

**First meeting in 2026 of the Council held in PUBLIC  
on Wednesday 11 March 2026 at 10am via Microsoft Teams**

**AGENDA**

<b>Item no.</b>	<b>Item</b>	<b>Reference</b>	<b>Lead</b>	<b>Page No.</b>	<b>Finish time</b>
<b>1.</b>	<b>Welcome and apologies</b>	Oral	Chair		10am -
<b>2.</b>	<b>Declaration of interests</b>	C01(26)	Chair	3 - 6	10.05am (5 mins)
<b>3.</b>	<b>Minutes, actions and matters arising</b>				
2.1	<b>Minutes – 17 December 2025</b> For approval	C02(26)	Chair	7 - 11	10.05am - 10.10am (5 mins)
2.1.	<b>Updated actions</b> For noting	C03(26)		12 - 13	
2.2.	<b>Matters arising</b>				
<b>FOR DECISION</b>					
<b>4.</b>	<b>Budget and business plan 2026/27</b> For decision	C04(26)	Chief Executive and Registrar	14 - 34	10.10am – 10.55am (45 mins)
<b>5.</b>	<b>Member fees 2026/27</b> For decision	C05(26)	Chief of Staff	35 - 42	11.30am – 11.50am (20 mins)
<b>6.</b>	<b>EDI action plan 2026/27</b> For decision	C06(26)	Chief of Staff	43 - 54	10.55am – 11.15am (20 mins)
<b>7.</b>	<b>Member appointments</b> For decision	C07(26)	Chief of Staff	55 - 59	11.15am – 11.20am (5 mins)
<b>Break (15 mins) 11:20am-11:35am</b>					
<b>8.</b>	<b>Registrant fees discussion paper</b> For decision	C08(26)	Director of Corporate Services and Director of Regulatory Strategy	60 - 95	11.35am – 12.05pm (30 mins)
<b>9.</b>	<b>Reserves policy</b> For decision	C09(26)	Director of Corporate Services	96 - 113	12.05pm – 12.15pm (10 mins)

FOR DISCUSSION					
<b>10.</b>	<b>PSA Performance review</b> For discussion	C10(26)	Chief Executive and Registrar	114 - 153	12.15pm – 12.45pm (30 mins)
<b>11.</b>	<b>Health and safety report</b> For discussion	C11(26)	Director of Corporate Services	154 - 181	12.45pm – 12.55pm (10 mins)
<b>12.</b>	<b>Q3 financial performance report / Q3 forecast</b> For discussion	C12(26)	Chief Financial Officer	182 - 213	12.55pm – 1.05pm (10 mins)
<b>13.</b>	<b>Business performance dashboard Q3 2025-26</b> For discussion	C13(26)	Chief of Staff	214 - 216	1.05pm – 1.15pm (10 mins)
<b>Lunch (45 mins) 1.15pm – 2.00pm</b>					
<b>14.</b>	<b>Business Plan Assurance Report Q3 2025-26</b> For discussion	C14(26)	Chief of Staff	217 - 222	2.00pm – 2.10pm (10 mins)
FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)					
<b>15.</b>	<b>Advisory Panel minutes – 6 February 2026</b> For noting	C15(26)	Committee Chair	223 - 226	2.10pm – 2.25pm (15 mins)
<b>16.</b>	<b>Chair's report</b> For noting	C16(26)	Chair	227 - 231	2.25pm - 2.35pm (10 mins)
<b>17.</b>	<b>Chief Executive and Registrar's report</b> For noting	C17(26)	Chief Executive and Registrar	232 - 248	2.35pm - 2.45pm (10 mins)
<b>18.</b>	<b>Council forward plan</b> For noting	C18(26)	Chief of Staff	249 - 250	2.45pm – 2.50pm (5 mins)
<b>19.</b>	<b>Any other business</b> For noting	-	Chair		2.50pm - 2.55pm (5 mins)
<b>Date of the next meeting: Wednesday 24 June 2026</b>					
<b>Meeting debrief – Feedback session (to take place at the end of the public Council session)</b>			Council Associates	(5 minutes)	

**GENERAL OPTICAL COUNCIL MEMBER – REGISTER OF INTEREST (UPDATED 27 FEBRUARY 2026)**

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Raymond <b>CURRAN</b> Registrant member (OO)	<ul style="list-style-type: none"> <li>Head of Ophthalmic Services, Strategic Planning and Performance Group, DoH, Northern Ireland</li> <li>Member, Northern Ireland Ophthalmic Qualifications Committee</li> </ul>	<ul style="list-style-type: none"> <li>Honorary Life Fellow, College of Optometrists</li> <li>Member, Association of Optometrists</li> </ul>	<ul style="list-style-type: none"> <li>Council Member and Trustee, College of Optometrists</li> <li>Member of Senate, Ulster University</li> <li>Past-President, Northern Ireland Optometric Society</li> <li>NICE Fellow 2021-23</li> </ul>	<ul style="list-style-type: none"> <li>Council Member</li> <li>Member: Audit Risk &amp; Finance Committee</li> <li>Member: Registration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Kathryn <b>FOREMAN</b> Lay Member	<ul style="list-style-type: none"> <li>Deputy Chair Assurance &amp; Appointments Committee – General Pharmaceutical Council</li> <li>Investigations Panel Member – Architects Registration Board</li> <li>Lay Member Police Misconduct Panels – NW Police &amp; Crime Commissioners</li> </ul>	<ul style="list-style-type: none"> <li>Law Society (non- practising)</li> </ul>	<ul style="list-style-type: none"> <li>Non-Executive Director- Primary Care 24 (Merseyside) Ltd</li> <li>Lay Member Health &amp; Care Professionals Council (ended December 2023)</li> <li>Associate Midlands and Lancashire Commissioning Support Unit (2022-23)</li> </ul>	<ul style="list-style-type: none"> <li>Lay Council Member</li> <li>Member: Advisory Panel – Registration Committee Member, Audit, Risk and Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Lisa <b>GERSON</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Clinic Tutor: Cardiff University</li> <li>Observer status: Regional Optical Committee (ROC) meetings across Wales</li> <li>GOC representative to Optometry Wales</li> </ul>	<ul style="list-style-type: none"> <li>Member of AOP</li> <li>Member of College of Optometry</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Optometry Wales</li> <li>Member: GOC Hearings Panel</li> <li>Member/Acting Chair: GOC Investigation Panel</li> <li>Member: GOC Education Visitor Panel</li> <li>College Counsellor: College of Optometrists</li> <li>Trustee: College of Optometrists</li> <li>Trustee: AOP</li> <li>Employee: Ronald Brown Group</li> <li>Employee: Boots Optician</li> <li>Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>Registration Committee Chair</li> <li>Nominations Committee Chair</li> <li>Council lead for FtP</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			Supervisor: Cardiff University		
Kalwant <b>GREWAL</b> Lay Member	<ul style="list-style-type: none"> <li>Saxon Weald, Member Audit and Risk Committee and Asset Management &amp; Development Committee</li> <li>PHA Homes Chair of the Audit and Risk Committee</li> <li>Sapphire Independent Housing Chair of the Finance, Audit and Risk Committee</li> <li>British Acupuncture Council Chair of the Finance, Risk and Audit Committee</li> <li>Regulatory Advisory Group Independent Chair</li> <li>Democracy Boundary Commission Cymru Deputy Chair of the Governance and Audit Committee</li> <li>General Council of the Bar in England and Wales Vice Chair of the Audit and Risk Committee</li> <li>London Borough of Lewisham Independent Person</li> <li>Royal College of Veterinary Surgeons Independent Member of the Audit and Risk Committee</li> </ul>	<ul style="list-style-type: none"> <li>ACCA</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Lay Council Member</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Ros <b>LEVENSON</b> Lay member	<ul style="list-style-type: none"> <li>Chair of The Expert Advisory Group for the OSIRIS B project at Queen Mary University of London</li> <li>Chair of The SKILL mix-ED Study Steering Committee at St George's University of London/Kingston University.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Chair of the Patient and Lay Committee (APLC) at the Academy of Medical Royal Colleges (AoMRC)</li> </ul>	<ul style="list-style-type: none"> <li>Lay Member: Council</li> <li>Member: Nominations Committee</li> <li>Member: Standards Committee</li> <li>Council lead for Thematic Reviews</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Frank <b>MUNRO</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Director Munro Eyecare Limited (T/A Munro Optometrists)</li> <li>Founder member, Optometry Scotland</li> <li>Optometric Advisor, NHS Lanarkshire</li> <li>Lead Optometrist, Glasgow City Health &amp; Social care Partnership</li> <li>Visiting Lecturer, Glasgow Caledonian University</li> <li>Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)</li> <li>Member, Greater Glasgow &amp; Clyde Prescribing Review Board</li> <li>Chair of the Scottish low vision group - Community Low Vision Service Short Life Working Group (CLVSSLWG)</li> </ul>	<ul style="list-style-type: none"> <li>Past President and Honorary Life Fellow, College of Optometrists</li> <li>Member, Association of Optometrists</li> <li>Member, Optometry Scotland</li> <li>Hon Fellow, Association of Dispensing Opticians</li> <li>Member, British Contact Lens Association</li> </ul>	<ul style="list-style-type: none"> <li>Past Chair, NHS Lanarkshire Optometric Advisory Committee</li> <li>Past President, College of Optometrists</li> <li>Past Chair, Optometry Scotland</li> <li>Past Chair, Scottish Committee of Optometrists</li> <li>Past Chair, NHS Education for Scotland Optometry Advisory Board</li> </ul>	<ul style="list-style-type: none"> <li>Registrant Member: Council</li> <li>Chair: Education Committee</li> <li>Member: Audit, Risk &amp; Finance Committee</li> <li>Member: Investment Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Tim <b>PARKINSON</b> Lay Member	<ul style="list-style-type: none"> <li>• Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)</li> </ul>	<ul style="list-style-type: none"> <li>• Fellow: Chartered Management Institute</li> <li>• Membership of the Institute of Water</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Lay member: Senior Council member</li> <li>• Chair: Investment Committee</li> <li>• Chair: Companies Committee</li> <li>• Chair of Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Prof. Hema <b>RADHAKRISHNAN</b> Registrant (OO)	<ul style="list-style-type: none"> <li>• Professor and Member of the Board of Governors: University of Manchester-</li> <li>• Member of Advisory Board: Zeiss Vision group</li> <li>• Research funding and collaboration with Optegra Eye Hospital group and Zeiss Vision Group</li> <li>• Associate Editor, Translational Vision Science and Technology, an Association for Research in Vision and Ophthalmology Journal.</li> </ul>	<ul style="list-style-type: none"> <li>• Member: College of Optometrists-</li> <li>• Member: Association of Optometrists</li> <li>• Principal Fellow: Higher Education Academy</li> <li>• Member- The Association for Research in Vision and Ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>• Editorial board member Optometry in Practice, a College of Optometrists journal</li> <li>• External examiner- Aston University Undergraduate and Masters Optometry programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Registrant member: Council</li> <li>• Member: Advisory Panel – Education Committee</li> </ul>	
Poonam <b>SHARMA</b> Registrant (OO)	<ul style="list-style-type: none"> <li>• Lead Optometry Adviser, NHSE (London); since 01/04/2017</li> <li>• Occasional locum optometrist, various high street optical practices; since 1998</li> <li>• Mentor, Social Mobility Foundation: since 2023</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Member of AOP</li> <li>• Member of College of Optometrists</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Council</li> <li>• Companies Committee</li> <li>• Council lead for regulatory reform</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
William <b>STOCKDALE</b> Registrant (DO)	<ul style="list-style-type: none"> <li>• Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding.</li> <li>• Own an organisation in the Optical Sector - Telford Opticians 50% Stake.</li> </ul>	<ul style="list-style-type: none"> <li>• Member of ABDO</li> <li>• Member of FODO</li> <li>• Member of ONI</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Optometry Northern Ireland</li> <li>• Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee.</li> <li>• Non-Executive Director FODO</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Council Member</li> <li>• Member: Nominations Committee</li> <li>• Chair: Advisory Panel – Standards Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Dr Anne <b>WRIGHT</b> CBE Lay Chair	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Committee member: The Shaw Society</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Council</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			<ul style="list-style-type: none"> <li>• Director of Circa management company</li> </ul>		
Catherine (Cathy) <b>YELF</b> Lay Member	<ul style="list-style-type: none"> <li>• Trustee - Action Against AMD</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• CEO of Macular Society</li> <li>• Trustee of the Association of Medical Research Charities.</li> </ul>	<ul style="list-style-type: none"> <li>• Council Member</li> <li>• Member: Advisory Panel - Companies Committee</li> <li>• Member Investment Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

**GENERAL OPTICAL COUNCIL  
Minutes of the Public Council  
Meeting held on 17 December 2025 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Raymond Curran, Kathryn Foreman, Lisa Gerson, Ros Levenson, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Poonam Sharma, William Stockdale and Cathy Yelf.  Rupa Patel (Council Associate). John Cappock (Independent Member and Chair of Audit, Finance and Risk Committee).
GOC Attendees:	Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager) ( <i>attended for item 9 only</i> ), Nicole Fitzgerald (Communications Manager), Toby Ganley (Policy Manager (Standards)), Kiran Gill (Chief Legal Officer), Nadia Habib (Acting Governance and Compliance Manager) ( <i>Minutes</i> ), Vikki Julian (Head of Communications and Engagement), Andy Mackay-Sim (Chief of Staff), Roma Malik (Clinical Advisor) ( <i>attended for item 9 only</i> ), Leonie Milliner (Chief Executive and Registrar), Joanna Murphy (EDI Manager) ( <i>attended for item 5 only</i> ), Rekha Randhawa (Head of FTP (Legal)), Shashank Srivasta (Data Scientist), Marc Stoner (Director of Corporate Services), Charlotte Urwin (Head of Strategy, Policy and Standards), Catherine Walker (Communications and Public Affairs Officer), Manori Wickremasinghe (Chief Financial Officer) and Rufus Woodcock (Administrator).
External Attendees:	Alistair Bridge (Association of British Dispensing Opticians), Siobhan Carson (Professional Standards Authority (PSA)), Olivier Deneve (College of Optometrists), Dr Byki Huntjens (Association of Optometrists), Selina Powell (Optometry Today) and Alan Tinger (FODO).
1.	<b>Welcome and Apologies</b> The Chair welcomed those in attendance. Apologies were received from Philipisia Greenway (Director of People and Improvement) and Council Associates Siddhant Majithia and Desislava Pirkova.
2.	<b>Declaration of Interests</b> The Chief of Staff informed Council that the registration fees item would have a material financial interest for registrant members of Council, as they are required to pay such fees. It was noted that the Standing Orders permitted the registrant members to participate in such decisions, as it related to specific statutory powers and duties held by the Council. The Chief of Staff advised that in making such decisions, Council members should remember their duty as trustees to act in the best interests of the General Optical Council (GOC), rather than on the basis of any personal considerations.

3.	Council also noted that Continuing Professional Development (CPD) providers would need to declare any relevant interests in relation to the CPD reform item. Raymond Curran declared an interest as he commissions CPD in Northern Ireland and retains funding for CPD grants. Frank Munro declared that he had been a CPD provider but was no longer an active provider approved by the GOC.
	<b>Minutes of the meeting held on 16 September 2025</b>
4.	The minutes were approved as an accurate record of the meeting.
	<b>Action points update</b>
5.	Council <b>noted</b> updates on previous actions. There were no further comments or updates.
	<b>Matters arising</b>
6.	There were no matters arising.
	<b>Registrant fees 2026/2027 C52(25)</b>
7.	The Director of Corporate Services presented the item. The Audit, Finance and Risk Committee (ARC) had reviewed the proposals at its meeting on 25 November 2025. It had endorsed the proposal for Council approval, subject to caveats that have been addressed. ARC expressed support for freezing fees for those on lower earnings. Council welcomed the inclusion of a description of efficiencies and productivity gains in the covering paper and commented that communications should highlight how this had enabled a smaller fee increase.
8.	Council: <ul style="list-style-type: none"> <li>• <b>agreed</b> an increase to the main registration fee for 2025-2026 of £10 (approximately 2.5%).</li> <li>• <b>considered</b> and <b>agreed</b> the draft fee rules, as set out in annex one.</li> </ul>
	<b>Equality, Diversity and Inclusion (EDI) Policy C53(25)</b>
9.	The EDI Manager presented the item. Council praised the work on the policy and discussed how expectations for external stakeholders would be communicated and monitored. It highlighted the importance of demonstrating how EDI benefits the public and requested clear examples of internal and external application to maintain engagement. Council noted that progress was measured through a number of avenues, including the EDI annual report and regular updates to Council and Senior Management Team (SMT).
10.	Council: <ul style="list-style-type: none"> <li>• <b>approved</b> the Equality, Diversity and Inclusion (EDI) policy (Annex 1).</li> <li>• <b>noted</b> that the policy has been developed in consultation with our internal Policy Review Group (PRG), People &amp; Culture, and the Chief Legal Officer, and has been assessed for equality impact (Annex 2).</li> </ul>
	<b>Annual reappointment of Council members to committees C54(25)</b>
11.	The Acting Governance and Compliance Manager presented the item. There were no further comments or questions.
12.	Council:

	<ul style="list-style-type: none"> <li>• <b>approved</b> the annual reappointment of the Council members to the Companies, Education, Registration and Standards Committees listed in annex 1 for one year until 31 December 2026.</li> </ul>
	<b>CPD reform C55(25)</b>
13.	The Director of Regulatory Strategy introduced the item. Council considered proposals for significant changes to the GOC's CPD requirements in line with the NHS 10-year plan, noting that any changes ahead of January 2028 would require approval by January 2027. Council discussed potential concerns around removing regulatory oversight and the need for checks and balances as part of a less prescriptive system. It highlighted the importance of engaging businesses, registrants and patients, ensuring registrants understood the rationale for reform, and addressing challenges for locums and smaller businesses.
14.	Council discussed efficiency savings, public confidence, and the need to consult patient groups to inform the consultation.
15.	<p>Council:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the documents in Annexes 1 to 3 for the purpose of public consultation</li> <li>• <b>delegated</b> final approval to the Chief Executive and Registrar in consultation with the Chair of Council.</li> </ul>
16.	<b>Action: The Director of Regulatory Strategy to explore how best to understand the patient perspective as part of the consultation.</b>
17.	Council took a break at 11.15am and returned at 11.35am.
	<b>Consultation on draft guidance: Maintaining appropriate sexual boundaries and Care of patients in vulnerable circumstances C56(25)</b>
18.	The Policy Manager (Standards) presented the item. Council provided feedback to improve clarity and drafting. The Standards Committee reviewed the guidance pre and post consultation and was thanked for its work.
19.	<p>Council:</p> <ul style="list-style-type: none"> <li>• <b>approved</b> the proposed response to our guidance consultation (see annex 1);</li> <li>• <b>approved</b> revised guidance (see annexes 2 and 3);</li> <li>• <b>approved</b> revised impact assessment (see annex 4); and</li> <li>• <b>delegated</b> final approval to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the documents at the meeting.</li> </ul>
	<b>Testing of sight C57(25)</b>
20.	The Director of Regulatory Strategy presented the item. Council discussed the draft statement on sight test models and remote care. It was noted that the GOC has no statutory authority to approve sight test models, and the focus should remain on patient safety and public protection.
21.	Council discussed tele-optometry models given this is a new development and implications of the Delphi study. It explored whether changes in sight testing were

	likely to be evolutionary or revolutionary, the role of delegation models, and the potential benefits and risks of tele-optometry. Council noted that further evidence and consultation would be required, with a proposed consultation to be brought to Council in March 2026. Council thanked the Director of Regulatory Strategy and the team for their work.
22.	Council: <ul style="list-style-type: none"> <li>• <b>considered</b> the research report on a risk-based framework for the testing of sight; and</li> <li>• <b>discussed</b> the updated draft statement on testing of sight (annex 1) and possible revisions to our supervision standard.</li> </ul>
	<b>Council's self-assessment against the Charity Governance Code C58(25)</b>
23.	The Chief of Staff presented the item. Council thanked the Chief of Staff and the team for their work.
24.	Council: <ul style="list-style-type: none"> <li>• <b>approved</b> the self-assessment against the charity governance code, as set out in annex one.</li> </ul>
25.	Council broke for lunch at 12.50pm and returned from lunch at 1.40pm.
	<b>Q2 2025-26 Financial performance report/Q2 forecast C59(25)</b>
26.	The Chief Financial Officer presented the item. Council noted that an update to the reserves policy is required.
27.	Council: <ul style="list-style-type: none"> <li>• <b>noted</b> the financial performance for the six months ending 30 September 2025 in annex one.</li> <li>• <b>noted</b> the Q2 forecast for the current 2025-26 financial year in annex two.</li> </ul>
	<b>Business performance dashboard Q2 2025-26 C60(25)</b>
28.	The Chief of Staff presented the item. The Director of Regulatory Operations set out improvements that have been made to Key Performance Indicators (KPIs). Council noted that despite improvements and progress to hearings performance and resolution of Fitness to Practise cases, there could be a fluctuation in the numbers going forward as legacy cases are progressed. Council also received assurance that improvements were being made following the Professional Standards Authority audit.
29.	Council <b>noted</b> the report.
	<b>Business plan assurance report Q2 2025/26 C61(25)</b>
30.	The Chief of Staff presented the item.
31.	Council <b>noted</b> the report.
	<b>Advisory Panel minutes – 13 November 2025 C62(25)</b>
32.	The Committee Chairs provided an update.
33.	Council <b>noted</b> the minutes.

	<b>Chair's report C63(25)</b>
34.	The Chair presented the item. Council thanked the staff networks for their contributions to the organisation.
35.	Council <b>noted</b> the report.
	<b>Chief Executive and Registrar's report C64(25)</b>
36.	The Chief Executive and Registrar presented the item. Council discussed Lord Mann's review of antisemitism and other forms of racism in the NHS, thematic reviews and the use of non-disclosure agreements (NDAs) by optical businesses, which could prevent patients from reporting concerns.
	<b>Council forward plan</b>
37.	Council <b>noted</b> the Council forward plan. There were no comments or queries.
	<b>Any Other Business</b>
38.	None received.
	<b>Date of the next meeting</b>
39.	Council noted the date of the next public meeting was <b>Wednesday 11 March 2026</b> .
	<b>Close</b>
40.	The meeting ended at 2.28pm.

**COUNCIL**

**Actions arising from strictly confidential Council meetings**

**Meeting Date:** 11 March 2026

**Status:** For noting

**Lead Responsibility and Paper Author:**

Nadia Habib, Governance and Compliance Manager

**Purpose**

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

**Part 1: Action Points from the Council meeting held on 15 September 2025**

Reference	By	Description	Deadline	Notes
C55(25)	The Director of Regulatory Strategy	The Director of Regulatory Strategy to explore how best to understand the patient perspective as part of the consultation.	March 2026	Ongoing - we are offering 1-2-1 meetings with patient representative groups during the consultation period.

**Part 2: Action points from previous meetings which remain outstanding**

Reference	By	Description	Deadline	Notes
None				

**Part 3: Action points previously outstanding but now completed**

**PUBLIC**

Reference	By	Description	Deadline	Notes
None				

**Council**

**Budget and business plan 2026-27**

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**Meeting:** 11 March 2026

**Status:** For approval

**Lead responsibility:** Leonie Milliner,  
Chief Executive and Registrar

**Paper author:** Marc Stoner, Director of  
Corporate Services; Andy Mackay-Sim,  
Chief of Staff; Manori Wickremasinghe,  
Chief Financial Officer.

**Purpose**

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1. This paper presents the proposed 2026-2027 business plan and the associated budget for Council approval.

**Recommendations**

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2. The Committee is asked to:
  - approve the external business plan (annex one)
  - approve the proposed 2026-27 budget (annex two)
  - approve three proposed projects to be funded from the strategic reserve at a total proposed cost of £180k, subject to development and approval of business cases and project initiation documentation as described in paragraphs 20-23 below.

**Strategic objective**

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3. The business plan and budget set out how the executive intends to deliver year two of the 2025–30 Strategic Plan, ensuring:
  - Financial sustainability and stable forward planning.
  - Value for registrants' money.
  - Effective delivery of regulatory functions.
  - Sufficient resourcing to maintain operational capacity and support continuous improvement and digital transformation.
4. The budget is aligned with the Council approved financial strategy 2025–30, which permits planned deficits in specific years, provided the five-year position remains balanced.
5. As part of fulfilling its terms of reference, Audit, Finance and Risk Committee (ARC), is required to: “review and challenge as appropriate the proposed

budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council”.

6. The proposed 2026-27 budget was presented for review by ARC at its meeting on 24 February 2025. The Committee recommended Council approve the budget.

## **Background**

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7. There are two parts to this paper, the external business plan and proposed 2026-27 budget.

### External Business Plan

8. Annex one sets out the proposed external business plan for the period 1 April 2026 to 31 March 2027. This internal business plan has been approved by Senior Management Team (SMT) at its meeting on 5 February 2026.
9. Council are asked to approve the 2026-27 external business plan, which provides a high-level summary of the work to be carried out in order to fulfil the obligations of year two of the corporate strategy
- 10.
11. Budget 2026-27
12. The budget 2026-27 has been developed to enable the GOC to deliver its it's 2025-30 strategic plan.
13. SMT reviewed the proposed, internal business plan, 2026-27 budget and five-year forecast on 5 February 2026 and agreed the resources required to realise the GOC's strategic plan to 31 March 2027 is sufficient for effective delivery of its regulatory functions as well as providing headroom for future strategic activity to support the corporate strategy.
14. In preparation for the budget setting, a new piece of work in relation to workforce planning has been carried out. Its aim was to map anticipated human resource requirements required to deliver our strategy to 31 March 2030. The ambition of this work is to demonstrate affordability in future years and to take a more proactive approach to workforce planning, and will be kept under review by SMT.

## **Analysis**

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### Business Plan

15. The external business plan (annex one) outlines delivery commitments for 2026–27., The resourcing identified in the plan is fully costed within the 2026–27 budget. The resourcing and cost of delivery of the plan have been factored into the 2026-27 budget (annex two).

#### Budget 2026-27

16. The proposed budget for 2026–27 represents year two of the five-year financial strategy. It has been developed against the backdrop of inflationary pressures, workforce stabilisation needs, and rising regulatory activity. It takes account of:
- the financial strategy for 2025-30, which was developed in consultation with Council and approved in December 2024;
  - a review of the progress made in delivery of the current business plan;
  - review of financial performance and the Q3 2025-26 forecast;
  - planning by managers responsible for delivery; and
  - direction from SMT about priority activities to achieve our strategic and regulatory objectives.
17. The proposed headline financial position for 2026-27 is:
- Total income: £13.095m
  - Total expenditure (BAU): £13.541m
  - BAU deficit: £446k
  - Reserves expenditure: £737k
  - Total deficit after reserves expenditure: £1.183m
18. The overall deficit is being funded from reserves as follows:
- Complex cases legal reserve: £110k
  - Infrastructure/dilapidations reserve: £30k
  - Strategic, research and special projects reserve: £597k
  - General income and expenditure reserve: £446k
19. These figures are consistent with the financial strategy's design, in which years two and four are expected to operate in deficit, offset by surpluses in years three and five. The material cost pressures that have been reflected in the 2026-27 proposed budget are:
- Fitness to Practise (FTP): Increased activity levels affecting investigations, case progression, hearings and legal costs.
  - Pay and workforce: Inflationary pressures, pay progression linked to the implementation of the new performance behaviour framework, and costs arising from new workforce planning.

- Organisational development: Delivery of the new EDI training programme; investment in culture and capability.
  - Technology and systems: Preparatory work for replacing finance, HR and payroll systems to strengthen data, assurance, and operational efficiency.
20. At its meeting of 17 December 2025, Council agreed a £10 below inflation increase for the annual retention fee to £425 for the 2026-27 annual fee. All other fees remained the same as for 2025-26. In 2026 we plan to consult on our future strategy in relation to registrants' fees, including how best to share the costs of regulation between the groups we regulate. The surplus of the current year 2025-26 further supports the budget deficit and balanced KPI levels over the strategic period 2025-30.
21. The anticipated surplus in the current financial year 2025-26 further supports the budget deficit and balanced KPI levels over the strategic period 2025-30.
22. Within the 2026-27 budget, £250k from within the strategic reserves has been allocated to fund projects aligned to the successful realisation of our strategic plan, subject to approval by Council. Three potential projects have been identified and are set out below, at a total proposed cost of £180k. Council in March will be asked to approve expenditure of each of these projects, subject to development and final approval of business cases and project initiation documentation as described below.
23. Project one - Board effectiveness review. The intention is to commission a board effectiveness review in 2026/27. The review will consider the Council's 'governance architecture' and board effectiveness, in particular how the behaviours and governance practices of Council align to our vision, mission and values. Council will be engaged in early 2026-27 to help scope the review's terms of reference, prior to engaging an external consultant via a procurement process. The timing of the review takes into account a series of significant changes in Council membership over recent years; the introduction of a new five-year strategy covering 2025-2030; the appointment of an independent ARC chair and the proposed Professional Standards Authority standard regarding governance and culture. The anticipated cost is likely to be about £50,000, given this is the first such review in at least the last ten years. The proposal is that the scope for the review will be developed by the Chair of Council in consultation with Council, the Chief Executive and Registrar and Chief of Staff, with the approval of the final business case and brief for tender delegated to the Chair of Council and the Chief Executive and Registrar.
24. Project two - EDI training With the anticipated publication of the Lord Mann review and the likely findings of our Unfair Outcomes decision making research,

and the continued focus by the Professional Standards Authority on evidencing Standard 3 (EDI) of its 'Standards of Good Regulation,' the intention in 2026-27 is to invest in a year of transformational EDI training for our decision-makers, employees and workers. This will include commissioning additional external expertise to support our understanding of antisemitism, cultural sensitivity, islamophobia and structural discrimination. The anticipated cost to commission bespoke externally procured activity is likely to be about £80,000. The proposal is that the approval of the final business case and brief for tender be delegated to the Chief Executive and Registrar.

25. Project three – Finance, HR and payroll system renewal. A key component of our strategy to 2030 is continued investment in our digital and systems transformation. In 2026-27 we intend to scope for the replacement of our finance, HR and payroll systems to improve organisational efficiency, strengthen governance and assurance, and enhance the quality and use of data across the organisation. New integrated systems will enable smoother sharing of information, more reliable and timely reporting, and improved controls to support effective decisionmaking. Before selecting any new systems, we will require externally procured expertise to help us undertake a detailed process map, develop customer and internal user journeys, and define the future operating model to ensure alignment with our strategic objectives and regulatory responsibilities. This work is likely to cost around £50,000 and scheduled to commence in 2026–27. The anticipated costs of a new finance, HR and payroll system (which may be a subscription service) is earmarked in the 5-year forecast from strategic reserves in 2027-28 and 2028-29. At this stage, Council is being asked to approve expenditure of £50,000 for consultancy costs for 2026-27, with the approval of the final business case and brief for tender be delegated to the Chief Executive and Registrar.

#### Workforce Planning

26. During 2025-26, the Head of People and Culture, along with the Director of Resources and the finance team, led a new piece of work to enable us to take a more strategic and joined up approach to workforce development.
27. This work will enable our longer-term financial planning to include future resource need to deliver our strategy within the budget forecast each year to 31 March 2030. Accuracy and alignment with financial planning is expected to improve in future cycles as the process matures, as is workforce planning for the remaining years up to March 2030.

28. Workforce planning identifies increased operational activity, critical fixed term contract roles requiring stabilisation, skills gaps (data science, AI awareness, CRM capability) and training needs for 2026-27.
29. These requirements have been incorporated into the budget and forecast modelling.

## **Finance**

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30. The paper sets out in detail the financial implications of this work.

## **Risks**

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31. Key risks associated with the budget include:
  - Rising FTP demand and associated legal expenditure.
  - Inflation and pay pressures.
  - Reliance on accurate forecasting for project-related reserve spend.
  - Systems change risk associated with large-scale IT modernisation.
32. These risks are mitigated through monthly budget monitoring, quarterly forecasting, and close alignment of budget assumptions to the five-year forecast.
33. Procurement data relating to major contracts has been reviewed and is included within annex two; no procurement exposures have been identified that impact deliverability of the 2026–27 budget.

## **Equality Impacts**

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34. No overarching equality impact assessment has been completed for the budget; however, individual EQIAs will accompany relevant programmes and areas of change

## **Devolved nations**

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35. No specific impacts identified beyond routine regulatory activities; Welsh language compliance costs are included where required.

## **Communications**

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### External communications

- 36.
34. A designed version of the external business plan will be published on the GOC website. The budget is included in the public Council papers to ensure that Council's decisions are transparent, and a summary of the budget is included in the external business plan which states that the budget for 2026-27 will draw on

reserves to offset a planned deficit, consistent with our five-year financial strategy to 2030, and that this strategy aims to balance our income and expenditure over the five-years of our corporate plan, to support delivery of our long-term aims. This kind of long-term planning means we are able to deliver greater value for Registrant's money, whilst helping to keep increases to Registrants fees at below inflation.

#### Internal communications

37. The financial performance report is shared with the Leadership Team as part of the regular financial reporting process.

#### **Next steps**

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- 38.
39. Should Council approve the budget, it will form the basis for the GOC's operational activities and financial reporting in 2026-27.

#### **Attachments**

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Annex 1: Internal Business Plan

Annex 2: 2026-27 Budget

## **External Business Plan 2026-27**

### **Safe and effective eye care for all**

The General Optical Council (GOC) regulates nearly 36,000 optometrists, dispensing opticians, students and some eye care businesses across the UK.

Our vision is safe and effective eye care for all, and our mission is to protect the public by upholding high standards in eye care services.

Our ambition remains to be a world-class regulator, well regarded by our stakeholders and continuing to meet all the Professional Standards Authority's (PSA) Standards of Good Regulation.

This business plan for 2026-27 is the second in our corporate strategy for 2025-30 and demonstrates how we will protect the public and ensure registrants can deliver to their full professional capabilities across each part of the UK.

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### **Delivering our statutory responsibilities**

We deliver agile, robust and effective regulation that protects the public by upholding high standards in eye care services, supports professionals to deliver quality care, and meets the needs of the UK health system.

#### **Setting the standards for the performance and conduct of registrants**

Following last year's update of our Standards for Optometrists and Dispensing Opticians, we will now begin work to review the Standards for Optical Businesses, including commissioning research, stakeholder engagement and developing proposed changes ahead of taking proposals to Council.

We plan to consult on proposals to update our 2013 statement on the testing of sight and standard on supervision, making any changes in line with our strategic objective of supporting responsible innovation and protecting the public

#### **Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians**

This year we expect to register nearly 36,000 individuals and businesses. We will also launch a major upgrade to MyGOC, our online platform for registrants.

#### **Approving qualifications leading to registration**

Following the introduction of our Education Training Requirements, we will develop new international registration processes to support applications for registration from professionals qualified overseas.

Reflecting the maturity of our education reforms we have received applications to deliver new qualifications in dispensing optics and optometry, which we will consider in line with our statutory processes.

## **Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired**

We will continue to embed improvements we have made in the delivery of our fitness to practise function, to improve timeliness in case resolution and in our communication with, and the support we provide to witnesses and registrants involved in the process.

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## **Supporting registrants to provide effective eye care**

### **Deepening our understanding of the sector**

We will publish the outcomes of our annual surveys of registrants and the public. We use these findings to help us to track trends in the sector and we know that other organisations use them to understand the eye care workforce and patient expectations.

We will continue to engage with a wide range of individuals and organisations to deepen our understanding of the eye care sector, including by visiting different practices and care settings around the UK.

### **Using our research to improve outcomes**

We will publish the final report of our thematic review on commercial practices and patient safety which will help us understand the nature and extent of these practices and their impact on patients and the public. The review will identify recommendations for action that either we or the wider sector can take to help support the delivery of safe and effective eye care for all.

We also plan to scope topics for a second thematic review.

### **Reviewing our approach to setting registrant fees**

We will issue a discussion paper on how we set registrant fees to improve transparency and ensure financial stability whilst being fair and proportionate to registrants, including those on a low income.

### **Developing new plans for continuing professional development**

We will continue to administer our CPD scheme, which gives registrants the ability to tailor their professional learning and development, maximising opportunities for deployment of their professional capability for the benefit of patients and the public.

We will conclude our consultation on changes to the scheme for 2028 onwards and beyond, to modernise our CPD requirements towards a more flexible, less prescriptive system which maximises registrants' ability to undertake learning and development relevant to their professional scope of practice and which supports career progression and acquisition of post-registration qualifications.

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## **Contributing to fairer and more inclusive eye care services and the wider healthcare agenda**

### **Recognising the importance of user voice**

We will scope proposals for strengthening service user and patient voice across our regulatory functions, which we hope will lead to a better balancing of professional, commercial and user insights in the delivery of our regulatory responsibilities. This will put the needs of patients and the public at the heart of our regulatory approach.

### **Guidance on the use of AI**

We will improve understanding of, and keep up to date with developments in, the use of AI in eyecare and in regulation and use that understanding to produce guidance for registrants. Where appropriate, we will deploy AI to achieve internal efficiency gains in our business processes.

### **Engaging with legislative reform**

While reform of our current legislation will not take place during this Parliament, we will continue to engage with and influence DHSC on healthcare regulatory legislative reform in preparation for forthcoming changes.

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## **Delivering our ambitions**

We will continue our public duty and commitment to progress equality, diversity, and inclusion (EDI), which underpins all our work. We will implement our ambitious EDI action plan in support of our corporate strategy.

We will maintain strong governance procedures, supporting the work of our Council and committees to ensure they inform decision-making and identify and manage any risk appropriately.

We will continue to invest in our staff, building an engaging, inclusive culture where everyone feels valued and that they belong, including continuing to implement our new performance and behaviours framework.

## Our finances

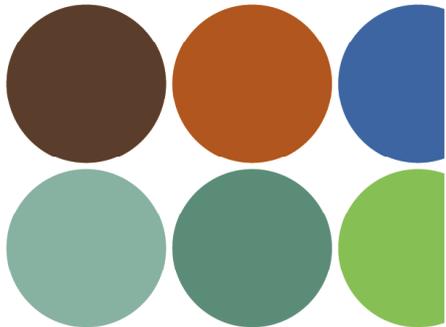
As part of developing our corporate strategy for 2025-30, we also produced a financial strategy to enable the following financial objectives:

- Financial sustainability and stability;
- Transparency and accountability in financial management;
- Maintain healthy reserves for contingencies and strategic initiatives;
- Deliver value for Registrants' money; and
- Maintain a low to moderate risk appetite in our financial management.

Our budget for 2026/27 will draw on reserves to offset a planned deficit, consistent with our five-year financial strategy to 2030. This strategy aims to balance our income and expenditure over the five-years of our corporate plan, to support delivery of our long-term aims. This kind of long-term planning means we are able to deliver greater value for Registrant's money, whilst helping to keep increases to Registrants fees at below inflation.

Budget 2026/27	
	£'000
Income	13,095
Expenditure (Business as usual)	13,541
<b>Operating Surplus / (Deficit) (BAU)</b>	<b>(446)</b>
Strategic projects expenditure	597
Complex legal cost expenditure	110
Infrastructure cost expenditure	30
<b>Surplus / (Deficit) before movement in reserves</b>	<b>(1,183)</b>
<b>Funded by:</b>	
General reserves	446
Strategic Reserves	597
Legal Reserves	110
Infrastructure/dilapidation reserves	30
	<b>1,183</b>

# Proposed budget for year ending 31 March 2027



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**General Optical Council  
Budget – 2026-27**

**GOC Summary Income & Expenditure Budget 2026/27**

	Current Year 2025/26		Budget 2026/27
	Budget	Q3 forecast	
	£'000	£'000	£'000
Income	12,270	12,510	13,095
Expenditure (BAU)	12,413	12,216	13,541
<b>Operating Surplus / (Deficit) (BAU)</b>	<b>(143)</b>	<b>294</b>	<b>(446)</b>
Strategic Projects Expenditure	611	445	597
Complex Legal cost Expenditure	146	33	110
Infrastructure cost Expenditure	19	418	30
<b>Surplus / (Deficit) before movement in reserves</b>	<b>(920)</b>	<b>(603)</b>	<b>(1,183)</b>
<b>Funded by:</b>			
General reserves	143	(294)	446
Strategic Reserves	611	445	597
Legal Reserves	146	33	110
Infrastructure/delap. Reserves	19	418	30
	<b>920</b>	<b>603</b>	<b>1,183</b>

**Highlights**

The proposed budget 2026/27 is a part of a five-year forecast and meets the KPI of BAU surplus ratio to income within +/-5%, and the BAU surplus balances over five years. The operating surplus/(deficit) is balanced over the five years, enabling this budget to be a planned deficit.

The net operating results for business as usual (BAU) is a deficit of £446k, compared to the £143k deficit in the 2025/26 budget. The results before movement in reserves is a planned deficit of £1,183k (2025/26 budget deficit £920k).

The movement in market value of investments is budgeted as £514k unrealised gain and may further impact the results and movement in reserves.

**Key drivers**

The 2026/27 budget is the second year of the 2025-30 strategic plan. We have forecasted all known BAU projects that support the realisation of the strategic plan 2025-30. The budget also accounts for current challenges, including inflation and staff retention. Costs of approved strategic projects are included in the budget, with a further £250k allocated within the strategic reserves for any new strategic projects not yet identified or approved by the Council.

The annual registrant fee for 2026/27 was increased by £10 after approval by the previous Council meeting. The increase aligns with current inflationary rates. The fee strategy is currently being developed, and a draft discussion paper has been tabled to the Council as a separate paper.

**Table A - Budget 2026-27 analysis according to departments and projects**  
**Income and Expenditure Accounts**

	2025/26 (Year 1)	Proposed budget 2026/27 (Year 2)			
	Q3 Forecast	Jul '25 Forecast	Oct '25 Forecast	BUDGET	Variance
	£'000	£'000	£'000	£'000	£'000
<b>Income</b>					
Registration	12,104	12,529	12,669	12,730	61
Dividend Income	255	217	217	257	40
Bank & Deposit Interest	141	93	93	98	5
Other Income	10	10	10	10	0
<b>Total Income</b>	<b>12,510</b>	<b>12,849</b>	<b>12,989</b>	<b>13,095</b>	<b>106</b>
<b>Expenditure</b>					
<b>CEO's Office</b>					
CEO <sup>1</sup>	188	311	347	358	(11)
Governance & Member fees	745	797	805	806	(1)
<b>Total Governance &amp; CEO</b>	<b>933</b>	<b>1,108</b>	<b>1,151</b>	<b>1,164</b>	<b>(13)</b>
<b>Regulatory Strategy</b>					
Director of Regulatory Strategy	168	208	210	231	(21)
Policy & Standards	395	610	608	576	32
Communications	343	363	373	397	(24)
Education & CPD Operations	609	725	703	683	20
Education & CPD Development	460	497	514	527	(13)
<b>Total Regulatory Strategy</b>	<b>1,975</b>	<b>2,403</b>	<b>2,408</b>	<b>2,414</b>	<b>(6)</b>
<b>Regulatory Operations</b>					
Director of Regulatory Operation	177	184	186	178	8
Investigation	1,380	1,376	1,408	1,455	(47)
Case Progression	1,051	1,064	1,069	1,121	(51)
FTP Legal	311	309	317	335	(19)
Legal	253	265	271	272	(1)
Hearings	1,540	1,513	1,520	1,552	(32)
<b>Total Regulatory Operations</b>	<b>4,713</b>	<b>4,711</b>	<b>4,771</b>	<b>4,914</b>	<b>(143)</b>
<b>Corporate Services</b>					
Director of Corporate Services	128	146	149	148	1
Facilities	732	814	834	837	(3)
Finance	620	662	667	669	(2)
IT	1,233	1,386	1,410	1,405	5
Registration	750	727	750	746	4
<b>Total Corporate Services</b>	<b>3,463</b>	<b>3,736</b>	<b>3,811</b>	<b>3,806</b>	<b>5</b>

**Table A (Contd.) Income and Expenditure Accounts (Contd.)**

	2025-26 Strategic Year 1		Proposed budget 2026/27 (Year 2)		
	Q3 Forecast	Jul '25 Forecast	Oct '25 Forecast	BUDGET	Variance
	£'000	£'000	£'000	£'000	£'000
<b>People &amp; Improvement</b>					
Director of People and Improvement	163	171	171	173	(2)
Projects & Continual Improvement	203	234	233	222	10
People and Culture	695	759	750	768	(18)
<b>Total People &amp; Improvement</b>	<b>1,060</b>	<b>1,165</b>	<b>1,154</b>	<b>1,164</b>	<b>(10)</b>
Depreciation & Amortisation	72	66	76	79	(3)
<b>Total Expenditure</b>	<b>12,216</b>	<b>13,187</b>	<b>13,372</b>	<b>13,541</b>	<b>(169)</b>
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>294</b>	<b>(338)</b>	<b>(383)</b>	<b>(446)</b>	<b>(63)</b>
<b>Reserve Expenditure</b>					
Education Strategic Review project	64	155	155	70	85
Thematic Review	40	40	40	40	0
PBF Consultation	4	0	0	0	0
Review of Employment Status	100	0	0	0	0
Arrears Pay - Worker Project	81	0	0	0	0
Unfair Outcomes EDI Research	15	0	0	0	0
Potential Projects <sup>2</sup>	0	250	300	250	50
Project Depreciation & Amortisation	142	148	217	237	(20)
<b>Total Strategic Reserve Expenditure</b>	<b>445</b>	<b>593</b>	<b>712</b>	<b>597</b>	<b>115</b>
<b>Complex cases legal reserve expenditure</b>					
Complex Legal Cases	33	115	115	110	5
<b>Infrastructure/dilapidation reserve expenditure</b>					
Future Office Project <sup>3</sup>	418	0	0	30	(30)
<b>Total Reserve expenditure</b>	<b>897</b>	<b>708</b>	<b>827</b>	<b>737</b>	<b>90</b>
<b>Surplus / (Deficit) after reserve expenditure</b>	<b>(603)</b>	<b>(1,046)</b>	<b>(1,210)</b>	<b>(1,183)</b>	<b>27</b>
Unrealised Investment gains	1,419	436	436	514	78
<b>Surplus / (Deficit)</b>	<b>816</b>	<b>(610)</b>	<b>(774)</b>	<b>(669)</b>	<b>105</b>

## General Optical Council Budget – 2026-27

### Notes to proposed budget

1. CEO budget includes 4% recruitment vacancy rate and provision for PBF related staff pay progression increases (in addition to cost-of-living increases accounted for elsewhere.) It also includes for 2 maternity covers in the contingency budget from 2026-27.
2. There is a provision each year for £250k for potential strategic projects. These projects, once identified, will require Council approval.
3. Office move to OCS project will be completed in 2026/27.

