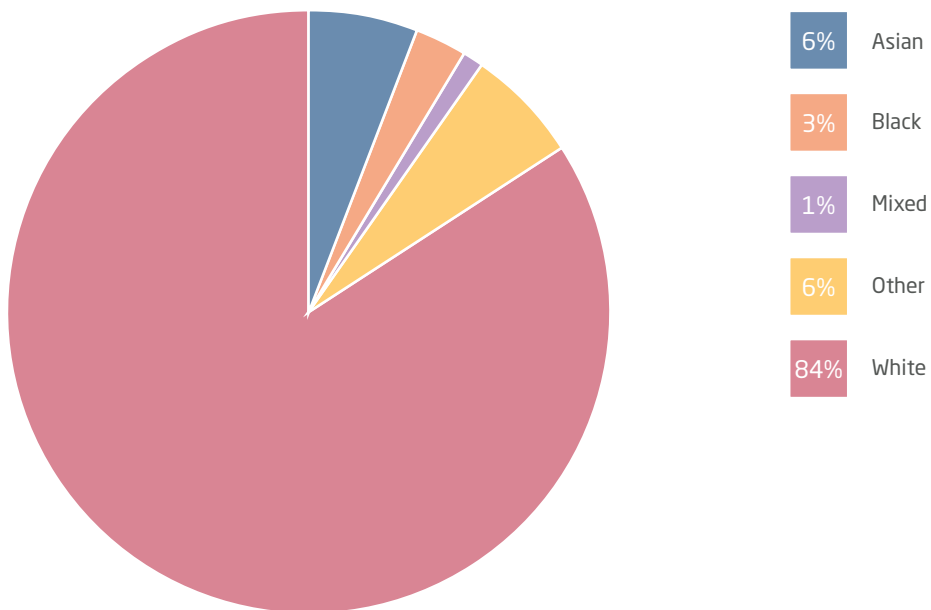
it is noted that the gender balance in OCCS service users does not reflect the general population. The OCCS will monitor and further review any underlying reason.

The OCCS is also revising the categorisations as current EDI capture needs to recognise more diverse responses and identification.

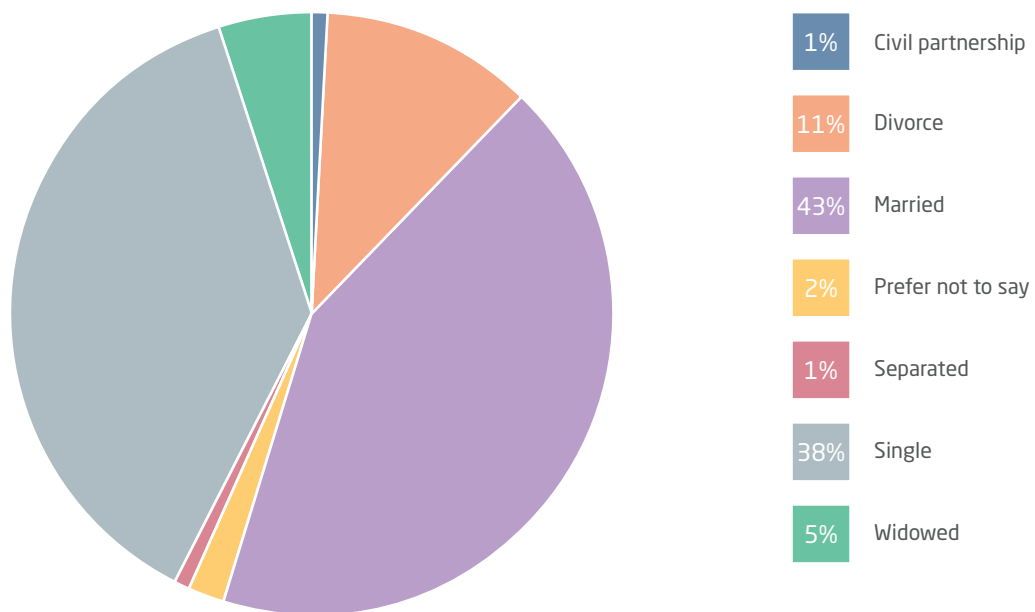
Consider Themselves to Have a Disability



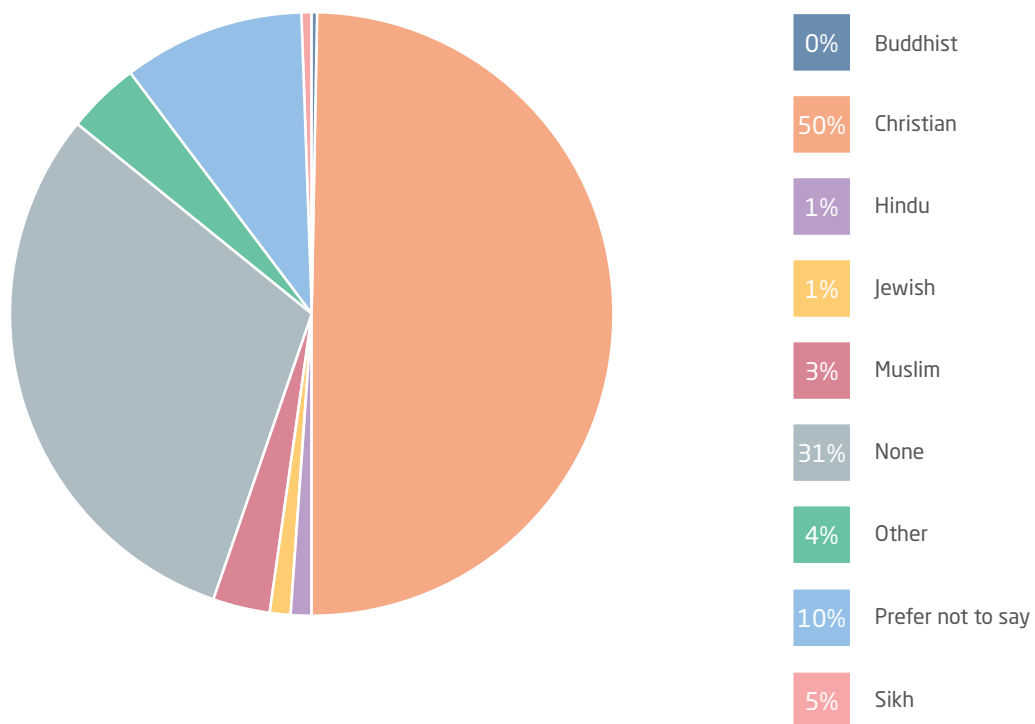
Ethnicity (Consumer)



Marital Status (Consumer)



Religion (Consumer)



Quality Assurance Handbook (Optometry): temporary changes to standards and requirements in light of Covid-19

Meeting: 15 July 2020

Status: For decision

Lead responsibility: Leonie Milliner (Director of Education)

Paper Author(s): Philippa Mann (Head of Education), Richard Calver (Approval and Quality Assurance Officer)

Purpose

1. To consider proposed temporary changes to our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' education standards and requirements from 1 September 2020 for this year's (Autumn 2020) incoming cohort of trainees, in light of a proposal from the College of Optometrists (College) to make temporary arrangements to its Scheme for Registration (SfR).

Recommendations

2. Council is asked to:
 - **consider** five proposed temporary changes (four outlined in the table below and one in paragraphs 21- 22) to our education standards and requirements contained in our Quality Assurance Handbook for this year's (Autumn 2020) incoming cohort only;
 - **note** that we intend to run a short, targeted consultation on the proposals and/or temporary changes;
 - **delegate** approval of any temporary changes to the education standards and requirements contained in our Quality Assurance Handbook for this year's (Autumn 2020) incoming cohort only to the Director of Education, depending on the outcome of consultation.
3. The proposals submitted by the College have been considered in accordance with our normal A&QA processes and this paper includes a summary of the Education Visitor Panel's recommendation to the Executive and Advisory Committee reviews as to whether we are assured that the changes proposed adequately protect patients and the public.

Strategic objective

4. This work contributes towards the achievement of the following strategic objective: delivering world class regulation. This work was not included in our 2020/21 Business Plan but has arisen because of Covid-19.

Background

5. This is a new matter for Council's consideration.
6. GOC is responsible for protecting the public by setting education standards and core competencies and approving and quality assuring qualifications which meet our standards and core competencies. This matter is in relation to our standards for Optometry as set out in our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' (2015).
7. The proposed temporary changes outlined in this paper have been prompted by a proposal from the College of Optometrists about their Scheme for Registration (for the Autumn 2020 cohort only). It is important to understand that if the proposed temporary relaxation of the standards/requirements to our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' (2015) are agreed, they will be applicable to all registrable qualifications, as well as the College's Scheme for Registration. Please see further information in the risks section below.
8. Whilst we are exploring some of these concepts (such as the concept of removing numerical requirements for students' patient episodes) as part of the Education Strategic Review, it is important to note that firstly, the ESR reforms present a series of proposed changes – not an isolated single change – and secondly, we are still due to consult on our proposals and draft deliverables. We cannot therefore make any decision on the basis of what *might* be approved in future.
9. The focus must be on whether the changes, albeit temporary, would meet our current requirements, and if any changes to our requirements would reduce our confidence in the students' ability to practise safely and enter our fully qualified register or produce any other significant adverse impact. We need to also ensure that public confidence is maintained.

Terminology clarification

10. For optometry, the GOC set 2 'stages' of requirements (made up of core competencies and patient episodes) – GOC stage one requirements are completed in the undergraduate part of a qualification, and the GOC stage two requirements are completed in the 'pre-registration period'. The College runs its Scheme for Registration and uses the terminology of 'stages' as well, although this is its own division of the GOC stage 2 requirements only.
11. The proposals in this paper which are related to the College relate to the GOC stage 2 requirements only; whereas the proposals in paragraphs 21-24 relate to undergraduate education and thus GOC stage 1 requirements only.

Analysis

Impact of Covid-19 on the Education sector

12. The continuing impact of Covid-19 on education and training, as well as the optical workforce, is wide and, as yet, of uncertain duration. Whilst many education providers have successfully moved to online / remote teaching delivery and assessment, deferring or trailing some of the GOC requirements (particularly core competencies and patient episodes), these were only intended to be temporary changes until 'normality' returned. It is clear however, that the sector will have to make further and potentially more permanent changes in order to deliver education and training which adequately prepares students for practice and meets our standards.
13. Key areas that are particularly affected for education and training are:
 - teaching and assessment of clinical skills –moving primarily to remote methods, although some skills still require a physical demonstration and assessment;
 - availability, nature and volume of placement provision (and the delivery of eye care services) is at present uncertain;
 - unpredictable student numbers, due to potential unreliability of A-level predictions/calculations and the impact of Covid-19 on home, EU and international student recruitment;
 - instability in the further and higher education sector, due to financial impacts; and
 - students' wellbeing and the impact of Covid-19 on their education and training, 'rights of passage' and progression, including into pre-registration placements.

Proposals to temporarily amend our Education requirements

14. On 8 June we received a proposal from the College of Optometrists which included a request to temporarily modify our education standards/requirements contained within our Accreditation and Quality Assurance Handbook 'Routes to Registration in Optometry' (2015). Having reviewed the College's proposals, including review by our EVPs and Advisory Panel, this paper outlines those temporary changes which require amendment to our standards/requirements (contained in our Quality Assurance Handbook) for Council's consideration.
15. Normally, for significant changes to our standards/ requirements, we would over many months undertake extensive consultation and impact analysis, inviting the views of all stakeholders, including members of the public, before presenting such changes for Council's approval. However, like other regulators, we recognise that these are exceptional circumstances and in order to be responsive to the needs of the sector, we have to apply a level of flexibility to our processes, while critically, prioritising public safety and maintaining public confidence.
16. We have so far:
 - sought the advice of our Education Visitor Panel (EVP) about each of the College's proposals;

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- identified which proposals would require Council approval (and, in normal circumstances, consultation);
- considered the timeframes we are working in and the best way to seek feedback in order to inform a decision by the Director of Education under the delegated powers we seek through this paper; and
- sought advice from our Advisory Panel on the Accreditation and Quality Assurance Handbook requirements which may need to be temporarily relaxed (applicable to the College’s SfR and all other registrable optometry qualifications) from 1 September 2020 for this year’s (Autumn 2020) incoming cohort of trainees only.

17. The following table describes each of the Accreditation and Quality Assurance Handbook requirements, the specifics of the proposal for temporarily relaxation, the rationale for change (informed by the College’s proposal submitted to us on 8 June and a further updated proposal submitted on 1 July), along with EVP and Advisory Panel feedback.

