General Optical Council

**Second meeting in 2023 of the Council held in PUBLIC
on Wednesday 28 June 2023 at 10am via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	**Welcome, apologies and Chair's introduction**	Oral	Chair	-	10am-10.05am (5mins)
2.	**Declaration of interests**	C16(23)	Chair	3-7	
3.	**Minutes, actions and matters arising** 3.1 **Minutes – 22 March 2023** For approval 3.2 **Updated actions** For noting 3.3 **Matters arising**	C17(23) C18(23)	Chair	8-15 16-18	10.05am-10.10am (5mins)
	FOR DECISION				
4.	**GOC strategy 2025-30: laying the foundations** For approval	C19(23)	Chief Executive and Registrar	19-29	10.10am-10.30am (20mins)
5.	**Call for evidence next steps** For approval	C20(23)	Director of Regulatory Strategy	30-38	10.30am-10.50am (20mins)
6.	**Internal investigation policy** For approval	C21(23)	Head of Governance	39-65	10.50am-11.00am (10mins)
7.	**Member fees 2023/24** For approval	C22(23)	Head of Governance	66-70	11.00am-11.10am (10mins)
8.	**Advice from Registration Committee: DBS checks for registrants** For approval	C23(23)	Head of Governance	71-79	11.10am-11.30am (20mins)
	11.30pm – 11.45 Tea/Coffee break (15mins)				
	FOR DISCUSSION				
9.	**OCCS Annual Report** For discussion	C24(23)	OCCS	80-118	11.45pm-12.25pm (40mins)
10.	**Approved qualifications: AMR report** For discussion	C25(23)	Director of Regulatory Strategy	119-158	12.25pm-12.45pm (20mins)

11.	**PSA performance review** For discussion	C26(23)	Chief Executive and Registrar	159-161	12.45pm-12.55pm (10mins)
	12.55pm – 1.40pm Lunch (45mins)				
	FOR ASSURANCE				
12.	**Q4 Financial performance report** For noting	C27(23)	Director of Corporate Services	162-176	1.40pm-1.50pm (10mins)
13.	**Balanced Scorecard** For noting	C28(23)	Head of Governance	177-178	1.50pm-2pm (10mins)
14.	**Business Plan Assurance Report Q4** For noting	C29(23)	Head of Governance	179-188	2pm-2.10pm (10mins)
15.	**Chair's report** For noting and approval	C30(23)	Chair	189-194	2.10pm-2.30pm (20mins)
16.	**Chief Executive and Registrar's report** For noting	C31(23)	Chief Executive and Registrar	195-213	2.30pm-2.50pm (20mins)
	FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)				
17.	**Advisory panel – 12 June 2023 Minutes** For noting	C32(23)	Head of Governance	214-225	2.50pm-3pm (10mins)
18.	**Council forward plan** For noting	C33(23)	Head of Governance	226-228	3pm-3.05pm (5mins)
19.	**Any other business** (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	3.05pm-3.10pm (5mins)
	Meeting Close – 3.10pm				
	Date of next meeting – Wednesday 27 September 2023				

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Sinead **BURNS** Lay Member	• Registered Psychologist: Health and Care Professions Council • Registrant Member: Fitness to Practice Panel, Health and Care Professions Council	• Registered Fellow: Chartered Institute of Personnel and Development	• Former Vice President Pharmaceutical Society Northern Ireland	• Lay Member: Council • Chair: Audit, Risk and Finance Committee	• None
Dr Josie **FORTE** Registrant (OO)	• Part-time Lecturer: Plymouth University • Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills) • Consultant: Specsavers Optical Superstores • Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University • Lecturer (occasional, visiting): Plymouth University • Vice chair (acting): Devon Local Eye Health Network • Vice chair (acting): Cornwall Local Eye Health Network • VisionForte Ltd (50% shareholding)	• Member: College of Optometrists • Registered with the Optometrists and Dispensing Opticians Board of New Zealand • Liveryman: Worshipful Company of Spectacle Makers • Member: Clinical Committee at FODO	• Member: Devon Local Optical Committee (end May 2017) • Optometrist: Specsavers Torquay (end Apr 2014) • Optometrist: Lascelles Opticians Plymouth (end Jun 2006) • Specsavers Plymouth Cornwall Street Ltd (ended April 2020) • Specsavers Saltash Ltd (ended April 2020) • Specsavers Devon2 Domiciliary (ended January 2020) • Board trustee: Inspiring Schools Partnership, Plymouth • Member: AOP[6] • Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022)	• Registrant Council Member • Chair: Standards Committee • Member: Remuneration Committee	• None

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

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Clare **MINCHINGTON** Lay Member	• Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency	• Fellow: Association of Chartered Certified Accountants	• Senior Independent Board Member for the College of Policing (until Dec 2021) • Chair of Academic Council for BPP University (until Oct 2021)	• Lay Member: Senior Council Member • Chair: Remuneration Committee	• None
Frank **MUNRO** Registrant (OO)	• Director Munro Eyecare Limited (T/A Munro Optometrists) • Clinical Adviser, Optometry Scotland • Optometric Advisor, NHS Lanarkshire • Lead Optometrist, Glasgow City Health & Social care Partnership • Visiting Lecturer, Glasgow Caledonian University • Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) • Chair, NHS Lanarkshire Optometric Advisory Committee • Member, Greater Glasgow & Clyde Prescribing Review Board	• Fellow, College of Optometrists • Member, Association of Optometrists • Member, Optometry Scotland • Hon Fellow, Association of Dispensing Opticians • Member, British Contact Lens Association	• Past President, College of Optometrists • Past Chair, Optometry Scotland • Past Chair, Scottish Committee of Optometrists • Past Chair, NHS Education for Scotland Optometry Advisory Board	• Registrant Member: Council • Member: Education Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Dr David **PARKINS** Registrant (OO)	• Trustee: Spectacle Makers Charity • Chair: London Eye Health Network (NHS England) • Member: London Clinical Senate Council • Director: BP Eyecare Ltd • Provided short informal feedback (22 March 2022) to MOptom Programme Director, Cardiff University on high level course structure (no financials involved) • Chair of Trustees, The Spectacle Makers' Charity	• Fellow: College of Optometrists • Fellow, European Academy of Optometry and Optics • Life Member: Vision Aid Overseas • Liveryman: Worshipful Company of Spectacle Makers	• President: College of Optometrists (end Mar 2016) • Board Trustee: College of Optometrists (end Mar 2018) • Previous CET provider (ended 2015) • Chair: Clinical Council for Eye Health Commissioning (2015-2017) • Vice Chair: Clinical Council for Eye Health Commissioning (2017-2021) • Member: British Contact Lens Association	• Member: Council • Member: Audit, Risk and Finance Committee • Member: Investment Committee • Council Lead: Legislative Reform	• Close Relative: General Optical Council Case Examiner • Close Relative: Member, College of Optometrists • Spouse: Director - BP Eyecare Ltd
Tim **PARKINSON** Lay Member	• Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)	• Fellow: Chartered Management Institute • Membership of the Institute of Water	• None	• Lay member: Council • Chair: Investment Committee • Chair: Companies Committee • Council Lead: FTP	• None
Roshni **SAMRA** Registrant (OO)	• Locum optometrist (occasional): various high street or independent practices • Professional Clinic Manager: City Sight, City University • Student: City University (MSc in Clinical Optometry)	• None	• None	• Member: Council • Member: Registration Committee • Council Lead: GOC Refresh (People Plan)	• Works with a current General Optical Council Case Examiner
William **STOCKDALE**	• Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding. • Own an organisation in the Optical Sector - Telford Opticians 50% Stake.	• Member of ABDO • Member of FODO • Member of ONI	• Chair: Optometry Northern Ireland • Member of a consultative body in the Optical Sector Member BSO	• Member: Registrant Council Member • Member: Nominations Committee	• None

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
			Ophthalmic Committee. • Non-Executive Director FODO		
Dr Anne **WRIGHT** CBE Lay Chair	• None	• None	• Committee member: The Shaw Society • Director of Circa management company	• Chair: Council • Chair: Nominations Committee	• None

General Optical Council

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council
meeting held on Wednesday 22 March 2023 at 10am via Microsoft Teams

Present:		Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson, Roshni Samra and William Stockdale. Kaiya Anwar (Council Associates) and Harry Singh (until 1pm).
GOC Attendees:		Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Rebecca Chamberlain (Standards Manager), Dean Dunning (Education Committee Member), Nicole Fitzgerald (Communications Manager), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Head of Legal), Philipsia Greenway (Director of Change), Jenny Hazell (Governance & Compliance Manager), Angharad Jones (Policy Manager), Vikki Julian (Head of Communications), Leonie Milliner (Chief Executive Officer and Registrar), Elena Panayiotou (Legal Administrator), Nadia Patel (Head of Registration), Ivon Sergey (Governance Officer) (Minutes), Dionne Spence (Director of Regulatory Operations), Andy Spragg (Head of Governance), Charlotte Urwin (Head of Strategy, Policy and Standards), and Manori Wickremasinghe (Head of Finance).
External Attendees		Saqid Ahmad (AOP), Siobhan Carson (PSA), Olivier Denève (College of Optometrists), Professor Bruce Evans (University of London), Max Halford (ABDO), David Hewlett (FODO), Daniel Hodgson (FODO), Selina Powell (Optometry Today), Harjit Sandhu (FODO), Rakhee Shah (Optometrist) and Alan Tinger (FODO).
	Welcome and Apologies	
1.		The Chair welcomed those in attendance. Ken Gill (lay Council member) and William Stockdale (registrant Council member) were welcomed to their first public Council meeting.
2.		There were no apologies.
	Declaration of Interests	
3.		Lisa Gerson declared having attended the Regional Optical Committee (ROC) meeting in Wales as an observer on 14 March 2023. It was noted William Stockdale had sent an email confirming the following amendments to his interests: To be included under Professional Memberships Member ABDO Member FODO To be added under Previous Interests Chair: Optometry Northern Ireland

	Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee. Non-Executive Director FODO
	Minutes of the meeting held on 7 December 2022 C02(23)
4.	The minutes were approved as an accurate record of the meeting, subject to the following amendments: • Paragraph 8 - "rational" to read "rationale" • Paragraph 18 - "substantial appearance" to read "substantial assurance" • Paragraph 19 - "… including commentary about near misses and learning, key risks and how these are managed, DSE complaints from home working and mental health and safety measures." to read "… including KPIs, commentary about accidents, near misses and learning, plus key risks and how these are managed (for example DSE compliance for from home working). It was suggested the following be recorded as an action "Director of Corporate Services to expand scope of the annual health and safety report to Council".
	Action points update C03(23)
5.	Council noted an update on previous actions.
	Matters arising
6.	There were none.
	DHSC regulatory reform proposals and GOC call for evidence analysis C04(23)
7.	Council noted regulatory reform was a key focus for the Department of Health and Social Care (DHSC). Timelines on delivery would become clearer following the outcome of the DHSC current consultation. Council noted the DHSC was keen to stay engaged with the GOC and was receptive to feedback on its proposals. Council addressed the following areas with regards to the response to DHSC consultation on the proposed GMC section 60 order:
8.	**Reserves and registrant fees** As a charity, the GOC had the power, as well as duty, to assign strategic reserves to carry out essential projects and discharge its role effectively. Council discussed the need for flexible governance processes for consulting and making changes to registrant fees. Council had been informed at its strictly confidential meeting on 21 March 2023 that the DHSC was considering improved wording to clarify the approach to reserves.
9.	**Formation of unitary board** Council noted the intention was for unitary boards to replace the current governance structure amongst most regulators and discussed its potential constraints and enablers. There were successful examples of unitary boards in other regulators that could be considered. It would be key to include representation across all four nations and ensure the board had the skills to discharge the Council's obligations. Council noted patient, public and stakeholder's views and evidence of impact would always be considered in decision making. Other considerations would be the potential impact on current charity status, and the

	culture and behavioural journey required to successfully support a unitary board with non-executive and executive members.
10.	**Fitness to Practise (FTP) proposals** Council noted the draft proposals mirrored what the GOC was already doing. The streamlining of FTP procedures and proportionality was expected to have widespread support. The proposed reduction in the number of FTP panel members sitting on FTP hearings could result in some improvements to timeliness. Council advised care in the implementation of the proposed new reviews and appeals processes to ensure that procedures were simplified.
11.	**Call for evidence on the Opticians Act** Council noted the call for evidence programme had been a complex undertaking and thanked all those involved. All evidence, including advice from Advisory Panel and its committees, was available on the GOC website. The Chair of the Advisory Panel and the Chair of Companies Committee provided a summary of the advice from both bodies to Council, following their meetings on 10 March 2023. The following issues were considered:
12.	**Business regulation** Council noted there was broad stakeholder support for extending business regulation to businesses carrying out restricted functions under the Opticians Act 1989. Research had showed that only about half of the optical businesses were GOC regulated, which had created an uneven playing field. Council noted the Companies Committee membership was appropriately representative and would continue to be consulted on proposed changes. Consideration on how to effectively regulate remote care regulated should also be given. While other healthcare regulators did not undertake business regulation, there was assurance that DHSC was well sighted on this issue and the suitability of business regulation would continue to be explored with the DHSC.
13.	**Refraction** Council noted there were strong and varied views from stakeholders on the issue of refraction. Considering these views, alongside GOC Advisory Panel advice and published clinical evidence, the recommendation of the executive was that at this point in time, dispensing opticians should not be permitted to carry out refraction for the purposes of a sight test.
14.	Council discussed a range of views, including: • Refraction in hospital settings posed little risk as there were already various safeguards in place (e.g. eye disease is already being managed). • There was an end-to-end nature to a sight test for an optometrist to form a holistic picture of eye health. Concerns were expressed about the risks of missed pathologies if elements of the sight test were carried out by different people, and it was felt this was supported by a significant number of consultation responses and the clinical evidence. Separating the refraction element may not save any time, as the optometrist would need to review the refraction elements to form a diagnostic view. • Optometrist accountability for the entire sight test process may also then be difficult. More research on separation of sight test elements may be

	required. The splitting of a sight test between professionals may cause confusion to the public. • The role of autorefraction in automated pre-sight test assessment. This raised a question as to whether a substantial number of sight tests were happening without retinoscopy, and whether this would make delegation to a dispensing optician preferable. It was also raised that delegation could enable a consolidated effect of time saved in the sight test in some business models deployed in larger practices.
15.	Council noted that dispensing opticians were keen to extend their scope of practice. It was commented that while dispensing opticians would be able to perform refraction as part of a sight test with the appropriate training and additional CPD, this was not the central issue. It was also not clear how this would significantly aid in their professional development. Clearer processes for the further development of dispensing optician's professional capability beyond refraction should be considered. There were existing fast track mechanisms into optometry.
16.	Council discussed any longer-term decisions should consider technological advancement, differences in sight testing models in the nations, the aging population, along with bigger picture opportunities and future-proof solutions.
17.	**Other areas of focus** There was a need to engage with the DHSC on updating the Sale of Optical Appliances Order 1984, as the order did not take into account online sales. As this may take some time, it was suggested guidance could be published on the GOC website regarding buying spectacles from abroad.
18.	Council suggested it would be important to revisit and clarify the 2013 statement and the sight test Q&A statement (particularly with regard to pre-screening and separation of sight testing elements), noting the need for precision of language in reference to clinical aspects was crucial. Council reached a general consensus based on the evidence available.
19.	Council **considered** the analysis of responses received to the call for evidence and the proposed response (annex 1); analysis of refraction arguments (annex 2); advice on refraction from clinical advisors (annex 3); autorefraction vs retinoscopy (annex 4); **considered** the advice from Council's committees (see annexes 5 and 6); **approved** the publication of the proposed response to the call for evidence (annex 1); subject to any amendment and additions required as a result of this discussion; **delegated** approval of those amendments to Annex 1 to the Chair of Council, in consultation with Clare Minchington (Senior Council Member), David Parkins (Council lead for Regulatory Reform) and the Chief Executive; and **delegated** approval of the response to the Department of Health and Social Care's (DHSC) consultation on Regulating anaesthesia associates and physician associates to the Chair of Council in consultation with Clare Minchington (Senior Council Member) and David Parkins (Council lead for Regulatory Reform).
	Investment policy C05(23)

20.	The Director of Corporate Services advised that the new Investment Policy had been reviewed by the Investment Committee. Council noted the Head of Finance met with the Investment Manager on a monthly basis to review portfolio performance and potential changes to the forecast. The GOC currently sat at a risk category 6, similar to most Brewin Dolphin charity clients.
21.	Council discussed the need to be prepared for a downturn in investments due to market volatility. Council discussed the complexity in ethical investments. For example, some big contributors of carbon emissions were also big contributors to green energy solutions. Care was suggested in businesses investments that may have a negative impact on eye health. Council was advised future investment recommendations would be reviewed by the Investment Committee before being brought to Council.
22.	**Action: Head of Finance to seek further insight on higher exposure to risk, from Brewin Dolphin.** **Action: Head of Finance to make the following amendments to the policy:** • **section 9 - Ethical Investment heading to read Delegation of Authority.** • **Inclusion of Investment Manager attendance to Investment Committee meetings.** Council **approved** the updated Investment Policy; and **provided** advice as appropriate.
	Significant incidents policy C06(23)
23.	Council noted the policy had been in place as an interim arrangement since January 2023. The policy clarified the responsibilities of the GOC as a charity and corporate entity. It provided structure for the executive management of significant incidents and implemented a multi-team approach. Council advised the potential significant incidents reported to ARC was a helpful practice. Any serious incidents were also reported to Council to provide assurance on lessons learned. Council noted some flexibility was required on reporting times to ARC and Council, based on seriousness of incidents.
24.	**Action: Head of Governance to make the following amendment to the policy:** • **Include a reference to near misses.** **Action: Head of Governance to circulate Never events framework, which had been approved by ARC.** Council **approved** the proposed serious and significant incidents policy; and **delegated** any minor revisions to the Chief Executive and Registrar (in consultation with the Chair of Council).
	External business plan and budget 2023/24 C07(23)
25.	Council noted the Communications team had produced a new and improved version of the external business plan. Council was advised the proposed budget 2023/24 was part of the broader 5-year forecast work. There was an anticipated surplus in the current financial year to support business as usual activity. Reserve

	levels were healthy and complied with reserve policy limits. Strategic projects were reviewed regularly and were expected to be completed within budget. Improvements for future financial reporting were being considered. Council suggested the business plan and budget mechanisms for reporting performance be presented as a complete set of items.
26.	Council noted an impact assessment on equal pay budget was to be considered by SMT, as part of the pay and reward review. The budget for regulatory reform and Welsh language costs were not included in the budget, as these were still being scoped. The quarterly report forecast would be brought to Council in due course. Council suggested a sensitivity analysis be carried out, and this would assist it to be agile to unexpected circumstances where reprioritisation could be required. Council was assured all variables and risks within the budget were re-forecasted quarterly and suggestions made at the meeting would be considered at the next ARC meeting.
27.	**Action: Head of Finance to include the following in the budget paper:** • **Page 239 - "influence to DHSC" to read "continuing to influence the reform agenda".** • **Page 239 - additional detail on planned work, as well as completed work.**
28.	Council **approved** the proposed budget 2023/24; **approved** of the proposed external business plan 2023/24; and **delegated** any minor corrections to the Chief Executive and Registrant, in consultation with the Chair of Council.
	Communications and public affairs strategy C08(23)
29.	The Head of Communications presented the new Communications strategy, which set out new guiding principles for expanding the scope of communications with external stakeholders. It also noted the importance to remain agile and responsive in GOC communications, leading to greater collaboration across the organisation. As part of the proposed brand refresh, staff images would be collected to include in the external business plan. Public Affairs and Communications role was being recruited to provide additional capacity for public affairs monitoring and engagement. Council applauded the new strategy.
30.	Council noted an internal communications strategy was being planned. The team continued to work closely with the Change team Communications Manager to deliver effective internal communications as changes took place. The intranet was critical for this work. Council noted member access to the intranet would be considered.
31.	Council discussed many of the communications strategy plans depended on IT capabilities, and timescales may be tight. Council suggested further consideration was given to extend communications activity with registrants, including focus groups, patient representative groups, FTP bulletins, student engagement and podcasts.
32.	Council **approved** the communications strategy; and

	delegated any minor changes to the strategy to the Chief Executive and Registrar, in consultation the Chair of Council.
	Business plan assurance Q3 update C09(23)
33.	Council noted the report covered performance for 2022/23. Some activities marked in amber had now progressed to green.
	Balanced Scorecard Q3 update C10(23)
34.	Council noted a Leadership Team working group had been created to review the measures captured in the balanced scorecard for 2023/24. **Action: Head of Finance to clarify the indicator for Change Management expenditure.**
	Q3 2022/23 Financial performance report C11(23)
35.	Council noted there were positive variants in all areas of income, business as usual and project expenditure. Reasons for savings as well as delays and underspend on strategic reserve were provided. Savings in the current year were factored into 2023/24 and future reforecasting. With regards to variation in expenditure, fluctuations, and management of composite financial risk, Council was informed that quarterly reforecasts remained accurate and assisted with achieving value for money.
36.	Council **noted** the financial performance for the nine months ending 31 December 2022 in annex one; and **noted** the Q3 forecast for the current year 2022-23 in annex two.
	Chair's report C12(23)
37.	Council **noted** the report and changes to the Council membership from January 2023. Council was reminded there was ongoing recruitment for two new Council Associates, which was now at interview stage.
	Chief Executive and Registrar's report C13(23)
38.	Council **noted** the report. Council and committee members, workers, and GOC staff were thanked for their collective effort in the GOC meeting all 18 PSA standards for good regulation for the first time in nearly a decade. The PSA performance review report covered the period from October 2021 to December 2022.
39.	Regarding paediatric optometry, it was noted there seemed to be hesitation in some practitioners to treat children. Council discussed some possible reasons for this, including the confidence of individual registrants in respect to understanding their responsibilities in this area.
	Advisory Panel minutes – 10 March 2023 C14(23)
40.	Council **noted** the minutes of the Advisory Panel, which included minutes from the individual statutory committee sessions. Council was advised the Registration Committee had submitted a recommendation regarding DBS checks for registrants and SMT would consider and provide its recommendation to the next Council meeting.

	Council Forward Plan C14(23)
41.	Council **noted** the Council forward plan.
	Any Other Business
42.	There were none.
	Date of the next meeting
43.	Council noted the date of the next meeting as Wednesday 28 June 2023.
	Close
44.	The meeting closed at 3.45pm.

General Optical Council

COUNCIL

Actions arising from Public Council meetings

Meeting Date: **28 June 2023**   **Status:**   **For noting**

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

Purpose

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

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

Part 1: Action Points from the Council meeting held on 22 March 2023

Reference	By	Description	Deadline	Notes
Investment policy C05(23)	Head of Finance	Head of Finance to seek further insight on higher exposure to risk, from Brewin Dolphin.	**June 2023**	**Complete -** this was discussed at Investment Committee (with Investment Manager) and at Audit Risk & Finance Committee, and covered in minutes included in Council papers.
Investment policy C05(23)	Head of Finance	Head of Finance to make the following amendments to the policy: • section 9 - Ethical Investment heading to read Delegation of Authority. • Inclusion of Investment Manager attendance to Investment Committee meetings.	**June 2023**	**Complete**
Significant incidents policy C06(23)	Head of Governance	Head of Governance to make the following amendment to the policy:	**June 2023**	**Complete**

1

Reference	By	Description	Deadline	Notes
		• Include a reference to near misses.		
Significant incidents policy C06(23)	Head of Governance	Head of Governance to circulate Never events framework, which had been approved by ARC.	**June 2023**	**Complete**
External business plan and budget 2023/24 C07(23)	Head of Finance	Head of Finance to include the following in the budget paper: - Page 239 - "influence to DHSC" to read "continuing to influence the reform agenda". - Page 239 - additional detail on planned upcoming work, rather than just completed work, required.	**June 2023**	**Complete -** The amendments relate to wording of previous reports to Council. The proposed change to wording is noted and will be incorporated into future reports as required.
Balanced Scorecard Q3 update C10(23)	Head of Finance	Head of Finance to clarify the indicator for Change Management expenditure.	**June 2023**	**Complete**

Part 2: Action points from previous meetings which remain outstanding

Reference	By	Description	Deadline	Notes
Balanced Scorecard 21.09.2022	Head of Governance/ Director of Corporate Services	Next iteration of the balanced scorecard include an Equality, Diversity and Inclusion (EDI) measure.	**May 2022**	**Ongoing** Work is being scoped to assess the balanced scorecard measures for 23-24, and EDI will be incorporated.
Registrant fees rules and fee strategy 2023/2024 C48(22) 07.12.2022	Director of Corporate Services	Director of Corporate Services to review level of fees charged, including the rationale for the single fee for all body corporates.	**Q1 23/24**	**Ongoing** Review of fees for 24/25 will be part of the financial strategy work presented to ARC in Q3 prior to Council approval. Rational for body corporate fees will form part of development of a model for business regulation (see

				Legislative Reform and call for evidence analysis paper C04(23))
		3		

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
Registrant fees rules and fee strategy 2023/2024 C48(22) 07.12.2022	Director of Corporate Services	Director of Corporate Services to look at how the fee increase compared with other healthcare regulators.	**Q1 23/24**	**Complete** – update provided as part of Strategic Risk paper SC15(23)

3

General Optical Council

GOC strategy 2025-30: laying the foundations

Meeting: 28 June 2023   **Status:** For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Andy Spragg, Head of Governance

Purpose

1.   To enable Council to review the proposed approach for developing the next five-year strategy for the GOC.

Recommendations

2.   Council is asked to:
     • **note** the proposed approach and timescale for the development of the 2025-30 strategy (working title "Shaping the Future");
     • **note** the terms of reference for the strategy coordination group (SCG);
     • **appoint** Clare Minchington as Council lead for strategic development.

Strategic objective

3.   This work contributes towards the achievement of all three of the strategic objectives and begins to lay the foundations for agreeing the strategic objectives for 2025-30.

Background

4.   Annex one, attached, sets out the overarching context, proposed approach, outputs and key milestones for developing the GOC strategy for 2025-30. Annex one was considered and approved by senior management team (SMT) on 24 May 2023.

5.   The GOC vision, mission and strategic objectives (with the working title 'Shaping the Future') will replace the current 'Fit for the Future' strategic plan. Council appointed lead roles will support the development of the strategic plan.

Analysis

6.   The SCG will co-ordinate the operational groundwork required to produce the suite of documents that will form the new strategy. Annex one also sets out timescales for the next eighteen months, with the aim that Council will be asked to approve the proposed vision, mission, values and strategic objectives in December 2024, to enable the development of detailed business plans for the 2025/26 financial year ready for approval by Council in March 2025.

7.   The proposed timescales in annex one indicates when key opportunities will arise to shape the development of the strategy, including when the public and other stakeholders will be engaged and consulted. These milestones will be further refined

and granulated, as engagement with GOC committees (ARC, Advisory Panel, etc), members, registrants and the wider stakeholder community is fine-tuned.

8. Strong ownership of the strategy by Council will be a critical success factor in this work. Council is invited to discuss the approach, outputs and key milestones. The approach set out in annex one is intended to provide a degree of flexibility, in recognition that the process will require coordination to produce an overarching set of strategic priorities, alongside more detailed EDI, financial, digital and people strategies. There will be regular engagement with Council throughout the process including via its informal catch-ups, in-person Council strategy days, as well as formal consideration and decision-making at public Council meetings.

9. In addition, Council is asked to appoint Clare Minchington, Senior Council Member, as the Council lead for strategic development. This will include:
    *   providing non-executive insight and expertise for the purposes of strategic planning and development;
    *   providing independent challenge and input, and testing the financial and non-financial assumptions through the planning process
    *   reviewing the risks and opportunities identified; and
    *   acting as a sounding board for strategic planning in advance of proposals being discussed by full Council.

10. The Council lead for strategy development will have no delegated authority on behalf of Council. The key executive points of liaison for the Council lead for strategy development will be the Head of Governance and Director of Regulatory Strategy.

11. In addition, individual Council members have been asked to engage in the following identified areas:
    *   Council Associates – equality, diversity and inclusion
    *   Sinead Burns - people strategy
    *   Mike Galvin - digital strategy
    *   Ken Gill - financial strategy and updated reserves policy
    *   David Parkins – regulatory reform and stakeholder engagement

12. As a first early step towards benefiting from the insights and experience of Council members, the Senior Council Member will facilitate a discussion with Council members on horizon scanning and key issues at the strictly confidential meeting on 27 June 2023. A short verbal summary of this discussion will be provided at the public meeting.

Finance

13. The establishment of the SCG and arrangements for lead member carry no financial implications. However, individual pieces of work may require additional financial resource. Any proposed work with financial resource implications will need to be approved in line with the organisation's financial regulations and scheme of delegation. The group will have no formal decision-making power in this regard and will need to refer proposals to the appropriate authority to make financial decisions.

Risks

14. The SCG is intended to mitigate the risk of siloed working, as it coordinates the development of a number of key strategic documents in anticipation of Council approval. Other risks will be identified and assessed throughout the development of the work and referred to the appropriate risk owners as required.

15. There is a risk that the key milestones listed in annex one slip; and that Council is not able to approve the proposed vision, mission, values and strategic objectives and EDI strategy in December 2024. The key risk here is that the public consultation scheduled to take place in May to July 2024 is delayed (for example, because of unforeseen emergent business, political or pandemic-related issues). Delaying the public consultation beyond August 2024 will negatively impact upon Council's ability to reflect upon, adjust and refine its final proposals in light of the consultation responses, in anticipation of Council approval in December 2024, with the consequential effect of delaying preparation of detailed business plans for the 2025/26 financial year.

16. There is also the risk that multiple, sequential and overlapping consultations and combination of research activities (for example, consultation on the standards review, business regulation and legislative reform) may overstretch both our stakeholders and small policy team. Given resourcing pressures and the desire to identify strategic objectives in early 2024, we no longer plan to produce a formal state of nation report. Even so, we will ensure that horizon scanning on the strategic environment and available data and insight, informs the development of the strategic objectives.

17. The proposed mitigation is a combination of early and careful planning of stakeholder engagement and underpinning research by the SCG; use of in-person Council strategy days in 2023 and early 2024 to horizon scan and workshop key issues; and potentially scheduling an additional Council strategy day and/or Council meeting in Q3/Q4 2024/25 to assist with progressing strategic choice and decision-making.

18. Should unforeseen emergent business, political or pandemic-related issues delay the approval of the strategic plan beyond March 2025; the development of a six-or twelve-month interim enabling document could also be considered.

Equality Impacts

19. Establishment of the group has no immediate equality impacts, either positive or negative; however, in considering the group composition, the EDI manager will be included in discussions and engaged throughout the strategy development process.

Devolved nations

20. There are no explicit impacts for devolved nations, though there will be as the engagement with devolved nations as the new strategy are developed, alongside and prior to, formal public consultation. The group will maintain oversight of this and ensure any risks or issues are escalated to SMT and Council where appropriate.

Other Impacts

15. There are no significant impacts identified.

Communications

External communications

16.   The SCG will be responsible for the development of an external and internal communications plan.

Internal communications

17.   Staff will be kept informed via the Chief Executive's weekly bulletin and other regular updates. Employee, member and worker organisational workshops are planned for Q3-Q4 2023/24.

Next steps

18.   As described in annex one. In addition, Council will receive regular progress reports via the Chief Executive and Registrar report at its public meetings.

Attachments

Annex 1: Shaping the Future 2025-30 - developing the next five-year strategy for the GOC

Shaping the Future: developing the 2025-30 strategic plan

Purpose
To set out the proposed approach to developing, consulting on, and approving the next five-year strategic plan for the GOC.

Background
The GOC is currently in the third year of its five-year strategy "Fit for the Future: 2020-25". It has recently completed a substantial consultation activity in the form of its call for evidence on the Opticians Act and consultation on associated GOC policies and published its response. It is also mid-way through an ambitious programme of investment in digital transformation, improving customer service and its people and culture. Having recently met all 18 of the PSA's Standards of Good Regulation, the GOC's fitness to practise (FtP) improvement programme is realising the benefits of systematic, incremental changes, with further adjustments to processes planned. In addition, the GOC has a strong balance sheet, healthy reserves to support the implementation of the next five-year strategic plan, with small surpluses forecasted for the five years of revenue over expenditure. This has set the foundations for developing the next five-year strategy for 2025-30.

There are also external factors that will drive the planning and development of the next five-year strategy. These include (in no order of priority):
- legislative reform including the introduction of unitary board and committees; potential expansion of business regulation;
- impacts of the GOC's education and training reforms, including CPD; of expansion of post-registration qualifications; of registrants' changing work patterns and optical workforce shortages;
- the macroeconomic picture;
- enhanced public and patient expectations of both optical care and regulatory intervention;
- developments in technology and delivery of optical services;
- continued growth of online delivery of optical services and sale of optical appliances;
- changes in the commissioning landscape and service delivery; with new models of enhanced primary care services undertaken by registrants with a different skills mix, performing more clinical roles;
- a refresh of PSA standards including a strengthened focus on EDI;
- an ageing population and increased demand for eye care services like myopia management; and
- an uncertain political environment with a general election to take place before January 2025 at the latest.

Scope

The five-year strategy for the GOC will be made up of a portfolio of complementary documents which together will direct our activity as an organisation. For 2025-30, it is proposed that these should include:

- GOC vision, mission, values and strategic objectives
- Equality, diversity and inclusion strategy
- Financial strategy and reserves policy
- Digital strategy
- People plan
- Business performance reporting framework

In addition, the GOC will continue to publish an annual business plan and budget, which will be approved by Council in Q4 of each preceding year.

At present the GOC's vision, mission, values and strategic objectives are within scope of this project. It is important that they are developed at the same time as the financial strategy and reserves policy, digital strategy and equality, diversity and inclusion strategy so that the connections between the three are fully exploited and dependencies understood. For example, the People and Culture department are developing a new knowledge and skills framework, which has connections to the GOC values. As such, there may be a need to separate work on the values from the strategy development.

In addition to the vision, mission and values, the GOC must also work to its statutory objectives, better regulation principles and Professional Standards Authority standards. There may be scope in streamlining some of these different principles, to avoid unnecessary duplication.

Proposed approach

The Chartered Management Institute sets out the following checklist for strategy development:
1. Understand the current position
2. Reflect on how you got there
3. Be clear about your corporate identity (mission, vision and values)
4. Analyse your strengths and weaknesses
5. Analyse the business environment
6. Identify and evaluate strategic options
7. Set objectives
8. Communicate the strategy
9. Implement the strategy
10. Review progress

Activities to address points 1-7 of the checklist will be undertaken in 2023 to early 2024, with a view to Council approving the new vision, mission, values and strategic objectives in December 2024, to enable the development of detailed business plans for the 2025/26 financial year ready for approval by Council in March 2025.

Establishing a strategic business performance reporting framework will ensure that Council is able to support an effective implementation and review progress as we transition into the new strategy.

Key elements of assessing the current position and analysis of the business environment are already underway, in the form of our annual Registrant Workforce and Public Perceptions surveys.

Alongside this, we will need to consider:
- a new financial strategy for 2025-30, including an updated reserves policy, five-year forecasts and drawn-down plans to reflect the strategic objectives for the next five-years;
- the legacy of the current Change Management Office (CMO) and strategic projects; their transition into business as usual; and oversight of future strategic and other projects identified within the 2025-3030 strategic plan; and
- the development of people-related initiatives, including the member support review; office accommodation; recognition and reward strategy; knowledge, skills and behaviours framework; and plans to develop the organisational values.

To manage the development of these elements at an operational level, a strategy coordination group (SCG) will be established (co-chaired by the Head of Governance and Director of Regulatory Strategy). Terms of reference are attached as annex 1.

On a strategic level, the Council will appoint Clare Minchington as the Council Lead for strategic development.

Individual Council members will be asked to engage in the following identified areas:
- Clare Minchington – overarching strategy development
- Council Associates – equality, diversity and inclusion
- Sinead Burns – people plan
- Mike Galvin - digital strategy
- Ken Gill - financial strategy and updated reserves policy
- David Parkins – regulatory reform and stakeholder engagement

Their role will be to act as a sounding board for the appropriate executive lead and provide input where needed.

In addition, all Council members will have an opportunity to input and feedback across a range of engagement and planning activities, including the Council strategy days.

Stakeholder engagement

The views of stakeholders (including patients, the public, registrants and industry bodies) are essential in the selection of strategic priorities to inform our longer-term objectives. Our aim is to ensure that our strategic objectives are informed by

stakeholder insight and have stakeholder buy-in, leading to a situation where the formal consultation on the draft strategy and financial plan is not contentious.

The Head of Communications and Head of Strategy, Policy and Standards will develop a plan for stakeholder engagement. This plan will draw on existing opportunities to engage with stakeholders (such as our optical sector policy forum and our registrant survey) as well as identifying bespoke activities to support effective engagement.

Proposed timescale:

Please note - The timetable below is indicative and subject to further refinement as we engage with stakeholder groups, including the public, registrants, Hearings Panel, education providers, and the wider cohort of members, workers and employees, as well as engagement with GOC committees (ARC, Advisory Panel, etc. which are not plotted below) The first priority for SCG will be to establish the key interdependencies, timescales, risks and opportunities for the proposed work.

a.   27 June 2023 Council, strictly confidential session, to consider "GOC strategy 2025-30: laying the foundations" where the Senior Council Member will lead a discussion with Council to explore key 'high level' strategic themes and priorities, centred around four pillars: the GOC as a business; the GOC as a regulator; regulatory reform; and public and patient protection.

b.   28 June 2023 Council, public session, to consider "GOC strategy 2025-30: laying the foundations" which sets out the initial scope; proposed outputs; proposed approach to development and consultation; key milestones and proposed Council leads.

c.   September 2023 Council to consider proposed approach to stakeholder engagement. (Note: employee, member and worker workshops throughout Q3-Q4 2023/24)

d.   November 2023 Council strategy day #1. Workshops to include: SWOT analysis; values and behaviours; mission and vision; horizon scanning; financial, people and digital strategy.

e.   December 2023 Council, strictly confidential session, to consider key emerging themes/ strategic choices; potential presentations/ discussions with stakeholder groups.

f.   January 2024 Council strategy day #2. Workshops to consider draft vision, mission, values and strategic objectives; EDI strategy; early draft financial, people and digital strategy.

g.   March 2024 Council to consider proposed vision, mission, values and strategic objectives; and EDI strategy for 2025-2030, in advance of public consultation.

h.   May – July 2024 public consultation on proposed vision, mission, values and strategic objectives; and EDI strategy for 2025-2030.

i.   June 2024 Council to draft five-year financial strategy (forecast income and revenue expectations); draft digital and people strategy.

j.   September 2024 Council to consider outcome of public consultation.

k   October 2024 Council strategy day #3 strategy finalisation: workshops on proposed finance, digital and people strategy.

l.   November 2024 Audit, Risk and Finance Committee review of proposed financial, digital and people strategy.

m.   11 December 2024 Council to approve proposed vision, mission, values and strategic objectives for 2025-30; and associated EDI, financial, digital and people strategy. (Note: published in January/Feb 2025)

n.   30 January 2024 Audit, Risk and Finance Committee to consider 2025/26 business plan and performance reporting framework.

o.   19 March 2025 Council to approve 25/26 business plan and performance reporting framework 2025-26.

Annex 1 –
Strategy Coordination Group (SCG):
terms of reference

Purpose

Senior Management Team (SMT) has established a strategy coordination group (SCG) to coordinate development of the GOC strategy 2025-2030 by:
- creating a common understanding of the strategic landscape to ensure a consistency of language and consultation approach across the portfolio of strategic documents;
- directing activity to ensure it is managed effectively at an operational level, prior to draft work being considered by SMT, Council or its committees;
- ensuring interdependencies between different strands are understood by the various risk and policy owners;
- providing first-reader support for strategy owners; and
- developing and directing consultation activity; and
- providing advice and escalating issues as required.

SCG is an advisory body. All proposed consultation activity and draft strategy documents must by formally approved by SMT before being referred to Council or its committees.

Membership, Chair, Secretary and Quorum

Membership will consist of:
- Director of Corporate Services
- Director of Regulatory Strategy
- Head of Communications & Engagement
- Head of Governance
- Head of Strategy, Policy and Standards
- Change representative (as required)

In addition, other personnel with strategic responsibilities (for example, EDI manager) will be invited to join as and when needed.

Members of SMT will attend from time to time to observe and present, and the Chief Executive and Registrar will have a standing invitation to attend as a participant.

SCG will be co-chaired by the Director of Regulatory Strategy and Head of Governance, who will be responsible for:
- agenda setting;
- commissioning reports as required;
- chairing the meeting;
- assigning actions;
- responding to commissions from SMT as required;
- reviewing and finalising the draft minutes; and

- coordinating with key Council member stakeholders, including the Chair of Council and the nominated lead Council members.

Secretariat support is provided by Governance. This will include the commissioning of papers, maintaining an action tracker, distribution of the agenda papers and production of the minutes. All paperwork will comply with the standards set out by Governance.

All meetings will be treated as confidential with papers on limited circulation to the membership and SMT only unless indicated by the Chair.

The quorum for the SCG will be a quarter of its membership.

Frequency of meetings, availability of papers and review

SCG will meet a minimum once every two months. It may convene at other times as necessary at the request of:
- a member of SMT;
- a co-chair of the group

Papers will be circulated five days before the meeting, except when a meeting is considered urgent and called at short notice.

SCG will review its effectiveness, including how it is performing against its terms of reference, every six months and report the results to SMT.

SCG is time-limited in its activity, and it will present a final report to SMT following the approval of the final GOC strategy for 2025-30. This will include any lessons learnt and recommendations for the future.

COUNCIL

Call for evidence next steps

Meeting: 28 June 2023   **Status:** For decision

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper Author(s): Charlotte Urwin (Head of Strategy, Policy and Standards)
Council Lead(s): David Parkins

Purpose

1. To seek Council approval for our plans to take forward commitments made following our analysis of responses to the 2022 call for evidence.

Recommendations

2. Council is asked to:
    - approve our plan and timescales to take forward the commitments made following the call for evidence;
    - approve expenditure of £50,000 from the strategic reserves for additional research on the impact of time, place and person on the sight test; and
    - delegate approval of the business case and invitation to tender to the Chief Executive and Registrar in consultation with the Council lead for regulatory reform (David Parkins).

Strategic objective

3. Taking forward the commitments outlined in the call for evidence document is included in the business plan for 2023/24, which supports our strategic objective of delivering world-class regulatory practice.

Background

4. As Council will be aware, we decided to use the opportunity of the Department of Health and Social Care's programme of reform of regulators' legislation to conduct our own review of the Opticians Act (the Act) in areas that are unique to the optical sector. As a first step in this process, we issued a call for evidence on 28 March 2022 to help us consider whether the Act is fit for purpose and to consult on associated GOC policies (hereinafter referred to as the 'call for evidence').

5. Our call for evidence closed on 18 July 2022. To assist the Council's decision making on some of the issues raised in the call for evidence, we agreed with Council at its meeting in September 2022 that we would prioritise the areas of refraction and business regulation, and carry out further research to fill the gaps in our knowledge and evidence base in these areas. We commissioned three agencies to provide

13 June 2023

research on the public and clinical perspectives on refraction and on business regulation. Each of the research reports are published on our website here.

6.   Council discussed and approved the call for evidence response document at its meeting in March 2023. We published the call for evidence response document on our website on 11 April (Call for evidence on the Opticians Act and consultation on associated GOC policies - General Optical Council - Citizen Space). The GOC response to the call for evidence identified that whilst legislative reform is necessary to advance some proposed areas of change, there is much that we can do within our current regulatory framework to advance public protection, for example, through our review of our standards and the issuing of position statements.

7.   The executive summary of the call for evidence document (pages 3-7) includes several commitments we made to take forward different areas of work. The executive summary lists: the six areas we intend to address through a request to change legislation; the two areas we intend to address through the review of our standards; the two areas we intend to discuss further with DHSC; the four issues we will consider addressing through a GOC position statement; and the seven topics we will consider returning to and/or keep under review. In addition, we identified three areas that were outside the scope of the call for evidence where we may undertake further work, including developing further guidance on supervision of students and trainees, review of declarations guidance and paediatric dispensing.