## General Optical Council Budget – 2026-27

**Table B**  
**Budget – Analysis in Categories -**

	2025-26	2026-27
	Strategic Yr 1	Strategic Yr 2
	Q3 Forecast	BUDGET 2026-27
	£'000	£'000
<b>Income</b>		
Registration	12,104	12,730
Dividend Income	255	257
Bank & Deposit Interest	141	98
Other Income	10	10
<b>Total Income</b>	<b>12,510</b>	<b>13,095</b>
<b>Expenditure</b>		
Staff Salaries Costs	7,003	7,553
Other Staff Costs	556	433
Staff Benefits	173	177
Members Costs	409	323
Professional Fees	763	738
Finance Costs	141	156
Case Progression	961	1,160
Hearings	970	967
Education and CPD	269	332
IT Costs	755	837
Office Services	850	679
Other Costs	49	358
Depreciation & Amortisation	214	316
Potential Projects	-	250
Unplanned BAU expenses	-	-
<b>Total Expenditure</b>	<b>13,113</b>	<b>14,278</b>
<b>Surplus / Deficit</b>	<b>(603)</b>	<b>(1,183)</b>
Unrealised Investment gains	1,419	514
<b>Surplus / (Deficit)</b>	<b>816</b>	<b>(669)</b>

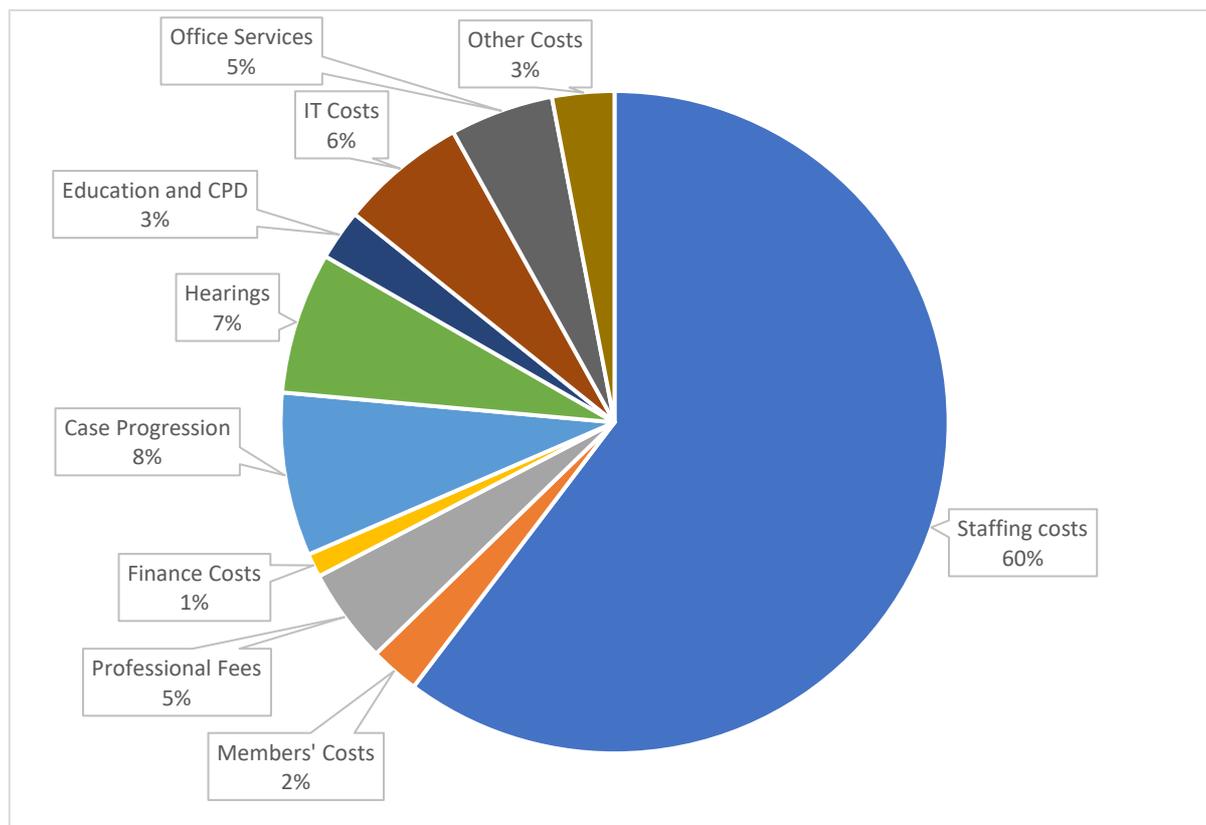
## How we plan to spend our money in the financial year 2026-27

The largest area of spend is within staff costs, which is 60% of our total business as usual spend.

**Table 1 – spend per cost category 2026-27**

Cost area	£'000	Percentage of spend
Staffing costs	8,163	60%
Members' Costs	323	2%
Professional Fees	628	5%
Finance Costs	156	1%
Case Progression	1,080	8%
Hearings	937	7%
Education and CPD	332	2%
IT Costs	837	6%
Office Services	679	5%
Other Costs	407	3%
<b>Total</b>	<b>13,541</b>	<b>100%</b>

**Table 2 – percentage spend per cost category 2026-27**



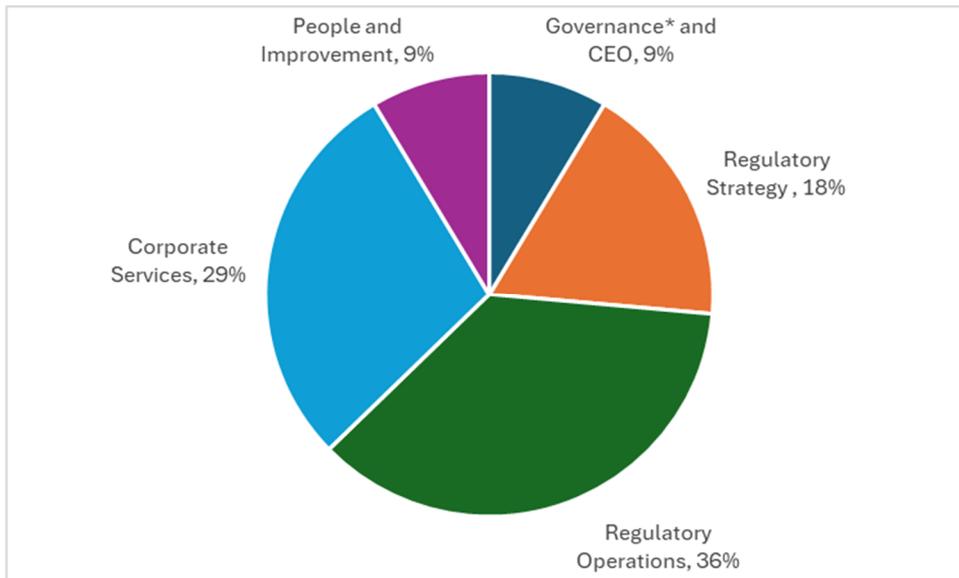
# General Optical Council Budget – 2026-27

The business as usual cost per Directorate is show below

**Table 3 – spend per Directorate 2026-27**

Directorate	£'000	Percentage of spend
Governance* and CEO	1,164	9%
Regulatory Strategy	2,414	18%
Regulatory Operations	4,914	36%
Corporate Services	3,885	29%
People and Improvement	1,164	9%
<b>Total BAU</b>	<b>13,541</b>	<b>100%</b>
* Includes member fees		

**Table 4 - percentage spend per Directorate 2026-27**



As part of our business-as-usual operations, a number of services are outsourced. These represent the higher risk procurement contracts which are defined as operationally critical or with an annual cost of over £20k.

Service delivery	Annual contract Value £	% of BAU Spend
IT Support	184,200	1%
Legal Services*	609,000	4%
Professional Services	300,826	2%
<b>Total</b>	<b>1,094,026</b>	<b>8%</b>
* Includes OCCS		

There are other contracts in place related to goods and services.

## General Optical Council Budget – 2026-27

### Assumptions

#### Income

- Registration fee for FC & BC registrants will be £425, an increase by +£10 p.a. as approved by the Council.
- Student income will stay the same.
- Low-income fee is £125 less than full registrant fee. (Pre- 2024/25 discount was £120. The pre-pandemic discount was £100).
- Low-income thresholds will not change.
- There will be no impact on annual fee collection and direct debit plan from the future fee strategy.
- No change to ancillary fees.
- Non-UK assessment work reduced to 80% of the current levels.
- New registration numbers for OOs will increase by 5% in 26/27, and 3% p.a. thereafter. DO numbers will increase by 9% in 26/27.
- Student numbers increase by 3%.
- Body corporate numbers will not increase. There was a 25% increase in 2025; a 15% decrease in 2023 and 25% decrease in 2024.
- 80% of new registrants would be transfers and 20% would be direct.
- There will be an annual 1.93% registrant number of general removals.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- Total investment average returns (dividend income + unrealised gains) will be 7.4%,
- There is a risk of volatility of 9.5% of investment valuation.
- We have assumed that the portfolio will stay within the parameters, grow during the 5yr period at similar levels to long-term growth. But the short-term volatility could be very high, as experienced in 2020 and 2022.
- FD interest will gradually reduce with inflationary rate.
- Dividend income will stay as projected by Brewin Dolphin.

#### Expenditure - assumptions

- Inflationary rate would be at 3.3% and will not rise above it.
- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Funds provided for cost of living and performance related pay increase (3.3%) will be adequate. The COL pay increase forecasted within individual departments.
- The funds provided for performance related pay under new PBF will be adequate.
- There will be a 4% vacancy rate p.a.
- The central contingency provided for two maternity leave covers will be adequate.
- Flexible working will continue for staff, members, and panels.

### Risks not covered in the budget

- Possible broadening of worker category into Council, and related backdated pay cost (holiday pay, Employer NI and PAYE, pension).

## Member fees 2026-27

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**Meeting:** 11 March 2026

**Status:** For approval

**Lead responsibility:** Leonie Milliner, Chief Executive and Registrar

**Paper Author(s):** Andy Mackay-Sim, Chief of Staff

### Purpose

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1. To approve the proposed member fee schedule for 2026-27.

### Recommendations

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Council is asked to:

- **note** Remuneration Committee's review of the proposed member fees at its meeting on 10 February 2026 and its recommendation that:
  - there is no general increase in member fees for 2026/27;
- **approve** the member fee schedule for 2026-27 (annex 1)

### Strategic objective

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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

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3. The terms of reference for the Remuneration Committee require it to review and recommend Council fees and expenses to be paid to members. It met on 10 February 2026 to review the proposed fee schedule.
4. The fee schedule was last reviewed in 2025 and approved by Council on 19 March 2025.
5. The minutes from the Remuneration Committee are included in the papers for the strictly confidential meeting of Council on 10 March 2026. The Committee recommended no general increase to member fees for 2026/27.
6. 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 2024. Following a request from the Committee, it was revalidated with minor amendments in March 2026.

### Analysis

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8. The most up to date inter-regulatory member fee data indicates that the GOC member fees remain within range. Therefore, it is not recommended that in general

member fees are increased for the 2026/27 financial year. The current five-year forecast models an increase of 3% from 2028-29 onwards.

### Member responsibilities

9. Over 2026/27, the Governance team will review Council member's commitments, across all roles, to assess whether the annual fee is reflective of the expectations on members. There are several pressures on Council member time that regularly arise, such as member recruitment and activity outside of committee meetings. It is important that Council members and Chair remuneration reflects time commitment, and that the GOC is clear with Council members about the expected time commitments. The findings of this review will be reported back to Remuneration Committee in conjunction with next year's member fee proposals.

### **Finance**

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10. All costs for member fees are met through an annual budget. The budget proposal being presented to Council includes an assumption that Council will not increase member fees this year, in accordance with the recommendation from Remuneration Committee.

### **Risks**

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11. 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 member fees are not a deterrent for interested high-quality applicants.
12. Schedule 1 of the Opticians Act 1989 gives Council the authority "to determine fees (and travelling and subsistence allowances) to be paid to members of the Council or its committees and pay such fees". 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. The Committee regularly reviews benchmarking data alongside the Chief of Staff's recommendation to ensure there is a consistent.
13. The standing orders for Council were revised in September 2025 to include explicit provisions regarding Council's responsibility to set its own fees and the management of personal and financial interests in such circumstances. Standing order 4.8 states 'in such cases Council will comply with its legal obligations in governing document (the Opticians Act 1989 and associated legislation) and act in the best interests of the GOC. The Chief Legal Officer or Chief of Staff will confirm at the meeting that an appropriate authority is in place before any decision conferring trustee benefit (or disbenefit) is made, and this confirmation will be recorded in the minutes.'

## **Equality Impacts**

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15. 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.

## **Devolved nations**

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16. There are no explicit impacts for devolved nations.

## **Other Impacts**

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17. There are no significant impacts identified.

## **Communications**

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### **External communications**

18. 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**

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

## **Next steps**

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

## **Attachments**

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Annex 1: Proposed member fee schedule 2026/27

Annex 2: Member fee benchmarking data set for 2024 (revalidated March 2026, amendments in yellow)

**Proposed Member fee schedule 2026/27 (effective from 1 April 2026)**

<b>Role</b>	<b>Fee (£)</b>	
<b>COUNCIL</b>		
Council Chair	annual, paid monthly	50,000
Senior Council Member	annual, paid monthly	16,462
Chair of Audit, Finance and Risk Committee	annual, paid monthly	15,212
Other Council members	annual, paid monthly	13,962
<b>COMMITTEE CHAIRS</b>		
Chairs of the Hearings Panel and Investigation Committee	daily fee	372
<b>COMMITTEE MEMBERS</b>		
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
<b>OTHER</b>		
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 panel members (for members who sit on selection/member appointment panels and have no other GOC member role).	daily fee	421
<b>READING FEES</b>		
Hearing Panel and Investigation Committee members only. (Paid on an ad hoc basis and authorised in advance.)	500 - 1499 pages	50
	1500 - 2499 pages	75
	2500+ pages	100
Investigation Committee members when acting as a Case Examiner only. (Authorised by the Head of Casework Operations.)	Aligned to Case Examiner Fees.	
<b>CANCELLATION FEES</b>		
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 days 1-2; half a fee for days 3-5; no fee thereafter]	daily fee	319
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.		
All other members who are not paid an annual fee (if cancelled at five days' notice or less)	half of the daily fee	159
<b>INDUCTION, LEARNING AND DEVELOPMENT</b>		
For members who are not paid an annual fee, including chairs.	daily fee	319
	fee for an induction or development activity between two and four hours*	185*
	fee for induction or development activity of two hours or less**	95*

\*4/7<sup>th</sup> of the daily fee

\*\*2/7<sup>th</sup> of the daily fee

## Allowance rates for Comparator organisations

The below tables provide data on comparator organisations, including median and mean figure. The numbers in bold are the method by which the organisation remunerates i.e. where the organisation pays an annual allowance the annual allowance figure has been bolded, where the organisation pays on the basis of days worked the daily rate has been bolded.

### Health and social care regulators

Health and social care regulator	Total income pa / staff numbers /registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel		
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice
<a href="#">Nursing &amp; Midwifery Council (NMC)</a>	£100.4m; 1,060 staff; 808,000 registrants; Fee: £120	Yes	12	156 days pa (3 days per week)	<b>£78,000</b> (since May 2018)	£500	36 days pa (3 days per month)	<b>£15,166</b> (last increased in July 2022)	£421	Audit Committee Chair £2,000 Remuneration Committee Chair £2,000 Investment Committee Chair £250 Accommodation Committee Chair £250 (As of 1 April 2023)	36 days pa (3 days per month)	<b>£10,605</b>	£295	Varies according to Committee.	<b>£295</b>	£310	£340	See below	
<p>Cancellation policy for panel members:</p> <ul style="list-style-type: none"> <li>• Bookings cancelled 14 calendar days and over: No payment</li> <li>• Booking cancelled within 13 calendar days or less: 50% payment for up to a maximum of 9 working days within the specified cancellation period.</li> <li>• Cancellation or part-heard hearings after the scheduled start date: 100% payment for up to 9 working days.</li> <li>• Standby periods: 100% payment for each day on standby.</li> </ul>																			
<a href="#">General Dental Council (GDC)</a>	£42.5m 421 staff 124,478 registrants <b>Fees:</b> Dentist - £621 Dental Care Professional - £96	No	12	104-156 days (2-3 days a week)	<b>£55,000</b> (last reviewed in Sep 2023)	£352-£508	Minimum 35 days. 6 Council meetings	<b>£15,000</b> (last reviewed in Sep 2023)	£428	Committee Chair	Total: £15,000  Additional: £3,000	Independent Governance Associates – 10 days (approx.)  Statutory Panellists Assurance Committee – 10 days (approx.)  Associates	£4000  <b>£7500</b>	<b>£400</b>  £750	No equivalent role	£353	£353		
<a href="#">General Medical Council (GMC)</a>	£135.2m 1,587 staff; 335,694 registrants; Fee: £433 (discounted fee for newly qualified doctors = £166)	Yes		156 days (3 days a week)	<b>£110,000</b>	£705	36-48 days (3-4 days per month) 7 Council meetings and Council meetings.	<b>£18,000</b>	£375-500	No additional fee	No equivalent role				Co-opted Committee members  £325	£325		See line below	

Health and social care regulator	Total income pa / staff numbers /registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel		
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice
<p>For MPTS Tribunal Members as probably the best comparator for Panel Members at the NMC.</p> <ul style="list-style-type: none"> <li>We only pay a 50% cancellation fee if cancelled within 14 days. So that's half our daily fee.</li> <li>If the hearing concludes early then they only get a cancellation fee for remaining days (again 50%).</li> </ul> <p>Also if there is a non-sitting day unexpectedly midway through then they get a full fee as they could be required to come back and do work on that hearing at any time</p>																			
Health & Care Professions Council (HCPC)	£43.3m 318 staff; 356,104 registrants; Fee: £123.34			156 days pa (3 days per week)	£70,000 (since April 2025)	£449	9 Council meetings pa (and Committee meetings)	£14,000 (from April 2025)	N/A	Committee Chair	Total: £17,000 (additional £3,000)	9 Council meetings (and Committee meetings)	N/A	£362 (not for training)	Four Committee meetings pa	£362	£206	£348	See below
				<b>Timing of cancellation of event</b>		<b>Fee payable</b>													
				0-1 working days before the event		full fee (when no alternative paid work is undertaken on the cancelled days)													
				2-5 working days before the event		half day fee (when no alternative paid work is undertaken on the cancelled days)													
				Notification more than 5 working days		no fee													
General Chiropractic Council (GCC)	£2.8m; 16 staff; 3,341 registrants; Fee: £800			No info on Chair's time commitment	£27,000 (since Jan 2023)		4 Council meetings - some 2 days (+ Committee meetings)	£7,800 (since Jan 2023) <i>Plus:</i> £2,000 each for Chairs of Audit & Risk Committee and Remuneration and HR Committee; and £2,500 for Chair of Education Committee				No equivalent role				£300	£300	£350	
General Optical Council (GOC)	£10m; 87 staff FTE; 33,174 registrants; Fee: £380	Yes		130 days (2.5 days per week)	£50,000	£423	8 Council meetings pa (+ Committee meetings)	£13,962 pa (since April 2019)		Senior Council Member	Total: £16,462  Additional: £2,500	8 Council meetings pa	Unremunerated.		£421	£319	£372	See line below	
<p>FTP Panel cancellation The GOC operates a 5 working day cancellation policy for hearings cancelled in advance for committee members. If a hearing is cancelled prior to it starting, we pay the committee member 0.5 fee for the days that fall into the 5 working day period. If it is cancelled with more than 5 working day notice, then there is no payment due.</p> <p>The GOC has an early finish cancellation fee schedule when a hearing finishes early of the following:</p> <ol style="list-style-type: none"> <li>Days one and two after the hearing concludes – Full pay</li> <li>Days three, four &amp; five – 0.5 pay</li> <li>Days six or thereafter - nothing</li> </ol>																			

Health and social care regulator	Total income pa / staff numbers /registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel		
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice
General Osteopathic Council (GOsC)	£2.84m 29 staff; 5,521 registrants; Fee: £570	Yes		78 days pa (1.5 days per week)	£30,000 pa (1.5 days a week)	£346	18 days	£7,800	£417	Chair of the Policy and Education Committee, Audit Committee and People Committee	Total: £10,000  Additional: £2,250	18 days	£3,600	£200 (paid per meeting attended)		£330	£330 per day from 1 April 2024)	£330 + Chairing allowance of £50 per day.	See line below
<p>If fitness to practise panels are cancelled, in respect of each day of the hearing, the following will be reimbursed to those members affected:</p> <p>Prior to hearing</p> <ul style="list-style-type: none"> <li>0-5 working days' notice: half fee</li> <li>More than 5 working days' notice: no fee</li> </ul> <p>During hearing</p> <ul style="list-style-type: none"> <li>working days' notice: full fee</li> <li>2-5 working days' notice: half fee</li> <li>More than 5 working days' notice: no fee</li> </ul> <p>Out-of-pocket expenses incurred by a panel member will continue to be reimbursed. For example, if a registrant member has arranged a locum who would in turn have to be paid for the full number of days booked, they should continue to be reimbursed for that expense.</p>																			
General Pharmaceutical Council (GPhC)	£27.1m 296 staff 90,460 registrants plus 13,311 pharmacies Fee: £257 (pharmacists)			156 (3 days a week)	£60,000 pa (with effect from 1 April 2024)	£384	Up to 30 days pa)	£15,000 pa (last reviewed in June 2024)		Committee Chair	Total: £17,500  Additional: £2,500 pa	No equivalent role							See below
<p>Ftp Panel:</p> <p>An event is cancelled with fewer than 6 working days' notice from the hearing start date: 1x full day fee for first day booked, half day fee for subsequent days (up to 10 days)</p> <p>An event is cancelled with 6-10 working days' notice from the hearing start date: Half day fee for each cancelled day (up to 10 days)</p> <p>An event is cancelled with 10+ days' notice from the hearing start date: No fee</p> <p>The above also applies to events finishing earlier than scheduled e.g a hearing concludes 2 days early: 1 full daily fee and 1 half day fee for the 2 unused days. If a hearing finishes 10+ days' early, no fee is applicable past the tenth cancelled day.</p>																			
Pharmaceutical Society of Northern Ireland (PSNI)	£1.4m 17.6 staff FTE 3,099 pharmacists Fee: £398 (Council have approved increase to £477 – timing of implementation unsure)	No		Approx. 30 days pa	£10,000 pa Remuneration based on attendance	£336	Up to 6 Council meetings pa + up to 12 working groups (+ Committee meetings)	=Remuneration based on attendance at meetings  £240		Committee Chair	Remuneration based on attendance. £286 day rate	No equivalent role					£250 Reading day fee: £100 (where applicable)  Training / Induction at a half day rate	£500 Reading day fee: £100 (where applicable)  Training / Induction at a half day rate	• A half-day rate will be paid for each hearing day cancelled within five calendar days of the scheduled start. • A full day rate will be paid if a hearing is cancelled within 48 hours of the scheduled start.

## Equality, Diversity and Inclusion (EDI) Action Plan 2026-27

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**Meeting:** 11 March 2026

**Status:** For decision

**Lead responsibility:** Andy Mackay-Sim (Chief of Staff)

**Paper Author(s):** Joanna Murphy (EDI manager)

**Council Lead(s):** There is no Council lead for this work

### Purpose

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1. To seek Council approval of the equality, diversity and inclusion (EDI) action plan for 2026-27

### Recommendations

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2. Council is asked to:
  - approve the EDI action plan 2026-27; and
  - delegate authority to the EDI Manager (in consultation with the Chair of Council) to make any minor amendments prior to publication

### Strategic objective

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3. This work contributes directly to delivery of the GOC's Equality, Diversity and Inclusion strategy 2025–2030 and supports continued compliance with Standard 3 of the Professional Standards Authority (PSA) Standards of Good Regulation. It forms part of the 2026–27 business planning cycle.

### Background

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4. The Equality Act 2010 requires the GOC, as a public body, to publish equality objectives and demonstrate how it meets the Public Sector Equality Duty (PSED). In addition, the GOC is assessed annually against Standard 3 of the Professional Standards Authority's (PSA) Standards of Good Regulation, which focuses on how regulators understand diversity and ensure their processes do not create inappropriate barriers or disadvantage.
5. In 2025, Council approved the GOC's Equality, Diversity and Inclusion Strategy 2025–2030. The strategy sets out four strategic objectives and provides the long-term framework for embedding EDI across our regulatory and organisational activity.
6. As part of delivering that strategy, Council agreed that the GOC would publish an annual EDI Action Plan and report transparently on progress. The proposed EDI Action Plan for 2026–27 is therefore the second annual delivery plan under the

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2025–2030 strategy and is presented to Council following review and advice from the Senior Management Team.

### Analysis

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7. The 2026-27 action plan builds on the strong foundations established in 2025–26. During the past year, the organisation strengthened governance, improved its use of EDI data, progressed work on unfair outcomes in fitness to practise, and invested in staff networks and learning. The GOC has consistently met the PSA’s Standard 3 requirements over successive review cycles.
8. The focus for 2026–27 is on deepening and embedding this work, ensuring that EDI continues to inform day-to-day decision-making, regulatory practice and organisational culture. The plan is organised around five strategic focus areas:
  - data, insight and assurance;
  - learning, culture and confidence;
  - recruitment, progression and representation;
  - policies, guidance and inclusive practice; and
  - networks, engagement and community
9. This structure reflects a more integrated approach, ensuring that EDI informs decision-making, regulatory practice and organisational culture.
10. A significant component of the 2026-27 programme is investment in learning and capability. As set out in the 2026–27 budget proposals, provision has been made for delivery of a strengthened EDI training programme, including cultural safety training and additional external expertise in areas such as antisemitism, cultural sensitivity, Islamophobia and structural discrimination. This aligns with:
  - the anticipated publication of the Lord Mann review;
  - findings from the GOC’s Unfair Outcomes research; and
  - the PSA’s continued emphasis on evidencing fair outcomes under Standard 3
11. The intention is not simply to deliver training activity, but to invest in sustained capability and confidence among decision-makers, employees and workers. This strengthens regulatory credibility and supports robust assurance around fairness in practice.
12. The plan has also been developed with flexibility in mind. The PSA is currently reviewing its standards and evidence framework, and the action plan allows the organisation to respond proportionately to any revised expectations while maintaining alignment with existing requirements.
13. Delivery of the plan is a shared organisational responsibility. The EDI function provides coordination, expertise and assurance; however, ownership sits across teams including People and Culture, Policy and Standards, Governance and Fitness

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to Practise. This reflects the organisation's growing maturity in embedding EDI into core business.

### **Finance**

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14. The majority of actions within the plan are deliverable within existing resource.
15. Specific provision has been made within the 2026–27 budget to support:
  - rollout of cultural safety training; and
  - learning aligned to sector developments on racism and antisemitism.
16. Potential commissioning of externally procured expertise is planned, with an anticipated cost of approximately £80,000, subject to development and approval of a detailed business case through a new strategic project.
17. These costs are time-limited, strategically aligned, and represent value for money by strengthening regulatory assurance, reducing legal and reputational risk, and supporting better decision-making.

### **Risks**

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18. The key risks associated with the recommendation are:
  - failure to deliver the approved action plan, which could undermine compliance with the Equality Act 2010 and PSA Standard 3;
  - reputational risk if commitments on unfair outcomes and sector principles are not demonstrably progressed;
  - capacity risk if delivery is not effectively sequenced and shared across teams.
19. These risks are mitigated through:
  - shared ownership across directorates;
  - phased delivery with clear milestones;
  - regular reporting to SMT and Council; and
  - alignment with the approved budget and business planning process.
20. Overall, the plan reduces strategic risk by providing clarity, oversight and structured assurance.

### **Equality Impacts**

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21. The action plan supports the GOC's duties under the Equality Act 2010 and contributes positively to advancing equality of opportunity, eliminating discrimination and fostering inclusive practice.
22. Individual actions introducing new or materially revised policies or processes will be subject to equality impact assessment in line with GOC requirements.

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### **Devolved nations**

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23. The EDI action plan applies across the GOC's UK-wide regulatory role. No specific differential impacts on devolved nations have been identified. Welsh language requirements will continue to be met in line with existing obligations.

### **Other Impacts**

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24. The following other impacts have been identified:
- Organisational development strengthened culture, capability and leadership confidence;
  - regulatory assurance: improved evidence base and transparency;
  - sustainability: embedding EDI into core systems reduces reliance on standalone initiatives over time.

### **Communications**

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#### **External communications**

25. Subject to Council approval:
- the EDI action plan 2026–27 will be published on the GOC website;
  - key priorities will be referenced in corporate communications and stakeholder engagement activity;
  - learning and sector-facing elements will be reflected in appropriate regulatory forums.

#### **Internal communications**

26. The plan will be:
- shared via Iris and leadership briefings;
  - managers will receive clear guidance on their role and delivery;
  - progress will be reported through existing governance structures, and all-staff meetings.

### **Next steps**

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27. Subject to Council approval:
- the EDI action plan 2026-27 will be published;
  - delivery will commence from 1 April 2026;
  - progress will be monitored through SMT oversight and reported to Council through the annual EDI report and regular performance updates.

### **Attachments**

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Annex 1: Equality, Diversity and Inclusion (EDI) Action Plan 2026–27.

## GOC EDI Action Plan 1 April 2026 - 31 March 2027

Last year we laid strong foundations for EDI across the organisation. In 2026–27 we’re moving into a more confident, embedded phase, where EDI is not just something we do alongside the business, but something that shapes how we operate at the GOC every day.

This action plan builds on our legal duties under the Equality Act, our commitments in the EDI Strategy 2025–2030, and the PSA’s expectations under Standard 3. It is informed by colleague and registrant feedback, our data, and important sector developments, including shared regulatory principles on race equity, antisemitism and Islamophobia. It also reflects what we’ve heard internally about where we need to go next.

### Strategic focus areas:

The 2026-27 action plan is organised around five strategic focus areas.

1. Data, Insight & Assurance
2. Learning, Culture & Confidence
3. Recruitment, Progression & Representation
4. Policies, Guidance & Inclusive Practice
5. Networks, Engagement & Community

### How to read this plan:

Delivery of this action plan is a shared organisational responsibility. While the EDI function will provide coordination, expertise and assurance, progress relies on active ownership across teams, including People & Culture, Governance, Policy & Standards and Fitness to Practise. Leadership accountability for EDI is embedded throughout the plan rather than treated as a standalone theme. The plan has also been developed with flexibility to respond to evolving PSA expectations and emerging regulatory priorities.

#### EDI Strategic Objectives

- 1 Be active in addressing inequality and preventing discrimination
- 2 Promote and reflect diversity
- 3 Foster inclusivity and accessibility
- 4 Build a culture of confidence in EDI

#### PSA Outcomes

- 1 Governance, structures and processes embed
- 2 EDI capability and learning
- 3 Fair decision-making and outcomes
- 4 Engagement, influence and leadership

## GOC EDI Action Plan 1 April 2026 - 31 March 2027

**1. Data, Insight and Assurance** - We're strengthening the evidence we use to make decisions, track progress and provide assurance. This includes building an intersectional dashboard, improving diversity monitoring for leadership and committees, and using insight from surveys and corporate reporting to shape action.

Programme of work:	To address:	Strategic and PSA Alignment	Owner:	Target for completion:
1.1 Work with the Data Scientist on the ongoing alignment of internal workforce EDI dashboards with the wider organisational data strategy	Develop EDI insight and assurance	EDI Objective 4 / PSA Outcome 1 (secondary 3)	Equality, Diversity and Inclusion Manager Head of People & Culture	March 2027
1.2 Review FtP outcomes analysis and agree an action plan	Ensure fair regulatory outcomes	EDI Objective 1; PSA Outcome 3	Equality, Diversity and Inclusion Manager Head of Investigation	April 2026
1.3 Analyse corporate complaints data to identify EDI themes and inform proportionate interventions	Monitoring and assurance	EDI Objective 1; PSA Outcome 3	Equality, Diversity and Inclusion Manager Chief of Staff	December 2026
1.4 Strengthen diversity monitoring across leadership, Council, and committees (linked to 1.1 also)	Monitoring and assurance	EDI Objective 2; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	December 2026
1.5 Analyse EDI-related themes in staff, registrant and public perceptions survey findings to	Monitoring and assurance	EDI Objective 4; PSA Outcome 1 (secondary 3)	Equality, Diversity and Inclusion Manager Head of Strategy, Policy and Standards	October 2025

### EDI Strategic Objectives

- 1 Be active in addressing inequality and preventing discrimination
- 2 Promote and reflect diversity
- 3 Foster inclusivity and accessibility
- 4 Build a culture of confidence in EDI

### PSA Outcomes

- 1 Governance, structures and processes embed
- 2 EDI capability and learning
- 3 Fair decision-making and outcomes
- 4 Engagement, influence and leadership

## GOC EDI Action Plan 1 April 2026 - 31 March 2027

inform priorities and targeted interventions				
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**2. Learning, Culture & Confidence** - This relates to capability and behaviour. We want people at all levels to feel equipped to act fairly and confidently. This includes rolling out cultural safety and neuroinclusion learning, embedding understanding of structural discrimination and intersectionality within our core EDI learning offer, and ensuring people managers feel confident applying EDI practice in day-to-day decision-making.

Programme of work:	To address:	Strategic and PSA Alignment	Owner:	Target for completion:
2.1 Commission and support delivery of cultural safety training across the organisation	Inclusive and culturally safe practice	EDI Objective 3; PSA Outcome 2	Equality, Diversity and Inclusion Manager Head of People & Culture	September 2026
2.2 Support development and delivery of disability and neuroinclusion learning through short modules and resource hub	Accessibility and inclusion	EDI Objective 3; PSA Outcome 2	Equality, Diversity and Inclusion Manager Head of People & Culture	July 2026
2.3 Provide on-demand EDI learning offerings (including LGBTQIA+ Inclusion, Equality vs Equity) through an EDI Manager registration process	Fair decision-making	EDI Objective 4; PSA Outcome 2	Equality, Diversity and Inclusion Manager Head of People & Culture	Ongoing
2.4 Commission and support delivery of learning aligned to our response to the Mann Review, including antisemitism and other forms of racism.	Fair decision-making	EDI Objective 1; PSA Outcome 3	Equality, Diversity and Inclusion Manager Head of People & Culture	December 2026

### EDI Strategic Objectives

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## GOC EDI Action Plan 1 April 2026 - 31 March 2027

2.5	Refresh and support delivery of EQIA training once the new process is signed off.	Consistency and confidence in applying equality impact assessments	EDI Objective 4; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of Strategy, Policy and Standards	November 2026
<b>External Focus</b>					
2.6	Signposting registrants to resources on EDI	Supporting inclusive practice and awareness among registrants	EDI Objective 3; PSA Outcome 4	Equality, Diversity and Inclusion Manager Head of Regulatory Strategy	September 2026

**3. Recruitment, Progression & Representation** - Inclusive recruitment must be consistently fair. We're progressing our employee recruitment review, building tools and guidance for managers, and extending our focus to member recruitment processes, all with an eye on equitable outcomes and representation at all levels. This also includes continuing to meet and build on our Disability Confident commitments.

Programme of work:	To address:	Strategic and PSA Alignment	Owner:	Target for completion:	
<b>Internal Focus</b>					
3.1	Support delivery of Phase 2 of the Inclusive Recruitment Review	Fair recruitment practice	EDI Objective 1; PSA Outcome 3	Equality, Diversity and Inclusion Manager Head of People & Culture	March 2027
3.2	Develop and embed an Inclusive Recruitment Toolkit for managers	Consistency and accessibility	EDI Objective 3; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	December 2026
3.3	Support next staff survey tender process (EDI lens)	Monitoring and assurance	EDI Objective 4; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	April 2026

### EDI Strategic Objectives

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**GOC EDI Action Plan 1 April 2026 - 31 March 2027**

3.4	Review Disability Confident Level 2 accreditation and agree a realistic route to maintaining accreditation for employees.	Inclusive recruitment and progression for disabled people	EDI Objective 3; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	March 2027
External focus					
3.5	Support delivery of a Member Recruitment Review	Fair and transparent appointments	EDI Objective 1; PSA Outcome 3	Equality, Diversity and Inclusion Manager Chief of Staff	October 2026
3.6	Review and support Disability Confident I commitments and agree a realistic route forward	Inclusive recruitment and progression for disabled people	EDI Objective 3; PSA Outcome 1	Equality, Diversity and Inclusion Manager Chief of Staff	March 2027

**4. Policies, Guidance & Inclusive Practice** - EDI isn't separate from policy, it must be embedded in it. This year we're finalising and rolling out policies on menopause and reasonable adjustments, implementing the new EQIA method, launching an Inclusive Events & Meetings Guide, and completing ENEI reaccreditation as external assurance of our progress.

<b>Programme of work:</b>	<b>To address:</b>	<b>Strategic and PSA Alignment</b>	<b>Owner:</b>	<b>Target for completion:</b>
4.1 Support and enable the review of high-priority GOC staff policies through EDI advice and assurance.	Fair decision-making	EDI Objective 4; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	March 2027
4.2 Develop and implement a Menopause & Hormonal Health Policy in response to evolving	Meeting legal and wellbeing obligations for supporting staff	EDI Objective 3; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	September 2026

**EDI Strategic Objectives**

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**PSA Outcomes**

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**GOC EDI Action Plan 1 April 2026 - 31 March 2027**

	UK workplace law, including forthcoming requirements for Menopause Action Plans under the Employment Rights Bill (mandatory for large employers from 2027).	experiencing menopause and hormonal health changes			
4.3	Refresh inclusive recruitment policy and supporting guidance, aligned to the Inclusive Recruitment Review. (3.1)	Fair decision-making	EDI Objective 1; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of People & Culture	August 2026
4.4	Implement and pilot the new Equality Impact Assessment method to inform final templates and guidance.	Consistent and proportionate consideration of equality impacts in policy development	EDI Objective 4; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of Strategy, Policy and Standards	July/August 2026
4.5	Finalise and roll out the Inclusive Events & Meetings Guide developed in collaboration with staff networks.	Accessibility and inclusion in organisational events and meetings	EDI Objective 3; PSA Outcome 1	Equality, Diversity and Inclusion Manager Head of Comms	April 2026
4.6	Support CEO-led accreditation against the RNIB Visibly Better Employer Quality Standard, strengthening inclusion for colleagues who are blind or partially sighted.	Accessibility and inclusion	EDI Objective 3; PSA Outcome 4	Equality, Diversity and Inclusion Manager Head of People & Culture	December 2026

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## GOC EDI Action Plan 1 April 2026 - 31 March 2027

4.7	Complete ENEI reaccreditation	Accessibility and inclusion in External assurance of our EDI governance, culture and inclusive practice	EDI Objective 4; PSA Outcome 1	Equality, Diversity and Inclusion Manager Whole Business	May 2026
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**5. Networks, Engagement & Community** - Connections across the organisation matter. We're supporting staff networks to be sustainable and impactful, launching the Parents & Carers Network, shaping a focused social mobility plan for year two, and actively engaging in cross-regulator work on race equity and tackling antisemitism and Islamophobia. That last piece is a clear cross-cutting priority and something that runs through our data, learning, recruitment and policy work. It reflects our commitment to aligning with shared regulatory principles and contributing to sector improvement.

Programme of work:		To address:	Strategic and PSA Alignment	Owner:	Target for completion:
5.1	Support and enable the launch of the Parents & Carers Network, providing leadership, governance and practical support in its early stages.	Inclusion and retention	EDI Objective 3; PSA Outcome 4	Equality, Diversity and Inclusion Manager Head of People & Culture	April 2027 (ahead of schedule)
5.2	Support staff networks through a network development programme following the planning day, working with Internal Communications to support engagement and visibility.	Network sustainability	EDI Objective 4; PSA Outcome 4	Equality, Diversity and Inclusion Manager Staff Networks Head of Comms	March 2027
5.3	Support implementation of shared regulatory principles on	Consistent and credible approach to race equity	EDI Objective 1; PSA Outcome 4	Equality, Diversity and Inclusion Manager Head of People & Culture	December 2026

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**GOC EDI Action Plan 1 April 2026 - 31 March 2027**

	race equity, antisemitism and Islamophobia	and tackling antisemitism and Islamophobia			
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**EDI Strategic Objectives**

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**PSA Outcomes**

- 1 Governance, structures and processes embed
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**Council**

**Appointment of members to committees**

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**Meeting: 11 March 2026**

**Status:** For decision.

**Lead responsibility:** Dr Anne Wright CBE, Chair of Council

**Paper Author(s):** Andy Mackay-Sim, Chief of Staff

**Purpose**

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1. To confirm the appointment of members to committees.

**Recommendations**

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Council is asked to:

- appoint John Cappock, independent lay member, as Chair of Audit, Finance and Risk Committee until 31 March 2030 (with a review after two years);
- approve remuneration commensurate with the fee set for the Chair of ARC (£16,462 pro-rata);
- appoint Kalwant Grewal to Companies Committee from 11 March 2026;
- appoint Poonam Sharma as Chair of Companies Committee from 1st June 2026;
- appoint Cathy Yelf as Chair of Investment Committee from 11 November 2026; and
- note Tim Parkinson will step down as Chair of Companies Committee from 31 May 2026 and as Chair of Investment Committee from 10 November 2026.

**Strategic objective**

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2. This work contributes towards all three strategic objectives as it concerns the core governance functions of the Council. It is included in the business plan under 'member support' – managing Council and committee member appointments, reappointments, appraisals and development and evaluation of performance.

**Background**

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Appointment to Audit, Finance and Risk Committee (ARC)

3. Under the ARC terms of reference, Council is responsible for the appointment of the chair of ARC. Council appointed John Cappock (independent committee member) to the chair role for Audit, Finance and Risk Committee (ARC) in June 2025. The purpose of this appointment was to ensure sufficient resilience during an unplanned period of transition, including changes at senior executive and Council level.
4. John Cappock brings a wealth of experience as a finance professional, having held significant management positions in higher education institutions. He is a non-

executive board member for an NHS integrated care board and a non-executive director for an NHS Foundation Trust. He is chair for two audit committees.

5. The original period of appointment was until 31 March 2026. this was in part to reflect John's first term was due to end in March this year, and to give Council the opportunity to consider alternative arrangements.

#### Appointment of Council members to committees

6. The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process. Council member appointments to committees have been retained as a matter for Council to decide.
7. There are two groups of committees to which Council members can be appointed:
  - Statutory committees: Companies Committee; Education Committee; Registration Committee and Standards Committee (known collectively as the Advisory Panel)
  - Non-statutory committees: Audit, Finance and Risk Committee (ARC); Investment Committee; Nominations Committee and Remuneration Committee
8. Council regularly reviews appointments to committees at its public meeting. It last considered the matter at its meeting on 17 December 2025, when it confirmed the annual reappointment of Council members to the statutory committees.

### **Analysis**

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#### Chair of ARC proposal

8. On 27 January 2026, Nominations Committee confirmed that John Cappock has been reappointed as an independent committee member for a second term of four years (until March 2030).
9. The Chair of Council, Chief Executive and Registrar, and Chief of Staff have discussed options, based on the current committee membership and the skills profile across Council. The Chair of Council has discussed options with the Nominations Committee, Senior Council Member and the current chair of ARC.
10. Feedback has indicated that the appointment of the independent member to the chair role has strengthened the reporting to Council. It has reinforced that Council decisions are informed by arrangements that emphasise independence and accountability.
11. The consensus has been that John Cappock's continued tenure would be welcomed, given he has brought a wealth of knowledge in terms of his professional background and experience as an audit committee chair.

12. Therefore, it is proposed that John Cappock is appointed as chair of ARC for a further four years, with a review after two years to coincide with the mid-term review period. This will also give Council the flexibility to consider other arrangements if these are recommended by its planned board effectiveness review.
13. If Council approves this appointment, John Cappock would continue to attend Council meetings and participate at the invitation of the chair. As per the current arrangement, he has no decision-making powers and is not considered a member of Council or trustee for any other purposes.
14. To ensure that John Cappock is fairly remunerated, it is proposed that he receives a fee commensurate with the Chair of ARC, as described in the fee schedule approved by Council in March 2025. This equates to approximately three to four days a month, and would cover Committee meetings, liaison with the executive, planning and preparation and other duties consistent with the role. It will be expected that John Cappock will attend Council meetings to provide assurances on behalf of the Committee and report on its activities.

#### Council member appointments

15. Council is also being asked to approve several Council member appointments to committees. These are set out in **annex 1**. The Chair of Council regularly discusses committee membership preferences with the relevant Council members and committee chairs. The proposals are intended to ensure a breadth of skills and experience are distributed across the committees.

#### **Finance**

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16. There is a small financial impact for the appointment, which has been included in the Governance budget proposals for future years.

#### **Risks**

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17. If Council does not appoint a suitable chair of ARC, there is a risk that the effectiveness of the Committee will diminish, including its ability to provide assurance to Council. Appointing an experienced and competent independent chair of ARC will remove this risk.

#### **Equality Impacts**

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18. There are no explicit impacts for equality, diversity or inclusion.

#### **Devolved nations**

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19. There are no explicit impacts for devolved nations.

#### **Other Impacts**

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19. There are no significant impacts identified.

#### **Communications**

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**External communications**

20. No external communications are planned.

**Internal communications**

21. No internal communications are planned.

**Next steps**

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22. None.

**Attachments**

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Annex 1: Council membership of committees

## Annex 1 – Council member committee appointments

Member	Maximum term/ renewal date	Current membership		Proposed changes in red	
		Committee Chair	Committee Member and/or Council lead	Committee Chair	Committee Member and/or Council lead
Tim Parkinson	15 April 2028 (second term)	Remuneration, Companies & Investment Committees	Senior Council Member	Remuneration	Senior Council Member
Anne Wright	18 Feb 2029 (second term)	-	-	-	-
Lisa Gerson	30 April 2025 (first term) 30 April 2029 (second term)	Nominations & Registration Committee	Remuneration Committee <i>Council lead FtP</i>	Nominations & Registration Committee	Remuneration Committee <i>Council lead FtP</i>
Frank Munro	4 July 2025 (first term) 4 July 2029 (second term)	Education Committee	ARC & Investment committee	Education Committee	ARC & Investment Committee
William Stockdale	31 Dec 2026 (first term) 31 Dec 2030 (second term)	Standards Committee	Nominations Committee <i>Council Lead - member development</i>	Standards Committee	Nominations Committee <i>Council Lead - member development</i>
Hema Radhakrishnan	15 March 2028 (first term) 15 March 2032 (second term)		Education Committee <i>Council Lead – thematic reviews</i> <i>Speaking up champion</i>		Education Committee <i>Council Lead – thematic reviews</i> <i>Speaking up champion</i>
Kathryn Foreman	30 Sept 2028 (first term) 30 Sept 2032 (second term)		ARC, Registration Committee		ARC, Registration Committee
Ros Levenson	31 March 2029 (first term) 31 March 2033 (second term)		Standards & Nominations Committee <i>Council Lead – thematic reviews</i>		Standards & Nominations Committee <i>Council Lead – thematic reviews</i>
Poonam Sharma	31 March 2029 (first term) 31 March 2033 (second term)		Companies Committee <i>Council Lead – regulatory reform</i>	<b>Companies Committee (from 1 June 2026)</b>	<i>Council Lead – regulatory reform</i>
Raymond Curran	31 March 2029 (first term) 31 March 2033 (second term)	-	ARC Registration Committee		ARC Registration Committee
Cathy Yelf	31 March 2029 (first term) 31 March 2033 (second term)		Companies & Investment Committee <i>Council lead – FtP</i>	<b>Investment Committee (from 11 November 2026)</b>	Companies Committee <i>Council lead – FtP</i>
Kalwant Grewal	31 Jan 2030 (first term) 31 Jan 2034 (second term)	-	-		<b>Companies Committee (from 11 March 2026)</b>

\* Appointments requiring Council approval marked in red

++ Chair of ARC is the independent member of ARC

## Registrant fees strategy

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**Meeting:** 11 March 2026

**Status:** For advice

**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)

**Paper author(s):** Steve Brooker (Director of Regulatory Strategy) and Manori Wickremasinghe (Chief Financial Officer)

**Council lead(s):** none

### Purpose

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1. To enable Council to approve a draft discussion paper on our approach to setting registrant fees, ahead of public consultation.

### Recommendations

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2. Council is asked to:
  - approve the draft discussion paper for the purpose of public consultation; and
  - delegate final approval to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the document at the meeting.

### Strategic objective

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3. This work contributes towards the achievement of the following strategic objective: creating fairer and more inclusive eye care services. This work is included in our 2025/26 Business Plan and fulfils a commitment in the 2025-30 corporate strategy.

### Background

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4. Our 2025-30 corporate strategy includes a commitment to *“review our approach to setting registrant fees, enhancing fairness, and delivering value for money, ensuring that the fees we set are sufficient to meet our operational costs and to maintain our reserves within agreed limits”*.
5. The commitment followed discussion at a Council strategy session in October 2024. This followed an internal paper prompted by declining satisfaction with fees in our annual registrant surveys. Since then we have undertaken financial modelling of the options being considered, gathered information through the individual and business registrant surveys and sought advice from Registration Committee.
6. Council agrees the main registration fee at its public meetings each December in line with its financial strategy 2025-30 that fees should rise broadly in line with inflation.