Concept 1 – Patient Episodes	
1a. Current GOC requirements	<p>Our Optometry handbook states: “The provider must demonstrate that each student has achieved the appropriate range and number of patient episodes under close supervision to ensure competence in practice and skills to enable the award of the certificate of clinical competence at Stage 1 and Stage 2.</p> <p>“On completion of the period of supervised practice-based training, the student must demonstrate achievement of the total number of refractions, dispenses and contact lens patients to the provider. The <i>minimum</i> patient numbers required for GOC Registration: Refractive examinations: 350 Dispenses: 200 Contact Lens Patients: 30</p> <p>“Patient experience must be recorded in a reflective portfolio with each activity certified by the supervisor and returned to the provider. The completed portfolio must be validated by the provider responsible for overseeing the period of practice-based experience.</p> <p>“If difficulty occurs in enabling the student to achieve the required patient experience, it is the responsibility of the supervisor to make alternative arrangements, such as an external placement, to ensure the student has access to the required number and range of patients.”</p> <p>“If an exceptional circumstance leads to a variation below the minimum number of patient episodes, the provider must notify the GOC Education Committee of the proposed alternative learning experience offered to the student to enable achievement of the</p>

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	appropriate learning outcome. The Committee will determine if the proposal meets the Handbook requirements.”
1b. Proposal	<p>To reduce the specified amount of patient episodes that a student must complete. The proposal is to replace the current GOC requirements with a broader range of patient encounters and reduce the total number of required patient numbers.</p> <p>An example of what may be considered is described in the supporting documents: The College of Optometrists, <i>Scheme for Registration temporary changes in the context of Covid-19: Further information on proposals for delivery of the Scheme in 2020/21</i>, Section 1, paragraphs 1-9 and Appendix I</p>
1c. Change rationale	<p>The rationale for reviewing the number of patient episodes is:</p> <ul style="list-style-type: none"> i. There has been a significant impact on placements due to Covid-19, causing a bottleneck as students’ progression has been delayed. ii. Restrictions due to Covid-19 have led to patient appointments being limited, hindering students’ access to patient experience. iii. It is within the public interest to support students to progress through their education and training so that there is not a workforce gap – although the extent of the gap is unknown.
1d. Additional Information	<p>There are no ongoing concerns regarding this requirement as the SfR currently meets GOC standards in this area. There have also been no notifications of relevant reportable events/ changes with regards to the patient episodes. The only potential issue identified through AMR is student progression within the Scheme for Registration. There are concerns regarding first time pass rate and general progression through the Scheme, although the complexity of this data makes it difficult to draw any conclusions.</p> <p>The College are extending their 2 years 3 months limit to complete the Scheme and will keep this under review.</p>
1e. EVP Feedback	<p>Patient episodes allow trainees the repeated and consolidated practice they require in order to be successful in their assessments.</p> <p>The panel supported the innovative approach to ensuring a broad range of clinical experience but remained concerned about the large reduction in patient numbers. The GOC requires trainees to undertake 350 refractive examinations, 200 dispenses and to see 30 contact lens patients. This is a total of 580 episodes, which the College proposes to replace with 250 mandatory patient encounters. The panel’s view is that the College’s proposed reduction is too great to allow trainees the repeated and consolidated practice they require. The panel’s expectation is that trainees should be able to accrue more encounters than the College proposes, in order to be successful in their assessments.</p> <p>The panel recognised the current unpredictable situation due to the global pandemic and suggested instead that a small reduction may be more acceptable as long as the breadth of experience is retained; and</p>

	<p>specific episodes are completed (such as new fits for contact lenses and delivering bad news, for example).</p> <p>The panel therefore recommend rejecting the College’s current proposal and will meet with the College on 8 July to discuss the matter, the outcome of which will be fed back to Council.</p>
<p>1f. Advisory Panel feedback</p>	<p>The Advisory Panel were mainly in agreement to reject this proposal, recognising that although changes need to be made to the Scheme for Registration due to Covid-19 (a view particularly held by those working in practice) and that the proposal presented - to switch from a requirement for a trainee to complete a number of sight tests/aftercares etc. to having to complete a number of patient encounters - was pragmatic.</p> <p>However, most believed that the proposed reduction in the number of patient episodes/encounters was too great and would potentially create a generation of pre-registration Optometrists who lack the experience (gained through repetition and reinforcement) required to become safe newly-qualified Optometrists. If changes were made, it was suggested that a regular review of pass rates would be required and potentially other review mechanisms and contingency planning.</p> <p>Skills, behaviour and knowledge</p> <p>Members of the AP raised concern that as clinical practice allows for the development and enhancement of clinical skills and the application of learnt knowledge, a significant reduction in patient episodes for trainees would reduce their experience and potential confidence. Clinical practice provides a range of examples of the same disease/issue, as conditions do not always display ‘textbook’ signs. As similar conditions can have a variety of presentations in different patients, this experience is invaluable in building clinical competency. Replacing numerical requirements with a list of patient encounters would reduce the number of patient clinical assessments and this would impact on clinical skills and the ability of the new registrants to interpret their clinical findings. A company representative, who was in support of the encounter approach, suggested that it may be possible that by the end of the training period students will not have not carried out full sight tests / aftercares etc. and may mean that they are not as well equipped to join the workforce as previous cohorts (despite demonstrating competency in individual elements).</p> <p>In addition, these students are likely to have had a reduced number of patients whilst in their final year at university, which would provide even less experience.</p> <p>‘Race to complete’</p> <p>There was some concern that such a reduction in patient episodes would create a ‘race to complete’ the ‘encounters’ and the suggestion</p>

	<p>of potentially the College setting a minimum (pro-rata) duration of the Scheme for Registration was made.</p> <p>Other factors of concern were identified which may impact on the delivery of the Scheme for registration:</p> <p>Remote care With regards to episodes/encounters for remote care for optometry, there were mixed views.</p> <p>Most responded to say that they or their business/organisation tried to provide essential and urgent care via remote care but found that it was limited in when it could be employed, concluding that remote care did not work for symptomatic patients, but that there was a place for it with low risk asymptomatic contact lens wearers and patients having concerns with their new spectacles.</p> <p>There was a view that remote consultation within Optometry/Ophthalmology has not been researched and/or audited to ensure clinical practice is evidence based. There is potentially an insurance issue if patients/parents assessed the vision at home and advice/treatment was provided by clinicians based on the self-assessment of vision.</p> <p>And whilst it was recognised that teleconsultation skills are extremely important, it was felt unlikely that they should be a significant factor in assessment for clinical practice.</p> <p>Public safety</p> <p>Significantly reducing the numbers may also have an impact on patient safety though lack of experience during the training period and on future fitness to practise hearings for registrants who went through the scheme at this time.</p> <p>At a time where good practice is to limit contact time with the patient, it must be noted that students naturally take longer with patients; this would increase the risk because it would increase the chair time for the patient and pre-registration student, and as they are supervised another practitioner would be involved too.</p>
<p>1g. Potential impacts</p>	<p>Financial impacts –</p> <ul style="list-style-type: none"> i. For students and employers– a reduction in patient episodes could lead to a higher probability of students being less prepared, and therefore fewer students passing their SfR assessments. This may result in students or their employers incurring further costs in relation to re-sit fees and additional time spent in pre-registration. Conversely, a reduction in patient episodes may allow students to complete their training earlier, which may open further career opportunities and reduce the supervision burden. ii. For the College – unknown and not mentioned in the submission. iii. For patients – no financial impacts.

	<p>Equality impacts:</p> <p>iv. A reduction in patient episodes may reduce exposure to patients with specific needs, which could negatively impact upon future safe patient care.</p> <p>vi. Some students with disabilities may require additional patient episodes over and above the minimum proposed by the College in order to be sufficiently confident to take the final exam. The GOC should make it clear that we set minimum patient episodes and acquisition of additional safe patient episodes are still allowed.</p> <p>Political / devolved nations:</p> <p>vii. Covid-19 has impacted the devolved nations differently and the reduction of patient episodes requirement is likely to produce different impacts across the nations.</p> <p>Public safety and confidence:</p> <p>viii. A reduction in patient episodes might potentially reduce public and professional confidence in our education and training requirements if perceived as a ‘reduction’ from current requirements. Public safety and confidence could still be maintained through assurance of the rigour of the final assessments – although it could be argued that it is experience coupled with quality training and support which makes a good practitioner, not solely passing assessments.</p> <p>ix It must be noted that the ‘workforce gap’ is as yet unknown, which may increase/reduce the need to radically change the required patient episodes.</p>
<p>1h. Executive Recommendation</p>	<p>Whilst recognising the need for flexibility at this time, we have concerns regarding the current proposal. With Council’s support we will continue discussions with the College and the University of Manchester to consider any alternative proposals that are presented.</p> <p>In order to speed up the process of changing our requirements, we also intend to run a short consultation on the key principles in order that we can support the development of an alternative proposal.</p>

<p>Concept 2 – Supervision</p>	
<p>2a. Current GOC requirements</p>	<p>“Those responsible for the assessment and signing off of core competencies must be suitably qualified and have the appropriate skills, experience and training required to undertake assessment”.</p> <p>GOC supervision policy:</p> <p>“We define ‘adequate supervision’ as provided by a registrant who:</p> <ul style="list-style-type: none"> • is sufficiently qualified and experienced to themselves undertake the functions they are supervising; • is not only on the premises but in a position to oversee the work undertaken and to intervene if necessary, in order to ensure protection of the patient; • must retain clinical responsibility for the patient;

	<ul style="list-style-type: none"> • must ensure that no untoward consequences to the detriment of the patient can arise from the actions of a person who is being supervised; • must ensure compliance with all legal requirements governing the activity.” <p>‘Additional requirements for supervision of trainees undertaking practice-based learning’</p> <p>Trainees undertaking practice-based learning must practise under the supervision of an appropriately qualified, registered and approved supervisor.</p> <p>To supervise you must:</p> <ul style="list-style-type: none"> • Have at least two years’ recent and relevant post qualification practical experience; • Have maintained a minimum of two years’ continuous GOC registration; • Comply with the GOC code of conduct in your professional practice; • Ensure that your students are registered with the GOC; • Meet the approval criteria of Providers; • Provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and be able to intervene as necessary; • Support, observe and mentor; • Provide a sufficient and suitable learning environment; • Ensure the student has access to the appropriate equipment to meet the requirements of the Route to Registration; • Be familiar with the assessment requirements, guidelines and regulations of the Route to Registration; • Ensure that when the student is in professional contact with patients they are clearly identified as a trainee under supervision and that the identity of the supervisor is also made clear to the patient. <p>In the handbooks, Appendix I (the supervision policy) is referred to on several occasions:</p> <p>“Any clinical activity or element of practice-based learning must be carried out under the supervision of a GOC registered and approved supervisor that meets the requirements outlined in Appendix I”</p> <p>“Patient experience must be adequately supervised and comply with GOC standards of ‘adequate supervision’ outlined in Appendix I”.</p>
<p>2b. Proposal</p>	<p>To change the GOC supervision policy to enable supervision to be undertaken by other members of staff.</p> <p>An explanation of what may be considered is described in the supporting documents: The College of Optometrists, <i>Scheme for Registration temporary changes in the context of Covid-19: Further information on proposals for delivery of the Scheme in 2020/21.</i></p>

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<p>2c. Change rationale</p>	<p>The rationale is to:</p> <p>i. Increase the workforce’s supervision capacity to enable more students to be supervised in different work patterns (such as part-time working) and potentially in more work environments.</p>
<p>2d. Additional Information</p>	<p>There are existing concerns regarding this requirement as the College of Optometrists’ Scheme for Registration currently does not meet the GOC’s requirements for supervision – namely the GOC’s requirement for a supervisor to have a minimum of 2 years’ post registration experience. The College have a GOC condition to ensure their supervision policy is in line with our standards by June 2021.</p> <p>Supervision is also set out in our Standards for Registrants.</p>
<p>2e. EVP Feedback</p>	<p>The panel understood the need to modify supervisory arrangements and recommended that the GOC consults its legal team to verify how supervision may be made more flexible, whilst ensuring that supervision is still in line with the provisions of the Opticians Act. For example, identifying the circumstances that it is acceptable for other registered healthcare professionals to supervise certain aspects of a GOC student registrant’s role (importantly, this would not include the functions restricted by the Opticians Act – e.g. sight testing, fitting contact lenses and dispensing for users aged under 16 or sight impaired – which must be supervised by a GOC-registrant)</p> <p>Subject to the legal advice, the panel recommends that the GOC supervision policy is changed in order to enable the proposed changes to be adopted. Before doing so, further clarity is required:</p> <ul style="list-style-type: none"> • The provider must confirm which professionals will be the other members of the supervisory team; the panel recommended that they must be registered healthcare practitioners (e.g. orthoptists, nurses) and not unregistered staff and have held two years’ continuous registration on their own professional register. • The range of tests supervisors can supervise must be clearly defined as scopes of practice vary between different professions. • The provider must support this with a suitable communications plan (i.e. roll out) • The provider must ensure the remainder of GOC policy is met, including the training and support to these supervisors • The provider must clarify if the non-GOC supervisors are allowed to sign off competencies and/or safe patient episodes, and who bears responsibility for each sign off. <p>These additional points will be discussed at our meeting with the College on 8 July and be presented for targeted consultation.</p>