8.   This is a significant number of commitments and represents a substantial body of work for the Executive to progress over the medium-term to ensure that the Act, our policies and standards are fit for the future given the ever-changing political, commissioning, technological, delivery of care and business landscape.

Analysis

9.   We have identified six different work streams arising from the call for evidence commitments, likely leading to five GOC consultations and one external consultation. Annex 1 contains a table identifying the workstreams, call for evidence commitments, and a likely consultation timetable. We have taken the decision to group the work ahead by workstreams and they are listed in the table in annex 1 in date order, based on when we are likely to consult on the work, not in order of complexity or scope of work to be undertaken. There are other topics in the call for evidence which are not included within the workstreams identified in annex 1, as they are areas we have agreed to keep under review or which fall outside the scope of the call for evidence.

10. In developing the plan, we have balanced resourcing within the policy and standards team, other commitments (such as the standards review and development of our new corporate strategy) as well as the possibility of stakeholder fatigue or disengagement caused by too many consultations or programmes of work running simultaneously.

11. Although the GOC is not in the first wave of regulators in the DHSC-led reforms, until the GOC can indicate when its blueprint for legislative reform will be ready, the DHSC is unlikely to commit to a timescale of its own in respect of the GOC's section 60 order. It is vital therefore, that we move forward this work as quickly as we can, whilst allowing time for effective stakeholder engagement and robust policy development.

12. For this reason, we have already begun work on taking forward workstream 1 'position statements' as this is a discrete area of work on which stakeholders broadly agreed and we can issue position statements without legislative change. Our plan is to consult on these position statements in the autumn of 2023, so that we can demonstrate that we have moved forward in delivering the call for evidence commitments.

13. We anticipate that it will take at least two years to complete (as far as we can) all the work arising from the call for evidence, but it may be some years before the GOC's legislation is reformed. Even with a two-year timeframe for delivery, there is a significant amount of work to be undertaken, with the most complex workstreams being business regulation and updating our 2013 statement on the testing of sight. Our approach on these two areas is set out in more detail below.

Developing a model of business regulation

14. In our call for evidence response, we said that regulation should apply to all businesses conducting restricted functions regardless of their name, corporate structure or who owns and manages them. We consider this is necessary to both deliver patient safety and protect consumers.

15. We will embark on a significant programme of work to develop our policy proposals for our model of business regulation. As set out in the call for evidence response document, the issues that we need to consider include business and ownership structures, regulatory supervision (including assessing the effectiveness and cost of any potential assurance or compliance activity), enforcement approach and sanctions, access to consumer redress and registration fees charged to optical businesses. We anticipate that our legislation, once revised, will give us the power to set our own fees framework. As a result, we will have an opportunity to consider whether we should retain a single fee for all corporate entities registered with us or move to a different fee model.

16. Developing the model of business regulation will be one of the most complex areas to take forward and we believe that we need additional resource to deliver this, whilst still delivering the rest of the policy work in our business plan. We propose recruiting an additional policy manager from September 2023 on a full time, fixed term contract (FTC) lasting 14 months, to take the lead for this work, whilst also being available to assist with other issues as time allows.

17. We intend to cover the costs of this additional FTC post through in-year cost savings. As such, we are not seeking additional investment from reserves to cover the cost of this post.

18. We will begin the process of recruitment in early July, with the intention that the policy manager will be in post from September 2023 – November 2024. A very high-level timetable for this work is set out below:

Activity	Timeframe
Development of proposals	September 2023 – March 2024
Consultation on proposals	April – July 2024 (after the standards review consultation has closed)
Write up of consultation response document and any amendments to proposals	July – October 2024
Council approval of consultation response document sought	December 2024 or March 2025 depending on progress with earlier steps and the volume and content of the consultation responses received

19. Some issues may prove contentious, but we will seek to build consensus on our approach where possible. One of the first tasks for the policy manager, once in post, will be to develop a project plan for this work (incorporating Council, Advisory Panel and other governance meetings as appropriate) as well as mapping out our approach to stakeholder engagement; this is likely to include a stakeholder reference group.

Updating our statement on the testing of sight

20. Restrictions in relation to testing of sight are set out in section 24 of the Act, and only optometrists or registered medical practitioners can test sight (with special provision for students). Our 2013 statement on testing of sight sets out that no part of the sight test can be delegated to a dispensing optician or contact lens optician, even under supervision. However, certain tasks can be undertaken by others for purposes other than the sight test, for example, dispensing opticians undertaking refraction to check accuracy of lenses.

21. In our response to the call for evidence, we said that we were not satisfied that dispensing opticians should be permitted to refract for the purposes of the sight test. Our main concern is undetected pathologies, including subtle clues about eye health that may be missed if different professionals conduct the refraction and other components of the sight test. However, we identified three areas where we considered we would undertake more work:
    - Updating our 2013 statement on testing of sight to clarify the position in relation to pre-screening tests and triage checks related to the sight test that may be

carried out by persons other than the optometrist or registered medical practitioner.

- Our interpretation is that the Act does not specifically prohibit separation of the elements of the sight test by time, place or person. We may clarify our position in a statement or seek a change in the law.
- Discussing the issues connected with orthoptists refracting for the purposes of sight testing with the Health and Care Professions Council (HCPC – the regulator for orthoptists) and the British and Irish Orthoptic Society.

22. Any changes to the 2013 statement would be subject to public consultation.

23. On the first element above, we believe that we can take forward the updating of the statement in relation to pre-screening and triage using existing information we have available, including the research we commissioned on refraction and responses to the call for evidence.

24. On the second element, there is stakeholder concern that some sight test models which are separated by time, place or person may not adequately protect the public. As a healthcare regulator, our overriding consideration is public protection, patient safety and upholding public confidence in the professions we regulate. As part of our call for evidence considerations, we sought advice from our clinical advisers and commissioned an external report seeking clinical views on refraction.

25. Further research is needed to understand more about the separation of elements of the sight test by time, place or person and whether this separation has adverse impacts on public protection or patient safety. If possible, we wish to pursue an approach that goes beyond seeking expert opinions (although these are valuable) to measure real world outcomes. We are seeking advice from our networks, including other healthcare regulators, on how this might be achieved considering factors like resources and timescales, to inform an invitation to tender exercise.

Finance

26. As identified above, the costs of an additional policy manager to deliver the work on business regulation can be covered by the existing budget. However, if Council agrees that further research is needed in relation to the 2013 statement on testing of sight, depending on the methodology this may require additional resources drawn from the strategic reserves. This would supplement funds in the BAU budget already allocated for research rather than meet the full costs of the research.

27. The GOC's financial regulations (item 8) state that Council has responsibility for approval of expenditure from reserves, with authority delegated to SMT for approval of project mandates and business cases for all new projects and activity (whether funded by reserves or not) with expenditure of less than £213,477 (item 10). To maintain pace of delivery and given the relatively small sums involved, we propose that Council delegates approval of a business case and invitation to tender on the

research approach to the Chief Executive and Registrar in consultation with the Council lead member on legislative reform.

28. Based on current assumptions, we are seeking Council's agreement to draw £50,000 from the strategic reserves for this research. If this sum proves insufficient, we will return to Council at its September meeting to seek approval for further funds or to decide either not to proceed or to pursue an alternative approach.

29. The 23/24 budget and five-year forecasts included a provisional sum earmarked from reserves of £150,000, to support future strategic projects, subject to Council's approval of the project mandate and business case (please see 2023/24 ((C07(23)).

Risks

30. As noted above, although the GOC is not in the first wave of regulators in the DHSC-led reforms, until the GOC can indicate when its blueprint for legislative reform will be ready, the DHSC is unlikely to commit to a timescale of its own in respect of the GOC's section 60 order.

31. Business regulation and the testing of sight are potentially contentious areas of policy with consequences for stakeholder groups bringing reputational and other risks. These risks are being mitigated through carrying out significant stakeholder engagement, evidence collection and transparent decision-making.

Equality Impacts

32. We will complete an equality impact assessment for each proposed change in legislation or policy consulted upon further. At this point in time, we will complete impact assessments (including equality and diversity impacts, and financial impacts) taking into account information already gathered during the call for evidence.

Devolved nations

33. We are a UK-wide regulator and any legislative or policy changes will therefore apply across all the nations. We have engaged with stakeholders across the nations (including the devolved governments) and will continue to do so as this area of work progresses.

Communications

External communications

34. We will continue to keep stakeholders updated at appropriate intervals as we move forward. Any further consultations will be available on our consultation hub, and we will promote these through our usual channels.

35. We will also engage with specific stakeholders as outlined in our proposed GOC response to the call for evidence.

Internal communications

36.   We will continue to keep staff updated on our progress.

Next steps

37.   Once we have the agreement from Council on next steps, we will move to recruit the policy manager and develop proposals for taking forward the research.

Attachments

Annex 1: List of commitments set out within the call for evidence within scope and plans for taking forward.

General Optical Council

Annex 1: List of commitments set out within the call for evidence within scope and plans for taking forward.

	Workstream	Call for evidence commitments	Consultation timetable
1	Position statements	• Verification of contact lens specification and spectacle prescription - position statement on not enforcing verification of contact lens specification • Definition of aftercare	Autumn 2023 (September – October)
2	Changes to our standards	• Dispensing to vulnerable patients • Use of technology	Winter 2024 (January – April), as part of the Standards Review consultation.
3	Developing the new model of business regulation	• Business regulation • Deposits for sight tests	Spring 2024 (Mid-April – mid July)
4	Updating our 2013 statement on the testing of sight	There are three elements from our response to the call for evidence related to reviewing our 2013 statement on testing of sight: • We will consider updating our 2013 statement on testing of sight to clarify the position in relation to pre-screening tests and triage checks related to the sight test that may be carried out by persons other than the optometrist or registered medical practitioner. • Our interpretation is that the Act does not specifically prohibit separation of the elements of the sight test by time, place or person. Business models are evolving alongside developments in technology. There were a range of views about this, and we plan to consider developments in more detail. We may clarify our position in a statement or seek a change in the law.	We have 3 options for this consultation: • We run two consultations at once, so that we consult on the statement whilst consulting on another topic • We incorporate changes to the statement into the Autumn 2023 consultation (see workstream 1 – this is extremely unlikely because we believe that we need to commission more research to address the point about separation of elements of the sight test) • We consult on the statement after business regulation (which means launching a consultation no earlier than Summer 2024)

13 June 2023

		• Discussing the issues connected with orthoptists refracting for the purposes of sight testing with the Health and Care Professions Council and the British and Irish Orthoptic Society.	Our timing for this work depends on the complexity, scope and length of any research we wish to undertake.
5	Other areas of work	• Regulatory objectives – secondary consumer protection objective • Restricted functions – mechanism to make recommendations to the Secretary of State • Verification of contact lens specification – seeking legislative change • Definition of low vision • Wording of protected titles • Regulations related to criteria for visual impairment • Online spectacle sales • Spectacles prescription contents (if we decide to)	These areas of work are more technical and less urgent. As such, we expect that we will consult on them after other work identified above is completed, so consultation late autumn 2024 at the earliest.
6	Legislative reform	Section 60 order consultation from DHSC	Continued engagement with DHSC on their proposals for legislative reform of the regulators. We anticipate a consultation on GOC legislation no later than 2026-2027, but this is subject to external events outside of our control.

General Optical Council

___

Internal investigation policy

___

Meeting: 28 June 2023   **Status:** For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Andy Spragg, Head of Governance

Purpose

1.   To present a new internal investigations policy for Council approval.

Recommendations

Council is asked to:
   • **approve** the proposed internal investigation policy; and
   • **delegate** any minor revisions to the Chief Executive and Registrar (in consultation with the Chair of Council)

Strategic objective

2.   This work contributes towards the achievement of the following strategic objective: Building a culture of continuous improvement This work was included in the 2022/23 business plan and will contribute to the delivery of the 2023/24 business plan.

Background

3.   The current GOC Internal Investigation Policy is dated August 2016 and was due for review in November 2019. The previous policy was approved by Council. Although this is not a matter explicitly reserved by Council in its statutory and non-statutory approvals, the policy does apply to all internal investigations, including those that may involve members and workers as the subject of investigation. It is therefore prudent for the policy to be referred to Council for approval. The proposed policy is attached as annex 1.

4.   The policy was reviewed by the Senior Management Team (SMT) on 10 May 2023. It was referred to the Policy Review Group (PRG), whose terms of reference states it has a responsibility to: "review the relevant GOC policies and help provide the policy owner with assurance that they are legally compliant, in plain English, in line with current best practice guidance and follow the GOC template(s)." Relevant policies are defined as: "a policy that does not relate to the GOC's regulatory functions (regulatory policies are reviewed by the Policy Steering Group), e.g., internal corporate policies focused on GOC staff, culture and working processes." Therefore, the draft policy was referred to the PRG for comment. The Senior Council Member,

Clare Minchington, was also asked to provide feedback in order to provide a member perspective.

Analysis

5.   The policy updates are intended:
   - to include specific provisions around the threshold for investigations concerning complaints about members, and limit the risk of frivolous or inappropriate complaints about individual members resulting in formal investigation;
   - to include additional wording to outline the expectation on members, workers and employees who are GOC registrants to also abide by their obligations under the GOC standards and policies applicable to them as a registrant;
   - to clarify the role of the decision manager in ensuring complaints in relation to members, workers or employees who are GOC registrants are coordinated with Regulatory Operations if required;
   - to improve the consistency of terminology with other HR policies;
   - to set more realistic timescales and the requirement to approve allegations with the person raising the complaint; and
   - to align the policy to the current ACAS code of practice.

6.   The provisions related to member complaints are intended to recognise that members are effectively public figures and will be subject to a higher level of scrutiny as a result. It is important that all complaints are properly considered and investigated where required. The revisions are proposed to provide clarity to the public about the reasons the GOC might decline to formally investigate a complaint regarding a member. An additional mechanism for assurance has been included that establishes a requirement to report the number of member complaints that did not meet this threshold to the Nominations Committee on an annual basis.

Finance

7.   The revised policy incurs no new expenditure and creates no new savings, therefore there are no financial implications beyond the financial risks commonly associated with internal investigations.

Risks

8.   The review of this policy is intended to reduce the risks associated with managing internal investigations. By seeking to update the policy, we are ensuring it remains consistent with best practice, builds on lessons learnt in the organisation regarding internal investigations and that Council and SMT are assured that it remains up to date.

Equality Impacts

9.   A clear policy for investigations supports equality, diversity and inclusion (EDI) as it enables the organisation to tackle concerns around EDI if and when these arise. It also supports those likely to be impacted by an investigation by giving them clear guidance on what they can expect from being involved in the investigation.

Devolved nations

10. There are no impacts for devolved nations identified.

Other Impacts

11. There are no significant impacts identified.

Communications

External communications

12. This policy will be published on the website alongside our complaints and feedback policy. This will support members of the public in understanding how a complaint or concern might be investigated.

Internal communications

13. Once approved by Council, the policy will be circulated to all staff, published on IRIS and a short item will be included at an all staff meeting for information. Leadership Team will be asked to cascade the policy to their teams.

Next steps

14. None.

Attachments

Annex 1: Internal investigations policy

Internal Investigations Policy

Status of document:	Draft
Version:	2.0
Date of approval:	TBC
Effective from:	TBC
Owner:	Andy Spragg, Head of Governance Tom Henery, Head of People and Culture
Author:	Head of Governance
Planned next review date:	June 2026

Table of Contents

1. Introduction

1.1 This policy applies to all GOC employees, members, contractors and workers and has been prepared using the ACAS code of practice. Those involved in an investigation are expected to act in a manner consistent with GOC values:

- 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

When an investigation is required, concerns and/or allegations will be investigated in line with GOC values. This means the investigation will be conducted fairly and thoroughly, without bias.

1.2 The policy will be used where an investigation is required under the relevant GOC policy, such as:

- Acceptable behaviour when communicating with the GOC (employees, members, contractors and workers);
- Anti-financial crime policy (employees, members, contractors and workers);
- Bullying and harassment policy (employees, members, contractors and workers);
- Code of Conduct (members only);
- Complaints and feedback about the GOC policy (employees, members, contractors and workers);
- Gifts and hospitality (employees, members, contractors and workers);
- Grievance and disciplinary policies (employees only);
- Management of interests policy (employees, members, contractors and workers); and
- Speaking up policy (employees, members, contractors and workers).

1.3 In some cases, a formal investigation may be commissioned by the Chair of Council, Chief Executive or a member of SMT where a significant policy exception has occurred, or failures in internal controls are substantial enough that a matter needs to be investigated to identify any recommendations or lessons learnt. This will be considered a compliance investigation. The scope of a compliance investigation may be extended by the decision manager at any time. In the event this happens, the decision manager will write to the person/people under investigation to inform them that the scope of the investigation has changed and the rationale for doing so. The decision manager may instigate a disciplinary hearing at any time where there is evidence to do so.

2. Raising concerns

2.1 We encourage all members, workers, contractors and employees to talk about any concerns they may have with their line manager or an appropriate senior

person as soon as possible. We will also respond to concerns raised by a member of the public and registrants.

2.2 This policy does not explain how to raise concerns. For more information about how to raise a concern, please consult the policies listed above. For members of the public, members and contractors, advice is available from the Governance team. For employees and workers, advice is also available from the People and Culture (P&C) team. Please see the 'support available' section later on in the policy for contact details.

3. What to do if a concern is reported to you

3.1 If a concern is reported to you, you are expected to act promptly, in accordance with the relevant policy listed above in section 1.2.

3.2 If the concern reported to you is about an employee or worker you should also inform the P&C team. The P&C team will be able to advise you accordingly. If the concern reported to you involves members of the public, a member or a contractor, you should inform the Head of Governance, who will advise accordingly. If the concern relates to either the Head of P&C or the Head of Governance, please inform the Chief Executive. You should treat any concerns and matters for potential investigation as confidential, subject to the advice from P&C or Governance.

4. What is an investigation?

4.1 When an investigation is commissioned under one or more of the policies listed in 1.2 above, it will be conducted in line with this policy, which provides a framework for carrying out investigations in a fair and consistent manner.

4.2 The aim of an investigation is to establish the nature of the allegations based on the concerns raised; gather evidence and establish the facts; and consider and make recommendations about next steps, which might be to make recommendations for suggested changes to GOC policies or procedures, or, if there is a case to answer, recommend whether the matter should proceed to a hearing or a case review.

4.3 Not all concerns will be investigated. The decision as to whether to commission an investigation will be taken by the relevant person in accordance with policies and based on the advice of P&C or the Governance team. This person is often called the 'decision manager'. We aim to resolve most concerns through informal routes, such as mediation or a facilitated conversation, as described in the relevant policy listed in section 1.2. Generally, only the most serious concerns will be investigated. Examples of serious concerns a decision maker may decide to investigate are:

- concerns about misconduct, bullying or harassment;
- grievances;
- concerns about an employee or a member's capability or on-going performance; or

4

- concerns that GOC policies or processes have been unfairly or inappropriately applied.

4.4   The public, registrants, members, employees and workers may raise a complaint about the GOC. Complaints about the GOC (for example, a complaint about a slow response to a letter sent to us) will be considered under the 'Complaints and Feedback about the General Optical Council' policy. Occasionally, a complaint may require an investigation, in which case this policy will be used to conduct the investigation. It is not expected that a member of the public would be involved in this investigation but will receive updates under the processes described in the complaints policy.

5. Fitness to practise considerations

5.1   Employees, workers and members who are GOC registrants should be mindful of their obligations under the GOC Standards of Practice, and should self-declare any concern, allegation, investigation or outcome that could call their fitness to practise (FtP) into question.

5.2   The Decision Manager will be responsible for coordinating with Regulatory Operations (FtP) to ensure the separate processes of managing an FtP concern and an investigation under this policy are managed in a complementary and proportionate fashion, with the aim of preventing needless additional distress or confusion for those involved.

6. Concerns about members

6.1   In the case of complaints about a member, the Head of Governance will first establish whether the complaint passes a threshold for an investigation. Complaints will not meet the threshold for investigation if:

- The subject of the complaint is no longer a member, or was not a member at the time of the alleged conduct and the issue has already been considered as part of their appointment;
- The complaint is made anonymously, unless there is a clear public interest in doing so and the Head of Governance considers a fair investigation can be carried out;
- The same, or substantially the same, alleged conduct has been the subject of a previous allegation and there is nothing further to be gained;
- The complaint is essentially against the action of the Council or a committee as a whole and cannot properly be directed against an individual member;
- The complaint is a service complaint;
- The complaint is about conduct which is the subject of legal proceedings against the Council involving the complainant (for the avoidance of doubt in this context legal proceedings means actual or contemplated legal proceedings or matters subject to mediation in which the GOC is involved as a claimant, defendant or interested party).
- Where a complaint identifies potential criminal conduct, the Head of Governance will refer the complaint to the police or such other regulatory agencies as may be appropriate. In most cases, the Head of Governance

5

will take no further action until any related criminal or regulatory investigation, proceedings or processes have been concluded. There may be grounds to progress an investigation, subject to the agreement of the police or other relevant agency, and the Head of Governance will consult with them as required.

6.2 If the complaint does not meet a threshold then no further action will be taken and the complainant will be informed accordingly along with the reason. The Head of Governance will signpost the appropriate routes for complainants in the case of service complaints. An annual report of any complaints that have not met this threshold together with the reasons will be provided to the Nominations Committee.

7. Commissioning an investigation

7.1 An investigation will be commissioned by the decision manager, based on advice from the P&C team (if the concern is about an employee or worker) or the Governance team (if the concern is about a member or a contractor), under one of the policies listed in 1.2 above. If the concern is about the Head of P&C or the Head of Governance, the investigation will be commissioned by the Chief Executive or Director of Corporate Services.

7.2 Before an investigation is commissioned, the administrator will first confirm with the person raising the concern, the person whom the concern has been raised about (if any), and the person to whom the concern has been reported, the nature of the concern; the relevant policy (see section 1.2) under which the investigation will be commissioned; and any steps taken to resolve the concern informally (for example, through a facilitated conversation or mediation).

7.3 Section 8 describes the role of the administrator, the decision manager and the investigator in more detail.

7.4 The administrator will appoint the investigator in consultation with the decision manager. The administrator must check the decision manager and the investigator have had no prior involvement in the concerns or allegations under investigation or any potential conflict of interest which may disqualify them from conducting the investigation or acting as the decision manager.

7.5 The administrator will also draft the terms of reference for the investigation and draft the investigation plan for approval. (A template terms of reference and investigation plan are at annexes A and C.)

7.6 The administrator may, if appropriate, consult the person raising the concern, the person about whom the concern has been raised (if any), and the person to whom the concern has been reported about the terms of reference for the investigation and the choice of appointment of the decision maker and the investigator.

8. Roles and responsibilities

8.1 The **decision manager's** role is to authorise an investigation; agree and issue the investigation manager with the terms of reference (TOR) for the

6

investigation; input into the investigation plan as required (a template investigation plan is at annex C); receive the investigation manager's investigation report; confirm whether there is sufficient information upon which to base their decision; and decide the outcome of the investigation.

8.2 When the concern to be investigated is about an employee or worker the decision manager is normally an employee at least one grade higher than the employee or worker about whom the concern has been raised. The employee's or worker's line manager may be the decision manager; alternatively, the decision manager could be another employee at least one grade higher than the employee or worker about whom the concern has been raised, or an independent decision manager from outside the GOC.

8.3 When the concern to be investigated is about a member of SMT, the decision manager is normally the Chief Executive, unless the Chief Executive has a conflict of interest, or is a witness, in which case either the independent member of Remuneration Committee, an independent decision manager from outside the GOC or a Council member will be appointed as the decision manager. If the concern is about the Chief Executive and Registrar, the decision manager is normally the Chair of Council or Senior Council Member, unless the Chair of Council and Senior Council Member has a conflict of interest, or is a witness, in which case either the independent member of Remuneration Committee or an independent decision manager from outside the GOC will be appointed as the decision manager.

8.4 For allegations of gross misconduct, or about a contractor, the decision manager should be at Director level or above.

8.5 If the concern to be investigated is about a member, the decision manager is normally a member of Council. If the concern is about a Council member, the decision manager is normally the Chair of Council or Senior Council Member, as appropriate, unless the Chair of Council and Senior Council Member has a conflict of interest, or is a witness, in which case either the independent member of Remuneration Committee or an independent decision manager from outside the GOC will be appointed as the decision manager.

8.6 The **investigation manager's** role is to conduct investigation in accordance with the terms of reference (TOR) for the investigation. They will approve the investigation plan and submit their investigation report to the decision manager for their review.

8.7 When the concern to be investigated is about an employee or worker, the investigation manager is normally an employee at the same grade or one higher than the employee under investigation and have reasonable experience of carrying out investigations and/or have attended a relevant training course. Alternatively, the investigation manager could be an independent investigator from outside the GOC.

8.8 When the concern to be investigated is about a member of SMT, the investigation manager is normally another member of SMT; unless there is a

7

conflict of interest, in which case either an independent investigator from outside the GOC or a Council member will be appointed as the investigation manager. If the concern to be investigated is about the Chief Executive and Registrar, the investigation manager normally a member of Council or an independent investigator appointed from outside the GOC.

8.9   When the concern to be investigated is about a contractor, the investigation manager is normally a member of the Leadership Team or a member of SMT.

8.10 If the concern to be investigated is about a member, the investigation manager is normally a member of SMT. If the concern is about a Council member, the investigation manager is normally a member of Council, a member of SMT, or an independent investigator appointed from outside the GOC.

8.11 The **administrator** is the person who has commissioned the investigation, most usually the P&C or Governance team. Where this is not appropriate, for example a P&C employee or their line manager is included within the allegation or the allegation concerns a member, this role will be undertaken by the Governance team, and vice versa.

8.12. The administrator's role is to support the investigation manager and the decision manager to complete the investigation effectively and fairly.

8.13 The administrator, investigation manager and the decision manager should declare any potential conflict of interest that may disqualify them from their role as soon as possible.

9. Assessment of risk

9.1   The administrator is responsible for the regular assessment of risk throughout the duration of the investigation. Should the concerns and/or allegations be of a serious nature, consideration should be given to suspend the employee, member or worker whilst the investigation is being completed. The administrator will make this decision in consultation with Head of P&C or Head of Governance who will help to manage the suspension of an employee, member or worker respectively.

10. Drafting the investigation terms of reference and plan

10.1 Before the investigation manager commences the investigation the administrator should draft the investigation terms of reference and investigation plan for approval. The terms of reference are approved by the decision manager and the investigation plan is approved by the investigation manager (A template terms of reference and investigation plan are at annexes A and C). There should be an opportunity for the decision manager to comment on the investigation plan before approval.

10.2. The administrator may, if appropriate, consult the person raising the concern, the person about whom the concern has been raised (if any), and the person to whom the concern has been reported about the proposed terms of reference for the investigation and the investigation plan.

8

10.3 The terms of reference for the investigation should:

- summarise the matter to be investigated;
- include the allegations, based on the concerns raised;
- list the name(s) of person(s) subject to investigation;
- name the decision manager and investigation manager;
- name the policy under which the investigation is commissioned (for example; anti-bribery policy); and
- include copies of the appropriate policies or procedures and any evidence or relevant information in relation to the allegations.

10.4 The investigation plan should include:

- description of the methodology for conducting the investigation;
- list of relevant information the investigation manager should collect.
- contact details and interview plan of those who may be able to provide information relevant to the investigation, such as; (avoiding unnecessary interviews where possible)
  - any witnesses, contractors, employees, members, members of the public, registrants or workers who may have witnessed or were involved in the allegations;
  - any other person who is identified as having information relevant to the investigation, such as other employees, workers or members; and/or
  - relevant line managers (of the parties involved).

10.5 Where there is a dispute about the wording of the allegations, the terms of reference for the investigation and/or the investigation plan, or no agreement is reached, the decision manager has the authority to confirm wording of the allegations, the terms of reference for the investigation and/or the investigation plan, and issue them to the investigator.

11. Starting an investigation

11.1 Once the allegations and the terms of reference for the investigation have been approved by the decision manager and issued to the investigation manager, the administrator will write to the person about whom the concern has been raised (a template letter is at annex B) to:

- provide a copy of the allegations;
- name the decision manager and investigation manager; and
- provide a copy of the investigation terms of reference, which should give an expected timeframe for completion.

11.2 In carrying out an investigation the investigation manager should:

- ensure the investigation is carried in a timely and logical manner;
- be thorough and fair;
- remain impartial and objective, not make assumptions;
- consider whether there are any mitigating circumstances;
- maintain confidentiality as appropriate;

- collect relevant information and conduct the interviews as described in the investigation's terms of reference to establish the facts;
- seek supporting evidence, including both that which supports the allegation and any that refutes it;
- keep notes of investigation interviews or meetings;
- compare statements and notes and attempt to resolve any discrepancies; and
- where the findings of the investigation indicate there is a case to answer (i.e., there is credible evidence to support the allegations), consider and make recommendations for possible resolutions, including any suggested by those interviewed.

11.3 If the investigation identifies broader allegations than the allegations made, the decision manager must be informed as soon as possible. The decision manager will decide whether to amend or add to the allegations, the terms of reference for the investigation and the investigation plan and in doing so, may consult the person raising the concern, the person about whom the concern has been raised (if any), and the person to whom the concern has been reported. The administrator will write to the parties concerned with any updated allegations, the terms of reference for the investigation and the investigation plan.

12. Conducting interviews

12.1 Once the investigation has commenced, investigation interviews will take place to establish the facts.

12.2 The investigation manager will liaise with the administrator to arrange the interviews. The administrator will issue the letter of invite (please see an example at annex D) and coordinate with invitees to organise the interviews.

12.3 Invitations must be sent to any person who is to be interviewed at least 24 hours before the interview is held, unless otherwise agreed by the interviewee. Witnesses should normally be interviewed one at a time.

12.4 As part of the investigation, the person who is subject to the allegation should expect to be asked to attend an investigation interview, at which they may be accompanied by a companion, who can be a workplace colleague or Trade Union representative. The companion should be allowed to speak to put and sum up the person's case, respond on behalf of the person to any views expressed at the meeting and confer with the person during the meeting. The companion does not, however, have the right to answer questions on the person's behalf, address the meeting if the person does not wish it or prevent the person from explaining their case.

12.5 The investigation manager must ensure that any interviews are written up, signed, and dated by the interviewee. This includes witness statements.

10

12.6 There may be a need to re-interview witnesses during the investigation process. When additional witnesses are identified during the investigation, they must also be interviewed by the investigation manager.

12.7 The investigation manager may decide it is not necessary to interview every witness, either choosing to obtain a signed statement, or having sufficient evidence that a further statement is not required. Where they decide not to interview a witness, they must make the reason for doing so clear in their report.

12.8 If an interviewee does not attend a meeting convened under this process, the meeting will normally be adjourned to establish contact with them to find out the reason for their absence.

12.9 Where an employee, contractor, member or worker, who is the subject of the investigation, fails to attend two meetings without good cause, or cannot be contacted for any reason, the decision manager will make a decision based on the information available.

12.10 Interviewees and those accompanying interviewees may take reasonable time to prepare for their interviews during working hours. However, this should not be to the detriment to their contracted duties and should be with the agreement of their line manager.

13. Completing the investigation

13.1 The investigation manager will complete the investigation report (please see a template provided at annex E) and submit it to the administrator, along with any supporting evidence, such as interview notes and/or statements.

13.2 In the investigation report. the investigation manager should explain any evidence that supports or refutes the allegations, including any conflicting evidence. They may also make recommendation(s) on whether there is a case to answer.

13.3 The administrator will submit the investigation report, along with any supporting evidence, interview notes and/or statements to the decision manager, who will review the investigation report and confirm whether there is sufficient information upon which to base their decision.

13.4 If the decision manager requires further information, they will instruct the investigation manager to revisit the areas identified and resubmit the investigation pack.

13.5 The decision manager may decide, on the information provided in the investigation pack, that:

- there is no case to answer and/or management action is required; or
- there is a case to answer and a hearing or a case review should be arranged.

11

(On the rare occasion, that there is a case to answer but the allegation is against a member of the public – because of acceptable behaviour policy – a case review should be arranged).

13.6 On behalf of the decision manager, the administrator will notify the person subject to the investigation of the outcome of the investigation and any next steps, as applicable.

13.7 If the allegation was raised by a GOC employee, member or worker, the administrator will notify them that the investigation has been completed, including the outcome of the investigation; any substantive points arising and action taken. Outcomes reached after the investigation stage (i.e. hearing outcomes) will not normally be disclosed.

13.8 Should a hearing be required; this will take place under the appropriate policy.

13.9 At the competition of the investigation (or after the hearing) a learning review will be undertaken to identify any issues arising, and to ensure appropriate action is taken. Records of investigations completed under this policy, and of learning reviews following such investigations, will be retained securely by the relevant administrator (P&C team or Governance team).

14. Timescales

14.1 In normal circumstances, a straightforward investigation (which does not require any interviews) should be completed within approximately 20 working days of being referred for investigation, and the outcome of the investigation review should be communicated within approximately five subsequent working days.

14.2 While every effort must be made to comply with the timescales in this policy, the complexity or specific circumstances of the case, including the availability of witnesses, may cause timescales to be extended. Where a number of witnesses have to be interviewed and notes taken then investigation can take several months.

14.3 The expected timeframes for the investigation should be entered onto the investigation plan by the investigation manager. Should the investigation require more time to be completed, this must be authorised by the decision manager and the person subject to the allegation must be informed of the new expected timeframe and the reason for the delay.

15. Support available

15.1 We understand that going through an investigation process can be a very stressful time for everyone involved. There are a number of different support options available to you at any time.

15.2 Should you require any reasonable adjustments, please contact the administrator to discuss.

15.3 Employees, workers and members may wish to access our confidential Employee Assistance Programme (EAP) which is for you and your immediate family–including for members. You can access information online or by telephone. Please ask the P&C team or Governance team for more information. The username and password are available on the Intranet under People zone, Staff Benefits. Services are available to help with the everyday challenges of work and home, including face to face counselling, matched referrals for childcare and eldercare, and tips and advice sheets online and in print on a wide range of subjects.

15.4 The Samaritans provide a free and confidential listening service, 24 hours a day, 365 days a year. They do not provide advice nor do they report your concerns onwards, but sometimes just having someone to talk to that isn't family or friends can be a tremendous help. For more information of what to expect when you contact the Samaritans, visit: http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us or email the Samaritans on: jo@samaritans.org, or phone: 116 123 (UK).

15.5 ACAS also provides an advice line for employers, employees and workers – details can be located here: https://www.acas.org.uk/contact

16. Confidentiality and transparency

16.1 All employees, members or workers involved in managing investigations must adhere to the Information Governance framework, including all information security measures.

16.2 All individuals interviewed in line with this policy are expected to maintain confidentiality and not disclose any information regarding the investigation to others. When invited to give evidence, individuals should be made aware that transcripts and interview notes can be made available to the employee, member, contractor or worker subject to investigation, except where this information may be considered confidential. The decision maker should review the evidence with the administrator and agree where redactions might be necessary.

16.3 An employee, contractor, member or worker subject to the investigation will have the right to see the investigation report and the supporting documentation, which may or may not be anonymised.

16.4 In exceptional circumstances, the evidence given by individuals may have to remain confidential. Where confidentiality is necessary, this will be explained to the employee, contractor, member or worker.

16.5 Upon completion of an investigation notes will be retained within P&C team/Governance team for the duration as set out in the GOC retention schedule. Once this period has expired, the records will be securely destroyed. All other copies should be destroyed unless there is a special reason for retention.

13

16.6 Any investigations opened, in line with this policy, will be reported to the Senior Management Team (SMT) and the Audit, Risk and Finance Committee (ARC) as part of the quarterly exceptions report. Investigations will be anonymised and the lessons learnt shared. Should any investigation raise material concerns, we will inform the ARC whether the disclosure has been reported to the Charity Commission as a serious incident.

16.7 If your referral is made under the Speaking Up policy, as an employee or worker you may be legally protected under the Public Interest Disclosures Act (PIDA) 1998. In order to qualify for protection, the issue you are raising must be a 'protected disclosure'. Section 43B of the Employment Rights Act 1996 states that a protected disclosure is: "any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show one or more of the following:

- that a criminal offence has been, is being, or is likely to be committed;
- that a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he is subject;
- that a miscarriage of justice has occurred, is occurring or is likely to occur;
- that the health and safety of any individual has been, is being, or is likely to be endangered;
- that the environment has been, is being, or is likely to be damaged; or
- that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed."

Annex A – Investigation Terms of Reference

The decision manager should use this template letter to inform to the investigation manager the agreed terms of reference for the investigation.

Dear [**INVESTIGATION MANAGER'S NAME**],

A matter has been brought to my attention, which requires further investigation.

In my role as decision manager and in line with the GOC Investigations Policy, you are requested to conduct an investigation into the following matters:
- Allegation one
- Allegation two

 [Name] is the administrator, who will support you to complete the investigation fairly and effectively.

I require your investigation report to be submitted on [**date**]. Should you be unable to meet this date, you are expected to contact me at the earliest opportunity.

If you believe there is any reason why you should not complete this investigation (for example, you have had prior knowledge of the allegation or a conflict of interest) please notify me within the next two days.

The **terms of reference for the investigation** are:

Decision manager's name	
Investigation manager's Name	
Administrator's name	
Name(s) of person(s) subject to investigation	
Allegations	- Allegation one - Allegation two
Policy under which the investigation is commissioned	
Summary of the matter to be investigated	

15

Date for submission of investigation report to the administrator	
List of supporting information in relation to the allegations	

Many thanks for your help with this matter.

Name: [**Decision manager's name**]

Signature: Date:

Annex B – Letter to employee, contractor, worker or member subject to investigation

[**DATE**]

Dear [**NAME**],

I am writing to inform you that the organisation has decided it is necessary to conduct an investigation into your actions in relation to:

- Allegation one **[copied from investigation terms of reference]**
- Allegation two, etc.

Summarise details of each matter being investigated **[copied from investigation terms of reference.]**

The person in charge of the investigation will be [name of investigation manager].

The aim of the investigation is to establish the facts of the matter by gathering as much relevant facts and information as possible.

It is currently expected that the investigation will be completed by [DATE].

Once the investigation has been completed, you will be informed in writing of its outcome. If it is found that there is a case to answer, you may be invited to attend a hearing.

The investigation manager may invite you to attend an investigation meeting where you can explain your version of events. If this is required, you will be informed of the time and date of the meeting in advance.

In the meantime, should you have any information that might be of assistance to the investigation or wish to discuss anything, please do not hesitate to contact myself or the People & Culture Team/ Governance team **[Please delete as appropriate].**

To ensure that the investigation can be conducted as fairly as possible we request that you keep the matter confidential. Any breach of confidentiality may be considered to be a disciplinary matter.

Please note that you should continue to attend work/meetings while the investigation takes place **[amend if suspension of the employee/member/worker was necessary].**

Yours sincerely

Signed ....
Cc: [Investigation Manager's Name]

Annex C – Investigation Plan

Investigation manager's Name	
Name(s) of person(s) subject to investigation	
Allegations (in terms of reference)	
Policy under which the investigation is commissioned	
Date for submission of investigation report to administrator	
Policies and procedures relevant to investigation	
Evidence to be collected	
People to be interviewed / statements required (including planned order of interviews)	
Comments Issues or questions that need to be explored/clarified	

18

General Optical Council

DATE

Dear **NAME,**

My name is [name of investigation manager]. I am currently in the process of conducting an investigation into [list the allegations].

So that I may discuss the matter with you, I am writing to invite you to attend an investigation meeting on:

    Date:
    Time:
    Location:

In attendance at the meeting will be myself and [name of administrator] who will be present to take notes. Please bring with you any information that you think might be useful to the investigation.

You may be accompanied by a workplace colleague or trade union representative if you wish.

To ensure that the investigation can be conducted as fairly as possible we request that you keep the matter, and anything discussed at the investigation meeting, confidential. Any breach of confidentiality may be considered to be a disciplinary matter.

The interview transcript and evidence you provide can be requested by the person under investigation. You will have an opportunity to review the transcript before this is included in the investigation report and request factual corrections.

If you are unable to attend the meeting please contact myself or [**name of administrator**] as soon as possible, so that alternative arrangements can be made.

Yours sincerely

Signed ....
Date

19

Annex E – Confidential Investigation Report

Allegations	
Name and role of person(s) subject of investigation	
Investigation manager's name	
Administrator's name	
Decision manager's name	
Date TOR issued	
Date for submission of investigation report to the decision manager	
Date final investigation report submitted to administrator	

Background

- Identify how the situation came about; what actions have already been taken prior to the investigation commencing; what communications have taken place.
- Provide brief details of the 'subject' of the investigation - their employment history, current role and how long held etc.
- Note: if employee/member suspended and when, include whether redeployed for duration of investigation or if there are any specific changes in place to allow the investigation to take place i.e. line management responsibility removed, budget responsibility suspended, taken off usual duties but still within department etc.

Remit of Investigation

- Define remit of investigation, the allegations/concerns investigated
- Should include details of processes/policies alleged to have been breached.

Investigation Process

20

Explain how the investigation was conducted, including:

- A brief description of the method(s) used to gather information.
- If the investigator has not interviewed all potential witnesses, an explanation should be recorded in this section
- A timetable of events (including detailing any delays in the investigation).

List the names of the people who provided statements for the investigation.

-
-

Documents Reviewed

Date	Item	Appendix
Investigation Statements		
Supporting Documentation		

Findings

- Provide a summary of the findings and observations;
- Present the findings separately for each allegation in turn, by confirming the facts established by the investigation, identifying the sequence of events, cross-referencing any documentation and highlighting any mitigating factors e.g. lack of procedural guidance, management action or expected documentation and any other actions / behaviours which may have compounded or aggravated the situation;
- Avoid quoting long extracts from statements -only quote directly from the statements where it is necessary. It is the investigator's responsibility to analyse all the statements and draw out all corroborative evidence. Interviewees are not always articulate during interviews and the investigator should therefore use their own words to concisely convey the findings;
- If the evidence is inconclusive or there is no evidence to substantiate an allegation - say so. The Decision Manager wants to know whether there is any evidence to support the allegations - the investigators should explain how significant or insignificant the evidence is in the report;

21

• Note any specific actions that demonstrate a breach of policy or standards of conduct/performance that did not meet those normally expected;   • Refer back to the agreed terms of reference of the investigation, ensuring that you cover all the allegations.

Conclusion

NOTE: The standard of proof for internal investigations and any subsequent disciplinary hearing or grievance meeting is based on the "balance of probabilities", i.e. that on the basis of the evidence it was more probable than not that the alleged misconduct was committed. When reviewing the evidence, investigators need to aim to demonstrate a reasonable belief as to what happened, based on their assessment of the evidence available. Investigation managers are not required to demonstrate beyond reasonable doubt, unlike in criminal investigations, but do need to act reasonably on behalf of the employer.

- For each allegation provide an overall fact-based opinion on a) whether there is any evidence to support the allegations and b) the strength of the evidence.
- The conclusions should be clear and concise and supported with the strongest evidence (without repeating the text in the main body of the report (where possible))
- Identify to the reader the strengths and weaknesses in the evidence - emphasising the importance of any issues and where evidence can be open to different interpretation / scenarios.
- Draw out key facts which demonstrate particular breaches of the relevant policy e.g. Anti-bribery policy or Gifts and Hospitality policy.
- If there are any special circumstances/mitigating factors ensure that they are clear within the conclusions and it is important to explain their significance.

Signed by Investigation manager:	
Date:	

22

Submit file for review:

Decision manager:	• No case to answer and/or management action • Hearing/case review required
Details of outcome:	• To explain the reasons of outcome • If action is decided, the date for hearing/case review should be noted here
Signed by Decision manager:	
Date:	

Submit file for notification of outcome:

Date person subject to investigation notified of outcome:	
Date person who raised concern was notified that investigation has been completed (if applicable):	

Submit file for secure storage.

