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General **Optical** Council

Registrant Workforce and Perceptions Survey 2025

Research Report

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Key findings

The survey

The annual Registrant Workforce and Perceptions Survey was conducted between March and May 2025, open to all individual GOC registrants. The survey aims to gain insight into registrants' experiences of working in clinical practice and their perceptions of the GOC.

A 12% response rate was achieved (3,798 responses), providing a robust sample for confident statistical analysis.

New insights for 2025

Much of this year's survey findings are in line with those found in 2024, and in many cases with other previous years. This is found in terms of both the overall results and the subgroup analysis, highlighting that the experiences and attitudes of registrants have changed little in recent years, with many of the same challenges still being faced.

However, this year's survey included a number of new questions to gather fresh insight into registrants' attitudes and experiences, shedding new light on important aspects of the profession and areas for future development.

Motivations for joining the profession vary

The most common reasons for joining the profession were an **interest in eye health/eye care (67%)** and **wanting to help people (55%)**, with newer registrants and students more likely to be motivated by these vocational drivers. Optometrist respondents selected a balance between vocational and professional drivers, whereas dispensing opticians placed greater importance on professional status.

Supervisors motivated by altruism and professional development

Among optometrists who had supervised a pre-registration trainee in the last 12 months, the most frequently cited motivation was **wanting to help others join the professions (62%)**. A significant proportion also said it helped with **enhancing their own skills and experience (32%)** and **increased job satisfaction (30%)**. Only small proportions cited increased responsibility (14%), increased salary (12%), or increased professional status (10%), suggesting that supervision is largely driven by altruistic motivations.

Supervision often brings added pressure

Despite positive motivations, respondents reported that supervision of pre-registration trainee optometrists comes with challenges. The most common difficulty reported was **the time required, along with the increased workload**, which had to be fit around their existing clinical workload, responsibilities, and performance targets, and can lead to increased pressure, reduced

capacity to adequately support trainees, and concerns about patient safety, quality of supervision, and insufficient support from employers.

Commercial and time pressures widely felt

Significant proportions of registrants reported sometimes or frequently experiencing time and commercial pressures in their role within the last 12 months, including **pressure to see a high number of patients each day impacting the ability to provide safe patient care (38%)** or **feeling under pressure to sell certain types of glasses or contact lenses that will earn more money for the business (33%)**. Importantly, **almost half (48%) said they found the standard time allocated to conduct a sight test insufficient to provide safe patient care**. These pressures were particularly high among those working in multiples.

Interest in being able to pay registration fee in instalments throughout the year

Just over half (54%) of registrants pay their own registration fee, while 44% have it paid by their employer. Optometrists were more likely to self-fund than dispensing opticians.

There is **interest for more flexible payment options, with 53% of registrants indicating that they would prefer to pay their fee in instalments**, especially amongst dispensing opticians (72%) and student dispensing opticians (65%). However, interest was slightly lower amongst those who currently self-fund (42%).

Barriers to speaking up include fear and futility

Among those who did not feel comfortable raising concerns about either an individual GOC registrant or an employer, the most common reasons were **fear of alienating themselves from colleagues (39%/34%), jeopardising their job (34%/51%)**, and **not believing action would be taken (30%/34%)**. Although generally consistent between speaking up about an individual GOC registrant or an employer, it is interesting to note the larger proportion who felt that they would be jeopardising their job if they spoke up about an employer (51%) when compared with an individual GOC registrant (34%).

Smaller proportions of registrants cited reasons such as not knowing who to contact, believing it wasn't their business, or assuming the issue was already known or not serious, suggesting that **personal and professional risks, rather than lack of awareness or clarity, are the primary deterrents to speaking up.**

Some interest in CPD on artificial intelligence

Some registrants showed interest in attending CPD on the topic of artificial intelligence (AI), including **14% who had already attended and 14% who planned to attend**. Optometrists were more likely to have already attended CPD on this topic (16%) when compared with dispensing opticians (9%), but similar proportions from both registrant groups indicated their plans to attend.

Although most are content, some find the CPD points requirement too high

While the majority (72%) felt the current CPD points requirement over the three-year cycle was **about right, 21% said it was too much**. Full-time workers, dispensing opticians, and locums were more likely to feel the requirement is excessive.

Constructive feedback from registrants to change the current CPD scheme

Registrants suggested several changes to the CPD scheme, typically focusing on **reducing the administrative burden of the scheme**, often linked to personal feeling of frustration or dissatisfaction. Common themes included:

- CPD points to be automatically uploaded/logged by the provider
- Remove or make optional the reflection and PDP elements of CPD
- Simplify the system and make it less confusing
- Revert back to the former CET system
- Funding for dispensing opticians/contact lens opticians

Positive findings and trends

Confidence in meeting CPD requirements has improved

Over the last three years, results show that **registrants are becoming more confident in completing their CPD activities**, including participating in a peer review activity (77% to 85%, +8% pts), completing the personal development plan (59% to 69%, +10% pts), and completing a short written reflective statement after each activity (58% to 68%, +10% pts). **The most significant increase in confidence was recorded for completing a reflective exercise with a peer**, up from 43% in 2023 to 73% in 2025 (+30% pts). Confidence at completing self-directed CPD has also increased from 41% in 2023 to 52% in 2025 (+11% pts).

These results suggest increasing familiarity with the CPD scheme and improved engagement with professional learning requirements.

Increased confidence about raising concerns

This year's results show **increased confidence in speaking up about patient safety** concerning both an individual GOC registrant and an employer to all authorities, including managers/tutors, employers/education providers, and professional associations/representative bodies.

The most significant increase in confidence recorded was speaking up about patient safety to the GOC, which since 2024 increased by 5% pts for speaking up about individual registrants and +6% pts about an employer.

This increased confidence is likely **linked with attendance at CPD on the topic of speaking up**, evidenced in the survey results.

A small decline in experiences of bullying, harassment, abuse, and discrimination from patients and service users

Although still relatively high, experiences of harassment, bullying or abuse, and of discrimination, from patients and service users has fallen in this year's results. Experiences of harassment, bullying and abuse from this source have fallen from 42% in 2024 to 36% in 2025 (-6% pts) and experiences of discrimination have fallen from 26% in 2024 to 23% in 2025 (-3% pts). Another year's result will be required to understand whether this change is the start of a positive trend, or a one-off result.

Experiences of harassment, bullying or abuse and discrimination from other sources such as managers, other colleagues, and tutors/lecturers/supervisors, however, have remained static.

Negative findings and trends

Job satisfaction continues to decline

Overall job satisfaction has declined for the second year in a row. **Just 55% of respondents reported feeling satisfied in their role over the past 12 months**, down from 62% in 2023 and 58% in 2024. This decline is mirrored by an increase in dissatisfaction, with **26% now dissatisfied**, up from 20% in 2023.

Mirroring previous years, **the main drivers of satisfaction are rewarding and interesting work, a good working environment, work/life balance, and feeling valued**, and **dissatisfaction is most commonly driven by not feeling valued, a heavy workload, and poor salary**. It is interesting to note that reports of feeling satisfied due to a good working environment have fallen slightly, as reports of feeling dissatisfied due to a poor working environment have increased.

Working in a hospital or independent practice was associated with higher satisfaction, whereas working for a multiple and locum working were associated with higher dissatisfaction. Older registrants (aged 55+) tended to report greater satisfaction, selecting more reasons for satisfaction overall.

Negative working conditions continue to be widely reported, impacting the ability to deliver sufficient patient care

As seen in previous years, **large proportions of registrants report sometimes or frequently working beyond their hours (66%) and feel unable to cope with their workload (57%)**, with higher rates of this seen in hospital, education/academia, and multiple optician settings, as well as amongst those with some level of managerial responsibility.

Perhaps most concerning, the proportion of **registrants reporting finding it difficult to provide patients with the sufficient level of care they need** is increasing, up from 27% in 2023 **to 35% this year**. Additionally, if registrants have experience of negative working conditions such as working beyond their hours or feeling unable to cope with their workload, they were also more likely to report difficulties providing patients with the level of care they need.

Continued high levels of harassment, bullying, abuse, and discrimination, most of which goes unreported

Although experiences of harassment, bullying, abuse and discrimination from patients and service users have fallen slightly in this year's results, they still remain considerable and above the national average taken from the latest NHS Staff Survey. As found in previous years, these experiences are more common amongst female registrants, those with a disability, and ethnic minorities.

As also found in previous years, **most of this behaviour is not reported by registrants**, with 35% reporting experiences of harassment, bullying or abuse, and 25% reporting experiences of discrimination. In both cases, the main reason for not reporting was a lack of confidence in the reporting process that anything would be done about it, or being unable to prove that the incident took place.

An increase in those who plan to leave the profession, driven by disillusionment and stress, burnout and fatigue

The proportion of registrants who plan to leave the profession entirely over the next 12-24 months has increased steadily over the last three years from 14% to 18% (+4% pts). Although still not as high as recorded during the Covid-19 pandemic in 2021 (26%), this is a concerning negative trend when coupled with those who plan to reduce their hours (28%), take a career break (8%), and retire (10%).

The main reasons suggested for planning to leave the profession are **disillusionment (58%)** and **stress, burnout and fatigue (57%)**, of which reports have increased in the last three years (+5% pts each). As also found in previous years, dispensing opticians were more likely to plan to leave the profession when compared with optometrists, driven by reported low salaries.

Consistent findings and trends

Workforce capacity remains similar, but with a shift towards part-time working

This year's results show **a move towards more part-time working** in the profession, with 56% of registrants reporting part-time work (fewer than five days per week), up from 53% in 2024. Part-time working is especially pronounced among optometrists, independent practitioners, females, older professionals, and those in education or locum roles.

The average number of days worked per week remains stable at 3.9 across the profession, being slightly higher amongst dispensing opticians than optometrists, and with some variation by workplace setting and UK nation.

By scaling up the survey results, the estimated full-time equivalent (FTE) workforce size is approximately 14,586 optometrists and 5,576 dispensing opticians – very similar to the workforce size recorded in 2024.

Continued positive attitudes to career development opportunities, with some groups reporting better access than others

As found in 2024, **the majority of registrants agree that their workplace provides opportunities to improve their knowledge and skills (73%), access to the right learning and development opportunities (61%), and opportunities for career development (53%).** These results continue to be consistent with the most recent NHS Staff Survey, but with GOC registrants less likely to feel supported to develop their potential (46%) when compared with NHS staff (57%).

As also found in 2024, the same subgroups of optometrists, those working in hospitals and education/academia, and those based in Wales were more likely to feel that they have opportunities to develop at their workplace. Locums also continue to have more negative views of development opportunities at work.

The profile, views and experiences of locums remains the same, showing the same issues and challenges

This year sees a small increase in the proportion of registrants working as locums at 23%, after remaining static at 22% since 2022. The profile of locums has remained very similar, and their responses throughout the survey have remained generally consistent with previous years. They **tend to report higher levels of job dissatisfaction and show less interest in pursuing additional qualifications.** Importantly, locums are **more likely to indicate difficulty in providing patients with a sufficient level of care** over the last 12 months, and feel less comfortable raising patient safety concerns.

Continued mixed attitudes towards the GOC and its role, with a strong perception that registration fees are unreasonable from dispensing opticians

Perceptions of the GOC continue to be mixed, with **large proportions of registrants in agreement that the GOC sets fair standards (80%), ensures the quality of optical education (70%), and promotes equality, diversity and inclusion in its work (65%).**

However, registrants are still **much less likely to agree that the GOC charges reasonable registration fees (37%), especially dispensing opticians (20%).**

Whilst a minority (38%) agree that the GOC is fair to registrants when taking action through the fitness to practise process, a larger proportion answered 'don't know' in response to this statement, suggesting low levels of awareness of the GOC's role in this area.

The Research Programme

Introduction

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public. The GOC currently registers almost 32,000 optometrists, dispensing opticians, student optometrists, and student dispensing opticians (the GOC also registers approximately 3,000 optical businesses, but these are not included in this research).

To track registrants' experiences of working in clinical practice and their perceptions of the GOC, a regular survey of the registrant population is carried out. This year's survey focused on the following areas:

- Working status and hours worked
- Job satisfaction and future career plans
- Workplace challenges, including bullying, harassment, and discrimination
- Career development
- Perceptions of the GOC's role
- Speaking up and raising concerns
- Continuing Professional Development (CPD)
- Registration fees

Enventure Research, an independent research agency, was appointed to deliver this survey. This report details the findings of this research.

Methodology

A questionnaire was designed by the GOC and Enventure Research, including a mix of previously used questions to allow for benchmarking and new questions to cover new topics. The questionnaire took approximately 10-12 minutes for registrants to complete. For reference, a copy of the questionnaire can be found in **Appendix A**.

The survey was promoted via personalised email invitation to all GOC registrants with a valid email address. In total, 31,712 registrants were invited to take part. Those who did not respond received up to five reminder emails encouraging them to take part.

The survey was also promoted by the GOC and stakeholder organisations via email newsletters and social media. Respondents who took part via this promotion were required to provide their GOC-registered email address to verify their registration and ensure no duplicate responses were received.

The survey was live between 25 March and 4 May 2025. During this time, **3,798 responses** were received, representing **a 12% response rate**. The table below shows the unweighted response rate for each UK nation.

Figure 1 – Survey response rate by location

Location	Registrant population	Number of responses	Response rate
England	25,057	2,798	11%
Wales	1,389	189	14%
Scotland	2,613	365	14%
Northern Ireland	892	110	12%

Interpretation of the findings

Weighting

As the survey was completed by a sample of GOC registrants, and not the entire population of registered optical professionals, the data has been weighted to ensure that certain subgroups are not over or under-represented and that the data is as close to the GOC registrant profile as possible. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population.

The sample has been weighted by registration type (optometrist, dispensing optician, student optometrist, student dispensing optician), based on an up to date version of the GOC register. All survey results presented within this report are based on the weighted data. This approach to weighting has been taken in previous years of the survey, allowing for comparability.

Sampling confidence interval

As the online survey was completed by a sample of GOC registrants and not the entire registrant population, all results are subject to sampling tolerances. However, as a large number of responses were received, the confidence interval for analysis (also known as the margin of error) is narrow.

Based on a total population of approximately 32,000 registrants and 3,798 survey responses, when interpreting the results to a question which all respondents answered, with a response of 50% there is a 95% chance that this result would not vary by more than +/- 1.5 percentage points (48.5% to 51.5%) had the result been obtained from the entire registrant population.

Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups of GOC registrants, such as registration type, length of registration, workplace setting, location, and

key demographics including gender, age group, ethnicity, and disability status. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create larger groups. This analysis is presented in charts, tables, and commentary where statistically significant differences between subgroups have been found.

Interpretation of survey data

This report contains various tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 0.4% will be shown as 0%

For the analysis of certain questions, response options have been grouped together to provide an overall level. For example, in some instances 'strongly agree' and 'agree' have been grouped and shown as 'total agree'. Where these combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.

For the analysis of free-text responses, verbatim comments were read in detail and a coding frame was developed for each question based on themes emerging. This then allowed for categorisation of the themes emerging in the comments, which are presented as analysis.

To provide the GOC with insight to inform future workforce planning, certain survey results have been scaled up to the number of optical professionals currently on the GOC's register, converting the results into approximate registrant numbers. Please note that the numbers presented in this report are only approximations, are subject to sampling confidence intervals, and are shown to provide a general idea of the number of GOC registrants who may have answered in a particular way, if everyone on the register had responded to the survey question.

Throughout this report, those who took part in the survey are referred to as 'respondents'.

Workforce profile

Working status

The majority of respondents (87%) were working/in employment. Registrant working status has remained static since 2022.

Figure 2 – Working status
Base: All respondents (3,798)

Employed/ working	Student/ in education	Not working/ unemployed	Fully retired
87%	12%	3%	1%
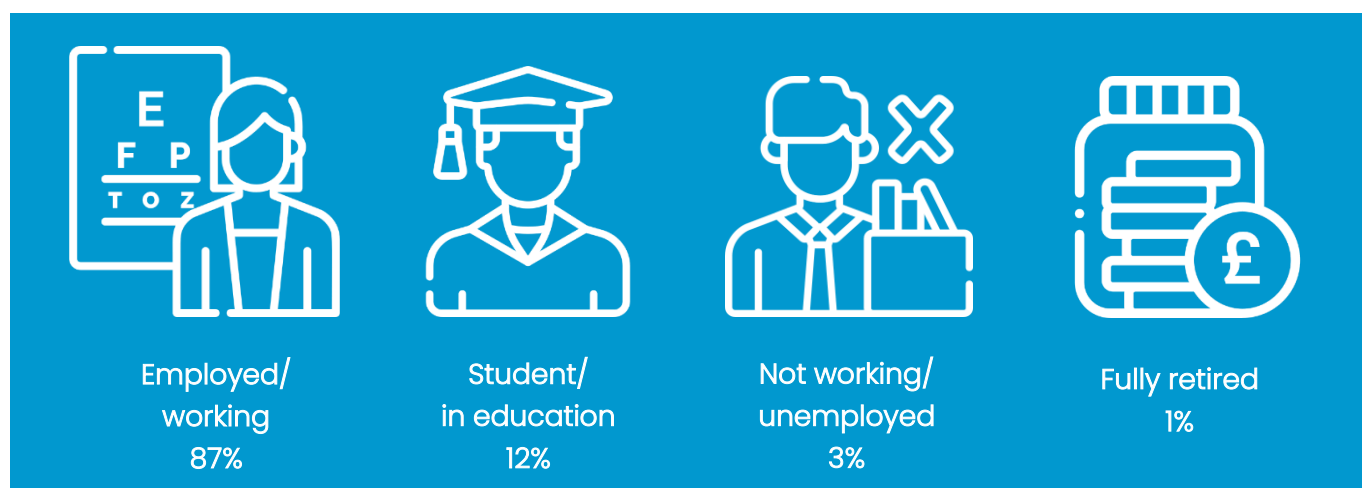
Working status is broadly consistent across the UK nations, although analysis by English region shows a greater concentration of students in London (17%) when compared with other areas.

Figure 3 – Working status by UK nation
Base: All respondents England (2,770); Wales (186); Scotland (365); Northern Ireland (112)

Legend: England, Wales, Scotland, Northern Ireland

	England	Wales	Scotland	Northern Ireland
Working / employed	88%	92%	89%	93%
Not working / unemployed	2%	0%	2%	
Fully retired	1%		1%	
Student / in education	12%	9%	11%	13%
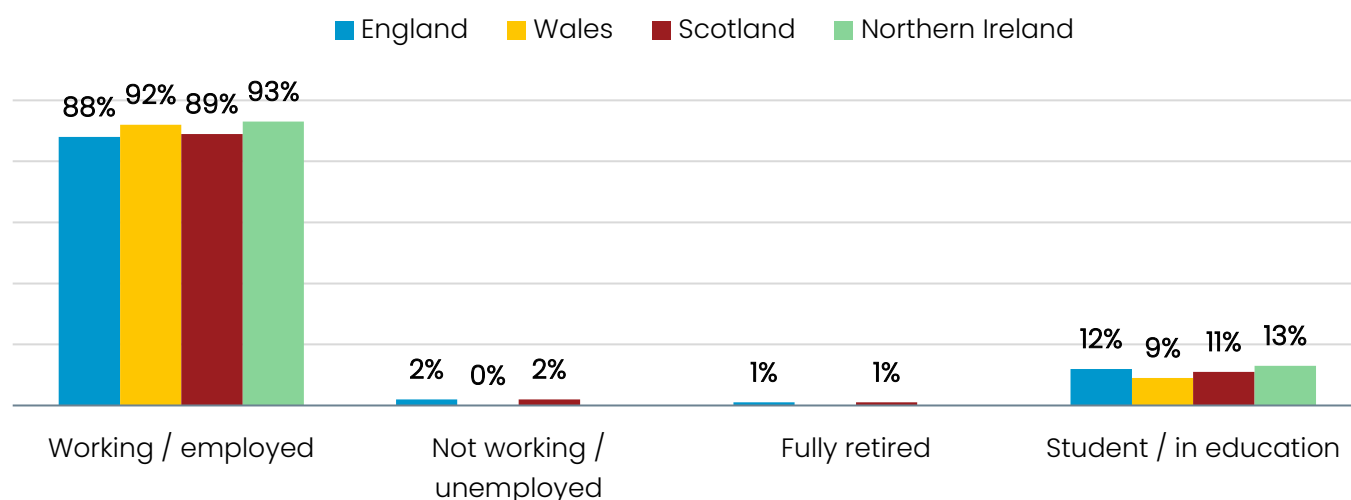
Workplace setting

Little change to where registrants work over the last five years

In total, 60% of respondents worked for either a national or regional chain of opticians (referred to as 'multiple' throughout this report), 39% worked for an independent practice, and a further 10% worked in a hospital. Once again, these results represent **very little change in the workforce in terms of workplace setting since 2021**.

Figure 4 – Workplace setting
Base: Those currently working (3,315)

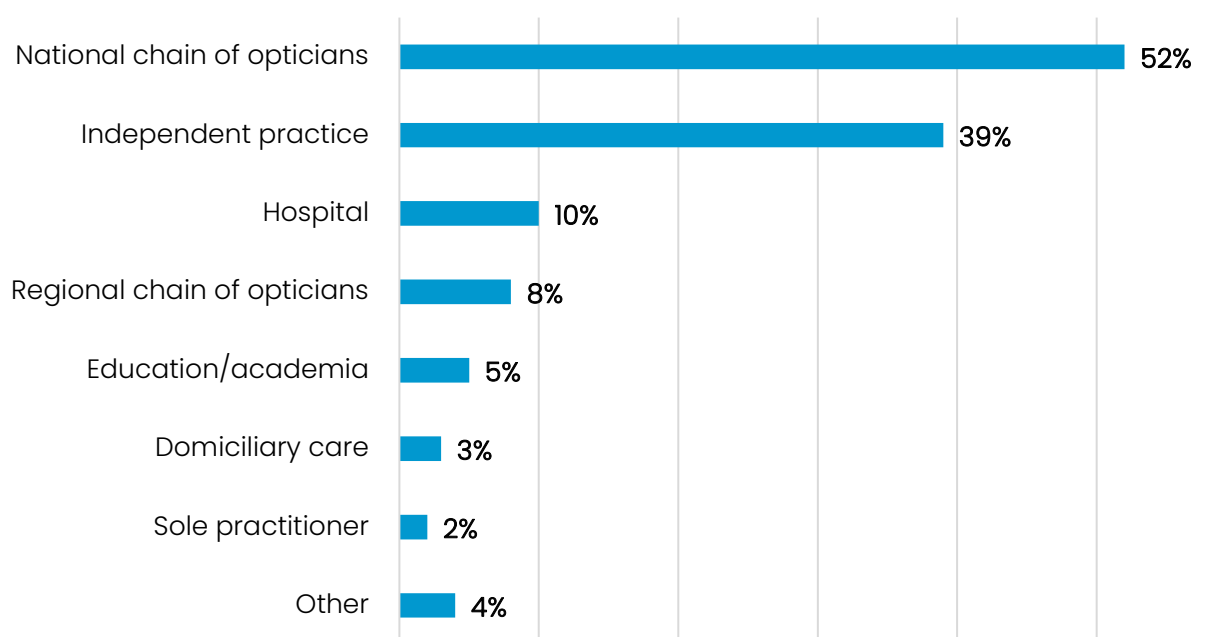'Other' workplace settings mentioned included prisons, charities/third-sector organisations, regulatory or professional bodies, manufacturing/industry, telemedicine and remote services, refractive surgery clinics, and business/leadership roles.

As also found in previous years, **the majority (83%) of working respondents worked in just one workplace setting**, with 13% working in two locations, and just 4% across three or more. Working across multiple workplace settings was more common amongst optometrists (22%) when compared with dispensing opticians (7%).

The most common combinations of multiple workplace settings were working in both independent practice and a national chain of opticians, or in independent practice and a hospital.

Workforce capacity

Average number of days worked per week

Working respondents provided the number of days per week on average they worked across each location. The table below presents the mean (average) number of days worked, split by registration type (please note that working student optometrists and dispensing opticians have been removed from these calculations), calculated as **3.9 days per week overall – 3.9 days for optometrists and 4.1 days for dispensing opticians**.

Although there is some very small variation in the figures for each location, the overall number of days has remained exactly the same as last year (2024) at 3.9.

Figure 5 – Average number of days worked per week across workplace settings by registration type
Base: Those currently working who provided a response (2,978); Optometrists (2,189); Dispensing opticians (790)

Workplace setting	Number of responses	Total number of days	Optometrists	Dispensing opticians
Independent practice	1,210	3.3	3.0	4.0
Sole practitioner	82	2.4	2.4	2.6
National chain of opticians	1,474	3.6	3.5	4.0
Regional chain of opticians	247	3.0	2.8	3.8
Hospital	317	2.7	2.7	3.1
Domiciliary care	83	2.3	2.1	3.9
Education/academia	174	2.6	2.5	3.3
Other	120	2.4	2.1	3.3
Total/overall	2,978	3.9	3.9	4.1

There is some variation in the average number of days worked per week in different settings across the UK nations, but the total number of days is generally similar, ranging from 3.9 in England and Wales to 4.1 in Northern Ireland.

Figure 6 – Average number of days worked per week across workplace settings by UK nation
Base: England (2,190); Wales (155); Scotland (296); Northern Ireland (91)

Workplace setting	England	Wales	Scotland	Northern Ireland
Independent practice	3.2	3.3	3.6	3.4
Sole practitioner	2.4	3.4	2.0	3.2
National chain of opticians	3.6	3.6	3.8	3.8
Regional chain of opticians	2.9	3.4	3.6	2.3
Hospital	2.8	2.8	2.1	3.3
Domiciliary care	2.5	2.4	2.4	1.3

| Workplace setting	England	Wales	Scotland	Northern Ireland
Education/academia	2.5	3.3	2.8	2.7
Other	2.4	1.5	1.7	2.5
Total/overall	3.9	3.9	4.0	4.1

A small increase in part-time working

Based on full-time work being five days or more per week, **44% of respondents worked full-time and 56% worked part-time**. When compared with last year's results, this represents a small shift towards part-time working from 53% in 2024 to 56% this year (+3% pts).

The split between full and part-time working is consistent across the UK nations.

Figure 7 – Full-time/part-time working by UK nation
Base: Shown in chart (excluding working students)
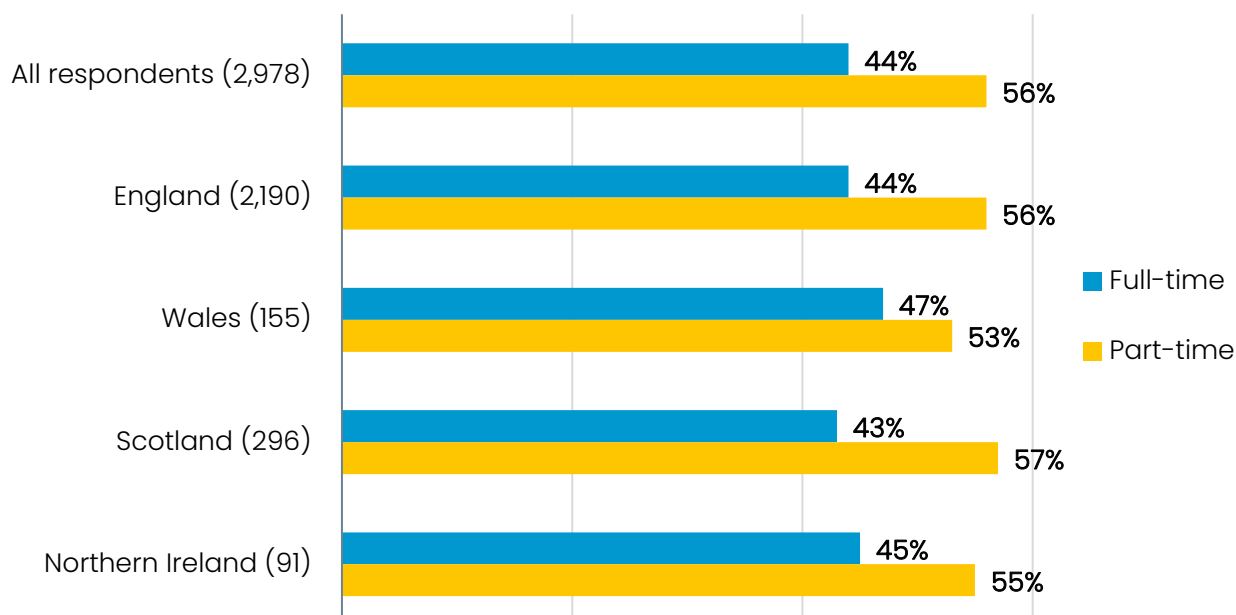
The chart overleaf presents this result split by a number of key subgroups, highlighting a range of differences. Part-time work is more common overall, particularly among optometrists, independent practitioners, females, older professionals, and those in locum roles. In contrast, full-time work is more typical among males, those from ethnic minority groups, those working in multiples or hospital settings, and individuals not doing locum work. Respondents from ethnic minority groups show an even split between full-time and part-time working.

Figure 8 – Full-time/part-time working by registration type, workplace setting, locum working, age group, gender, and ethnicity

Base: Shown in chart (excluding working students)

Category	Full-time	Part-time
All respondents (2,978)	44%	56%
Optometrist (2,189)	41%	59%
Dispensing optician (790)	53%	47%
Independent/sole practitioner (1,247)	41%	59%
Multiple (1,665)	47%	53%
Hospital (317)	50%	50%
Domiciliary care (83)	58%	42%
Education/academia (174)	65%	35%
Locum work (773)	33%	67%
No locum work (2,205)	48%	52%
<35 (637)	59%	41%
35-54 (1,442)	44%	56%
55+ (783)	33%	67%
Male (975)	58%	42%
Female (1,860)	37%	63%
White British/Irish (1,692)	41%	59%
Ethnic minority groups (1,027)	50%	50%

Workforce capacity results scaled up

To help inform workforce planning, the number of working days has been scaled up based on the number of optometrists and dispensing opticians on the current GOC register to provide an informed estimate of the full time equivalent (FTE) number of registrants.

The average number of days and total approximate number of registrants have been multiplied and then divided by five (working days per week) to calculate the approximate workforce size in terms of FTE registrants.

The table below shows that **there are approximately 14,586 FTE optometrists and 5,576 FTE dispensing opticians**. This represents a small increase in the total number of FTE optometrists and dispensing opticians when compared with last year's survey results.

Figure 9 – Scaled up workforce size

Registration type	Average number of days	Total number of registrants	Number of FTE registrants (2025)	*Number of FTE registrants (2024)*
Optometrist	3.9	18,700	14,586	14,040
Dispensing optician	4.1	6,800	5,576	5,617
Total	**3.9**	**25,500**	**20,162**	**19,657**

The following tables show this calculation individually for optometrists and dispensing opticians split across different workplace settings, using the survey results to calculate the approximate number of FTE registrants working in each setting.

Figure 10 – Scaled up workforce size for optometrists by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants (2025)	*Number of FTE registrants (2024)*
Independent practice	3.0	7,667	4,600	*4,687*
Sole practitioner	2.4	561	269	*270*
National chain of opticians	3.5	9,724	6,807	*6,221*
Regional chain of opticians	2.8	1,496	838	*731*
Hospital	2.7	1,870	1,010	*1,512*
Domiciliary care	2.1	561	236	*238*
Education/academia	2.5	935	468	*630*

Figure 11 – Scaled up workforce size for dispensing opticians by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants (2025)	Number of FTE registrants (2024)
Independent practice	4.0	2,720	2,176	2,191
Sole practitioner	2.6	69	36	19
National chain of opticians	3.8	3,357	2,551	2,740
Regional chain of opticians	3.1	411	255	296
Hospital	2.8	137	77	77
Domiciliary care	3.9	69	53	37
Education/academia	3.3	274	181	164

The following tables show the scaled up approximate workforce size calculation for optometrists and dispensing opticians split by UK nation using the GOC's register to calculate the approximate number of registrants working in each location.

Figure 12 – Scaled up workforce size for optometrists by UK nation

UK nation	Average number of days	Total number of registrants	Number of FTE registrants (2025)	Number of FTE registrants (2024)
England	3.9	14,551	11,350	11,176
Wales	3.7	777	575	670
Scotland	3.9	1,653	1289	1,397
Northern Ireland	4.1	670	549	526

Figure 13 – Scaled up workforce size for dispensing opticians by UK nation

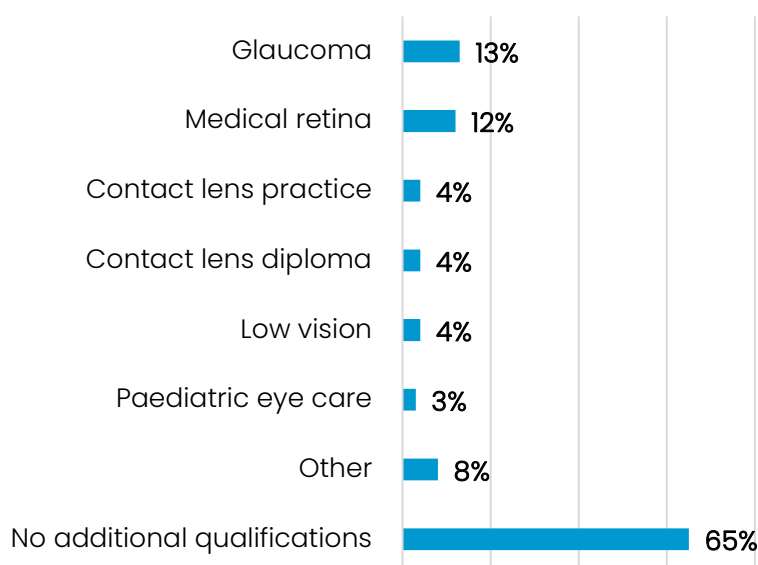| UK nation	Average number of days	Total number of registrants	Number of FTE registrants (2025)	Number of FTE registrants (2024)
England	4.1	5,473	4,488	4,729
Wales	4.4	272	239	265
Scotland	4.2	438	368	403
Northern Ireland	4.1	83	68	71

Additional qualifications and enhanced services

Glaucoma and medical retina continue to be the most common additional qualifications

Respondents were asked if they had obtained any additional qualifications, other than the post-registration qualifications approved by the GOC (additional supply speciality, supplementary prescribing speciality, independent prescribing speciality, and contact lens specialty).

Figure 14 – Additional qualifications

Base: All respondents excluding students (3,449)

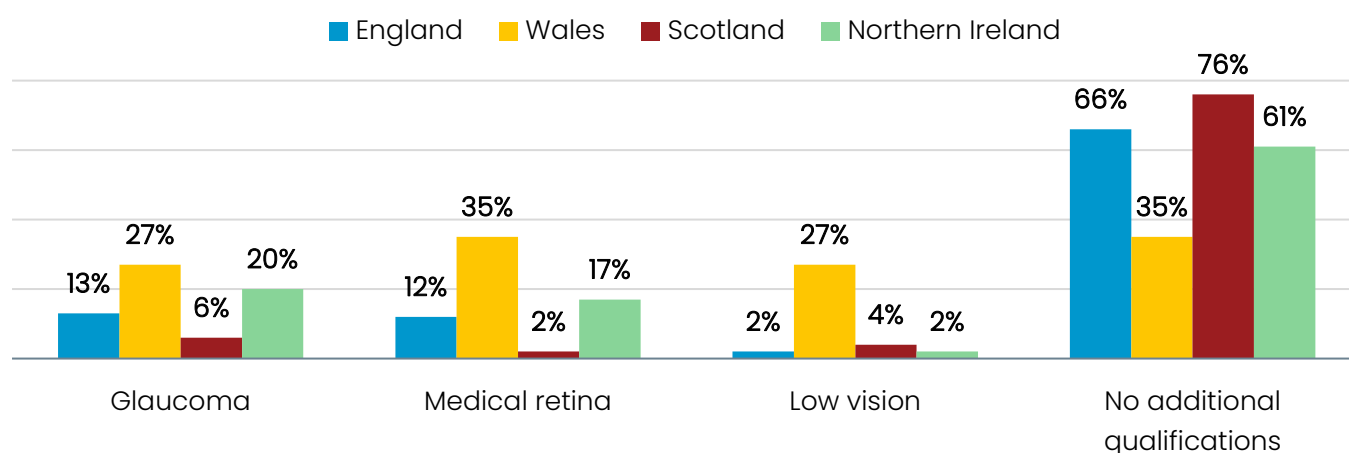| Category	Percentage
Glaucoma	13%
Medical retina	12%
Contact lens practice	4%
Contact lens diploma	4%
Low vision	4%
Paediatric eye care	3%
Other	8%
No additional qualifications	65%

In total, **just over a third (35%) of respondents indicated that they had additional qualifications**, including 13% who had a glaucoma qualification and 12% who had a medical retina qualification.

These results are mostly consistent over the last three years of the survey, but there has been a **small increase in the proportion of respondents with a medical retina qualification** from 9% in 2023 to 12% in 2025.

As found in 2024, the presence of glaucoma, medical retina, and low vision qualifications was higher amongst respondents in Wales when compared with other UK nations. Having no additional qualifications was more common amongst those living in Scotland.

Figure 15 – Additional qualifications by UK nation

Base: All respondents excluding students England (2,522); Wales (172); Scotland (334); Northern Ireland (103)
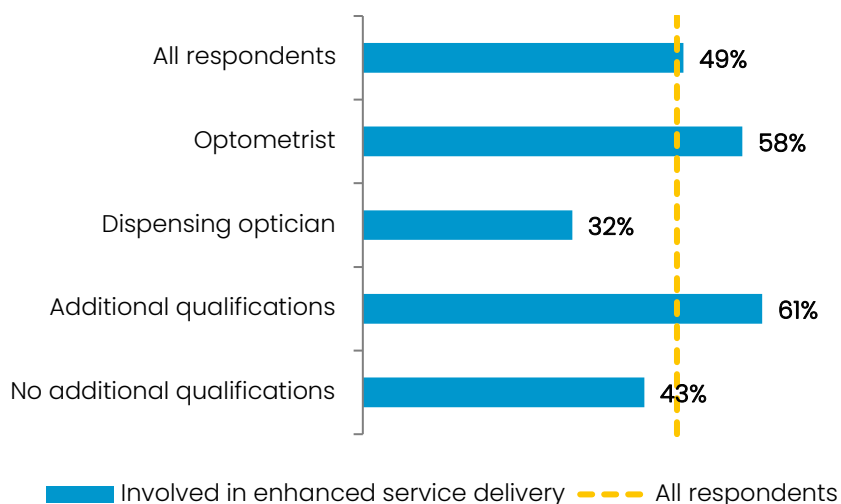
	England	Wales	Scotland	Northern Ireland
Glaucoma	13%	27%	6%	20%
Medical retina	12%	35%	2%	17%
Low vision	2%	27%	4%	2%
No additional qualifications	66%	35%	76%	61%

Involvement in enhanced eye care services has remained static

Almost half of respondents (49%) are involved in the delivery of enhanced eye care services, in line with the last four years of this survey.

As in previous years, optometrists were more likely to be involved in delivering enhanced eye care services when compared with dispensing opticians, as were those who held additional qualifications (e.g. glaucoma, medical retina).