<p>2f. Advisory Panel feedback</p>	<p>The Advisory Panel agreed that supervision requires flexibility in the current circumstances, and subject to legal advice, that clarification regarding the specifics would be required, although the basic principles were acceptable.</p> <p>There was broad support for other supervisors from other professional backgrounds as long as the supervisor is competent in the area they are supervising (for example, a registered DO would be appropriate for supervising a dispense but not for supervising the examination of a patient). However, there were questions raised regarding implementation and who would be responsible for determining the supervisor was suitable – which needs to be clarified.</p> <p>Further rationale included that, due to Covid-19, i time constraints, trainees will not be able to spend enough face to face time with a single patient to complete an entire sight test and will instead need to gain competence in the components that make up a sight test/aftercare etc. This will mean that rather than a pre-reg having their own clinic they will spend their time dipping in and out of other optometrist's clinics and gaining experience by performing and observing specific elements of the sight test. This is why the more flexible approach in relation to supervision is so important allowing the optometrist whose clinic the pre-reg is dipping into that day to act as their supervisor for that particular encounter. This may also have an impact on patient safety due to increased contacts (see below impact).</p> <p>For sign off of competencies, it was felt that the nominated Supervisor(s) should still have ultimate 'sign off' accountability, with demonstrable use of evidence-based proof.</p> <p>It was stressed that the supervision rules should apply to both DOs and Optometrists.</p> <p>Some members commented on supervisory rules that are in place set by ABDO or the College– such as a limit on the number of students a supervisor can supervise. These policies are a matter for these organisations, not GOC; the GOC's supervision policy (and standards) are the regulatory requirements. It was suggested that the GOC could explore setting out the principles of 'emergency supervision'.</p> <p>A further impact was identified - if 'registered healthcare practitioners' are permitted to be supervisors, this will have implications on non-EU applicants to the register as this would negate the current period of supervised time under a GOC registrant. This will need to be carefully considered.</p>
<p>2g. Legal advice</p>	<ul style="list-style-type: none"> • Registered medical practitioners can also undertake clinical functions that the Opticians Act restricts to Optometrists and DOs • It would be legally appropriate for other clinicians to supervise functions which are within their own scope of practice (and are

	<p>not legally restricted to Optometrists / DOs/ Registered Medical Practitioners).</p> <p>The provider would have to demonstrate how they can be satisfied that their supervisor arrangements and their assessment and sign off of core competencies is in line with our standards.</p>
<p>2h. Potential impacts</p>	<p>Financial impacts –</p> <ul style="list-style-type: none"> i. For students and employers– enlarging the pool of potential supervisors to enable others in the workplace to supervise trainees may increase the volume and range of placements available, possibly reducing any ‘bottlenecks’ in provision and ‘workforce gaps.’ ii. For the College – unknown and not mentioned in the submission. iii. For patients – no financial impacts. <p>Equality impacts:</p> <ul style="list-style-type: none"> iv. An increase in types of supervisors may mean that placements where trainees may gain experience can be increased, which could positively increase exposure to patients with specific needs. <p>Political / devolved nations:</p> <ul style="list-style-type: none"> v. This change would apply to all of the UK. <p>Public safety and confidence:</p> <ul style="list-style-type: none"> vi. It would be very important that scope of the supervision is defined for non GOC-registrants. Would they sign off competencies or just confirm that a patient episode is safe, for example? vii. Providers may struggle to meet the wider requirements of approving supervisors and ensuring quality supervision, for example. Approving this could inadvertently make it much more difficult for providers to meet other GOC requirements, which creates risk. viii. It is important to be clear to what extent is supervision being delegated to someone else and to what extent it remains with the confirmed supervisor. viii: An Advisory Panel member raised serious concerns about how it will be possible to supervise a student without increasing contact time of the patient to the professionals and that it could be considered in the public interest to postpone the Scheme further. <p>Education impacts</p> <ul style="list-style-type: none"> ix. This could increase the opportunity for multi- and inter-disciplinary working and learning. x. If the supervisors are to sign off competencies, they may need additional skills, as this is an additional responsibility. xi: If we temporarily change our supervision policy, there could be implications for non-UK applicants which will need to be considered carefully

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Executive Recommendation	We are minded to agree this proposal, subject to receipt of sufficient further information and assurance from the College about the specific arrangements and a short, targeted consultation. We would then update our Covid-19 Education statement with any temporary amendments to our Supervision policy.
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Concept 3 – ‘Ability to do’ assessment	
3a. Current GOC requirements	An ability to do competency must be evidenced by a practical demonstration of the specified skill assessed by an approved assessor.
3b. Proposal and rationale	Whilst no wording change is required, we have broadened our traditional definition of ‘practical’ to allow some flexibility to both this year’s cohort and to the forthcoming (2020) cohort only, although a demonstration of the competency is still required.
3c. EVP feedback	This concept stemmed from the discussion with the Panel.
3d. Advisory Panel	The Advisory Panel was asked to note this interpretation of the GOC requirements. Overall there was broad support for this, as long as the use of direct observation is retained where needed.
3e. Recommendation	Council is asked to note this policy interpretation.

Concept 4 – 2-year validity of certificate of clinical competence (stage 1)	
4a Current GOC requirements	The Stage One Certificate of Clinical Competence is valid for two years from either the date of graduation or the date of last period of supervised practice.
4b Change rationale and proposal	The College decided to postpone opening enrolment to the Scheme for Registration from July 2020 to September 2020. The unintended consequence of this has been that for students who graduated in 2018 and have not yet enrolled on the Scheme for Registration their stage one certificate of clinical competence is due to expire before the College re-opens enrollment to its Scheme for Registration.
4c. Potential impacts	<p>Financial impacts –</p> <ul style="list-style-type: none"> i. For students – this would reduce the financial implications of Covid-19 on students who were unable to enrol on the Scheme for Registration ii. For the College – this would enable more students to enrol on the SfR iii. For patients – no financial impacts. <p>Equality impacts:</p> <ul style="list-style-type: none"> iv. This could be helpful for students whose delays or decision to delay enrolment onto the SfR was for reasons such as maternity, carer responsibilities, for example.

	<p>Political / devolved nations: v. This change would apply to all of the UK.</p> <p>Public safety and confidence: vi. Students would be practising under supervision in the Scheme for Registration so safety risks to the public would be managed as per usual. vii. Public confidence would be unaffected.</p> <p>Education impacts: viii. Currency of knowledge could be affected, however it is possible that the student could access more support with the College.</p> <p>Future impacts: ix. If Covid-19 continues to affect placements, it would be preferable for the College to assess the skills, knowledge and behaviour of those students who were not able to enrol and make the decision whether to accept them on the Scheme for Registration, rather than a GOC requirement which does not recognise other activities that help maintain currency of knowledge.</p>
<p>4d. Advisory Panel feedback</p>	<p>The Advisory Panel recommended that Council grant an extension to the stage 1 certificate of clinical competence for those who graduated in 2018 to be extended until December 2020.</p> <p>The Advisory Panel was also asked to comment on the idea of permanently removing the GOC policy which stipulates that the certificate of stage 1 clinical competence is valid for 2 years, in its entirety, and instead replacing it with the expectation that the College’s Scheme for Registration and all other registrable optometry qualifications will recognise prior learning as part of its enrollment process. A number of AP members supported this approach.</p>
<p>4e. Recommendation</p>	<p>In order to minimise the impact for these students, we are minded to approve– as a temporary arrangement – for the students who graduated in summer 2018 and were planning to enroll on the Scheme for Registration this summer, an extension on the validity of their Stage one certificate of clinical competence until December 2020.</p> <p>We would encourage all students in this position to contact the College of Optometrists to enquire about the support that can be made available to them for any lapse in currency of knowledge that may have occurred within the extended six months.</p>

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	<p>As broad support was achieved, it is recommended that Executive pursue the option of permanently removing the validity time limit entirely to enable the College to utilise its RPL policy (which must be in line with the GOC RPL policy). This would be more appropriate for the current education and training pathways and removes GOC interference in College's SfR enrolment process.</p> <p>Given other pressures, we propose this should be explored once the new scheme year has opened, with the intention of taking a decision in advance of the certificates expiring for those who graduated in 2019.</p>
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Other matters

18. On 3 July, we received a proposal by the Optometry Schools Council (OSC) regarding the achievement of GOC stage 1 core competencies for the next academic year (2020/21) with a request for an outcome within 2 weeks (by 20th July) to aid planning for the forthcoming academic year. This is currently being triaged by our team. The proposals are to:
 - a. maintain the number of all GOC-stage one patient episodes; but
 - b. seek GOC's flexibility in alternative activities for gaining the 'patient episode' experience (for example, through increased use of simulation and a relaxation of the requirement for a real patient) and a relaxation of the student: patient ratios for the episodes.
19. These proposals will also require consideration of temporary changes to our Quality Assurance Handbooks standards/requirements. Given the exceptional circumstances and time pressures, we propose to truncate our usual process and seek the advice of the Advisory Panel and the Education Visitor Panel at the same time, and include their feedback within a targeted consultation. The targeted consultation will focus on whether the suggested approach is proportionate and safe, and ask for views on any parameters that need to be put in place to safeguard the temporary changes. We ask Council to delegate sign off to the Director of Education.
20. We have received a separate proposal from one education provider on this which proposes an alternative way of achieving clinical experience. In order to provide a level of consistency in the sector, we will seek to encourage them to respond to our consultation and engage with the OSC, and we will ask our EVPs to review the proposal alongside that of the OSC.
21. Importantly, there are optometry providers who are not part of the OSC who must be included in the consultation.

Finance

22. We propose to run the targeted consultation ourselves and within our education budget.
23. With regards to the College's proposal, the financial impacts were not included. We have outlined above the financial impacts that we have identified.

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Risks

24. The key materialised risk (now issue) from the Covid-19 emergency is explained in more detail above. In summary, Covid-19 is having profound effects on the sector, limiting the capacity of placements to accommodate as many pre-registration students and there is significant uncertainty.
25. The risk of making changes that undermine public safety or confidence in the professions is mitigated through applying the same rigour in assessing potential changes, albeit over a shorter time frame. The College have put together proposals much more quickly than they would normally do so, but we only received sufficient detail on 8 June to enable us to put them to our Education Visitor Panel and were still receiving changes to those proposals as late as 1 July.
26. In order to seek a swift turn around and bring clarity for students, we have truncated our processes. We have also met with the College on numerous occasions, most recently on 8 July 2020, to go through the remainder of their proposals. Whilst timeliness is a critical factor, it is equally important that the decisions that we make are proportionate, well-considered and safe.
27. There is a risk that even moving as quickly as we are, the time taken will have a detrimental impact on the provision of placements and thus students. We are mitigating this as far as we are able by ensuring that others are kept informed of our progress and commitment to making decisions as soon as we can safely do so.
28. There is a further risk that changes designed to support the College have a detrimental impact on the University of Manchester (regarding its registrable degree). We are encouraging the two organisations to work together on their proposals and are aware that the University of Manchester has contacted the College to arrange a meeting. We have indicated that we would be happy to attend, if invited. If this does not materialise, the risk will be mitigated through our targeted consultation following the Council's discussions and consideration of any further information.

Equality Impacts

29. The equality considerations are considered within the paper above.

Devolved nations

30. Our Education standards are relevant to all nations.

Communications

31. We will update our Covid-19 Education statement as appropriate and develop a communications plan as required.

Next steps

32. To ensure that the public and the profession retains its confidence in our standards and the students who are entering our register, it is important that we provide an opportunity to understand any other impacts which we have not identified. As such we propose a short consultation to hear views on the principles of these changes. This would also mitigate the risk that the University of Manchester's registrable degree and the providers who are not members of the OSC and might otherwise be left out of discussion regarding the proposed relaxations.

COUNCIL

GOC annual report and financial statements for the year ended 31 March 2020

Meeting: 15 July 2020

Status: for decision

Lead responsibility & paper author: Yeslin Gearty (Director of Resources - interim)

Purpose

1. The purpose of the paper is to present to Council the 2019-20 GOC annual report and financial statements for approval.

Recommendations

2. Council are asked to:
 - 2.1. **note** and **agree** with the Audit Risk and Finance Committee (ARC) recommendation that when taken as a whole, the annual report for the year ended 31 March 2020 is fair, balanced and understandable and provides the necessary information to assess performance during 2019-20;
 - 2.2. **consider** and **approve** the annual report and financial statements for the year ended 31 March 2020 (annex one);
 - 2.3. NomCo and RemCo members **consider** and **approve** the statement in the annual report about their membership, role and remit for the preceding year;
 - 2.4. **delegate authority** to the Chair to finalise the report taking into account comments made by Council, before submission to the Privy Council;
 - 2.5. **delegate authority** to the Chair to sign the Letter of Representation at (annex two) and
 - 2.6. **note** the GOC Senior Management Letter of Representation (annex three).

Strategic Objective

3. We produce an annual report in compliance with Section 32A(2) of the Opticians Act 1989 (as amended), which requires us to include information in our Annual Report regarding the arrangements to ensure adherence to good practice regarding equality and diversity and to publish an FTP annual report. As a charity registered with the Charity Commission, we must comply with the Charities Act 2011 and other relevant charities legislation, and the provisions of our constitution as a charity.
4. The production of an annual report is part of the 2020-12 Business Plan, specifically, managing the production of our annual report to openly and transparently account for our performance.
5. The decision to approve the annual report rests with Council.

Risks

6. There is a risk that the Annual Report does not comply with relevant statutory/legal obligations. To ensure this risk remains low, we have ensured the 2019-20 annual report complies all SORP requirements and reflects good practice expectations in annual reporting. As part of their review, haysmacintyre, as the GOC's external auditors, will provide assurance to the GOC on SORP compliance issues.

Background

7. In accordance with our legislation, our annual report and financial statements ("the annual report") are laid before Parliament. The Privy Council formally lay the report on behalf of the GOC.
8. Council is presented with the annual report in public session, which is in line with good practice. However, the report is not to be made public as part of the papers for the meeting due to parliamentary requirements not to put the report into the public domain before it has been formally considered by Parliament.
9. As in previous years, we have included a number of best practice requirements as stated in the UK Corporate Governance Code, such as an explanation of the work of Council's committees, attendance of Council members, the independence of the external auditors and the role of the Senior Council Member.
10. In preparing the Trustees Report we have also complied with the duty in section four 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.