23

Step 1: Organisational preparation

- Decide if an investigation is necessary
- Establish terms of reference – the rules that the investigation will follow, including precisely what needs to be investigated
- Choose an appropriate investigator

Step 2: An investigator's preparation

- Draft an investigation plan
- Identify who might need to be called to an investigation meeting
- Identify what evidence might need to be gathered – and how to get it
- Contact parties involved in the matter

Step 3: Handling an investigation meeting

- Establish who can accompany employees at the meeting
- Plan what questions need to be asked
- Interview the parties involved and any relevant witnesses
- Handle reluctant witnesses or refusals to meet appropriately

Step 4: Gathering evidence

- Arrange and agree witness statements
- Collect any relevant written records and documents e.g. timesheets
- Collect any relevant and appropriate physical evidence e.g. CCTV

Step 5: Report the investigation findings

- Write an investigation report – remember there is a free Acas template available to use or adapt
- Report what is likely to have happened – the balance of probabilities
- Make a recommendation where requested

Step 6: After an investigation is completed

- Submit the report and conclude the investigator role
- Retain the report for an appropriate period of time
- Ensure any recommendations unrelated to the matter are considered

24

General Optical Council

Council

Member fees 2023-24

Meeting: 28 June 2023	**Status:** For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Andy Spragg, Head of Governance

Purpose

1. To approve the proposed member fee schedule for 2023-24.

Recommendations

Council is asked to:

*   **note** that Remuneration Committee reviewed benchmark data at its meeting on 25 April 2023 and recommended no change to member fees; and
*   **approve** the member fee schedule for 24-25.

Strategic objective

2. The work to review member fees supports delivery of all strategic objectives, given the oversight role of Council and the fact that members contribute to delivery of all our regulatory functions.

Background

3. The terms of reference for the Remuneration Committee require it to review and recommend to Council fees and expenses to be paid to members. It met on 25 April 2023 to review the fee schedule alongside benchmarking data.

4. The policy and fee schedule were last reviewed in 2022 and approved by Council on 29 June 2022.

5. The Governance team undertakes an annual benchmarking activity with other health regulators, coordinated by the Nursing and Midwifery Council (NMC). The most recent dataset was collected in December 2022. An additional data set was collected by consultants QCG via a separate activity.

6. Following its review of this information, the Committee recommended no increase to member fees for 2023/24. The minutes of the Committee are included in the papers for the strictly confidential meeting of Council on 27 June 2023.

Analysis

7. The agreed 2023/24 budget does not include an increase in member fees for the 2023/24 financial year; however, the five-year forecast anticipates a 5% increase in 2025/26 for those members involved in fitness to practise hearings, and a similar assumed increase will be reflected in the wider member payroll in future five-year forecasts.

Finance

8. All costs for member fees are met through an annual budget. No increase is proposed for 2023/24 and therefore there is no material impact on the overall control total for this budget.

Risks

9. The risk of not being able to attract and retain members with the required level of skills and experience is managed by having clear and transparent member fees and expenses policies. Assurance is provided by reviewing member fees against external benchmarking information. This risk is not high as the GOC is either over the median rate or in line with it. The high volumes of applications for member roles demonstrate that remuneration is not a deterrent for interested, high-quality applicants.

10. There is a risk that Council, in setting its own fees gives rise to a conflict of interests. This risk is mitigated by Council delegating the review and recommendation of members' fees to the Remuneration Committee, which includes an independent member.

Equality Impacts

11. Having an agreed policy and fee schedule for member fees enables the Council to demonstrate the equitability of member remuneration for specified activities. It supports transparency and while the proposal carries no explicit new equality impacts, an assessment of equality, diversity and inclusion impacts will be undertaken when the policy is next reviewed in June 2025.

Devolved nations

12. There are no explicit impacts for devolved nations.

Other Impacts

13. There are no significant impacts identified.

Communications

External communications

14. The member fee schedule for the year is published on the GOC website. Remuneration for Council members is also included as part of the annual report.

Internal communications

15. The new schedule will be circulated to all members and shared with the relevant departments.

Next steps

16. If Council approves the recommendations, the new member fee schedule will be published on the GOC website.

Attachments

Annex 1: Proposed member fee schedule 2023/24

Proposed Member fee schedule 2023/24 (effective from 1 April 2023)

Role		Fee (£)
COUNCIL		
Council Chair	annual, paid monthly	50,000
Senior Council Member	annual, paid monthly	16,462
Other Council members	annual, paid monthly	13,962
COMMITTEE CHAIRS		
Chairs of the Hearings Panel and Investigation Committee	daily fee	372
COMMITTEE MEMBERS		
Committee members (other than Council members who receive an annual fee): Investigation; Education; Standards; Registration; Companies; Audit, Risk and Finance; Nominations; and Remuneration Committees and Hearings Panel members	daily fee	319
	fee for meeting or activity between two and four hours*	185
	fee for meeting or activity of two hours or less**	95
OTHER		
Members of the Investigation Committee (when acting as a Case Examiner)	per registrant decision fee	Aligned to Case Examiner Fees
Investigation Committee	per case fee	103
Independent assessors (for members who are not paid an annual fee, who sit on selection/ member recruitment appointment panels). Includes reading, preparation and follow-up.	daily fee	421
READING FEES		
Hearing Panel and Investigation Committee members only. (Paid on an ad hoc basis and authorised by Director of Regulatory Operations or Head of Casework Operations.)	500 - 1499 pages 1500 - 2499 pages 2500+ pages	50 75 100
Investigation committee members when acting as a Case Examiner only. (Authorised by the Head of Casework Operations.)	Aligned to Case Examiner Fees.	
CANCELLATION FEES		
Chairs of the Investigation Committee (if cancelled at five days' notice or less)	half of the daily fee	186

Hearing Panel members will be paid half a day fee for each hearing day cancelled within five calendar days of the scheduled hearing commencement date [capped at seven calendar days].	half of the daily fee	159.50
Hearing Panel members will be paid a full fee for events that conclude earlier than anticipated [capped at full fee for day 1-2; half a fee for days 3-5; no fee thereafter]

Pay half a day fee for split event days that are within 28 calendar days of an early finish. [no fee thereafter]. Split events are defined as events scheduled over non-consecutive days. | daily fee | 319 |
All other members who are not paid an annual fee (if cancelled at five days' notice or less)	half of the daily fee	159
DEVELOPMENT AND INDUCTION		
For members who are not paid an annual fee	daily fee	223
	fee for an induction or development activity between two and four hours*	127*

*4/7th of the daily fee
**2/7th of the daily fee

General Optical Council

Advice from Registration Committee: DBS checks for registrants

---

Meeting: 28 June 2023   **Status:** For noting

Lead responsibility: Leonie Milliner, Chief Executive and Registrant
Paper Author(s): Andy Spragg, Head of Governance

Purpose

1.   For Council to consider the advice from the Registration Committee regarding Disclosure and Barring Service (DBS) checks for registrants.

Recommendations

2.   Council is asked to:
  - **consider** the referral from Registration Committee and proposed next steps (paragraphs 29-31); and
  - **agree** we continue with our existing approach and consider the issue again once government and PSA policy direction are known.

Strategic objective

3.   This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice . This work is not included in the business plan for 2023/24 for the reasons set out below.

Background

4.   The Registration Committee terms of reference sets out the following functions:

"to provide advice to Council on:
  - *the making or revision of rules regarding the nature and style of the information contained on the register and keeping of registers, registration and entry of specialities;*
  - *the making or revision of rules specifying types and amounts of adequate and appropriate indemnity insurance required of registrants;*
  - *maintenance, accuracy and publication of the registers;*
  - *proposed changes to GOC standards and accompanying guidance insofar as such changes impact upon the GOC's registration policies and procedures; and*
  - *external policy developments and/or sector developments, including legislative change, that relate to the GOC's registration function."*

5. At its meeting on 14 October 2022, when discussing MyGOC, the Registration Committee requested that the Director of Corporate Services consider whether the GOC ought to require DBS checks on prospective registrants at point of registration.

6. An options report was provided to the Registration Committee at its next meeting on 10 March 2023. This report set out the GOC's current position, alongside possible developments that could have a bearing on future registration requirements. The minutes of the Registration Committee meeting were reported to the Council meeting on 22 March 2023. The Committee agreed:

   'To formalise its advice to Council regarding a review of whether the GOC should require proof of DBS checks for registrants. It was noted that this would be formally considered by Council at its meeting on 28 June 2023.'

7. This paper summarises the executive's advice to Council for Council's consideration and asks Council to agree next steps.

Analysis

DBS checks and GOC policy

8. DBS checks are carried out in England and Wales, the Channel Islands and the Isle of Man by the Disclosure and Barring Service (DBS). Access NI carries out this role for Northern Ireland; and Disclosure Scotland for Scotland. A DBS check is a record of a person's criminal convictions and cautions. There are four kinds of DBS check: basic DBS check; standard DBS check; enhanced DBS check; or enhanced with barred lists DBS check. In England and Wales, the Channel Islands and the Isle of Man individuals cannot apply for a standard or enhanced DBS check; recruiting organisations or agencies must apply on their behalf. This is then sent to DBS through a Registered Body (an organisation that is registered with DBS to submit Standard, Enhanced and Enhanced with Barred Lists DBS checks.)

9. We do not currently require applicants to the register to provide a DBS check. However, we do ask applicants to declare on application, renewal or restoration that they are a fit person to practise, or give information about health conditions, or criminal or disciplinary investigations, which may affect their registration.

10. Registrants are required to have an 'Enhanced with Barred Lists DBS check', if they undertake activity that would be defined as Regulated Activity by the DBS (for example, "providing health care by, or under the direction or supervision of, a regulated health care professional"). In addition, an 'Enhanced with Barred Lists DBS check' is required if a registrant wishes to deliver services via the National Health Service (NHS) England's National Performers List. In Scotland and Wales the equivalent disclosure checks are a requirement, though this is not a requirement in Northern Ireland.

11. Notwithstanding whether the registrant is engaged as a locum, employee or contractor, the assessment as to whether a registrant is required to undertake a DBS check, and what kind, is currently made by the business engaging the registrant's services. Employers, as part of their recruitment processes will usually undertake an assessment to identify whether a DBS check is required, and what kind of check, in accordance with GOC standards, which set out several requirements with respect to the safeguarding of children, young people and vulnerable adults, and not bringing the profession into disrepute.

12. There is legislation in place across the UK to protect the rights of people with spent cautions and convictions to re-enter employment, after a period of rehabilitation. There are exemptions to this, including those working in 'regulated work' (for Scotland) or 'regulated activity' (for England, NI and Wales) eligible to have the highest level of checks. This will include a check of the Children's Barred List and/or Adult's Barred List, depending on the type of work undertaken.

13. We currently have a data-sharing agreement with the DBS to assist with the fulfilment of our respective statutory functions and to share data on a case-by-case basis. The operation of data sharing arrangements between the GOC and DBS was outlined in more detail the report to the Registration Committee, a copy of which can be provided to Council members if required.

14. At present, the only healthcare regulator to require DBS checks at the point of registration or restoration (but not at the point of renewal) is the General Osteopathic Council (GOsC). DBS checks are administered on behalf of the GOsC by an umbrella body called First Advantage (previously GB Group). The cost of the check plus an administration fee is paid for by the registrant directly, in addition to the GOsC retention fee. All data is handled by the umbrella body.

Professional Standards Authority approach to DBS checks

15. The PSA announced in its draft strategy its intention to consider how safeguarding checks are used across regulators and accredited registers. The GOC, in its response to the PSA's consultation on its draft strategic plan, committed to engage with the PSA on developing any proposals put forward for consultation as and when they arise. In part, the PSA has been motivated by the recommendations of an Independent Review of the disclosure and barring regime (otherwise referred to as the Bailey Review) that was commissioned by the Government in February 2022. The review made its recommendations in April 2023 and the Government's response is awaited.

16. The PSA recently carried out a consultation on safeguarding checks in relation to its accredited registers for people working in health and social care occupations that are not regulated by law. The PSA Board considered a paper setting out the initial findings, including an annexe of high level quantitative analysis. The paper indicates

that the PSA intends to await the Government response to the Bailey Review to consider next steps with this work in July 2023, though it has noted that there are implications for regulators. It does not specify within the report what it considers those implications to be, and there has been no engagement from the PSA on this matter beyond the intentions contained within its draft strategy. The PSA confirmed its intention to consider how safeguarding checks are used across regulators and to ensure appropriate protection for patients and service users in its strategic plan, published in April 2023. The PSA's planned timescale for this work is 2023-24.

17. In addition, the PSA has been contributing to a feasibility study being undertaken by the Ministry of Justice and Home Office in respect to enhanced DBS checks for the self-employed. At present. the self-employed in England and Wales are unable to directly apply for an enhanced DBS check. Scotland has a different scheme in place, which enables people who are self-employed to access enhanced with barred lists checks directly.

18. The Bailey Review notes four possible solutions are being considered, including an option that the self-employed in England and Wales are enabled to apply for an enhanced check on their own behalf. There have been no decisions yet about how the framework for accessing criminal records checks within England and Wales may change as result of the Bailey Review or the feasibility study described above, and any changes may require legislative change.

19. We will need to consider the implications of this work in relation to any potential additional requirements for a DBS check at application, and/or renewal, and/or restoration to the GOC register to ensure that any proposals developed for consultation are consistent with the broad direction both the PSA and the Government is taking in relation to strengthening safeguarding arrangements.

Risks and benefits of requiring DBS checks at point of application, renewal or restoration

20. A key risk in developing any proposal for a DBS check at renewal and/or restoration to the GOC register is the relationship between information acquired from the DBS check and our FtP processes, given that referral to FtP is the only mechanism to remove registrants from the registrar.

21. The enhanced with barred lists DBS check can contain non-conviction information supplied by relevant police forces, if it is deemed relevant and ought to be contained in the certificate by DBS. In the case where relevant information not resulting in a charge or conviction might arise, a decision would need to be made about whether to investigate through the FtP process, given there is no alternative mechanism to remove registrants from the register without referral to FtP. However, the likelihood of obtaining supporting information relevant to the record is likely to be limited and unlikely to result in any action being taken. Conversely, if there was a failure to act on a non-conviction information concern, a counterclaim could be made that the GOC

failed to protect the public by not addressing the potential risk of harm. From an FtP perspective there is very limited evidence of the benefit to public protection by making a DBS check a requirement of application, renewal or restoration to the GOC register, and in fact could create a greater risk in diluting the clear responsibility of registrants to declare all relevant information on application, renewal or restoration to the GOC register.

22.   In the case of DBS checks at the point of application, the GOC would need to consider on what grounds it would refuse admission to the register. The current [protocol for handling criminal convictions disclosed by registrants](#) does not cover non-conviction information supplied by relevant police forces.

23.   Registration Committee was rightly concerned that there are locations where optical services are delivered where DBS checks are required, such as in domiciliary care and special schools eye care services. The law doesn't say when a DBS check 'must' be carried out, but it does specify when a DBS check 'can' be applied for. The organisation deciding whether the applicant is suitable for the role or not is also responsible for working out the level of check that the role is eligible for. In settings such as schools, the recruiting organisation must adhere to requirements set out in England by Ofsted; in Scotland by Education Scotland, etc. Suggested arrangements for DBS checks for adults providing domiciliary services (such as optical services) are described in this [leaflet](#) published by the DBS. The expectations of providers of GOC approved qualifications in relation to safeguarding and students/ trainee DBS checks are described in our Education and Training Requirements (ETR).

24.   Further work is required to establish if requiring a DBS check at application, restoration and/or renewal to the GOC register may duplicate checks already carried out by the business and employers when engaging registrants' services.

25.   The Committee also commented that it would like to see DBS checks undertaken on non-registrants in optical service settings. In relation to non-registrants working in the optical sector, the GOC has no legal power to compel businesses to undertake DBS checks on the non-registrant workforce. However, there is an opportunity within the current standards review to revise individual standards and make corresponding changes to the standards for optical businesses. We expect to review our business standards on a more substantial basis once the outcomes of the consultation on business regulation (linked to our legislative reform programme) are known. This is likely to include a consideration around standards for businesses in relation to safeguarding responsibilities and due diligence checks for registrants and other staff working in the optical sector.

26.   The report to Registration Committee also outlined the potential costs of requiring all registrants at application, renewal or restoration to have an 'Enhanced with Barred Lists DBS check'. The report estimated a one-off cost of £1.2 million to undertake an initial check of all registrants, including students, with an annual cost of £368k for the

update service; plus additional costs associated with ongoing costs for new additions to the register; additional staffing resources; changes to in-house systems; and the potential increase in GOC liabilities and impact on insurance premiums.

27. A more detailed analysis of the financial costs of implementation will be required should a proposal be developed for consultation; and the estimation of one off and recurrent costs will depend on whether the proposal is for DBS checks at application or restoration only (similar to GOsC) or extended to include renewal. This is an unbudgeted activity, and no resource has been allocated in the remaining two years of the current five-year strategic plan to undertake the policy development necessary to pursue such a proposal or engage in consultation activity, nor are any implementation costs included in the five-year financial forecast to 2028.

28. Any change to GOC policy regarding DBS checks on application, renewal or restoration will require a public consultation together with an impact assessment. Registrants, patients and the public, businesses, and professional associations will need to be actively consulted and engaged in order to ensure their views are taken into account in developing final proposals for Council approval, alongside seeking advice from the Advisory Panel and Registration Committee.

29. This work will need to be carefully costed and planned to dovetail with the extensive consultation activity already planned for 2023 and 2024, including: regulatory reform; the call for evidence; the management of applications from overseas qualified optical professionals; the 2025-2030 strategic plan; and the Standards Review.

Next steps

30. There is an opportunity within the current Standards Review to revise individual standards and make corresponding changes to the standards for optical businesses. The proposed changes to standards will be consulted on in January 2024 and published in autumn 2024. We expect to review our business standards on a more substantial basis once the outcomes of the consultation on business regulation (linked to our legislative reform programme) are known. This will include a consideration around standards for businesses in relation to safeguarding responsibilities and due diligence checks for registrants and other staff working in the optical sector.

31. We will await the Government's response to the Bailey Review; the outcome of PSA's engagement with the Government and regulators on safeguarding checks; and the PSA proposed next steps before committing to developing and consulting on any change of policy. The benefit of doing so will ensure that the GOC develops its proposals in a manner that is consistent with the PSA's expectations of regulators.

32. In the meantime, enhancing businesses' and registrants' understanding of their duties in respect to assessing and mitigating safeguarding risks can be supported through the current standards review and GOC's general communication activities.

Finance

33. The report to Registration Committee outlined the potential costs of requiring all registrants at application, renewal or restoration to have an 'Enhanced with Barred Lists DBS check.' This gave some indication of the estimated cost to the GOC, which would have to be met by a combination of an increase in registration fees and individual registrants paying for the relevant DBS check and update service.

34. The precise costs, both one off and recurrent, will depend on whether the proposal developed for consultation is for DBS checks for all registrants at application or restoration only (similar to GOsC) or extended to include renewal to the register; whether the proposal includes or excludes student registrants; and whether a tailored approach is developed; whereby only registrants that require an enhanced DBS check that has not already been carried out by their employer are required to have a DBS check at application, restoration or renewal.

35. In addition, processes would need to be designed in order to review FtP records and registrant self-declarations where a DBS check identified a historic issue. While this form of reconciliation could prove essential for the purposes of public protection, it will require further resource considerations.

36. Any significant changes to application, restoration or renewal requirements will require a substantial reconfiguration of the specification for the renewal of MyGOC; and potential delays to either commissioning the MyGOC project to replace the soon-to-be obsolete current MyGOC service; or as a series of post-implementation changes; this will create additional cost uncertainty.

Risks

37. There is a risk that the public perception is that a regulator should undertake registrant DBS checks as part of its role in protecting the public. A provisional assessment of this risk shows that there is very limited evidence of the benefit to public protection by making a DBS check a requirement of application, renewal or restoration to the GOC register, and in fact could create a greater risk in diluting the clear responsibility of registrants to declare all relevant information on application, renewal or restoration to the GOC register. Should we decide to consult on a change of approach we will consider the best research approach to understand the perspectives of patients and the public on this issue.

38. A key risk is that the Registration Committee, in providing its advice to Council, is not satisfied with 'next steps' outlined above. Mitigation here includes providing a copy of this paper to the next meeting of the Registration Committee, with a copy of Council minutes summarising Council's discussion, and providing an assurance that future proposals that may be developed following the outcome of the Bailey Review, the

Ministry of Justices' pilot and the PSA's policy activity will be discussed with the Registration Committee, and advice sought prior to any decision of Council, to ensure the approach taken is consistent with the direction of both the PSA and the Government in relation to strengthening safeguarding arrangements, and our public protection responsibilities.

Equality Impacts

39. Concern has been identified about the extent to which a DBS requirement might adversely impact the GOC's duties in respect to equality, diversity and inclusion (EDI), which will require further analysis at the point an Equality Impact Assessment is required. For example:

    a. there is evidence that people from non-white communities are over-represented at almost all stages of the criminal justice process, which would suggest that a higher likelihood of a positive DBS check for these applicants.
    b. DBS checks will identify any criminal convictions, some of which could be irrelevant to public protection or current fitness to practise. A mandatory enhanced DBS requirement could deter the rehabilitation of ex-offenders who are interested in pursuing a career in optical services, and severely limit the work of charities such as the Prison Optician Trust.

Devolved nations

40. There are different safeguarding arrangements in each of the devolved nations which will require further consideration in any future policy change regarding DBS checks at application, renewal or restoration to the GOC register.

Other Impacts

41. Impacts are set out in the main body of the report for Council consideration.

Communications

External communications

42. No external communications are planned on this matter, subject to Council considerations.

Internal communications

43. Registration Committee will be provided with a copy of this paper at its next meeting as well as a copy of Council minutes summarising Council's discussion

Next steps

44. The discussion at Council and recommendation response will be reported back to the Registration Committee for information.

45. Other action will be progressed as described in paragraphs 29-31.

Attachments

None.

General Optical Council

COUNCIL

Optical Consumer Complaints Service (OCCS) Annual Report 2022-2023
'Mediation and the New Normal'

Meeting: 28 June 2023   **Status:** For noting

Lead responsibility: Dionne Spence (Director of Regulatory Operations)
Paper Author(s):   Dionne Spence (Director of Regulatory Operations)

Council Lead(s):   Tim Parkinson and Lisa Gerson for Fitness to Practise

Purpose

1.   For Council to note the content of the 2022-2023 OCCS annual report.

Recommendations

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

Strategic objective

3.   This report contributes towards the achievement of the following strategic objective: excellence in customer service. It is included in our 2022-2023 business plan.

Background

4.   The GOC commissions the OCCS as an impartial mediation service for consumers and optical practices. The current contract is until 31 March 2024. The contract value is approximately £800,000 over three years.

5.   Nockolds Resolution has provided the Optical Consumer Complaints Service (OCCS) since 2014. Each year, the OCCS are invited to present their annual report to Council. The attached report provides a summary of activity for 2022-23. This is their final year under their current contractual terms.

Analysis

6.   The OCCS report demonstrates that almost a fifth of our 2022-2023 receipts have been successfully diverted to the OCCS for a mediated resolution.

7.   There was no significant downturn in the volume of complaints received by the OCCS this year, and 94 per cent of those within scope were resolved through effective mediation.

8. An upward trend in complaints about the provision of goods and services continued, with a further 10 per cent increase against the previous year. This year however, there has been a far greater expectation from consumers for enhanced financial recompense with almost double the number of complainants seeking additional compensation without a respective increase in the harm or loss.

9. Last year, two areas of particular interest arose – complaints in the domiciliary space and the reduced volume of successful outcomes in the refractive surgery space. For domiciliary care, these remain low in volume with a very marginal increase in concerns this year, however, the OCCS is concerned about the potential barriers to patients, who may be more vulnerable due to their personal situation or circumstances and this year, will seek to improve accessibility for patients who may be more vulnerable by nature of their personal circumstances.

10. Refractive surgery complaints have dropped in volume but continue to take longer to resolve. Overall, there have been improvements in the proportion of mediated settlements resolving in 45 days, up to 60 per cent this year. For concerns involving elective procedures, this drops to 33 percent within 45 days and a median of 66 days, reflecting the greater complexity of that practice.

11. The OCCS is exploring opportunities to address preventive risks and enhanced service for complaints that do not meet the threshold for regulatory intervention but are not service complaints. A joint proof of concept paper is being drafted for the end of the financial year.

12. The report notes the continued increase in CPD events delivered by the OCCS to share insight with registrants, deliver improved customer service, and improve front line complaint management. The majority of these CPD events are held in person which provides far more engagement and visual interaction. The OCCS continue to utilise opportunities to enhance engagement with the service through a series of effective collaborations, blogs and increased social media presence.

Risks

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

Impacts

14. No equality impact assessment was necessary for the report.

Devolved nations

15. There are no direct implications for the devolved nations and the report shows a proportionate spread consistent with population data.

Communications

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

Timeline for future work

17. The procurement and tender for the new OCCS Contract is scheduled to commence in Q3 of 2023-2024.

Attachments

Annex one: OCCS Presentation to Council
Annex two: OCCS Annual Report 2022-2023 'Mediation and the New Normal'

Optical Consumer Complaints Service

Mediation and the New Normal

Annual Report 2022-23

Contents

Introduction

A year that may be remembered as the year that replaced "social distancing" with "cost-of-living", it will remain some time before we can confidently say whether or not it was the beginning of "the new normal". All buzzwords aside, there can be no doubt that the past year has been defined by rising inflation rather than the effects of the Covid-19 pandemic. Unquestionably a significant shift in terms of consumer behaviour, this altogether new trend has challenged the optical sector in a novel way. In particular, practices are now faced with complaints which are firmly rooted in financial anxieties, causing them to be far less willing to accept a goodwill gesture as a form of resolution. Quantifying and reviewing all of the work that has been carried out by the OCCS, this Annual Report explores the various complaint types and work that the service is carrying out to make the sector perform more efficiently and effectively.

Jennie Jones,
Head of OCCS
Partner at Nockolds Resolution

Executive Summary

The following report reveals how the OCCS continues to operate against a backdrop that is largely impacted by the same financial pressures which defined 2021-22. Of course, this particular issue has far from abated and is indeed increasing in impact. With this in mind, the positive resolution rates and improved timescales serve as highly encouraging signs that the OCCS remains more valuable to consumers and practices than ever before.

COMPLAINT INCIDENCE OVER TIME*
All those who have ever visited an optician/had a sight test/eye examination
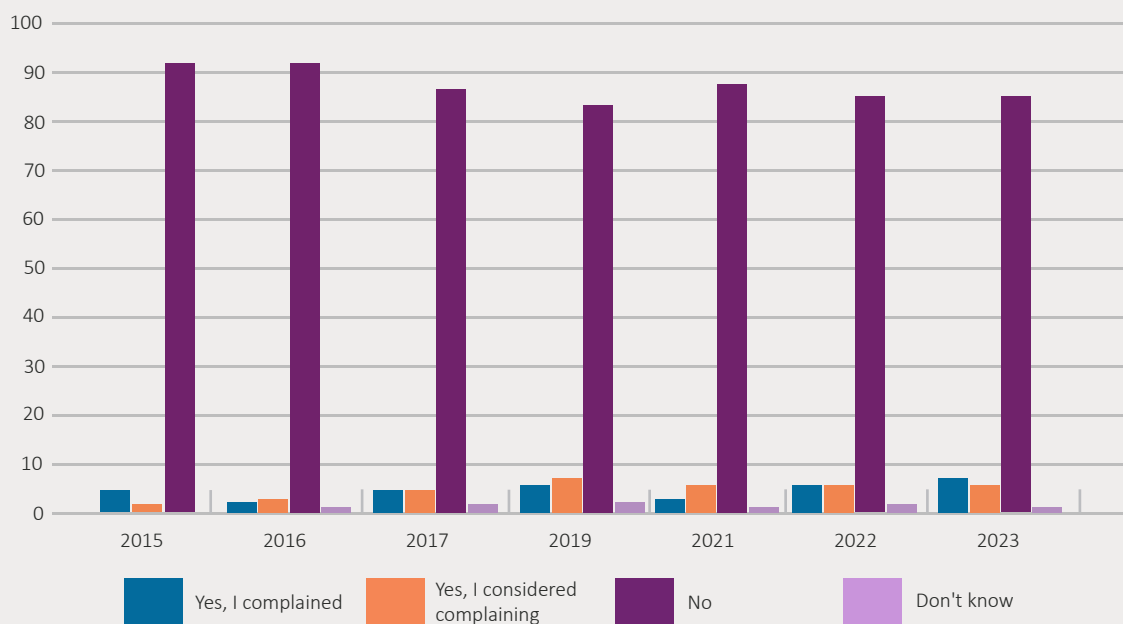
Legend:
- Yes, I complained
- Yes, I considered complaining
- No
- Don't know

With this in mind, the positive resolution rates and improved timescales serve as highly encouraging signs that the OCCS remains more valuable to consumers and practices than ever before.

KEY STATS:

✓ 1707 complaints received between 1st April 2022 - 31st March 2023, representing a 2% decrease YoY*
*Year on Year comparison

✓ 1603 complaints/enquiries closed during 2022-23

✓ 93% of complaints were consumer-related complaints which fell inside of the OCCS' remit and were handled by the service

✓ 94% of referrals resolved or concluded within OCCS mediation

- Customer Care: 29.7%
- Good & Service: 54.1%
- Product: 7.4%
- Charges: 5.4%
- Unknown: 2.7%
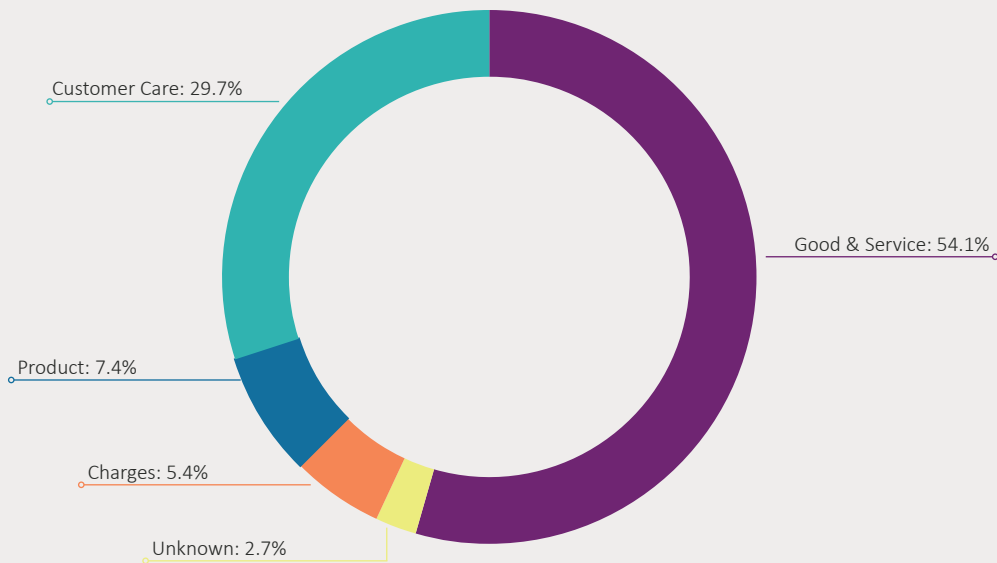
(Subcategory details are contained in Appendix 1)

Of the complaints that were resolved using mediation between 2022-23, the greatest share was attributed to the category of Goods & Services. Representing a 10% increase on this category when compared with last year, it is possible that this illustrates the effects of the cost-of-living crisis. More specifically, a greater number of people complaining over goods and services suggests that there is a lower tolerance for imperfections and a higher expectation than there was before. This view is supported by previous yearly data that tells us that complaints relating to Goods and Services have grown by 20% over the past two years.

Elsewhere, all of the categories remain within a 2 to 3% differential. This consistency compounds the suggestion that complaints in the optical sector are beginning to settle into a "new normal" that will likely remain for as long as economic conditions remain highly challenging to consumers and practices.

TIMESCALES

Timescales	Average number of days from receipt of the enquiry to the conclusion of the OCCS involvement	0 - 45 days	46 - 90 days	+90 days
All	14.1 (+1.7 days)	91% (=)	7% (=)	2% (=)
Mediated	39 days (=)	60% (+10%)	30% (-9%)	10% (+2%)

Objectives and Ambitions

OBJECTIVES 2022-23

1	Share insight and analysis from OCCS activity to support a culture of continuous improvement
2	Support the GOC to continue to pro-actively develop ways of working that will support specificity and sensitivity within the FtP process, and meet the required performance standards assessed by the PSA, with specific focus on: • Work collaboratively with FtP team to refine triage process • Ensure integrity of the decision-making process and review with GOC at quarterly meetings
3	Improve accessibility for neuro diverse OCCS service users by collaborating with external organisations and stakeholders to improve access to, and effectiveness of, mediation for optical consumers and professionals.
4	Actively engage to drive and deliver an effective communication strategy: • Sector specific registrants/businesses/professional organisations • Health care regulators. Share insights and best practices to support other regulators. • Input to key reviews of health care regulation to promote optical sector as an exemplar

▶ PROPOSED OBJECTIVES FOR 2023-24

1	Share insight and analysis from OCCS activity to support a culture of continuous improvement.
2	Support the GOC to sustain and further develop ways of working that will support the GOC to deal with cases as quickly as is consistent with a fair and proportionate outcome, and maintain the required performance standards assessed by the PSA.
3	Improve accessibility for vulnerable service users which includes, but not limited to consumers and optical professionals who are neuro diverse, consider themselves to have a disability and those who are vulnerable by virtue of the situation or environment, to support access to, and the effectiveness of, mediation for optical consumers and professionals.
4	Support the development and implementation of business regulation within optics and to engage and input in to the GOC individual and business standards review to aid practice and consumer understanding and the role of regulation and standards in complaint management.

OCCS Overview

Between 1st April 2022 and 31st March 2023, the OCCS received 1707 complaints, 1588 of which fell into remit, which is consistent with activity in 2021-22. Of course, it is crucial to keep in mind that last year's total represented a 21.5% rise in complaints submitted to the OCCS when compared to 2019-20, the service has maintained its position as an effective resource for those seeking to settle a dispute regarding their experience with the optical sector.

ACCESSING THE OCCS

Unknown: 4.6%
Professional Event: 2.5%
Referral Practice: 4.4%
Referral: 3.2%
Previous ref to practice: 5.3%
Referral GOC: 5.1%
Citizens Advice Bureau: 1.6%
Other: 7.6%
Website: 64.9%
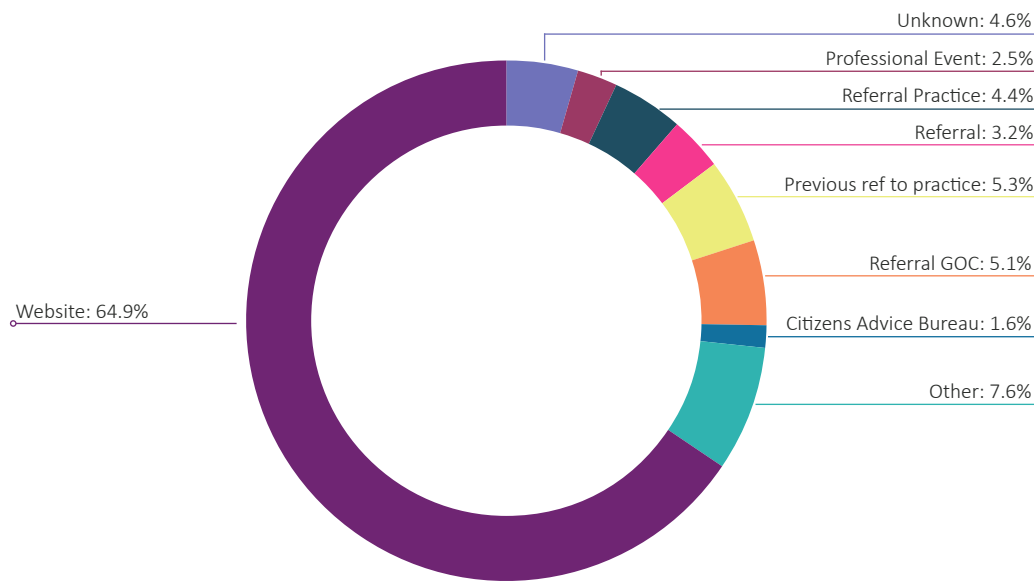
(Source data is contained in Appendix 1)

Referrals by the GOC FtP Team

Last year, the GOC's remodelling of the FtP triage process and further embedding of Acceptance Criteria led the OCCS teams to more work closely with the GOC FtP teams. This resulted in the OCCS supporting the GOC to develop and refine an effective approach which combines the fundamental public protection role of the FtP process with proportionate resolution and a complainant focused process. This confirmed the value of the OCCS as a service performing a vital role in supporting proportionate and effective complaint resolution.

In 2022-23, 83 concerns which were initially received by the GOC, were then referred to the OCCS as they do not amount to allegations of impaired fitness to practise. This amounted to 5% of all enquiries. This remains completely consistent with the data from 2021-22 which was a 117% increase on 2020-21 (38 referrals). This number also equates to almost a fifth of the 442 concerns received by the GOC during 2022-23.

In addition to this combination of direct referrals by the FtP team and those complainants given details of the OCCS, there are also complainants who will self-triage via the GOC or the OCCS websites. There is ongoing collaboration between the OCCS and the GOC team to improve this pathway.

The outcomes of those referrals are detailed in Appendix 2.

Direct Access

A total of 65% of those contacting the OCCS revealed they found out about the OCCS online, via search engines and the online presence. This is a modest 5% decline on the previous year's data and there are certainly other key points of interest when analysing where service users source information about escalating their complaint.

- Practice Referrals - these are examples of where a practice referenced the OCCS in their complaint response or policy, and the consumer states that this to be how they came to contact the OCCS. These accounted for 2.5% of all enquiries, which is consistent with referrals as took place last year. In real terms this meant that 75 complaints came by way of referral by practices.
- The Citizens Advice Bureau continues to be a helpful source of information for consumers, and leads them to the OCCS, bringing a total of 27 consumers to the service in 2022-23.
- Professional events also enabled the OCCS to extend the reach of its service, with 44 disputes being referred to the OCCS as a result of an optical professional attending an event where the OCCS were present.

Remit

93% of enquiries received fell within the consumer complaints remit of the OCCS, with 124 enquiries being signposted to other organisations or falling outside the OCCS remit:

a) Complaint involves allegations which could amount to impaired fitness to practice (8, an increase of 3 when compared to 2021-22)

A critical aspect of the OCCS role is ensuring that any complaint circumstance involving potential allegations of impaired fitness to practice received by the OCCS, are referred to the GOC in order to protect the public. While these events are few and far between, it is essential that this monitoring and safeguarding aspect of our triage and mediation management is effective. The OCCS team have a good understanding of the issues and concerns which may amount to an impaired fitness to practise. This is reinforced through training and interaction with the GOC FtP team so both teams have a detailed working knowledge of how the roles differ and support each other to deliver timely and effective resolution.

b) The complainant was seeking compensation arising fom the alleged negligence of the optial professional (41, an increase of 22 when compared to 2021-22)

In terms of the most significant increase in complaint types - those seeking compensation - the increasing effects of the cost-of-living crisis may be influencing the remedy sought by a consumer. For a claim for compensation to be pursued, the consumer would have to establish harm due to negligence of breach of contract. Analysis of the complaints in the category do not suggest that we are seeing more potentially negligent care. Indeed, the growing number of consumers who insist that their dispute can only be resolved by way of financial remuneration is a clear sign that economic hardship is surfacing in the sector.

c) Practice not registered with the GOC or no GOC registrant involvement (44, an increase of 8 when compared to 2021-22)

d) Other complaints which fall outside the OCCS remit (31).

Outcomes

With a consistent number of complaints, it remains to explore performance and outcomes when compared with our previous annual report. Indeed, it is only by exploring the breakdown of outcomes that it is possible to determine whether mediation has been more or less successful than in previous years.

Reviewing the 1603 referrals that were closed by the OCCS in 2022-23, the following outcomes were reached:

Out of remit: 7.3%
Practice advice: 3.9%
Partial resolution: 2.2%
Advice only: 19.4%
Referred to practice: 31.7%
Mediation unsuccessful: 6.9%
Resolved on mediation: 11.0%
Resolved at early stage: 3.9%
Client not to pursue: 13.6%
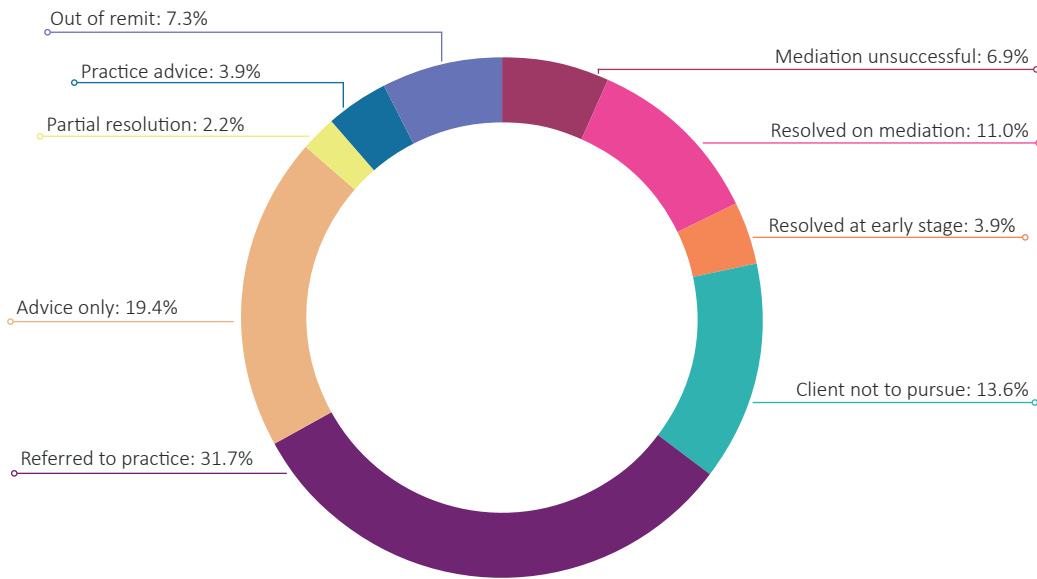
In the past year, 8% of referrals were assessed as being out of OCCS remit, which is a maringal 2% increase on those which were out of remit in 2021-22. Details of the signposting and reasons why a complaint is triaged as being out of remit are detailed above.

PRACTICE ADVICE

OCCS receive contacts from optical practices seeking assistance and support with local resolution of complaints. In 2022-23, the OCCS remained consistent with last year's outcomes, resolving 66 disputes through advice alone. The OCCS proactively invites practices to contact the service for early advice and guidance, which supports early and effective local resolution.

Qualitative analysis suggests that maintaining the large increase in Practice advice referrals that occurred in 2021-22 to:

- The OCCS has grown its profile over recent years, making it easier for consumers and practices to be aware of the service;
- An ongoing confidence in the OCCS and its ability to safely and efficiently handle complaint resolution.

- The heightened tension produced by the cost-of-living crisis which has led to lower thresholds for complaints to be made. In other words, there is a larger number of easily solved complaints due to the parameters for a complaint being increased.

PRELIMINARY MEDIATION SUPPORTING LOCAL RESOLUTION

Just under a third of OCCS enquiries are received when the matter is or should be within the practices' complaint process, and therefore could still be resolved at a local level, so are supported to return to the practice in a local resolution phase.

The OCCS team is highly involved in this stage, seeking to calm, de-escalate and enable complaints to progress constructively. In some cases, the consumer has started the complaint process but is disappointed that this has not progressed to their satisfaction. In other cases, the complaint has not yet been raised with the practice, and consumers are seeking input. Complaints being referred to the OCCS at this stage was also the dominant category last year, suggesting this has largely remained consistent with last year's outcomes. Some complaints at this stage (still at practice level) are addressed through interaction with the OCCS (i.e., with OCCS "Advice Only"). This accounts for a fifth of OCCS enquiries.

