General Optical Council

**Fourth meeting in 2025 of the Council held in PUBLIC
on Wednesday 17 December 2025 at 10am via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	**Welcome, apologies and Chair's introduction**	Oral	Chair	-	10am - 10.05am (5 mins)
2.	**Declaration of interests**	C49(25)	Chair	3 - 4	
3.	**Minutes, actions and matters arising** 3.1 **Minutes – 16 September 2025** For approval 3.2 **Updated actions** For noting 3.3 **Matters arising**	C50(25) C51(25)	Chair	5 - 9 10 - 11	10.05am - 10.10am (5 mins)
FOR DECISION					
4.	**Registrant fees 2026/2027** For decision	C52(25)	Director of Corporate Services	12 - 22	10.10am – 10.25am (15 mins)
5.	**EDI Policy** For decision	C53(25)	EDI Manager	23 - 51	10.25am- 10.40am (15 mins)
6.	**Annual reappointment of Council members to committees** For decision	C54(25)	Chief of Staff	52 - 57	10.40am - 10.45am (5 mins)
7.	**CPD reform** For decision	C55(25)	Director of Regulatory Strategy	58 - 125	10.45am – 11.30am (45 mins)
Break (15 mins) 11.30am-11.45am					
8.	**Consultation on draft guidance: Maintaining appropriate sexual boundaries and Care of patients in vulnerable circumstances** For decision	C56(25)	Policy Manager (Standards)	126 - 203	11.45am – 12pm (15 mins)
FOR DISCUSSION					

9.	**Testing of sight** For discussion	C57(25)	Director of Regulatory Strategy	204 - 221	12pm - 12.45pm (45 mins)
10.	**Council's self-assessment against the Charity Governance Code** For discussion	C58(25)	Chief of Staff	222 - 255	12.45pm – 1pm (15 mins)
Lunch (45 mins) 1pm – 1.45pm					
11.	**Q2 2025-26 Financial performance report/Q2 forecast** For discussion	C59(25)	Chief Financial Officer	256 - 292	1.45pm – 1.55pm (10 mins)
12.	**Business performance dashboard Q2 2025-26** For discussion	C60(25)	Chief of Staff	293 - 295	1.55pm – 2.05pm (10 mins)
13.	**Business Plan Assurance Report Q2 2025-26** For discussion	C61(25)	Chief of Staff	296 - 302	2.05pm – 2.15pm (10 mins)
FOR NOTING					
14.	**Advisory Panel minutes – 13 November 2025** (Companies, Education, Registration and Standards Committees) For noting	C62(25)	Chair	303 - 315	2.15pm – 2.20pm (5 mins)
15.	**Chair's report** For noting	C63(25)	Chair	316 - 321	2.20pm – 2.30pm (10 mins)
16.	**Chief Executive and Registrar's report** For noting	C64(25)	Chief Executive and Registrar	322 - 346	2.40pm – 2.50pm (10 mins)
17.	**Council forward plan** For noting	C65(25)	Chief of Staff	347 - 349	2.50pm - 2.55pm (5 mins)
18.	**Any other business** (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	2.55pm – 3pm (5 mins)
Meeting Close – 3.00pm					
Date of next meeting – Wednesday 11 March 2026					

	Own interests				Connected Persons interests
	Current interests	**Professional memberships**	**Previous interests**	**GOC committee memberships**	
Raymond **CURRAN** Registrant member (OO)	• Head of Ophthalmic Services, Strategic Planning and Performance Group, DoH, NI	• Honorary Life Fellow, College of Optometrists • Member, Association of Optometrists	• Council Member and Trustee, College of Optometrists • Member of Senate, Ulster University • Past-President, Northern Ireland Optometric Society • NICE Fellow 2021-23	• Council Member • Member: Audit, Finance and Risk Committee • Member: Registration Committee	• None
Kathryn **FOREMAN** Lay Member	• Deputy Chair Assurance & Appointments Committee – General Pharmaceutical Council • Investigations Panel Member – Architects Registration Board • Lay Member Police Misconduct Panels – NW Police & Crime Commissioners	• Law Society (non- practising)	• Non-Executive Director- Primary Care 24 (Merseyside) Ltd • Lay Member Health & Care Professionals Council • Associate Midlands and Lancashire Commissioning Support Unit	• Lay Council Member • Member: Advisory Panel – Registration Committee Member, Audit, Finance and Risk Committee	• None
Lisa **GERSON** Registrant (OO)	• Clinic Tutor: Cardiff University • Observer status: Regional Optical Committee (ROC) meetings across Wales • GOC representative to Optometry Wales	• Member of AOP • Member of College of Optometry	• Chair: Optometry Wales • Member: GOC Hearings Panel • Member/Acting Chair: GOC Investigation Panel • Member: GOC Education Visitor Panel • College Counsellor: College of Optometrists • Trustee: College of Optometrists • Trustee: AOP • Employee: Ronald Brown Group • Employee: Boots Optician • Primary Care Supervisor: Cardiff University	• Registration Committee Chair • Nominations Committee Chair • Council lead for FtP	• None
Ros **LEVENSON** Lay member	• Chair of The Expert Advisory Group for the OSIRIS B project at Queen Mary University of London • Chair of The SKILL mix-ED study Study Steering Committee at St George's University of London/Kingston University.		• Chair of the Patient and Lay Committee (APLC) at the Academy of Medical Royal Colleges (AoMRC)	• Lay Member: Council • Member: Nominations Committee • Member: Standards Committee • Council lead for Thematic Reviews	• None
Frank **MUNRO** Registrant (OO)	• Chair: Community Low Vision Service Short Life Working Group (CLVSSLWG) • Director Munro Eyecare Limited (T/A Munro Optometrists) • Founder member, Optometry Scotland • Optometric Advisor, NHS Lanarkshire • Lead Optometrist, Glasgow City Health & Social care Partnership • Visiting Lecturer, Glasgow Caledonian University	• Past President and Honorary Life Fellow, College of Optometrists • Member, Association of Optometrists • Member, Optometry Scotland • Hon Fellow, Association of Dispensing Opticians • Member, British Contact Lens Association	• Past Chair, NHS Lanarkshire Optometric Advisory Committee • Past President, College of Optometrists • Past Chair, Optometry Scotland • Past Chair, Scottish Committee of Optometrists • Past Chair, NHS Education for Scotland Optometry Advisory Board	• Registrant Member: Council • Chair: Education Committee • Member: Audit, Finance and Risk Committee • Member: Investment Committee	• None

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

General Optical Council
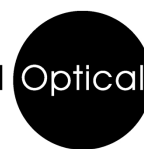
GENERAL OPTICAL COUNCIL
Minutes of the Public Council
Meeting held on 16 September 2025 at 10am via Microsoft Teams

Present:	Dr Anne Wright CBE (Chair)Raymond Curran, Kathryn Foreman, Lisa Gerson, Ros Levenson, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Poonam Sharma, William Stockdale and Cathy Yelf. Desislava Pirkova (Council Associate). John Cappock (Independent Member and Chair of Audit, Finance and Risk Committee) *(item 11 only)*.
GOC Attendees:	Carole Auchterlonie (Director of Regulatory Operations), Natasha Bance (Hearings and Scheduling Officer), Steve Brooker (Director of Regulatory Strategy), Abigail Brown (Internal Communications Officer), Rebecca Bryan (Head of Investigations), Marie Bunby (Policy Manager), Ania Feranska-Iqbal (Dynamic 365 Support Analyst), Toby Ganley (Policy Manager (Standards)), Kiran Gill (Chief Legal Officer), Philipsia Greenway (Director of People & Improvement), Nadia Habib (Acting Governance and Compliance Manager) *(Minutes),* Angharad Jones (Policy Manager) *(attending for item 8 only),* Vikki Julian (Head of Communications and Engagement), Andy Mackay-Sim (Chief of Staff), Leonie Milliner (Chief Executive and Registrar), Joanna Murphy (EDI Manager) *(attended for item 6 only)*, Ben Pearson (Education Policy Manager) *(attended for item 9 only)*, Vikram Saklani (Communications Officer), Diana Smith (Administrator), Marc Stoner (Director of Corporate Services), Charlotte Urwin (Head of Strategy, Policy and Standards), Catherine Walker (Communications and Public Affairs Officer), and Manori Wickremasinghe (Chief Financial Officer).
External Attendees:	Siobhan Carson (Professional Standards Authority (PSA)), Ray Harding (NHS Northwest Anglia), Selina Powell (Optometry Today), Neal Suchak (College of Optometrists) and Alan Tinger (FODO).

	Welcome and Apologies
1.	The Chair welcomed those in attendance, including Marc Stoner as the newly appointed Director of Corporate Services. Apologies were received from Council Associates Siddhant Majithia and Rupa Patel.
	Declaration of Interests
2.	Frank Munro advised he was Past Chair of NHS Lanarkshire Optometric Advisory Committee.
	Minutes of the meeting held on 25 June 2025
3.	The minutes were approved as an accurate record of the meeting.
	Action points update

4.	Council **noted** updates on previous actions. There were no further comments or updates.
	Matters arising
5.	There were no matters arising.
	Standing orders and scheme of delegation C36(25)
6.	The Chief of Staff presented the item. The Chair thanked the Governance Documents Working Group and the Chief Legal Officer for their contribution to this work. In response to a question about urgent decisions, it was noted that the Standing Orders set out provisions for urgent meetings and decisions via email. The Chief of Staff clarified that any decision by email needs agreement of all Council members. The Council raised that further clarity was needed for certain provisions within the Scheme of Delegation. These included the responsibility of Council to approve annual reports and accounts, and the need to clarify the Chief Executive's duties in respect to appointing staff.
7.	Council: • **approved** the standing orders (annex 2) with effect from 17 September 2025; • **approved** the Council scheme of delegation (annex 3) with effect from 17 September 2025; and • **delegated** any minor revisions arising from the item to the Chief of Staff (in consultation with the Chair of Council) • **delegated** any future minor revisions to the Chief of Staff, as set out in the guidance for both documents.
8.	**ACTION: The Chief of Staff to circulate the Significant Incident Policy to Council.** **ACTION: The Chief of Staff to make minor amendments to reflect the responsibility of Council in respect to the annual report and accounts in the Scheme of Delegation.** **ACTION: The Chief of Staff to make minor amendments to reflect the responsibility of the Chief Executive in staffing matters in the Scheme of Delegation.**
	Annual report and financial statements 2024/25 C37(25)
9.	The Chief Executive and Registrar presented the item. Council acknowledged the work of previous Council members in developing the new corporate strategy. The Chair thanked the Communications team for their design work in making the report reader-friendly.
10.	Council: • **approved** the annual report and accounts 2024-25; • **approved** the letter of representation; and • **delegated** any minor revisions to the Chief of Staff (in consultation with the Chair of Council)
	Equality, Diversity and Inclusion annual report 2024/25 C38(35)

11.	The EDI Manager presented the item. Council was concerned about ongoing disparities in fitness to practise outcomes. The Chief of Staff confirmed that EDI knowledge and data-sharing takes place between regulators. Council thanked the EDI Manager and Chief of Staff on their work.
12.	Council: • **approved** the EDI annual report 2024-25; and • **delegated** approval of any minor revisions to the Chief of Staff (in consultation with the Chair of Council).
	Thematic review C39(25)
13.	The Director of Regulatory Strategy presented the item. Council discussed the concerns raised around over-prescribing and refusals to treat young children within the sector. It was noted that the Public Perceptions survey would feed into the Thematic Review report. This would allow the organisation to consider responses that represent patient interests. The Chair thanked the policy team for their work.
14.	Council: • **approved** the business case (annex 1).
	Registrant survey 2025 and lived experience research C40(25)
15.	The Policy Manager presented the item. Council discussed the reported decline in the number of registrants who feel that the GOC's Fitness to Practise (FTP) processes are fair. Council noted that work will be undertaken to review its approach to setting registration renewal fees, and this would be shaped by registrant feedback.
16.	Council: • **noted** the findings and next steps from the surveys.
	Education annual monitoring report C41(25)
17.	The Education Policy Manager presented the item. Council was informed that feedback from employers was captured in the first round of the business registrant survey.
18.	Council: • **noted** the update and **consider** the report (**annex one**).
	Financial performance report for the period ending 30 June 2025 and Q1 forecast of 2025/26 C42(25)
19.	The Director of Corporate Services presented the item. The Council discussed whether the nine vacancies are impacting the GOC's reserves or strategic objectives. The Chief Financial Officer confirmed that the vacancies have been accounted for within the budget.
20.	Council: • **noted** the financial performance for the three months ending 30 June 2025 in annex one.

	• **noted** the Q1 forecast for the current 2025-26 financial year in annex two.
21.	Council broke for lunch at 12.37pm and returned from lunch at 1.35pm.
	Business performance dashboard Q1 2025/26 C44(25)
22.	The Chief of Staff presented the item. The Director of Regulatory Operations provided context on the triage and hearing caseload Key Performance Indicators (KPIs). Council took this item out of order to assist with scheduling for the day.
23.	Council **noted** the report.
	Business plan assurance report Q1 2025/26 C45(25)
24.	The Chief of Staff presented the item. Council discussed whether staffing levels were contributing to delays in the business plan being delivered. Council took this item out of order to assist with scheduling for the day.
25.	Council **noted** the report.
	Audit, Finance and Risk Committee (ARC) annual report 2024/25 C43(25)
26.	The Chair of ARC provided an update. Council thanked ARC for its work.
27.	Council: • **noted** the ARC annual report 2024-25.
	Chair's report C46(25)
28.	The Chair presented the item. The Chief Executive and Registrar highlighted that there would be an opportunity for Council to visit the College of Optometrists Museum subject to capacity.
29.	Council **noted** the report.
	Chief Executive and Registrar's report C47(25)
30.	The Chief Executive and Registrar presented the item. Council thanked Charlotte Urwin for her work as acting Director of Corporate Services. Council also thanked the Change team and staff networks for assisting in a smooth transition to the new office at One Canada Square.
	Council forward plan
31.	Council **noted** the Council forward plan. There were no comments or queries.
	Any Other Business
32.	None received.
	Date of the next meeting
33.	Council noted the date of the next public meeting was **Wednesday 17 December 2025.**
	Close

34.	The meeting ended at 2.15pm.

General Optical Council

COUNCIL

Actions arising from strictly confidential Council meetings

Meeting Date: 17 December 2025   **Status:** For noting

Lead Responsibility and Paper Author: Nadia Habib, Governance and Compliance Manager

Purpose

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

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

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

Reference	By	Description	Deadline	Notes
C36(25)	**Chief of Staff**	The Chief of Staff to circulate the Significant Incident Policy to Council. The Chief of Staff to make minor amendments to reflect the responsibility of Council in respect to the annual report and accounts in the Scheme of Delegation. The Chief of Staff to make minor amendments to reflect the responsibility of the Chief Executive in staffing matters in the Scheme of Delegation.	**December 2025**	**Complete –** The amendments have been made and the policy circulated.

Part 2: Action points from previous meetings which remain outstanding

Reference	By	Description	Deadline	Notes
C56(24)	**Director of Corporate Services**	To ensure Council is provided with four quarters of compliance data, rather than the three on the report.	**March 2026**	Closed
None				

Part 3: Action points previously outstanding but now completed

Reference	By	Description	Deadline	Notes
None				

C52(25)

Public Council

2026 Registration Fees

General Optical Council

Meeting: 17 December 2025   **Status:** For decision

Lead responsibility: Marc Stoner (Director of Corporate Services)
Paper Author(s): Marc Stoner (Director of Corporate Services)
Legal Review: Kiran Gill, Chief Legal Officer
Finance Review: Included within the paper

Purpose

1. For the Council to set the Registrant fee rules for 2026-27.

Recommendations

2. Council is asked to:
    - **agree** an increase to the main registration fee for 2025-2026 of £10 (approximately 2.5%).
    - **consider and agree** the draft fee rules, as set out in annex one.

Strategic objective

3. This work concerns the core funding of GOC activities and therefore contributes to the achievement of the regulator's strategic objectives.

Background

4. The Financial Regulations give the Council responsibility for the setting of fees and charges for registrants.

5. At its meeting on 13 December 2023, (paper ref C53(23)) the Council agreed that in future years fees should be raised in line with inflation, and a new fees strategy should be developed and consulted upon as part of the 2025-30 strategy. This consultation is planned for 2026.

6. In developing our recommendation, we have considered future financial forecasts and assumed a stable position in relation to registrant retention and overall growth of the register in line with year on year upward trends.

7. Our assumptions are based on a low likelihood of registrant renewals reducing, and new registrations remaining on track with previous years, although this is subject to risks as outlined later in this paper.

8. In recommending changes to fees, we have taken account of the following:

- the impact of inflation (including pay inflation) and the need to achieve value for money;
- the PSA's strong steer of ensuring that fees and fee increases are not unreasonable;
- an expectation that we will deliver our core business within our revenue income over the course of our new five-year strategy (break-even or better, subject to a tolerance of +/-5%), retaining reserves for designated additional 'non-core' expenditure.

9. At its meeting of 25 November 2025, the Audit, Finance and Risk Committee (ARC) reviewed the fees proposal and:

- **agreed** to recommend to Council that the registration fee is increased for 2025-2026 by £10 (2.5%).
- **agreed** the draft fee rules be recommended for approval by Council for final approval, as set out in annex one.

10. Feedback from the ARC has been considered and factored into this paper.

Analysis

Budget and 5-year forecast

11. We have now completed our Q2 budget review which shows an overall improvement in our financial performance compared to both the approved budget (February 2025) and the Q1 forecast (July 2025). The Q2 forecast for 2025/26 at £106k indicates a £557k and £1,471k positive variance against the budget and Q1 forecast, respectively.

12. In addition, our forecasted reserves position over five years indicates that we will remain within the agreed policy range. Our corporate strategy anticipates investment from reserves to support the realisation of our strategy.

13. The last 6 months has seen a positive environment for our investment portfolio and whilst we have seen a period of more stability and growth, we are mindful of the potential for future volatility in performance and value.

14. We believe it is prudent to seek an increase in the main registration fee to address significant cost pressures, including inflationary increases in supplier contracts, additional costs in relation to the member pay bill increase of 12% due to additional legal obligations on holiday pay and contributions, and the need to retain staff at appropriate salary levels to maintain service quality. These rising costs are the primary reason for proposing a fee increase, as they directly impact our ability to balance the budget and deliver core regulatory services effectively.

15. In addition, the increase will help manage potential fluctuations in income and unrealised investment gains or losses affecting reserve sizes, achieve a balanced revenue budget over the lifetime of the 2025–30 strategy, and reduce the amount we

may need to draw down from our investments for non-strategic purposes. This approach is particularly important while market volatility remains a risk, presenting the potential of realising losses on investment values, and in advance of launching our new five-year strategy.

16. In developing the budget, we have assumed an increase of £10 in relation to the main registration fee, which provides sufficient income to meet the current projected level of expenditure for 2026/27. The proposed increase is approximately 2.5%, which is below the September 2025 CPI rate of 3.8%.

17. A fee freeze or smaller increase would likely cause us to set a deficit budget and require drawing on reserves to cover the costs of delivering business as usual (BAU), diverting funds away from strategic priorities.

18. This would also mean we may not be able to meet key performance indicators (KPIs) without rapidly and unsustainably reducing expenditure, given employee-related expenses being our largest area of spend. A rapid reduction in spend could compromise our ability to retain skilled staff and deliver future-facing core work, including in policy and research, IT security enhancements, and training initiatives. These activities are essential for maintaining service quality and supporting the organisation's long-term resilience, making a modest fee increase critical to sustaining both operational and strategic objectives.

Achieving greater operational efficiency and value for money

19. Over the past two years we have introduced a range of measures aimed at improving our efficiency and ensuring value for money; these will continue over the course of this strategic planning period. The most effective has been the move to our new office accommodation at One Canada Square, with a 50% reduction in floor space realising net efficiency gains of approximately £100k a year until 2030, with the additional benefits of a more productive, collaborative working space, enabled by the continuation of remote and hybrid meetings arrangements for Council, Committees, members and staff. This has significantly reduced travel and accommodation costs, which, alongside our longstanding agile working policy, has enabled a rationalisation of office space requirements and lower property-related overheads, whilst preserving workforce retention and productivity.

20. Productivity gains and additional efficiencies have also been achieved through investment in our use of digital technologies, including investment in our FtP Case Management System, and through the use of Artificial Intelligence (AI) in our policy consultation platform. Additional effectiveness and productivity gains are also anticipated following the launch and roll out of My GOC in April 2026. Hearings are delivered, where possible, via remote platforms and this has significantly reduced expenditure on travel and accommodation (by about £300k a year post pandemic). We've worked hard to reduce our print costs, with only essential materials, such as hearing bundles, being retained in hard copy. Our education quality assurance

activities are now predominantly desk-based, reducing the need for field visits and associated travel and accommodation costs.

21. Our new legal support model is also generating significant cost efficiencies within Regulatory Operations by enhancing our in-house legal and advocacy expertise, thereby reducing the need for obtaining external legal support on fitness to practise cases. This investment has achieved a net-saving in costs, reduced cost volatility and offers greater value for money, evident in the Q2 reforecast. We have also streamlined how we obtain external legal advice in relation to internal queries regarding contracts and procurement, and our new contracts and procurement policy makes it easier for colleagues procuring for external contractors to select a procurement route most likely to achieve greatest value for money.

22. Although we anticipate that regulatory reform might enable further efficiencies gains through streamlining of regulatory functions, until the draft proposals are published it is difficult to anticipate potential savings or costs of any additional responsibilities or changes to governance arrangements (for example, the potential introduction of a unitary board.) In the meantime, we will continue to invest in policy and operational efficiencies and productivity gains, and work with others where it is appropriate for us to do so, without compromising regulatory fairness, customer service, or delivery quality.

Inflation context

23. The UK Consumer Price Index (CPI), as at September 2025, is 3.8%.

24. The Office for Budget Responsibility (OBR) forecast that CPI inflation is expected to average about 3.2% in 2025. By early 2026, inflation should start falling more sharply as energy-related base effects drop out and economic slack increases.

25. The Bank of England (monetary policy report) forecast that inflation is projected to trend down from the current 3.8% toward 3% by Q1 2026, moving closer to the 2% target later in the year. The Bank expects inflation to be around 2.7% by Q3 2026 and near 2% by mid-2027.

Registration fee

26. In 2023-24 the annual fee was raised by £20 and in 2024/25 by £25. These increases reflected the high underlying rates of inflation at the time. If the main registration fee for 2026/27 was to increase by CPI (3.8% September 2025), in accordance with the Council's policy, it would mean a £15 increase, taking the registration fee to £430.

27. As part of the budget preparation for 2026/27 and the five-year forecast, we have modelled a below inflation increase of £10 (c2.5% increase) in relation to the main registration fee, which we consider provides sufficient income to meet the current projected level of expenditure. A £10 increase, which represents a 2.5% rise, is below the current inflation rate of 3.8%. SMT supports this proposal and considers a 2.5%

increase in registration fees is sufficient to maintain financial stability and deliver our statutory responsibilities, maintain good customer service, avoid deficits, and reduce reliance on expenditure from reserves.

28. Whilst the proposed increase is below the Council's steer that any increase should be in line with inflation, previous financial forecasts had anticipated inflation to have reduced to c2.5% by now. An assumed increase of £10 has been previously shared with the Council through the regular budget and forecast reporting. If the fee was increased to £430, in line with current inflation, it would generate an additional £137k for resources across the GOC.

29. While a higher increase could provide additional resources, it risks being perceived as unreasonable by the professions and businesses we regulate and may have a negative impact on the financial sustainability of optical sector professional and representative bodies, who are reliant on membership/retention income. As demonstrated by the NMC's recent proposal to increase its retention fee, our approach is that steady, annual increases in registration fees over time are preferable to more significant, sporadic increases to meet funding shortfalls in later years. By keeping the increase modest, this approach is likely to be more acceptable to registrants who we know the view GOC fee negatively, helping to balance financial sustainability with sensitivity to stakeholder views. A summary of the proposals is set out below:

Scenario	Fee	Income	Pros	Cons
£425 (proposed)	+£10	Balanced budget	Below inflation	Future unknowns
£430	+£15	£137k	More resources	Seen as unreasonable

30. The table below sets out the main registration fees for the last six years:

Proposed 2026/27	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
£425	£415	£405	£380	£360	£360	£360	£350

Registration fee - low income

31. The low-income threshold is currently £16,000, and the level of discount is £125. This threshold was previously £12,000, and its increase has enabled more registrants to benefit from the low-income concession. The discount itself was raised from £100 to £120 in 2023–24, with a further £5 increase to £125 in 2025/26. For 2025/26, low-income registrants paid £290.

32. If the current low-income fee was to increase by the same percentage as the proposed registration fee, the amount payable for 2026/27 would be £297.

33. If we maintain the current discount of £125, this will mean that for 2026/27 the low-income fee will increase to £300, this represents a 3.4% increase and generates an additional £9,600 in income, assuming a similar number of applications for the low-income discounts as 2025/26.

34. We have explored two alternatives, which are to increase the discount to £130 and £135. This would mean either no fee increase or a smaller increase of £5 which demonstrates our commitment to supporting low-income registrants. Whilst this would result in a reduction in income of between £4,700 and £9,600, we are able to cover this within the existing resources. A summary of the low-income fee proposals is set out below.

Scenario	Fee	Income	Pros	Cons
£290 (proposed)	+£0	(£9,600)	Below inflation	Future unknowns
£295	+£5	(£4,700)	Below inflation	Future unknowns
£297	+£7	(£4,800)	2.5% increase	Below inflation
£300	+£10	£9,600	Balanced budget	3.4% - higher than main fee

35. We have also considered increasing the low-income threshold above £16,000. However, given the potential loss of income of c£90k this would require a further increase in the main registration fee to maintain overall resource. The preference is to consider affordability of different types of concessions when we consult on the various fee strategy options in 2026.

36. The proposal is to increase the low-income discount to £135 and therefore hold the fee at £290. Any increase could be seen as unreasonable on top of other fee increases.

Student registration and renewal fees

37. The fee for students was last increased in 2019-20 when it was raised to £30. An inflationary increase would be an increase of £0.75p (2.5%) or £1.00 (3.8%). We are not proposing to increase the student fee as there is a risk that this is seen as unreasonable. The additional income is not critical and given our overall financial position may be considered unnecessary.

Non-UK application fees and other fees (application, restoration and certificates)

38. Non-UK application fees were increased in 2025/26 by £5. An inflationary increase would generate approximately £5k. The number of non-UK applications is relatively low and this route to registration is also planned to be reviewed in 2026/27.

39. Given the relatively low-income generation, we consider it is prudent to hold the fee at its current level and review as part of the overall review of the route to registration.

40. It is proposed to hold other fees whilst we implement MyGOC. These fees recover the cost of administration and so are likely to change as part of the efficiencies generated by our investment in our digital transformation.

Finance

41. Financial impacts are set out within the main body of the paper.

Risks

42. The risks considered in preparing this recommendation which we considered include:
    - The GOC as a going concern;
    - Changing business models (risk to individual registrant income);
    - Further shift toward multiples (risk to business registrant income);
    - Downturn in UK economic outlook negatively impact the optical profession (registrants leave the profession, optical business fail, with resulting drop in income etc.);
    - Contraction in demand for registrant services (risk to registrant income); and
    - General economic volatility reducing reserves value and income.

43. Without an adequate and sustainable funding model, there is a significant risk that we are unable to deliver our strategic plans, programme of change, and BAU either sufficiently quickly or effectively, and risk our ability to meet the PSA's Standards of Good Regulation.

44. There is an inherent risk in setting the fee level based on an outline budget and reforecast only seven months into the current financial year, as the full impact of trends and changes cannot be reflected fully in our financial performance for the year to date. This is mitigated by regular forecasting each quarter and reviews of budget performance on a monthly basis.

45. There is risk in assuming investment income will provide a consistent annual return. This is in line with the remit of the Investment Manager but is based on long-term performance and could fluctuate year on year. This risk is reduced by ensuring that the performance of investments is subject to regular review by the Chief Financial Officer, Director of Corporate Services and the Investment Committee, including the investment managers' structuring of investments to minimise fluctuations in performance.

46. A new fees strategy may impact the way we share the costs of regulation between the professions and practices we regulate. Any such changes to fee levels will require further detailed internal planning, discussion with stakeholders and careful forecasting.

Equality Impacts

47. Consideration has been given to the following:
    - **Low-Income Registrants -** Fee increases may disproportionately affect registrants on lower incomes, including those working part-time or in less financially stable roles.
    - **Part-Time and Career-Break Professionals -** Individuals on parental leave or working reduced hours may experience greater financial pressure from fee increases.
    - **Students -** While student fees are not increasing this year, future changes could impact affordability for those entering the profession.

48. To continue to support those registrants set out in point 49 above, fees for low income registrants and students have been frozen for 2025/26, with the only fee increase being the main registration fee.

Devolved nations

49. There are no implications for the devolved nations

Other Impacts

50. There are no implications for the devolved nations

Communications

External communications

51. Stakeholder and registrant communications will be delivered following Council approval. This will include a press release, updated webpages and a direct email to registrants and membership bodies.

52. Messaging will focus on the below inflation increase of the main fee and the hold on low income and student fees. It will include an explanation of the importance being able to balance delivery our regulatory functions while keeping costs as low as possible for registrants.

Internal communications

53. A full Q&A and briefing will be provided for the Registration team, so that they can deal with direct enquiries from registrants.

Next steps

54. None.

Attachments

Annex 1: Draft registration Fee Rules 2026/27

THE REGISTRATION FEES RULES 2026-2027

Each application falling within a category set out in the table below shall be accompanied by the fee shown for the period 1 April 2026 – 31 March 2027:

Applications for annual renewal of registration	25/26 Fee	26/27 Fee Proposal
Annual renewal fee Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both for the year commencing on 1 April 2026 and ending on 31 March 20267received on or before 31 March 2026.**ait**	£415	£425
Low income earners annual renewal fee[1] Application for annual renewal of registration in the register of: • Optometrists • Dispensing opticians for the year commencing 1 April 2026 and ending on 31 March 2027 applications received on or before 31 March 2026**.**	£290	£290
Application for annual renewal in the register of student optometrists or the register or student dispensing opticians for the year commencing 1 September 2026 and ending on 31 August 2027 received on or before 31 August 2026.	£30	£30

Applications for annual renewal of registration when entering, transferring or restoring to the register	25/26 Fee	26/27 Fee Proposal
Annual renewal fee for the period 1 April 2026 and ending on 31 March 2027, pro rata rate based on date of entry to the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both	£103.75 per quarter or part thereof	£106.25 per quarter or part thereof

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[1] a low income earner is defined as an individual fully qualified applicant or registrant whose total individual income is estimated to be lower than £16,000 for the following year 1 April 2026 - 31 March 2027.

Applications for Registration	25/26 Fee	26/27 Fee Proposal
Initial application to be entered on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low-income earners.	£80	£80
Application for registration in the register of student optometrists or the register of student dispensing opticians for all or part of the year commencing 1 September 2026 and ending on 31 August 2027. No annual renewal fee will be charged for the year in which they are applying for registration.	£30	£30
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£45	£45

Applications for transfer of registration	25/26 Fee	26/27 Fee Proposal
Application for transfer between full registers for all or part of the year commencing on 1 April 2026 and ending on 31 March 2027.	£45	£45
Application for transfer from the register of student optometrists to the register of optometrists or from the register of student dispensing opticians upon completion of a GOC accredited route to registration.	£45	£45

Applications for restoration of registration	25/26 Fee	26/27 Fee Proposal
Initial application to be restored on the register of: • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low-income earners.	£80	£80
Application for restoration to the register of student optometrists or the register of student dispensing opticians following removal or erasure from the registers for all or part of the year commencing on 1 September 2026 and ending on 31 August 2027. No annual renewal fee will be charged for the year in which they are applying for registration.	£30	£30

Applications for Certificates of Current Professional Status	25/26 Fee	26/27 Fee Proposal

Application for a certificate of current professional status.	£30	£30

Applications for assessment of qualifications gained from outside of the UK to gain entry to the register of dispensing opticians or optometrists	25/26 Fee	26/27 Fee Proposal
A scrutiny fee for processing documentation for applications for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£130	£130
For those that have passed the scrutiny stage and require an equivalency assessment, a fee will be charged for: Assessment of equivalency of qualifications and experience for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£455	£455
An interview fee for non-EEA applicants (this is the cost of a telephone interview between the applicant and GOC assessors)	£205	£205

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COUNCIL

General Optical Council

Equality, Diversity and Inclusion (EDI) Policy

Meeting: 17 December 2025　　　　　　　　　　　**Status:** For decision

Lead responsibility: Andy Mackay-Sim (Chief of Staff)
Paper Author(s): Joanna Murphy (Equality, Diversity and Inclusion Manager)
Council Lead(s): No Council lead for this work

Purpose

1.　To enable Council to approve the General Optical Council's new Equality, Diversity and Inclusion (EDI) policy.

Recommendations

2.　Council is asked to:
   - Approve the Equality, Diversity and Inclusion (EDI) policy (Annex 1).
   - Note that the policy has been developed in consultation with our internal Policy Review Group (PRG), People & Culture, and the Chief Legal Officer, and has been assessed for equality impact (Annex 2).

Strategic objective

3.　This work contributes towards the achievement of the GOC's EDI Strategy 2025–2030, in particular:
   - Ensuring our processes deliver fair outcomes for our workforce, registrants and the public;
   - Embedding EDI into all policy development and decision-making;
   - Building an inclusive culture where everyone feels safe to speak up; and
   - Attracting and retaining diverse talent and improving representation across all levels of our workforce.

4.　This work forms part of the 2025/26 EDI Action Plan.

Background

5.　The proposed EDI Policy is a new policy, developed to provide a clear, standalone statement of our EDI commitments as both a regulator and an employer. While we are already embedding EDI across all our policies as they come up for review, this policy sets out a consolidated framework in one place. The policy:
   - Strengthens our language of fairness, respect, empathy and integrity, aligning directly with GOC values.

- Defines and illustrates different forms of discrimination and harassment to support understanding.
- Sets out clear responsibilities for all staff, people managers, SMT, Council, and the Freedom to Speak Up Guardian.
- Reinforces our commitment to our staff networks, health and wellbeing, neurodiversity inclusion and career progression.
- Establishes clear feedback mechanisms for colleagues to share views on the inclusiveness of this and future policies.

Analysis

6. The proposed EDI Policy aligns with equality legislation (Equality Act 2010 and Northern Ireland equivalents) and the Public Sector Equality Duty. It demonstrates the GOC's commitment to going beyond compliance by setting practical expectations and embedding inclusion into everyday practice.

7. The proposed policy references our Freedom to Speak Up Guardian, to strengthen the organisation's culture of psychological safety and transparency. It also helps demonstrates compliance with PSA Standard 3 (equality, diversity and inclusion), strengthens our evidence base for future PSA reviews, and provides a framework for related policies and training, and will support the practical steps we are taking to create an inclusive internal culture.

8. Risks of not approving this policy include:
   - Reputational impact and potential non-compliance with PSA standards.
   - Reduced confidence among staff and external stakeholders in our EDI commitments.

Finance

9. The staff training required to embed the new EDI policy is to be included as part of 2026/27 training budget. The EDI Manager is assessing the financial cost, and we provisionally allocated £10k for training in the Q2 forecast. The cost will be finalised before the 2026/27 budget is completed in January.

10. Future EDI training costs will be reflected in annual forecasts to maintain organisational capability and awareness.

Risks

11. There is a risk that staff may be unaware of or misunderstand their responsibilities under the EDI Policy, leading to inconsistent practice or non-compliance. Mitigations include launch briefings, EDI training, SharePoint resources and clear signposting to related policies.

12. There is a risk that staff are unsure how to raise concerns under the policy This risk is mitigated by explicit reference to our grievance and Speaking Up policies, and promotion of the Freedom to Speak Up Guardian role.

Equality Impacts

13. An Equality Impact Assessment (screening) has been undertaken (Annex 2).
- Key impacts are positive, ensuring the policy promotes inclusivity across all protected characteristics and supports neurodivergent staff and those with caring responsibilities.
- No negative impacts were identified.

Devolved nations

14. The policy includes reference to the Equality Act 2010 (England, Scotland and Wales) and equalities legislation in Northern Ireland. No additional implications identified for devolved nations beyond this.

Other Impacts

- Legislative: Ensures compliance with equality law and Public Sector Equality Duty.
- Sustainability: Supports long-term culture change and continuous improvement through scheduled reviews and employee feedback.
- Privacy: Diversity data monitoring will continue in line with GDPR and data protection requirements.

Communications

External communications

15. Once approved, the policy will be published on the GOC website.

Internal communications

16. Internal communications will include:
- Launch on Iris and share through all-staff communications.
- Spotlight through staff networks and Leadership briefings.
- Feedback invited to edi@optical.org.

Next steps

17. Next steps include:
- Incorporate any Council feedback following the meeting.
- Publish the approved policy on the website and internal people and culture pages.
- Plan awareness and training activity in early 2026.

- Schedule a review in three years or sooner if legislative or organisational changes occur. Monitoring of implementation will be overseen by the EDI Manager and reported through the annual EDI report.

Attachments

Annex 1: Equality, Diversity and Inclusion (EDI) Policy.
Annex 2: Equality Impact Assessment.

Equality, Diversity and Inclusion (EDI) Policy

Status of document: Draft	
Version: 1	
Date of approval: TBC	
Effective from: TBC	
Owner: Council	
Author: EDI Manager	
Planned next review date: Approval date + 5 years	

Version	Author	Date	Changes
1	Joanna Murphy, EDI Manager	December 2025	Policy created.

We want this policy to reflect the needs and experiences of everyone at the GOC. If you have ideas or feedback on how we can make it more inclusive, please share them with us at **edi@optical.org**. Your voice helps us to keep improving and ensure our policies work for everyone.

1. Introduction

1.1 At the General Optical Council (GOC) we have a strong commitment to equality, diversity and inclusion, where our workforce is valued and respected for who they are.

1.2 The GOC is committed to going beyond meeting our legal obligations under equalities law. For us, Equality, Diversity and Inclusion are about treating everyone fairly, with empathy and respect. Our values underpin how we work with each other and how we deliver our work.

1.3 The GOC is committed to being an organisation that has zero tolerance for all forms of unlawful or unfair discrimination, harassment, and victimisation.

1.4 We also recognise that good employment practice is the key to ensuring we meet our legal responsibilities to the Public Sector Equality Duty, set out in the Equality Act 2010.

1.5 The aim is for our workforce to be truly representative of all sections of society and of the people we serve, and for every everyone to feel respected, valued, and able to thrive.

1.6 This policy sets out the GOC's commitment to Equity and Inclusion in all aspects of employment. It covers not just how we recruit, but how people are treated throughout their time with us, from joining to leaving.

1.7 All of our workforce is encouraged to provide feedback on the inclusiveness of this and all of our policies.

2. Purpose

2.1 The purpose of this policy is to show our commitment to operating in a principled, fair and transparent manner and in a way that is free from discrimination, harassment and victimisation. We aim to promote, celebrate and utilise the benefits of diversity and equality in all of our activities. This includes engaging fairly and equally with members of the public, registrants, current and prospective members and employees.

2.2 The GOC is committed to eliminating individual and institutional discrimination, harassment and victimisation. This includes discrimination on the basis of the protected characteristics set out in the Equality Act 2010 (England, Scotland and Wales) and in the equalities legislation of Northern Ireland, which are:

- Age
- Gender reassignment
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation

*We respect that how people identify is deeply personal and may sit outside the specific terms of the Equality Act 2010. The GOC is committed to supporting and including everyone, regardless of how they identify or express themselves.

2.3   The GOC is committed putting our mission and values into practice. Our values of fairness, respect, empathy and integrity guide how we work with each other, how we make decisions, and how we deliver our services.

2.4   The aim is for our workforce to be truly representative of all sections of society and our service users, and for everyone to feel respected, valued and able to thrive.