The role of the ARC in the production of the annual report

11. The ARC is required to *'advise Council on the accounts/financial statements and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, the level of error identified, accounting policies and managements letter of representation to the external auditors and advise whether the financial statements are fair, balanced and understandable to assess performance.'*
12. ARC considered and agreed to recommend the draft annual report and financial statements at its meeting on 24 June 2020, subject to minor amendments including:
 - 12.1. adding further detail in the Reserves Policy section, which is now completed,
 - 12.2. questioning whether the Our Risks section fully articulated our approach to risk management and was GOC specific enough, which on reflection we feel includes sufficient detail; and

12.3. reviewing and updating the categories of Table five in the FTP report. The executive note and agree with ARC's comments and can immediately delete a number of rows that are outdated and no longer in use. A more substantial review will need to take place this year as this will involve making changes to the categorisation built into our CRM system where the data is then pulled from. To seek to amend this at the end of the year will involve returning to all cases identified as 'clinical other' to determine whether they subsequently fall into another category. We will include this work as a priority as part of the update to our improvement programme to ensure that next year's report provides a better representation of the complaint types received.

Analysis

13. Set out below are details of the report broken down into the three constituent sections.

Section 1: Trustees' report ("How we deliver public benefit")

14. The Trustees' Report is a review of the significant activities carried out and delivery against our business plan for 2019-20. It includes an assessment of our performance and explanation of key priorities. It has been structured to address each of the key strategic objectives and to show achievements, performance and plans for the future. It also includes details of our structure, governance and management and a statement of trustees' responsibilities as required by SORP.
15. In line with section 32A(1) of the Opticians Act we have included information regarding the arrangements put in place to ensure Council adheres to good practice regarding equality and diversity. It includes how many corporate complaints and freedom of information requests we have received in line with transparency requirements.
16. The administration section is SORP compliant, as it includes the registered name of the charity, the registration number, the address of the registered office, the names of the trustees on the date that the report was approved, the names of the trustees who served during the year (and new trustees), the name of the Chief Executive and Registrar and any other senior staff to whom day to day management/responsibility is delegated as well as the names and addresses of any other relevant organisations, such as bankers and auditors.

Section 2: Fitness to Practise annual report

17. The section covers complaints received by the GOC in relation to the Fitness to Practise of registrants between 1 April 2019 and 31 March 2020. It includes detail of the possible outcomes of an FTP hearing, and the work of the Registration Appeals Committee and section 29 referrals.

Section 3: Financial review

18. The Financial Review includes the independent auditors' report, the statement of financial activities, the balance sheet, cash flow statement and notes to the financial statements and is fully SORP compliant.

Letters of Representation

19. The Letter of Representation from Haysmacintyre (the external auditors) is attached at **annex two**. This letter needs to be signed on behalf of Council and will be sent to the external auditors with the signed annual report, before being submitted to Privy Council.
20. The GOC Senior Management have submitted a Letter of Representation to Council to provide assurance that the representations stated in annex two have been made on the basis of sufficient enquiry and inspection of supporting documentation. The GOC Senior Management Letter of Representation can be found at **annex three**.

Impacts

21. The production of the annual report (including the external auditors' fee) is included in the 2020-21 budget. There is no impact on reserves for this area of work. We have used existing resources to produce the draft annual report.
22. We are required to publish information in our annual report on how the Council has ensured good practice regarding equality and diversity. We will publish the final annual report on our website and in Welsh once approved by Parliament. We provide a copy to the Welsh Assembly for their information.

Devolved Nations

23. There are no implications in relation to the annual report and the devolved nations.

Communications

24. Once Council has approved the annual report, it will be returned to the external auditors (along with the Letter of Representation) for signing, before being sent to Privy Council, who will oversee the parliamentary approval process. We currently expect this to be in October 2020.
25. Once Parliamentary approval has been obtained we will issue a press release to our registrants and stakeholders and publish the annual report on our website.
26. We will not be printing any hard copies, although printed copies will be available upon request.

Timeline for future work

27. A timetable for future work on the annual report is set out below:

Stage	Timeline
Signatures by Chair / haysmacintyre	July 2020
Welsh translation	September 2020
Laying of annual report and accounts	October 2020
Annual return	October 2020

28. We will submit the report to the Charity Commission once Parliamentary approval has been received.

29. Consistent with our approach in previous years, and in accordance with the advice received previously from the Privy Council, we will not publish the annual report on our website in advance of it being laid before Parliament.

Attachments

- Annex 1: Annual Report and Financial Statements and annual Fitness to Practise report for the year ended 31 March 2020 (**not published**)
- Annex 2: Letter of Representation from the Chair of Council to the external auditors
- Annex 3: Letter of Representation from the GOC Senior Management Team to Council

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MESSAGE FROM THE CHAIR

As we complete the final year of our strategic plan for 2017-20, I am proud of the progress that has been made not only during the past year but also all that we have achieved over the previous three.

In 2019-20, we have continued to make great strides with our Education Strategic Review (ESR), including Council's agreement on four 'steers' to guide the development of an integrated model of education. This review, in conjunction with our Continuing Education Training (CET) Review, will ensure both optical students and professionals are able to meet the changing needs of patients in the future: there are exciting proposals in the pipeline.

As part of the CET Review, we published an evaluation of the 2016-18 CET cycle (which looked at the effectiveness of the current scheme), trends in registrant behaviour and possible future developments, alongside research to help us understand the risks of the professions. These insights have been used to help us shape proposed changes to the scheme. We are looking forward to consulting with our stakeholders in 2020 to finalise our plans.

In October 2019, the new *Standards for Optical Businesses* came into effect. The new standards now appropriately balance responsibilities between individuals and businesses, which will ensure patient safety in a fast-changing landscape including new technology, an ageing population and expanding scopes of practice.

As we do every year, we welcomed the Professional Standards Authority's report on our performance for 2018/19 and I'm pleased to say that we met 22 of the 24 Standards of Good regulation, including all the standards for Education, Registration and Standards.

We closed this year as the COVID-19 pandemic began, which has undoubtedly impacted the way we have had to regulate. 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 carrying out our core regulatory functions to protect the public. I would especially like to thank Lesley Longstone and the newly formed Senior Management Team, all of whom have shown great leadership throughout the year and in recent months.

Other challenges in the sector remain, including growth in online and remote provision, legislative reform, and political and international developments, such as Brexit. However, these challenges present us with opportunities to make positive change and we will be addressing these in our new five-year strategic plan *Fit for the Future* from 2020-25.

As I enter into my last year as GOC Council Chair and the first year our new strategic plan, I want to thank all of our stakeholders who gave us their feedback to help us finalise the plan. I would also like to thank everyone I have worked with throughout my tenure; it has been a most rewarding experience and I have been pleased to play

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such an important role in protecting the public. I look forward to handing over to my successor the ever-continuing task of carrying the organisation's work forward to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

Gareth Hadley
Chair, GOC

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MESSAGE FROM THE CHIEF EXECUTIVE

I would like to start by thanking our Chair for his work and dedication over the past seven years. Gareth's contribution to our Council has been instrumental in moving the GOC forward and with his guidance and support, we have initiated and developed a number of major programmes of work that will transform the future of the optical professions.

One of these is the Education Strategic Review (ESR) and this year was pivotal as Council agreed the framework for developing a new integrated model of education and training. Successful implementation will depend on continued collaboration with the sector, and I would like to thank our Expert Advisory Groups (EAGs) and other stakeholders who have been key in helping us to progress to this point.

Elsewhere in education, we focussed on developing our approval and quality assurance function to be more efficient, risk-based and collaborative. As a result, we reduced the turnaround time of visit reports by 33 percent and saw an over 50 percent decrease in our average response time.

The Continuing Education and Training (CET) Review continued a pace and we developed proposals, which are now out for consultation, for changes to the CET scheme for 2022-24. These changes will make the scheme more flexible and less prescriptive, allowing registrants greater freedom to undertake learning and development that is relevant to their own personal scope of practice. We also made efforts to enhance our CET operations and assist registrants in meeting their requirements and I am pleased to report that 95.25% of registrants had met their annual CET points target by December 2019.

Our support for registrants included the new *Standards for Optical Businesses*, which came into effect in October 2019. We used new, innovate ways to promote them including the launch of a new Standards microsite and our first CET-accredited webinar. We also consulted on draft guidance on disclosing confidential information in response to our registrants needing clarification in this area, particularly with regard to vision and driving. We published the final guidance in February 2020, including a flowchart to aid decision making, which was met with positive feedback.

I echo the Chair's words on welcoming the results of the Professional Standards Authority's (PSA) report for the period 1 January to 30 September 2019 in which we continued to meet 22 of 24 standards including all standards relating to Guidance and Standards, Education and Training, Registration and Fitness to Practise. The standards we did not meet related to our timeliness in Fitness to Practise (FTP) cases and not communicating our decisions to the PSA within a reasonable timeframe. We remain committed to completing cases more quickly and have a full programme that is already showing significant promise.

Our FTP Improvement Programme, including a review of our Acceptance Criteria and enhancements to our triage function, has led to a halving of our open caseload over the past 12 months. We have also seen a significant reduction from 59% in 2018/19 to 39% this year in the proportion of concerns received resulting in a formal FTP

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investigation, with more cases dealt with more appropriately as service level complaints. These are significant shifts that put us in a much healthier place for 2020-21.

In 2019-20 we also consulted on our draft strategic five-year plan 'Fit for the Future' which will come into effect on 1 April 2020. As the Chair has said, our vision is to be recognised for delivering world-class regulation and excellent customer service. This includes revising our Standards for individuals, continuing with our ESR, CET Review and FTP improvement programmes, implementing new legislation, investing in our IT and developing our People and Equality, Diversity and Inclusion (EDI) plan.

We could not have anticipated that as we closed the year, we would be working in such extraordinary circumstances as a result of the COVID-19 pandemic. I'm proud of the way GOC staff have responded to the triple challenge of continuing to exercise our regulatory responsibilities, the overnight shift in ways of working and most importantly the need to support the sector and our registrants in responding to the additional challenges that COVID-19 has brought.

Whilst much is unknown, we remain committed to protecting the public and supporting our registrants so they can continue to provide safe and high-quality eye care to patients. We also look forward to continuing our collaborative work across the sector to ensure that we are indeed "Fit for the Future".

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INTRODUCTION

The trustees present their report on the activities we have undertaken over 2019/20 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2020. 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 2020, there were 32,118 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 2019/20, we implemented an increase across all fee levels, with the exception of students, in line with inflation. In 2019/20 the standard fee was £350, which has been increased to £360 for 2020/21.

Table one: annual registrant fee

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

Table two shows a breakdown of registrants across the UK on 31 March 2020 and compares this with the previous three reporting years. We report separately on the diversity of our registrants and registrants subject to FTP investigations, which is available on our website: [hyperlink – EDI Performance Monitoring Report](#)

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Table two: total number of registrants in each GOC category

	31-3-20	%	31-3-19	%	31-3-18	%
Optometrist	16,670	52%	16,039	51%	15,304	51%
Dispensing optician	7,157	22%	7,032	22%	6,768	22%
Student optometrist	3,934	12%	3,761	12%	3,604	12%
Student dispensing optician	1,510	5%	1,753	6%	1,824	6%
Business registrant	2,847	9%	2,783	9%	2,597	9%
TOTAL	32,118	100%	31,368	100%	30,097	100%

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OUR STRATEGY AND PERFORMANCE

Our strategic plan 2017-20 provided the focus for our work in delivering public benefit. Our objectives for this period of time are summarised in Figure one below.

Figure one: summary of 2017-20 strategic objectives



In 2019/20 we worked on nine projects, grouped under our three strategic objectives. 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.

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PERFORMANCE AGAINST OUR STRATEGIC OBJECTIVES

Education Strategic Review

In March 2016 the GOC launched its Education Strategic Review (ESR), a project that remained a key priority in its 2017-2020 Strategic Plan. The purpose of the review was to ensure that as the optical sector evolves the qualifications approved by the GOC and the standards we set for the education and training of optical professionals are fit for purpose. To enable us to continue to protect the public, newly qualified registrants must have the right knowledge, skills and behaviours to meet patient and service user needs safely in the context of rapid change in the commissioning of eye-care services in each of the four nations.

The evidence supporting the review, the options considered and the case for change is published on the GOC website. This includes the outcome of a public consultation which ran from November 2018 to February 2019.

In July 2019 GOC Council agreed four 'steers' to guide the development of an integrated model of optical education. These required three deliverables:

- *outcomes*, which describe the knowledge, skills and behaviours individuals must have to register as a dispensing optician or an optometrist;
- *standards*, which describe the expected context for the delivery and assessment of the outcomes by an educational provider acting as a single point of accountability (SPA); and
- *assurance*, which describes how we will gather evidence to decide whether qualifications delivered by a SPA meet the outcomes and standards. We will use the standards and outcomes to decide whether to approve a qualification leading to GOC registration.

Successful implementation of the new model of optical education will depend on a number of factors, in particular recognising the importance of a collaborative approach in finding solutions for sufficient funding to support the demands of an integrated model of education and training. Alongside the work of the Expert Advisory Groups (EAGs), tasked with developing the outcomes and standards, the GOC organised a series of roundtables, bringing the sector together to find solutions to issues critical to the successful implementation of the ESR.

Education approval and quality assurance (A&QA) function

This has been another successful year in which we focussed on developing our A&QA function to be more efficient, risk-based and collaborative.