The OCCS team combines optical sector insights with mediation resolution techniques to provide support and guidance at the point of initial contact by the consumer. If local resolution is proving to be an ineffective approach, the complaint can return to the OCCS and will be progressed to full mediation.

Where the complaint is still within the local resolution phase. The OCCS will explore with the consumer:

- The exact nature of the complaint;
- What measures have been undertaken to resolve the complaint;
- If no contact has been made with the practice, how the complaint should be presented and the focus needed to help aid swift and local resolution;
- Why the input by the practice so far has not resolved the complaint;
- The basis, root cause and desired outcome for the complaint to assist the consumer in formulating and articulating a reasonable and focused complaint in their interaction with the practice.

95% of these interactions are successfully returned to the practice for local resolution and the complaint does not return to the OCCS.

In 2021-22, the OCCS saw a 22% YoY increase in the number of complaints assisted at this stage. The OCCS has seen this level of activity remain steady in 2022-23.

The OCCS continues to analyse these complaints to share real time updates and guidance for practices to access during the year, to help minimise recurrence and pro-actively adjust ways of working or team focus.

CONSUMER NOT TO PURSUE

In 13% of enquiries within the OCCS remit in 2022-23, the consumer opted not to proceed with mediation, even when local resolution is exhausted. This is consistent with previous years, representing a marginal 3% increase when put in the context of YoY data.

There are a number of reasons for this. The consumer may:

- Decide they want an investigative, adjudication so may consider legal proceedings;
- Fail to engage further and do not return the Agreement to Mediate document;
- Consider that they do not wish to pursue the complaint further, but that their issues have been logged with the OCCS.

The OCCS does explore the reasoning behind any proposed formal escalation (such as legal proceedings or contact with the GOC) to ensure the consumer has made a fully informed decision not to try mediation over any formal adjudication. The marginal increase is likely to be linked to societal attitudes and a stronger tendency to seek a 'judgment' or a finding by some consumers, meaning they consider a legal process the more desirable option. They are made aware of the binary assessment of a dispute within court proceedings and that the proceedings can be costly and lengthy, particularly given the current judicial backlogs.

MEDIATIONS

Where local resolution is unable to successfully address and conclude a complaint, the OCCS will engage with the consumer and the practice to mediate the complaint.

The OCCS concluded 12% fewer mediations in 2022-23, than in 2021-22 (385), and this is in the context of a 2% YoY overall decrease in referrals but noting this sees a return to the mediation activity levels prior to the pandemic. The assigned OCCS Resolution Manager will mediate between the consumer and the practice to assist in finding a resolution acceptable to both parties.

There is little variation in the outcomes or the need for full mediation in different types of complaint, save that complaints relating to charges and offers are more likely to be resolved at an earlier stage, without the need for full mediation.

Customer Care: 29.7%

Goods & Service: 54.1%

Product: 7.4%

Charges: 5.4%

Unknown: 2.7%
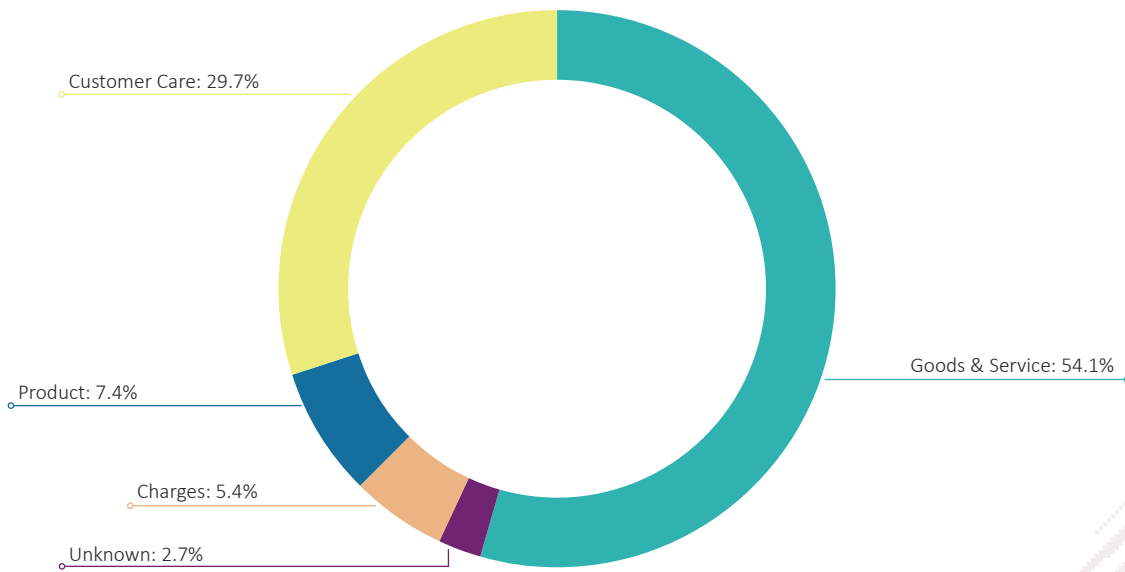
Of the complaints which were resolved using mediation between 2022-23, the majority were attributed to the category of Goods & Services. Representing a 10% increase on this category when compared with last year, it is possible that this illustrates the effects of the cost-of-living crisis. More specifically, a greater number of people complaining over goods and services suggests that there is a lower tolerance for imperfections and a higher expectation than there was before. This view is supported by previous yearly data that tells us that complaints relating to Goods and Services have grown by 20% over the past two years.

In 6% of OCCS enquiries the mediation concluded without a resolution. This was a slight increase from 4% in 2021-22. Qualitative insight suggests this may be linked to several factors:

- Consumers more committed to a financial resolution;
- Thresholds to complain and seek a financial resolution are lower; and
- Commercial decision-makers in practice being more reticent to offer or increase financial resolutions.

RESOLUTIONS

The resolutions mediated within the OCCS process range from:

- Supporting the consumer to return to the practice for a further consultation, adjustment or replacement product
- Partial or full refunds
- Apologies
- Supplementary and complementary product supplied
- NHS voucher reinstatement.

APOLOGY RECEIVED?

When raising a complaint, % of consumers who received an apology from the optical practice (GOC Public Perceptions MEL research March 2023).

Don't know: 2%

No: 42%

Yes: 56%
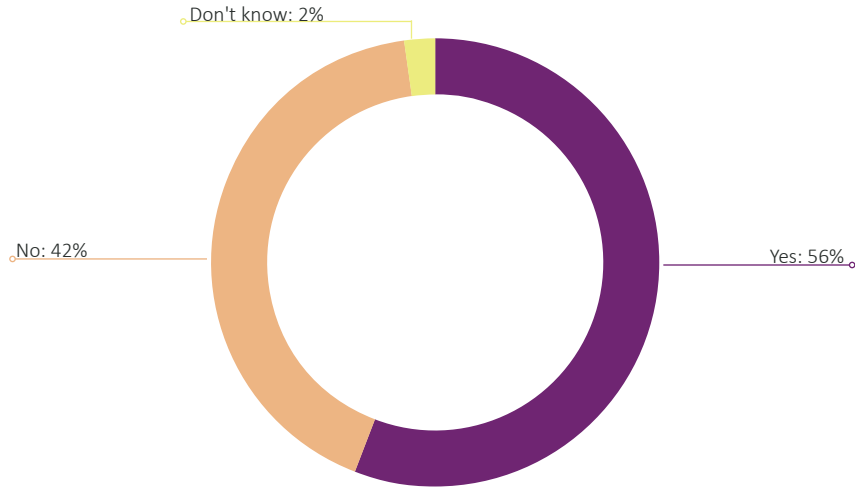
Altogether, the similarities with last year's data suggest that resolution rates have maintained fairly consistent despite an increasingly challenging economic climate. Making the close rate even more significant and representative of success, the ability to remain resilient in the face of an incredibly difficult economic climate is a highly encouraging sign when considering the work of the OCCS.

Timelines

(Comparison to 2021-22)

Timescales	Average number of days from receipt of the enquiry to the conclusion of the OCCS involvement	0 - 45 days	46 - 90 days	+90 days
All	14.1 (+1.7 days)	91% (=)	7% (=)	2% (=)
Mediated	39 days (=)	60% (+10%)	30% (-9%)	10% (+2%)
Refractive surgery related mediations	66 days	33% (-15%)	49% (+22)	19% (-6%)

Overall the duration of the OCCS process has remained steady at around 14 days.

Mediation continue to be an efficient and effective resolution method. In 2022-23, more mediations were concluded in the 45 day period, than in the previous year, with the overall proportion of mediations concluded within 90 days remaining consistent. Mediations relating to refractive surgery, saw an increase in mediations concluded within 45-90 days, but a fall in the number of mediations taking longer than 90 days.

Feedback

SERVICE USER FEEDBACK

The OCCS request feedback from service users.

This is requested at an individual level from consumers and optical practices, and also at an organisational level from multiples and other stakeholders.

Response rates during 2022-23 have been very low (4% of mediations), despite requests made when the complaint mediation is concluded. During 2023-24, the OCCS will once again revisit the approach to capturing feedback as the response rates are below that of other Nockolds services but remain above many other complaint resolution bodies.

Recommend OCCS to others: 82%

Satisfied with the outcome: 73%

Found the outcome helpful and productive: 75%

OCCS understood my concerns: 75%

Found it easy to contact the OCCS: 83%
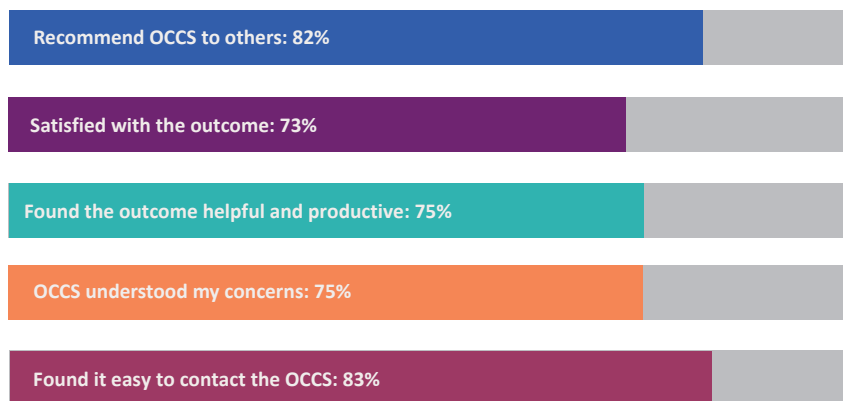
Feedback from stakeholders remains positive and is collated during annual and interim meetings.

The variance in feedback responses this year illustrates the increased level of tension and societal frustration which is a factor in complaints arising, escalating and in mediating a resolution.

SERVICE MATTERS

During 2022-23, the OCCS responded to 3 contacts regarding service standards:

1. **Formal complaint raised with the OCCS – the concern had also been raised with the GOC, and it is understood that a formal corporate complaint also lodged with the GOC - December 2022. The complaint regarding the OCCS involved 4 distinct issues:**

    a. Trading Standards and the GOC had referred the consumer to the OCCS, and the OCCS were not able to investigate or order the practice to offer a specific resolution. The OCCS provide further explanation of the role of each service and their distinct responsibilities. In ongoing dialogue with both organisations, the OCCS confirmed they would explore the wording and explanations of the OCCS role given so clear information was provided and appropriate expectations set.

b. Not being kept informed and updated regularly. The OCCS reassured the consumer that while extensive efforts had been made to obtain the necessary documents from the practice, this had taken some time. It was acknowledged that more frequent updates should have been provided, and the OCCS apologised for this, explaining that this was an isolated situation caused by staff absence and maternity leave and induction phases impacting on timescales.

c. Delays by the practice in supplying relevant document and information were not pro-actively managed by the OCCS. The OCCS reassured the consumer that pro-active steps had been taken by the service, and the practice acknowledged and apologised for the delay which was caused by operational system issues.

d. The OCCS was alleged to have provided legal advice on the enforceability of the practice's reglaze disclaimer. The OCCS explained that the common interpretation and enforcement of the disclaimer was as per the practice's explanation. The consumer was also advised to seek independent legal advice on this point. No legal advice was given by the OCCS.

The OCCS provided a formal written response to the complaint. This was shared with the GOC. The OCCS did not hear further from the consumer.

2. **Freedom of Information Act Request in November 2022**

Having received this request, the OCCS responded to explain that the OCCS is not a public body as defined under the FOI Act but that the requestee was welcome to contact the OCCS to discuss the reason for their request. No response was received.

3. **Potential complaint raised with OCCS – August 2022**

The consumer had a concern regarding the level of supervision provided by an optometrist in practice. The consumer believed the optometrist should have been present in the room with the student or non-qualified member of staff. The OCCS team explained the current understanding of how the supervision standards are applied and signposted the consumer to the GOC. The consumer was dissatisfied with the explanation provided. The OCCS process and approach was reviewed in accordance with the OCCS complaint policy, and the consumer reassured that the appropriate process had been followed.

The OCCS did not hear further from the consumer.

All feedback is analysed by the Head of Service and the team leaders so learnings can be captured. The issues raised, outcomes and quality improvements are fed into team meetings and team 1-1s where appropriate. As so much of the feedback is positive, this reinforces the team commitment to delivering effective and compassionate complaint resolution.

Complaint Insight

Nature of Complaint

The OCCS categorises complaints at the outset based on the consumer's perspective and issues raised.

Nature of Complaint	2022-23 (%)	2021-22	+/- (%)
Goods & Service	658 (40)	796	+3
Customer Care	468 (29)	540	-7
Charges	97 (6)	73	-1
Other	98 (6)	128	-3
Practice Advice	55 (3)	66	=
Product	104 (6)	117	-1
Unknown	148 (9)	14	+7

Business Type

Nature of Complaint	Independent (%)	Multiple (%)
Goods & Service	46	45
Customer Care	31	34
Charges	7	7
Other	3	3
Practice Advice	8	1
Product	4	9
Unknown	1	1

Outcome	Independent (%)	Multiples (%)
Out Of Remit	5	5
Practice Advice	8	2
Supporting local resolution	45	49
Referred To Practice	30	28
Advice Only	15	21
Client Not To Pursue	13	11
Mediation concluded successfully	19	25
Mediation unsuccessful	10	9

REGION

Scotland
2022-23: 5%
2021-22: 6.94%

Northern Ireland
2022-23: 2%
2021-22: 0.7%

England
2022-23: 88.%
2021-22: 89.7%

Wales
2022-23: 5%
2021-22: 4.39%
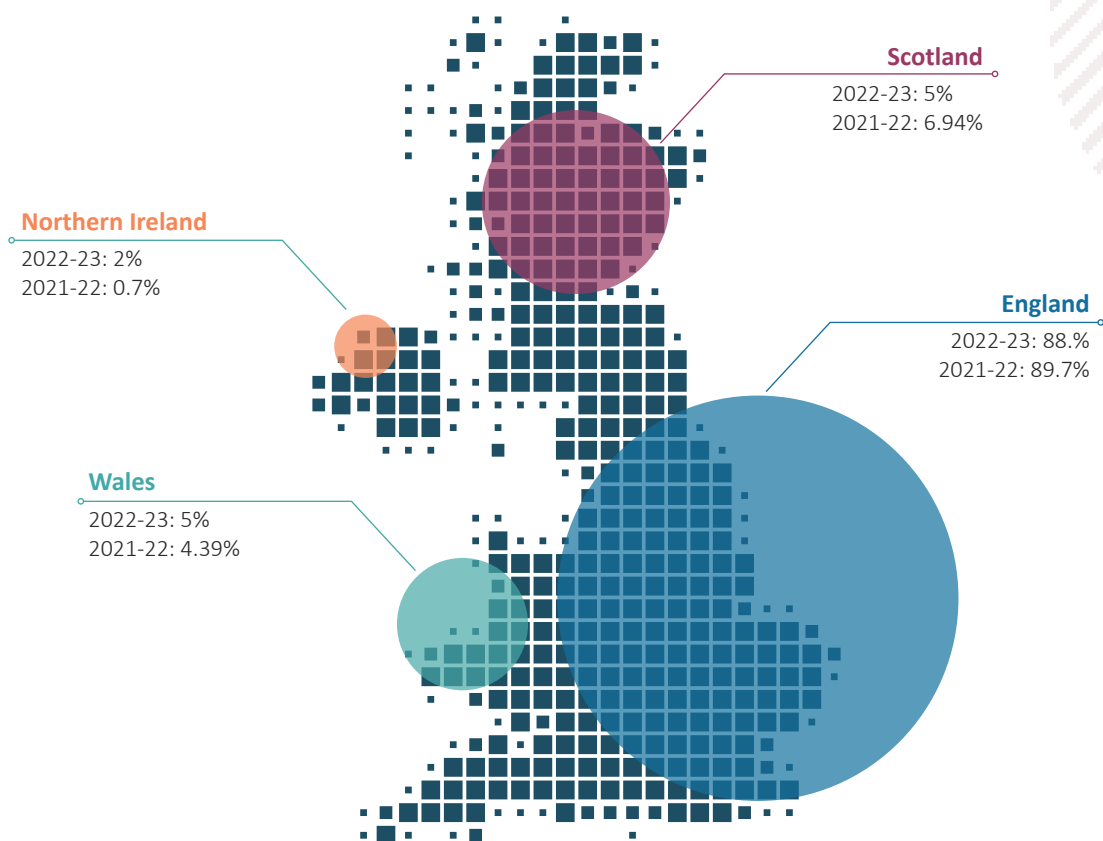
CONSUMER INSIGHT

Details of the EDI analysis are published in Appendix 2.

The OCCS has focused on activity to support and enable access to the service for service users who would benefit from adjustments and adaptations. Details of this work are set out in the Customer Service Strategy Section

The OCCS does not collate EDI data from the optical professional as the complaints are mediated on the basis they are a practice/consumer matter and the issues are generally not 1-1. The mediation approaches the complaint on the basis that the consumer has a relationship with the practice, and not individual professionals working within the business.

SUMMARY OF COMPLAINT AND MEDIATION INSIGHT

- 30% decrease in clinical complaints YoY
- 30% decrease in refractive surgery complaints YoY

Analysis – **consumer cites eye examination or prescription error as primary concern**

	Return to practice with advice	Out of Remit	Advice only	Mediation successful	Mediation	Live	Total
Quality of Examination	21 (31)	8 (7)	7 (24)	6 (11)	3 (10)	5 (1)	50 (84)
Optometrist customer care	19 (17)	12 (6)	9 (7)	7 (5)	2 (2)	3 (0)	52 (37)
Rx Error	70 (86)	9 (24)	23 (43)	32 (28)	14 (8)	15 (4)	183 (193)

Over the past year, the OCCS has recorded a significant drop in complaints which relate to the quality of eye examination, partially offset by a small increase in optometrist customer care, which suggests that this may be a categorisation effect. Overall, a 15% YoY decrease should be considered as strong progress in what is a key area of eye examination concerns and marks a return to 2020-21 levels, after a peak in 2021-22

In 2021 22, the OCCS also recorded a relatively high number of unsuccessful mediations under the category of quality of eye examination. This particular category seemed to be driven by some practices being very defensive in this area. Rather encouragingly, this datapoint seems to be declining in 2022/23.

Analysis - consumer cites clinical diagnosis as primary concern-30% decline YoY

	Return to practice with advice	Out of Remit	Advice only	Mediation successful	Mediation	Live	Total
Cataract	4 (8)	1 (3)	1 (5)	1 (3)	3 (1)	2 (2)	12 (22)
Glaucoma	1 (1)	1	4 (4)	1 (2)		2 (1)	9 (8)
Ret Det/PVD	0 (4)		2 (3)				2 (7)
ARMD	4 (2)	0 (2)	1 (5)	1 (0)		(1)	7 (10)
Misc.	2 (6)	2 (2)	4 (3)	4 (5)	1 (0)		14 (16)
Total	11	4	14	7	4	4	44 (63)

In addition to other significant reductions, The OCCS has observed a considerable reduction in complaints relating to potential misdiagnosis. This is primarily driven by a drop in cataract complaints. In the 2021-22 year, the OCCS reported a significant statistical increase in complaints relating to cataracts, possibly due to the post-pandemic bounce back of elderly patients returning to practices. Thankfully, this seems to have fallen back to a historical run rate.

What's more, the latest OCCS data also reveals a large fall in complaints relating to retinal detachment concerns.

Overall, in this category, the OCCS saw the majority of these complaints referred to practice with preliminary mediation, advice and local resolution support. As with the dataset regarding eye examination issues, this demonstrates the ability and confidence of the OCCS team in managing and supporting resolution in this arena, and the confidence inspiring clarity of the GOC Acceptance Criteria concerning single clinical issue.

The complaints falling outside of remit were a combination of consumers wanting to refer the matter to the GOC or were adamant they wanted to pursue legal avenues for redress. These were signs posted accordingly.
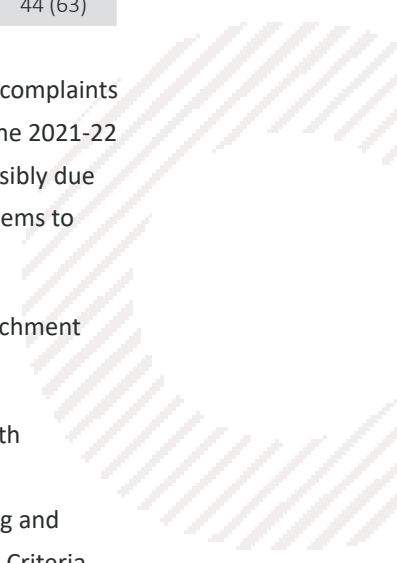
Analysis - complaints involving refractive surgery - down 30% YoY

	Return to provider with advice	Out of Remit	Client chose not to pursue	Advice only	Fully/ partially successful mediation	Unsuccessful Mediation	Live	Total
Charges & Refunds	3		1	1				5
Outcome of Surgery LASIK/ LASEK	5	6	3	10	10	7	3	44
Outcome of Surgery NLR	1		4	5	4	2	5	21
Aftercare	3			1				4
Complaint Mgt	1			6	1	3		11
Attitudinal	2	1						3
Misc	1			1				3
Total	16	8	8	24	15	12	8	91

A decrease of 30% (91 down from 130) YoY in complaints relating to refractive surgery is driven primarily by a reduction in complaints relating to the outcome of surgery which are down in real terms from 89 to 65.

Changes in categorisation following requests from interested parties make YoY details harder to analyse, however mediation success rates continue to be lower in elective surgery cases than those in 'core optical' cases. This disparity reflects the increased complexity of such complaints. More specifically, many cases relate to a disappointment in the refractive outcome, and we would encourage any potential patients to be vigilant and cognisant of the detailed consent process in the area of elective surgery.

OVERALL INSIGHTS

Price Sensitivity

In the latter half of the 2021-22, the OCCS reported anecdotal analysis which indicated that the service was starting to see the impact of financial pressures flowing through into optical complaints. This takes many different forms but includes increase in pricing related issues and practices perceiving complaints to be related to consumer regret. This has undoubtedly developed into a major factor in 2022-23 as the cost-of-living prices increases the pressures on household and practice finances.

Communication in Clinical Complaints

The root cause and primary issue in clinical related complaints has consistently been communication and misaligned understanding of the risk, need for treatment, or referral and counselling consumers to aid understanding and the clinical progression of the condition. This once again demonstrates the need and benefits of developing professional confidence and expertise in this area which minimises unnecessary patient anxiety and professional resilience-a cornerstone of OCCS CPD provision.

Domiciliary

Domiciliary complaints have increased slightly YoY to 42 (from 38) in 2022/23 but following a significant increase in 2020-21, from 18.

The nature of these complaints seems to be driven by consumer disappointment and frustrations regarding after sales service. While low in number, these can generally be categorised as arising when a patient seeks to withdraw from the purchase (and potentially seeking to purchase from a practice where they have had a long-standing relationship and the practice involved in the complaint has attended a residential care home and offered eye healthcare) or, in situations where the consumer is dissatisfied with the product, and seeks a refund.

Complaints involving concerns about pressure to purchase products or the level of spend has seemed more prevalent in this area of the sector in the past 12 months. The OCCS has received 17 such complaints, and 3 of these where the allegation of "overselling" is the substantive issue that arose in the domiciliary sector. Domiciliary complaints represent just 2.6% of total complaints but 18% of the allegations of pressured selling. Given the vulnerable nature of the patient base this is to be closely monitored by the OCCS.

Defining vulnerable consumers can be subjective. At the OCCS, vulnerable consumers include consumers with disabilities or protected characteristics or where the situation or the environment means they are vulnerable or have specific needs. Insight confirms that age or ability does not define whether a consumer is vulnerable. Capacity and the ability to process and manage a particular situation is defined by many factors. The OCCS invites service users to share if they consider themselves to be vulnerable or this can be ascertained during the course of the mediation. Where appropriate and necessary reasonable adjustments to the OCCS process are made. In the domiciliary sector in optics, the OCCS note that vulnerable consumers may not be able to assess whether the care or service received are below an acceptable standard and may also not have the means to access complaint pathways or escalate concerns. For this reason, objective 3 remains an important focus for the OCCS.

The OCCS also detected a small number of complaints related to 'cold calling' by domiciliary providers, and offering eye healthcare to residents who may have long standing relationships with other practices (who do provide a domiciliary offer).

It is recognised that the delivery of eye healthcare in a residential home or domestic setting is challenging, and the demographic of the patient group requires particularly effective communication and third party engagement protocols (families and representatives). Many providers offer excellent care and robust, consumer protection protocols which manage the risk in this area.

Although low in volume, qualitatively these concerns around potentially vulnerable patients illustrate why this sector must be vigilant in all areas of practice and conduct. From the appearance of domiciliary providers 'doorstepping' consumers to have an eye examination, through to the perception of overselling expensive products, and the reluctance to refund when problems occur, it is easy to see why families raise concerns in this arena. Whilst there is no doubt that the vast majority of practitioners in this area are committed to delivering high quality and essential services there remains a significant risk that some outliers can create a negative impression to broader communities. The OCCS continues to work closely with the Domiciliary Eyecare Committee and has delivered five CPD events focused on domiciliary complaint management in 2022-23 to sustain focus on the need for improvement.

REFLECTION OF OCCS RESOLUTION MANAGERS

"Complaints regarding the consumer's customer journey have increased. We have continued to see entrenched and emotive complaints, and in extreme circumstances, practices banning consumers due to their behaviour, or perceived behaviour. Practices seem to be less tolerant and will ask consumers not to attend their practice again.

Tone, attitude and perceptions of conversations are also more likely to be a factor in complaints mediated this year.

There has also been an increase in consumers wishing to cancel their orders once placed and this being refused. The OCCS endeavour to explore options and also o help consumers to understand why a cancellation my not be possible or the practice policy exists.

Some practices have also been less inclined to offer or consider offering refunds. Despite financial challenges, this is improving slightly.

Through mediation insight, it appears that some consumers are less tolerant with practices and are seeking retribution or an outcome of a disciplinary nature. The OCCS seeks to manage their expectations around the mediation process and help them to understand the ways in which the mediation process benefits all parties involved."

OCCS Impact

In addition to annual review meetings with each multiple over summer 2022, representatives of the OCCS also attended every Domi Eye Care Committee meeting over the past year. Similarly, the OCCS delivered 48 CPD events and completed two articles for established journals.

Other areas that the OCCS have had a measurable impact include:

CPD-277% INCREASE IN ACTIVITY YoY

During 2021/22 COVID constrained OCCS activity to just 18 events. Despite such limitations, the OCCS is delighted that interest in live events has been resurgent this year and has gone on to deliver 48 interactive CPD events and two CPD articles for professional journals this year. The majority of the CPD sessions have been delivered in person, which is very much celebrated. Feedback also suggests that in person delivery of CPD focused on non-clinical skills is far more effective and impactful, compared to online delivery.

Feedback score is 97%, with live events at 99%.

The new CPD approach continues to enable the service to be agile in its approach for CPD clients and also tailors' content precisely, and at pace. The ability of the OCCS to create domiciliary-specific CPD is a great example of this.

The OCCS is delighted to report on progress in the two strategic partnerships referenced in last year's report to amplify its volume and capacity to upstream complaint insights in two key areas. In particular:

- Working with Topcon to increase reach in the delivery of our AMD CPD session aligned to their work in OCT training.
- Working closely with CooperVision & The Macula Society to roll out CPD sessions on the exciting developments in Myopia Management using OCCS insights to help registrants focus on the critical conversations that will underpin their success in myopia management provision in the future.

SOCIAL MEDIA ACTIVITY

As part of an ongoing commitment to reach new consumers whilst updating existing ones, the OCCS social media strategy has remained focussed on educational content over 2022-23. Particular highlights include:

- Collaborations with the Macular Society to promote AMD
- Blogs focussed on how to raise and manage a complaint
- Signposts to relevant resources and content surrounding the cost-of-living crisis
- Blogs exploring ways to detect serious optical conditions ahead of time
- Promotion of a variety of relevant and educational events

Supporting the social media activity, the OCCS has also authored a range of blogs on topics that are relevant to the optical sector and complaint mediation.

Social Media Engagement

Examining data for the social media activity conducted over 2022-23, it is encouraging to report that content has made 17.K impressions across all platforms. Of the various posts which performed well over the year, the data points to those regarding the Macular Society and NHS resources as being the most popular. A strong endorsement for the road mapping that the OCCS performs for followers, the active engagement of these posts demonstrates how the service provides vital connections to ancillary services that are of use.

Similarly, overall engagement rates across all platforms sit comfortably between (and often above) the 1-3% benchmark that industry professionals Hootsuite define as strong. A total of 236 posts also demonstrates how the OCCS has remained consistent with posting and is comfortably meeting and exceeding the recommendation of sharing content at least three times a week.

Ultimately, the social media campaigns are being well responded to, and confirm that the OCCS is reaching and educating consumers on all of the leading platforms.
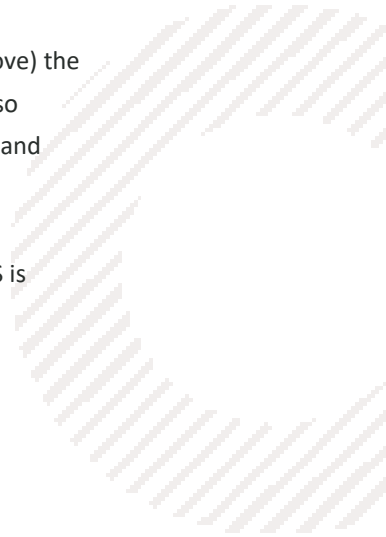
Customer Service Strategy

EDI Access

In terms of EDI access, the OCCS has responded to the current climate to ensure that teams are well-equipped and supported when dealing with complaints. To this end, the OCCS has carried out a series of training sessions that have enabled teams to enlarge their areas of expertise. In particular, the team undertook a course in Managing Difficult and Distressing Conversations that provided them with a suite of skills that allow them to effectively understand and manage the diverse needs of customers. Similarly, this training empowers teams to meaningfully listen and respond to complaints with empathy, drawing from a toolkit of questions and responses which enable them to provide the correct responses and ask the correct questions. Additionally, this course provided the team with the knowledge necessary to respond effectively in an emergency and engage in difficult conversations with confidence. Ultimately, this course provided the OCCS with the skills that distressing situations and customers with mental health challenges require. With the ability to engage empathetically, the training focussed on active listening and how to best support colleagues and customers who are involved in a complaint.

The team are also supported by the EDI and neurodiversity champions who assist the team in delivering an effective and accessible service to all service user groups.

The OCCS has also been attentive to the needs of neurodivergent colleagues and consumers and is working hard to broaden the toolkit to enable teams to engage effectively. In particular, awareness has recently been growing in terms of understanding the prevalence of neurodiversity in society and the impact that it can have on the daily lives of those who process information differently. An estimated one in seven people in the UK and 15-20% worldwide are neurodivergent, with numbers on the rise. Statistics therefore suggest that those with neurodivergent conditions make up a substantial proportion of our workforces and customer bases. By focussing on this particular issue, the OCCS has built a robust toolkit for when teams are adapting the process and approach to enable access and also to support all service users in participating in mediation.
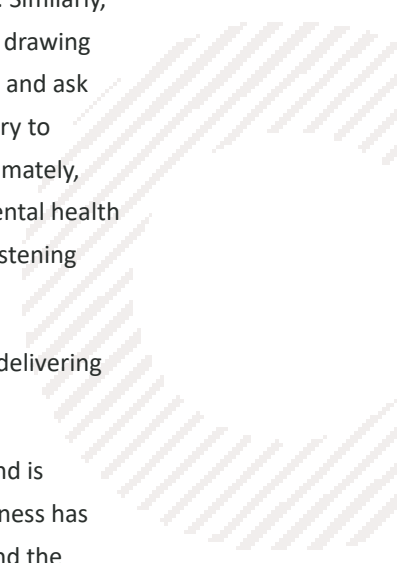
Conclusion

2022-23 has been a year of the 'New Normal'. The consumer/practice relationship has continued to be placed under pressure with societal attitudes remaining 'tense' and the cost-of-living crisis placing more emphasis than ever, on value for money and expectations. The OCCS has played an important role in providing a resolution pathway for those increased tensions, illustrated by GOC enquiries not increasing in 2022-23, and the OCCS outputs remaining steady in a more challenging complaint landscape. As we look to 2023-24 and beyond, the OCCS understands the need to support optical professionals and practices to meet the challenge of high expectations, lower thresholds for complaint escalation and financial focus on complaint resolution, to improve compassionate and effective consumer interactions and reduce complaints.

While adapting to the 'New Normal' is crucial, the evidence (23 million sight tests are conducted a year, the results of the recent public perceptions survey, and the 1,707 referrals received by the OCCS) shows that the relationship between consumers and optical professionals continues to be built on trust and a commitment to achieve the best possible vision for patients. The OCCS will continue to support that trust and confidence, and continuous improvement throughout the sector.
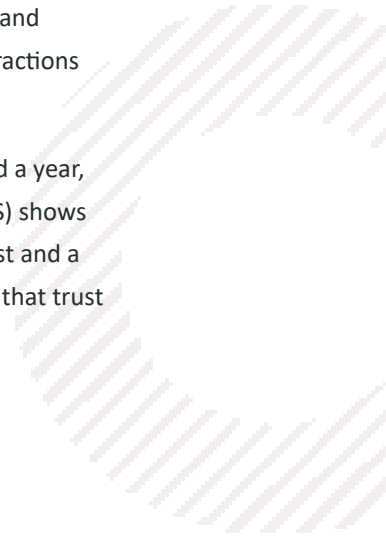
Appendices

APPENDIX 1: OCCS DATA

Nature of Complaints including subcategories

Nature of complaint	2022-23	2021-22
Goods & Service	658	796
Cataract	2	4
Concerns with the examination	42	84
Dispense of varifocal	112	84
Dispensing	118	162
Error with prescription	184	222
Eye Test	7	2
Missed diagnosis	44	66
Outcome of Laser eye surgery	40	89
Outcome of lens replacement surgery	25	-
Presciption prescribed in one practice and dispensed in another	44	66
Reglaze - issue with consumers own frame	13	16
Unknown	27	1
Customer Care	468	540
After care	20	16
Alleged inappropriate selling	19	28
Attitude	68	106
Complaint handling	58	66
Consumer change of mind	23	25
Delay in supply	53	98
Dispensing Optician Customer Care	2	-
Excluded from store	6	13
Failure to deal with concerns/complaint	92	60
Laser surgery - complaint handling	9	3
NHS Voucher query	26	37
No prescription provided	17	28

Non qualified staff issues	4	4
Optum customer care	52	43
Pupillary Distance - entitlement	2	13
Unknown	17	-
Charges	97	73
Charges and offer	94	71
Unknown	3	2
Other	98	128
Miscellaneous	92	122
Practitioner query	1	2
Unknown	5	4
Practice Advice	55	66
Unknown	55	66
Product	104	117
Contact lenses	5	5
Product - frames	68	79
Product - lens coating	19	23
Product - lenses	8	10
Unknown	1	0
Varifocals - quality	3	0
Unknown	148	14
Grand Total	1628	1734

Business Type

Complaint Nature			
	Independent (%)	Multiple (%)	Grand Total (%)
Charges	5.78	3.35	**3.97**
Customer Care	32.83	33.19	**33.10**
Goods & Service	48.02	50.16	**49.61**
Other	2.13	2.83	**2.65**
Practice Advice	6.08	1.99	**3.04**
Product	4.86	8.06	**7.24**
Unknown	0.30	0.42	**0.39**

Source

Source	Source (%)
Charity	0.06%
Citizens Advice Bureau	2.25%
Magazine	0.06%
News/Press	0.17%
Other	5.94%
Previous ref to practice/Advice only	3.69%
Professional Event	3.29%
Referral	3.86%
Referral GOC	4.90%
Referral Other Practice	0.29%
Referral Practice	5.54%
Unknown	0.40%
Website	69.55%

Outcome

	2022-23	2021-22	+/-
Out of Remit	121	91	30
Practice Advice	68	67	1
Supporting Local Resolution	**840**	**1086**	**-246**
Advice Only	322	484	-162
Referred to Practice	518	602	-84
Client Not to Pursue	249	174	75
Mediation Concluded Successfully	233	245	-12
Partial Resolution	29	32	-3
Resolved at Early Stage	57	57	-
Resolved on Mediation	147	156	-9
Mediation Unsuccessful	**92**	**74**	**18**
Total	**1603**	**1482**	**121**

APPENDIX 2: GOC RELATED REFERRALS

	Outcome
Out of Remit	4
Referred to Practice - Local Resolution	30
Advice Only	8
Client Not to Pursue	18
Resolved at Early Stage	5
Resolved on Mediation	12
Mediation Unsuccessful	7
Live in mediation as at 31 March 2023	4

APPENDIX 3: EDI data shared by consumers

Age Range	Age Range (%) 2022-23	Age Range (%) 2021-22
16-24	99 (8%)	7%
25-34	320 (25%)	24%
35-44	276 (21%)	21%
45-54	303 (24%)	25%
55-64	220 (17%)	17%
65 or over	67 (5%)	6%

Gender	Gender (%) 2022-23	Gender (%) 2021-22	Gender Census data (%) - 2021
Female	940 (73%)	73%	51%
Male	348 (27%)	27%	49%

Disability	Disability (%) 2022-23	Disability (%) 2021-22	Disability Census data (%) 2021
No	970 (81.5%)	86.5%	82%
Yes	220 (18.5%)	13.5%	18%

Increase in service user who consider themselves to have a disability.

Ethnicity	Ethnicity (%) 2022-23	Ethnicity (%) 2021-22	Ethnicity Census data (%) 2021
Asian	40 (3%)	3%	9%
Black	4 (0.5%)	0.5%	4%
Mixed	26 (2%)	2%	3%
Other	18 (1.5%)	1.5%	2%
White	1141 (93%)	93%	82%

Sexual Orientation	Sexual Orientation (%) 2022 23	Sexual Orientation (%) 2021 22	Sexual Orientation census data (%) 2021
Bisexual	18 (2%)	1%	1.1%
Gay	43 (4%)	4%	1.4%
Heterosexual	1004 (90%)	93%	90%
Other	45 (4%)	2%	7.5%

Categories to be reviewed in 2023-24

Marital status	Marital Status (%) 2022-23	Marital Status (%) 2021-22	Marital Status census data (%) 2021
Divorced	76 (7%)	8%	9%
Married/civil partnership	470/47 (41%/4%)	45%/ 5%	46.9%
Prefer Not to Say	63 (5%)	4%	0.1%
Separated	14 (1%)	1%	-
Single	453 (40%)	35%	38%
Widowed	26 (2%)	2%	6%

Religion	Religion (%) 2022-23	Religion (%) 2021-22	Religion census data (%) 2021
Buddhist	5 (0.5%)	1%	0.5%
Christian	467 (44%)	48%	46%
Hindu	5 (0.5%)	1%	1.7%
Jewish	9 (1%)	0.5%	0.5%
Muslim	23 (2%)	0.5%	6.5%
None	430 (40%)	40%	37%
Other	45 (4%)	4%	1%
Sikh	76 (7%)	5%	1%
Prefer Not To Say	7 (1%)	0%	6.0%

Region	Region (%) 2022-23
England	88%
Scotland	5%
Wales	6%
Northern Ireland	1%

APPENDIX 4: 2020-23 STRATEGIC ACTIVITY

- Development of the OCCS to ensure it delivers world class complaint resolution;
- Support the GOC in delivering the corporate and strategic plans for 2020-2027;
- 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 pro-actively 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 OCCS, greater understanding of professionalism and expectations of consumers, the public and their regulator, and effective complaint management;
- Continue to use our CET (now CPD) proposition to carry positive message 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 the GOC's 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.

General Optical Council

Education: A&QA Annual Monitoring & Reporting (AMR) Sector Report 2021/22

Meeting: 28 June 2023   **Status:** For noting

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper Author(s): Ben Pearson (Education Policy Manager)

Purpose

---

1.   This paper presents the **Annual Monitoring & Reporting (AMR) Sector Report for the academic year 2021/22,** which forms a key public output 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 regulatory practice. This work is included in our 2022/2023 Business Plan.

Background

---

4.   **Annual Monitoring & Reporting** (AMR) is one of our quality assurance (QA) activities, alongside our quality assurance visits, notification of reportable events and changes to programmes, and conditions management.

5.   The AMR enables us to carry out sector-wide analysis of programmes and overall routes to registration, to identify key themes, trends and risks. 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.

6.   Following the submission of AMR forms and supporting evidence, we review and analyse the information. We request any further information or clarification from the relevant programme, as required.

7.   We produce and publish an annual AMR 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. We later issue confidential individual programme reports to each provider of GOC-approved qualifications.

8.   Prior to finalisation, we send copies of the sector report to all providers for a final factual check. Whilst we do not envisage any major changes, having followed up with clarification queries as part of the drafting process; any significant changes will be reported to Council.

9.   The publication of the AMR and distribution of programme reports to providers will close the 2021/22 AMR cycle.

Analysis

10.   The key findings from this year's AMR include:
- **ETR Implementation:** Just under half of dispensing optics and optometry qualifications aim to start their qualification adaptations or new qualifications designed to meet the GOC's Education and Training requirements (ETR) in September 2023. The sector is implementing the ETR in a way that shows a significant coordination effort across the sector. Among the benefits and opportunities cited by providers include a greater emphasis on clinical skills and multi-disciplinary learning introduced early in the programme as part of a spiral curriculum, and reappraising qualifications to ensure that graduates have the required knowledge, skills and behaviours in-line with the ETR to enter professional practice. Challenges and risks cited by providers include increasing clinical placements in different settings and for higher education providers to assume overall responsibility for both theoretical and practical elements of training.
- **Recruitment:** Applications for optometry (OO) programmes remained buoyant in 2021/22 but fell slightly in 2022/23, whilst applications for dispensing optics (DO) programmes increased significantly in 2021/22 and rose further in 2022/23. Interest for the IP courses has fallen since the previous year but remains substantial, whilst numbers on CLO have been stable over the past three years.
- **Attainment, progression:** Attainment data provided by the awarding bodies shows that the pass rate for OO decreased slightly but remained high, whilst the rate fell significantly for DOs with most affected trainees re-submitting their portfolio outside of the AMR reporting period and graduating. Independent prescribing (IP) rates remain high, and the attainment rate for Contacts lens opticians (CLO) increased.

General Optical Council

- **Student satisfaction:** National Student Survey (NSS) scores for OO qualifications were lower than the national average for all categories, but higher than the 'Subjects Allied to Medicine' (SATM) for all categories bar one. NSS scores for DO qualifications outperform both the national average and the SATM for all categories.
- **Resourcing and investment:** Several providers have invested in new equipment and facilities which range from new purpose-built teaching facilities to on-campus eye clinics and ophthalmic simulation suites, enabling students to enhance their patient-facing skills in clinical practice.