3.   Scope - Who the policy applies to

3.1   This policy applies to employees, contractors, members, workers and consultants. It also applies to other stakeholders such as customers, suppliers and visitors.

3.2   This policy applies to all aspects of employment, including recruitment, development, promotion and retention. We are committed to ensuring these processes are fair and equitable for everyone, regardless of age, race, colour, religion or belief, disability, neurodivergence, nationality, ethnic origin, sex, gender identity or expression, sexual orientation, marital or civil status, caring responsibilities, parental or maternity/paternity status, HIV status, social or employment background, political affiliation, trade union membership, or any other personal trait or circumstance.

4.   Our commitments

4.1   **Your responsibility:** It is up to everyone to create an environment where we feel safe and supported at work. This will often mean challenging your own biases, being open to different points of view, different lived experiences and allowing those different voices to contribute. You must comply with this and any other associated policies and procedures, and ensure that:

- You role model professional behaviour and good practice, recognising that this directly impacts the organisation's reputation and its ability to deliver fair and inclusive services.

- You take personal responsibility for upholding a working environment that is respectful, inclusive and free from discrimination, harassment, bullying or any other unacceptable behaviour. This includes being mindful of the impact of your actions, supporting colleagues who may be affected, and where appropriate/safe, challenging inappropriate conduct when it arises.

- You must support and follow the organisation's approach to promoting equality and preventing discrimination in both employment and service delivery. This includes:
  - Not discriminating when involved in recruitment, selection, promotion, transfer, or training decisions.
  - Not encouraging or pressuring others — including colleagues, union members or managers — to engage in unlawful discrimination, harassment, or bullying in any context.
  - Not victimising individuals for raising a complaint or grievance, or for supporting someone else who has.

- You inform your managers if you suspect that discrimination, harassment, bullying, abuse, victimisation, or offensive behaviour has taken place.

- You follow the GOC Grievance Policy and Procedure in situations where you have experienced discrimination, bullying or harassment.

4.2   The GOC is committed to fostering a culture where employees can approach their manager or supervisor and raise a concern. Whatever their concern, they have a right for it to be considered, discussed and resolved where possible. The GOC's Freedom to Speak Up Policy supports this ethos and outlines how employees can raise concerns in a safe and constructive way. For examples of inappropriate behaviour linked to protected characteristics, employees are signposted to the GOC guidance on bullying, harassment and discrimination in the above Grievance Policy and Procedure.

4.3   **Council:** Council provides strategic leadership and oversight of the GOC's commitment to equality, diversity and inclusion. As trustees of a registered charity, Council members set the tone from the top by ensuring that inclusion is embedded across our governance, decision-making and regulatory work. They are responsible for:

- Championing equality, diversity and inclusion in all aspects of the GOC's work and leading by example in their conduct and decision-making.
- Holding the Executive to account for delivering on the organisation's EDI strategy, objectives and statutory duties.
- Considering equality impacts and opportunities when shaping policy, regulation, and strategy.

- Promoting the GOC's values of fairness, empathy and respect in their interactions with colleagues, registrants and the public.

4.4 **Senior management:** The Senior Management Team (SMT) plays a key role in leading by example, creating an inclusive culture, and challenging discrimination at a strategic and operational level. They must:

- Ensure the policy is put into practice by assigning responsibility for developing and implementing it, and by making sure it follows UK law.
- Live the values and principles of this policy in their actions and behaviour at work and promote EDI in all areas of work.
- Ensure all employees within their area of responsibility are informed about this policy and other associated policies and procedures, and apply this policy and procedure in a fair and equitable manner.
- Develop a culture where employees are supported and assisted to understand, achieve and maintain the required standards of conduct.

4.5 **People managers:** People managers play an important role in supporting and advising their teams, as well as challenging discrimination. They must ensure this policy is fairly and consistently applied by both themselves and those that they manage and:

- All employees are made aware of the contents and the importance of observing the principles of equality, diversity and inclusion.
- Provide support and direction about the behaviours expected of your employees at work.
- All practices and policies address any unfair practices of which they are aware, whether or not a complaint has been made.
- Any breaches of this policy, concerns or complaints to be dealt with quickly and effectively through the relevant related policies listed in this policy. Live our values and be positive role models for your employees.
- Ensure you and your employees attend/complete our mandatory equality and diversity training.

4.6 **People and Culture:** The People and Culture team is responsible for providing advice and guidance to any employee on the application and effective implementation of this policy. They also have responsibility for ensuring that the duty to promote this policy is observed, and the general and specific duties of equality legislation are observed. For example, ensuring policies, procedures and people practices are regularly reviewed for fairness, inclusivity and legal compliance, develop and deliver training and resources to build awareness and confidence across the organisation, and provide clear, accessible advice and guidance to employees and managers on how to apply the policy in everyday

situations (e.g. recruitment, adjustments, progression, performance management).

4.7 **Freedom to Speak up Guardian:** The Freedom to Speak Up Guardian provides an independent and impartial point of contact for those who wish to raise concerns about behaviours, culture, or practices that may affect wellbeing or integrity. The Guardian offers a confidential and supportive space to talk, signposts individuals to appropriate routes for advice or action, and promotes a psychologically safe culture where everyone feels able to speak up without fear of detriment. Working closely with People and Culture, the strategic lead for speaking up and senior leaders, the Guardian also helps raise awareness of speaking up across the organisation and shares anonymised insight to support learning and improvement.

5. Our legal duties and commitment to equality of opportunity

5.1 As a public body, the GOC is committed to meeting its legal obligations under the Public Sector Equality Duty (PSED), which requires us to give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people from different backgrounds.

5.2 These duties are more than a legal requirement; they are central to how we work and the culture we aim to create. They shape our policies, our decision-making, and how we deliver our services.

5.3 You can read more about:
- The Equality Act 2010 (England, Scotland and Wales).
- Equalities legislation of Northern Ireland, summarised at ECNI - The Law, Equality Legislation, Equality Commission, Northern Ireland and including a range of Orders and Regulations such as the Fair Employment and Treatment (Northern Ireland) Order 1998).
- The Public Sector Equality Duty

6. Discrimination

6.1 The following table outlines the different types of discrimination and harassment covered by this policy, with practical examples to support understanding.

Term.	Definition.	Example.
Direct Discrimination.	Treating someone less favourably because of a protected characteristic.	A qualified candidate is not offered a job because they are pregnant.
Indirect Discrimination.	Applying a policy or practice that disadvantages people with a protected characteristic.	A team meeting is always scheduled at 4:30pm, and the manager refuses to consider changing the time. A Muslim colleague regularly attends afternoon prayers and is therefore excluded from contributing.
Associative Discrimination.	Discriminating against someone because of their association with a person who has a protected characteristic.	An employee with caring responsibilities for a disabled partner is overlooked for a secondment. The manager assumes they won't be reliable due to their caring duties.
Perceptive Discrimination.	Discriminating against someone because they are *perceived* to have a protected characteristic, whether they do or not.	A team leader expresses concern about managing a new starter, assuming (incorrectly) that the person is gay, and believing this will lead to "awkward conversations" with other team members.
Harassment.	Unwanted behaviour related to a protected characteristic that violates someone's dignity or creates a hostile environment.	A colleague repeatedly makes jokes about someone's accent and cultural background, saying they are "just having a laugh." The person feels uncomfortable and undermined.
Sexual Harassment.	Unwanted conduct of a sexual nature that creates an intimidating or offensive environment.	A manager makes inappropriate comments about an employee's appearance and stands too close during one-to-one meetings, making the employee feel uneasy and intimidated. Please also refer to [Sexual Harassment Policy]
Victimisation.	Treating someone badly because they made or supported a complaint about discrimination or harassment.	A GOC employee supports a colleague who raised a grievance about racial discrimination. Later, they are excluded from team opportunities, with one manager labelling them a "troublemaker."

7. Recruitment and selection

7.1 The GOC is committed to fair and inclusive recruitment. How we attract, assess and appoint people matters, not just for legal compliance, but for building a workforce that reflects the public we serve.

7.2 We recognise that the recruitment process can create barriers for some people. This might be due to where roles are advertised, how interviews are run, or how decisions are made. That's why we are committed to removing unfair barriers and taking steps to improve access to opportunities.

7.3 All selection decisions, including recruitment, promotion and redundancy, must be based on merit and relevant criteria. We want to ensure that no one is treated less favourably because of a protected characteristic, and that shortlisting and interviews are carried out fairly, consistently, and with awareness of bias.

7.4 It is also important that we monitor and understand who is applying to work at the GOC. Monitoring helps us identify whether certain groups are underrepresented or disadvantaged at different stages of the recruitment process. Where appropriate and lawful, we may take positive action to address this.

7.5 The detail of how we apply these commitments in practice is set out in our Recruitment Policy.

8. Training, promotion and career development

8.1 Inclusion at the GOC means ensuring fair access to development and career progression, and not just fair treatment at the point of recruitment.

8.2 We know that without careful attention, inequalities can arise in how people are supported to grow and progress at work. This is why we are committed to monitoring access to training and promotion, and to making sure decisions are fair and based on merit — not assumptions or informal networks.

8.3 We also recognise that staff from some backgrounds may face additional barriers to career development. Where appropriate, we may take targeted steps to support underrepresented groups, such as through mentoring or development programmes.

8.4 Everyone should have a fair chance to progress at the GOC, and to take up the same opportunities to thrive and develop in their roles.

8.5   We will continue to ensure that all new starters have equality, diversity and inclusion training as part of their onboarding programme. This training will also be an annual activity for all our people to support our inclusive culture.

8.6   We will continue to strive to support our people in attending diversity and inclusion initiatives, for example, by attending events and workshops organised by the employee inclusion networks to educate themselves on the challenges faced by others and how to help alleviate these in the workplace.

9.   Health, disability and neurodiversity inclusion

9.1   The GOC is committed to creating an environment where colleagues feel safe and supported to share information about a disability, neurodivergence, or long-term health condition, should they wish to do so. It is our responsibility to listen, respond and provide appropriate support to help remove or reduce barriers at work.

9.2   If you are an employee and you're experiencing difficulties related to your condition, your line manager and the People and Culture team will work collaboratively with you to identify and implement reasonable adjustments that enable you to perform your role effectively.

9.3   We are proud to hold Disability Confident level II accreditation for staff recruitment, reflecting our ongoing commitment to inclusive recruitment and employee practices.

10. Staff networks

10.1 At the GOC we are proud to have several employee-led staff networks that provide supportive spaces for colleagues and celebrate the diversity of our workforce. These networks play an important role in shaping an inclusive culture by sharing lived experiences, influencing policy and practice, and helping ensure that our approach to equality, diversity and inclusion reflects the people who make up our organisation.

10.2 Our networks are for GOC employees, though we welcome contribution and input from our members.

11. Monitoring and review

11.1 The GOC monitors its work in relation to EDI through several of key indicators, including data relating to our people, registrants and stakeholders. We produce an annual action plan which is approved by Council. SMT receives monitors progress on delivery of the plan throughout the year. At the end of the year, we

produce an annual report on how we have delivered against the plan and the work we have undertaken.

11.2 As part of this, the GOC monitors and reviews the diversity data of our registrants, current and prospective members, and employees. This helps us build a clearer picture of our diversity profile and identify areas where we can improve. We collect this information through a range of secure channels, and it can be shared confidentially or anonymously. Details about how we use and protect this information can be found by reading our data privacy statement on our website here.

12. Raising a concern.

12.1 We recognise that raising a about discrimination, harassment or victimisation can be difficult. If this happens, you will be treated with dignity and respect throughout the process. All complaints will be taken seriously, handled promptly and confidentially, and support will be offered where needed.

12.2 If you believe that you have experienced discrimination or inappropriate behaviour, you can raise through our Grievance Procedure. You can also speka in confidence with your Line Manager, the people People and Vulture teams, or Freedom to Speak Up Guardian for advice or support before deciding how to proceed.

12.3 Individuals who are not employees can raise EDI-related concerns through the Corporate Complaints process (for members of the public) or directly with the EDI Manager or through the Freedom to Speak Up routes (for registrants and stakeholders). All concerns will be managed in line with our published procedures.

12.4 Discrimination, harassment and victimisation are regarded as misconduct and may lead to disciplinary action being taken. No one will be penalised for raising a genuine concern or supporting someone else who does.

13. Related policies

13.1 This policy is supported by the following other policies and procedures:

- Corporate Safeguarding Policy
- Disciplinary Procedure
- Flexible Working Policy
- Freedom to Speak up Policy
- Grievance Procedure

- [Maternity Policy](#)
- [Paternity Policy](#)
- [Sexual Harassment Policy](#)
- [Special Leave Policy](#)

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General Optical Council

Impact Assessment Screening Tool

Name of policy or process	Equality, Diversity and Inclusion (EDI) Policy
Purpose of policy or process	To set out the GOC's commitment to fairness, respect, empathy and integrity in how we treat colleagues, registrants, and members of the public. The policy supports compliance with the Equality Act 2010 and Public Sector Equality Duty, while going beyond legal obligations to create an inclusive culture for everyone who works with or for the GOC.
Team/Department	Governance (EDI)
Date	October 2025
Screen undertaken by	Joanna Murphy, EDI Manager, PRG
Approved by	Andy Mackay-Sim, Chief of Staff
Date approved	
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a **full** impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is <u>not</u> required, put your reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

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A) Impacts	High risk	Medium risk		Low risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	n/a
2. Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	No budget is required OR budget has been allocated and it is unlikely more will be required	M
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	M
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	M
5. Reputation and media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	L
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	L
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	L
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	M
8. Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	L
	Not sure if needs to be published in Welsh	Must be published in Welsh; Comms Team aware		Does not need to be published in Welsh	L

Please put commentary below about your impacts ratings above:
Training and awareness activities already accounted for within 2026/27 budget forecast. Additional financial resources required to source external training around Cultural Safety.
The policy fully aligns with the Equality Act 2010, the Public Sector Equality Duty, and the PSA's expectations under Standard 3. We are compliant and the policy strengthens our position.
Anticipated developments in Equality Act guidance may need review within 24 months.
The EDI policy reinforces our positive public reputation as an inclusive regulator and employer. Low reputational risk.
Delivery managed through existing roles and responsibilities across Governance, People & Culture, SMT, and staff networks.
The policy will be centrally recorded, owned by Governance and reviewed every three years or sooner if legislation changes.
Mandatory EDI and Unconscious Bias training embedded within induction and annual refreshers; tracking will ensure full compliance.
Both internal and external comms plans in place (staff Intranet, Iris, public website). Welsh version to be published to meet Welsh Language Standards.
Comms team involved in review; translation will be arranged prior to publication to ensure compliance with our Welsh Language Standards.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	L
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted	L
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	L
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	L
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	n/a
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	L
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	L
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	L
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	L
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	L
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	n/a
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	L

B) Information governance	High risk	Medium risk		Low risk	? or N/A
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	L

Please put commentary below about reasons for information governance ratings:
Policy includes references to workforce and registrant diversity data; all data is anonymised and aggregated.
Diversity monitoring data handled in line with GOC privacy policy.
Individuals cannot be identified.
Data informs EDI reporting, PSA compliance, and SMT oversight.
Reflects size of workforce and registrant datasets used for analysis.
Data collected through voluntary self-reporting, in line with privacy notices
Covered by existing retention policy and Information Asset Register.
Used internally only, external benchmarking anonymised.
All staff with access to data trained in IG within last 12 month

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	Public			Registrants, employees or members	L
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process	L
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required	L
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	There is clear decision criteria and a form to record the decision	L
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	L
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded	L
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12	L

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
	months; and there is no further training planned			months, which is recorded	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team	L
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	M
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	M
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		Planned well in advance	L
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	L
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	L
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		Attendance/involvement is equal, and monitored per attendee	L
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)	L
8. Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available	L
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	L

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups	L

Please put commentary below for human rights, equalities and inclusion ratings above:
The policy applies broadly to everyone connected with the GOC. Policy enhances inclusion and fairness rather than restricting it. Decisions are guided by clear criteria and recorded through HR processes. Grievance and Speak Up policies ensure independent review routes are available. Policy available in accessible formats and in Welsh Developed collaboratively with People & Culture, SMT, EDI Manager, staff networks and the GOC's EDI Forum.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	Reinforces fair treatment across all ages and combats age bias in recruitment and progression.
Disability	Positive	Support reasonable adjustments and inclusive recruitment; linked to Disability Confident scheme.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Sex	Positive	Embeds gender equality in recruitment, pay, and progression.
Gender reassignment (trans and non-binary)	Positive	Explicitly inclusive of trans and non-binary people;
Marriage and civil partnership	Neutral	Policy applies equally; no identified barriers.
Pregnancy/ maternity	Positive	Supported by separate family-friendly policies and special leave provisions.
Race	Positive	Supported by separate family-friendly policies and special leave provisions.
Religion/belief	Positive	Encourages flexibility and respect for all faiths; event planning guidance considers religious observances.
Sexual orientation	Positive	Affirms zero tolerance for discrimination and links to LGBTQ+ network activity.
Other groups (e.g. carers, people from different socio-economic groups)	Other (Carers / Socio-economic background)	Explicit inclusion of carers and socio-economic background within scope.

Full Impact Assessment (to be competed if required)

Step 1: Scoping the impact assessment (IA)

Name of the policy/function	EDI Policy/Governance
Assessor	Joanna Murphy (EDI Manager)
Date IA started	September 2025
Date IA completed	October 2025
Date of next IA review	October 2028
Purpose of IA	The purpose of this Impact Assessment is to ensure that the Equality, Diversity and Inclusion (EDI) Policy supports fair and equitable outcomes for everyone the GOC employs and serves. It provides assurance that the policy aligns with our legal duties under the Equality Act 2010 and Public Sector Equality Duty, and that it actively promotes inclusion, prevents discrimination, and protects human rights. The assessment also helps identify any potential risks or unintended barriers so that appropriate mitigations can be built in. It ensures that data protection, accessibility, and equality considerations are embedded from the outset, and that the policy continues to reflect best practice and the GOC's values of fairness, respect, empathy and integrity.
Approver	Andy Mackay-Sim
Date approved	

Q1. Screening assessment
- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information governance (privacy)
  - ☐ Human rights, equality and inclusion
  - ☐ None have been completed

Q2. About the policy, process or project
- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aims
To embed equality, diversity and inclusion into every aspect of GOC's work, ensuring a fair, safe and supportive environment where everyone can thrive.

Purpose and outcome
To provide a clear framework that outlines our legal duties, cultural values, and behavioural expectations. The outcome is a workforce and culture that reflects the diversity of the public we serve.
Who will benefit
Employees, members, workers, registrants, and service users, through fairer practices, safer culture, and improved representation.

Q3. Activities or areas of risk or impact of the policy or process
- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Activity/aspect
• Recruitment and selection – ensuring fairness, accessibility, and unbiased decision-making throughout the process.
• Career development and promotion – monitoring equal access to training and progression opportunities.
• Policy implementation and management – ensuring consistent application by managers and senior leaders across all teams.
• Data monitoring and reporting – handling and analysing diversity data responsibly, in line with information governance and privacy standards.
• Training and awareness – ensuring all employees, managers and members receive up-to-date EDI and Unconscious Bias training.
• Accessibility and reasonable adjustments – maintaining inclusive practices for disabled neurodivergent or otherwise disadvantaged employees and stakeholders.
• Communication and engagement – ensuring the policy and its principles are clearly communicated internally and externally, including publication in Welsh.
• Complaints and grievance procedures – managing reports of discrimination, harassment or victimisation fairly and transparently.
• Review and continuous improvement – regularly reviewing the policy to reflect legislative or organisational changes and feedback from staff and networks.

Q4. Gathering the evidence
- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information governance and privacy implications; and 3) Human rights, equality and inclusion.

Available evidence – used to scope and identify impact
GOC EDI data dashboards (all workforce). PSA Standard 3 feedback Staff network consultations (2024–25) Government Equalities Office guidance Other regulators

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information governance and privacy implications; and
    3) Human rights, equality and inclusion implications.

If yes, note them here:

N/A

Q6. Involvement and consultation

Consultation has taken place, who with, when and how
Developed collaboratively with SMT, PRG. Sharing for review with SMT and decision at Council.
Summary of the feedback from consultation
Adding reference to the Speak Up Guardian role, strengthening links to equalities legislation and devolved nation differences (e.g. Northern Ireland), and broadening the language to apply to the whole workforce.
Link to any written record of the consultation to be published alongside this assessment
Iterations of policy kept on EDI SharePoint with specific feedback.
How engagement with stakeholders will continue

Step 2: Assess impact and opportunity to promote best practice
- Using the evidence you have gathered what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

Activity/ aspect	Potential/actual impact	Strengthening actions to remove or reduce impact. For actions, include timeframes
Implementation of EDI Policy	Potential inconsistency in how managers interpret or apply policy principles.	Develop and circulate a short manager's guide to accompany the policy (Q1 2026). Reinforce expectations through mandatory annual EDI training and network engagement.
Trans and non-binary inclusion	Current policy references trans inclusion but does not yet include detailed guidance or a standalone policy. This could lead to uncertainty or inconsistency in handling workplace situations.	Develop and implement a Trans Inclusion Policy and Support Plan (by mid-2026) in collaboration with staff networks and external partners such as Stonewall, Gender Intelligence. Provide awareness sessions for managers and HR teams.
Recruitment and progression processes	Risk of barriers for disabled or neurodivergent applicants if adjustments are not clear or consistent.	Develop and launch a Reasonable Adjustment Toolkit and Policy (by April 2026) to provide step-by-step guidance for managers and applicants, including examples of adjustments and support.
Communication and awareness	Risk that some employees are unaware of policy updates or do not engage with EDI resources.	Implement a communication plan including intranet posts, team briefings, and network sessions. Ensure accessibility and Welsh translation. Ongoing.
Training and development	Gaps in confidence or knowledge among line managers could reduce the policy's effectiveness.	Maintain annual mandatory EDI and Unconscious Bias training; refresh content every 12 months to reflect emerging issues (e.g. neurodiversity, menopause, socio-economic inclusion).
Monitoring and review	Lack of regular evaluation could reduce accountability or miss emerging risks.	Review the policy every 3 years, with interim reviews aligned to PSA Standard 3 reporting. Incorporate feedback from staff networks and GOC leadership.

Activity/ aspect	Potential/actual impact	Strengthening actions to remove or reduce impact. For actions, include timeframes
Data collection and privacy	Risk of mishandling or misunderstanding diversity data (particularly around gender identity or health information).	Update data governance guidance and ensure inclusion monitoring categories align with ICO and EHRC good practice (Q2 2026). Continue regular IG training.

Step 3: Monitoring and review

Q7. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

The Equality, Diversity and Inclusion Policy will be monitored through regular oversight by the EDI Manager, People and Culture, and the Senior Management Team (SMT). Progress and impact will be reviewed quarterly through existing governance routes, including updates to SMT, the EDI Forum, and Council where relevant.

Monitoring will include:
- Diversity and inclusion data reporting – quarterly updates to SMT and Council covering workforce demographics, recruitment, and engagement.
- Training completion rates – tracked through HR systems and reviewed annually.
- Feedback and lived experience – gathered through staff networks, surveys, and Speak Up routes.
- Policy feedback – colleagues invited to share views via edi@optical.org to support continuous improvement.
- PSA Standard 3 compliance – EDI evidence reviewed annually as part of regulatory reporting.
  Any emerging risks or feedback will inform updates to the EDI Policy or related guidance (e.g. Reasonable Adjustment Toolkit, Trans Inclusion Policy).
  Review date: April 2026 (interim review) / October 2028 (formal three-year review)

Please provide a review date to complete an update on this assessment (three months from initial completion).
Date:

General **Optical** Council

Council

Annual reappointment of Council members to committees

Meeting: 17 December 2025   **Status:** For decision.

Lead responsibility: Andy Mackay-Sim, Chief of Staff
Paper Author(s): Nadia Habib, Acting Governance and Compliance Manager

Purpose

1.   To confirm the annual reappointment of Council members to committees.

Recommendations

2.   Council is asked:

- to approve the annual reappointment of the Council members to the Companies, Education, Registration and Standards Committees listed in **annex 1** for one year until 31 December 2026.

Strategic objective

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

Background

Committee appointments

4.   The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process. Council member appointments to committees have been retained as a matter for Council to decide.

5.   There are two groups of committees to which Council members can be appointed:

- Statutory committees: Companies Committee; Education Committee; Registration Committee and Standards Committee (known collectively as the Advisory Panel)
- Non-statutory committees: Audit, Finance and Risk Committee (ARC); Investment Committee; Nominations Committee and Remuneration Committee

6.   Council regularly reviews appointments to committees at its public meeting. It last considered the matter at its meeting on 25 June 2025, when it appointed John Cappock, independent lay member, as Chair of Audit, Finance and Risk Committee until 31 March 2026.

Annual reappointment requirements for statutory committees

7. As per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all statutory committee member appointments expire on 31 December each year. This is reflected in the terms of reference for the committees.

8. In practical terms, committee members (except for Council members) on the Advisory Panel are appointed for a four-year term to ensure continuity, with a second four-year term being optional subject to satisfactory attendance and performance and the committee member's wishes.

9. To satisfy the statutory requirement to reappoint on an annual basis, Nominations Committee makes an automatic reappointment providing there are no concerns about conduct or attendance, and the member has fulfilled the obligations under the member review policy (which requires a mid-term review with the relevant committee chair). The decision regarding reappointment for 2026 was considered by Nominations Committee on 17 November 2025 and approved without any material changes.

10. Council members who are members of a statutory committee are also subject to an automatic annual reappointment, conditional on performance, attendance and the outcome of the annual review they undertake with the Chair of Council. This paper is prepared to enable Council to make the necessary reappointments. There are no proposed changes to the committee membership. The membership of the statutory committees is set out in **annex 1** with the Council members requiring reappointment marked in blue.

Analysis

8. The Chair of Council regularly discusses committee membership preferences with the relevant Council members and committee chairs. The proposals are intended to ensure a breadth of skills and experience are distributed across the committees.

Finance

9. There is no financial impact for the appointment of Council members to the committees. Council member remuneration is described within the Member Fees policy, and there is no additional fee paid for committee attendance or responsibilities.

Risks

10. There are no significant risks associated with the paper.

Equality Impacts

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

Devolved nations

12. There are no explicit impacts for devolved nations.

Other Impacts

19. There are no significant impacts identified.

Communications

External communications

20. No external communications are planned.

Internal communications

21. No internal communications are planned.

Next steps

22. None.

Attachments

Annex 1 – Council member committee appointments

ANNEX 1
Please note, as committee members are appointed on an annual basis, the term dates below indicate the maximum they could serve assuming a four-year cycle. Council members may serve for shorter periods to assist with succession planning.

Companies Committee: Membership

Member Name	Type	Committee Term Dates (Council term date in brackets)	Committee Term (Council term in brackets)
Gordon Ilett	Business Representative	01/01/2022 - 31/12/2025	2
Dr Wayne Lewis	Registered Medical Practitioner	01/03/2022 - 28/02/2026	2
Tim Parkinson	Lay Member (Council, Committee Chair)	1/04/2025 – 31/03/2027 (16/04/2024 - 15/04/2028)	1 (2)
Dan McGhee	Business Representative	01/08/2022 - 31/07/2026	1
Imran Hakim	Business Representative	01/08/2022 - 31/07/2026	1
Sarah Joyce	Business Representative	01/08/2022 - 31/07/2026	1
Amit Sharma	Business Representative	13/02/2023 - 12/02/2027	1
Gordon Dingwall	Business Representative	13/02/2023 - 12/02/2027	1
Catherine Yelf	Lay member (Council)	01/04/2025 – 31/03/2027 (01/04/2025 – 31/03 – 2029)	1 (1)
Poonam Sharma	Registrant - Optometrist (Council)	01/04/2025 – 31/03/2027 (01/04/2025 – 31/03 – 2029)	1 (1)
Parth Shah	Registrant – Optometrist	07/07/2025 – 06/07/2029	1
Vacant	Registrant – Dispensing Optician	Out to recruitment	-
Vacant	Business Representative x2	Out to recruitment	-

Education Committee: Membership

Member Name	Type	Committee Term Dates (Council term date in brackets)	Committee Term (Council term in brackets)
Frank Munro	Registrant – Optometrist (Council, Committee Chair)	29/06/2022 - 30/07/2026 (05/07/2025 - 04/07/2029)	1 (2)
Dean Dunning	Registrant - Dispensing Optician	01/08/2022 - 31/07/2026	1
Jacqui Adams	Lay member	01/08/2022 - 31/07/2026	1
Sally Gosling	Lay member	01/08/2022 - 31/07/2026	1
Hema Radhakrishnan	Registrant- Optometrist (Council)	1/04/2025 – 31/03/2027 (14/03/2024 – 13/03/2028)	1 (1)
Dr Ahalya Subramanian	Registrant - Optometrist	01/01/2025 – 31/12/2028	1
Dr Helen Court	Registrant - Optometrist	01/01/2025 – 31/12/2028	1
Dan Green	Registrant - Dispensing Optician	07/07/2025 – 06/07/2029	1
Dr Hana Patel	Registered Medical Practitioner	07/07/2025 – 06/07/2029	1
Vacant	Lay Member	-	-

Registration Committee: Membership

Member Name	Type	Committee Term Dates (Council term date in brackets)	Committee Term (Council term in brackets)
Lisa Gerson	Registrant – Optometrist (Council, Committee Chair)	29/06/2022 – 30/07/2026 (01/05/2025 - 30/04/2029)	1 (2)
Geraldine Birks	Lay member	01/08/2022 - 31/07/2026	1
Kathryn Foreman	Lay member (Council)	01/01/2025 – 30/09/2028 (01/10/2024 – 30/09/2028)	1 (1)

Raymond Curran	Registrant – Optometrist (Council)	01/ 04/2025 – 31/03/2027 (01/04/2025 – 31/03/2029)	1 (1)
Khalid Dalil	Registrant - Dispensing Optician	01/01/2025 – 31/12/2028	1
Reena Rani (Anand)	Registrant – Optometrist	01/01/2025 – 31/12/2028	1
Gavin Cooper	Registrant - Dispensing Optician	07/07/2025 – 06/07/2029	1
Kalwant Grewal	Lay member	01/09/2025 – 31/08/2029	1

Standards Committee: Membership

Member Name	Type	Committee Term Dates (Council term date in brackets)	Committee Term (Council term in brackets)
Chloe Robson	Registered Medical Practitioner	01/08/2022 - 31/07/2026	1
Haseena Lockhat	Lay member	01/08/2022 - 31/07/2026	1
Kay Bagshaw	Registrant - Dispensing Optician	01/08/2022 - 31/07/2026	1
Nilla Varsani	Lay member	01/08/2022 - 31/07/2026	1
Ros Levenson	Lay member (Council)	01/04/2025 – 31/03/2027 (01/04/2025 - 31/03/2029)	1 (1)
William Stockdale	Registrant – Dispensing Optician (Council, Committee Chair)	01/04/2025 – 31/03/2027 (01/01/2023 – 31/12/2026)	1 (1)
Dimple Kumar	Registrant – Optometrist	01/01/2025 – 31/12/2028	1
Julia Lewis	Registrant - Optometrist	01/01/2025 – 31/12/2028	1
Sana Asif	Registrant – Optometrist	01/01/2025 – 31/12/2028	1
Vacant	Registrant – Optometrist	-	-

C55(25)

COUNCIL

CPD reform

Meeting: 17 December 2025   **Status:** For decision

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper author(s): Steve Brooker (Director of Regulatory Strategy)
Council lead(s): none

Purpose

1. To ask Council to approve our draft proposals for CPD reform for the purpose of public consultation.

Recommendations

2. Council is asked to:
    - **approve** the documents in Annexes 1 to 3 for the purpose of public consultation
    - **delegate** final approval to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the documents at the meeting

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Preventing harm through agile regulation. CPD reform is highlighted as a priority in the corporate strategy, and this work is included in our 2025/26 Business Plan.

Background

4. Our 2025-30 corporate strategy includes a commitment to "*Reforming our CPD system so that it focuses on the quality rather than quantity of professional development and supports the expanded clinical roles registrants will perform within service redesign*".

5. An initial internal appraisal of the GOC's CPD system and a review of CPD systems among other healthcare and professional services regulators was completed in 2023. This work has been revisited with the benefit of the evaluation of the GOC's 2022-24 CPD cycle and registrant feedback through questions in the 2025 registrant survey.

6. The strategic drivers of change are discussed from paragraph 8 of the paper at Annex 1. These include maturation of the current CPD system, weaknesses in the system, supporting Government policy to shift care from hospitals to communities and its expectation that all healthcare regulators 'renew' their CPD systems.

7.   Some aspects of our CPD system are prescribed in secondary legislation – the CPD Rules 2021. We are operating on the basis that change to the GOC's legislation, including secondary legislation, will not be prioritised by government during the current parliament. While realising the full vision for reform set out in the paper requires legislative change, we can make meaningful change within the scope of the CPD Rules 2021 before the next three-year CPD cycle begins in January 2028.

Analysis

8.   The draft consultation paper sets out a vision for reform to modernise and scale back our CPD requirements, completing the journey begun in 2022 towards a more flexible, less prescriptive system which maximises registrants' freedom to undertake learning and development relevant to their personal scope of practice and which supports their career progression.

9.   The paper includes the following graphic summarising the proposals, which are focused on three areas: maximising freedom for registrants to design their CPD approach, leveraging the role of business registrants and ending CPD provider approval and audit. The first two strands are connected since if businesses play a greater role in CPD this should support the GOC to remove prescription.
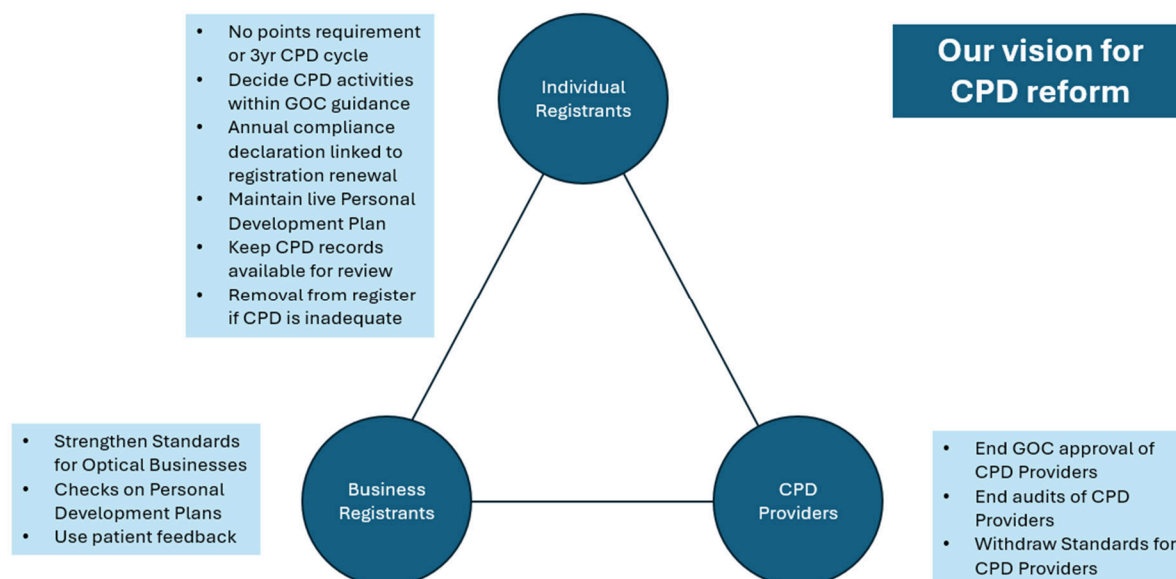
10.   We see ending the points system as a logical conclusion to a journey towards less prescription begun through the previous reforms introduced in 2022. Although likely to be welcomed by many in the sector some may see our proposals as placing too much trust in professionals. Safeguards include the use of guidance to support registrants, enabling registration to be removed if CPD is inadequate and an annual compliance declaration during annual registration renewal.

11. On the basis that reform to the CPD Rules 2021 is unlikely before the next CPD cycle begins in January 2028 due to government prioritising other areas, full reform before the following cycle begins in January 2031 – five years from now – is more realistic. This has advantages including more time for culture change within the profession to address concerns about the level of freedom and responsibility that ending the points system would involve. By this time, government may have reformed the Opticians Act 1989 and extended regulation to all businesses carrying out the restricted activities, which would strengthen our proposals for businesses to play a greater role in CPD.

12. Advisory Committee considered the proposals at its 13 November meeting – please see the minutes elsewhere on today's agenda. The discussion likely foreshadows the debate we are likely to see during public consultation about balancing the degree of freedom that registrants should be afforded and the checks that GOC should put in place to ensure public protection and maintain public confidence. Issues surfaced during the Committee's discussion have been incorporated into the consultation, for example asking whether GOC should set an expectation within its guidance around an expected amount of CPD activity.

Finance

13. There are no financial costs associated with the policy development phase of work.

14. The proposed system would be cheaper to operate than the current one, but most savings would materialise only if the points system was ended. Our income from CPD providers is exceeded by the costs of CPD provider regulation, but we cannot increase income since the £45 annual fee is prescribed in the CPD Rules 2021.

Risks

15. There is a risk to patient safety if registrants do not undertake CPD that maintains their existing skills and develops new skills. Equally, there are risks if weaknesses in the current system are not addressed, such as unnecessary costs of regulation and constraining the time available for registrants to learn new skills that support a shift in eye care from hospitals to communities.

16. We must ensure that our preference to end the points system is not interpreted by registrants to mean that failure to achieve points requirements in the current cycle will not result in removal from the register. We have a communications plan to support compliance, and the statutory notice reminder is an important safeguard.

17. Any proposal for extensive changes may attract adverse external commentary. CPD providers may lose out financially if the proposals are implemented, but we should not assume that registrants will do less CPD if the points system is removed, and Council's decision-making must reflect its statutory objective to protect the public.

Equality Impacts

18.   An EIA has been completed at Annex 3. The discussion paper includes analysis of groups more likely to consider the current points requirements too high.

Devolved nations

19.   The CPD requirements apply equally to all nations. The paper references the systems of CPD grants and allowances available in each nation.

Communications

External communications

20.   Subject to Council approval we plan a public consultation in early 2026. Given the extent of the reforms and the range of stakeholders involved, in addition to running a full public consultation exercise, we plan consultation events with specific stakeholder groups including registrants, businesses, CPD providers and others.

Internal communications

21.   We have sought feedback from relevant staff on our proposals.

Next steps

22.   Subject to Council approval, we will translate the documents into Welsh ahead of launching the public consultation in January 2026.

23.   In relation to the short-term proposals in the paper, we estimate that a one-year implementation period is necessary for GOC to update guidance and IT systems and for CPD providers to adapt their arrangements. This would require a Council decision on final proposals by December 2026 at the latest.

Attachments

Annex 1: Draft consultation paper
Annex 2: Draft consultation annex – review of CPD systems
Annex 3: Draft Equality Impact Assessment

General Optical Council

Consultation paper – reforms to CPD

==**xx 2026**==

About the General Optical Council

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

We have four core functions:

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

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

Contents page

Overview

What we're doing

1. Our 2025-30 corporate strategy includes a commitment to "*Reforming our CPD system so that it focuses on the quality rather than quantity of professional development and supports the expanded clinical roles registrants will perform within service redesign*".

2. Our vision for reform is to modernise and scale back our CPD requirements completing the journey begun in 2022 towards a more flexible, less prescriptive system. With the changes we introduced for the 2022-24 CPD cycle maturing well, to reflect changes in the external environment, and to address concerns about features of the scheme and compliance costs, we wish to maximise registrants' freedom to undertake learning and development relevant to their personal scope of practice and which supports their career progression.