At the December 2025 meeting, Council considered a range of measures aimed at improving our efficiency and ensuring value for money over the 2025-30 period.

7. While the discussion paper may attract comment on the amount of income we need to discharge our regulatory functions, instead its focus is on how the total fee income we receive is distributed between different groups of registrants. In addition, it considers options that would help registrants to spread the cost of registration (i.e. instalments) and improve clarity and transparency around fees.
8. The financial strategy 2025-30 includes a commitment to update our reserves policy. The policy has been reviewed by the Audit, Finance and Risk Committee and is on the Council's agenda for approval at this meeting.

## Analysis

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9. The draft document at Annex 1 is positioned as a discussion paper rather than as a traditional consultation paper which would make proposals. This will allow us to understand if there is appetite for change and the likelihood of consensus.
10. The options identified fall into five groups, as follows:
  - Key principles underpinning our approach to setting fees
  - Differential fees – options include
    - Lower fees for dispensing opticians
    - Higher fees for registrants with specialist qualifications
    - Lower fees for newly qualified registrants
    - A more generous low-income discount scheme
    - Lower fees for registrants on maternity or similar leave
  - Enhancing payment flexibility – payment by instalments
  - Business registrant fees – options include
    - Rebalancing income between individual and business registrants
    - Moving from a flat fee to differential fees based on business size
  - Providing clarity for registrants – options include
    - Consulting on costed plans and fees
    - Single or multi-year fees
11. The most contentious area is likely to be differential fees. The discussion paper takes a neutral stance, although our analysis is that there are considerable advantages to our current system and stakeholder consensus would be needed to support change.
12. The starting point for the paper is that we need a certain level of income to discharge our regulatory functions. Therefore, if fees are changed for one group of registrants, there would be a corresponding change to the main registration to rebalance our income. The table below estimates the impact of various options and the change to the standard renewal fee that would be needed to make up any shortfall or surplus in income.

**Table 1 – Modelling the impact of options on fees**

Option	Numbers affected	Impact per registrant	Change to standard fee
Reduce dispensing optician fee by £50	6805	-£50	+ £15.71
£50 supplementary fee for specialists	3318	+£50	-£6.60
50% newly qualified discount in first 2yrs	2234	-£207.50	+£17.67
More generous low-income discount scheme	Unknown		
50% discount for maternity and similar leave	1933	-£207.50	+£14.09
25% registrants (excl students) pay direct debit	6733	£0	+£3.47

13. Registration Committee considered an earlier draft of the paper at its meeting on 13 November 2025. The Committee supported slightly lower fees for dispensing opticians but had differing views on higher fees for specialist qualifications. The Committee also raised the importance of considering fairness, Equality, Diversity and Inclusion (EDI) concerns, and encouraged scenario modelling. Since the meeting we have strengthened the EDI analysis in the discussion paper. While scenario modelling falls outside the scope of the discussion paper, the data scientist is supporting scenario planning based on movement in the register. Some initial information is presented in the next section and Annex 2.

## Finance

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14. There are no financial costs associated with the policy development phase of work.
15. The administrative costs of introducing options like payment by instalments, if pursued, could be factored into annual renewal fees to ensure additional costs are recouped. There may be additional financial impacts, loss of interest income, and additional resource needs that GOC may have to bear. We have estimated the costs of introducing instalments via direct debit payments at £94,000 based on 25% of registrants using such a system. However, our work on instalment payments is necessarily exploratory at this stage since legislative change would be needed before it could be introduced.
16. Any changes in the fee strategy towards differential fees may impact individual decisions on renewing registration with GOC or taking early retirement.
17. For context, information on movement in the size of the register, new registrant numbers and registrant leavers is presented in Annex 2. Although the register has been increasing in size over the past 10 years or more, movement in new registrations has been volatile in the short term, especially among dispensing opticians. This impacts the variance of our budgeted income levels.
18. Key points from the figures include:

- Entry: the number of new registrations of dispensing optician numbers has been decreasing until 2023 but has increased since then.
  - Retention: the number of leavers has fluctuated over the past five years with spikes linked to the end of the three-year CPD cycles. Dispensing opticians experience substantially higher early- and mid-career attrition and display median registration tenures of only 15.8 years (31.5 years for optometrists). Optometrist exits are heavily weighted towards retirement-age bands, consistent with a more senior, longer-tenured workforce. Women account for ~60% of all leavers, broadly in line with their representation in the workforce. However, they are disproportionately concentrated in younger and mid-career exit routes (women aged 25-44 left at approximately 3x the rate of men in the same age bands).
  - The body corporate numbers have been stable over time.
19. Retention is a strategic issue for the sector given increasing demand for eye care services. The data scientist is preparing an analysis of the data we hold for the last six years which should support sector discussions on this topic.

## Risks

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20. Financial risks include introducing greater uncertainty into our income model means our renewal fee income is insufficient to enable us to deliver our statutory functions. However, our income is reasonably predictable given the size of the register is stable and we have good levels of reserves to offset fluctuations in annual income.
21. Options around fees for body corporates should consider the potential for businesses to restructure or withdraw from GOC regulation.
22. There may be adverse stakeholder reaction to the discussion paper, especially where options mean some groups would financially benefit and others lose out. However, even if the exercise does not lead to change, it should improve engagement with registrants about fees and support better understanding about how fees are spent and the benefits of regulation.

## Equality Impacts

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23. The discussion paper highlights EDI implications, which are complex. Feedback from stakeholders will help the GOC understand how registrants perceive the balance between the different factors that might inform the setting of fees and will inform any future proposals and associated impact assessments.
24. Should the GOC move from discussion to specific proposals, an Equality Impact Assessment will be developed to assess potential impacts in more detail, including cumulative and intersectional effects, and to identify mitigations where appropriate.

**Devolved nations**

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25. The options in the discussion paper are UK-wide in scope. The option of setting higher fees for independent prescribers could disadvantage registrants in Scotland.

**Communications**

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**External communications**

26. Stakeholders are aware of the commitment in the corporate strategy, and we alerted them to an engagement exercise in 2025/26.

**Internal communications**

27. None at this stage.

**Next steps**

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28. Subject to Council approval of the discussion paper, we will consult for a period of 12 weeks beginning in April. Therefore, we anticipate bringing a draft consultation response paper to the September 2026 public Council meeting.

**Attachments**

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- Annex 1: Draft discussion paper  
Annex 2: Movement in GOC Register

## **Discussion paper on our approach to setting registrant fees**

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## About the General Optical Council

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The General Optical Council regulates eye care services in the UK. We currently register around 35,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. The groups on our register are called registrants.

We have four core functions:

- setting standards for optical education and training, performance, and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

For more information, please visit our website: <https://www.optical.org/>

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## Overview

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### What we're doing

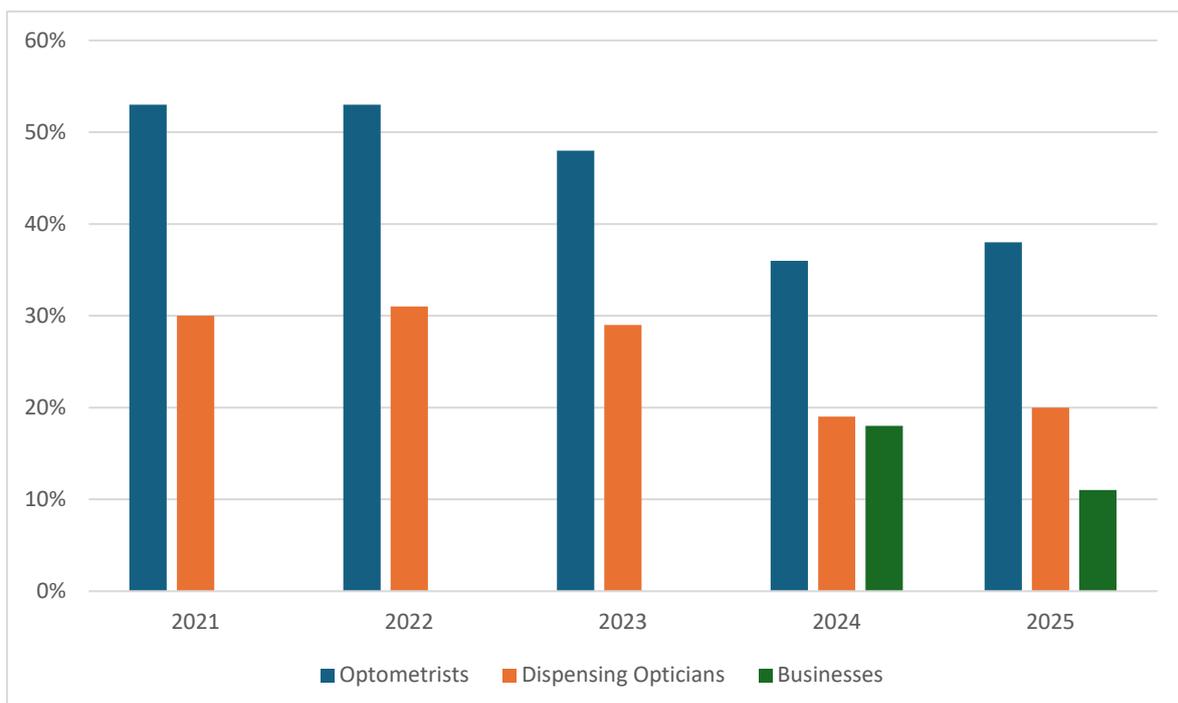
1. The purpose of this discussion paper is to begin a conversation with registrants about options for changing the way we set the annual registration renewal fee. It seeks views on whether the fees different groups of registrants pay should vary depending on the costs of regulating them and other factors. Further, we explore options that could support registrants to better manage the costs of regulation, including payment by instalments and the GOC setting fees two or more years in advance, rather than each year as now.
2. The paper is not seeking views on the level of registration fee, which is set by Council each year in line with our financial strategy 2025-30 to increase fees broadly in line with inflation. In the current economic climate, we are mindful of the impacts of the cost of regulation, including the annual registration renewal fee and compliance costs. We are pursuing a range of measures aimed at improving our efficiency and ensuring value for money, as well as reviewing our regulatory requirements to ensure these are proportionate.
3. Instead, the starting point for this paper is that given we will always need a minimum level of income to discharge our regulatory functions whether we should change how this income is distributed among different registrant groups or keep the current system where most registrants pay the same fee.
4. The options fall into five groups:
  - Key principles underpinning our approach to setting fees
  - Differential fees – options include
    - Lower fees for dispensing opticians
    - Higher fees for registrants with specialist qualifications
    - Lower fees for newly qualified registrants
    - A more generous low-income discount scheme
    - Lower fees for registrants on maternity or similar leave
  - Enhancing payment flexibility – payment by instalments
    - Business registrant fees – options include
      - Rebalancing income between individual and business registrants
      - Moving from a flat fee to differential fees based on business size
      - Payment by instalments
    - Providing clarity for registrants – options include
      - Consulting on costed plans and fees
      - Single or multi-year fees
5. We are not making specific proposals at this stage. Instead, we wish to understand if there is appetite for change and if there is consensus around a

direction of travel. In the absence of broad consensus for change we would be content to retain the current system.

### Why we're doing this now

6. Our 2025-30 corporate strategy includes a commitment to “*review our approach to setting registrant fees, enhancing fairness, and delivering value for money, ensuring that the fees we set are sufficient to meet our operational costs and to maintain our reserves within agreed limits*”.
7. The discussion paper takes place against the backdrop of difficult economic conditions, which are creating financial pressures for the individuals and businesses we regulate. This is reflected in growing dissatisfaction with the renewal fee. As shown in Chart 1, only 38% of optometrists, 20% of dispensing opticians and 11% of businesses consider the fees we set to be reasonable. In the data, respondents who do not consider our fees reasonable are more likely to plan to leave the profession within the next two years. Clearly, we wish to avoid a situation where renewal fees contribute to the profession shrinking.
8. Given our strategic objective of creating fairer and more inclusive eye care services, we wish to explore if there is a fairer model for setting registrant fees and mechanisms to support registrants manage the costs of regulation. This includes considering how different approaches to setting fees may affect different groups of registrants, and whether there are any unintended impacts, for example on entry to the register or workforce retention.

**Chart 1 – Declining registrant satisfaction with fees**



The chart includes data from the registrant surveys 2021-25 and the business registrant surveys in 2024 and 2025. Bar columns total strongly agree and agree responses to the question: Please indicate to what extent you agree or disagree that the GOC registration fees are reasonable.

9. Our aim is that this discussion paper will improve engagement with registrants about fees. We recognise the need to improve transparency around fees as a way of improving engagement. Section 1 of this discussion paper explains how the fee system works and describes how fee income funds our work including a council tax style pie chart showing expenditure across our activities. We think that deciding fees based on agreed principles will also improve transparency.
10. We appreciate the costs of regulation include complying with our requirements, including time as well as expenditure, in areas like professional indemnity insurance and continuing professional development (CPD). Indeed, for many registrants, these costs will be higher than the annual renewal fee. During the lifetime of the 2025-30 strategy, we plan to review our regulatory arrangements to ensure our requirements are risk-based and proportionate, beginning with a review of our CPD system. However, our surveys indicate that many of the compliance costs which business registrants do not consider to be reasonable do not flow from GOC regulation, but instead from general legal obligations (e.g. data protection, safeguarding) and NHS contractual requirements.
11. Finally, we are realistic that paying for regulation is never going to be popular. However, by improving engagement with registrants on fees, including through this discussion paper, we hope to foster an understanding of the financial and other benefits that regulation delivers for registrants, as well as for society. Achieving our mission – to protect the public by upholding high standards in eye care services – gives citizens the confidence to purchase the goods and services that registrants provide, makes optical careers more attractive, promotes fair competition, creates an environment that facilitates investment, and supports governments and commissioners of services across all four nations to shift more eye care into communities.

### **What will happen next?**

12. The discussion paper will be open for comments for 12 weeks until [insert date (TBC)]. You can respond either using our online consultation platform or by emailing [consultations@optical.org](mailto:consultations@optical.org).
13. Once the consultation has closed, we will analyse all the comments we have received and identify whether we need to make changes to our fees system. We will publish a summary of feedback received and outline next steps.

## Section 1: Current system for setting registrant fees

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14. As background information, in this section we set out how our current system for setting registrant fees works and the income generated from the different fees we charge. We also explain where our income from registrant fees is spent across our different activities in support of delivering our statutory functions.

### Sources of income

15. The annual registration renewal fee represents nearly all the GOC's income – 96% in 2024/25. Our only other sources of income are from investments and CPD provider fees. We do not receive any taxpayer funding.
16. We charge a series of other fees including for applications for initial registration to our registers, restoration to our registers and transfers between registers. There are various fees for assessing applications from individuals outside of the UK seeking to gain entry to our register. Finally, we may set ancillary fees for specific activities such as letters of good standing.
17. The current fee schedule is published on the [website](#). Fully qualified and business registrants are notified annually in December of the new fee. Fully qualified and business registrants are required to complete their retention by the initial deadline of 15 March. This includes submitting the retention form and making payment through their MyGOC account. The final deadline for completion is 31 March. Students are required to submit their retention form and make payment by the initial deadline of 15 July, with a final deadline of 31 August. Failure to meet these deadlines will result in removal from the register.
18. Like other organisations, we maintain appropriate reserves, which we use to fund strategic projects like upgrading the MyGOC registration platform. We should not use reserves to fund our business-as-usual activity, so it is important that our fees income covers the anticipated costs of our day-to-day work.

### Different categories of registrants and the fees we charge

19. The GOC is unique among the ten healthcare regulators in regulating three distinct categories of registrant: students, fully qualified professionals and businesses. Some fully qualified professionals have post-registration specialty qualifications, namely independent prescribing and contact lens opticians.
20. The government plans to modernise the legislation of all healthcare regulators but it is not known when the GOC's legislation will be updated. When this happens, we expect to regulate all optical businesses carrying out restricted activities under the Opticians Act and to no longer regulate students. However,

given legislative change is unlikely in the short term, we are treating this as a background factor in determining our approach to setting registrant fees.

21. Fully qualified professionals and business registrants pay the same annual registration renewal fee, which was £415 in 2025/26. Contact lens opticians and independent prescribers do not pay an additional fee. Students pay a reduced annual registration renewal fee, which was £30 in 2025/26.
22. Low-income earners (earning below £16k) pay a discounted fee, which was £285 in 2025/26. Applicants may be asked to provide proof of income.
23. The table below provides an overview of numbers of registrants in each category and the amount and proportion of income we received for the 2024/25 financial year, which is our last fully audited accounts. In this year, the main registration annual renewal fee was £405.

**Table 1 – Overview of annual registrant renewal fee income (2024/25)**

<b>Registrant type</b>	<b>Fee</b>	<b>Number</b>	<b>%</b>	<b>Income (£k)</b>	<b>%</b>
Student optometrist	£30	4,846	14.7%	145	1.3%
Student dispensing optician	£30	1,137	3.4%	34	0.3%
<b>Student Total</b>		<b>5,983</b>	<b>18.1%</b>	<b>179</b>	<b>1.6%</b>
Fully qualified optometrist	£405	16,780	50.7%	6,796	61.6%
Fully qualified dispensing optician	£405	6,525	19.7%	2,643	23.9%
Low-income scheme	£285	935	2.8%	266	2.4%
<b>Fully qualified Total</b>		<b>24,240</b>	<b>73.2%</b>	<b>9,705</b>	<b>87.9%</b>
Body corporates		2,852	8.6%	1,155	10.5%
<b>Total renewals 2024/25</b>		<b>33,075</b>	<b>100%</b>	<b>11,040</b>	<b>100%</b>
Other registration income				632	
<b>Total Registration Income 2024/25</b>				<b>11,672</b>	

### **How we set registrant fees**

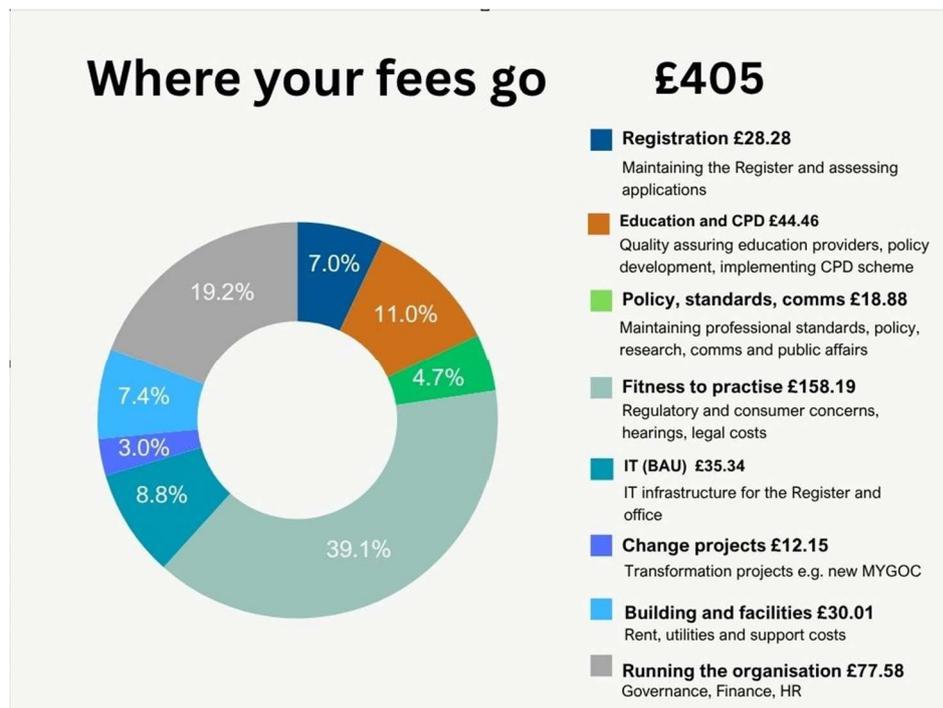
24. Registrant fees are agreed by Council each December ahead of the next registration renewal cycle. Anyone can observe these meetings and the papers setting out the proposed fees and the rationale are published for all to see.
25. We operate based on a five-year corporate strategy and annual business plans. The 2025-30 corporate strategy is supplemented by a financial strategy for the same period. This describes that our income will continue to be derived primarily from the fees we charge registrants to enter or remain on the register, and we will not seek to develop new sources of income. We expect overall income levels to increase modestly, in line with inflation and register growth.

26. In simple terms, within each annual business planning cycle beginning in September, the executive estimates the cost of its planned activities for the next year. These plans are scrutinised by the Audit and Risk Committee (ARC) – a committee of Council. These budgets together with consideration of assumptions and risks inform the registration fees set by Council in December. This decision enables the executive to finalise proposed business plans and budgets across departments, which are reviewed by ARC in February. Council is asked to approve the final business plan and budget each March.

### **Where we spend our income**

27. Our objective in setting fees is to enable us to fund the costs of our operations and delivery of our statutory functions from revenue received. Broadly, our statutory functions include overseeing the education and training system, maintaining the registers, setting professional standards and our fitness to practise activities. We also fund the Optical Consumer Complaints Service – a mediation scheme for consumer disputes. Fee income also covers the costs of salaries and fees for our staff, workers and members, office accommodation, and all the activities and services that enable us to carry out our work. We must also pay an annual fee (currently about £100k) to our oversight regulator, the Professional Standards Authority (PSA).
28. We also recognise the need to demonstrate effective value for money. As part of our 2025-30 strategy, we developed a performance reporting framework to help us measure the success of the strategy. Our approach includes:
- Continuing to report on key performance indicators on our operational performance and progress on delivery of business plan activities through public Council papers and in our annual report and accounts
  - Returns to the PSA to support its assessment of our performance
  - Embedding a benefits realisation approach in our project work
  - A basket of indicators approach to measuring high-level outcomes evidenced through our surveys, internal data and reliable sources of external data.
29. To improve transparency, we have produced a pie chart, which we intend to update annually, showing how this income is spent across our key activities.

Chart 2 – Expenditure across our key activities (2024/25)



## Section 2: Options for change

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31. In this section, we outline options for changing our approach to setting registrant fees. At this stage we are not making specific proposals. Instead, we wish to understand if there is appetite for change and broad consensus around a direction of travel.
32. The options fall into five groups:
  - Key principles underpinning our approach to setting fees
  - Differential fees
  - Enhancing payment flexibility
  - Business registrant fees
  - Providing clarity for registrants

### Key principles underpinning our approach to setting fees

33. We consider that a published set of key principles underpinning our approach to setting fees will improve transparency and registrant engagement with fees. Our analysis of options for change below is informed by these principles.
34. Taken together, these principles are intended to balance fairness, affordability and transparency for registrants while ensuring financial sustainability for the GOC, recognising that these considerations may not always align.
35. It is likely that the principles will conflict for some policy options. Where this happens, the challenge is to strike the best balance between them consistent with our organisational values and strategic objectives.
36. We welcome views on the ten draft principles below, which are informed by fee policies used by other professional services regulators.
  - Reflective of the costs of regulating different registrant groups
  - Fair to registrants and informed by their ability to pay
  - Consider external factors including economic conditions and benchmarking with other healthcare regulators
  - Efficient and economical to administer
  - Deliver predictable income to meet the cost of regulation
  - Be stable - fees should not vary considerably year on year
  - Simple for registrants and others to understand
  - Based on data that can be verified
  - Transparent and demonstrate value for money

## Q1. Please comment on the ten principles

### Differential fees

37. As explained in Section 1, the GOC sets the same annual registration renewal fee for all fully qualified registrants and businesses. Students pay a significantly lower fee and there is a discount for low-income earners. However, we are aware that some regulators set different fees for different categories of registrant and/or make greater use of discounted rates than we do.
38. We see considerable advantages to maintaining our current flat fee model, which is simple to understand for registrants and resource efficient for us to administer. However, considering our draft fee setting principles and registrant feedback on our fees, we wish to explore whether there is interest in the GOC making any changes to its approach.
39. Differential fees are an issue where the ten draft key principles are in tension. Positively, it could make the fees model fairer by reflecting the costs of regulating different groups of registrants, as well as factoring the greater financial pressures some registrants face. However, it would be more complex for us to administer and in some cases require the introduction of means testing, compliance and enforcement mechanisms. We would need to pass the additional costs of administration on to registrants through higher fees.
40. The first of our ten principles is that the fees we set should be reflective of the costs of regulating different groups. Some of our activities, such as maintaining the register, requires the same amount of work, and thus cost, for each type of registrant. However, the costs we incur in activities like fitness to practise, which due to the nature of the work is also higher cost to operate, are skewed towards optometrists since most cases involve this registrant group. As seen in Chart 1, fitness to practise work accounts for around 39% of our total costs. Even so, while it may normally be fairest to allocate the costs of regulation where they fall, an element of cross-subsidy between different groups may be justifiable on fairness grounds. The GOC has already established this practice through the low-income fee scheme. Understanding the views of registrants will help us to strike the right balance between these competing factors.
41. It is important to remember that setting differential fees would not change the total annual income that we would need to collect from registrants. Therefore, if our fee income from one group of registrants reduced, fee income from other registrant groups would need to increase.. Below we have modelled the impact of various types of differential fee considering how many registrants would

benefit and by how much and calculated what change to the standard fee would be needed to compensate for the difference.

### *Option 1 – Lower fees for dispensing opticians*

42. We could consider setting lower fees for dispensing opticians since the costs of regulating them are lower than for optometrists. In each of the last five years dispensing opticians have been underrepresented in fitness to practise investigations as a proportion of total registrant numbers.<sup>1</sup> We note that the General Pharmaceutical Council charges lower fees to pharmacy technicians than pharmacists due to the smaller number of the former going through its fitness to practise processes. More generally, the less clinical nature of dispensing opticians' work means they have a lower risk profile compared to optometrists. We also note significantly lower satisfaction with fees among dispensing opticians (20%) compared to optometrists (38%) in our registrant survey. In terms of ability to pay, there are considerable differences in salaries between the two groups based on information on jobs board advertisements. Finally, our analysis of registration data shows that dispensing opticians experience substantially higher early- and mid-career attrition compared to optometrists and display median registration tenures of 15.8 years (31.5 years for optometrists). By contrast, optometrist exits are heavily weighted towards retirement-age bands, consistent with a more senior, longer-tenured workforce.
43. Factors against setting lower fees for dispensing opticians include the potential negative impact on both relationships with optometrists and perceptions of the standing of the profession. In some areas dispensing opticians create more work for us, for example 3% failed our CPD requirements in the 2022-24 cycle compared to 1% optometrists. Further, our registrant survey indicates that employers are more likely to pay renewal fees for dispensing opticians (66%) than optometrists (44%), which may offset concerns about ability to pay.
44. The table below shows the impact of introducing lower fees for dispensing opticians on the standard registration renewal fee using a sliding scale. For example, using registrant numbers on 31 March 2025 and the £415 standard renewal fee as a baseline, if fees for dispensing opticians were reduced by £50 to £365, and assuming no changes to student fees and no administrative costs, every optometrist and business registrant would need to pay an extra £15.71.

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<sup>1</sup> In 2024/25, optometrists made up 58.6% of the register but accounted for 74.2% of registrants under fitness to practise investigation. Dispensing opticians represented 21.3% of the register and 11.7% of those under investigation. Student optometrists comprised 16.2% of the register and 11.7% of those under investigation.

**Table 2 – modelling the impact of lower fees for dispensing opticians**

<b>Reduction for DOs</b>	<b>New DO fee</b>	<b>New standard fee</b>
£25	£390	£422.85 (£7.85 increase)
£50	£365	£430.71 (£15.71 increase)
£75	£340	£438.56 (£23.56 increase)
£100	£315	£446.42 (£31.42 increase)

*Option 2 – Higher fees for registrants with specialist qualifications*

45. On 31 March 2025, there were 3,318 registrants with GOC approved specialist qualifications including 1,196 contact lens opticians and 2,122 independent prescribers. 24,332 fully qualified registrants did not have these qualifications.
46. We already charge a separate fee for initial registration as a contact lens optician or optometrist with independent prescribing rights. We could set higher annual registration renewal fees for these registrants. This would reflect the higher risk activities they carry out and the extra work for GOC to maintain the specialist registers and qualification approval. A factor against setting higher fees for this group is the risk of disincentivising registrants from seeking specialist qualifications, although this is likely to be small. We are mindful that future generations of optometrists in Scotland will qualify with independent prescribing rights, which would create differences in fees between UK nations.
47. Given the relatively small number of registrants with specialist qualifications the impact on the standard renewal fee would be modest. For example, modelling the impact based on the £415 standard renewal fee and assuming no changes to student fees, a £50 supplementary fee for specialty registrants would yield savings of £6.60 for every fully qualified and business registrant (see Table 3).

**Table 3 – modelling the impact of higher fees for specialist registrants**

<b>Supplementary fee</b>	<b>New specialist fee</b>	<b>New standard fee</b>
£25	£440	£411.70 (reduced by £3.30)
£50	£465	£408.40 (reduced by £6.60)
£75	£490	£405.10 (reduced by £9.90)
£100	£515	£401.81 (reduced by £13.19)

*Option 3 – Lower fees for newly qualified registrants*

48. We could introduce lower fees for newly qualified registrants over an agreed period. This discount could be the same across all eligible years or tapered so that it is highest in the first year and reduces over the remaining years. This

would support a fairer fees model reflecting levels of graduate debt and lower salaries in the early career stages. While more complex to administer than a flat fee model, this would be simpler than some other options under consideration. We would not need to require registrants to demonstrate their eligibility since this information is already held within our registration systems.

49. For illustrative purposes, we have modelled a 50% reduction in the first two years, which is the system used by the Health & Care Professions Council.<sup>2</sup> On 31 March 2025, 2,234 registrants had joined the register within the last two years (excluding restorations). Applying a 50% reduction on the £415 main fee to this number of registrants would reduce annual fee income by £463,555. Assuming no annual administrative costs, and that students would not pay extra, we would need to increase the standard registrant fee paid by every fully qualified and business registrant by £17.67 to make up the shortfall.

#### *Option 4 – A more generous low-income discount scheme*

50. GOC currently operates a low-income discount scheme whereby registrants are eligible for a discount on fees if their total earnings are less than £16k. The size of discount has increased over the last two years since the low-income fee was kept the same while the standard fee increased. The low-income fee for 2026/27 is £290, £135 lower than the main fee (a 33% discount). The scheme is well used; 2025/26 renewal data shows 942 successful applications to the scheme, representing 3.9% of fully qualified registrants. Female optometrists between the ages of 30-39 were the highest number to apply successfully, while 36% of successful applicants were dispensing opticians.
51. We could consider increasing the size of the low-income discount and/or the thresholds at which it applies. The General Medical Council (GMC) applies a 50% discount for registrants earning below £36k. Since we do not collect information on salaries it is not possible for us to model the financial impact. However, if we were to match the GMC's scheme, jobs board data indicates that many dispensing opticians and some newly qualified optometrists would be eligible for the discount. Creating a more generous low-income scheme has the advantage of building on existing practice and could present an alternative to introducing new elements to the fees system, as options 1 and 3 would do.
52. Factors against this option include that it does not reflect the cost of regulating different groups and may rely too heavily on ability to pay considerations. Also, it would introduce greater uncertainty into our income projections. Low income is not always a good indicator of ability to pay, for example some people

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<sup>2</sup> The General Medical Council and General Osteopathic Council also set lower fees for newly qualified registrants.

choose to work fewer hours because they can afford to. If we extended the scheme to more registrants, we are likely to need more rigorous application checks to mitigate the risk of abuse. This would incur additional administrative costs that would be reflected in higher annual renewal fees for other registrants.

#### *Option 5 – Lower fees for registrants on maternity or similar leave*

53. We could consider lower fees for registrants on maternity, paternity, parental or adoption leave. The General Osteopathic Council and the Solicitors Regulation Authority operate such schemes.
54. In favour, this would support a fairer fees model and mitigate the risk of these professionals not returning to the profession once their period of leave ends. Given these registrants are not practising they present a lower regulatory risk. Further, it should be relatively straightforward for registrants to demonstrate eligibility for the discount. Even so, we would incur administrative costs that would need to be passed on through the fees system.
55. Our 2024/25 annual EDI monitoring reports suggests 1,933 registrants (6%) were pregnant or on maternity or paternity leave. Using these figures as a starting point, and assuming a 50% reduction in the annual fee and that students would not pay extra, we would need to increase the standard registrant fee by £10.75 for every fully qualified and business registrant to make up the shortfall.

#### *Other options we have discounted*

56. In theory, it would be possible to introduce a system of graduated fees based on earnings or working pattern (e.g. full or part-time). However, while informed by ability to pay factors, these options would not reflect the costs of regulation, it would be difficult to verify the information and would be costly to administer. This is further complicated by earnings and working patterns changing in-year. Above we consider other options for differential fees informed by income considerations that would not present as many practical difficulties.

#### *Equalities considerations*

57. The potential equalities impacts of options for change are important to consider. Whilst this discussion paper does not set out firm proposals, it is intended to support informed and balanced conversations about fairness, affordability and sustainability, including how different approaches may affect different groups.
58. At this stage an Equality Impact Assessment (EIA) has not been undertaken. Should the GOC move from discussion to specific proposals, an EIA will be

developed to assess potential impacts in more detail, including cumulative and intersectional effects, and to identify mitigations where appropriate.

59. Drawing on data from our 2025 EDI annual monitoring report and registrant surveys, it is clear that registrant groups are not homogeneous, and that income, role, and demographic diversity do not align neatly. As a result, changes to fee structures may have different effects depending on professional role, career stage, working patterns and personal circumstances.
60. The demographic profile of dispensing opticians and optometrists differ in important ways. These factors will shape who would pay lower or higher registration renewal fees under some of the change options. Dispensing opticians as a group are more likely to be female (66.1%) compared to optometrists (62.2%), and more likely from a white background (69.4%) than from an ethnic minority background (20.5%). Optometrists show greater ethnic diversity overall (40.9% white and 48.1% ethnic minority). At the same time, dispensing opticians typically earn less on average than optometrists. This highlights that affordability, professional role and demographic representation do not align neatly, and that no single fee option can be assumed to be equitable in all respects. The student profile in both professions is changing, with a higher proportion of female and ethnic minority registrants, which in time will alter the profile of fully qualified registrants.
61. Other options may interact differently with equality considerations. Discounts linked to maternity, parental or adoption leave are likely to disproportionately benefit women, reflecting patterns of caring responsibility. Options linked to income thresholds or payment flexibility may particularly affect part-time workers and those in lower-paid roles. GOC survey data suggests female and ethnic minority registrants are more likely to work part-time which may intersect with affordability considerations across several options.
62. Analysis of data on those leaving the register shows that female registrants account for ~60% of all leavers, broadly in line with their representation in the workforce. However, they are disproportionately concentrated in younger and mid-career exit routes: females aged 25–44 leave at nearly three times the rate of males in the same age bands. Females also have shorter registration tenures (median 9–12 years, compared with 12–16 years for males).
63. How fees are paid is also relevant to equality and inclusion. Registrants who pay their own fee, rather than having it covered by an employer, and those earning the least, are likely to experience changes to fees more acutely. We do not collect information about individual professionals' incomes. Our registrant survey suggests that 54% of optometrists and 30% of dispensing opticians paid their last renewal fee themselves. Groups more likely to self-fund included

males, ethnic minority registrants, part-time workers, those working outside large multiples, and those on the register for two years or less.

64. Taken together, these factors highlight the importance of considering not only whether a fees model is fair in principle but how fairness is experienced across different groups. Feedback from this discussion paper will help the GOC understand how registrants perceive the balance between the different factors that might inform the setting of fees, and will inform any future proposals and associated impact assessments.

**Q2. Which statement below best reflects your general view on differential fees? (Please note we will invite you to comment on each of the five options in the next question.)**

- A – GOC should retain the current approach of a simple flat fee structure**  
**B – GOC should consider introducing differential fees**

Please provide comments

**Q3. Please indicate your support for the five options listed below on a 1-10 scale (1 = lowest support, 10 = highest support).**

**Option 1 – lower fees for dispensing opticians**

**1 2 3 4 5 6 7 8 9 10**

Please provide comments

**Option 2 – higher fees for registrants with specialist qualifications**

**1 2 3 4 5 6 7 8 9 10**

Please provide comments

**Option 3 – lower fees for newly qualified registrants**

**1 2 3 4 5 6 7 8 9 10**

Please provide comments

**Option 4 – a more generous low-income scheme**

**1 2 3 4 5 6 7 8 9 10**

Please provide comments

**Option 5 – lower fees for registrants on maternity, paternity, parental or adoption leave**

Please provide comments

### **Enhancing payment flexibility**

65. All registered individuals and body corporates can set up a direct debit to pay their annual renewal fee in advance of each annual renewal cycle beginning, but registrants currently cannot pay in instalments during the renewal year. Given the challenging macroeconomic environment, we are exploring options that would allow registrants to pay the annual fee in periodic direct debit instalments supported by enforcement mechanisms for missed payments.
66. Although our legislation would allow us to amend our Fee Rules to permit registrants to pay fees in instalments, we could not remove individuals from the register for missed payments until the end of the registration year. From our perspective, this makes an instalment system unviable due to the possibility of accumulating bad debt, the costs of which would ultimately fall on registrants.
67. At this stage, we are interested in establishing if there is sufficient support in principle for instalment payments. If there is, we would seek legislative change, but we are mindful that the UK Government has indicated that change to our legislation is unlikely to be prioritised within the current parliament.
68. Some other healthcare regulators allow payment by direct debit instalments. The General Dental Council and Nursing & Midwifery Council both allow payment over four instalments per year, while the Health & Care Professions Council use a system of four payments over a two-year renewal cycle. Social Work England allows registrants to pay the annual fee over two instalments.
69. We used our 2025 registrant survey to understand interest in such a system. Whether they paid themselves or their employer paid, all respondents were asked whether they would like to pay their registration fee in instalments throughout the year. Just over half (53%) said they would wish to pay in instalments throughout the year, suggesting significant interest in this payment option. Dispensing opticians, student dispensing opticians, and those who work full-time were more likely to be interested in paying the fee in instalments.
70. Payment of the renewal fee is a condition of continued registration so any such system would require enforcement mechanisms to deal with missed payments.

At the Nursing & Midwifery Council, if a payment is missed registrants must pay by card by the end of the quarter; registration automatically lapses if this is not paid. At the General Dental Council, if a registrant misses a payment, they must pay the remaining balance for that year by the end of the month in which the instalment was due. If they miss that deadline, they may be removed from the Register and will need to apply for restoration. If that happens, the registrant will not be able to pay by instalments for two years.

71. While allowing payment by instalments could support registrants to spread the cost of regulation, a disadvantage is that it would introduce more risk for them. Direct debit companies would charge GOC transaction and subscription fees, which we would need to pass on to registrants. Given the low student renewal fee, we would not offer instalment payments to this group. We have estimated the impact of bank charges, administration costs and loss of bank interest of £94,000 per year based on a 25% adoption rate. If this cost was spread evenly over all registrants except students, it would equate to £3.47 per registrant.

**Q4. Would you like the GOC to allow payment of the annual renewal fee by direct debit instalments?**

**A – Yes**

**B – No**

**C – Don't know/unsure**

Please provide comments

**Business registrant fees**

72. As context, GOC had 2,934 business registrants on 31 March 2025. We do not collect information about the size of business registrants, but Office for National Statistics data<sup>3</sup> suggests that 73% of 'retail opticians' are microbusinesses (0-9 employees), 25% are small businesses (10-49 employees), most others are medium-sized businesses (50-249 employees) and there are a handful of large businesses (250+ employees). Only incorporated businesses may register with GOC, so most businesses not registered with us are likely to be small.
73. As described in the overview, there is low satisfaction with registration fees among businesses. In the 2025 business registrant survey, only 11% of respondents considered fees to be reasonable. In open-text responses,

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<sup>3</sup> UK Business Counts data based on VAT and PAYE returns. [UK Business Counts - Nomis - Official Census and Labour Market Statistics](#)

reasons given concerned a perceived high cost of the fees (21%) as well as a lack of value for money (18%), followed by a sense of injustice at having to pay both a professional and a business registration fee (13%) or at the blanket approach to determining both dispensing optician and optometrist fees (3%). Several business registrants also indicated that there was a lack of visible benefit to registration (8%) and that the GOC should be doing more with the fees to protect businesses from unregulated competition (8%).

74. Against this backdrop, we wish to explore if a different approach is merited.

#### *Balance between individual and registrant fees*

75. In 2024/25, the GOC obtained 87.9% of renewal fee income from fully qualified registrants, 1.6% from students and 10.5% from businesses. The percentage of our fee income from businesses is lower than other regulators. For comparison, the General Pharmaceutical Council charges a higher renewal fee to pharmacy premises (£392) than individual pharmacists (£276). Using data in its 2023/24 annual report, it generated approximately 21% of fee income from premises. When the Solicitors Regulation Authority determines the level of the fee each year, it makes sure that most of the fee income (60%) is generated from the firm fee, with the remainder coming from the individual fee.
76. In terms of the cost of regulation, volume of fitness to carry on business activity fluctuates each year but in 2024/25 business registrants made up 8.4% of the register but accounted for 12.4% of investigations. More widely, there has been a shift in focus towards business regulation in our work. Therefore, one option is to set higher fees for businesses than for individuals. However, there are disadvantages with this approach. Until legislative reform makes it mandatory for all businesses carrying out specified restricted functions to register with GOC, there is a risk that some existing business registrants would choose to no longer register. This would reduce public protection as well as mean we may need to increase fees to recover the lost income. Further, our survey data suggests that employers pay the renewal fee for around 44% of individual registrants; this is more common for those working at multiples (58%) than independents (38%). Increasing the business registrant fee could be seen as unfair and disincentivise businesses from paying individual renewal fees.
77. For illustrative purposes, the table below models by how much the registration fee for fully qualified individuals would reduce if fee income was rebalanced. Student fees are assumed to be unchanged for the purpose of this exercise.

**Table 4 – modelling the impact of a higher proportion of business fee income**

% fee income from business registrants	Business fee	Individual fee
15%	£580.65 (£165.65 higher)	£394.33 (£20.67 lower)
25%	£967.74 (£552.74 higher)	£348.79 (£66.21 lower)
40%	£1,548.39 (£1,133.39 higher)	£280.47 (£134.53 lower)

**Qx. Which of the following options would you prefer?**

**A – No change – individual and business registrants pay the same fee**

**B – Business registrants should pay more than individual registrants**

**C – Individual registrants should pay more than business registrants**

Please provide comments

*Fee models for business registrants*

78. Currently, all business registrants pay the same flat renewal fee. Since they are separately registered businesses individual franchises and joint ventures each pay the fee, as does the parent company. This is a simple model, but it may create fairness issues. For example, a local independent may pay the same as a multiple incorporated as a single entity. Multiples operating as joint ventures or franchises pay more than competitors formed as a single incorporated entity.
79. An alternative to a flat fee model is one based on a measurement of size, such as number of practices, turnover bands, or number of employees. This could offer a more equitable model reflecting both the cost of regulation and ability to pay. However, such a model would rely on GOC's ability to set fees based on verifiable information, which is likely to mean collecting more information from businesses based on the chosen unit of measurement. It would also require resolving some difficult policy issues, such as should a turnover-based model be based solely on income from optical activities or all activities or would an employee-based model be based on registrants only or all employees.

**Qx. Which of the following fee models would you prefer?**

**A – No change – each separately registered business pays the fee**

**B – Businesses pay different fees linked to their size**

Please provide comments

**Qx. What should a size-based measurement be based on?**

**A – Number of stores**

**B – Bands based on number of employees**

**C – Bands based on turnover Number of stores**

**D – Other**

Please provide comments

*Payment by instalments*

80. Business registrants may also benefit from paying in instalments to manage cashflow, especially those who pay renewal fees for their registrant employees. In our 2025 business registrant survey, 49% of businesses indicated that they would like to pay their registration fees in instalments throughout the year.

**Qx. Would you like the GOC to allow businesses to pay the annual renewal fee by direct debit instalments?**

**A – Yes**

**B – No**

**C – Don't know/unsure**

Please provide comments

**Providing clarity for registrants on fees**

*Consulting on costed plans and registrant fees*

81. Currently, we consult on a draft five-year corporate strategy, which sets out proposed strategic objectives and high-level priorities over the medium-term. We do not consult on annual business plans or on annual registrant fees. The rationale for the fees we set is explained in the public Council papers when this decision is made each December. Our annual report and accounts contain comprehensive information on our activities, income and expenditure.
82. Consulting with registrants and other stakeholders on costed annual plans and fees could improve transparency and strengthen registrant engagement with fees. However, there are some arguments against this. Firstly, many of our highest costs are fixed (e.g. rent) or demand-led (e.g. our fitness to practise caseload and quality assurance of approved qualifications). Secondly, there is the practical consideration that consulting on costed plans and fees would add significant time to our business planning process, which already begins nine

months in advance of the beginning of the next financial year. Starting this process earlier and/or condensing internal processes to enable an external consultation period risks our plans becoming divorced from reality.

83. When our legislation is updated, in line with those for other healthcare regulators, we expect requirements on transparency and accountability in relation to fee setting and reporting to be strengthened. These requirements should become clearer when government consults on the General Medical Council's legislation, expected shortly, since this is intended to serve as a blueprint for reform to all healthcare regulators' legislation.
84. In the medium-term, we consider that it would be beneficial to consult on a costed draft five-year corporate strategy. Improvements in our long-term financial forecasting mean that we can now project future income needs with more confidence. Within this, we can indicate our expectations on the direction of registrant fees over this period, including the assumptions these are based on, such as register growth. We do not consider it practicable to consult on costed annual business plans, however the detail of these budgets will be available in our published Council papers and our Annual Report and Accounts.

#### *Single or multi-year fees*

85. One option for change is for GOC to determine the renewal fee for the next two (or more) years in advance. The renewal fee is underpinned by assumptions about registrant numbers and other factors, which are subject to change. We would normally expect to manage fluctuation in fee income through reserves but would need a mechanism to adjust fees in exceptional circumstances.
86. The main benefit of this option is that it could provide greater certainty to registrants about the cost of regulation over a longer period. However, a risk is a safety-first incentive for GOC to raise fees more than might be necessary to offset unknown events. It could also constrain our ability to manage resources efficiently and effectively. This risk would be greater if fee cycles were set over a longer period, such as linked to our five-year strategy. Changes in legislation, fitness to practise caseload, qualification providers and other areas, could have a significant impact on the income we receive or need to deliver our work. Although, currently, we have a good level of reserves, moving to multi-year fee cycle now may be unattractive given volatility in world markets.
87. In our 2025-30 corporate strategy we state that we expect overall income levels to increase modestly, in line with inflation and register growth. Given this and the disadvantages of multi-year fee cycle models, we do not favour this option but would like to understand if registrants would prefer such a system.

**Qx. Would you like us to consult on costed plans and fees?**

**A – Yes**

**B – No**

**C – Don't know/unsure**

If yes, please describe how you would like to see this work.

**Qx. Would you like us to consider introducing multi-year fee cycles?**

**A – Yes**

**B – No**

**C – Don't know/unsure**

Please provide comments

## **Welsh language**

88. Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.
89. At this discussion stage, we have assessed that the options outlined relate to structure and payment of fees and do not directly affect opportunities to use the Welsh language or affect the way in which the Welsh language is treated. Should proposals be developed further, Welsh language considerations would be revisited as part of any formal impact assessment.

**Qx. Will the proposed changes have effects, whether positive or negative, on:**

**(i) opportunities for persons to use the Welsh language, and**

**(ii) treating the Welsh language no less favourably than the English language?**

- a) Yes re (i)
- b) Yes re (ii)
- c) No re (i)
- d) No re (ii)
- e) Not sure re (i)
- f) Not sure re (ii)

Please provide comments.