As well as completing all outstanding visits and fully addressing the historical backlog, we:

- completed our first cycle of the revised Annual Monitoring and Reporting (AMR) process, publishing the sector-wide report, which shared our analysis of risks in the sector;

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- introduced a new education decision-making framework – which clarified all decision points and decision-makers within our A&QA function, further to the governance review;
- reformatted our list of GOC requirements for providers, used within our quality assurance visits. This has made the visits more focussed and our conditions-setting much clearer;
- implemented streamlined visit reports – which reduced the turnaround time by 33 per cent;
- launched a revised Education Visitor Panel member induction process, which includes a new buddy system.

Our implementation of the notification of reportable events and changes policy and process last year has resulted in better dialogue with education providers and more notifications than before. We have also decreased our average response time by more than 50 percent.

We granted provisional approval to the following qualifications:

- Anglia Ruskin University – Contact Lens Optician PG Cert
- University of Central Lancashire – BSc (Hons) Ophthalmic Dispensing / MSc Optometry
- University of Hertfordshire – Independent Prescribing
- University of Huddersfield – BSc (Hons) Optometry
- Teesside University – BSc (Hons) Clinical Optometry
- University of Highlands and Islands – BSc (Hons) Optometry

We granted full approval to the following qualifications:

- University of Hertfordshire – Master of Optometry
- Glasgow Caledonian University – BSc Ophthalmic Dispensing Management

Courses whose approval was withdrawn:

- University of Portsmouth – Masters in Optometry

We withdrew our approval from the University of Portsmouth's Masters of Optometry programme, following ongoing discussion and collaboration with the provider, in line with our serious concerns review process. Where possible we took steps to mitigate the impact of this decision on students and worked closely with the Office for Students throughout.

We have maintained significant stakeholder engagement, continuing to host a variety of workshops and provider forums, and alongside handling new applications to gain GOC approval.

Continuing Education and Training (CET) Review

Following the consultation in 2018, we have been progressing our proposals to give more control to registrants over their continuing professional development while retaining a core for revalidation purposes and to prevent de-skilling. These proposals include:

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- changing the underlying standards for CET to our standards of practice to free up the system;
- promoting and enhancing reflective practice skills for learning and development;
- rebranding the scheme to CPD to better reflect the nature of the scheme from 2022; and
- reviewing the CET approvals process to ensure proportionality.

As part of our CET review programme, we produced an evaluation of the 2016-18 CET cycle and published this on our website in October 2019. It analysed the effectiveness of the CET scheme, identified trends in registrant behaviour and future developments required.

We also commissioned Enventure Ltd to carry out research to update our understanding of the risks associated with the profession. The research involved an online survey, generating around 2,600 responses from a range of stakeholders across the sector. It also involved interviews with stakeholder organisations, registrant focus groups across all the nations, an analysis of GOC fitness to practise cases, complaints to the Optical Consumer Complaints Service (OCCS) and some external insurance company complaints data. The research report was published on our website in October 2019.

We used both pieces of research to continue to progress the project and help shape our proposed CPD model for 2022, as well as holding workshops with key stakeholders to gain feedback on our policy proposals. A public consultation document on the proposed changes to the CET scheme for 2022-24, was subsequently published in May 2020.

CET operations

Over the past year we have undertaken a number of activities to enhance our CET operations and assist registrants in meeting their requirements. This included;

- overseeing the review of 4,244 Standard applications, 337 registrant-led Peer Review applications, 395 Non-UK CPD application, 35 non-standard applications and 67 appeals;
- processing and approving 37 new CET Provider applications;
- removing access to the system for 10 Providers who no longer wished to deliver CET;
- successfully ensuring that 95.25% of registrants had met their annual CET points target by December 2019 through targeted communications.

The review of registrant's ratings when accepting points confirms a satisfaction rating of more than 90% from the top 10 CET Providers and more than 80% from all Providers, which was in line with expectations.

Legislative Reform programme

Over the past year, we have continued to engage with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators'

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legislation, with the aim allowing us to operate more efficiently and effectively. There has been particular focus by DHSC on fitness to practise and governance reforms, but we have taken a broader view and continue to develop proposals for reform beyond these two areas. DHSC's timescales have been hindered by Brexit, the election period and the COVID-19 pandemic but we will continue to engage and to work collaboratively with the other healthcare regulators to progress this matter.

During this financial year we also succeeded in progressing legislative reform to remove the cap on the number of members of our hearings panel. This was implemented in September 2019 and has helped us to increase the number of hearings that we are able to hold.

Strategic plan

We worked throughout the year to review our priorities and objectives and developed a new strategic plan for consultation in December 2019. The feedback we received was very positive and included several suggestions that we were able to take on board, including the need for the GOC to be more agile. This was added to our new corporate values and the GOC Strategic Plan 2020-25 *Fit for the Future* was published in April 2019.

Business Standards

Our new *Standards for Optical Businesses* were published on 8 April 2019 and came into effect on 1 October 2019. They were updated to maintain consistency with and to complement the *Standards of Practice for Optometrists and Dispensing Opticians*, appropriately balancing responsibilities between individuals and businesses. The new standards look to ensure patient safety in a fast-changing landscape with new technology, an ageing population and expanding scopes of practice.

We produced several resources to raise awareness of the standards and assist registrants in implementing them in practice. These included a Standards microsite, a CET-accredited webinar and animation. Continue to devise and implement changes that address external issues, and deliver significantly improved outcomes for patients and the wider public, through improved operational efficiency. In 2020/21 we will implement our new IT Strategy including the new MyGOC registrant portal and website allowing greater on-line registrant access to services. The new website improves 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.

Standards and supporting guidance

From March to June 2019 we consulted on new draft guidance on disclosing confidential information about patients. Respondents welcomed the guidance seeking further clarification in some areas and asking for a flowchart to aid decision-making. The final guidance, including a flowchart, was published in February 2020

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and supported with content across social media. The guidance will help registrants to decide when it is appropriate to disclose confidential information in the public interest. A common example encountered by registrants is where a patient is no longer fit to drive as a result of their vision.

We also produced a statement on the use of lissamine green ophthalmic strips, setting out our position in this area to assist our registrants in ensuring that they act in the public interest.

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 January to 30 September 2019 (referred to by the PSA as our 2018/19 assessment) we met 22 out of the 24 standards, including meeting all of the standards for our Education, Registration and Standards functions. The standards we did not meet related to our timeliness in fitness to practise cases and not communicating our fitness to practise decisions to the PSA in a reasonable timeframe.

We remain committed to completing fitness to practise cases more quickly and have a full programme of work (as outlined in our Strategic Plan 2020-25) to address this multi-faceted challenge. We have also made changes to our standard operating procedures to help prompt staff to send outcomes to the PSA in a timely manner and are looking to upgrade our case management system to assist in post-hearing tasks.

Fitness to Practise Quality Audit

We continue to receive a good level of assurance in respect of our fitness to practise 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.

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.'

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OUR PLANS FOR 2020/21

2020-21 marks the first year of our new five-year strategic plan 'Fit for the Future' and this year we aimed to deliver several discreet projects alongside our normal regulatory activity to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

However, 2020 has proven to be an unprecedented time for the optical professions in light of the COVID-19 emergency. Supporting our registrants to respond to Covid-19 in ways that keep them and their patients safe is now our over-riding priority. Some aspects of our work plan may need to be delayed and others may need to be accelerated. Because of these extraordinary circumstances we intend to keep our original work plan set out below under continual review.

In the first year of our five-year strategic plan we are focusing on the following five projects. These are grouped under our three strategic objectives; delivering world-class regulatory practice, transforming customer service and building a culture of continuous improvement. We will also be focused on the effective and efficient fulfilment of our regulatory, statutory and support functions.

Project	Objectives, outcomes and planned activity
Education Strategic Review	Deliver a strategic review of optical education and training and implement changes to ensure that education programmes and qualifications leading to GOC registration equip students to meet patients' future needs, as technological change and the increased prevalence of enhanced services alter the roles that optometrists and dispensing opticians play in the delivery of eye care. In 2020/21 we will develop and run a full public consultation and verification exercise on the draft deliverables (outcomes for registration, standards for approved qualifications and the quality assurance and enhancement framework) with the aim of finalising these and progressing to implementation.
CET Review	Continue to implement changes to ensure the scheme operates effectively and registrants are safe to practise and encouraged to focus on continuous professional development. In 2020/21 we will carry out our consultation on proposed CET reforms.
Legislative Reform	Engage with Government on reform of our Fitness to Practise and governance framework governing legislation to help us operate more efficiently and effectively. In 2020/21 we will respond to Government consultation and plan for implementation.

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Efficiency Programme IT Strategy	Continue to devise and implement changes that address external issues, and deliver significantly improved outcomes for patients and the wider public, through improved operational efficiency. In 2020/21 we will implement our new IT Strategy including the new MyGOC registrant portal and website allowing greater on-line registrant access to services. The new website improves 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.
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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 Senior Management Team 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 have also carried out work to clarify our risk appetite.

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 areas where individuals:

- seek to fraudulently gain access to the register;
- provide misleading information in an FTP case; or
- do not comply with the requirements of our standards for CET.

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 have to work with stakeholders to understand and identify the actions we can take to manage them.

Risks associated with the Covid-19 emergency and with Brexit, as we approach the end of the transition period, are uppermost in our considerations and will remain important over the next year. The long-term implications of Covid-19 for the optical sector and related education institutions may also give rise to new risks and is being carefully monitored.

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OUR PEOPLE

Our people remain central to achieving our charitable purpose and strategic objectives.

Our people

We continue to monitor staff engagement through an annual staff satisfaction survey conducted each autumn by an independent consultancy. For 2019-20 overall scores for staff engagement dropped slightly, from 37% to 32%. 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 33 areas, and lower than benchmark in 18 areas. Full feedback has been shared with staff and a new Staff Engagement Plan has been rolled out to rebuild staff engagement.

We continue to review and if possible, improve the range of benefits staff have access to. The staff survey reports 63% of staff are happy with their benefits package, but there was dissatisfaction with the pay and reward framework. Staff were consulted on changes to the framework, which will affect pay progression arising from the 2019/20 performance reviews.

The Staff Engagement Group continues to go from strength to strength with a full programme of activities provided in 2019/20 and with further actions and expansion planned for the next twelve months. The staff survey showed that this is now seen as an effective channel for staff to express views, contributing to an improvement in scores related to consultation and seeking the views of staff, which had been a major area of focus following the previous survey.

Equality, Diversity and Inclusion

In 2019 we commissioned an external consultant to review our ways of working. Following extensive engagement with staff he produced a comprehensive report and recommendations, which formed the basis for a multi-year EDI plan that continues into next year. Several improvements have already resulted from that work, including a review of our key HR policies and the establishment of our Equality, Diversity and Inclusion groups. This includes EMBRACE for staff from Black, Asian and minority ethnic backgrounds, ENABLE for staff with physical and mental health needs, LGBT+ our sexual orientation group and finally, our Women's Group.

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.

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Our values

These have been another key development area this year, following the staff survey and the need to re-visit the values underpinning our previous strategic plan. We listened to the comments made and have now developed a new set of values and behaviours in consultation with staff. These are being rolled out as part of our 2020-2025 Strategic Plan and will form a core part of life in the GOC henceforth.

Our new 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

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 23). Members are drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website [ADD HYPERLINK]¹. 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.

There were some changes in Council membership during the year. Selina Ullah came to the end of her second term in August 2019. Deborah Bowman was appointed in September 2019, but stepped down in February 2020.

¹ https://www.optical.org/en/about_us/People/Council_member_profiles.cfm

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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 brought all of our advisory committees together into an Advisory Panel providing a joint forum for seeking advice for Council and for the Chief Executive & Registrar;
- Council performance: we carried out an internal evaluation of Council's performance (see below);
- Terms of reference: we updated the terms of reference for the Nominations Committee;
- Risk Management: we updated our Risk Management policy.

Council evaluation

In June 2019, as per good governance practice, Council undertook an annual evaluation of its performance. Generally, in line with previous years, there were high levels of satisfaction with the composition of Council, its conduct, contribution and decision making and its relationship with the CEO and Executive. Overall performance has remained the same as last year, most areas, except there were lower levels of satisfaction in relation to Appointment, Appraisal, Evaluation, Training and Control. The management of risk remains an area in need of improvement.

The actions agreed following consideration of the outcomes of the review were for Council to:

- consider relevant horizon scanning and research – including stakeholders, political, economic and external environments;
- complete the Governance Review and review of the scheme of delegation/committee terms of reference;
- review the Risk Management processes, including development of a risk assurance framework to improve the provision of independent assurance information and evidence and develop a shared understanding of risks and issues (including risk appetite);
- develop a better understanding of operating costs and ensure consistent messaging throughout the organisation on our approach to financial management;
- improve patient and public engagement;
- review the internal whistleblowing policy (Speaking up) to ensure it is clear about when concerns can be escalated;
- allow for more informal time together to develop relationships and align thinking;
- ensure an effective environment for concerns to be raised and recommendations challenged; and

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- not defer to known experts on Council and actively seek alternative views.

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 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 [ADD HYPERLINK]2 on our website.

Fees

Member fees were agreed from 1 April 2019, [ADD HYPERLINK]3 in line with the member fees policy.