3. Our proposals fall into three broad groups:

    -   **Maximising opportunities for registrants to design their CPD approach**. Move away from a minimum points-based system and prescribed learning formats towards an outcomes-based approach that sets broad expectations for registrants. GOC would issue guidance on the amount, learning areas and types of CPD activity, but registrants would decide what activities to undertake. Registrants would still complete a Personal Development Plan and reflect on progress. They would keep records of their CPD, and we would review a sample of registrant CPD records annually against our guidance. Registration could be removed if CPD records are assessed as inadequate with opportunity for remediation and appeal. All registrants would make an annual compliance declaration during registration renewal to help underpin this system.
    -   **Leveraging the role of business registrants**. Employers have a closer relationship with registrants than GOC, so are better placed to support them to identify and progress their learning and development needs. We would review the GOC's Standards for Optical Businesses to underpin this role. Businesses could have specific responsibilities in relation to certain key features of a revised scheme, such as checking Personal Development Plans are in place. Businesses would be encouraged to incorporate patient feedback as part of appraisals and similar systems.
    -   **Ending CPD provider approval and audit**. GOC is the only healthcare regulator to approve and audit CPD providers and we consider this function is no longer necessary for public protection reasons. Registrant satisfaction with CPD provision is high and we consider market forces should be sufficient to ensure quality in the absence of GOC oversight.

Graphic – our vision for CPD reform
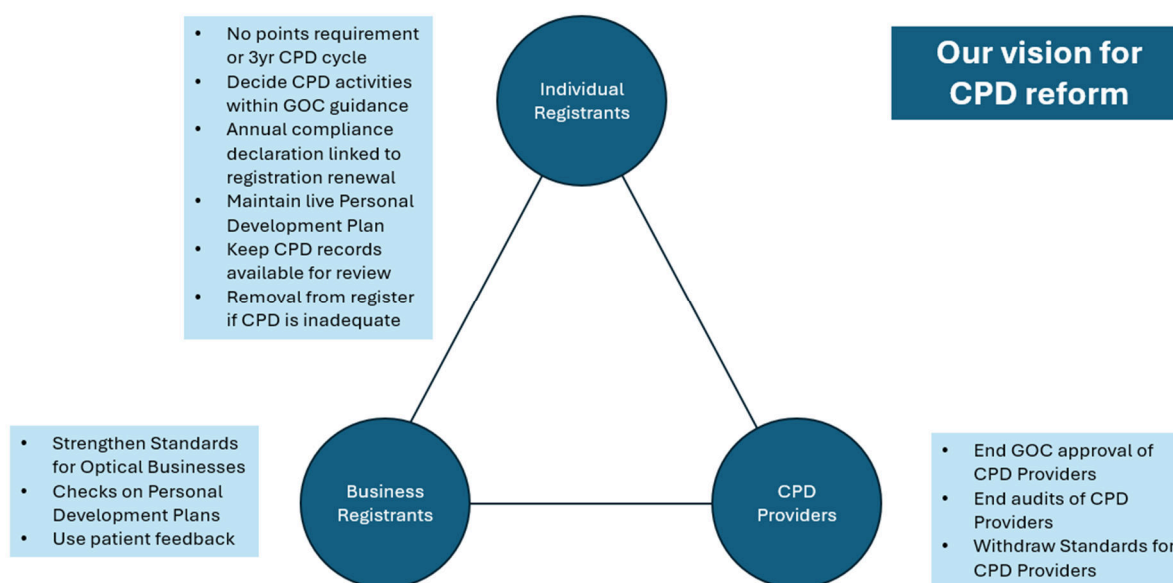
4. Some aspects of the CPD system are prescribed in secondary legislation – the CPD Rules 2021. We have alerted government to a possible need to amend our legislation but we are working on the basis that parliamentary time will not be available before the 2028-20 cycle begins. However, there is scope to make improvements consistent with our vision for reform within the CPD Rules 2021. Therefore, for each group of proposals, we explain what reforms are possible without legislative change – see Table 1 overleaf (right column). We also seek views on the timetable for substantive reforms requiring legislative change.

What will happen next?

5. The consultation is open for comments for 12 weeks until [insert date]. You can respond either using our online consultation platform or by emailing consultations@optical.org.

6. Once the consultation has closed, we will analyse all the comments we have received and identify whether we need to make changes to our CPD system. We will publish a summary of feedback received and outline next steps.

Table 1 – A phased approach to CPD reform

Reform area	Long-term vision for reform	Short-term (changes possible within the CPD Rules 2021)
Maximising opportunities for registrants to design their own CPD approach	Registrants must produce a personal development plan and reflect on progress as part of appraisals and similar mechanisms. The plan would not need to be logged with GOC but would form part of record review Abolish the points system GOC would publish guidance on the amount, learning areas and types of activity but registrants would decide what CPD to undertake Registrants would make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes Registrants would be required to maintain learning records for review purposes. GOC would review a sample of these records Registration could be removed if CPD is assessed as inadequate subject to remediation and appeal	Adjust allocation of points for different activities to reduce the overall volume of CPD activities needed to achieve the required points total Review the competencies (domains) which CPD events must relate to Use the points system to better incentivise the pursuit of post-registration qualifications Remove requirements that may hold back use of self-directed CPD including no longer requiring a minimum amount of provider-led CPD and the ending the need to write a reflective statement for each self-directed CPD event
Leveraging the role of business registrants	No legislative change required	Amend the business standards
Ending CPD provider approval and audit	Abolish CPD provider approval and related systems	Reduce the number of events requiring approval before CPD providers can convert from provisionally approved to fully approved status Phase out the programme of CPD provider audits Withdraw GOC's Standards for CPD Providers

Section 1: Context, objectives and approach

7.   In this section, we explain our reasons for reviewing the CPD system now, the objectives of our review and the approach we are taking to the review.

Why we're reviewing the CPD system now

8.   We understand that registrants and other sector stakeholders are still adapting to changes introduced for the 2022-24 CPD cycle. Culture change takes time, and supporting the profession to embed the right learning culture will continue to be a focus for us over the 2025-27 CPD cycle and beyond.

9.   The changes to CPD introduced for the 2022-24 cycle represented a shift in approach that moved away from a box-ticking exercise to instead promote and embed a culture of learning, development and improvement in the professions. We view these reforms as a stepping stone towards a more liberalised system that entrusts professionals, supported by their employers, to pursue the volume, types and areas of learning that meet their needs. With the changes for the 2022-24 cycle maturing, we wish to complete the journey and maximise registrants' opportunities to undertake learning and development that is most relevant to their scope of practice and which supports their career progression.

10. CPD both supports professionals to feel confident in their existing skills and helps them to develop new skills for the future. Both are of value to achieving good quality eye care and protecting the public. In the context of the strategic focus in all four nations on moving more eye care into community settings, we need to strike the right balance between ensuring registrants maintain existing skills and building new ones. We see opportunity for reform to create stronger incentives for registrants to gain additional qualifications that would facilitate an expansion in the range of services they provide to support service redesign.

11. At the same time, the CPD system is designed around registrants working in clinical roles, either in primary or secondary care. While most registrants work in these settings, other career paths include manufacturing, teaching, clinical research, healthcare policy, regulation and leadership positions. These are all valuable roles, and we consider a less prescriptive CPD system would better support these registrants to tailor learning and development to their own needs.

12. In July 2025, the 10-year NHS Plan for England set an expectation that professional regulators 'renew' their CPD systems, reflecting the "*transition to a world of real-time feedback and continuous skill development*". The policy thinking that underpins the GOC's current system dates to 2018, so it is timely to review our approach so that it meets government ambitions and aligns with the latest good practice in this area across professional services regulation.

Our analysis suggests that aspects of the CPD system remain prescriptive and may be outdated when compared to other professional services sectors.

13. We are also sensitive to registrant concerns about the costs of regulation that may result from an overly prescriptive system. In our 2025 registrant survey, most respondents considered that the number of CPD points we require is about right, but a sizeable minority (21%) did not. Often the costs of complying with our CPD requirements fall on employers through arranging their own CPD events, purchasing places at external events for their staff, or giving time off work. In our 2025 business registrant survey, only 50% of respondents agreed the compliance costs of CPD undertaken by employees are reasonable.

14. There are also practical considerations for reviewing the system now. Introducing changes in advance of the start of the next cycle, due to begin in January 2028, requires consulting stakeholders now to allow sufficient time for us to complete our policymaking processes and update IT systems, and for external stakeholders like CPD providers to adapt their own arrangements.

15. Our CPD system should not be viewed in isolation but as one part of a wider risk-based strategy focused on ensuring standards of conduct, behaviour and professional performance. In recent years we have strengthened our standards of practice and improved our intelligence on the quality of care being provided. As we continue to strengthen an intelligence-led approach which is focused on preventing harm, this should enable a less prescriptive CPD system.

Objectives

16. In this context, our policy objectives are as follows:

   - Maximise registrants' freedom to undertake learning and development which is relevant to their personal scope of practice and supports their career progression with the minimum necessary regulatory direction
   - Incentivise registrants to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities in all four nations
   - Ensure our requirements fit with registrants' diverse career pathways, including in roles not involving delivering eye care to patients
   - Align with best practice in other professional services regulatory systems and meet government expectations to renew our CPD system
   - Remove unnecessary costs of regulation for registrants and CPD providers, including financial costs and time burdens.

> **Q1. Do you agree with our objectives for the review?**
>
> **Yes/No/Not sure**
>
> Please provide comments

Our approach to the review

17. Our evidence-based approach includes:

- An evaluation of the 2022-24 CPD cycle – this is available to read in the Council meeting papers for 25 June 2025 (see page 428 onwards)
- A desk review of CPD systems used by healthcare regulators in the UK as well as five UK non-healthcare professional services regulators (accountancy, architecture, legal services, teaching, veterinary services) – published alongside this consultation
- Questions seeking views about the existing CPD system were included in the GOC's 2025 registrant workforce survey and the 2025 business registrant survey – the research reports and data are available online
- Advice from our statutory advisory committees in November 2024 in advance of Council approving these proposals for public consultation
- Consultation events with registrants, businesses, CPD providers and others to test views on the proposals in this consultation.

Section 2: Current CPD system

18. As background information, in this section we set out the main changes introduced in advance of the 2022-24 CPD cycle and explain the key features of the current CPD system. More details are available in our [registrant guide](#).

What is CPD?

19. The GOC defines CPD in our registrant guide, as follows:

     "CPD is learning, training, education or development that a registrant undertakes throughout their professional career to develop their professional capability, clinical decision-making and reasoning, in order to anticipate and meet future patient and service-user needs, remain safe to practise and improve public confidence in the profession. Qualified and registered healthcare professionals, including optometrists and dispensing opticians, routinely undertake, record and reflect upon their CPD to make sure that they can demonstrate their commitment to their own professional development for the benefit of the public and patients. The GOC's CPD scheme also covers requirements on healthcare professionals, to revalidate their skills on a regular basis through the maintenance of core basic skills required to be fit to practise, alongside obtaining new knowledge and skills."

20. While CPD delivers lots of benefits, including personal enrichment for registrants, from a regulatory perspective its primary purpose is to uphold public confidence by ensuring registrants maintain and develop their competence.

21. The passage above has a focus on gaining new knowledge and skills as well as maintaining existing competencies to meet future patient and service-user needs. Extending registrants' clinical roles is a strategic priority for the sector, and we are keen that GOC's CPD system supports this ambition.

22. A key change for the 2022-24 cycle was to link CPD to our standards of practice, which are our standards of conduct, behaviour, and professional performance. Therefore, CPD should be viewed as a lever to address issues relating to professional ethics and behaviour in a wide sense, including EDI dimensions for example, as well as issues relating to technical competence.

23. The definition above links CPD to requirements on healthcare professionals to regularly revalidate their skills. GOC does not operate a revalidation scheme such as exists for doctors and nurses, but fulfilling the CPD requirements on a three-year cycle is a precondition to staying on our register.

Background to changes introduced for the 2022-24 cycle

24.   Changes introduced for the 2022-24 cycle replaced the Continuing Education and Training (CET) scheme that had been in place since 2013.

25.   Proposals were made in the 2018 consultation, *Fit for the Future – Lifelong Learning Review*. Two consultations – one on specific proposals and another on the draft CPD Rules (the secondary legislation) – took place in 2020.

26.   The changes introduced for the 2022-24 cycle represented a shift in approach that aimed to move away from a box-ticking exercise to instead promote and embed a culture of learning, development and improvement in the professions. At a high-level, the changes included:

- A more flexible, less prescriptive system allowing registrants greater freedom to undertake learning and development relevant to their personal scope of practice
- Enhancing requirements for registrants to reflect on their practice
- A new more proportionate system of approvals
- Linking CPD requirements to more high-level learning outcomes based on the Standards of Practice rather than undergraduate competencies
- Aligning GOC more closely with CPD regimes in other healthcare regulators.

Key features of the current system

Scope

27.   All fully qualified optometrists and dispensing opticians registered with the GOC must undertake CPD. Student registrants and business registrants are not required to undertake CPD.

CPD cycles

28.   CPD takes place over a three-year period, known as a cycle. The current cycle started on 1 January 2025 and ends on 31 December 2027. Registrants must complete all their CPD requirements before the cycle ends as a condition of maintaining their GOC registration.

Personal Development Plan (PDP)

29.   Registrants should complete a personal development plan (PDP) towards the start of each cycle. The PDP is designed to give registrants an opportunity to reflect on their scope of practice at the beginning of the CPD cycle, think about the CPD that would be useful to them and plan their activities over the next three years. For the 2025-27 cycle, we provided an online form to use.

Points system

30.	Registrants must complete and obtain a specific number of points over each three-year cycle. CPD points are the value ascribed to a learning session by the provider of that session, based on length, interactivity and contemporaneity. The minimum number of points a registrant must obtain varies, depending on the type of registrant they are and when they joined the register (see Table 2).

31.	Registrants are responsible for uploading evidence of points to the MyCPD platform. Under the previous system, CPD providers uploaded points.

Table 2 – CPD Points

Registrant category	Minimum number of points to be obtained over 3 years
Optometrist	36 points, of which a minimum of 18 points must be in interactive CPD activities AND a minimum of 18 points from GOC-approved providers
Dispensing optician	36 points, of which a minimum of 18 points must be in interactive CPD activities AND a minimum of 18 points from GOC-approved providers
Dispensing optician with contact lens optician specialty registration	36 points, of which a minimum of 18 points must be in interactive CPD activities AND a minimum of 18 points from GOC-approved providers AND a minimum of 18 points must be in the contact lens optician specialty domain
Optometrist with an additional supply, supplementary prescribing and/or independent prescribing specialty	36 points, of which a minimum of 18 points must be in interactive CPD activities AND a minimum of 18 points from GOC-approved providers AND an additional 18 points must be in their specialty domain (54 points in total)

Areas of learning

32.	Registrants' CPD points must be obtained in four core domains which group together the Standards of Practice for Optometrists and Dispensing Opticians. The four core domains are as follows:

- professionalism
- communication
- clinical practice
- leadership and accountability

33. A minimum of one point in each core domain is required. As seen in Table 1, registrants with specialist qualifications must obtain a minimum number of CPD points in their specialty. A sixth domain, 'Current risks', may be invoked at the GOC's discretion to enable registrants, or a sub-section of registrants, to undertake targeted learning in response to a clear risk within the professions.

Types of learning

34. Registrants must obtain a certain number of interactive points – those that are obtained by working with, or interacting with, other professionals.

35. In addition, all registrants must participate in at least one peer review per cycle. Both optometrists and dispensing opticians count as peers of each other for the purposes of the peer review exercise.

Self-directed CPD

36. New for the 2022-24 cycle, registrants may participate in CPD that has not been formally approved for the purposes of the GOC CPD scheme. This is subject to a series of conditions written in our guidance, including registrants writing a short reflection statement setting out what they learned from it and how it is relevant to their professional practice.

37. Any type of learning that is relevant to registrants' professional development can count. Examples could include working towards an academic or vocational qualification, lecturing, webinars from outside the optical sector, or volunteering in wider healthcare. What matters is that registrants learn useful things from it which they can apply to their professional practice.

38. Every piece of self-directed CPD is worth one point, regardless of the time taken to complete or complexity. The only exception to this is registrant-led peer review, which is worth three points. Our guidance states that no more than 50% of a registrant's overall total CPD can be self-directed CPD. 10% of registrants completing self-directed CPD have their records audited each year.

End of cycle reflective exercise

39. Registrants are required to carry out and document a reflective exercise, based on the content of their PDP by the end of the cycle. The reflective exercise must involve a discussion with a peer. The purpose of the exercise is to discuss and document reflections on the registrant's progress against their PDP and CPD requirements, and reflections about their professional practice more generally over the course of a cycle. The discussion must be documented by registrants and recorded as having been completed on MyCPD.

CPD record review

40. The scheme provides for a selection of registrants' CPD records to be reviewed each cycle. The review is intended to help registrants ensure they are keeping good-quality records of completed CPD, documenting meaningful reflections, and undertaking CPD which aligns with their professional needs.

41. Up to ten per cent of registrants have their CPD records reviewed each cycle. Review is intended to be a positive process where, if issues are identified, registrants are supported to work on them.

End-of-cycle arrangements

42. Registrants with a shortfall against their CPD requirements three months before the cycle ends receive a statutory notification. GOC also writes to registrants who fail their requirements following the end of the cycle and registrants are given the opportunity to dispute the accuracy of our records.

43. Anyone who cannot meet their CPD requirements by the end of the cycle will have the opportunity to apply for consideration to remain on the register under GOC's CPD exceptions policy. The Registrar makes this decision with reference to the policy. Registrants may appeal removal from the register.

CPD providers

44. There are two categories of CPD provider:

     - Full provider status – they may design and deliver CPD to registrants without needing to have it approved by the GOC in advance of delivery
     - Provisional provider status – those wishing to be listed as CPD providers for the first time must apply and have at least ten pieces of CPD approved in advance of delivery before upgrading to full provider status.

45. To become a CPD provider, applicants must complete the appropriate form, pay the annual provider fee of £45 and have their application considered by GOC's panel of CPD approvers.

46. All CPD providers must adhere to the GOC's Standards for CPD Providers. These are intended to give providers an understanding of our expectations to hold approved provider status and deliver CPD to our registrants.

47. We audit CPD providers to ensure the learning providers deliver to registrants is of good quality and meets the Standards for CPD Providers. Up to ten per cent of providers are audited each calendar year.

Section 3: Proposals for change

48. In this section, we outline our proposals for changing the CPD system.

49. The proposals fall into three broad groups:

   - Maximising freedom for registrants to design their CPD approach
   - Leveraging the role of businesses
   - Ending CPD provider approval and audit

50. As set out in the overview section, some aspects of the CPD system are prescribed in secondary legislation – the CPD Rules 2021. Since the timetable for reform is not within our control, we explain what reforms are possible with or without legislative change. Where reform is within our control, our aspiration is to introduce the changes for the start of the 2028-30 CPD cycle.

Maximising freedom for registrants to design their CPD approach

Points system

51. We start by seeking views on the points system since so many other aspects of the CPD system hinge on it. Our standards of practice require registrants to keep their knowledge and skills up to date (Standard 5). From a better regulation perspective, we should maintain the minimum CPD arrangements necessary to support registrants to meet this requirement.

52. Advantages of points systems include ensuring that registrants complete a minimum quantity and type of CPD, which mitigates against risks of deskilling. Having a universal requirement that all registrants carry out the same minimum activity keeps things relatively simple and consistent.

53. Against this, points systems can be arbitrary and not risk-based since they do not reflect the differing needs of registrants. The amount of CPD registrants need to remain fit to practise is likely to vary according to factors including scope of practice and experience. Aside from specialty registration, which is limited to independent prescribing and contact lens opticians, the GOC's uniform points system is not risk-based and imposes disproportionate burdens on some registrants. Ultimately, where the regulator prescribes the quantity and type of CPD, this limits the freedom of professionals to take responsibility for undertaking learning and development relevant to their own needs.

54. Another disadvantage of points systems is encouraging a tick-box mindset focused on compliance with a quantity of activity rather than the relevance and quality of activity. Our data indicates that registrants tend to carry out CPD

unevenly across the three-year cycle and upload most of their points towards the end of the cycle. This may indicate that many registrants carry out CPD to fulfil a regulatory requirement rather than meet a genuine learning need.

55. Generally, registrants must obtain an average of one CPD point every month over the three-year cycle to meet their requirements and remain on the register. In our 2025 registrant survey, 72% of respondents considered that the number of CPD points we require is about right, 21% thought it was too much, only 2% that it was too few and the remainder did not know. Subgroups more likely to think that the number of points required was too much, included dispensing opticians, those who worked full-time, and those who worked as locums.

56. Consecutive editions of the registrant survey have found strong appetite among registrants to obtain additional qualifications, but also that lack of time presents a significant barrier to career progression. Registrants cite many reasons for this including busy workload and lack of employer support, but we would be concerned if obtaining a set number of CPD points left insufficient time to invest in learning new skills that would support greater delivery of advanced services in primary care in line with government ambitions in all four nations.

57. The current design of the points system may exacerbate this. We are aware that conferences have been designed that enable registrants to obtain their total points requirements for the full three-year CPD cycle over two days. However, studying for a post-registration qualification over many months requires more time yet is rewarded with fewer points. While appreciating that the pursuit of CPD points is not the primary motivation for obtaining post-registration qualifications, the current system may create perverse incentives.

58. Various CPD grants and allowances are available to registrants working under General Ophthalmic Services contracts. Although the schemes vary by nation, the general principle is to reimburse learning costs up to prescribed limits following submission of claim forms. Eligibility for accessing these funds requires GOC registration and completion of the GOC's CPD requirements. Local Optical Committees often provide workforce development and learning grants to optometrists working in their specific geographical areas. While continued availability of government funding for CPD is not guaranteed, this financial support should provide an incentive for registrants to continue to develop their skills in the absence of GOC points requirements. We are also aware that devolved governments may set mandatory CPD topics of their own.

59. The consequence of failing to obtain sufficient points will normally be removal from the GOC register. However, it is questionable whether registrants who fail to meet their CPD points requirements present such an immediate risk that this is a proportionate response. The points system also creates a cliff-edge

situation focused on a single point in the calendar where professionals are no longer permitted to practise and need to seek restoration to the register. We have received feedback from businesses about the sudden disruption this can cause including cancellation of clinics and additional recruitment costs.

60.   Since, by law, registrants may not voluntarily withdraw from the register, some planning to leave the profession do not carry out CPD activities yet still practise. The current system also creates an undesirable situation where around 500 registrants are de-registered at the same time every three years, which is unhelpful from a commissioning and workforce planning perspective.

61.   Finally, the points system requires a costly infrastructure for us to manage, including maintaining a bespoke IT platform (MyCPD) to record and monitor points. The end-of-cycle processes are resource intensive for us to administer, including sending correspondence and managing various processes for disputes, exceptional circumstances applications and appeals.

62.   There is a variety of approaches towards points systems among the other healthcare regulators. Neither the General Medical Council, General Pharmaceutical Council, Health & Care Professions Council or Social Work England have minimum points requirements with the focus instead on the quality of learning and associated activity like planning and reflection. Of the five non-healthcare professions surveyed, architects, solicitors and teachers do not have points systems.

Areas of learning

63.   The advantages and disadvantages of regulators specifying areas of learning are like those for points systems in general. Prescription affords regulators control over CPD content to support maintaining standards but gives registrants less freedom to choose the CPD that meets their needs and creates a scheme which is costly to administer. Alternative approaches used by other healthcare regulators include setting high-level principles requiring registrants to choose CPD which is relevant to their scope of practice and delivers patient benefit.

64.   GOC has yet to invoke the sixth domain. We can see how this may be a useful tool in directing CPD to areas of live concern, however it goes against the grain of trusting professionals to design CPD that meets their own learning needs. The CPD Rules 2021 require us to set the competencies that registrants must achieve in advance of a three-year cycle beginning, which makes it somewhat inflexible as a tool to address emerging issues. There are also the practical challenges of capacity and mobilising CPD providers to deliver the training.

Styles of learning

65. In the current system, registrants must obtain a certain number of interactive points and participate in at least one peer review per cycle.

66. There is evidence that interactive learning and peer reviews are effective learning styles, which we wish to encourage. The broader question is whether it is necessary for us to mandate specific styles of learning over a three-year cycle. Again, there is a balance to strike between giving registrants freedom to design CPD that works best for them with the regulator retaining control over the minimum requirements it considers necessary to maintain standards.

67. We wish to see diversity in learning approaches, so a disadvantage in directing registrants to use specific learning styles is that it inhibits use of other learning styles that may be just as effective. Good practice constantly evolves with other methods including observation, file review and use of patient feedback. More flexible approaches used by some other healthcare regulators involve issuing guidance on acceptable types of CPD activity and leaving it to individual registrants to decide what mix of activities to pursue.

Self-directed CPD

68. There was limited uptake of self-directed CPD during the last cycle with only 3.9% of points obtained from this route even though it could account for up to 50% of points. One potential reason why it was underutilised is that employers arrange sufficient provider-led activity. Another is the additional effort required to evidence that self-directed CPD was undertaken, especially the requirement to write a brief reflective statement. Lack of familiarity is another possible reason with our registrant survey indicating less than half of respondents were confident about completing self-directed CPD in the first two years of the cycle.

69. Self-directed CPD reflects our preferred direction of travel since it enables registrants to determine their own learning needs, so we wish to remove barriers that might be limiting uptake. This includes guidance that requires a minimum amount of provider-led CPD, each self-directed CPD activity attracting a single point regardless of length or complexity, the need to write a reflective statement, and the link between self-directed CPD and the higher likelihood of being selected for record review. We will also review what proof of self-directed CPD is necessary as part of good record keeping.

70. We wish to incentivise registrants to pursue recognised post-registration qualifications to support greater delivery of advanced services in primary care. We think the CPD points available should reflect the time that registrants invest in these. However, a challenge is that we have no oversight of the quality of

post-registration qualifications outside of GOC-approved qualifications for contact lens opticians and independent prescribing. Our 2025-30 corporate strategy includes 'taking a more strategic approach to post-registration qualifications' so we plan to revisit this issue in more detail later in 2026/27. However, we are keen to hear views on how the CPD system can better recognise post-registration qualifications.

Personal Development Plan and reflective statement

71.   The requirement for all registrants to plan their CPD at the start of the cycle by producing a PDP has been a feature of the CPD system for some time. However, new for the 2022-24 cycle was a requirement for all registrants by the end of the cycle to carry out and document a reflective exercise based on the content of their PDP. To balance out giving registrants more control over what CPD they do, we wanted assurance that registrants had reflected on their practice and tailored their CPD to their own learning and development needs.

72.   We encourage registrants to complete their PDP early in the cycle, to help them complete CPD that is meaningful to their current and future practice. By the end of the 2022-24 cycle, only 278 registrants had not logged a PDP on MyCPD, but only 46% had uploaded it in the first six months of the cycle. Despite GOC introducing a mandatory online form, which can be updated any time, only 44% registrants uploaded their PDP in the first six months of the 2025-27 cycle. Feedback in the 2025 registrant survey included that the PDP was often viewed as not useful, overly restrictive at the start of the cycle, or too time-consuming. Components like the PDP were seen as adding unnecessary complexity and formality to the process, without delivering real professional benefit.

73.   We continue to consider that ensuring registrants periodically plan and reflect on their professional development is important to maintain standards. Therefore, we propose to retain both these requirements in a new system. However, we would no longer require registrants to log these documents with us, but they would need to make them available as part of record review. This is an area where leveraging the role of business registrants could enable GOC to reduce its oversight. As we discuss below, nearly three in ten business registrants already check completion of the PDP and reflective statements by their registrant employees, and we see scope to build on this practice.

Record review

74.   The purpose of record review is to ensure that registrants are undertaking CPD which aligns with their scope of practice and professional development needs, and that they are keeping good-quality records of CPD they complete. Up to 10% of registrants have their CPD records reviewed each CPD cycle.

75. If a registrant is undertaking CPD relevant to their professional needs and keeping good quality records, they will receive a 'pass.' If improvement is required on a registrant's record keeping or their learning is not believed to be appropriate or on track, they will receive a 'requires improvement' outcome. Over the 2022-24 cycle the pass rate ranged from 67% to 75%. Only a small percentage of registrants had a 'serious concerns' outcome meaning significant issues with a registrant's record-keeping and/or evidence that their learning does not align with their needs or with the GOC's standards of practice.

76. The small percentage of serious concerns outcomes gives us confidence to move away from a points system. However, arguably record review assumes even more importance if we are to give registrants greater freedom to decide the volume, focus and types of CPD activity they undertake. Therefore, we propose to require registrants to maintain learning records for review purposes and we would review a sample of these records periodically. As now, this would include a mixture of random and targeted reviews.

77. As further assurance, we propose that registrants should make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes. This would remind registrants of their responsibilities, help reinforce professional norms and support our systems for dealing with non-compliance.

Non-compliance

78. A system which maximises registrants' freedom to determine their own learning needs is based on trust. To ensure public confidence in the regulatory system we need mechanisms to deal with situations where this trust is abused.

79. The GOC's standards of practice include: "*Comply with the Continuing Professional Development (CPD) requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional*". Our CPD guidance would set out our minimum requirements, and we would require registrants to maintain records of CPD activities. As now, we propose that a sample of CPD records is reviewed by independent assessors, with a mixture of random and targeted selection based on risk. The focus of these reviews would continue to be on supporting registrants to improve. Over the 2022-24 cycle, between 1.9% and 3.5% of records were assessed as 'serious concerns', so we expect the mechanisms set out below would apply to a small minority of registrants.

80. Where a serious concerns rating is given, this would be verified by one of our CPD reviewer chairs. The registrant would be given an opportunity to remediate

with the nature of the action required depending on the circumstances, for example submitting new records or undertaking CPD. A dishonest compliance declaration would be difficult to remediate. As now where the GOC's CPD requirements are not met, the Registrar would decide on removal from the register. Also as now, this decision would be appealable to the Registration Appeals Committee, and registrants could seek restoration to the register.

81. We propose that record review would take place over a period following annual registration renewal. This would encourage registrants to carry out CPD regularly (unlike the current three-year cycle) and reinforce the compliance declaration which registrants would make at annual registration renewal.

82. We are open-minded as to whether registrants should be required to maintain CPD records on GOC's IT systems or be able to keep their own records and submit these for review upon request. The former could support a stronger culture of compliance and should make record review more efficient and less burdensome for those registrants selected for review. However, we appreciate that many registrants find the current process of uploading records to our systems burdensome and it could be more costly for GOC to administer.

Our preferred direction of travel

83. In overview, focusing on requirements for individual registrants, we propose the key elements of a future CPD system would be as follows:

   - Registrants must produce a personal development plan and reflect on progress as part of appraisals and similar mechanisms. The plan would not need to be logged with GOC but would form part of record review
   - The points system would be abolished
   - GOC would publish guidance on the amount, learning areas and types of activity but registrants would decide what CPD to undertake
   - Registrants would make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes
   - Registrants would be required to maintain learning records for review purposes. GOC would use independent assessors to review a sample of these records periodically against the CPD guidance
   - Registration could ultimately be removed if CPD records are assessed as inadequate with the final decision made by the Registrar, appealable to the Registration Appeals Committee.

84. A point of debate within our statutory advisory committee was whether GOC guidance should set expectations about a minimum amount of CPD activity that would apply to most registrants, for example number of hours. This could provide clarity for registrants and set a benchmark for record review purposes. Alternatively, the guidance could state that registrants should undertake

sufficient CPD (or words to that effect), which is a more outcomes focused approach that is arguably more consistent with the underlying ethos of our proposals. We have asked a specific question on this point in the consultation.

What's possible with and without legislative reform

85.   The CPD Rules 2021 are prescriptive about elements of the points system and related features. This includes the concept of a three-year cycle, the total points that registrants must obtain each cycle, interactive CPD making up at least half of the points requirement, completing one peer review event, and the need to complete a reflective exercise based on a PDP.

86.   Our areas for discretion include the allocation of points to different types of activity, defining the competencies which registrants' CPD must cover and our approach to record review. While our existing guidance states self-directed CPD can comprise only half of the total points requirement, this is not required under the CPD Rules 2021, so we have discretion to change this.

87.   Subject to the outcome of this consultation, until legislative change is possible, we would create as much flexibility as possible for registrants and seek to ease the overall compliance burden within the constraints of the CPD Rules 2021. This could include:

- Adjusting allocation of points for different activities to reduce the overall volume of CPD activities needed to achieve the required points total
- Reviewing the competencies (domains) which CPD events must relate to
- Using the points system to incentivise the pursuit of post-registration qualifications
- Removing requirements that may be holding back use of self-directed CPD including the minimum amount of provider-led CPD and the need to write a reflective statement for each self-directed CPD event

88.   We do not intend to return to a system where providers instead of registrants are responsible for uploading points to MyCPD. While we recognise the current system is unpopular among some registrants, it is an important part of fostering a culture where registrants take responsibility for the learning they undertake. Also, it has been successful in reducing disputes at the end of the cycle. Finally, there would be significant IT development costs to reintroducing the old system, which we would need to pass on through the annual registration fee. This could offer poor value for money given our ambition for further change means an IT system for recording points may soon no longer be needed.

Table 3 – Points system: change possible with and without legislative reform

Change possible now	Legislative change required
Change the competencies (domains) which CPD events must relate to	The concept of a CPD cycle and its three-year duration
Self-directed CPD: remove limit on total points available, change points awarded for each activity and no longer require a reflection statement for each event	Total number of general and specialist points required linked to time on register during the cycle (based on months)
Approach to record review	CPD events must link to competencies which GOC sets before the cycle starts
	Half of CPD points must be for interactive events
	One event must be a peer review event (unless join register in last 12 months)
	Specific directions on how CPD points should be calculated, e.g. general points cannot count towards specialist points and vice versa
	Obligations on GOC, CPD providers and registrants to keep records of events including specific information
	The need to undertake one reflection activity during the cycle
	Registrar power to remove registrants from the register for failure to meet the CPD points requirements

Questions about long-term reform options

Q2. Do you agree that we should move away from a points system?

Yes/No/Not sure

Please provide comments

Q3. Do you agree that we should issue guidance on the amount, areas and types of learning rather than set specific requirements?

Yes/No/Not sure

Please provide comments

Q4. Should guidance specify that registrants carry out sufficient CPD (or words to that effect) or provide a notional minimum amount of activity that would apply to most registrants, e.g. number of hours?

Sufficient CPD/notional minimum amount/Both/Neither/Not sure
Please provide comments

Q5. Should registrants be required to make a personal development plan and reflect on progress as part of appraisals and similar mechanisms?

Yes/No/Not sure

Please provide comments

Q6. Should registrants be required would make an annual declaration as part of registration renewal that they have carried out sufficient learning to maintain their competence and kept adequate records for review purposes?

Yes/No/Not sure

Please provide comments

Q7. Should registrants be required to maintain records of CPD activity on GOC IT systems or be able to keep their own records?

GOC systems/choose GOC systems or own records/own records only

Please provide comments

Q8. Should GOC review a sample of CPD records following annual registration renewal?

Yes/No/Not sure

Please provide comments

Q9. Should the Registrar be able to remove registrants from the register where their CPD records are assessed as inadequate and they have failed to remediate, subject to appeal?

Yes/No/Not sure

Please provide comments

Questions about short-term changes possible within the CPD Rules 2021

Q10. Should we change the competencies (the four domains) which CPD events must relate to?

Yes/No/Not sure

Please provide comments including how we might do this

Q11. Should we adjust the points allocated to different activities to make it easier to reach the total points required under the CPD Rules 2021?

Yes/No/Not sure

Please provide comments including how we might do this. As part of this, we would welcome comments on how recognised post-registration qualifications might be better rewarded under our CPD system.

Q12. Should we remove the limit on the minimum number of CPD points that must be obtained from provider-led activity?

Yes/No/Not sure

Please provide comments including how we might do this

Q13. Should we remove the need for a reflection statement to be provided for each self-directed CPD activity?

Yes/No/Not sure

Please provide comments

Leveraging the role of businesses

89. Moving away from a points system would represent a significant step for GOC. Understandably, there will be concern that some registrants may neglect maintaining and developing their competence in the absence of such a system. However, giving business registrants a greater role to support individual registrants with their CPD, building on existing good practice, could allow the sector to take this step with greater confidence. Further, employers have a closer relationship with registrants than GOC, so are better placed to support them to identify and pursue their learning and development needs.

90. Businesses already play an important role in supporting registrants to meet their CPD points requirements. In our 2025 business registrant survey, 42% of respondents made free provision of CPD available through third parties, 33% provided CPD activities free of charge, and 24% provided funding for staff to complete CPD (24%). 37% provided time off for staff to carry out CPD.

91. Many businesses also support registrants to meet other CPD requirements. Our survey showed they commonly monitor CPD compliance through either providing reminders in communications or carrying out regular checks on progress against points requirements (both 37%). 29% checked whether the reflective exercise had been completed and 28% if a PDP was in place. Only 19% did not currently monitor CPD compliance in any of the ways listed.

92. Our business registrant survey findings suggest this is a strong platform to build on and should allow the GOC to safely reduce its regulatory oversight. Even so, we will need to ensure all business registrants play their part and we are conscious that optical businesses vary considerably in their size and resources.

Building on appraisals and other systems that are routine elements of good working environments already will support a proportionate approach.

93. Our standards of practice already set expectations for business registrants in relation to supporting lifelong learning (see box). When we consult on revised standards of practice, expected later in 2026, we will use the feedback from this CPD consultation to consider if the existing standards need to be strengthened. Our approach could combine general principles such as ensuring sufficient time for CPD with specific responsibilities like ensuring registrants produce PDPs.

94. Businesses are well-used to complying with regulatory requirements to train staff. Of relevance to healthcare, under laws such as the Health and Safety at Work Act 1974 and related regulations, workers must be regularly trained in relevant safety procedures, risk management, and updates to legislation or workplace practices. Employers are expected to run training programmes that keep staff competent and aware of evolving health and safety standards. Other examples include data protection, consumer rights and employment laws.

95. Other regulators leverage the role of organisations within their CPD systems:

- In the General Medical Council's revalidation system, employers and contracting bodies are responsible for implementing and managing clinical governance and quality assurance systems for all doctors who work in their organisation including policies and processes for reporting and responding to concerns, complaints management and incident reporting. They also support doctors to collect their supporting information for revalidation and share relevant information with others.
- The intention of the Care Quality Commission's Regulation 18[1] is to make sure that providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all the relevant regulatory requirements. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities and they should be supported to obtain further qualifications.
- To comply with the Solicitors Regulation Authority's Code of Conduct for Firms, all firms it regulates must ensure that their managers and employees are competent to carry out their role, and keep their professional knowledge and skills, as well as understanding of their legal, ethical and regulatory obligations, up to date.

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[1] Regulation 18: Staffing - Care Quality Commission

> **Extracts from GOC Standards for Optical Businesses**
>
> **3.2 Staff are suitably trained, qualified and registered**
>
> Preamble – "An individual's learning needs to be lifelong so that they can keep up-to-date with changes in outlook, technology and scope of their profession, and ensure that they remain fit to practise. It is important therefore that the business environment is one in which staff feel able to learn and grow."
>
> **3.2.3** Encourages staff to undertake learning and development in professional decision-making, as appropriate to their role.
>
> **3.2.5** Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not.
>
> **3.2.6** Provides a system for the monitoring of staff objectives and training needs, as appropriate.
>
> **3.2.7** Supports GOC registrants to meet their professional requirements, including Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students and Continuing Professional Development (CPD) requirements.

Patient feedback

96.   Patient feedback provides direct insights into the patient experience, revealing what works well and what needs improvement. While patients are often not well placed to comment on the clinical quality of care, they have valuable insights on communication skills, delays and processes that registrants can learn from. Listening to the experiences of patients can help foster safe and effective care. When the sector demonstrates that it is listening to patients and responding to their feedback, this will promote confidence in the profession.

97.   The GOC's annual public perception surveys consistently show high levels of satisfaction among patients both with their overall experience and with the optometrist who carried out their sight test. Even so, in the 2025 survey[2], satisfaction with elements of care was lower, such as the level of involvement patients had in decisions about their care and treatment. Across the survey, patients in vulnerable circumstances were less satisfied with their experience.