**Qx. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:**

**(i) opportunities for persons to use the Welsh language, and**

**(ii) treating the Welsh language no less favourably than the English language?**

- a) Yes re (i)
- b) Yes re (ii)
- c) No re (i)
- d) No re (ii)
- e) Not sure re (i)
- f) Not sure re (ii)

Please provide comments.

**Qx. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:**

**(a) opportunities for persons to use the Welsh language, and**

**(b) treating the Welsh language no less favourably than the English language?**

- a) Yes re (i)
- b) Yes re (ii)
- c) No re (i)
- d) No re (ii)
- e) Not sure re (i)
- f) Not sure re (ii)

Please provide comments.

### *Impact assessment*

90. We have not produced an impact assessment since this is a discussion paper rather than a consultation on specific proposals. However, please see paragraphs 53 to 56 above which consider equalities dimensions.

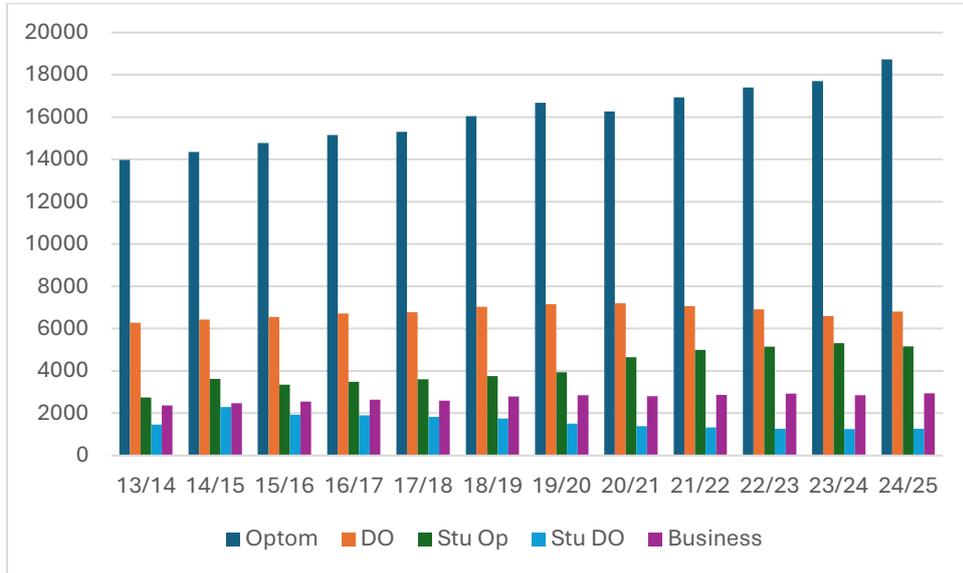
### Section 3: How to respond to the discussion paper

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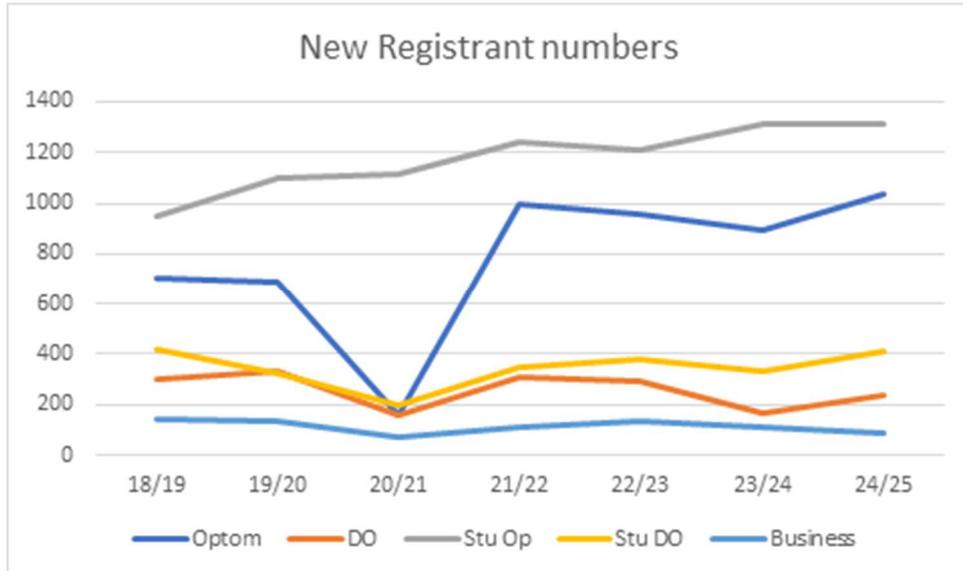
29. We invite responses from **[insert date]** to **[insert date]**.
30. We would be grateful if you could input your responses into our [consultation hub](#) so that we can collect information about you or your organisation and whether your response can be published.
31. However, if that is not possible, you can respond by emailing [consultations@optical.org](mailto:consultations@optical.org). Please ensure you provide us with information on whether you are responding on behalf of yourself or an organisation, which organisation you are responding for, and whether we have permission to publish your response and name yourself or your organisation.

Annex 2 – Movement in GOC Register

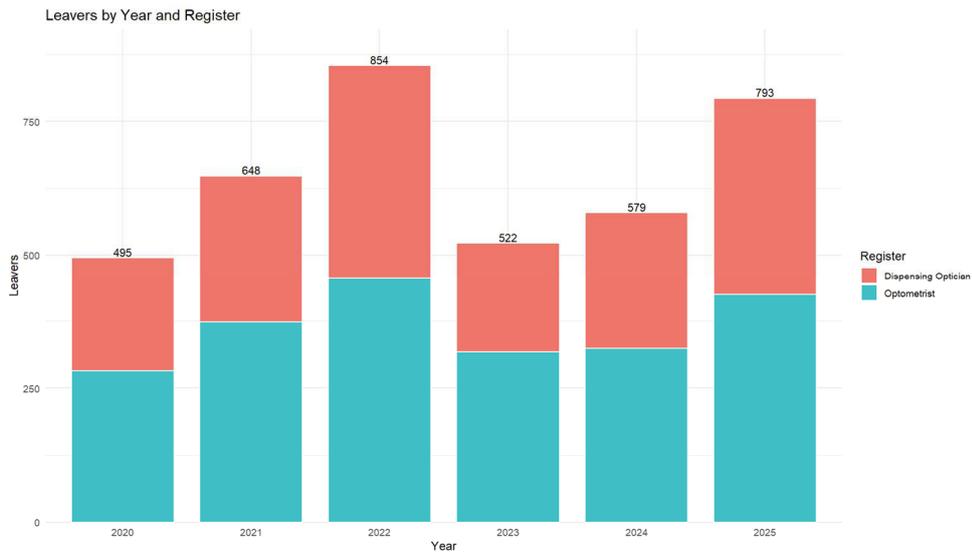
Registrant numbers 2013-2025



New registrants 2018-2025

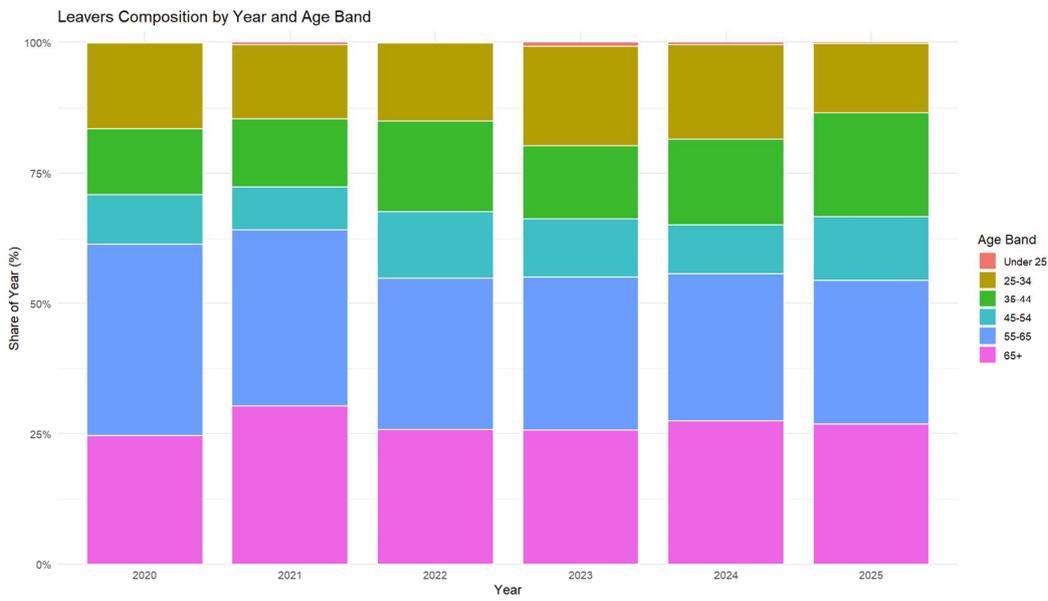


### Leavers 2020-2025



Note: we anticipate a spike every 3yrs linked to the CPD cycle

### Leavers by age 2020-2025



Council

## Reserves Policy and Working Capital Statement

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**Meeting:** 11 March 2026

**Status:** for approval

**Lead responsibility:** Marc Stoner  
(Director of Corporate Services)

**Paper authors:** Marc Stoner  
(Director of Corporate Services), Manori  
Wickremasinghe (Chief Financial Officer)

### Purpose

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1. To enable Council to review and approve the proposed, updated reserves policy and working capital statement.

### Recommendations

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2. Council is asked to:
  - **approve** the proposed changes to the Reserves policy and working capital statement (Annex one); and
  - **delegate** any minor revisions to the Chief Executive and Registrar in consultation with the Chair of Audit, Risk and Finance Committee.

### Strategic objective

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3. This work contributes towards the achievement of all the strategic objectives, as it is a primary document to support the financial governance of the GOC.

### Background

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4. The reserves policy and working capital statement are key documents with respect to the financial governance of the GOC. This policy sits alongside the investment policy and contracts and procurement policy.
5. It is important that the GOC can demonstrate good financial governance. Critical to good financial governance is that the GOC sets aside funds should any unforeseen events materialise, which may result in a short-term fall in income or an unexpected increase in operational costs.
6. Holding reserves is an essential tool to ensure long term financial stability. This includes:

- Enabling the GOC to manage unforeseen and hard to predict financial situations including unexpected fluctuations in income or expenditure, especially in times of significant change of policies; and
  - supports budget planning, particularly to enable the GOC to fund its five-year strategy and cost one off projects without significant fluctuations in fees.
7. At the Council strategy day in October 2025, Council discussed organisational resilience, together with the challenges and risks that the GOC may face in relation to the successful realisation of its strategy, and the output of that discussion was considered as part of the review of reserves.
  8. An early draft of the proposed, updated policy was reviewed by SMT in February 2026 and is recommended for approval.
  9. The Audit, Risk and Finance Committee (ARC) terms of reference requires the Committee “review the adequacy of and changes to the reserves policy and working capital statement by ensuring each is effective, consistent with Council’s view and provides assurance as to the appropriateness and robustness of each before recommending their approval by Council”. The Committee reviewed the revised policy at its meeting of 24 February 2026 and were content to recommend the changes to Council.
  10. The Charity Commission advises maintaining reasonable reserve levels and highlights that zero level or inadequate reserves can create heightened financial risk from the possibility of unforeseen expenditure, sudden closure, trustee liability, a shortfall in income or a failure of internal controls. It also advises that a good reserves policy should give confidence to stakeholders that the charity’s finances are being properly managed and will also provide an indicator of future funding needs and its overall resilience.
  11. The current reserves policy and working capital statement (the policy) was approved in November 2023. It is published on our website [here](#).

## Analysis

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12. Having benchmarked other regulators within the healthcare sector, it is clear approaches vary with some regulators basing their reserves on a percentage of income or expenditure, whilst others set a minimum number of months or a fixed amount. The findings are set out in annex two for information.
13. The amounts, whether related to percentage, number of months or fixed amounts varies from regulator to regulator as it’s important that any reserves policy set meets the needs of the specific organisation. Therefore, it is

important that our reserves policy is based on our assessment of risk in the context of our five-year strategy.

14. The current policy has been reviewed and several updates to the policy are proposed. This includes:
  - Creation of an additional designated reserve; the deferred expenditure reserve;
  - Changes to description relating to the use of the general income and expenditure reserve;
  - Updating the name of the strategic reserve to more clearly reflect its actual purpose, to 'strategic, research and special projects reserve;' and
  - Changes in relation to job titles and wording changes to improve clarity.

The key changes made to the policy are:

#### Creation of a deferred expenditure reserve

15. The proposed creation of a 'deferred expenditure reserve' to support the successful realisation of the 5-year strategy, in which there are several one off or cyclical projects funded by approved business as usual budgets that may cross several financial years, or which may be deferred into the following final year for operational reasons (for example, because of preferred contractor availability).
16. These projects are often funded from approved business as usual (BAU) budgets funded by the annual fee income. At present, if the budget is not spent within the current financial year, unspent funds are automatically transferred to general reserves as they form part of the in-year surplus.
17. The impact of this current accounting treatment is that:
  - funds are raised again from the profession as part of the annual fee in the year that the project ultimately commences.
  - the general reserves are being artificially increased.
18. Both impacts, as set out in section 17 above, help to demonstrate efficient use of reserves and minimise future fee increases.
19. If the establishment of a deferred expenditure reserve is approved by Council, there a clear protocol to define and approve a deferred expenditure will be developed, and the intention is that this protocol will be documented and approved by SMT following March Council.
20. The principles underpinning the protocol will be:

- the expenditure or project must be a one off, or cyclical in nature;
- the expenditure or project is fully funded with the BAU budget in the current financial year;
- the reason for the deferral is explained in a clear business case;
- deferral is for expenses other than payroll expense;
- the expenditure deferral is approved by the Chief Executive and Registrar;
- the expenditure must commence within 12 months of the agreed deferral.

### General reserves

21. Within the general reserve, there is as significant amount of volatility. The funds are made up of elements of cash in hand, funds invested and the unrealised profits on the invested funds.
22. The unrealised profits on the investments represents the closing market value of the investments on a specific date, less the historic cost value. By way of an example the unrealised profits on the 31 March 2025 are £1m, however, on the 1 April 2025 the value may decrease due to market volatility. Therefore, a gain can easily become a loss at any point in time.
23. Whilst the general reserves value is reviewed each quarter, it is only published annually within the annual report and therefore doesn't illustrate the volatility of the general reserves to the readers of the annual report. This can also lead to a perception that the GOC is holding a significant amount of readily available reserves.
24. The proposal is to separate out and create two subcategories within the general reserve, with a view to increasing transparency and better demonstrate the volatility of the funds being held.
25. The subcategories are:
  - **Unrealised gains/losses on investments** – this will show the gains/losses on our investment. This is an accounting figure and in effect demonstrates that if we sold all our investments on a particular day what the profit/loss be from those investments.
  - **Operating funds** – which contains the funds available for immediate utilisation. This may come from our investments, but at the time of disposal could generate a loss as well as a gain.
26. In reviewing the policy, it was also identified that between the version of the policy approved in 2020 and the version approved in 2023 the policy wording changed.

27. The wording relating to the general reserves within the current published policy is (differences underlined):

*(para 2.4) The general reserve, defined as monthly payroll and business overheads plus 1/12 of all other expenditure excluding depreciation, will normally be held at a minimum of five months' regular expenditure.*

*(para 2.5) Overall budget approval will be provided by Council as part of the annual budget-setting process, Operational expenditure from the general reserve will be authorised in accordance with the limits for budgetary approval as set out in the scheme of delegation for financial management.*

28. However, the wording approved in 2020 was:

*The General Reserve, defined as monthly payroll and overheads plus 1/12 of all other expenditure excluding depreciation, will be held at a range of three to five months' regular expenditure.*

29. We have, unfortunately, not been able to find any documentation which explains the reason for this change. On reflection, the executive considers that is more appropriate use the 2020 definition, with some minor modification to improve transparency. It is important to note that the policy was adhered to under both versions.

30. The proposed wording is:

*The General Reserve will be held at a range of three to five months' of business-as-usual expenditure, excluding depreciation.*

31. This updated wording simplifies the definition as business-as-usual expenditure (BAU) as well as giving flexibility in relation to fluctuations in value of our assets. Although there maybe occasions where the upper or lower limit is breached, we do not see an issue with this as long as there is a clear plan and timeframe to decrease/increase reserves back within the suggested range.
32. Due to anticipated increase in expenditure, the value of the general income and expenditure reserves upper and lower limit needs to be updated (all other lower and upper reserves remain the same). Following the budget setting for 2026/27, these bands will change from:

Current – £2.3m to £4.3m

Proposed - £3.3m to £5.6m

33. Finally, it is important to note that should major change materialise where the Council feels that holding five months of BAU in the general income and expenditure reserve is not sufficient, it can update its policy or re-classify the funds set aside within strategic, research and special projects reserves.
34. There are no proposed changes to the complex cases legal costs reserve as this was previously broadened to enable us to fund any additional, unbudgeted expenses arising due to complex legal charges, covering the length of the case, through to a hearing outcome if required.
35. No changes are proposed to the infrastructure and dilapidation reserve. The current funds within this reserve are deemed as sufficient to meet any terms under the One Canada Square lease.
36. The minimum range of strategic, research and special projects reserve is proposed to increase to £1.4m from £1.0m to accommodate funds for minimum two years of projects. The maximum range is not proposed to change.
37. The updated lower and upper levels of reserves are as follows:

<b>Reserve Category</b>	<b>Policy Range</b>
Complex cases legal costs	£350k- £700k
Strategic, research and special projects reserve	£1.4m - £3m
Infrastructure /dilapidations	£250k -£1.25m
Deferred expenditure reserve	n/a
General income & expenditure reserve	£3.3m - £5.6m
<b>Total</b>	<b>£5.3m - £10.55m</b>

Of which, minimum cash reserve	£200k
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38. There has been some revised wording in other areas, to try and make the policy as clear as possible and update current job titles.
39. In summary, the executive considered the risks contained within the organisational risk register, as well as economic, political, legislative impacts. We have looked at the potential for a worst-case scenario, which has a low likelihood, but high impact as well as the cumulative impact of risks materialising within a similar timeframe.
40. SMT considered:
- Economic risk - inflation remaining high, fraud and the changes within the profile of the GOC Register, investment losses

- Political risks - changes in Government or the way we regulate.
- Legal risks - complex fitness to practice case, constitutional legal cases like rule challenges as well as human resources challenge.
- Data risks - including data breaches and cyber-attacks.

41. The potential impact of the above should a combination or all risks identified should materialise has been calculated to be in a range from £2.6m to £7.7m.

### **Finance**

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

### **Risks**

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43. Inadequate reserve levels can lead to exposure to following risks:
- create heightened financial risk from the possibility of unforeseen expenditure, sudden closure, trustee liability, a shortfall in income or a failure of internal controls.
  - we may not be able to carry our planned strategic projects.
44. Higher than necessary reserve levels may tie up money unnecessarily. Holding excessive reserves can unnecessarily limit the amount spent on furthering the charity's objectives through strategic investment and development projects.
45. Also, having higher than necessary reserves may be seen by registrants and stakeholders as an indication that future fee increases are excessive, given the high level of reserves we are holding.
- 46.
47. Risk-reserve alignment:
- Each reserve aligns to specific financial or operational risks.
  - Legal Reserve covers legal volatility.
  - General Reserve covers income fluctuation.
  - Strategic Reserve supports regulatory or strategic change.
  - Infrastructure Reserve covers estate and asset risk.

### **Equality Impacts**

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48. No equality impact has been undertaken

### **Devolved nations**

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49. There are no explicit impacts for devolved nations.

### **Other Impacts**

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50. No other impacts have been identified.

## Communications

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### External communications

51. No external communications are planned with respect to the development of the policy. The final policy will appear on the GOC website. However, the use of reserves will be covered within the news release for the 2026-27 budget.

### Internal communications

52. The following communications will be made after the policy approval by the Council;

- LT will be informed; and
- All staff will be informed, and the policy will be shared in the finance section of IRIS.

### Next steps

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53. Any changes will need to be reflected within the Financial Management Scheme of Delegation. This will be carried out at the next update. Detailed criteria will be developed in relation to the creation of the deferred projects reserves and agreed by SMT.

### Attachments

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Annex 1: Reserves Policy and Working Capital Statement, version 10.  
Annex 2: Benchmarking data

### Reserves Policy and Working Capital Statement

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Status of document:	Live	
Version:	10.0	
Approved by:	Council	
Date of approval:	March 2026	
Effective from:	March 2026	
Owner:	Director of Corporate Services	
Author:	Director of Corporate Services/Chief Financial Officer	
Relevant legislation:	CC Guidelines	
Linked policies:	Investment Policy, Contract and procurement	
Impact Assessment:	n/a	
Impact Assessment completion:	n/a	
Impact Assessment review:	n/a	
<b>Next policy review date:</b>	November March 2029	
Location - Website:	<a href="#">Reserves policy and working capital statement</a>	
Updates made:	2026	Template and figures

## 1. Policy Statement

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## **C09(26)ii. ANNEX ONE**

### Reserves Policy V10.0

- 1.1. This policy sets out the General Optical Council's (GOC's) reserves policy and working capital statement.
- 1.2. GOC Council is responsible for determining the appropriate level of reserves for the organisation to hold and for what purpose. This is to ensure that there are prudent levels of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending.
- 1.3. Reserves, whether or not they are designated, may be freely utilised for any purpose the Council determines, in accordance with its Scheme of Delegation for Financial Management.
- 1.4. In addition, Charity Commission rules discourage the maintenance of large, unspecified general reserves.
- 1.5. GOC's reserves are classified as either unrestricted or designated for specific purposes, as follows:
  - a. General income and expenditure reserve
  - b. Complex cases legal costs reserve;
  - c. Strategic, research and special projects reserve;
  - d. Infrastructure & dilapidations reserve; and
  - e. Deferred expenditure reserve.
- 1.6. The policy describes the purpose of each designated reserve category and the target upper and lower levels (range) of each category (annex 1).
- 1.7. The Charity Commission advises that charities should pay attention to the relative risk associated with its income and expenditure in setting target reserve levels. The GOC's income is primarily Registrant fees, which in normal circumstances is regular and predictable, and therefore at low risk of disruption. Whilst more significant economic and other shocks have the potential to raise this to medium risk, the likelihood of this risk materialising is low. The majority of the GOC's expenditure relates to member, worker and staff costs, alongside general overheads, and is predictable and therefore low risk.
- 1.8. The only expenditure type that is less predictable and irregular, and therefore a higher risk, are the legal costs associated with unforeseen and complex cases. A separate complex cases legal reserve provides for unbudgeted legal costs resulting from these complex cases.

## **2. General income and expenditure reserve**

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- 2.1. This purpose of this reserve is to meet the general working capital needs of the organisation to enable it to meet its obligations, and to allow for any unexpected fluctuations in income or expenditure.
- 2.2. The general income and expenditure reserve will be held at a range of three to five months' of business-as-usual expenditure, excluding depreciation.
- 2.3. The general income and expenditure reserve shall be broken down into two subcategories which are:
  - a. **Unrealised gains/losses on investments** – this will show the gains/losses on our investment. This is an accounting figure and in effect demonstrates that if we sold all our investments on a particular day what the profit/loss be from those investments.
  - b. **Operating funds** – which contains the funds available for immediate utilisation. This may come from our investments, but at the time of disposal could generate a loss as well as a gain.
- 2.4. Overall budget approval is provided by Council as part of the annual budget-setting process. Operational expenditure from the general income and expenditure reserve may be authorised in accordance with the limits for budgetary approval as set out in the scheme of delegation for financial management.

### **3. Complex cases legal reserve**

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- 3.1. The purpose of the complex cases legal reserve is to provide for unforeseen and unbudgeted legal costs arising from complex fitness to practise cases.
- 3.2. The complex cases legal reserve will normally be held at a range that covers the anticipated cost of complex cases over two years. This is because such cases will generally span multiple years and require high levels of legal expenses.
- 3.3. A complex case is identified by pre-determined criteria approved by SMT, and expenditure from the complex legal costs reserve requires the approval of the Chief Executive and Registrar. Once approved, the cost to completion (except internal payroll cost) of the case will be funded by legal reserve.

### **4. Strategic, research and special projects reserve**

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- 4.1. The purpose of the strategic, research and special projects reserve is to support investment in strategic and special projects, research and/or initiatives which facilitate the successful realisation of the GOC's strategic plan.
- 4.2. The strategic, research and special projects reserve will normally be held at a range that covers the cost of all potential strategic and special projects,

## **C09(26)ii. ANNEX ONE**

### Reserves Policy V10.0

research and/or initiatives for the period of the GOC strategic plan and the anticipated need to draw upon this reserve for their funding. At a minimum, this should be adequate to fund at least two years of strategic and other projects.

- 4.3. Expenditure from the strategic, research and special projects reserve requires the approval of Council.
- 4.4. Following Council authorisation of expenditure, approval of the business case and appropriate project initiation mandates will be in accordance with the Scheme of Delegation for Financial Management.

#### **5. Infrastructure/dilapidations reserve**

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- 5.1 The purpose of the infrastructure/ dilapidations reserve is to support the costs of exiting our current premises (One Canada Square) including dilapidation and reinstatement costs in accordance with the obligations set out in the terms of our lease.
- 5.2. The infrastructure/ dilapidations reserve will normally be held at a range that covers the estimated costs of reinstatement under the obligations set out in the terms of the lease.
- 5.3. Proposed expenditure from the infrastructure/ dilapidation reserve will need to be assessed to identify whether it qualifies as capital expenditure. Where it does qualify as capital expenditure, any decisions must be made in accordance with the scheme of delegation for financial management and the contracts and procurement policy.
- 5.4. Dilapidation costs will be authorised in accordance with the limits for budgetary approval as set out in the scheme of delegation for financial management.

#### **6. Deferred expenditure reserve**

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- 6.1 The purpose of the deferred expenditure reserve is to ringfence approved business as usual budget for the delivery of one off or cyclical projects that have been deferred for operational reasons or run over multiple years.
- 6.2 A deferred expenditure is defined by pre-determined criteria approved by SMT, and expenditure from the deferred expenditure reserve requires the approval of the Chief Executive and Registrar. Once approved the cost for completion (except internal payroll cost) will be funded by this reserve.
- 6.3 No upper or lower limit is required, due to the nature of the one-off

expenditure. If the deferred expenditure has not commenced by the end of the following financial year, the funds will be transferred back to the general income reserves.

## **7. Compliance**

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- 7.1. As a registered charity, the Charity Commission guidance on the retention and use of reserves will be followed. This policy is compliant with the Charity Commission guidance.
- 7.2. This policy will be reviewed every three years, taking into account new or changes to legislation and regulations as well as best practice.

## **8. Transparency**

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- 8.1. All records relating to reserves will be retained for the duration set out within our Retention Schedule, at which point they will be securely deleted.

## C09(26)ii. ANNEX ONE

Reserves Policy V10.0

### Annex 1

**Target upper and lower levels (range) of reserves for each designated category**

<b>Reserve Category</b>	<b>Policy Range</b>
Complex cases legal costs	£350k- £700k
Strategic, research and special projects reserve	£1.4m - £3m
Infrastructure /dilapidations	£250k -£1.25m
Deferred expenditure reserve	n/a
General income & expenditure reserve	£3.3m - £5.6m
<b>Total</b>	<b>£5.3m - £10.55m</b>
Of which, minimum cash reserve	£200k

## **Working Capital Statement**

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### Working Capital

- 1.1 Working capital is required for the normal day to day operation of an organisation. As a matter of prudent financial management, the GOC must hold adequate reserves.
- 1.2 GOC has a low risk of revenue fluctuations and operates in a relatively stable financial environment. Any unforeseen material fluctuations are covered by the general reserve.
- 1.3 The annual cash-flow forecast is calculated using the approved budget and thereafter with quarterly forecasts, enabling assessment of the level of monthly working capital requirements.
- 1.4 Registrants pay their annual renewal fees in advance (January-March) before the accounting year. All surplus cash balances after planned cash outflows will be invested in approved investments institutions to maximise investment earnings. The institutions must be UK based and subject to the Financial Conduct Authority (FCA) regulations.
- 1.5 Maturity dates of short-term investments are planned according to monthly working capital needs while maintaining a minimum cash reserve. Drawdowns from long-term investments invested through Brewin Dolphin are planned for the months when the short-term investments are all utilised. The drawdown schedule is shared with Brewin Dolphin in advance and may need updating after each quarterly forecast.
- 1.6 The cashflow forecast will have the investment movements marked clearly along with the actual cash reserve.
- 1.7 A minimum cash reserve (headroom) will be maintained to provide a cushion against the impact of unforeseen payments. The level of cash reserve should be set in the context of a relatively stable revenue stream and expenditure pattern. There are additional options for obtaining cash through the available overdraft facility, the cash account held by the investment management company, or advising to sell equity in an emergency or unforeseen situation. Such situations need to be reported to ARC as an exception to policy and are not considered good practice under normal circumstances.
- 1.8 GOC may also apply for loans to support working capital where the risk to income levels are due to exceptional circumstances if the cost of the loan represents good value for money, the repayment method is clear and is approved by ARC.
- 1.9 The minimum cash reserve at a given date is the immediately available cash in the GOC's name, that can be accessed without incurring costs. The overdraft facility does not constitute the minimum cash reserve.
- 1.10 Working capital will be managed by the Director of Corporate Resources and the Chief Financial Officer. Whilst making cash available when required, they will seek optimum investments which will yield additional interest income,

## **C09(26)ii. ANNEX ONE**

### Reserves Policy V10.0

maintaining primary requirements for working capital funds, which are security and liquidity.

#### Investment Objectives

##### **2.1 Security**

The security of the principal is the foremost objective of all investments. Investments will be managed in a manner that seeks to ensure the security of capital.

##### **2.2 Credit Risk**

The Council will minimise credit risk; the risk of loss due to the failure of the financial institution, by dealing only with financial institutions, brokers/dealers, intermediaries, and advisors who are regulated by the Financial Services Authority.

##### **2.3 Interest Rate Risk**

The Council will minimise the risk of interest-bearing investment redemption penalties by planning the maturity of deposits so that they meet the cash flow requirements for day-to-day operations avoiding the need to cash in prior to maturity.

##### **2.4 Currency Risk**

The Council will eliminate the risk of loss by only investing cash in the United Kingdom in sterling.

##### **2.5 Liquidity**

The liquidity of investments will be organised to meet all operating requirements that may reasonably be anticipated. This will be accomplished by structuring the portfolio so that deposit maturity is linked to the cash needed to meet anticipated demands.

#### Standards of Care

##### **3.1 Investment**

Investments will be made with reference to an annual cash flow of projections based upon the most up to date budgets and forecasts. Investment commitments and maturities will be planned to match cash flow and working capital requirements.

##### **3.2 Prudence**

Decisions will be made with judgement and care for investment and not for speculation and reflect the security of capital as well as the income expected. The Council recognises that no investment is totally free from risk. Any person with delegated responsibility from Council who acts in accordance with written procedures and agreed policies will be relieved of personal liability for the performance of these investments.

##### **3.3 Ethics & Conflicts of Interest**

Employees involved in the investment process must avoid any activity that

might conflict with the proper execution and management of the investments, or that could impair their ability to make impartial decisions. Employees and investment officials must disclose any material interests in financial institutions with which they conduct business.

### 3.4 **Checks & Balances**

The following guidelines have been established to enhance the integrity and transparency of the Council's internal procedures for investing the Council's funds and accounting for those investments.

- Any designated officer (currently the Director of Corporate Services) acting as Investment Officer(s) will be authorised, under the Scheme of Delegation for Financial Management, to transact investment business on behalf of the Council. No person may engage in an investment transaction except as provided under the terms of this policy. The Director of Corporate Services will be responsible for establishing controls to regulate the activities of other officials to whom this function is delegated by Council.
- All investment confirmations will be sent directly to the Chief Financial Officer where transaction details will be compared and verified against internal records.
- The Chief Financial Officer will review all investment transactions subsequent to execution.

### Eligible Investment

- 4.1 The following list represents the current range of investments which are authorised for the investment of working capital:

#### **Deposits**

The Council may invest funds with UK banks to meet short-term liquidity needs in instant access saving accounts and in term-deposits. The maturity of these will vary to coincide with expected cash demands. This includes money market call accounts.

#### **Bonds/UK Guilts**

The Council may invest short-term working capital in bonds which are issued by the UK government and purchased on the Stock Exchange or directly from the Treasury. Bonds may also be purchased through authorised dealers and banks. Since bonds carry a minimum maturity period of one year, such investment is only possible where funds in excess of the current year's requirement are available.

- 4.2 The investment of the Council's working capital funds will be subject to the following restrictions and prohibitions:

- Borrowing for investment purposes is prohibited.
- Investing in shares or other securities is prohibited.
- Investment in any instrument, which is commonly considered a "derivative" investment (e.g. options, futures, swaps, caps, floors, and collars), is prohibited.

5. Performance Review and Reporting

## **C09(26)ii. ANNEX ONE**

### Reserves Policy V10.0

5.1 The Chief Financial Officer will prepare an annual report for the Senior Management Team that will provide an analysis of working capital investments and transactions over the reporting period. The report will include a list of individual investments held at the end of the reporting period. The report will be presented to ARC annually.

#### **6. Record keeping and safekeeping**

The Chief Financial Officer will be responsible for ensuring all investment transactions are recorded and for securing all documents relative to such transactions.

Linked Policy

Investment Policy approved December 2024.

**ANNEX TWO C09(26)iii.**

<b>Regulator</b>	<b>Reserves position</b>
General Pharmaceutical Council (GPhC)	4 – 6 months of operating expenditure
General Dental Council (GDC)	Free reserves at a minimum of two and a half months of operating spend and a maximum of four and a half months.
Nursing and Midwifery Council (NMC)	£30 million to £60 million (c3 – 6 months of operating costs).
Health and Care Professions Council (HCPC)	To maintain at least positive realisable net assets, defined as total net assets less the value of intangible assets
General Osteopathic Council (GOsC)	£350,000-£700,000 (c1 - 3 months of operating costs)

## COUNCIL

**Professional Standards Authority performance review 2025**

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**Meeting:** 11 March 2026**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**

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1. To enable Council to discuss the outcome of the Professional Standards Authority for Health and Social Care's (PSA) review of our performance for the period 1 January to 31 December 2025 (our 2025 performance report).

**Recommendations**

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

**Strategic objective**

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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**

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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 less intensive 'monitoring' reviews in the intervening period. The PSA published its periodic review [report](#) of our 2025 performance on 3 March 2026 (annex 1).

**Analysis**

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5. This year we met all 18 of the PSA's standards (categorised as 'general' standards, 'guidance and standards', 'education and training', 'registration' and 'fitness to practise'). We were delighted to meet all of the standards for the fourth year in a row and were particularly pleased to have maintained our performance in meeting the standard on fitness to practise timeliness.

*Highlights and good practice*

6. We were pleased to note that the PSA highlighted our ongoing commitment to equality, diversity and inclusion (EDI) as good practice, including our adoption of a broader definition of vulnerability used in our new guidance [Care of patients in vulnerable circumstances](#).

7. The PSA also:
- welcomed our research with the public as part of our business regulation consultation to obtain a wide range of views to inform our final proposals;
  - noted that we had reached a reasonable position when taking into account stakeholders' views on illegal practice and inaction in certain types of cases where our remit is limited;
  - welcomed our support for education and training providers through the extension to the contract for the Sector Partnership for Optical Knowledge and Education (SPOKE) Knowledge Hub;
  - welcomed the work we have done to evaluate the impact and success of our new Continuing Professional Development (CPD) scheme and identify learning for future cycles (and noted we might want to consider stakeholder feedback in this area where the experience for registrants could be improved);
  - encouraged us to use our influence and oversight of CPD providers to encourage to provide content that supports registrants to improve their EDI skills and knowledge, and welcomed our intention to explore the possibility of signposting registrants to resources on EDI;
  - noted that their section 29 reviews identify very few concerns about our fitness to practise hearing decisions and that we consistently engage with their feedback and implement learning; and
  - noted that we have been responsive to feedback received during the performance review period.
8. The PSA again noted that our median timeframes for key timeliness measures in fitness to practise investigations remains some of the best among the health and social care regulators. 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 2025-30 and through our fitness to practise improvement programme.

### *Areas for improvement*

9. This year as part of the in-depth periodic review, the PSA carried out an audit under standard 9<sup>1</sup> and several of the fitness to practise standards. While overall we met these standards, the PSA identified a number of areas for improvement.
10. In respect of the audit into quality assurance of education and training, the PSA received mixed feedback about our performance with some stakeholders reporting "slow and overly burdensome processes and concerns about the consistency of decisions". We acknowledged that we had not met service standards in some areas and noted that we are in a transitional period following the new education and

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<sup>1</sup> 'The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.'

training requirements (ETR) published in 2021, with many providers still ‘teaching out’ old qualifications and adapting qualifications to the new ETR. We are working to reduce inefficiencies in our processes and have restructured our education team to provide additional resource. We will continue to improve our communications with providers, better managing expectations around timelines and quality assurance activities.

11. The fitness to practise audit looked at closed cases and assessed various stages throughout the process. The following areas for improvement were noted:
  - some premature or inappropriate triage closure decisions – most of these were considered to be about “relatively low-level concerns or concerns that could have reasonably been addressed or managed locally”;
  - risk assessments were not always completed when they should have been and sometimes lacked an analysis of case-specific risks;
  - parties were not always updated during the investigation; and
  - our management controls did not appear to have identified or rectified the issues identified during the audit.
12. In relation to all of the points above, we accepted the audit findings and developed and began implementing an action plan. Our actions included training, regular case discussions and sharing learning, new templates and supporting guidance, an improved framework for stakeholder updates and support, additional senior oversight and enhanced quality assurance and sampling.
13. The PSA noted our responsive approach to findings from both audits and the measures that we put in place following that feedback. We were pleased to have met the standards overall and welcome the opportunity to address the areas for improvement identified.

#### *Monitoring going forward*

14. We note the PSA’s plans to monitor activity and will ensure these are considered and kept under review. These include:
  - EDI activity, including the work by our Unfair Outcomes Working Group, encouraging us to continue taking steps to improve response rates to collection of diversity data, and working with education providers to refine our approach for collection of diversity data next year;
  - updating of our indicative sanctions guidance to include expanding the existing section on allegations of discrimination;
  - mitigation plans for ensuring that the four remaining qualifications are adapted to the education and training requirements (ETR) in a reasonable timescale;
  - our plans to begin a longitudinal research impact study in 2028 on the effectiveness of the ETR;
  - the steps we are taking to ensure that our quality assurance processes for education and training providers are proportionate and not overly burdensome;

- our plans and documentation for considering exceptional circumstances in our new process for processing international registration applications (cautioning between the balance of a blanket approach and flexibility);
- data on fitness to practise timeliness, including consideration of steps we can take to ensure all types of cases are progressed as promptly as possible;
- feedback from stakeholders about their experiences in the fitness to practise process and the impact of our improvement measures, continuing to listen and act on the feedback we receive; and
- evidence of improvements in the areas highlighted by the PSA fitness to practise audit (e.g. evidence of improvements in the areas highlighted by the PSA fitness to audit in relation to triage closure decisions, risk assessments, customer service and stakeholder updates and support during the process).

#### *Updated Standards of Good Regulation*

15. Following its [consultation](#) to review its Standards for Good Regulation, the updated standards were presented to the PSA's Board for their final approval and sign off in February 2026, with publication due later in March 2026 and implementation planned for July 2026. We will attend regulator workshops hosted by the PSA in April 2026 to prepare for implementation. The new standards will not take effect for us until our next performance review year starts on 1 January 2027.

#### **Finance**

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

#### **Risks**

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17. 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**

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

#### **Devolved nations**

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19. 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**

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**External communications**

20. We issued a press release (<https://optical.org/resource/goc-meets-all-psa-standards-of-good-regulation-for-fourth-consecutive-year.html>) about the review to our stakeholders and the trade press welcoming the review.

**Internal communications**

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

**Next steps**

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22. The next year will be a 'monitoring' review of our performance, since the PSA moved to its current approach (<https://www.professionalstandards.org.uk/news-and-updates/news/new-approach-performance-reviews>) to its performance review process.
23. 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**

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Annex 1: [PSA Performance review: monitoring report 2025](#)

# General Optical Council

## Periodic review

2024/25

The General Optical Council regulates optical professionals, students and businesses in the UK. There are:

**25,787**

optical professionals, 6,748 students and 2,936 businesses on the GOC register as at 31 December 2025

This report covers the period  
1 January 2025 to  
31 December 2025

## Key findings and areas for improvement

### Standard 3 on Equality, Diversity and Inclusion (EDI)

The GOC continues to demonstrate an ongoing commitment to EDI and performed well against this Standard, building on its positive performance from last year. The GOC addressed some of the gaps we identified last year and we identified no significant gaps or areas of concern this year. In its new guidance on *Care of patients in vulnerable circumstances*, the GOC adopted a broader definition of vulnerability than regulators have previously used. We welcome this expanded perspective on vulnerability and view it as good practice. We will continue to monitor the GOC's EDI activity, including work being done by its Unfair Outcomes Working Group and how the GOC continues to use findings from its research to inform its work.

See overleaf for more detail

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## Quality assurance in education and training

As part of an audit of Standard 9 (prompted by concerns raised by stakeholders in previous years and changes in the GOC's processes), we asked education providers about their experiences of the GOC's quality assurance processes. We received reports of slow and overly burdensome processes and concerns about the consistency of decisions. The GOC acknowledged that its performance in some areas is not what it should have been and it had already started making changes to improve consistency and efficiency. This is a transitional period, which may explain some of the feedback, but this is not the first year some of these issues have been reported to us. After balancing all of the evidence, we decided that Standard 9 is met because it is fundamentally about ensuring registrants receive robust education and training, and the evidence does not suggest failings in this regard. However, the Standard also requires processes to be proportionate and it is inherently undesirable for a process to be unnecessarily onerous. We therefore consider that improvement of this aspect is necessary and we will continue to monitor the GOC's performance in this area and the impact of the changes it is making.

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## Fitness to Practise investigations

We audited a sample of cases closed by the GOC during the review period to help us evaluate different aspects of the GOC's fitness to practise function, including its closure decisions and risk management. Our findings were mixed. Most cases were progressed without delay and were adequately investigated. And in most cases, the closure decision was reasonable and risks were identified and appropriately managed. However, we identified a number of areas for improvement:

- Some of the decisions to close cases at triage were premature or inappropriate.
- Risk assessments were not always completed when they should have been and some of them were case summaries rather than an analysis of case-specific risks.
- Parties were not always updated during the investigation.
- The GOC's management controls do not appear to have identified or rectified the issues our audit identified.

Most of the premature or inappropriate case closures were on cases about low-level concerns that could have reasonably been managed locally. And because most investigations were adequate and prompt, with risks being managed appropriately and we saw examples of the GOC supporting parties with sensitive case handling, we decided that the GOC met all of the Fitness to Practise Standards. However, it is clear that improvements are needed. The GOC has implemented an action plan in response to our audit findings and we will be monitoring for evidence of its impact and improvements in the areas we have highlighted.

# Standards met: 18 out of 18



**General Standards**  
**5 out of 5**



**Guidance and Standards**  
**2 out of 2**



**Education and Training**  
**2 out of 2**



**Registration**  
**4 out of 4**



**Fitness to Practise**  
**5 out of 5**

## Previous years

2023/24  
**18 out of 18**

2022/23  
**18 out of 18**

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process here. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

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# General Standards

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In this section:

**Standard 1** (accessible information)

**Standard 2** (clear about purpose)

**Standard 3** (equality, diversity and inclusion)

**Standard 4** (reports on itself and addresses concerns)

**Standard 5** (consults with stakeholders)

## 1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GOC provided information about its work this year in various ways, including by publishing a wide range of information on its website including news articles and blogs; sharing information through its social media channels; and issuing a new edition of its FtP Focus newsletter. It also delivered a lecture at 100% Optical 2025 on “GOC & OCCS complaints – top tips to reduce the risk of being struck off.”
- 1.2 We received feedback from a range of the GOC’s stakeholders, including professional bodies, education providers, a government department and a charity. Education stakeholders felt that the GOC’s communications and information-sharing could be improved. Other kinds of stakeholders were more positive about this aspect of the GOC’s work, noting that the GOC shares information widely and describing the GOC’s communications as helpful, clear and a particular strength.

**Conclusion:** We did not identify any concerns about the accuracy or accessibility of the information published by the GOC this year. We received some concerns about the GOC’s communications and information-sharing, but these were confined to its education processes and we have considered these concerns in more detail under Standard 9. Other stakeholders were very positive about the information the GOC provides in other areas of its work. On balance, we are satisfied that this Standard is met.

## 2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GOC’s Corporate Strategy 2025-30, which came into effect on 1 April 2025, has three strategic aims with a focus on public protection:
  - Creating fairer and more inclusive eye care services.
  - Supporting responsible innovation and protecting the public.

- Preventing harm through agile regulation.

2.2 We continue to monitor activity related to the GOC’s 2022 call for evidence on the Opticians Act and associated GOC policies. The GOC issued the call in order to inform its preparations for regulatory reform. This year, the GOC published:

- Its response to its consultation, and updated proposals, on business regulation.
- Research on risks related to separating components of sight tests, which was commissioned to inform a decision on whether to update its 2013 statement on testing of sight. The GOC hosted a roundtable discussion with stakeholders in October 2025 to inform its decision on next steps.

**Conclusion: The GOC continues to have clear objectives in place that are aligned with public protection. We are satisfied that this Standard is met.**

### **3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.**

3.1 This year, we have continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. Our assessment of the GOC’s performance against the four outcomes is set out below.

#### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality Diversity and Inclusion (EDI) across its regulatory activities.**

3.2 The GOC continues to have clear governance, structures and processes in place to guide, monitor and embed its EDI activities. It has demonstrated an ongoing commitment to EDI through:

- Its corporate strategies, its new EDI Strategy 2025-30 and its annual EDI action plans, all of which are regularly reviewed, updated and publicly reported on. It also published a new EDI Policy to further support its EDI work.
- The continued use of its internal staff networks to raise awareness and embed EDI across the organisation, which we highlighted as good practice last year. Topics this year included men’s mental health and suicide prevention and the importance of social mobility.

- The continued use of Equality Impact Assessments (EIAs) to identify and address impacts on different groups. It published EIAs with its new EDI Policy and in connection with its consultations on new guidance (on sexual boundaries and patients in vulnerable circumstances); business regulation; and CPD reform.

3.3 The GOC also recognises the importance of collecting and analysing diversity data. It collects and publishes diversity data every year on its employees and members/workers.<sup>1</sup> Response rates to the GOC’s data collection have fluctuated in recent years, but the GOC has a workstream dedicated to continuous improvement in this area. We encourage the GOC to continue taking steps to improve the response rates, but recognise it cannot completely control them.

## Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.

3.4 The GOC has standards for each of its three registrant types: *Standards of Practice for Optometrists and Dispensing Opticians*; *Standards for Optical Students*; and *Standards for Optical Businesses*. The GOC updated all three sets of standards in January 2025, introducing strengthened EDI requirements.

3.5 To support the changes to the standards, the GOC published updated **CPD guidance for registrants** and two new guidance documents: ***Maintaining appropriate sexual boundaries***; and ***Care of patients in vulnerable circumstances***.

### Good Practice

The GOC’s new guidance on *Care of patients in vulnerable circumstances* adopts a broader definition of vulnerability than regulators have previously used, recognising that vulnerabilities can arise from circumstances, not just personal characteristics, and can change over time. We welcome this expanded perspective on vulnerability and view it as good practice.

3.6 The GOC also sets the *Requirements for Approved Qualifications in Optometry or Dispensing Optics*, also known as the education and training requirements (ETR). The ETR requires education providers<sup>2</sup> to ensure students gain experience of different settings and a diverse range of patients. Providers must also take account of EDI considerations in its processes and provide appropriate reasonable adjustments for students. The GOC checks

<sup>1</sup> This group includes Council, Committee members and clinical advisors.