Figure 16 – Involvement in enhanced eye care service delivery by registration type and additional qualifications

Base: All respondents (3,315); Optometrists (2,189); Dispensing opticians (790); Additional qualifications (1,183); No additional qualifications (2,132)

Category	Involved in enhanced service delivery
All respondents	49%
Optometrist	58%
Dispensing optician	32%
Additional qualifications	61%
No additional qualifications	43%

Legend: ▬ Involved in enhanced service delivery ┅ All respondents

Delivery of enhanced eye care services continues to be far more common in Wales and Northern Ireland

As found in 2024, respondents in Wales and Northern Ireland were far more likely to be involved in the delivery of enhanced eye care services when compared with those in England and Scotland.

Again, within England, a larger proportion of those based in the North (58%) were involved in the delivery of enhanced eye care services when compared with the rest of the country, particularly London (40%).

Figure 17 – Involved in the delivery of enhanced services by UK nation

Base: England (2,433); Wales (172); Scotland (326); Northern Ireland (103)

Scotland 32%
Northern Ireland 74%
Wales 79%
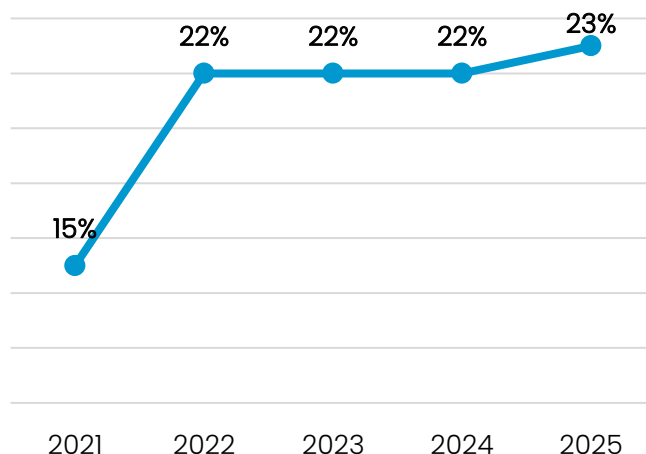England 49%
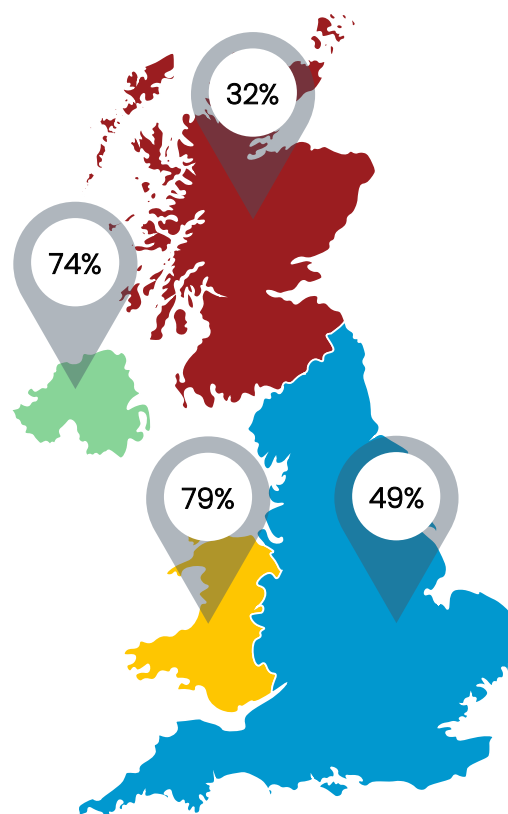
Locum working

A small increase in locum working, but little change to the profile of locum workers

After remaining static for the last three years, there has been a **very small increase in the proportion of locum working from 22% to 23%.**
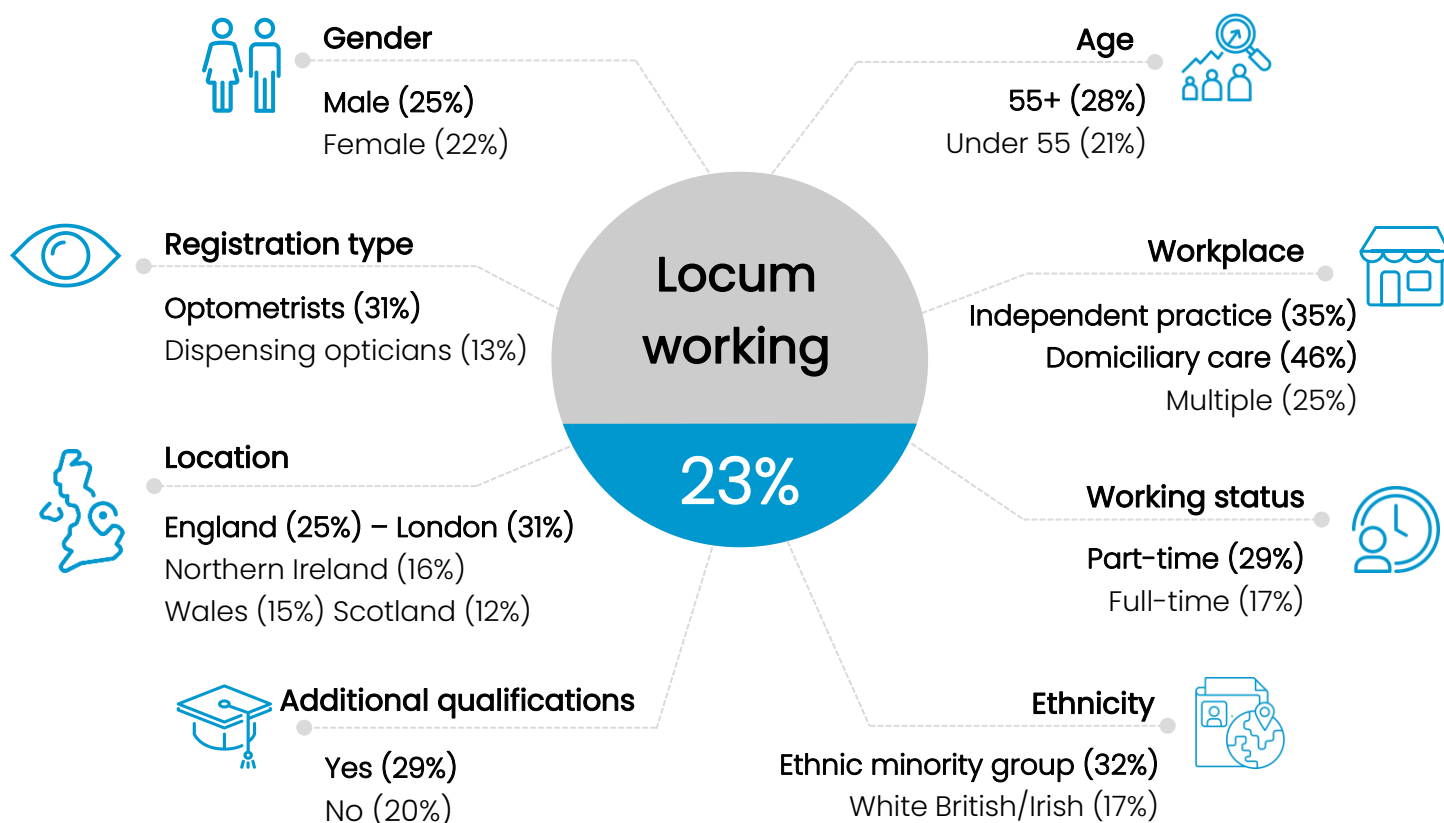
The profile of locum workers has changed little since last year, with certain groups more likely to work as locums such as those aged 55+, optometrists, those working in domiciliary care and independent practice, those working in England, and those working part time.

Figure 18 – Locum working 2021 to 2024
Base: Working respondents 2021 (4,880); 2022 (3,647); 2023 (3,468); 2024 (4,049); 2025 (3,315)

The diagram below highlights which groups are more likely to undertake locum work.


Gender
Male (25%)
Female (22%)

Age
55+ (28%)
Under 55 (21%)

Registration type
Optometrists (31%)
Dispensing opticians (13%)

Workplace
Independent practice (35%)
Domiciliary care (46%)
Multiple (25%)

Location
England (25%) – London (31%)
Northern Ireland (16%)
Wales (15%) Scotland (12%)

Working status
Part-time (29%)
Full-time (17%)

Additional qualifications
Yes (29%)
No (20%)

Ethnicity
Ethnic minority group (32%)
White British/Irish (17%)

Locum working
23%

Locum workers continue to be more concerned about delivering safe patient care

As found in 2024, those who work as locums are **more likely to indicate that they have found it difficult to provide patients with the sufficient level of care they need** during the last 12 months.

However, this proportion has decreased since last year.

Figure 19 – Difficulties providing sufficient patient care by locum working
Base: 2024 (3,315); 2025 (4,049)
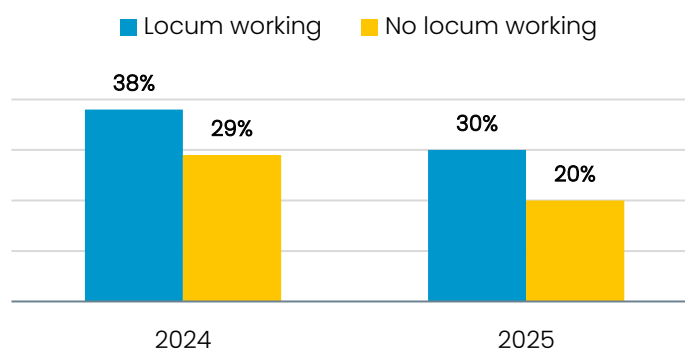
Level of seniority

Varying levels of management responsibility, with demographic differences present

Over half of respondents (53%) had no managerial responsibilities, but the remainder indicated that they had varying levels of responsibility from some management or supervision (25%) to director or CEO level (13%).

Figure 20 – Level of seniority in current role
Base: All working respondents (3,315)
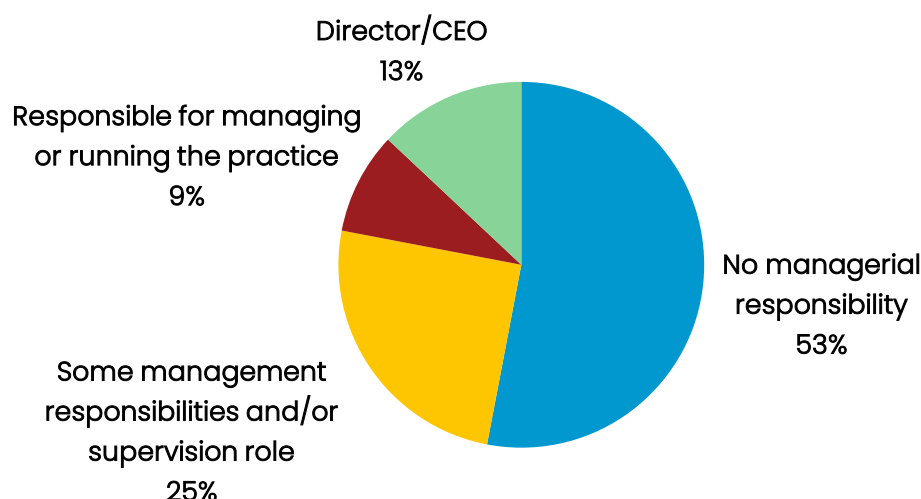
As expected, younger respondents aged under 35 were more likely to have no managerial responsibility when compared with those aged 35+.
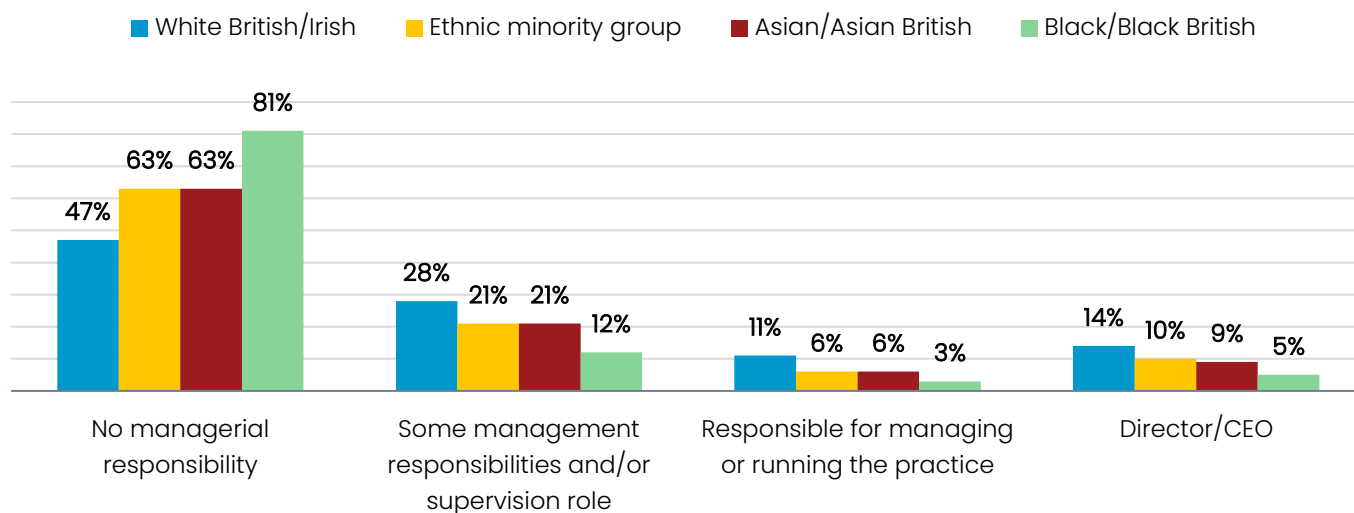
Analysis of level of seniority by demographic profiling data highlights a number of differences. By ethnicity, respondents from ethnic minority groups were more likely to report no managerial responsibilities when compared with those of White British/Irish ethnicity, particularly those of

Black/Black British ethnicity. In contrast, those of White British/Irish ethnicity were more likely to report having some level of managerial responsibility.

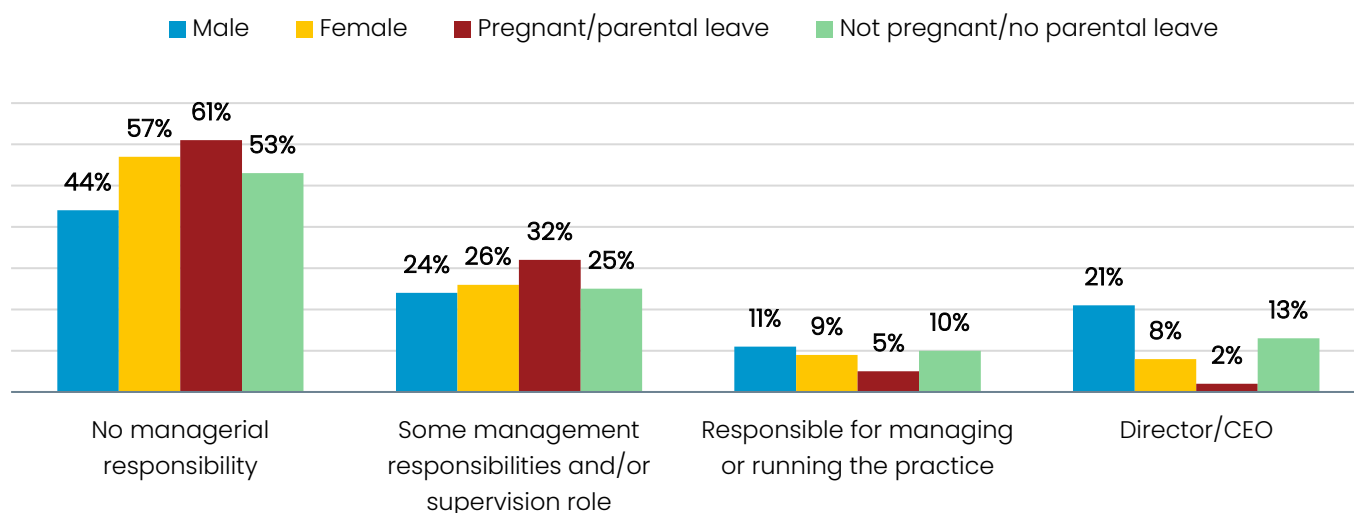**Figure 21 – Level of seniority in current role by ethnicity**
Base: White British/Irish (1,819); Ethnic minority group (1,216); Asian/Asian British (784); Black/Black British (140)

Legend: White British/Irish · Ethnic minority group · Asian/Asian British · Black/Black British

	No managerial responsibility	Some management responsibilities and/or supervision role	Responsible for managing or running the practice	Director/CEO
White British/Irish	47%	28%	11%	14%
Ethnic minority group	63%	21%	6%	10%
Asian/Asian British	63%	21%	6%	9%
Black/Black British	81%	12%	3%	5%

Female respondents were also more likely to report no managerial responsibility when compared with male respondents, who were significantly more likely to report working at director or CEO level. Likely linked with gender, a larger proportion of respondents who indicated that they were pregnant, on parental leave, or returning from parental leave also reported no managerial responsibility.

Figure 22 – Level of seniority in current role by gender and pregnancy/parental leave
Base: Male (1,081); Female (2,084); Pregnant / parental leave (109); Not pregnant / no parental leave (3,051)

Legend: Male · Female · Pregnant/parental leave · Not pregnant/no parental leave

	No managerial responsibility	Some management responsibilities and/or supervision role	Responsible for managing or running the practice	Director/CEO
Male	44%	24%	11%	21%
Female	57%	26%	9%	8%
Pregnant/parental leave	61%	32%	5%	2%
Not pregnant/no parental leave	53%	25%	10%	13%

Respondents who indicated that they had attended an independent or fee paying school were more likely to work at director or CEO level (23%) when compared with those who attended a state-run or state-funded school (12%) or a school outside the UK (8%).
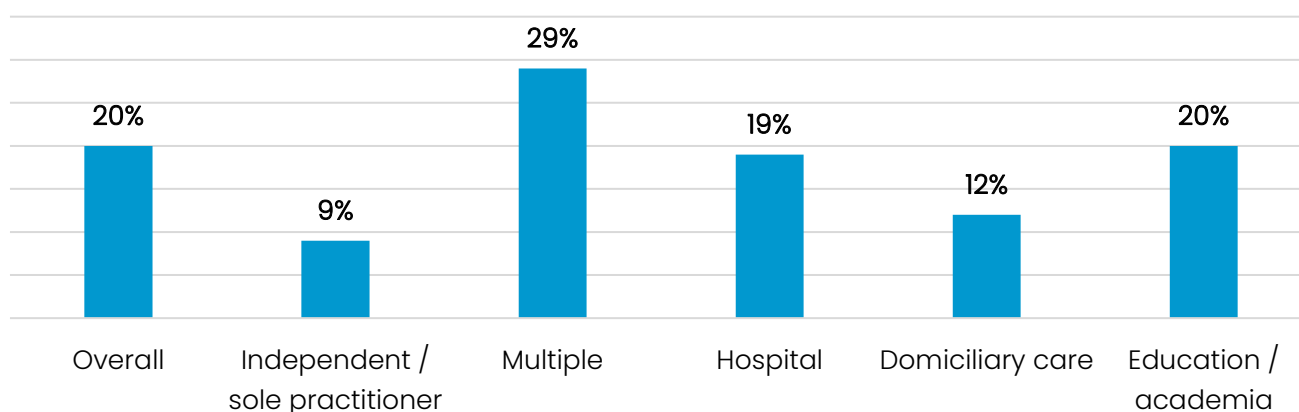
Supervising

One in five (20%) working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months.

Supervision is more commonplace in chain opticians, in Wales, and amongst male registrants

As found in 2024, working as a supervisor was **more common amongst those who worked for a multiple** when compared with other workplace settings.

Figure 23 – Working as a supervisor for pre-registration trainee optometrists by workplace setting
Base: Optometrists working in – Independent/sole practitioner (923); Multiple (1,228); Hospital (297); Domiciliary care (75); Education/academia (142)


Respondents in Wales were more likely to have worked as a supervisor in the last 12 months, particularly when compared with those in Northern Ireland.

A greater proportion of those who had worked as a supervisor in the last 12 months were male (23%) when compared with female respondents (18%).

Figure 24 – Working as a supervisor for pre-registration trainee optometrists by UK nation
Base: Optometrists working in – England (1,581); Wales (120); Scotland (228); Northern Ireland (77)
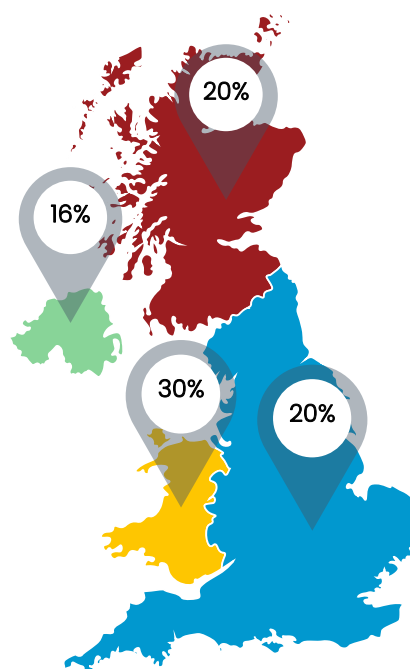
Taking on a supervision role continues to negatively impact optometrists' workload

In 2024, respondents who indicated that they **sometimes or frequently feel unable to cope with their workload were more likely to work as supervisors for pre-registration trainees** when compared with those who never felt this way. This negative impact is found again in this year's survey, suggesting that the supervising role may make it harder for optometrists to manage their workload alongside additional responsibilities.

Figure 25 – Working as a supervisor for pre-registration trainee optometrists by experience of feeling unable to cope with workload

Base: Sometimes/frequently feel unable to cope with workload (1,296); Never feel unable to cope with workload (293)
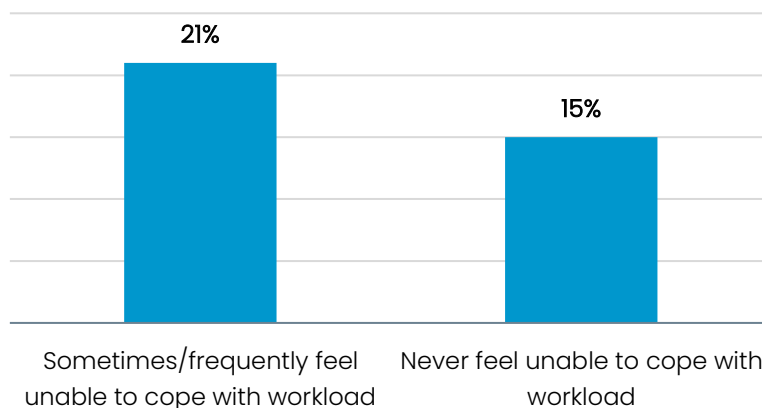

Altruistic motives influence the decision to become a supervisor

The main factor influencing optometrists to take on a supervisor role was **to help others joining the professions**. Significant proportions of respondents were also influenced by the ability to gain **enhanced skills and experience, pressure from their employer**, and **increased job satisfaction**. Smaller proportions of respondents said they did so for increased responsibility, salary, or professional status.

Figure 26 – Reasons for becoming a supervisor

Base: Optometrists working as supervisors for pre-registration trainee optometrists (442)
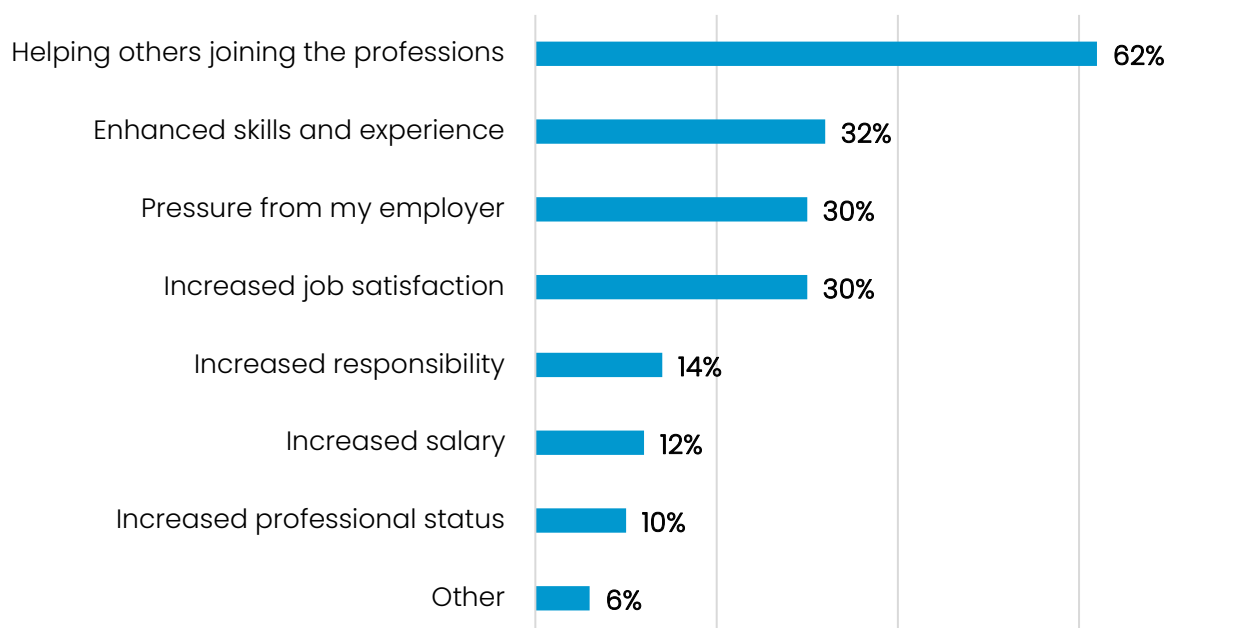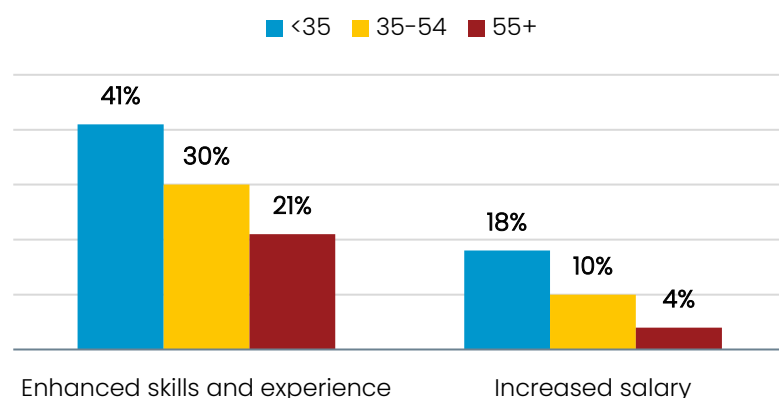

'Other' reasons suggested for becoming a supervisor including staffing shortages, role expectations, business needs, personal motivations, financial incentives, and stepping in due to colleague absence or specific circumstances.

Figure 27 – Reasons for becoming a supervisor by age group
Base: <35 (661); 35-54 (1,032); 55+ (587)

Younger respondents aged under 35 were more likely to state that they chose to become a supervisor to enhance their skills and experience and for the increased salary when compared with older respondents.

The main challenges of being a supervisor relate to time management and increased workload

Supervising optometrists were asked to specify the main challenge they have experienced as part of the role. The analysis of free-text comments to show the frequency of mentions is presented in the table below and overleaf.

Time/increased workload/managing all responsibilities

The most common challenges identified in being a supervisor centre overwhelmingly around a lack of time, with many respondents highlighting the difficulty of balancing supervision duties alongside their own clinical workload, responsibilities, and performance targets. This can lead to increased pressure, reduced capacity to adequately support trainees, and concerns about patient safety, quality of supervision, and insufficient support or adjustments from employers.

Having the time to spend with helping my pre-reg, whilst also being expected to see a full clinic of my own. **Optometrist**	*Managing my own workload while making sure I am fully supporting trainees.* **Optometrist**	*No time set aside having same FULL CLINIC and constant interruptions from pre regs who need to be supervised but employer WILL NOT ADJUST DIARY for this still seeing 18 px a day.* **Optometrist**

Ensuring right level of support/supervision given

A number of respondents mentioned the challenge of ensuring that the right level of support and supervision is given to pre-registration trainees. Supervisors can often struggle to provide adequate support due to insufficient allocated time, the pressure of balancing their own clinical responsibilities, and a lack of employer adjustments or understanding. This makes it difficult to offer consistent supervision, tailored guidance, and meaningful feedback to trainees, or support that is best tailored to their individual needs.

> *Balancing running the clinic smoothly and ensuring quality of teaching and supervision.*
>
> Optometrist

> *Being allocated enough time to sit with the pre reg and teach them, show them things and answer their questions. My own clinic is hectic enough without checking another optom's work.*
>
> Optometrist

> *Understanding how the student works and helping them in a way that works best for them.*
>
> Optometrist

Lack of employer support/pressure from employer

Some respondents highlighted a significant lack of employer support, with many supervisors reporting no dedicated time, training, or resources to carry out supervision duties effectively, and that they felt support from the directors of the business they worked for was lacking. Respondents also described feeling undervalued, overworked, and pressured by sales targets and productivity expectations, which often conflict with the needs of properly supporting pre-reg trainees.

> *We are never given enough time and directors quite frankly are not concerned. I have worked across many multiples, and it's always the same.*
>
> Optometrist

> *No respect from directors...Not having time if you are helping by supervising to go over the pre reg notes & then no time with pre reg for giving feedback.*
>
> Optometrist

> *As a secondary supervisor I had no training or help, and on trying to access any found only very time-consuming training available.*
>
> Optometrist

Education gaps/decreasing standards/unprepared trainees

Some supervisors report that newly pre-registration optometrists are entering practice poorly prepared, with significant gaps in practical skills, clinical knowledge, and professionalism. These educational shortcomings, often attributed to changes in university teaching, the impact of the Covid-19 pandemic, and increased student numbers, have led to increased pressure on supervisors, who feel they are being required to teach basic competencies rather than simply guide and oversee trainees' development.

> *The students seem to want me to teach them, not supervise them. Core skills lacking and poor people skills.*
>
> Optometrist

> *Recent students (post Covid) have not been 'practice ready' nor well enough prepared by uni for the scheme for registration.*
>
> Optometrist

> *Students are poorly trained from Universities. We have to almost begin at the beginning and teach them everything. They are usually full of information they don't need but do not know the basics.*
>
> Optometrist

Figure 28 – Challenges in being a supervisor (coded free-text, 10+ mentions)

| Top themes in free-text responses	Frequency
Time/increased workload/managing all responsibilities	171
Ensuring right level of support/supervision given	70
Lack of employer support/pressure from employer	32
Education gaps/decreasing standards/unprepared trainees	31
Trainee attitudes/lack of motivation	30
Increased responsibility/risk	28
Supporting university to work transition/increasing confidence/independence	13
Working as secondary/additional supervisor	10

Job satisfaction

Job/role satisfaction continues to fall

Although over half of respondents (55%) indicated they were satisfied in their job/role over the last 12 months, a quarter (26%) were dissatisfied.

Job satisfaction has fallen by 7 percentage points since 2023, from 62% to 55%, as dissatisfaction has steadily increased.

Figure 29 – Job/role satisfaction 2021 to 2025
Base: Working respondents excluding 'not applicable' 2021 (4,378); 2022 (3,628); 2023 (3,468); 2024 (4,043); 2025 (3,306)
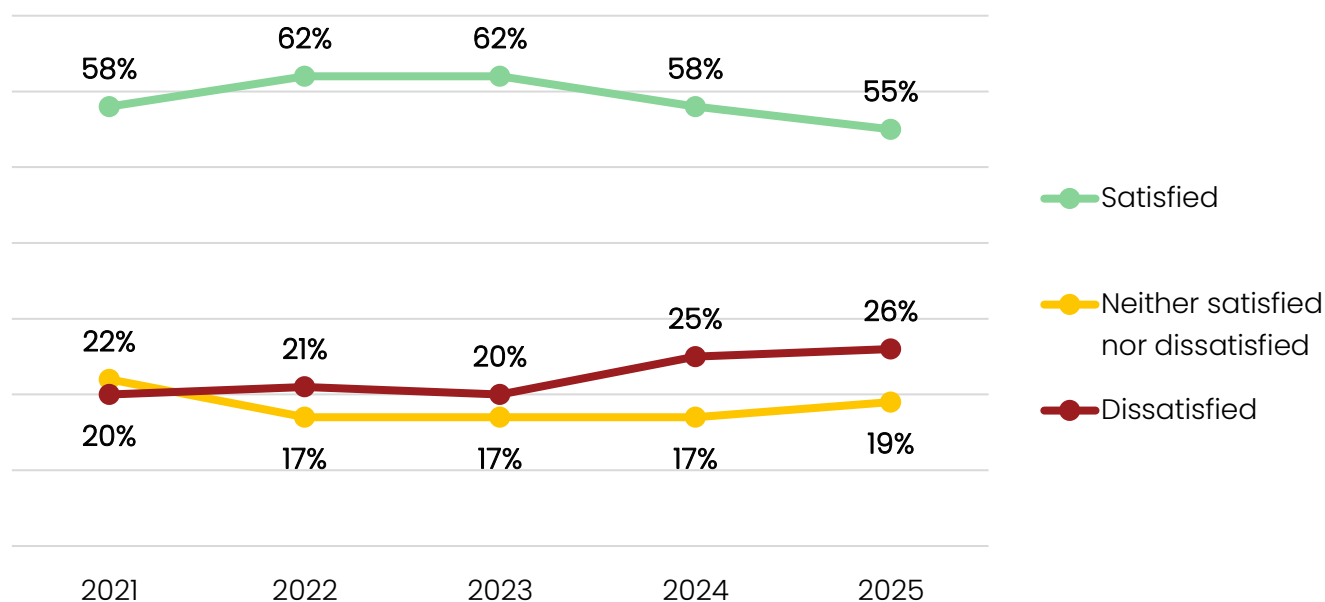
Satisfaction levels were almost identical between optometrists (55%), dispensing opticians (54%), and student dispensing opticians (59%), but were significantly higher amongst student optometrists (67%).

Other differences in satisfaction are apparent amongst other subgroups, covered later in this chapter.

Exploring job satisfaction

Respondents' primary reasons for feeling satisfied in their job related to their **work being rewarding and interesting**, a **good working environment**, and a **good work/life balance**.

Those who were dissatisfied mostly cited **not feeling valued**, a **heavy workload**, and **poor salary**.

Figure 30 – Reasons for feeling satisfied or dissatisfied with job/role in last 12 months
Base: Those very/quite satisfied with job/role (1,829); Those very/quite dissatisfied with job/role (856)
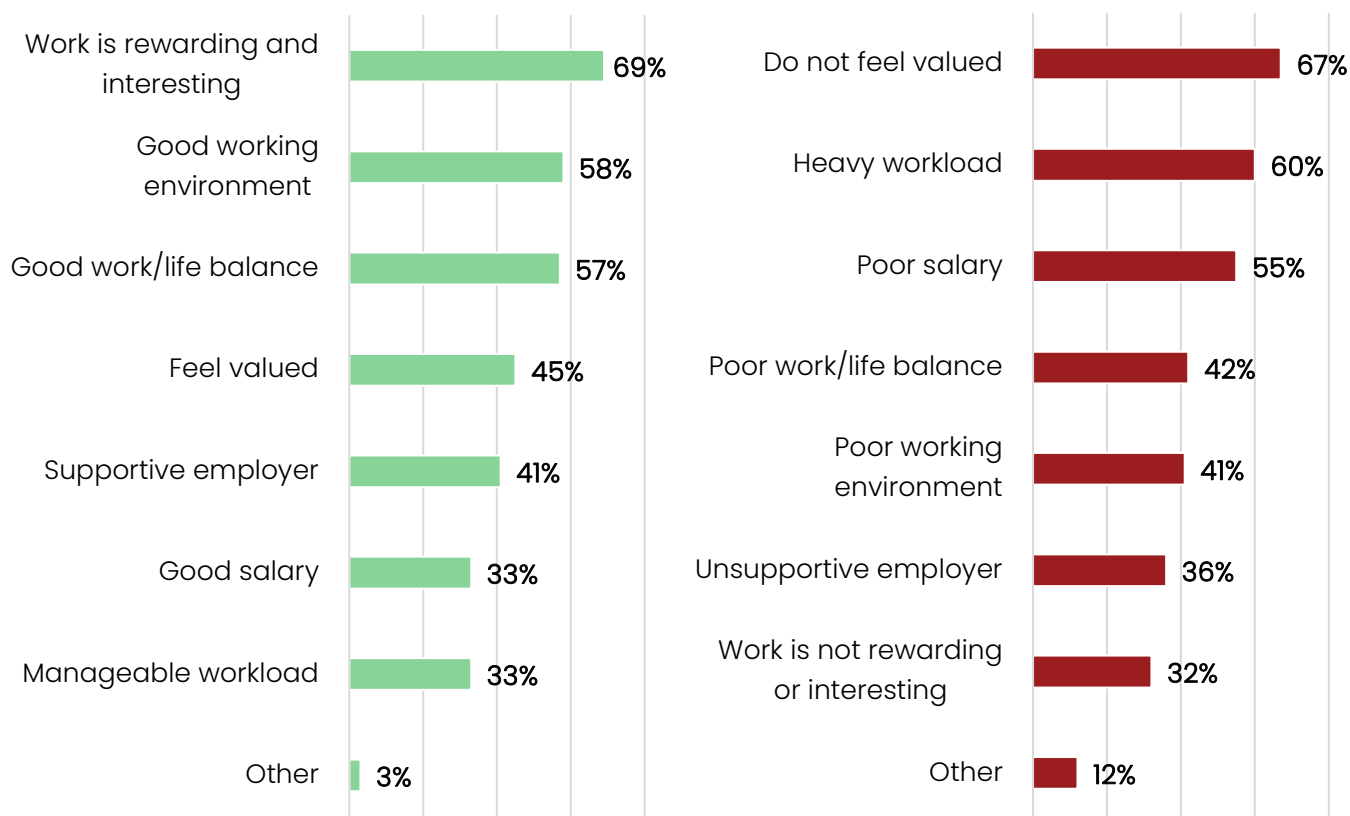
'Other' suggestions for feeling satisfied highlighted the value of autonomy, variety in roles, and opportunities for leadership, learning, and career development, particularly among those who are business owners, directors, or pursuing further qualifications. Others found satisfaction in having flexibility, using their full clinical scope, contributing to the community, and experiencing positive relationships with patients, colleagues, and teams, as well as a sense of personal fulfilment in helping others.

'Other' suggestions for feeling dissatisfied related to frustration with increasing commercialisation, frustration with the GOC (including feeling unsupported or unfairly treated), and a lack of support from professional bodies, alongside growing administrative burdens and inefficient systems. Some also cited difficult patient behaviours, limited career development opportunities, and dissatisfaction with how the profession is managed and represented.

Reasons for both job satisfaction and dissatisfaction have remained very similar to those found in 2023 and 2024, with the exception of the working environment.