98.   In the 10 Year Health Plan for the NHS in England, healthcare regulators are asked to renew their CPD systems, reflecting the "*transition to a world of real-*

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[2] [PowerPoint Presentation](#)

time feedback". We know many optical businesses already seek patient feedback through a variety of channels including complaints and compliments, customer reviews and engagement with third party online review websites. Listening to customers and responding to feedback is good business practice and sharing this feedback with registrants should be part of this approach.

99.   Patient feedback is a feature of some other CPD systems we have reviewed. For example, at least once in the GMC's revalidation cycle registrants must reflect on feedback from patients, collected using a formal feedback exercise. The Health & Care Professions Council encourages registrants to receive and reflect on feedback from service users. The General Osteopathic Council's scheme includes an 'objective activity' where registrants seek external objective feedback about their practice from a range of possible sources, including patients and then analyse and reflect on this to show how it has informed their practice or CPD. The General Chiropractic Council's scheme has a focus on learning from others, which can include patients as well as peers.

100.   Optical businesses vary widely in size and the services they offer. Further, we are aware of concerns about the operation of online customer review websites which not all businesses will wish to engage with. Given these factors we are not proposing to be prescriptive about engagement approaches but would use guidance to encourage businesses to use patient feedback as one tool to support registrants to continuously improve the care they provide.

Challenges

101.   We recognise a series of challenges to leveraging the role of businesses as part of our CPD system. These challenges include that not all businesses are currently registered with the GOC, although we are seeking legislative reform requiring all businesses carrying out restricted functions to be regulated by us. Although we regulate around half of optical businesses, the large majority of fully qualified individual registrants are employed by registered businesses.

102.   Another set of challenges is that many registrants have portfolio careers with multiple employers and there is a substantial locum workforce that may move frequently between businesses.

103.   In relation to each of these challenges, it is important not to 'let the perfect be the enemy of the good'. Business regulation is a key feature of the system of optical regulation, and we consider harnessing this to enable a less prescriptive and burdensome CPD system for individual registrants is a worthwhile goal. Our proposals here are intended to reinforce a CPD system where individuals have responsible for determining their CPD, not to replace GOC oversight.

104. This element of our proposals may create new costs for businesses. However, when the package of proposals is viewed as a whole, we consider the overall costs of compliance with our CPD requirements for businesses would reduce.

What's possible with and without legislative reform

105. No proposals in this section would require changes to the CPD Rules 2021. Instead, we would effect change through the Standards for Optical Businesses.

Q14. How can we best leverage the role of businesses within the CPD system to support a less prescriptive system for individual registrants?

Please provide comments

Q15. Should business registrants have specific responsibility to ensure individual registrants have an up-to-date personal development plan?

Yes/No/Not sure

Please provide comments

Q16. How can the Standards for Optical Businesses be strengthened to help achieve this outcome?

Please provide comments

Q17. How should patient feedback be incorporated within the CPD system?

Please provide comments

Ending CPD provider approval and audit

106. GOC is the only healthcare regulator to approve and audit CPD providers. Approving CPD providers offers GOC a measure of control over the quality of CPD and likewise may give registrants confidence in the training provided.

107. In section two we explained the distinction between fully and provisionally approved providers. Provisional approval aims to ensure providers understand the requirements of CPD delivery and can deliver to a high standard.

108. Audit was introduced in the 2022-24 CPD cycle to provide a mechanism of quality assurance that was not required under the previous CET scheme, which required advance approval of learning events and for providers to allocate points to registrants. As the CPD scheme is much more flexible than CET was, audit was considered a proportionate way of quality assuring CPD provision without the heavy administrative burden of advance approval.

109. Since GOC is an outlier among healthcare regulators in this respect, we have reviewed whether either approval or audit of CPD providers remain necessary. Our view is that neither remain necessary to protect the public.

110. Our data suggests the quality of existing CPD provision is high. Throughout the 2022-24 CPD cycle, we collected feedback from registrants following events they attended, on both the quality of providers and the event. Average monthly feedback rated at either good or excellent was 96% for providers and 93% for events suggesting consistently high registrant satisfaction across the cycle. Around 10% of CPD providers were audited annually including a mixture of randomly selected and targeted audits. Across the duration of the cycle, only two CPD providers were given a serious concerns rating.

111. In the absence of regulatory approval of providers, it is reasonable to expect market forces to exert a strong discipline on quality. This should be stronger than in many markets given registrants and employers are informed buyers, the sector is small and networked and CPD providers rely on repeat business.

112. GOC approved CPD providers hold a privileged position in terms of delivering learning to registrants, as their sessions are worth more points than those delivered by other organisations. While creating an incentive for CPD providers to register with the GOC, arguably this presents an unreasonable barrier to entry and may stifle innovation in the delivery of training.

113. It is proving difficult for CPD providers to progress from provisional to full approval status. At the end of the 2022-24 cycle, there were 204 provisionally approved providers and 127 fully approved providers. Only ten provisionally approved providers converted to fully approved status over the cycle.

114. We estimate administering the approval and audit system costs GOC around £95k annually. While CPD providers pay GOC an annual renewal fee of £45 – this amount is prescribed in the CPD Rules 2021 – the annual income (c£10k) falls well short of the costs of operating this element of our CPD system.

115. We are aware that many CPD providers welcome the current system, and more generally the support they receive from GOC. While appreciating this support would disappear if we ended approval and/or audit, our decision must meet our overarching statutory objective of public protection. Ultimately, we do not consider that approval or audit remains necessary to protect the public.

What's possible with and without legislative reform

116. The CPD Rules 2021 require us to maintain a list of CPD providers, which must renew their application annually and pay a £45 fee. The Rules require GOC to

approve events and specify the number of CPD points the approved event is worth, whether those points are general or specialist CPD points, each of those competencies to which the approved event relates, whether it is an interactive event, whether it is a peer review event, and allocate a GOC reference number to the event. However, we may determine at any time that events run by a listed provider who has previously had approved event(s), will be permitted to provide approved events without any further applications.

117. Subject to the outcome of this consultation, our preferred approach is to end CPD provider approval and audit altogether. In the absence of legislative change, we would scale back the system as far as the CPD Rules 2021 permit. First, we would reduce the number of events requiring approval before CPD providers can convert from provisionally approved to fully approved status. Second, we would phase out the programme of CPD provider audits and withdraw GOC's Standards for CPD Providers.

Table 4 – CPD Providers: change possible with and without legislative reform

Change possible now	Legislative change required
Number of events requiring approval	End approval of CPD providers
Audit system	Annual renewal
CPD provider standards	£45 application fee

Questions about long-term reform

Q18. Should we seek to end CPD provider approval?

Yes/No/Not sure

Please provide comments

Questions about short-term changes possible within the CPD Rules 2021

Q19. Should we reduce the number of CPD events requiring approval before CPD providers can convert from provisionally approved to fully approved status?

Yes/No/Not sure

Please provide comments

Q20. Should we phase out CPD provider audits over the 2028-30 cycle?

Yes/No/Not sure

> Please provide comments
>
> **Q21. Should we withdraw GOC's Standards for CPD Providers?**
>
> **Yes/No/Not sure**
>
> Please provide comments

Timetable for reform

118. As previously set out, since amendment to the CPD Rules 2021 is required to realise some of our proposals, the timetable for making these changes to the CPD system is outside of our control and depends on government priorities. Our working assumption is that government will not prioritise change to GOC legislation within the current parliament.

119. The three-year cycle is a key feature of the current system, and we would not introduce substantive changes mid-cycle. To do otherwise risks being unfair to registrants, causing major disruption, and failing to give stakeholders like CPD providers sufficient time to adapt. Any significant change to our requirements would mean changes to the IT platform, which needs sufficient lead-in time.

120. Where changes do not require amendment to the CPD Rules 2021, we plan to introduce these in advance of the 2028-30 cycle beginning. Assuming decisions on the proposals for short-term reform are made by the end of 2026, we assess there is sufficient time for GOC and others to make the necessary changes to enable a smooth transition before the next cycle begins.

121. For changes that require amendment to the CPD Rules 2021, while we are keen to make progress, there may be advantages in introducing these changes when the 2028-30 cycle ends. This would allow more time for culture change within the profession to address concerns about the level of freedom and responsibility that ending the points system would involve. By this time, government may have reformed the Opticians Act 1989 and extended regulation to all businesses carrying out the restricted activities, which would strengthen our proposals for businesses to play a greater role in CPD.

> **Q22. When should we aim to introduce changes requiring amendment to the CPD Rules 2021?**
>
> **January 2028/January 2031/January 2034/Another date**
>
> Please provide comments

Welsh language

122. Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.

123. We have assessed that these proposals will not have any effects on opportunities to use the Welsh language or affect the treatment of the Welsh language.

Q23. Will the proposed changes have effects, whether positive or negative, on:

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

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

a) Yes re (i)

b) Yes re (ii)

c) No re (i)

d) No re (ii)

e) Not sure re (i)

f) Not sure re (ii)

Please provide comments.

Q24. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

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

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

a) Yes re (i)

b) Yes re (ii)

c) No re (i)

d) No re (ii)

e) Not sure re (i)

f) Not sure re (ii)

Please provide comments.

Q25. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

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

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

a) Yes re (i)

b) Yes re (ii)

c) No re (i)

d) No re (ii)

e) Not sure re (i)

f) Not sure re (ii)

Please provide comments.

Impact assessment

124. We have produced a draft impact assessment which we will update following views received during the consultation.

125. Our assessment is that a less prescriptive CPD system should benefit those groups who are most likely to experience the current system as burdensome or costly. Survey evidence suggests these groups include dispensing opticians, those who work full-time, and those who work as locums. We also assess that older registrants, those who are pregnant or on some form of parental leave, people with certain physical and mental health conditions, and carers, may also benefit from proposals which end or reduce the impact of the points system.

Q26. Are there any aspects of our proposals that could discriminate against stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender

identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

a) Yes

b) No

c) Not sure

If yes, please explain your reasoning.

Q27. Are there any aspects of our proposals that could have a positive impact on stakeholders with specific characteristics? (Please consider age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, gender identity, gender expression, pregnancy or maternity, caring responsibilities or any other characteristics.)

d) Yes

e) No

f) Not sure

If yes, please explain your reasoning.

Section 4: How to respond to the consultation

29.   We invite responses from <mark>[insert date]</mark> to <mark>[insert date]</mark>.

30.   We would be grateful if you could input your responses into our [consultation hub](#) so that we can collect information about you or your organisation and whether your response can be published.

31.   However, if that is not possible, you can respond by emailing consultations@optical.org. Please ensure you provide us with information on whether you are responding on behalf of yourself or an organisation, which organisation you are responding for, and whether we have permission to publish your response and name yourself or your organisation.

Consultation annex – review of CPD systems

xx 2026

About the General Optical Council

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

We have four core functions:

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

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

Contents page

Overview

What we're doing

1. As part of our review of the GOC's CPD system, we carried out a desk review of 14 CPD systems, including those of the nine other UK healthcare regulators overseen by the Professional Standards Authority as well as five professions outside of healthcare.

2. The work supports one of the objectives of the review to align with best practice in other professional services regulatory systems and meet government expectations in the 10 Year Plan for the NHS to renew our CPD system.

3. The 14 CPD systems reviewed were as follows:

Healthcare professions	Other professions
General Chiropractic Council	Accountancy
General Dental Council	Architects
General Medical Council	Teachers
General Osteopathic Council	Solicitors
General Pharmaceutical Council	Veterinary Surgeons
Health & Care Professions Council	
Nursing & Midwifery Council	
Pharmaceutical Society of Northern Ireland	
Social Work England	

Section 1: Healthcare regulators

4. Below we review the features of CPD systems used by the nine other UK healthcare regulators overseen by the PSA.

5. The PSA's Standards of Good Regulation do not have specific requirements on CPD but Standard 13 is that "the regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise".

6. The tables below compare other healthcare regulators against key features of the GOC's CPD scheme, namely:

   - Length of cycle
   - Personal Development Plan (PDP)
   - Points system
   - Reflection
   - Peer review
   - Self-directed CPD
   - Registrant record review
   - Compliance
   - CPD provider regulation
   - Other points of note

7. Only publicly available information has been used – links to the CPD pages on the regulators' websites are provided at the end of each table.

General Chiropractic Council

Length of cycle	1yr
PDP	A PDP is required, and forms part of the annual record registrants must submit.
Points system	At least 30hrs, of which 50% must be learning with others. The GCC selects a focus topic for each CPD year – in 2024/25 it is on the duty of candour. Recent graduates must include a focus on clinical governance as part of the 30hrs requirement. Aside from the mandatory topic, GCC does not specify areas of learning, but CPD must relate to professional development or contribute to the development of the profession.
Reflection	A reflective learning statement is required structured around four questions registrants should answer in relation to a specific learning experience.

Peer review	As above, 50% of the minimum 30hrs is on learning with others – this can be patients as well as peers.
Self-directed	Learning with others activity incorporates formal and informal learning styles, but self-directed CPD is not an explicit feature.
Registrant record review	Undertakes random sampling of CPD reports, the focus of the audit will vary year-on-year. CPD summaries should be completed online within a month of the CPD year ending.
Compliance	GCC will first attempt to open a dialogue with the chiropractor to resolve any issues. However, in instances where registrants do not engage with the process, or their CPD does not meet the expected standard, they may be removed from the register. Waivers can be considered, and the website sets out what is normally considered as an exceptional circumstance.
CPD provider regulation	No.
Other	N/A.
Link	[Continuing Professional Development (CPD)	GCC](#)

General Dental Council

Length of cycle	5yrs
PDP	A PDP is required which must contain a minimum information set. PDPs are not submitted to GDC but may be reviewed as part of a random audit.
Points system	Dentists must do at least 100hrs CPD over 5yrs with a minimum of 10hrs in every 2yr period. The hours requirement varies depending on role with more hours for professionals with multiple titles. Activities must relate to broad development outcomes set by GDC, which are linked to its standards of practice. Registrants must maintain a log of all verifiable activity including title and description, date undertaken, number of hours and GDC development outcome. Activities should relate to the registrant's field of practice and maintain current skills or develop new skills.
Reflection	Reflection is required but GDC is not prescriptive – it could be after each individual activity or periodically, done alone or with others. Registrants should make a record that reflection has taken place in their log of CPD activity.
Peer review	Not specified.
Self-directed	Not specified.
Registrant record review	Based on a random sample at any time during cycle. Registrants make a CPD statement as part of annual registration renewal.

Compliance	Registrants who realise they will not be able to meet the minimum requirements can seek a grace period of up to 56 days, which they must apply for before the cycle ends. Professionals who do not meet the minimum requirements may be removed from the register but can apply to re-join once the CPD requirements have been met. GDC considers exceptional circumstances applications.
CPD provider regulation	The GDC does not approve or audit providers, but the evidence required for each CPD activity includes that the CPD is subject to quality assurance.
Other	Based on a plan, do, reflect, record model.
Link	Education and CPD

General Medical Council

Length of cycle	A revalidation scheme based on a 5yr cycle.
PDP	An annual PDP is required. Appraisal discussions should include changes that the registrant has made or plans to make, which should feed into their PDP.
Points system	No. Since CPD must be tailored to scope of practice and needs, the GMC does not mandate the number of CPD points required for revalidation. CPD activities must be carried out every year, cover the whole of the registrant's practice and be tailored to their scope of practice and needs. CPD must be discussed at the annual appraisal alongside other elements of the revalidation scheme including colleague and patient feedback. Registrants should keep evidence of supporting information discussed at appraisals.
Reflection	There is a requirement to reflect on the supporting information and what it says about their practice. Registrants cannot simply collect information and not reflect.
Peer review	At least once in the revalidation cycle registrants must collect, reflect on, and discuss peer feedback at their appraisal. Standard questionnaires which are independently administered should be used where possible. Separately, at least once in the revalidation cycle registrants must reflect on feedback from patients, collected using a formal feedback exercise.
Self-directed	Recognised as a valid type of CPD, but no minimum requirements.
Registrant record review	N/A – before deciding whether to revalidate the GMC reviews the external recommendation about the revalidation, annual returns and revalidation assessment, plus carries out further checks.
Compliance	GMC may decide to revalidate a licence, defer the revalidation submission date or withdraw a licence. GMC may withdraw a licence if a registrant fraudulently gives it any evidence or

	information relevant to their revalidation or if, without reasonable excuse, fails to comply with a requirement in the GMC's guidance. Decisions are subject to appeal.
CPD provider regulation	No.
Other	A revalidation scheme based on annual whole practice appraisals, information from systems of clinical governance and a revalidation recommendation. Revalidation makes the GMC scheme different in character to many other regulators. A revalidation scheme for physician associates and anaesthesia associates will be introduced following consultation on rules.
Link	[Revalidation - GMC](#)

General Osteopathic Council

Length of cycle	3yrs
PDP	Not part of the scheme.
Points system	At least 90hrs over the cycle, at least 50% must be learning with others (interactive). CPD is broadly defined and can include any learning undertaken by an osteopath, but there are some requirements around the topics that must be covered: the four themes of the OPS standards, including at least one objective activity, and one CPD activity relating to communication and consent. An objective activity is where registrants seek external objective feedback about their practice (from a range of possible sources, including patients) and then analyse and reflect on this to show how it has informed their practice or CPD.
Reflection	CPD records should include registrants' reflections on their CPD activities and how these reflections have informed their practice. Registrants need to complete a Peer Discussion Review towards the end of the three-year cycle. A Peer Discussion Review is a structured conversation with an osteopath or other health professional in which registrants confirm, and discuss how, they have completed all the elements of the scheme.
Peer review	As above, at least half the 90hrs must be learning with others. Audits of CPD records include Peer Discussion Review Forms.
Self-directed	The scheme is not prescriptive but learning by oneself is a category of CPD for the purposes of CPD records.
Registrant record review	Contacts a random sample of up to 10% of all osteopaths at the end of each year of the CPD scheme to ask for more information

	about the types of CPD activities that they have declared, plus up to 10% of osteopaths at the end of their three-year cycle.
Compliance	As part of annual registration renewal, registrants must make a declaration about the CPD activities they have undertaken in the previous 12 months, including points obtained. A 28-day warning of removal from the Register letter will be sent explaining what areas the osteopath needs to address within the period to avoid removal from the Register.
CPD provider regulation	No.
Other	N/A.
Link	[Standards for continuing professional development - General Osteopathic Council](#)

General Pharmaceutical Council

Length of cycle	1yr.
PDP	Not part of the scheme.
Points system	No. Each year, registrants must carry out, record and submit four CPD activities through an online portal. Specialisms should be reflected in the four activities, but do not require additional activities. At least two CPD activities must be planned learning activities. Registrants must also carry out, record and submit one peer discussion and one reflective account. Records must be relevant to the safe and effective practice of pharmacy and should relate to the context of practice, including any specialisms. Registrants should give a real example describing the benefit of the activities for the people using their services.
Reflection	Each year registrants must provide a reflective account of how they met one or more of the standards for pharmacy professionals. The main parts of reflective accounts are a brief summary of practice history over the last year including typical users of their services, a statement of how they have met one or more of the GPhC's standards and examples to support their statement.
Peer review	A mandatory requirement, but only one event per year.
Self-directed	Of the four required CPD activities annually, at least two must be planned, such as attending a training course or reading relevant resources. The rest can be unplanned, such as identifying learning when attending a meeting or responding to a query from a patient or another health professional.
Registrant record review	Reviews a sample of CPD records – this is partly randomly selected and partly targeted (based on history of remedial CPD

	measures, non-compliance with standards, late records). Registrants can be directed to carry out additional activities and make records of these for review. Reviews are carried out jointly by a pharmacy professional and a lay reviewer.
Compliance	Each year, as part of renewing their registration, registrants are expected to submit records of their CPD, peer discussion and reflective account to GPhC. If records are not submitted without good reason a 'remediation process' gives registrants another chance to submit their records in an acceptable form. After this, GPhC begins a process of administrative removal from the register. If someone later applies to re-join the register, GPhC expects to receive and review completed CPD records.
CPD providers	None.
Other	CPD is part of a revalidation framework linked to annual registration renewal.
Link	[Revalidation and renewal	General Pharmaceutical Council](#)

Health & Care Professions Council

Length of cycle	None, an ongoing set of requirements. However, if registrants are audited, the HCPC focuses on the previous two years (the length of each registration cycle).
PDP	Not part of scheme.
Points system	No. Registrants must carry out at least two different types of learning activity.
Reflection	No specific requirement, but standards 3 and 4 relate (see other).
Peer review	One type of learning recognised under the scheme but no specific requirements to undertake peer review. Registrants are encouraged to receive and reflect on feedback from service users.
Self-directed	One of the types of learning recognised under the scheme but no specific requirements to undertake self-directed learning.
Registrant record review	2.5% registrants are randomly selected at each renewal. They are asked to submit a CPD profile with supporting evidence that shows how the activities meet the standards and the dates they were undertaken. Registrants should also explain any gaps in CPD of three or more consecutive months. Audits are undertaken by CPD assessors who are registrants.
Compliance	If registrants are not selected for audit, they must complete declarations and pay their registration fee. If selected for audit, the HCPC may ask for more information, and if the CPD profile does not meet the CPD Standards, the HCPC can remove registrants

	from the register (with a right to appeal). Assessors may decide to offer registrants extra time (up to 3mths) to meet the standards.
CPD provider regulation	None.
Other	There are five CPD standards. A registrant must: 1. maintain a continuous, up-to-date and accurate record of their CPD activities; 2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice; 3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery; 4. seek to ensure that their CPD benefits the service user; and 5. upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the Standards for CPD.
Link	[Continuing professional development (CPD)	The HCPC](#)

Nursing & Midwifery Council

Length of cycle	A 3yr revalidation scheme.
PDP	Planning CPD to meet learning needs is part of NMC's guidance, but producing a PDP is not an explicit part of the scheme.
Points system	Over the cycle, registrants must complete a minimum of 35hrs of CPD including 20hrs of participatory learning, five pieces of practice-related feedback, five written reflective accounts and a reflective discussion. This is managed through an online account.
Reflection	Each of the five written reflective accounts must refer to an instance of CPD, and/or a piece of practice-related feedback received, and/or an event or experience in their professional practice and refer to how this relates to the Code.
Peer review	Registrants must have a reflective discussion with another registrant covering the five written reflective accounts and/or practice-related feedback (which may come from patients and service users) and/or an event or experience in their practice and refer to how this relates to the Code.
Self-directed	The NMC does not prescribe topics or types of CPD aside from the minimum participatory learning element.
Registrant record review	See the role of confirmers above.
Compliance	A 'confirmer' reviews records and confirms that the registrant meets the revalidation requirements. This usually involves a face-to-face discussion. Confirmers are usually line managers.
CPD provider regulation	No.

Other	Revalidation makes the NMC scheme different in character to many other regulators.
Link	Revalidation - The Nursing and Midwifery Council

Pharmaceutical Society of Northern Ireland

Length of cycle	1yr
PDP	PDPs are listed as one of a range of ways to identify learning needs but are not mandated as part of the scheme.
Points system	The minimum requirement is 30hrs for a full portfolio, 15hrs for a partial portfolio. 75% of CPD must relate to current scope of practice. 50% should be scheduled and 50% non-scheduled. This forms part of a complex set of portfolio statistical requirements. CPD must comply with six essential criteria under four domains of successful learning: reflection, planning, action, evaluation.
Reflection	CPD assessors consider the four domains, including reflection and evaluation.
Peer review	A recognised type of learning but no mandatory requirements.
Self-directed	PSNI uses the concepts of scheduled and unscheduled learning.
Registrant record review	An annual CPD submission through PSNI's portal is required and a selection are assessed. Council directs the Registrar in relation to the size of the sample of records assessed – usually 10% with a random and focused selection.
Compliance	Registrants must make an annual CPD submission and declaration to the Registrar and a sample of records are reviewed by an independent assessor who recommends if the standard has been met or not. Where CPD records are assessed as not meeting the standard, this decision is first verified before a reassessment takes place. The Registrar can impose remedial measures but can remove someone from the register subject to an appeal.
CPD provider regulation	No.
Other	N/A.
Link	CPD – Pharmaceutical Society NI

Social Work England

Length of cycle	1yr
PDP	Not part of scheme.
Points system	A minimum of two pieces of CPD per registration year should be recorded in the registrant's online account. One of SWE's

	Professional Standards is about CPD. There are 8 parts to the CPD standard, which outline the different things registrants should aim to do as part of their CPD. This includes reflecting on feedback and using research, theories and frameworks.
Reflection	Every piece of recorded CPD should include reflection.
Peer review	At least one piece of recorded CPD should include peer reflection.
Self-directed	A recognised type of CPD activity under the scheme but there are no specific requirements on amounts of self-directed CPD.
Registrant record review	Previously, at the end of the registration period 2.5% of registrants were randomly selected for CPD review carried out by a team of independent assessors who are a mixture of lay people and social workers. The review was based on an anonymised CPD record from the registrant's online account. SWE has begun a review of its CPD system and decided that CPD records will not be reviewed by independent assessors while it engages with the profession.
Compliance	Registrants who do not pass the CPD audits are automatically selected for CPD review again in the next cycle, but they are not removed from the register (unless there is evidence of fraud).
CPD provider regulation	None.
Other	SWE is reviewing its current approach to CPD and anticipates consulting on proposals in 2026.
Link	CPD - Social Work England

Section 2: Non-healthcare professions

8. Below we summarise the key features of CPD systems for accountants (England and Wales), architects (UK), solicitors (England and Wales), teachers (England) and veterinary surgeons (UK).

Accountants – Institute of Chartered Accountants in England and Wales

9. ICAEW introduced new CPD arrangements in November 2023. This marked a shift away from an output-based model – where members used to complete an 'appropriate' amount of CPD – to a hybrid model with a stipulated requirement for a minimum number of hours, which varies depending on role. Some CPD must be verifiable – independent evidence of its completion must be provided.

10. The overarching principles of the previous CPD policy remain: members still need to consider their development needs and create an action plan, carry out their plan, evaluate its effectiveness and, at the end of the year, declare that they have complied, providing evidence of compliance if requested.

11. Members are expected to record their professional development needs each year and the activities they completed to meet those needs. CPD can be recorded in any format, but if selected for monitoring, evidence must be provided. ICAEW specifies the information CPD records must contain. To help make the recording process easy, ICAEW has created an online CPD record accessible through the member dashboard.

12. Changes made in 2023 included broadening the definition of verifiable CPD to include reading materials, presentations, group discussions and other forms of content, as well as attending courses. A compulsory ethics requirement has been introduced with members needing to complete mandatory training aligned to the ICAEW Code of Ethics each year. ICAEW has created an ethics CPD course to help members meet this requirement.

Architects – Architects Registration Board

13. The Architects Registration Board (ARB) was given new powers in the Building Safety Act 2022 to monitor and assess the continuing professional development of architects throughout their careers.

14. ARB's scheme was introduced in 2024, including the following elements:
    - ARB's scheme is based on four principles: improve overall competence of the profession, be tailored by architects to their own practice and needs, be proportionate and deliverable, avoid duplication where possible
    - A personal development plan (PDP) is optional but recommended

- To renew registration at the end of the year, architects must declare they have carried out CPD and state where it is recorded, or have a deferment agreed. False declarations may lead to removal from the register
- There is no minimum number of activities or hours of CPD an architect must complete but ARB suggests architects should aim to complete at least eight activities per year
- ARB may set mandatory CPD topics each year following engagement with key stakeholders
- Architects must self-reflect to identify what they have gained from each CPD activity including what they have learned, how they are applying this to their practice and any known benefits, how this has improved their competence and what steps they want to take next
- CPD can be recorded on the ARB platform or on RIBA's platform. Architects will need to record the CPD activities they carry out and the outcomes from them. They will also need to write a reflective statement on the development they have carried out over the last 12 months, and their future development requirements.
- ARB audits a sample of architects' CPD records each year
- Where an architect has been informed that they are not compliant with ARB's CPD requirements and they have not taken the necessary remedial steps within the required period, they will be removed from the Register.
- Architects may apply to defer their CPD submission for one year, for example due to parental leave. If approved, they must submit a PDP which sets out how they will catch up with their CPD requirements

Further information: [Scheme for Continuing Professional Development (CPD) - ARB](#)

Solicitors – Solicitors Regulation Authority

15. To comply with the Solicitor Regulation Authority (SRA) code of conduct all solicitors must maintain their competence to carry out their role. This means they must keep their professional knowledge and skills up to date.

16. The SRA's Competence Statement defines the continuing competence that it requires from all solicitors. It states solicitors should be able to maintain the level of competence and legal knowledge needed to practise effectively, taking into account changes in their role and/or practice context and developments in the law, including:
   - Taking responsibility for personal learning and development
   - Reflecting on and learning from practice and learning from other people
   - Accurately evaluating their strengths and limitations in relation to the demands of their work
   - Maintaining an adequate and up-to-date understanding of relevant law, policy and practice

- Adapting practice to address developments in the delivery of legal services.

17. To meet their continuing competence obligations solicitors are expected to:
    - Reflect and identify - regularly consider the quality of their practice and identify their learning and development needs
    - Plan and address - regularly update a plan on how they will address their learning and development needs
    - Record and evaluate - keep an up-to-date record of their learning and development activity and think about the effectiveness of their learning and development.

18. To comply with the SRA's Code of Conduct for Firms, all firms must ensure that managers and employees are competent to carry out their role, and keep their professional knowledge and skills, as well as understanding of their legal, ethical and regulatory obligations, up to date.

19. SRA regularly carries out thematic inspections and training record reviews to understand whether solicitors are maintaining their competence. It is not a regulatory requirement to keep a training record or document reflection. SRA provides a learning and development template to assist with record keeping.

20. As part of the annual practising certificate renewals, solicitors must declare that they have up to date understanding of the legal, ethical and regulatory obligations relevant to their role, have reflected and addressed any identified learning and development needs, and are competent to perform their role.

Further information: SRA | Continuing competence | Solicitors Regulation Authority

Teachers – Department for Education

21. Neither the Department for Education (DfE) nor Ofsted outline statutory requirements on the content, duration or delivery method of CPD programmes in schools. It is up to schools to decide how to implement CPD provision in terms of the development needs of teachers and the impact it will have on pupils. The Ofsted inspection handbook explains that school leaders should consider that CPD is "aligned with the curriculum, and the extent to which this develops teachers' content knowledge and teaching content knowledge over time, so that they are able to deliver better teaching for pupils."

22. In England, the DfE Teachers' Standards set out a number of expectations about professional development. It outlines that teachers should:
    - Keep their knowledge and skills as teachers up-to-date and be self-critical

- Take responsibility for improving teaching through appropriate professional development, responding to advice and feedback from colleagues
- Demonstrate knowledge and understanding of how pupils learn and how this has an impact on teaching
- Have a secure knowledge of the relevant subject(s) and curriculum areas
- Reflect systematically on the effectiveness of lessons and approaches to teaching
- Know and understand how to assess the relevant subject and curriculum areas.

23. In July 2016, the DfE published a new Standard for Teachers' Professional Development for all schools in England, describing what effective CPD looks like for teachers. It explains that effective professional development relies upon teachers, headteachers and leadership teams in schools providing professional development, being clear about their respective roles and working together effectively. For this partnership to be successful:
- Professional development should have a focus on improving and evaluating pupil outcomes
- Professional development should be underpinned by robust evidence and expertise
- Professional development should include collaboration and expert challenge
- Professional development programmes should be sustained over time
- Professional development must be prioritised by school leadership.

24. All primary and secondary teachers should maintain a CPD Profile for the current year and, where appropriate, two previous years. The profile comprises a CPD Plan, indicating the development objectives and the development activities agreed during the annual professional review and a CPD record, briefly detailing the professional development activities undertaken. The CPD process involves logging development and training activities, along with reflections and opinions on each activity.

Further information: [What CPD am I required to receive as a teacher? - Edapt](#)

Vets – Royal College of Veterinary Surgeons
25. As part of the Royal College of Veterinary Surgeons (RCVS) Code of Professional Conduct: "*Veterinary surgeons must maintain and develop the knowledge and skills relevant to their professional practice and competence, and comply with RCVS requirements on the Veterinary Graduate Development Programme (VetGDP) / Professional Development Phase (PDP) and continuing professional development (CPD)*".

26. All practising veterinary surgeons and veterinary nurses listed on the RCVS Register must complete the minimum CPD requirement, regardless of whether they are working full-time or part-time. The annual CPD hourly targets are 35 hours for veterinary surgeons and 15 hours for veterinary nurses. RCVS does not specify the subjects or activities that must be covered for CPD, nor does it specify the type of CPD undertaken. It is a matter for the individual veterinary surgeon to identify the most appropriate learning and development activities appropriate to their professional practice.

27. In addition, veterinary surgeons also need to follow the outcomes based CPD cycle of plan, do, record and reflect. The plan, recording of activities and reflections need to be recorded using the CPD platform provided by RCVS, unless an exemption has been granted. RCVS also recommend keeping a learning journal to keep notes of learning and reflections.

28. Registrants can pause their CPD for up to six months per calendar year in certain circumstances such as parental leave and long-term sickness. The yearly target is halved – requests to pause cannot be made retrospectively.

Further information: [Continuing Professional Development (CPD) - Professionals (rcvs.org.uk)](rcvs.org.uk)

Impact Assessment Screening Tool

Name of policy or process	CPD reform
Purpose of policy or process	To reform GOC's CPD requirements
Team/Department	Education and CPD
Date	19 November 2025
Screen undertaken by	Steve Brooker
Approved by	Leonie Milliner
Date approved	24 November 2025
Instructions:	- Circle or colour in the current status of the project or policy for each row. **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. - This is a live tool, you will be able to update it further as you have completed more actions. - Make sure your selections are accurate at the time of completion. - Decide whether you think a **full** impact assessment is required to list the risks and the mitigating/strengthening actions. - If you think that a full impact assessment is <u>**not**</u> required, put your reasoning in the blank spaces under each section. - You can include comments in the boxes or in the space below. - Submit the completed form to the Compliance Manager for approval.

A) Impacts	High risk	Medium risk		Low risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	No budget is required OR budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation and media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	N/A
8. Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	

A) Impacts	High risk	Medium risk	Low risk	? or N/A
	Not sure if needs to be published in Welsh	Must be published in Welsh; Comms Team aware	Does not need to be published in Welsh	

Please put commentary below about your impacts ratings above:
1, 2 and 3: No funds are required during the policy development phase of the project, but implementation of short-term reforms (e.g. recalibration of points) may require IT costs in the 2027/28 financial year that exceed the development budget in the contract for the MyCPD platform. Long-term reforms like ending the points system would result in savings for GOC and reduced compliance costs for registrants. The £45 annual CPD provider fee is prescribed in the CPD Rules 2021 and is outweighed the costs of regulation. The timetable for delivery of long-term reform is not within the GOC's control and will be determined by the UK Government.
We recognise that our proposals may have adverse economic consequences for CPD providers. However, we should not assume that registrants will undertake less CPD because of the changes. We consider that a viable market for CPD provision that would enable registrants to fulfil the revised requirements will continue to exist if our proposals are implemented.
We recognise that once our proposals are finalised, we will need to undertake further work to assess the impact of the proposals and will seek views on this during the consultation.
3 and 4: The CPD Rules 2021 are secondary legislation. Our working assumption is that government will not prioritise reform to the CPD Rules 2021 during the current parliament. Proposals labelled as short-term are possible within the CPD Rules 2021.
8: We will prepare a full communications plan to support consultation engagement. The consultation document and annexes will be translated into Welsh. The proposals in this document relate to a framework of CPD regulation that will apply to all registrants across the UK, including in Wales. We have assessed that these proposals will not have any effects on opportunities to use the Welsh language or affect the treatment of the Welsh language.
The risks identified in this section are mostly low and medium risks. The IT development costs are not possible to estimate until the outcome of the consultation is known. Council will be asked to approve spend from the strategic reserve as necessary alongside being asked to approve the final proposals post-consultation.
Full impact assessment not required.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	N/A
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	N/A
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	

B) Information governance	High risk	Medium risk		Low risk	? or N/A
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	

Please put commentary below about reasons for information governance ratings:
1-13: We do not anticipate that respondents to the consultation will provide personal data about individuals, but they may provide information about commercial practices. In line with our consultation policy, we will redact information which we consider to be offensive, vexatious, libellous or contain rhetoric that promotes discriminatory behaviour/views against anyone with protected characteristics under the Equality Act 2010, or are irrelevant (consultation-policy-final-july-2024.pdf (optical.org)).
Consultation respondents can provide their personal information (name, contact details and EDI information) when submitting a consultation response, but it is not mandatory. Where gathered, all such information is used solely for the purposes of analysing responses, and we do not identify or publish the names of any individuals who have responded to the consultation. Our existing governance controls around EDI monitoring data will be applied as part of our wider data assurance approach.
Our consultation platform includes a privacy statement, setting out how we will use respondents' data (Privacy Policy | General Optical Council).
Most risks are low or medium and have been mitigated.
Full impact assessment not required.

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	Public			Registrants, employees or members	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	There is clear decision criteria and a form to record the decision	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12 months, which is recorded	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team	
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		Attendance/involvement is equal, and monitored per attendee	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)	
8. Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our	N/A

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
				expenses policy; freepost available	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	N/A
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups	

Please put commentary below for human rights, equalities and inclusion ratings above:

3: Decisions on the CPD system will be made by our Council following public consultation, which will affect individuals and business owners. There is no right of appeal for Council decisions, except judicial review. During implementation, participation and outcomes across protected groups will be monitored through the points system (short-term reforms) and audit system (long-term reforms), so any emerging disparities can be identified and addressed.

5: The consultation is available to all on our website. Documents are available in alternative formats on request, and our website meets accessibility guidelines. Any decisions on the CPD system covered in the consultation will be made at a public Council meeting which takes place online and is open to all to attend. We publish Council papers a week in advance of meetings. Operational matters relating to implementation may be taken by the executive working within schemes of delegation.

6-9: Council meetings take place online. As above, relevant decisions would be made at the public Council meeting, which is open to the public. Papers for the meeting are published a week in advance and are available in alternative formats on request.

Full impact assessment not required.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	Under the current model registrants must obtain the same points requirements regardless of age, which may be disproportionate for experienced professionals. The need to obtain CPD points regardless of intentions to retire may disadvantage older professionals. Therefore, it is possible that older professionals will benefit from a less prescriptive CPD system.
Disability	Positive	Registrants with a disability may find it harder to attend events such as conferences which attract high numbers of points meaning the total points requirement can be harder to reach. The need to accumulate sufficient points by a fixed deadline to remain on the register can cause anxiety towards the end of the cycle, especially for registrants who are neurodiverse. Therefore, registrants with a disability may benefit from a less prescriptive CPD system.
Sex	Neutral	We have no evidence that the current CPD system creates different impacts for men or women. However, we will monitor participation and outcomes through implementation to identify any emerging disparities.
Gender reassignment (trans and non-binary)	Neutral	No specific impacts identified at this stage. We do not hold evidence showing barriers linked to the CPD points model. We will ensure the consultation and supporting materials are inclusive and that any system changes (e.g., CPD system updates) support name changes and correct identity information.
Marriage and civil partnership	Neutral	We do not have evidence that registrants in this group are disproportionately affected by the current CPD requirements. No differential impact is expected under the proposed reforms.
Pregnancy/ maternity	Positive	Our research does not indicate that registrants in this category find the current system too onerous. Even so, it is reasonable to infer that a less prescriptive system would benefit registrants who find it difficult to meet the points requirements due to lack of time.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Race	Neutral	We do not currently hold evidence showing differential impact by ethnicity. Access to CPD events can vary depending on employment setting, but this is not necessarily linked to race. We will continue to monitor participation data to identify any patterns.
Religion/belief	Neutral	No specific impacts identified. CPD cycles do not require attendance at events tied to particular dates, and a less event-driven system may reduce any risk of clashes with religious observance.
Sexual orientation	Neutral	We have no evidence that the current CPD model impacts registrants differently based on sexual orientation, and the proposed reforms are not expected to create any new barriers.
Other groups (e.g. carers, people from different socio-economic groups)	Positive	Our research indicates that subgroups more likely to think that the number of points required under the current system is too high, includes dispensing opticians, those working full-time, and those who work as locums. Those with caring responsibilities may find it harder to attend events such as conferences which attract high numbers of points meaning the total points requirement can be harder to reach. Participation and outcomes across protected groups will be monitored through the points system (short-term reforms) and audit system (long-term reforms), so any emerging disparities can be identified and addressed.