<sup>2</sup> Organisations or institutions that deliver qualifications leading to registration with the GOC (also known as “approved qualifications”).

providers continue to meet the ETR through its annual education monitoring and reporting process.

3.7 Some education providers told us that the GOC made changes to the EDI data it collects as part of the annual monitoring progress without prior consultation or proper explanation. The GOC has committed to working with education providers to refine its approach for next year and has recruited a data scientist to assist with improved data collection and analysis.

3.8 Last year, we reported an opportunity for improvement under this outcome because, aside from setting the standards mentioned above, there was limited evidence of the GOC supporting and encouraging registrants to improve their EDI knowledge and skills. It did not prescribe CPD topics for registrants or produce, or signpost them to, resources on EDI, which some other regulators do.

3.9 The GOC made improvements in this area this year with the following changes that should prompt and support registrants to improve their EDI knowledge and skills:

- the updated standards for registrants contain strengthened EDI requirements that registrants must meet;
- the updated CPD guidance for registrants highlights the key changes to the standards and prompts registrants to undertake more CPD activities in these areas;
- the new guidance on *Maintaining appropriate sexual boundaries and Care of patients in vulnerable circumstances* is aimed at supporting registrants in meeting the new standards.

3.10 The GOC's CPD Rules 2021<sup>3</sup> require it to approve and audit CPD providers and the CPD events they deliver. Consequently, the GOC does not deliver its own CPD events. However, the GOC has committed to exploring the possibility of signposting registrants to resources on EDI. Given the findings from some of the GOC's recent surveys,<sup>4</sup> we welcome this intention. We also consider the GOC could use its influence and oversight of CPD providers to encourage them to provide content that supports registrants to improve their EDI skills and knowledge.

### Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

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<sup>3</sup> [The General Optical Council \(Continuing Professional Development\) Rules Order of Council 2021](#)

<sup>4</sup> The GOC's 2025 registrant survey showed little change in attendance rates (14-18%) for EDI-related CPD activities compared to last year. The same survey found similar numbers of registrants continue to experience harassment, bullying, abuse or discrimination. And the GOC's 2025 public perceptions survey found 12% of respondents felt they were treated less favourably due to a range of personal characteristics.

- 3.11 We saw examples of the GOC continuing to collect, publish and analyse data in different areas of its work to identify, and address, the potential for unfairness in its processes and decisions:
- After the GOC removed desirable criteria from job adverts, it reported there was an increase in the number and diversity of applicants for member vacancies, which are decision-making roles.
  - The GOC’s Unfair Outcomes Working Group, which was established last year, undertook an initial analysis of existing FTP data. The findings prompted the Group to commission a more in-depth analysis, including on intersectionality, to support the GOC’s understanding of how different characteristics may shape experiences in its process. We will monitor the outcomes of this important work.
  - The GOC conducted an evaluation of the 2022-24 CPD cycle which included an EDI analysis. Male, white, older registrants were overrepresented among those who failed to meet their points requirements but the GOC’s analysis did not suggest any significant disproportionality of outcomes, with the caveat that the analysis was limited by the small numbers involved.
- 3.12 Last year, we noted that some,<sup>5</sup> but not all, of the GOC’s FTP guidance addressed allegations of discriminatory behaviour. We said the GOC’s guidance for Case Examiners and the Investigating Committee could be strengthened because they did not mention these types of allegations. This year, the Investigating Committee guidance remains the same, but new ***Guidance for Case Examiners*** took effect from December 2025. This guidance now includes a section on factors to consider when dealing with allegations of discriminatory behaviour. The GOC is updating its Indicative Sanctions Guidance, including to expand the existing section on allegations of discrimination. The updated version was not published during the review period.

## Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

- 3.13 This year, the GOC:
- Sought feedback from diverse stakeholders through its consultations and annual surveys. It used the findings of its annual surveys to inform other relevant areas of its work including: its response to its consultation on business regulation; its evaluation of the CPD 2022-24 cycle; what topic to choose for its first thematic review; and its new draft guidance on care of patients in vulnerable circumstances.

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<sup>5</sup> The following guidance documents all mentioned allegations of discriminatory behaviour: *Triage decision-making guidance* (Aug 2020); *FTP Operation Manual* (June 2018); and *Hearings and indicative sanctions guidance* (Dec 2021).

- Commissioned and published qualitative research on the lived experiences of patients and non-patients accessing and using eye care services and of registrants' experiences of harassment, bullying, abuse or discrimination at work. These pieces of research were prompted by findings from the GOC's previous annual surveys and were designed to give the GOC a greater understanding of the experiences of these groups and the impact on them. The GOC will use the findings, together with the findings from their annual surveys, to inform the work it does to create fairer and more inclusive eye care services. We will monitor the work that arises from this research.
- Continued working with other regulators and organisations on EDI, including through attendance at the Joint Healthcare Regulators EDI Forum, a cross-regulator race equity roundtable and an antisemitism all-party roundtable at Westminster.

**Conclusion: The GOC continues to perform well against this Standard, building on its positive performance from last year. There are no significant gaps or areas of concern and we were satisfied that the GOC meets all four outcomes and the overall Standard.**

#### **4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

4.1 Last year we commended the GOC for proactively sharing information with us about serious incidents and noted this was indicative of an organisation with a mature approach to self-reporting and learning from incidents. The GOC continued this approach this year, notifying us of a small number of events that occurred, and explaining what it had done in response and the learning it had taken from them.

4.2 The GOC also:

- Continued publishing regular reports on its financial and operational performance, including quarterly reporting on internal key performance indicators (KPIs) for registration and FTP functions and the number of corporate complaints received and resolved.
- Acted on a Prevention of Future Deaths report relating to driver requirements for sight tests by discussing the issue at the Optical Sector Policy Forum, engaging with government officials and using social media to remind registrants of its existing guidance on when to report patients who are unfit to drive. The GOC continues to actively monitor, and engage with, sector activity in relation to the issue.

**Conclusion: The GOC continues to report on its performance and acts on concerns about it. It also monitors and, where appropriate, acts on developments in the wider healthcare landscape. We are satisfied that this Standard is met.**

## 5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

5.1 This year, the GOC:

- Issued a public consultation on new draft guidance and a targeted consultation with key stakeholders on minor changes to its Indicative Sanctions Guidance.
- Published its responses to last year's consultations on business regulation and a change to its process for serving documents for fitness to practise hearings. Its response to the consultation on business regulation was also informed by research with the public, which the GOC commissioned because it correctly anticipated that most respondents to the consultation would be registrants or representative organisations. We welcome the GOC's foresight in anticipating this and the steps it took to obtain a wider range of views to inform its final proposals.
- Ran its annual surveys of registrants and the public. It also ran its second annual survey of business registrants, but (as mentioned under Standard 3) due to another low response rate has decided it will not repeat the survey in its current form and will explore other ways of engaging with, and obtaining the views of, businesses.
- Commissioned and published research on the lived experience of:
  - registrants, to understand more about the impact of harassment, bullying, abuse and discrimination at work; and
  - patients and the public, to understand more about the barriers to accessing and using eye care services.
- Was part of a cross-sector working group that established and launched a set of common principles to support effective patient consent.<sup>6</sup>
- Used information gathered through surveys and other engagement activities to choose the topic for its first thematic review: commercial practices and patient safety.
- Continued to contribute to a sector-wide eye care workforce data modelling tool, which was commissioned by the College of Optometrists last year and updated this year.

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<sup>6</sup> **Launch of consent principles.**

### What we heard from stakeholders

In recent years we have received very positive feedback about the GOC's approach to consultations and other engagement activities. Feedback this year was more mixed, although the concerns were mostly confined to the GOC's education function.

Stakeholders reported a good working relationship and dialogue in a range of areas. Several of the GOC's consultations were well-received. The GOC was described as "Easily accessible for advice and guidance" and "extremely receptive" to changes. One stakeholder supported the GOC's work "to take on board the needs of patient groups including disabled people by running more surveys and research."

There was appetite amongst some stakeholders for more engagement with the GOC. One stakeholder indicated they would welcome more clarity on the action taken by the GOC in response to matters raised with them.

Stakeholders in the education sector reported ongoing frustrations with the GOC's communications, timeliness of responses and support/guidance for education providers. These themes have been considered in further detail under Standard 9.

**Conclusion:** We have seen multiple examples throughout the year of the GOC consulting and working with a range of relevant stakeholders to identify and manage risks to the public in respect of its registrants. Stakeholders identified some areas for improvement, and some of their comments are considered further under Standard 9. We encourage the GOC to consider this feedback and what steps it can take in response. However, we were satisfied that the GOC's overall performance across its different functions was positive and decided this Standard is met.

## Guidance and Standards

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In this section:

**Standard 6** (maintains up-to-date standards)

**Standard 7** (provides guidance to help registrants)

### 6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 As we reported last year, on 1 January 2025, the GOC launched updated versions of its three sets of standards for registrants: *Standards of Practice for Optometrists and Dispensing Opticians*; *Standards for Optical Students* and *Standards for Optical Businesses*.

- 6.2 The new standards retain the previous overarching standards but include new components designed to:
- strengthen EDI requirements;
  - cover the use of digital technologies;
  - cover boundaries and appropriate behaviour towards colleagues as well as patients and the public;
  - address online communications.
- 6.3 The GOC raised awareness of the changes through its registrant bulletins, on social media, in the trade press, via email to key stakeholders and on its website. It also produced videos for students and fully qualified registrants and carried out a series of engagement events about the new standards. Registrants were required to confirm they have read the new standards when they renewed their registration.

**Conclusion: The GOC has introduced strengthened requirements around EDI, boundaries and appropriate behaviour. These changes should help ensure that patient and service user centred care and safety are prioritised. The GOC has also aimed to update and future-proof its standards by including elements on the use of digital technologies. We are satisfied that this Standard is met.**

## **7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

- 7.1 The GOC continues to publish guidance and position statements on its website. This year, it:
- Updated its guidance on: consent; disclosing confidential information; the duty of candour; and its *Speaking up: guidance for registrants* to reflect the changes to the standards for registrants (mentioned under Standard 6).
  - As mentioned under Standard 3, published new guidance developed to support the new standards: one on maintaining appropriate sexual boundaries; the other on care of patients in vulnerable circumstances.
  - As mentioned under Standard 2, is progressing work on whether to update its 2013 statement on testing of sight. It published research on risks related to separating the components of the sight tests and its next step will be to obtain stakeholders' views to inform its decision.

**Conclusion: The GOC provides guidance for registrants and we continue to see examples of it seeking to ensure its guidance is up to date, addresses emerging areas of risk and prioritises patient and service user centred care and safety. We are satisfied that this Standard is met.**

# Education and Training

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In this section:

**Standard 8** (maintains up-to-date standards for education and training)

**Standard 9** (effectively quality-assures education provides and training programmes)

## 8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1 The GOC's current education and training requirements (ETR), *Requirements for Approved Qualifications in Optometry or Dispensing Optics*, have been in place since March 2021. Since their introduction, education and training providers have been working to adapt their existing qualifications to meet the new standards, and this process is nearly complete. The GOC expects to receive adaptation plans from the four remaining qualifications by Spring 2026. The GOC is developing mitigation plans in case of any delays.
- 8.2 The first cohorts of students to start qualifications under the ETR began their studies in September 2023 and are expected to graduate in Spring 2027.
- 8.3 In 2028/29, the GOC plans to begin a longitudinal research impact study on the effectiveness of the ETR. We welcomed these plans last year and said we would monitor this work. In the meantime, we have seen no evidence to suggest the standards have become out of date or that they do not prioritise patient and service user care and safety, either since their introduction, or since students commenced their training under the ETR.

### Sector Partnership for Optical Knowledge and Education (SPOKE) Knowledge Hub

- 8.4 When the GOC introduced the ETR, it commissioned SPOKE to develop a Knowledge Hub of resources to support providers to meet the ETR. The commission was initially for three years but, in July 2025, the GOC extended it for a further three years.
- 8.5 This year, the Hub published a report on fitness to train and reasonable adjustments and an online toolkit on supporting learners studying specialist qualifications with diverse experience and skills.
- 8.6 The Hub, and the extension to the contract, has been well-received by the GOC's stakeholders and we welcome the GOC continuing to support providers in this way.

**Conclusion: Students have now started qualifications that have been adapted to the GOC's updated education and training requirements. No evidence has emerged to suggest that the requirements are out of date or that they do not prioritise patient and service user care and safety. We are satisfied that this Standard is met.**

**9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.**

9.1 The GOC is transitioning between two quality assurance processes. Qualifications that met the GOC’s previous education standards and are being ‘taught out’ are being assessed against the GOC’s previous quality assurance processes, which are set out in its handbooks. Qualifications that meet the new ETR will be subject to the GOC’s new Quality Assurance and Enhancement Method (QAEM).

9.2 In light of those changes, and because of feedback we have received in recent years from stakeholders about the proportionality and transparency of the GOC’s processes, we carried out an audit under this Standard. This involved a review of internal and published documents and feedback from education providers.<sup>7</sup>

**Our audit findings**

9.3 Education providers gave mixed feedback about their experiences of the GOC’s quality assurance processes. The GOC was receptive to the feedback<sup>8</sup> and started making changes in addition to ones already planned or in progress. The main themes we identified are detailed below.

**Timeliness**

Providers reported slow responses from the GOC while being given relatively short deadlines to respond to requests for information. Providers also noted that the GOC’s UK Optical Education sector report is published too late each year for changes to be implemented before the next reporting period.

The GOC acknowledged its timeliness has not met expected service standards, and attributed this to a combination of factors, including operating both the previous and new quality assurance processes in parallel during this transitional period and additional demands on resources due to significant interest from new programmes. The GOC has made changes to its annual monitoring process that are designed to improve consistency and efficiency. As it transitions to the new QAEM it is focused on identifying efficiencies in its processes and it is restructuring its Education team to include additional resource.

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<sup>7</sup> Where relevant, some of the feedback we received during the audit is mentioned under other Standards.

<sup>8</sup> We shared the feedback in an anonymised form with the GOC for comment.

## Transparency

Some providers said that communication about certain aspects was clear or slightly better than previously experienced. But others said that processes and their associated timelines are not always clear. Providers would welcome more and/or clearer guidance on the: new QAEM; the difference between guidance and requirements; the minimum number of patient episodes; and staff-to-student ratios. We understand SPOKE has agreed to undertake work to produce guidance/support for providers on staff-to-student ratios.

The GOC publishes a range of information and reports on its education function and quality assurance activity, although we noted there is little published about the timelines for the different processes. The GOC considers it provides a high level of transparency through its published information, individual meetings with providers and other engagement such as its annual education provider day, quarterly attendance at meetings of the Optometry Schools Council, its Sector Strategic Implementation Steering Group (SSISG) and SPOKE. It did not publish timelines for its adaptation processes but instead met with most providers to arrange individual timelines based on the needs and complexities of each qualification. It told us it has started sharing expected timelines for key decisions and quality assurance activities with providers and has committed to sharing timely updates and information about key milestones for the delivery of the remaining elements of the QAEM.

In the second half of our review period, we received reports that some providers are starting to see changes and signs of improvement, including better overall engagement.

## Proportionality

One provider felt the GOC was taking a lighter-touch approach to qualifications that are being taught out, but others felt the approach was disproportionate to the level of risk. Some documentation requests were described as excessive, onerous and not always explained. Some providers reported receiving duplicate requests for information they had already submitted to the GOC.

The GOC told us that, based on responses it received from education sector stakeholders about how to assess qualifications being adapted to the new ETR, stakeholder comments about the approach being disproportionate to the risk do not reflect the general sector view. Nonetheless, it recognised that operating two parallel processes during this transitional phase could understandably cause concern among providers about duplication and proportionality. It also did not dispute that some of its old processes are unduly burdensome. It has made, and continues to make, changes designed to streamline processes and improve proportionality – for example changing its interim visit process in December 2024. It acknowledged that providers may not yet be feeling the benefits of recent changes and its communication with providers about the changes to the interim visit process should have been better.

## Consistency

Providers were concerned by perceived inconsistencies in the GOC's quality assurance processes, citing inconsistencies in the information providers have been asked to submit and differing expectations from the GOC's Education Visitor Panels.

The GOC recognised the challenge in maintaining consistency across a wide range of education providers and qualification systems. It has multiple mechanisms in place intended to ensure consistency, including: decision-making frameworks; clear recording of visits, recommendations and decisions; transparent reporting; and regular meetings and communications with Education Visitor Panels. The GOC noted that, as each decision turns on its own facts, what may appear to be different treatment may be justified in the circumstances. It also highlighted that providers may be seeing differences in treatment as a result of this being a transitional period and these perceived inconsistencies may reflect improvements resulting from its new approach.

## EDI data collection and analysis

The GOC made changes to the EDI data it requested as part of its annual monitoring this year. As mentioned under Standard 3, providers said the GOC did not consult them or explain the changes prior to making them. Providers said a more collaborative approach could have identified and addressed some challenges arising from the changes as not all institutions collect the data in the categories or format requested by the GOC. Some providers also expressed the view that the GOC's data analysis could be improved.

The GOC said the gathering of additional EDI data is important and it plans to continue enhancing its requirements to help drive improvements to data collection and analysis. The GOC recognised that collecting and supplying the data was more difficult for some providers and said it does not penalise providers where data is not shared for legitimate reasons. In response to the feedback, the GOC committed to working with the Optometry Schools Council and the Opticians Academic Schools Council to refine its approach next year. It has also recruited a data scientist to enhance its internal capability and improve its data collection and analysis.

**Conclusion:** We carefully considered the range of evidence on this Standard. Some education providers have found the GOC's quality assurance processes to be slow and overly burdensome and some have concerns about the consistency of decisions. The GOC acknowledged that its performance in some areas is not what it should have been. This is a transitional period, which may explain some of the feedback, but this is not the first year some of these issues have been reported to us. There is a risk that an overly robust or burdensome process could start to compromise the delivery of education and training, but we have seen no evidence of this. Nor is there any evidence to indicate that the issues reported by providers have led to students or trainees failing to meet the GOC's registration requirements or that the GOC has failed to take action when its assurance

activities identify concerns. As this Standard is fundamentally about ensuring registrants receive robust education and training, and the evidence does not suggest failings in this regard, we concluded that the Standard is met. However, this Standard also requires processes to be proportionate and it is inherently undesirable for a process to be unnecessarily onerous. The GOC has started taking steps to improve this aspect, but we consider further improvement is necessary and will continue to monitor the GOC's performance in this area and the impact of the changes it is making.

## Registration

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In this section:

**Standard 10** (maintains and publishes an accurate register, including restrictions on practice)

**Standard 11** (registration process operates fairly and effectively)

**Standard 12** (risks to public from those using protected title is managed)

**Standard 13** (ensures registrants continue to be fit to practise)

### 10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

10.1 The GOC met this Standard last year, but our decision was finely balanced because of three separate issues with the accuracy of its register.

10.2 This year, in addition to our usual register checks,<sup>9</sup> we carried out additional checks on entries relating to interim order hearings. We checked 89 entries and identified no inaccuracies. We have not seen any other evidence to indicate any errors and the GOC did not notify us of any (as they did last year).

**Conclusion:** Last year, there were a small number of errors in the GOC's register which indicated failures in the GOC's controls to ensure the accuracy of its register. We have not seen a repeat of those errors this year, which provides assurance that the GOC has rectified the issue. We are satisfied that this Standard is met.

### 11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

#### Registration processing times

11.1 The GOC continues to process applications for registration promptly. The median processing time from receipt of completed application form was one

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<sup>9</sup> Each year, we check the accuracy of register entries relating to all appealable fitness to practise hearing decisions.

week for applicants who qualified within the UK and less than one week for international applicants.

### Current arrangements for individuals who qualify overseas as optometrists

Individuals may apply to the GOC for an assessment of equivalence to stage 1 and 2 competencies (under the ‘old’ quality assurance handbooks). If successful, the GOC will recommend to candidates that they may apply for admission to the College of Optometrists’ Scheme for Registration. Successful completion of the Scheme leads to eligibility for registration with the GOC. The changes brought about by the 2021 ETR mean the College’s Scheme for Registration will in time cease to exist.

### Changes to international registration process

11.2 When the GOC introduced new education and training requirements (ETR) in 2021, it was recognised that this would lead to changes in the route to registration for applicants who qualified outside the UK.

11.3 Last year, the GOC consulted on proposed changes. This year, it commissioned an **evaluation of non-UK qualifications against the ETR**, which identifies four different groups of international applicants (for optometry)<sup>10</sup> and sets out the registration requirements for each of them. In summary:

- With immediate effect, candidates who have completed a qualification that matches or exceeds the ETR are eligible for direct entry to the GOC register (Group 1). This currently only applies to qualifications from Canada and the USA.
- Other candidates must either demonstrate sufficient clinical experience to qualify for direct entry (Group 2A) or complete a “short” (Group 2B) or full (Group 3) GOC-approved qualification. The exact route available depends on the extent of the shortfall between the candidate’s qualifications and experience and the GOC’s ETR. The GOC expects providers will start delivering the new “short” qualifications from September 2026.

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<sup>10</sup> The GOC did not conduct a similar exercise for dispensing opticians because it receives very few international applications from this group.

- In exceptional circumstances, the GOC may consider applications for a candidate with sufficient experience and additional qualifications to be placed in a different group, including direct entry to the register. The GOC is developing its plans and documentation for this part of the process. We welcome this flexibility but there is a need for criteria or guidance to ensure consistency in decision-making on applications citing exceptional circumstances. We also note that a blanket approach can create a risk of bias in the system, which may be addressed by the flexibility in the process, but that the GOC should nonetheless be cognisant of.

### **What we heard from stakeholders**

We received feedback about certain aspects of the new arrangements, including: a lack of clarity on who will be responsible for admissions screening; what appear to be new restrictions on the use of Recognition of Prior Learning (RPL); and potentially inadequate requirements for some candidates who only need to provide proof of practice for one year within the last ten.

We also received feedback about a specific example of the GOC's handling of an application to join the Scheme for Registration.

11.4 In response to the stakeholder feedback, the GOC confirmed that:

- It will manage applications for direct entry to the register, but education providers will be responsible for admissions decisions when a candidate applies to complete one of their qualifications.
- Education providers will continue to be able to use RPL in their admissions decisions.
- The one year in ten practice requirement is not new and reflects the benchmark set out in the European Communities (Recognition of Professional Qualifications) Regulations 2017 from when the UK was part of the EU. The GOC has other eligibility criteria that operate alongside the one-year practice requirement, including a letter of good standing or a solemn declaration (depending on whether the applicant was previously regulated) and employer references. In time, the GOC plans to review its eligibility criteria to ensure they continue to be appropriate.

11.5 We took account of the feedback relating to the GOC's handling of an application to join the Scheme for Registration. But we also noted that, during this review period, the GOC assessed 176 applications from candidates who qualified overseas, 101 of whom were advised to undertake additional education and training and we have received no other concerns about the GOC's handling of applications of this type. We also noted that the Scheme for Registration will cease to operate in due course.

**Conclusion:** The GOC currently has a layered process in place for candidates who qualified outside the UK and we have no concerns about how it operates. It is introducing changes to its process and we received concerns about certain aspects, which we carefully considered. The concerns relate to a very small number of cases in an area of relatively low risk (given that international candidates form less than 2.5% of the GOC’s register). This is a period of change and change can often come with challenges. The GOC appears to be adequately navigating these challenges: it is aware of potential issues and is taking steps to address them. We decided this Standard is met and we will monitor the transition to the new process.

## 12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 We have been monitoring the GOC’s performance against this Standard in recent years because in June 2022 it updated its *Illegal Practice Protocol* and it was taking longer to close these types of cases. Last year, almost all cases were closed within six months and there were no trends or evidence to indicate the GOC was making inappropriate decisions or failing to manage risks arising from illegal practice.
- 12.2 This year, the GOC sustained its performance: it consistently closed all illegal practice cases within six months of receipt; it closed more cases than it received each month and there have been no significant changes or discernible trends in the outcomes of these types of cases since the GOC updated its *Illegal Practice Protocol*.

### What we heard from stakeholders

Two stakeholders reported that the GOC appears reluctant to act on reports of illegal supplies of contact lenses and spectacles. Where matters relate to businesses outside the UK, one stakeholder suggested the GOC could notify the regulator/authority in the relevant jurisdiction.

Stakeholders also raised these points directly with the GOC in response to its consultation on business regulation.

- 12.3 The GOC’s *Illegal Practice Protocol* sets out its approach to cases about illegal supply of contact lenses and spectacles and matters outside UK jurisdiction:
- “Cases involving illegal sales of contact lenses and spectacles (online and/or physical sales) may be most effectively dealt with by Trading Standards given their range of statutory powers. We will close our case

once a referral to Trading Standards has been made and ask to be notified of the outcome.”

- “If concern against non-UK business or individual and cannot be referred elsewhere, close as outside jurisdiction of UK courts.”

12.4 The GOC’s **response to its consultation on business regulation** addressed the points raised by stakeholders. It said:

- Its proposed new model of business regulation would require online sellers based in the UK to register with the GOC if they are providing restricted functions. This would make them subject to the GOC’s standards.
- It did not consider it appropriate to write to other countries’ authorities about sellers based in other jurisdictions, as this is not part of its remit and it must apply registrants’ funds towards its statutory purposes. It also understands that other countries’ authorities would have no basis for taking action if the businesses are complying with their domestic legislation.

12.5 The GOC’s response to its consultation also addressed calls for it to become a thought leader and innovator in this area and confirmed it continues to be “part of inter-regulatory groups led by government bodies and the PSA that discuss online sales and new technologies.”

**Conclusion: In terms of timeliness and throughput of cases about illegal practice, the GOC’s performance has recovered and was sustained this year. We have not identified any concerns about the outcomes in these cases. Stakeholders raised concerns about inaction in certain types of cases, but the GOC’s remit is limited in these areas. The GOC has considered stakeholders’ views and we think it has reached a reasonable position. It is not complacent about the risks identified by stakeholders and has included proposals for business regulation which would increase its oversight of online sales. It also continues to collaborate with relevant organisations on managing future risks arising in this area out of new approaches and new technologies. We are satisfied that this Standard is met.**

### **13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.**

13.1 The GOC operates a three-year Continuing Professional Development (CPD) cycle. The 2022-24 period was the first cycle of a new scheme which saw the introduction of new requirements for a personal development plan and reflective learning and allowed more self-directed learning.

13.2 As the end of the 2022-24 cycle approached, the GOC implemented learning from challenges that arose at the end of the 2020-22 cycle, including improved internal collaboration, streamlined templates and extra staff resource. It reported that the end of the 2022-24 cycle largely ran smoothly with all key milestones met on time.

- 13.3 The GOC evaluated the 2022-24 cycle and overall concluded that it was successful, noting that fewer registrants failed the requirements compared to the previous cycle. It also identified areas where further support or intervention may be needed in future cycles, such as to help improve registrants' confidence in completing self-directed CPD.

### What we heard from stakeholders

Stakeholders identified positive aspects about the GOC's CPD activities this year as well as some areas that could be improved.

An information session for CPD approvers and a webinar for CPD providers were well-received and one stakeholder described the CPD audit of providers as "a fair system that was efficient, structured and measured".

One stakeholder felt that carrying out CPD audits in the first year of a three-year cycle was too early. Another stakeholder felt the GOC's approach to dealing with perceived failures to comply with the CPD requirements could be more reasonable and understanding, including providing alternative routes and more flexible deadlines for challenging decisions to remove registrants from the register.

- 13.4 The new cycle started on 1 January 2025. The GOC updated its *CPD guidance for registrants* and its *CPD guidance for providers* to highlight and reflect the changes made to its standards for registrants.
- 13.5 The GOC launched a consultation in January 2026 on potential reforms to its CPD scheme, some of which will require legislative change. No changes will take effect before 2028 so these are long term plans that we will monitor as they progress.

**Conclusion:** We welcome the work done by the GOC to evaluate the impact and success of its new CPD scheme and identify learning for future cycles. Some stakeholders have identified areas where the experience for registrants could be improved and the GOC may want to consider these points, but none of the comments suggests that the GOC's CPD requirements are disproportionate. We are satisfied that this Standard is met.

## Fitness to practise

In this section:

**Standard 14** (anyone can raise a concern about a registrant)

**Standard 15** (timeliness of fitness to practise process)

**Standard 16** (fitness to practise decisions are fair and proportionate)

**Standard 17** (regulator identifies and prioritises cases posing a serious risk)

**Standard 18** (all parties involved in the process are supported)

## 14. The regulator enables anyone to raise a concern about a registrant.

- 14.1 The GOC's ***How to raise a concern webpage*** says anyone can raise a concern and provides information about the types of concerns the GOC can (and cannot) investigate. People can submit their concerns online, by email or by telephone. There are links to further guidance and information about how to complain and how the GOC deals with complaints.
- 14.2 We reviewed data from this year about the number of cases closed at triage and the number progressed to investigation. It did not give rise to any concerns and showed similar rates of closure and investigation as last year.
- 14.3 As part of our audit of the GOC's FTP function this year, we reviewed a sample of cases closed at the earliest stages of the FTP process – at triage, and under the GOC's Registrar Closure policy (introduced at the end of 2023).<sup>11</sup>

### Our audit findings

- 14.4 We reviewed 29 of the 140 cases closed by the GOC at the triage stage between 1 January 2025 and 30 April 2025, and all six of the cases closed under the Registrar Closure policy.
- 14.5 The GOC receives referrals from a range of different sources, such as patients, relatives/friends of patients, employers, colleagues and self-referrals. We saw nothing to indicate that concerns from particular sources were treated or considered differently.
- 14.6 We considered that 10 of the 29 decisions to close a case at triage were premature or inappropriate because the GOC had not gathered enough information before making the decision and/or the closure reasons were flawed. Most of these cases were about relatively low-level concerns or concerns that could have reasonably been addressed or managed locally. It is possible that further enquiries in some of these cases may have established closure was the appropriate outcome but because they were closed early, we could not be certain. This meant we could not always be assured that the outcomes in these cases were sufficient for public protection or to maintain public confidence in the GOC.

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<sup>11</sup> Usually, cases that meet the GOC's Acceptance Criteria for investigation are referred to the CEs/IC for consideration. The Registrar Closure policy enables the GOC to close cases without a referral to the CEs/IC if new information is received during the investigation that indicates the concern no longer meets the GOC's Acceptance Criteria. We had no concerns about the content of the policy when it was introduced but have been monitoring for any evidence of its impact. Since its introduction, the GOC has applied the policy to relatively few cases so there has been limited evidence of its impact available to date. Our audit enabled us to assess the use of the policy in greater detail.

14.7 The GOC had several management controls in place, such as regular case reviews and decision approval processes, but these did not identify and rectify the flaws we identified.

We had no significant concerns about the way the GOC was applying its Registrar Closure policy. In all six cases, the GOC gathered enough relevant information to reach an informed and reasonable decision and we thought closure under the policy was reasonable in all but one of the cases. As we only disagreed with one decision, we did not consider this indicated wider concerns about the GOC's application of its Registrar Closure policy.

#### **GOC's response to our audit findings**

14.8 The GOC accepted our audit findings regarding these early decisions, and developed and began implementing an action plan, which included:

- refresher training for relevant GOC staff
- regular case discussions to embed understanding and share learning
- a new triage decision template with supporting guidance
- senior oversight of all triage decisions on a temporary basis while improvements are embedded
- enhanced quality assurance activity and dip sampling to measure the impact of the action plan.

14.9 The GOC also indicated that its triage appeals process provides some assurance about the quality of its triage decisions because it receives relatively few appeals. Recent data shows it receives appeals about approximately 5% of triage decisions.

**Conclusion: Our decision on this Standard was very borderline. Our audit found that about one third of the GOC's triage closure decisions were premature or inappropriate. We were also concerned that the GOC's previous controls, which were in place for three quarters of the review period, did not identify the issues we identified through our audit. The GOC was responsive to our audit findings and, around the last quarter of the review period, started implementing what appear to be specific, measurable and robust controls, including permanent changes to its quality assurance processes. We have not had concerns about this aspect of the GOC's performance in recent years, including when we last audited its FTP function. We also noted that most of the premature or inappropriate closures were about low-level concerns that could have reasonably been managed locally. Given most of the early closures were about low-level concerns, we decided that this Standard is met. However, we will be monitoring this area closely to ensure the changes made by the GOC are effective.**

## **15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate**

## evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

- 15.1 There are two aspects to this Standard: investigation processes and timeliness. The GOC has continued implementing changes designed to improve both, and this year:
- Completed its FTP Improvement Programme 2022-25 which included: the rollout of a new Case Management System to support investigations; the introduction of in-house advocates to present hearings; and implementation of a third-party service level agreement.
  - Transitioned to its Improvement Programme 3.0 which will run from 2025-28 and include work aimed at improving support for parties, reviewing interim order (IO) processes and implementing learning from its Unfair Outcomes Working Group (mentioned under Standard 3).

### What we heard from stakeholders

We heard mixed feedback about the GOC’s investigation process. One said it “seems very fair.” Another cited examples of discrete issues it had raised with the GOC over the year, but they also told us the GOC has been engaging with them on most issues.

Stakeholders reported concerns about delays in investigations and education providers who responded to our survey for Standard 9 specifically mentioned lengthy delays in student cases and the impact this can have on a student’s wellbeing.

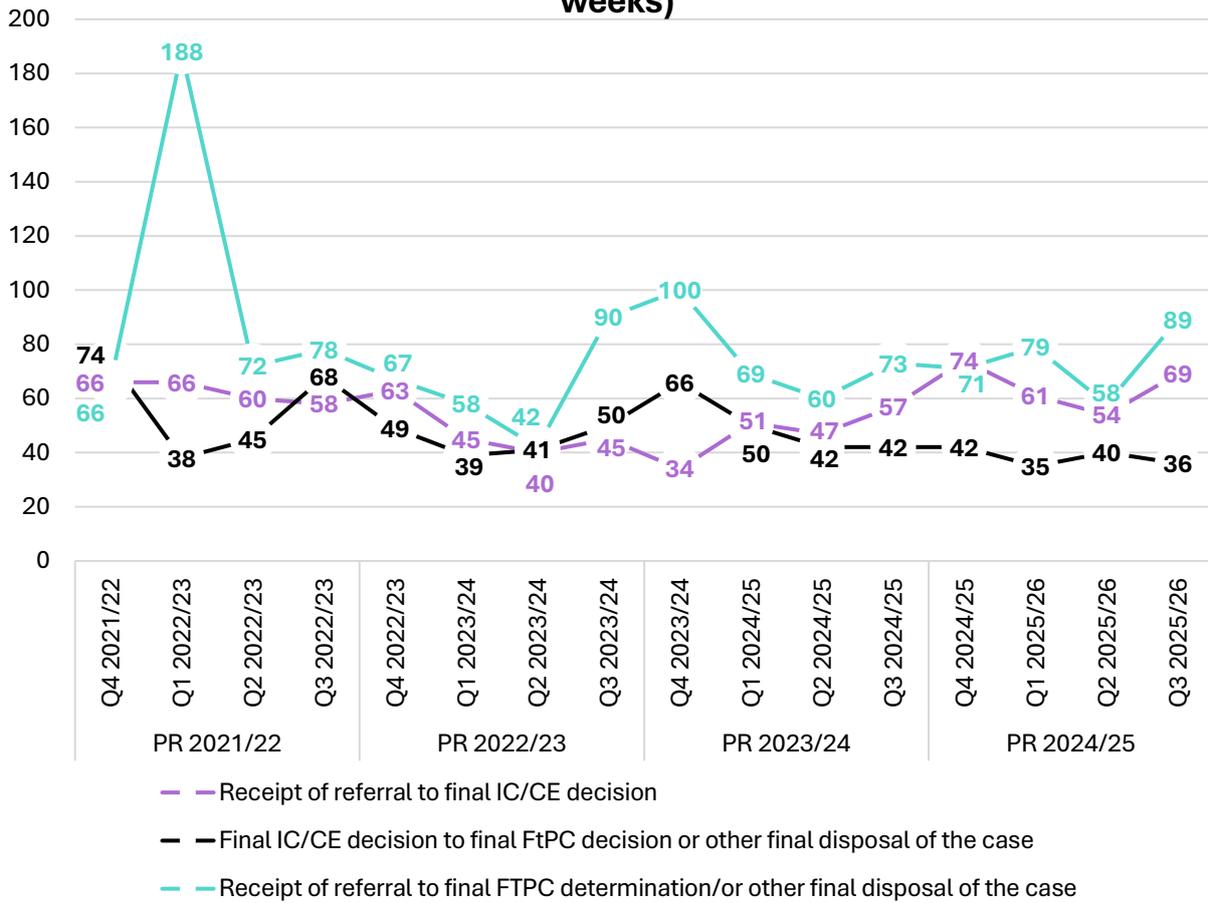
### Data on timeliness of investigations

- 15.2 Figure 1<sup>12</sup> shows that, compared to last year, the GOC has taken slightly longer to progress cases from referral to IC/CE, but the other key timeliness measures are similar to last year, when the GOC met this Standard. The GOC’s timeliness data remains among the best of the ten regulators we oversee.

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<sup>12</sup> PR = performance review.

**Fig. 1 Median time taken for key timeliness measures (in weeks)**



### Student cases

15.3 Prompted by the stakeholder feedback we received, we asked the GOC to provide us with separate data on student fitness to practise<sup>13</sup> cases. Since 2022/23, referrals about students have accounted for 6-8% of the GOC’s overall referral numbers. The data shows:

- Most student cases are closed at the earlier stages of the FTP process. Since 2022/23, the annual median time taken to close student cases at the earlier stages has ranged from four to 21 weeks. This is shorter than the annual medians for all cases closed without a referral to the FTFC.
- Very few student cases proceed to a hearing before the Fitness to Practise Committee and, as with all cases, timeliness is sometimes impacted by factors outside the GOC’s control (such as criminal investigations or High Court proceedings). Since 2022/23, the annual median time taken to conclude student cases that went to a FTFC hearing has ranged from 95 to 176 weeks. This is longer than the annual median for all cases.

<sup>13</sup> These are also referred to as ‘fitness to train’ cases.

15.4 The case numbers are too small for us to draw any definitive conclusions. And our audit sample only contained two student cases so we cannot draw wider inferences or conclusions from what we saw in those cases. However, we encourage the GOC to consider what steps it can take to ensure all types of cases are progressed as promptly as possible. We will continue to monitor the data on timeliness.

### Our audit findings

15.5 Our audit included a review of the GOC's process documents and internal guidance. We did not identify any concerns about the processes in place.

15.6 Our audit sample comprised 29 cases closed at triage and 10 cases that progressed to investigation (and were subsequently closed at a later stage).

15.7 In addition to the findings reported under Standard 14, we found that:

- All 10 cases that progressed to investigation were adequately investigated with the GOC gathering enough relevant information to reach an informed and reasonable decision.
- Most cases were progressed without delay and we saw the GOC using a variety of techniques to progress cases promptly, such as giving deadlines when requesting information, chasing information promptly and escalating to senior colleagues when parties were not responsive.
- There were avoidable, significant<sup>14</sup> delays in nine cases.

### GOC's response to our audit findings

15.8 The GOC highlighted several changes it has made that should help improve the quality of its investigations and the timeliness of case progression. It:

- Has expanded its regular management quality assurance checks to include reviewing the robustness of case reviews at investigation.
- Created a new team of in-house advocates which should support improved case progression, allegation drafting and evidence gathering.
- Delivered training on good practice in taking witness statements which should improve efficiency of this investigative step and therefore overall case progression.

**Conclusion: The GOC progresses most cases without significant delays and in most of the cases we reviewed we saw evidence of fair and proportionate processes and adequate investigations. We concluded that the Standard is met, but note there are some areas for improvement, including the quality of some triage investigations, management controls and the timeliness of a small number of student cases. We also encourage the GOC to continue listening to its stakeholders, but also acting on the feedback it receives. We will continue to**

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<sup>14</sup> Multiple delays of more than two weeks and/or one or more lengthy delays.

invite, and monitor, feedback from stakeholders about their experiences and will also monitor the impact of the GOC's improvement measures.

## 16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

- 16.1 The GOC uses a variety of controls to ensure the quality of its decision-making including: training and guidance for staff and decision-makers; management review and approval processes; an appeals process for triage and Registrar Closure decisions; regular internal audits; a Decision Review Group (DRG) to identify and share learning; and quarterly meetings with FTP stakeholders.
- 16.2 In addition to the audit findings reported under Standard 14 about triage and Registrar Closure decisions, we took account of the following evidence:
- **IC/CE decisions:** We saw no evidence which raised concerns about the GOC's CE/IC decisions.
  - **FTPC decisions:** This year, as in previous years, our Section 29 reviews identified very few concerns about the GOC's FTPC hearing decisions. The GOC notified us of 55 appealable decisions and we appealed none. We identified good practice on one case and learning points on six cases. The GOC consistently engages with our feedback on decisions and identifies and implements learning from it.

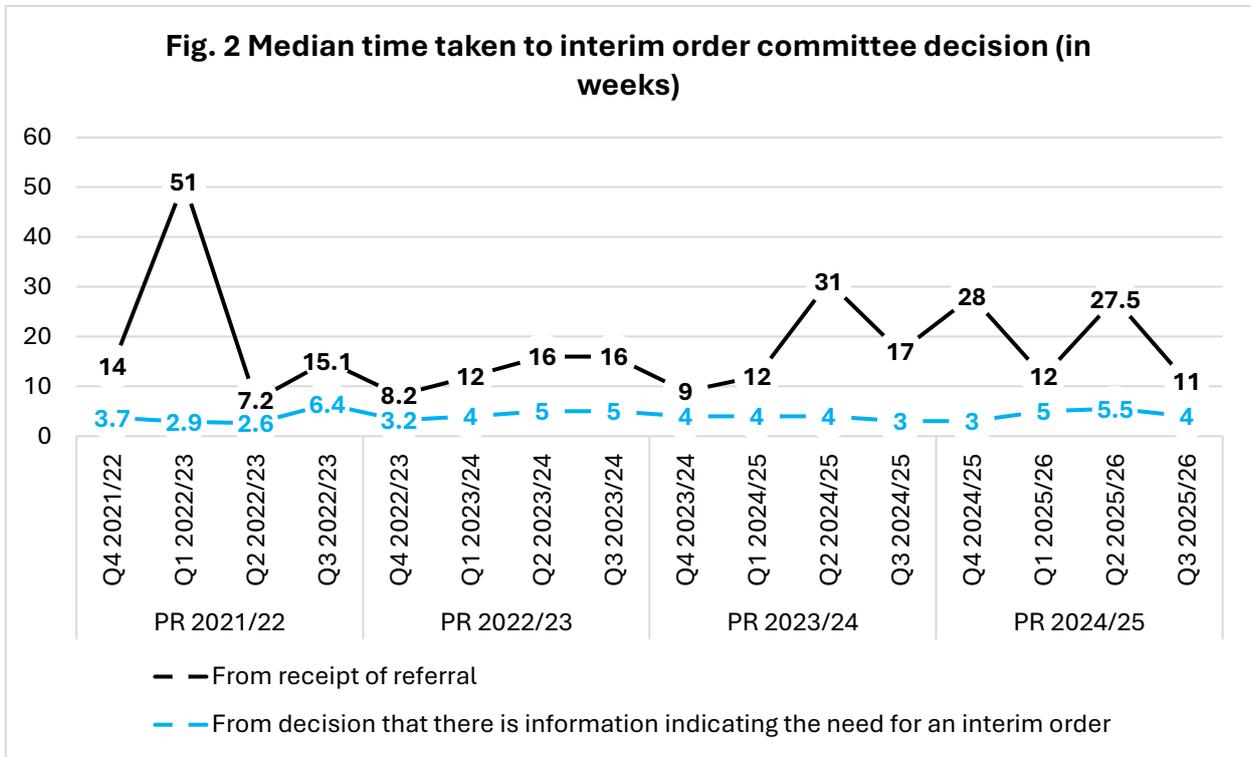
**Conclusion:** There is evidence of robust decision-making at FTPC hearing stage, and a lack of concerns about IC/CE stage. Most of the earlier stage decisions we reviewed in our audit, including Registrar Closure decisions, were reasonable, but we had concerns about some triage decisions and management controls do not appear to have been effective at ensuring robust decisions were consistently made at this stage of the process. This is clearly an area where improvement is needed. However, the relatively low number of appeals about triage decisions provides some assurance that most of the GOC's triage decisions are reasonable. As we also have no significant concerns about the other two main decision points in the GOC's FTP process, we concluded that this Standard is met overall.

## 17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

### Timeliness of interim orders

- 17.1 The data on timeliness does not give rise to concerns. Figure 2 shows that the GOC continues to act promptly when it receives information suggesting a risk to the public. It shows some quarterly fluctuations in the time taken

from receipt of referral to interim order committee decision but this is not uncommon for regulators with smaller caseloads as one or two cases can have a significant impact on the median. The peaks this year in Q4 2024/25 and Q2 2025/26 reflect eight and six cases, respectively. Our audit findings, discussed below, provide a more detailed insight into the GOC’s risk management.



### Our audit findings

- 17.2 Our audit sample comprised 18 low risk cases, 17 medium risk cases and four high risk cases. It also included three of the four cases subject to an interim order at the time they were closed during our review period. Our findings were mixed.
- 17.3 We saw evidence of regular risk assessments being completed and in most cases we were satisfied that the GOC identified and managed risks appropriately, such as by flagging high-risk cases on allocation, promptly obtaining further information on serious cases, and considering, or applying for, an interim order.
- 17.4 However, risk assessments were not always completed when they should have been, such as on receipt of new information, and some risk assessments we saw were case summaries rather than an analysis of the case-specific risks.
- 17.5 We identified unmanaged risks to the public in three cases, although in one of these cases the unmanaged risks arose more than two years before the review period.

## GOC's response to our audit findings

17.6 The GOC:

- Told us it had already introduced new risk assessment guidance in August 2025.
- In October 2025, conducted a management review of all risk assessments on triage cases closed since April 2025 and shared learning with the team.
- In the last quarter of 2025, started regular “huddles” in its triage team and “coaching clinics” in its investigation team to strengthen identification, assessment and management of risk, and appropriate recording of the same.
- Temporarily introduced a senior review of all triage decisions, including the quality of risk assessments. The GOC told us that this would be replaced in February 2026 by a new approach to case reviews, preceded by a management “deep dive” into a sample of cases. The GOC will also conduct quarterly dip-sampling of cases and results will be reported to the Senior Management Team.
- Shared a summary of its most recent FTP audit,<sup>15</sup> which looked at 131 decisions made between April 2024 and March 2025. It found substantial compliance with the GOC's statutory obligations and only one case where the decision potentially gave rise to risks to the public.

17.7 We welcome the steps taken by the GOC, including its new risk assessment guidance as this should support improvements. The new guidance is more comprehensive than the guidance that was in place for the cases we audited, although it could be strengthened further by expanding the list of standard risk factors caseworkers should be alert to as it remains more limited than those used by some other regulators.

17.8 We acknowledge the findings of the GOC's own audit. However, there is a limit to the weight we can attach to this evidence as we have not seen the full report and the focus of the audit was different to our own audit.

**Conclusion: Our audit highlighted that improvements are needed in the quality and timeliness of some of the GOC's risk assessments. However, it also provided assurance that, in most cases, the GOC is identifying and prioritising serious cases appropriately. The GOC's own audit provides some further, albeit limited, assurance of the GOC's performance against this Standard. And the data shows the GOC continues to act promptly when it identifies risks in cases. On balance, we concluded that this Standard is met. Next year, we will monitor for evidence of improvements in the areas highlighted by our audit.**

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<sup>15</sup> The GOC commissions an external law firm to conduct an annual audit of its FTP decisions.