The proportion of respondents selecting good working environment as a reason for being satisfied has fallen slightly, whilst the proportion who selected poor working environment as a reason for being dissatisfied has increased slightly.

Figure 31 – Good/poor working environment 2021 to 2025

Base: Working respondents excluding 'not applicable' 2023 (3,468); 2024 (4,043); 2025 (3,306)

Good working environment

Poor working environment
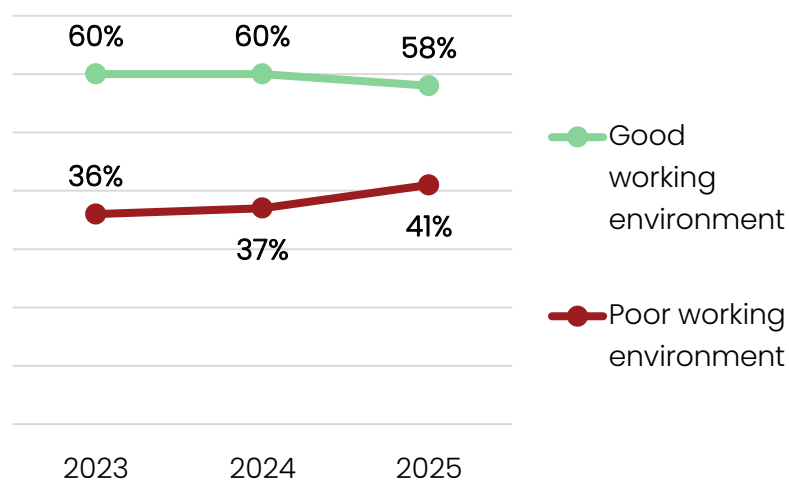
Who and what is driving satisfaction?

A number of subgroups were more likely to be satisfied based on their registrant type, workplace setting, ethnicity, age group, and socio-economic background (shown on the right).

Delivering rewarding and interesting work more common in a hospital setting

In terms of workplace setting, **those who worked in a hospital setting were most likely to be satisfied in their job/role**. The biggest driver of satisfaction, that work is rewarding and interesting, was selected by larger proportions of those who worked in hospital, and to a lesser extent domiciliary care and education/academia, whilst those who worked for a multiple were less likely to select this reason for satisfaction.

Figure 32 – Satisfied due to work being rewarding/interesting by workplace setting
Base: Independent/sole practitioner (797); Multiple (944); Hospital (206); Domiciliary care (48); Education/academia (96)
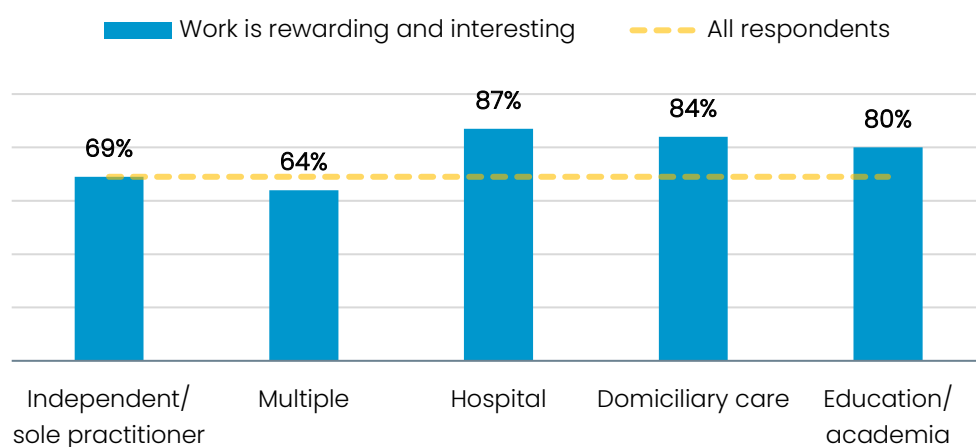
	Satisfied (55%)
	Student optometrists (67%)
	Hospital (64%)
	Wales (63%)
	Independent/sole practitioner (60%)
	Aged 55+ (62%)
	White British (61%)
	Professional/higher background (60%)

A good working environment, work/life balance, and feeling valued drive higher levels of satisfaction amongst those in independent practice/sole practitioners

Satisfaction was higher amongst those working in **independent practice/as a sole practitioner**. This appears to be driven by a combination of a **good working environment**, **good work/life balance**, **feeling valued**, and a **manageable workload**, all of which were more likely to be selected by respondents working in this setting.

Those who worked in a hospital setting were also more likely to report feeling satisfied due to feeling valued.

Figure 33 – Reasons for satisfaction by workplace setting

Base: Independent/sole practitioner (797); Multiple (944); Hospital (206); Education/academia (96)

- ■ Independent/sole practitioner
- ■ Multiple
- ■ Hospital
- ■ Domiciliary care
- ■ Education/academia

Good working environment: 65%, 52%, 54%, 44%, 48%

Good work/life balance: 61%, 56%, 55%, 64%, 46%

Feel valued: 50%, 39%, 53%, 46%, 45%

Manageable workload: 36%, 31%, 31%, 24%, 16%
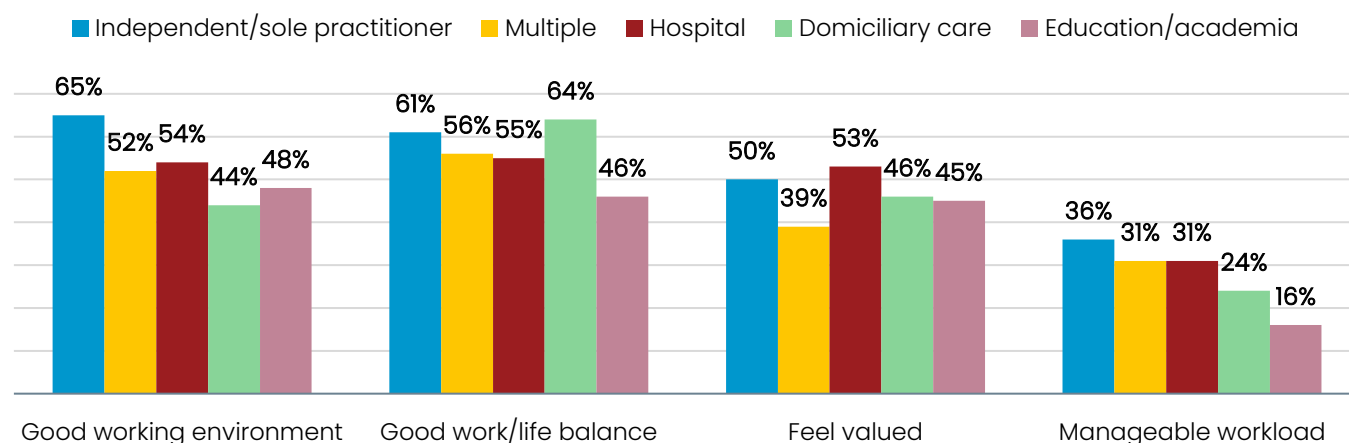
Additional qualifications can lead to job satisfaction due to interesting work and a good salary

Respondents who indicated that they had additional qualifications were more likely to feel satisfied due to delivering interesting and rewarding work and having a good salary.

Those involved in the delivery of enhanced services and those who worked as supervisors for pre-registration trainee optometrists were also more likely to report feeling satisfied due to a good salary.

Figure 34 – Satisfied due to work being rewarding/interesting and a good salary by qualifications, delivery of enhanced services, and supervisor status

Base: Additional qualifications (664); No additional qualifications (1,165); Involved in enhanced service delivery (911); Not involved (892); Supervisor role (225); No supervisor role (942)

- ■ Work is rewarding and interesting
- ■ Good salary

Additional qualifications: 73%, 37%

No additional qualifications: 66%, 31%

Delivery of enhanced services: 70%, 37%

No delivery of enhanced services: 67%, 30%

Supervisor role: 73%, 44%

No supervisor role: 69%, 37%
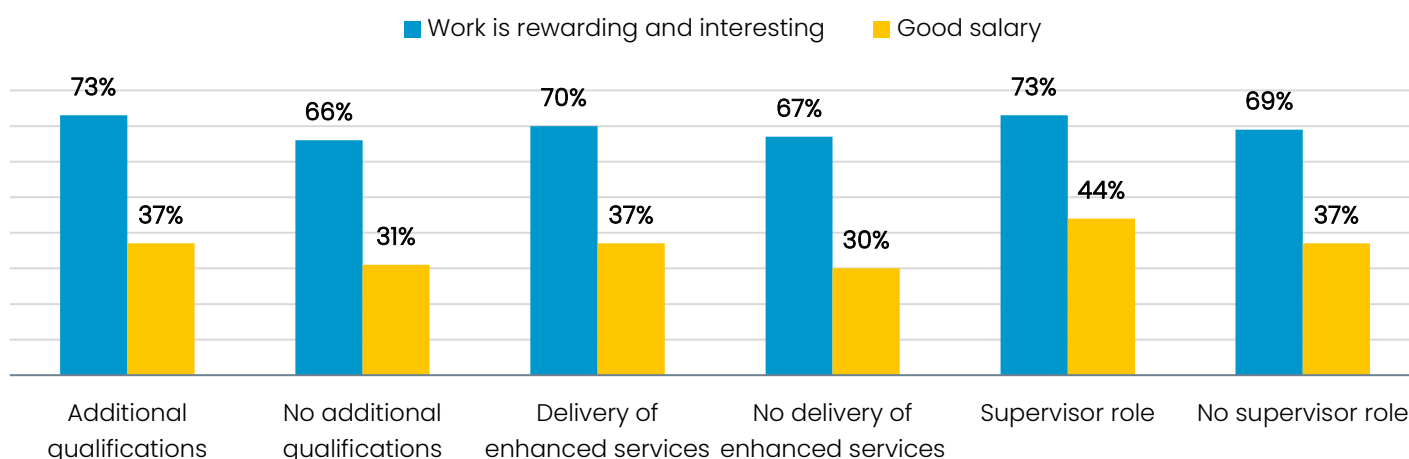
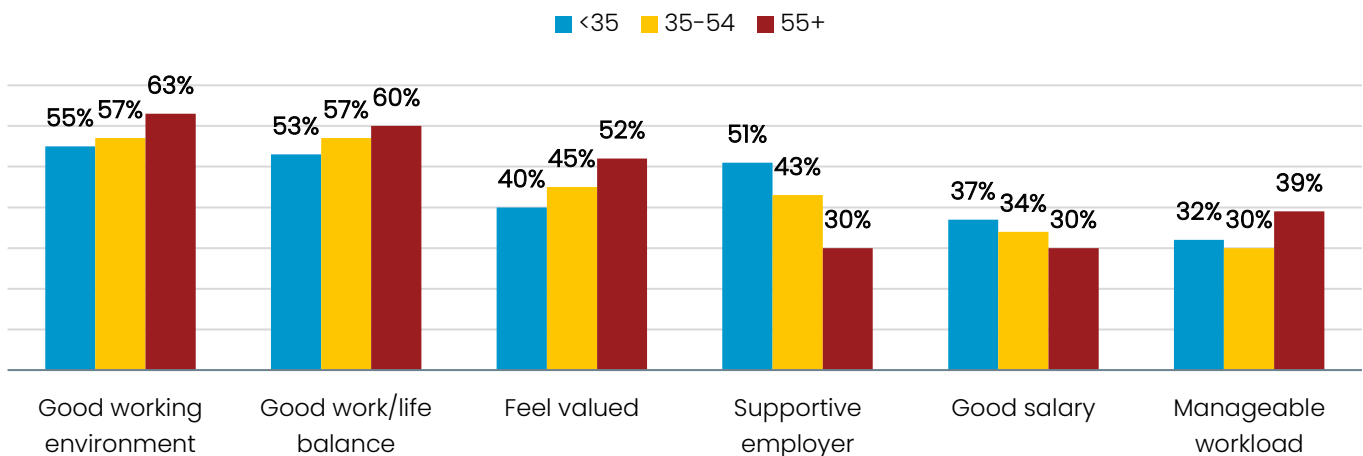## Older registrants select more reasons for being satisfied

As found in 2024, those **aged 55+ were more likely to be satisfied (62%) when compared with respondents from younger age groups (55%)**.

This age group were more likely to select a range of reasons for being satisfied, particularly when compared with those aged under 35, including experiencing a good working environment, a good work/life balance, feeling valued, and having a manageable workload.

However, older respondents were less likely to report feeling satisfied due to a supportive employer or good salary, suggesting that this age group do not derive as much of their job satisfaction from these elements of their career.

Figure 35 – Reasons for satisfaction by age group
Base: <35 (477); 35-54 (831); 55+ (485)

	<35	35-54	55+
Good working environment	55%	57%	63%
Good work/life balance	53%	57%	60%
Feel valued	40%	45%	52%
Supportive employer	51%	43%	30%
Good salary	37%	34%	30%
Manageable workload	32%	30%	39%

Who and what is driving dissatisfaction?

Similar subgroups as found in previous years continue to be more likely to be dissatisfied in their job/role over the last 12 months, including those with a disability, those working as locums, and those working for a multiple.

By far **the highest level of dissatisfaction, again found in previous years, is recorded for those who said they find it difficult to provide patients with the sufficient level of care they need**, highlighting that this is a clear source of frustration for many registrants.

The drawbacks of locum working may outweigh the benefits, leading to increased dissatisfaction amongst this group

Although locums who were satisfied with their job/role were more likely to report a good work/life balance and manageable workload, **locums were more likely to report that they were dissatisfied when compared with non-locums**.

Dissatisfaction (26%)
Difficult to deliver patients sufficient care (47%)
Disability (37%)
Locum (34%)
Multiple (30%)

Dissatisfied locums were more likely to select a poor working environment, and also less likely to select that they had a supportive employer, suggesting these as drivers for their dissatisfaction.
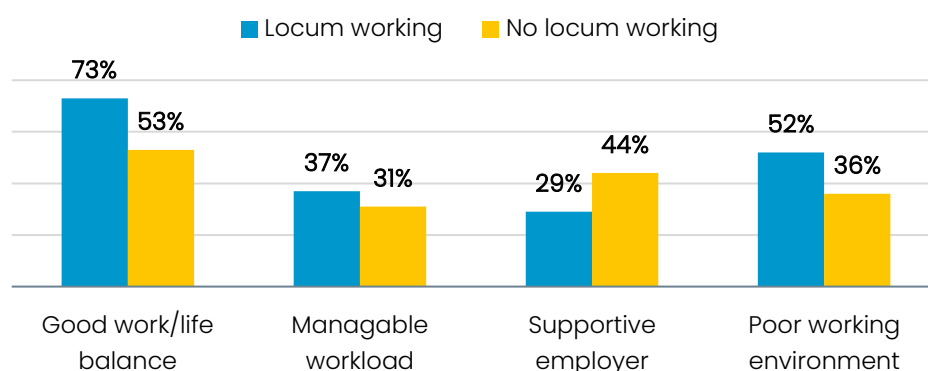
Figure 36 – Reasons for satisfaction/dissatisfaction by locum working
Base: Locum working (372); No locum working (1,456)

Locum working   No locum working

- Good work/life balance: 73% / 53%
- Managable workload: 37% / 31%
- Supportive employer: 29% / 44%
- Poor working environment: 52% / 36%

A wide range of reasons for dissatisfaction from those working in a multiple

In line with previous years' results, **respondents working for a multiple were significantly more dissatisfied in their job/role** and were more likely to select almost every reason for dissatisfaction listed when compared with those who worked in other workplace settings, especially independent practice/as a sole practitioner.

Analysis by workplace setting also shows that those who worked in a hospital were also more likely to report the issues of heavy workload as a reason for dissatisfaction.

Figure 37 – Reasons for dissatisfaction by workplace setting
Base: Independent/sole practitioner (295); Multiple (576); Hospital (65)
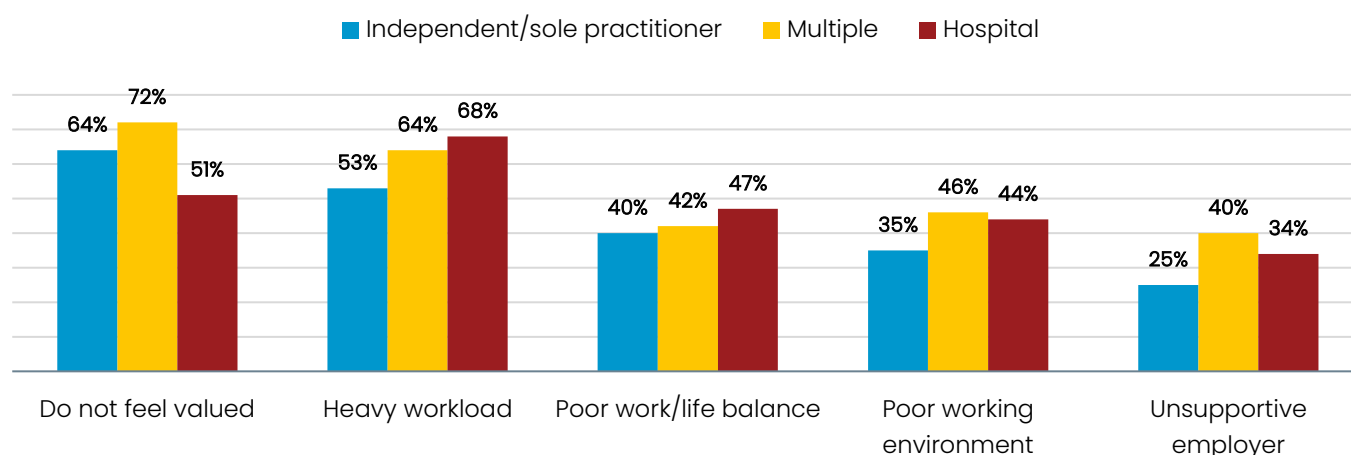
Experiencing difficulties providing sufficient patient care is still a key driver of dissatisfaction

As found in 2024, respondents who indicated that they had experience of difficulties providing patients with the sufficient level of care they need were significantly more likely to be dissatisfied in their job/role.

The same four reasons for dissatisfaction were driving this result:

- Not feeling valued
- A heavy workload
- A poor working environment
- An unsupportive employer.

Figure 38 – Reasons for dissatisfaction by experience of difficulties providing sufficient patient care
Base: Difficulties (545); No difficulties (312)
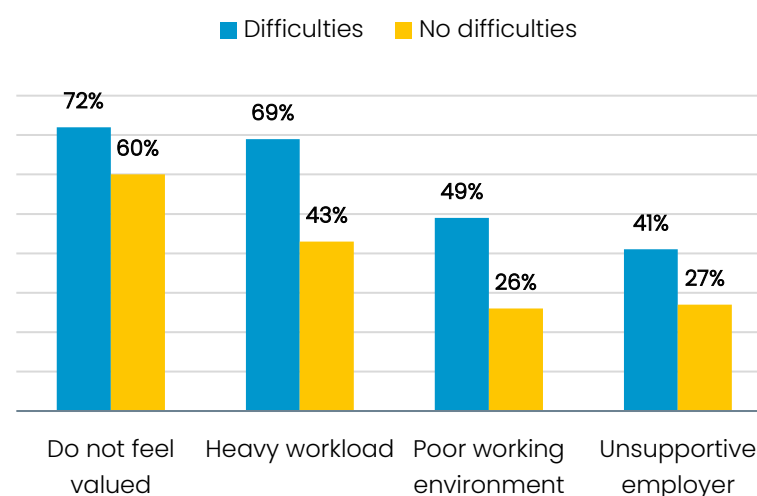
Different reasons for dissatisfaction between genders and ethnicity

Analysis by gender highlights that a greater proportion of female respondents are dissatisfied due to not feeling valued and a heavy workload when compared with male respondents.

Analysis by ethnicity shows that respondents from ethnic minority groups are more likely to report dissatisfaction due to a poor salary or poor working environment.

Figure 39 – Reasons for dissatisfaction by gender and ethnicity
Base: Male (302); Female (489); White British/Irish (425); Ethnic minority group (319)
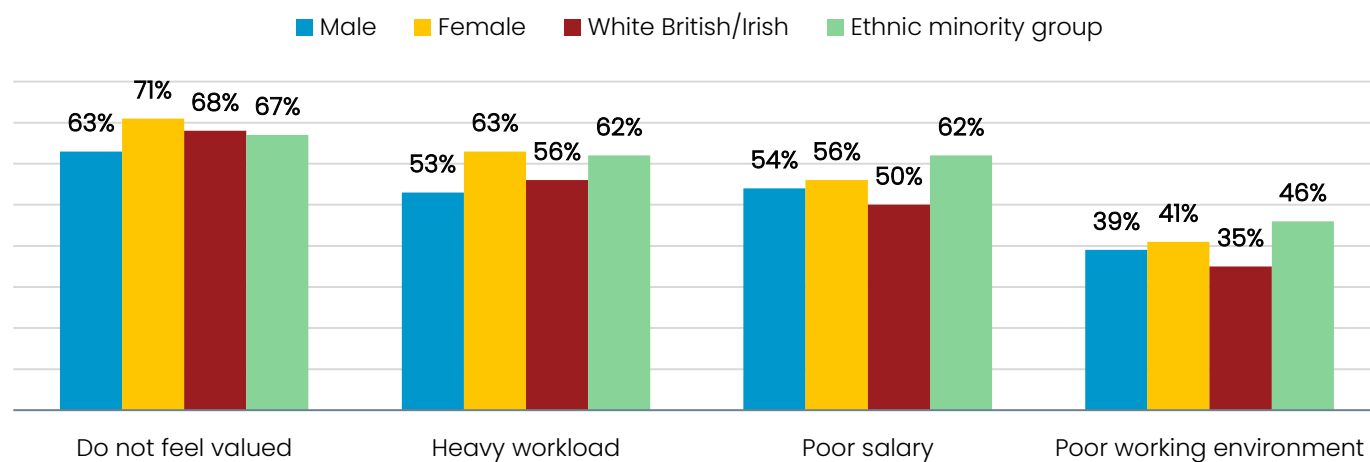
Motivations to join the profession

Interest in eye health and helping people are key motivators

A new question in this year's survey asked respondents to select their main motivations for joining their profession. **Overall, the majority of respondents (67%) were motivated by an interest in eye health/eye care, and over half (55%) were motivated by a desire to help people.**

Figure 40 – Main motivations for joining the profession
Base: All respondnets (3,798)
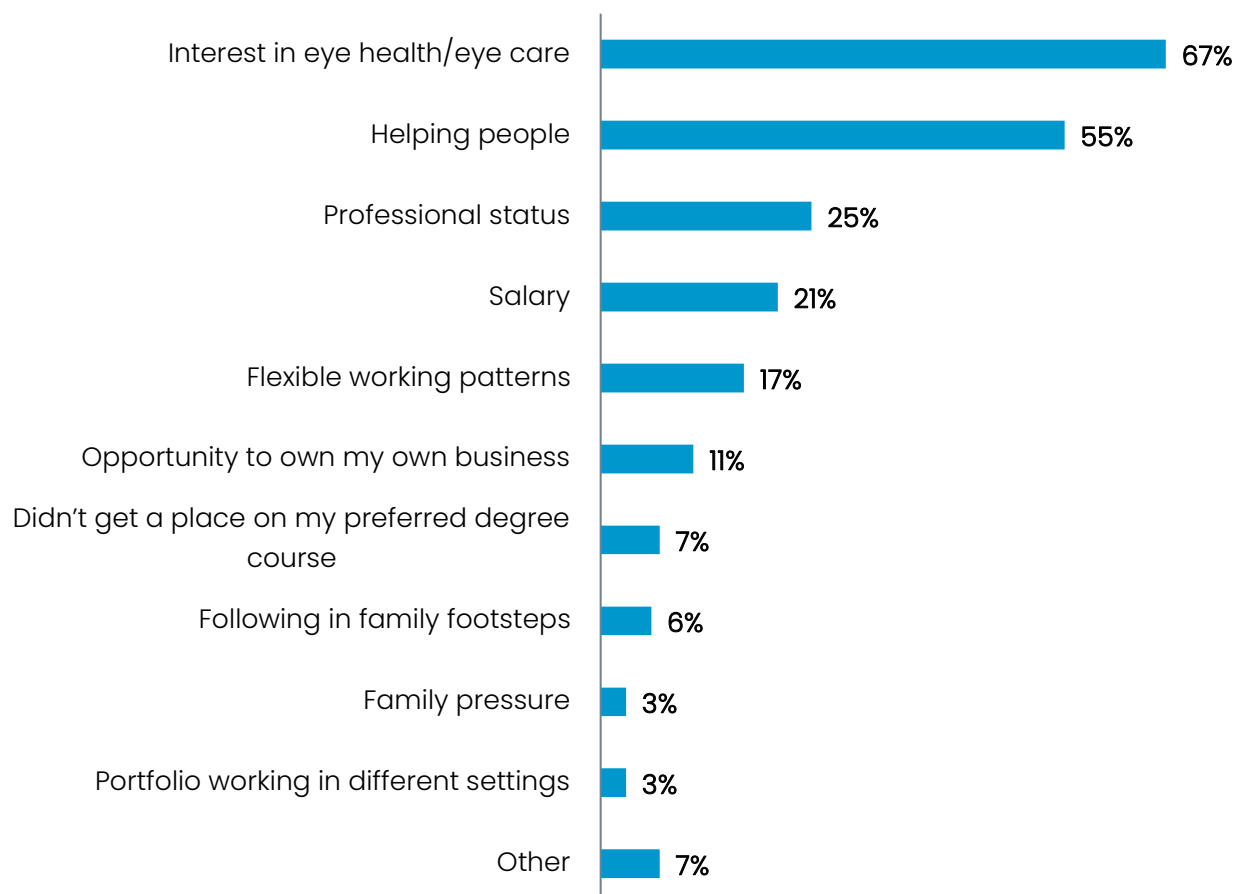
'Other' motivations suggested (7%) mentioned entering the eye care profession by chance or circumstance, often through early jobs, work experience, or being offered an opportunity, while others were motivated by an interest in science or healthcare, the appeal of job security and career progression, or a desire for practical, people-focused work that did not require university debt or lengthy training.

Different motivations for different registrant groups

The survey results show notable differences in motivations across registration types. Student optometrists are the most intrinsically motivated group, with 81% citing an interest in eye health/eye care and 64% selecting helping people, the highest proportions among all groups. Student optometrists were also most likely to select flexible working patterns (26%) and the opportunity to own their own business (19%). Student dispensing opticians also show strong

vocational motivation, but with a slightly lower emphasis on eye health (76%) and a relatively higher interest in professional status (32%).

In contrast, optometrists demonstrate a balance between vocational and professional drivers, with 68% interested in eye health and 56% in helping others, but also notable proportions citing salary (24%) and professional status (25%). Dispensing opticians, however, were least likely to cite interest in eye health (50%) and helping people (42%), and place greater importance on professional status (28%) than any other group.

These findings may suggest that students, particularly optometry students, tend to enter the field with more idealistic motivations, whereas qualified professionals, especially dispensing opticians, may be more likely to be influenced by practical and career-oriented considerations.

Figure 41 – Main motivations for joining the profession by registration type
Base: Optometrists (2,254); Dispensing opticians (808); Student optometrists (587); Student dispensing opticians (148)
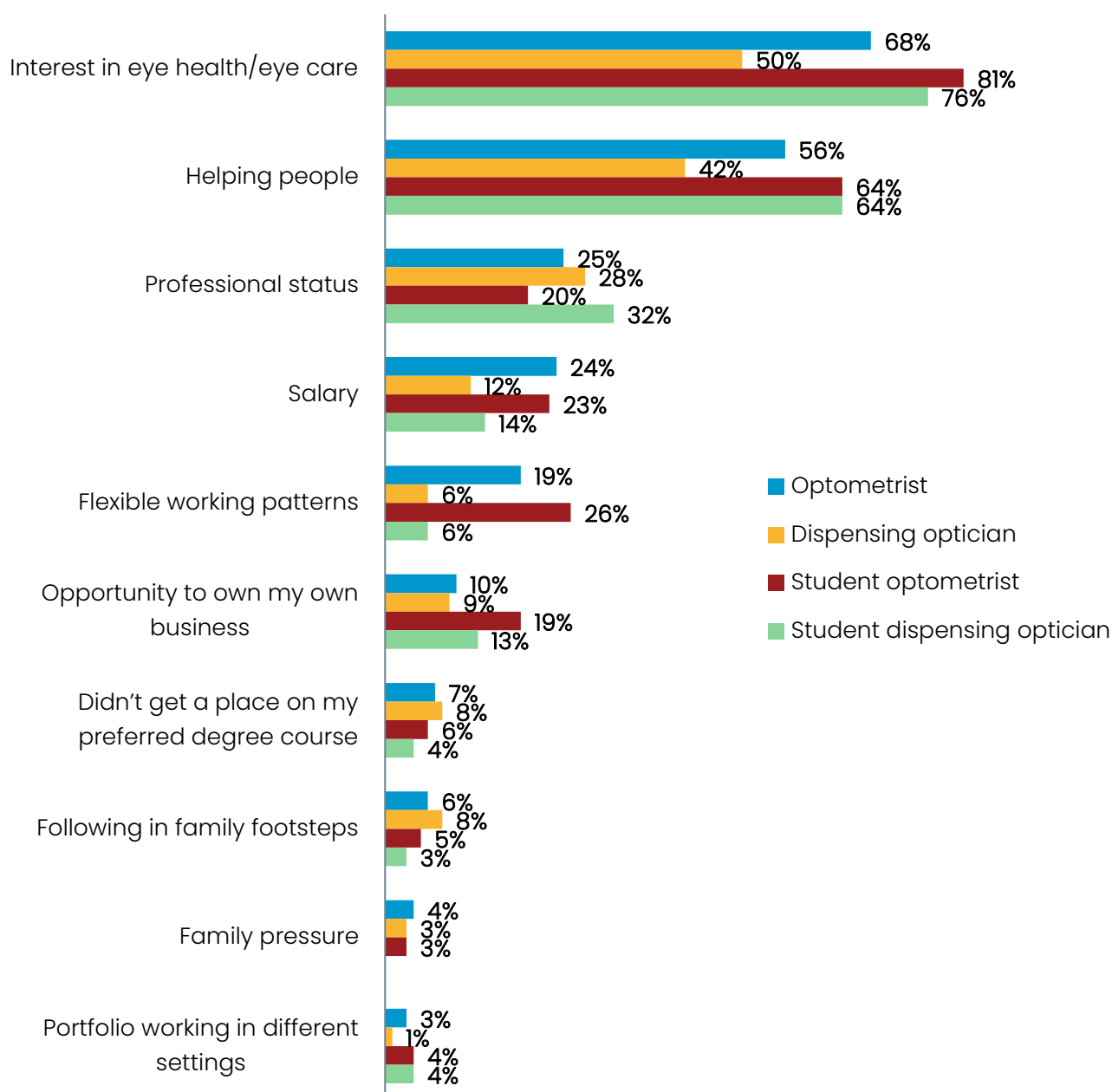
Newer registrants may have more idealistic motivations for joining the profession

Some motivations for joining the profession vary noticeably by length of time on the GOC register. Those registered for two years or less are the most vocationally driven, with 78% citing an interest in eye health and 65% in helping people. These proportions gradually decline with experience, as among those registered 21+ years, only 59% cite interest in eye health and 46% helping people.

Meanwhile, motivations such as salary and flexible working patterns are relatively stable across experience levels, suggesting that newer registrants may be more idealistic in their motivations, while those with longer careers may reflect a more balanced or pragmatic perspective.

Figure 42 – Main motivations for joining the profession by registration length
Base: 2 years or less (691); 3-5 years (478); 6-20 years (1,179); 21+ years (1,439)
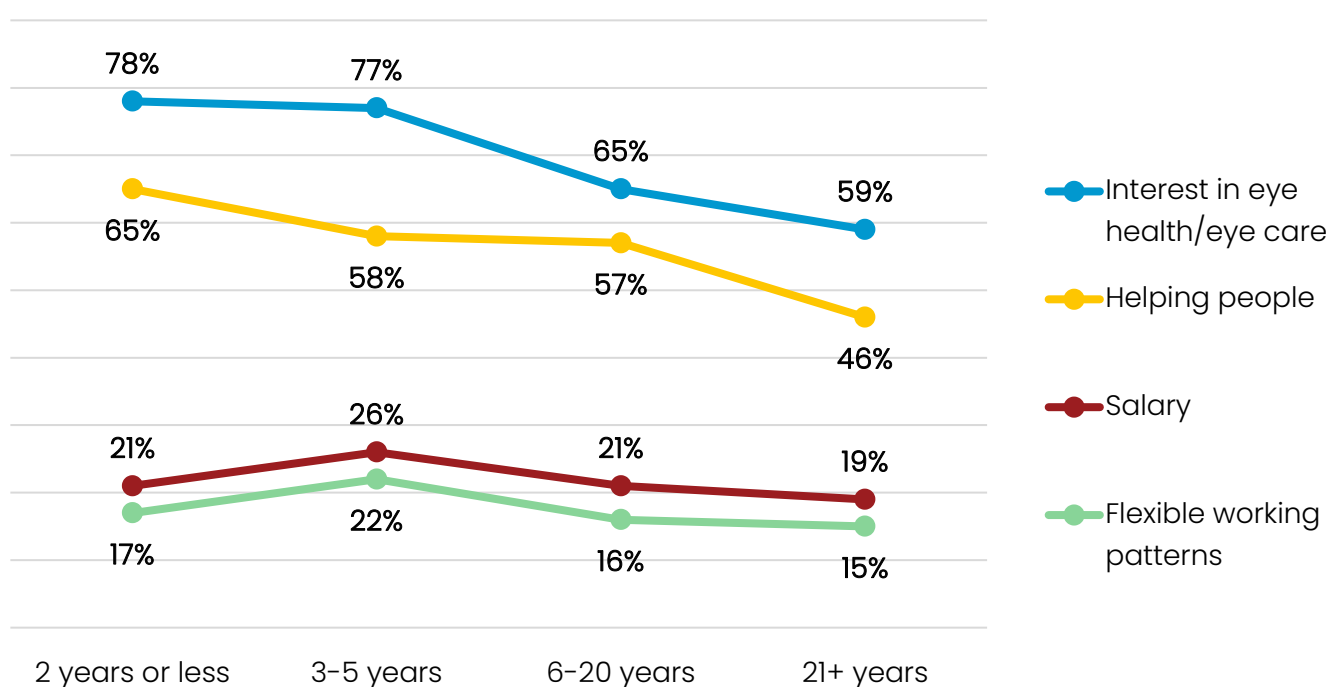
Working conditions
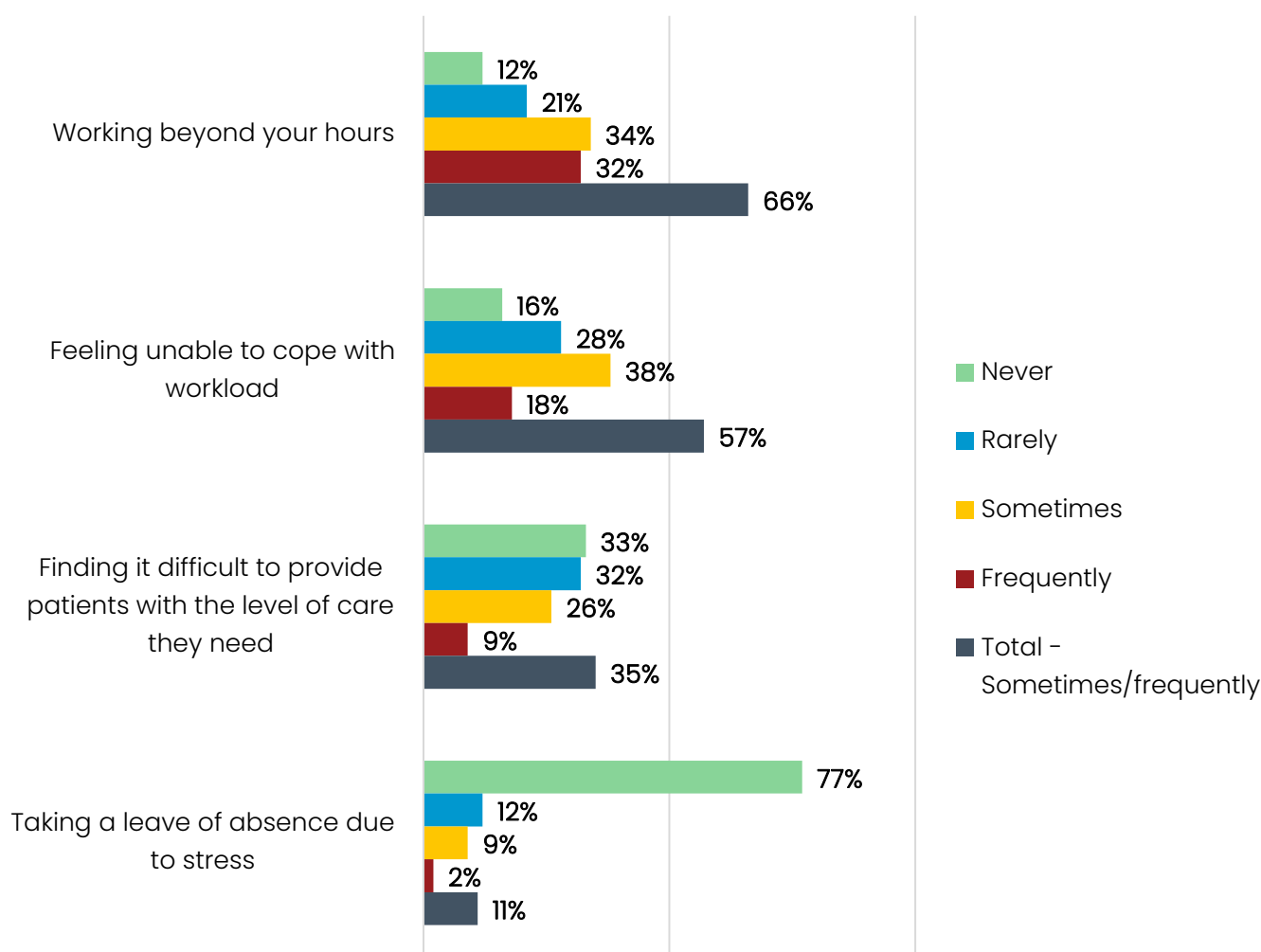
Experiences of negative working conditions

Large proportions experience working beyond their hours and feeling unable to cope with their workload

Working beyond hours continues to be the most widely experienced negative working condition, with two thirds (66%) of respondents indicating this happened *sometimes* or *frequently.* Almost three in five (57%) also highlighted that they had **felt unable to cope with their workload** either *sometimes* or *frequently.* Just over a third (35%) had experienced **difficulties providing patients with the level of care they need** either *sometimes* or *frequently.*

In contrast, only 11% reported **taking a leave of absence due to stress**.