C56(25)

COUNCIL

Response to guidance consultation

Meeting: 17 December 2025   **Status:** For decision

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper author(s): Toby Ganley (Policy Manager (Standards))
Council lead(s): None

Purpose

1. To enable Council to discuss and approve our draft response to the [consultation](#) on guidance for maintaining appropriate sexual boundaries and care of patients in vulnerable circumstances (guidance consultation), revised guidance and revised impact assessment prior to publication.

Recommendations

2. Council is asked to:
    *   **approve** the proposed response to our guidance consultation (see annex 1);
    *   **approve** revised guidance (see annexes 2 and 3);
    *   **approve** revised impact assessment (see annex 4); and
    *   **delegate** final approval to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the documents at the meeting.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Creating fairer and more inclusive eye care services.

Background

4. The GOC introduced new standards in January 2025. Among the changes introduced were new requirements relating to the care of vulnerable patients and maintaining appropriate sexual boundaries. To help registrants understand and meet these standards we drafted two new pieces of guidance on those topics.

5. Council approved our [consultation](#) on this guidance in June 2025 and the consultation was open between 29 July 2025 and 21 October 2025.

Analysis

6. We have carefully considered the feedback we received from stakeholders during the consultation. The attached consultation response document (annex 1) provides a summary of the responses we received, identifying themes and relevant quotes as well as setting out our response.

7. The guidance documents were welcomed by several organisations as valuable supplements to the standards. Many respondents suggested changes to the drafting to improve clarity, or highlighted areas where they thought that additional guidance or examples would be beneficial.

8. In response we have made changes to both pieces of guidance (annex 2 and 3 respectively) in places to improve clarity and ensure the correct emphasis. Key changes include clarifying that adjustments to meet the needs of patients in vulnerable circumstances are not "reasonable adjustments" as required by law and emphasising that all sexual misconduct is serious.

9. The Standards Committee discussed aspects of the feedback received through the consultation on 13 November 2025. The minutes of that meeting are available elsewhere on the agenda.

Finance

10. We are within budget for this work (utilising existing resources within the Policy and Standards department) and are not requesting any additional budget for this financial year. We have funds allocated for the publication of the finalised guidance.

Risks

11. One respondent suggested that probing patients to identify potential aspects of vulnerability could inadvertently result in discrimination. However, the guidance is clear that patients should only be asked questions as necessary to provide care, it does not encourage registrants to probe any further.

12. Another respondent suggested that preventing registrants from treating patients with whom they have a sexual relationship may reduce access to optical care, particularly in remote locations, where the partner of a registrant may not have access to alternative eye care. Standard 15.4 for optometrists and dispensing opticians (and 14.4 for optical students) came into effect on 1 January 2025, this guidance seeks to help registrants meet that standard, it does not introduce any further restrictions.

13. The GOC recognises that in some remote locations access to eye care may be limited. However, we maintain that treating patients with whom you are in a

sexual relationship can compromise patient safety and public confidence and require registrants to comply with standard 15.4(14.4).

Equality Impacts

14.   An updated impact assessment has been completed following the consultation (annex 4).

Devolved nations

15.   We are not aware of any particular issues for the devolved nations.

16.   All relevant consultation documents were produced in the Welsh language and Welsh language versions of the final documents will be produced.

Communications

External communications

17.   We will publicise the launch of this guidance through a press release and information on social media.

Internal communications

18.   We have kept staff updated about our consultation progress through our intranet and will continue to do so we finalise this project.

Next steps

19.   We will publish the response to the consultation and two new pieces of guidance as soon as possible after this meeting, so that the guidance is available on the website before the end of 2025.

Attachments

Annex 1: Draft GOC response to guidance consultation
Annex 2: Revised guidance on care for patients in vulnerable circumstances
Annex 3: Revised guidance on maintaining appropriate sexual boundaries
Annex 4: Revised impact assessment

General Optical Council

Annex 1: Draft GOC response to guidance consultation

GOC response to consultation on draft guidance: Care of patients in vulnerable circumstances and Maintaining appropriate sexual boundaries

December 2025

Contents

[Contents table to be inserted]

Executive summary

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 35,000 optometrists, dispensing opticians, optical students and optical businesses.

2. In January 2025 we introduced three updated sets of standards – Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses.

3. We developed new guidance on the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries to help registrants understand the new standards we had added on those topics.

4. We consulted on this draft guidance between 29 July 2025 and 21 October 2025. We received 23 consultation responses from a range of stakeholders.

5. Some respondents welcomed the draft guidance, recognising its value in helping registrants to comply with the new standards. We also received suggestions to improve the guidance.

6. For the care of patients in vulnerable circumstances guidance, respondents commented on the following:
   • the breadth of our definition of vulnerability;
   • editorial changes, such as specific wording to improve the clarity of the guidance or adding references to relevant legislation; and
   • the need for more detail in terms of practical examples, additional signposting, or more guidance on particular topics.

7. For the maintaining appropriate sexual boundaries, respondents commented on the following:
   • the need for greater clarity or detail in some areas;
   • more emphasis on protection for registrants; and
   • whether the guidance should encompass all relationships, not just 'sexual relationships'.

8. We have carefully considered the feedback we received and made changes to both pieces of guidance particularly where editorial suggestions have improved clarity and where changes in emphasis have strengthened the guidance such as clarifying that adjustments to meet the needs of patients in vulnerable circumstances are not "reasonable adjustments" as required by law, and emphasising that all sexual misconduct is serious.

9. In both pieces of guidance, we have sought to strike a balance between being helpful and avoiding detailed prescription. This guidance needs to remain future proof and to provide sufficient space for registrants to exercise their own professional judgement as required by individual situations. While we have reviewed all suggestions for additional detail, we have not added all the detail that submissions requested.

Introduction

10. The GOC is one of a number of organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals and some businesses/premises. We are the regulator for the optical professions in the UK. We currently register around 35,000 optometrists, dispensing opticians, optical students and optical businesses.

11. We have four primary functions:
    - setting standards for the performance and conduct of our registrants;
    - approving qualifications leading to registration;
    - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
    - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Background to the consultation

12. This consultation sought views on two pieces of guidance to support registrant understanding of new standards that were introduced in January 2025. We consulted on guidance on:
    - caring for patients in vulnerable circumstances and
    - maintaining appropriate sexual boundaries.

Consultation process

13. Our consultation on draft guidance was open for 13 weeks from 29 July to 21 October 2025.

14. We received 23 consultation responses from a range of stakeholders. These included:
    - four optometrists;
    - one dispensing optician;
    - two contact lens opticians;
    - two therapeutic prescribing optometrists;
    - five student optometrists;
    - eight optical professional/representative bodies; and
    - one patient representative body and optical services provider.

15. The organisations that were willing to be named were:
    - Association of British Dispensing Opticians (ABDO)
    - Association of Optometrists (AOP)

- Bexley, Bromley and Greenwich LOC [Local Optical Committee]
- The College of Optometrists
- FODO (The Association for Eye Care Providers)
- Optometry Wales
- The Professional Standards Authority for Health and Social Care (PSA)
- SeeAbility
- Welsh Optometric Committee

16. We are grateful for all the feedback we received and have taken it into account when drafting the final forms of these pieces of guidance.

Approach to producing this response

17. For the consultation we focussed our questions on where we could improve the guidance, asking how we could make the guidance clearer and whether anything was missing from the guidance. As a result, many submissions provided detailed feedback, suggesting drafting changes or highlighting points where they felt we needed to provide greater clarity.

18. We reviewed every comment received. We are unable to include individual responses to all these comments in this document but have provided a sample of the comments we received which represent the main areas of feedback, alongside our responses.

19. Any comments that have been included are produced verbatim, although we have made minor corrections to spelling and/or grammatical errors where we considered that these were obvious.

20. We have only included comments where the respondent has consented to their response being published (either alongside their name or anonymously). It is our practice not to include the names of individual respondents, even where they have given their consent for us to publish their response.

Next steps

21. We are publishing the finalised guidance alongside this document.

Responses to the guidance

22. For the consultation we focussed our questions on areas where we could improve the guidance, asking how we could make the guidance clearer and whether anything was missing from the guidance. We have provided the detailed feedback in the following sections.

23. However, many of the responses welcomed the introduction of one, or both, pieces of guidance, noting that they are a helpful supplement to the standards and will support registrants to comply with the new standards.

24. A sample of comments is available in the box on the following page.

"This is clear and helpful guidance which, in our view, strikes the right balance between clarity and detail – making it helpfully accessible."

FODO – the Association for Eye Care Providers

"We welcome the GOC producing additional guidance for registrants on the care of patients in vulnerable circumstances, to supplement the existing standards."

SeeAbility

"This is a document that is rigorous in its analysis of the safeguarding that is in place for staff within the workplace and for patients within the optical environment and we support the over arching principles in place."

Bexley, Bromley and Greenwich Local Optical Committee

"VERY HAPPY WITH GUIDANCE"

Contact lens optician

"This draft guidance is very helpful and we think with a few minor clarifications will be a most useful document for registrants to consult."

Association of British Dispensing Opticians - ABDO

"Helping registrants to understand and meet standards can help to prevent misconduct from occurring. The existence of clear and robust standards also helps give confidence to patients about the care they should expect to receive, and can help patients and other professionals identify where care or conduct falls short."

Professional Standards Authority for Health and Social Care

GOC response

25. We are pleased that some stakeholders have found value in this guidance. We hope that it will support registrants to better understand and maintain the standards we introduced in January 2025.

Section 1: Care of patients in vulnerable circumstances

Approach to vulnerability

26. The GOC recognises that patients can be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so registrants should consider a patient's vulnerabilities as part of each consultation.

27. While there was some praise for our approach to, and understanding of, vulnerability, some respondents submitted that our approach to vulnerability was too broad and others suggested it would be clearer if we explicitly recognised specific vulnerabilities.

28. A sample of comments is available in the box below.

"Learning and physical DISABILITIES must be included"

Optometrist

"Guidance could be included on the principles for responding to patients with prior healthcare trauma."

The College of Optometrists

"*This paragraph could be expanded to include both transient and evolving levels of vulnerability.*"

Welsh Optometric Committee

"*Paragraph 14 on defining "vulnerable circumstances" is overly broad*"

Association of Optometrists

"*We welcome the development of separate guidance specifically addressing the care of patients in vulnerable circumstances, and the recognition within it that vulnerabilities can arise from circumstances, not just personal characteristics, and can change over time. As far as we are aware, the GOC is the only healthcare professional regulator to have specific standalone guidance on this topic.*"

Professional Standards Authority for Health and Social Care

GOC response

29. Our approach to vulnerability follows best practice from across different regulated sectors. We explain what we mean by vulnerable circumstances in paragraphs 12-17 of the guidance, adopting the definition used within our standards. Focusing attention on specific vulnerabilities risks weakening the broad understanding of vulnerability we are promoting in this guidance, but to be more explicit, we have added physical health conditions and disabilities to the non-exhaustive list of types of vulnerability at paragraph 14. Vulnerability is not restricted to considerations such as ill health or disability and nor does a person's level of vulnerability remain the same in all contexts. We can all be vulnerable at different points in our life, perhaps because we are in a moment of crisis or because we are handling a difficult set of life circumstances.

30. Our research shows that markers of vulnerability can make people less likely to attend an eye care practice or be less satisfied with the service they receive.

31. As registrants are likely to interact with patients in a broad range of vulnerable circumstances regularly as part of their practice, it is vital that they can identify, support and treat these patients appropriately.

32. This is the approach that underpins the revised standards that we introduced in January 2025. As the purpose of the guidance is to support registrants to meet our standards, it is important that there is consistency in the definitions and approach across the two documents.

Additional guidance for managing a parent, carer, or chaperone attending with a patient in vulnerable circumstances

33. Some respondents requested additional detail to assist registrants to manage third parties who might attend treatment with a vulnerable patient. This could include a parent, carer or chaperone attending with the patient.

34. A sample of comments is available in the box on the following page.

> *"In many cases a patient in a vulnerable circumstance would attend a healthcare setting with a family member, carer or friend. Guidance may be beneficial on managing consent, and what patient data and information should be shared with that family member, carer or friend. In addition, guidance on how to manage conversations around chaperoning the patient in the appointment would be helpful."*
>
> The College of Optometrists
>
> *"It would be helpful to expand on the guidance relating to*
>
> *- practitioner conversations around chaperoning the patient*
>
> *- practitioner conversations around managing consent when family/carers attend with a vulnerable patient."*
>
> Optometry Wales

GOC response

35. We have amended the guidance to explicitly recognise the important role that families and carers play in supporting patients to receive effective eye care. These episodes of care and the conversations that need to take place may be more complex.

36. Standard 3(3) requires individual registrants to obtain valid consent including by someone authorised to act on the patient's behalf. We have also published standalone [guidance on consent](#) which should be read in conjunction with this guidance and goes into these issues in more detail.

37. Paragraph 38 of the guidance advises registrants to seek help if they are unsure how to adjust their practice, including in how to manage consent in these circumstances and there may be a role for professional or representative bodies to provide a greater level of detailed guidance and support here. Paragraphs 41 and 42 refer to policies and procedures of businesses that can support caring for patients in vulnerable circumstances. These types of documents might provide

more practical support for registrants that are tailored to the specific situations in which care is given.

Clarify legal requirements

38. Some respondents suggested the guidance should differentiate more clearly between the legal requirements to make reasonable adjustments under the Equality Act 2010 and guidance to make adjustments to meet the needs of patients in vulnerable circumstances.

39. A sample of comments is available in the box below.

"…the law does not apply reasonable adjustments to everyone in a vulnerable circumstance. While it is good professional practice to ask about adjustments any patient may need (for example, to provide culturally competent care, and be aware of protected characteristics under the Equality Act 2010) it is important that the GOC distinguishes that the language of 'reasonable adjustment' specifically applies to the law on disability."

SeeAbility

"Referencing existing legislation would provide clarity for registrants by highlighting how the guidance document complements existing frameworks."

Association of Optometrists

GOC response

39. We have reviewed the use of "reasonable adjustments" throughout the guidance and amended the wording to reduce the potential for misunderstanding and increase clarity. We have replaced "reasonable adjustments" with "adjustments to meet the needs of patients". We consider that this clarifies that the guidance is referring to adjustments to meet the needs of patients in vulnerable circumstances rather than making legally mandated reasonable adjustments.

40. All three sets of the GOC standards require compliance with all legal requirements that apply. Registrants are obliged to understand and comply with any relevant laws including equalities legislation.

Suggestions beyond our remit

41. Several respondents made submissions that would require changes to the Opticians Act 1989 to be implemented, or that are the responsibility of other organisations.

42. A sample of comments is available in the box on the following page.

> "*The main thing that is missing is further restriction on the dispensing of vulnerable patients beyond those currently recognised by the Opticians Act and GOC regulations (children under 16 and adults registered with their local authority as sight impaired or severely sight impaired). What is really needed is increased regulation of non-registrants by bringing more patients within restricted categories for dispensing*"
>
> Dispensing optician
>
> "*Sustainable funding of both NHS sight test fees and voucher values is essential to ensuring true equity in access and outcomes.*"
>
> Bexley, Bromley and Greenwich Local Optical Committee

GOC response

43. Changes that require amendments to legislation and to the framework for funding eye care services fall outside of the scope of this consultation. We explored the issue of dispensing to vulnerable patients in our 2022 call for evidence. After consultation we concluded that there was insufficient evidence to support adding to the list of restricted activities and that there were risks of unintended consequences relating to costs and access for patients.

Clarification of what is meant by "work"

44. Several respondents made submissions that would improve the clarity and accuracy of paragraph 10 of the guidance, which refers to "settings in which you might work", noting that registrants may have various roles or types of work to which this guidance may not apply. For example, registrants working in some

managerial roles or back office functions may not come directly into contact with patients in vulnerable circumstances.

45. A sample of comments is available in the box below.

"*Paragraph 10: ""the variety of settings in which you work""- some registrants may have ""non-optical"" jobs…. Therefore, it would be helpful to define if this refers just to their roles as registrants or includes ""non-optical"" roles…*"

Association of British Dispensing Opticians

""*Paragraph 10…Suggest clarifying to: 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you provide eye care*'"

Optometry Wales

"*Comment: Delete the word ""work"" and replace with ""engage in the regulated provision of eye care services.""*"

The College of Optometrists

"*Suggest clarifying to: 'You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you provide eye care*'"

Welsh Optometric Committee

"*…we would suggest changing to "you provide eye care" instead.*"

FODO – the Association for Eye Care Providers

GOC response

46. Our Standards of Practice define the standards of behaviour and performance we expect all registered optometrists and dispensing opticians to meet, irrespective of where they work. As such, the requirement to consider and respond to the needs of patients in vulnerable circumstances applies to all registrants. This may extend to situations where registrants are not providing eye care, for example in a management role responding to a complaint.

47. Therefore, we have not amended this section and consider registrants are best placed to identify how the guidance applies to their professional circumstances.

Section 2: Maintaining appropriate sexual boundaries

Where sexual misconduct is not considered "serious"

48. A number of respondents suggested the guidance emphasise that any sexual misconduct is serious and should result in action. There are circumstances in which it may not be clear that a particular incident amounts to sexual misconduct but may still have a negative effect on public safety or public confidence. 'Minor' incidents can have a cumulative effect, and even imagined incidents can be harmful.

49. A sample of comments is available in the box below.

",,,helpful to underline the fact that action will be needed even when the misconduct, or suspected misconduct, does not qualify as 'serious'. The guidance should also acknowledge that the seriousness of the behaviour may not always be known, or known with the certainty that is implied by the wording of paragraph 21. More generally people – colleagues or victims – may not know with certainty that a particular incident or behaviour amounts to sexual misconduct. The guidance should be clear that reporting obligations apply where sexual misconduct is 'suspected'."

Professional Standards Authority for Health and Social Care

"…even one incident is unacceptable."

The College of Optometrists

"…experiences can be cumulative and registrants do not need to identify one major event …should this read "who have experienced or believe they have experienced" as the shock can be as great even if imagined or mistaken"

FODO – the Association for Eye Care Providers

GOC response

50. We have amended paragraph 20 of the draft guidance to make clear that any sexual behaviour towards patients is inappropriate.

51. We have also added a paragraph at the beginning of the speaking up section to clarify that all sexual misconduct should be reported.

Scope of the guidance

52. There were various submissions that questioned the scope of this guidance. Respondents questioned whether it:
    - applies in different contexts, venues and locations;
    - applies to various non-sexual relationships including a suggestion that it be amended to include all relationships;
    - applies to patients who act inappropriately towards registrants; and
    - should also acknowledge cultural differences and make reference to grooming.

53. A sample of comments is available in the box below.

""professional relationship"- does this need more explanation? What if you were to meet a patient's relative in another venue or context?"

Association of British Dispensing Opticians

"…a number of the problems with this guidance could be solved by re-casting it as about relationships generally, not just sexual ones."

Association of Optometrists

"We feel that the GOC has a duty to recognise that protection of the public, in a circumstance where a patient is attempting to engage in or pursue a relationship with a registrant, means acknowledging the bias this may have on the registrant providing care."

Welsh Optometric Committee

"The guidance could also be clearer about the exact nature of the relationship between a registrant and a patient that would make it inappropriate (i.e. whether it needs to be sexual to be deemed inappropriate). …Some intimate relationships are not sexual, and therefore it would be useful for the guidance to be clear about whether it is referring only to a sexual relationship, or applies to any intimate relationship.

…

The guidance would benefit from including information about grooming, making clear both what grooming is and that it is a form of sexual misconduct

…

The guidance may also wish to mention that cultural differences can affect a person's view of personal boundaries and what is appropriate (see the General Pharmaceutical Council's guidance on sexual boundaries for further information)."

Professional Standards Authority for Health and Social Care

GOC response

54. The GOC has considered submissions in relation to the scope of this guidance. Ultimately, this guidance is about maintaining appropriate sexual boundaries and therefore the focus is on sexual relationships rather than relationships more generally. We have made this the focus of the guidance because it is intended to help registrants to comply with the new standards we added on maintaining appropriate sexual boundaries 15.3 (14.3) and 15.4 (14.4). We have made several minor edits to the guidance to make explicit that it refers to "sexual relationships" to improve clarity.

55. Registrants should not be using their professional relationships to leverage sexual relationships. Paragraph 30 of the guidance says you must not use your professional relationships to pursue sexual relationships. Paragraph 30 is explicit that you must not use your professional relationships to pursue a sexual relationship with a patient's relative or carer.

56. The guidance also addresses circumstances in which patients pursue registrants. Paragraph 23 advises registrants to seek help if they cannot stop unwanted behaviours safely. Paragraph 41 advises registrants to report such boundary violations.

57. Some text has been added at paragraph 22 to acknowledge that cultural differences can affect perspectives and at paragraph 21 to recognise grooming as a form of sexual misconduct.

Career progression

58. Some respondents asked us to clarify that relationships with colleagues or students should neither hinder nor advance career progression. One also highlighted the possibility that in those relationships one party may be more vulnerable, with the possibility of an abuse of power.

59. A sample of comments is available in the box below.

> *"Paragraph 36 notes that relationships with colleagues or students must 'not hinder career progression'. It might also be useful to make clear that neither should there be any suggestion or implication that entering into a relationship with a particular colleague will result in career advancement. Also within this paragraph, the guidance could refer to the fact that relationships of this type are not just 'at risk of being seen as non-consensual', but also inherently problematic given the vulnerability that stems from the power imbalance."*
>
> Professional Standards Authority for Health and Social Care
>
> *"…should this read "must not advance or hinder"?"*
>
> FODO – the Association for Eye Care Providers

GOC response

60. We agree that these relationships should neither hinder nor advance career progression and have amended the guidance accordingly. We recognise that where there is a power imbalance there is also the potential for abuse of power, so have also added some text at paragraph 15 of the guidance to address that point.

Support for registrants

61. Various submissions requested more detail to support registrants in different circumstances.

62. Some respondents asked for more detail for registrants who are accused of sexual misconduct, including what happens if a report is made against a registrant, and what support is available to them.

63. Others were concerned about the safety of registrants who faced misconduct from patients and ensuring there is sufficient support for them.

64. There was a request for more detail about how a registrant might challenge inappropriate behaviour and how to manage the consequences of that challenge.

65. A sample of comments is available in the box below.

> *"Could more detail be provided on what "challenging" the behaviour would involve, and consideration given to any unintended consequences that may arise as a result of a registrant challenging someone's behaviour.*
>
> *…*
>
> *More guidance around what happens after a report of sexual misconduct has been made would be welcome. This could include information on what support is available to registrants who have been accused (which in some cases could be falsely), and where they can go for advice or representation."*
>
> The College of Optometrists
>
> *"…we would also like to see some consideration for the protection of staff members from patients who may for many reasons, cross the lines of acceptable behaviour with no fault to the registrant."*
>
> Bexley, Bromley and Greenwich Local Optical Committee

GOC response

66. We agree that registrants should be supported and they can find this support from colleagues and employers, professional and representative organisations, indemnifiers or insurers, or legal representatives where necessary.

67. If an allegation of sexual misconduct has been made against a registrant, that registrant should seek appropriate advice, which could include legal advice or access support from their professional or representative body.

68. Employers have specific legal requirements to protect their employees including taking reasonable steps to protect them from sexual harassment, and paragraphs 61-63 remind businesses of expectations, including where a patient has violated boundaries.

69. In respect of challenging inappropriate behaviour, we consider that paragraph 41, read in conjunction with separate guidance on speaking up provides a sufficient level of detail for this guidance, particularly given the variety of contexts in which eye care is provided. There may be a role for professional bodies or other organisations to provide greater levels of detail or support, or for this to be brought to life through CPD. Workplace policies and procedures may also assist with a greater level of practical detail.

Inappropriate behaviour between colleagues

70. Some respondents requested additional detail to clarify where and how aspects of the guidance apply to behaviour between colleagues, both where we define inappropriate behaviour and where we discuss the requirements to speak up and report incidents.

71. A sample of comments is available in the box below.

"*Paragraph 19 & 20: should this also reference inappropriate sexual advances towards or from colleagues?*"

Association of British Dispensing Opticians

"*The paragraphs under the heading 'speaking up and reporting incidents' should be clearer … There is no direct mention in this section of the requirement to take action when the inappropriate behaviour is between colleagues. Although this may be implied under paragraph 42 ('you have a responsibility to speak up and take action if you become aware of inappropriate sexual behaviour(s) within your workplace') we would like to see it made abundantly clear that this includes behaviour directed at a colleague by a fellow employee.*"

Professional Standards Authority for Health and Social Care

GOC response

72. The GOC has considered these comments and made amendments to the guidance to emphasise that sexual misconduct between colleagues is

unacceptable. Paragraph 19 (now 20) has been amended to clarify that unwanted sexual conduct between colleagues is unacceptable.

73. Paragraphs 41 and 42 (now 45 and 46) have been amended to explicitly reference behaviour between colleagues.

Maintaining boundaries online

74. Several respondents suggested we add some guidance to specifically address the online context where boundaries may appear less clear.

75. A sample of comments is available in the box below.

"…guidance would be welcome around maintaining boundaries specifically with regards to the digital space, social media etc."

Optometry Wales

"While the guidance provides clear expectations around maintaining sexual boundaries, there could be further consideration given to how this applies in the context of digital communication…"

The College of Optometrists

GOC response

76. We have added some text at paragraph 17 of the guidance noting that the principles of the guidance also apply to online behaviour. Registrants should not do anything online which they would not do in person. We consider that greater specific detail around the use of social media is beyond the scope of this guidance. There may be a role for professional organisations to provide this level of detail or for CPD providers to assist registrants in this regard.

Patient choice and access issues

77. Standard 15.4 (14.4) says, "You must not engage in conduct of a sexual nature with patients". Some respondents suggested that preventing registrants from treating patients with whom they have a sexual relationship may reduce access

to optical care, particularly in remote locations, where the partner of a registrant may not have access to alternative eye care.

78. There was also a suggestion that not allowing registrants to treat the person with whom they have a sexual relationship may restrict patient choice because some people may want to be treated by a close relative.

79. Some respondents who made submissions on this theme declined permission to publish their submissions, so we have only provided one quote below.

> *"By restricting the ability for registrants to provide services for family members, you are actually removing "patient choice" from the optical landscape…"*
>
> Bexley, Bromley and Greenwich Local Optical Committee

GOC response

80. The standards that came into effect in January 2025 explicitly prohibit conduct of a sexual nature with patients. This guidance, which focuses on sexual boundaries, is to help registrants understand and comply with these standards. While standard 15(14) prohibits treating someone with whom you are in a sexual relationship, neither the standards nor the guidance prohibit treating a family member other than a spouse/partner.

81. If registrants are to provide treatment to other family members, they should recognise the power imbalances. Further, registrants are required to maintain appropriate boundaries in line with standard 15(14), and we expect registrants to exercise their professional judgement in all interactions.

82. We recognise that in some remote locations access to eye care may be limited. However, the GOC maintains that treating patients with whom you are in a sexual relationship can compromise patient safety and public confidence and requires registrants to comply with standard 15.4(14.4).

Legal requirements and definitions

83. Some respondents suggested that the guidance include legal definitions where terms have specific meaning in law, such as discrimination, harassment and vicarious liability.

84. A sample of comments is available in the box below.

> *"…the guidance should make clear that creating 'an intimidating, degrading, humiliating or offensive environment, whether intended or not' may amount to sexual harassment under the Equality Act"*
>
> Professional Standards Authority for Health and Social Care
>
> *"The guidance consists of some terms that have legal definitions (e.g. sexual harassment) whilst others do not (e.g. inappropriate sexual behaviour, inappropriate sexual advances etc.). Using this range of terms may be intended to capture a wide range of circumstances, but it is likely to be confusing when the words lack a formal definition."*
>
> Association of Optometrists
>
> *"Registrants may benefit from a table summarising their legal duties by role…"*
>
> The College of Optometrists

GOC response

85. The GOC has considered the level of detail to include in this guidance and has tried to strike a balance between being helpful and avoiding detailed prescription. This guidance needs to remain future proof and provide sufficient space for registrants to exercise their own professional judgement as required by individual situations, so we have tried to avoid prescriptive detail wherever possible.

86. However, we have sought to improve the clarity of this guidance. The section that describes what is meant by "inappropriate sexual behaviour" (paragraphs 17-20, now 18-23), has been expanded, and reference to the Equality Act 2010 has been added at paragraph 35 (now 38) of the guidance.

87. All three sets of standards require compliance with all legal requirements.

Section 5: Other areas

Impact assessment

88. We asked stakeholders whether there were any aspects of our proposals that could discriminate against stakeholders with specific characteristics. Of the 15 respondents that answered the question, nine said there were not, four were unsure, and two said there were. Two respondents provided additional details.

89. It is difficult to identify themes from a sample of two. Concerns raised included the possibility that the guidance on maintaining sexual boundaries reflected general discrimination against men, the need for greater protection for people with learning and other disabilities, and financial abuse of patients.

90. We also asked whether there are any aspects of the proposals that could have a positive impact on stakeholders with specific characteristics. Of the 13 respondents who answered this question, seven agreed, four were unsure, and two disagreed. Six respondents provided additional details.

91. While there was no consensus, the guidance was generally welcomed as likely to have positive impacts, which could be even greater following feedback from the consultation. The following themes were identified from the comments:
    - inclusivity; and
    - awareness.

92. A sample of comments is available in the box on the following page.

"The guidance will support the profession to always be mindful of stakeholders with specific characteristics and to support discussions around vulnerabilities which will be positive for patients and the profession."

Optometry Wales

"The proposals do not specify the registrant by any definable characteristic throughout either document. This is a welcome step to make guidance as inclusive as possible."

Welsh Optometric Committee

"Yes – they will encourage the sector always to be mindful of protected characteristics (especially if not immediately obvious) and may encourage people with protected characteristics to be more confident about speaking up about their vulnerabilities and/or reporting unacceptable sexual or sexualised behaviours. This will be to the ultimate good of patients and the professions."

FODO – the Association of Eye Care Providers

GOC response –

93. We note that there was no consensus on the likely impacts of these pieces of guidance. However, from the detailed comments the respondents provided we conclude that any potential negative impact is mitigated and a positive impact can be expected.

Welsh language

94. We asked stakeholders if the proposed changes would have effects, whether positive or negative, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Of the 13 respondents who answered the question, over half responded in the positive.

95. Five respondents provided additional details. Four of these were positive that publishing the guidance in the Welsh language would have positive impacts for those who use the Welsh language and promote its use.

96. We asked stakeholders whether the proposed changes could be revised so that they would have positive effects, or increased positive effects, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Of the 14 respondents who answered this question, 11 responded no or not sure and none provided further details.

97. We asked stakeholders whether the proposed changes could be revised so that they would not have negative effects, or so that they would have decreased negative effects, on: (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. Of the 13 respondents that answered the question, only one thought that anything could be done to reduce any negative effects. The only respondent that provided additional details said that the GOC had taken appropriate steps to avoid negative effects on the Welsh language.

GOC response –

98. We conclude that it is unlikely that our proposals will have any adverse impacts on Welsh language speakers.

General Optical Council

Annex 2: Revised guidance on care for patients in vulnerable circumstances

Guidance on Care of Patients in Vulnerable Circumstances

3 December 2025

Contents

[Contents table to be inserted]

About this guidance and how it applies to you

1. We have developed this guidance to help our registrants to consider and respond to the needs of patients in vulnerable circumstances. That could include patients with underlying health conditions, children, or those experiencing a difficult life event which could affect their ability to access eye care or make informed decisions about their care.

2. The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients, your decisions or behaviour can still affect their care and safety.

3. You will likely come across vulnerable patients throughout your career. Being able to recognise and respond to vulnerability will help to make sure that you provide safe and effective eye care and improve access to care.

4. This guidance provides an overview of the importance of understanding vulnerabilities, advice on how to support individuals in vulnerable circumstances, and guidance for businesses on how to support staff to identify vulnerabilities and adjust their practice accordingly.

5. This guidance should be read alongside the [Standards of Practice for Optometrists and Dispensing Opticians](#) ('Standards of Practice') which all optometrists and dispensing opticians must meet and the [Standards for Optical Students](#) which all student optometrists and dispensing opticians must apply to their practice. Where we refer to both sets of standards for individual registrants, these will be referred to as "standards" for ease of reading. Where we refer to specific standards, we will put the number of the Standards for Optical Students in brackets after the number for the Standards of Practice, where applicable (e.g. 11(10)). Annex 1 of this guidance highlights relevant standards.

6. Standard 1(1) outlines the importance of treating patients as individuals and where possible modifying your care and treatment based on their needs. Standard 7(6) focusses on the need to conduct an adequate assessment, which may include capturing any current symptoms, personal beliefs, cultural factors and vulnerabilities, whilst standard 8(7) covers record keeping. Standard 11(10) covers legal obligations in relation to safeguarding of children, young people and vulnerable adults. Standard 13(12) includes the need to consider and respond to the needs of people in vulnerable circumstances and make reasonable adjustments to your practice.

7. If you are an optical business registered with the GOC, you should read this guidance alongside the [Standards for Optical Businesses](#), which all registered businesses must apply to the conduct of their business. Where we refer to these standards, we will always provide the number and refer to these standards explicitly.

8. Standard 1.1 of the Standards for Optical Businesses covers patients' expectations that they can be safe in the care of the business, including in relation to safeguarding. Standard 1.2 highlights the need to provide a suitable environment and standard 1.3 sets out the importance of clear communication with patients. Standard 3.1 identifies the importance of staff being able to exercise their professional judgement to meet the needs of patients, including those in vulnerable circumstances.

9. The word 'must' indicates a mandatory requirement, for example, registrants must comply with the law and must meet the GOC's standards.

10. You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you might work.

11. There are two parts to this guidance: part 1 which focuses on guidance for individual registrants (optometrists, dispensing opticians and optical students) and part 2 which focuses on guidance for businesses. Whether you are reading the guidance from an individual or business perspective, it is important to read both parts.

What do we mean by 'vulnerable circumstances'?

12. The concept of vulnerability is an important one within healthcare, recognising that there is a power and knowledge imbalance between health professionals and their patients. This vulnerability is amplified due to the anxiety that many people will naturally feel in any healthcare interaction. We cover the need to maintain appropriate boundaries because of that power imbalance in standard 15(14) and in separate guidance on that topic. Vulnerability also features in legislation, often in relation to children or vulnerable adults, where there are legal duties to protect them from harm or abuse. This is covered under standard 11(10) and also in standard 1.1.1 of the Standards for Optical Businesses but legal duties on safeguarding are not covered in detail within this guidance.

13. In the introduction to the standards and in standard 13.7(12.7) we refer to 'patients in vulnerable circumstances'. These are patients who, due to their personal circumstances are in need of particular care, support or protection or at risk of abuse and neglect.

14. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Vulnerabilities can often be invisible and therefore difficult to identify. Some examples of vulnerable circumstances include:

- physical health conditions
- disabilities
- mental health conditions;
- learning difficulties such as dyslexia;
- past trauma, including within the healthcare system;
- difficult life events, such as a recent bereavement;
- financial difficulties;
- language barriers that may prevent individuals seeking the care they need and understanding what is being communicated;
- domestic abuse; and
- neurodivergence.

15. Vulnerable circumstances can also include the situation in which the patient meets with the eye care professional. For example, patients receiving care in a domiciliary setting may be considered vulnerable because the eye care professional has come into the patient's home to deliver their care. The patient may feel more pressure to purchase an optical appliance because they find it more difficult to say no in their own home.

16. Levels of vulnerability may vary between contexts and change over time. Everyone can be vulnerable at some point in their lives, even if only for short periods.

17. Therefore, a series of factors combine to shape vulnerability including an individual's personal characteristics (e.g. health conditions, capability) and life circumstances (e.g. finances, where they live), inherent features of eye care (e.g. knowledge imbalance, stressful situations) as well as the actions of eye care professionals and businesses (e.g. empathy, communication, adaptations).

Why supporting patients in vulnerable circumstances matters

18. There are inequalities in eye health outcomes, for example, around 60% of people living with sight loss are women, and people from certain ethnic groups are at greater risk of some leading causes of sight loss, such as glaucoma and diabetic retinopathy. Addressing inequalities is a challenge in all healthcare environments, and some causes of these inequalities reflect structural features in society that are beyond the influence of registrants. However, there is evidence of healthcare inequalities in eye care in relation to both access and patient

experience, which registrants can help to improve through their professional practice.

19. Our research shows that the most vulnerable patients experience significantly worse outcomes. Individuals in vulnerable circumstances are less likely to be satisfied with their care or may not access care at all.[1] Patients in vulnerable circumstances who have poor experiences, or who feel that registrants haven't supported them appropriately, may be less likely to seek eye care in future. You play a vital role in supporting those individuals to access eye care and manage their eye health.

20. Our 2025 public perceptions survey highlights the following[2]:
   - Patients from a global majority background are less likely to be satisfied with the overall experience of visiting an opticians/optometrist (82% vs 88%). They are also more likely never to have had a sight test (6% vs 3%).
   - Patients with a disability are also less likely to be satisfied with the overall experience (83% vs 88%).
   - Only 68% of patients who are not confident in managing their own eye health are satisfied with the overall experience (vs 87% on average).
   - Those who do not speak English as a first language are less likely to be satisfied compared to the average (77% vs 89%).

21. Vulnerabilities may present in different ways and may also affect different patients in different ways. Patients who are vulnerable may be significantly less able to advocate for themselves and represent their own interests. They may require adjustments due to having more specific support needs. They may be less able to make informed decisions about their care or feel less comfortable declining treatment or choosing options they believe are best for them. They may also find it more difficult to take on board information being shared with them.

22. However, you should not make assumptions about a patient's vulnerabilities or how best to respond to them. It is therefore important that you use your professional judgement to support your patients and identify any additional needs they may have.

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[1] Public perceptions research 2024 | GeneralOpticalCouncil
[2] Public perceptions research 2025 General Optical Council

Part 1: Guidance for individuals

23. In this section 'you' refers to the individual registrant.

Identifying and assessing patients in vulnerable circumstances

24. The first step in any episode of care is to carry out an assessment of the patient. You should conduct an adequate assessment for the purposes of the optical consultation or treatment. This includes where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors and vulnerabilities (standard 7(6)).

25. In some cases, a patient's vulnerability may not be obvious. Patients may provide you with information about their vulnerabilities, but there may be occasions where patients do not disclose sensitive information about their circumstances. Families and carers play an important role in supporting patients to receive effective eye care. These episodes of care and the conversations that need to take place may be more complex and involve considerations around consent (see paragraph 37).

26. At the beginning of an assessment, you should ask patients if there is anything you need to know about their circumstances or anything else which you should know to help you to meet their needs.

27. We do not expect you to probe for information that is not necessary to conducting an adequate assessment, but you should be alert to signs which might indicate a vulnerability. Listening to patients, giving them your full attention, responding with sensitivity and compassion, and treating patients as individuals are all ways in which you can identify potential vulnerabilities (standard 1).

28. If you are seeing a patient, you have seen before, or has been seen in the practice before, there may already be a record of information which suggests the patient may be in vulnerable circumstances. As part of checking whether there have been any changes in the patient's history or circumstances, you should check whether there have been any changes in their vulnerabilities.

29. We acknowledge that registrants work in a variety of different settings and that many businesses may have their own processes for assessing patients. But as a professional you are still responsible for the adequacy of the assessment you carry out, ensuring that you capture enough information to make an appropriate assessment.

30. You should make sure you record the details and findings of the assessment you carry out, including information on any vulnerabilities (standard 8.2.4(7.2.4)) as part of the record of the patient's treatment.