AMR development

11. The AMR process is in continuous development, and we will make refinements and improvements for each year of the process. Significant changes will be required from 2023/24 reporting year where qualifications will be delivered against both the handbooks and ETR.

12. The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC education operations team's approval and quality assurance activities and used by the GOC education team to develop policy and to inform implementation processes.

13. We continue to consider all feedback received from stakeholders regarding this year's AMR process and will use this to refine the AMR process for next year.

Equality Impacts

14. All providers submitted equality, diversity and inclusion (EDI) data this year. Although no major changes were identified from subsequent years, there is increasing interest among younger and recently qualified optical professionals in achieving an IP or CL qualification.

15. Providers were asked to submit widening participation information used to inform the development of access and participation plans and initiatives in operation. Many providers provided information about supporting students with a declared disability and promoting an inclusive learning environment.

Devolved nations

16. There are no specific impacts of the AMR on devolved nations.

General Optical Council

Communications

17.   The GOC's communications team will produce a designed report as part of an effort to achieve more external impact for the AMR exercise in line with the communications strategy approved by Council in March 2023.

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

Next steps

19.   The next steps are as follows:

July 2023	Distribute a draft version of sector report to Awarding Bodies
August 2023	Finalise & publish sector report
September 2023	Distribute programme reports to providers
September 2023	Obtain and review feedback on 2021/22 AMR process
September 2023	Refine and finalise 2022/23 AMR process & documentation
October 2023	2022/23 AMR form and guidance sent to providers
January 2024	Deadline for 2022/23 AMR form returns

Attachments

Annex one: General Optical Council: Annual Monitoring and Reporting – 2021/2022 Sector Report

General Optical Council

GOC Approved Qualifications

Annual Monitoring & Reporting – 2021/22

Sector Report

June 2023

Contents

The sector at a glance:

GOC approved and provisionally approved qualifications:

Qualification type	Number of qualifications
Optometry (OO)	15
Independent prescribing (IP)	6
Dispensing Optics (DO)	9
Contact Lens Optician (CLO)	3
Approved qualifications offered by professional associations	4

Student numbers:

Total student numbers in optometry, dispensing optics, and contact lens remained stable in 2022/23. Independent prescribing numbers fell between 2020/21 and 2021/22.

Approximately 88% of eligible graduates joined the College of Optometrist's Scheme for Registration.

Total students	2019/20	2020/21	2021/22	2022/23
OO*	2,826	3,154	3,270	3,233
IP	382	530	435	N/A#
DO	1,054	748	763	740
CLO	101	58	66	60

(*excludes those on College of Optometrist's Scheme for Registration due to different term period. #N/A due to differences in the reporting cycle of when data becomes available)

Admissions to dispensing optics qualifications increased and are above pre-pandemic levels. Admissions to optometry qualifications fell slightly.

Total students in Year 1	2019/20	2020/21	2021/22	2022/23
Optometry	996	1,089	1,169	1,111
Dispensing Optics	314	127	303	330

3

National Student Survey (NSS): Top average provider score* in Optometry and Dispensing Optics

*Top average (mean) percentage score by provider across 27 questions asked in the NSS 2021-22

Optometry

Position	Provider	Qualification	Average Score
1	University of Plymouth	Optometry	87.4%
2	Ulster University	Optometry	86.0%
3	Anglia Ruskin University	Optometry	79.1%

Dispensing Optics

Position	Provider	Qualification	Average Score
1	Bradford College	FdSc Ophthalmic Dispensing (P/T)	89.8%
2	Bradford College	Ophthalmic Dispensing	84.0%
3	Anglia Ruskin University	Ophthalmic Dispensing	79.1%

Submissions received for adaptations or new programmes to meet the GOC's new education and training requirements (ETR):

Education and training providers are currently submitting applications to adapt their existing qualifications or design new qualifications to meet the ETR. Those qualifications that have been noted by the GOC, may proceed to adapt/launch their qualification.

All except one of the qualifications below will commence in 2023.

[Note to Council: figures to be updated prior to publication]

Qualification type and application status	Number
Optometry (noted)	5
Optometry (in progress)	3
Optometry (received)	1
Dispensing Optics (noted)	2
Dispensing Optics (in progress)	1
Independent Prescribing (in progress)	1

4

1. Summary

Progress implementing the GOC's Education and Training Requirements

1.1. At the time of publication, most submitted adaptions or new qualifications relate to optometry (9) and dispensing optics (3), with the vast majority of these intending to pursue a September 2023 start date. The sector has moved to implement the ETR in a manner that demonstrates a significant co-ordination effort across the entire sector, which is especially impressive given the challenges of responding to the pandemic in the previous two years. In moving to implement the ETR, providers have spoken about challenges and risks, but also the opportunities and benefits of implementation.

1.2. The benefits cited by providers include a greater emphasis on clinical skills and multi-disciplinary learning introduced early in the programme as part of a spiral curriculum. Optometry will be at a Master's degree level enhancing the attractiveness of many qualifications, and placements will take place throughout the duration of the programme rather than at the end.

1.3. The opportunities cited by providers include reappraising optical qualifications to ensure graduates have the required knowledge, skills and behaviours in line with the ETR, to enter professional optical practice. Qualifications may be tailored to meet certain needs such as the nature of demand for optical care in an area, such as a city, region or remote area. Specialist clinics may be set up by providers or in collaboration with local stakeholder organisations to address particular optical needs in the community such as myopia control and glaucoma clinics.

1.4. The challenges and risks include the requirement of the ETR to increase clinical placements in different settings and for higher education providers to assume responsibility for theoretical and practical education and training. Concerns have been raised by several providers about increased cost, placement availability, sufficient patients during a placement (particularly in the student clinics), and the logistics of organising placements. It has been noted that the fees received by providers may not necessarily move with the increased costs to run the qualification. The limited time to implement the ETR is also a concern, although as noted above, the sector has broadly chosen to implement earlier rather than later.

Progress against metrics

1.5. This year, approved qualifications (including provisionally approved) demonstrated progress across most metrics.

1.6. Optometry (OO) qualifications reported a high ratio of applications to admissions (including through clearing), strong academic qualifications (average offer) amongst prospective students, and high levels of student progression and attainment. Dispensing optics (DO) qualifications reported a lower ratio of applications to admissions, but good levels of student progression

5

and attainment. National Student Survey (NSS) scores for OO qualifications were lower than the national average for all categories, but higher than the 'Subjects Allied to Medicine' (SATM) for all categories bar one. NSS scores for DO qualifications outperform both the national average and the SATM for all categories.

1.7. Independent prescribing (IP) qualifications showed decreasing numbers of students admitted, but a very high level of student attainment in exams. Qualifications run online experienced minimal disruption resulting from the COVID-19 pandemic and were able to increase admissions by accepting students from across the UK. Contact Lens (CLO) qualifications showed increasing numbers, and admitted over 90% of their applicants.

1.8. A high proportion of OO and IP students passed the GOC approved qualification within the permitted timescale. Pass rates for the DO approved qualification declined compared to the previous year and pass rates for the CLO approved qualification improved compared to the previous year.

2. Background

2.1. The GOC (also referred to as "we" in this document) are required to "keep informed of the nature of the instruction given by any approved training establishment to persons training as optometrists or dispensing opticians and of the assessments on the results of which approved qualifications are granted", under s.13(1) Opticians Act 1989. Qualifications leading to a registrable therapeutic / independent prescribing (IP) or contact lens optician (CLO) specialism are also included within the GOC's regulatory scope.

2.2. In executing this duty, we approve and quality assure qualifications leading to GOC registration or speciality registration, which includes all elements of training, learning and assessment that a provider must deliver for its students to be awarded a GOC approved qualification that meets the GOC's requirements and to enable students to be eligible to register with the GOC as an optometrist (OO) or dispensing optician (DO), or with an IP or CLO specialty, upon successful completion of their training and assessment.

2.3. As part of our approval and quality assurance (A&QA) of qualifications, all providers are required to demonstrate how their approved qualification(s) meet our requirements, as currently listed in our handbooks. We seek assurance from these providers in several ways, including quality assurance visits, notification of reportable events and changes, conditions management, and the annual compulsory AMR submission. We also scrutinise and note proposed adaptations to qualifications to ensure they meet the ETR requirements.

3. Annual Monitoring and Reporting Process

3.1. Providers were required to report information for the period 1 September 2021 – 31 August 2022.

3.2. All providers of GOC approved qualifications(s) were required to submit information relating to qualification changes, changes to qualification delivery and/or assessment (including risks to delivery), lessons learned, and good practice.

3.3. We issued the AMR forms to providers on 17 October 2022. Providers were required to submit a completed form by 13 January 2023.

3.4. Every AMR return must be signed by a 'Responsible Officer'. The Responsible Officer is a staff member with sufficient authority to represent and bind the provider and bears ultimate responsibility for the information submitted in the return. The Responsible Officer must only sign off the form when they are satisfied that the information gives a true and fair account of the qualification.

3.5. We analysed the information to identify:
- updates regarding key events and changes at qualification level;
- current risks and issues relating to individual approved qualifications(s);
- themes, strengths, and risks within the optical education sector;
- the diversity of students within the optical sector;
- examples of good practice and lessons learnt; and
- ways the GOC's quality assurance activities could be developed.

3.6. This sector report provides a high-level summary of the outcomes of the 2021/22 AMR process. In addition to this report, we produce a short report for each qualification(s) (referred to as a 'qualification report') to provide specific feedback regarding the qualification's submission.

3.7. The analysis and outcomes are based upon the information and data as calculated and submitted by providers of GOC approved qualifications(s). We have not sought to externally verify the information submitted. Although this report includes information relating to providers' plans adapting to the ETR, all qualifications during 2021/22 were delivered to the current handbook requirements.

3.8. We consider all feedback from stakeholders regarding the 2021/22 AMR process and use this to help refine the AMR process.

3.9. The publication of this report closes the 2021/22 AMR process.

4. Themes

4.1. Compliance with this year's AMR process was very good, with all returns submitted by the 13 January 2023 deadline. Responses to additional queries were generally prompt. No compliance breaches occurred.

Impact of the COVID-19 pandemic on the sector

4.2. Education and training have to a large extent returned to face-to-face delivery and various providers reported exams returning to a closed-book and in-person format. Many innovations introduced in response to the pandemic are likely to remain in the medium to long term. For many providers, online complements face-to-face delivery with the recording of lectures and seminars for those unable to attend in person. The use of virtual clinics and smaller tutorial sessions will also remain in place for some providers. Interactive applications such as MS Teams and Zoom have become essential communication tools in the work environment and appear to be here to stay.

4.3. However, feedback from this year's AMR process suggests that COVID-19 is still affecting the sector. Providers have reported a number of issues including: high street opticians still experiencing ongoing effects of the pandemic affecting the supply of placements; a higher than normal number of non-progressing students due to mitigation measures imposed such as teacher assessed grades; failure to provide required placements resulting from the post-COVID recovery plans of devolved administrations; and the ongoing physical and mental impact on students and staff.

Student applications, recruitment, progression and attainment

4.4. On average OO qualifications continued to report strong application and entry figures with an average Year 1 cohort similar to the previous year. Meanwhile, applications for DO qualifications have sustained the significant increase seen for the 2021/22 Year 1 cohort when numbers more than doubled compared to the previous year. The data suggests that recruitment figures have returned to pre-pandemic levels, which is a significant welcome development.

4.5. There was a dip in trainees on IP qualifications from 530 in 2020/21 to 435 in 2021/22; the average size of cohorts fell from 82 to 54 over the same period. The introduction of online only IP courses impacted positively on accessibility and in previous years allowed providers to increase numbers of trainees. Despite this dip in overall trainee numbers, the GOC's latest registrant survey shows strong continued demand for IP qualifications.

4.6. Trainees on CLO qualifications has remained stable over the last three years (60 in 2022/23, 66 in 2021/22 and 58 in 2020/21). Likewise, average cohort size for CLO qualifications for 2021/22 has remained similar to the past year – 22 (19 in 2020/21; 34 in 2019/20).

4.7. Year 1 progression rates have fallen for both OO and DO qualifications in each of the last two years (OO was 96.4% in 2019/20 and 84.5% in 2021/22, DO was 87.7% in 2019/20 and 73.7% in 2021/22). Completion rates for OO and DO final year students are both in excess of 90% and average attainment rates (equivalent of a 2:2 degree) are around 95% for both OO and DO qualifications.

4.8. Attainment data related to the qualifications offered by the professional associations show that pass rates for OO and DO have decreased (-1.3% and -23% respectively), and for IP and CLO have increased (+2.3% and 10% respectively) since the past year. For dispensing optics, the significant decline in the pass rate includes a high percentage of students who failed their portfolio submission. However, a majority of these re-submitted their case records outside of the reporting period and were able to graduate in 2022. For contact lens optics, the professional association offers a potential explanation relating to a significant improvement in attainment as being the return to face-to-face education following the COVID-19 pandemic restrictions.

4.9   National Student Survey (NSS) scores for OO qualifications were lower than the national average for all categories, but higher than the 'Subjects Allied to Medicine' (SATM) for all categories bar one. However, the average overall score for OO is up slightly on last year. NSS scores for DO qualifications outperform both the national average and the SATM for all categories.

Resourcing, investment and good practice

4.10. Several providers have invested in new equipment and facilities which range from new purpose-built teaching facilities to on-campus eye clinics and ophthalmic simulation suites, enabling students to enhance their patient-facing skills in clinical practice. Many providers told us about their qualified and experienced teams of academics and practitioners; many with specialist backgrounds in optical practice, backed up with technical support staff.

4.11. Many examples of good practice were submitted, and we thank providers who did so. They include:

- establishing a good working relationship with students, with high contact time and regular feedback;
- good stakeholder relationships with the eye care community, such as local hospitals, employers, and charities;
- use of new technology such as simulated patients and virtual clinics;
- events and training to support supervisors, mentors, and students; and
- addressing gaps in attainment.

Risk and Information Management

4.12. All qualifications submitted risk analyses. The key risk providers identified relates to implementation of the ETR (see 1.5 – Challenges and risks of implementing the ETR).

4.13. Many providers have increased the online delivery of their programmes and some have converted to hybrid or entirely online models of delivery as is the case with some IP qualifications. Whilst this brings significant benefits in terms of access, particularly if it is difficult to attend in person, it does increase reliance on digital infrastructure systems which could be vulnerable to a systems failure affecting delivery of the qualification.

4.14 Some providers reported difficulties retaining staff as a result of competition from other universities and it was noted that the process for registering teaching staff with the GOC from outside the UK was lengthy. Difficulties in recruiting home and international students was also reported with a dispensing optics provider reporting that student numbers are influenced by employers' decisions and their requirements for dispensing opticians.

Equality, Diversity, and Inclusion (EDI) data

4.15. Providers were asked to submit EDI data and widening participation information used to inform the development of access and participation plans and initiatives in operation. Many providers provided information about supporting students with a declared disability and promoting an inclusive learning environment.

4.16. Like the previous year (2020/21), most OO students were Asian females aged 20 and under, a. And, as with the previous year, most DO students were white females aged 21-24, with many DO qualifications recruiting more mature students than OO qualifications.

4.17. IP and CL qualifications recruit students who are already qualified practitioners. Although most IP and CL students were over the age of 30, over 30% were within the 25-29 age bracket which shows an increasing interest in achieving an IP or CL qualification among more recently qualified optical professionals.

5. Qualification Findings

5.1. Set out below is a summary of our findings for each qualification type, as follows:

- Optometry (OO)
- Independent prescribing (IP)
- Dispensing optics (DO)
- Contact lens opticians (CLO)
- Professional association offering qualifications in OO and IP
- Professional association offering qualifications in DO and CLO

5.2. Equality, Diversity, and Inclusion (EDI) data is included at the end of the report across all qualification types.

Optometry

Total Year 1 cohort data for Optometry students in 2022/23 by provider
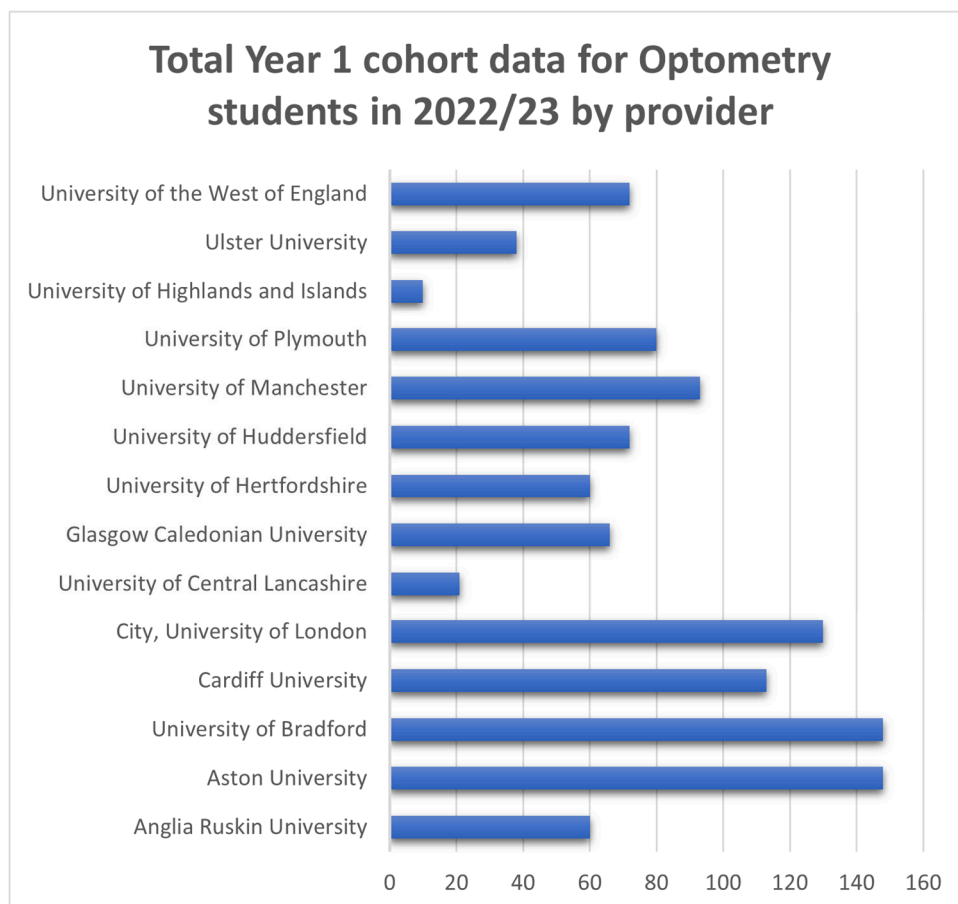
Unless otherwise indicated, the comments in this section relate to all Optometry (OO) qualifications, excluding the optometry approved qualification offered by the College of Optometrists.

11

1. Themes

1.1. Overall, the information submitted indicates strong performance amongst OO qualifications in several academic metrics. However, many providers raised concerns about having to arrange clinical placements in different settings as part of the ETR and of their availability and cost. The inability to retain staff was also identified as a risk for some qualifications.

1.2. Applications for OO qualifications remain strong and there remains a considerable range of small, medium, and large cohort sizes.

1.3. In general, student progression through OO qualifications remains high. Student attainment is very high, with an average of 95.8% of students obtaining a 2.2 or higher (96.8% in 2020/21; 98.1% in 2019/20).

2. Key data – Optometry qualifications

Total students	2020/21	2021/22	2022/23
Total Optometry students	3,154	3,270	3,233
Year 1 cohort	1,089	1,169	1,111

Metric	Lowest	Average	Highest
Proportion of applicants admitted	11.8%	21.5%	69.6%
Average UCAS points offer	118.6	134.0	147.0
First year progression	69.0%	84.5%	95.5%
Progression to following year	73.0%	84.1%	100.0%
Successful completion	88.0%	91.5%	100.0%
Degree – 2:2 or higher	83.0%	95.8%	100.0%

3. Observations

3.1. With one exception, all OO qualifications admitted between 11% and 25% of applicants to their qualification indicating good competition for places. OO qualifications admitted an average of 21.5% of applicants (21.6% in 2020/21; 22.9% in 2019/20).

3.2. The average academic offer made by OO qualifications to prospective students was 134.0 UCAS tariff points which approximately equates to AAB grades at A-

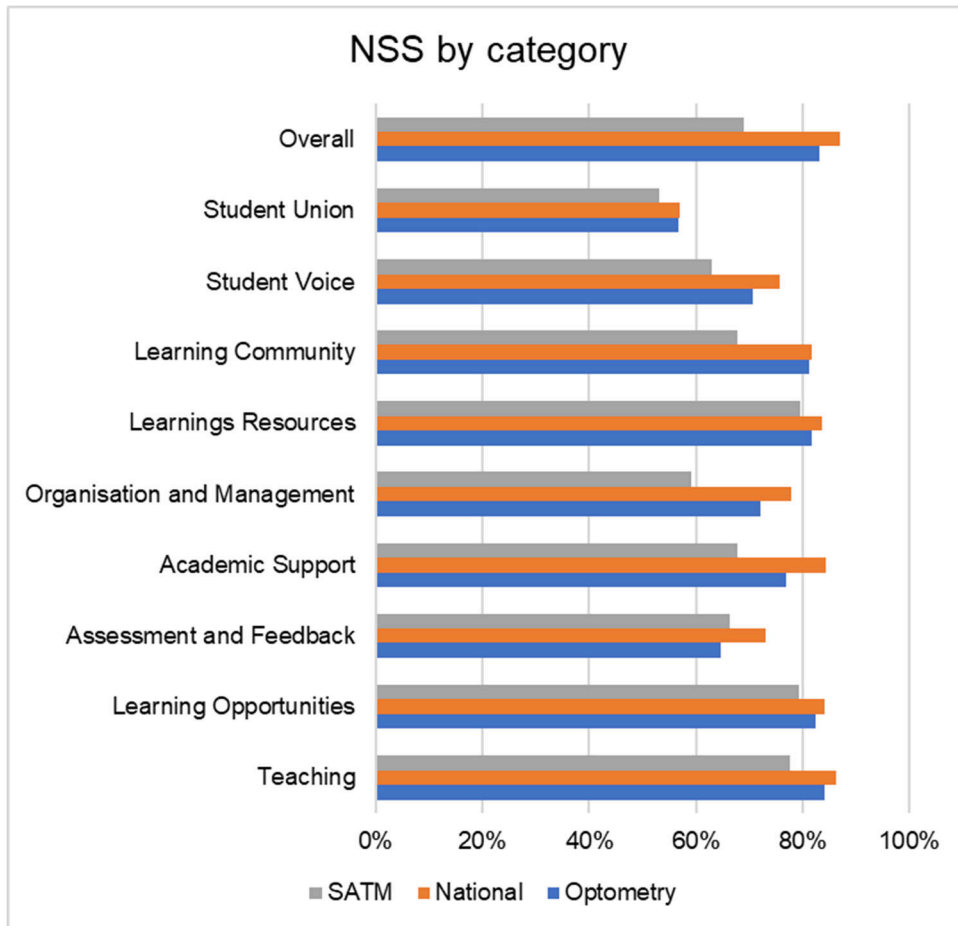Level. This is in comparison to an average of 136.3 (approximately equivalent to AAB) in 2020/21, and 134.5 (approximately equivalent to AAB) in 2019/20. The average UCAS points offer ranged from 118.6 UCAS points (approximately equivalent to BBB) to 147 UCAS points (approximately equivalent to AAA).

3.3. The size of individual optometry qualification cohorts varies significantly. For example, the 2021/22 Year 1 cohort size varied from 8 to 177 students (10 to 153 in 2020/21; 20 to 138 in 2019/20).

3.4. There were 1,169 Year 1 2021/22 OO students (1089 in 2020/21; 996 in 2019/20). This represents a rise of 17% in the Year 1 OO cohort across the UK between 2019/20 and 2021/22.

3.5. An average of 84.5% (88.5% in 2020/21; 96.4% in 2019/20) of students progressed to the second year, an average of 84.1% (93.3% in 2020/21; 95.9% in 2019/20) of students progressed to the following year of the qualification overall, and an average of 91.5% (95.6% in 2020/21; 96.2% in 2019/20) of final year students successfully completed the qualification.

3.6. With regards to EDI, the data showed that 64% of students were female (66% in 2020/21; 67% in 2019/20), and 60% of students were Asian (64% in 2020/21; 59% in 2019/20). There is evidence of local variation, probably reflecting the demography of the local population, with one provider reporting that almost 81% of its students were white, and another that over 91% of students were Asian. 57% (56% in 2020/21; 54% in 2019/20) of students were aged 20 years or under, with 84% (83% in 2020/21; 87% in 2019/20) aged 24 or under, indicating that most are recent school leavers. Like the previous year (2020/21), most OO students were Asian females aged 20 and under.

3.7. An average of 95.8% (96.8% in 2020/21; 98.1% in 2019/20) of students obtained a 2.2 degree or higher. Few students failed the qualification: an average of 2.9% (2.3% in 2020/21; 1.4% in 2019/20) of students failed, and like last year, all but one OO provider had fewer than 3% of students failing. As in 2020/21, three OO qualification providers awarded a high percentage of first-class degree awards – this year they ranged from 35% to 69%). One provided a robust explanation to support their award distribution on submission, another had reduced its award of first-class degrees by 14% to 35% and the remaining provider had by far the smallest final-year cohort for Optometry programmes.

3.8. By category[1], the averages for student satisfaction by category are illustrated in in the chart below. The average Optometry NSS scores were lower than the national average for all categories, and higher than for Subjects Allied to Medicine (SATM), whereas in the previous year scores were higher than the national average for nine out of ten categories. Even so, the overall score

---

[1] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 2.

improved slightly to 83.3% (82.5% in 202021), perhaps indicating a small shift in the scores for other subjects rather than changes in OO qualifications.

NSS by category

Independent Prescribing

Total Year 1 cohort data for Independent Prescribing trainees in 2022/23 by provider*

Provider	
Ulster University	(≈15)
Glasgow Caledonian University	(≈137)
Cardiff University	(≈75)
Aston University	(≈43)

*Cohort data for City, University of London is not collected as the programme is run as CPD modules, and the University of Hertfordshire admitted its cohort outside of the reporting period.
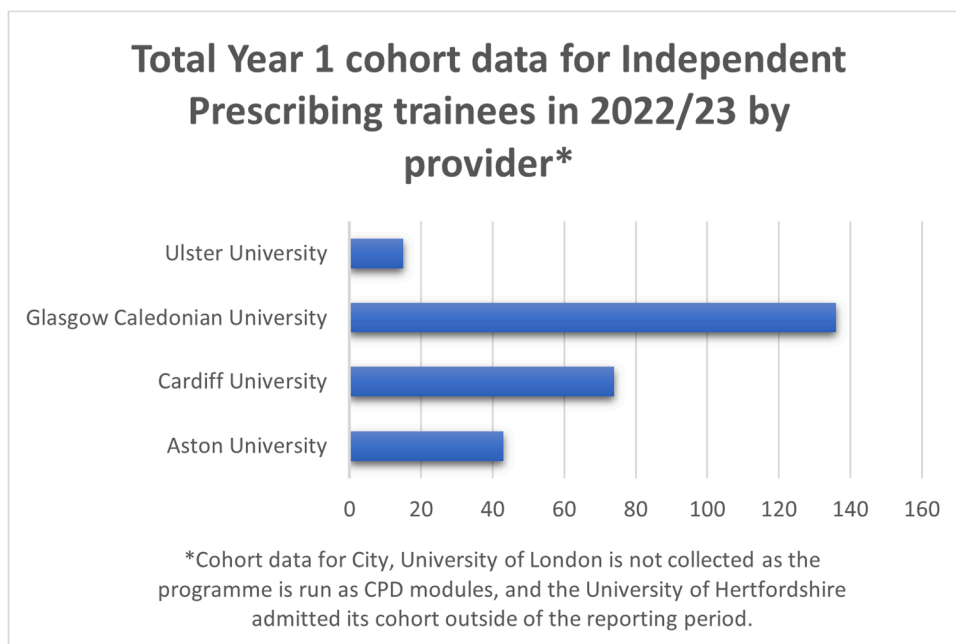
Unless otherwise indicated, the comments in this section relate to all independent prescribing and therapeutic prescribing (IP) qualifications, excluding the IP approved qualification offered by the College of Optometrists.

1. Themes

1.1. A number of IP qualification providers noted that the ongoing impact of the COVID-19 pandemic continued to pose a risk to the availability of clinical placements, although mitigation measures were in place including online delivery.

1.2. IP qualifications are not covered by the National Student Survey, but most qualifications reported the results of internal processes capturing student views which showed positive student feedback.

2. Key data – IP qualifications

Total students	2020/21	2021/22	2022/23
Total IP students	530	435	To be reported in next year's AMR Sector Report
Year 1 cohort*	412	272	268

(*IP cohort data excludes a provider that runs its IP qualification as CPD modules and therefore does not admit a cohort. For this specific case we have substituted cohort data with admissions data which we consider to be reliable since cohort data for all remaining IP providers is the same as the admissions data.)

Metric	Lowest	Average	Highest
Applicants admitted	69.6%	84.2%	100.0%
Attainment – pass or higher	81.0%	92.9%	100.0%

3. Observations

3.1. IP qualifications in 2022/23 admitted about the same number of trainees as in 2021/22, although this is significantly lower number of trainees than in 2020/21. Providers continue to admit a high proportion of applicants: an average of 84.2% applicants (78.6% in 2020/21; 87.3% in 2019/20) were admitted. As noted above, the introduction of online only IP courses impacted in a positive way on accessibility and allowed providers to increase the number of trainees admitted to the qualification in large numbers, although not consistently year-on-year.

3.2. The size of IP qualification cohorts varies significantly: the average Year 1 cohort size was 54 (82 in 2020/21; 61 in 2019/20) but varied from 16 to 93 (16 to 224 in 2020/21; 5 to 139 in 2019/20) students.

3.3. An average of 92.9% (94.2% in 2020/21; 98.0% in 2019/20) of students passed the IP qualification, with two of the six qualifications having a pass rate of 100%.

3.4. EDI data showed that most IP students were Asian females aged 40 years or above. 66.6% of students are aged over 30, and 31.2% are between the ages of 25 and 29.

Dispensing Optics

Total Year 1 cohort data for Dispensing Optics students in 2022/23 by provider

Provider	
Glasgow Caledonian University	(bar ≈ 8)
City & Islington College	(bar ≈ 30)
University of Central Lancashire	(bar ≈ 13)
Bradford College	(bar ≈ 58)
Anglia Ruskin University	(bar ≈ 20)
ABDO College	(bar ≈ 198)

(axis: 0, 50, 100, 150, 200, 250)
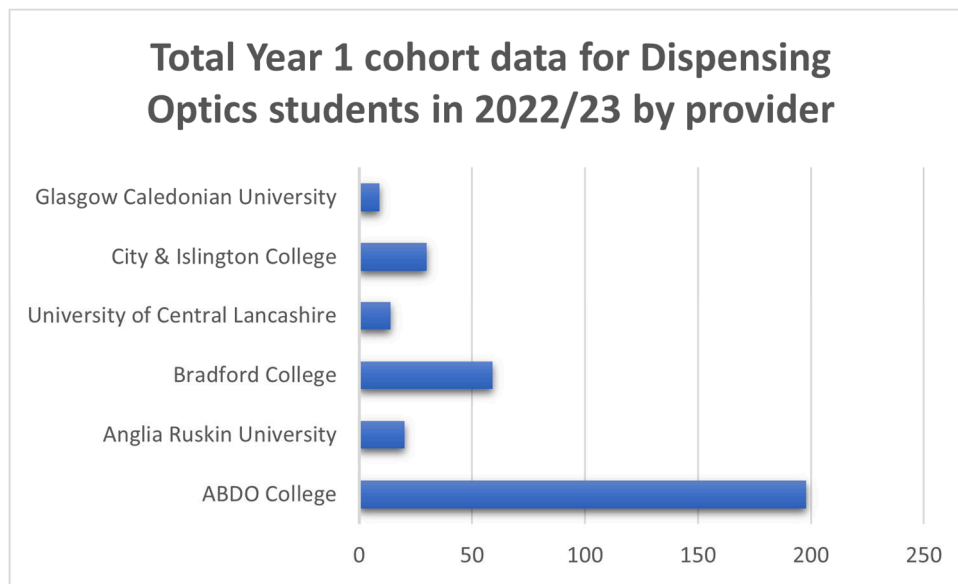
Unless otherwise indicated, the comments in this section relate to all Dispensing Optics (DO) qualifications, excluding the DO approved qualification offered by the ABDO.

1. Themes

1.1. DO qualifications maintained good student progression for most qualifications. Student attainment is also good.

1.2. Participation in the National Student Survey (NSS) was limited, as per usual, for reasons including qualification ineligibility. However, qualifications that did participate performed well.

1.3. Total student numbers for DO qualifications fell slightly in 2022/23. However, the key indicator is the continued increase in the size of the Year 1 cohort following a big jump between 2020/21 and 2021/22. This suggests that the effects of the pandemic in deterring employers from funding students' studies or students being furloughed from their work, have significantly eased.

1.4. Implementation of the ETR is cited as a risk by providers, particularly regarding the cost of increasing clinical placements in different settings. One provider noted that the new Regulated Qualification Framework (RQF) Level 6 requirement for Dispensing Optics presented a very high risk to a foundation dispensing degree accredited by the GOC.

1.5. We note progress in developing a degree apprenticeship for Dispensing Optics, which should further boost careers in this profession and widen participation.
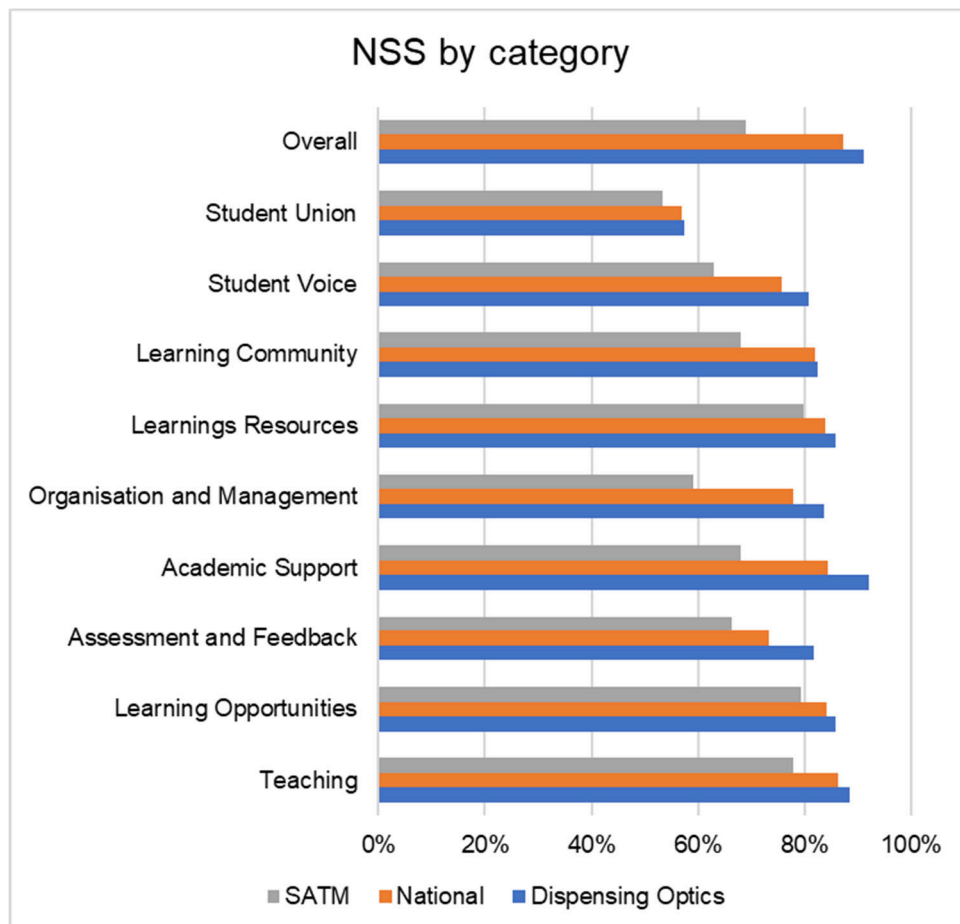
17

2. Key data – DO qualifications

Total students	2020/21	2021/22	2022/23
Total DO students	748	763	740
Year 1 cohort	127	303	330

Metric	Lowest	Average	Highest
Proportion of applicants admitted	6.3%	73.7%	97.0%
Average UCAS points offer	24.0	46.8	75.0
First year progression	0.0%	73.7%	100.0%
Progression to following year	86.0%	87.3%	100.0%
Successful completion	86.7%	93.9%	100.0%
Degree – 2:2 or higher	82.0%	94.1%	100.0%

3. Observations

3.1. DO qualifications admitted an average of 73.7% (74.2% in 2020/21; 73.7% in 2019/20) applicants. There is significant variance across DO qualifications, with one qualification admitting 97% of its applicants, four over 85%, one at 60%, two between 20% and 30%, and one at 6%. Two courses, however, are not statistically significant due to the very small number of students on the qualification – the 6% provider being one of them.

3.2. Four dispensing optics qualifications required A Levels for entry. The average UCAS points offer data quoted includes only these qualifications. The other four qualifications require other qualifications, typically at GCSE level with practical experience also required.

3.3. There is some variance in the average UCAS tariff points offer made to students entering DO qualifications. The average UCAS offer was 46.8 points (approximately equivalent to EEE at A-Level); this compares to an average of 66.8 points (DDE) in 2021/21, and 36 points (DE/EE) in 2019/20.

3.4. The average cohort sizes across the qualifications were 34 students (18 in 2020/21; 45 in 2019/20) in year 1, 21 students (46 in 2020/21; 55 in 2019/20) in year 2, and 39 students (60 in 2020/21; 58 in 2019/20) in year 3. The size of individual DO qualification cohorts varies quite significantly: 0 to 191 (4 to 50 in 2020/21; 10 to 152 in 2019/20) in year 1, 5 to 74 (10 to 171 in 2020/21; 21 to 176 in 2019/20) in year 2, and 4 to 151 (38 to 174 in 2020/21; 7 to 213 in 2019/20) in year 3.

3.5. EDI data showed that 66% (63 in 2020/21; 65% in 2019/20) of DO students were female and 49% (48% in 2020/21; 53% in 2019/20) were white. There is evidence of local variation, probably reflecting the demography of the local population, with one provider reporting that almost 87% of its students were white, and another that over 53% of students were Asian. Most students are white females aged 21 to 24.

18

3.6. An average of 73.7% (79.7% in 2020/21; 87.7% in 2019/20) of students on DO qualifications progressed to the second year of the qualification. An average of 87.3% (87.4% in 2020/21; 91.4% in 2019/20) of all DO students progressed to the following year of DO qualifications, and an average of 93.9% (90.4% in 2020/21; 84.1% in 2019/20) of students successfully completed their qualifications.

3.7. The progression rates for DO qualifications is similar to OO qualifications.

3.8. Analysis of student attainment is difficult for DO qualifications because not all awards are classified in the same way (some use 'pass', 'merit', and 'distinction' grades) and some are not classified at all. An average of 94.1% (97.5% in 2020/21; 96.9% in 2019/20) of students obtained either a 2:2 or higher (for honours degrees), or a pass or higher (for non-honours qualifications).

3.9. By category[2], the average score for DO qualifications in the National Student Survey (NSS) is above both the national average and the average for 'Subjects Allied to Medicine' (SATM) for all categories. The averages by category are illustrated in the chart below.

NSS by category

Categories (top to bottom): Overall, Student Union, Student Voice, Learning Community, Learnings Resources, Organisation and Management, Academic Support, Assessment and Feedback, Learning Opportunities, Teaching

Legend: ■ SATM ■ National ■ Dispensing Optics

---

[2] The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 2.

Contact Lens Opticians

Total Year 1 cohort data for Contact Lens Optics trainees in 2022/23 by provider
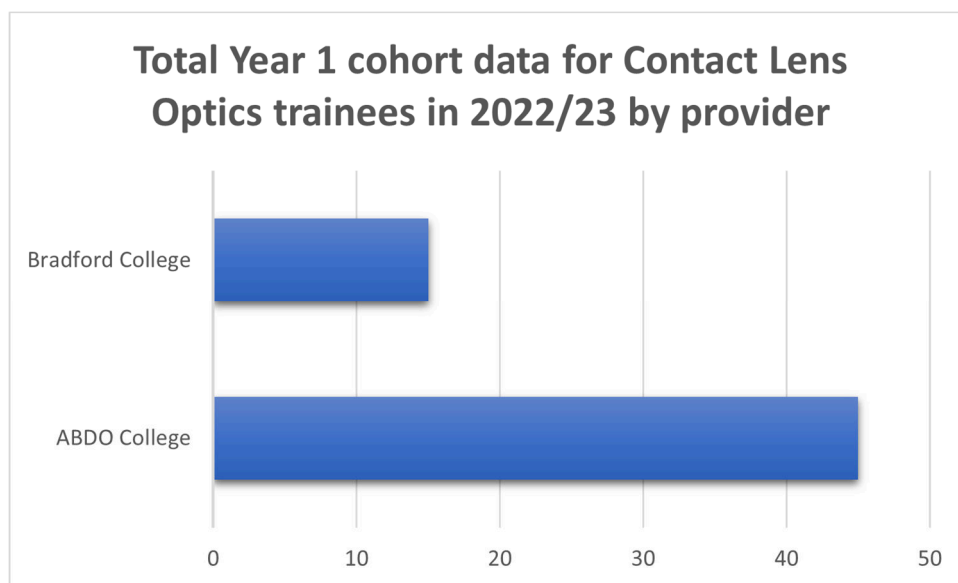
Unless otherwise indicated, the comments in this section relate to all contact lens optician (CLO) qualifications, excluding the CLO approved qualification offered by the ABDO.

1. Themes

1.1. One provider had the majority of CLO trainees with 51 admitted in 2021/22, an 83% share of the total number of CLO trainees. The combined cohort of trainees for 2021/22 (66) is slightly higher than the previous year (+8).

1.2. The ongoing impact of the Covid-19 pandemic is likely to have affected the extent to which training and support is offered by optical businesses for staff and trainees.

2. Key data

Total students	2020/21	2021/22	2022/23
Total students/Year 1 cohort	58	66	60

Metric	Lowest	Average	Highest
Applicants admitted	90.9%	91.0%	91.1%
Attainment – pass or higher	40.0%	46.3%	52.6%

3. Observations

3.1. All CLO qualifications admitted over 90% of their applicants. Recruitment to programmes increased in 2021/22 although one provider has not admitted students to its course since the previous year. Regarding cohort sizes, one provider recruited a cohort of 51 students, the other providers recruited 5 and

20

10 students.

3.2. CLO qualifications do not participate in the National Student Survey (NSS). Most qualifications indicated that they use alternative methods to obtain feedback and monitor student satisfaction with the qualification. These include internal surveys and face-to-face or online meetings allowing trainees to raise concerns or give feedback.

3.3. EDI data showed that most CLO students were white females aged 30-39. 60.7% of CLO students were aged 30 years or above, which is unsurprising for a qualification taken after initial qualification.

3.4. One CLO qualification is an approved qualification which leads directly to speciality registration. Most students, however, gain two GOC approved CLO qualifications either sequentially or simultaneously, staggering their theoretical and practical examinations, and taking different parts of the examination at different times, making it difficult to compare achievement.

GOC Approved Qualifications offered by the College of Optometrists (Optometry and Independent Prescribing)

Unless otherwise indicated, the comments in this section relate to approved qualifications offered by the College of Optometrists in optometry (the Scheme for Registration) and independent prescribing (Therapeutic Final Common Assessment).

1. Themes

1.1. The pass rates submitted by the College of Optometrists were calculated for the 2021/22 academic year by its new customer relationship management system. The cohort-based numbers supplied in previous years were calculated on a different basis and are therefore not directly comparable.