² https://www.optical.org/en/about_us/People/register-of-interests/

³ https://www.optical.org/en/about_us/our-governance/financial-governance.cfm

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Fees and Expenses

	Registrant or Lay Member	Home Location	Fees £	Expenses £	Council Meeting Attendance*	Committee & Advisory Panel Meeting ⁴ Attendance
Gareth Hadley (Chair)	Lay (Chair)	England	58,806	585	6/6	Nom 5/5, Rem 2/3
Sinead Burns	Lay	N. Ireland	13,962	908	6/6	ARC 4/4, Comp 1/1, AP 2/2
Josie Forte	Registrant	England	13,962	2,758	6/6	Comps 1/1
Mike Galvin	Lay	England	16,288	1,486	6/6	ARC 4/4, Stan 2/2, Edu 1/1, AP 2/2
Rosie Glazebrook	Lay	England	13,962	55	6/6	Nom 5/5, Reg 1/1, AP 1/2
Scott Mackie	Registrant	Scotland	13,962	3,374	6/6	Edu 2/2
Clare Minchington	Lay	England	13,962	1,022	5/6	ARC 4/4, Edu 2/2
David Parkins	Registrant	England	13,962	-	6/6	ARC 4/4, Edu 2/2
Roshni Samra ⁵	Registrant	England	13,962	188	3/6*	Reg 1/1
Helen Tilley	Registrant	Wales	17,073	2,484	6/6	Rem 3/3, Nom 5/5, Stan 2/2, AP 1/2
Glenn Tomison	Registrant	England	13,962	3,032	6/6	Nom 5/5, Stan 2/2
Selina Ullah	Lay	England	5,818	-	6/6	Nom 5/5, Edu 2/2
Deborah Bowman	Lay	England	6,554	-	0/1	Rem 1/1, Stan 1/1

Key:

Committees: **ARC** - Audit, Risk and Finance, **Comp** – Companies, **Edu** – Education, **Nom** - Nominations, **Reg** – Registration, **Rem** - Remuneration, **Stan** – Standards.

Panel: **AP** – Advisory Panel

* 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.

⁴ The first Advisory Panel meeting was in October 2019 which merged the following committees: Companies, Education, Registration and Standards.

⁵ Roshni Samra was absent due to maternity for part of the year.

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Attendance

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 23. During 19/20 there were 6 Council meetings, 14 committee meetings and the Advisory Panel met 2 times. Council considers it has met sufficiently regularly to discharge its duties effectively. Council 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, 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 delegated from Council. In order 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 the Optical Consumer Complaints Service), hearings and legal.

The Interim Director of Strategy, Marcus Dye, has responsibility for three functions: standards, policy and research, communications.

The Interim Director of Resources, Yeslin Gearty, has responsibility for five functions: registration, human resources, facilities, finance and information technology.

The Interim Director of Education, Leonie Milliner, has responsibility for three functions: education operations, the education strategic review and continuing education and training (CET).

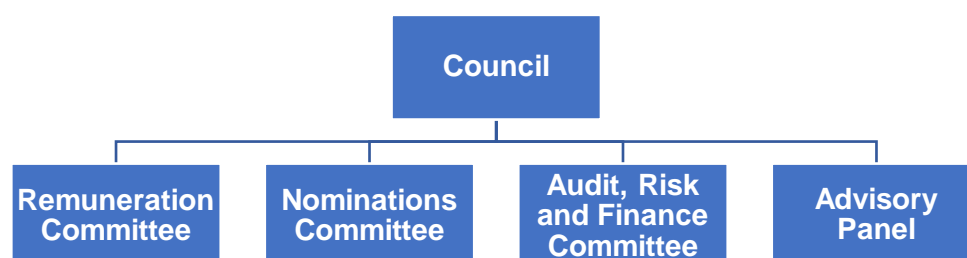
The Head of Secretariat, Erica Wilkinson, has responsibility for five functions: governance, compliance, information governance, equality and diversity and business planning and performance.

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Our governance structure

Our governance structure consists of 3 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.

We view the committees and advisory panel as a valuable source of stakeholder views alongside views obtained from research, public consultants 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 2019/20:

- Scrutinised the quarterly financial performance reports and forecasts and the draft budget prior to their presentation to Council;
- Recommended that Council approved an additional budget for IT to carry out upgrades and improvements;
- Reviewed the annual report and accounts, budget-planning timetable and guidance, and external audit findings report, accounting and internal control recommendations;
- Assessed and approved the internal audit plan;
- Approved the appointment of new Internal Auditors;
- Approved the ARC Work Plan for 2020/21.

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The committee also held a development day in November 2019.

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 2019/20:

- Agreed to changes to the remuneration arrangements for the Chief Executive and Registrar;
- Recommended to Council an executive pay and reward framework;
- Agreed to recommend to Council that the Director of Education position be made permanent;
- Agreed the recommendation regarding performance related pay awards for Directors with effect from 1 April 2019;
- Agreed that an equal pay review for Director salaries should be completed within the next 12 months;
- Received an update on the Employee appraisal process 2019 and agreed to provide assurance to Council;
- Endorsed the plan to re-do the gender pay gap analysis for all staff, including directors and agreed to publish the report externally;
- 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, Penny Bennett 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 Hearings Panel Chairs and the Investigation committee (IC) Chair.

The committee undertook the following work during 2019/20:

- Agreed the revised Member Appointments Process
- Agreed to implement anonymisation for all campaigns to understand whether this has an impact on removing unconscious bias from decisions
- Agreed to the committee, appointments and reappointments work plans for 2019/20
- Agreed to a recruitment timetable for a new Council Chair
- Agreed to amendments to the Senior Council Member job description

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Advisory Panel (First meeting October 2019)

A Governance review was included in our 2019/20 business plan to agree the most efficient and effective governance structure, in light of proposed legislative changes by the Department of Health and Social Care. A formal governance review was therefore undertaken to help achieve our strategic objective of organisational transformation – to deliver high quality, efficient services to the public and registrants underpinned by a culture of evaluation and continuous improvement.

In July 2019, Council formally decided to:

- Change the approach of holding separate statutory advisory committee meetings to that of a central Advisory Panel, from which task and finish groups would be formed in line with business needs;
- Delegate to the Registrar functions Council had previously delegated to the statutory advisory committees; and
- Agree terms of reference for the Advisory Panel which would merge all current statutory advisory committee terms of reference.

The purpose of the Advisory Panel is to give advice and assistance to the Chief Executive & Registrar and to Council (whether or not in response to a reference from them), specifically including matters which would be addressed by 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.

Education Committee (Final meeting June 2019)

Up until the Advisory Panel was implemented, the committee provided advice and assisted Council on matters relating to optical training, education and assessment, including the approval of training establishments and qualifications. The committee reviews our requirements for the content and standard of education, including the CET scheme and recommends changes as necessary. The committee met twice during the year as a stand-alone committee.

Standards Committee (Final meeting June 2019)

Up until the Advisory Panel was implemented, the committee provided advice and assisted Council on the standards of conduct and performance expected of current and potential registrants, including business registrants. The Committee met once during the year as a stand-alone committee.

Companies Committee (Final meeting June 2019)

Up until the Advisory Panel was implemented, the committee provided advice and assisted Council on matters relating to business registrants (other than in relation to FTP issues). The committee met once during the year as a stand-alone committee.

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Registration Committee (Final meeting June 2019)

Up until the Advisory Panel was implemented, the committee provided advice and assisted Council on matters relating to registration, including the rules governing registration and publication of the Registers. The committee met once during the year as a stand-alone committee.

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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 1 150137).

GOC registered office and 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 Mazars LLP (to 31 March 2020)
Tower Bridge House, St Katharine's Way, London E1W 1DD

External auditors Haysmacintyre LLP
10 Queen Street Place, London, EC4R 1AG

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

Council

Gareth Hadley	(reappointed 19 February 2017 to 18 February 2021) (Chair)
Sinead Burns	(appointed 1 October 2016 until 30 September 2020)
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)
Selina Ullah	(reappointed 1 September 2014 until 31 August 2019)
Deborah Bowman	(appointed 1 September 2019, resigned 8 February 2020)

SECTION TWO: OUR FITNESS TO PRACTISE ANNUAL 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 Fitness to Practise (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 Optical Consumer Complaints Service (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 case examiners (or the Investigation Committee) who determine whether the matter should proceed to a full hearing.

Highlights

During 2019/20 we began to implement elements of our formal improvement programme – designed to address some of the longstanding challenges we have faced in FTP, particularly around delay.

The development and introduction of a two-year improvement programme has led to some early positive indicators and, although still some way off the overarching end to end median, we have much to be pleased with this year and are in a much healthier position to start 2020/21.

A review of our Acceptance Criteria, first introduced in 2018, alongside enhancements made to our triage function has led to a significant reduction in the proportion of concerns received resulting in a formal investigation - down from 59% in 2018/19 to 39% this year. The age of our open cases at Triage has reduced to eight weeks, in line with the revised objective.

Our Triage caseload (the number of referrals awaiting a triage decision) remained relatively stable against the year-end figure for 2018/19 but with a 25% reduction in

SECTION TWO: OUR FITNESS TO PRACTISE ANNUAL REPORT

new concerns being raised, we expect to see significant reductions over the forthcoming months.

We remain disappointed with our performance against our 26-week (median) KPI target for completing investigations which rose to 47 weeks this year against 38 in 2018/19. Following our review of all investigation concerns in early 2019, we projected an increase in our end-to-end median time for progressing cases from complaint to final Fitness to Practise Committee (FTPC) decision and this rose from 112 weeks to 120 weeks this year.

However, this is wholly reflective of the commitment and effort made to progress more of our aged cases through to hearings and this dip is positively matched by a very significant reduction in the number of open investigations, down 47 per cent from 297 at the end of 2018/19 to 157 at the end of 2019/20 and the decrease in the median time to schedule a hearing, once the GOC's final case is disclosed, from 30 weeks to 25 weeks.

We still have some targeted work to do in this final area and believe these improvements provide the space needed to target some of our more challenging investigations. While confident in the investigation age profile reducing, we are mindful that the end to end closure profile is likely to rise this year with the challenges to our attempts to proceed with hearings remotely due to the Covid-19 emergency.

In February 2020, we launched a one-year pilot to support proactive case management from when a case is referred to the FTPC to when it concludes at the close of the substantive hearing. It will apply to most registrants who are the subject of an FTP investigation and its main purpose is to facilitate the effective running of GOC hearings, encourage cooperation between parties, keeping delays to a minimum and mitigating the impact on the registrant/witnesses during the pre-hearing period. Early signs are that these case management meetings have the potential to reduce delays at the start of hearings, to reduce the time required to complete hearings, and to reduce the numbers of witnesses required to attend hearings.

We have maintained for a further year, the median time taken to impose an interim order at three weeks, from the date the need for an interim order is identified, thus protecting the public through prompt action in cases that present the most serious patient safety risk. Most of these cases are now retained in-house providing a more cost effective and efficient service.

During the year, our staff have attended and presented at several external events attended by registrants, educators and students, working to share some of the lessons coming out of FTP and dispel some of the myths that have built up around the process. We have undertaken basic clinical training and brought more of our work in-house to improve efficiency and support the development of our teams.

Complaints received in 2019/20

We received 342 referrals relating to the fitness to practise of our registrants, from which we opened 135 investigations. This represents a 25% reduction in the number of new referrals and a substantial reduction in the proportion of full investigations opened – 39% against 59% the previous year.

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As in previous years, this number reflects less than 0.5% of our registrants being subject to a formal FTP investigation, and of these 23% were referred for a formal hearing, an increase from the 17% referral rate of last year. This continues to demonstrate that the vast majority of our registrants provide an excellent service to patients and are likely never to be subject to any action on their registration.

Table five - types of complaints investigated over the last three years.

Type of complaint	19/20	%	18/19	%	17/18	%
Conviction/caution	20	12.4%	39	14.5%	24	9.2%
Other clinical	26	16.1%	34	12.6%	27	10.3%
Personal conduct	32	19.9%	28	10.4%	39	14.9%
Procedures – business	15	9.3%	18	6.7%	17	6.5%
Multiple (clinical)	3	1.9%	17	6.3%	9	3.4%
Retinal detachment	7	4.3%	17	6.3%	7	2.7%
Multiple (clinical/conduct)	4	2.5%	16	5.9%	9	3.4%
Ill health	7	4.3%	14	5.2%	9	3.4%
Tumour	0	0.0%	13	4.8%	9	3.4%
Glaucoma	13	8.1%	10	3.7%	14	5.3%
Cataracts	4	2.5%	9	3.3%	13	5.0%
Other miscellaneous	12	7.5%	9	3.3%	3	1.1%
Spectacle prescription	1	0.6%	8	3.0%	23	8.8%
Supervision of student	0	0.0%	6	2.2%	6	2.3%
Management of child patients	3	1.9%	5	1.9%	3	1.1%
Exam/qualification fraud	0	0.0%	5	1.9%	2	0.8%
Macular degeneration	8	5.0%	4	1.5%	7	2.7%
Contact lenses	1	0.6%	4	1.5%	4	1.5%
Complaint handling – business	1	0.6%	3	1.1%	11	4.2%
Related to laser eye surgery	0	0.0%	3	1.1%	7	2.7%
Theft	0	0.0%	3	1.1%	7	2.7%
Fraud	0	0.0%	2	0.7%	4	1.5%
Fitting/dispensing	1	0.6%	1	0.4%	1	0.4%
Restricted activities	2	1.2%	1	0.4%	0	0.0%
Domiciliary	1	0.6%	0	0.0%	5	1.9%
Breach of Opticians Act	0	0.0%	0	0.0%	1	0.4%
Testing unregistered	0	0.0%	0	0.0%	1	0.4%
TOTAL	161	100.0%	269	100.0%	262	100.0%

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Table six - the number of investigations opened against each GOC registrant category over the last three years.