## 18. All parties to a complaint are supported to participate effectively in the process.

### Support for parties

18.1 The GOC has the following arrangements in place to support parties to participate effectively in the fitness to practise process:

- A new Customer Care Charter, launched in March 2025, with accompanying service level agreements.
- Published guidance and information about its fitness to practise processes on its website and social media channels, tailored for different audiences where appropriate.
- An FTP Focus newsletter for registrants published at least twice a year. The July 2025 edition was on the role of the Triage team and the Optical Consumer Complaints Service (OCCS).
- A best practice standard for stakeholder support, introduced for caseworkers in July 2024. It explains why supporting stakeholders to a case is important and provides practical tips and factors to consider. It also notes that a Stakeholder Handling Plan may be necessary where stakeholders have additional needs or vulnerabilities.
- Its new Case Management System will automate some previously manual tasks, enabling enhanced management oversight and allowing staff to focus on other case progression and customer service activities.
- A partnership with Victim Support, launched in August 2025, which focuses on providing independent help to all parties involved in FTP investigations.
- Quarterly meetings with the Defence Stakeholder Group (DSG) and an annual business registrant event where feedback, views and information can be shared.

### Our audit findings

18.2 Our audit findings were mixed. We saw:

- Examples of sensitive case handling, including consideration of the wellbeing of the parties.
- Parties being asked at the outset (via the GOC's referral form) about their communication preferences and any required adjustments.
- The GOC's template investigation letter sets out estimated timeframes for the investigation and explains when the GOC will provide updates (however this was only sent if a case progressed past triage).

- Evidence of regular contact with the case parties for at least part of the duration of the case and contact was usually within or just outside the GOC’s internal target for updating parties (every three months).

18.3 However, we also saw:

- Six cases with one or two instances where the GOC had no contact with one or more parties for over five months. In some cases, contact was either instigated by the other party or because the GOC needed information. Regular case reviews took place but do not appear to have been effective in ensuring parties were always kept updated.
- Four cases where the GOC did not notify one or more parties of the outcome and eight cases where the GOC took over a month to share the outcome.
- Twelve cases where the GOC did not clearly and transparently explain why the case was closed. This is an area we flagged for improvement when we last audited the GOC in 2021/22. The GOC was responsive and took steps to address our feedback but our findings this year suggest more needs to be done.
- The introductory correspondence could provide more comprehensive information about the triage process and better manage expectations by explaining the next steps to be taken, estimated timeframes, how decisions will be made and when the GOC will provide updates.

### GOC’s response to our audit findings

18.4 The GOC:

- Developed an action plan in response to our audit findings which includes: work to update its triage guidance on party updates; a review of stakeholder support mechanisms; and the development of a framework for updates at investigation stage, tailored to stakeholder needs and informed by a review of triage and investigation cases conducted by the GOC in the last quarter of 2025.
- Shared up-to-date data showing it provided updates every three months in over 80% of cases between April and September 2025.
- Used its annual business engagement day in November 2025 to improve understanding of the types of referrals it can deal with and the information it needs to progress cases. It also shared the findings from the Witness to Harm research<sup>16</sup> to help improve employers’ understanding of the need for support for witnesses through the fitness to practise process.

**Conclusion: Our audit found that the GOC did not always provide updates to parties – a key tool for supporting parties during the process – and its management controls do not appear to have been effective at identifying and addressing these**

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<sup>16</sup> <https://wels.open.ac.uk/research/projects/witness-harm-holding-account>

issues when they occurred. While most updates were within or just outside the GOC's internal targets, this means contact with parties was typically every three to four months. Some may consider this to be a long time so we would encourage the GOC to ensure it manages people's expectations from the outset of a case. The GOC has a variety of mechanisms in place designed to ensure parties are supported to participate in its fitness to practise process and we saw evidence of this taking place in our audit. On balance, we decided the Standard was met overall. We will monitor the impact of the GOC's action plan in addressing the areas identified for improvement.

## Quick links/find out more

- Find out more about our [performance review process](#)
- Read the [GOC's 2023/24 performance review](#)
- Read our [Standards of Good Regulation](#)
- Read our [new evidence framework for Standard 3](#)

**Public**  
**C11(26)i.**

## **COUNCIL**

### **Health and Safety Update**

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**Meeting: 11 March 2026**

**Status:** For noting

**Lead responsibility:** Marc Stoner (Director of Corporate Services)

**Paper Author(s):** Marc Stoner (Director of Corporate Services)

#### **Purpose**

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1. To enable Council to note the updated Health and Safety (H&S) compliance survey.

#### **Recommendations**

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2. Council is asked to:
  - Note the contents of the reports.

#### **Strategic objective**

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

#### **Background**

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4. The annual H&S compliance survey was undertaken by Stallard Kane Associates Ltd on 12 January 2026 at our new premises on Floor 29, One Canada Square, Canary Wharf.
5. The purpose of the review was to assess the effectiveness of the organisation's H&S management system, identify hazards and risks to staff and visitors, and make recommendations to strengthen compliance with relevant legislation and industry standards

#### **Analysis**

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6. The overall score for the audit was 88.81% (Bronze standard), compared to the previous audit score of 96.21% (Gold standard) achieved in our previous premises. A lower score was expected as we have recently occupied the new premises and we continue to embed new processes aligned to the management arrangements at One Canada Square. Notwithstanding the lower score, the audit confirmed that overall health and safety standards remained satisfactory, with several areas demonstrating strong compliance and good practice.

7. Below is summary of the actions from the report. The full report can be found at annex one
8. A total of four high-priority actions were identified, with a required completion date of 12 February 2026. These included updating the general and fire risk assessments, introducing measures to manage wet or slippery floor surfaces (e.g., provision of warning signage), and ensuring all fire protection equipment is serviced and maintained by competent engineers. These actions have now been completed.
9. Four medium-priority actions were identified with a target completion date of 12 April 2026. These relate to strengthening the organisation's core safety management controls. Specifically, the H&S policy and statement of intent require updating, signing by the Chief Executive and Registrar, and prominently displayed; that risk assessments must be effectively communicated to employees with a method for recording staff acknowledgement; and the organisation must implement a formal programme of monthly safety inspections, as no regular inspections are currently recorded. Work is underway to address all medium-priority items.
10. One low-priority action was identified with a target completion date of 12 July 2026. This relates to completing a formal first aid risk assessment and acting on any significant findings.
11. In addition to areas requiring attention, the review identified several aspects of good practice, including: clear walkways and good housekeeping; up-to-date DSE assessments; well-maintained welfare facilities; compliant electrical and mechanical safety testing; strong contractor management; and effective fire safety arrangements such as trained wardens, visible fire plans and signage, and annual evacuations coordinated by the landlord. These areas will continue to be monitored and maintained as part of ongoing compliance activity.
12. Following the completion of the compliance review, the organisation is expanding its facilities and health and safety performance reporting to include incident reporting, policy compliance, results of risk assessments and inspections, and training metrics. Regular updates on the implementation of recommendations arising from the survey will be provided to the Audit, Finance and Risk Committee (ARC).
13. One a quarterly basis, a compliance report in relation to H&S is presented to the ARC. By way of assurance the quarter 3 report is captured below:

Activities this Quarter (Q3 2025/26)	Next Priorities (Q4 2025/26)
<ul style="list-style-type: none"> <li>• Successful fire evacuation drill at Level 10 in July.</li> <li>• Continue to monitor contractors on their final stages of repairs and snagging.</li> <li>• Insurance renewal completed below expected increases on premiums.</li> <li>• No near misses reported.</li> <li>• No breaches in H&amp;S policy.</li> <li>• Hybrid H&amp;S and Facilities inductions continue to take place for new starters.</li> <li>• No requests for advance DSE external consultants in this quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperate with Canary Wharf on their fire warden fire evacuation practice in November at One Canada Square.</li> <li>• Update all H&amp;S signage at the office and online information on IRIS.</li> <li>• H&amp;S audit with independent consultants scheduled for December</li> <li>• Renew qualification and invite other volunteers to be trained as Fire Wardens.</li> <li>• New staff are now encouraged to take their Facilities and H&amp;S inductions when they join the GOC</li> </ul>

**Finance**

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14. The budget has been reviewed and approved for the associated costs.

**Risks**

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15. No additional or imminent risks were identified but recommendations were made to strengthen the current measures in place.

**Equality Impacts**

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16. No adverse effects were identified however, we continue to identify staff that may require additional assistance.

**Devolved nations**

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17. N/A

**Other Impacts**

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18. N/A

**Communications**

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**External communications**

19. None required in this instance.

**Internal communications**

20. The Health and Safety page on IRIS is up to date and contains the current H&S Policy, GOC H&S statement of intent, H&S booklet as well as relevant forms for staff to easily access.

**Next steps**

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N/A

**Attachments**

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**Annex one:** The General Optical Council - H&S Office Compliance Survey January 2026.



# Office Compliance Survey

## The General Optical Council



### January 2026



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[www.stallardkane.co.uk](http://www.stallardkane.co.uk)

**one of the team**

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## Executive Summary

This audit was undertaken at the company's site at Floor 29, One Canada Square, Canary Wharf, London, E14 5AA on 12/01/2026, in order to carry out a full review of the organisations existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices. For example; HSG65 - Managing for Health & Safety.

The objective of the audit was to review the company's entire Health & Safety Management System. Also, to identify hazards and risks to the organisation as well as its employees, visitors etc. make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.

The General Optical Council is the regulator for the optical professions in the UK. The organisation's head office is located on the 29th floor of a 50-storey multi-occupied partially serviced commercial building in the City of London. The premises consist of 1 large open-plan office, meeting rooms, offices, storage room, IT/server room, a reception, and staff kitchen area. At the time of the visit, there were a few employees in the office as most of the employees work from home. The company has only occupied the premises for less than a year and Jacob was aware that there were some shortfalls in the management of health and safety, however the health and safety standard in the organisation appeared satisfactory. Some actions have been raised below to further improve the health and safety standard in the organisation.

Recommendations for improvement have been identified, many of which require only a commitment of time and effort. Recommendations are detailed in the "Hazard Identifiers and Action List" on the following page. The actions requiring attention have been categorised in separate Action Plans, following a RAG System (Red, Amber, Green, with a final table of "Goodwill Advice" – each having guided timescales for completion, based on the level of priority.

This allows you to easily identify the higher priority actions which require urgent attention.

Following the Action Plans is the main body of the report detailing all findings and recommendations as a result of the Audit.

Your overall score for this Health & Safety Compliance Audit is **88.81%** which is a Bronze standard.

Claire Cook Tech IOSH  
Health and Safety Advisor

Stallard Kane Limited

## Hazard Identifiers & Action List

<b>HIGH PRIORITY</b>	Deficiencies should be addressed within 1 month or time specified
<b>MEDIUM PRIORITY</b>	Deficiencies should be addressed within 3 months
<b>LOW PRIORITY</b>	Deficiencies should be addressed within 6 months
<b>GOODWILL ADVICE</b>	Recommendations should be considered

### Action Plan - High Priority

Item No.	Section	Action to eliminate or reduce risk	Target date	Completion date	Completion signature
H1	Risk Assessments	Risk assessments can be made suitable and sufficient by reviewing them when anything changes or annually.	12/02/2026		
H2	General Safety	The company need to have measures in place in order to counter any issues that may arise from the flooring.	12/02/2026		
H3	Fire Management	Ensure that a fire risk assessment is completed by a trained and competent person and that any actions raised are completed. We can provide a fire risk assessment service if required.	12/02/2026		
H4	Fire Management	Have all equipment maintained by a competent engineer. Keep a documented record of this.	12/02/2026		

Action Plan - Medium Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
<b>M1</b>	Safety Policy Management	SKA will create a health and safety policy, ensure that this is signed by the CEO and available to employees.	12/04/2026		
<b>M2</b>	Safety Policy Management	SKA will provide a health and safety statement of intent. Ensure that this is reviewed, signed and displayed in a prominent position in the workplace.	12/04/2026		
<b>M3</b>	Risk Assessments	All risk assessments should be effectively communicated to relevant employees who should acknowledge their receipt and understanding.	12/04/2026		
<b>M4</b>	Audits and Inspections	Safety audits should be conducted at least monthly to provide a proactive, documented approach to health and safety. We have a format available to send to you or to download from the member's area, these audits could be done along with all the other fire related tests and inspections.	12/04/2026		

**Action Plan - Low Priority**

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
<b>L1</b>	Occupational Health	Record a first aid risk assessment and act on any significant findings.	12/07/2026		

## Action Plan - Goodwill Advice

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
<b>G1</b>	Services	Continue with good practice. Ensure that a thorough examination is completed annually in line with the Pressure Systems Safety Regulations 2000.			

*Note that completion of any of the above requirements does not necessarily imply compliance with current Building, Local Authority, Fire, Environmental, Health and Safety or other Legislation. It is your duty to ensure that you comply with all aspects of current legislation.*

## Health & Safety Compliance Survey

<b>Name of Client:</b> The General Optical Council	<b>Name and Position of Person Seen:</b> Jacob Sanchez, Facilities Manager	<b>Number of Employees:</b> 108	<b>Date of Survey:</b> 12/01/2026
<b>Name of Surveyor:</b> Claire Cook	<b>Marking Guide:</b> <ul style="list-style-type: none"> <li>• N/A - Not Applicable</li> <li>• 0 - Fails to Meet Requirements</li> <li>• 1 - Below Standard</li> <li>• 2 - Satisfactory</li> </ul>		

Section	Remarks	Score	Action Recommended	Compliant?
<b>Specific Risk Management</b>				
Are risk assessments in place for workers under the age of 18 (young Workers)?	Jacob confirmed that the company does not have anyone under the age of 18 that works for the company at the moment. The company have had under 18's work for them previously and a risk assessment is completed each time.	N/A	No further action required.	N/A
Does the company employ anyone with a disability?	The company does have a staff member with a disability. There is a suitable procedure in place for when the individual is in the office. The individual works from home the majority of the time.	2	Ensure to update the risk assessment if the staff members line of work or activities change.	Yes
Does the company employ any new or expectant mothers?	The company does have a new or expectant mother employed. There is a suitable and sufficient risk assessment in place covering all their areas of work.	2	Ensure to update the risk assessment if the staff members line of work or activities change.	Yes

<b>Specific Risk Management</b>				
Does the company employ Non-English speaking employees?	All employees are English speaking, procedures are not required.	N/A	No further actions required.	N/A
Is lone working carried out in the company?	Lone working is carried out as part of some of the company activities. A method of communication is in place and documented, with high risk activities avoided wherever possible.	2	Continue with good practice.	Yes
<b>Liability Insurance</b>				
Is an in date, company liability Insurance certificate displayed?	The employer's liability insurance certificate is in date and displayed in the main office area.	2	Continue with good practice	Yes
What insurance company does the company use?	The company uses Hiscox as their insurer	N/A	No further actions required	N/A
Which insurance broker do you use?	The company use Packetts as their insurance broker.	N/A	No further action required.	N/A
<b>Safety Policy Management</b>				
Does the company have a Health and Safety Policy?	There is a health and safety policy however it is not signed / out of date.	1	SKA will create a health and safety policy, ensure that this is signed by the CEO and available to employees.	No
Is there a Health and Safety Statement of Intent in place?	There is a signed and dated health and safety statement of intent available but it is not signed or displayed in a prominent position.	1	SKA will provide a health and safety statement of intent. Ensure that this is reviewed, signed and displayed in a prominent position in the workplace.	No

<b>Safety Policy Management</b>				
Does the company issue Health and Safety Booklets?	Health and safety booklets have been issued to employees with acknowledgment emails seen.	2	Continue with good practice	Yes
Has the nominated person or director for health and safety had any formal training in H&S?	The nominated person(s) for health and safety have undertaken NEBOSH General Certificate.	2	Good practice. Ensure that the training is refreshed in line with the course provider's recommendations.	Yes
Is the main contact the person who deals with the insurance or is it someone else? If they are not, please enter their name and email address.	Yes	N/A	No further action required.	N/A
<b>Risk Assessments</b>				
Have suitable and sufficient risk assessments been carried out for all tasks and activities?	Risk assessments were in place however they were not suitable and sufficient because it has not been reviewed since the company moved into the building approx. 6 months ago.	1	Risk assessments can be made suitable and sufficient by reviewing them when anything changes or annually.	No
Have DSE assessments been carried out with office staff?	All DSE users have completed workplace assessments any issues raised are actioned. This is completed through the intranet and completed assessments are sent to Jacob.	2	Continue with good practice	Yes
Have manual handling assessments been carried out for regular lifting activities carried out within the offices?	Manual handling risk assessments have been completed as part of the risk assessment process and are reviewed annually. A specific manual handling risk assessment is not necessary.	2	Continue with good practice. Ensure to update if procedures change.	Yes

<b>Risk Assessments</b>				
Are risk assessments communicated to relevant employees?	Risk assessments are not communicated to relevant employees, although it is on the intranet for all staff there is currently no means of recording who has read it.	0	All risk assessments should be effectively communicated to relevant employees who should acknowledge their receipt and understanding.	No
<b>General Safety</b>				
Are aisles, doorways and corners free of obstructions to permit visibility and movement?	No obstruction to movement or visibility throughout the work premises.	2	Continue with good practice. Ensure to monitor the premises regularly to prevent this from happening.	Yes
Are chairs in safe condition and are caster, rungs and legs sturdy?	Chairs are in good condition and are more than safe to use.	2	Continue with good practice. Ensure to monitor the condition of the work equipment regularly.	Yes
Are all equipment and supplies in their proper places?	All equipment and supplies are adequately stored.	2	Continue with good practice.	Yes
Is there adequate walking and egress clearance? i.e. along corridors, exit routes etc.	At the time of the inspection all corridors and exit routes were clear of obstructions.	2	Continue with good practice. Monitor these areas regularly to ensure there are no obstructions.	Yes
Are mechanical means e.g. trolleys etc. available for use in transporting heavy objects and boxes?	Mechanical means are available.	2	Continue with good practice and ensure that the mechanical means provided are well maintained and staff are adequately trained to use them.	Yes
Is housekeeping being adequately maintained?	Housekeeping is maintained at a good standard	2	Continue with good practice. Ensure that you continually monitor the housekeeping throughout work areas periodically.	Yes

<b>General Safety</b>				
<p>Are measures in place to warn of wet, slippery or faulty floor surfaces?</p> <p>Such as:</p> <p>A warning sign is available in case of spills?</p> <p>Cleanup supplies are readily available?</p> <p>Non-slip mats are in entryways if needed?</p>	<p>The company does not have any measures in place in the event of a wet, slippery, or faulty floor surface, i.e. warning sign.</p>	0	<p>The company need to have measures in place in order to counter any issues that may arise from the flooring.</p>	No
<p>Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams?</p>	<p>Carpeted areas are cleaned and in an adequate condition.</p>	2	<p>Continue with good practice.</p>	Yes
<p>Is any equipment or supplies protruding into walkways?</p>	<p>At the time of the audit all walkways were clear and easily accessible.</p>	2	<p>Continue with good practice.</p>	Yes
<p>Is adequate access equipment provided for employees to eliminate the need to use chairs to reach high objects? If so, are they subject to regular inspections?</p>	<p>No items are stored at height therefore there is no requirement for access equipment to be used in the work premises.</p>	N/A	<p>No further action required</p>	N/A
<b>Services</b>				
<p>Has the company had electrical fixed mains inspections carried out?</p>	<p>The Company has had a full fixed mains inspection carried out, the last one being May 2025 by Modec Soft.</p>	2	<p>Continue with good practice</p>	Yes
<p>Are mains gas appliances used in the company?</p>	<p>There are no mains gas appliances used.</p>	N/A	<p>No further action required</p>	N/A

Services				
Does the company use Liquid Petroleum Gas (LPG) and other bottled gas?	There are no LPG, or any other cylinder/bottled gas used by the Company	N/A	No further action required.	N/A
Does the company use compressors and pressure systems?	There are compressors and/or pressure systems - coffee machines used, relevant maintenance has been undertaken and record held. The coffee machine is leased and less than a year old.	2	Continue with good practice. Ensure that a thorough examination is completed annually in line with the Pressure Systems Safety Regulations 2000.	Yes
Are plug sockets overloaded?	At the time of the audit the electrical sockets seen whilst carrying out the audit appeared to be managed well.	2	Continue with good practice.	Yes
Is the use of extension leads / multi sockets avoided where possible in favour of fixed power points / wiring?	Fixed power points used where necessary	2	Continue with good practice	Yes
Have portable appliances been appropriately tested by a competent person (PAT)?	PAT testing was completed on Nov 2025.	2	Continue with good practice. Ensure to keep the portable appliance well maintained.	Yes
Are portable appliances, including cables and plugs are in good condition?	At the time of audit all cables and plugs appeared to be in good condition.	2	Continue with good practice	Yes
Are electrical cupboards / fuse boards free from storage and obstruction?	The electrical fuse board is in the landlords area and is kept locked.	N/A	N/A	N/A

<b>Building Condition / Maintenance</b>				
Are doors and locks in good working order?	At the time of audit, all doors appear to be in good condition and locks appear to be in good working order.	2	Continue with good practice	Yes
Are ceiling tiles intact, undamaged and in place?	Ceiling tiles in good condition	2	Continue with good practice. Monitor their condition checking for damage regularly.	Yes
Are floor surfaces firm and level without damage or defect? E.g. upturned floor tiles etc.	Floor surfaces in good condition	2	Continue with good practice. Monitor regularly to identify any damage	Yes
Stairways are in good repair with handrails and non-slip tread?	Stairways are in the landlords area and are predominantly for emergency escape.	N/A	No further action required.	N/A
Are all windows unbroken and free from any type of damage?	At the time of audit all windows appeared to be in good condition, windows do not open.	2	Continue with good practice. Ensure to monitor regularly.	Yes
Has Air-Conditioning been serviced in accordance with manufacturer's instructions?	Air-condition serviced regularly and service report available.	2	Continue with good practice	Yes
Does the exterior of the building present a safety concern? E.g. loose fittings and fixtures	Building in good condition, no external concerns.	2	Continue with good practice	Yes
Is the car park free of any safety concern? (i.e. overgrown landscaping, uneven pavement, traffic hazards)	No car park for the building	N/A	No further actions required.	N/A

<b>Contractors and Sub-Contractors</b>				
Does the company use contractors/sub-contractors and if so, has a formal process been adopted to ensure the competence of such contractors is assured?	Health and safety information is obtained formally from contractors / sub-contractors, held on record and an approved contractor / sub-contractor register is updated.	2	Continue with good practice.	Yes
Is the health and safety performance of contractors audited?	Contractor / sub-contractor performance is monitored during visits.	2	Continue with good practice	Yes
<b>Accident and Incident Management</b>				
Does the company have an accident book or other means of recording accident information?	There is a means for recording accidents available, all accident entries are kept separate in a secure location.	2	Continue with good practice. Ensure all staff are aware on the procedure in place to report an accident	Yes
Do accident trends and significant accidents get investigated?	Accident trends are reviewed by management but there have not been any significant accidents to investigate	2	Continue with good practice	Yes
Does the company have a near miss or incident reporting procedure in place?	There is a formal process in place for recording near misses, they are recorded, actioned and findings are communicated back to employees	2	Continue with good practice.	Yes
Has the company had any enforcement actions over the last year?	The company has not been issued with any enforcement action in the past year.	N/A	No further action required.	N/A

<b>Accident and Incident Management</b>				
Have accidents been recorded and reported, where necessary to the enforcing authority, in accordance with RIDDOR in the last 12 months?	The company are fully aware of the requirements for reporting accidents and incidents under RIDDOR but there has been no requirement to do so because there have not been any reportable accidents.	N/A	No further action required.	N/A
<b>Occupational Health</b>				
Has a first aid risk assessment been conducted and actioned?	A first aid risk assessment has not been completed.	0	Record a first aid risk assessment and act on any significant findings.	No
Are adequate first aiders available?	There are an adequate number of trained first aiders available to cover all hours of operation of the business	2	Continue with good practice.	Yes
Are notices displayed indicating locations of first aiders and the first aid boxes?	There are notices/certificates to indicate the location of first aid boxes and names of first aiders.	2	Continue with good practice	Yes
Are first aid boxes available and inspected once a month to replace any used or out of date items?	There are first aid boxes available and recorded inspections are completed periodically.	2	Continue with good practice	Yes
Does the business have any mental health first aiders?	The business has an adequate number of trained mental health first aider(s)	2	Continue with good practice	Yes
<b>Training</b>				
Is induction training given to employees?	Induction training is given to all employees at the start of their employment. This is documented and kept on file.	2	Continue with good practice.	Yes

<b>Training</b>				
Is individual training carried out on machinery etc.?	There is no machinery in the company which requires training.	N/A	No further actions required.	N/A
<b>Audits and Inspections</b>				
Are office health and safety audits or inspections completed on a regular basis and recorded?	Documented safety audits are not completed or are very sporadic.	0	Safety audits should be conducted at least monthly to provide a proactive, documented approach to health and safety. We have a format available to send to you or to download from the member's area, these audits could be done along with all the other fire related tests and inspections.	No
<b>Fire Management</b>				
Has a fire risk assessment been carried out for the premises?	There is currently no fire risk assessment in place.	0	Ensure that a fire risk assessment is completed by a trained and competent person and that any actions raised are completed. We can provide a fire risk assessment service if required.	No
Are fire plans available for the premise?	Fire plans are available and are displayed in prominent positions around the site.	2	Continue with good practice.	Yes
Are extinguishers provided in suitable locations, accessible and inspected?	A suitable amount of fire extinguishers are provided throughout the premises. They are regularly inspected and deemed suitable for use.	2	Continue with good practice.	Yes
Are fire procedures displayed in appropriate locations?	At the time of the audit fire procedures were displayed in various locations around the site	2	Continue with good practice. Ensure these are updated accordingly when required.	Yes
Have fire wardens been appointed and trained?	A suitable number of fire wardens have been trained.	2	Continue with good practice. Ensure training is refreshed when necessary	Yes

<b>Fire Management</b>				
Are escape routes and assembly points adequately signed (visible, and/or illuminated)?	Fire signage within the workplace is in good condition and fully visible.	2	Continue good practice. Ensure they are monitored regularly to check for damage or obstructions.	Yes
Are procedures in place to ensure stairways are not being used for storage?	The stairs are the landlords responsibility.	N/A	No further action required.	N/A
Are exit doors closed and not propped open?	Exit doors closed throughout the building.	2	Continue with good practice. Ensure staff are aware they must stay closed.	Yes
Are fire evacuations carried out at least annually?	Documented fire evacuations are carried out on an annual basis - landlords responsibility.	2	Continue with good practice. Ensure to document these.	Yes
Are alarms activated weekly and recorded?	Alarms activated weekly and recorded - landlords responsibility.	2	Continue with good practice. Ensure to report any faults with the alarms	Yes
Has emergency lighting been inspected, tested and recorded?	Emergency lighting inspected and recorded on a monthly basis.	2	Continue with good practice. Ensure you report any faults and have them repaired by a competent person.	Yes
Are all employees familiar with fire extinguishers and the types of fire they are used to extinguish?	All employees are familiar with the types of fire extinguisher around site and signage is in place. Training has been carried out.	2	Continue with good practice. Ensure all new staff are also trained.	Yes
Do all employees receive basic fire safety awareness training annually?	Employees received formal basic fire safety training which is refreshed annually as part of the DSE assessment which is done annually.	2	Continue with good practice. Ensure all any new staff also receive this training.	Yes

<b>Fire Management</b>				
Where premises are occupied by more than one occupant have fire emergency procedures been shared between all occupants?	Fire emergency procedures have been shared between all occupants by the landlord.	2	Continue with good practice. Ensure to update other occupants of the building if there are any updates to your procedures.	Yes
Are all alarms, emergency lighting, and other fire protections systems maintained by competent engineers?	Not all the equipment is maintained by a competent engineer - fire extinguishers should have been serviced in Nov 2025 but has not been completed.	0	Have all equipment maintained by a competent engineer. Keep a documented record of this.	No
<b>Control of Substances Hazardous to Health (COSHH)</b>				
Are COSHH assessments available for all significant substances?	COSHH assessments are available for all products used within the office by the cleaning contractor, these are updated on an annual basis by and communicated to all users.	2	Continue with good practice. Review these annually.	Yes
Are hazardous substances stored in suitable secure cabinet or store?	Yes, all substances are stored correctly and managed well.	2	Continue with good practice. Monitor regularly to check for leaks or damage.	Yes
<b>Safety Signage</b>				
Is a copy of the latest health and safety Law poster displayed and contact details completed?	The poster is displayed and is the most up to date poster although no contact details have been completed.	2	Continue with good practice.	Yes
Has health and safety signage been audited and deemed adequate throughout the premises?	Signage is in place and audited regularly to ensure missing signs are renewed or replaced and new hazards identified.	2	Continue with good practice.	Yes

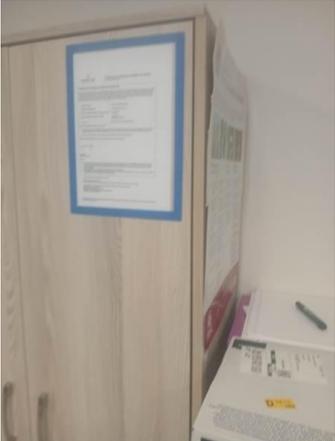
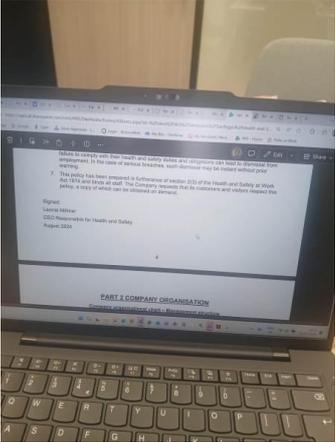
<b>Driving Risk Management</b>				
Do employees drive company vehicles?	The company does not drive vehicles as part of their work activities.	N/A	No further actions required	N/A
Are regular driving license checks completed?	Employees do not drive company vehicles.	N/A	No further action required	N/A
Does the company have a driving policy?	The Company does not have any vehicles.	N/A	No further actions required	N/A
<b>Welfare Arrangements</b>				
Is there suitable welfare provision available and appropriate to the working environment?	There is suitable and sufficient welfare provision in place which is cleaned on a regular basis (landlords responsibility).	2	Continue with good practice.	Yes
Is heating, ventilation and lighting adequate for the workforce inside and out?	Heating, ventilation and lighting provision throughout site is adequate. Heating is achieved by A/C and the windows don't open.	2	Continue with good practice.	Yes
Is a clean supply of drinking water available?	Clean water facilities are available	2	Continue with good practice	Yes
<b>Asbestos Management in Non-Domestic Premises</b>				
Has an asbestos survey been conducted to determine the possible location, type and condition of asbestos containing materials (ACM) on or within the premises?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions required	N/A
Has an asbestos management plan for the premises been completed and actioned?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions required	N/A

<b>Asbestos Management in Non-Domestic Premises</b>				
Where employees may potentially disturb or discover asbestos or ACM's, are they trained in asbestos awareness or none licensed asbestos work? Training should be UKATA approved?	Asbestos training is not required by the company.	N/A	No further actions required	N/A
Where employees have been trained in asbestos awareness or none licensed work, have they had refresher training within the last 12 months?	N/A as the company do not carry out work associated with asbestos.	N/A	No further actions are required.	N/A
<b>Additional Observations</b>				
Is smoking in the workplace controlled and specific covered areas designated?	Smoking is not allowed anywhere on site.	N/A	No further action required.	N/A
Has a legionella or other biological risk assessment been conducted	Yes, a legionella, leptospirosis risk assessment has been complete and actioned by the landlord.	2	Continue with good practice	Yes

**Additional Comments:**

<b>Overall Mark</b>	
<b>Possible Score:</b>	134
<b>Actual Score:</b>	119
<b>Percentage:</b>	<b>88.81%</b>

## Appendix One - Photographs

Section	Evidence
<p><b>Section:</b> Liability Insurance</p> <p><b>Question:</b> Is an in date, company liability Insurance certificate displayed?</p>	 <p>Employers' liability insurance certificate displayed in the main office area.</p>
<p><b>Section:</b> Safety Policy Management</p> <p><b>Question:</b> Is there a Health and Safety Statement of Intent in place?</p>	 <p>H&amp;S Statement of Intent available on the intranet but not signed or displayed.</p>
<p><b>Section:</b> General Safety</p> <p><b>Question:</b> Is any equipment or supplies protruding into walkways?</p>	 <p>Clear unobstructed walkway.</p>

Section	Evidence
<p><b>Section:</b> Occupational Health</p> <p><b>Question:</b> Are notices displayed indicating locations of first aiders and the first aid boxes?</p>	 <p>Sign with names of first aiders / fire marshals / mental health first aiders.</p>
<p><b>Section:</b> Occupational Health</p> <p><b>Question:</b> Are first aid boxes available and inspected once a month to replace any used or out of date items?</p>	 <p>First aid kit checks record in the first aid box.</p>
<p><b>Section:</b> Fire Management</p> <p><b>Question:</b> Are fire plans available for the premise?</p>	 <p>Fire plan displayed next to the entrance door to the office.</p>

Section	Evidence
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**Section:** Fire Management  
**Question:** Has emergency lighting been inspected, tested and recorded?



Emergency lighting checks completed by an electrician.

**Section:** Fire Management  
**Question:** Are all alarms, emergency lighting, and other fire protections systems maintained by competent engineers?



Fire extinguisher service overdue.

**Section:** Safety Signage  
**Question:** Is a copy of the latest health and safety Law poster displayed and contact details completed?



H&S Law poster displayed in the office.

## COUNCIL

### Financial performance: to 31 December 2025 and Q3 Forecast

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**Meeting:** 11 March 2026

**Status:** for noting

**Lead responsibility:** Marc Stoner,  
Director of Corporate Services

**Paper author:** Manori Wickremasinghe,  
Chief Financial Officer

#### Purpose

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1. To provide Council with a summary of financial performance for the nine months to 31 December 2025, and the Q3 forecast for the 2025–26 financial year. These reports were reviewed by the Audit, Finance and Risk Committee (ARC) on 24 February 2026

#### Recommendations

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2. Council is asked to:
  - **note** the financial performance for the nine months ending 31 December 2025 in annex 1.
  - **note** the Q3 forecast for the current 2025-26 financial year in annex 2.

#### Strategic objective

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

#### Background

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4. This report covers the financial performance in the nine months to 31 December 2025 and the forecast to 31 March 2026.
5. There are two financial reports for review at this meeting as listed below.
  - actual financial performance to 31 December 2025 (annex 1).
  - Q3 forecast for 2025-26 (annex 2).
6. 2025/26 is the first year of the GOC's five-year corporate strategy.

#### Analysis

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##### Actual financial performance to 31 December 2025

7. In the nine-month period we continued to deliver a strong financial performance, resulting in a positive variance (before unrealised investment gains) of £419k against budget and £231k against the Q2 forecast. Business-

as-usual (BAU) results, excluding reserve expenses, show a £774k positive variance to budget and £93k to forecast.

8. The key performance indicator (KPI) is at 8% and is within the accepted +/-5% range of the forecasted target but varies by 8% from the budgeted KPI to date. KPIs are balanced over a five-year horizon.
9. Both income and expenditure drivers contributed to the improved financial performance. The BAU results show minimal variance with savings and delays partially offsetting additional costs. The strategic projects are progressing within the Councils' approved budget limits. Some of the strategic projects are multi-year and only 2025-26 costs are shown in the report.
10. This period saw an underutilisation of contingency spent. Areas of the business, driven by external pressures, in regulatory operations had increased costs and activities. The staff vacancy provision, introduced this year, reduced the impact of staff vacancies. There were some savings from streamlined QA activities in Education operations, and some delays due to introducing a new methodology and adaptation delays by institutions.
11. The growth in the market value of the investment portfolio further contributed to strong unrealised investment gains, which led to a high surplus and increased reserve levels.
12. The investment portfolio remains volatile, posing risks to reserve levels. Staff vacancies may strain operations. There could be potential risks in cybersecurity threats. Continued volatile market conditions may affect our future financial performance by reducing the market value of our investments. This is a risk and we regularly monitor it to keep us updated.
13. All known risks are reviewed regularly and mitigated. Quarterly forecasts incorporate all known variances, new trends, and known external changes.
14. The prime reasons for variances are highlighted under the key drivers in Annex One, along with potential risks and potential future impacts of the financial performance.

#### Q3 2025/26 forecast

14. The 2025-26 Q3 forecast shows an overall improvement in financial performance compared to both the approved budget (February 2025) and the previous forecast (October 2025). The Q3 forecast for 2025-26 at £816k indicates a £1,266k and £710k positive variance against the budget and Q2 forecast.
15. High levels of performance in the investment portfolio, adding £1.0m to the market value of investments, are the main reason for the above high variances. The unrealised gains impacted the final surplus by £951k and £457k against the budget and Q2 forecast.

16. The BAU expenditure is funded by our annual income, primarily from registration fees. The variance through BAU operations was £437k and £6k against the budget and Q2 forecast.
17. The reserve expenditure consists of strategic projects and expenditure of a non-BAU and contingent nature, some of which extend over multi-year periods. All reserve expenditure related to strategic and Infrastructure dilapidation reserves was approved by Council. The reserve expenditure was shifted from 2024-25 to 2025-26 due to delays in the future office accommodation (FoA) project, performance behaviours framework (PBF) project and the review of the employment/worker status project. The payment of arrears on worker holiday pay and pensions project were completed during Q3. The FoA project is in the final stages with a small fund carrying to 2026-27. The complex cases legal reserve, a contingent reserve, was used minimally during the period, as no new complex cases were identified.
18. The Q3 forecast considered all known changes to operations since the Q2 forecast, including external impacts, adequate contingencies and demand-led areas such as fitness to practice. The period was marked by high variances in external facing operations, contingency costs and new activities.
19. The cumulative result is a forecast of £816k improvement in the reserves at the end of 2025-26, which will enable us to better provide for future operations and projects and be prepared for unforeseen activities. Overall, the Q3 position reflects strong cost management, improved income, and prudent reforecasting across multi-year projects.
20. More details, including key drivers, risks and impacts, are provided in the narrative in annex two.
21. Regular quarterly reforecasting maintained improved accuracy while ensuring the risks associated with delivering the budget are visible to the Council, ARC, and SMT.

## **Finance**

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

## **Risks**

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10. The following risks are associated with finance, as identified in the corporate risk register:
  - We are unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively;
  - We fail to deliver value for money;

- Capability and resilience: Small teams and reliance on particular individuals, causing burnout and errors and/or impacts organisational delivery if absent or on departure.

11. Reporting and monitoring financial performance against budgets and forecasts is a fundamental part of managing and mitigating these risks.

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### **Equality Impacts**

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12. No equality impact assessment has been undertaken as this paper is for reporting purposes only.

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### **Devolved nations**

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13. There are no implications for the devolved nations.

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### **Communications**

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#### **External communications**

14. None planned.

#### **Internal communications**

15. The financial report is shared with the Leadership Team and SMT as part of the regular financial reporting process.

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### **Next steps**

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16. None.

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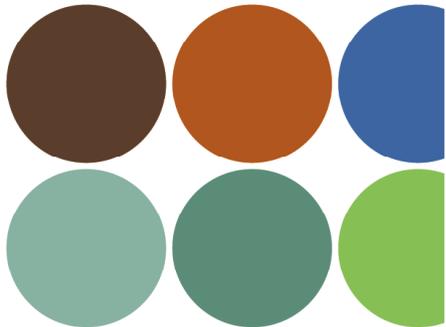
### **Attachments**

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Annex 1: Financial performance report – period ending 31 December 2025.

Annex 2: Q3 forecast for 2025-26

# Financial Performance Report for the Period ending 31 December 2025



<b>Contents</b>	<b>Page</b>
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Income and Expenditure Accounts incl. Project Expenditure (Table B)	13
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Balance Sheet	15

### GOC - Summary P & L to 31 Dec 2025

	Actual £000's	Budget £000's	Variance £000's	Q2 Forecast £000's	Variance £000's
Registrant Income	9,165	9,009	156	9,167	(1)
Other Income	378	278	99	332	44
Expenses - BAU	(8,792)	(9,311)	519	(8,842)	50
<b>Surplus / (Deficit) -BAU</b>	<b>750</b>	<b>(24)</b>	<b>774</b>	<b>657</b>	<b>93</b>
Project expenditure	(745)	(390)	(355)	(884)	138
Surplus / (Deficit) -before portfolio Gains/Losses	5	(414)	419	(226)	231
KPI to date +/-5%	8%	0%	8%	7%	1%
Approved KPI for 2025-26		-0.11%		2.30%	
Approved KPI for five years 2025-30		1%		0.54%	

Please note that the Q3 forecast, presented in ARC15(26) on the agenda, takes account of the information below.

### Highlights

The results before unrealised portfolio gains/losses for the period ending 31 December 2025 show a positive variance of £419k and £231k against the budget and Q2 forecast, respectively. The business-as-usual (BAU) results before reserve expenses, including strategic projects, show positive variances of £774k and £93k against the budget and Q2 forecast, respectively.

The total registrant income of £9,165k is £156k above the budget but £1k below the Q2 forecast. The total expenditure (including projects) of £9,537k is £164k and £188k favourable to the budget and the forecast, respectively.

### Key drivers of the improved financial performance

This is the first year of the new strategic period. The KPI for the period increased by 8% from the budget but remains within the forecast rate (Table above). The overall variances in income and expenditure are only minor, indicating that overall performance is on track to begin the new period.

Other income increased due to prior year under accounting of interest from a call deposit, and to increased interest income from the current account.

Although the net variance under business as usual (BAU) expenses is low, there were positive variances due to savings, delays (to Q4 and 2026/27), and revised plans, netted off by additional expenses, and staff vacancy contingency. (ref. Tables 2-3 – pages 9).

The quarter ended with unutilised forecasts in central contingency and in provision for external legal advice on contract and procurement. There were savings in staff payroll costs related to pensions, SMP, sick pay as well as some new joiners starting at lower pay point than forecasted. Both education operations and education development had operations postponed

to 2026/27, due to delays in QA work progressing to EVPs and in adaptations, panel meetings, and formal responses, resulting from a change in providers' plans. There were business as usual (BAU) IT development cost delays due to delays in the MyGOC project, which is a strategic project.

The savings and delays were partly offset by additional expenses, mainly in the departments of Investigations and hearings. The external legal costs increased to original budgeted levels after increases in external legal costs to the original budgeted levels. Hearings had 12 additional hearing days, including one in-person day, which increased related costs.

The FtP legal provisions for insurance excesses on judicial review and appeal-related cases were not required for the nine months.

The staff vacancy rate is 4.8% to date, compared to the budgeted 4% (ref. table 5, page 10). The forecasts utilise savings from staff vacancies each quarter. The Q3 had excess provision for staff vacancies, with underutilisation during the quarter, negatively impacting expenditure.

No new complex legal cases were identified during the period that met the agreed criteria, saving £72k against the complex legal cost forecast. Other strategic projects and future office accommodation projects are expected to be completed within Council-approved limits.

### **Risks for achieving the forecast**

There are ongoing changes to the timing of in-house operations, as well as external impacts that GOC needs to respond to.

External legal costs related to investigations increased in the current quarter. The number of hearing days were also increased. Both these costs are now reforecast, with increased costs expected.

2025/26 is a transitional year for education as new QA methodologies are being embedded. Better, more accurate plans are in place for 2026/27.

Our low-risk appetite in finance helps keep the variance mostly positive. The net variance is very unlikely to be negative. The risks of external-facing activities, such as high-cost legal cases, are mitigated by maintaining a complex legal reserve and assessing them through a set of criteria.

59% of the total cost is attributable to staff payroll and other related expenditures, highlighting the high in-house workload (ref. Chart 1 - page 7, and Table B - page 13). The chart also shows the high fixed costs relative to the variable costs, highlighting the limitations in managing variances in the short term.

The investment portfolio, although improving well during the period, remains highly volatile, impacting our reserve levels.

**Future Impacts (So what?)**

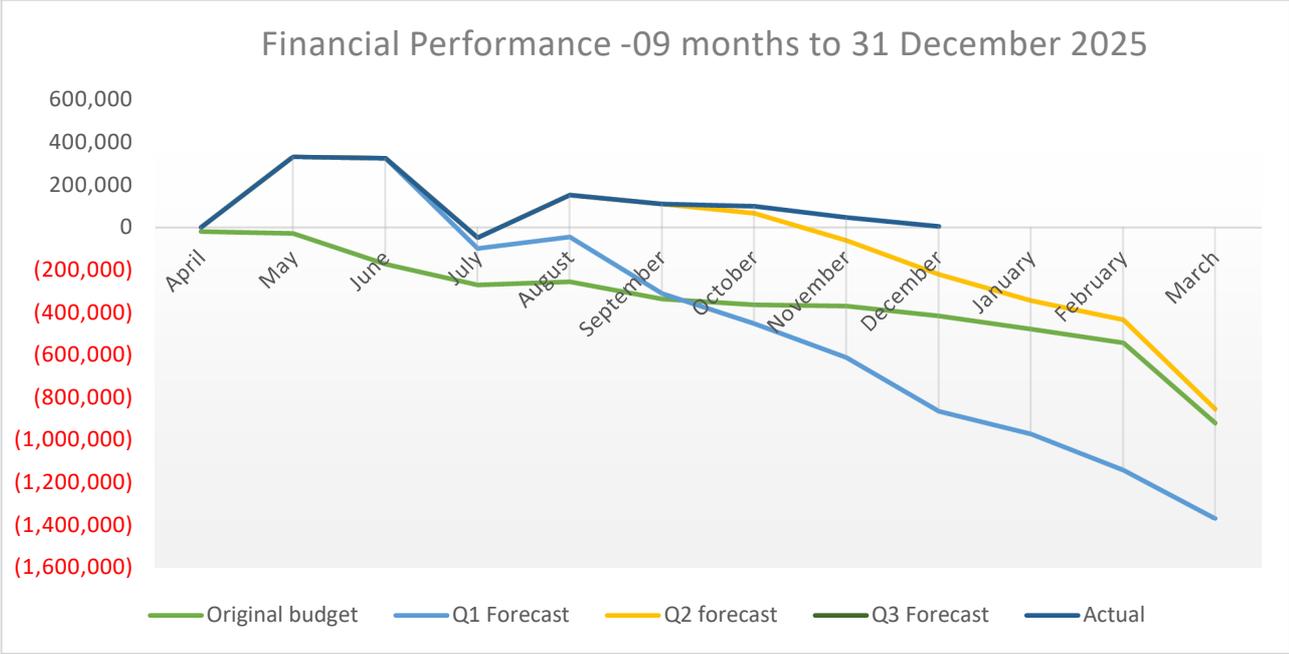
All known variances are now captured through the Q3 forecast (Ref. ARC15(26)).

The new workforce planning initiative has been reviewed by SMT and incorporated into next year's budget.