Figure 43 – Experience of negative working conditions in the last 12 months
Base: Those currently working/employed (3,315)

Working beyond your hours
- Never: 12%
- Rarely: 21%
- Sometimes: 34%
- Frequently: 32%
- Total – Sometimes/frequently: 66%

Feeling unable to cope with workload
- Never: 16%
- Rarely: 28%
- Sometimes: 38%
- Frequently: 18%
- Total – Sometimes/frequently: 57%

Finding it difficult to provide patients with the level of care they need
- Never: 33%
- Rarely: 32%
- Sometimes: 26%
- Frequently: 9%
- Total – Sometimes/frequently: 35%

Taking a leave of absence due to stress
- Never: 77%
- Rarely: 12%
- Sometimes: 9%
- Frequently: 2%
- Total – Sometimes/frequently: 11%

Legend:
- Never
- Rarely
- Sometimes
- Frequently
- Total – Sometimes/frequently

Experience of negative working conditions is increasing over time

Tracking results to this question over time is possible, although the format of the question changed after 2023, meaning that direct comparison is only possible between 2024 and 2025. However, analysis highlights that **experience of negative working conditions** is increasing, particularly for feeling unable to cope with workload and finding it difficult to provide patients with the sufficient level of care they need.

Figure 44 – Experience of negative working conditions 2021 to 2025 (sometimes/frequently)
Base: Those currently working/employed 2021 (4,479); 2022 (3,647); 2023 (3,486); 2024 (4,049); 2025 (3,315)
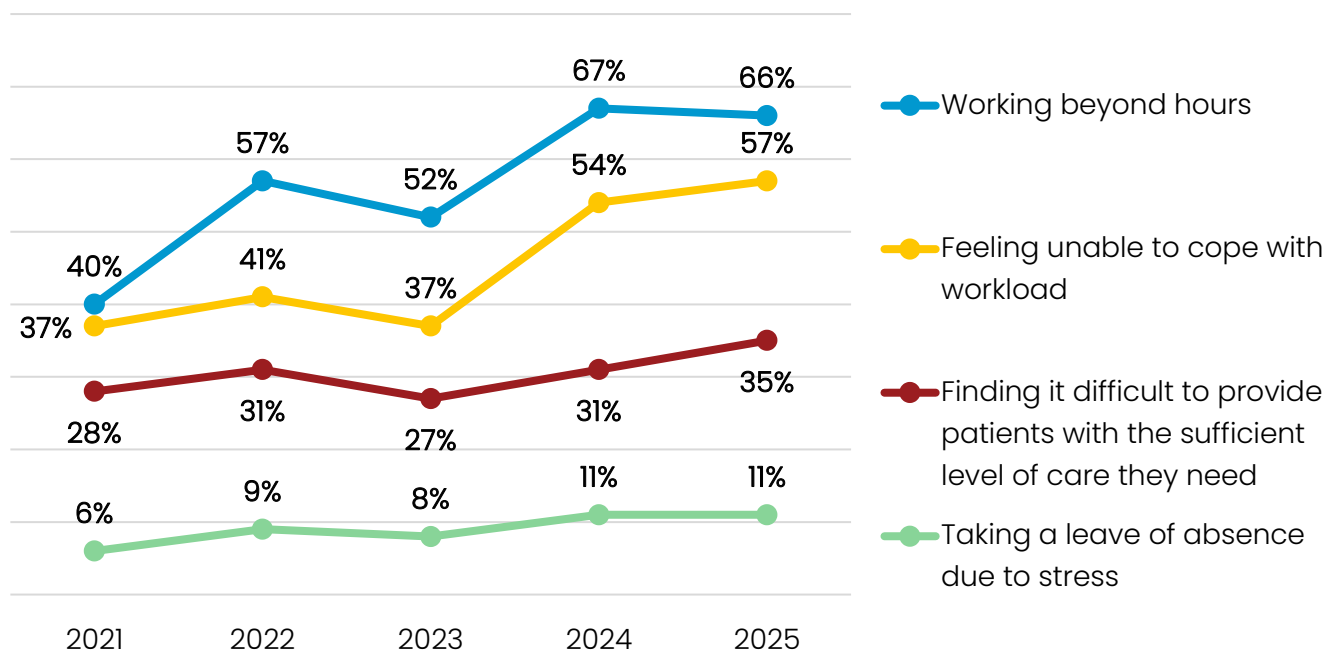

Negative working conditions correlate with difficulties providing patients with sufficient care

A trend highlighted in 2024 which is also found in this year's results is that, if respondents had experience of working beyond their hours, feeling unable to cope with their workload, or taking a leave of absence due to stress, they were also more likely to report difficulties providing patients with the level of care they need. This underscores the **correlation between workplace challenges and the ability to deliver safe care for patients.**

Figure 45 – Impact of negative working conditions on providing sufficient patient care
Base: Working beyond hours (2,346); Feeling unable to cope with workload (1,992); Taking a leave of absence due to stress (378)
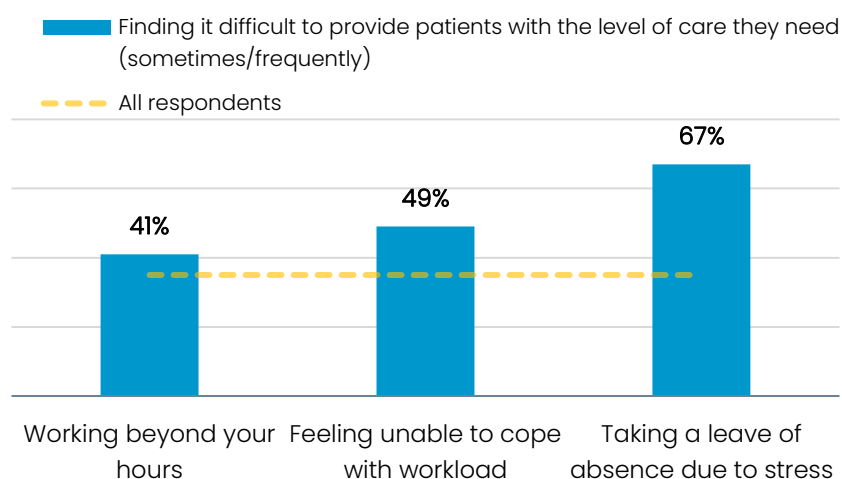
Workplace setting and level of responsibility influence negative working conditions

A number of factors influence the likelihood of experiencing negative working conditions. As found in 2024, those working in a hospital or education/academia were more likely to report working beyond their hours and feeling unable to cope with their workload. However, those working in a hospital were not the most likely to report feeling unable to cope with their workload, which was selected by larger proportions of those who worked in education/academia or for a multiple.

Those with some level of managerial responsibility, such as practice managers/directors or those in more senior roles, those with additional qualifications, and those involved in the delivery of enhanced services were also more likely to report working beyond their hours or feeling unable to cope.

Figure 46 – Impact of workplace setting, level of seniority and additional qualifications on working beyond hours
Base: Hospital (321); Education/academia (179); Some managerial responsiblity (1,573); Additional qualifications (1,183)
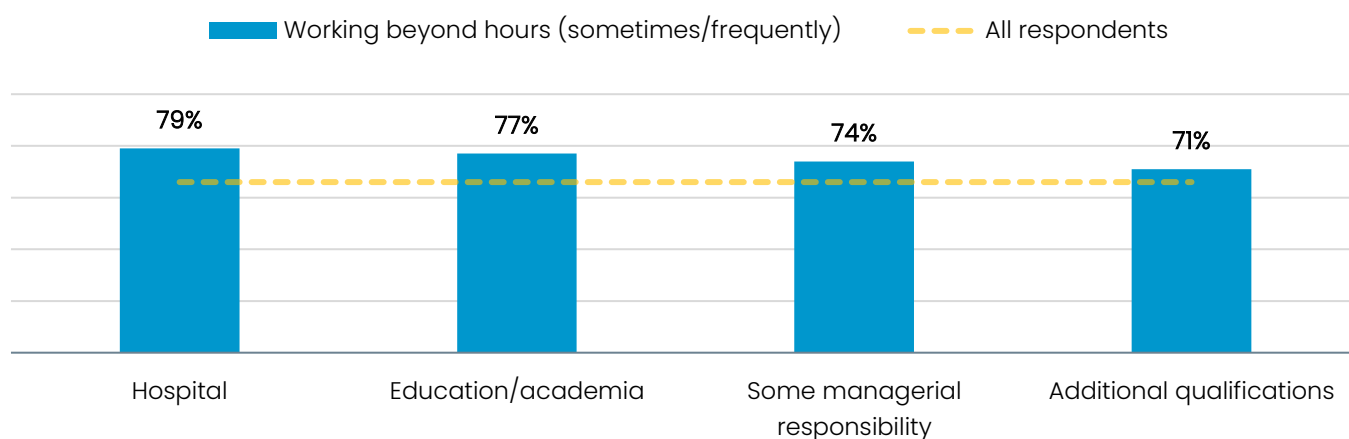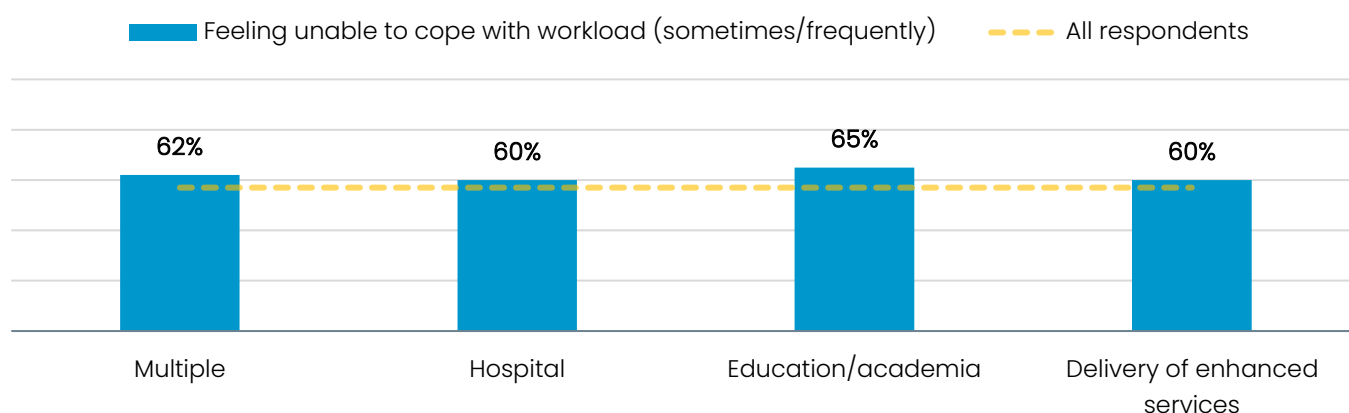

Figure 47 – Impact of workplace setting and delivery of enhanced services on feeling unable to cope with workload
Base: Multiple (1,919); Hospital (321); Education/academia (179); Delivery of enhanced services (1,635)

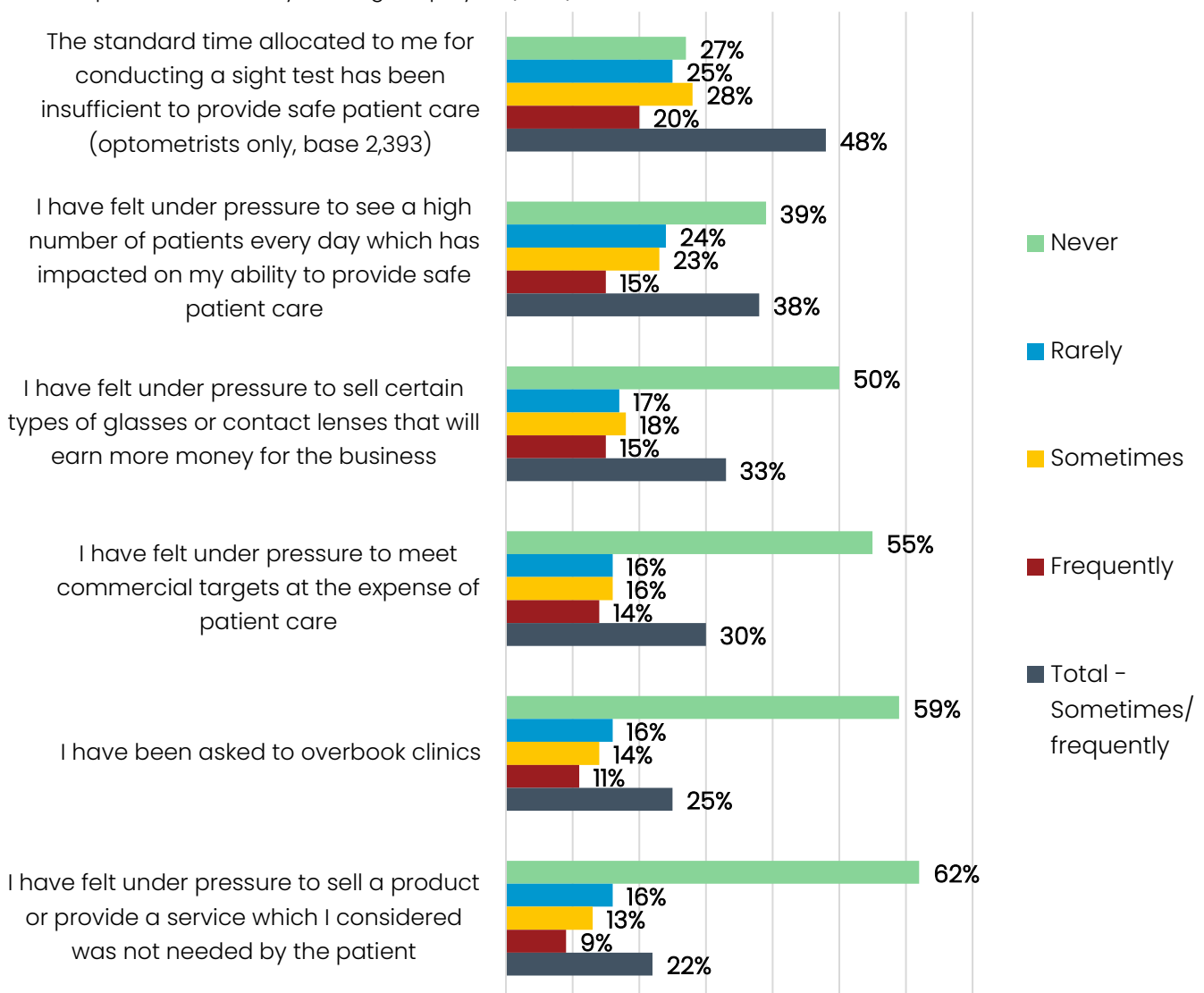# Experiences of time and commercial pressure

Widespread time and commercial pressures impacting patient care

Respondents were asked to indicate whether they had experienced specific types of time and commercial pressure over the last 12 months. The results highlight some notable concerns around commercial pressures that may compromise patient care. The most common issue was insufficient time for conducting sight tests, with **48% of optometrist respondents reporting that the standard time allocated for conducting a sight test was sometimes or frequently insufficient to provide safe patient care**. Similarly, **38% of all respondents reported feeling pressured to see a high volume of patients every day, also impacting their ability to deliver safe care**.

A third (33%) of respondents said they sometimes or frequently felt pressured to sell certain types of glasses or contact lenses, while 30% reported feeling pressured to meet commercial targets at the expense of patient care. A quarter (25%) had sometimes or frequently experienced being asked to overbook clinics, and 22% had felt pressured to sell products or services they believed were not needed by the patient.

Figure 48 – Experience of time and commercial pressure in the last 12 months
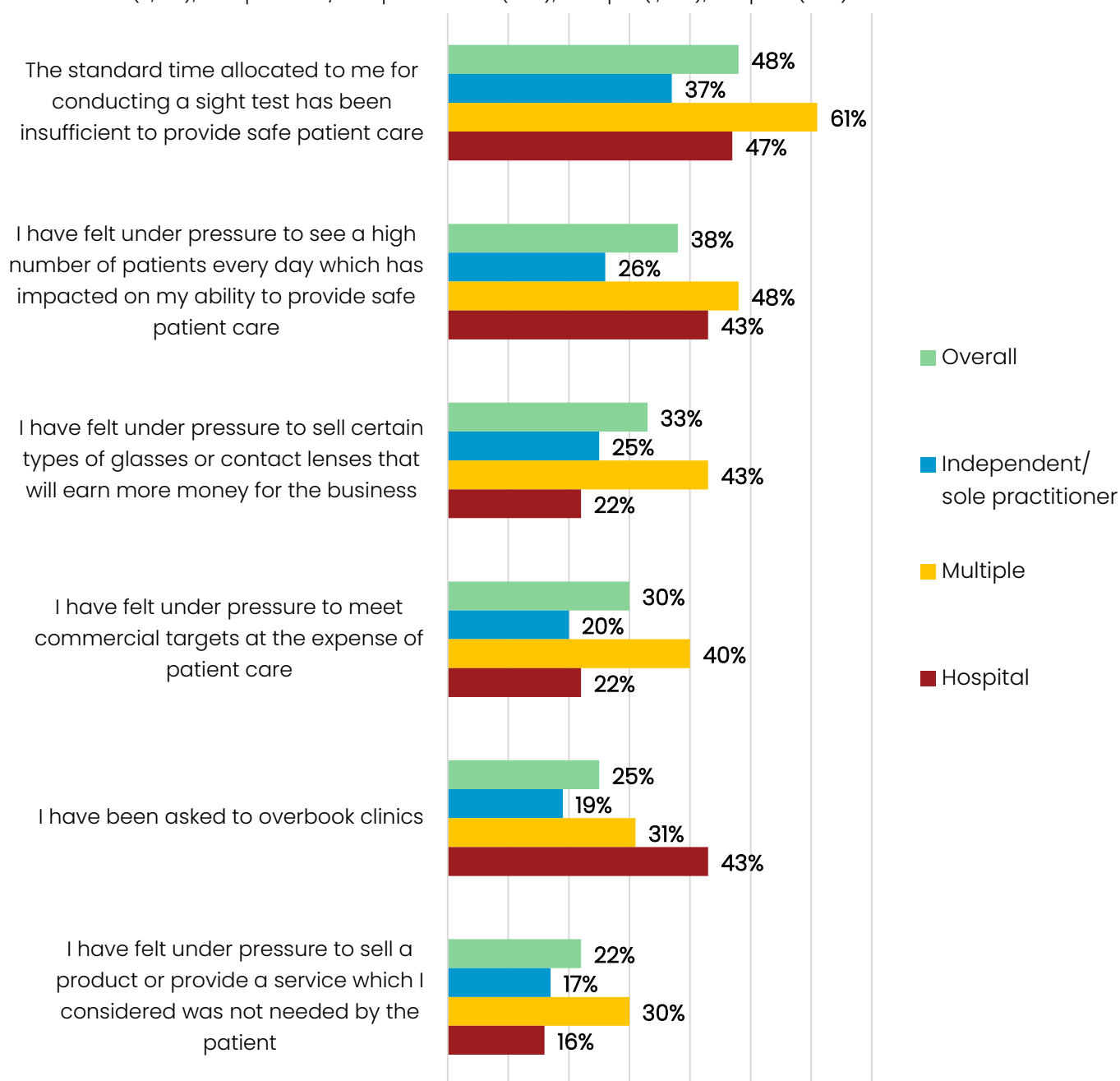Base: Respondents currently working/employed (3,315)

Time and commercial pressures are more prevalent in multiples, but those working in hospital also face some of the same challenges

Analysis by workplace setting highlights that **those working for a multiple were more likely to have experienced all time and commercial pressures in the last 12 months**, particularly when compared with those who worked for an independent/as a sole practitioner. However, those who worked in a hospital setting were also more likely to experience some pressures, including pressure to see a high number of patients and to overbook clinics.

Figure 49 – Experience of time and commercial pressure in the last 12 months (sometimes/frequently) by workplace setting
Base: Overall (3,315); Independent/sole practitioner (967); Multiple (1,379); Hospital (302)

The standard time allocated to me for conducting a sight test has been insufficient to provide safe patient care
- 48%
- 37%
- 61%
- 47%

I have felt under pressure to see a high number of patients every day which has impacted on my ability to provide safe patient care
- 38%
- 26%
- 48%
- 43%

I have felt under pressure to sell certain types of glasses or contact lenses that will earn more money for the business
- 33%
- 25%
- 43%
- 22%

I have felt under pressure to meet commercial targets at the expense of patient care
- 30%
- 20%
- 40%
- 22%

I have been asked to overbook clinics
- 25%
- 19%
- 31%
- 43%

I have felt under pressure to sell a product or provide a service which I considered was not needed by the patient
- 22%
- 17%
- 30%
- 16%

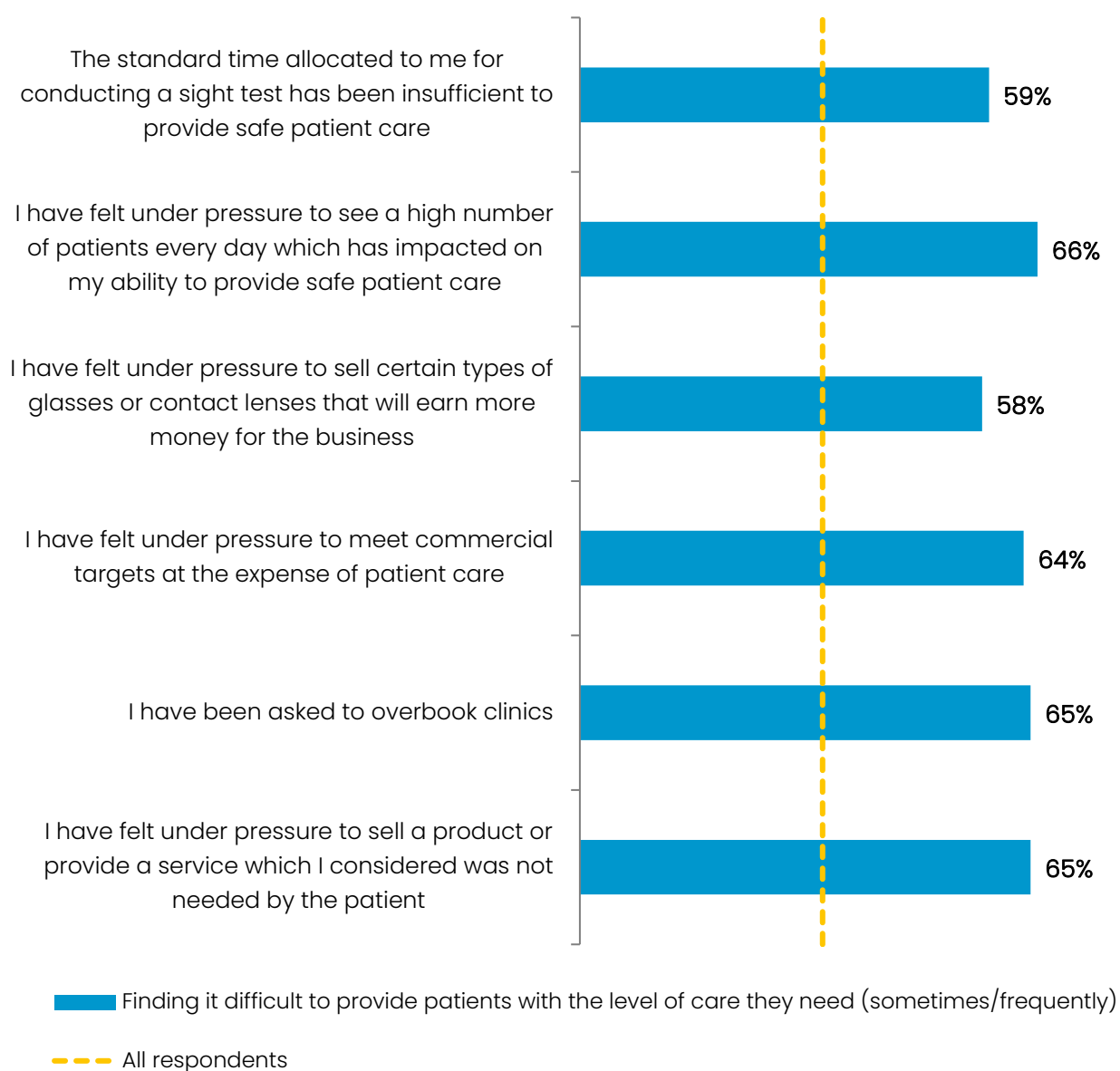Legend: Overall | Independent/ sole practitioner | Multiple | Hospital

Experience of time and commercial pressure leads to difficulties providing sufficient patient care

As highlighted with negative working conditions, **if respondents had experience of time or commercial pressure, they were more likely to report difficulties providing patients with the level of care they need.**

In the chart below, the yellow line shows the overall result where 35% of all respondents said they had sometimes or frequently found it difficult to provide patients with the level of care they need. The blue bars show this result specifically for those experiencing different time and commercial pressures (e.g. being asked to overbook clinics at 65%).

Figure 50 – Impact of time and commercial pressure on providing sufficient patient care
Base: Respondents currently working/employed (3,315)

The standard time allocated to me for conducting a sight test has been insufficient to provide safe patient care	59%
I have felt under pressure to see a high number of patients every day which has impacted on my ability to provide safe patient care	66%
I have felt under pressure to sell certain types of glasses or contact lenses that will earn more money for the business	58%
I have felt under pressure to meet commercial targets at the expense of patient care	64%
I have been asked to overbook clinics	65%
I have felt under pressure to sell a product or provide a service which I considered was not needed by the patient	65%

Finding it difficult to provide patients with the level of care they need (sometimes/frequently)

- - - All respondents

Harassment, bullying or abuse

In total, **over two in five respondents (44%) had personally experienced some form of harassment, bullying, or abuse at work (or study for those in education) in the last 12 months.** This represents a fall of 6% pts from 2024 (50%).

Most incidences of harassment, bullying or abuse come from patients/service users, but reports have fallen since last year

The primary source of harassment, bullying or abuse continues to be from patients and service users, their relatives or other members of the public, with 36% of respondents having at least one experience of this in the last 12 months. In contrast, experiences of harassment, bullying or abuse from managers, other colleagues, or tutors/lecturers/supervisors is less frequent.

Although reports in relation to managers, other colleagues, and tutors/lecturers/supervisors have remained similar over the last three years, it is positive to note that **reports of harassment, bullying or abuse from patients and service users has fallen in this year's results by 6% pts** from 42% in 2024 to 36% in 2025.

Figure 51 – Personal experience of harassment, bullying, or abuse at work (or study) 2023 to 2025 (% at least one experience in the last 12 months)
Base: All respondents excluding full-time students and retired 2023 (3,557); 2024 (4,521); 2025 (3,774); Students 2023 (469); Students 2024 (509); Students 2025 (454)
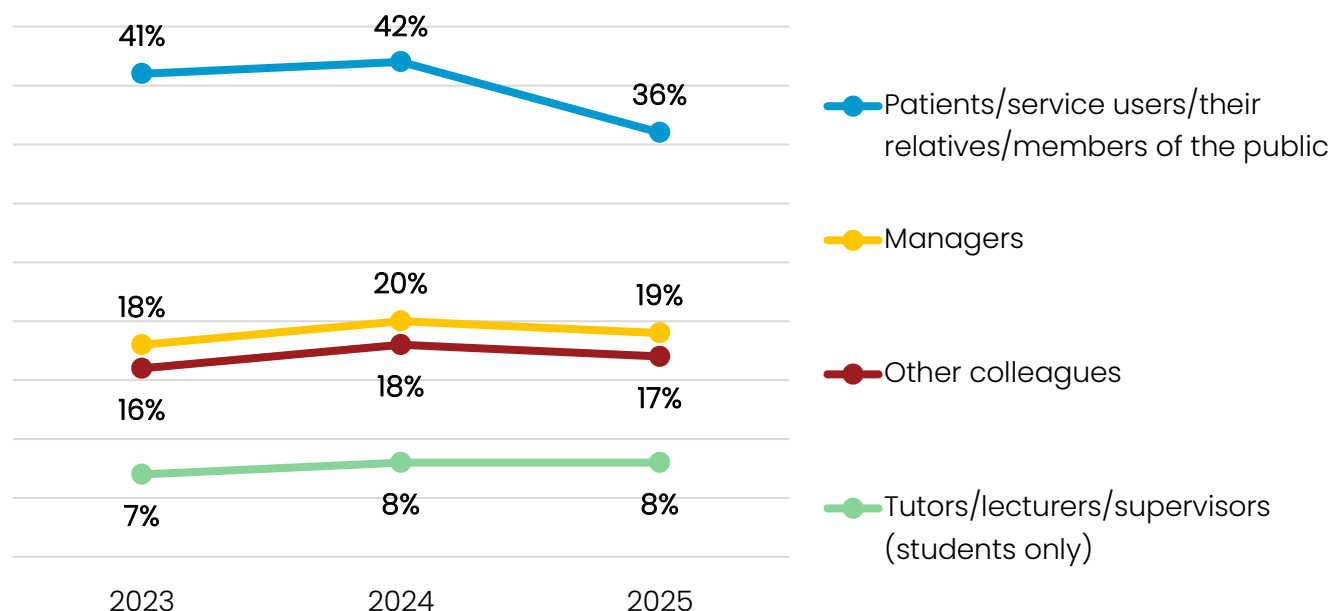
GOC registrants are still more likely to experience this behaviour from patients or the public and managers when compared with the national NHS average

This question is asked in the annual NHS Staff Survey, highlighting that experience of harassment, bullying or abuse from patients/service users, their relatives, or other members of the public is much more common amongst GOC registrants, although closer than in previous years.

GOC registrants are also more likely have experience of this behaviour from managers, but are in line with the national NHS average in relation to harassment, bullying or abuse from other colleagues.

Figure 52 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2024
Base: GOC survey respondents (3,774), NHS Staff Survey 2024 (c.740k)

Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2024
Patients/service users/relatives, other members of the public	36%	25%
Managers	19%	10%
Other colleagues	17%	18%

Experiences of harassment, bullying or abuse are more common amongst dispensing opticians, women, and those with a disability

Dispensing opticians, female respondents, and those with a disability were more likely to have experienced harassment, bullying or abuse from all sources when compared with optometrists, male respondents, and those with no disability.

Figure 53 – Experience of harassment, bullying, or abuse at work by registration type, gender, and disability
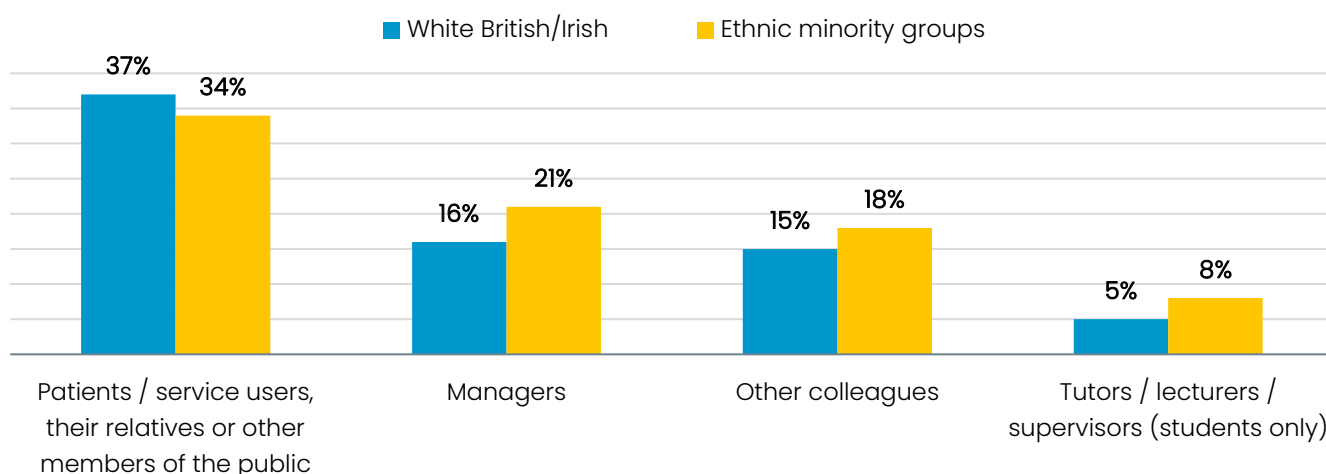Base: Optometrist (2,236); Dispensing optician (802); Male (1,228); Female (2,380); Disability (228); No disability (3,320)
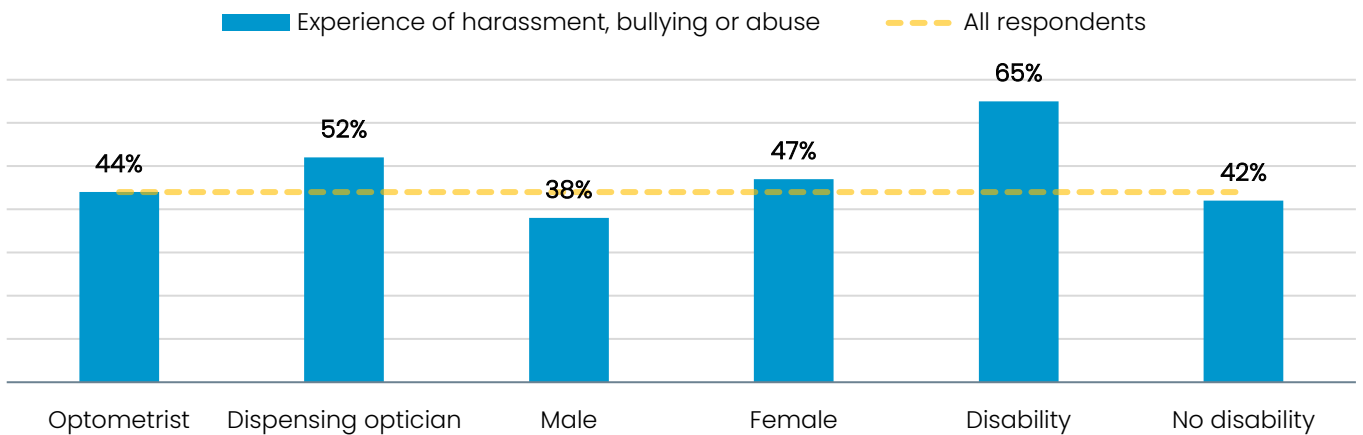
As found in 2024, respondents from ethnic minority backgrounds were more likely to have experienced harassment, bullying or abuse specifically from managers, other colleagues, and tutors, lecturers or supervisors, when compared with those of White British/Irish ethnicity. However, no significant difference in ethnicity was found in relation to harassment, bullying or abuse from patients and service users.

Figure 54 – Experience of harassment, bullying, or abuse at work by ethnicity
Base: White British/Irish (1,893); Ethnic minority groups (1,575)

Legend: White British/Irish · Ethnic minority groups

- Patients / service users, their relatives or other members of the public: 37% / 34%
- Managers: 16% / 21%
- Other colleagues: 15% / 18%
- Tutors / lecturers / supervisors (students only): 5% / 8%

Experience of harassment, bullying or abuse may lead to difficulties providing sufficient patient care

As found in 2024, respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced harassment, bullying or abuse at work.

Again, this emphasises a potential link between this negative experience and the ability to deliver safe patient care.

Figure 55 – Experience of harassment, bullying, or abuse at work by experience of difficulties providing sufficient patient care
Base: Difficulties (1,158); No difficulties (2,157)

- Difficulties: 61%
- No difficulties: 38%

Legend: Experience of harassment, bullying or abuse · All respondents
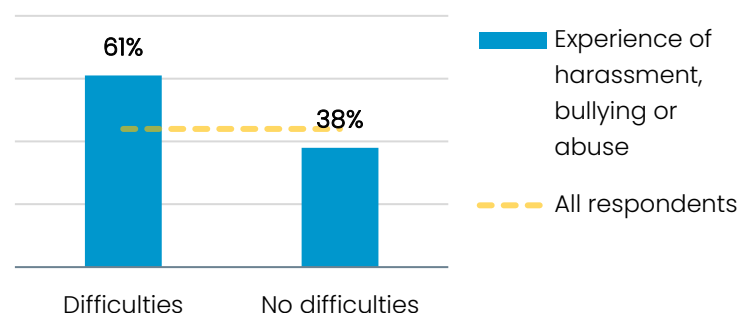
Only a third of those who experience harassment, bullying or abuse go on to report it

Although it is positive to note that the proportion of those experiencing harassment, bullying or abuse at work has fallen slightly since last year, only **just over a third of respondents (35%) who had experienced harassment, bullying or abuse in the last 12 months said they or a colleague had reported it**. This is broadly in line with results from 2023 (33%) and 2024 (38%). As found in previous years, reporting was more likely in the case of harassment, bullying or abuse from patients/ service users and other colleagues when compared with managers.

Figure 56 – Reporting harassment, bullying or abuse at work (they or a colleague reported)
Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months excluding 'don't know' and 'not applicable' responses (1,453)

Overall	Patients/service users	Managers	Other colleagues
35%	36%	30%	36%
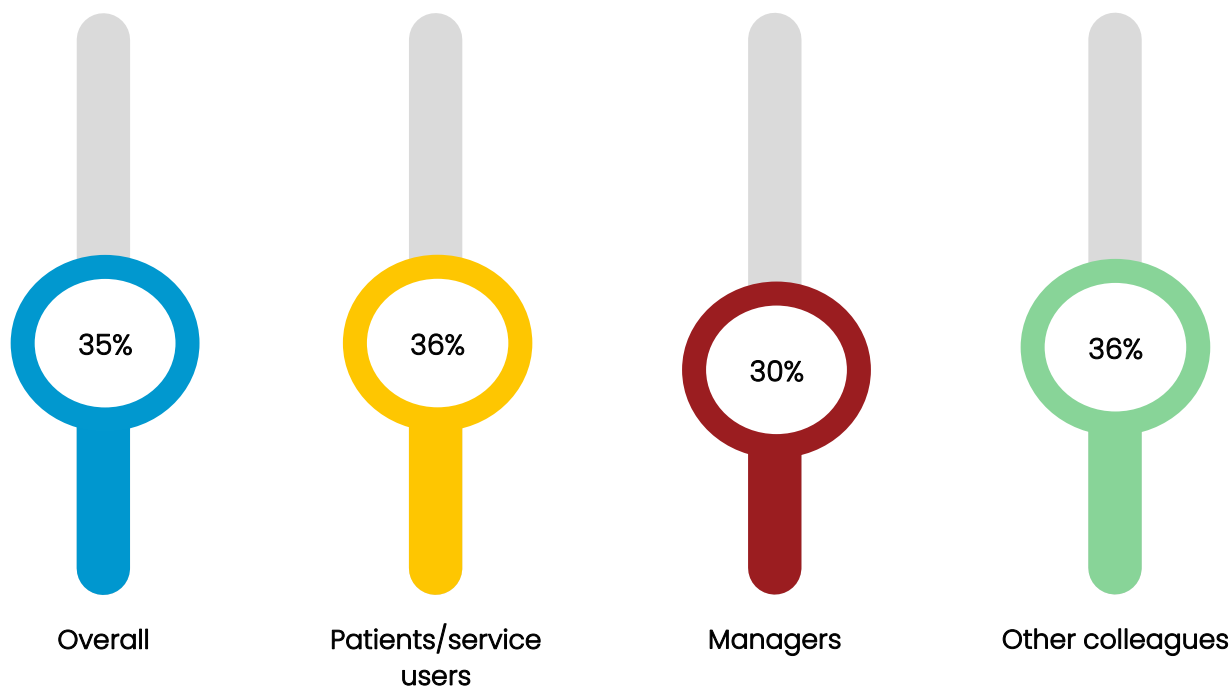
GOC registrants are still much less likely to report harassment, bullying or abuse than the national NHS average

Continuing the trend found in 2024, the proportion of GOC registrants reporting bullying, harassment or abuse is significantly lower than the national average found in this year's NHS Staff Survey. Again, it is interesting to note that GOC registrants are at the same time both more likely to experience harassment, bullying or abuse, but less likely to report it.