31. If you have concerns that a patient's safety or wellbeing is at risk, including if they are at risk of abuse, you must follow reporting procedures in line with your workplace policies and any legal requirements.

Adjusting your practice to meet patient needs

32. Once you have identified that a patient may be in vulnerable circumstances, you should consider and respond to their needs (standard 13.7(12.7)). In doing so, you may find it helpful to speak to the patient sensitively to understand if there are any adjustments they have found beneficial in the past. This may be particularly helpful in situations where the patient has been managing these vulnerable circumstances for a long time.

33. The concept of reasonable adjustments relating to disabilities has specific meaning in equalities legislation, which you should be aware of. This guidance covers adjustments to meet the needs of patients more broadly.

34. You should make adjustments to your practice to accommodate these vulnerable circumstances and improve access to care. The adjustments will vary depending on the individual and there is no 'one size fits all approach'. Adjustments could include but are not limited to:
   - giving the patient more time to complete their consultation or any aftercare, or pausing the consultation or aftercare to give the patient time to consider their options;
   - providing written information on next steps or treatment plans;
   - adjusting the treatment or shop floor environment to be more conducive to the patient (for example, reducing distractions or noise);
   - using an interpreter or a chaperone for the patient;
   - adapting your communication style, by explaining technical terms or using visual aids; and/or
   - considering physical proximity; and/or
   - regularly reviewing consent.

35. Patients, including those in vulnerable circumstances, may experience some anxiety about the consultation or treatment. Whilst some patients may be familiar with the sight test, or process of purchasing glasses or contact lenses, for others this may be the first time visiting an optical business. Clear introductions and expectation setting, combined with being verbally reassuring throughout your interaction with them, can help to reduce levels of anxiety and make sure that patients understand what is happening throughout their visit.

36. You should not make assumptions about the patient's level of knowledge or understanding and you should give them the opportunity to ask questions and take account of and respond to any concerns or expectations they may have expressed.

37. Vulnerable circumstances may also affect a patient's capacity to consent (standard 3(3)). The existence of these circumstances should not lead to an automatic assumption that the patient does not have the capacity to consent. Instead, you should use your professional judgement to make a decision based on all the circumstances and the information reasonably available to you. You should also refer to our separate guidance on [consent](#).

38. If you are unsure about a how to adjust your practice, you should get advice from your employer, other colleagues, health and social care professionals or people involved in their care. If you are still unsure, you may need to consult your professional or representative body, or obtain legal advice.

39. If you need to develop your skills in assessing vulnerable circumstances and adjusting your practice you should undertake further training as appropriate.

Part 2: Guidance for businesses

40. In this section 'you' refers to the body corporate or the director or responsible officer of an optical business (whether or not you are a registered optometrist or a registered dispensing optician).

Workplace policies and procedures

41. Businesses will already have in place policies and procedures relevant to patients in vulnerable circumstances. For example, they will have procedures to meet their legal and professional obligations to safeguard patients from abuse or to provide an accessible patient care environment in line with equalities legislation and the law on mental capacity. You should make prospective patients aware of potential access barriers in advance of appointments, such as stairs.

42. You should consider whether your business needs any additional policies or procedures to support patients in vulnerable circumstances. This could include making changes to any assessment processes to support staff to identify these patients, such as providing examples of questions that staff could ask to draw out this information or making changes to written assessment forms.

43. You should make sure that any record keeping system allows your staff to capture information about a patient's vulnerable circumstances and hold it safely and securely (Standards for Optical Businesses, 2.4.1).

Supporting staff to make adjustments to their practice to meet patient needs

44. It is important for staff to be able to exercise their professional judgement in fulfilling their duties to patients, and to meet the expectations of their professional regulator. Empowered staff can take into consideration what is best for patients, including those in vulnerable circumstances, and act in their best interests.

45. You should support staff to have the confidence to make decisions in their role, including decisions on how to adjust their practice to respond to the needs of patients in vulnerable circumstances (Standards for Optical Businesses, 3.1.2-6). Making decisions on how to support these patients may sometimes be difficult for staff, particularly for those who may not have supported patients in similar circumstances before. So, encourage staff to seek appropriate advice if needed.

46. To help staff to communicate effectively with patients in vulnerable circumstances, you should provide information that is accessible to patients in a way they understand, taking into consideration individual needs and requirements (Standards for Optical Businesses, 3.1). Conversations about vulnerability may touch on sensitive or personal matters for a patient. So, supporting staff to

develop their communication skills and to treat patients with care and compassion is vital.

47. Patients in vulnerable circumstances may need more time to process information they have been given or make decisions (which could include changing their mind). So, you should ensure, so far as possible, that operational or commercial pressures do not inhibit staff from allowing patients the time they need (Standards for Optical Businesses, 3.2). You should also allow staff sufficient time, as far as possible, to accommodate patients' needs within the provision of care.

48. You should also provide clear information to patients about the costs of products and professional services (Standards for Optical Businesses, 2.1.8). Transparency in pricing is important so that all patients can make informed decisions. Vulnerability could make it more likely for patients to feel confused or pressured to buy services. For example, patients who feel less confident managing their own health may feel less confident in seeking information on pricing. Equally, those who have experienced a serious life event may feel less able to make an informed decision at the point of purchase.

49. You should support patients to understand their eligibility for financial support, such as NHS funded sight tests and which products are available to patients who are using NHS optical vouchers. Training staff on how to handle conversations about pricing will further support patients in vulnerable circumstances.

Annex 1: Relevant standards

Note that we have only provided the relevant standards below and have not replicated the entire standard unless necessary.

Standards of Practice for Optometrists and Dispensing Opticians

Standard 1: Listen to patients and ensure they are at the heart of the decisions made about their care

1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.

1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.

1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.

1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.

1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.

Standard 7: Conduct appropriate assessments, examinations, treatments and referrals

7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors and vulnerabilities.

Standard 8: Maintain adequate patient records

8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.

8.2 As a minimum, record the following information:

8.2.1 The date of the consultation.

8.2.2 Your patient's personal details.

8.2.3 The reason for the consultation and any presenting condition.

8.2.4 The details and findings of any assessment or examination conducted.

8.2.5 Details of any treatment, referral or advice you provided, including any drugs or appliance prescribed or a copy of a referral letter.

8.2.6 Consent obtained for any examination or treatment.

8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author

Standard 11: Protect and safeguard patients, colleagues and others from harm

11.1 You must be aware of and comply with your legal obligations in relation to safeguarding of children, young people and vulnerable adults.

11.2 Protect and safeguard children, young people and vulnerable adults from abuse. You must:

11.2.1 Be alert to signs of abuse and denial of rights.

11.2.2 Consider the needs and welfare of your patients.

11.2.3 Report concerns to an appropriate person or organisation.

11.2.4 Act quickly in order to prevent further risk of harm.

11.2.5 Keep adequate notes on what has happened and what actions you took.

11.3 Promptly raise concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your employing, contracting, professional or regulatory organisation as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law

Standard 13: Show respect for fairness to others and do not discriminate

13.7 Consider and respond to the needs of patients with a disability, and patients in vulnerable circumstances, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.

Standards for Optical Students

Standard 1: Listen to patients and ensure they are at the heart of the decisions made about their care

1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.

1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.

1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.

1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.

1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.

Standard 6: Conduct appropriate assessments, examinations, treatments and referrals under supervision

You will develop your clinical skills over the course of your training, becoming more proficient as you near the end of your studies. As part of your training, you will apply these clinical skills in a real-life setting under the direction of your tutor or supervisor gradually taking more responsibility for patients as your skills develop. In conjunction with your tutor or supervisor:

6.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family, and social history of the patient. This may include current symptoms, personal beliefs, cultural factors, or vulnerabilities.

6.7 When in doubt, consult with your tutor or supervisor appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.

Standard 7: Maintain adequate patient records

7.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.

7.2 As a minimum, record the following information:

7.2.1 The date of the consultation.

7.2.2 Your patient's personal details.

7.2.3 The reason for the consultation and any presenting condition.

7.2.4 The details and findings of any assessment or examination conducted.

7.2.5 Details of any treatment, referral or advice you provided, including any drugs or appliance prescribed or a copy of a referral letter.

7.2.6 Consent obtained for any examination or treatment.

7.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author

Standard 10: Protect and safeguard patients, colleagues and others from harm

10.1 Protect and safeguard children, young people and vulnerable adults from abuse. You must:

10.1.1 Be alert to signs of abuse and denial of rights.

10.1.2 Consider the needs and welfare of your patients.

10.1.3 Report concerns to an appropriate person or organisation.

10.1.4 Act quickly in order to prevent further risk of harm.

10.1.5 Keep adequate notes on what has happened and what actions you took.

10.2 Promptly raise concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your employing, contracting, professional or regulatory organisation as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law

Standard 12: Show respect for fairness to others and do not discriminate

12.7 Consider and respond to the needs of patients with a disability, and patients in vulnerable circumstances, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.

Standards for Optical Businesses

Standard 1.1: Patients can expect to be safe in your care

Promoting patient safety is at the heart of all healthcare. A patient should be able to trust their healthcare provider to prioritise their safety so that they can receive the best possible care. An important aspect of this is that optical businesses must not inhibit the healthcare professionals they employ or contract with from meeting their own professional standards. To achieve this, your business must:

1.1.1 Understand its legal and professional responsibilities to safeguard patients from abuse and ensures that it and its staff are prepared and supported to do so.

1.1.2 Have a process for staff to report any safeguarding concerns and encourages them to do so.

Standard 1.2: Patient care is delivered in a suitable environment

It is crucial that the environment in which patients receive treatment and care is fit for purpose, so that patients are protected and that accurate information can be obtained about a patient's eye health. This applies no matter where the care is being delivered, including online. To achieve this, your business:

(…)

1.2.2 Provides an accessible patient care environment in line with current equalities legislation

Standard 1.3: Communication is clear and effective

Clear communication with patients is vital to be able to provide suitable care to them and ensure that they are involved in making decisions about their own healthcare. It is also important that they know what they can expect from their optical care and have a realistic understanding of what can be provided so that their expectations can be managed. To achieve this, your business:

1.3.1 Provides information that is accessible to patients in a way they understand, taking into consideration individual needs and requirements. This could include what might be necessary in specific contexts such as requirements in the provision of NHS services; additional needs of the patient such as a learning disability; and any speech or communication difficulties.

1.3.2 Ensures, so far as possible, that operational or commercial pressures do not inhibit staff from allowing patients the time they need to process any information given to them and the opportunity to change their mind.

Standard 2.1: The services you provide are open and transparent

The Mid-Staffs Hospital Public Inquiry identified a need for openness and transparency within healthcare. In order to be able to promote the public's trust in you as a business and in the optical professions, you need to ensure that the services you provide to patients and the public are transparent; that complaints are handles fairly; and that staff are able to be candid. To achieve this, your business:

(…)

2.1.3 Ensures that staff have roles appropriately assigned, with clear lines of accountability and, where staff interact with patients and the public, they identify themselves and their role(s) clearly.

(…)

2.1.8 Provides clear information to patients about costs of products and professional services.

Standard 3.1: Your staff are able to exercise their professional judgement

It is important for staff to be able to exercise their professional judgement in fulfilling their duties to patients, and to meet the expectations of their professional regulator. This relies on staff being empowered to take into consideration what is best for patients and doing so with their interests and circumstances in mind. They should be in a position to do so without being subject to unreasonable external influence or pressure. To achieve this, your business:

3.1.1 Promotes awareness and understanding of the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses to staff.

3.1.2 Supports its staff to have the confidence to make decisions appropriate to their role.

3.1.3 Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement.

3.1.4 Allows staff sufficient time, so far as possible, to accommodate patients' individual needs within the provision of care.

3.1.5 Encourages staff to seek advice on making difficult decisions if they need to, and lets them know with whom they can do this.

3.1.6 Ensures that any changes to prescribed products are clinically justified, and staff are able to apply professional judgement when deciding if a change to the prescribed product is right for individual patients.

General Optical Council

Guidance on Maintaining Appropriate Sexual Boundaries

3 December 2025

General Optical Council

Contents

[Contents table to be inserted]

About this guidance and how it applies to you

1. We have developed this guidance to help our registrants to understand the importance of maintaining appropriate sexual boundaries with patients and colleagues. Maintaining appropriate boundaries applies to your behaviours, actions and communications, both online and in person.

2. It is crucial that appropriate sexual boundaries are maintained. Patients must know that you will ensure their care and safety and behave appropriately towards them, not engage in sexual conduct with them or violate their dignity. Students, colleagues and others with whom you have a professional relationship must know that you will not engage in unwanted sexual conduct with them or create an intimidating, degrading, humiliating or offensive environment.

3. In this document, when we use the term 'sexual misconduct' we mean unwelcome or uninvited behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that offends, embarrasses, harms, humiliates or intimidates an individual or group. It also includes any sexual activity that takes place without consent. Sexual misconduct encompasses elements of harassment, violence and abuse, and can be physical, verbal or visual.

4. This guidance should be read alongside the Standards of Practice for Optometrists and Dispensing Opticians ('Standards of Practice') which all optometrists and dispensing opticians must apply to their practice and the Standards for Optical Students which all student optometrists and dispensing opticians must apply to their practice. Where we refer to both sets of standards for individual registrants, these will be referred to as "standards" for ease of reading. Where we refer to specific standards, we will put the number of the Standards for Optical Students in brackets after the number for the Standards of Practice, where applicable (e.g. 11(10)).

5. Standard 15(14) outlines the importance of maintaining appropriate boundaries with others and never abusing your professional position. In this context, 'others' can include patients, students, colleagues and people with whom you have a professional relationship. Standards 15.3(14.3) and 15.4(14.4) focus on the importance of maintaining appropriate sexual boundaries with colleagues and patients (annex 1).

6. Standard 17(16) outlines the importance of ensuring your conduct does not damage public confidence in you or your profession, whilst standard 11(10)

makes clear that you must protect and safeguard patients, colleagues and others from harm.

7. If you are an optical business registered with the GOC, you should read this guidance alongside the [Standards for Optical Businesses](#), which all registered businesses must apply to the conduct of their business. Where we refer to these standards, we will always provide the number and refer to these standards explicitly.

8. The most relevant standards in the Standards for Optical Businesses are standard 1.1, which outlines the importance of protecting patients in your care from abuse and standard 3.3 which ensures that staff who experience bullying, discrimination or harassment in the workplace are supported.

9. The word 'must' indicates a mandatory requirement, for example, registrants must comply with the law and must meet the GOC's standards.

10. You should use your professional judgement to apply this guidance to your own practice and the variety of settings in which you might work.

11. There are two parts to this guidance:
    - **Part 1** which focuses on guidance for individual registrants (optometrists, dispensing opticians and optical students), and
    - **Part 2** which focuses on guidance for businesses.

Whether you are reading the guidance from an individual or business perspective, it is important to read both parts.

Part 1: Guidance for individuals

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12. In this section 'you' refers to the individual registrant.

The importance of maintaining appropriate sexual boundaries with patients and colleagues

13. The Professional Standards Authority (PSA) outline the importance of maintaining clear and appropriate sexual boundaries with patients.[1] Maintaining appropriate boundaries with patients is an important aspect of being a registered professional, upholding the trust between you and your patient. When those boundaries are breached it can have a detrimental and lasting impact on patients and carers, and fundamentally damage their trust and confidence in health professionals.

14. It is also important to maintain appropriate boundaries with students, colleagues and others with whom you have a professional relationship. Appropriate professional relationships are important for ensuring effective collaborative working in the best interests of patients. When boundaries are breached in the workplace, it can contribute to a negative or hostile working environment, with a detrimental impact on both those who work there and the patients who receive care there.

15. Maintaining appropriate sexual boundaries with patients and colleagues is also important to manage the power imbalances within healthcare. There is a power imbalance, and therefore the potential for abuse of power, between health professionals and their patients and there may also be one between more junior and senior colleagues, or between students and supervisors. You should recognise that power imbalance and ensure that you do not take advantage of it to unduly influence or exploit patients or colleagues.

16. Inappropriate sexual behaviour isn't limited to criminal acts such as sexual assault or rape, but can include a range of behaviours, for example, use of sexual humour, sharing sexual images or messages, or making inappropriate comments. All acts of inappropriate sexual behaviour have the potential to cause significant emotional or physical harm to a patient or a colleague.

17. These principles also apply to digital communications in line with standard 17(16), which requires conduct in the online environment not to damage public confidence.

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[1] Professional Standards Authority: Clear sexual boundaries between healthcare professionals and patients (information for patients and carers)

What is considered inappropriate sexual behaviour?

18. Inappropriate sexual behaviour (including actions and communications) of any kind, including all forms of sexual harassment and abuse, is unacceptable.

19. In their guidance on 'Identifying and tackling sexual misconduct', the General Medical Council provide a helpful list of inappropriate and unacceptable sexual behaviours[2]. The examples provided can include, but are not limited to:
    - sexual or sexist comments, jokes, innuendo and 'banter';
    - suggestive looks or leering;
    - groping or repeated unwelcome touching;
    - sexual gestures;
    - a person discussing their own sex life;
    - intrusive questions about a person's private or sex life;
    - sending sexually explicit emails, text messages or posts on social media;
    - displaying sexually graphic pictures, posters or photos;
    - spreading sexual rumours about a person;
    - propositions and sexual advances;
    - making promises in return for sexual favours; and
    - excessive or unwanted compliments on a person's appearance.

20. You must not display sexual behaviour or make sexual advances towards a patient.

21. Grooming – when a person builds a relationship to manipulate, coerce or encourage actions that would otherwise not be consented to – is also a form sexual misconduct.

22. Cultural differences can influence perceptions of appropriate behaviour. You should be sensitive to this, and treat patients, tutors, students and colleagues in a way that maintains their dignity.

23. If you experience unwanted sexual behaviour from a patient, tutor, student or a colleague, you should tell them that the behaviour(s) are inappropriate, where it is safe to do so. If you feel unsafe and the perpetrator does not stop the behaviour, you should remove yourself from the situation and seek help.

Criminal acts

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[2] Identifying and tackling sexual misconduct - ethical topic - GMC

24. If you become aware that a colleague, tutor, student or patient has or may have committed sexual assault, rape or other criminal behaviour, this must be reported in line with your workplace policy and/or any safeguarding responsibilities to an individual who is able to act (e.g. senior leader/colleague). Please refer to our section on speaking up below.

Relationships with patients

Relationships with current patients

25. As an eye care professional, you will see some patients only once whilst you may see other patients regularly. We recognise that the nature of your interactions with patients you see regularly may become more familiar over time. However, you must always maintain appropriate boundaries with patients, irrespective of how frequently you see them and how well you get to know them.

26. You may find yourself in a situation where you are attracted to a patient you are treating. You must take steps to ensure you maintain appropriate boundaries, for example, you could hand care of the patient over to another professional.

27. You must not engage in conduct of a sexual nature with patients or violate their dignity. This means that you should not engage in a sexual relationship with a current patient, nor should you treat someone you are in a sexual relationship with. Doing this would blur the boundaries between health professional and patient.

28. You must make reasoned and informed decisions in the best interests of your patient. Treating a patient with whom you are in a sexual relationship could lead to a lack of objectivity about the treatment they should receive, result in you missing a potential issue or interfering with treatment provided by other health professionals. The patient might feel less comfortable discussing sensitive matters about their health or circumstances with someone they are also in a sexual relationship with.

29. If you are in a sexual relationship with an individual who becomes a patient of a business that you work for, you must ensure that you do not treat them directly and always maintain appropriate boundaries. You should declare your relationship and ensure that a colleague or another member of the team treats the patient.

30. You must not use your professional relationship with your patient to pursue a relationship with a patient's relative or carer.

31. If you are in a situation where a patient is attempting to engage in or pursue a relationship with you, you must ensure you establish/re-establish an appropriate professional boundary.

Relationships with former patients

32. Pursuing a sexual relationship with a former patient is potentially inappropriate depending on individual circumstances which may include:
   - the circumstances and nature of the previous relationship;
   - whether you are likely to care for other individuals that the patient is close to (e.g. family members);
   - if there is a possibility that the individual may require treatment from you again at some stage in the future;
   - the length of time between interaction with the individual as a patient and the present;
   - if the patient was vulnerable at the time that they were under your care, and if they are still vulnerable;
   - if the previous professional relationship is a factor in the patient's current decisions; and
   - whether there could be a perceived power imbalance and therefore an abuse of your professional position.

33. There is not a specific time period for when it is appropriate to start a sexual relationship with a patient after ending a professional relationship. However, the closer the time period between the professional relationship ending and the sexual relationship beginning the more likely it is that it could be perceived as a failure to maintain appropriate boundaries.

Vulnerable patients

34. Children and young people under the age of 18 years must be considered vulnerable. You must not pursue or engage in sexual relationships with any patient or former patient who is under the age of 18, however long ago the professional relationship ended.

35. In your professional practice you will work with a variety of individuals who may be in vulnerable circumstances. Some vulnerabilities include physical and mental illness, frailty, disability or current circumstances (e.g. work or financial issues, family issues etc). It is important to note that a patient's vulnerabilities can either be permanent or temporary.

36. You must not pursue sexual relationships with vulnerable patients. A sexual relationship with a vulnerable patient will be considered a breach of professional boundaries.

Professional relationships (relationships with colleagues, tutors and students)

37. Relationships that are of a consensual and reciprocated nature are considered to be private between those individuals. It is important that appropriate professional boundaries are still maintained. Care should be taken to ensure that the relationship (either during or once it ends) does not impact clinical practice or the working environment.

38. You must not engage in unwanted conduct of a sexual nature with students, tutors, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. This can include verbal or written comments, sharing or displaying sexual images, as well as unwelcome physical contact and could amount to sexual harassment under the Equality Act 2010.

39. We expect registrants to be mindful of situations where relationships may be at risk of being seen as non-consensual, for example, where there are power imbalances (e.g. between tutors and students, or senior/junior colleagues). Relationships must not impact on clinical practice, the working or learning environments, and must not hinder nor advance career progression.

Speaking up and reporting incidents

40. Any sexual misconduct is serious and should be reported.

41. If a patient breaches boundaries with yourself or a member of staff, you should highlight this to the patient if safe to do so. Where required, you should remove yourself from the situation and report the incident to a senior member of staff.

42. If you are made aware that a colleague or other person has behaved inappropriately towards a patient, you must speak up and report this as soon as possible and offer support to the patient where possible.

43. When reporting an incident to a senior colleague or organisation, you should ensure you respect patient confidentiality. Any issues relating to patient safety must be prioritised. If patient identity needs to be disclosed as part of an

investigation, ensure that the patient is made aware of this. Where possible, patient consent must be obtained.

44. In circumstances where consent for identity disclosure cannot be obtained, you must inform the patient that you are reporting the incident. Please view our guidance documents on consent, disclosing confidential information and speaking up for further information.

45. If you have been in a situation where you have experienced inappropriate sexual behaviour(s), including from a patient or colleague, you should report this to your line manager if able to do so, or another appropriate individual in your workplace who will be able to investigate.

46. You have a responsibility to speak up and take action if you become aware of inappropriate sexual behaviour(s) within your workplace including between colleagues. This could include challenging the behaviour with the perpetrator, reporting it to a line manager, or offering support to the individual who experienced the behaviour.

47. Registrants who are in leadership positions must take steps to ensure that the workplace environment is a safe place for reporting concerns. It is important that leaders demonstrate and model the behaviours of challenging inappropriate behaviour, speaking up and reporting where appropriate.

48. Report any incidents in line with your workplace policies, and access support if required.

49. You may also want to refer to our separate guidance on speaking up.

Part 2: Guidance for businesses

50. In this section 'you' refers to the body corporate or the director or responsible officer of an optical business (whether or not you are a registered optometrist or a registered dispensing optician).

Ensuring appropriate processes are in place

51. As a healthcare provider, you must ensure that you are upholding professional standards, ensuring that patients are safe in your care. You have a responsibility to ensure that both patients and those who work for you are supported and protected.

52. You must understand your legal and professional responsibilities to safeguard patients from abuse and ensure that you and your staff are prepared and supported to do so.

53. You must ensure that staff are adequately supervised and supported (standard 3.3). This includes providing support to staff who have experienced harassment, such as sexual harassment, in the workplace.

54. Since October 2024, employers have a legal duty to take reasonable steps to prevent sexual harassment and create a safe working environment. They also have a duty to anticipate when sexual harassment may occur and take reasonable steps to prevent it.[3]

55. You must ensure that you develop appropriate workplace policies (standard 2.2) that outline procedures and actions in regard to sexual boundary violations/incidents, including reporting procedures. Incidents should be addressed quickly and appropriately. Policies should support staff in managing situations that they have experienced with colleagues, as well as understanding how to support patients.

56. You must ensure that you provide an open and transparent environment where speaking up is encouraged. You should also ensure that you and your staff are familiar with our speaking up guidance and process.

Supporting patients

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[3] New protections from sexual harassment come into force - GOV.UK

57. Patient care and safety should be at the heart of your organisation, and it is therefore crucial that any incidents that affect the care of a patient are dealt with quickly.

58. You should provide an open and transparent environment around reporting any complaints from your patients and support them if they wish to report any inappropriate behaviour or incidents to a higher authority.

59. You should ensure there are policies and procedures in place that outline management and escalation of incidents, and that patients are able to find a safe place to talk through or report incidents.

60. You should ensure that patient confidentiality is respected and maintained where appropriate, only disclosing information where there is consent to do so, or where not disclosing the information will significantly harm the patient/others. See our guidance on consent for further information.

Supporting members of staff

61. Where staff have experienced a boundary violation or an incident has taken place, whether from another member of staff or health professional, or from a patient, they should be supported by you as the organisation. Support will include ensuring that the incident is appropriately reported, and that any escalation is acted on quickly.

62. Where appropriate, policies and procedures should outline how staff or health professionals that work within the context of your business will be supported on a long-term basis, and you should be open and transparent about any changes that are put in place following an incident. This can include, for example, offering time off, or referral to an appropriate support service if required.

63. Workplace policies should ensure that staff, students and other professionals who work within the context of your business are provided support to return to work and maintain a working relationship at the business.

Annex 1: Relevant standards

Note that we have only provided the relevant standards below and have not replicated the entire standard unless necessary.

Standards of Practice for Optometrists and Dispensing Opticians
Standard 11: Protect and safeguard patients, colleagues and others from harm

11.1 You must be aware of and comply with your legal obligations in relation to safeguarding of children, young people and vulnerable adults.

11.2 Protect and safeguard children, young people and vulnerable adults from abuse. You must:

- 11.2.1 Be alert to signs of abuse and denial of rights.
- 11.2.2 Consider the needs and welfare of your patients.
- 11.2.3 Report concerns to an appropriate person or organisation.
- 11.2.4 Act quickly in order to prevent further risk of harm.
- 11.2.5 Keep adequate notes on what has happened and what actions you took.

Standard 15: Maintain appropriate professional boundaries

15.1 Maintain appropriate boundaries with your patients, students, colleagues and others with whom you have a professional relationship. Maintaining appropriate boundaries applies to your behaviours, actions, and communications.

15.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

15.3 You must not engage in unwanted conduct of a sexual nature with students, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. Maintaining sexual boundaries applies to your behaviours, actions and communications.

15.4 You must not engage in conduct of a sexual nature with patients or violate their dignity. Maintaining sexual boundaries applies to your behaviours, actions and communications.

Standard 17: Do not damage the reputation of your profession through your conduct

17.1 Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.

17.2 Ensure your conduct in the online environment, particularly in relation to social media, whether or not connected to your professional practice, does not damage public confidence in you or your profession.

17.3 Be aware of and comply with the law and regulations that affect your practice, and all the requirements of the General Optical Council.

Standards for Optical Students

Standard 10: Protect and safeguard patients, colleagues and others from harm

10.1 Protect and safeguard children, young people and vulnerable adults from abuse. You must:

- 10.1.1 Be alert to signs of abuse and denial of rights.
- 10.1.2 Consider the needs and welfare of your patients.
- 10.1.3 Report concerns to an appropriate person or organisation, whether this is your tutor, supervisor or training provider.
- 10.1.4 Act quickly in order to prevent further risk of harm. Seek advice immediately if you are unsure of how to proceed.
- 10.1.5 Keep adequate notes on what has happened and what actions you took.

Standard 14: Maintain appropriate professional boundaries

14.1 Maintain appropriate boundaries with your patients, students, colleagues and others with whom you have a professional relationship. Maintaining appropriate boundaries applies to your behaviours, actions, and communications.

14.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.

14.3 You must not engage in unwanted conduct of a sexual nature with students, colleagues or others with whom you have a professional relationship. You must not create an intimidating, degrading, humiliating or offensive environment, whether intended or not. Maintaining sexual boundaries applies to your behaviours, actions and communications.

14.4 You must not engage in conduct of a sexual nature with patients or violate their dignity. Maintaining sexual boundaries applies to your behaviours, actions and communications.

Standard 16: Do not damage the reputation of your profession through your conduct

16.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.

16.2 Ensure your conduct in the online environment particularly in relation to social media, whether or not connected to your professional study, does not damage public confidence in you or your profession.

16.3 Be aware of and comply with the law and all the requirements of the General Optical Council.

Standards for Optical Businesses

Standard 1.1: Patients can expect to be safe in your care

Promoting patient safety is at the heart of all healthcare. A patient should be able to trust their healthcare provider to prioritise their safety so that they can receive the best possible care. An important aspect of this is that optical businesses must not inhibit the healthcare professionals they employ or contract with from meeting their own professional standards. To achieve this, your business must:

1.1.1 Understand its legal and professional responsibilities to safeguard patients from abuse and ensures that it and its staff are prepared and supported to do so.

1.1.2 Have a process for staff to report any safeguarding concerns and encourages them to do so.

Standard 2.2: You ensure compliance with relevant regulations

As part of its responsibilities to the GOC, your business has a duty to ensure it is compliant with all regulations affecting the running of the business.

Failure to comply puts at stake the reputation of the business and its ability to continue operating. The personal and professional conduct of directors

also has the potential to affect the ability of the business to continue operating (for example, if a criminal offence is committed). The information

listed below is not exhaustive and other statutory or regulatory duties may apply depending on the structure of your business or the environment in which it operates. To achieve this, your business

(..) 2.2.2 Acts on any instruction from a statutory authority requiring measures to be implemented to safeguard the welfare of patients and staff.

2.2.6 Provides staff with clear information in relation to all legislation relevant to their roles

General Optical **Council**
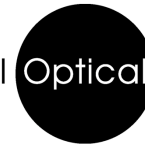
Annex 4: Revised Impact Assessment

Impact Assessment Screening Tool

Name of policy or process	Guidance development
Purpose of policy or process	To produce new guidance to support the new standards
Team/Department	Policy & Standards
Date	21 November 2025
Screen undertaken by	Toby Ganley
Approved by	Steve Brooker
Date approved	25 November 2025

Instructions:	- Circle or colour in the current status of the project or policy for each row. **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. - This is a live tool, you will be able to update it further as you have completed more actions. - Make sure your selections are accurate at the time of completion. - Decide whether you think a **full** impact assessment is required to list the risks and the mitigating/strengthening actions. - If you think that a full impact assessment is **<u>not</u>** required, put your reasoning in the blank spaces under each section. - You can include comments in the boxes or in the space below. - Submit the completed form to the Compliance Manager for approval.

General Optical Council

A) Impacts	High risk	Medium risk		Low risk	? or N/A
1.Reserves	It is likely that reserves may be required	It is possible that reserves may be required		**No impact on the reserves / not used**	
2.Budget	No budget has been allocated or agreed, but will be required	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	**No budget is required OR budget has been allocated and it is unlikely more will be required**	
3.Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	**Aware of all the legislation, it is included in the project/process, and we are compliant**	
4.Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	**There are no plans for legislation to be changed**	
5.Reputation and media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	**This topic has little focus in the media in the last 12 months**	This topic has very little or no focus in the media in the last 12 months	
6.Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	**Able to complete with current resource**	
7.Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	**More than 5 people are aware of the process/ project and it is clearly recorded centrally**	

	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	**N/A**
8.Communication (Comms) / raising awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	**Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified**	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	**Must be published in Welsh;**		Does not need to be published in Welsh	

General Optical Council

Please put commentary below about your impacts ratings above:
Point 5 There is some media interest in the topic of sexual harassment and failing to maintain appropriate sexual boundaries in healthcare (for example, recent research by the British Medical Association has had some coverage). There is also some interest in the topic of vulnerability in a range of services (flu season has led to some stories relating to vulnerability). Our annual registrant and public surveys (which cover issues relevant to both pieces of guidance) are covered in the professional press. Our ongoing media monitoring identifies relevant coverage.   **Point 8** The consultation documents were translated into Welsh before consultation and we will publish Welsh language versions of the final guidance.   The risks identified in this section are mainly low. A full impact assessment is not required.

General **Optical** Council

B) Information governance	High risk	Medium risk		Low risk		? or N/A
1. What data is involved?	Sensitive personal data	**Personal data**	Private / closed business data	**Confidential / open business data**		
2. Will the data be anonymised?	No	**Sometimes, in shared documents**	Yes, immediately, and the original retained	Yes, immediately, and the original deleted		
3. Will someone be identifiable from the data?	**Yes**	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information		
4. Is **all** of the data collected going to be used?	No, maybe in future	**Yes, but this is the first time we collect and use it**	Yes, but it hasn't previously been used in full before	Yes, already being used in full		
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		**Less than 1,000 records**		
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	**Yes, explicitly obtained and recorded/or part of statutory duty/contractual**		
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	**Yes – it is on retention schedule**	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware		
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; archive room; office storage (locked)	**GOC shared drive; personal drive**	**other IT system (in use); online portal; CRM;**		

				Scanned in & held on H: drive team/dept folder	
9.Is it on the information asset register?	No	**Not yet, I've submitted to Information Asset Owner (IAO)**	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	**Yes, agreement in place**	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	**No**	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	**None - no personal or identifiable data will be published**	
13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG	All trained in IG but over 12 months ago		**Yes, all trained in IG in the last 12 months**	

General Optical Council

Please put commentary below about reasons for information governance ratings:
Point 1: The draft guidance was published for public consultation. Respondents provided email addresses.
Point 2: Respondents were asked whether their data could be published. Some requested anonymity.
Point 4: All the feedback received on the draft guidance will be used to inform any changes.
Point 7: Retention schedule requires consultation documents to be retained for 6 years after the date created – the consultation document will contain copies of the draft guidance
Point 9: All documents relating to the guidance project will be on the asset register.
Point 10: The draft guidance was shared publicly for review as part of the consultation. Respondents to the consultation were asked whether their submission could be published.
Point 13: All project staff have received information governance training.
The risks identified in this section are low or medium, and the medium risks have been addressed as far as possible, therefore a full impact assessment is not necessary.

General Optical Council

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
1. Main audience/policy user	Public			**Registrants, employees or members**	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			**No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process**	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	**Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required**	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration	There is clear decision criteria, but no form to record the decision	There is clear decision criteria and a form to record the decision	**N/A**
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally	**N/A**

				reviewed and independently reviewed	
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded	N/A
4.Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		**Over 80% of those involved have received EDI training in the last 12 months, which is recorded**	
5.Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		**Alternative formats available and users can discuss and complete with the team**	
6.Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	N/A
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	N/A
7.Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		**Planned well in advance**	
	Change in arrangements is very often	Change in arrangements is quite often		**Change in arrangements is rare**	
	Only can attend in person	Mostly required to attend in person		**Able to attend remotely**	

	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		**Attendance/involvement is equal, and monitored per attendee**	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates	**Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)**	
8. Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		**Most users can claim for potential expenses, and this is included in our expenses policy; freepost available**	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	**See EDI section**
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	**Consultation with policy users, employees, members and wider groups**	

General Optical Council

Please put commentary below for human rights, equalities and inclusion ratings above:
Point 3: The final guidance will be reviewed by Council. As this is guidance rather than standards, it is intended to inform practice but does not limit registrants' practice in any way. There is no internal GOC appeals process – Council's decision is final. Council members undergo annual EDI training.
Point 5: The guidance will be published. We will follow the 'Making our consultations accessible' guidance within the GOC Consultation Policy.
Point 10: Evidence suggests that accessing an online consultation may be more challenging for some groups, e.g., those from lower socio-economic backgrounds, or those over 65 years of age. The guidance on patients in vulnerable circumstances has been informed by research undertaken with those groups to make sure it reflects their experiences and a submission to the consultation was received from a patient representative organisation
The risks identified in this section are mainly low, therefore a full impact assessment is not necessary.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	Our 2025 patient and public research highlights that those in younger age groups (aged 16-34) are less likely than those in older age groups (aged 55 and over) to be satisfied with the overall experience of the opticians/optometrists practice (79% vs. 92%). Older people may also be more vulnerable, either because of co-morbidities or because they may feel less confident in managing their own health. Our guidance on patients in vulnerable circumstances may support registrants to adapt their practice to support both younger and older patients.
Disability	Positive	Our 2025 patient and public research highlights that those with a disability are less likely than those without one to be satisfied with the overall experience of the opticians/optometrists practice (83% vs 88%). As above, the guidance on patients in vulnerable circumstances may support registrants to adapt their practice to support patients with a disability.
Sex	Positive	Our 2024 registrant survey shows that female registrants are more likely to experience harassment, bullying or abuse than male registrants. That may include sexual harassment. The guidance on maintaining appropriate sexual boundaries may support female registrants who experience this inappropriate sexual behaviour. It will also highlight to all registrants the negative impact that inappropriate behaviour can have.
Gender reassignment (trans and non-binary)	Neutral	Neither piece of draft guidance should have any impact on people who are trans or non-binary.
Marriage and civil partnership	Neutral	Neither piece of draft guidance should have any impact on people who are married or in a civil partnership.

Pregnancy/ maternity	Neutral	Neither piece of draft guidance should have any impact on those who are pregnant or on maternity leave.
Race	Positive	Our 2025 patient and public research highlights that those from a white background are more satisfied than those from an ethnic minority background with the overall experience of the opticians/optometrists practice (88% vs. 82%). Many patients from an ethnic minority background are not in vulnerable circumstances. However, some patients, for example those for whom English is not their main language, may be more vulnerable. As above, the guidance on patients in vulnerable circumstances may support registrants to adapt their practice to support these patients.
Religion/belief	Neutral	Neither piece of draft guidance should have any impact on people based on their religion or beliefs, including the absence of either.
Sexual orientation	Neutral	Neither piece of draft guidance should have any impact on people based on their sexual orientation.
Other groups (e.g. carers, people from different socio-economic groups)	Positive	**Different socio-economic groups** Our 2025 patient and public research highlights that those with an income of £25,001 – 35,000 are less likely to be satisfied with value for money when visiting an opticians/optometrists practice (67%), as are those who say they are struggling financially (71%). In contrast, those with a household income of £50,001 or more are more inclined to be satisfied with value for money (78%). In addition, those with at least one marker of vulnerability (which includes a household income of less than £25,000) are less likely to be satisfied with the overall experience. As above, the guidance on patients in vulnerable circumstances may support registrants to adapt their practice to support patients whose financial circumstances may make them more vulnerable.
	Neutral	**Welsh language users** Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh

| | | language and treating the Welsh language no less favourably than the English language, whether those effects are positive or adverse.

Our policy proposals are to produce guidance to support our standards. We did not identify any Welsh language impacts arising from the new standards. As this is guidance, it is intended to support compliance with our standards but does not restrict a registrant's professional judgement, nor does it place any restrictions on opportunities to use Welsh nor lead to unfavourable treatment.

The guidance on maintaining appropriate sexual boundaries would not prevent patients from using the Welsh language when engaging with registrants, nor lead to any less favourable treatment of the Welsh than English language.