2. Key data – attainment data

Qualification	Pass rate
Optometry (Scheme for Registration) (27-month)	95.5%
Independent Prescribing (Therapeutic Final Common Assessment)	89.0%

3. Observations

3.1. The Optometry Scheme for Registration is based on the GOC's current competencies contained in the 2015 handbook which utilises an assessment regime in which a number of competencies are assessed under direct observation, rather than focussing on broad capabilities. The provider has noted that some trainees had a negative experience of the Scheme and that more trainees are progressing through the Scheme too slowly.

3.2. The ETR has been cited as creating uncertainty as to how long the Scheme will remain in place. The provider noted that, once qualifications are adapted to meet the ETR, there will come a point where the Scheme is unviable to administer in its existing form. The provider considers there is currently a lack of clarity as to how a transition to the new ETR environment can be achieved whilst at the same time continuing to run the Scheme for those qualifications using the current competencies. The Sector Strategic Implementation Steering Group (SSISG), which was set up to address issues relating to implementation of the new requirements, is addressing issues relating to concurrency, funding, and the availability of learning and experience in practice.

3.3. In addition, the provider notes that employers have reported to them that international applicant trainees, who do not have identified trailing competencies, who are recommended by the GOC to the Scheme may have capabilities which exceed what is required by the Scheme.

3.4. In terms of GOC future activity, we are reviewing our process for managing applications from optical professionals who have qualified outside of the UK or Switzerland following the approval by Council of the ETR in February 2021.

3.5. The GOC is also keeping a close eye on whether any interim arrangements are required to support adaptation to the new ETR.

GOC Approved Qualifications offered by the Association of British Dispensing Opticians (Dispensing and Contact Lens Opticians)

Unless otherwise indicated, the comments in this section relate to the approved qualifications delivered by Association of British Dispensing Opticians (ABDO) in Dispensing Optics and Contact Lens Optician. Data is inclusive of ABDO College, Bradford College, City & Islington College, Glasgow Caledonian University, and the University of Central Lancashire.

1. **Themes**

1.1. The pass rates submitted by ABDO were calculated on differing bases from academic qualification pass rates. A high percentage of dispensing optics trainees failed an element of the programme relating to submission of a portfolio. Most of these trainees re-submitted their portfolio outside of the 2021/22 AMR reporting year and were able to graduate in 2022.

2. **Key data – student attainment data**

Qualification	Pass rate
Dispensing – Practical	30.0%
Contact Lens – Practical	59.0%

2.1. As noted above, the ABDO's DO qualification reported a pass rate of 30.0% (53.0% in 2020/21; 43.8% in 2019/20) for the sittings of its examinations.

2.2. The CLO qualification reported a pass rate of 59.0% (49.0% in 2020/21; 49.0% in 2019/20).

3. **Observations**

3.1. The impact of the COVID-19 pandemic has reduced with intake figures returning to pre-pandemic figures. Admissions for Dispensing Optics have increased significantly by 160 to 289 students in 2021/22 and the Year 1 cohort figure for 2022/23 has risen to 329 students.

3.2. Meanwhile, the implementation of the ETR is cited as a risk leading to structural change in the sector. The provider notes that it will work closely with its education and training centres to provide support in developing new models of delivery and to ensure that its new syllabus for dispensing optics aligns with the ETR requirements, thereby ensuring that the qualification remains fit for purpose and parity of education experience ensues. The provider noted various concerns including lack of specificity within the high-level GOC education outcomes, which the sector sought to address through the development of indicative guidance, and potential for a wide variation in clinical experience.

3.3. These qualifications do not participate in the National Student Survey (NSS) but instead use alternative methods to capture and monitor student feedback on the qualifications such as issuing surveys to students following their exams.

Equality, Diversity and Inclusion (EDI) data

Unless otherwise indicated, the comments in this section relate to all qualifications (OO, DO, IP, and CLO).

1.   Themes

1.1   This year we have enhanced and developed the EDI information we ask providers to submit in the annual return to include the use of EDI data and widening participation metrics. We will continue to develop our approach to EDI and the information that we seek as part of implementing the ETR.

2.   Widening Participation

2.1.   Many providers collect widening participation (WP) information pertaining to a student's ethnicity, gender, age group, academic and socio-economic background, religion, sexual orientation, first generation university student (or not), and refugee status.

2.2.   On the whole WP information is made available to faculty, school and programme teams and is used to inform the development and enhancement of access and participation plans, and to inform policies relating to student support and wellbeing which may include supporting students who declare having a disability, promoting an inclusive learning environment and continuously improving WP activities.

2.3.   Specific examples of WP activities include: analysing and addressing identified attainment gaps within the programme, providing access to bursary schemes (for example, for students with a low income, disability, having spent time in care etc), and the provision of alternative routes of entry to a qualification such as a foundation year or the acceptance of alternative qualifications such as the BTEC qualification.

2.4.   Reasonable adjustments used by providers for specific individuals include time extensions to coursework and examinations (where appropriate), separate rooms for examinations, access to appropriate technology in examinations (such as a PC or laptop) and 1:1 support during teaching sessions. Generalised adjustments include the provision of transport around a campus (or between campuses), access to buildings, and avoiding placing assessments on days of religious festivals.

3. Key data

3.1. Data tables can be found in Appendix 1.

3.2. **Gender:** All qualifications have more female than male students, similar to the figures reported in past years.

Gender distribution of students by programme type from 2019/20 to 2021/22

	Independent Prescribing	Contact Lens	Independent Prescribing	Contact Lens	Independent Prescribing	Contact Lens
Male	37%	41%	31%	39%	41%	33%
Female	63%	59%	69%	61%	59%	67%
	2019/20		2020/21		2021/22	

■ Female ■ Male

Gender distribution of students by programme type from 2019/20 to 2021/22

	Optometry	Dispensing Optics	Optometry	Dispensing Optics	Optometry	Dispensing Optics
Male	35%	34%	35%	37%	36%	34%
Female	65%	66%	65%	63%	64%	66%
	2019/20		2020/21		2021/22	

■ Female ■ Male

27

3.3. **Age:** 57% of students (56% in 2020/21; 54% in 2019/20) on OO qualifications are aged 20 and under. Like past years, compared to OO qualifications, DO qualifications have a wider distribution of ages and a higher proportion of students aged 30 years and over; this reflects the larger proportion of mature students enrolling on part-time DO qualifications.

Age distribution of students by programme type in 2021/22
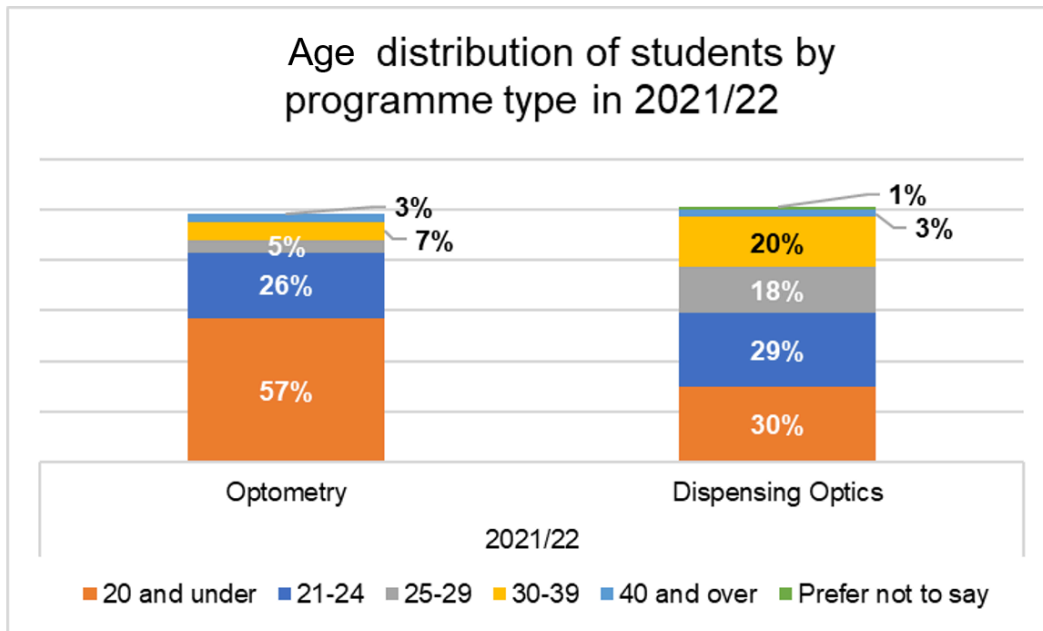
3.4. IP and CLO qualifications are currently open only to qualified practitioners and their age ranges are therefore dominated by students aged 30 and over. It is encouraging that, like in past years, over 30% of IP and CLO students are aged under 30; this shows these qualifications are attractive to newly-qualified practitioners.

Age distribution of students by programme type in 2021/22

28
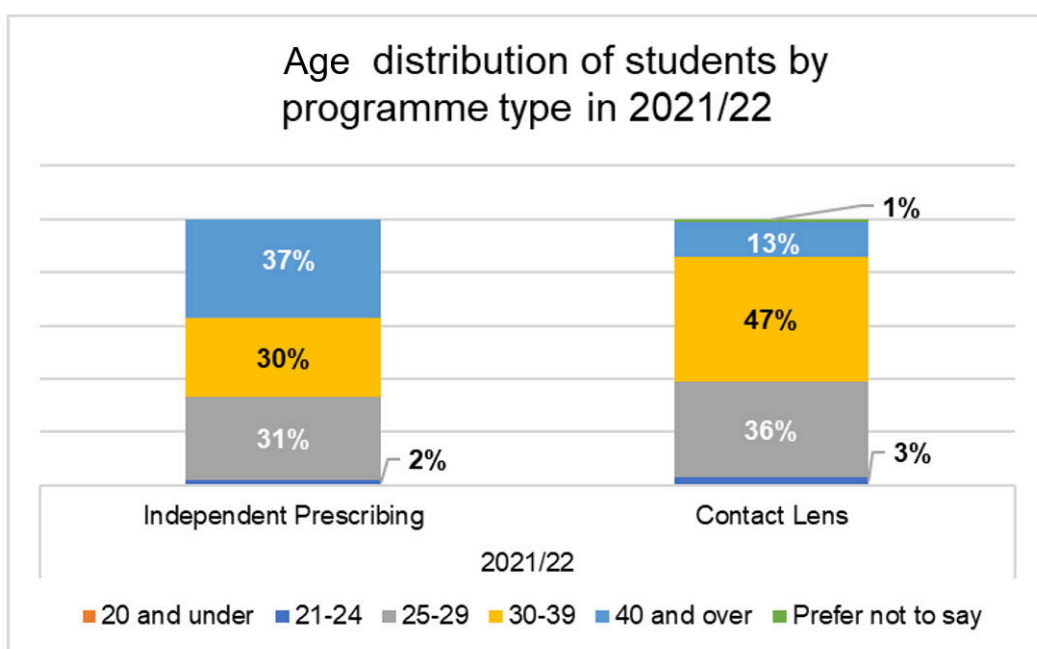
3.5. **Ethnicity** data is very similar to that of past years across all qualification types. Notably, while one-quarter of students on OO qualifications are of white ethnicity, this is the case for almost half of students on DO qualifications.

Ethnicity distribution of students by programme type from 2019/20 to 2021/22
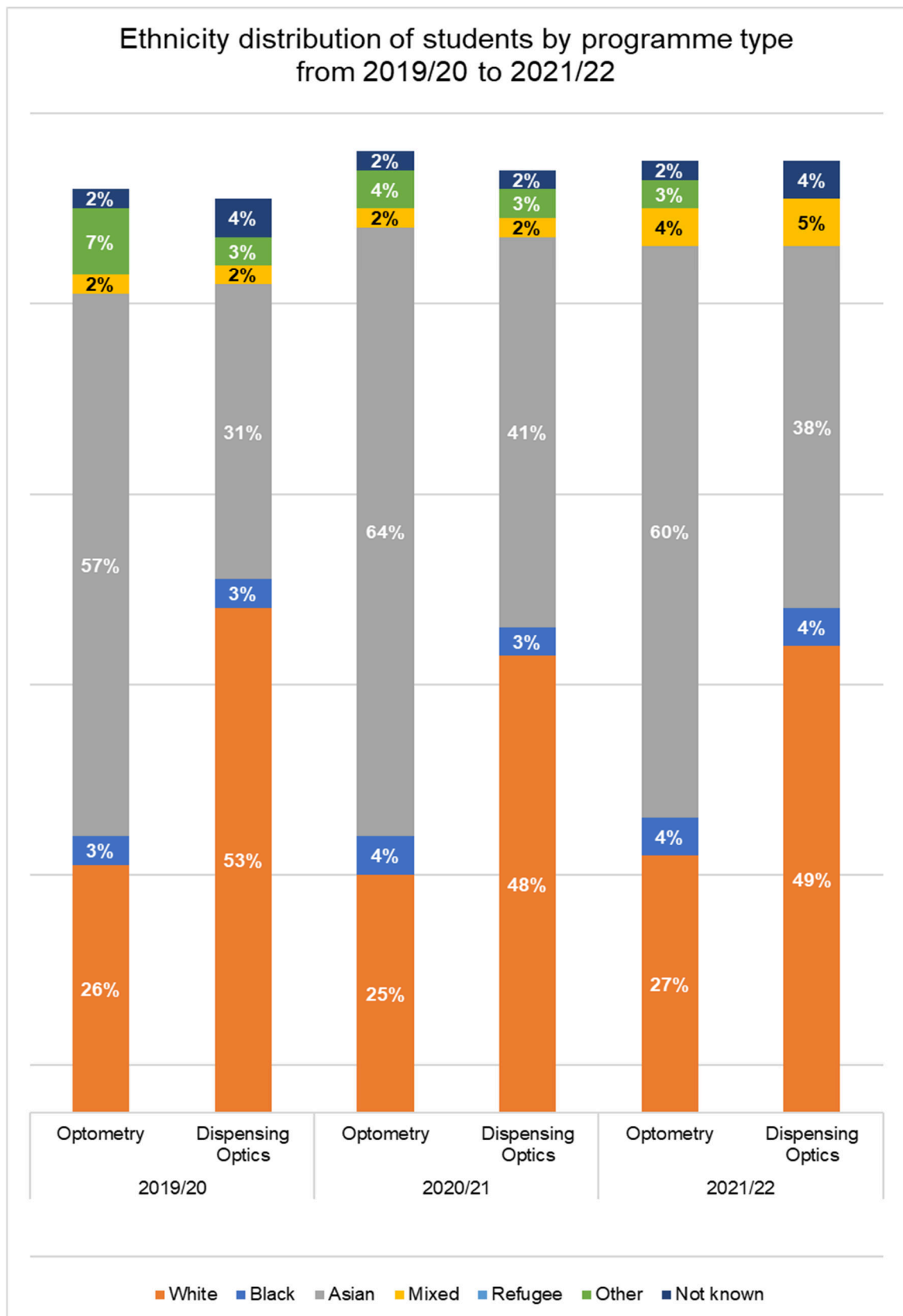
Ethnicity distribution of students by programme type from 2019/20 to 2021/22
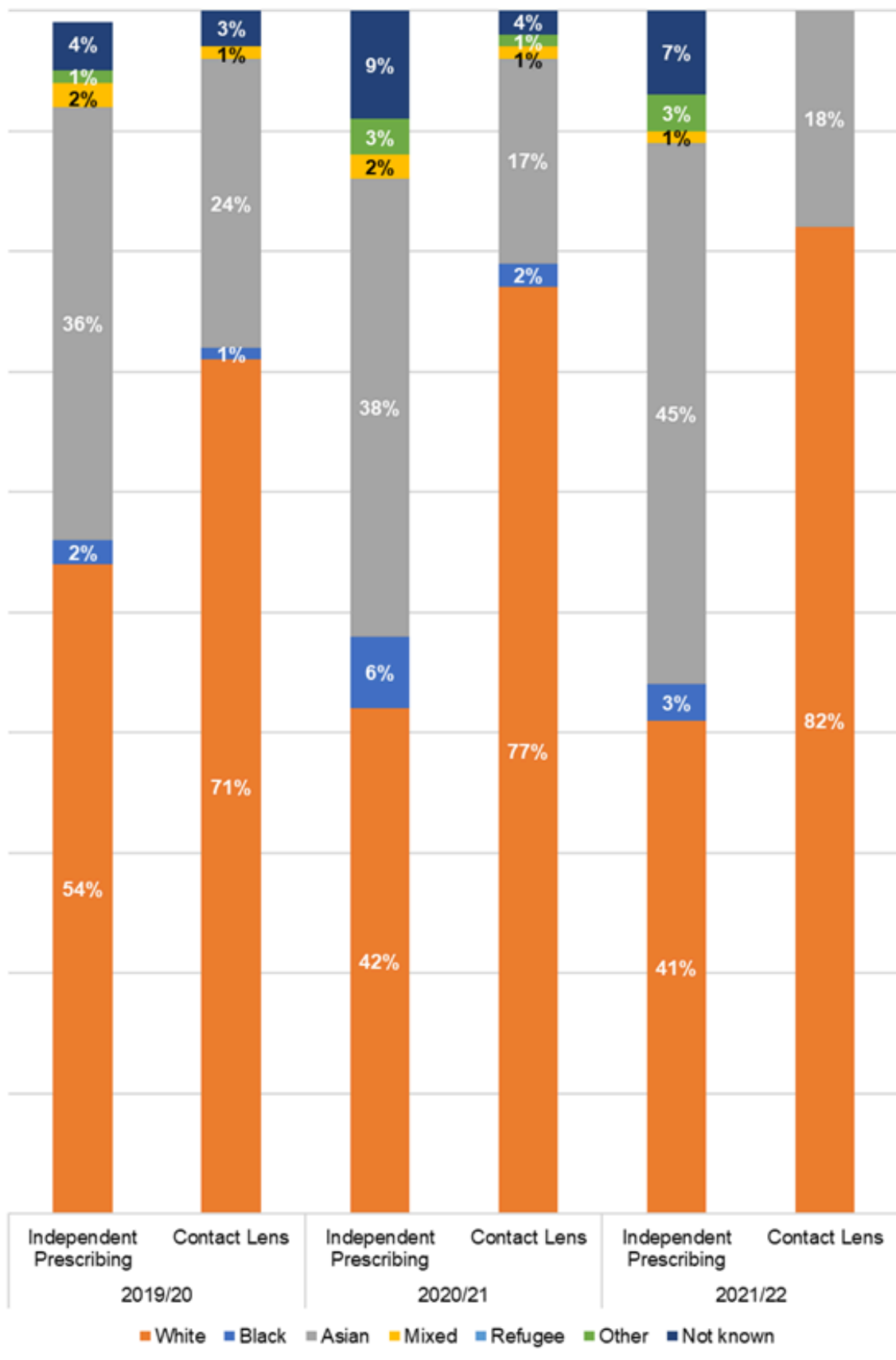
3.6. **Disabilities:** Optometry, dispensing optics, and independent prescribing qualifications have an average of 5-10% disabled students.

Disability distribution of students by programme type from 2019/20 to 2021/22

	Optometry	Dispensing Optics	Optometry	Dispensing Optics	Optometry	Dispensing Optics
Prefer not to say					4%	
No known disability	94%	97%	94%	94%	88%	91%
Known disability	6%	3%	6%	6%	7%	10%
	2019/20		2020/21		2021/22	

Legend: ■ Known disability ■ No known disability ■ Prefer not to say

Disability distribution of students by programme type from 2019/20 to 2021/22

	Independent Prescribing	Contact Lens	Independent Prescribing	Contact Lens	Independent Prescribing	Contact Lens
No known disability	97%	100%	94%	100%	94%	100%
Known disability	3%		6%		5%	
	2019/20		2020/21		2021/22	

Legend: ■ Known disability ■ No known disability ■ Prefer not to say

Appendices

Appendix 1 – Data tables

Unless otherwise specified, the data reported below relates to the period 1 September 2021 – 31 August 2022.

Unless otherwise specified, the data reported below relates to 'academic' (non-professional association) qualifications.

A.   Application data

	Admissions Ratio (Applications:Admissions)		UCAS Points Offer (equivalent)	
	Average	Median	Average	Median
All Qualifications	67.6%	25.8%	99.9	132.6
Optometry	21.5%	17.2%	134.0	136.0
Dispensing Optics	73.7%	73.8%	46.8	44.0
Independent Prescribing	84.2%	81.6%	N/A	N/A
Contact Lens Opticians	91.0%	91.0%	N/A	N/A

B.   Average cohort data

	Year 1	Year 2	Year 3	Year 4
Optometry	83	72	69	20
Dispensing Optics	34	21	39	N/A
Independent Prescribing	54	N/A	N/A	N/A
Contact Lens Opticians	22	N/A	N/A	N/A

C.   Student average progression

	Progression from first year	Progression to the following year	Students completing the qualification
Optometry	84.5%	84.1%	91.5%
Dispensing Optics	73.7%	87.3%	100.0%

D.   Student average attainment: Optometry, Dispensing Optics, and all qualifications

	Good Pass[6]	Fail
All qualifications	87.4%	2.4%
Optometry	95.8%	2.9%
Dispensing Optics	94.1%	1.9%

E. Student average attainment: Independent Prescribing and Contact Lens Opticians

	Good Pass	Fail
Independent Prescribing	92.9%	7.0%
Contact Lens Opticians	46.3%	43.7%

F. Student average attainment: Professional Associations

	Pass	Fail
Professional Association (Dispensing & Contact Lens Opticians)	44.5%	55.5%
Professional Association (Independent Prescribing & Optometry)	92.3%	6.9%

G. National Student Survey – average satisfaction score by category

	All qualifications	Optometry	Dispensing Optics	Subjects Allied to Medicine
Teaching	86.2%	84.1%	88.3%	77.8%
Learning Opportunities	84.1%	82.4%	85.8%	79.2%
Assessment & Feedback	73.2%	64.6%	81.8%	66.3%
Academic Support	84.4%	76.9%	91.9%	67.9%
Organisation & Management	77.8%	72.1%	83.6%	59.1%
Learning Resources	83.7%	81.2%	85.7%	79.6%
Learning Community	81.8%	81.3%	82.3%	67.9%
Student Voice	75.7%	70.7%	80.8%	63.0%
Student Union	57.0%	56.7%	57.3%	53.2%
Overall	89.1%	83.3%	91.0%	68.9%

H. EDI – Average gender data

	Female	Male
All qualifications	63.9%	36.2%
Optometry	64.5%	35.5%
Dispensing Optics	65.6%	34.4%
Independent Prescribing	58.6%	41.4%
Contact Lens Opticians	66.7%	33.3%

33

I.   EDI – Average age data

	20 & under	21-24	25-29	30-39	40 and over	Prefer not to say
All qualifications	34.7%	20.8%	16.1%	18.3%	9.7%	0.4%
Optometry	57.3%	26.4%	5.5%	7.1%	3.4%	0.4%
Dispensing Optics	29.9%	29.2%	18.0%	19.5%	2.7%	0.7%
Independent Prescribing	0.0%	2.2%	31.2%	30.1%	36.6%	0.0%
Contact Lens Opticians	0.0%	3.2%	36.0%	47.3%	13.3%	0.0%

J.   EDI – average disability data

	Known disability	No known disability	Prefer not to say
All qualifications	6.8%	91.1%	2.0%
Optometry	7.5%	88.4%	3.4%
Dispensing Optics	9.5%	90.5%	0.0%
Independent Prescribing	4.9%	94.1%	1.0%
Contact Lens Opticians	0.0%	100.0%	0.0%

K.   EDI – Average ethnicity data

	White	Black	Asian	Mixed	Refugee	Other	Not known
All qualifications	40.6%	3.3%	47.3%	3.1%	0.0%	2.1%	3.4%
Optometry	27.0%	3.9%	59.9%	3.6%	0.2%	3.2%	2.1%
Dispensing Optics	48.9%	4.1%	37.9%	5.3%	0.0%	0.2%	3.8%
Independent Prescribing	40.6%	2.5%	45.2%	0.8%	0.0%	3.0%	7.5%
Contact Lens Opticians	81.7%	0.0%	18.3%	0.0%	0.0%	0.0%	0.0%

Appendix 2 – National Student Survey categories

#	Question	Category
1	Staff are good at explaining things	Teaching
2	Staff have made the subject interesting	
3	The course is intellectually stimulating	
4	My course has challenged me to achieve my best work	
5	My course has provided me with opportunities to explore ideas or concepts in depth	Learning Opportunities
6	My course has provided me with opportunities to bring information and ideas together from different topics	
7	My course has provided me with opportunities to apply what I have learnt	
8	The criteria used in marking have been clear in advance	Assessment & Feedback
9	Marking and assessment has been fair	
10	Feedback on my work has been timely	
11	I have received helpful comments on my work	
12	I have been able to contact staff when I needed to	Academic Support
13	I have received sufficient advice and guidance in relation to my course	
14	Good advice was available when I needed to make study choices on my course	
15	The course is well organised and running smoothly	Organisation & Management
16	The timetable works efficiently for me	
17	Any changes in the course or teaching have been communicated effectively	
18	The IT resources and facilities provided have supported my learning well	Learning Resources
19	The library resources (e.g. books, online services and learning spaces) have supported my learning well	
20	I have been able to access course-specific resources (e.g. equipment, facilities, software, collections) when I needed to	
21	I feel part of a community of staff and students	Learning Community
22	I have had the right opportunities to work with other students as part of my course	
23	I have had the right opportunities to provide feedback on my course	Student Voice
24	Staff value students' views and opinions about the course	
25	It is clear how students' feedback on the course has been acted on	
26	The students' union (association or guild) effectively represents students' academic interests	
27	Overall, I am satisfied with the quality of the course	Overall

Appendix 3 – Caveats

1) The AMR process is in continuous development and we will make refinements and improvements for each year of the process. Significant changes will be required from the 2023/24 reporting year where qualifications will be delivered against both the existing handbooks and ETR.

2) The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC Education Operations team's approval and quality assurance activities and used by the GOC education development team to develop policy and to inform implementation processes.

3) Please note that the findings outlined in this report are indicative and do not represent a formal position or policy of the GOC. The findings in this report should not be relied upon for advice or used for any other purpose and may not be representative.

4) The analysis and outcomes contained within this report are based solely upon the information and data as calculated and submitted by the qualifications. The GOC has not sought to externally verify the information and data submitted. The responsible officer for each qualification has attested that the information submitted in the AMR return gives a true and fair view of that qualification.

5) The information provided by each professional association qualification in relation to student attainment (assessment pass rates) has been calculated on different bases (i.e., the basis for each calculation has been different) from the other professional association qualifications and the academic qualifications.

COUNCIL

General **Optical** Council

Professional Standards Authority performance review 2021/22

Meeting: 28 June 2023   **Status:** For noting

Lead responsibility: Leonie Milliner (Chief Executive and Registrar)
Paper author(s): Marie Bunby (Policy Manager)
Council Lead(s): There is no Council lead for this work.

Purpose

1. To enable Council to discuss the outcome of the Professional Standard Authority for Health and Social Care's (PSA) review of our performance for the period 1 October 2021 to 31 December 2022 (our 2021/22 performance report).

Recommendations

2. Council is asked to note the PSA's assessment of our performance and our work in engaging with the review process.

Strategic objective

3. The PSA's review of our performance helps us to assess whether we are achieving our strategic objectives and fulfilling our overarching duty to protect the public.

Background

4. The PSA oversees our work and that of the other UK health and social care professional regulators. Every three years the PSA conducts a 'periodic review' of the regulators it oversees against its 18 Standards of Good Regulation ('standards'), with 'monitoring reviews' in the intervening period. The PSA published its periodic review report on our 2021/22 performance on 20 March 2023 (annex 1).

Analysis

5. Following an audit of our performance in several areas, this year we met all 18 of the PSA's standards (covering general, guidance and standards, education and training, registration and fitness to practise). We were delighted to meet all of the standards for the first time in just under a decade, and were particularly pleased to meet the standard on fitness to practise timeliness.

6. We were also pleased to note that the PSA highlighted our:
    *   commitment to equality, diversity and inclusion (EDI), recognising our comprehensive set of registrant EDI data going back a number of years; and

---

20 March 2023   Page 1 of 3

- clear focus on public protection through publication of our updated Illegal Practice Protocol clarifying our approach to concerns about businesses or individuals outside the UK, welcoming our focus on our statutory remit.

7. We recognise that we need to work to continue to maintain and improve the timeliness of our fitness to practise cases, in line with our commitment in our Strategic Plan 2020-25 and through our fitness to practise improvement programme. In addition to paragraph 16.2 of the PSA's report on our performance, we are pleased that the proportion of all cases being referred to a fitness to practise committee by case examiners has improved significantly (from 19% in 2019 to over 60% in 2022).

8. We note the PSA's suggestions for areas that they will keep under review or that we could change or reflect upon, and will ensure these are considered and kept under review. These include:
   - encouraging us to share good practice and lessons learned from our EDI work with other regulators;
   - a suggestion to publish data on our corporate complaints;
   - reflecting on the critical feedback received from stakeholders around how we implemented the new education and training requirements (ETR) and introduced a new Continuing Professional Development (CPD) scheme; and
   - continuing to monitor the data to see if the measures put in place are successful to prevent a relatively high proportion of cases being adjourned at the fitness to practise committee stage (the measures we are taking include allocating more time to hearings, using that time more efficiently, and discussing the issue with panels and members of the Defence Stakeholder Group).

9. The PSA has reviewed its approach to assessing the performance of the regulators with regard to its standard on equality, diversity and inclusion. It has consulted on revised guidance and an evidence matrix. We have engaged with the PSA and the other healthcare regulators on this matter while the review was in progress. We have begun by carrying out an initial self-assessment against the evidence matrix to identify gaps and will consider steps we may need to take to improve our performance in this area and to gather the information required by the PSA.

Finance

10. We do not currently require any additional resources to enable us to meet the PSA's Standards of Good Regulation.

Risks

11. The performance review process can help to highlight areas where we need to improve to better protect the public. However, failing standards does carry a reputational risk and can undermine stakeholders' confidence in us. We mitigate this

risk by clearly explaining how we plan to improve in these areas. On the other hand, a positive review creates an opportunity to boost confidence in our work.

Equality Impacts

12. We do not consider there to be any impacts related to equality in this area of work.

Devolved nations

13. The PSA's remit is UK-wide and we have shared with them the good work we are doing to engage with stakeholders in, and take account of issues specific to, the devolved nations.

Communications

External communications

14. We issued a press release about the review to our stakeholders and the trade press welcoming the review.

Internal communications

15. We have drawn the attention of our staff to the report on our intranet.

Next steps

16. The next two years will be 'monitoring reviews' of our performance, since the PSA moved to a new approach to its performance review process.

17. We will continue to liaise with the PSA, meeting with them regularly and providing information about our performance, including data on a quarterly basis.

Attachments

Annex 1: PSA Performance review: periodic review 2021/22

General Optical Council

Council

Financial performance report for the year ending 31 March 2023

Meeting: 28 June 2023   **Status:** for noting

Lead responsibility: Yeslin Gearty (Director of Corporate Services)
Paper author: Manori Wickremasinghe(Head of Finance)

Purpose

1. To provide a summary of the financial reports for year 2022/23.

Recommendations

2. Council is asked to:
    - **note** the financial performance for the year ending 31 March 2023 in Annex one

Strategic objective

3. This report is relevant to delivery of all our strategic objectives.

Background

4. The annex covers the year-end financial results for 2022/23.

Analysis

5. The accounts relating to the attached report are now being audited by external auditors. The final accounts figures do not differ materially from the income & expenditure report presented in the annex. We will be presenting a reconciliation to the Council at the annual report approval stage.

6. The financial performance consistently improved against the budget and successive forecasts over the year. The net deficit of £118k before portfolio gains improved by £1,752k against the budget and £637k against the Q3 forecast. Highlights, key drivers, risks, and future impacts are analysed in the annex.

Finance

7. There are no additional financial implications of this work.

Risks

8. The following risks are associated with finance, as identified in the finance risk register:

    *   Poor financial planning leads to depletion of reserves below required levels and threatens organisation as a going concern; leading to a large fee increase for registrants.
    *   Non-compliance with Charity commission regulations by maintaining excess long-term reserves.
    *   Unforeseen external events or environment cause financial volatility affecting workforce and registrants.
    *   Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget

9. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating the first two risks. The final two risks are external. High levels of reserves provide stability and ability to off-set any short to medium term impact on finances. Our planned budget is not dependant on dividend income and unrealised investment gains.

Equality Impacts

10. No equality impact has been undertaken.

Devolved nations

11. There are no implications for the devolved nations.

Communications

External communications

12. The financial performance report will be presented to ARC in July 2023 along with draft annual report.

Internal communications

13. The financial performance report was shared with the Leadership Team and SMT as part of the regular financial reporting process.

Attachments

Annex one: Financial performance report for year ending 31 March 2023.
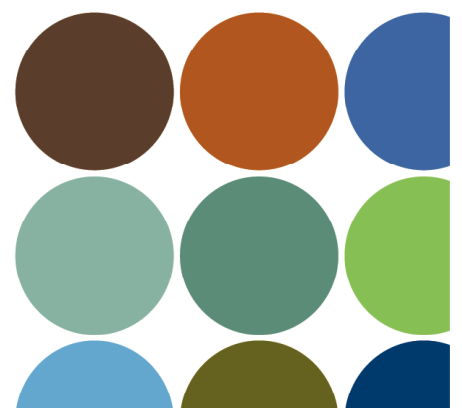
General Optical Council

Financial Performance Report for the Year ending 31 March 2023

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

Contents   **Page**

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

<u>G O C :- Summary P & L to 31 Mar 2023</u>

	Actual £000's	Budget £000's	Variance £000's	Q3 Forecast £000's	Variance £000's
Registrant Income	10,024	9,737	287	9,989	35
Other Income	299	257	42	259	40
Expenses - BAU	(9,153)	(9,945)	792	(9,585)	432
Surplus / (Deficit) -BAU	**1,170**	**49**	**1,121**	**663**	**507**
Project expenditure	(1,287)	(1,919)	632	(1,418)	131
Surplus / (Deficit) -before portfolio Gains/Losses	(118)	(1,870)	1,752	(755)	637

Highlights

The results before unrealised gains/losses for the year ending 31 March 2023 show a positive variance of £1,752k against the budget and a £637k against the latest Q3 forecast. The BAU results before strategic projects show a positive variance of £1,121k against the budget and £507k against the forecast.

The total registrant income of £10,024k is £287k favourable to the budget, and £35k favourable to the forecast. The total expenditure (including projects) of £10,440k is £1,420k favourable to the budget and £559k favourable to the forecast.

Key drivers of the improved performance

Key drivers for positive variance continue to be due to a combination of delays and savings. Savings valued at £352k were already absorbed in previous re-forecast over the year. (ref. tables 3-4, page 7)

The improved performance highlights two elements. First, the GOC, in line with our values, is agile and responsive to emergent business issues, such as: responding to part-heard cases; changes in FtP caseload; and achieving better than anticipated value for money with suppliers. Second, our approach to annual budgeting and reforecasting is highly risk averse, to avoid the risk of a deficit outcome. We budget/forecast conservatively, include all possible costs within a break-even budget, and take care not to over-estimate income projections. Savings in 2022/23 were achieved mainly as a result of:

- volume of part-heard case reducing against forecasts;
- early closure of legal cases;
- IT external hosting extension being not as expensive as expected;
- not requiring the full HR legal advice budget;
- not requiring temporary staff in case progression; and
- fewer assessment costs in case progression.

The highlight is the positive impact of business measures introduced to resolve the issue of part-heard case issue, visible through financial savings.

There were several delays at the end of the year, including anticipated hearings and education visits being re-scheduled to 23/24, delays in EVP utilisation to support the adaptation process for education and continued delays in expert (including case examiner) invoicing.

Risks for achieving Q3 Forecast

The above results were reduced by about £20k through year-end journals after the report. There could be audit entries that will be adjusted in the annual report. Based on past experience, these won't contribute to a material change.

Future Impacts (So what?)

The delays of £156k will impact 2023/24, although the values could change with time. The impact may be reduced by any savings we will make in 2023/24. The 2023/24 re-forecast may assign these delays in a different way. As per the May 2023 financial results, there are no material negative impacts to the budget from any additional cost.

Although delays may impact our cash drawdowns, the end-of-the-year cash position is £300k better than the forecast. About £100k of it is the delay in the planned purchase of AV equipment, which may now be spent by the end of Q1 in 23/24. The balance cash surplus will be available for extra expenses due to 2022/23 delays, minimising any effect on the cash drawdown plan.

Graphical analysis on Financial Performance and Variance

BAU Financial Performance - 12 months to 31 March 2023

Graph 1

Financial Performance - 12 months to 31 MArch 2023
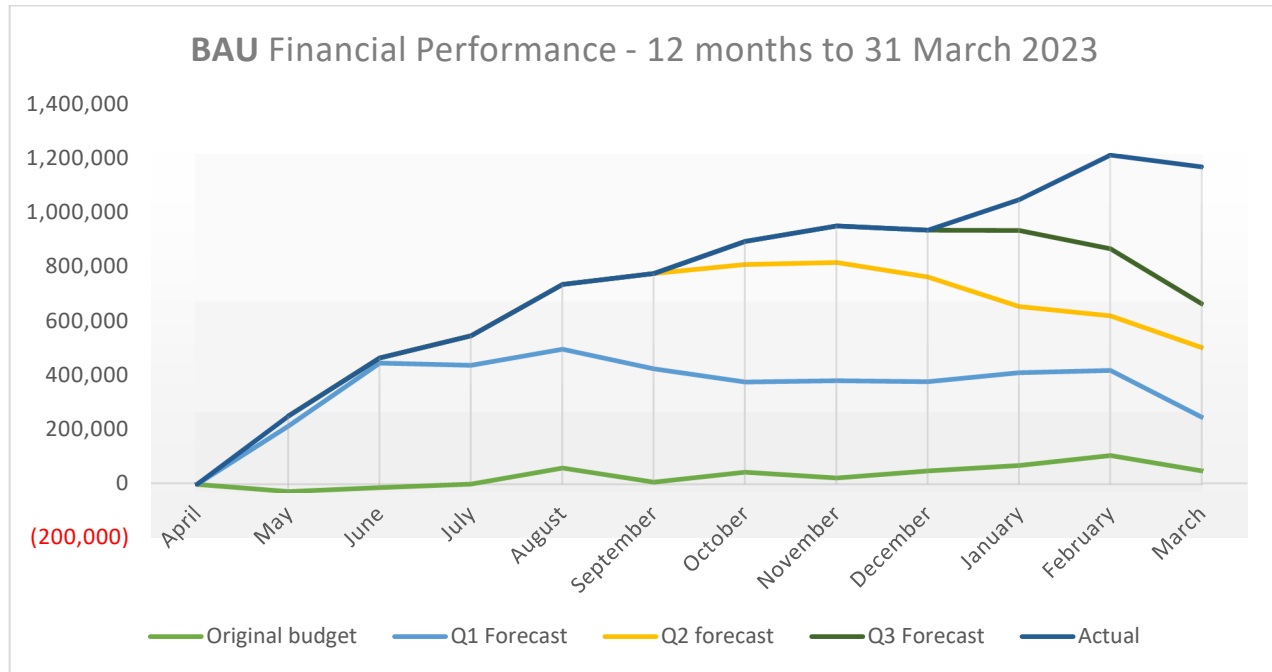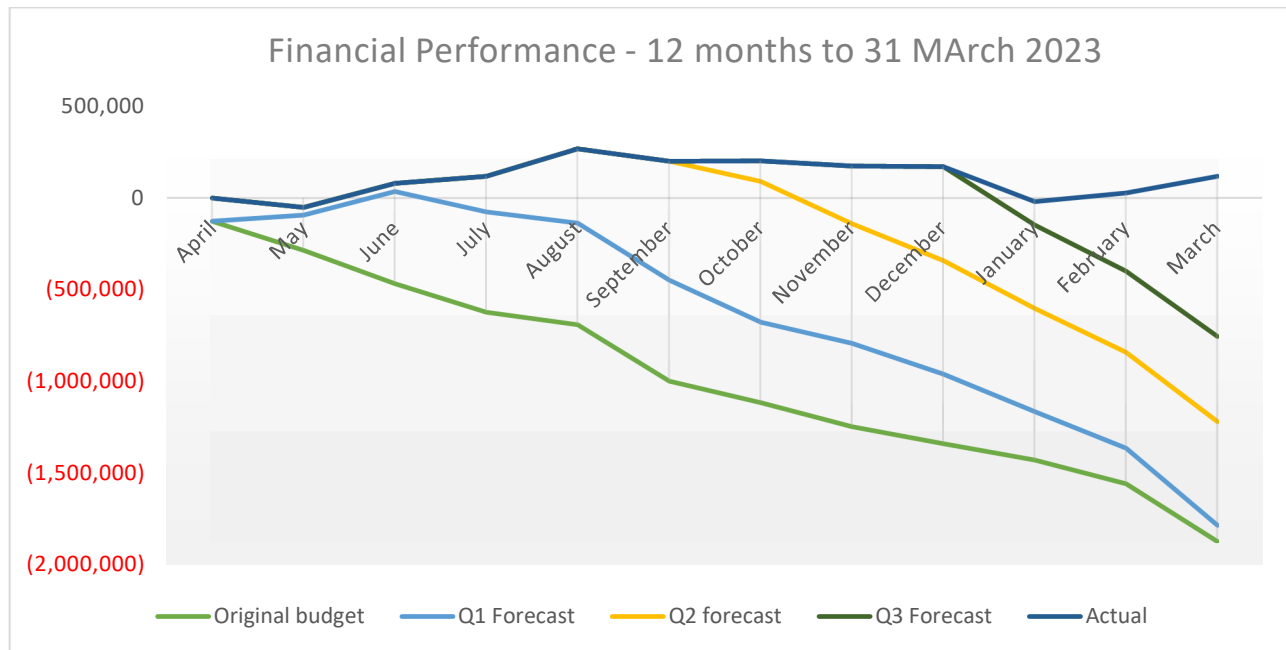
Graph 2

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023
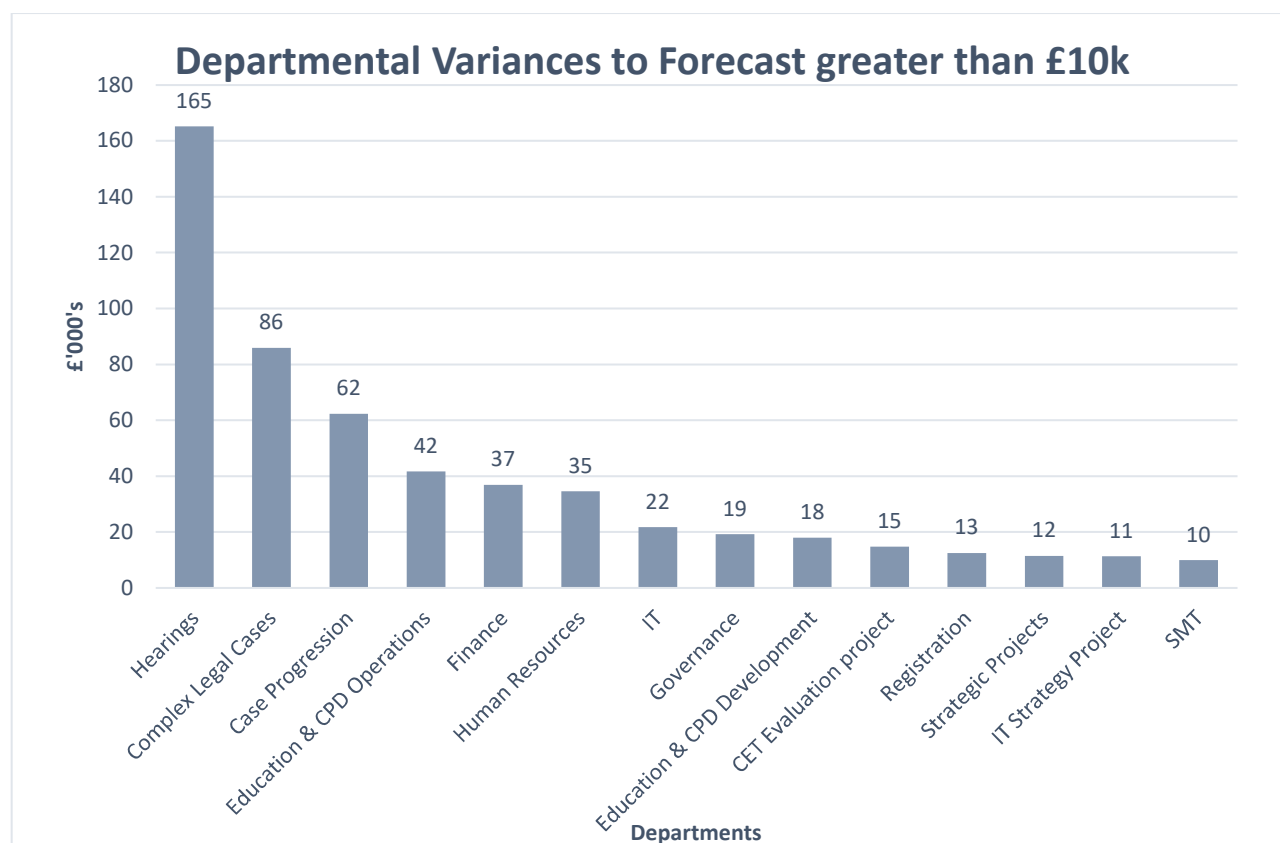
Graph 3

Cash and Cash Equivalent Summary - 31 Mar 2023

	Actual £'000	Budget £'000	Variance £'000	Q3 Forecast £'000	Variance £'000
Cash at Bank	1,253	456	797	954	299
Short term Investments	8,950	6,700	2,250	8,950	0
Working Capital	**10,203**	**7,156**	**3,047**	**9,904**	**299**
Investments	8,566	10,212	(1,646)	8,574	(8)
Total	**18,769**	**17,368**	**1,401**	**18,478**	**291**

Table 1

Headcount March 2023 (F T E's)

	Actual FTC Mar-23	Actual Perm. Mar-23	Actual Total Mar-23	Q3 Forecast Mar-23
Chief Executive Office	-	7.0	7.0	9.0
Regulatory Strategy	0.8	21.4	22.2	24.6
Regulatory Operations	7.0	33.0	40.0	40.0
Corporate Services	1.8	19.4	21.2	22.4
Change	6.6	7.8	14.4	16.0
Total Headcount	**16.2**	**88.6**	**104.8**	**112.0**

Table 2

Analysis of BAU expense variance March	
Savings	£'000
Efficiency	0
Other savings	196
Staff vacancy gaps (excluding efficiency measures)	41
Other delays and timing	156
Revised plans / cancelations	9
Forecast errors	19
Year-end journals outstanding	20
Others	14
Additional expenses	454
Additions	(22)
Total Expense Variance	432

Table 3

Analysis of savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-	-		-	-
Covid related savings	-	-		-	-
Other savings	80	93	179	196	548
Total Savings					548

Table 4

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

<div align="center">

Table A
Income and Expenditure Accounts

</div>

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	10,024	9,737	288	10,024	9,989	35
Dividend Income	243	246	(3)	243	246	(3)
Bank & Deposit Interest	44	1	43	44	1	43
Other Income	12	10	2	12	12	(0)
Total Income	**10,323**	**9,994**	**329**	**10,323**	**10,248**	**75**
Expenditure						
Executive Office						
CEO's Office	209	218	9	209	219	10
Governance	602	668	66	602	621	19
Total Executive	**811**	**886**	**75**	**811**	**840**	**29**
Regulatory Strategy						
Director of Regulatory Strategy	128	130	2	128	127	(0)
Policy & Standards	211	274	64	211	215	5
Standards	0	92	92	0	0	(0)
Communications	208	292	84	208	212	5
CPD	1	268	268	1	0	(1)
Education & CPD Operations	530	760	230	530	571	42
Education & CPD Development	192	0	(192)	192	211	18
Total Regulatory Strategy	**1,269**	**1,816**	**547**	**1,269**	**1,337**	**68**
Regulatory Operations						
Director of Regulatory Operations	124	125	1	124	124	0
Case Progression	2,074	2,056	(17)	2,074	2,136	62
Legal	224	203	(21)	224	224	(0)
Hearings	1,203	1,122	(81)	1,203	1,368	165
Total Regulatory Operations	**3,624**	**3,507**	**(118)**	**3,624**	**3,852**	**228**
Corporate Services						
Director of Corporate Services	157	135	(22)	157	158	0
Facilities	1,086	1,063	(22)	1,086	1,088	3
Human Resources	424	544	121	424	458	35
Finance	417	502	85	417	454	37
Registration	513	561	48	513	526	13
Total Corporate Services	**2,597**	**2,806**	**209**	**2,597**	**2,684**	**87**

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

Table A (Contd.)