Figure 57 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2024
Base: GOC survey respondents (1,453), NHS Staff Survey 2024 (c.240k)

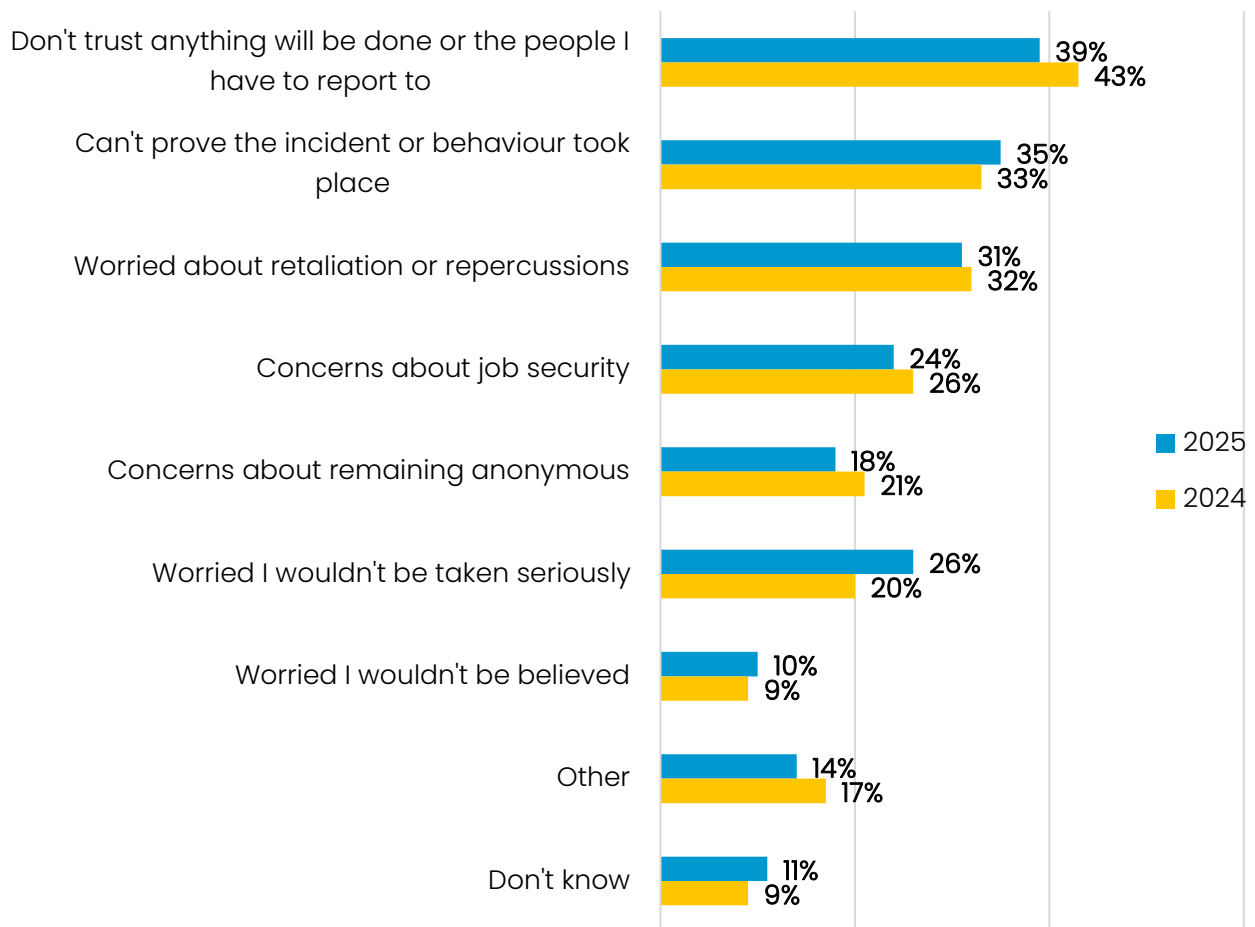| Harassment, bullying or abuse reported	This survey	NHS Staff Survey 2024
Yes (they or a colleague reported)	35%	54%

Lack of faith in the reporting process

The most common reason provided for choosing not to report harassment, bullying or abuse at work was **not trusting that anything would be done or the people they have to report to** (39%), closely followed by just over a third who said they couldn't prove the incident or behaviour took place (35%), and three in ten who were worried about retaliation or repercussions (31%). As shown in the chart below, reasons for not reporting are very similar to those collected in 2024.

Figure 58 – Reasons for not reporting harassment, bullying or abuse at work
Base: Those who had not reported it 2024 (1,231); 2025 (945)

'Other' reasons suggested by respondents for not reporting harassment, bullying, or abuse at work related to the opinion that the incidents were minor, part of the job, or not worth the hassle, while others lacked faith that reporting would lead to any meaningful action or feared negative consequences. Some also said they handled the issue themselves or had no one appropriate to report it to.

Discrimination

In total, **three in ten respondents (29%) had personally experienced some form of discrimination at work (or study for those in education) in the last 12 months.** This is similar to the result found in 2024 (31%).

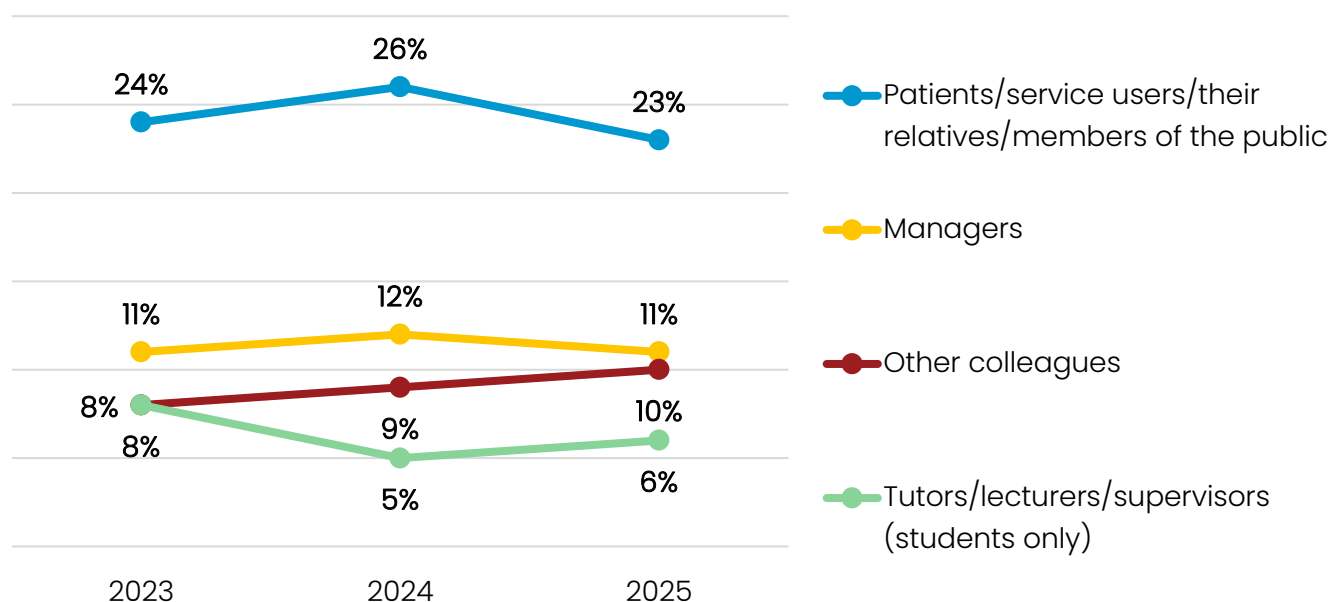## Discrimination is more likely to come from patients/service users

As found with harassment, bullying and abuse, **discrimination towards registrants is more likely to come from patients and service users, their relatives or other members of the public**, although to a lesser degree. Just under a quarter (23%) of respondents said they had at least one experience of this in the last 12 months.

Experiences of discrimination from managers, other colleagues, and tutors/lecturers/supervisors were less frequent.

Experiences of discrimination have been broadly consistent over the last three years.

Figure 59 – Personal experience of discrimination at work (or study) 2023 to 2025 (% at least one experience in the last 12 months)
Base: All respondents excluding full-time students and retired 2023 (3,557); 2024 (4,521); 2025 (3,774); Students 2023 (469); Students 2024 (509); Students 2025 (454)

GOC registrants are still more likely to experience this discrimination when compared with the national NHS average

Comparison with the latest annual NHS Staff Survey highlights again that **experience of discrimination from patients/service users, their relatives, or other members of the public and from managers or other colleagues is much more common amongst GOC registrants.**

Figure 60 – Experience of discrimination in the last 12 months – Comparison with NHS Staff Survey 2024
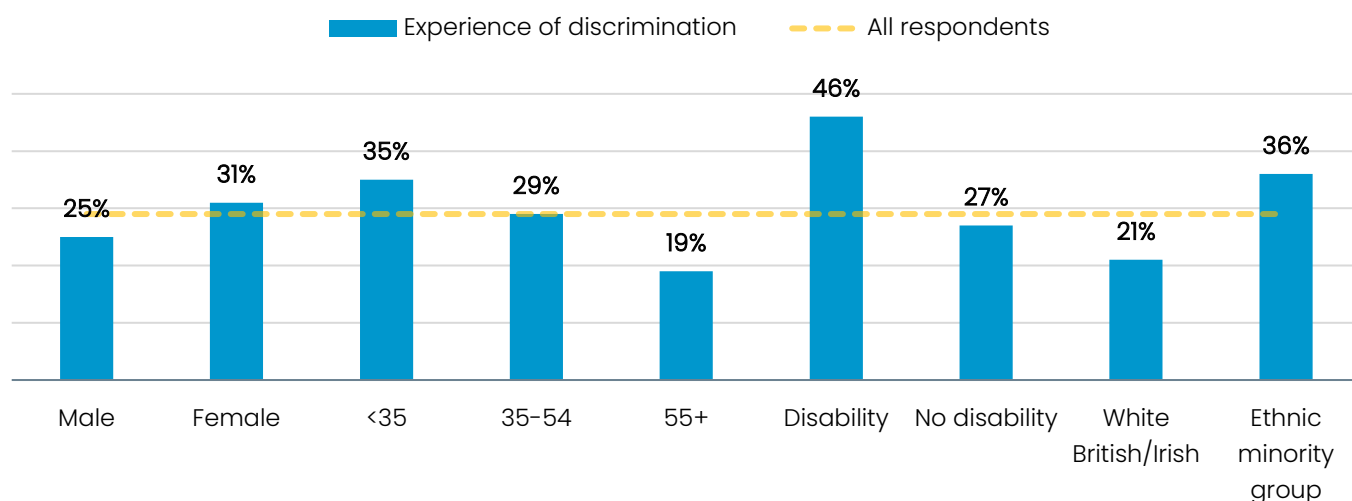Base: GOC survey respondents (3,774), NHS Staff Survey 2024 (c.740k)

Source of discrimination	This survey	NHS Staff Survey 2024
Patients/service users/relatives, other members of the public	23%	9%
Managers **or** other colleagues	15%	9%

The same demographic groups continue to be more likely to face discrimination

Mirroring the survey results from 2024, female respondents, respondents from younger age groups, those with a disability, and those from ethnic minority groups were all more likely to report experience of discrimination at work or study in the last 12 months.

Figure 61 – Experience of discrimination at work by gender, age group, disability, and ethnicity
Base: Male (1,228); Female (2,380); <35 (1,242); 35-54 (1,612); 55+ (792); Disability (228); No disability (3,320); White British/Irish (1,893); Ethnic minority group (1,575)

Experience of discrimination — All respondents

| Male	Female	<35	35-54	55+	Disability	No disability	White British/Irish	Ethnic minority group
25%	31%	35%	29%	19%	46%	27%	21%	36%

Influence on the ability to deliver sufficient care for patients

As with experiences of harassment, bullying or abuse, respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced discrimination at work. As found in 2024, this may indicate correlation between the negative experience of discrimination and the ability of registrants to deliver safe patient care.

Figure 62 – Experience of discrimination at work by experience of difficulties providing sufficient patient care
Base: Difficulties (1,158); No difficulties (2,157)
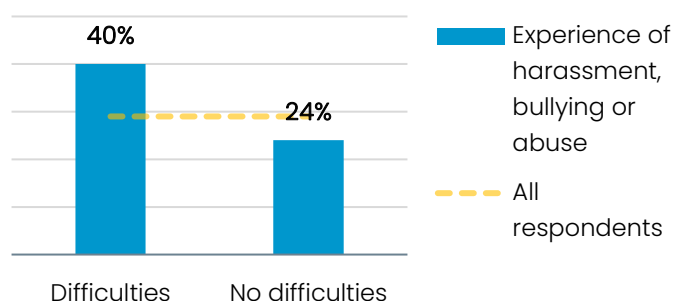
Racial, sexual, and age-related discrimination are most frequently reported

Just over two in five (42%) of those who had experienced discrimination specified that this was related to race. Other common forms of discrimination reported included age (30%), sex (24%), and religion or belief (20%). This result has remained largely static over the last three years.

Figure 63 – Types of discrimination experienced
Base: Those who had experienced discrimination in the last 12 months (1,088)
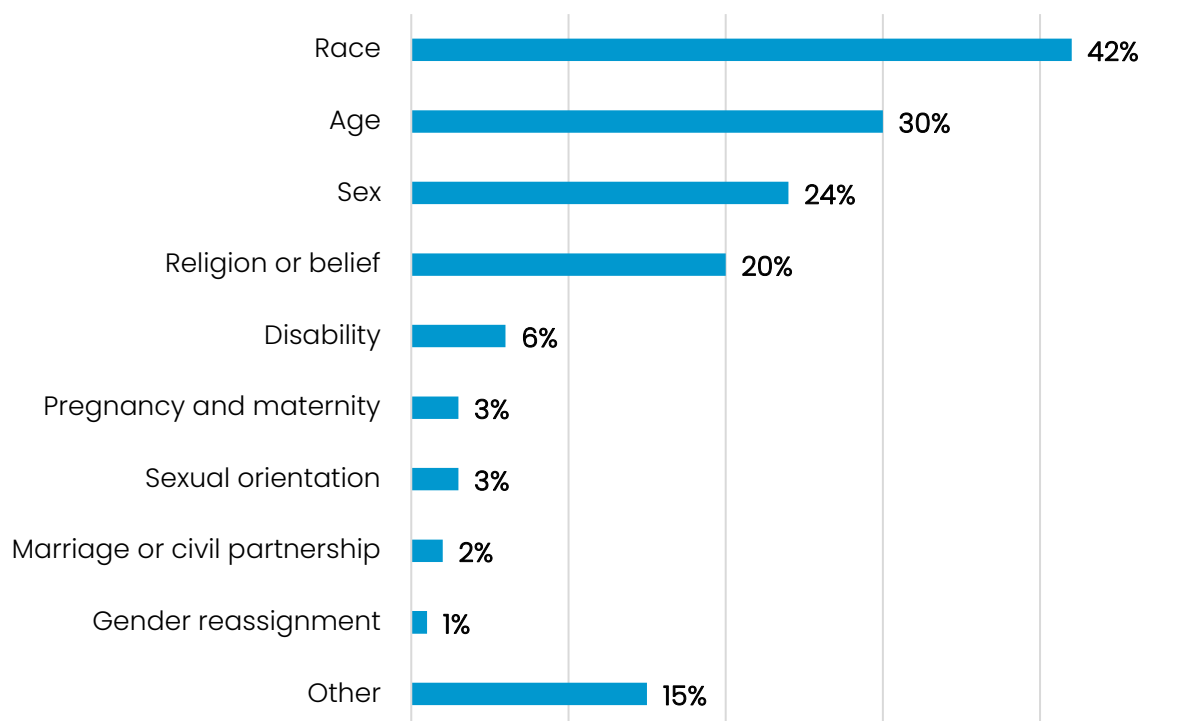
'Other' types of discrimination mentioned mainly related to professional status or role, employment type (e.g. being a locum, trainee, or part-time worker), and parental responsibilities or childcare needs. Respondents also cited mental health stigma, appearance-based comments, management style, and being treated differently due to national origin, job title, or qualifications.

Only a quarter of registrants reported experiences of discrimination

A quarter of respondents (25%) who had experienced discrimination at work in the last 12 months said they or a colleague had reported it, mirroring the result from 2024 (24%).

Reporting was only slightly more likely in the case of discrimination from other colleagues, but otherwise was consistent across different sources of discrimination.

Figure 64 – Reporting discrimination at work
Base: Those who had experience of discrimination at work in the last 12 months excluding 'don't know' and 'not applicable' responses (977)

| Overall	Patients/service users	Managers	Other colleagues
25%	26%	25%	29%
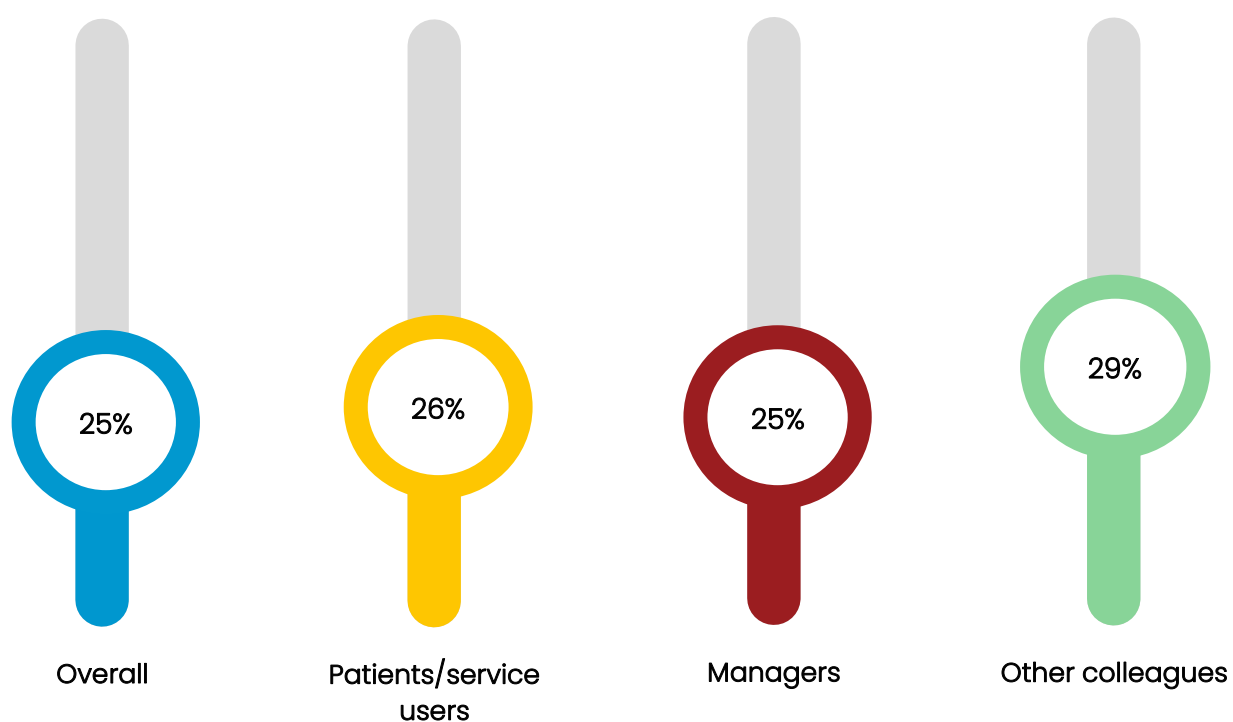
Lack of faith in the reporting process

As with experiences of harassment, bullying or abuse, the most common reason provided for choosing not to report discrimination at work was **not trusting that anything would be done or the people they have to report to** (39%).

Figure 65 – Reasons for not reporting discrimination at work
Base: Those who had not reported it (728)
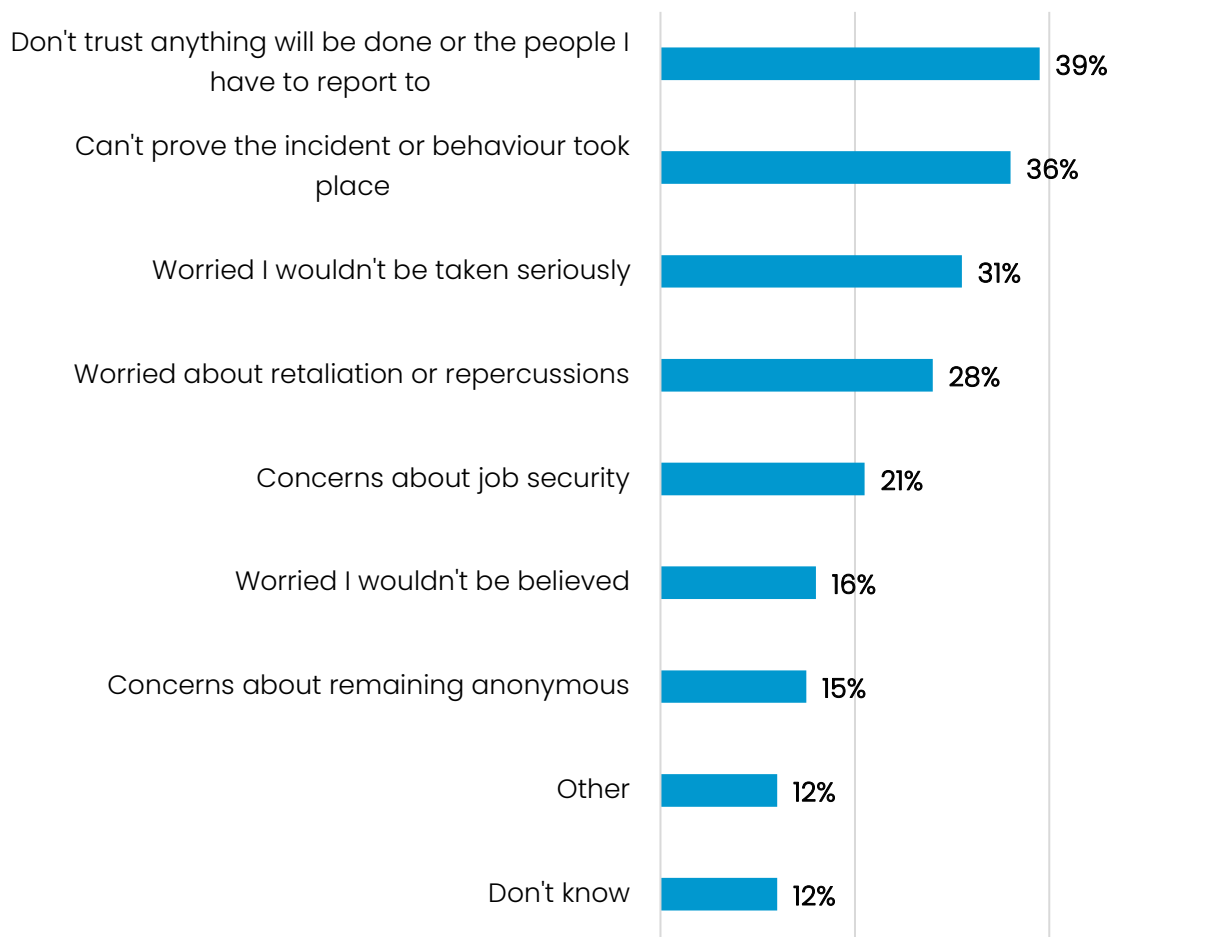
'Other' reasons suggested by respondents for not reporting discrimination related to the incident being seen as too minor, not serious, or just part of the job, especially when coming from patients. Many respondents said they handled the issue themselves, felt it wasn't worth the hassle, or had become desensitised to such behaviour over time. Others felt there was no clear reporting route, or believed nothing would change. Some mentioned that cultural norms, experience level, or role as a manager or business owner influenced their decision not to report.

Plans for the future

Consistency of immediate future career plans over the last three years

As found in previous years, the most popular immediate future career plan is to gain additional qualifications/skills (42%). However, significant proportions of respondents indicated that they planned to reduce their hours (28%), leave the profession (18%), retire (10%), or take a career break (8%), all of which would have an impact on the optical workforce.

This year's survey results are broadly consistent with previous years. However, **the proportion of respondents who plan to leave the profession has slowly increased over the last three years** from 14% to 18%, potentially signalling a return to the high of 26% recorded in 2021.

Figure 66 – Are you considering making any of the following changes to your career over the next 12-24 months?
Base: Those currently working 2025 (3,315); 2024 (4,049); 2023 (3,486); 2022 (3,647); 2021 (4,479)
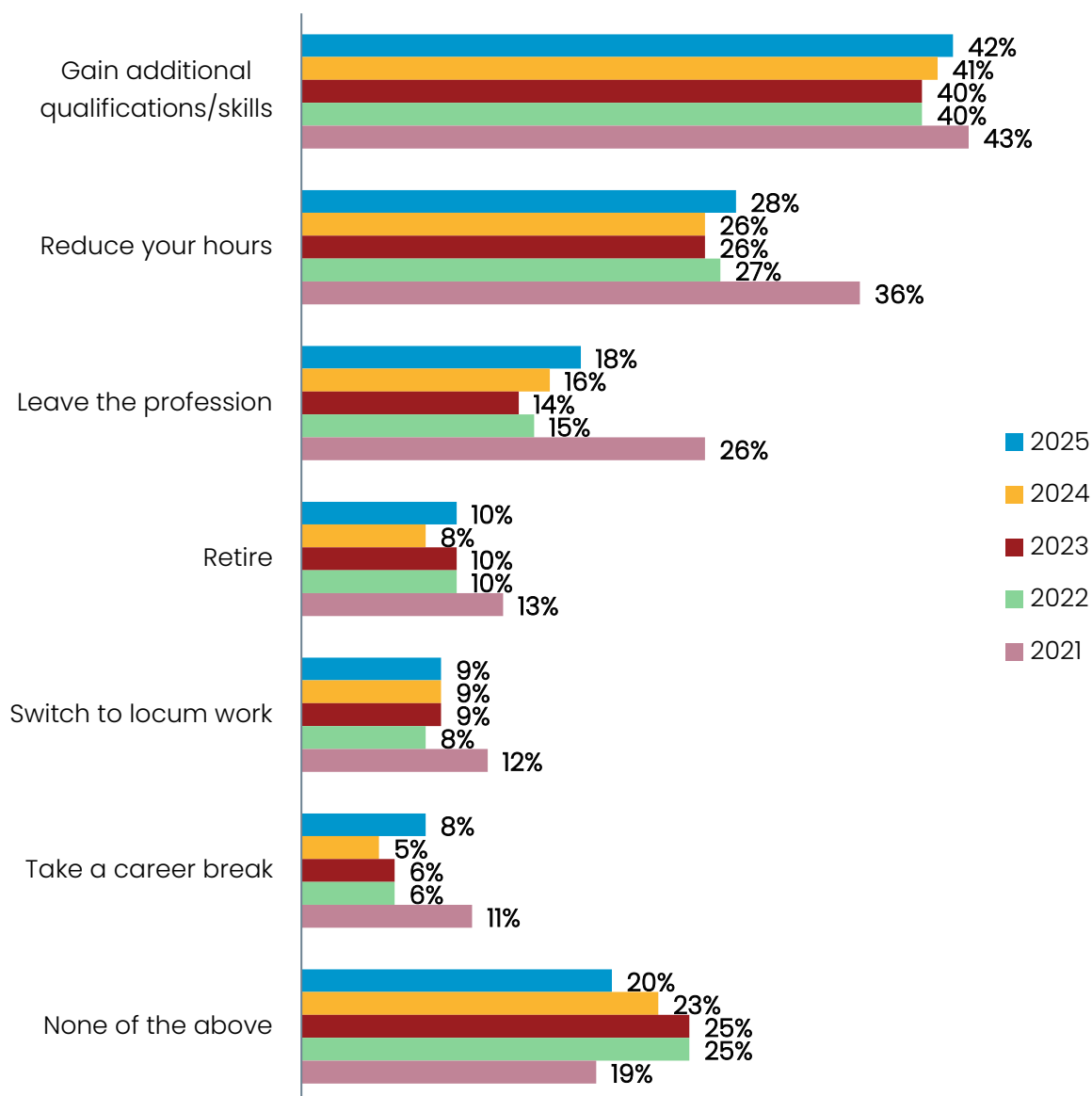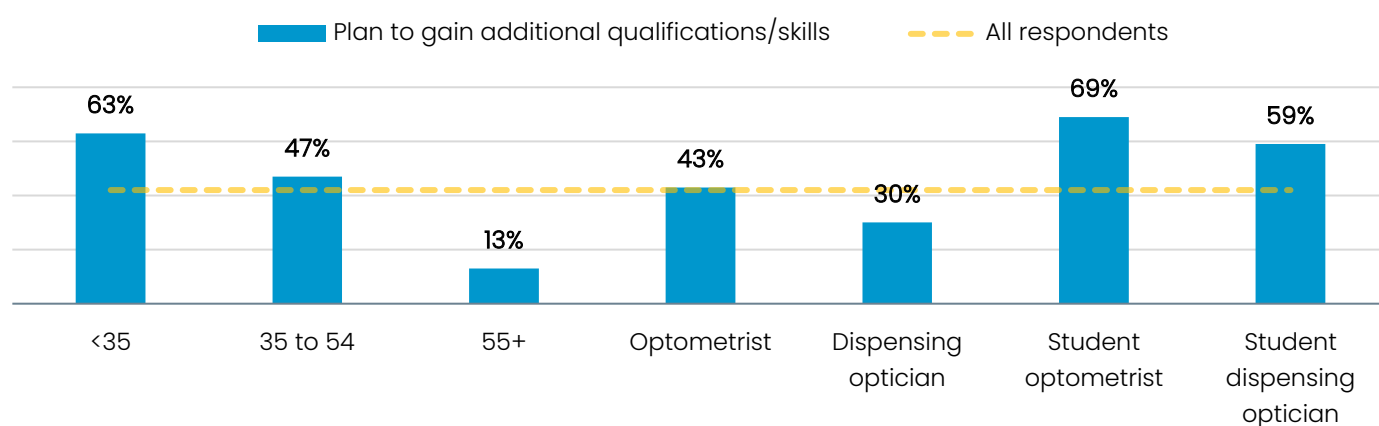
Gaining additional skills

More enthusiasm for gaining additional skills/qualifications amongst students and younger registrants

In line with previous years, there is significantly greater interest in gaining additional qualifications/skills in the next 12 months amongst younger respondents and optical students when compared with older respondents and fully qualified registrants, particularly dispensing opticians.

Figure 67 – Plan to gain additional qualifications/skills by age and registration type
Base: Aged <35 (888); 35-54 (1,525); 55+ (784); Optometrist (2,189); Dispensing optician (790); Student optometrist (196); Student dispensing optician (140)

Legend: Plan to gain additional qualifications/skills — — — All respondents

| Category	Value
<35	63%
35 to 54	47%
55+	13%
Optometrist	43%
Dispensing optician	30%
Student optometrist	69%
Student dispensing optician	59%

More interest in developing skills from those who already have additional qualifications and those working in hospital

As found in 2024, respondents with additional qualifications were more likely to plan to gain more. Analysis by workplace setting also shows that respondents based in a hospital setting were more likely to plan to gain additional qualifications or skills, particularly when compared with those working for an independent practice/as a sole practitioner.

Figure 68 – Plan to gain additional qualifications/skills by additional qualifications and workplace setting
Base: Additional qualifications (1,183); No additional qualifications (2,132); Independent/sole practitioner (1,318); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)

Legend: Plan to gain additional qualifications/skills — — — All respondents

| Category	Value
Additional qualifications	47%
No additional qualifications	40%
Independent/sole practitioner	37%
Multiple	47%
Hospital	54%
Domiciliary care	33%
Education/academia	47%
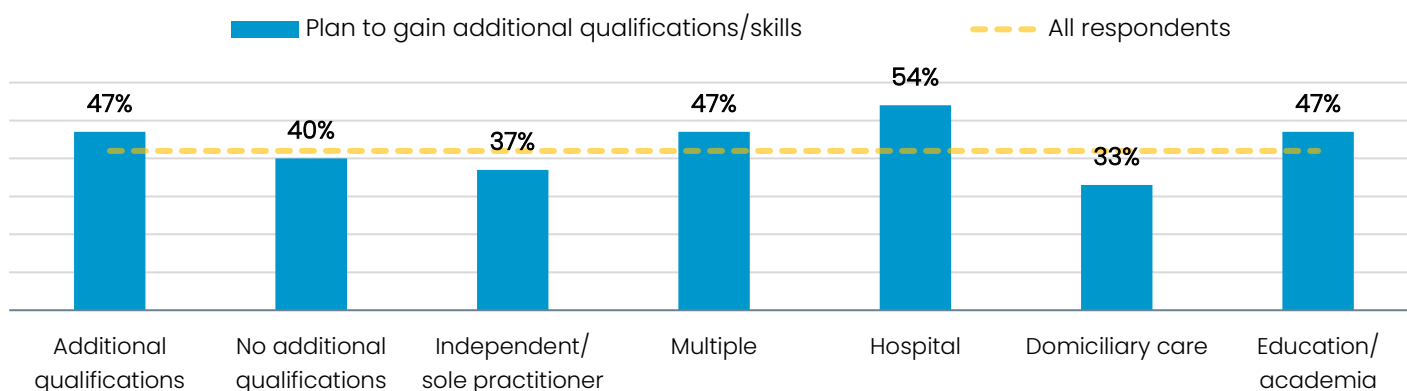
Interest in developing is lower amongst locums, part-time workers, and those who find it difficult to provide sufficient patient care

As also found in previous years, interest in gaining additional qualifications or skills was lower amongst those who worked as locums and those who worked part-time, possibly highlighting an issue with professional development in these areas.

Those who indicated that they found it difficult to provide patients with the sufficient level of care they need were also less likely to indicate that they planned to gain additional qualifications or skills.

Figure 69 – Plan to gain additional qualifications/skills by locum working, working status, and experience of difficulties providing sufficient patient care
Base: Locum work (774); No locum work (2,541); Full-time (1,558); Part-time (1,757); Difficulties providing sufficient patient care (1,158); No difficulties (2,157)
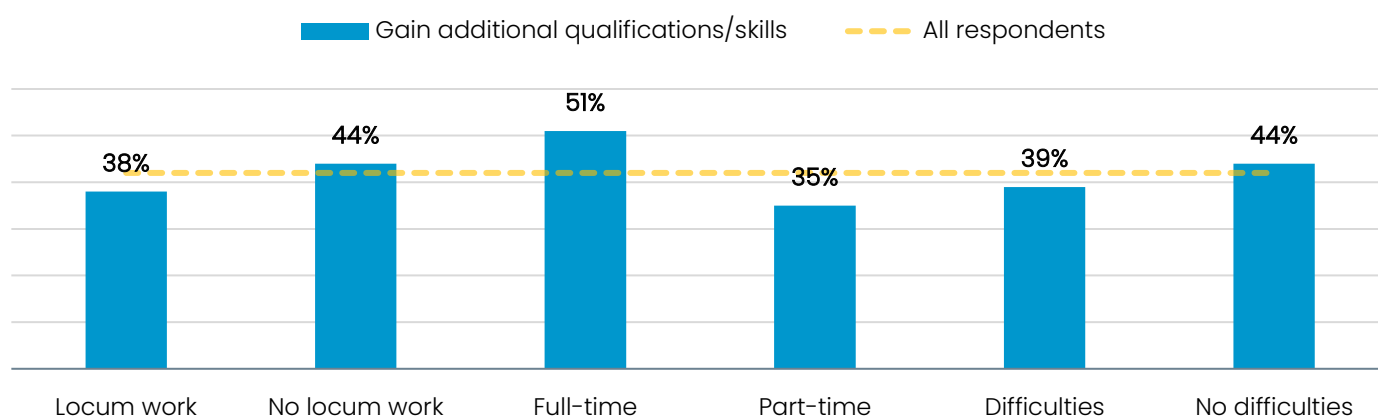
Popular areas of interest for development

The most popular areas for gaining additional qualifications/skills were **independent prescribing, glaucoma and medical retina**.

In comparison with previous year's results, there has been a continuous increase in levels of interest in glaucoma and paediatric eye care.

After an increase in 2024, interest in the contact lens speciality from dispensing opticians has returned to a similar level found in 2023.