The guidance on patients in vulnerable circumstances includes examples of reasonable adjustments that registrants can apply to their practice to support patients, which does include support to help patients engage with registrants if English is not their first language. However, the provision of Welsh Language services in healthcare in Wales is already required by legislation and therefore would not be affected by this guidance. |
| | Positive | **Patients in vulnerable circumstances**
Our public and patient research shows that patients with at least one marker of vulnerability are likely to be less satisfied by their experience at the opticians/optometrist practice. The guidance on patients in vulnerable circumstances should have a positive impact on the care they receive. |

COUNCIL

2013 statement on testing of sight

Meeting: 17 December 2025   **Status:** For noting

Lead responsibility: Steve Brooker (Director of Regulatory Strategy)
Paper author(s): Marie Bunby (Policy Manager)
Council lead(s): None

Purpose

1.   To enable Council to discuss the findings of research we commissioned on separation of the sight test by time, person and/or place, and our emerging proposals to revise our 2013 statement on testing of sight and supervision standard.

Recommendations

2.   Council is asked to:
   - consider the research report on a risk-based framework for the testing of sight; and
   - discuss our updated draft statement on testing of sight (annex 1) and possible revisions to our supervision standard.

Strategic objective

3.   This work contributes towards the achievement of the following strategic objectives: supporting responsible innovation and protecting the public, and creating fairer and more inclusive eye care services. This work is included in our 2025/26 Business Plan.

Background

4.   In our response to our 2022 call for evidence on the Opticians Act and associated GOC policies, we made commitments relevant to reviewing our 2013 statement on testing of sight in two areas:
   - **pre- and post-screening checks** – "*We will consider updating our 2013 statement on testing of sight to clarify the position in relation to pre-screening tests and triage checks related to the sight test that may be carried out by persons other than the optometrist or registered medical practitioner. Over time, advances in technology have meant various steps in the patient journey have become automated and safely delegated as part of pre-screening and triage. Use of autorefractors is one example of this and we understand further developments, including in relation to refraction, are on the horizon. If we decide to update our 2013 statement, we will carry out further consultation on this aspect of the testing of sight.*" (Paragraph 115); and

- **separation of sight test components** – "*Our interpretation is that the Act does not specifically prohibit separation of the elements of the sight test by time, place or person. Business models are evolving alongside developments in technology. While relevant to refraction, this issue relates more generally to how the sight test is conducted, rather than which type of optical professional should perform different elements of the sight test. The call for evidence identified a range of views about this and we plan to consider developments in more detail. Depending on the outcome of this work, we may clarify our position in a statement or seek a change in the law.*" (Paragraph 116)

5. In June 2023 Council approved our recommendation to carry out further research to understand more about the separation of elements of the sight test by time, place or person and whether this separation has adverse impacts on public protection or patient safety. Our initial invitation to tender in September 2023 did not yield any tenders and so we revised the scope and duration of the research and increased the budget. Following the second invitation to tender in March 2024 we appointed a team of academics from universities led by Glasgow Caledonian University (GCU). The research was due in December 2024, but delays meant we only took delivery of the final report in July 2025, and it was published in August 2025.

6. On 14 October 2025 we held a stakeholder event at which the researchers presented, and we tested a set of high-level principles on an updated statement on testing of sight (see annex 2 for a summary of the discussion). On 13 November 2025, we tested a draft updated statement with the Advisory Panel and discussed our approach to supervision in a joint session of the Standards Committee and Companies Committee (see elsewhere on the agenda for minutes of these meetings). These events have been useful in gauging reaction to the research, understanding the strategic implications, testing our emerging thinking and establishing the likely focus of debate once we reach public consultation.

Analysis

Pre- and post-screening checks

7. The Opticians Act 1989 and the Testing of Sight by Persons Training as Optometrists Rules 1993 provide that testing of sight can only be conducted by an optometrist, registered medical practitioner or a student optometrist under supervision. Our 2013 statement includes the wording, "*No part of the sight test can be delegated to a dispensing optician or contact lens optician, even under supervision.*" It is silent on delegation to other staff such as optical assistants.

8. Research we commissioned in 2023[1] found that 11 of the 15 participants representing a variety of optical settings (including large corporate bodies, domiciliary, and independent sectors) used support staff (typically optical assistants) for pre- and post-screening tests (described as intraocular pressures, visual fields,

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[1] Evans, B., Shah, R., Conway, M. and Chapman, L. (2023), *Clinical research on refraction in the sight test*

retinal photos/scans). We understand this practice has been happening for many years reflecting developments in technology, although our first public statement about it was in our call for evidence consultation document in 2022, in which we said, "*Currently, no part of the sight test can be delegated to a dispensing optician or contact lens optician, even under supervision. However, aspects of sight testing (i.e. refraction) can be undertaken by others for purposes other than the sight test, for example, dispensing opticians undertaking refraction to check accuracy of lenses, or optical assistants completing triage checks prior to the sight test.*"

9.   We know anecdotally that some stakeholders interpret our 2013 statement on the testing of sight to mean that pre- and post-screening checks cannot be delegated because they consider these to be part of the sight test, whereas others consider that these can be delegated as they are prior to / after the sight test. Considering the likely perspective of an average member of the public, it is difficult to explain that certain checks of sight do not form part of a sight test.

10.   The language of the Opticians Act and regulations could be interpreted literally as allowing a non-registrant to carry out some preliminary procedures, even if these form part of the sight testing process, providing an optometrist or registered medical practitioner has overall control of the process and the non-registrant receives appropriate training. A purposive interpretation (which seeks to achieve Parliament's purpose) could also allow this.

11.   The GCU team's research took the form of a Delphi study, which seeks to identify a consensus view. The research contained the following findings: "*The delegation of eye test components to appropriately qualified individuals was also considered… Components that were deemed suitable for delegation were presenting vision (low risk only), objective fundus assessment, OCT [optical coherence tomography scan], IOP [intraocular pressures], and visual fields. This is, in part, reflecting current protocols in optometric practice, where appropriately trained individuals, e.g. support staff such as optical assistant, carry out a range of objective and non-invasive tests.*"

12.   Since this practice has been commonplace for some time and the Delphi study produced consensus that such checks can be safely delegated, we are proposing to consult on an updated statement that clarifies our position in this area (see annex 1 for an initial draft). This will support optometrists to be aware of their responsibilities by setting out that support staff are technically carrying out these activities under supervision or delegation (pointing to relevant parts of our [Standards of Practice for Optometrists and Dispensing Opticians](#), such as standard 9 regarding "unregistered colleagues undertaking delegated activities"). Also, the responsibilities of business registrants will be clarified so that the onus is not on the individual registrant alone.

13.   A consultation will be helpful in determining the likelihood of any risks to the position we are proposing in our revised statement, and how to mitigate those risks and/or unintended consequences.

14.   While a modern (purposive) interpretation of the legislation may not constrain this type of sight testing model, it may also be appropriate to update the legislation so that it is clearer what is permitted and that an optometrist must remain in overall control of the process. We will discuss this with the Department of Health and Social Care as part of their legislative reform programme. However, we are realistic about the pace of legislative reform and will seek to achieve as much as possible through our own regulatory arrangements.

Separation of components of the sight test by time, place or person

15.   There has been a concern that some sight test models that are separated by time, place or person do not adequately protect the public and we have received questions from registrants asking whether certain models are legal. The models that we have encountered to date do not constitute illegal practice under the Opticians Act, but it is important to investigate concerns that they do not adequately protect the public. Separately, some multiples have begun trialling teleoptometry models in geographic areas where it has proven difficult for them to recruit optometrists. This has strategic implications and has provoked a range of views, so it is important for us to consider this development.

16.   The GCU team's research sought to understand the risks of separating the different components of a sight test by time, place or person (see the research report, particularly the executive summary and conclusions). It had two main components – a scoping review and a Delphi study, with differing conclusions from the two parts:

- the scoping review showed a potential for different models of eye care that involve separation by person, time and place to improve eye care delivery through innovation. Benefits included reduction in referrals, reduction in unnecessary hospital eye service (HES) visits, improvements in referral quality and high levels of patient satisfaction. However, it was noted that there were a lack of randomised controlled trials available in the scoping review (seen as the highest-quality study methods) and that careful consideration of economic viability, infrastructure readiness and patient acceptance would be required prior to implementation; and

- the Delphi panel could not agree on whether there were risks of separating eye care components for patients considered as low risk (a young adult who presents with no complaints, no known risk factors for ocular disease and no previous ocular history), but there was a broad consensus that separation resulted in risk for patients in the higher risk group (e.g. those over 50 presenting with no complaints or previous ocular history but who had additional risk factors for ocular disease).

17.   Overall, the study concluded that the separation of eye examination components by person, time or place may pose some risks for both the NHS and patients. However, in the context of a routine eye examination, the likelihood of these risks occurring was considered likely to be low. It also concluded that tailoring eye care to individuals, for example, through considering patients' risk profiles more thoroughly,

may offer significant advantages in the prevention, diagnosis and management of ocular conditions. Future studies were recommended to determine if a personalised approach based on patient risk assessment could be considered value for money and cost-effective.

18. Alongside commissioning the research, the Policy team has sought to understand more about business models operating in the sector. This included observing two sight testing teleoptometry models in practice (both in-person and virtually), and meetings with the Optical Suppliers Association (OSA) and two other companies who had been developing products/software potentially for use in teleoptometry models. Carrying out these meetings/observations has helped us to understand the wide range of technology and equipment that exists for use in sight testing and how models might be likely to change in the future.

19. We have reviewed the studies in the scoping review in the GCU research related to the theme 'patient satisfaction and acceptability' and consider that some of these studies had limitations (not least that most of the studies did not involve sight testing using teleoptometry) which suggests that further research in this area would be helpful. We have therefore commissioned research (to be undertaken by Enventure Research) into patient and public views into teleoptometry models, as we consider it important to understand their perspective and to gain their views on any safeguards that should be put in place to give confidence in teleoptometry and mitigate any risks.

Draft statement

20. Drawing on all the information and discussion received to date, we have produced a draft updated statement (annex 1) for consultation purposes. We are not seeking approval now since we think it better for Council to consider the statement alongside the draft supervision standard, consultation document and impact assessment. We plan to bring the full consultation package to Council in March 2026.

21. This statement is based on our interpretation of the legislation and draws on our statement on the use of technology that we produced during the COVID-19 pandemic. We consider that the statement strikes the right balance between supporting responsible innovation, protecting the public and maintaining public confidence in the professions and businesses we regulate, as outlined in our Corporate Strategy 2025-30.

22. In developing the updated statement, we have adhered to the following principles:
    • the sight test must combine checks for visual acuity (refraction), binocular vision and eye health;
    • when delegating activities, the optometrist (or registered medical practitioner) must remain in overall control of the sight test and use their clinical judgement in reviewing results of delegated activities;

- the burden is on the registrant to demonstrate that whatever model of sight testing they use is safe (including appropriate technology in place to support it) and is subject to ongoing audit/evaluation;
- separation of the sight test by time, person and/or place should be assessed based on risk – it is unlikely to be suitable for all patients;
- protocols should be in place to determine before the appointment whether the sight testing model is suitable for the patient (risk stratification) and to deal with situations that arise during the appointment where it becomes apparent that the model is no longer appropriate for the patient;
- ensure that patients are aware of the format of sight test they are being offered prior to attending the sight test, so that they can exercise choice and appropriately give informed consent (or otherwise) and
- ensure that staff involved in any components of the sight test are appropriately trained and qualified.

23. We discussed an earlier version of the draft statement with Advisory Panel on 13 November 2025 (see elsewhere on the agenda for the full minutes). Feedback was generally positive about the content of the statement and how it dealt with concerns identified, with support for all the principles – especially the optometrist remaining in overall control of the sight test and patient choice/consent. Suggestions to update the statement, which we have incorporated included:
- emphasising that the technology is appropriate to support the model of care;
- that a prescription should not be issued until all parts of the sight test are complete; and
- adding reference to audit/evaluation of the model.

24. We are still considering two issues following feedback from the stakeholder roundtable in October 2025 where we shared the principles for the statement:
- **whether the statement should apply more widely than sight testing**. Our initial view is that it should not, as sight testing has a specific remit within the law and the existing statement needs updating to clarify the areas outlined above. While many principles in the statement will likely apply to other remote activities like management of conditions, it is the sight test where most stakeholder concern lies and new entrants could disrupt the existing model; and
- **if the statement should address time, person and place separately** due to the perceived differing risks involved. While there is an absence of research evidence on the relative risks, we can see the force of argument that some aspects are riskier than others and have therefore added a bullet point on time to the draft statement. Equally, the statement cannot foresee every possible combination of time, person and/or place, or the circumstances in which they might apply, which will change over time. Internal clinical advice suggests that in the context of separation the strength of governance is key and that models which separate more than one dimension should meet higher standards of assurance, audit and oversight.

Supervision standard

25. Standard 9 of the [Standards of Practice for Optometrist and Dispensing Opticians](#) applies to the supervision of a) pre-registration trainees and b) unregistered colleagues undertaking delegated activities. Standard 9.3 currently says that adequate supervision requires registrants to "*be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients*". The corresponding standard in the [Standards for Optical Students](#) is standard 8.

26. Supervision is mentioned in two main ways[2] in the Opticians Act 1989: once in respect of supervision of pre-registration trainees (section 8A) and the other in respect of the sale and supply of optical appliances (section 27) (NB the latter is not specifically mentioned in our standard on supervision). There is no statutory definition of supervision, but the current requirement in the standards appears to date back to where the courts have held[3] that the supervision requirement in section 27 of the Act is satisfied only if the optometrist is exercising their professional skill and judgement as a clinician.

Supervision of optical students

27. We are not aware of any case law relating to a definition of supervision of a pre-registration trainee ('student'). Discussions with other regulators have suggested that it would be impractical for a registrant to watch everything being done by all students – the consensus seemed to be that the supervisor must determine the amount of supervision required in each case, by reference to the trainee's level of skill/experience and the procedure's risk/complexity.

28. We are not aware of any evidence to support remote supervision of students in sight testing and internal advice has cautioned against doing so, because students need closer oversight due to limited clinical experience and to respond adequately where urgent or emergency escalation may be required. There was also consensus at the stakeholder roundtable and Standards/Companies Committee discussions that the risks for supervision of students are higher.

29. Given the consensus of view internally and externally, we consider there is a clear case to separate supervision of students from other scenarios in the standards and that the current requirements for an optometrist to be on the premises, in a position to oversee the work undertaken and ready to intervene should remain. To note, the Sector Partnership for Optical Knowledge and Education (SPOKE) plans to revisit the issue of supervision under the new contract and any guidance will further support the sector to ensure students are supervised effectively.

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[2] It is also mentioned in the title of section 13 of the Act, but the text within this section does not go on to mention supervision.

[3] It relates to a decision in the 1998 case of GOC v Vision Direct, which has subsequently been adopted and confirmed (for example, in the 2008 case of GOC v Vision Direct) as well as the 1943 case of Roberts v Littlewoods (mentioned in the 1998 judgment).

Supervision of delegated activities to unregistered colleagues

30.   The Act does not cover delegation of sight test or contact lens fitting (to unregistered colleagues), perhaps because it did not envisage this occurring given that sight testing is restricted to optometrists, student optometrists under supervision or registered medical practitioners (and contact lens opticians / students for contact lens fitting). It should be noted that the Delphi study in the research we commissioned[4] found consensus that certain pre/post-screening checks can be safely delegated.

31.   As with the Act, the supervision standard does not contemplate teleoptometry models where the optometrist conducting the sight test remotely is supported by others on-site (e.g. supervision of a delegated activity to an unregistered person operating equipment such as a slit lamp on the patient). We need to consider whether our standards might be stifling innovation of new sight testing models by requiring an optometrist to be present on the premises or if this requirement remains necessary to protect the public and maintain public confidence.

32.   There was generally a cautious approach at the stakeholder roundtable with attendees favouring a requirement for an optometrist to be present on site. There were mixed views at the Standards/Companies Committee discussion with one representative indicating that a remote supervision model for teleoptometry appointments could be appropriate on the basis that any appointment is better than no appointment and that referral pathways would still work for emergencies. Others expressed caution given the emerging nature of the technology, concern that the optometrist could not pick up on subtle clues about potential eye problems, the benefits of staff interacting in-person to discuss emergent patient issues in real time, and the lack of an alternative to abandoning appointments where it emerges during the examination that the remote sight test model is not suitable for the patient.

33.   In addition to recent stakeholder events, we have reviewed evidence submitted to the 2023 Standards Review and previous advisory committee discussions. The research we commissioned on testing of sight[5] touched on supervision but did not come to any conclusions in this area. Given the issues are complex and likely contentious, we consider there is currently insufficient evidence to put forward a proposed GOC position. Instead, we plan to lay out the evidence and arguments and ask an open question in the public consultation exercise. This will enable us to elicit detailed feedback before reaching a conclusion.

Proposed approach

34.   In summary, we propose to amend the supervision standard as follows:
   •   students – separate out supervision of students and maintain current requirements for a supervising optometrist to be on-site, in a position to oversee

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[4] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'
[5] Jonuscheit, S. et al. (2025), 'Testing of sight - a risk-based framework: Project report'

the work undertaken and ready to intervene. Standard 9 will be supported by Handbook / education and training requirements (ETR) documentation and SPOKE guidance; and

- delegated activities to unregistered colleagues – use the consultation to elicit further views and evidence before reaching a conclusion about whether remote supervision could be permitted or whether another optometrist should be required to be on the premises. The consultation can lay out alternative wording to avoid the need for further public consultation.

Finance

35. We are within budget for this work (utilising existing resources within the Policy and Standards team) and are not requesting any additional budget for this financial year. Any updates to our statement and/or standards can be managed in-house.

Risks

36. There is a risk that we strike the wrong balance in any regulatory intervention, either by restricting sight testing models that would deliver benefits for patients and others, or by allowing models that put patients at risk (e.g. missed diagnosis).

37. The best mitigation to both risks is our careful approach to evidence gathering and planned stakeholder engagement activities, including public consultation. Designing an outcomes-focused approach that provides freedom for businesses to innovate within broad parameters, rather than being prescriptive about specific models, should also mitigate this risk.

38. There is concern in the sector that allowing separation of sight test components could unravel the key feature of sight testing models UK-wide that they include both eye health checks and vision checks. This needs to be seen in the context of uncertainty about the scope of neighbourhood health services following the NHS 10-Year Health Plan in England. A revised statement would clarify our position and seek to reinforce the need for sight tests to include both eye health and vision checks.

39. Since the GCU-led research is inconclusive, there is a risk that stakeholders might not consider our evidence base is sufficient to justify any revisions to the statement or the standards. To mitigate this risk, we held a stakeholder roundtable on 14 October 2025, which has informed our draft updated statement.

Equality Impacts

40. We will produce an impact assessment before asking Council to approve a draft revised statement and standards for public consultation purposes.

41. We know that protected characteristics have an impact on the way in which people access and experience eye care services. Our 2025 public perceptions survey found that those aged 25-34 (5%) and ethnic minorities (6%) are more likely to state they

have never had a sight test/eye examination (vs. 3% overall). The survey also continues to show that those with one or more vulnerability markers are less likely to go for a sight test/eye examination every two years and are generally less confident in managing their eye health. Teleoptometry models are likely to have greatest impacts in rural and coastal communities where workforce pressures are most acute.

Devolved nations

42.   Any updated statement will be relevant to and must be capable of being complied with in all of the UK nations. There may be some types of sight testing models (e.g. remote/virtual) that are not permitted within the NHS in one or more of the UK nations by virtue of other guidelines/contracts. Ultimately, our responsibility as a regulator is to determine minimum requirements that discharge our overarching public protection statutory objective. Should NHS bodies wish to put additional restrictions in place, that is their prerogative and they will need to consider non-regulatory factors.

Other Impacts

43.   There may be legislative impacts as outlined above.

Communications

External communications

44.   We are keeping key stakeholders updated through our two-monthly Optical Sector Policy Forum and our meetings with the UK optometric advisers. As above, we held a roundtable for stakeholders to discuss the research on 14 October 2025.

Internal communications

45.   We are keeping relevant internal stakeholders updated through our intranet and individual meetings/SMT as appropriate.

Next steps

46.   We intend to carry out the following next steps:
- seek approval of the consultation package (including consultation paper, updated statement, revised standard 9 and equality impact assessment) at public Council in March 2026;
- carry out research into patient/public views on teleoptometry models;
- public consultation for 12 weeks through April-July 2026;
- analysis of consultation and preparation of GOC response and updated statement and any revisions to standards in July-September 2026;
- further advice from statutory advisory committees as required in October 2026;
- approval of GOC response to consultation and updated statement and any revisions to standards at public Council in December 2026; and
- publication of revised statement and any revisions to standards in the month following approval at public Council.

Attachments

Annex 1: Draft updated statement on testing of sight
Annex 2: Notes from stakeholder roundtable

Annex 1: Statement on testing of sight

Introduction

1. This statement relates to the testing of sight for the purposes of the Opticians Act 1989 ('the Act') and The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989. The sight test within the meaning of the Act is often referred to as an eye test or eye examination across the UK nations.

2. We interpret legislation in the current legal, social and technological context.

3. A sight test consists of checks for visual acuity (sometimes referred to as a vision check, refraction or refractive error), binocular vision[1] and eye health[2], for the purposes of issuing a prescription and/or making a referral. While there is flexibility in the way that a sight test can be carried out, registrants should ensure that sight tests include checks for visual acuity, binocular vision and eye health. This supports early identification of eye health conditions.

Sight testing legislation

4. Section 36(2) of the Act defines "testing sight" as "testing sight with the object of determining whether there is any and, if so, what defect of sight and of correcting, remedying or relieving any such defect of an anatomical or physiological nature by means of an optical appliance prescribed on the basis of the determination".

5. Sections 26(1) and 26(2) of the Act set out that when a sight test is performed, it shall be the duty of the person testing sight to:

    *   perform examinations of the eye that are required for the purpose of detecting injury, disease or abnormality in the eye;

    *   immediately following the test, issue a written statement that the above examinations have been carried out, that the patient is / is not being referred to a medical practitioner and the reason for the referral (in practice, this is usually combined with the prescription mentioned below); and

    *   provide a signed, written prescription for an optical appliance or a signed, written statement confirming that no optical appliance is necessary.

6. Article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989 provides that the person testing sight must conduct:

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[1] Vision using two eyes with overlapping fields of view, allowing good perception of depth.

[2] Examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye (see article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989 for further information).

- an examination of the external surface of the eye and its immediate vicinity;

- an intra-ocular examination, either by means of an ophthalmoscope or by such other means considered appropriate; and

- such additional examinations as appear to be clinically necessary.

7. Our interpretation of the Act is that it does not specifically prohibit separation of the components of the sight test by time, person or place, nor does it restrict the type of equipment, products or technology that can be used by registrants.

8. Refraction[3] for the purpose of issuing a prescription is an essential component of the sight test[4], and is restricted[5] to a registered optometrist, a registered medical practitioner or a student optometrist / medical practitioner under supervision. We are not satisfied that dispensing opticians should be permitted to refract for the purposes of the sight test[6].

9. However, we do consider that refraction for other purposes, for example, to verify a prescription issued by an optometrist or registered medical practitioner, is not restricted. This can therefore be undertaken by anyone.

Delegation of activities for the sight test

10. Advances in technology mean that various steps in the patient journey can be performed safely and accurately by someone other than the optometrist as part of tasks before and after the sight test. Examples include intraocular pressure checks, visual field tests and retinal photographs/scans[7] but not subjective refraction[8].

11. In circumstances where tasks are undertaken by someone other than the optometrist undertaking the sight test, the optometrist must remain in overall control of the process and comply with our Standards of Practice for Optometrists and Dispensing Opticians, particularly standard 9 which includes:

- only delegating to those who have appropriate qualifications, knowledge or skills to perform the delegated activity (standard 9.2);

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[3] Refraction as part of the sight test refers to a check of the patient's visual acuity i.e. how well they can see, and whether any corrective measures such as spectacles or contact lenses are required.
[4] Under section 26 of the Opticians Act 1989 and the Sight Testing (Examination and Prescription) (No. 2) Regulations 1989.
[5] By section 24 of the Opticians Act and rule 3 of the Testing of Sight by Persons Training as Optometrists Rules 1993.
[6] For further information, see paragraphs 107-116 of our *GOC response to call for evidence on the Opticians Act and consultation on GOC associated policies* (2023)
[7] Evans, B., Shah, R., Conway, M. and Chapman, L. (2023), *Clinical research on refraction in the sight test*
[8] A technique used to determine the prescription of a lens for correcting a patient's vision based on the patient's personal feedback about the clarity of the successive lenses shown to them.

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- being on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients (standard 9.3); and

- retaining clinical responsibility for the patient and ensuring that the delegated activity has been performed to the appropriate standard (standard 9.4).

12. Business registrants permitting delegation by the optometrist, must satisfy themselves that, as required by the Standards for Optical Businesses, their staff are:

- able to exercise their professional judgement (standard 3.1);

- suitably trained, qualified and registered (standard 3.2); and

- adequately supervised and supported (standard 3.3).

Separation of the sight test by time, person and/or place

13. Business models are evolving alongside developments in technology and models have developed where some components of the sight test are carried out at different times, by different persons and/or in different places, whether that be remotely or in person.

14. Whatever model of sight testing is used, clinical responsibility for the patient and all patient care remains the responsibility of the optometrist conducting the sight test. Components of the sight test should only be delegated to others or carried out by a machine where these can be performed safely and accurately.

15. Where more than one optometrist conducts different components of the sight test, it will be the responsibility of the optometrist conducting the most recent components to assure themselves that previous components were conducted appropriately and, if not, to repeat those components.

16. If a business registrant or an optometrist chooses to separate components of the sight test by time, person and/or place, the burden is on them to demonstrate that it is safe to do so. A registrant should:

- have satisfied themselves the model is safe (including appropriate technology in place to support it) and is subject to ongoing audit/evaluation, and be able to provide us information to demonstrate this;

- be able to clinically justify the reasons for any separation of sight test components by a significant period of time (e.g. where it was not possible to complete the test in a single appointment);

- have documented protocols and service specifications for how the model should be operated, including:

      i. how to assess whether any patients would not be suitable for the model due to their clinical risk; and

     ii. how to manage situations when it becomes evident during the appointment that the model is unsuitable for the patient;

- ensure that all relevant legal and regulatory requirements are complied with including ensuring that a spectacles prescription is not issued until all statutory components of the sight test are complete;

- ensure that patients are aware of the model of sight test they are being offered prior to attending the sight test, so that they can exercise choice and appropriately give informed consent (or otherwise); and

- ensure that staff involved in any components of the sight test are appropriately trained and qualified.

17. A registrant must make the care of their patients their first and overriding concern. A registrant must exercise professional judgement as to what equipment, products and technology to use to help them to assess each patient's needs, and the most appropriate way in which to conduct a sight test, particularly when separating components by time, person and/or place. In exercising their professional judgement, registrants should take account of:

- the nature of any specific clinical risks (for example, the patient's age, family history, pre-existing medical conditions and any current symptoms);

- patient vulnerability[9];

- relevant clinical advice;

- advice from the optical professional bodies;

- advice from other relevant regulators, such as the Medicines and Healthcare products Regulatory Agency (MHRA);

- their own due diligence regarding a product's licensing, safety, efficacy and provenance;

- their ability to use the business model in line with our standards of practice;

- joint regulatory guidance on remote consultation and prescribing: https://standards.optical.org/supporting-guidance/remote-consultations-and-prescribing/; and

- public health advice at the time in question.

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[9] See page 3 and standard 7.1 of our Standards of Practice for Optometrists and Dispensing Opticians and supplementary guidance on caring for patients in vulnerable circumstances.

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18. Our standards set out the key principles that registrants must follow to keep themselves, those they lead or manage, and those they care for, safe. The standards are as follows:

- Standards of Practice for Optometrists and Dispensing Opticians – standards particularly relevant are:

  o standard 2 (communicate effectively with your patients);

  o standard 3 (obtain valid consent);

  o standard 5 (keep your knowledge and skills up to date – see 5.1 and 5.3);

  o standard 7 (conduct appropriate assessments, examinations, treatments and referrals);

  o standard 12 (ensure a safe environment for your patients); and

- Standards for Optical Students – standards particularly relevant are:

  o standard 2 (communicate effectively with your patients);

  o standard 3 (obtain valid consent);

  o standard 6 (conduct appropriate assessments, examinations, treatments and referrals under supervision);

  o standard 11 (ensure a safe environment for your patients); and

- Standards for Optical Businesses – standards particularly relevant are:

  o standard 1.1.6: ensure that when introducing technological interventions, including artificial intelligence (AI) and machine learning, they do not compromise patient care, and that professional standards continue to be met;

  o standard 1.2.4: only provides, promotes and utilises equipment, medications and medical devices (including software and other technologies) that are fit for their intended use, hygienic and in a good state of repair;

  o standard 1.2.5: ensures that staff utilising equipment, medications and medical devices (including software and other technologies) have undergone appropriate training in their use;

  o standard 1.2.11: ensures that unauthorised access to equipment, medications and medical devices (including software and other technologies) and restricted areas of the premises is prevented;

  o standard 1.3.5: provides patients or carers with the information they need to be able to safely use, administer or look after medications or

       medical devices (including software and other technologies) that they have been prescribed or directed to use in order to manage their eye conditions;

- standard 1.4: patients can give valid consent to treatment;

- standard 3.1: your staff are able to exercise their professional judgement; and

- standard 3.2: staff are suitably trained, qualified and registered.

19.   We recognise that not all optical businesses are registered with us and therefore cannot be held to account through our processes. However, the introduction to our Standards of Practice for Optometrists and Dispensing Opticians sets out: "You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions."

[NB This statement replaces our 2013 statement on testing of sight, which has now been withdrawn.]

Annex 2: Notes from stakeholder roundtable

Stakeholder roundtable, 14 October 2025

- Concern about the limitations of the research in relation to the scoping review where studies were mainly in ophthalmology in other countries, rather than in primary care settings and/or in the UK.

- General support for our draft principles for the statement.

- The GOC's statement should reflect that separation of sight test components by time carried a higher risk than separation by person or place (with person carrying the second highest risk).

- Caution around remote sight testing and whether its emergence is driven by shortages of optometrists in some geographic areas or business expansion.

- Concern that remote sight testing could lead to further inequalities for particular groups of patients e.g. those with vulnerabilities who might already struggle with the current sight testing model. Further, practices not offering remote sight tests could see a higher proportion of patients with more complex needs who are more expensive to serve from a commercial perspective.

- A lack of appetite for change in supervision requirements, in particular that an optometrist should be on the premises while remote sight tests take place and that remote supervision is not suitable for optical students.

- A query as to whether any revised statement should go beyond routine sight testing to cover other areas of work within optometry and dispensing optics that can be carried out remotely (e.g. monitoring of long-term conditions work now increasingly being carried out in primary care).

- A question around what the problem is we are trying to solve and strong support for the current UK sight testing model.

- Caution about not rushing this work and ensuring we get it right.

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Council

General Optical Council

Charity governance code self-assessment

Meeting: 17 December 2025   **Status:** For decision.

Lead responsibility: Leonie Milliner, Chief Executive and Registrar
Paper Author(s): Andy Mackay-Sim, Chief of Staff

Purpose

1.   To confirm the annual self-assessment for the GOC's application of the charity governance code.

Recommendations

Council is asked to:

*   **approve** the self-assessment against the charity governance code, as set out in annex one.

Strategic objective

2.   This work contributes towards all three strategic objectives. It is a key tool for Council to assess its compliance with the charity governance code. It is included in the internal business plan for Governance and will inform its business plan priorities for 2026/27.

Background

3.   The charity governance code is a sector-produced code for charities registered in England and Wales. It describes the standards, behaviours and processes that are helpful in cultivating good governance. Further information on the code can be found here: https://www.charitygovernancecode.org/

4.   The GOC has used the self-assessment tool since 2021 to assess its effectiveness in governance as a regulator and charity. It was last reviewed by Council in December 2024, as part of the governance review work commissioned by the Chair of Council. The code was substantially revised in 2025 with input across the sector, and the self-assessment tools provided by the steering group are in the process of being updated. As an interim measure, the Governance team has produced its own self-assessment tool using the new code.

5.   The Nominations Committee has delegated responsibility "to approve the annual process for Council evaluation". It approved the use of the Chairty Governance Code self-assessment as the proposed process for annual evaluation for Council for the life of the Fit for the Future Strategy (to 31 March 2025). As the self-assessment is retrospective and this is a transitional year for the strategy and Council, the Chief of Staff has opted to use the code for this activity. The Chief of Staff will present proposals for the annual process for Council evaluation to Nominations Committee in the new year. The likelihood is this will be a continued self-assessment against

the Charity Governance Code, though Council is welcome to suggest alternative proposals for the Chief of Staff to review with Nominations Committee. An external board effectiveness review is also in the process of being planned for 2026, and the Chair of Council, Chair of Audit, Finance and Risk Committee and Senior Council Member are in the process of scoping the review.

6.   The latest self-assessment, which has been completed with input across the executive, is attached as **annex one.** The code is adopted on a "apply or explain" basis. The code is voluntary and avoids using the term "comply or explain" which is commonly applied when a governance code is a regulatory requirement.

Analysis

7.   Council is invited to review the assessment and provide any comment or proposed amendments as required. The self-assessment in previous years has led to:
   •   the development of the safeguarding policy;
   •   improved governance around Equality, Diversity and Inclusion (EDI), and
   •   several revisions to terms of reference, schemes of delegation and other key governance documents.

8.   The internal auditors, TIAA, conducted an audit into the GOC's compliance with the governance code in summer 2023. The audit opinion was substantial assurance.

9.   The Professional Standards Authority (PSA) is in the process of revising its standards of good regulation. It has been consulting on proposals to include an additional standard to consider regulators' internal culture, governance and leadership. The GOC is in the process of engaging with these proposals and has contributed several consultation responses. One key message has been that the PSA should look to existing codes of practice and where regulators apply these as part of a regular self-assessment process. The GOC self-assessment against the charity governance code is considered one of the core activities for demonstrating our compliance with the proposed new standard.

10. The priority areas for review in 2025/26 have been Council standing orders and scheme of delegation. The member code of conduct is in the process of being reviewed and is planned for approval before the end of the year. Advisory Panel terms of reference will require an administrative update due to three-year review cycle. The three-year review cycle for Council policies is being phased out and extended to five years to ensure reviews of policies are timely and proportionate. Where new policies or responsibilities are introduced, the review cycle can be flexibly adjusted.

Finance

11. There is no financial impact attached to the self-assessment. All activities are delivered within the current budgets set by Council. Any new activities would be assessed for financial implications as they were developed.

Risks

12. The self-assessment is a risk management tool, as it ensures that Council assesses itself against a key set of principles and best practices.

Equality Impacts

13. Section seven of the self-assessment tool sets out how the Council aims to deliver the outcomes associated with equality, diversity and inclusion.

Devolved nations

14. There are no explicit impacts for devolved nations.

Other Impacts

19. There are no significant impacts identified.

Communications

External communications

20. No external communications are planned. A copy will be shared with the PSA for information.

Internal communications

21. Once confirmed by Council, the self-assessment will be circulated to Leadership Team for information.

Next steps

22. None.

Attachments

Annex one – GOC Charity Governance Code self-assessment: December 2025

Principle 1 – Foundational principle: Trustees take responsibility for, and invest the necessary time and care, in understanding the charity, their responsibilities and legal duties.
You know it's working when: - Trustees understand their role and are committed to doing a good job, ensuring continuous learning and sufficient time for their responsibilities. - Trustees have a good understanding of the charity's governing document, purposes and how the charity delivers public benefit. - Trustees have an up-to-date understanding of how charity law and wider regulation relate to their charity's work. - Trustees uphold and promote standards of good governance, and work to ensure that the role of the board is understood and valued throughout the charity. - Trustees identify and manage conflicts of interest, making sure the charity and its aims are put first in decision making
Behaviours: - Trustees dedicate time to their own induction and to supporting new trustees - Trustees are curious and keen to learn - Trustees invest time in staying up to date with regulatory changes and advice - Trustees share their experience and expertise - Trustees maintain confidentiality as appropriate - Trustees recognise and are open about any conflicts between their personal interests and those of the charity • Trustees recognise that they have both individual and shared responsibilities
Policy, processes, and practice - The charity has an agreed process for inducting new trustees which includes: • a focus on charitable objects • legal duties of charities and trustees • potential liabilities associated with their role • specific information relevant to the charity and its particular circumstances - All trustees have access to Charity Commission Guidance, in particular The Essential Trustee (CC3) - Expectations of trustees (including time commitment, conduct and areas for which they should take personal responsibility) are made clear by the charity - The board regularly finds opportunities to refresh and update its understanding of the wider context within which charities operate - The board communicates about its work to internal and external stakeholders - The charity has a policy and process for managing conflicts of interest, and for the acceptance of gifts and hospitality

Suggested evidence and assurance	Evidence of application or explanation	Areas for improvement
1.1 A trustee role description	**Apply -** Council member role profiles were reviewed by Nominations Committee and approved in March 2023. The Senior Council Member role profile was reviewed by Council and approved in December 2024. Both role profiles appear on the website.	
1.2 An induction checklist	**Apply –** Council members are provided with a standard induction reading list with key materials. Each Council member is provided mandatory training on the following topics: equality, diversity and inclusion (EDI); information governance; GOC governance (including management of interests and gifts and hospitality). New Council members are given a Director 'buddy' to support their induction. In addition, the Chief of Staff, Chief Executive and Registrar, and Chair of Council assess what additional activity could support each new Council member in their induction.	
1.3 Induction training	**Apply:** See above	
1.4 All trustees have a copy of the charity's governing document	**Apply:** See above, this is covered as part of the induction reading list and training.	
1.5 Trustees are signposted to additional regulatory guidance from the Charity Commission and other relevant regulators	**Apply:** See above, this is covered as part of the induction reading list and training.	
1.6 A conflicts of interest policy, declarations of interests recorded in minutes, an up-to-date register of interests.	**Apply:** the management of interest policy is regularly reviewed and published on the GOC website: https://optical.org/resource/management-of-interest-policy.html	

Suggested evidence and assurance	Evidence of application or explanation	Areas for improvement
	The register of interest is published online and regularly reviewed at every Council meeting, with any additions included in the minutes. The Council standing orders set out specific requirements regarding the way conflicts of interests are managed and any action recorded in the minutes.	
1.7 A trustee code of conduct	**Apply:** The member code of conduct is published on the website.	The member code of conduct is in the process of being reviewed and updated. It is expected that the revisions will be finalised by Council in March 2026.
1.8 Evidence of meeting attendance and preparation	**Apply:** Council meeting minutes record attendance and this is also included as part of the annual report and accounts. Feedback from attendees and participants in Council meetings suggest a good level of preparation by all in attendance.	
Applies to large charities only		
1.9 A governance handbook	**Explain:** All relevant governance polices are collected and published on the GOC website (see 'who we are' and 'how we work' sections of the website). There was a substantial revision of these sections in 2025/26 to ensure it was more accessible and easier to navigate for the public and other key stakeholders.	Governance team has been reviewing these documents over the past four years. Updates have now meant it is viable to explore producing a governance handbook that consolidates these documents. This will be included in the 2026/27 business plan.

Principle 2 – Organisational purpose: The board is clear about the charity's aims and how these benefit all or part of the public. It ensures that activity is targeted at achieving those aims both in the short and long term.
You know it's working when: - The board prioritises the people and causes served by the charity.

- The board works collaboratively to develop a long-term vision for the organisation.
- The board has set shorter-term aims for the organisation and agreed how they will be achieved.
- There is a measurable impact over time of the difference the organisation makes and how it provides public benefit.
- The board adapts the approach of the charity to reflect changes in the operating environment.