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	720	811	91	720	742	22
Depreciation	132	120	(12)	132	131	(2)
Total Expenditure	**9,153**	**9,945**	**791**	**9,153**	**9,585**	**431**
Surplus / (Deficit) before project expenditure	**1,169**	**49**	**1,120**	**1,169**	**663**	**506**
Project Expenditure						
Completion of CPD Project	22	44	22	22	36	15
Education Strategic Review project	190	201	11	190	188	(2)
Standards Review and Implementation	32	187	155	32	32	0
IT Strategy Project	260	438	177	260	272	11
Change	521	811	290	521	526	5
Complex Legal Cases	114	0	(114)	114	200	86
Strategic Projects	124	215	91	124	136	12
Project Depreciation & Amortisation	24	24	0	24	28	4
Total Project expenditure	**1,287**	**1,919**	**632**	**1,287**	**1,418**	**131**
Surplus / (Deficit) after project expenditure	**(118)**	**(1,870)**	**1,752**	**(118)**	**(755)**	**637**
Investment gains	(530)	247	(777)	(530)	(550)	20
Surplus / Deficit	**(649)**	**(1,623)**	**975**	**(649)**	**(1,305)**	**657**

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

Table B
Income and Expenditure Accounts Including Project Expenditure

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	10,024	9,737	288	10,024	9,989	35
Dividend Income	243	246	(3)	243	246	(3)
Bank & Deposit Interest	44	1	43	44	1	43
Other Income	12	10	2	12	12	(0)
Total Income	**10,323**	**9,994**	**329**	**10,323**	**10,248**	**75**
Expenditure						
Staff Salaries Costs	5,444	5,953	509	5,444	5,513	69
Other Staff Costs	124	477	353	124	153	29
Staff Benefits	122	134	12	122	125	3
Members Costs	1,004	1,130	127	1,004	1,131	127
Case Examiners	73	128	55	73	82	9
Professional Fees	596	914	319	596	668	72
Finance Costs	81	102	21	81	86	5
Case Progression	912	705	(207)	912	1,017	106
Hearings	249	208	(41)	249	314	65
CPD & Standards	53	109	55	53	68	14
Communication	35	53	18	35	38	4
Registration	17	14	(3)	17	19	1
IT Costs	581	782	202	581	606	26
Office Services	957	960	3	957	977	20
Other Costs	39	50	12	39	47	9
Depreciation & Amortisation	157	145	(12)	157	159	2
Total Expenditure	**10,441**	**11,864**	**1,423**	**10,441**	**11,003**	**562**
Surplus / Deficit	**(118)**	**(1,870)**	**1,752**	**(118)**	**(755)**	**637**
Unrealised Investment gains	(530)	247	(777)	(530)	(550)	20
Surplus / (Deficit)	**(649)**	**(1,623)**	**975**	**(649)**	**(1,305)**	**657**

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

Balance Sheet as at 31 March 2023

	2022-23 31 March 2023 £'000	2021-22 31-Mar-22 £'000	Variance £'000
Fixed Assets			
Refurbishment	516	591	(75)
Furniture & Equipment	86	117	(31)
IT Hardware	33	41	(8)
IT software	42	65	(23)
WIP Meeting rooms Refurb	58	0	58
Case Management WIP	7	1	6
Total Tangible Fixed Assets	**742**	**814**	**(79)**
Investment	8,689	9,260	(571)
Total Fixed Assets	**9,431**	**10,074**	**(643)**
Current Assets			
Debtors, Prepayments & Other Receivable	335	525	(190)
Short term deposits	8,950	7,700	1,250
Cash and monies at Bank	1,253	1,848	(595)
Total Current assets	**10,537**	**10,073**	**464**
Current Liabilities			
Creditors & Accruals	917	1,017	(100)
Income received in advance	9,988	9,303	685
Provision for rent	100	214	(114)
Total Current Liabilities	**11,005**	**10,534**	**471**
Current Assets less Current Liabilities	**(467)**	**(461)**	**(6)**
Total Assets less Current Liabilities	**8,964**	**9,613**	**(649)**
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	**8,964**	**9,613**	**(649)**
Reserves			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	1,800	1,800	0
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	3,213	3,863	(650)
Total	**8,964**	**9,613**	**(649)**

General Optical Council
Financial Performance Report for the 12 months ending 31 March 2023

Investment portfolio analysis

Portfolio Overview

LAST 12 MONTHS PERFORMANCE
-0.24% ↓

TOTAL VALUE
8,753,278.14 GBP

ESTIMATED ANNUAL INCOME
223,102.32 GBP

OWNER(S)
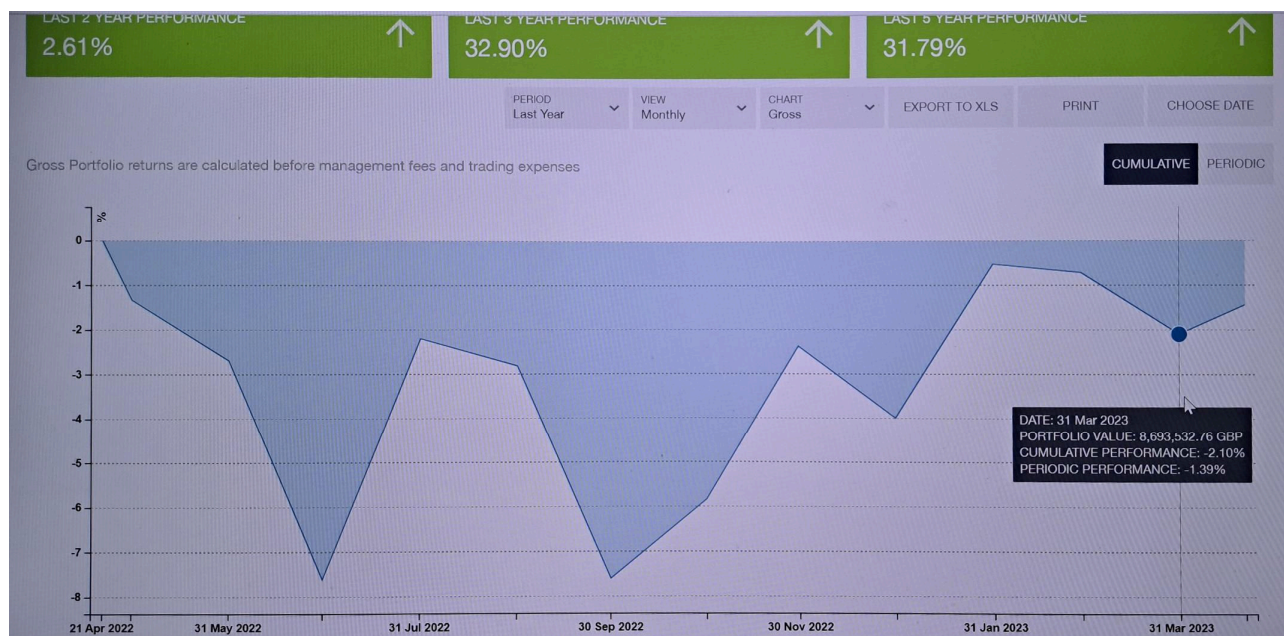General Optical Council

PORTFOLIO DESCRIPTION
Investment Portfolio

INVESTMENT OBJECTIVE
Income and Capital Growth

MANAGEMENT TYPE
Discretionary

Performance over the past year

The graph above highlights the current volatility in the market. Any material drawdowns will require Brewin dolphin selling investments. This act will adversely effect on our total investment portfolio if sold at a point when the share market value is low. But as per our forecasts based on the 22/23 budget, we will only require £100,000 of drawdown towards

the end of the year. This will not require Brewin Dolphin to sell any investments, as they maintain a minimum level of cash.

Analysis of cashflow 2022-23

Below is an analysis of the movement of cash over the year including fixed-term deposits compared to the forecast. February and March are the months when GOC receives renewal income from registration. Optimal investing of this cash into bank fixed deposits and careful planning of deposit maturing over the year aligning with cashflow needs ensures availability of adequate cash whilst earning interest income.

Provision is made to ensure cash availability for contingent events by maintaining cash over the minimum level advised by the reserve policy and by maintaining a 32-day fixed deposit for easy access.

Analysis of 2022-23 cashflow
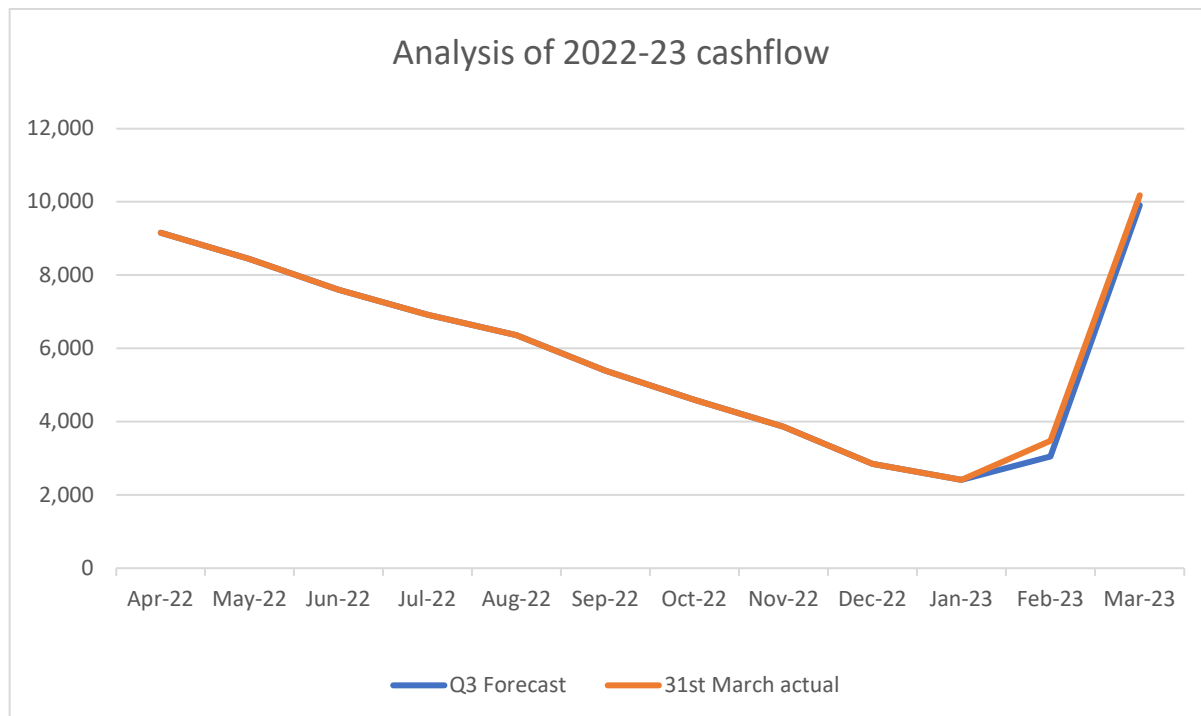
Quarterly Performance Dashboard – 2022/23

Off track	(red)
At risk	(amber)
On track	(green)

FINANCE	Q1	Q2	Q3	Q4
Budget Operate within budget – Tolerance is ±10%	+3%	+14%	+7%	+6%
Reserves Operate within our reserves policy – Tolerance is ±10%	0%	0%	0%	0%
Change Strategic investment on change team – Tolerance is +10%	+45%	+6%	+6%	+1%

CUSTOMER	Q1	Q2	Q3	Q4
FTP timely updates Customers who receive an update every 12 weeks – Target is ≥90%	94%	92%	94%	93%
Registration Application forms completed – Target is ≥90%	98%	99%	98%	98%
Education quality of CPD provision CPD provision meets registrant expectations – Target is ≥90%	93%	93%	92%	93%

PEOPLE	Q1	Q2	Q3	Q4
Investment in People Planned events realised – Target is ≥90%	none	100%	100%	100%
Voluntary Turnover Staff turnover – Target is ≤17% (excluding FTCs ending)	18.5%	15%	11.3%	8.6%
Vacancy Rate Staff vacancies – Target is ±10% of total headcount (not FTE)	8.8%	6.5%	5%	2%
Engagement Index Staff engagement score (Pulse survey) – Target is to achieve an upward trend (Green is ≥70%)	67%	80%	71%*	81%

PERFORMANCE	Q1	Q2	Q3	Q4
FTP Timeliness FTP cases resolved within 78 weeks (rolling median) – Target is ≥60%	60%	50% **	53%	54%
Education Approved qualifications adapted to meet new education and training requirements – Target is 100% by September 2025 (apart from CoO SfR)	0%	0%	5%	13%
Registration Quality & Accuracy Overall accuracy – Target is ≥95%	99%	98%	98%	98%

- * Rounding error to show 71.6% in previous reports – this has been adjusted.
- ** Previously reported as 54% – this was a manual error and has been corrected.

KPI	Information about current status	Budget implications	Associated risks
Investment in People **Planned events realised –** **Target is ≥90%**	• Output from appraisals has been collated and a training needs analysis completed. • We have organised and prepared management and IT training. • A review of learning and development is on-going across the GOC.	• Underspend on training	• Disengagement from under-investment in people
Turnover **Staff turnover –** **Target is ≤17% (excluding FTCs ending)**	• Improved analysis of figures has now removed short-term roles and provided clearer insight into trends. • Turnover has continued to fall over the past few months. • Voluntary turnover rates is at 8% and below target. We hope and expect this trend to continue.	• N/A	• Loss of high-performing or critical staff • Impact on performance and productivity
FTP Timeliness **FTP cases resolved within 78 weeks (rolling median) –** **Target is ≥60%**	• Progress was made this year in terms of a higher number of FTP cases resolving within 78 weeks (54%; compared to 48% in 2021-22). We continue to see the impact of our legacy cases and the increase in substantive events not concluding during the back end of 2021-22 and first half of 2022-23, resulting in a higher than expected end-to-end timeline for FTPC resolved cases and a fewer percentage of cases concluding within projections. • Of our legacy matters, 80% are now past the case examiners stage (44% at hearings stage; 36% awaiting hearing disclosure). 11% are yet to go to representations and close attention will be given to these cases and those that have not yet been disclosed on hearings in the first quarter of 23-24. • Overall, the median for all resolved cases (including case examiner decisions) is currently 75 weeks which met the target of 78 weeks. • On a positive note, we did pass all the PSA's good standards of regulation in FTP and our newer cases are progressing promptly through the investigation process in response to our new pod structure providing early and consistent legal input into the direction of the case with an increasing number reaching case examiner stage earlier (46% within seven months; 87% within nine months for new matters).	• Hearings Team at full stretch. Business case to be prepared for additional manager for SMT's consideration as part of the 2024/25 budget planning process	• PSA standard 15 • Resource implications for supporting key projects (including CMS and AV testing)
Education **Approved qualifications adapted to meet new education and training requirements –** **Target is 100% by September 2025 (apart from CoO SfR)**	• Whilst at 13%, this is green as we are on track with 11 adaptation notifications received and being processed, five of which have been noted. • We are aware of dates of submissions for other providers and plans for all those due to offer adapted programmes from September 2023 through to September 2025.	• N/A	• N/A

Internal Business Plan - 2022/23 Q4 update - Council Report

Exceptions Report

All critical and essential Q1-Q4 activities are either complete or on track to be complete

Case Progression Legal

Governance

Facilities

Finance

HR

Education

Hearings

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Increase Clinical Adviser (medical) Pool	BAU	Q1-Q3	● Essential	We will have appropriate number of expert advisors in our pool to ensure that we comply with legislative requirements		**Why amber**: - Recruitment did not progress due to resource limitations. **How we will get back to green**: - There are sufficient advisors in the pool so no risk to delivering BAU - HoH has discussed plans with existing advisors, all of whom have agreed to stay in the pool until recruitment can take place.

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Facilitate and support identified change projects within directorates	Strategic Project	Q1	● Essential	- Projects scoping completed, budgets and benefits agreed, and plans in place. - Measurements agreed and communicated with process for data collection. - Implementation timely and within costs		**Why amber/red**: Relates to: 1. The specific Directorate risks pertaining to capability and capacity to deliver. Initiating, scoping, and starting projects requires a knowledge transfer; and the 'capability' projects (now renamed 'Learning and Development') must directly address upskilling 2. The CMO's primary focus is on the strategic projects, with support with other projects across the organisation as required. This is further underlined in the Business planning objectives for 23/24 **How we will get back to green**: - The ongoing continuity of upholding PMO project governance standards beyond and outside the Fit for the Future Strategic projects. - The learning and development project has two strands around personal development and 'on the job' training which will likely include upskilling to project management (but at low cost and through the CMO's existing resources). - The People Plan Programme Board and all the projects encompassed within will highlight several smaller scale changes that can be implemented with speed and efficiency to encompass all directorates for adoption and sustainability of change projects. It is suggested that existing programme Governance is used to support any decision making that carries finance or risk implications for continuous improvement work; especially where a customer service, digital, and/or business plan objectives carries project related resource implications
Facilitate redesign of processes	Strategic Project	Q3	● Essential	To ensure that internal processes are lean and involve all impacted		**Why amber/red**: - Recruitment of a 'Business Analyst' has proved challenging (common in health industry currently). All strategic projects, therefore, hold risk that root cause problems are not fully explored before various Boards approve directions of travel **How we will get back to green**: - That said, the CMS project has largely managed process mapping through the project lead and SME input and the MyGOC project has appointed Arriga CRM to undertake process mapping and requirements gathering. - Customer Care and Learning and Development, however, are the other key projects that are ongoing but would unquestionably benefit from process redesign. - The CMO are therefore, considering small pool of colleagues in the GOC who have undertaken BA training to draw upon their skill set. Furthermore, the advert for senior digital PM also includes the need for BA skills. The alternative would be to outsource some very short-term consultancy to undertake BA work

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Tender for a new Internet line	BAU	Q1	● Essential	New, higher capacity line is in place		**Why amber/red:** - Tender complete but landlord co-operation for wayleave required – unfortunately, they are not engaging in process so installation on hold. **How we will get back to green:** - Continue to chase Landlord's agent to gain co-operation for the production of the necessary legal documentation. - Ensure legal service ready to review contract when the landlord finally takes part in the process.
- Tender for a new Managed Services Provider - Implementation of a new Managed Services Provider	Department Project only (minor scale)	Q1-Q4	● Essential	New supplier in place with no system downtime or service impact		**Why amber/red:** - Tender complete and contract awarded. - New supplier started project late and staying with Celerity for 3 months, though transition underway. **How we will get back to green:** - Work closely with our new MSP and existing supplier to ensure the transition takes place before the Celerity contract extension concludes.
Laptop refresh of oldest 50% of laptops (not Case Examiners)	Department Project only (minor scale)	Q2-Q4	● Essential	New laptops in place		**Why amber/red:** - Good progress made on automating device setup using Microsoft Autopilot. However, complications have arisen due to the replacement of our MSP, as the new MSP intends a new technical environment. - Likely to implement Q2 2023-2024 to build on new technical environment. **How we will get back to green:** - Embed services from new MSP then undertake a tendering process to acquire devices which can then be distributed to staff who have the oldest equipment.

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

Comms

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Develop an accurate and up-to-date database	BAU	Q1	● Essential	- Collaboration with teams across the organisation. - Delivery of database by end Q1		**Why amber/red:** - Changes to team and business plan in 2023. **How we will get back to green:** - This will be picked up in the 23/24 business plan.

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

CPD

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Introduce new audit and portfolio review system - Recruiting to and training of auditors under new CPD arrangements	Continuous Improvement Project	Q3-Q4	● Critical	- Auditors and portfolio reviews in place by June 2023		**Why amber/red:** - Deadline revised to June 23 to allow for Perceptive build to complete, and on track for this new deadline. **How we will get back to green:** - Both reviewer and auditor functionality build and testing near completion. - Appointments of CPD workers successful with 29 reviewers and 3 Auditors accepting roles, and contracts being finalised. - Audit and Review numbers accommodate revised scheduling to ensure correct percentage of Providers and Registrants are audited within the cycle parameters.

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

Policy & Standards

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Develop and launch consultation Standards of Practice (taking into account progress of legislative reform and call for evidence outcomes)	Continuous Improvement Project	Q3-Q4	● Essential	Consultation starts by end of Q4		**Why amber/red**: - The Standards Manager post has been vacant for all of Q3, so we have not been able to progress the consultation following completion of the background research in Q2. **How we will get back to green**: - A new Standards Manager started in post on 9/1/23 and we have re-phased this work as part of our 2023/24 business plan – background work and stakeholder engagement will begin in Q1-Q2 of 23/24 to prepare for revision of the standards, with revised standards for consultation produced in Q3 and consultation in Q4 2023/24. - We expect to publish the new standards in Q3 of 2024/25.

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

Legislative Reform

Activity	BAU/ Project	Timing	Priority	Success Measures	RAG	Comments
Plan GOC business cases for GOC legislative reform	Strategic Project	Q3	● Essential	Business cases complete by end of Q3		**Why amber/red**: - Our decision to slow down completion of analysis of the call for evidence (see previous row) has meant that we have not been able to complete business cases. **How we will get back to green**: - We have redefined and rephased this work as part of our 2023/24 business plan.
Develop policy positions and commission any proposed consultation or research into any changes associated with call for evidence following agreement of business cases (e.g. sight testing and contact lens legislation, business regulation)	Strategic Project	Q3-Q4	● Essential	Documented policy positions and commissioning of consultation or research by end of Q4		**Why amber/red**: - Our decision to slow down completion of analysis of the call for evidence (see previous rows) has meant that we will not be able to develop policy positions and commission further consultation/research by end of Q4. **How we will get back to green**: - We have redefined and rephased this work as part of our 2023/24 business plan.

On track to be completed / Complete	Work is on track to be completed within timeframe or work is already complete
Off track	Work is not on track to be completed within timeframe
Deadline missed	Deadline for work has been missed

Registration

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Review of all archived paper documents to ensure compliance with GDPR & DPA requirements	Continuous Improvement Project	Q1-Q3	● Essential	Successful review of all registration boxes in storage by 31 March 2023		**Why amber/red**: - Due to several vacancies, the department were unable to focus on reviewing the large number of archive boxes. **How we will get back to green**: - Facilities Manager to recruit a dedicated Administrator to focus on the task. - Once recruited, put a plan in place for the administrator to review all registration archive boxes within a timeframe.

On track to be completed / Complete	**Work is on track to be completed within timeframe or work is already complete**
Off track	**Work is not on track to be completed within timeframe**
Deadline missed	**Deadline for work has been missed**

General Optical Council

PUBLIC COUNCIL

Report from the Chair of Council

| **Meeting:** 28 June 2023 | **Status:** For noting |

Lead responsibility & paper author: Dr Anne Wright (Chair of Council)

Recommendation

Council is asked to:

a. **appoint** Lisa Gerson as the GOC representative (observer status) on the Welsh Optometric Committee for 12 months; and

b. **delegate** authority for the appointment of members, including Council members, to external bodies to represent the GOC to the Chair of Council (with appointments reported to Council via the Chair report)

Introduction

1. This report covers my principal activities since the last Council meeting on 22 March 2023.

2. I would like to welcome our two new Council Associates, Jamie Douglas, and Deepali Modha (their appointments commenced on 10 April 2023) to their first public meeting of Council. Jamie Douglas is a qualified dispensing optician based in Somerset. His career in the optical profession began as a trainee laboratory technician at a large multiple practice, from which he rose to team leader before deciding to pursue patient-facing care and beginning his training as an optical assistant. Since graduating in 2022 with a qualification in Ophthalmic Dispensing from Anglia Ruskin University, Jamie has practiced within the same multinational group where he began his career. He holds a particular interest in low vision and developing research fields within optics, such as myopia management. Deepali Modha is a qualified optometrist from Hertfordshire, currently working as a Clinical Performance Consultant for Specsavers Optical Group. Since graduating from Cardiff University with a BSc Optometry, she has worked within community practice and gained wide-ranging experience from a variety of roles within the sector, including pre-registration trainee supervision,

mentoring colleagues, and examining students. She has previously sat on both the College of Optometrists and Association of Optometrists Councils. Deepali is passionate about the professional development of optometrists and the role of optometry in primary care services going forward.

Member appointments and meetings with stakeholders

3.   As part of the governance review work, I have agreed with Head of Governance that will we formalise the process for appointing members to represent GOC on outside bodies. The GOC has been approached by the Chief Optometric Adviser for the Welsh Government to nominate a GOC representative (observer status) on the Welsh Optometric Committee. I am recommending that Council appoint Lisa Gerson to undertake this role.

4.   In order that we can appoint GOC members to outside bodies without waiting for a public Council meeting, I am asking Council for a delegation of authority to make appointments as and when necessary. I will report any appointments to the next public Council meeting. via the Chair's report.

5.   I am also keen that we continue to report Council member meetings with stakeholders, so there is greater transparency for the public and registrants. Meetings with stakeholders will be included in the Chair's report on an ongoing basis, and you can see details included under paragraphs 18 and 19 of this report.

Management

6.   I have had weekly catch-up meetings with the Chief Executive and Registrar (CE&R) and the Head of Governance. I have had pre-briefing meetings and received briefings from members of the Senior Management Team (SMT), Leadership Team (LT), communications and governance teams on a range of priorities.

7. I attended the all-day in person SMT meeting on the 24 May 2023, and I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues, including a Call for Evidence meeting on 30 March 2023, and the DHSC Consultation Response Sign-off meeting on 04 May 2023.

8. I have joined or caught up with through recordings several events held by the GOC networks. All GOC staff were invited, and several Council members also either attended or gave presentations at these and other events, organised and hosted by Nadia Denton.

▪ 23 March 2023: HerStory: Krishna Chauhan. As part of International Women's Month, Krishna Chauhan, an Asian female police officer talked about her lived experiences in her career spanning 24 years across three different Police Services.

▪ 30 March 2023: Chat Time with Leonie Milliner - Celebrating the end of Women's History Month. The presentation connected *Frankenstein*, the artist Maggi Hamblin, Newington Green, and the pioneer of women's rights Mary Wollstonecraft.

▪ 18 April 2023: Remembering Former GOC Chair Gareth Hadley. Joined the GOC 'family' to celebrate Gareth Hadley's unique contribution to optical regulation and eye-health care in this short corporate collective act of remembrance hosted by GOC CE&R, Leonie Milliner. All GOC staff and council members and Gareth's family and friends were welcomed.

▪ 18 April 2023: Embrace presented an informal chat time about Ramadan. Which looked at the essence of Ramadan and other acts of worship other than fasting.

▪ 11 May 2023: SWEG Coffee Break - The Role of the Audit & Risk Committee. Senior Council Member (SCM), Clare Minchington led this special coffee break on the role of the Audit & Risk Committee. All GOC staff members were welcomed.

- 18 May 2023: SWEG Coffee Break - A History of the Privy Council. Head of Secretariat & Deputy Clerk of the Privy Council and Head of Crown Office, Deputy Clerk of the Crown in Chancery Registrar of the Peerage, Ceri King LVO led this special session giving a presentation on the history of the Privy Council. As this session was pre-recorded, I was able to catch-up and watch accordingly.

Council and Committees

9. I attended the Remuneration Committee meeting on 25 April 2023; the Audit, Risk and Finance Committee (ARC) meeting and ARC Development Workshop on 02 May 2023; and the Investment Committee meeting on 09 May 2023. I chaired the Nominations Committee meeting on 16 May 2023, and attended the Advisory Panel meeting on 12 June 2023. I chaired a liaison meeting of Chairs of the GOC finance-related committees on 20 April 2023.

10. Week commencing 27 March 2023, I chaired the appointment panel for the Council Associates campaign interviews. I have held fortnightly meetings with SCM, Clare Minchington including a meeting on 05 June 2023 with the CE&R and Head of Governance ahead of this Public Council with respect to Council engagement in the development of the GOC Strategy 2025-30. I have chaired regular informal Council catch-up sessions including the sessions held on 25 April 2023 and on 23 May 2023, and I have hosted two Council Member's virtual coffee mornings on 17 April 2023 and on 01 June 2023. I also had induction meetings with our two new Council Associates on 11 May 2023.

11. Between the 17 April 2023 to the 23 May 2023, I conducted the Council Member end of year review meetings and new Council Member/Associate preliminary end of year catch up meetings, respectively. I also completed my appraisal of the Chief Executive and Registrar including agreeing her objectives for 2023-24.

Stakeholders

12. 23 March 2023: GOC & College of Optometrists (COO): Annual Catch-Up Meeting. COO Chief Executive, Ian Humphreys, and President Professor Leon Davies. I was accompanied by Senior Council Member Clare Minchington and Chief Executive and Registrar (CE&R), Leonie Milliner.

13. 19 April 2023: Quarterly Meeting with Chair of Health & Care Professions Council (HCPC), Christine Elliott. GOC CE&R Leonie Milliner also was present.

14. 06 June 2023: Professional Standard Authority (PSA) Online Symposium: 'How can we successfully collaborate towards safer care for all?' GOC SCM Clare Minchington and several other Council members also participated.

15. 06 June 2023: College of Optometrists' AGM & President's Medal Lecture Webinar. The College presented the President's Medal to Professor Bernard Gilmartin FCOptom in recognition of his lifetime achievement. His formal lecture was supported by his colleague and research collaborator Professor Nicola Logan MCOptom. The lecture was entitled Myopia: Characteristics, Causes, Control. GOC SCM Clare Minchington also attended the occasion.

16. 07 June 2023: Optical Practices Familiarisation Programme (North Wales) Event. As part of GOC's 'optical practices' familiarisation programme, this virtual visit was hosted by Gordon Elliott at his independent practice in North Wales, Roberts, and Polson Opticians.

17. 19 June 2023: GOC Optical Practices' Familiarisation Programme Event with SeeAbility Clinical Lead Optometrist, Malvi Patel and Senior Dispensing Optician, Martyn Howlett. Discussed with a clinical optometrist and dispensing optician from the organisation and had the opportunity to learn more about the UK charity that provides support and campaigns for better eye care for those with learning disabilities, autism, and sight loss.

Council Member meetings with stakeholders

18. 17 May 2023: On behalf of Caroline Corby, Chair: Roundtable discussion on health and care regulation in Northern Ireland, hosted by the PSA for Health and Social Care. The event was organised with the support and collaboration of Heather Moorhead, Director of the Northern Ireland Confederation for Health and Social Care, and Tom Frawley, the Authority's Board member for Northern Ireland. GOC Council members, William Stockdale and Sinead Burns attended and provided feedback at one of the Council Catch Up sessions after 17 May 2023.

19. 08 June 2023: Resilience for charities and third sector organisations in an ever-changing world Webinar with Head of Charities, Lynne Lamont, and Head of Market Analysis, Janet Mui, at RBC Brewin Dolphin, and Cofounder, Guy Davies, at Charity Intelligence. The invitation was extended to GOC Investment Committee Chair, Tim Parkinson to attend on behalf of GOC's Chair of Council.

General Optical Council

COUNCIL

Chief Executive & Registrar's Report

Meeting: 28 June 2023   **Status:** For noting

Lead responsibility & paper author: Leonie Milliner (Chief Executive & Registrar)
Council Lead(s): Dr Anne Wright CBE

Purpose

1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

Recommendations

2. Council is asked to note the Chief Executive and Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our strategic plan and our 2023/2024 business plan.

Background

4. The last report to Council was provided for its public meeting on 22 March 2023.

Analysis

5. I will start my report by paying tribute to former Chair of Council, Gareth Hadley, who sadly passed away after a short illness on 3 April 2023. Gareth was Chair of GOC Council from February 2013 until February 2021, steering significant projects such as the Education Strategic Review, reforms to continuing professional development, and the publication of the first ever set of professional standards for registrants. He was also Chair of the Prison Opticians Trust and a Liveryman at the Worshipful Company of Spectacle Makers.

6. An online book of condolence was opened, which contained many moving tributes, and on 18 April 2023 GOC held a short, online collective act of corporate remembrance to celebrate his unique contribution to optical regulation and eye-health care. Staff, former staff, and members shared a range of moving and personal memories of Gareth, including the significant leadership and good humour he brought to his role as Chair of Council. He is fondly remembered by all, and our condolences go out to those who knew him in either a professional and personal capacity.

7. I am grateful to the Association of British Dispensing Opticians (ABDO) for hosting a webinar on 13 June 2023, at which Council member William Stockdale, current Hearings Panel member Clare Hayes and I spoke about the work of the Hearings Panel and promoted the recruitment campaign, launched on 24 May 2023, for ten registrant dispensing opticians to join the Hearings Panel. I am delighted that we have received over 50 applications for the roles, and shortlisting will commence in the coming few weeks.

8. Since Council last met, we have welcomed two new Council Associates, Jamie Douglas, and Deepali Modha in April 2023. We have also welcomed the following new employees: Euan Napier, Operations Manager (Hearings); Shamecia Miller Administrator (Regulatory Operations); Lizeth Ospina, Administrator (Regulatory Operations); Paola Piredda, Registration Officer; Phoebe Salisbury, Registration Officer; Audrey Allen, Facilities Office Assistant; and Grahame Bull, Senior Digital Project Manager.

9. In addition, I would like to congratulate colleagues who have been promoted to new roles in the GOC, including our new Information Governance (IG) Officer, Nadia Habib. I would like to thank our former employees including IG Officer, Kelly Rickards, our Equality, Diversity, and Inclusion (EDI) Manager, John Duncan, our Business Change & Engagement Manager, Sophie Cattermole, our Administrator (Regulatory Operations), Dionne Josephs-Cort and our Education Manager (Operations), Aaron Grell who have recently left the GOC.

10. I held weekly meetings with the Chair of Council and Head of Governance, and I attended regular Council catch-up sessions. I had induction meetings with our two new Council Associates on 9 May 2023 and on 10 May 2023.

11. I attended the Remuneration Committee meeting on 25 April 2023; the Investment Committee meeting on 9 May 2023; the Nominations Committee meeting on 16 May 2023 and the Advisory Panel meeting on 12 June 2023. On 24 March I held a 1:1 meeting with Council Member, Sinead Burns and a 1:1 meeting with Senior Council Member (SCM), Clare Minchington on 3 April 2023.

12. I held weekly 1:1 meetings with each member of the Senior Management Team (SMT)and with the Head of Governance; and monthly 1:1 meeting with the Head of Finance. I chaired the monthly all-staff meetings in April, May and June, and fortnightly meetings of SMT. In addition, I chaired two all-staff consultations to introduce, and seek views on, the proposed reward and recognition policy.

13. Internal meetings with relevant staff included the quarterly Strategic Change Board (SCB) meeting, Organisational Redesign Programme Board meeting on the 29 March 2023, monthly Risk Register meetings, regular Decision Review Group meetings; and Leadership Team (LT) meetings, which are held every two

months under its new terms of reference. In addition, I meet with all newly appointed GOC employees.

14. I participated in a range of Staff Wellbeing and Engagement Group (SWEG) activities. As part of Women's History Month, Krishna Chauhan talked about her lived experiences as an Asian female police officer in a career spanning 24 years across three different police services. I also presented a short, informal session to celebrate the end of Women's History Month on 30 March 2023, where I led a discussion about the life, legacy and impact of Mary Wollstonecraft, her book, *A Vindication of the Rights of Woman* (1792) and her contemporary representation by artist Maggi Hambling's 'A Sculpture for Mary Wollstonecraft', in Newington Green.

15. The GOC's EmbRace network presented a staff session on Ramadan, complemented by a session on 18 April 2023 led by staff about their personal experience of Ramadan. On 28 April 2023, senior managers led an EmbRace discussion about Vaisakhi/Baisakhi. I also joined another Embrace Event for a celebration of Eid al-Fitr on 3 May 2023. Eid al-Fitr marks the end of Ramadan where Muslim colleagues traditionally celebrate with family, friends, and food. To mark this special occasion, all GOC staff members were welcomed to attend and be a part of celebrations.

16. On behalf of GOC's LGBTQIA+ network, the Head of People & Culture, Tom Henery and Head of Legal, Kiran Gill hosted an International Day Against Homophobia, Transphobia and Biphobia on 17 May 2023. This 30-minute event, displayed, and presented videos from Skill Boosters and discussed how LGBTQ+ people must navigate others' attitudes, stereotypes, and assumptions.

17. SCM Clare Minchington presented a SWEG session of the role of audit and risk committees, on 11 May 2023, which helped our staff develop their understanding on how the work of our Audit, Risk and Finance Committee (ARC) supports good governance and financial management for the whole organisation. I am also grateful to Ceri King LVO, Head of Secretariat & Deputy Clerk of the Privy Council and Head of Crown Office, Deputy Clerk of the Crown in Chancery Registrar of the Peerage, who gave a fascinating presentation on the history of the Privy Council on 18 May 2023.

Change Directorate

Change Management Office (CMO)

18. A successful in person ARC development workshop took place on 2 May 2023 focussing on the Change Programme, including each Fit for the Future project's objective, finances, timelines, risk, and benefits. This also provided the additional benefit of having the extended Change Management Office (CMO) team in the virtual room, listening, and participating as appropriate. This provided insight for

them in how their work contributes across the governing spheres of the organisation.

19. Progress against the Fit for the Future strategic programme continues. There are two other key milestones Council is asked to note:

20. **CMS**: The objective of the project is to develop a case management system for the Regulatory Operations teams that will deliver significant benefits, including supportive workflow management, and enhanced oversight and reporting for managers. All project benefits will ultimately lead to improved customer service and enhanced public protection.

21. Following intensive discovery and scope clarification phases, which incorporated 31 workshops with the appointed supplier, iTS Computing Ltd, the build phase of the project commenced on Monday 12 June 2023. The build will be completed in three-week 'sprints' over the next six months, with the triage process being the first sprint. Our expectation is that the Case Progression Team components of the new system will be ready to go live in October, with the Hearings Team expected to go live in January 2024.

22. **MyGOC:** Following the definition phase of this project which focused on the analysis and preparation of business processes, the project as submitted an outline business case to Council for approval.

23. Grahame Bull joined the CMO team on 5 June 2023 as Senior Digital Project Manager. He brings with him a wealth of experience having spent the last seven years as Programme Delivery Manager for the Pensions Ombudsman, planning and delivering their digital strategy.

24. Phil Ryan, our Head of Programmes will be leaving us in July to take on the role of Associate Director of Project Management Office in the NHS. Phil has been with us for the past 15 months, having started with us in March 2022. In that time, he has brought his project expertise, enthusiasm, and drive to ensure successful development and implementation of the Change Management Office within the GOC.

25. Sophie Cattermole, our Communications and Engagement Manager, has also left the team, to take up a new role as Change Communications Lead at the British Red Cross. Whilst she was only with us for a very short time, she has done much in moving our engagement strategy onwards with very practical application for us as an organisation.

IT

26. Following the foundation Cyber Essential accreditation in January (self-assessed), our IT infrastructure has now been externally assessed and the GOC received its full Cyber-Essentials Plus certification on 24 March 2023.

27. This accreditation will give confidence not only to us internally and to our Council and committees, but also to our external stakeholders and partners, that our IT defences will protect against the vast majority of the common cyber-attacks.

28. For the last 5 years Celerity has provided our IT Managed Services Provider. Following an extensive tendering process to replace this contract, we have begun a new contract with Rock IT.