Figure 70 – Areas of interest in gaining additional qualifications/skills
Base: Those who plan to gain additional qualifications/skills in the next 12-24 months 2025 (1,408); 2024 (1,653); 2023 (1,377)
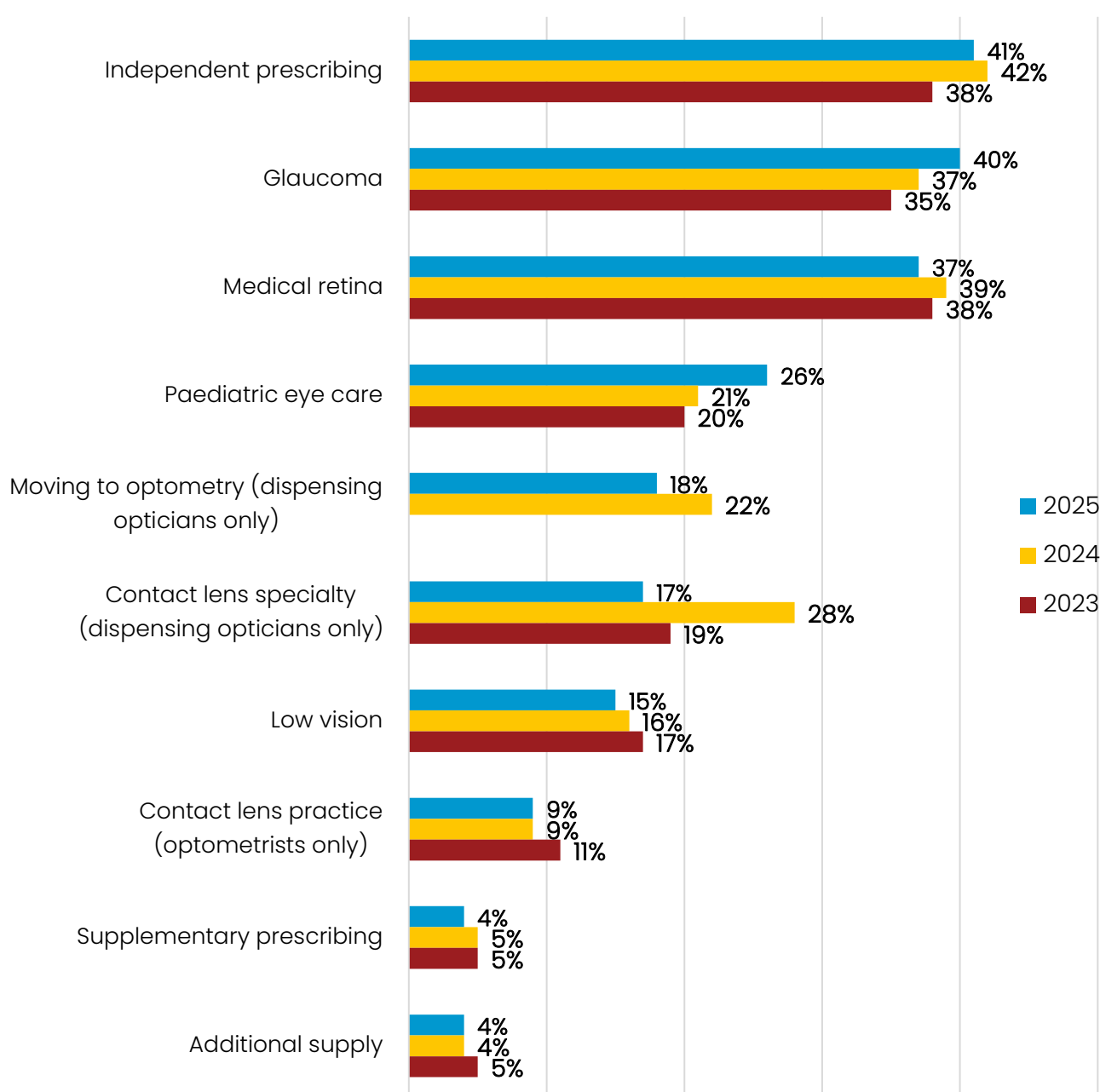
Plans to leave the profession

The same reasons are pushing registrants to consider leaving the profession
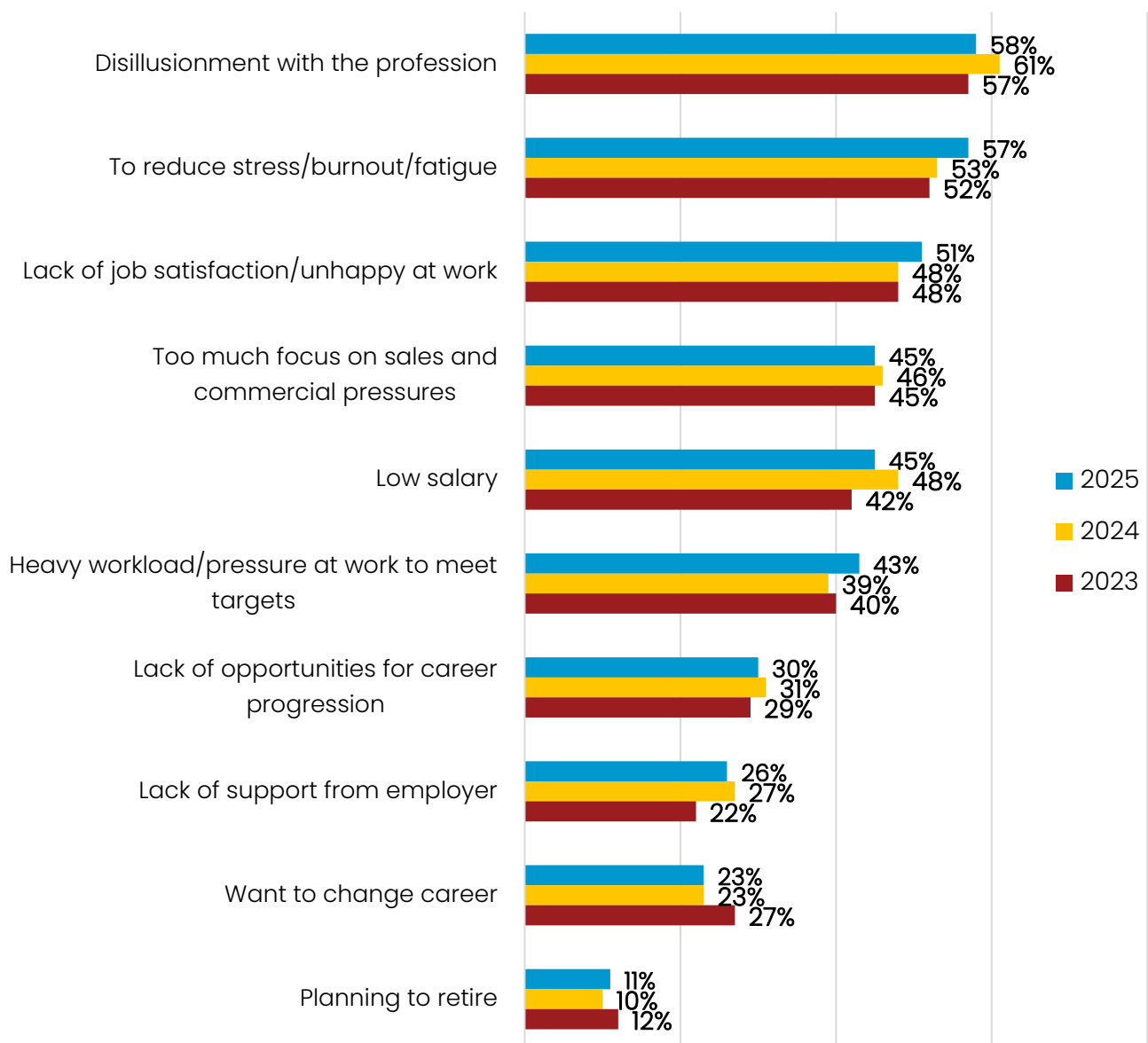
As found in previous years, a number of reasons for considering leaving the profession in the next 12-24 months were provided, suggesting that **there is not one clear issue driving this potential career change**. The most common reasons suggested included disillusionment with the profession, reducing stress, burnout and fatigue, lack of job satisfaction, too much focus on sales and commercial pressures, and low salaries.
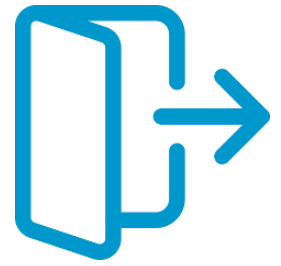
The proportion of respondents planning to leave to reduce stress, burnout and fatigue has steadily increased over the past three years of the survey.

Figure 71 – Reasons for planning to leave the profession
Base: Those who plan to leave the profession in the next 12-24 months 2025 (581); 2024 (628); 2023 (500)

| Reason	2025	2024	2023
Disillusionment with the profession	58%	61%	57%
To reduce stress/burnout/fatigue	57%	53%	52%
Lack of job satisfaction/unhappy at work	51%	48%	48%
Too much focus on sales and commercial pressures	45%	46%	45%
Low salary	45%	48%	42%
Heavy workload/pressure at work to meet targets	43%	39%	40%
Lack of opportunities for career progression	30%	31%	29%
Lack of support from employer	26%	27%	22%
Want to change career	23%	23%	27%
Planning to retire	11%	10%	12%

Dispensing opticians are more likely to consider leaving the profession, driven by low salaries

As found in 2024, **a larger proportion of dispensing opticians (22%) said they planned to leave the profession** in the next 12-24 months when compared with optometrists (18%).

By far the most common reason selected for planning to leave by dispensing opticians was **low salary**, particularly when compared with optometrists, a finding which has been present in the last three years.

Figure 72 – Planning to leave the profession due to low salary by registration type
Base: Those who plan to reduce leave the profession in the next 12-24 months (581)
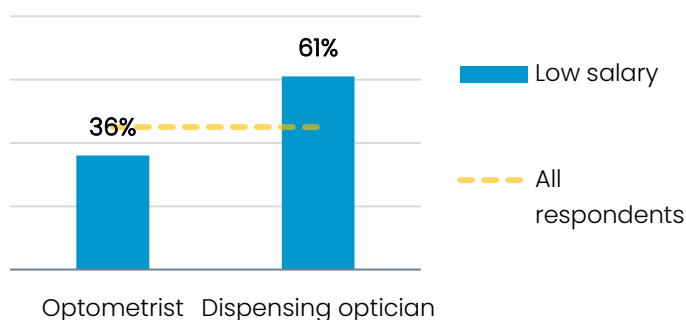

Those with no additional qualifications were also more likely to select low salary as a reason for considering leaving the profession (48%) when compared to those with additional qualifications (38%).

Locums are more likely to plan to leave the profession due to commercial pressures and lack of career progression opportunities

Figure 73 – Planning to leave the profession due to too much focus on sales and commercial pressures or lack of career progression opportunities by locum working
Base: Those who plan to leave the profession in the next 12-24 months - Locums (190); No locum work (392)
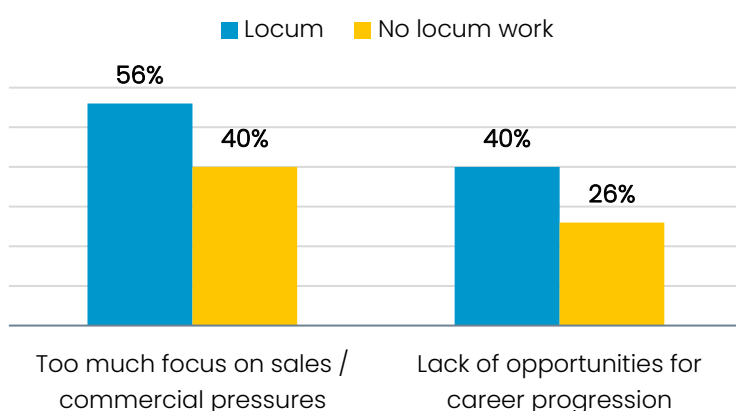
Those who worked as locums were **more likely to plan to leave the profession** in the next 12-24 months (24%) when compared with those who did no locum work (15%). As found in 2024, a main reason provided for this by locums was **too much focus on sales and commercial pressures**, in contrast to those who did not work as locums.

However, this year locums were also more likely to indicate that **lack of opportunities for career progression** was also leading them to this decision.

Larger proportions of optometrists (50%) and those working for a multiple (55%) also stated that they planned to leave the profession due to commercial pressures.

Registrants who struggle to provide patients with sufficient care are still more likely to plan to leave the profession

As found in 2024, **respondents who indicated that they found it difficult to provide patients with the sufficient level of care they need were significantly more likely to plan to leave the profession** in the next 12-24 months (31%) when compared with those who did not (10%).

These respondents were more likely to select almost all reasons for planning to leave the profession when compared with those who did not experience difficulties providing sufficient patient care, most notably **heavy workloads/pressure to meet targets, and too much focus on sales and commercial pressures**.

Figure 74 – Reasons for planning to leave the profession by difficulties providing sufficient patient care
Base: Difficulties (359); No difficulties (223)
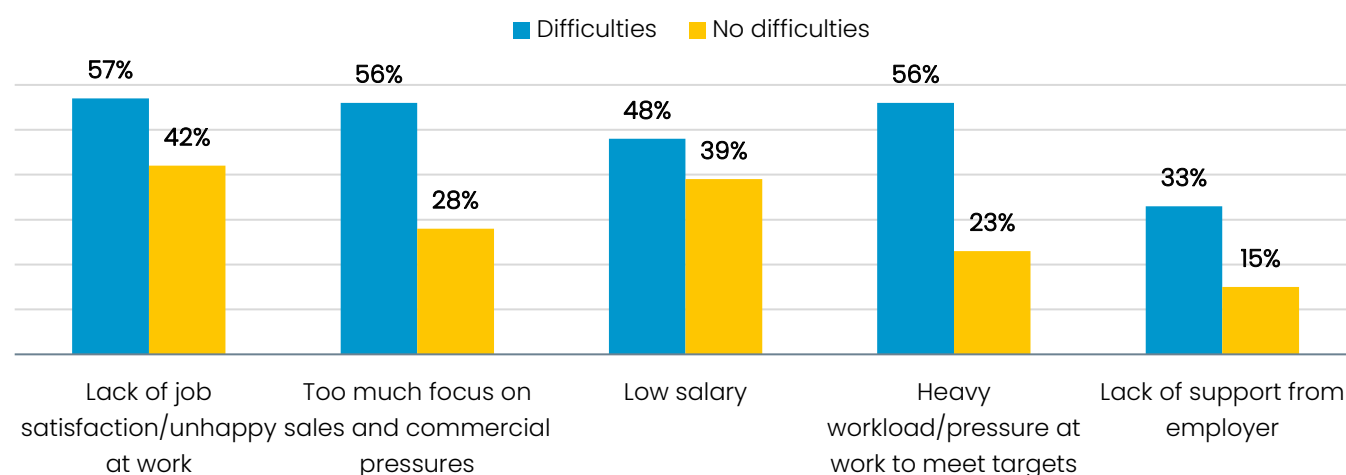
Career development

Opportunities to develop

Working respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about career development opportunities at their place of work.
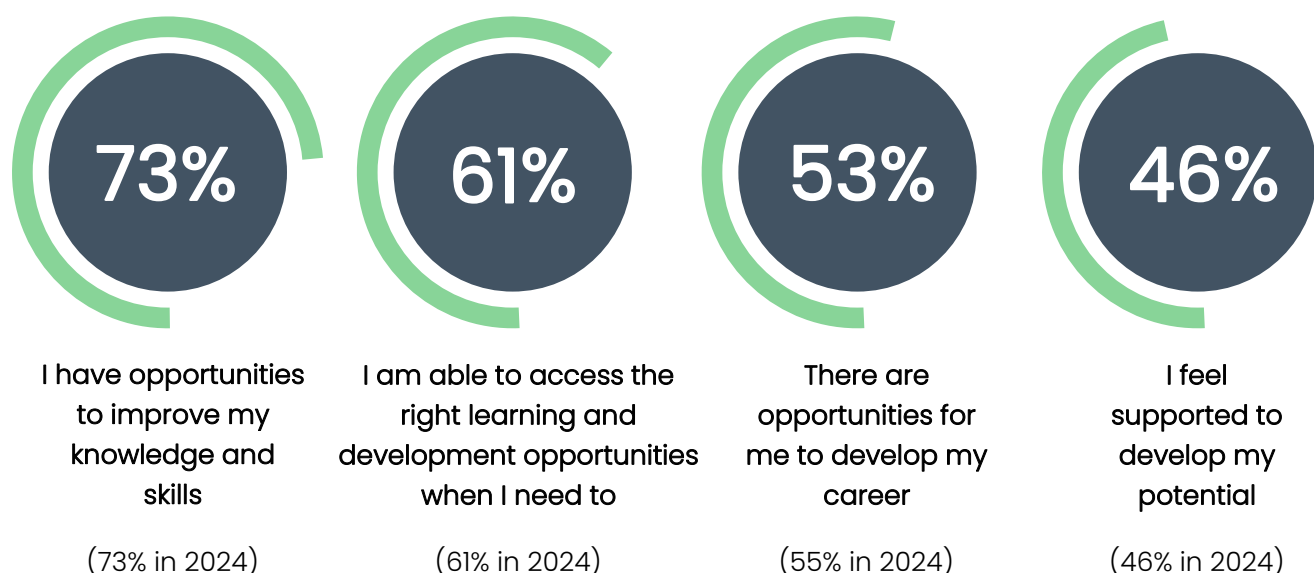
Registrants continue to feel enabled to develop their knowledge and skills, but less supported to develop their career and potential

This year's results are almost identical to those collected in 2024, with agreement highest in relation to having opportunities to specifically **improve knowledge and skills** (73%), followed by **being able to access the right learning and development opportunities when needed** (61%).

Just over half (53%) agreed that there are opportunities to develop their career at their place of work, but less than half (46%) agreed that they feel supported to develop their potential. Again, this suggests that development opportunities and support provided across workplaces may be **more focused on knowledge and skills rather than more general career development and progression.**

Figure 75 – Agreement with statements about development opportunities at work
Base: Working respondents (3,315)

73%	61%	53%	46%
I have opportunities to improve my knowledge and skills	I am able to access the right learning and development opportunities when I need to	There are opportunities for me to develop my career	I feel supported to develop my potential
(73% in 2024)	(61% in 2024)	(55% in 2024)	(46% in 2024)

Attitudes are mostly consistent with the NHS Staff Survey

When compared with the latest NHS Staff Survey results, as in 2024 there is a high level of consistency for three of the four statements. This comparison highlights that, although GOC registrants are similar to NHS staff in terms of having opportunities to develop their careers, to improve their knowledge and skills, and to access the right learning and development, they are less likely to feel supported to develop their potential.

Figure 76 – Agreement with statements about development opportunities at work compared with NHS Staff Survey

Base: Working respondents (3,315); NHS Staff Survey 2024 (c.738k)

| Statement about development opportunities at work	This survey	NHS Staff Survey 2024
There are opportunities for me to develop my career	53%	55%
I have opportunities to improve my knowledge and skills	73%	70%
I feel supported to develop my potential	46%	57%
I am able to access the right learning and development opportunities when I need to	61%	60%

Smaller proportions of those who work as locums (28%), those with a disability (35%), and those who find it difficult to provide patients with a sufficient level of care (27%) agreed that they felt supported to develop their potential, and therefore may be more significantly contributing to the disparity with the NHS Staff Survey results.

Optometrists continue to perceive better opportunities to develop when compared with dispensing opticians

As also found in 2024, optometrists are more likely to agree that they have opportunities to develop their career, improve their knowledge and skills, and access the right learning and development opportunities when compared with dispensing opticians.

Despite this, the level of agreement in relation to feeling supported to develop their potential was consistently lower for both registrant types when compared with student optometrists (78%) and student dispensing opticians (64%).

Figure 77 – Agreement with statements about development opportunities at work by registration type
Base: Optometrists (2,189); Dispensing opticians (790)
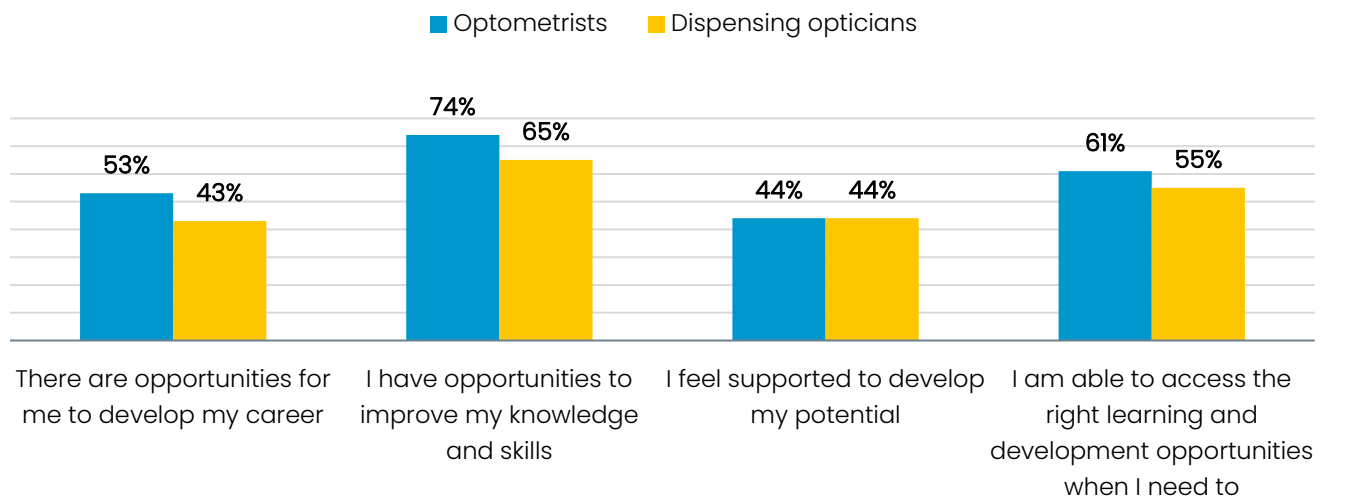
Hospital continues to be the best workplace setting for opportunities to develop

As found in 2024, those who worked in a hospital setting expressed more positive experiences of opportunities to develop, especially when compared with those who worked in independent practice or for a multiple. Those who worked in education/academia were also slightly more likely to agree that they had opportunities to develop their career.

Although there were differences by workplace for these statements, agreement continues to be consistent in relation to being able to access the right learning and development opportunities when needed across all workplace settings.

Figure 78 – Agreement with statements about development opportunities at work by workplace setting
Base: Independent/sole practitioner (1,318); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)
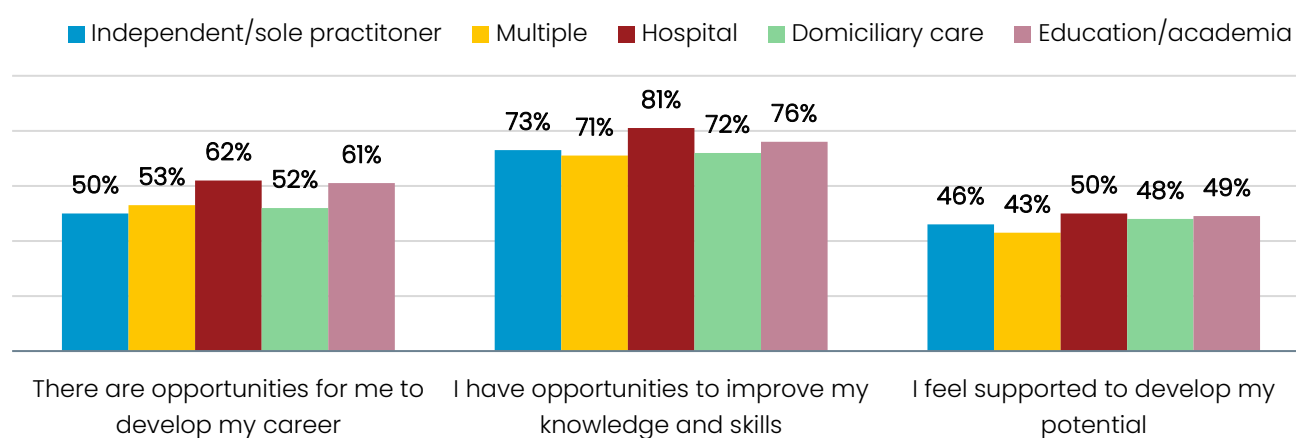
Locum workers see their career development opportunities as restricted

Again reflecting the findings from last year, for each statement, **those who worked as locums were less likely to agree** when compared with those who did no locum work, emphasising that locums see career development opportunities as restricted. Most significantly, locums were less likely to agree that they feel supported to develop their potential.

Figure 79 – Agreement with statements about development opportunities at work by locum working
Base: Locums (774); No locum work (2,541)
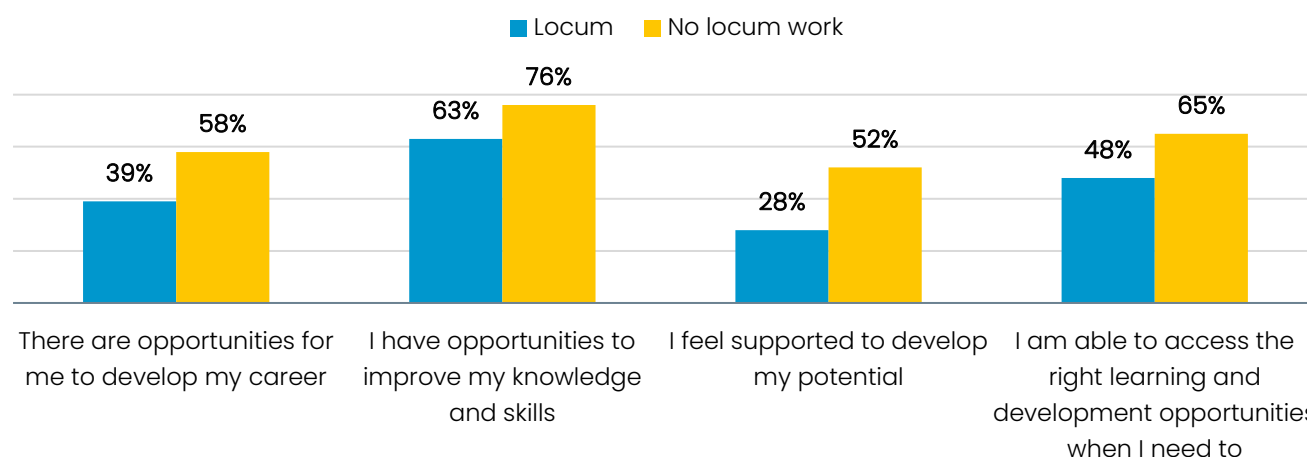
Greater career development opportunities in Wales

Showing more consistency with the 2024 survey results, **those who worked in Wales were more likely to agree with all statements about development opportunities**, highlighting that there may be better opportunities and support for career development in this area of the UK.

The map on the right shows the combined level of agreement across all four statements, highlighting that those who worked in England were less likely to agree in comparison.

Figure 80 – Agreement with statements about development opportunities at work by UK nation
Base: England (2,433); Wales (172); Scotland (326); Northern Ireland (103)
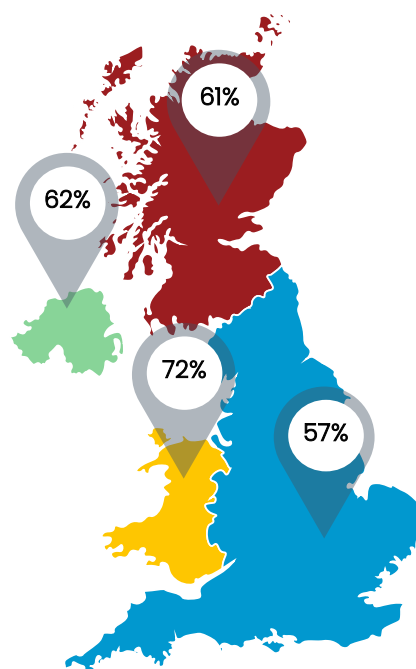
Speaking up

Increased levels of confidence speaking up about patient safety concerning an individual registrant

This year's results show **increased confidence in speaking up about patient safety concerning an individual GOC registrant to all authorities**.

As found in previous years, respondents feel most comfortable speaking up about patient safety concerning an individual GOC registrant to their manager or tutor (75%), closely followed by their employer or education provider (72%), highlighting that these authorities are likely to be the first port of call when raising a concern for most registrants.

Although in comparison a smaller proportion would feel comfortable speaking up about patient safety concerning an individual to the GOC (53%), this now represents over half of respondents, and shows a significant increase in confidence.

Figure 81 – Feeling comfortable speaking up about patient safety concerning an individual GOC registrant
Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)
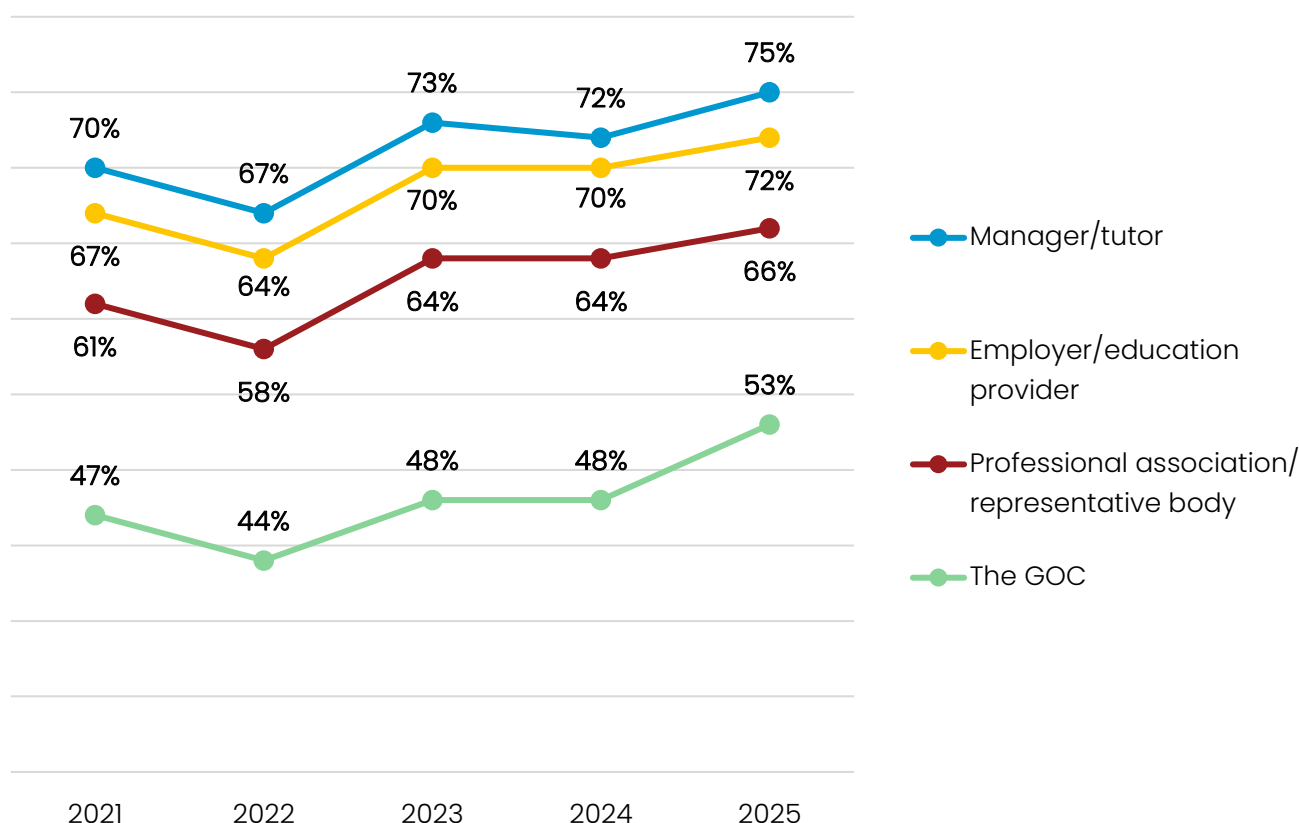
Increased levels of confidence speaking up about patient safety concerning an employer

As with issues relating to an individual registrant, in relation to **speaking up about patient safety concerning an employer, confidence levels have also increased**. For speaking up to managers/tutors, employers/education providers, and professional associations/representative bodies, confidence has returned to levels found in 2023.

However, **there has been a more significant increase in the proportion of respondents who said they would feel comfortable speaking up about patient safety concerning an employer to the GOC.**

Figure 82 – Feeling comfortable speaking up about patient safety concerning an employer
Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)
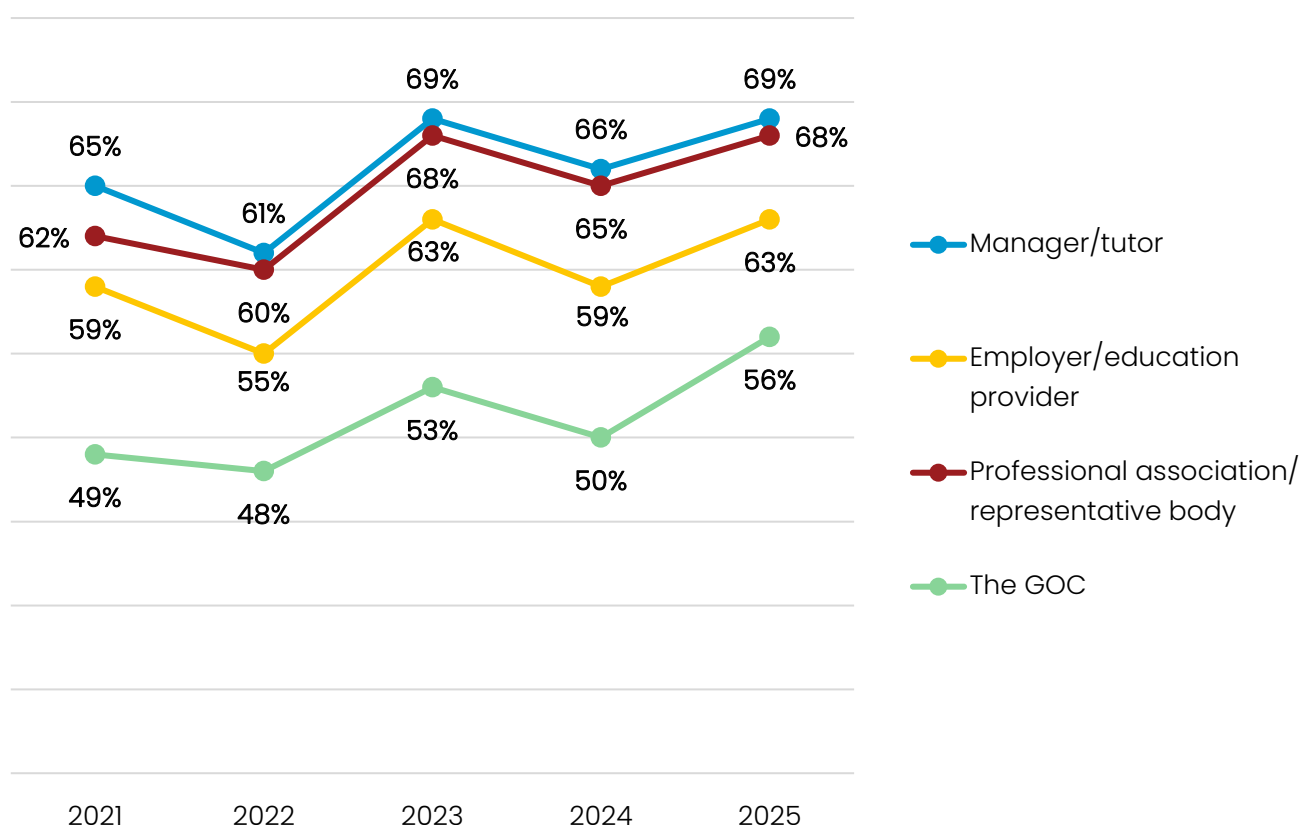
Increased confidence may be linked with attending CPD on speaking up

Respondents who had attended CPD on the topic of speaking up were more likely to indicate that they would feel comfortable speaking up about an individual GOC registrant or an employer to each different authority (e.g. manager, tutor, employer etc.) when compared with those who had not attended this type of CPD. This finding is likely to explain why confidence levels relating to speaking up about patient safety have increased.

Analysis of this result can be found in the **CPD topics** chapter of this report.

Optometrists and locums are still less likely to feel comfortable about speaking up

As found in 2024, optometrists are less likely to feel comfortable speaking up about patient safety concerning either an individual or an employer to all authorities when compared with dispensing opticians, student optometrists, and student dispensing opticians.

Again, with the exception of speaking up to a professional association or representative body, locums are also less likely to feel comfortable in the same way.

Newer registrants continue to feel more comfortable about speaking up

Those newer to the GOC register are still more likely to feel comfortable speaking up about patient safety related to individual registrants or employers when compared with more established registrants with 3+ years on the register.

Figure 83 – Feeling comfortable speaking up about an individual GOC registrant or employer by registration type and locum work

Base: Optometrist (2,213); Dispensing optician (794); Student optometrist (573); Student dispensing optician (147); Locum worker (768); No locum work (2,511)
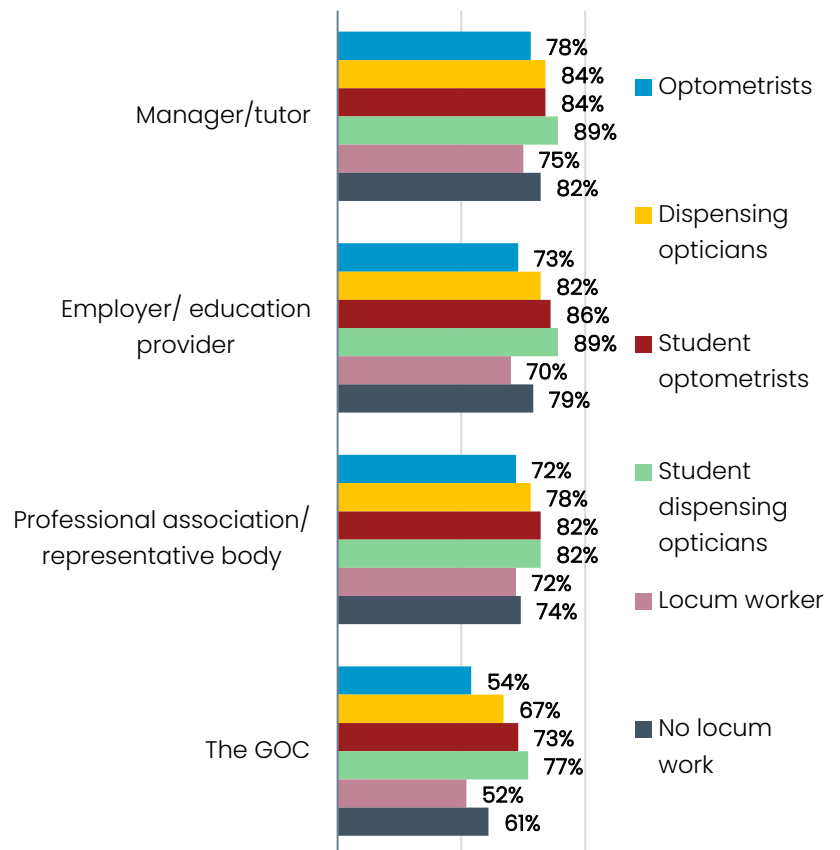
Figure 84 – Feeling comfortable speaking up about an individual GOC registrant or employer by length of time on GOC register

Base: <2 years (678); 3-5 years (465); 6-20 years (1,123); 21+ years (1,246)
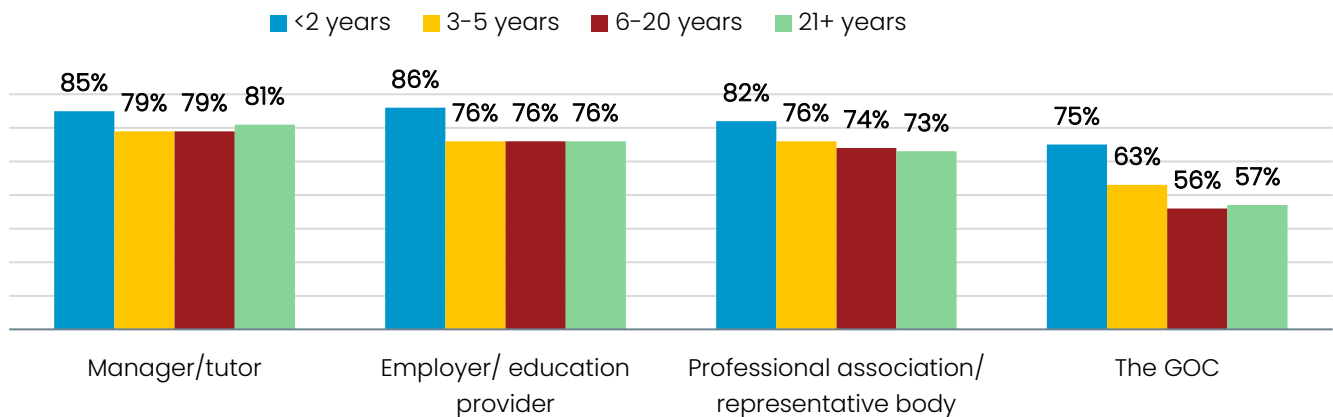
Concerns about fear of negative repercussions discourage speaking up

The most common reasons cited for not feeling comfortable speaking up about both an individual GOC registrant and an employer relate to fear of negative repercussions. Over a third of respondents (39% for individuals, 34% for employers) said they were concerned about alienating themselves from colleagues. Notably, **over half (51%) felt that speaking up about an employer might jeopardise their job**, the highest single response to this question, compared to 34% for individuals.