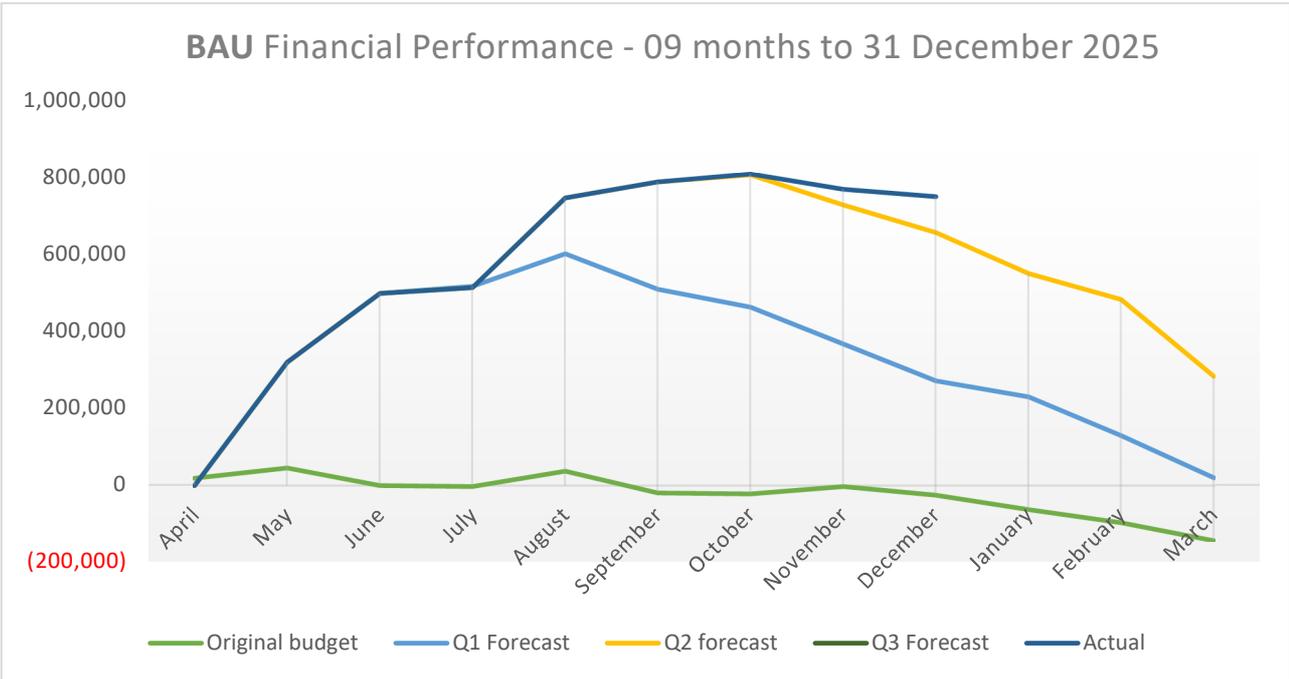
Performance Behaviour Framework (PBF) is expected to improve staff retention in the future and will influence performance-related employee pay increases from 2026-27.

All new business cases with financial impacts are carefully assessed for financial affordability before SMT approval.

**Graphical analysis on Financial Performance and Variance**



Graph 1



Graph 2

### Analysis of Expenditure

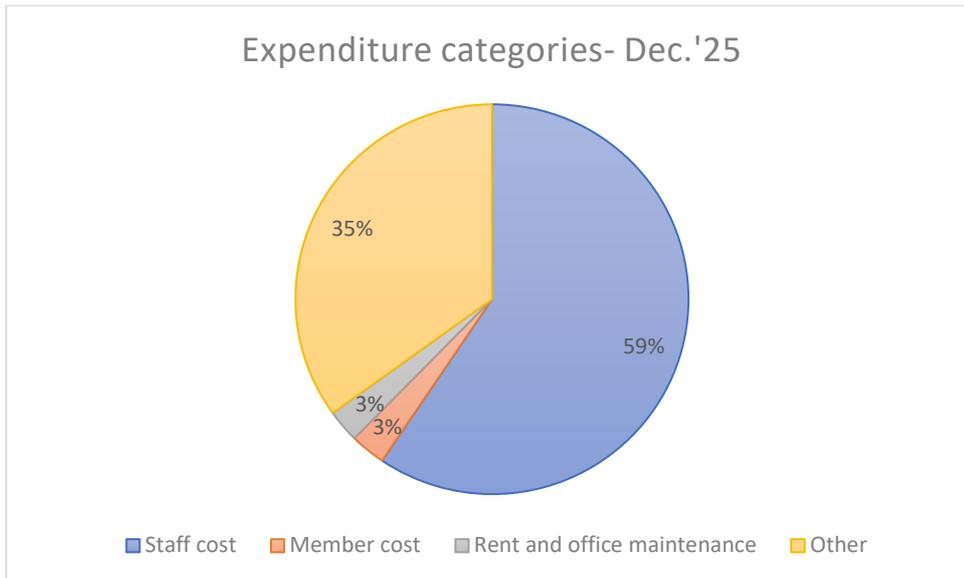


Chart 1

Chart 1 highlights the fixed cost against the variable (Other) costs.

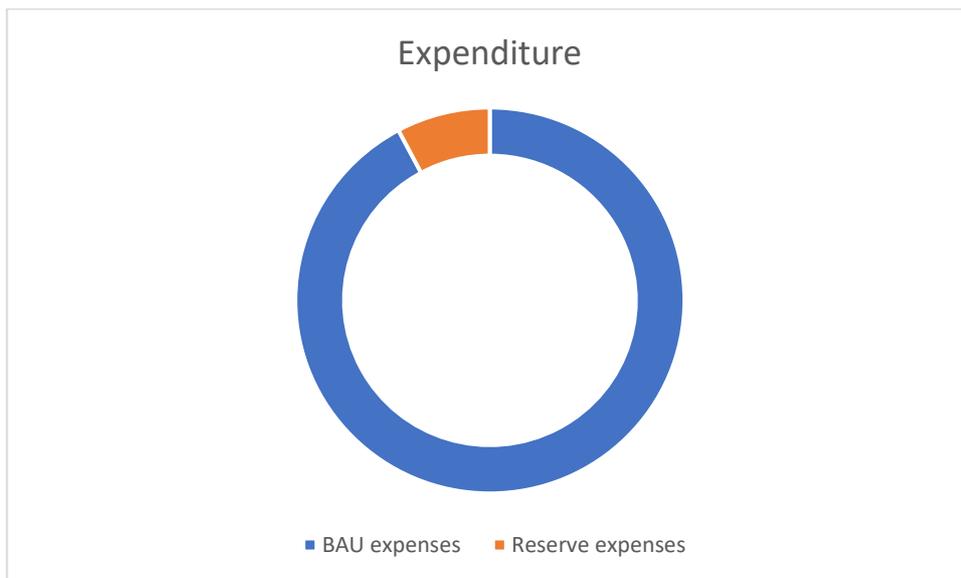
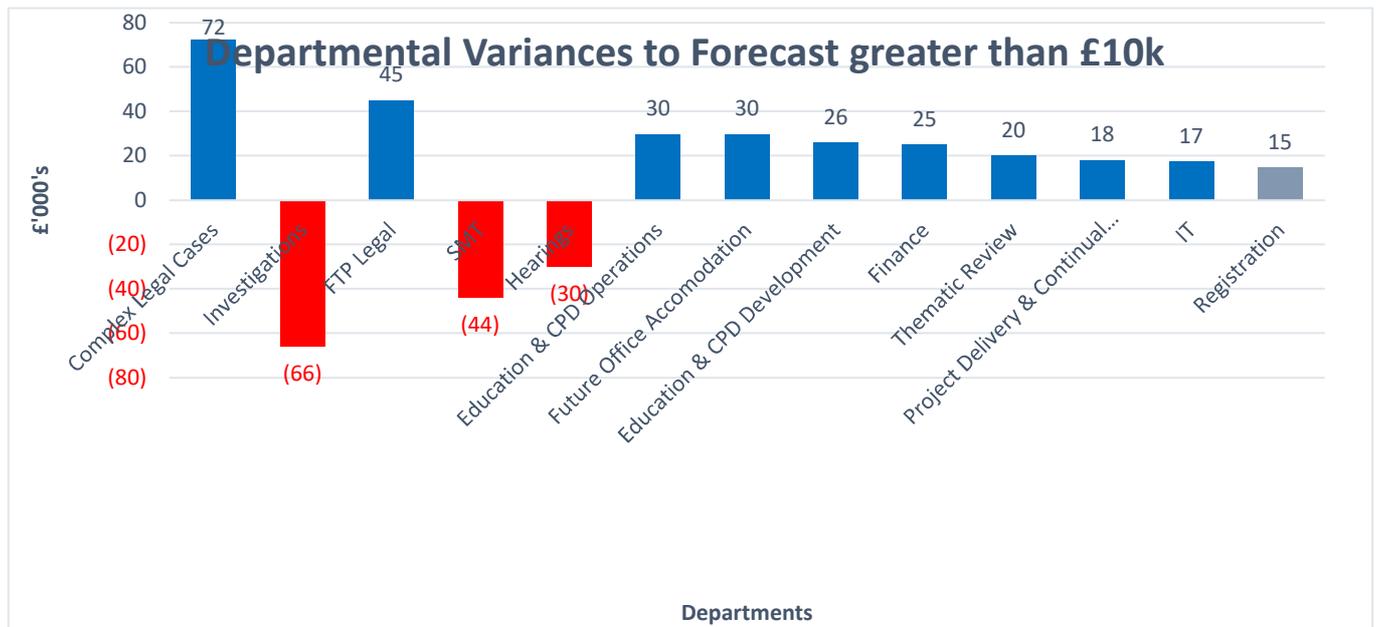


Chart 2



Graph 3

Cash and Cash Equivalent Summary - 31 Dec 2025

	Actual £'000	BUDGET £'000	Variance £'000	Q2 Forecast £'000	Variance £'000
Cash at Bank	1,637	243	1,394	471	1,166
Short term Investments	0	300	(300)	0	0
<b>Working Capital</b>	<b>1,637</b>	<b>543</b>	<b>1,094</b>	<b>471</b>	<b>1,166</b>
Investments	10,460	8,731	1,729	10,230	230
<b>Total</b>	<b>12,097</b>	<b>9,274</b>	<b>2,823</b>	<b>10,701</b>	<b>1,396</b>

Table 1

Analysis of BAU expense variance Dec	
<b>Savings</b>	<b>£'000</b>
Savings	103
Delays	37
Delays to 2026/27	45
Revised plans and timing (uncertain)	0
Accounting, PO, coding errors	9
Forecast errors	4
Others	0
<b>Additional expenses</b>	<b>198</b>
Additions	(158)
Revised plans and timing(uncertain)	58
Staff vacancy gaps (excluding efficiency measures)	(49)
Others	(4)
<b>Total Expense Variance</b>	<b>45</b>

Table 2

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Savings	140	106	103		349
Staff vacancy gaps	34	(15)	(49)		(30)
Additions	(79)	(37)	(158)		(274)
<b>Net savings/(overspent) from approved budget</b>	<b>95</b>	<b>54</b>	<b>(104)</b>	<b>0</b>	<b>45</b>

Last year's trend	114	(4)	186	143	439
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Table 3

### Headcount Dec 25 (non- FTE)

	Actual FTC* Dec-25	Actual Perm. Dec-25	Actual Total Dec-25	Q2 Forecast Dec-25	Budget Dec-25
Chief Executive Office	1.0	8.0	9.0	8.0	9.0
Regulatory Strategy	2.0	25.0	27.0	27.0	26.0
Regulatory Operations	9.0	36.0	45.0	44.0	41.0
Corporate Services*	4.0	24.0	28.0	30.0	27.0
People & Improvement	5.0	6.0	11.0	11.0	10.0
<b>Total Headcount</b>	<b>21.0</b>	<b>99.0</b>	<b>120.0</b>	<b>120.0</b>	<b>113.0</b>

\* Including Agency temp staff

Table 4

**Staff Vacancy rate - reasonability test compared to approved budget**

No. of staff vacancies during the period	16
Staff vacancy rate today	4.8%
Staff vacancy rate budgeted	4.0%
BAU NC 1000 budget annual budget	6,151
Impact if no future staff vacancies	3.4%

*Table 5*

**Income and Expenditure Accounts (Table A)**

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	9,165	9,009	156	9,165	9,167	(1)
Dividend Income	192	176	17	192	196	(4)
Bank & Deposit Interest	179	94	85	179	131	49
Other Income	6	8	(3)	6	6	(1)
<b>Total Income</b>	<b>9,543</b>	<b>9,287</b>	<b>255</b>	<b>9,543</b>	<b>9,499</b>	<b>43</b>
<b>Expenditure</b>						
<b>Executive Office</b>						
CEO's Office	179	66	(114)	179	129	(50)
Governance	541	552	10	541	547	5
<b>Total Executive</b>	<b>721</b>	<b>617</b>	<b>(103)</b>	<b>721</b>	<b>676</b>	<b>(44)</b>
<b>Regulatory Strategy</b>						
Director of Regulatory Strategy	126	170	44	126	126	(0)
Policy	244	302	58	244	250	6
Communications	256	282	26	256	255	(1)
Education & CPD Operations	456	548	92	456	486	30
Education & CPD Development	327	379	53	327	353	26
<b>Total Regulatory Strategy</b>	<b>1,408</b>	<b>1,681</b>	<b>273</b>	<b>1,408</b>	<b>1,469</b>	<b>61</b>
<b>Regulatory Operations</b>						
Director of Regulatory Operations	132	135	3	132	133	1
Investigation	1,005	1,009	4	1,005	939	(66)
Case Progression	793	778	(15)	793	802	9
FTP Legal	198	232	34	198	243	45
Legal	185	193	8	185	187	2
Hearings	1,052	1,050	(2)	1,052	1,023	(30)
<b>Total Regulatory Operations</b>	<b>3,365</b>	<b>3,398</b>	<b>33</b>	<b>3,365</b>	<b>3,327</b>	<b>(38)</b>
<b>Corporate Services</b>						
Director of Corporate Services	91	127	36	91	92	1
Facilities	541	562	21	541	536	(5)
Finance	406	448	42	406	431	25
Registration	587	605	17	587	602	15
IT	889	947	58	889	906	17
<b>Total Corporate Services</b>	<b>2,514</b>	<b>2,688</b>	<b>174</b>	<b>2,514</b>	<b>2,567</b>	<b>54</b>

**Income and Expenditure Accounts (Contd.)**

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>People &amp; Improvement</b>						
Director of P&I	121	127	6	121	124	3
Project Delivery & Continual Improvement	138	178	40	138	156	18
People & Culture	475	579	104	475	472	(3)
	<b>733</b>	<b>884</b>	<b>151</b>	<b>733</b>	<b>752</b>	<b>18</b>
Depreciation	51	42	(9)	51	51	(0)
<b>Total Expenditure</b>	<b>8,792</b>	<b>9,311</b>	<b>519</b>	<b>8,792</b>	<b>8,842</b>	<b>50</b>
<b>Surplus / (Deficit) before project expenditure</b>	<b>750</b>	<b>(24)</b>	<b>774</b>	<b>750</b>	<b>657</b>	<b>93</b>
<b>Project Expenditure</b>						
Education Strategic Review project	36	17	(19)	36	36	0
Complex Legal Cases	2	110	107	2	74	72
PBF Framework	4	0	(4)	4	9	5
Employment Status	100	74	(26)	100	101	1
Thematic Review	0	40	40	0	20	20
Unfair Outcomes EDI Research	15	20	5	15	20	5
Potential Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	98	110	12	98	103	5
Arrears on worker Pay	82	0	(82)	82	82	0
Future Office Accommodation	408	19	(389)	408	438	30
<b>Total Project expenditure</b>	<b>745</b>	<b>390</b>	<b>(355)</b>	<b>745</b>	<b>884</b>	<b>138</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>5</b>	<b>(414)</b>	<b>419</b>	<b>5</b>	<b>(226)</b>	<b>231</b>
Investment gains	1,083	355	728	1,083	849	234
<b>Surplus / Deficit</b>	<b>1,088</b>	<b>(60)</b>	<b>1,147</b>	<b>1,088</b>	<b>622</b>	<b>465</b>

### Income and Expenditure Accounts Including Project Expenditure (Table B)

	April - November			April - November		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	8,185	8,043	142	8,185	8,187	(2)
Dividend Income	169	156	13	169	176	(7)
Bank & Deposit Interest	175	93	82	175	131	44
Other Income	5	8	(2)	5	5	(0)
<b>Total Income</b>	<b>8,534</b>	<b>8,299</b>	<b>235</b>	<b>8,534</b>	<b>8,499</b>	<b>35</b>
<b>Expenditure</b>						
Staff Salaries Costs	4,645	4,718	73	4,645	4,625	(20)
Other Staff Costs	102	230	128	299	341	42
Staff Benefits	110	117	7	110	116	5
Worker & Members Costs	404	190	(214)	207	179	(28)
Professional Fees	419	532	112	419	495	76
Finance Costs	123	118	(4)	123	127	5
Case Progression Hearings	606	717	110	606	547	(60)
CPD & Standards	626	657	31	626	614	(12)
IT Costs	195	259	64	195	184	(11)
Office Services	477	489	12	477	505	28
Other Costs	634	390	(244)	634	637	2
Depreciation & Amortisation	14	116	101	14	58	43
<b>Total Expenditure</b>	<b>8,488</b>	<b>8,667</b>	<b>179</b>	<b>8,488</b>	<b>8,562</b>	<b>74</b>
<b>Surplus / Deficit</b>	<b>47</b>	<b>(368)</b>	<b>414</b>	<b>47</b>	<b>(63)</b>	<b>109</b>
Unrealised Investment gains	737	(243)	979	737	736	0
<b>Surplus / (Deficit)</b>	<b>783</b>	<b>(610)</b>	<b>1,393</b>	<b>783</b>	<b>674</b>	<b>109</b>
<b>Staff cost to total expenditure ratio</b>	57%	58%		60%	59%	

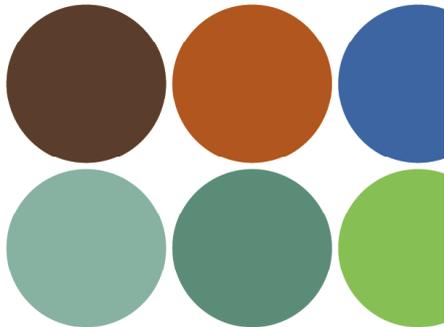
**Analysis of Multi-Year Strategic Project - as at 31 December 2025 Q2 Forecast**

Project Expenditure		Approved by the Council	Prior Year Spend	Current Year to date Spend	Actual Spend To Date	Forecasted Future Spend	Total Spend	Variance	Remarks
Dec-25		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
P34	Future Office Accommodation	764	313	408	721	0	721	43	Council approved £764k which included £68k depreciation - this cost was wrote off the BAU at the end of 2024-25. Q2 forecast includes £30k contingency to use sound proofing. Actual cost £3k - Q3 contingency will be reforecast for meeting room development
P38	PBF	150	137	4	141	9	150	0	Project to close, BAU funds to support on-going consultancy and training.
P39	Employment Status	90	8	100	108	0	108	-18	£18k additional funds approved, to be applied in Q3 forecast.
P40	Thematic Review	40	0	0	0	40	40	0	No spend YTD yet. Contract agreed, spend in Q4
P41	Unfair Outcomes EDI Report	20	0	15	15	5	20	0	Ongoing
P42	Worker Project - Backdated Pay	646	529	82	611	0	611	35	Total payroll costs including pension and NI. 0.6%
P37	My GOC (capital)	274	0	114	114	160	274	0	As at now, project is scheduled for completion on May26. More funds approved, will be reforecast in Q3

**Balance Sheet as at 31 December 2025**

	<b>2025-26</b>	<b>2024-25</b>	
	<b>31 December</b>	<b>31-Mar-25</b>	<b>Variance</b>
	<b>2025</b>	<b>£'000</b>	<b>£'000</b>
	<b>£'000</b>		
<b>Fixed Assets</b>			
Refurbishment	(0)	2	(2)
Furniture & Equipment	1		1
IT Hardware	179	142	37
IT software	194	211	(17)
Capital Work in Progress	156	26	130
<b>Total Tangible Fixed Assets</b>	<b>529</b>	<b>381</b>	<b>148</b>
Investment	10,460	9,413	1,047
<b>Total Fixed Assets</b>	<b>10,989</b>	<b>9,794</b>	<b>1,195</b>
<b>Current Assets</b>			
Debtors, Prepayments & Other Receivable	443	765	(322)
Short term deposits	0	8,950	(8,950)
Cash and monies at Bank	1,637	1,557	80
<b>Total Current assets</b>	<b>2,080</b>	<b>11,256</b>	<b>(9,176)</b>
<b>Current Liabilities</b>			
Creditors & Accruals	1,045	1,694	(649)
Income received in advance	2,941	11,378	(8,437)
<b>Total Current Liabilities</b>	<b>3,986</b>	<b>11,272</b>	<b>(7,286)</b>
<b>Current Assets less Current Liabilities</b>	<b>(1,906)</b>	<b>(1,800)</b>	<b>(106)</b>
<b>Total Assets less Current Liabilities</b>	<b>9,083</b>	<b>7,994</b>	<b>1,089</b>
Long Term Liabilities	0	0	0
<b>Total Assets less Total Liabilities</b>	<b>9,083</b>	<b>7,994</b>	<b>1,089</b>
<b>Reserves</b>			
Legal Costs Reserve	613	613	(0)
Strategic Reserve	3,000	3,000	0
Infrastructure / dilapidations	1,036	1,036	0
Income & Expenditure	4,433	3,345	1,088
<b>Total</b>	<b>9,083</b>	<b>7,994</b>	<b>1,089</b>

# Q3 Forecast for 2025-26



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## Q3 Forecast 2025/26

	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Q3 forecast £'000	Variance to Q2 forecast £'000	Variance to Budget £'000
Income	12,270	12,431	12,511	12,510	(1)	240
Expenditure (BAU)	12,413	12,443	12,223	12,216	7	197
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>(143)</b>	<b>(12)</b>	<b>288</b>	<b>294</b>	<b>6</b>	<b>437</b>
Reserve Expenditure	776	1,871	1,144	897	247	(121)
<b>Surplus / (Deficit) after project expenditure</b>	<b>(920)</b>	<b>(1,883)</b>	<b>(856)</b>	<b>(603)</b>	<b>253</b>	<b>316</b>
Unrealised Investment gains	468	518	962	1,419	457	951
<b>Surplus / (Deficit)</b>	<b>(452)</b>	<b>(1,365)</b>	<b>106</b>	<b>816</b>	<b>710</b>	<b>1,266</b>

Table 1

## Highlights

The above table compares the 2025/26 Q3 forecast with the original council approved budget from February '25 and the Q2 forecast from October '25. This is the first year of the 2025-30 strategic plan.

The 2025/26 Q3 forecast shows that results before reserve expenditure have improved relative to the approved budget and the previous forecast. Annual income, mainly registration fees, is spent on BAU operations. Reserve expenditures are strategic or contingent by nature.

The reserve expenditure includes multi-year strategic projects (ref. Table 3, Page 8) all of which are within the council-approved limits.

## Key drivers of the change in performance- 2025/26 Q3 forecast

The overall change from the Q2 forecast was minimal on BAU income and expenditure.

The market value of investments continued to increase during the year, rising by £1.0m at the end of Q3. The unrealised gains of £1.4m forecasted for the year are an increase of £951k from the original budgeted figures and an increase of £457k from the Q2 forecast.

Net movement in Business as Usual (BAU) expenditure is only £7k; within that, the highlights are as follows.

- EVP fees and related on-cost on Education & CPD Operations reduced by £25k, mainly due to delays in QA work progressing to EVP review due to staff vacancies.
- EVP fees and related on-cost on Education & CPD development was reduced by £29k, mainly due to a change in providers plans for adaptations delaying the EVP reviews.
- External legal costs in Investigations increased by £67k. This is 3% more than the original budget, which expected a higher number of cases to materialise in external

legal costs. The Q2 forecast reduced this budget, but it has increased again as the cases materialised to high external legal costs in Q3.

- Hearings panel fees and on-cost increased by £74k – Q3 had additional 12 hearing days and Q4 hearing days were increased.
- Utility costs under facilities increased by £21k due to an additional charge being received for L10 temporary office.
- IT development costs decreased by £18k due to delays in the My GOC project.

Council approved an additional £68k for the MyGOC and Worker projects, to use from the strategic project forecast of £150k. Other strategic projects are expected to be completed within approved limits.

The forecast for Complex legal costs, which is funded by the Complex legal reserve, was reduced because no cases were identified during this period that met the criteria.

The Future office accommodation (FoA) project has a £30k balance, which will be carried forward to 26/27 to complete the project.

The forecast only shows the current-year component of multi-year projects. Table 3 (page 8) provides a complete analysis of multi-year projects, from approval to total spend.

### **Risks of not achieving 2025/26 Q3 Forecast.**

The key risks are related mainly to expenditure. Revenue is relatively low risk, as most of the income is received or agreed (e.g., fixed deposit income).

External factors, such as increased legal costs, could always affect the forecasted cost. The legal cases are expected to increase, but there could be bottlenecks at certain points that delay plans. e.g., case examiners not keeping up with the increased workload. The Case Progression Dept. has responded to this possibility by exploring increasing the case examiner pool in the long term.

The hearing days could change at short notice, either increasing or decreasing, depending on increased requirements for case scheduling or cancellations and postponements.

Any increase in staff vacancies may affect the achievement of business plans, as most work is carried out internally by staff.

The unrealised gains/losses on investments' market values are expected to fluctuate in the short term. However, high short-term volatility could affect year-end reserve levels.

### **Plans to mitigate risks**

Our low-risk appetite can sometimes lead to overestimating worst-case scenarios in budgeting and forecasting. We are continuously addressing many aspects of these issues with forecasting. e.g., adding a 10% assumption that some hearing dates could be cancelled in the future. We have also embedded a 4% staff vacancy assumption, further reducing forecast costs by 4% of payroll expenditure. This would take careful management of the business plan to avoid delays. There is a central contingency fund that could meet unplanned expenditure.

The PBF project is designed to aid staff retention and invest in skill development. The staff training workshops are now planned.

Quarterly and monthly reviews of costs in the Investigations department will help us ensure progress is as forecast.

Short-term market volatility may reduce our reserves at any point. We receive regular advice from the investment manager that helps us better understand market conditions. We also plan to be agile in the use of strategic projects and cash drawdowns, maintaining strong investment levels and benefiting from their long-term growth, as in the past.

SMT reviewed the financial impact of various business scenarios that may impact financial stability, starting a discussion on creating projections and models that help predict the financial impacts of various potential events or changes in the regulatory, economic, political, and financial etc., environments.

## Income and Expenditure Accounts – Q3 Forecast

	Strategic Yr 1					
	2025/26					
	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance to Budget	Variance to Q2 forecast
	£'000	£'000	£'001	£'000	£'000	£'000
<b>Income</b>						
Registration	11,928	12,026	12,106	12,104	176	(2)
Dividend Income	234	247	247	255	21	8
Bank & Deposit Interest	98	148	148	141	43	(7)
Other Income	10	10	10	10	0	0
<b>Total Income</b>	<b>12,270</b>	<b>12,431</b>	<b>12,511</b>	<b>12,510</b>	<b>240</b>	<b>(1)</b>
<b>Expenditure</b>						
<b>Governance &amp; CEO's Office</b>						
CEO <sup>1</sup>	87	137	138	188	(101)	(50)
Governance & Member Fees	739	760	776	745	(6)	31
<b>Total Governance &amp; CEO's Office</b>	<b>827</b>	<b>897</b>	<b>915</b>	<b>933</b>	<b>(106)</b>	<b>(18)</b>
<b>Regulatory Strategy</b>						
Director of Regulatory Strategy	245	186	168	168	77	(0)
Policy & Standards	426	400	408	395	30	12
Communications	365	345	341	343	21	(2)
Education & CPD Operations	710	715	648	609	101	39
Education & CPD Development	527	499	497	460	68	37
<b>Total Regulatory Strategy</b>	<b>2,273</b>	<b>2,145</b>	<b>2,062</b>	<b>1,975</b>	<b>297</b>	<b>87</b>
<b>Regulatory Operations</b>						
Director of Regulatory Operation	180	179	178	177	3	1
Investigation	1,334	1,357	1,309	1,380	(46)	(71)
Case Progression	1,030	1,046	1,075	1,051	(21)	24
FTP Legal	292	333	306	311	(19)	(5)
Legal	256	258	256	253	2	3
Hearings	1,389	1,395	1,450	1,540	(152)	(90)
<b>Total Regulatory Operations</b>	<b>4,481</b>	<b>4,569</b>	<b>4,574</b>	<b>4,713</b>	<b>(232)</b>	<b>(139)</b>
<b>Corporate Services</b>						
Director of Corporate Services	169	139	129	128	41	1
Facilities	757	704	715	732	25	(18)
Finance	653	658	644	620	33	24
IT	1,279	1,347	1,250	1,233	46	17
Registration	758	796	772	750	8	22
<b>Total Corporate Services</b>	<b>3,616</b>	<b>3,646</b>	<b>3,510</b>	<b>3,463</b>	<b>153</b>	<b>47</b>
<b>People &amp; Improvement</b>						
Director of People and Improvement	169	167	166	163	6	3
Project Delivery & Continual Improvement	237	236	227	203	34	24
People and Culture	748	716	697	695	53	3
<b>Total People &amp; Improvement</b>	<b>1,154</b>	<b>1,119</b>	<b>1,090</b>	<b>1,060</b>	<b>94</b>	<b>30</b>
Depreciation & Amortisation	63	67	72	72	(9)	0
<b>Total Expenditure</b>	<b>12,413</b>	<b>12,443</b>	<b>12,223</b>	<b>12,216</b>	<b>197</b>	<b>7</b>
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>(143)</b>	<b>(12)</b>	<b>288</b>	<b>294</b>	<b>437</b>	<b>6</b>

## Income and Expenditure Accounts Q3 Forecast (Contd.)

	2025/26					
	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance to Budget	Variance to Q2 forecast
	£'000	£'000	£'001	£'000	£'000	£'000
<b>Reserve Expenditure</b>						
Education Strategic Review project	17	17	64	64	(47)	0
Thematic Review	40	40	40	40	0	0
PBF Consultation	0	14	22	4	(4)	18
Review of Employment Status	74	82	101	100	(26)	1
Arrears Pay - Worker Project <sup>2</sup>	0	646	81	81	(81)	0
Unfair Outcomes EDI Research	20	20	20	15	5	5
Potential Projects <sup>3</sup>	300	300	150	0	300	150
Project Depreciation & Amortisation	160	169	154	142	18	12
<b>Total Strategic Reserve Expenditure</b>	<b>611</b>	<b>1,288</b>	<b>632</b>	<b>445</b>	<b>166</b>	<b>186</b>
<b>Legal Reserve Expenditure</b>						
Complex Legal Cases	146	110	74	33	113	41
<b>Infrastructure/delap reserve expenditure</b>						
Future Office Project <sup>4</sup>	19	473	438	418	(399)	20
<b>Total Reserve expenditure</b>	<b>776</b>	<b>1,871</b>	<b>1,144</b>	<b>897</b>	<b>(121)</b>	<b>247</b>
<b>Surplus / (Deficit) after reserve expenditure</b>	<b>(920)</b>	<b>(1,883)</b>	<b>(856)</b>	<b>(603)</b>	<b>316</b>	<b>253</b>
Unrealised Investment gains	468	518	962	1,419	951	457
<b>Surplus / (Deficit)</b>	<b>(451)</b>	<b>(1,365)</b>	<b>106</b>	<b>816</b>	<b>1,267</b>	<b>710</b>

1. CEO budget includes 4% recruitment vacancy rate. The savings are recorded across the departments and reported to SMT.
2. Arrears Pay– worker project. £529k was provided in 24/25. The balance £81k is provided in 25/26. Project is now completed within approved cost.
3. No more potential strategic projects forecasted for 25/26.
4. Future office accommodation project was delayed to 25/26 since the budget approval.

## Income & Expenditure Forecast - by Category

	2025-26			
	Strategic Yr 1			
	BUDGET 2025/26	Q1 Forecast	Q2 Forecast	Q3 Forecast
	£'000	£'000	£'000	£'000
<b>Income</b>				
Registration	11,928	12,026	12,106	12,104
Dividend Income	234	247	247	255
Bank & Deposit Interest	98	148	148	141
Other Income	10	10	10	10
<b>Total Income</b>	<b>12,270</b>	<b>12,431</b>	<b>12,511</b>	<b>12,510</b>
<b>Expenditure</b>				
Staff Salaries Costs	7,166	7,076	6,984	7,003
Other Staff Costs	263	448	558	556
Staff Benefits	189	173	173	173
Members Costs	1,326	906	354	409
Professional Fees	702	818	872	763
Finance Costs	136	141	151	141
Case Progression	1,020	1,031	944	961
Hearings	191	938	935	970
Education and CPD	134	382	325	269
IT Costs	761	860	774	755
Office Services	602	824	829	850
Other Costs	177	182	91	49
Depreciation & Amortisation	223	236	226	214
Potential Projects	300	300	150	-
<b>Total Expenditure</b>	<b>13,190</b>	<b>14,315</b>	<b>13,366</b>	<b>13,113</b>
<b>Surplus / Deficit</b>	<b>(920)</b>	<b>(1,884)</b>	<b>(855)</b>	<b>(603)</b>
Unrealised Investment gains	468	518	962	1,419
<b>Surplus / (Deficit)</b>	<b>(451)</b>	<b>(1,365)</b>	<b>106</b>	<b>816</b>
Staff cost to total expenditure ratio	58%	54%	58%	59%

**Analysis of Multi-Year Strategic Project - as at 31 December 2025 Q3 Forecast**

Project Expenditure	Approved by the Council	Actual Spend To Date	Forecasted Future Spend	Total Spend	Variance	Remarks
Dec-25	£'000	£'000	£'000	£'000	£'000	
Future Office Accommodation	764	731	30	761	3	Council approved £764k which included £68k depreciation - this cost was written off at the end of 2024-25. Q3 Forecast includes £30k contingency in Yr 2, for meeting room developments
PBF	150	141	9	150	0	Project to close, BAU funds to support on-going consultancy and training.
Employment Status	110	108	0	108	2	£18k additional funds approved to cover legal costs
Thematic Review	40	0	39	39	1	
Unfair Outcomes EDI Report	20	15	0	15	5	
Worker Project - Backdated Pay	646	611	0	611	35	Total payroll costs including pension and NI. 0.6%. Project completed.
My GOC (capital)	322	171	142	313	9	Additional £48k project spend approved. As at now, project is scheduled for completion on May26.

Table 3

## Assumptions

### Income

- Student numbers increase by 3%.
- 80% of new registrants would be transfers and 20% would be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- Total investment average returns (dividend income + unrealised gains) will be 7.4%,
- There is a risk of volatility of 9.5% of investment valuation.
- We have assumed that the portfolio will stay within the parameters, grow during the 5yr period at similar levels to long-term growth. But the short-term volatility could be very high, as experienced in 2020 and 2022.
- FD interest will gradually reduce with inflationary rate.
- Dividend income will stay as projected by Brewin Dolphin.

### Expenditure - assumptions

- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- There will be a 4% vacancy rate p.a.
- Flexible working will continue for staff, members, and panels.
- Governance

- Board effectiveness Review is deferred to 26/27.
- Policy and Standards
  - The annual surveys including - public perception, individual registrant and public patient survey will occur
  - Research programme (BAU surveys and one-off pieces of research) to continue as planned.
- Communication
  - Monitoring subscriptions will remain the same.
- Education and CPD operations
  - Yr 1-No in-person EVP visits planned for remainder of 2025/26
  - Yr 1-EVP activities- conditions and change notifications and interim QA for EVP review in January 2026 - half usual budgeted activity. February - 8 conditions to be reviewed, 4 x panel meetings, and review of staged app. March - 2 panel meetings, 1 condition review and 1 staged app review - half usual budgeted activity.
- Education Dev.
  - Yr 1 EVP - 32 visitors required to complete mandatory training in January 2026.
- Case Progression
  - Yr 1- Average no of CE cases has been 120 over last 3 years. 2 CE needed per case.
- Investigations
  - Yr 1 - Q3 activity was higher than forecast due to an influx of instructions arising from increased operational activity, much of which can be scheduled within the current financial year. Some of the savings anticipated in Q4 have been offset by an operational decision to remove IHA from presenting IOR and SOR, which has resulted in increased activity levels.
  - Yr 1 - Advocacy Function Assumptions (In-House Advocate) -
    - The Advocacy Manager trial is scheduled to conclude in August 2026.
    - Following the end of the trial, it is assumed that the third In-House Advocate (IHA) will take on a greater volume of substantive advocacy work, supporting overall capacity and reducing reliance on external advocates."
    - Yr 1 -Potential Impact of Triage Refocus -
    - A refocusing of triage decision-making may result in more cases being opened for full investigation. While this has not yet been evidenced in current caseload trends, it represents a theoretical operational risk that could increase investigative demand.
    - This assumption should therefore be monitored and kept under review as part of ongoing forecasting."

- FtP Legal
  - Insurance thresholds for cases will stay at £25k with one new judicial review and one appeal case per year.
- Hearings
  - Yr 1- 355 hearing days, increased from previous 339 days. - Expecting to run 113 hearing days in Q4 of 2025/26
  - Yr 1 - Expecting an increase in transcription fees over this period due to a number of split events listed.
  - 17 day case transcript required @ £6480"
  - Yr 1 - The majority of hearings will be held remotely or in the GOC offices.
- Finance
  - No. of contracts reviewed by Ward Hadaway and policy development work will reduce as planned.
  - There will not be high numbers of unplanned member travel to the office, that could increase the tax costs.
  - Annual growth (capital and dividend income) of investment portfolio will be 7.46%.
  - The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Registration
  - Non-UK assessor cost has been based on average cost per application and average number of applications received per month plus inflation. The reduced activity of 2025/26 will remain.
  - Retention costs - Retention postage and letter costs have been reduced due to the use of the e-service. However, when emails bounce back, a letter is issued instead
  - Bank charges will remain high.
  - Reminder letters have 80% reduction due to e-service correspondence option.
- Facilities
  - Staff hybrid levels will stay at similar levels to present.
  - Office utility and other admin costs will stay as forecasted for the new premises.
- IT
  - IT maintenance contract will largely remain the same.
  - Any approved IT strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
- Project Delivery & Continual Improvement
  - The cost forecasted will be adequate as this is a new department.
- P&C
  - Yr 1 - Benefit costs remain as previously forecast

- Yr 1 - Some activities within core HR services (Legal, Staff Welfare, Recruitment, Recognition, Consultancy) is demand led and so remains as originally forecast.
- Yr 1 - £35,000 in the training budget for Leadership Development is being invested into the PBF training. The plan for this is being developed and so there may be some surplus at end of year, which is not known yet.

### **Risks not covered in Q3 Forecast**

Possible broadening of worker category into Council, and related backdated pay cost (holiday pay, Employer NI and PAYE, pension).

### **Cash Drawdown Plan**

No cash drawdowns from long-term investments are required for 2025/26 as the surplus of operations was able to fund the drawdown n forecasted in Q2 forecast.

At the end of each renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

## 2025-26 Cashflow Q3 and Five-Year Forecast February 2026

Month ending	Q3 2025 2025-26 Cashflow Forecast												
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Year 1 2025-26 (Strategic Yr 1)
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Q3 Forecast	Q3 Forecast	Q3 Forecast	Q3 Forecast
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Opening Balance	1,553	1,880	2,673	2,972	2,731	912	1,311	1,852	1,802	1,508	1,070	998	1,553
<b>Income</b>													
Registration	118	135	67	107	8	6	296	1	6	630	2,659	8,745	12,778
Dividend income	28	27	13	33	16	10	39	15	14	21	21	21	259
FD interest income	14	10	20	22	26	42	25	8	19	3	3	5	197
Other	1	1	1	1	1	1	0	0	1	1	1	2	10
Transfers from Deposit Account	1,100	1,600	1,100	900	900	1,750	1,250	900	750	0		0	10,250
Transfers from Investment								0	0	0			0
Total Cash Inflow	1,261	1,773	1,201	1,063	951	1,809	1,610	924	790	655	2,684	8,773	23,493
<b>Expenditure</b>													
Staff payroll	337	324	336	334	339	342	348	349	359	370	367	367	4,172
Council/Worker payroll	53	51	61	92	57	44	65	82	63	61	97	119	846
HMRC	199	190	193	210	218	200	300	213	213	208	225	235	2,604
Pension Contributions	79	82	81	83	87	87	192	92	202	86	87	88	1,246
Rent and service charge			0			0			0	0	163	0	163
Corporate credit cards	12	1	1	8	2	1	5	12	28	10	10	10	100
Supplier payments	157	296	212	488	739	606	141	207	203	280	232	592	4,153
Direct Debits	40	36	18	31	28	36	18	19	16	20	20	20	302
Fixed assets	57	0	0	57	0	94	0	0	0	57	54	26	345
Transfers to Deposit Account	0				1,300	0		0			1,500	7,900	10,700
Total Cash outflow	934	980	902	1,303	2,770	1,410	1,069	974	1,084	1,092	2,756	9,358	24,633
Net Cash in / (outflow)	327	793	299	(240)	(1,819)	399	541	(50)	(294)	(437)	(72)	(585)	(1,140)
Closing Balance	1,880	2,673	2,972	2,731	912	1,311	1,852	1,802	1,508	1,070	998	413	413
			2										
<b>On Deposit</b>													
Opening balance	8,950	7,850	6,250	5,150	4,250	4,650	2,900	1,650	750	0	0	1,500	8,950
Deposited	0	0	0	0	1,300	0	0	0	0	0	1,500	7,900	10,700
Withdrawn	(1,100)	(1,600)	(1,100)	(900)	(900)	(1,750)	(1,250)	(900)	(750)	0	0	0	(10,250)
Closing Balance	7,850	6,250	5,150	4,250	4,650	2,900	1,650	750	0	0	1,500	9,400	9,400
<b>Brewin Dolphin Investment</b>													
Opening balance	9,413	9,413	9,413	9,588	9,588	9,588	10,127	10,127	10,127	10,460	10,460	10,460	9,413
Investment Gains	0	0	187	0	0	550	0	0	346	0	0	117	1,200
BD charges	0		(12)			(11)			(13)			(12)	(48)
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0
Closing Balance	9,413	9,413	9,588	9,588	9,588	10,127	10,127	10,127	10,460	10,460	10,460	10,565	10,565

# Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2025 – 31 March 2026

Q3 report (1 October 2025 – 31 December 2025)		Q1	Q2	Q3	Q4	Measure	Q4 (24/25)
<b>Finance</b>							
1.1	BAU budget; operate within budget /forecast	16.0%	4.0%	1.0%		Tolerance is ±5% p.a. for 2025-30, balancing over the five years. Tolerance for year 1 as per budget is -1%. (24/25 ±10%)	7.7%
1.2	Reserves; operate within reserves policy	0.0%	0.0%	0.0%		Tolerance is ±10%	0.0%
<b>People</b>							
2.1	Planned L&D events realised	100%*	100%*	90%*		Target is ≥90%	100%
2.2	Annual voluntary staff turnover (12-month rolling)	11.8%	8.1%	6.3%		Target is below 17%***	13.7%
2.3	Staff engagement – pulse survey	55.0%	48.7%	43.0%		N/A	51.0%
	Employee Net Promoter Score (ENPS)	19.7	18.2	21.5		ENPS: Target is 0-30, which is rated as good (the higher the better)	13.7
<b>Customer</b>							
3.1	FOI requests resolved	100%	100%	100%		Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 1 or stage 2): received	5	2	0		N/A	5
	Corporate complaints (stage 2): resolved	N/A**	N/A**	N/A		Target is ≥90% in ≤20 working days	100%
<b>Regulatory functions</b>							
4.1	Registration applications completed	98%	99%	99%		Target is ≥95% forms completed	98%
4.2	Registration accuracy	97%	98%	99%		Target is ≥95%	99%
4.3	Approved qualifications meeting new ETR	86%	88%	88%		Target is 100% by July 2026 ex. CoO	84%
4.4	Quality of GOC approved providers' CPD	97%	96%	98%		Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update	83%	82%	85%		Target is ≥90% every 12 weeks	82%
4.6	FtP cases resolved (rolling median)	41%	52%	46%		Target is ≥60% within 78 weeks	58%
4.7	Hearings concluded first time	83%	92%	89%		Target is ≥90%	93%
4.8	Hearings dates utilised	92%	97%	89%		Target is ≥90%	92%
4.9	New investigations at representations	50%	44%	43%		≥80% of investigations at reps within 35 weeks from DIO (for the period)	N/A

\* We would have like to deliver Safeguarding Training to a new Safeguarding panel member but there has been poor customer service from Safeguarding Alliance. We are following this up and looking at alternative providers.

\*\* No stage 2 complaints received

\*\*\* Target is public sector turnover which includes voluntary and involuntary turnover. Our equivalent performance (voluntary and involuntary turnover) is 15.4%.

**NOTE** – CPD stats have been removed as the data is not meaningful at this stage in the cycle; these will return towards the end of the 2025-27 cycle

KPI	Current RAG status (why it is amber/red; when/how we will get it to green)	Budget implications	Risks
4.5 Customers receiving an FtP update – 85% Target is ≥90%	<p><b>Why amber/red:</b> There was a slight dip over the festive period, balancing resource and case progression. This remains a priority for Investigation and Triage teams. Additionally, this is a cumulative rolling measure, so improvements in monthly performance take time to be reflected in the overall figure.</p> <p><b>How we will get back to green:</b> Additional training will take place in Q4 and more robust oversight at case reviews. We expect to see gradual improvement as these efforts take effect.</p>	Unlikely to have any.	May undermine stakeholder confidence and perceptions of transparency. This carries reputational risk and could impact trust and engagement in our regulatory processes.
4.6 FtP cases resolved (rolling median) – 46% Target is ≥60% within 78 weeks	<p><b>Why amber/red:</b> This reflects the current focus on progressing our oldest and most complex cases through the system.</p> <p><b>How we will get back to green:</b> Performance has improved since Q1; however, we anticipate some fluctuation as we continue to move legacy cases through to conclusion. We expect to see continued positive shifts in related indicators, including timeliness at earlier stages, demonstrating that cases are advancing more efficiently through the process.</p>	Forecasts support increased expenditure on legal charges and hearings to support the progression of these cases.	Older and more complex cases typically present greater challenges at hearing, requiring additional time and resource. This creates operational pressure and affects overall resolution performance.
4.9 New investigations at representations – 43% Target is ≥80%	<p><b>Why amber/red:</b> A significant proportion of cases currently at this stage are older, more complex matters, which are taking longer to progress through the earlier stages of the process.</p> <p><b>How we will get back to green:</b> Improved productivity levels across the year are now supporting increased case movement. The median age of the active caseload within Investigations has fallen and expect this momentum to translate into improved performance against this indicator by the end of the financial year.</p>	Forecasts support increased expenditure on legal charges and hearings to support the progression of these cases.	As with other legacy matters, these cases can require greater time and resource at hearing, increasing operational demand and impacting overall performance.
4.7 Hearings concluded first time – 89%	<p><b>Why amber/red:</b> Out of 13 cases listed in Q3, 10 concluded within the allotted time. The shortfall was due to a 17-day case going part-heard because of a</p>	More part-heard hearings lead to additional hearing	Delays the cases concluding, which will

	Target is ≥90%	<p>number of extenuating circumstances, an APD hearing being rejected by the FTPC, and a committee member recusing themselves on a resuming hearing.</p> <p><b>How we will get back to green:</b> Review and improve scheduling for longer cases to ensure sufficient time is allocated. Monitor ongoing hearings more closely to identify and address potential delays early.</p>	days, extending case lengths and increasing transcript costs.	impact our ability to meet PSA standard 15.
4.8	<p>Hearing dates utilised – <b>89%</b></p> <p>Target is ≥90%</p>	<p><b>Why amber/red:</b> 60% of substantive hearings concluded early, and there was insufficient alternative work for committees to complete.</p> <p><b>How we will get back to green:</b></p> <ul style="list-style-type: none"> <li>• Ongoing project to integrate substantive reviews into the “hearings on papers” process, increasing the work available for committees that finish early.</li> <li>• Improved use of information to more accurately forecast hearing lengths, and use of case management meetings to reduce hearing duration where appropriate.</li> </ul>	When hearings finish early, we pay committee members in line with our cancellation policy	Wasted fees is not efficient and should always aim to be reduced to zero to ensure every £ of registrant fees is spent with value in mind.