	2019/20	%	2018/19	%	2017/18	%
Optometrist	120	75%	186	69%	168	64%
Business registrant	15	9%	32	12%	39	15%
Dispensing optician	15	9%	25	9%	35	13%
Student optometrist	5	3%	18	7%	12	5%
Student dispensing optician	6	4%	8	3%	8	3%
Number of complaints	161	-	269	-	262	-
Total number of registrants	32,118	-	31,368	-	30,759	-
Number of registrants subject to complaints	161	-	269	-	262	-
Percentage of registrants subject to complaints	0.50%	-	0.86%	-	0.85%	-

Table seven - the source of concerns received during the last three years.

Source of concern	19/20	%	18/19	%	17/18	%
Patient or representative	63	39.1%	146	54.3%	160	61.1%
Self-declaration	29	18.0%	54	20.1%	43	16.4%
GOC	20	12.4%	23	8.6%	14	5.3%
Primary care organisation	7	4.3%	11	4.1%	12	4.6%
Employer/Ex-employer	10	6.2%	8	3.0%	11	4.2%
Other	14	8.7%	12	4.5%	11	4.2%
Professional/educational body	3	1.9%	8	3.0%	5	1.9%
Whistle-blower	7	4.3%	3	1.1%	3	1.1%
Police	0	0.0%	1	0.4%	2	0.8%
Anonymous	7	4.3%	3	1.1%	1	0.4%
Counter-fraud services	1	0.6%	0	0.0%	0	0.0%
ASA	0	0.0%	0	0.0%	0	0.0%
TOTAL	161	100.0%	269	100.0%	262	100.0%

The figures include the number of concerns raised by way of protected disclosure (whistleblowers) and those raised anonymously (if a concern falls into both categories, it will be classified as a protected disclosure).

Table eight - the decisions made by case examiners or the Investigation Committee over the last three years.

	19/20	%	18/19	%	17/18	%
Substantive Outcomes						
No further action	135	54%	111	51%	104	47%
No further action with advice	22	9%	40	18%	24	11%
Referral to FTP committee (FTPC)	56	22%	37	17%	57	26%
Warning	38	15%	30	14%	35	16%
Interim Outcomes						
Minded to issue a warning	42	N/A	49	N/A	32	N/A

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Further investigation required	6	N/A	21	N/A	21	N/A
Direction for a performance assessment	0	N/A	0	N/A	0	N/A
Direction for a health assessment	2	N/A	4	N/A	0	N/A
Review Outcomes						
Termination of referral to FTPC	20	N/A	12	N/A	12	N/A
Review of decision not to refer to FTPC	12	N/A	5	N/A	6	N/A
Confirmation of referral to FTPC	5	N/A	3	N/A	4	N/A
Withdrawn by complainant	0	N/A	0	N/A	0	N/A
Other Outcomes						
Withdrawn by complainant	0	N/A	0	N/A	0	N/A
TOTAL	338	100%	312	100%	295	100%

The numbers include all cases considered in these periods, including those where cases were opened before the period.

Our case examiners and IC made 313 decisions (some cases are subject to more than one decision) including reconsiderations pursuant to Rules 15 and 16 and all interim decisions. This year, 63% resulted in no further action (down from 69%) and 23% were referred to a full hearing (up from 17%).

Interim orders

The GOC Registrar has the legal power to refer a matter directly to the FTP committee 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 FTP committee 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 IO in 12 cases of which eight were approved. This reflects a 65% reduction in the number of applications made but limited movement in the proportion of orders imposed. This suggests that further work is required on our approach to considering which cases are appropriate for IOs this year.

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:

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
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	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.
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.
Conditional registration	The registrant can stay on the register provided they comply with certain conditions such as doing extra training or being supervised.
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.
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

Table nine shows the outcomes of cases decided by the FTP committee over the last three years. In 2019/20, the FTP committee considered 50 substantive hearings, involving 42 registrants. They resolved 42 with eight going part-heard into 2020/2021.

Substantive hearings						
Outcome	19/20	%	18/19	%	17/18	%
No further action / No case to answer	13	31%	16	38%	11	34%
Suspension	7	17%	9	21%	9	28%
Warning	1	2%	6	14%	4	13%
Erasure	18	43%	9	21%	5	16%
Conditions	3	7%	1	2%	2	6%
Financial penalty	0	0%	1	2%	1	3%
TOTAL	42	100%	42	100%	32	100%

Substantive review hearings						
Outcome	19/20	%	18/19	%	17/18	%
No impairment following review hearing	9	82%	7	58%	5	50%
Erasure following review hearing	1	9%	3	25%	1	10%

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Conditions to continue following review hearing	1	9%	1	8%	1	10%
Conditions changed to suspension following review hearing	-	-	-	-	-	-
Suspension changed to conditions following review hearing	-	-	-	-	1	10%
Suspension to continue following review hearing	-	-	1	8%	2	20%
Undertaking	N/A	N/A	-	-	-	-
TOTAL	11	100%	12	100%	10	100%

Additionally, the FTPC considered 14 procedural hearings, with four of these going through our new Hearings on the Papers process. This officially launched in April 2019 and is a case management tool that is used to identify and progress cases that may be suitable for concluding and progressing without the need for the attendance of parties.

We initially started with IO suspensions. The process was reviewed and expanded in September 2019 to include a suitability assessment on all IO reviews and some procedural matters. We will continue to review whether there are further opportunities to resolve hearings by this method over the coming year. We also consider procedural matters on the papers and will review if any further hearings can be disposed of by this method in the coming year.

All outcomes are published on our website for a period of 12 months although older decisions are available on request. **(insert link to hearings page on website)**

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. During 2019/20, the RAC heard one application for restoration by a registrant previously erased by the FTPC, which was refused.

The RAC also considers appeals against decisions made by the Registrar not to allow registration. During 2019/20, the RAC heard six appeals against the Registrar's decisions including failing to meet the CET requirements over the 2016-2018 period, failing to apply for retention and the registrar not granting restoration to the register. Four of these were upheld, and two rejected.

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.

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During 2019/20, the PSA did not refer any of the decisions of the FTPC under this process. Learning points from all cases are integrated into training and upskilling when required.

Audit

Each year, we commission an independent audit of the FTP decision making of the IC and FTPC, in order to demonstrate our compliance with the Professional Standards Authority's eighth FTP standard. This states that *"all fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the professions"*.

This year the audit was conducted by RadcliffesLeBrasseur, solicitors and auditors, the third to be completed by them pursuant to a three-year contract. The audit contains sections on the auditor's findings, compliance with previous recommendations and learning points. Once the management response has been agreed, the audit report is submitted to the audit and risk committee for their scrutiny before submission to Council and to 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 in the audit.

A total of 101 decisions were audited and the audit report identified a small number of learning points, all of which we accepted and acted upon. In summary, the auditors concluded 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.'*

Feedback

We also benefit from feedback, comments and questions sent from a variety of sources such as:

- patients and registrants who have been involved in an FTP case;
- FTP decision makers, ie. case examiners, IC members and hearing panel members;
- PSA feedback points after considering FTP committee determinations;
- regular and frequent meetings and training sessions with our panel solicitors; and
- meetings with other stakeholders, for example, those who represent registrants in our FTP cases

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

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FINANCIAL REVIEW OF THE YEAR ENDED 31 MARCH 2020

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 which is submitted to the government for scrutiny.

The Audit, Risk and Finance committee met five times this year, reviews the systems of Council's internal financial controls and receives an annual report from the internal and external auditors. It also reviews the financial performance, operational and compliance controls and risk management.

In 2019/20, financial performance for the year (measured by net income) was £1.5m deficit (2018/19 £0.8m deficit).. A deficit budget was planned for 2019-20 in order to utilise the reserves effectively in strategic projects. Last quarter of 2019-20 saw the market value of investments plunging by £1.4m due to economic impacts on Covid-19. This resulted in an unrealised loss of £0.83m on investments (2018-19 gain of £0.4m) for the year.

Income for the year was £9.6m (2018/19 £9.2m). £9.3m (2018/19 £8.9m) was related to annual renewal fees.

During the year we incurred £10.3m expenditure (2018/19 £10.4m). Expenditure was incurred in line with the annual business plan and was monitored using an enhanced programme of cost control and review.

We continue to maintain a robust cash resource and investments under management, 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 levels of reserves for the organisation to hold. This is to ensure that there are prudent levels 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.

All of our reserves are unrestricted and as at 31 March 2020, the total reserves were £5.5m (2018/19 £7.0m). The Council in setting the reserves policy has identified two designated reserves, Legal cost reserve and Strategic reserve. The legal cost reserve (£1.6m) is to provide against significant increases or decreases in volumes of cases, and consequently expense. The strategic reserve (£2.8m) supports the delivery of

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specific projects and initiatives outlined in the GOC's strategic plans. The reserve policy is reviewed every three years. The total unrestricted funds net of tangible fixed assets is £4.6m (2018/19 £5.9m).

During the year, £139k was spent from the strategic reserve for the IT strategy project. The project will improve the operational performance of the organisation beyond 2019/20 and will make continued improvements in IT, including website development.

The reserves policy has been reviewed and aligned with the strategic plan. We will undertake a further review of the policy in the coming year considering the current economic conditions and the new strategic plan. This will enable us to make use of the high reserves for strategic projects and thereafter maintain at an appropriate minimum 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 the 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 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.

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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 15 July 2020, and signed on their behalf by

Gareth Hadley
Chair, GOC

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

Opinion

We have audited the financial statements of the General Optical Council for the year ended 31 March 2020 which comprise Statement of Financial Activity, Balance Sheet, 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 2020 and of the its 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.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 43, 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 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.

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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.

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report, the Chair's statement and Chief Executive's statement. 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

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- 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.

Use of our report

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

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

Date:

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

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STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2020

	Notes	Unrestricted Funds £'000	Total 2019/20 £'000	Total 2018/19 £'000
Income from:				
Charitable activities	2	9,313	9,313	8,878
Investments	3	288	288	309
Other income				
Other		-	-	-
Total		9,601	9,601	9,187
Expenditure on:				
Raising Funds	11	43	43	49
Charitable activities	5	10,224	10,224	10,304
Total resources expended		10,267	10,267	10,353
Net (losses) / gains on investments	11	(827)	(827)	401
Net (expenditure) / income		(1,493)	(1,493)	(765)
Reconciliation of funds:				
Total funds brought forward		7,032	7,032	7,797
Total funds carried forward		5,539	5,539	7,032

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

All the transactions in 2019-20 and 2018-19 were unrestricted.

The notes on pages 46 to 58 form part of these financial statements.

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BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2020

	Notes	2019/20 £'000	2018/19 £'000
Fixed assets:			
Tangible fixed assets	10	977	1,097
Investments	11	7,012	8,288
Total fixed assets		7,989	9,385
Current assets:			
Debtors	12	442	667
Short term deposits		7,200	5,100
Cash at bank and in hand		468	1,999
Total current assets		8,110	7,766
Current liabilities:			
Creditors: amounts falling due within one year	13	(10,560)	(10,119)
Net current assets		(2,450)	(2,353)
Total assets less current liabilities		5,539	7,032
Net assets		5,539	7,032
Represented by:			
Unrestricted funds:			
Designated funds	15	4,469	4,608
General funds	15	1,070	2,424
Total funds		5,539	7,032

The notes on pages 46 to 58 form part of these financial statements.

The financial statements were approved and authorised by the Council on 15 July 2020 and were signed on its behalf by:

Gareth Hadley
Chair, GOC

SECTION THREE: OUR FINANCIAL REPORT

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2020

	2019/20 £'000	2018/19 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(1,493)	(765)
Depreciation	152	182
Loss on disposal of fixed assets	2	-
(Gains) / losses on investment income	827	(401)
Dividends, interest and rents from investments	(288)	(309)
Decrease / (Increase) in debtors	216	(84)
Increase/ (decrease) in creditors	441	29
Net cash provided by (used in) operating activities	(143)	(1,348)
Cash flows from investing activities:		
Dividends, interest and rents from investments	288	309
Purchase of tangible fixed assets	(9)	(62)
Proceeds from sale of investments	2,242	2,306
Movement in short term deposit account (more than three months)	(2,100)	(100)
Movement in Cash held in investment	7	(11)
Purchase of Investments	(1,816)	(436)
Net cash provided by (used in) investing activities	(1,388)	2,006
Change in cash and cash equivalents in the reporting period	(1,531)	658
Cash and cash equivalents at the beginning of the reporting period	1,999	1,341
Cash and cash equivalents at the end of the reporting period	468	1,999
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	468	1,999

The notes on pages 46 to 58 form part of these financial statements.

NOTES TO THE FINANCIAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

1. GENERAL INFORMATION

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

2. ACCOUNTING POLICIES

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

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

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

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

3. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

Depreciation:

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

(i) GOING CONCERN

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2020/21, the most significant areas of uncertainty that affect the

SECTION THREE: OUR FINANCIAL REPORT

carrying assets held by the charity are the level of investment return and the performance of the investments markets (see the investment policy and the risk management sections of the Council members' annual report for more information). The review of our financial position, reserves levels and future plans gives Council members' confidence that guarantee the charity remains a going concern. The financial statements have been prepared on a going concern basis.

(ii) INCOME

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

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

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

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

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

(iii) EXPENDITURE

Resources are expended directly in pursuit and support of the charitable aims. 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 the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

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

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in note 6.