Similarly, concerns about being seen as a troublemaker (30% for both) and scepticism that corrective action would be taken (30% for individuals, 34% for employers) were also significant barriers.

Less commonly cited reasons included not knowing who to contact, believing it wasn't their business, or assuming the issue was already known or not serious. These lower percentages suggest that personal and professional risks, rather than lack of awareness or clarity, are the primary deterrents to speaking up.

Figure 85 – Reasons for not feeling comfortable speaking up about patient safety concerning an individual GOC registrant/an employer

Base: Those who did not feel comfortable speaking up about: a registrant (1,608); an employer (1,566)
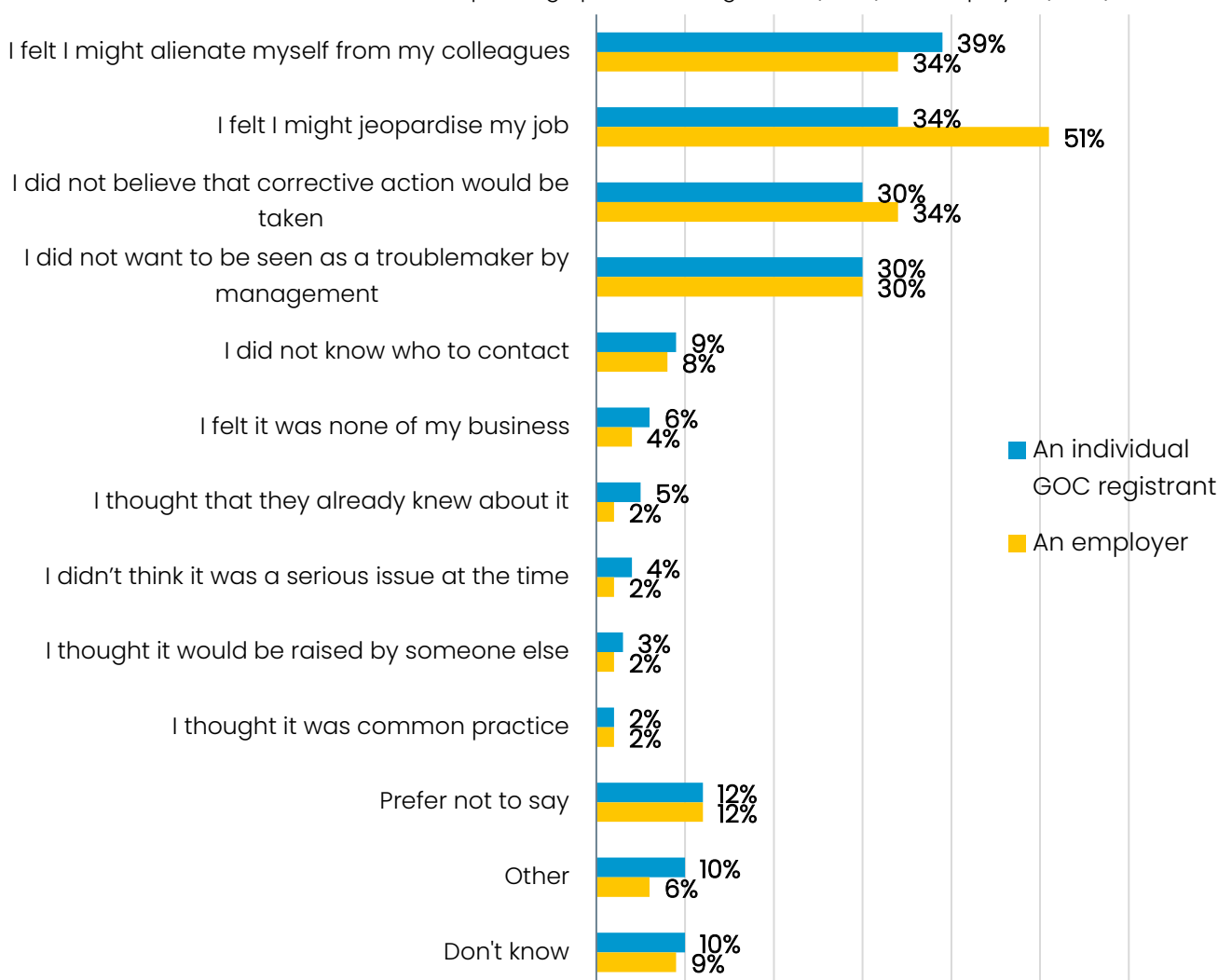
Consumer complaints

Awareness of the OCCS has fallen

After a fall in 2024, this year shows a **return to previous levels of awareness of the Optical Consumer Complaints Service (OCCS) at 57%**.

Figure 86 – Awareness of the Optical Consumer Complaints Service (OCCS)
Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)
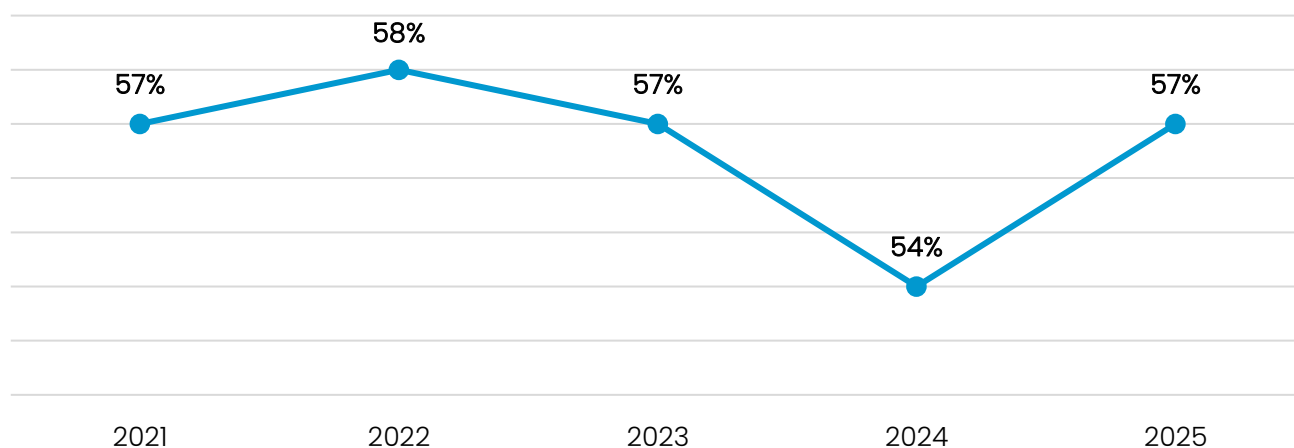
Student optometrists and those newer to the register are less likely to be aware

A number of subgroups were less likely to be aware of the OCCS, including student optometrists and those newer to the GOC register. Additionally, those who worked for a multiple were less likely to be aware of the OCCS when compared with other workplace settings.

Figure 87 – Awareness of the Optical Consumer Complaints Service (OCCS) by registration type, length of registration, and workplace setting
Base: Optometrist (2,254); Dispensing optician (808); Student optometrist (587); Student dispensing optician (148); Registererd 5 years or less (1,169); 6-20 years (1,179); 21+ years (1,439); Multiple (1,919)
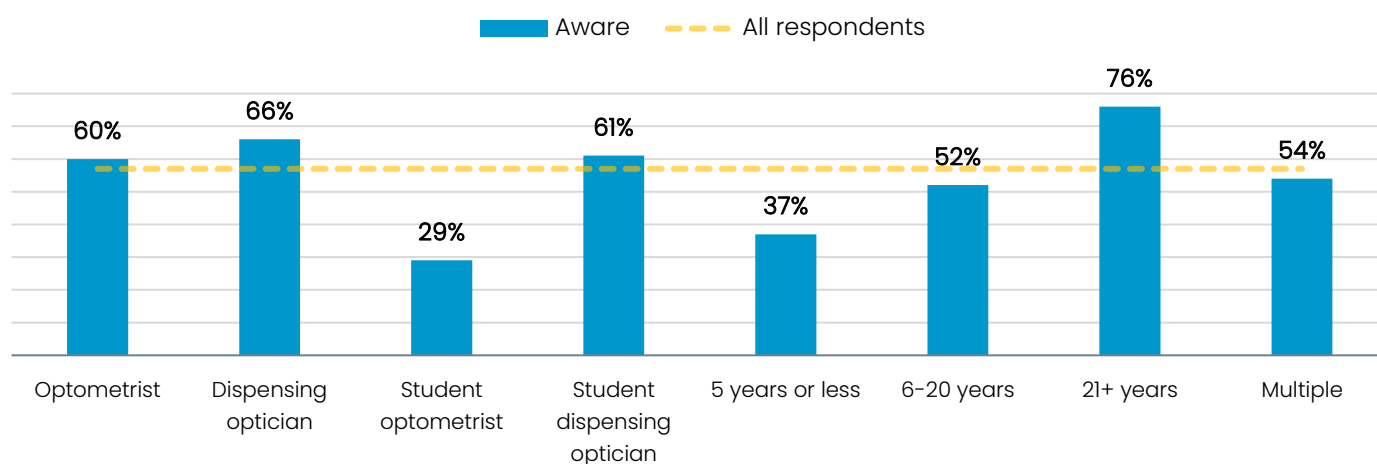
Continuing Professional Development

CPD scheme activities

The majority of registrants are confident completing CPD activities during the cycle

This year's results show that **the majority of respondents are confident at completing the requirements of the new Continuing Professional Development (CPD) cycle**, including their personal development plan, a reflective statement after each CPD activity, peer review, and a reflective exercise with a peer.

Figure 88 – Confidence at completing activities during the CPD cycle (% confident)
Base: All respondents excluding students (3,063)

69%

At the beginning of the cycle, completing your **personal development plan (PDP)** which sets out your CPD activity over the next three years

68%

During the cycle, completing a short written **reflective statement** after each CPD activity to capture learning

During the cycle, participating in a **peer review activity** where you reflect and discuss learning with your peers

85%

73%

Towards the end of the cycle, completing a **reflective exercise with a peer** to review your progress over the last three years against your PDP

Confidence at completing CPD activities has increased over the last three years

After small increases in confidence at completing CPD activities during the cycle were recorded between 2023 and 2024, this year's results show more substantial increases for all activities. In particular, there has been **a significant increase in confidence amongst respondents when completing a reflective exercise with a peer**.

Figure 89 – Confidence at completing activities during the CPD cycle (% confident) – 2023 to 2025
Base: All respondents excluding students 2023 (3,167); 2024 (3,686); 2025 (3,063)
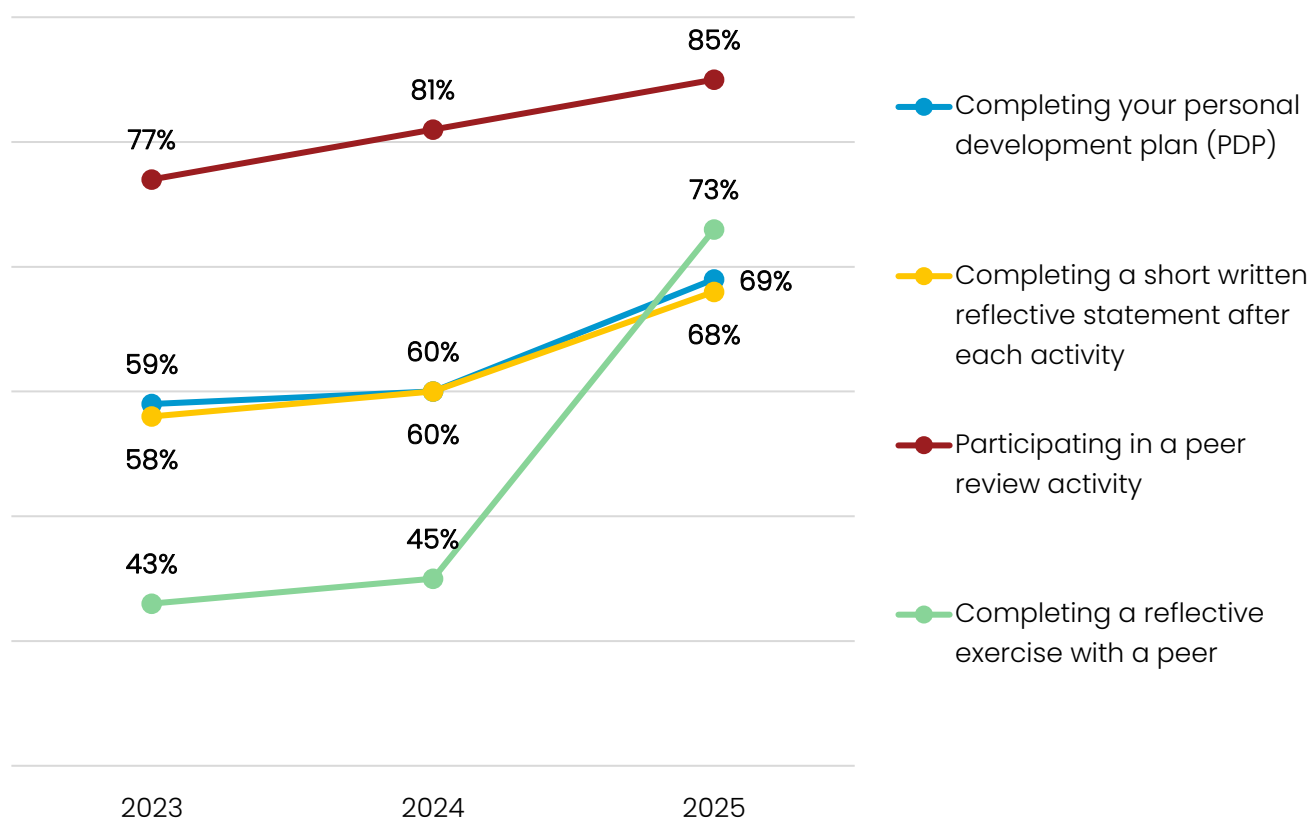
Confidence at completing self-directed CPD continues to increase

Over half of respondents (52%) indicated that they felt confident undertaking self-directed CPD. This represents a continuing increase in confidence over the last three years.

As found in 2024, confidence at completing self-directed CPD continues to be slightly lower for dispensing opticians (46%) when compared with optometrists (54%).

Figure 90 – Confidence completing self-directed CPD (% confident) – 2023 to 2025
Base: All respondents excluding students 2025 (3,063); 2024 (3,686); 2023 (3,167)
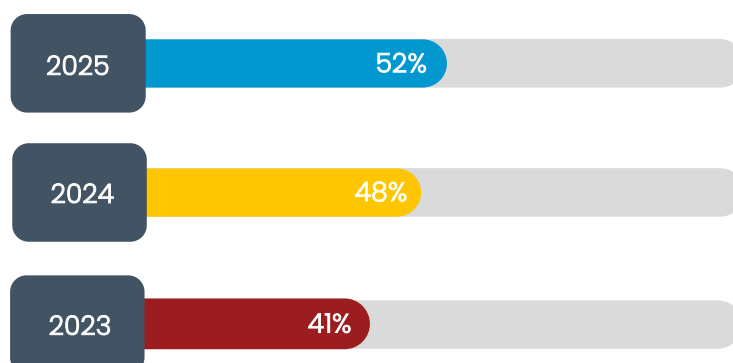
CPD topics

Continued low attendance at CPD relating to workplace issues

As seen in 2024, **small proportions of respondents had attended CPD (provider-led or self-directed) to learn about addressing bullying, harassment and discrimination, health disparities and inequalities, exploring personal biases and biases of others, and speaking up** within the latest CPD cycle.

Figure 91 – Attendance at CPD on specific topics within the latest CPD cycle
Base: All respondents excluding students (3,063)
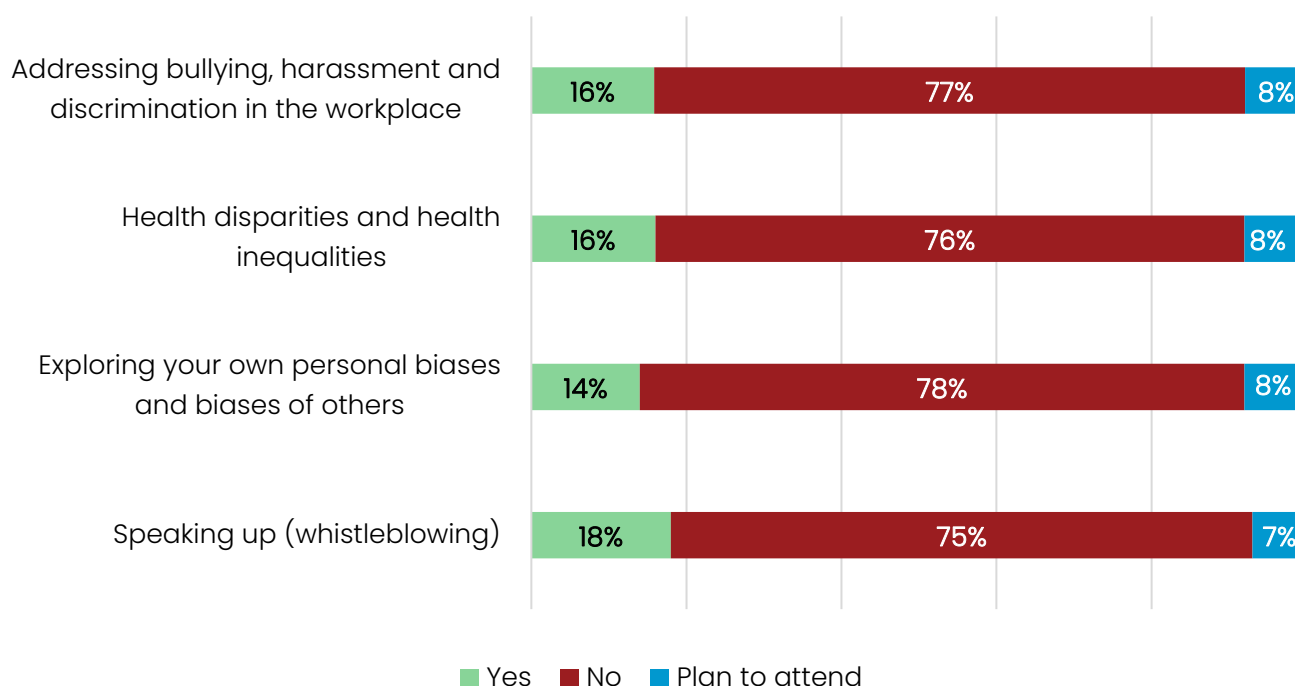
Although the majority had not attended CPD on these topics, **small increases in the proportions who said they plan to attend this type of CPD** can be seen when compared with last year's results.

Figure 92 – Attendance at CPD on specific topics within the latest CPD cycle – 2024 to 2025
Base: All respondents excluding students (3,063)

CPD topic	Response	2024	2025	Difference (% pts)
Addressing bullying, harassment and discrimination in the workplace	Yes	13%	16%	+3
	No	84%	77%	−7
	Plan to attend	4%	8%	+4
Health disparities and health inequalities	Yes	17%	16%	+1
	No	80%	76%	−4
	Plan to attend	3%	8%	+5

CPD topic	Response	2024	2025	Difference (% pts)
Exploring your own personal biases and biases of others	Yes	17%	14%	–3
	No	79%	78%	–1
	Plan to attend	4%	8%	+4
Speaking up (whistleblowing)	Yes	18%	18%	–
	No	78%	75%	–3
	Plan to attend	4%	7%	+3

Attendance at CPD on the topic of addressing bullying, harassment and discrimination in the workplace leads to increased likelihood of reporting discrimination

Respondents who had attended CPD on the topic of addressing bullying, harassment and discrimination in the workplace were more likely to have personally reported their experiences of discrimination when compared with those who had not attended this type of CPD. However, no significant difference is seen for those who personally reported their experiences of harassment, bullying or abuse.

Figure 93 – Personally reporting harassment, bullying or abuse/discrimination by attendance at CPD on the topic of Addressing bullying, harassment and discrimination in the workplace
Base: Attended (476); Not attended (2,355)
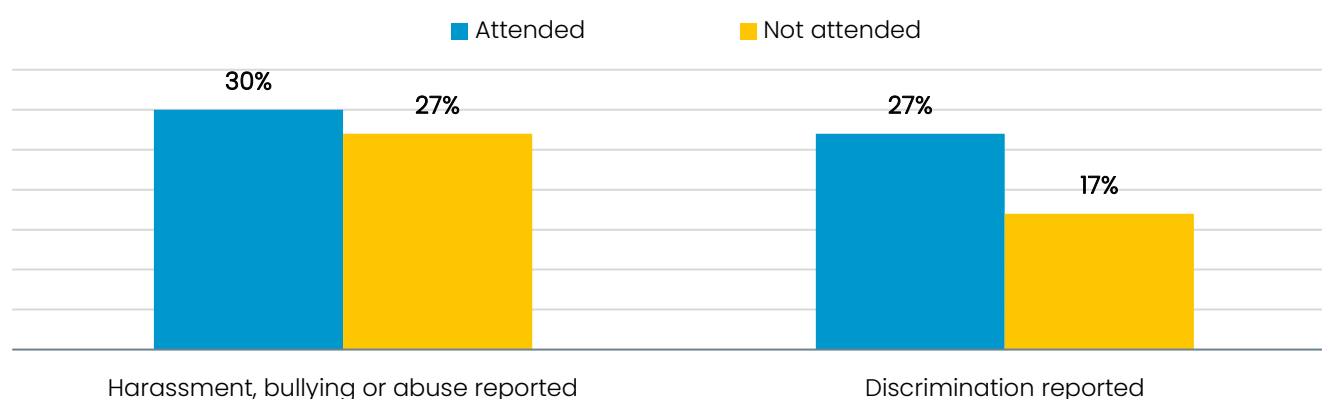
Attendance at CPD on the topic of speaking up continues to improve feeling comfortable about speaking up

As found in 2025, respondents who had attended CPD on the topic of speaking up were more likely to indicate that they would feel comfortable speaking up about an individual GOC registrant or an employer to each different authority (e.g. manager, tutor, employer etc.) when compared with those who had not attended this type of CPD. Once again, this emphasises the positive

impact of attending CPD on this topic, and is likely the reason behind increased levels of feeling comfortable speaking up overall.

Figure 94 – Feeling comfortable speaking up about an individual GOC registrant or employer by attendance at CPD on the topic of speaking up (% comfortable)
Base: Attended (552); Not attended (2,307)
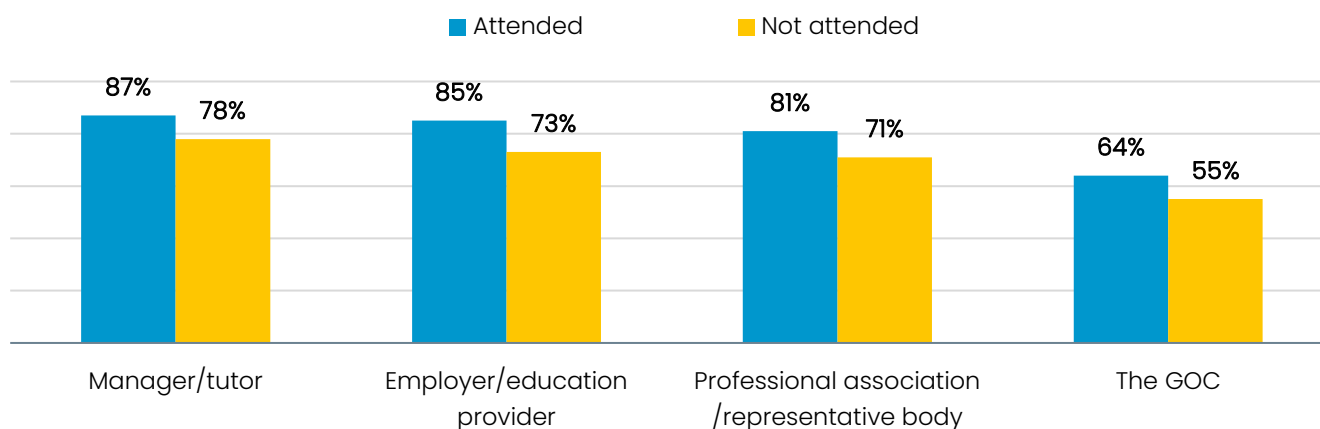
Some interest in CPD about AI, particularly amongst optometrists

New for this year's survey, one in seven respondents (14%) said they had attended CPD on the topic of AI within the latest CPD cycle, and the same proportion (14%) said they planned to attend CPD on this topic. Optometrists were more likely to have attended CPD on AI when compared with dispensing opticians.

Figure 95 – Attendance at CPD on the topic of AI within the latest CPD cycle
Base: All respondents excluding students (3,063); Optometrists (2,254); Dispensing opticians (808)
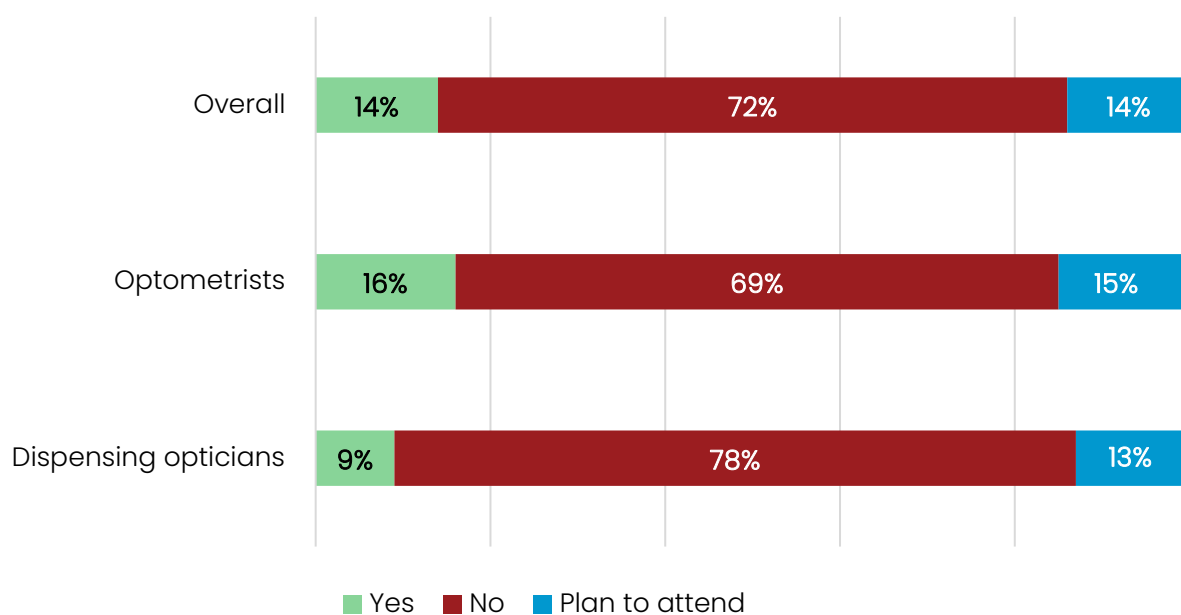
CPD points requirement

Although most registrants think the points requirement is about right, some feel it is too high

Almost three quarters (72%) of respondents thought that the number of points required over the three-year CPD cycle was about right. However, one in five (21%) thought the number of points required was too much.

A number of subgroups were more likely to think that the number of points required was too much, including dispensing opticians, those who worked full-time, and those who worked as locums. Although results were consistent between the UK nations, it is interesting to note that respondents living in London were also more likely to think that the number of points required was too much.

Figure 96 – Opinion on the number of points required over the three-year CPD cycle
Base: All respondents excluding students (3,063); Optometrists (2,254); Dispensing opticians (808); Full-time (1,322); Part-time (1,656); Locum work (773); No locum work (2,205); London (308)
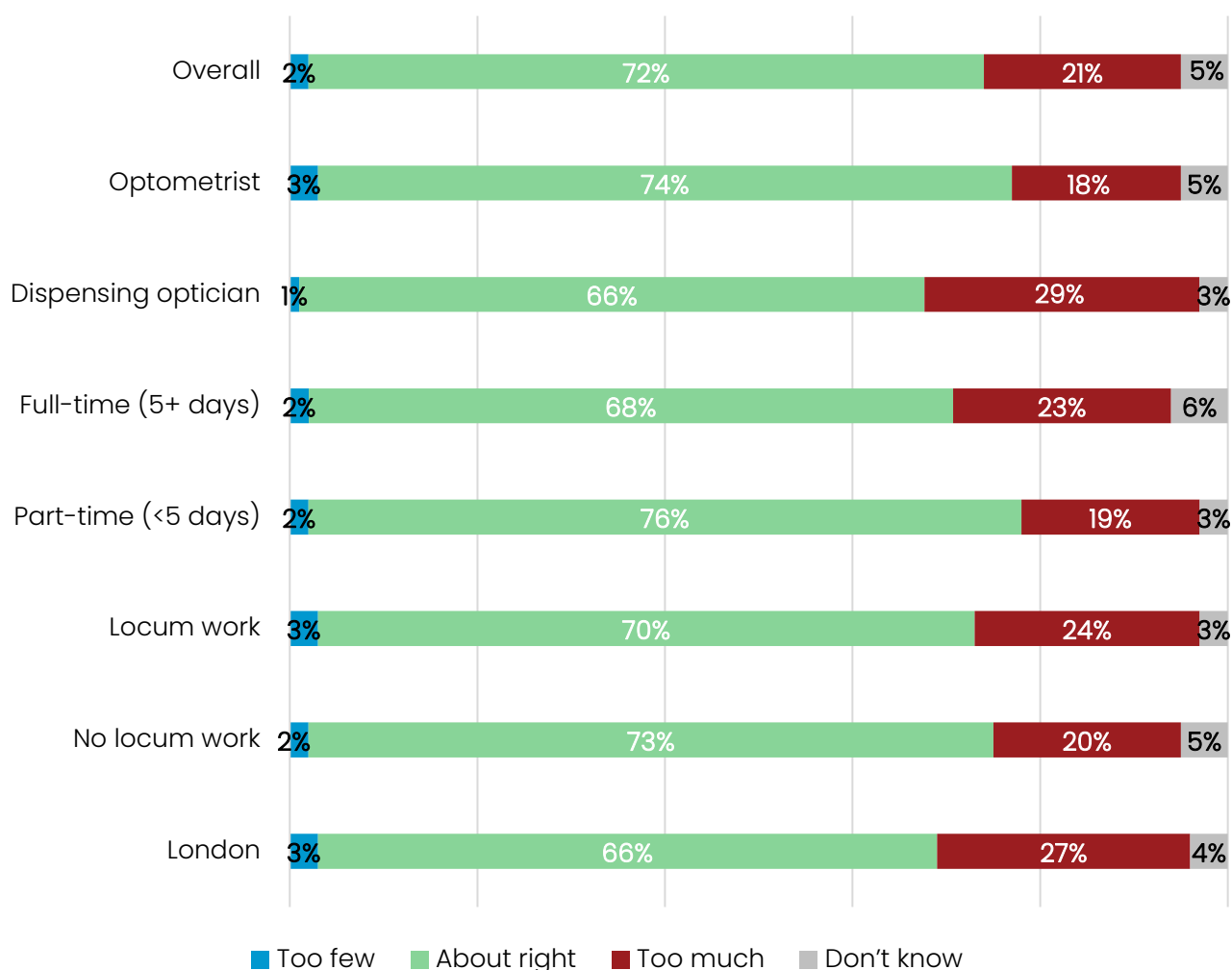
Suggested changes to the CPD scheme

Respondents were asked to suggest one thing they would change about the current CPD scheme. The analysis of free-text comments to show the frequency of mentions is presented in the table overleaf.

A clear theme from the responses was the desire to **reduce the administrative burden of the CPD scheme**. The most frequent suggestion was for CPD points to be automatically logged by providers, removing the need for manual uploads. Respondents also called for the system to be simplified, made easier and less confusing, with over 100 people specifically asking for a more user-friendly way to log points. Many wanted the CPD process to be less time-consuming, less bureaucratic, and to involve a reduction in paperwork or written tasks.

Another major area of **dissatisfaction related to reflection and personal development plans** (PDPs). The reflection element attracted widespread criticism, with a number of respondents asking for it to be removed or made optional, reduced, or describing it as a meaningless box-ticking exercise.

Similar feedback applied to the **PDP requirement**, which was **often viewed as not useful, overly restrictive at the start of the cycle, or too time-consuming**. Together, these components were seen as adding unnecessary complexity and formality to the process, without delivering real professional benefit.

A **strong preference emerged for a return to the previous CET system**, which many registrants found simpler and more efficient. Others asked for the current scheme to be made more flexible and less prescriptive, with calls to reduce the number of required points or rethink mandatory peer review and interactive sessions, particularly due to access issues. There was also appetite for more relevant and varied CPD content, better aligned with registrants' day-to-day roles, clinical focus, or career stage, and easier to find or attend.

Funding and support inequalities were also highlighted by dispensing opticians and contact lens opticians (CLOs), with several respondents requesting grants or funding to help them meet CPD requirements. Others noted a need for more DO-focused CPD and greater recognition of different professional contexts, such as part-time work, maternity leave, or health issues.

Overall, respondents expressed a desire for a **streamlined, more supportive CPD system** that maintains professional standards while being **practical, proportionate, and relevant** to the realities of modern optical practice.

Figure 97 – Suggested changes to the current CPD scheme (coded free-text, 25+ mentions)

Top themes in free-text responses	Frequency
Points to be logged by provider/automatically uploaded	263
Reflection - remove requirement/make optional	199
Simplify/make it easier/less confusing	160
Preferred CET/old system/go back to old way	156
Reflection - reduce requirements/less reflection/too time consuming	146
Reflection - not useful/just box ticking/waste of time	121
PDP - remove requirement/make optional	119
Easier to log/upload points	104
More flexibility/less prescriptive	102
Grant/funding for DOs/CLOs	100
Less admin/paperwork/written exercises	99
Less time consuming	94
PDP - not useful/just box ticking/waste of time	88
Nothing/scheme is appropriate/works well	68
Reduce number of points needed/requirements	61
Peer review - remove requirement/make optional/don't enjoy	55
Less tick box approach/bureaucracy	54
PDP - difficult to plan at beginning of cycle/too restrictive	54
More relevant to daily practice/role/career stage	53
Peer review - better availability/difficult to access	42
Interactive - better availability/difficult to access	39
More accessible CPD/easier to find	38
Wider range of topics/subject areas	37
Self-directed - easier to record/provide evidence	35
Reduced pressure/stress	34
PDP - reduce requirements/too time consuming	34
More in-person CPD/face to face events	33
More user friendly/easier to navigate/better website	29
Clear guidance/instructions	29
Scrap it/no CPD	28
Interactive - reduce requirements/amount of points needed	27
More DO-focused CPD/events	25

Desire for provider-logged CPD points

> *Return to automatic logging of points. Many CPD have not been logged due to the tedious and complicated nature of self-reporting.*
> Optometrist

> *Points uploaded automatically by the provider as trying to upload the proof and certificates is sometimes difficult.*
> Optometrist

> *Go back to provider registering the points.*
> Optometrist

Criticism of/changes to reflection requirements

> *The reflection seems rather forced at times.*
> Optometrist

> *The reflection following each piece of CPD is onerous and unlikely to be of much personal benefit. It is often seen as a nuisance…It feels like a tick box exercise.*
> Optometrist

> *Less importance on the need to write down reflection statements. Sometimes feel takes more time than required.*
> Optometrist

> *Reflective exercise seems a waste of time.*
> Dispensing optician

Discontent with/changes to PDP

> *Remove the PDP and the statements. I don't know what I'm going to do in a few years… I feel I'm making up lies to fill out boxes for the GOC.*
> Dispensing optician

> *Remove the PDP as I find this hard to predict what I will be undertaking as new opportunities arise.*
> Optometrist

> *The PDP is pointless.*
> Dispensing optician

Reduce admin and complexity

> *It takes around 20 clicks to fill in one piece of CPD. Make the process simpler – PLEASE!*
> Optometrist

> *The new system is difficult. I'm considering leaving the profession myself… too much pressure & is an absolute farce.*
> Dispensing optician

> *The effort of logging points is sufficiently frustrating that I find myself completing less CPD.*
> Optometrist

Funding for DOs/CLOs

> *DOs should get funding just like Optoms or reduce the amount of CPD we have to complete.*
> Dispensing optician

> *Stop the serious discrimination towards Dispensing Opticians who have to attain the same number of points across the same competencies as Optometrists yet… receive NO FUNDING.*
> Dispensing optician

Perspectives of the GOC

Attitudes towards the GOC's role continue to be mixed

For the last five years, respondents have been asked to indicate the extent to which they agree or disagree with a series of statements about the GOC's role. As shown in the chart below, **perspectives towards the GOC's role are mixed**, with both positive and negative results.

Figure 98 – Agreement with statements about the GOC's role
Base: All respopndents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)
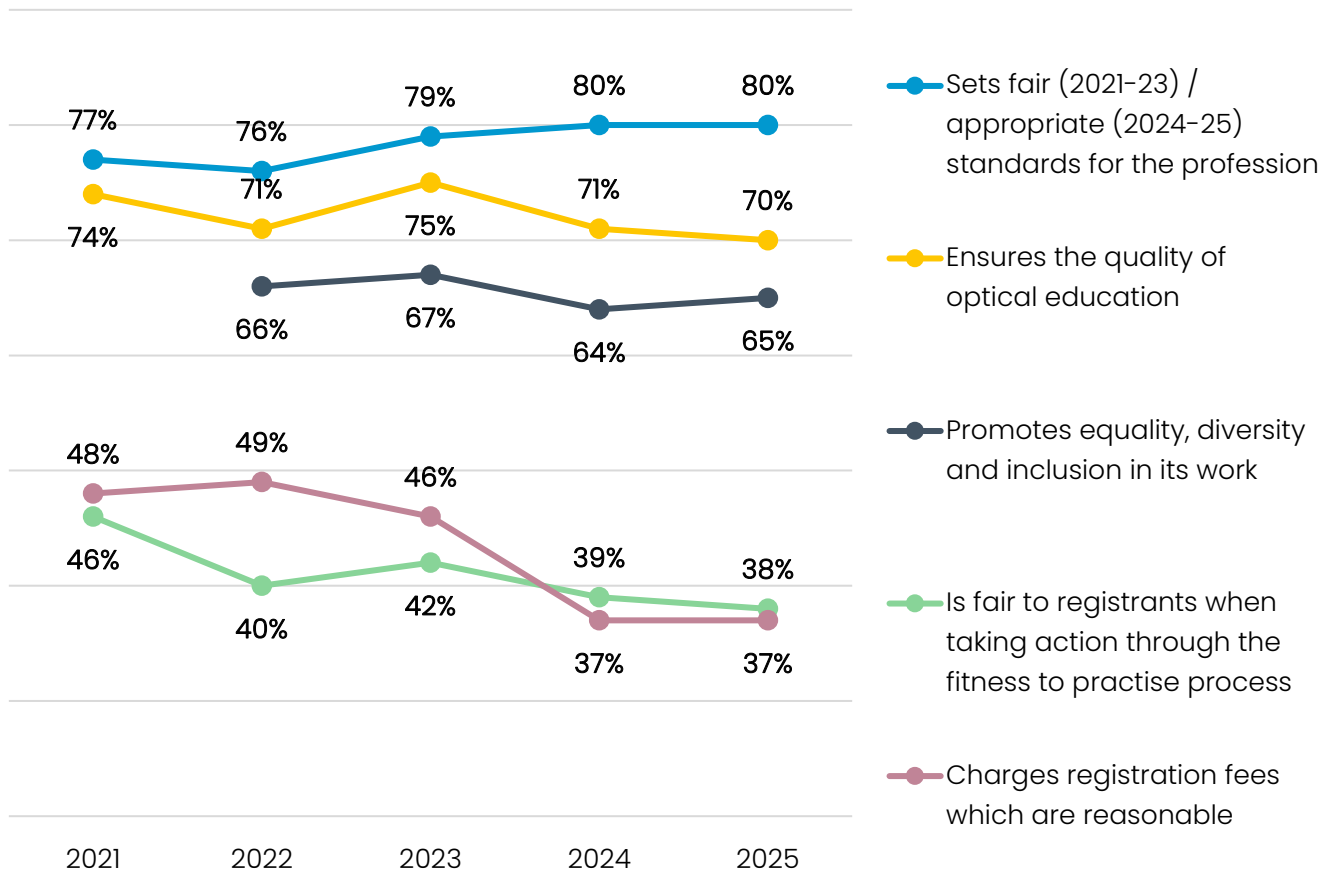
The majority of respondents continue to agree that the GOC sets appropriate standards for the profession (80%), ensures the quality of education (70%), and promotes equality, diversity and inclusion in its work (65%).