**GOC Internal Business Plan – 2025/26**  
Exceptions Report – Q3 update

All CRITICAL and ESSENTIAL Q1-Q3 activities are ON TRACK or COMPLETE for the following business areas:

**Hearings, Legal,  
Communications, Education  
Facilities, Finance, Registration  
Continuous Improvement, People & Culture**

The following slides describe, with commentary, CRITICAL and ESSENTIAL Q1-Q3 activities that are either OFF TRACK (amber) or DEADLINE MISSED (red)

# Case Progression

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (Triage, Investigations)	BAU	Q1-Q4	● Critical	<ul style="list-style-type: none"> <li>• Current achievement of Targets: Percentage of KPIs that meet or exceed set targets.</li> <li>• Trend Analysis: Improvement trends over time for key performance indicators.</li> <li>• Benchmarking: Comparison of KPIs against other regulators and the GOC's own historic performance.</li> <li>• Efficiency Gains: Reduction in timeliness needed to achieve KPI targets.</li> <li>• Stakeholder Satisfaction: Feedback from stakeholders on the relevance and impact of KPIs.</li> <li>• CMS Data Accuracy: To ensure effective management and product ownership of the CMS, data must be accurate, timely, and complete, with change requests appropriately captured and managed. QA front-line checks must be conducted as scheduled to ensure compliance with the new CMS. Implementation involves regular training, monitoring, and reporting, with continuous improvement through frontline checks thematic feedback.</li> </ul>		<p><b>Why amber/red:</b> Investigation KPIs remain in the red as we continue to move longstanding cases through the system. As noted previously, the age and complexity of these cases mean improvements will take time to show in headline KPI results. Despite this, day-to-day productivity levels remain strong and continue to trend in the right direction.</p> <p><b>How we will get back to green:</b> Our priority remains accelerating the closure of older cases while taking a balanced, proportionate approach to case management. Early signs of improvement are becoming more visible operationally, supported by sustained productivity gains this financial year. With continued close oversight and targeted management intervention, we expect further steady progress toward achieving KPI thresholds.</p>
Annual review of FtP Guidance	BAU	Q1-Q4	● Critical	<ul style="list-style-type: none"> <li>• Relevant changes and updates of published policies, internal processes, and guidance have been made where necessary.</li> <li>• Priorities will include: Investigation processes, Stage three processes including direct referral.</li> <li>• Work will also commence to review the Acceptance Criteria.</li> <li>• Any process changes by virtue of the new CMS are updated</li> </ul>		<p><b>Why amber/red:</b> Additional time is required to review and update guidance following recent process and audit reviews.</p> <p><b>How we will get back to green:</b> An extension to end Q4 will allow for a thorough review and consultation (if applicable) on revised guidance to ensure clarity and consistency before full implementation.</p>

**CPD**

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
<p>Deliver a platform to record CPD and ensure our standards and requirements are met</p>	<p>BAU</p>	<p>Q1-Q4</p>	<p>● Essential</p>	<p>CPD system has &lt;1% unplanned outage (i.e. 3.5 days outage per year).</p>	<p style="background-color: red;"></p>	<p><b>Why amber/red:</b> The MyCPD system had an unplanned outage between 24 and 29 December due to limits on system storage capacity.</p> <p><b>How we will get back to green:</b> The unplanned outage was picked up by our contractor for the MyCPD platform when their offices opened on 29 Dec and escalated to GOC IT team. We will consider who carries responsibility for monitoring of CPD emails and systems over the Christmas period and are working with IT on storage capacity to avoid this type of outage in the future.</p>

## Policy and Standards

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Changes to the standard on supervision in response to findings of the research into the risk-based model on the testing of sight	Strategic project	Q1-Q4	<p style="text-align: center;">●</p> Essential	SMT and Council satisfaction that there has been high quality engagement with a range of stakeholders. Any changes to the standards are proportionate, focussed on protecting the public whilst supporting responsible innovation		<p><b>Why amber/red:</b> Rephrased to bring draft consultation package to June 2026 Council to allow time to gather additional evidence following discussion at December 2025 Council</p> <p><b>How we will get back to green:</b> Planned for the June Council agenda</p>

# IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Improved Cyber & Email Security	BAU	Q2-Q4	<p style="text-align: center;">●</p> Essential	Q2-Q3 - Review Alternatives Q4 - New Solution in place		<p><b>Why amber/red:</b> Review of proposed solutions underway; but more complex than originally envisaged.</p> <p><b>How we will get back to green:</b> Rephased for delivery in Q2-Q4 2026.</p>
Annual DR Test of IT Systems & Backup	BAU	Q3	<p style="text-align: center;">●</p> Essential	The report notes more positive practices than remediation measures.		<p><b>Why amber/red:</b> This has taken place later than planned due to move to Canary Wharf.</p> <p><b>How we will get back to green:</b> The DR test will take place in Q4 2025.</p>

# Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Member appointment process	Continuous Improvement Project	Q3-Q4	<div style="text-align: center;">●</div> Essential	<ul style="list-style-type: none"> <li>• Q1 - review of internal processes</li> <li>• Q2 - review of guidance to panels and applicants</li> <li>• Nominations Committee - December 2025 - revised guidance and processes approved</li> </ul>		<p><b>Why amber/red:</b> Unplanned member recruitment and staff turnover has contributed to delays.</p> <p><b>How we will get back to green:</b> review will be deferred to 26/27</p>

**DRAFT minutes of the meeting of the Advisory Panel held on  
Friday 6 February 2026 at 9.15am via MS Teams**

**Present:** William Stockdale (Standards Committee) (Advisory Panel Chair), Jacqui Adams (Education Committee), Sana Asif (Standards Committee), Kay Bagshaw (Standards Committee), Geraldine Birks (Registration Committee), Gavin Cooper (Registration Committee), Dr. Helen Court (Education Committee), Khalid Dalil (Registration Committee), Gordon Dingwall (Companies Committee), Dean Dunning (Education Committee), Kathryn Foreman (Registration Committee), Lisa Gerson (Registration Committee Chair), Sally Gosling (Education Committee), Dan Green (Education Committee), Imran Hakim (Companies Committee), Sarah Joyce (Companies Committee), Dimple Kumar (Standards Committee), Ros Levenson (Standards Committee), Julia Lewis (Standards Committee), Haseena Lockhat (Standards Committee), Dan McGhee (Companies Committee), Frank Munro (Education Committee), Hana Patel (Education Committee), Tim Parkinson (Companies Committee), Aoife Prendergast (Registration Committee), Dr. Hema Radhakrishnan (Education Committee), Reena Rani (Registration Committee), Wayne Lewis (Companies Committee), Parth Shah (Companies Committee), Amit Sharma (Companies Committee), Poonam Sharma (Companies Committee), Dr. Ahalya Subramanian (Education Committee), Nilla Varsani (Standards Committee), Dr. Anne Wright CBE (Council Chair) and Cathy Yelf (Companies Committee).

**Apologies:** Wayne Lewis (Companies Committee) and Chloe Robson (Standards Committee).

**GOC Attendees:** Carole Auchterlonie (Director of Regulatory Operations), Marie Bunby (Policy Manager), John Cappock (Audit, Finance and Risk Committee Chair), Nadia Denton (Governance Officer) (*minutes*), Toby Ganley (Policy Manager (Standards)), Kiran Gill (Chief Legal Officer), Philipsia Greenway (Director of People and Improvement), Nadia Habib (Governance and Compliance Manager), Vikki Julian (Head of Communications & Engagement), Elisha Lindsay (Standards Officer), Andrew Mackay-Sim (Chief of Staff), Leonie Milliner (Chief Executive and Registrar) and Marc Stoner (Director of Corporate Services).

<b>Welcome and Apologies</b>	
1.	<p>The Chair welcomed everyone to the meeting. The Advisory Panel noted that;</p> <ul style="list-style-type: none"> <li>• apologies had been received from Wayne Lewis, Chloe Robson, the Director of Regulatory Strategy and the Head of Strategy, Policy and Standards;</li> <li>• this would be Wayne Lewis' last meeting;</li> <li>• Kalwant Grewal had stepped down from the Registration Committee to take up his appointment as a lay GOC Council member;</li> </ul>

	<ul style="list-style-type: none"> <li>at the 13 November 2025 meeting of the Advisory Panel it had been incorrectly stated that it was Gordon Dingwall's last meeting when it was in fact Gordon Ilet's last meeting.</li> </ul>
	<b>Declaration of Interests and confidentiality AP00(26)</b>
2.	The Panel noted the register of interests. Raymond Curran declared that he was currently advising the Northern Ireland government on road safety matters.
	<b>Minutes of the meeting held on 13 November 2025 AP01(26)</b>
3.	<p>The minutes of 13 November 2025 were approved as an accurate record of the meeting subject to the following correction:</p> <ul style="list-style-type: none"> <li>to note that it had been stated in error that it was Gordon Dingwall's last meeting.</li> </ul>
	<b>Actions point updates AP02(26)</b>
4.	The actions were noted.
	<b>Matters Arising</b>
5.	There were no matters arising.
	<b>Road Safety Strategy AP03(26)</b>
6.	<p>The Policy Manager introduced the item. Specific points raised in discussion included:</p> <p><u>Challenges with the existing system</u></p> <ul style="list-style-type: none"> <li>it was not presently possible to determine how many people over 70 were driving without having had a recent eye test;</li> <li>there were segments of the population who simply did not go for eye examinations and so it would only be possible to report if members of the public attended out of free will;</li> <li>there was doubt about the extent to which members of the public were self-reporting and being honest about whether their eyesight made them fit to drive;</li> <li>there were those over 70 years olds who might be aware that there were issues with their eyesight but out of fear of losing their driving licence might avoid attending an eye examination;</li> <li>consideration would need to be made as to whether registrants should breach confidentiality by contacting the DVLA or a General Practitioner (GP) if a member of the public did not meet driving standards in a test room;</li> <li>Registrants may likely to feel more comfortable if the patient was required to self-report and complete the paperwork which the optometrist could then counter-sign;</li> <li>Registrants could be placed in a difficult position regarding advising patients not to drive if this could not be enforced;</li> <li>it would be preferable for the Government to base the renewal of driving licences for those over 70s on passing an sight test so that it would remove the challenge of registrants having to report it to the authorities;</li> </ul>

- consideration would need to be made for members of the public who had conditions such as dementia, with strong vision but who might be limited in terms of their cognitive decision making;
- consideration would need to be made of other age groups who had health conditions that would affect their eyesight and who should also be undertaking eye tests and self-reporting to the DVLA;
- visual field eye testing was time consuming and would utilise test rooms which could create financial pressures for practices;
- the sector would have to consider the implications on the workforce if there was a drive to provide eye examinations for an increased number of patients; a full Equality, Diversity and Inclusion impact assessment would need to be undertaken to see which groups would be disproportionately affected by the proposed measures;

#### The Government's proposals, including any systemic risks presented

- moving from mandated sight testing reporting to DVLA would be a huge step forward for safety and would mitigate existing challenges around self-declarations;
- the capacity of the DVLA to facilitate such a process would need to be factored in at an early stage;
- the DVLA could consider a mandatory re-register link to a mandatory sight test;
- there was currently no technological system or portal in place with the DVLA and this would need to be developed;
- consideration should be made for the support that could be given to the profession through Continuous Professional Development (CPD);
- there were risks attached to the proposal of non- context specific eye testing and fundamental models would be required to ensure that the process was sufficiently robust;
- the government proposals were not a current requirement for General Ophthalmic Services (GOS), if progressed it would need to be determined if GOS was able to absorb this activity in their budget as an eligibility requirement;
- a possible option would be to issue eyesight test prompts to drivers when they reached the age of 70 and if they failed an initial screening, have them referred to an Optician to undertake more thorough testing;
- the screening could be used as an opportunity to extend public education around sight testing;
- it would be important that screenings undertaken by non-sector professionals did not do a disservice to existing Opticians who were trained and understand eye testing processes;
- visual acuity test could be quite variable for patients who were on the borderline, and their readings could change day-to-day;
- a clear distinction would need to be made between whether the screening process was a bespoke sight test or eye examination to ensure that the public were clear on what the difference was;
- it was possible that Artificial Intelligence (AI) technologies would be used for future screening processes;

Does the GOC position on mandatory reporting need to change if mandatory testing is introduced?

	<ul style="list-style-type: none"> <li>• reporting should be mandatory but the onus should not fall on practices or Opticians;</li> <li>• there needed to be more of an understanding about what the pathway is;</li> <li>• there could be an issue with performing identity checks on members of the public as Opticians did not typically ask for ID to undertake site tests (in England);</li> <li>• this was not the case in Scotland or Ireland where patients were identified with a patient identifier number linked to their GP;</li> <li>• there was a risk that some over 70s who failed their eye test might decide not to have their eyes ever tested again;</li> <li>• the prospect of DVLA testing tended to induce anxiety in attendees;</li> <li>• there needed to be clarity about the legal and professional guidelines to be followed if a member of the public failed an eye test, and whether this for instance would preclude them from driving home; and</li> <li>• the consultation would need a way to express that the GOC was a UK wide regulator and there was potential for variation.</li> </ul>
7.	<p>The Advisory Panel <b>provided</b> its views on:</p> <ul style="list-style-type: none"> <li>• challenges with the existing system;</li> <li>• the Government's proposals, including systemic risks presented; and</li> <li>• whether the GOC's position on mandatory reporting to the DVLA should be reviewed if mandatory sight testing was introduced.</li> </ul>
	<b>Date of Next meeting</b>
8.	The date of the next meeting was noted as <b>22 May 2026</b> .
	<b>Any Other Business</b>
9.	There was none.
12.	<b>The meeting closed at 10:31am.</b>

**COUNCIL**

**Report from the Chair of Council**

**Meeting:** 11 March 2026

**Status:** For noting

**Lead responsibility & paper author:** Dr Anne Wright CBE (Chair of Council)

**Introduction**

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1. This report covers my principal activities since the last Public Council meeting on 17 December 2025.
2. I am delighted to share the good news of the award of a Member of the Order of the British Empire (MBE) to Lisa Gerson in the New Year Honours List. The citation for the honour cites Lisa's outstanding contribution to public service and public safety in the areas of optometry, education, and social cohesion. I congratulate Lisa on this well-deserved recognition of her dedication and achievements across so many areas of society.
3. We announced the appointment of Kalwant Grewal as a lay member of Council last month. He was appointed by the Privy Council, and his term commenced on 1 February 2026. Kalwant is a senior finance and governance professional with extensive experience across regulated, public interest, and membership organisations. He is a Chartered Certified Accountant (ACCA) with a strong background in audit, risk, and financial oversight at board and committee level. Kalwant currently holds a portfolio of non-executive and governance roles, including with statutory regulators. He has also held senior executive finance roles in the NHS, social housing, and the not-for-profit sector.
4. Aoife Prendergast is a new lay Committee member and her term commenced on 1 February 2026 also. Aoife will be taking over Kalwant's previous role as an Advisory Panel (Registrations Committee) member.

5. This will be the final Council meeting for our Council Associates Rupa Patel and Desislava Pirkova, whose terms of office end on 31 March. As we say farewell to Rupa and Desi, I would like to thank them for their contributions over the last two years. Council members have greatly appreciated their participation and the perspectives they have brought, and we wish them both well in their future careers.

### **Management**

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6. I have held weekly catch-up meetings with Leonie Milliner, Chief Executive and Registrar (CE&R) and with Andy Mackay-Sim, Chief of Staff, including pre-brief meetings when required.
7. As well as other meetings on specific priorities and issues, I have held quarterly 1:1 meetings with individual Senior Management Team (SMT) members.
8. On 29 January 2026, I attended a pre-brief meeting with Ella Pobee, Education Officer (Development) in advance of the Education Visitor Panel (EVP) workshop which I joined on 25 February 2026.
9. To acknowledge World Braille Day, the ABLE staff network hosted a short lunch and learn open session on 8 January 2026, which explored why Braille still matters, how it supports access and independence, and how accessibility continues to evolve.
10. On 15 January 2026, Vikki Julian, Head of Communications and Engagement, provided a presentation on true crime and local history as a continuation of the Staff Wellbeing and Engagement Group (SWEG) coffee breaks. All staff members were welcomed to join.
11. On 4 February 2026, I joined another SWEG coffee break session which was hosted by Lauren (Carole Auchterlonie, Director of Regulatory Operations, daughter), to whom provided an inspiring presentation on life as an elite rower.

**Council and Committees**

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12. I have continued to join fortnightly meetings with Tim Parkinson, Senior Council Member (SCM).
13. I have also held catch-ups with Council members and associates and participated in induction sessions for incoming members.
14. I conducted John Cappock, Independent member/Audit, Finance, and Risk Committee (ARC) member, end of term review meeting on 13 January 2026 and recommended John Cappock for re-appointment. The Nomination Committee confirmed his re-appointment at its meeting on the 27 January 2026 with effect from 1 April 2026.
15. Independent member, Nigel Sully, Remuneration Committee (REMCO) member was also recommended for re-appointment by Tim Parkinson, SCM and Chair of REMCO. The re-appointment was confirmed with effect from the 1 April 2026.
16. I chaired the Council catch-up sessions on 13 January 2026 and on 17 February 2026, with Council and relevant staff members in attendance. On 22 January 2026, I hosted a Council virtual coffee morning session with Council members and associates welcomed to attend.
17. I joined the Nomination Committee meeting on 27 January 2026; Audit, Finance and Risk Committee (ARC) meeting on 29 January 2026 and on 24 February 2026; Advisory Panel meeting on 6 February 2026; and Remuneration Committee meeting on 10 February 2026.
18. I held introductory meetings with our new Council member, Kalwant Grewal on 10 February 2026 and Advisory Panel (Registration Committee) member, Aoife Prendergast on 16 February 2026, as part of their induction day.
19. As part of our ongoing assessment of the Council associate scheme, I held exit interviews with Council associates, Rupa Patel on 3 March 2026 and Desislava

Pirkova on 24 February 2026 to discuss their experiences. This feedback will greatly assist us in taking the scheme forward in future years.

20. I chaired the financial Chairs meeting on 4 March 2026 with Tim Parkinson, SCM, Council members, Lisa Gerson and John Cappock, Leonie Milliner, CE&R, Marc Stoner, Director of Corporate Services, Manori Wickremasinghe, Chief Financial Officer and Andy Mackay-Sim, Chief of Staff.

### **Stakeholders**

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21. 20 January 2026: Institute for Government seminar 'How can changes to National Health Service structures help deliver the 10 Year Health Plan?'. Chaired by Nick Davies, Programme Director at the Institute for Government and supported by Novartis Pharmaceuticals United Kingdom (UK). The panel included, Dr Penelope Dash, Chair of NHS England, Dame Patricia Hewitt, former Secretary of State for Health, Samantha Jones, Permanent Secretary at the Department of Health and Social Care (DHSC) and Johan Kahlström, President and Managing Director, UK and Ireland at Novartis Pharmaceuticals UK.
22. 27 January 2026: Catch-up meeting with Lesley Longstone, former Chief Executive and Registrar.
23. 19 February 2026: Chair's introductory meeting with Dr Helen Phillips, Chair of Council at General Dental Council (GDC).

### **Council Member meetings with stakeholders**

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24. An Optical Familiarisation Programme visit was held on 12 February 2026 in Nottingham, with the morning spent at Boots Headquarters and the afternoon at the eye outpatients centre at Queen's Medical Centre hospital. Attendees included Phil Harper, Deputy Director, Department of Health and Social Care (DHSC), Tim Parkinson, SCM, Brendan Barret, Education Visitor Panel Member, and Abigail Brown, Internal Communications Officer. The visit offered a useful opportunity to

better understand both community and hospital eye care, as well as the evolving role of optometry across the sector.

25. SPOKE is the sector partnership for optical knowledge and education, contracted by us to provide a knowledge hub to support the sector with the ongoing implementation of the education and training requirements. As part of this they hold an annual networking and collaborative writing event which Frank Munro, registrant Council member and Chair of the Registration Committee, and Samara Morgan, Head of Education and CPD, attended on 2 and 3 February 2026. This year's event saw attendees discussing supervision guidance, student staff ratios, the impact of artificial intelligence (AI) in education and lifelong learning, all of which will feed into SPOKEs reports.
26. Marie Bunby, our Policy Manager organised a GOC teleoptometry visit in early March 2026, for some of our Council members Poonam Sharma and William Stockdale to observe a teleoptometry model in practice at Vision Express in Guildford, in connection with our work to update our statement on testing of sight.

**COUNCIL****Chief Executive and Registrar's Report**

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**Meeting:** 11 March 2026**Status:** For noting**Lead responsibility and paper author:** Leonie Milliner, Chief Executive and Registrar**Council Lead(s):** Dr Anne Wright CBE, Council Chair**Purpose**

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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**

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2. Council is asked to note the Chief Executive and Registrar's report.

**Strategic objective**

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3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2026-2027 Business Plan.

**Background**

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4. The last report to Council was provided for its public meeting on 17 December 2025.

**Analysis**

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5. Since Council last met, we have welcomed four new starters, Nicole Walters, Registration Officer; Laura Blatchly, People and Culture Policy Officer; Suleqa Aden, and Helen Alldridge, Legal Administrators. I meet new starters each month for an informal introduction as a group session.
6. Following a competitive external recruitment process, I'm pleased to confirm that Nadia Habib was appointed as Governance and Compliance Manager in January 2026. She has been undertaking the role as an acting up opportunity for the last six months and is now permanent. Nadia brings a wealth of knowledge and experience from previous roles in Regulatory Operations and as Information Governance Officer. She is also co-chair of the Women's Network and the Charity Initiative.

7. In addition, I am pleased to announce that in January 2026, Bernice Yeboah has transferred to the Hearings Team in a six-month fixed-term Hearings and Scheduling Officer position, to support capacity during a particularly busy period. This followed a fair and robust selection last year, when Bernice was interviewed for the permanent position and assessed as appointable, making her a strong and well-suited addition to the Hearings Team future.

#### Internal engagement

8. I continue to hold weekly meetings and pre-brief meetings with Dr Anne Wright, Chair of Council, Andy Mackay-Sim, Chief of Staff and with each Director of Senior Management Team (SMT) and other members of the executive as required.
9. On 9 February 2026, I joined the planned Leadership Team (LT) meeting (which has a rotational chair). I chaired SMT fortnightly meetings and I attended the monthly corporate Risk Register meetings chaired by Marc Stoner, Director of Corporate Services.
10. I chaired the monthly All-Staff Meetings (ASM) with all staff members invited as well as the two newest Council Members, Kathryn Foreman and Poonam Sharma who joined the ASM respectively to introduce themselves to staff members.
11. I chaired an SMT away day on 7 January 2026 which included sessions on strategy execution and leadership values and behaviours.
12. On 26 February 2026, I joined the Performance Behaviours Framework (PBF) moderator training workshop organised by Emma Pitt, Performance and Implementation Lead. Facilitated by Christina Youell, Director of People and Performance Limited (Ltd) with staff members who are Head of Service, Chief level and SMT in attendance. I also joined the leading effective performance conversations line manager workshop on 09 March 2026.

#### Staff wellbeing and engagement

13. We offer a weekly post-work online yoga open session led by an external yoga teacher, Elena Consoli, organised by our Staff Wellbeing and Engagement Group (SWEG) in which I participate in when able.
14. To mark World Braille Day on 8 January 2026, the ABLE staff network hosted a short lunch and learn open session which explored why Braille still matters, how it supports access and independence, and how accessibility continues to evolve. I was delighted to hear from Rufus Woodcock, our Administrator intern,

alongside other interns from our Thomas Pocklington Trust (TPT) partnership, sharing their perspectives on the evolution of Braille.

15. As part of SWEG coffee breaks, on 15 January 2026, Vikki Julian, Head of Communications and Engagement, provided a presentation on true crime and local history.
16. I joined the Parent and Carer staff network official launch open session on 26 January 2026, where the network and the committee led introductions, shared why the network was created and who it's for, highlighted useful internal and external resources, and ended with a talk about what's coming next and how staff members can get involved.
17. On 4 February 2026, as part of SWEG coffee breaks, Lauren (Carole Auchterlonie, Director of Regulatory Operations, daughter) provided a delightful presentation on life as an elite rower with one of the top clubs in the UK, including her experience winning a medal at the Henley Royal Regatta last summer and her long-term goal of rowing for Team Great Britain.
18. I joined the LGBT+ History Month inter-regulator panel on 27 February 2026 for an inspiring session where colleagues from across the regulatory sector shared their personal journeys and experiences of being LGBT+. The session offered a valuable opportunity to hear experiences from across the regulatory sector and gain insight into the challenges, progress and lived realities of LGBT+ colleagues. Chaired by Stacy Wilding, Nursing and Midwifery Council (NMC), Education Quality Assurance Officer, with Panellists, David Abrahams, NMC, Head of Policy and Guidance, Talli Shaw, General Dental Council, Casework Manager and Joanna Murphy, GOC Equality, Diversity, and Inclusion (EDI) Manager.

#### Council and Committee engagement

19. I held catch-up meetings with Nicholas Yeo, Independent Nominations Committee (NOMCO) Member on 22 December 2025 and on 6 January 2026.
20. On 23 December 2025, I joined a patient and public engagement discussion meeting with Ros Levenson and Catherine Yelf, Council Members, Steve Brooker, Director of Regulatory Strategy and Angharad Jones, Policy Manager.
21. I joined the Council catch-up sessions on 13 January 2026 and on 17 February 2026, with Council and relevant staff members in attendance.
22. I attended our Nomination Committee meeting on 27 January 2026; Audit, Finance and Risk Committee (ARC) meetings on 29 January 2026 and on 24

February 2026; Advisory Panel meeting on 6 February 2026; and Remuneration Committee meeting on 10 February 2026.

23. I held introductory meetings with our new Council member, Kalwant Grewal on 10 February 2026 and Advisory Panel (Registration Committee) member, Aoife Prendergast on 23 February 2026, as part of their induction day.
24. I joined a meeting on 4 March 2026 with Dr Anne Wright, Council Chair, Tim Parkinson, SCM, Council member, Lisa Gerson, Chair, Nominations Committee and John Cappock, chair, ARC with Marc Stoner, Director of Corporate Services, Manori Wickremasinghe, Chief Financial Officer and Andy Mackay-Sim, Chief of Staff.

## **People and Improvement**

### Project Delivery

25. User Acceptance Testing (UAT) for MyGOC is near completion, with most bugs having been identified and fixes being applied. Full sign off is expected in February, following the project board's approval.
26. Some elements (such as change requests) and any residual snagging will be reviewed and agreed to be delivered/tested post UAT (in the pre-launch period)
27. Launch readiness activities are currently being designed, among which, include migration to live system, risk and compliance assessments and stakeholder engagement. These will inform the launch and onboarding strategy to be signed off by the project board.
28. Work is also underway to agree governance and processes for continuous improvement and project activities through the next financial year. An initial planning session at Director and Heads level across Corporate Services and People & Improvement focused on principles of operation and delivery across business areas to ensure a collaborative approach that benefits the organisation.
29. The next step is wider planning session to agree governance and processes against identified deliverables for 2026/27

### People and Culture

30. Employee engagement and satisfaction continue to show a positive upward trend in how employees feel about recommending the GOC as a great place to

work, with an employee net promoter score (eNPS) of 21.57, up from 18.18 in September.

31. The lower participation rate of 43% indicates a need to continue reinforcing that employee voice *matters* and that survey results lead to visible action.
32. SMT considered the first iteration of workforce planning. This work will enable us to take a more strategic and joined up approach to workforce development and strengthen how we think about our future capability needs. As these plans mature, they will play an increasingly important role in aligning our workforce decisions with financial and business planning, supporting a more integrated approach to delivering our five-year strategy, within the budget forecast each year to 31 March 2030.
33. The Performance Behaviours Framework (PBF) workshop two, which will see all employees prepare for their end of year reviews and learn about the process of evaluating PBF performance, has been designed and will take place in February, March and April 2026.
34. Work is currently being undertaken to design the SMART objective training that will further support and prepare colleagues for their end of year reviews and importantly the development of their objectives for 2026-2027.
35. We updated the probation form, which is now aligned with our new Performance Behaviours Framework (PBF). Aligning the probation process with the PBF ensures a consistent approach to behavioural expectations from a new starter's first day through to participation in the GOC performance review cycle.
36. SMT met to consider the final outstanding components of moderation for the PBF process. SMT agreed that evaluation of the behaviours must take place to provide sufficient evidence of performance. SMT agreed that all moderators must remain in moderation when reviewing their department and that all reviews must be transparent and therefore not anonymous.
37. A six-month FTC policy officer joined the People team to commence the policy work which will see the mapping the Employment Bill to our people policies and reviewing, updating and developing of our people policies to ensure they are legally compliance and aligned with best practice.
38. The procurement of our annual staff survey concluded, and The Survey Initiative were selected as the preferred supplier. The outcome reflects their strong alignment with our requirements, in particular their tailored 'partnership'

approach and strength in translating survey insights into practical and actionable plans. Contracting will now proceed and consideration given to the delivery of the staff surveys and associated timelines.

39. Following input from our internal policy review group and approval by SMT, GOC has launched its neonatal policy to reflect the latest guidance and GOC requirements. Alongside the launch, a colleague shared lived experience of becoming a parent when her son was born prematurely and cared for in the NICU.
40. On 2 February we launched our Parents and Carers Network. This network provides a safe space for the community to share real experiences, learn from one another and make sure the voices of those in their parent and/or caring journey is part of conversations across the organisation.
41. As part of our commitment to a safe and respectful workplace, the EDI manager is delivering further training sessions for the next phase of our sexual harassment training for colleagues who were unable to attend in December. This builds on the mandatory e-module and supports our duties under the Worker Protection Act. The session focuses on understanding what sexual harassment is, our shared responsibility to prevent it, how to raise concerns, and where to find support. It's an interactive, scenario-based session designed to build confidence in recognising and responding to issues.

## **Corporate Services**

### Information Technology (IT)

42. A new system requiring email senders to confirm recipients before sending has now been successfully trialled and fully implemented and is strengthening our data security.
43. Our internal and external cyber security penetration test was very positive and an action plan to remediate the remaining items is underway.
44. The re-assessment of our Cyber Essentials certification [accredited by the National Cyber Security Centre (NCSC)] is underway. Our Cyber Essentials Plus certification will be re-assessed over the next two quarters.
45. Our Managed Services Provider (MSP) facilitated an IT business continuity test in January, and this was completely successful.
46. An external cyber audit by TIAA is underway (evidence submitted and is being assessed) and this will be completed in this quarter.

47. The GOC has again applied for non-profit status with Microsoft and has been successful on this occasion, which will deliver savings over future years and enable improved use of their technologies.

#### Registration

48. The team is currently focused on the annual renewal process for fully qualified and body corporate registrants. Renewal opened on 22 January 2026 and will close on 31 March 2026. The number of renewals received is in line with anticipated volumes and with previous years' trends.
49. In preparation for the April 2026 go live of the new MyGOC system, the Registration team are currently executing a structured readiness plan to ensure a successful launch. Key activities are progressing including stakeholder engagement, review of the registrant facing content to ensure its accurate and consistent throughout. In parallel, governance and legal compliance reviews are being carried out to confirm all relevant regulatory requirements are addressed. The team continue to carry out end to end testing to validate the system performance, identify any bugs, review user journeys to help support a smooth transition at launch.
50. We received pass lists from various education providers of around 300 newly fully qualified registrants. The team processed their applications within the set KPI's, allowing them to start their professional careers.

#### Finance

51. At the beginning of the quarter four of 2025-26, we produced the Q3 financial forecast, including the five-year forecast 2025-30, of which the year 2 is the budget 2026-27. Building the budget as part of the five-year plan ensures that adequate funds are included in the reserve plan and that reserve levels comply with reserve policy. The work also assured us in achieving the financial KPI across the five-years, as laid out in our financial strategy. The forecast enabled us to ensure that the 2025-30 strategic plan is achievable. It also highlighted the risks, assumptions, and mitigation factors.
52. The latest forecast and budget enabled us to plan treasury management through the end of 2026-27. Plans were made to place a series of fixed deposits from renewal income, maturing each month in 2026-27, to ensure adequate cash for continuing operations. We have planned a drawdown from the long-term investments in January 2027, as the renewal income is insufficient to fund expenditure. The drawdown plan was communicated to Brewin Dolphin well in advanced enabling them to plan cash realisations when

required.

53. The finance team produced the financial performance report for the nine months ending 31st December 2025. The report was reviewed by the SMT and ARC and is now tabled at this meeting.
54. The reserve policy was updated and improved to better manage funding deferred business-as-usual projects. The reserve policy will ensure that adequate funds are available to enable us to continue achieving our 2025-2030 strategic plans. The policy will be considered at the Council for approval.
55. The finance team is currently preparing for an internal audit scheduled for March on core finance operations. The team also updated the financial manual as an annual exercise, documenting the process mapping and ensuring adequate internal controls are embedded.
56. We continue with our financial accounting work, including management accounts and business partnering, where we work with other departments to achieve financial forecasts and goals, while reporting variances, trends, and risks. The monthly financial performance report enables SMT to understand variances and highlight risks in a timely manner, so they can make decisions that have a positive impact.
57. In carrying out day-to-day duties, the team ensured that financial operations complied with the scheme of financial delegation, relevant policies, and internal controls.

### Facilities

58. Fire Marshall awareness training took place in January 2026 for several GOC fire Marshalls. This training was delivered by fire safety team at Canary Wharf management and is tailored to One Canada Square building.

### **Regulatory Operations**

59. We're making good progress with implementation of the next phase of our Improvement Programme 3.0 (2025-28). Recent improvements include training in witness support and training in trauma-informed investigations. We also now have a dedicated page on our website about our independent support service for people involved in the FtP process.
60. In addition to planned improvements, we've initiated changes in response to the PSA audit covered elsewhere on the agenda. These changes include strengthening management controls in relation to triage decision-making and

introducing updated guidance and investigation coaching clinics to strengthen decision-making and analysis in relation to risk assessments.

61. As part of our work to support continuous improvement in hearings operations, we've launched a new feedback survey for circulation to all hearing participants following each substantive hearing. The experiences, insights and suggestions gathered through the survey will help us better understand what works well and where improvements can be made across the hearing process. This will include areas such as participant experience, support, and overall effectiveness.

## **Regulatory Strategy**

### House of Lords inquiry on regulators and growth

62. The House of Lords Committee on Industry and Regulators has launched an inquiry into regulators and growth. Baroness Taylor of Bolton, chair of the committee, wrote to healthcare regulators in December asking a series of questions to supplement the committee's formal call for evidence.
63. We replied to Baroness Taylor in January, highlighting how the eye care sector contributes to economic growth and explaining the different ways in which our work is supporting growth consistent with our statutory remit. We highlighted how the absence of legislative reform, including in relation to the CPD scheme and business regulation is constraining economic growth.

### Testing of sight statement

64. In December 2025, Council discussed our updated draft statement on testing of sight and possible revisions to our supervision standard. At the time, we had intended to bring a consultation document on the draft statement and revisions to our supervision standard to Council in March 2026. However, Council identified a need to gather additional information to inform its decision-making. We provided some additional information at the 10 March confidential Council meeting and have received a draft report on the research with patients and the public. We now plan to seek approval of the consultation and associated documents at public Council meeting on 24 June 2026.

### Thematic review

65. We are continuing to collect evidence to support the thematic review. Since my last update we appointed Shift Insight to carry out qualitative research and fieldwork is underway. We also launched our second LinkedIn conversation and survey on the topic of commercial incentives and sales targets. NHS England has provided a partial dataset to support analysis of sight tests for young

children, and we have submitted data requests to commissioners in Scotland, Wales and Northern Ireland. We have reviewed OCCS complaints data and relevant fitness to practise cases. We have carried out exercises to review price transparency on optical business websites and collected TrustPilot reviews.

66. The evidence gathering phase is nearing conclusion and over the next period the project team will focus on analysis and begin report writing.

#### Driving vision standards

67. In my December update, I noted that we had been issued with a Regulation 28 Prevention of Future Deaths report by Adam Hodson, Area Coroner for Birmingham and Solihull, in respect of the investigation into the death of Christopher Sampson. We submitted our [response](#) on 18 December.
68. As part of its road safety strategy, the government has consulted on introducing mandatory eyesight testing for drivers aged 70 and above and every renewal thereafter. Advisory Panel discussed the proposals on 6 February, and the we are preparing our consultation response.
69. On 24 February, the Policy Manager (Standards) attended the Ministerial Road Safety Strategy Roundtable: Eyesight Tests and Older Drivers.

#### Communications

70. In support of evidence gathering for the thematic review, we have run two "Linked In conversations" to encourage registrants to share thoughts and experiences on overbooking and commercial targets. The conversation on overbooking was particularly successful, with over a thousand responses.
71. As part of the Optical Familiarisation Programme, a visit was held in Nottingham, with the morning spent at Boots HQ and the afternoon at the eye outpatients centre at Queen's Medical Centre hospital. Attendees included Phil Harper (Deputy Director, Department of Health and Social Care), Tim Parkinson (Council Member), Brendan Barret (Education Visitor Panel Member), and Abi Brown (Internal Communications Officer).
72. We attended 100% Optical, the UK's largest optical event. Staff from Communications, Registration and Standards met with many registrants and gave out information on CPD and Standards.

#### Education and Continuing Professional Development (CPD)

73. We have press released a joint statement on principles relating to the use of

Artificial Intelligence (AI) in education and training, together with five other health and care regulators. This followed a review of the statement by Education Committee at its 13 November 2025 meeting. The statement includes a set of guiding principles for providers of health and care education to proactively consider during the design and delivery of their educational programmes. Published together with the General Osteopathic Council, Health and Care Professions Council, General Pharmaceutical Council, General Chiropractic Council, and Royal College of Veterinary Surgeons, the statement helps to provide education providers with clarity and an understanding of regulator views on the use of AI in health and care professional education.

74. We have agreed that the next SPOKE project will focus on artificial intelligence. This will give us a picture of how AI is currently being taught in qualifications and if there are gaps in our standards. This would support the UK government's expectation in its 10 year plan that education curricula incorporate AI and help us to connect registrant learning with current and future workforce needs. The project will also provide insight on qualification provider perspectives on issues relating to the impact of AI on education, like ensuring academic integrity.
75. In my December update, I reported that we have been reviewing the status of non-UK qualifications where applicants may gain entry to the GOC register via an expedited registration route. Following the last Council meeting, approval of the European Diploma in Optometry has been withdrawn with the agreement of the provider. Approval of the BSc Optometry at Technological University Dublin has also been withdrawn with the agreement of the provider. This will come into effect from October 2026 to enable current final year students to benefit from the expedited process and support the transition to our new arrangements.
76. There are no other non-UK qualifications in this position, so these decisions have concluded this phase of work on new international routes to registration.
77. Following approval by Council in December, the consultation on CPD reforms was launched in January with a response date of 19 April. Consultation events with stakeholders are scheduled as part of the consultation process.
78. I am pleased to report an encouraging start to the 2025-27 CPD cycle. Registrants who want to stay 'on track' with the cycle's requirements would ideally have logged at least a third of their required points by the end of December. Data from the end of December suggest that over 9 out of 10 registrants are on track, which is well ahead of the position three years ago.
79. On 25 February 2026, we held the Education Visitor Panel (EVP) workshop organised by Education Team, to brief EVPs on the new Quality Assurance and Enhancement Method (QAEM) periodic review design under the ETR. The

workshop also included a very helpful briefing from Kathryn Morrison on the Scottish higher optical education including next steps for NHS Education Scotland, which is merging with NHS National Services Scotland.

80. Separately, the Chair of Education Committee and Head of Education and CPD attended the SPOKE annual event at Warwick University in February.

### **Governance**

81. We have completed our review of the Member Code of Conduct, including engagement with the Governance Working Group, who helped test the proposed updates and ensure the revisions reflect good governance principles. The updated policy is now being brought to the Strictly Confidential Council meeting for review prior to wider engagement with members.
82. We have continued to strengthen governance capacity through targeted recruitment activity. Recruitment for Council Associates and Advisory Panel members has progressed, and we have successfully appointed a new lay Council member. These updates will support the continued effectiveness and resilience of Council and its committees.
83. The Member Review Policy has been updated to ensure clarity, consistency and alignment with our wider governance framework. We are currently working on producing supplementary guidance to support the application of the policy in practice. This guidance will be issued to Hearing Panel Members during their scheduled training days in March 2026.

### Equality, Diversity, and Inclusion (EDI)

84. Our staff networks are beginning to put plans into practice. Network leads are now shaping their 12-month action plans and starting to put simple committee structures in place, with clearer roles and responsibilities to support sustainability and shared ownership.
85. In December, we marked International Day of Persons with Disabilities, focusing on disability in its broadest sense and what inclusion looks like in practice, rather than individual conditions. We also delivered the mandatory sexual harassment workshops, marked World Braille Day in partnership with the Thomas Pocklington Trust, and successfully launched the Parent and Carer Network, which has already generated strong engagement and interest.
86. Following Council's approval of our new EDI policy, planning is underway for the internal and external launch, which will focus on awareness, accessibility and how the policy translates into day-to-day behaviours and decision-making.

External Stakeholder Engagement

87. Since the last public Council meeting on 17 December 2025, I have attended the following external meetings and engagements:

- 13 January 2026: I chaired the Optical sector CEO meeting accompanied by Steve Brooker, Director of Regulatory Strategy, Andy Mackay-Sim, Chief of Staff, and Marie Bunby, Policy Manager. With the relevant sector bodies in attendance, including Adam Sampson, Association of Optometrists (AOP) Chief Executive, Harjit Sandhu, Federation of Ophthalmic and Dispensing Opticians (FODO) Group Managing Director, Alistair Bridge, Association of British Dispensing Opticians (ABDO) Chief Executive, and Ian Humphreys, College of Optometrists (COO) Chief Executive.
- 16 January 2026: Department of Health and Social Care (DHSC) quarterly catch-up meeting with Phil Harper, DHSC Deputy Director accompanied by Steve Brooker, Director of Regulatory Strategy.
- 16 January 2026: Federation of Optometrists and Dispensing Opticians (FODO) catch-up meeting with Harjit Sandhu, Chief Executive Officer (CEO) and David Hewlett, Director of Policy and Strategy, accompanied by Steve Brooker, Director of Regulatory Strategy, and Vikki Julian, Head of Communications and Engagement.
- 26 January 2026: Regulator's engagement meeting with National Health Service (NHS) England (NHSE)'s Mark Radford, Director of Education and Training, Beverley Harden, Deputy Chief Allied Health Professions Officer, Sharon Kibble, Project Manager, and Katie Cooper, Head of Multi-Professional Advanced Practice, accompanied by Samara Morgan, Head of Education and CPD.
- 29 January 2026: meeting with Imran Hakim, CEO, Hakim Group, Dr Scott W Mackie, Independent Strategy Adviser and Claire Slade, Head of Professional Advancement and Governance, accompanied by Steve Brooker, Director of Regulatory Strategy.
- 4 February 2026: National advancing practice professional and regulatory bodies engagement group meeting organised by the National Health Service (NHS) England (NHSE), workforce, training and education advanced practice.

- 25 February 2026: Optometric advisory board meeting organised by Olivia Crolla, Deputy Manager, Optometry at National Health Service (NHS) Education for Scotland (NES).
- 27 February 2026: Chief Executives of Regulatory Bodies (CEORB) meeting organised by Nick Jones, (CEORB Chair), Chief Executive and Registrar at the GCC with the relevant regulatory bodies in attendance.

88. A range of other engagements by Directors are listed in Annex 1.

### **Finance**

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

### **Risks**

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90. The corporate risk register has been reviewed in the past quarter and discussed with ARC.

### **Equality Impacts**

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

### **Devolved nations**

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

### **Other impacts**

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93. No other impacts have been identified.

### **Communications**

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#### **External communications**

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

#### **Internal communications**

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

### **Next steps**

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96. There are no further steps required.

### **Attachments**

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Annex 1 - Directors' stakeholder and other meetings.

Annex 1 - Directors' meetings/visits since last Council meeting

<b>Carole Auchterlonie</b> Director of Regulatory Operations	<b>Steve Brooker</b> Director of Regulatory Strategy	<b>Philipsia Greenway</b> Director of People and Improvement	<b>Marc Stoner</b> Director of Corporate Services
16.2.26 - OCCS – strategic planning meeting	Meetings with national optometric advisors – scheduled fortnightly	Monthly meetings with EB Partnership	9-9-25 – TIAA, internal auditors
	18.12.25 – Shift Insight – inception research meeting	28.01.26 Pixl8 Statement of Works (SOW) meeting	11-9-26 – HaysMac, external auditors
	9.1.26 – ABDO – registrant survey	10.02.26 Innecto benchmarking meeting	9-10-25 – Optical sector sustainability group
	9.1.26 – Chaired Optical Sector Policy Forum		22-10-25 – Brewin Dolphin, Investment broker
	13.1.26 – Optical sector CEOs meeting –		30-10-25 – Optical Sector CEO meeting
	14.1.26 – General Pharmaceutical Council consultant – business regulation research		12-11-25 – ACE Finance Directors and Corporate Services Directors forum
	15.1.26 – Specsavers – National Quality Strategy		20-11-25 – Institute of Regulation Workforce group
	16.1.26 – PSA Regulatory Data and AI Group Meeting – Artificial Intelligence		23-1-26 – EB Partnership review

Annex 1 - Directors' meetings/visits since last Council meeting

<b>Carole Auchterlonie</b> Director of Regulatory Operations	<b>Steve Brooker</b> Director of Regulatory Strategy	<b>Philipsia Greenway</b> Director of People and Improvement	<b>Marc Stoner</b> Director of Corporate Services
	16.1.26 – FODO – thematic review		27-1-26 – HaysMac. External auditors.
	16.1.26 – DHSC – catch-up		28.01.26 Pixl8 Statement of Works (SOW) meeting
	22.1.26 – CEORB (deputising for CEO&R)		12-2-26 – Brewin Dolphin, Investment brokers
	27.1.26 – Korn Ferry – job evaluation for new role		17-2-26 – Institute of Regulation, Risk group
	29.1.26 – Hakim Group – catch-up		
	23.2.26 – Presented at College of Optometrists webinar on GOC's registrant survey		
	27.2.26 – PSA workshop on regulating for AI use by health and social care professionals		
	3.3.26 – PSA – catch-up		
	9.3.26 – CPD reforms consultation event		

<b>Council Catch-up 17 February 2026</b>
<b>Council Meeting (Public) 11 March 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Budget and business plan 2026/27</li> <li>- Five-year forecast</li> <li>- EDI Action Plan 2026/27</li> <li>- PSA performance review</li> <li>- Member fees 2026/27</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- H&amp;S report</li> <li>- Q3 Financial performance report</li> <li>- Business performance dashboard Q3 2025-26</li> <li>- Business Plan Assurance Report Q3 2025-26</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Advisory Panel</li> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<b>Council Catch-up 14 April 2026</b>
<b>Council Catch-up 19 May 2026</b>
<b>Council Meeting (Strictly Confidential) 23 June 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>-</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>-</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 24 June 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Testing of sight</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- OCCS annual report</li> <li>- Q4 Financial performance report</li> <li>- Business performance dashboard Q4</li> <li>- Business Plan Assurance Report Q4</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<b>Council Catch-up 7 July 2026</b>
<b>Council Meeting (Strictly Confidential) 29 September 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>-</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> </ul>

<ul style="list-style-type: none"> <li>- Public perceptions survey</li> <li>- Registrant survey</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 30 September 2026</b></p>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Annual report and financial statements 2025/26</li> <li>- ARC annual report 2025/26</li> <li>- Equality, Diversity and Inclusion annual report 2025/26</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Registrant and public perception survey</li> <li>- Q1 Financial performance report</li> <li>- Business performance dashboard Q1</li> <li>- Business Plan Assurance Report Q1</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<p><b>Council Catch-up 13 October 2026</b></p>
<p><b>Council Strategy Day 18 November 2026</b></p>
<p><b>Council Meeting (Strictly Confidential) 8 December 2026</b></p>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Internal audit tender</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 9 December 2026</b></p>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Registrant fees 2026/2027</li> <li>- Annual reappointment of Council members to committees</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- H&amp;S assurance report</li> <li>- Council's self-assessment against the Charity Governance Code</li> <li>- Q2 Financial performance report/Q2 forecast</li> <li>- Business performance dashboard Q2</li> <li>- Business Plan Assurance Report Q2</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- CEO / Chair Report</li> <li>- Committee updates</li> </ul>