SECTION THREE : FINANCIAL REPORT

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) (15 years)	Over the lease term

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

(vi) INVESTMENTS

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

Investments comprise shares, funds, cash or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in February 2019.

SECTION THREE: OUR FINANCIAL REPORT

(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 large fluctuations in the volume of cases/complaints received by the GOC which need to be reviewed and consequently investigated.
- Strategic Reserve – established to support specific strategic projects and initiatives outlined in the GOC's 3-year Strategic Plan and Budget and beyond.

(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.

SECTION THREE : FINANCIAL REPORT

(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.

	2019/20	2018/19
	£'000	£'000
2. Income from charitable activities		
Registration and renewal fee	9,279	8,852
Continuing Education Training provider	34	26
Total	9,313	8,878

	2019/20	2018/19
	£'000	£'000
3. Income from Investment		
Interest from fixed deposits	29	13
Dividend income	259	296
Total	288	309

4. There was no income arising from other activities during 2019-20 and 2018-19.

	Direct	Support	Total
	Cost	Cost	2019/20
	£'000	£'000	£'000
5. Charitable activities			
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
Total	6,857	3,367	10,224

Comparative figures below.

SECTION THREE: OUR FINANCIAL REPORT

	Direct Cost £'000	Support Cost £'000	Total 2018/19 £'000
5. Charitable activities			
Fitness to practise (Note 5a.)	4,027	1,662	5,689
Registration	848	608	1,456
Education & standards	1,717	569	2,286
Policy	263	132	395
Communications	324	154	478
Total	7,179	3,125	10,304

The following table analyses the FTP costs.

	2019/20 £'000	2018/19 £'000
5a. Fitness to practise including Legal compliance		
Legal fees on investigations	606	588
Other investigation costs	1,540	1,542
Hearing costs	1,321	1,268
Dispute mediation	215	174
Legal compliance	441	455
Support costs	1,787	1,662
Total	5,910	5,689

	2019/20						
	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	Total £'000
6. Support costs							
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
Total	238	763	772	510	244	840	3,367

Comparative figures below.

	2018/19						
	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	Total £'000
6. Support costs							
Fitness to practise	136	378	433	191	210	314	1,662
Registration	50	138	158	70	77	115	608
Education and Standards	45	129	150	66	72	107	569
Policy	11	30	34	15	17	25	132
Communications	13	35	40	18	19	29	154
Total	255	710	815	360	395	590	3,125

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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.

	2019/20	2018/19
	£'000	£'000
Governance costs		
Members' fees and expenses	301	318
Staff cost	360	333
External audit fees	19	18
Internal audit fees	39	31
Other governance cost	44	10
Total	763	710

	2019/20	2018/19
	£'000	£'000
7. Net income for the year are stated after charging:		

Fees paid to external auditors - haysmacintyre:

external audit fee (excl. VAT)	16	15
taxation advice	2	1
Internal audit fees	39	31
Depreciation of fixed assets	152	182

2019/20	2018/19
£'000	£'000

8. Staff costs

Staff employment costs:

Salaries	4,079	3,905
Settlements	46	116
National insurance	403	371
Pension costs	341	280
Total	4,869	4,672

Average number of staff

	2019/20	2018/19
Chief Executive's office	2	3
Management team	6	5
Fitness to practise	34	29
Registration	10	11
Education & standards	15	9
Policy and communications	5	5
Governance, compliance, performance planning	5	7

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Resources (Facilities, HR, Finance, IT and projects)	14	13
Total	91	82

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

	2019/20	2018/19
£60,000 but under £70,000	4	4
£70,000 but under £80,000	1	1
£80,000 but under £90,000	2	1
£90,000 but under £100,000	1	-
£100,000 but under £110,000	-	2
£110,000 but under £120,000	1	-
£130,000 but under £140,000	1	-
£240,000 but under £250,000	-	1

During the year, Council paid £48,058 for ten members of staff in this category (2018/19 £67,259 for nine members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT to be key management. The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in note 9. No amounts are paid directly to third parties that are not already disclosed in note 9.

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

Key management personnel	2019/20 £'000	2018/19 £'000
Gross Pay	550	469
Employer national insurance contributions	63	57
Employer pension contributions	48	40
Benefits	10	10
Total	671	576

	Fees £	Fees inc. VAT £	Expenses £	2019/20 Total £
9. Trustees' expenses				
Selina Ullah*	5,818	5,818	-	5,818
Gareth Hadley	58,806	58,806	585	59,391
Helen Tilley	17,073	17,073	2,484	19,557
Scott Mackie	13,962	13,962	3,374	17,336
Glen Tomison	13,962	13,962	3,032	16,994
Rosie Glazebrook	13,962	13,962	55	14,017
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	908	14,870
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
Total	213,909	216,235	15,892	232,127

SECTION THREE : FINANCIAL REPORT

Number of trustees	12
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* Retired during the year.

** appointed and retired during the year.

***Fees include VAT

Comparative figures below.

Trustees' expenses	Fees £	Fees incl. VAT £	Expenses £	2018/19 Total £
Selina Ullah	13,962	13,962	2,116	16,078
Gareth Hadley	58,806	58,806	1,704	60,510
Helen Tilley	17,073	17,073	3,147	20,220
Scott Mackie	13,962	13,962	3,773	17,735
Glen Tomison	13,962	13,962	2,518	16,480
Rosie Glazebrook	13,962	13,962	85	14,047
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	6,392	20,354
Josie Forte	13,962	13,962	2,457	16,419
Mike Galvin	13,962	13,962	1,285	15,247
Clare Minchington	13,962	13,962	174	14,136
Roshni Samra	13,962	13,962	969	14,931
Total	215,499	215,499	24,620	240,119

Number of trustees	12
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Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

10. Tangible fixed assets	Office, furniture and equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Total £'000
Cost as at 1 April 2019	302	1,058	290	1,387	3,037
Add: Cost of additions	2	-	32	-	34
Less: Disposals	-	-	(65)	-	(65)
Transfers	-	-	-	-	-
Total at 31 March 2020	304	1,058	257	1,387	3,006
Less: Depreciation					
As at 1 April 2019	(96)	(245)	(227)	(1,372)	(1,940)
Charged in the year	(30)	(75)	(32)	(15)	(152)
Disposals	-	-	63	-	63
Total at 31 March 2020	(126)	(320)	(196)	(1,387)	(2,029)
Net book value 31 March 2020	178	738	61	0	977
Net Book Value 31 March 2019	206	813	63	15	1,097

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	2019/20 £'000	2018/19 £'000
11. Investment		
Investments b/f	8,035	9,504
Additions	1,816	436
Disposals	(2,242)	(2,306)
Realised gains	23	9
Unrealised gains	(866)	392
Investments c/f	6,766	8,035
Cash	246	253
Total portfolio	7,012	8,288

Total portfolio includes cash held with equity managers.

During the year £43,214 (2018/19 £49,276) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2019/20 £'000	2018/19 £'000
12. Debtors		
Prepayments	368	324
Other debtors	74	341
Accrued income	0	2
Total	442	667
	2019/20 £'000	2018/19 £'000
13. Creditors: Amounts falling due within one year		
Trade creditors	363	158
Deferred income (note 13a)	8,914	8,528
Accruals	1,119	1,128
Other tax and social security	97	125
Other creditors	67	180
Total	10,560	10,119

Accruals include rent accrual amounting to £413,515 (2018/19 £520,339).

Income from registrant renewal fees received in advance is deferred and released as income in 2020/21.

	2019/20 £'000	2018/19 £'000
13a. Deferred income		
At 1 April	8,528	8,297
Amount deferred during the year	9,076	8,719
Amount released to Statement of Financial Activities	(8,690)	(8,488)
Total	8,914	8,528

2019/20 2018/19

SECTION THREE : FINANCIAL REPORT

	£'000	£'000
14. Financial Instruments		
Financial assets measured at fair value	7,012	8,288
Financial assets measured at amortised cost	7,742	7,442
Financial liabilities measured at amortised cost	(1,645)	(1,591)
Net financial assets measured at amortised cost	13,109	14,139

- (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.

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

	2018 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2019 £'000
Unrestricted funds					
Designated funds					
Legal cost reserve	1,624	-	-	-	1,624
Strategic reserve	2,984	-	-	-	2,984
Total designated funds	4,608	-	-	-	4,608
General funds					
Income and expenditure reserve	3,189	9,187	(10,353)	401	2,424

SECTION THREE: OUR FINANCIAL REPORT

Total funds	7,797	9,187	(10,353)	401	7,032
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The legal cost reserve is to provide against significant increases or decreases in volumes of cases, and consequently expense. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's Strategic Plans.

	Unrestricted funds £'000	Total 2019/20 £'000	Total 2018/19 £'000
16. Analysis of net assets by fund			
Tangible fixed assets	977	977	1,097
Investments	7,012	7,012	8,288
Current assets	8,110	8,110	7,766
Current liabilities	(10,560)	(10,560)	(10,119)
Total net assets	5,539	5,539	7,032

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 £341,356 (2018/19 £283,508). There were £50,111 in outstanding contributions in 2019/20, (2018/19 £93,814) included in the balance sheet.

18. Commitments under operating leases

At 31 March 2020, the charity had the following future lease payments under operating leases.

18. Commitments under operating leases	2019/20	2018/19
Land and buildings	£'000	£'000
Within one year	620	620
In two to five years inclusive	2,481	2,481
Over five years	-	621
Office Equipment lease	2019/20 £'000	2018/19 £'000
Within one year	36	25
In two to five years inclusive	59	52

The total charge of all operating leases to the statement of financial activities as at 31 March 2020 was £532,413 (2019 £532,413).

19. Related party transactions

During the year, the members of Council were paid for the attendance of Council meetings and related expenditure through Council payroll (refer to note 9 for details).

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In addition to Council related payments, the following Council members were involved in related parties with which the GOC had the following transactions during the year:

- Scott Mackie provided services as a CET approver. We paid Scott £4,757 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 £6,531 for the services provided during the year.
- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £7,721 in fees for her services.

TO BE TYPED ON CLIENT LETTERHEAD

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date:

Dear Sirs

During the course of your audit of our financial statements for the period ended 31 March 2020, the following representations were made to you by management and Council Members (Trustees) on behalf of the General Optical Council.

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

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

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

Yours faithfully,

Signed on behalf of the Council of the General Optical Council by:

.....
Trustee

General Optical Council
Level 1,
10 Old Bailey
London
EC4M 7NG



08 July 2020

Dear Sirs,

During the audit of our financial statements by haysmacintyre for the year ended 31 March 2020, the following representations were made to them by management on behalf of the General Optical Council.

- 1 We have fulfilled our responsibilities as the executive under the Charities Act 2011 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice (UK GAAP) that give a true and fair view and for making accurate representations to you.
- 2 We confirm that all accounting records have been made available to haysmacintyre, for the purpose of the audit, in accordance with their terms of engagement and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Council meetings, have been made available to haysmacintyre. We have given haysmacintyre unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that haysmacintyre have requested for the purposes of the audit.
- 3 We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Charities Act.
- 5 We confirm that we have informed haysmacintyre of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission.
- 6 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
- 7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all the relevant executives and trustees and made available to haysmacintyre as part of the audit.
- 8 We confirm that the related party relationships and transactions set out in the declarations provided to the auditor are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions, and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.

- 9 We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice Accounting and Reporting by Charities.
- 10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business, and which are central to the charity's ability to conduct its business.
- 12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided haysmacintyre with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to the auditor any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 13 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 14 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.
- 15 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to haysmacintyre. There have been no breaches of terms and conditions in the application of such incoming resources.
- 16 We confirm that there is no audit information of which haysmacintyre are unaware. We have also confirmed to the Council that each senior executive (SMT) has taken steps to make themselves aware of any relevant information, and to establish that you are aware of that information.

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

Signed on behalf of the Senior Management Team of the General Optical Council by:

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 Yeslin Gearty
Director of Resources

Council Forward Plan

C38(20)

KEY Strategic Assurance Operational	Learning & development of optical professionals		Targeted approach to regulation		Organisational transformation	Regulatory/Statutory		Corporate Support		
PUBLIC 26 Feb 2020			FTP Audit of Decisions		2020 – 2026 Strategic Plan (inc EDI strategy)	Accreditation and quality assurance		Speaking up (internal whistleblowing)	Q3 financial and performance reports	
									Council member appointment	
									2020/21 Business Plan & budget	
CONFIDENTIAL 26 Feb 2020			FTP Casework management		Staff survey results				Committee updates	
									Strategic risk discussion	
PUBLIC 13 May 2020	Education Strategic Review		FTP Performance Review / Update and/or rules changes				PSA performance review		Q4 financial and performance reports	
CONFIDENTIAL 13 May 2020									Committee updates	
									Strategic risk discussion	
PUBLIC 15 July 2020	Education Strategic Review		OCCS Annual Report	Annual monitoring and reporting			Annual report and financial statements for year ended 31 March 2020		Council member appointments	
CONFIDENTIAL 15 July 2020									Committee updates	
									Strategic risk discussion	
PUBLIC 11 Nov 2020	CET Review	Education Strategic Review	FTP Audit of Decisions		Communications strategy		Accreditation and quality assurance		Q2 financial and performance reports	ToR: RemCo
			FTP Update Raising concerns guidance consultation (may be subject to Covid-19 delay)				Equality, Diversity and Inclusion: monitoring report	Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review		
CONFIDENTIAL 11 Nov 2020							Registration Fees Rules 2021/2022		Committee updates	Council member appointment
									Strategic risk discussion	