However, in contrast, much smaller proportions of respondents agree that the GOC is fair to registrants when taking action through the fitness to practice process (38%) and charges registration fees which are reasonable (37%).

Awareness and understanding of the GOC's role in the fitness to practise process and equality, diversity and inclusion continues to be low

Large proportions of respondents continue to answer 'don't know' in response to the statements about the GOC being fair when taking action through the fitness to practise process (45%) and promoting equality, diversity and inclusion (27%), strongly suggesting low levels of awareness and understanding of the GOC's role and actions in these areas.

Dispensing opticians continue to drive low levels of agreement that registration fees are reasonable

The proportion of respondents who agree that the GOC charges registration fees which are reasonable has remained at the same level seen in 2024, the lowest since this data started being collected in 2021.

As seen in previous years, **this low level of agreement is driven by dispensing opticians**, who are less likely to agree when compared with optometrists, and especially when compared with student registrants.

Agreement also continues to be **lower amongst respondents from working class/lower socio-economic backgrounds** (32%) when compared with those from intermediate (38%) and professional/higher backgrounds (42%).

Figure 99 – Agreement that the GOC charges reasonable registration fees by registration type
Base: Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148)

Analysis by future career plans continues to highlight that **agreement that registration fees are reasonable is significantly lower amongst those who plan to leave the profession in the next 12-24 months** (18%).

This year, additional questions were asked about the registration fee, which can be found in the next chapter of this report.
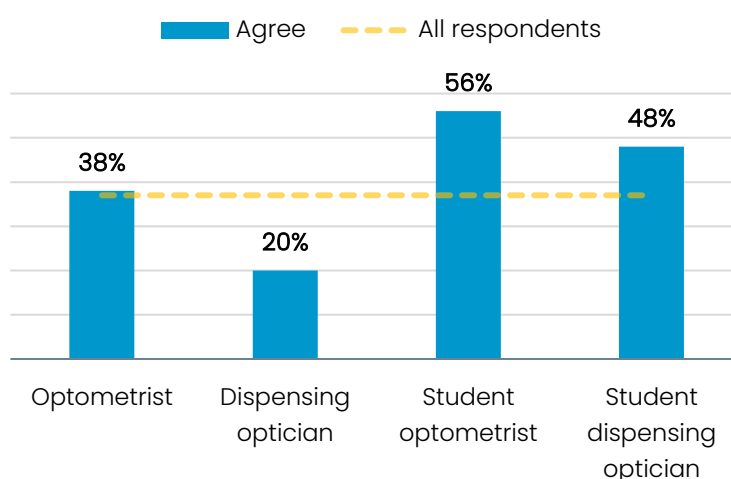
Registration fees

An almost equal split between registrants who pay the registration fee themselves or have it paid by their employer

When asked who paid their last registration fee, **respondents were almost equally split between those who paid it themselves and had it paid by their employer**.

Most of those who answered 'other' said their fee was paid in part by their employer.

Optometrists were more likely to pay the registration fee themselves when compared with dispensing opticians. Almost all student optometrists indicated that they paid the fee themselves, whereas the majority of student dispensing opticians said their employer paid their fee.

Analysis by workplace setting shows that fees were more likely to be paid by employers by those working in a multiple setting, but were more likely to be paid by the individual registrant in all other settings.

Figure 100 – Payment of registration fees by registration type and workplace setting
Base: All respondents (3,798); Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148); Independent/sole practitioner (1,381); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)

	I paid	My employer paid	Other
Overall	54%	44%	2%
Optometrist	54%	44%	2%
Dispensing optician	33%	66%	1%
Student optometrist	92%	4%	4%
Student dispensing optician	28%	72%	
Independent/sole practitioner	60%	38%	2%
Multiple	41%	58%	1%
Hospital	78%	20%	3%
Domiciliary care	65%	32%	2%
Education/academia	80%	19%	1%

■ I paid　■ My employer paid　■ Other
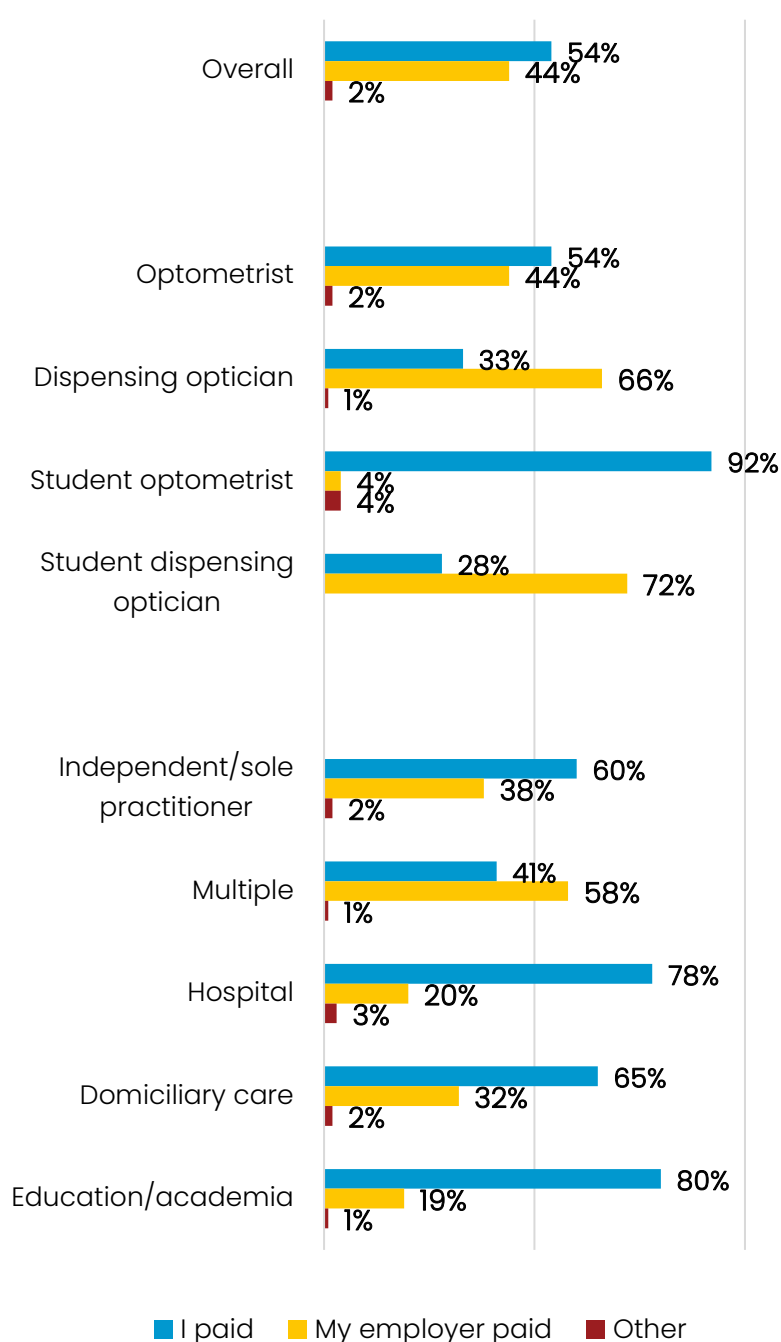
Significant interest in being able to pay registration fee in instalments throughout the year

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.

Interest in instalments was greater amongst those who said their employer currently pays their fee when considering their preference if they were to pay it themselves when compared to those who currently do so.

Dispensing opticians, student dispensing opticians, and those who work full-time were also more likely to be interested in the ability to pay the fee in instalments.

Figure 101 – Preference for payment of registration fees in instalments throughout the year by registration type and workplace setting
Base: All respondents (3,798); Pay fee themselves (2,067); Employer pays fee (1,731); Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148); Full-time (1,558); Part-time (1,757)
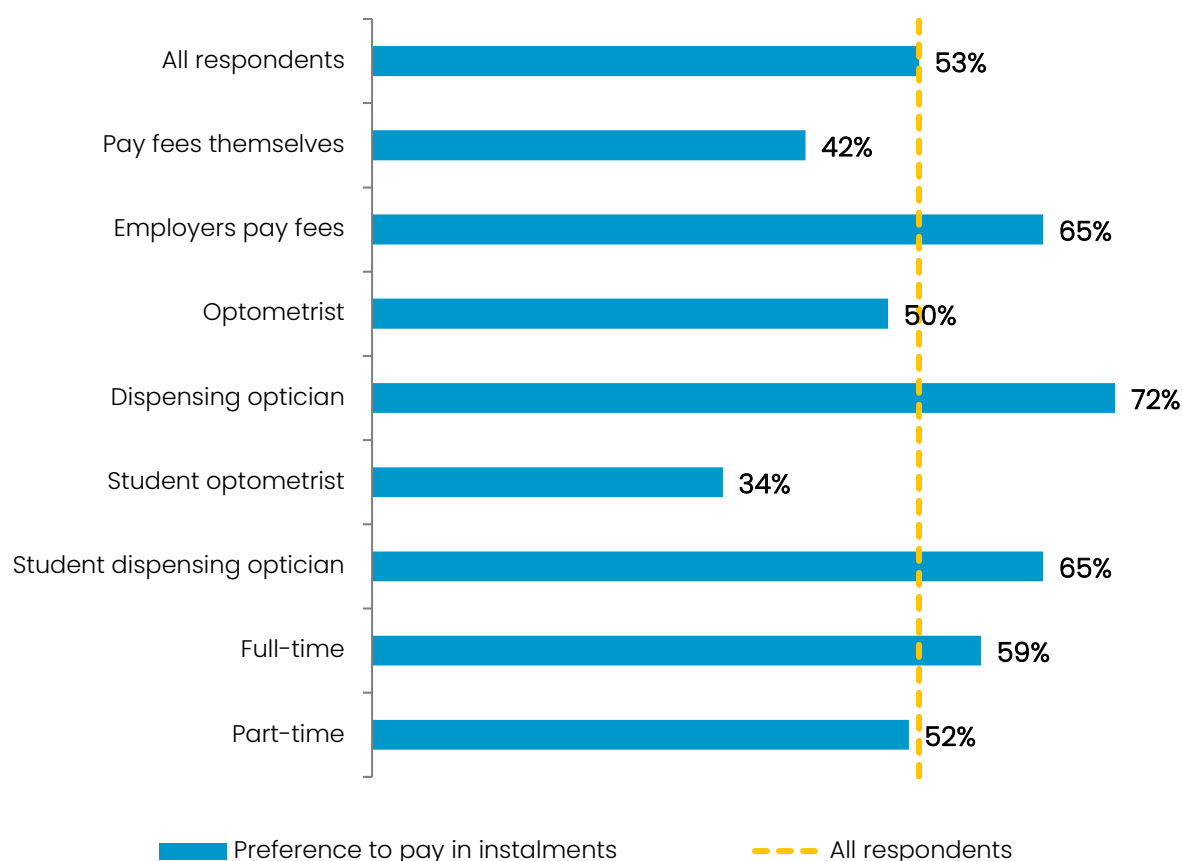
Appendix A – Questionnaire

General Optical Council

Workforce & Perceptions Survey 2025

Welcome to the General Optical Council (GOC)'s Workforce and Perceptions Survey 2025.

The survey should take around 10 minutes to complete, and by taking part you can be entered into a prize draw to win a **£250 online gift card**.

Completing the survey

To navigate through this questionnaire, use the arrow buttons at the bottom of each page. DO NOT use the back/forward options in your browser. To remove your answers to a question, click the reset button.

If you do not have time to complete the survey in one sitting, your progress will be automatically saved and you can return to where you left off at any point by clicking on the survey link again in your email invitation, or the 'save' button at the bottom of the page.

The GOC has appointed Enventure Research to conduct this survey so that your responses remain confidential. For more information about this survey, please visit the Enventure Research website.

If you have any questions about this survey, please call the Enventure Research survey helpline on 0800 0092 117 or email helpline@enventure.co.uk

Your role

The first set of questions are about your role and where you work.

Q1 **Please tell us which of the following roles apply to you (if you are retired, please select the most appropriate role before you retired)** *Please select as many as apply*

- ☐ Optometrist
- ☐ Optometrist with an additional supply specialty
- ☐ Optometrist with a supplementary prescribing specialty
- ☐ Optometrist with an independent prescribing specialty
- ☐ Dispensing optician
- ☐ Dispensing optician with a contact lens specialty
- ☐ Student optometrist
- ☐ Student optometrist undertaking the pre-registration scheme
- ☐ Student dispensing optician

Q2 **Which of these <u>best describes</u> your current working status?** *Please select as many as apply*

☐ Working / employed (including full/part-time and locum work, and temporarily away from work e.g. parental leave/extended sick leave etc.)

☐ Not working / unemployed

☐ Fully retired

☐ Student / in education

Q3 **Please select which of these <u>best describes</u> your current role**

◯ No managerial responsibility

◯ Some management responsibilities and/or supervision role

◯ Responsible for managing or running the practice

◯ Director

◯ CEO or equivalent

Q4 **Do you work as a locum?**

◯ Yes

◯ No

Q5 **Where do you currently work?** *Please select all that apply*

☐ Independent practice

☐ Sole practitioner

☐ National chain of opticians (e.g. UK-wide chain of opticians)

☐ Regional chain of opticians (e.g. chain of opticians working within one region in the UK)

☐ Hospital

☐ Domiciliary care

☐ Education/academia

☐ Other

Other *Please specify*

[   ]

Q6 **For each location selected, please state how many days on average per week you work there** *Please type in the boxes below - <u>please use whole or half days only</u> e.g. 1, 1.5*

Independent practice   [   ]

Sole practitioner   [   ]

National chain of opticians   [   ]

Regional chain of opticians   [   ]

Hospital   [   ]

Domiciliary care   [   ]

Education/academia	
Other	

Q7 **In the last 12 months, have you worked as a supervisor for pre-registration trainee optometrists?**

○ Yes

○ No

Q8 **Why did you choose to become a supervisor?** *Please select your three main reasons*

☐ Increased responsibility

☐ Increased job satisfaction

☐ Helping others joining the professions

☐ Increased professional status

☐ Increased salary

☐ Enhanced skills and experience

☐ Pressure from my employer

☐ Other

Other *Please specify*

[   ]

Q9 **What is the main challenge in being a supervisor?** *Please summarise in the box below*

[   ]

Q10 **Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS), NHS Community Glaucoma Service (Scotland), Low Vision Service Wales, or NI PEARS (Northern Ireland))?**

○ Yes

○ No

○ I am not aware of these services

○ Don't know

Q11 **Do you have any of the following additional qualifications?** *Please select all that apply*

- [ ] No additional qualifications
- [ ] Glaucoma
- [ ] Medical retina
- [ ] Paediatric eye care
- [ ] Low vision
- [ ] Contact lens practice
- [ ] Contact lens diploma
- [ ] Other

Other *Please specify*

[   ]

Q12 **Approximately how long have you been on the GOC register?**

- ( ) Less than 1 year
- ( ) 1 to 2 years
- ( ) 3 to 5 years
- ( ) 6 to 10 years
- ( ) 11 to 15 years
- ( ) 16 to 20 years
- ( ) 21 years and over
- ( ) Don't know

Q13 **What were your main motivations for joining your profession?** *Please select your three main motivations*

- [ ] Helping people
- [ ] Following in family footsteps
- [ ] Family pressure
- [ ] Didn't get a place on my preferred degree course
- [ ] Professional status
- [ ] Salary
- [ ] Opportunity to own my own business
- [ ] Flexible working patterns
- [ ] Portfolio working in different settings
- [ ] Interest in eye health/eye care
- [ ] Other

Other *Please specify*

[   ]

Your career

The GOC would like to find out a bit more about satisfaction levels and career prospects in the professions.

Q14 **Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?**

- ◯ Very satisfied
- ◯ Quite satisfied
- ◯ Neither satisfied or dissatisfied
- ◯ Quite dissatisfied
- ◯ Very dissatisfied
- ◯ Not applicable

Q15 **Why have you felt satisfied with your role/job over the last 12 months?** *Please select all that apply*

- ☐ Work is rewarding and interesting
- ☐ Manageable workload
- ☐ Good salary
- ☐ Feel valued
- ☐ Good work/life balance
- ☐ Good working environment
- ☐ Supportive employer
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

Q16 **Why have you felt dissatisfied with your role/job over the last 12 months?** *Please select all that apply*

- ☐ Work is not rewarding or interesting
- ☐ Heavy workload
- ☐ Poor salary
- ☐ Do not feel valued
- ☐ Poor work/life balance
- ☐ Poor working environment
- ☐ Unsupportive employer
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

Q17 **In the last 12 months, have you experienced any of the following?**

	Never	Rarely	Sometimes	Frequently
Working beyond your hours	◯	◯	◯	◯
Feeling unable to cope with workload	◯	◯	◯	◯
Taking leave of absence due to stress	◯	◯	◯	◯
Finding it difficult to provide patients with the sufficient level of care they need	◯	◯	◯	◯

Q18 **In the last 12 months, have you experienced any of the following?**

	Never	Rarely	Sometimes	Frequently
The standard time allocated to me for conducting a sight test has been insufficient to provide safe patient care	○	○	○	○
I have felt under pressure to see a high number of patients every day which has impacted on my ability to provide safe patient care	○	○	○	○
I have been asked to overbook clinics	○	○	○	○
I have felt under pressure to sell certain types of glasses or contact lenses that will earn more money for the business	○	○	○	○
I have felt under pressure to sell a product or provide a service which I considered was not needed by the patient	○	○	○	○
I have felt under pressure to meet commercial targets at the expense of patient care	○	○	○	○

Q19 **Are you considering making any of the following changes to your career over the next 12-24 months?** *Please select all that apply*

- ☐ Gain additional qualifications/skills
- ☐ Switch to locum work
- ☐ Reduce your hours
- ☐ Leave the profession
- ☐ Take a career break
- ☐ Retire
- ☐ Other
- ☐ None of the above

Other *Please specify*

[   ]

Q20 **In what areas are you interested in gaining additional qualifications/skills?** *Please select all that apply*

- ☐ Additional supply
- ☐ Independent prescribing
- ☐ Supplementary prescribing
- ☐ Contact lens specialty
- ☐ Glaucoma
- ☐ Medical retina
- ☐ Paediatric eye care
- ☐ Low vision
- ☐ Contact lens practice
- ☐ Moving to optometry
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

Q21 **Why do you plan to leave the profession?** *Please select all that apply*

- [ ] Planning to retire
- [ ] Lack of job satisfaction / unhappy at work
- [ ] To reduce stress / burnout / fatigue
- [ ] Heavy workload / pressure at work to meet targets
- [ ] Too much focus on sales and commercial pressures

- [ ] Low salary
- [ ] Lack of opportunities for career progression
- [ ] Want to change career
- [ ] Disillusionment with the profession
- [ ] Lack of support from employer
- [ ] Other

Other *Please specify*

[   ]

Q22 **To what extent do these statements reflect your view of your place of work as a whole?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There are opportunities for me to develop my career	○	○	○	○	○
I have opportunities to improve my knowledge and skills	○	○	○	○	○
I feel supported to develop my potential	○	○	○	○	○
I am able to access the right learning and development opportunities when I need to	○	○	○	○	○

Your perspective of the GOC

The GOC would like to understand more about how its registrants view its role.

Q23 **For each of the following statements please say to what extent you agree or disagree.**

The General Optical Council...

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Ensures the quality of optical education	○	○	○	○	○
Charges registration fees which are reasonable	○	○	○	○	○
Is fair to registrants when taking action through the fitness to practise process	○	○	○	○	○
Sets appropriate standards for the profession	○	○	○	○	○
Promotes equality, diversity and inclusion in its work	○	○	○	○	○

Speaking up

Q24 **How comfortable would you feel speaking up about patient safety concerning <u>an individual GOC registrant</u> with the following...**

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	○	○	○	○	○	○
Your employer / education provider?	○	○	○	○	○	○
Your professional association / representative body?	○	○	○	○	○	○
The GOC?	○	○	○	○	○	○

Q25 **Why didn't you feel comfortable speaking up?** *Please select all that apply*

- ☐ I felt I might jeopardise my job
- ☐ I did not believe that corrective action would be taken
- ☐ I felt I might alienate myself from my colleagues
- ☐ I felt it was none of my business
- ☐ I did not want to be seen as a troublemaker by management
- ☐ I thought that they already knew about it
- ☐ I didn't think it was a serious issue at the time
- ☐ I did not know who to contact
- ☐ I thought it was common practice
- ☐ I thought it would be raised by someone else
- ☐ Other
- ☐ Prefer not to say
- ☐ Don't know

Other *Please specify*

[   ]

Q26 **How comfortable would you feel speaking up about patient safety concerning <u>your employer</u> with the following...**

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	○	○	○	○	○	○
Your employer / education provider?	○	○	○	○	○	○
Your professional association / representative body?	○	○	○	○	○	○
The GOC?	○	○	○	○	○	○

Q27   **Why didn't you feel comfortable speaking up?** *Please select all that apply*

- [ ] I felt I might jeopardise my job
- [ ] I did not believe that corrective action would be taken
- [ ] I felt I might alienate myself from my colleagues
- [ ] I felt it was none of my business
- [ ] I did not want to be seen as a troublemaker by management
- [ ] I thought that they already knew about it
- [ ] I didn't think it was a serious issue at the time
- [ ] I did not know who to contact
- [ ] I thought it was common practice
- [ ] I thought it would be raised by someone else
- [ ] Other
- [ ] Prefer not to say
- [ ] Don't know

Other *Please specify*

[   ]

Harassment, bullying or abuse

Q28   **In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work{OrStudy} from...?**

	Never	1 to 2	3 to 5	6 to 10	More than 10
Patients / service users, their relatives or other members of the public	○	○	○	○	○
Managers	○	○	○	○	○
Other colleagues	○	○	○	○	○
Tutors / lecturers / supervisors	○	○	○	○	○

Q29   **Was the harassment, bullying or abuse you experienced ever related to any of the following?** *Please select all that apply*

- [ ] Age
- [ ] Disability
- [ ] Gender reassignment
- [ ] Marriage or civil partnership
- [ ] Pregnancy and maternity
- [ ] Race
- [ ] Religion or belief
- [ ] Sex
- [ ] Sexual orientation
- [ ] Other
- [ ] None of the above

Other *Please specify*

[   ]

Q30 **The last time you experienced harassment, bullying or abuse at work{OrStudy}, did you or a colleague report it?**

- ⚪ Yes, I reported it
- ⚪ Yes, a colleague reported it
- ⚪ No
- ⚪ Don't know
- ⚪ Not applicable

Q31 **Why didn't you report it?** *Please select all that apply*

- ☐ Worried I wouldn't be believed
- ☐ Worried I wouldn't be taken seriously
- ☐ Worried about retaliation or repercussions
- ☐ Can't prove the incident or behaviour took place
- ☐ Don't trust anything will be done or the people I have to report to
- ☐ Concerns about remaining anonymous
- ☐ Concerns about job security
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

Discrimination

Q32 **In the last 12 months, how many times have you personally experienced any discrimination in your role at work{OrStudy} from...?**

	Never	1 to 2	3 to 5	6 to 10	More than 10
Patients / service users, their relatives or other members of the public	⚪	⚪	⚪	⚪	⚪
Managers	⚪	⚪	⚪	⚪	⚪
Other colleagues	⚪	⚪	⚪	⚪	⚪
Tutors / lecturers / supervisors	⚪	⚪	⚪	⚪	⚪

Q33 **What type of discrimination have you experienced?** *Please select all that apply*

- ☐ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage or civil partnership
- ☐ Pregnancy and maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation
- ☐ Other

Other *Please specify*

[   ]

Q34   **The last time you experienced discrimination at work{OrStudy}, did you or a colleague report it?**

○ Yes, I reported it

○ Yes, a colleague reported it

○ No

○ Don't know

○ Not applicable

Q35   **Why didn't you report it?** *Please select all that apply*

☐ Worried I wouldn't be believed

☐ Worried I wouldn't be taken seriously

☐ Worried about retaliation or repercussions

☐ Can't prove the incident or behaviour took place

☐ Don't trust anything will be done or the people I have to report to

☐ Concerns about remaining anonymous

☐ Concerns about job security

☐ Other

☐ Don't know

Other *Please specify*

[   ]

Further research

The GOC is conducting further research with registrants on the topic of harassment, bullying, abuse, and discrimination. Further research may take the form of focus group discussions, in-depth interviews, or additional surveys.

If you express your interest, you may be contacted by the GOC about taking part in further research within the next three months.

Q36   **Are you interested in taking part in further research on behalf of the GOC?**
By answering yes you are agreeing to be contacted by the GOC about this via your GOC-registered email address. You will only be contacted about further research and your details will not be passed on to any third parties. Your details will be kept separate from your survey answers, meaning that you will not be identified in any way. Your details will be kept securely for a maximum of six months, after which they will be confidentially deleted.

○ Yes

○ No

Consumer Complaints

Q37 How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?

- ◯ Very aware
- ◯ Quite aware
- ◯ Not very aware
- ◯ Not at all aware
- ◯ Don't know

Continuing Professional Development (CPD)

On 1 January 2022, the GOC changed to a system of Continuing Professional Development (CPD), with new requirements for registrants. The GOC would like to hear your views on the scheme.

Q38 How confident or otherwise are you in completing the following CPD activities?

	Very confident	Quite confident	Not very confident	Not confident at all	Don't know
At the beginning of the cycle, completing your personal development plan (PDP) which sets out your CPD activity over the next three years	◯	◯	◯	◯	◯
During the cycle, completing a short written reflective statement after each CPD activity to capture learning where relevant	◯	◯	◯	◯	◯
During the cycle, participating in a peer review activity where you reflect and discuss learning with your peers	◯	◯	◯	◯	◯
Towards the end of the cycle, completing a reflective exercise with a peer to review your progress over the last three years against your PDP	◯	◯	◯	◯	◯
Self-directed CPD	◯	◯	◯	◯	◯

Q39 Within this CPD cycle, have you attended any CPD (provider-led or self-directed) to learn about any of the following topics?

	Yes	No	Plan to attend
Addressing bullying, harassment and discrimination in the workplace	◯	◯	◯
Health disparities and health inequalities	◯	◯	◯
Exploring your own personal biases and biases of others	◯	◯	◯
Speaking up (whistleblowing)	◯	◯	◯
Artificial intelligence	◯	◯	◯

Q40   Were the number of points required over the three year CPD cycle...?

- ◯ Too few
- ◯ About right
- ◯ Too much
- ◯ Don't know

Q41   If you could change one thing about the current CPD scheme, what would it be?
Please summarise your one suggestion in the box below

[   ]

Registration fees

Q42   Who paid your last GOC registration fee?

- ◯ I paid
- ◯ My employer paid
- ◯ Other

Other *Please specify*

[   ]

Q43   Do you wish to be able to pay your GOC registration fee in instalments throughout the year?

- ◯ Yes
- ◯ No
- ◯ Don't know

Q44   If you were to pay your own GOC registration fee, would you wish to be able to pay in instalments throughout the year?

- ◯ Yes
- ◯ No
- ◯ Don't know

About you

The GOC is committed to promoting equality, valuing diversity and being inclusive in all its work as a health professions regulator, and to making sure we meet our equality duties. The following questions relate to our equality and diversity work and add to our understanding of the diversity of the optical profession, so that we can make sure our services and events reflect this diversity. They will also allow any differences in results between different groups to be highlighted.

Please remember you will not be individually identified in your survey response, and **you can answer prefer not to say if you wish to each question**.

Q45 **What is your age?**

○ Under 25
○ 25 - 34
○ 35 - 44
○ 45 - 54
○ 55 - 64
○ 65 +
○ Prefer not to say

Q46 **What is your gender?**

○ Male
○ Female
○ Prefer to self-identify
○ Prefer not to say

Please self-describe

[   ]

Q47 **Do you consider yourself to be trans, or have a trans history?**

○ Yes
○ No
○ Prefer not to say

Q48 **Are you intersex and/or have a variation of sex characteristics (VSC)?**

○ Yes
○ No
○ Prefer not to say

Q49 **Which of the following best describes your sexuality?**

○ Heterosexual/Straight
○ Gay/Lesbian
○ Bisexual
○ Prefer to describe another way
○ Prefer not to say

Please self-describe

[   ]

Q50 What is your legal partnership status?

○ Never married and never registered a civil partnership

○ Married or in a registered civil partnership

○ Separated

○ Divorced or civil partnership dissolved

○ Widowed or a surviving partner from a civil partnership

○ Other

○ Prefer not to say

Other *Please specify*

[   ]

Q51 What best describes your ethnic group?

○ Asian or Asian British - Bangladeshi

○ Asian or Asian British - Chinese

○ Asian or Asian British - Indian

○ Asian or Asian British - Pakistani

○ Other Asian

○ Black, Black British, Caribbean or African - African

○ Black, Black British, Caribbean or African - Caribbean

○ Other Black

○ Mixed or Multiple ethnic groups - White and Asian

○ Mixed or Multiple ethnic groups - White and Black

○ Mixed or Multiple ethnic groups - White and Black African

○ Mixed or Multiple ethnic groups - White and Black Caribbean

○ Other Mixed or Multiple ethnic group

○ White - English, Welsh, Scottish, Northern Irish, British

○ White - Irish

○ White - Gypsy or Irish Traveller

○ Other White

○ Arab

○ Any other ethnic group

○ Prefer not to say

Other *Please specify*

[   ]

Q52 What is your main language?

○ English

○ Other (including sign languages)

○ Prefer not to say

Other *Please specify*

[   ]

Q53 **Do you speak any additional languages fluently (including sign languages)?**

○ Yes

○ No

○ Prefer not to say

Please specify

[   ]

Q54 **What is your religion?**

○ No religion or belief

○ Buddhist

○ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

○ Hindu

○ Jewish

○ Muslim

○ Sikh

○ Any other religion

○ Prefer not to say

Other *Please specify*

[   ]

Q55 **Do you consider yourself to have a disability (any physical or mental health conditions or illnesses that reduce your ability to carry out day-to-day activities, which have lasted or are expected to last 12 months or more)?**

○ Yes

○ No

○ Prefer not to say

Q56 **How would you categorise your disability/disabilities?** *Please select all that apply*

☐ Neurodiversity (e.g. autism, ADHD)

☐ Learning disability (e.g. dyslexia, dyspraxia)

☐ Neurological condition (e.g. epilepsy, cerebral palsy)

☐ Mental health condition (e.g. anxiety, depression)

☐ Physical impairment (e.g. amputation, paralysis)

☐ Sensory impairment (e.g. Blind, Deaf)

☐ Other

☐ Prefer not to say

Other *Please specify*

[   ]

Q57   Are you pregnant, on parental leave, or returning from parental leave?

○ Yes

○ No

○ Prefer not to say

Q58   Do you have unpaid caring responsibilities? *Please select all that apply*

☐ No

☐ Carer of a child/children (aged under 18)

☐ Carer of a child/children with a long-term health condition or illness (aged under 18)

☐ Carer of a disabled adult (aged 18 or over)

☐ Carer of an older person (aged 65 or over)

☐ Other

☐ Prefer not to say

Other *Please specify*

[   ]

Q59   What was the occupation of your main household earner when you were aged about 14?

○ **Modern professional & traditional professional occupations** such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer

○ **Senior, middle or junior managers or administrators** such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager

○ **Clerical and intermediate occupations** such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse

○ **Technical and craft occupations** such as: motor mechanic, plumber, printer, electrician, gardener, train driver

○ **Routine, semi-routine manual and service occupations** such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff

○ **Long-term unemployed** (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year)

○ **Small business owners who employed less than 25 people** such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner

○ Other

○ Prefer not to say

Other *Please specify*

[   ]

Q60   Which type of school did you attend for the most time between the ages of 11 and 16?

○ State-run or state-funded school

○ Independent or fee-paying school

○ Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there

○ Attended school outside the UK

○ Other

○ Don't know

○ Prefer not to say

Other *Please specify*

[   ]

Q61   If you finished school after 1980, were you eligible for free school meals at any point during your school years?

○ Yes

○ No

○ Not applicable (finished school before 1980 or went to school overseas)

○ Don't know

○ Prefer not to say

Q62   Which region does your main residence fall within?

○ North East   ○ South East

○ North West   ○ South West

○ Yorkshire and Humber   ○ Wales

○ East Midlands   ○ Scotland

○ West Midlands   ○ Northern Ireland

○ East   ○ Other

○ London   ○ Prefer not to say

Other *Please specify*

[   ]

Prize draw

As a thank you for your time today, we are offering you the opportunity to enter our prize draw to win a £250 gift card that can be used at a range of outlets or donated to charity. The winner will be randomly selected when the survey closes. Full terms and conditions of the prize draw can be found here.

Q63 **Do you want to be entered into our prize draw?**
By answering yes you are agreeing to be contacted by Enventure Research via your GOC-registered email address if you are selected as the winner.

○ Yes
○ No

Thank you for taking the time to take part in this survey. Your views are greatly appreciated.

Please click the tick button below to send your response.

Appendix B – Demographic profile

Demographic profile of survey respondents
Base: All respondents (3,798)

Demographic	Number	Percentage
What is your age?		
Under 25	483	13%
25-34	760	20%
35-44	889	23%
45-54	726	19%
55-64	628	17%
65+	185	5%
Prefer not to say	128	3%
What is your gender?		
Male	1,238	33%
Female	2,393	63%
Prefer to self-identify	10	0%
Prefer not to say	157	4%
Do you consider yourself to be trans, or have a trans history?		
Yes	15	0%
No	3,579	94%
Prefer not to say	205	5%
Are you intersex and/or have a variation of sex characteristics (VSC)?		
Yes	6	0%
No	3,569	94%
Prefer not to say	223	6%
Which of the following best describes your sexuality?		
Heterosexual/Straight	3,283	86%
Gay/Lesbian	79	2%
Bisexual	74	2%
Prefer to describe another way	16	0%
Prefer not to say	345	9%
What is your legal partnership status?		
Never married and never registered a civil partnership	1,133	30%
Married or in a registered civil partnership	1,979	52%
Separated	41	1%
Divorced or civil partnership dissolved	169	4%
Widowed or a surviving partner from a civil partnership	33	1%
Other	56	1%
Prefer not to say	386	10%
What best describes your ethnic group?		
Asian/Asian British	997	26%
Black/Black British	236	6%
Mixed/Multiple	27	1%
White	2,155	57%

Demographic	Number	Percentage
Other	56	1%
Prefer not to say	310	8%
What is your main language?		
English	3,464	91%
Other (including sign languages)	141	4%
Prefer not to say	193	5%
What is your main language?		
Yes	1,062	28%
No	2,421	64%
Prefer not to say	316	8%
What is your religion?		
No religion or belief	1,091	29%
Buddhist	24	1%
Christian	1,305	34%
Hindu	215	6%
Jewish	41	1%
Muslim	544	14%
Sikh	105	3%
Any other religion	37	1%
Prefer not to say	436	11%
Do you consider yourself to have a disability (any physical or mental health conditions or illnesses that reduce your ability to carry out day-to-day activities, which have lasted or are expected to last 12 months or more)?		
Yes	230	6%
No	3,340	88%
Prefer not to say	228	6%
How would you categorise your disability/disabilities? (base: 230)		
Neurodiversity (e.g. autism, ADHD)	66	29%
Learning disability (e.g. dyslexia, dyspraxia)	36	15%
Neurological condition (e.g. epilepsy, cerebral palsy)	22	9%
Mental health condition (e.g. anxiety, depression)	69	30%
Physical impairment (e.g. amputation, paralysis)	40	17%
Sensory impairment (e.g. Blind, Deaf)	19	8%
Other	40	18%
Prefer not to say	9	4%
Are you pregnant, on parental leave, or returning from parental leave?		
Yes	121	3%
No	3,501	92%
Prefer not to say	176	5%
Do you have unpaid caring responsibilities?		
No	2,538	67%
Carer of a child/children (aged under 18)	728	19%
Carer of a child/children with a long-term health condition or illness (aged under 18)	47	1%
Carer of a disabled adult (aged 18 or over)	94	2%
Carer of an older person (aged 65 or over)	261	7%
Other	16	0%
Prefer not to say	229	6%

Demographic	Number	Percentage
What was the occupation of your main household earner when you were aged about 14?		
Modern professional & traditional professional occupation	1,237	33%
Senior, middle or junior managers or administrators	486	13%
Clerical and intermediate occupations	174	5%
Technical and craft occupations	367	10%
Routine, semi-routine manual and service occupations	490	13%
Long-term unemployed	76	2%
Small business owners who employed less than 25 people	396	10%
Other	159	4%
Prefer not to say	413	11%
Which type of school did you attend for the most time between the ages of 11 and 16?		
State-run or state-funded school	2,742	72%
Independent or fee-paying school	348	9%
Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there	37	1%
Attended school outside the UK	394	10%
Other	29	1%
Don't know	18	0%
Prefer not to say	230	6%
If you finished school after 1980, were you eligible for free school meals at any point during your school years?		
Yes	558	15%
No	2,167	58%
Not applicable (finished school before 1980 or went to school overseas)	487	13%
Don't know	292	8%
Prefer not to say	232	6%
Which region does your main residence fall within?		
England	2,770	73%
Wales	186	5%
Scotland	365	10%
Northern Ireland	112	3%
Outside UK	103	3%
Prefer not to say	263	7%