29. The final transition of services from Celerity to Rock's datacentre took place on 7 June 203, including the servers, firewalls, telephone, printing, and related digital systems. There were some issues with integration of some external systems, however, these were all fully functional within 24-hours of the cut over.

30. Rock will be providing 24/7 support services to the GOC.

Corporate Services

Facilities

31. In late May we completed an external audit and review of our Health and Safety process, which involved a full review of our existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices.

32. The auditor's opinion was that the Health & Safety Management system in place was "excellent" and maintained to a high standard for colleagues and visitors alike. We achieved a "Gold Standard" from the audit, for the second year in a row.

People and Culture

33. Our Reward and Recognition project continues to progress, with a full staff consultation on our new policy and pay bands completing in late April. The People and Culture team along with SMT are close to completing their analysis of the consultation responses. Our "You said, we did" response will be shared with staff later in the month supported by a "Town Hall" meeting, ensuring that everyone has an opportunity to be involved and raise any questions around the implementation of the new policy. We have also consulted on and launched new policies relating to annual leave, special leave, and family support. All these new policies ensure that our policies are legally compliant, based on best practice and support the needs of employees and the organisation.

34. Our annual staff appraisal process for the year has concluded and appraisal outcomes have been subject to a moderation panel. Outcomes will be shared

shortly, confirming the final performance related pay awards for eligible staff. This will be the last time we use the existing approach, as our new Reward and Recognition policy will replace the existing appraisal system with a new Knowledge Skills and Behaviour framework, which will be developed in a consultative manner over the remainder of the year.

35. We are now at a point where we have achieved our staffing compliment target. Having faced a challenging recruitment market over the last year or so, we have experienced a much better level of response to more recent recruitment campaigns and staff turnover remains very stable, below our internal target levels.

Equality Diversity and Inclusion (EDI)

36. Our EDI action plan is being reviewed following newly revised guidance from the PSA in respect to assessing the performance of regulators against Standard 3 of the Standards of Good Regulation. The new guidance has taken effect from the 2023/24 performance review year. SMT is considering how current practice delivers against the revised outcomes and our ambitions as a regulator and charity. There will also be some opportunities to update the plan to reflect developing practice and match our longer-term aspirations in this area, with a view to developing our 2025-30 strategy. There will be a further update to Council via the Chief Executive's report in September 2023.

37. The consultation on the process for updating gender on the register closed on 30 March 2023. We received a range of responses from the public, individual registrants, public bodies, and professional associations, and we are grateful for the time people took to provide their views. The feedback and recommend next steps will be considered by SMT over the summer.

38. We continue to promote the updating of employee EDI information into the HR information system to aid EDI monitoring and promote inclusion across the organisation. We have drafted reports on the gender pay gap and completed Equality Impact Assessments for all our new people policies.

39. We have continued to support the Staff Networks throughout the year and have help arrange specific events for Woman's History Month, Black History Month, and some events to promote our enable and LGBTQ+ Groups. We also continue to support the Staff Welfare and Engagement Group (SWEG) with 20-minute coffee breaks where employees, workers and members can inform of their interests outside of work. This helps to improve engagement where employees are working remotely.

40. The Welsh Language Commissioner issued the GOC with its final compliance notice on the Welsh Language Standards. We are pleased that the

Commissioner has agreed a longer implementation period for standards relating to the MyGOC and MyCPD platforms to 31 December 2024. The implementation date for all other standards is 6 December 2023. The Head of Governance will coordinate activities across the organisation to support compliance with the Standards.

Registration

41. Annual renewal for student registrants opened on 30 May and will run until the 31 August. It is still very early in the process, although numbers of students renewing so far are on trend with previous years and we expect to see overall renewal rates at around 93 to 94%, which has been the average over the last five years.

42. Numbers of applications from those seeking to join our registers having qualified overseas continue to remain high and remain on track to equal or exceed the 350 received in the calendar year ending 31 December, which was almost double the number received in 2022. Most new applicants qualified in Nigeria, with the next highest proportion coming from India. Applicants from the European Economic area have reduced to two percent this year, having made up over 50% prior to Brexit and the Covid-19 pandemic. We will shortly be launching a consultation on changes to the management of applications for registration from overseas qualified optical professionals following the introduction of the ETR. Soft launch conversations have been held in advance of the consultation with providers of GOC approved qualifications.

43. To assist with managing the increased volumes of applications, we have appointed six new assessors, who are being trained in June.

Regulatory Operations

44. As mentioned under the Change update, work continues to progress on the development of our new case management system with the discovery phase now complete and the team moving into development. An agile approach to the project has been adopted, and we are now undergoing a series of sprints, starting with our triage team, that will enable targeted and focussed development and testing to be completed for each stage prior to deployment. There is an increased draw on staff time, so we have put measures in place to mitigate any impact on our ability to maintain pace in our decision-making. We now anticipate phase 1 of the project to go live in late Q3, slightly behind schedule.

45. Over the last few months, we have increased the resource within our specialist teams to enhance flexibility the range of experience to support our continued growth. We welcomed two new optometric advisors, Sarah Slade, and Francesca Lado, bringing our complement to four, and are currently recruiting for

legal assessors and up to ten Dispensing Opticians to support and complement our fitness to practise committee.

46. We are grateful for the representation and commitment from our business registrant partners, who attended our bi-annual business meeting this month, and to our team who walked through our triage and investigation processes, identifying pinch points and constructive solutions to support our commitment to timely and proportionate investigations. We shared a briefing on the future of regulation and the GOC Standards review, inviting comments and suggestions via our Standards lead. We welcome the overwhelmingly positive feedback and confirm our commitment to holding these annually.

Regulatory Strategy

Legislative Reform

47. We submitted our response to the Department of Health and Social Care's consultation on regulating anaesthesia associates and physician associates. The consultation response is published on our website.

Standards Review

48. Since the last Council meeting in March 2023, we have undertaken a range of activities to support the Standards Review, including the following:
    - launched the review, supported by communications, including a blog and information on social media;
    - delivered conversations with representative bodies and registrants on three key topics (social media and online conduct; delegation and supervision; and leadership), with two more conversations scheduled for July;
    - presented to the Optical Sector Policy Forum, to give professional body representatives an overview of our plans for the review;
    - presented to the Business Registrants Day, to give business registrants an overview of our plans for the review;
    - spoken at the Sector Education Forum, to give stakeholders involved in education an overview of our review;
    - provided information on the review in our registrant newsletter and in newsletters for education providers and students; and
    - published an invitation to tender seeking a research agency to undertake some public and patient research.

49. We also discussed two standards topics (equality, diversity, and inclusion; and sustainability) at the Advisory Panel meeting on 12 June 2023 and we took the Standards Committee through the conversation we had with professional bodies and registrants on supervision and delegation. Minutes from the Advisory Panel and Standards Committee meetings are included within the Council papers. On equality, diversity and inclusion, the Panel emphasised the role of the whole

optical sector, including the GOC, in addressing these issues to ensure that there is equity of service, and that good quality care is provided to all. On sustainability, the Panel recognised that this was an important issue but questioned whether it was our role, as a regulator focussed on public protection, to address this matter.

50. Our priorities in the coming months will be to hold the last two stakeholder conversations (on technology, AI, and digital literacy; and on maintaining professional boundaries) and to work with the research agency on the public and patient research.

Public Perceptions Survey

51. On 31 May, we published an important piece of research we commission every year – our 2023 public perceptions survey. Alongside the report, we published a short animation on Twitter here, a blog from our Director of Regulatory Strategy, infographics summarising the key findings for each of the four nations and the raw data tables. The survey allows us to better understand and track patient and public views of optical services across the UK.

52. The research highlights continued high satisfaction and trust levels with our professions, and for the first time since launching the survey in 2015, more people would now go to an opticians / optometrist practice first if they woke up with an eye problem rather than a GP. However, these figures mask some inequalities: for example, 7.9 per cent of ethnic minority respondents have never had their sight tested compared to 2.6 per cent of white respondents. When we ask about factors that make people feel uncomfortable visiting an optician's or optometrists' practice, 28.6 per cent of ethnic minority respondents cite the cost of the sight test compared to 14.8 per cent of white respondents. We will use the survey to help inform the review of our standards of practice which we are currently undertaking, and the report will also be disseminated to external stakeholder organisations across the UK.

53. We also commissioned our annual registrant survey. We are working with the research agency to finalise the research report and hope to publish the report before mid-July. We will bring a paper to Council in September, summarising the key findings from both reports and setting out proposals for how we respond to those findings.

Communications and parliamentary engagement

54. Our Optical Practice Familiarisation Programme continues to go from strength to strength, with our members and staff having the opportunity to learn more about the sector through in-person and virtual visits. On 7 June 2023, we hosted a virtual session that looked at the management and day-to-day running of a small independent practice in Flint, North Wales. On 19 June 2023, Seeability ran a

virtual session led by a clinical optometrist and dispensing optician from the organisation, which gave us the opportunity to learn more about the UK charity that provides support and campaigns for better eye care for those with learning disabilities, autism and sight loss. We are grateful for all those who have come forward to offer their time and allowing us to visit as part of the programme.

55. On 2 June 2023, I met with a senior Parliamentary Researcher to Marsha de Cordova MP to discuss how the GOC's regulatory perspective might feed into the contents of de Cordova's Private Members' Bill to introduce a National Eye Health Strategy (NEHS). The Public Perceptions research was also discussed. A further meeting with de Cordova herself is being planned for later this year.

56. I attended a Westminster Hall debate on 17 May 2023, which was brought forward by de Cordova on the potential merits of introducing an NEHS for England. The debate outlined the five key areas of her draft NEHS: a dedicated eye health and sight loss pathway outlining care and support provision; collaboration between primary and secondary care; workforce expansion; improving health intelligence and data; and raising public awareness. MPs who spoke at the event were also sent a copy of the Public Perceptions research with an invitation to discuss further.

57. I attended the All-Party Parliamentary Group (APPG) for Eye Health and Visual Impairment's AGM at the end of April, attended by key figures from the sector. Representatives from the College, AOP, RCOphth, and St Thomas' Hospital all spoke on their research into the current crises within the eye care workforce and potential routes for recovery.

58. The GOC blog has now been launched. The blog is intended to provide an opportunity to talk in detail about our work. So far three blogs have been published (on the business plan, standards review and public perceptions research) with more to follow throughout the year.

Education

59. In January 2023, providers of GOC approved qualifications submitted their annual monitoring review (AMR) returns, in which they reflect on key changes, events, metrics, and risks to their programmes. This information informs our quality assurance activities to ensure providers continue to meet GOC education handbook requirements. In addition to the annual sector report, which is elsewhere on the agenda, we are currently finalising the individual qualification reports and will issue them to providers by the end of summer.

60. Quality assurance visits to education providers are continuing as planned. We continue to assess whether to hold visits virtually or on site, taking into account

the purpose of the visit and an assessment of risk. Since 1 April 2023, one on-site visit has taken place, and three were held virtually.

61. We have noted the adaptations of seven existing GOC-approved qualifications to the new education and training requirements (5 optometry, 2 dispensing optics). All are due to deliver adapted qualifications from September 2023. An additional six notification of adaptation submissions have been received and are currently being reviewed.

62. With regards to the 2022-24 CPD cycle, as of 31 May 2023, 48 per cent of registrants had completed their peer review requirement and 42 per cent of registrants had recorded one CPD point per month on average (logging one point every month would achieve the minimum points total by end of cycle).

63. We have taken steps to engage registrants on the need to log a personal development plan (PDP), including writing to those registrants directly and in our registrant bulletin, as well as engaging with employers and sector bodies to seek their support in raising awareness. This has led to a further reduction in outstanding PDPs, however, there remains a large minority to upload their PDPs to the system. We are aware that some employers are planning on taking steps to help address this and will continue to monitor compliance.

64. Registrant reported quality of CPD events attended and of the CPD providers hosting them is positive, with the majority (~93% each) receiving excellent to good feedback (a rating of 85% or higher).

65. In April 2023, we hosted a CPD provider forum to give an overview of the new CPD scheme and CPD data gathered so far, to discuss the upcoming GOC provider audit function, and provide an opportunity for providers to share their feedback about the scheme and ask any questions they may have. This was well-attended, and feedback was positive. We plan to organise a separate CPD provider forum for provisionally approved CPD providers soon.

66. We successfully appointed 29 CPD reviewers and three CPD auditors and they will be attending training on 15 June ready for the first CPD provider audit and registrant reviewer period which will commence on 19 June. On this date, notifications will be sent to those providers/registrants who have been selected for audit/review for this period. We have a detailed communications plan to support this work and want to emphasise the intention that the provider audits/registrant reviews will be supportive to help them meet our standards and requirements.

67. We are undertaking a rapid review of the CPD cycle so far, including feedback from registrants, CPD providers, other stakeholders, and our team, to inform

current and future policy and system development. We aim to conclude this work in summer and plan to publish a brief note about our findings/actions.

Governance

68. The Governance review work is progressing, with plans to launch a newly branded "governance manual" in early July 2023. This will consolidate the broad suite of governance documents that Council relies on in one place and improve public and staff engagement on the work of Council. Although no material changes to the policies are proposed, it will improve the consistency of branding and layout. Further staff engagement and training activities around the role of governance and principles for good report writing are planned for the autumn.

69. The Governance team has also recently presented proposals for a Member Support Review for Nomination Committee comment and approval. This work will commence in July 2023 and begin to design our core support offer to the members that work across the breadth of the GOC's functions. The intention behind this work is to look at how we ensure that members are equipped with the skills and knowledge they need, and what we do as a team and organisation to support them in their roles. Council members will be engaged throughout the year as part of the regular informal catch-ups.

External stakeholder engagement

70. Since the last Public Council meeting on 22 March 2022, I have attended the following external meetings and engagements:

- 23 March 2023: GOC & College of Optometrists (COO): annual catch-up meeting with Chief Executive, Ian Humphreys & President, Professor Leon Davies at COO with Senior Council Member (SCM), Clare Minchington and Chair of Council, Dr Anne Wright at GOC.

- 24 March 2023: Chief Executives of Health & Social Care Regulators Steering Group (CESG) Meeting. Chaired by the General Dental Council (GDC).

- 27 March 2023: The Optics Room audio podcast with Hasnain Mamdani, Optometrist Store Manager at Vision Express.

- 28 March 2023: Online seminar: Regulatory developments and the Welsh context. The sixth regulatory developments and the Welsh context seminar, jointly hosted by the Professional Standards Authority (PSA) for Health and Social Care and the Welsh Government. The theme was the role of regulation in supporting the health and care workforce now and in the future.

- 28 March 2023: Eye Care for People with Learning Disabilities roundtable (EP). Hosted by Department of Health and Social Care (DHSC). We discussed sight

testing for people with learning disabilities. This round table formed one of the inputs to National Health Service Executive's (NHSE's) considerations of the future commissioning models for this population, where we know sight problems are more common and access to sight testing more challenging.

- 30 March 2023: Advisory Committee on Degree Awarding Powers (ACDAP) organised by the Quality Assurance Agency (QAA).

- 31 March 2023: The changing nature of public leadership; interview with the Association of Chief Executives (ACE), Public Chairs' Forum (PCF) and Windsor Leadership, who were undertaking research to understand how public body leadership is changing.

- 31 March 2023: meeting with Neil Retallic, Head of Professional Development and Grant Duncan, Director of Professional Development at Specsavers

- 19 April 2023: Continuing Professional Development (CPD) provider forum.

- 19 April 2023: Quarterly Meetings with Chair of Health & Care Professions Council (HCPC), Christine Elliott and Dr Anne Wright was present.

- 25 April 2023: Ian Humphreys - CEO at College of Optometrists (COO) Quarterly 1:1 meeting.

- 26 April 2023: All-Party Parliamentary Group (APPG) On Eye Health and Visual Impairment meeting chaired by Marsha de Cordova, Member of Parliament (MP).

- 27 April 2023: Chief Executives of Regulatory Bodies (CEORB) meeting organised by General Dental Council (GDC) with the relevant sector bodies.

- 12 May 2023: Meeting with Tanjit Dosanjh's, Founder and CEO of the Prison Opticians Trust.

- 12 May 2023: Health Education & Improvement Wales (HEIW) Follow up meeting with Professor Pushpinder Mangat, Medical Director Nik Sheen, Head of Optometry at HEIW.

- 16 May 2023: Sector Strategic Implementation Steering Group (SSISG) 'Learning and experience in practice' workstream meeting chaired by Federation of Ophthalmic & Dispensing Opticians (FODO).

- 17 May 2023: House of commons National Eye Care Strategy Debate in Westminster Hall. Chaired by Marsha de Cordova (MP) and David Blunkett (Member of the House of Lords) was also in attendance.

- 23 May 2023: Optical Suppliers Association (OSA) Follow up meeting with OSA Policy and Strategy Consultant, Ann Blackmore and OSA Chair, Roy Stoner.

- 24 May 2023: Coffee Catch Up with Ahron Peskin, Associate Consultant, at Minerva.

- 25 May 2023: CEO Challenge: Inclusion and the public body hosted by Public Chairs' Forum (PCF) & Association of Chief Executives (ACE).

- 26 May 2023: Chief Executives of Regulatory Bodies (CEORB) meeting organised by General Dental Council (GDC) with the relevant sector bodies.

- 2 June 2023: National eye-care strategy meeting with Katy Wright, Senior Parliamentary Researcher - Policy Consultant at House of Commons.

- 5 June 2023: Business Regulation Planning Workshop joined by two colleagues from the General Pharmaceutical Council (GPhC), Ambrose Paschalides, Inspection Operations Manager and Tim Snewin, Regional Manager South, who shared information on their model of business regulation and their experience of business regulation.

- 6 June 2023: Visit to Boots Opticians HQ, Nottingham, meeting with James Arrow, Managing Director and Kyla Black, Head of Professional Services for Boots Opticians. Agenda included Boots Opticians business update, catch up with the wider Boots Opticians Team and an area walk around.

- 20 June 2023: Decision Review Group meeting joined by Rakesh Sharma at Nursing and Midwifery Council (NMC) and David Bryan, General Osteopathic Council (GOsC).

- 26 June 2023: Round Table Eye Care Policy organised and hosted by Louisa Wickham; National Clinical Director for Eye Care appointed by NHS England.

71. A range of other engagements by Directors are listed in annex one.

Finance

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

Risks

73. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

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

Devolved nations

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

Other Impacts

76. No other impacts have been identified.

Communications

External communications

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

Internal communications

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

Next steps

79. There are no further steps required.

Attachment

Annex one - Directors' Stakeholder Meetings.

Annex 1 - Meetings/visits since last Council meeting

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
6 weekly meetings with AD Change & Improvement NMC	Monthly meetings with Phillip Payne – RBC Brewin Dolphin – investment managers	Fortnightly project management meetings with iTS	Weekly National Optometric Advisers meetings
27.03.23 Coaching session & Partnership	28.3.23 Malcolm Brackley, Farebrother – property consultants	Monthly Council Lead meeting (fitness to practise)	Chair Optical Sector Policy Forum meetings – every other month
27.03.23 Rock transition meeting	31.3.23 Adam Halsey and Eze Osuji – Hayesmacintyre – external auditors	28.03.23 - Association of Chief Executives – EDI forum	23.3.23 College of Optometrists/York Health Economics – workforce planning project
16.05.23 Executive Development session & Partnership	26.04.23 Joe Omorodion, Mary Nguyen – General Chiropractic Council	20.04.23 – Determination Review Group Meeting	28.3.23 Cross Regulatory Forum on Digital Apps
22.05.23 Optical Familiarisation Visit to Birmingham	3.5.23 - Institute of Regulation, Risk Special Interest Group	11.05.23 – Alan Tinger (FODO) – sector concerns	29.3.23 Chaired Sector Strategic Implementation Steering Group (SSISG)

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
07.06.23 Virtual Optical Familiarisation Programme – North Wales	16.05.23 – &Partnership – executive coaching	15.05.23 – Natalie Cowland, Laura Bonney, Alesha Park, Uzma Mahmood, Terry Koranteng (NMC) – aligning shared stakeholder management and reviews	31.3.23 Specsavers – CPD
08.06.23 Chair Optical Sector CEO Meeting	07.06.23 Virtual Optical Familiarisation Programme – North Wales	16.05.23 – &Partnership – executive coaching	5.4.23 – AOP policy team for general catch up
		06.06.2023 – PSA Symposium 'how we can successfully collaborate towards safer care for all'	14.4.23 College of Optometrists – legislative reform
		08.06.2023 – GOC Business Registrant annual meeting	17.4.23 OCCS – guest speaker programme
		09.06.23 – Jennie Jones, Richard Edwards (OCCS) – annual review	17.4.23 Boots – introductory meeting
		12.06.23 – GOC Advisory Panel meeting	19.4.23 CPD Provider Forum

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
			12.5.23 Prison Opticians Trust - technology
			12.5.23 Health Education Improvement Wales – catch up
			22.5.23 and 21.6.23 Meeting with sector bodies to discuss collaboration on research on technology
			23.5.23 Optical Suppliers Association – catch up
			1.6.23 Chair of GOC Research Advisory Group – longitudinal research on evaluation of ETR
			2.6.23 Marsha de Cordova MP's office – National Eye Health Strategy and regulation

Philipsia Greenway Director of Change	Yeslin Gearty Director of Corporate Services	Dionne Spence Director of Regulatory Operations	Steve Brooker Director of Regulatory Strategy
			6.6.23 Visit to Boots HQ, Nottingham – various topics
			7.6.23 Presentation to AOP Council – business regulation
			16.6.23 - Karl Jeebaum, Sparca and Dan McGhee, Vision Express – technology and eye care

General Optical Council

**DRAFT minutes of the meeting of the Advisory Panel held on
Monday 12 June 2023 at 9:15am via MS Teams**

Present:	Jacqui Adams, Rukaiya Anwar, Kay Bagshaw, Nigel Best, Geraldine Birks, Peter Black, Gordon Dingwall, Dean Dunning, Giles Edmonds, Lynn Emslie, Josie Forte, Mike Galvin(Chair), Lisa Gerson, Sally Gosling, Imran Hakim, Anthony Harvey, Gordon Ilett, Sarah Joyce, Haseena Lockhat, Andrew Logan, Deirdre McAree, Dan McGhee, Frank Munro, Tim Parkinson, Neil Retallic, Alison Sansome, Amit Sharma, Nilla Varsani, Catherine Viner, Marcus Weaver, Anne Wright (Chair of Council) and Mary Wright.
Apologies:	Louise Gow, Wayne Lewis, Joy Myint, Chloe Robson, Roshni Samra and Alicia Thompson.
Absent:	Imran Jawaid
GOC Attendees:	Steve Brooker (Director Regulatory Strategy), Marie Bunby (Policy Manager), Rebecca Chamberlain (Standards Manager), Nadia Denton (Governance Officer) *Minutes*, Yeslin Gearty (Director of Corporate Services), Kiran Gill (Head of Legal), Nadia Habib (Information Governance Officer), Jenny Hazell (Governance and Compliance Manager), Vikki Julian (Head of Communications), Lamine Kerroubi (Casework and Resolutions Administrator), Philippa Mendonsa (Head of Education - Operations), Leonie Milliner (Chief Executive and Registrar), Dionne Spence (Director Regulatory Operations) and Charlotte Urwin (Head of Strategy, Policy and Standards).

	Welcome and Apologies
1.	The Chair opened the meeting, welcomed those present and indicated that he would chair the Advisory Panel for the remainder of the financial year.
2.	It was noted that Louise Gow, Wayne Lewis, Joy Myint, Chloe Robson, Roshni Samra and Alicia Thompson had sent their apologies.
	Declaration of Interests and confidentiality AP06(23)
3.	The Panel noted the register of interests.
	Minutes of the meeting held on 10 March 2023 AP07(23)
4.	The minutes of the meeting were **approved** as a true record of the proceedings subject to noting that Sally Gosling had sent her apologies.
	Actions point updates AP08(23)
5.	The actions were noted.
	Matters Arising
6.	There were no matters arising.

	EDI in the Standards AP09(23)	
7.	The Standards Manager presented the paper providing an update on the Equality, Diversity and Inclusion (EDI) section of the Standards Review. Advisory Panel advice was sought on whether there were any gaps in relation to EDI and patient care within the standards.	
8.	There was a range of views expressed, with a broad consensus around the following: - the standards needed to be high level, principle based, future proof (so far as it is possible) and set out reasonable expectations of a registrant without being too prescriptive; - concerns about equality of access and people not being able to access the services that they need; - the GOC should consider use of language and recognise that there may be variations in approach across the UK; - although there was reference to legislation within the existing standards, there was scope for its application in a clinical setting to be strengthened; - there were differences in the way in which services were commissioned in some areas such as low vision and services to schools; - the GOC has a role to set appropriate standards, communicate them effectively, and to reflect on whether the EDI issues raised were covered sufficiently within standards; and - more work could be done to capture EDI data across the sector, although this was likely to require further funding and changes to the law. Data was not collected at practise level and there were no laws compelling the sector to do so. Some data was collected by the NHS General Ophthalmic Services (GOS) system, but this was not accessible to the wider sector and only covered sight tests carried out under the NHS. The lack of data and a co-ordinated approach between agencies collecting data was holding back progress overall.	
	The Advisory Panel concluded by expressing support for the inclusion of EDI in the standards and considering how the whole sector can work to ensure there was equity for patients when accessing optical services.	
	Sustainability Standards AP10(23)	
9.	The Head of Strategy, Policy and Standards introduced the paper. In discussion the Panel noted that: - the optical sector was a significant user of single-use plastic waste, an important and unavoidable aspect of infection control; - registrants should be encouraged to review their waste disposal practices. It was possible to explore recyclable supply chain options, such as for lens waste; - there were already existing legislative pressures on businesses to work towards improving their carbon footprint, which should be considered when reviewing the standards; and - although the public would have an increasing expectation of the sector being aware of sustainability issues, the GOC did not have any powers of enforcement in this regard.	
10.	The Advisory Panel concluded by acknowledging that, although the issue of sustainability was of critical importance, the GOC's public protection remit did not	

	extend to sustainability and therefore there was limited support for its inclusion in the standards.
	Date of Next meeting
10.	The date of the next meeting was noted as Monday 6 November 2023.
	Any Other Business
11.	There was no other business.
	The meeting closed at 10:23am.

General Optical Council

**DRAFT minutes of the Education Committee held on
Monday 12 June 2023 at 10.45 am via MS Teams**

Present:	Mike Galvin (Education Committee Chair), Jacqui Adams, Dean Dunning, Sally Gosling, Andrew Logan, Neil Retallic, Lisa Veneables and Mary Wright.
GOC Attendees:	Steve Brooker (Director of Regulatory Strategy), Jenny Hazell (Governance & Compliance Manager – Minutes), Philippa Mendonsa (Head of Education Operations), Leonie Milliner (Chief Executive and Registrar) and Ben Pearson (Education Policy Manager).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed everyone.
2.	Apologies were received from Alicia Thompson and Frank Munro. It was also noted that Samara Morgan (Head of Education Development) was unable to attend the meeting. Philippa Mendonsa presented Samara Morgan's items in her absence.
	Declarations of interests and confidentiality
3.	There were no new declarations of interest.
4.	**Minutes from break out session held on 10 March 2023**
	The minutes of the last meeting were approved as a true record.
	Update on consultation for managing applications for optical professionals qualified outside the UK or Switzerland
5.	The Education Policy Manager introduced the report. The proposal was similar to the approach used by the General Pharmaceutical Council (GPhC) to register overseas qualified registrants, with responsibility for managing the assessment of the relevant Outcomes for Registration for applicants qualified outside the UK or Switzerland with providers of GOC approved qualifications.
6.	The Committee considered potential challenges to the proposed approach which included:

- for providers, managing the diversity of professional experience and prior qualifications of applicants, whilst at the same time achieving economies of scale;
- developing a Regulated Qualifications Framework (RQF) L6 or L7 approved qualification would need to be financially viable for providers;
- some overseas applicants' qualifications and experience might be in advance of the GOC's Outcomes for Registration, due to prior experience and maturity, and some may not. It was therefore important that providers, in assessing applicants' ability to meet the Outcomes for Registration, were able to apply Recognition of Prior Learning (RPL) appropriately, to ensure public safety; |

	• overseas applicants using the current process often experienced significant delays and cost uncertainty, which may be disincentivising current, well-qualified overseas applicants from applying for registration with the GOC.
7.	The Committee noted that the availability of RPL ensured that optical professionals may be assessed where appropriate and commensurate with their prior professional experience. It was informed that the results of the public consultation would be analysed and the findings reported back to the Advisory Panel.
8.	The Committee **noted** the paper.
	Annual Monitoring and Reporting (AMR) Update 2021/22
9.	The Education Policy Manager provided a slide presentation on the main headline issues relating to the AMR update 2021/22. It was noted that the optical education sector had moved to implement the GOC's new education and training requirements (ETR) in a manner which demonstrated significant co-ordination. Further, applications for dispensing optics qualifications had increased significantly with an average Year 1 cohort now more than double the previous year for 2021/22. This suggested that recruitment figures had returned to pre-pandemic levels. The presentation also covered ongoing themes such as the impact of Covid-19 on the sector and the investment in new equipment and facilities by several providers to enable students to enhance their patient-facing skills in clinical practice.
10.	The Committee discussed the progress of providers adapting their qualifications to the new ETR. The Executive advised that providers appeared to be progressing well, although there were numerous workload challenges that programme teams faced in developing new qualifications alongside maintaining delivery of current qualifications. The Committee suggested there were potential challenges in relation to the supply of clinical placements within integrated optics qualifications.
11.	The Committee **noted** the paper.
	CPD Development Update on Provider Audits and Registrant Reviews.
12.	The Head of Education Operations provided an update on the CPD Provider Audits and Registrant CPD Reviews. This included the hosting of a training event on 15 June 2023 for auditors and reviewers, prior to launching the first audit/review period on 19 June 2023.
13.	As this was the first time the GOC would have run the audits/reviews, it was difficult to anticipate the outcomes. It was recognised that this would be a good opportunity for the GOC to learn where there were common successes and challenges and to feed the data obtained into future CPD communications, policy and guidance.
14.	Particular emphasis was made by the Executive regarding the tone of these audits and reviews – the intent was to be supportive to registrants/CPD providers throughout this process, to promote their engagement and compliance with the standards, rather than being punitive. The Committee agreed that it was important to get the right tone in the auditors/reviewers' feedback and considered what else could be done to reinforce a supportive tone.
15.	The Committee **noted** the paper and commended the progress that had been made with CPD development.

	Generative Artificial Intelligence (AI), tools and ChatGPT
16.	The Head of Education Operations introduced the report.
17.	The Committee recognised that this topic had huge scope and was still in the early stages of development. It was supportive of the general direction proposed, suggesting that monitoring this topic would be beneficial. It was explained that many education providers viewed AI as a risk in the short term but saw that it could be beneficial in the long term. The Committee considered that AI, if used appropriately, could mean removing the barriers for some individuals entering the profession who would otherwise struggle with non-essential skills in their professional roles (such as essay writing).
18.	The Committee **noted** the paper.
	Education Development and Operations Update
19.	The Head of Education Operations provided an update on Education Development and Operations which included the following: • Recruitment update – two manager vacancies in the Operations team – the roles had been redesigned to improve operational resilience and recruitment was underway. • Visit schedule 2023- 24- whilst subject to change, this was going ahead as planned; recent visits had gone well, with positive engagement from the providers. • Progress update regarding providers' transition to the new Education and Training Requirements.
	Any Other Business
20.	No items were raised.
	The meeting closed at 12.10pm

General Optical Council

GENERAL OPTICAL COUNCIL

**DRAFT Minutes of the meeting of the Registration Committee
held on Monday 12 June 2023 at 10:45am via Microsoft Teams**

Present:	Geraldine Birks, Peter Black, Lynn Emslie, Lisa Gerson (Chair), Anthony Harvey, Ali Sansome and Catherine Viner.
Apologies:	Louise Gow and Roshni Samra
GOC Attendees:	Nadia Denton (Governance Officer) *Minutes,* Yeslin Gearty (Director of Corporate Services) and Nadia Patel (Head of Registration).

	Welcome and Apologies
1.	The Chair welcomed everyone to the meeting.
2.	It was noted that Louise Gow and Roshni Samra had sent their apologies.
	Minutes from break out session held on 10 March 2023
3.	The minutes from the breakout session held on 10 March 2023 were approved as an accurate record of the meeting.
	MyGOC project update
	The Head of Programmes joined the meeting for this item only.
4.	The Head of Programmes (Change Programme) provided a summary of progress with MyGOC. The Committee noted that: • the Change Team was at a crucial stage of the project with the renewal of the MyGOC platform, which was in urgent need of an upgrade; • registrant feedback indicated that MyGOC surveys were hard to follow with the current set up and therefore improvements would be made to this function; • the upgrade would help the registration team to collect data and link in with CRM so as to draw on any back end efficiencies; • the registration team would ensure that MyGOC maintenance was done during user off peak hours so as to minimise disruption; • the Change Team had produced a benefits map and going forward the new senior digital project manager would oversee the development of the platform; and • the timescale of delivery for the upgrade was November 2024.
5.	The Committee discussed the user end experience of MyGOC. It was noted that changes to the system with the inputting of Continuous Professional Development (CPD) information took longer within the CPD system (MyCPD), which is separate to the MyGOC system, although system access is linked, and there were concerns that this could put a strain on registrants and providers the end of the cycle. It was also suggested that CPD providers should input registrant attendance data on courses as the current self-certification set-up could possibly lead to fraudulent claims of course attendance by registrants. Committee members were invited to provide comments on

	CPD to the CPD Team. The Committee was informed that the CPD Team was acted on feedback they had received about MyCPD. It was further noted that the new system would be more efficient in sending out prompts and reminders to users and health checks, reviews of the system and user testing were planned as steps to ensure an improvement of the user experience.
	ACTION: The Head of Registration to pass on feedback about MyCPD to the CPD Team, who will incorporate it into the CPD rapid review.
	The Committee noted that the current MyGOC platform had been in existence since 2010 and that the new platform would have a life cycle of about ten years. It was further noted that the Change Team would present a business case for the current development priorities of MyGOC at the Strictly Confidential Council Meeting on 27 June 2023.
	API's – making the register more accessible
6.	The Director of Corporate Service provided an update. The Committee noted that there had been an increase in the level of interest from registrants and third parties to access data from the register. The registration team was exploring which elements of data could be extracted from the register and renewal process overall, subject to restrictions in terms of confidentiality of data. The Committee noted that the Executive had set up a working group to review how data from the register could be used in future.
7.	In discussion it was suggested that it would be useful to have a note for students in supervised practice referencing the name of their supervisor against their registration record. The Committee noted that the GOC was the only health regulator to register students and that including information about who individual student supervisors were might by disproportionate to the risks posed. It was also noted that universities could provide this information and that the College of Optometrists held records of the names of supervisors students registered on the College's Scheme for Registration.
	Update on renewal rates REG05(23)
8.	The Director of Corporate Service presented the paper. The Committee noted that renewal rates continued to be positive and that this was likely to continue to grow in future.
	The Committee **noted** the paper.
	Update on consultation for managing applications from optical professionals qualified outside the UK or Switzerland REG06(23)
	The Education Manager joined the meeting for this item only.
9.	The Education Manager presented the paper. The Committee discussed the proposed revised approach to managing applications for GOC registration from optical professionals qualified outside the UK or Switzerland. The question was raised about how much appetite there would be from education providers to take on the new process, considering the requirement to provide 48 weeks of training (which might be shortened using RPL) which could prove to be a challenge to provide to trainees. The Committee noted that demand was currently difficult to predict as increased interest from overseas applicants was new and the COVID19 pandemic and Brexit had affected the number of applications. The Committee was informed that nearly all new applications came from Nigeria with a small number also coming from India. It was noted that the Executive was currently talking with larger optical businesses to ascertain plans for businesses' sponsorship of visa schemes for overseas applicants.
	ACTION: The Governance Officer to circulate paper REG06(23) to the Committee.

	The Committee: • **reviewed and discussed** the paper.
	Any Other Business
10.	There was no other business.
	Meeting Close
11.	The meeting closed at 12.01pm.

General Optical Council

**DRAFT minutes of the meeting of the Standards Committee held on
Monday 12 June 2023 at 10:45am via MS Teams**

Present: Kay Bagshaw, Nigel Best, Josie Forte (Chair), Haseena Lockhat, Nilla Varsani and Marcus Weaver.

Rukaiya Anwar (Council Associate)

Apologies: Joy Myint and Chloe Robson

GOC Attendees: Rebecca Chamberlain (Standards Manager), Kiran Gill (Head of Legal), Elisha Lindsay (Standards Officer, *Minutes*) and Charlotte Urwin (Head of Strategy, Policy and Standards)

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed those present.
2.	Apologies for absence were received from Joy Myint and Chloe Robson
	Minutes from breakout session held on 10 March 2023
3.	The minutes of the breakout session held on 10 March 2023 were **approved** as a true record of the proceedings.
	Standards Review discussion, 'test conversation' and feedback
4.	The Standards Manager facilitated the discussion by sharing a slide presentation which posed several questions to the Committee. The Committee had a wide-ranging discussion in which several points were raised, including the following:

• Professional bodies applied their own expectations of supervision which might exceed the requirements set out in the Opticians Act 1989.

• The GOC's current position on clinical supervision was based on relevant case law. This required the supervisor to be on the premises, and able to intervene when necessary. Changes in technology, accelerated by the COVID-19 pandemic, meant that it was possible to supervise remotely without harm being caused to patients.

• Different roles (for example, registered, unregistered and students) could require different levels of supervision and a different approach to delegation. This meant that there was scope for the standards to be applied differently i.e. when supervising or delegating to a competent registered practitioner there might no longer be a need to be on the premises.

• The levels of risk posed to patients varied depending upon factors such as the health of the patient, any underlying eye conditions, and other issues. Advancements in technology could allow practitioners to do better suited risk- |

based assessments. These assessments could identify the type of supervision needs different patients had.

- The level of risk posed to patients varied depending on factors such as the health of the patient, any underlying eye conditions, and other issues.

- Advancements in technology could allow practitioners to do better suited risk-based assessments. These assessments could identify the type of supervision needs different patients had.

Existing GOC standards

The Committee highlighted the following points to consider in relation to the GOC's current standards on supervision and delegation:

- The phrase 'adequate supervision' in the introduction to the standard may mean different things and there could be scope to reduce discrepancies in the quality of supervision through a tighter definition.

- Whether the drafted definition of delegation that the registrant has clinical ownership of the task and if it is consequently akin to supervision.

- A definition of what 'ready to intervene' meant in the case of remote supervision.

- The need to ensure that patients are advised who is taking responsibility for their care and when tasks were being undertaken by someone under supervision or when tasks were delegated.

- There was a growing responsibility on professionals in respect to supervision, for example in supervising apprentices or doing more training in the workplace.

- The need to ensure that standards remained up to date as practice and technology changed.

Should the GOC separate standards of supervision for registrants and non-registrants?

- Supervisors must be applying their own professional judgement when supervising.

- Supervision for registrants and pre-registrants did not need further diversification. Instead, the Committee suggested focusing on an improved understanding around the individual needs of trainees.

- Registrants needed to retain responsibility for their work and delegated work; identify the type of supervision required for different patients, triage their needs and cater for the individual needs of the patient.

Delegation of tasks

- The standards required that registrants only delegated to those who have appropriate qualifications, knowledge or skills to perform the delegated activity. It was queried how a registrant would assess whether the individual had those skills.

	• In instances of working as a locum, if an action is done incorrectly, it is up to the registrant or the locum to then decide whether they rely on the outcome of that action and the registrant/locum would be held responsible for that decision. Concerns that a colleague might not have appropriate knowledge or skills would be easily identified once they had asked a colleague to carry out a task, for example, a non-contact tonometer or imaging technique will only provide useable results when correctly aligned, so it is in effect a self-policing system. Should there be joint responsibility for supervision between supervisor and student? • The Committee expressed support for the principle of joint responsibility.
	Any Other Business
5.	A question was asked about the curriculum for dispensing opticians in relation to skills around refraction and the impact of the publication of the call for evidence, including the impact of the statement that dispensing opticians should not refract for the purposes of the sight test on the curriculum. **Action:** Head of Strategy, Policy and Standards to raise with colleagues in Education the question of the impact of the GOC's decision not to allow dispensing opticians to refract for the purposes of the sight test on the curriculum for dispensing opticians
6.	**The meeting closed at 12:15pm.**

Council Meeting (Strictly Confidential) 27 June 2023
For decision - MyGOC: Outline Business Case **For discussion** - Strategic risk discussion - GOC strategy 2025-30: shaping the future **For noting** - Committee updates - Council papers for the public session
Council Meeting (Public) 28 June 2023
For decision - GOC strategy 2025-30: laying the foundations - Legislative Reform - Internal investigation Policy - Member fees 23/24 - Advice from Registration Committee: DBS checks for registrants **For discussion** - OCCS Annual Report - Approved qualifications: AMR report - PSA performance review - Q4 financial and performance reports - Balanced Scorecard - Business Plan Assurance Report Q4 **For noting** - Chair / CEO report - Advisory Panel minutes
Council Catch-up 11 July 2023
- Publication of the Regulated Professions Register - Education funding across the devolved nations - PSA symposium on collaboration - feedback
Council Catch-up 5 September 2023
- Member support review update
Council Meeting (Strictly Confidential) 26 September 2023
For decision - GOC strategy 2025-30: approach to stakeholder engagement **For discussion** - Strategic risk discussion - Legislative / Regulatory Reform - Public perceptions survey - Registrant survey **For noting** - Corporate Policies - Governance Review Progress Report - Committee updates - Council papers for the public session

General Optical Council

Council Meeting (Public) 27 September 2023
For decision
- Annual report and financial statements
- ARC annual report
- Equality, Diversity and Inclusion: monitoring report
For discussion
- FtP Improvement Programme Update (David Reeder)
- Regulatory Reform and Call for Evidence Update
- Council member appointments
- Q1 financial and performance reports/Q1 forecast
- Balanced Scorecard
- Business Plan Assurance Report Q1
For noting
- Chair / CEO Report

Council Catch-up 3 October 2023
-

Council Strategy Day – 3 November 2023
- GOC strategy 2025-30: workshops to include: SWOT analysis; values and behaviours; mission and vision; horizon scanning and state of the nation; financial and digital strategy.

Council Catch-up 14 November 2023
-

Council Meeting (Strictly Confidential) 12 December 2023
For decision
- GOC strategy 2025-30: key emerging themes/ strategic choices; potential presentations/ discussions with stakeholder groups.
For discussion
- Strategic risk discussion
- Legislative / Regulatory Reform
For noting
- Corporate Policies
- Governance Review Progress Report
- Committee updates
- Council papers for the public session

Council Meeting (Public) 13 December 2023
For decision
- Reserves policy
For discussion
- H&S assurance report
- FTP Update
- Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review
- Q2 financial and performance reports / Q2 +5yr forecast
- Balanced Scorecard
- Business Plan Assurance Report Q2

For noting - CEO / Chair Report - Advisory Panel minutes
Council Catch-up 9 January 2024
-
Council strategy day January 2024 (final date TBC)
- GOC strategy 2025-30: workshops to consider draft vision, mission, values and strategic objectives; EDI strategy; early draft financial, people and digital strategy.
Council Catch-up 20 February 2024
-
Council Meeting (Strictly Confidential) 12 March 2024
For decision **For discussion** - Strategic risk discussion - Legislative / Regulatory Reform **For noting** - Corporate Policies - Governance Review Progress Report - Committee updates - Council papers for the public session
Council Meeting (Public) 13 March 2024
For decision - Member fees 24/25 - GOC strategy 2025-30: proposed vision, mission, values and strategic objectives; and EDI strategy for 2025-2030, in advance of public consultation. - Budget and business plan for 2023/24 **For discussion** - Accreditation and quality assurance - Balanced Scorecard - Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review - Q3 financial and performance reports - Business Plan Assurance Report Q3 - FTP Audit of decisions **For noting** - Chair / Chief Executive Report -