Behaviours:
- The board is focused on issues that are of most importance to the success of the charity's mission
- The board balances evidence from a range of stakeholder perspectives, not just the loudest or the most persistent
-The board considers both current and future stakeholders in its decision making
- The board is forward-thinking and outward-looking, and uses insights from diverse sources
- The board assesses the charity's performance considering both the charity's long-term aims and the current context
- The board is open to new ideas, approaches or partnerships where these support the charity's purpose
- In considering new activities, the board reviews their compatibility with the charitable purposes
- From time to time the board reflects on the charitable purposes to see if they need updating and to check that activities are in line with them

Policy, processes, and practice
- The board regularly reviews how changes in the operating environment affect delivery of the charity's purpose
- With the involvement of stakeholders, the board has established a long-term vision and a theory of how the charity's activities lead to change
- The board has agreed a strategy or business plan that sets out clear aims to be achieved over a specific timeframe
- There is an agreed method for monitoring progress against the strategy or business plan
- The board regularly considers the views of service users and other key stakeholders
- The board uses both internal and external evidence to improve its work and understand the charity's wider impact
- The board is able to demonstrate how the charity provides public benefit
- The board fosters collaboration with other organisations through partnerships or mergers where these enhance the charity's impact
- Where relevant, the board sets clear objectives for campaigning and lobbying, ensuring all activity furthers the charity's purposes and is in the charity's best interests

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
2.1 Documents that outline the charity's vision, aims, strategy and business plan	**Apply:** Council approved a new five-year strategy on 11 December 2024. This is	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	published on the website here: https://optical.org/about-us/how-we-work/our-strategic-plan.html	
2. 2 Evidence of the link between the charity's activities and its long-term impact (e.g. a theory of change)	**Apply:** The strategy documents detail a number of these links, including the organisation's key strategic objectives and the change it is bringing about through its activities between 2025-30.	
2.3 Board meeting agendas broadly reflect the focus on the charity's mission	**Apply:** The board meeting paper template includes a section that specifies how each paper addresses one or more of the GOC's strategic objectives. The agenda is set with input from Senior Management Team (SMT) to ensure business is focussed on items of clear strategic value and priority.	
2.4 Key performance indicators	**Apply:** Council and Audit, Finance and Risk Committee (ARC) receive regular performance information that describes several operational and strategic indicators. These are reported on a quarterly basis. As part of determining its strategic objectives for 2025-30, Council also approved a set of outcomes focussed performance indicators that will be subject to regular reporting.	
2.5 Impact measures, which could include feedback and evaluation reports	**Appy:** The GOC measures its impact via a number of tools, including regular	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	feedback as part of its registrant surveys and the public perception survey it undertakes annually.	
2.6 A trustee annual report detailing the charity's work, funding and spending over the past year	**Apply:** The GOC produces an annual report and accounts: https://optical.org/about-us/how-we-work/governance/annual-reports.html	
2.7 Stakeholder satisfaction measures (e.g. giving feedback on services, or a perceptions survey)	**Apply:** As noted above, the Council regularly surveys both registrants and the public. The results of the most recent surveys can be found here: https://optical.org/policy-and-research.html	
2.8 Analyses of how changes in the operating environment affect – or could affect – the charity (e.g. SWOT or PESTLE analyses)	**Apply:** Council undertook elements of this activity through the development of its new 2025-30 strategy. It has also reviewed its risk register following the approval of the new strategy and this captures several strategic areas that could affect the GOC.	
2.9 A diagram of the wider organisational structure (including partners or subsidiaries)	**Apply:** The organisation chart is provided to all new Council member appointments.	

Principle 3 – Leadership: The charity is headed by an effective board that provides strategic leadership in line with the charity's purpose and values.

You know it's working when:

- Trustee behaviours align with the charity's purpose and values.

- There is clarity and respect for the different leadership roles of chair, board and (where they exist) CEO and senior staff.

- Trustees have clarity about the difference in accountabilities between their role as trustees and any other voluntary roles they undertake for the charity

- The board, led by the chair, creates an environment in which people can contribute effectively.

- Where there are staff, the board provides effective support and challenge to senior staff.

Behaviours

- Trustees actively champion the charity's values, modelling expected behaviours and leading by example
- Trustees respect defined roles and delegations
- Trustees are respectful and courteous, and are aware of how their behaviours are perceived by others, especially if they have very different backgrounds and experiences
- Trustees contribute by questioning and challenging ideas openly and constructively
- Trustees are willing to take on an ambassadorial role as required
- The chair identifies where individual trustees might be best placed to take more of a leadership role and helps the board work together as a team

Policy, processes, and practice

- The board defines and agrees values that align with the charity's purpose
- Trustees ensure the charity's values help provide guidance for major decisions
- The chair leads on ensuring the board operates cohesively, with sound decision making and good relationships
- Where trustees take on any additional leadership role (e.g. treasurer or committee chair), there is clear reporting and communication from them to the board
- Trustees involved in operational activities clearly distinguish this from their trustee role
- The board follows a fair, open process for appointing the chair, identifying the leadership qualities needed
- Trustees reflect on dynamics within the board and with senior staff, and develop inclusive ways of working
For charities with staff:
- There are clear processes for the appointment, appraisal, support, and remuneration of senior staff
- The board is clear about the role, responsibilities and expectations of the executive leadership team
- The board provides a mechanism for staff and volunteers to give honest, direct feedback and advice

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
3.1 A set of clearly defined values	**Apply:** Council has approved a set of values for the organisation for the lifetime of the 2025-30 strategy: https://optical.org/about-us/how-we-work/mission-vision-and-values.html	
3.2 A trustee code of conduct	**Apply:** The member code of conduct is published on the website.	The member code of conduct is in the process of being reviewed and updated. Council will be engaged in the development of this in early 2026.
3.3 Role descriptions for officer roles, including the chair	**Apply:** The role descriptions for the Chair of Council, Senior Council Member and Council Members are published on the website. These have all been subject to review in the last five years, as referenced above in 1.1.	
3.4 Regular appraisal of the chair and trustees	**Apply:** Council has delegated approval of the member review policy to Nominations Committee. The policy was last reviewed in 2023 and is published on the GOC website: https://optical.org/resource/member-review-policy-pdf.html	Nominations Committee will review the policy in January 2026. The policy is working well and it is unlikely to require significant amendments.
For charities with staff:		
3.5 A scheme of delegation with defined responsibilities across the board and any executive and/or senior staff	**Apply:** Council reviewed and approved its scheme of delegation in September 2025. This is published on the GOC website: https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html	The scheme of delegation for the Chief Executive and Registrar is in the process of being revised. This will be published on the website once approved to improve transparency.

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
3.6 Documented controls on financial transactions (which may be included in the scheme of delegation)	**Apply:** The Council has approved a scheme of delegation for financial management and a set of financial regulations. These are published on the website here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	The scheme of delegation for financial management and the financial regulations will be reviewed and updated in 2026-27.
3.7 Records of regular management meetings, objective setting and appraisals between the chair and CEO	**Apply:** Remuneration Committee has been delegated responsibility by Council "to approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT". The Chair of Council sets objectives for the Chief Executive and Registrar and undertakes an annual appraisal, in line with the organisation's performance and behaviours framework.	
3.8 A process for handling disputes between trustees, board−staff disputes and complaints about trustees	**Apply:** The corporate complaints policy includes a section on how the GOC will consider complaints regarding members (including Council members). The Freedom to Speak Up policy for members, workers and employees would be engaged where disputes between staff and Council members arose.	The member code of conduct is in the process of being reviewed and updated. The new code will include additional provisions about member and executive working relationships. Nominations Committee will be engaged in developing a procedure for how concerns about member conduct will be considered.
3.9 Appropriate HR policies and procedures (e.g. staff pay, senior staff appraisal)	**Apply:** These policies and procedures are determined by the Senior Management Team (SMT), except for the remuneration and appraisal of SMT,	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	which is delegated to Remuneration Committee as described in 3.7.	

Principle 4 – Ethics and culture: The board has agreed the standards and values which shape the charity's behaviours and culture. This includes being open about how the charity operates and responding thoughtfully to feedback.
You know it's working when: - The board has agreed on a set of values and expected behaviours for the charity, which board members consistently demonstrate in how they work. - The board has adopted clear standards for the charity to follow. - Trustees are sensitive to the ethical, social and environmental consequences of their decisions. - Complaints and concerns are taken seriously, handled fairly, and used as opportunities for learning and improvement.. - The board is open about how the organisation and its governance works
Behaviours - Trustees lead by example, upholding high ethical standards in their conduct and decision making - The chair addresses trustee behaviours, in and outside meetings, when these fall short of the agreed expectations - Trustees actively bring considerations of the charity's values and ethics into their decision making, and recognise that these may be different from their personal values - Trustees consider how the charity's purpose and values link directly with any other moral, social or environmental responsibilities - Trustees foster a culture where everyone feels safe and respected - Trustees actively listen and show respect in meetings - Trustees speak up when they have concerns about the charity's governance or operations - Trustees take time to reflect and learn from mistakes and unintended consequences
Policy, processes, and practice - The board ensures that organisational culture and practice aligns with stated values - The board ensures that a comprehensive set of policies is in place that cover how the organisation works - Appropriate policies and training related to ethics are in place, including policies on safeguarding, complaints, fraud and whistleblowing - There is published guidance on how stakeholders can raise concerns - The board has a due diligence and review process for partnerships, funders and supplier relationships

- The board considers whether there are other voluntary codes or standards it wishes the charity to follow
- Trustees are alert to inappropriate power imbalances within the board and charity, taking action to address and prevent them
- The charity is appropriately transparent when there are failures, sharing what it has learnt and how it has implemented change
- The board considers how the charity is perceived by the people and organisations involved in its work, as well as the wider public
- The board has discussed how its work is shared more widely within the organisation and externally

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
4.1 A set of agreed values	**Apply:** see 3.1 above.	
4.2 Code(s) of conduct for the board, members, staff and volunteers	**Apply:** see 3.2 above. **Explain:** There is no current code of conduct for staff, although many of the behaviours and expectations required are articulated through a suite of existing policies, including the Performance and Behaviours Framework that was introduced in 2025-26. The need for an employee code is under review with the Head of People and Culture following an internal audit recommendation. The GOC does not engage volunteers so no code for volunteers is required.	Audit, Finance and Risk Committee will be kept updated on the progress of the internal audit recommendation as part of its assurance and monitoring.
4.3 An up-to-date document summarising policies for board review, with review dates	**Explain:** The Council scheme of delegation sets out all the key policies requiring Council approval. The review dates are managed and monitored by the named policy author (either a Director, Chief of Staff, Chief Legal Officer or Chief Financial Officer).	
4.4 Public, user, staff and volunteer feedback	**Apply:** Staff are surveyed on a regular basis through a pulse survey, and a more	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	detailed annual survey. The headlines from the annual survey results are shared with Council, along with the SMT response to feedback. Public and registrant feedback is gathered as described in 2.7.	
4.5 Reporting about complaints, fraud, whistleblowing and safeguarding	**Apply:** ARC reviews quarterly reports that capture information about complaints, fraud, whistleblowing and safeguarding.	
4.6 Trustee training on topics such as safeguarding and ethics	**Apply:** Council has had several sessions on the standards in public life in 2025-26, and wider induction and training on effective board behaviours.	Council to receive safeguarding training in 2026-27.
4.7 Evidence of adopting established standards (where these are relevant), such as the Code of Fundraising Practice and the Charity Digital Code of Practice	**Explain:** Council has not adopted either code of practice referenced. The GOC is not a fundraising body. It has adopted the standards in public life as a relevant example of established standards.	Director of Corporate Services to assess the suitability of the Charity Digital Code of Practice for the GOC with the Head of IT.
4.8 A policy for trustee expenses	**Apply:** This policy is delegated to Remuneration Committee for review and approval. It is published on the GOC website here: https://optical.org/resource/expenses-policy.html	The expenses policy is overdue for review, and the Chief Financial Officer will produce a revised version for consideration before the close of 2025-26.
4.9 Profiles of trustees and senior staff or trustees are available on the charity website	**Apply:** These are published on the GOC website: https://optical.org/about-us/who-we-are.html	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
4.10 The charity's approach to tenders, written agreements and contracts with third-party suppliers reflects its values and ethics	**Apply:** This information is provided as part of the Contracts and Procurement Policy and in contract documents.	
4.11 A procurement policy	**Apply:** Council has delegated approval of the Contracts and Procurement Policy to ARC. This was most recently revised and approved in September 2025 and is published online here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	
4.12 A gift acceptance (or gifts and hospitality) policy	**Apply:** Council is responsible for approving its gifts and hospitality policy. This was most recently reviewed in December 2022 and is published online here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	The gifts and hospitality policy is due for review and will be scheduled for an update in 2026-27, following the update of the organisation's anti-fraud policy and response plan.
4.13 An ethical investment policy (where relevant)	**Apply:** The GOC's approach to ethical investments is described in its investment policy. This is published online here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	

Principle 5 – Decision making: The board makes effective decisions that best serve the charity's purposes. Trustees take personal responsibility for carefully considering each decision and working to reach agreement.
You know it's working when:

- There is clarity about which decisions are made at which level of the organisation, including strategic ones that can only be made by the board.
- The board makes orderly and effective use of its time to focus on the right things at the right time.
- The board has the information and analysis it needs to make timely and well-informed decisions.
- The board considers past and current performance to learn lessons for future organisational performance.
- The board can track, review and learn from its decisions.
- Trustees explore different viewpoints before uniting behind board decisions.

Behaviours
- Trustees respect delegated roles and responsibilities
- Trustees are open to ideas, question information and check accuracy when needed
- Trustees recognise the limits of their knowledge/experience and take appropriate advice, without relinquishing responsibility for understanding the issues and making decisions
- Trustees engage in constructive challenge and debate
- Trustees are helpful in progressing debates to reach solutions
- Trustees share collective responsibility and accountability, even when they disagree with a decision
- All committee chairs work with the board chair to ensure an integrated approach to the work of the board
- Committee chairs ensure effective communications from committees to support board decision making

Policy, processes, and practice
- The board makes clear which matters are reserved for it to decide – and keeps this updated
- Meeting agendas and papers are designed to give trustees the right information and time to discuss key issues
- The chair is active in the design of meeting agendas to ensure effective use of board time
- The board can access agendas, board papers and other important information easily and securely
- The board considers whether any sub-committees are needed for its work, and the need for additional expertise from co-opted committee members
- There is a planned and rolling schedule of board (and, where they exist, committee) meetings, with the board meeting frequently enough to fulfil its responsibilities
- Decisions are made with regard to the charity's existing policies, financial resources and the board's appetite for risk
- The board decides what decisions to delegate and to whom
- The board can monitor and oversee the implementation of its decisions
- The board sets clear written rules on delegation, controls and reporting, and reviews them regularly
- There are clear expectations on when and how matters should be escalated if a threshold for board involvement is met

- The board ensures that committees have a clear scope, purpose, powers, and mix of skills and experience	
- There is an effective process for how committee work feeds in to the board	
- The board can access independent professional advice if needed to discharge its duties	
- The board understands when to take advice; examples might include decisions with a significant financial impact, or new activities (such as working overseas, campaigning or trading)	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
5.1 Scheme of delegations, including matters reserved for the board, subject to annual review	**Explain:** Given the scope of the GOC's statutory powers and the need to have operational continuity for several consecutive years, it is not considered proportionate to review the scheme of delegation on an annual basis. The GOC will review this on a five-year cycle as a minimum requirement. This will be timed to account for the five-year cycle for strategic plans, with any changes in the schemes being proposed in conjunction with the strategy being approved, or soon after, dependent on circumstance and the scope for change. Time-critical changes can be included on a more regular basis as and when they are required.	
5.2 Documented authorisation limits (which may be included in the scheme of delegation)	**Apply:** These are defined within the scheme of delegation for financial management: https://optical.org/about-us/how-we-work/governance/financial-governance.html	
5.3 Terms of reference for committees	**Apply:** Council reviews the terms of reference for its committees on a regular	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	basis. These are in the process of moving to a five-year cycle to complement the cycle described in 5.1. The terms of reference are published online here: https://optical.org/about-us/who-we-are/committees.html	
5.4 Board minutes that capture the rationale for decisions and actions	**Apply:** Minutes are taken at every Council meeting, and arrangements for this are described within the Council standing orders (online here: https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html). This is supported by a set of minute standards that have been produced to assist the Governance team in drafting minutes.	
5.5 Induction for senior staff covering governance and working with boards	**Apply:** The Chief of Staff works closely with new senior staff appointments to ensure an effective induction. The Chair of Council has led several sessions with SMT and Council on effective board-executive relationships.	
5.6 Board meeting agendas that reflect the charity's strategy and are clear about when the board is making decisions	**Apply:** This is covered in 2.2 above. In addition, the templates for papers and the agenda include explicit wording about the item under consideration and any recommendations from the executive.	
5.7 Board papers that identify key data and factors for informed decision making, including associated risks	**Apply:** The report template supports paper authors to do this. Papers are reviewed routinely by the Chief of Staff,	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	Chief Financial Officer, Chief Legal Officer, and Chief Executive and Registrar to ensure that they meet the required standard for good governance practice and reflect all available advice and information.	
5.8 Board papers that provide analysis, including metrics or indicators showing performance over time	**Apply:** This is included in the performance dashboard and finance reports produced for Council.	
5.9 Procedures for decisions that need to be taken outside the board meeting cycle	**Apply:** This is described within the Council standing orders (online here: https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html).	
5.10 Benchmarking data (e.g. for pay awards)	**Apply:** Benchmarking data is used to inform the Council decision on the member fee policy. Other benchmarking data is utilised where appropriate. One example of this the annual decision regarding registration fees. The revised performance and behaviours policy includes plans to benchmark staff salaries every three years.	
5.11 Digital access to governance documents, including historical board minutes	**Apply:** Public governance documents and past public Council papers are available via the GOC website here: https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html	
Applies to large charities only:		

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
5.12 Evidence of the board receiving specialist in-house or external governance advice when necessary	**Apply:** The Chief of Staff is an experienced governance professional and attends every Council meeting. He provides advice as required. External expertise is also available for circumstances where the Chief of Staff is unable to advise.	

Principle 6 – Managing resources and risks: The board takes responsibility for stewarding, developing and allocating resources. The board identifies the risks to achieving the charity's aims and agrees how to navigate them. The board seeks assurance that risks are properly managed.

You know it's working when:
- The board has a good understanding of the charity's capabilities, capacity and resources, and optimises the use of them to fulfil the charity's current and long-term aims.
- The board assesses whether the charity's approach and use of resources is sustainable and whether fundamental change is needed.
- The board identifies key risks to achieving its aims and the actions needed to manage them.
where differences are aired and resolved.
- The board balances taking risks with safeguarding the charity's service users, staff and resources.
- The board ensures control and risk management frameworks are effective, and reviews them regularly.

Behaviours
- All trustees embrace their responsibility to understand the charity's finances and resources
- Trustees are open and willing to speak up and ask questions about data or analyses they do not understand
- Trustees use information and data to help them make decisions
- Trustees look to make best use of the charity's assets in a responsible way
- Trustees are proactive in identifying and addressing risks and opportunities
- When appropriate, the board supports the charity's right to speak out about its mission, even if unpopular

Policies, process and practice
- The board agrees an annual budget for the financial year consistent with the charity's strategy, aims and values
- The board receives regular, accurate and accessible financial information about the charity's current and projected performance

- The board keeps under review the sustainability of its sources of income
- The board is alert to and discusses people risks (e.g. burn out, or over-reliance on one person)
- The board ensures the charity follows the appropriate financial reporting requirements relevant to its size and type
- The board receives reporting about the scope, performance and investment needs of the charity's properties and estates
- Trustees carefully review and jointly approve the annual report and accounts
- Major and emerging risks are reviewed regularly, and there is a robust control framework
- Trustees have agreed tolerances of risk, including the use of reserves (where these exist) in line with the board's reserves policy
- There are procedures for escalating to the board reputationally sensitive communications (including via social media)
- The board ensures that the charity complies with data protection laws and regulations
- If applicable, the board sets an investment approach that focuses not only on the financial return but also on the charity's purpose and values
Applies to large charities only:
- The board receives reports about the performance and risks of any subsidiaries
- The board oversees external auditor or independent examiner appointment and review, taking audit committee advice where applicable

Suggested evidence and assurance	**Evidence of application / explanation**	**Areas for improvement / implementation**
6.1 Regular (at least quarterly) and annual financial reporting and forecasting	**Apply:** Financial reporting and forecasting is reported to Council on a quarterly basis. Evidence of this can be seen in the public Council papers: https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html	
6.2 External scrutiny of annual financial statements via independent examination or audit for charities	**Apply:** The annual financial statements are reviewed by an external auditor, and an audit opinion is included in the annual report and accounts: https://optical.org/about-us/how-we-work/governance/annual-reports.html	The Director of Corporate Services and Chief of Staff will explore whether the detailed auditor report is referred to Council for information. This is reviewed by ARC annually, though current practice does not require it to be referred to Council unless ARC specifically request

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
		this. The benefit to sharing it with all Council members is to support them with their collective and individual responsibilities in respect to financial stewardship.
6.3 Financial policies and procedures	**Apply:** These are in place, as described in the Council scheme of delegation. The policies are published on the website here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	
6.4 Review of internal controls	**Apply:** ARC has delegated responsibility for providing assurances to Council about the internal control environment (see terms of reference here: https://optical.org/about-us/who-we-are/committees.html). Its principal activities are described in the terms of reference, and cover a substantial programme of reporting and review in respect to internal controls. This includes receiving internal audit reports and the accompanying management response.	
6.5 A reserves policy	**Apply:** This is in place, as described in the Council scheme of delegation. The policies are published on the website here:	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	https://optical.org/about-us/how-we-work/governance/financial-governance.html	
6.6 The annual report and accounts	**Apply:** The GOC produces annual reports and accounts, which are reviewed by Council with support from the relevant committees (ARC and Remuneration). It is a statutory requirement that these reports are laid before Parliament. The reports are published online here: https://optical.org/about-us/how-we-work/governance/annual-reports.html	
6.7 An appropriate range of policies for staff and/or volunteers	**Apply:** The responsibility for this is delegated to the executive via the Chief Executive and Registrar. SMT is responsible for approving all policies for staff, except where specified otherwise in the Council scheme of delegation (examples would include policies that impact both Council and the executive, for instance the expenses policy).	
6.8 A policy for the use of technology and AI tools	**Apply:** The responsibility for this is delegated to the executive via the Chief Executive and Registrar. SMT is responsible for approving all policies for staff, except where specified otherwise in the Council scheme of delegation. An IT policy is in place.	IT policy to be shared with Council for information, and discussions regarding the provision of IT resources for Council members is ongoing.

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
6.9 A fundraising policy (if applicable)	**Explain:** This is not applicable as the GOC is not a fundraising body.	
6.10 Anti-bribery and anti-fraud policies	**Apply:** This is in place, as described in the Council scheme of delegation. The policies are published on the website here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	Anti-fraud policies are in the process of being reviewed and updated to reflect a broader scope of anti-fraud responsibilities and activities. It is expected that this will be presented to ARC for approval in Q4 25/26.
6.11 A whistleblowing policy	**Apply:** Council approved a revised freedom to speak up policy for members, workers and employees in December 2024. This follows best practice as set out by the National Guardian's Office and includes a section on whistleblowing. The Chief of Staff is the designated whistleblowing contact and can be contacted in confidence by any concerned individual. Alternative routes to raising concerns are covered extensively in the policy.	Publish the new policy on the GOC website. This is currently only on the staff intranet (IRIS).
6.12 A risk management framework	**Apply:** This is in place, as described in the Council scheme of delegation. The policies are published on the website here: https://optical.org/about-us/how-we-work/governance/financial-governance.html	
6.13 A board-approved risk register	**Apply:** This is in place, with delegated responsibility to ARC for its regular review	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	prior to it being considered by Council. The risk register has recently been revised to reflect the new strategy and objectives. It is considered at every strictly confidential meeting of Council.	
6.14 Audit management letters	**Apply:** This is reviewed by ARC as part of considering the annual report and accounts prior to Council approval.	
6.15 A social media policy	**Explain:** This has been considered by the Chief of Staff and Head of Communications and Engagement. The revised member code of conduct contains some clear provisions about Council members' responsibilities in regard to personal and professional views. This appears to be proportionate for the underlying risk of social media misuse.	Following the code of conduct update, the need for a social media policy will be reviewed again.
Applies to large charities only:		
6.16 An investment policy and framework that has also considered the Charity Investment Governance Principles	**Apply:** This is in place, as described in the Council scheme of delegation. The policies are published on the website here: https://optical.org/about-us/how-we-work/governance/financial-governance.html Council has established an Investment Committee to monitor GOC investment performance and provide advice on the investment policy. Its terms of reference	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	are published on the website: https://optical.org/about-us/who-we-are/committees.html	
6.17 An estate strategy	**Explain:** GOC has one office which is a rented space in London. An estate strategy is not required.	
6.18 A property maintenance plan	**Explain:** GOC has agreements in place with its landlord with respect to property maintenance, therefore a plan is not required.	

Principle 7 – Equality, diversity, and inclusion: The board has a clear, agreed and effective approach to supporting equity, diversity and inclusion (EDI) throughout the organisation, including in its own practice.
You know it's working when: - The board creates a welcoming environment in which people of all backgrounds and perspectives are equally heard and respected. - The board is committed to understanding how inequality of resources, opportunity and power affects the charity, its work, users and the board itself. - The board sets clear EDI aims and ensures progress through dedicated plans, resources and monitoring. - The board draws on a range of diverse backgrounds, experiences and expertise to enhance decision making.
Behaviours - Trustees seek to understand the discrimination and inequality that exists in society and how it manifests in their own charity - Trustees demonstrate that they seek out and value diverse opinion - In their discussions and debates, trustees consider the range of voices that may be absent from the boardroom and how these are best heard - Trustees consider how the charity's ways of working or language might unintentionally reinforce exclusion - Trustees understand that offering and receiving feedback on experience, feelings and behaviour around EDI can feel challenging and work respectfully in a spirit of learning

- Trustees help create and maintain inclusive cultures, practices and behaviours in the work of the board and the charity - The chair and individual trustees act swiftly to identify and stop inappropriate behaviour	

Policy, processes, and practice
- The board is clear why EDI is important for the charity, its context and the delivery of its aims
- The board works to understand a wide range of perspectives, especially the charity's users (where appropriate) and marginalised communities
- The board works with stakeholders to set a clear organisational approach to EDI in line with the charity's aims, strategy, culture and values
- The board ensures that there are appropriate arrangements and resources in place to monitor and achieve the organisation's EDI plans and targets, including those relating to the board
- The board periodically takes part in learning and/or reflection to better understand obstacles to progress and the changes needed
- The board shares information publicly about its success and challenges in progressing EDI aims

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
7.1 An agreed approach to EDI in the organisation, its work and in the board	**Apply:** Council approved a five-year EDI strategy to complement its corporate strategy. It approves an annual EDI action plan as part of its business planning. Council also publishes an annual EDI report on progress towards its strategic objectives and operational plans. The information is published on its website here: https://optical.org/about-us/how-we-work/equality-diversity-and-inclusion.html	Council will be considering a new EDI policy at its December meeting.
7.2 Feedback and/or metrics, such as user, staff and volunteer surveys	**Apply:** The GOC's staff, registrant and public surveys all include EDI feedback, and this is drawn out in the analysis presented to the relevant body.	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
7.3 Published information on the charity's progress against plans and targets	**Apply:** see 7.1 above.	
7.4 Records of EDI learning and development activity	**Apply:** Council, members, workers and employees all receive regular tailored training. This is provided using internal expertise (EDI manager) and external trainers where appropriate. This activity is described as part of the EDI annual reports.	
7.5 The adoption of practices that seek to ensure inclusive culture and practice	**Apply:** SMT and Council are supported in developing policy by dedicated resource, including an EDI manager who provides expert advice and insight on inclusive culture and practice. There are permanent commitments to regular EDI training and staff networks, including a dedicated budget to support the network activity.	
Applies to large charities only:		
7.6 A review of the board's approach to EDI in any external evaluation process every three years	**Apply:** The GOC is overseen by the Professional Standards Authority, which reviews the GOC's performance against a dedicated standard for EDI.	

Principle 8 – Board effectiveness: The board works well together, using an appropriate balance of skills, experience, backgrounds and knowledge. It reviews its performance on a regular cycle and takes steps to improve.

You know it's working when:
- The board has the right mix of skills, knowledge and experience to serve the charity's purposes.
- There are open processes for board recruitment and/or election.
- The board is committed to its development, including trustee induction, individual learning and whole board learning.
- There are constructive and regular processes for reviewing the performance of individual trustees, the chair, and the board as a whole.
- There are clearly defined processes for managing disputes and differences between trustees, and between trustees and staff members.

Behaviours
- Trustees engage with the organisation outside meetings in an effort to learn about its activities and to build relationships
- Trustees respect agreed board procedures, including term limits
- Trustees make a positive contribution to team dynamics
- Trustees are willing to give, receive and act on feedback
- The chair seeks to understand the motivations, strengths and areas for development of trustees and supports them to address their development needs
- The chair offers feedback and encouragement to trustees
- Trustees offer feedback and encouragement to the chair
- The board takes steps to reflect, learn and improve

Policy, processes, and practice
- The board has, and regularly considers, the mix of skills, knowledge and experience (including lived experience) needed to provide direction and oversight
- There is a formal and transparent approach to recruit new trustees, which includes advertising vacancies
- The search for new trustees is carried out, and appointments or nominations for election are made, on merit against objective criteria
- The board is of an appropriate size, typically between five and 12 trustees
- Trustees are offered learning and development opportunities
- The appointment and retirement cycle of trustees is mapped and enables timely management of succession
- The board considers appointing a trustee or vice chair who can:
• provide a sounding board for the chair
• help with concerns about the relationships within the board, or between the board and senior staff
• organise appropriate appraisal of the chair
- Trustees have ample opportunities to provide feedback on the way the board works and how it can be improved

- There are agreed processes for reviewing the performance of the board (ideally annually) and the chair and individual trustees
- Trustees are appointed for an agreed length of time, subject to any applicable constitutional or statutory provisions
- Where a trustee has served for more than nine years, their reappointment is subject to a rigorous review, and explained in the trustees' annual report

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
8.1 Periodic assessment of competencies needed by the board to understand any skills gaps	**Apply:** Council has delegated responsibility to Nominations Committee to assess and consider gaps in its skills. The Committee does this in consultation with the Chair of Council, Chief of Staff, and Chief Executive and Registrar when developing recruitment materials for Council member appointments. The Committee terms of reference are published on the website: https://optical.org/about-us/who-we-are/committees.html	
8.2 Evidence of efforts to fill skills gaps through board training, recruitment or specialist advice	**Apply:** The Chief Executive and Register, Chief of Staff and Chair of Council regularly review the requirements for board training and specialist advice for Council, in consultation with SMT. Nominations Committee has previously considered the member induction programmes and proposals for ongoing regular training. Recruitment is covered under 8.1 above.	Nominations Committee to review current member training needs and five-year plan in 2026/27.
8.3 Fixed terms for trustees to enable board renewal – no more than nine years unless evidence of exceptional reasons	**Apply:** This is restricted by legislation. Council members can serve a maximum of two four-year terms.	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
8.4 A succession plan for the board and committees	**Apply:** The Chief Executive and Registrar, Chief of Staff and Chair of Council regularly review succession planning. This is supported by the Chair of Council's regular 1-1 discussions with Council members and the annual review process. The plan is reflected in the proposals presented to Council with respect to committee appointments, identified Council leads and other working group activity.	
8.5 Policy and evidence of open recruitment	**Apply:** Council recruitment is overseen by the PSA as defined within statute. The PSA has produced guidance which the GOC complies with, and reports at both the point of commencing recruitment and at the point of recommending appointment to the Privy Council. The member recruitment policy is reviewed regularly by Nominations Committee to ensure it reflects the principles of open and fair recruitment. This is published online here: https://optical.org/resource/member-appointment-guide-pdf.html	
8.6 Evidence of trustee commitment to learning and development	**Apply:** Council members regularly attend learning and development opportunities, including induction, development days and training sessions. Council has an informal catch-up every other month, which covers several areas of	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
	development related to their roles and the work of the GOC.	
8.7 A budget for board development activities	**Apply:** Most development activities are delivered with internal resources, relying on the expertise of GOC staff. The GOC also has a dedicated budget for learning and development; this includes a small provision for member training as needed.	Nominations Committee to review current member training needs and five-year plan in 2026/27.
8.8 Awayday and team building activities, where team dynamics can be explored	**Apply:** Council has regular strategy and team building activities as described in 8.6. In 2025, this has included several additional induction activities to support team building and reflect the substantial turnover in Council membership. Council members also have regular coffee mornings with the Chair of Council.	Council will be engaged in additional discussions throughout 2026-27 to explore how cultural safety to be incorporated into its own practices at board-level.
8.9 A record of regular reviews of the board, chair and individual trustees, with staff input (where relevant)	**Apply:** This self-assessment against the Charity Governance Code is considered by Council annually. This is supported by the member review policy and processes, as described in 3.4, including an annual review of all Council members.	An external board effectiveness review is in the process of being scoped, and will be commissioned in 2026.
8.10 Evidence of feedback being welcome and acted upon	**Apply:** This is reflected in the consultation policy and activity undertaken by the GOC. Responses to the feedback from consultations is included in final proposals considered by Council. Additional detail can be found here: https://optical.org/consultations.html	

Suggested evidence and assurance	Evidence of application / explanation	Areas for improvement / implementation
8.11 An agreed dispute resolution process for trustees	**Apply:** See 3.8 for detail. The Senior Council Member and Chair of Council role descriptions include specific responsibilities with respect to dispute resolution.	The member code of conduct is in the process of being reviewed and updated. It is expected that the revisions will be finalised by Council in March 2026. The new code includes additional provisions about member working relationships. Nominations Committee will be engaged in developing a procedure for how concerns about member conduct or disputes will be considered.
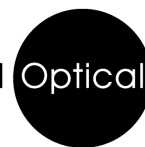
COUNCIL

Financial performance report for the period ending 30 September 2025 and Q2 forecast of 2025/26

Meeting: 17 December 2025	**Status:** for noting
Lead responsibility: Marc Stoner (Director of Corporate Services)	**Paper author:** Manori Wickremasinghe (Chief Financial Officer)

Purpose

1. To provide a summary of the financial reports for the period ending 30 September 2025 and the latest forecast for the 2025/26.

Recommendations

2. Council is asked to:
   - **note** the financial performance for the six months ending 30 September 2025 in annex one.
   - **note** the Q2 forecast for the current 2025-26 financial year in annex two.

Strategic objective

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

Background

4. The financial performance report of 30 September 2025 and the Q2 forecast of 2025/26 relate to year one of our 'Safe and effective eye care for all' strategic plan and is consistent with delivery of the current year's business plan.

5. ARC considered this paper on the 25 November 2025 and recommended it to the Council.

Analysis

6. There are two financial reports for review at this meeting as listed below:
   - Six-month actual performance to 30 September 2025. [Annex one]
   - Q2 forecast of the current year 2025/26. [Annex two].

September Financial Performance Report

7. The results of the 30 September 2025 financial performance report (FPR) (Annex one) show a surplus for both BAU (revenue) and reserve expenditure. BAU is a surplus of £788k, and the position before unrealised portfolio gains/losses shows

a surplus of £110k.   The final results showed positive variances of £939k and £864k against the budget and Q1 forecast, respectively.

8. The investment portfolio performed extremely positively during the latter part of the period, increasing the unrealised investment gains by £494k and £444k against the budget and the Q1 forecast, respectively. This increase enabled achievement of the results reported in the performance report.

9. The KPIs for the period at 13% varied by 13% against the budget but stayed within the acceptable range of the Q1 forecast. Both an increase in registration income and a decrease in business-as-usual (BAU) expenses contributed to the positive results.

10. Delays in concluding two large strategic projects, the move to our future office accommodation and the member/worker employment review, from Q4 of 2024-25 to Q2 of 2025-26 impacted the project expenses against the budget. Areas of the business driven by external pressures, changes in operational methodologies, contingent costs, and staff vacancies have also contributed to the high variance levels.

11. Highlights, key drivers, risks, and future impacts are analysed in report (annex one).

Q2 Forecast 2025-26

12. The Q2 forecast updated in October 2025 is the second re-forecast against the budget approved in March 2025. The forecast analyses highlights, key performance indicators, risks, and assumptions made for the current year. The current year is the first year of the five-year strategic period "Safe and effective eye care for all", where new key performance indicators (KPIs), measured through gross margin (surplus/Income) of business as usual (BAU) operations, are set to balance over five years, providing flexibility in balancing between years with deficits and surpluses.

13. The KPI for the year, measured through gross margin (surplus/Income) of business as usual (BAU) operations, improved from budgeted -1% to +2.3%. This is a part of the five-year forecast that met a balancing KPI position at +0.54%.

14. The forecast includes operations related to 2025-26 of the strategic plan and has captured the delays in two large strategic projects, the move to our future office accommodation and the member/worker employment review which span two financial years.

15. We have made the forecast based on our agreed financial risk appetite. The reforecast exercise in annex two is a one year snapshot of the broader five-year forecast reviewed by ARC at its last meeting, and that helps enable us to plan for

our long-term financial stability, manage optimal reserve levels, and achieve our strategic objectives.

Finance

16. There are no additional financial implications of this work

Risks

17. The following risks are associated with finance, as identified in the existing corporate and finance risk registers:

- We fail to deliver value for money;
- We are unable to deliver our strategic plans, programmes of change, and/or business as usual either sufficiently quickly or effectively;
- A failure to retain staff and/or labour supply shortages causes delays recruitment or high turnover, with the consequential impact on our ability to deliver core objectives and strategic improvements; and
- Unforeseen external events or environment cause financial volatility affecting our workforce and/or registrants. Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget.

18. Reporting and monitoring financial performance against budgets and forecasts is a fundamental part of managing and mitigating the first two risks. The final risk is external, but healthy levels of reserves provide stability and the ability to off-set any short to medium term impact on finances.

Equality Impacts

19. No equality impact has been undertaken

Devolved nations

20. There are no implications for the devolved nations

Communications

External communications

21. None planned

Internal communications

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

Next steps

23. None

Attachments

Annex one: Financial performance report for period ending 30 September 2025.
Annex two: Q2 forecast for 2025/26.

Financial Performance Report for the Period ending 30 September 2025

General Optical Council

Financial Performance Report for the 06 months ending 30 September 2025

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Financial Performance Report for the 06 months ending 30 September 2025

GOC: - Summary P & L to 30 Sept 2025

	Actual £000's	Budget £000's	Variance £000's	Q1 Forecast £000's	Variance £000's
Registrant Income	6,116	6,006	110	6,067	49
Other Income	268	206	63	268	0
Expenses - BAU	(5,596)	(6,229)	633	(5,826)	229
Surplus / (Deficit) - BAU	**788**	**(18)**	**806**	**510**	**278**
Project expenditure	(678)	(317)	(361)	(820)	142
Surplus / (Deficit) - before portfolio Gains/Losses	110	(335)	445	(310)	420

KPI to date +/-5%	13%	0%	13%	8%	4%

Approved KPI for 2025-26		(0.11%)		0.18%	
Approved KPI for five years 2025-30		1%		0.15%	

Highlights

The results before unrealised portfolio gains/losses for the period ending 30 September 2025 show a positive variance of £445k and £420k against the budget and Q1 forecast, respectively.

The business as usual (BAU) results before reserve expenses, including strategic projects, show a positive variance of £806k and £278k against the budget and Q1 forecast.

The total registrant income of £6,116k is £110k and £49k higher than the budget and forecast respectively. The total expenditure (including projects) of £6,274k is £371k favourable to the budget and the forecast, respectively.

Key drivers of financial performance

This is the first year of the new strategy. The to-date KPI has been reduced from 13% budgeted to 4% forecasted, which is within the acceptable range of the forecasted KPI of 8%. The KPIs must be balanced over a 5-year period (Table above).

Key drivers for positive variance primarily resulted from expenses, supported by an increase in registration income.

The actual registrant renewals for 2025/26 exceeded the forecast, contributing to an increase in renewal income compared to the budget. The increase in the number of registrants is due to (1) fewer removals at the end of 2024/25, at the end of the CPD cycle, and (2) an increased number of both additions in both optometrists and dispensing opticians. Budgets and forecasts are calculated with past three-year trends. As we move

Financial Performance Report for the 06 months ending 30 September 2025

away from the years that were affected by the pandemic, the ratios have improved. Even a 1-2% change in registration numbers can significantly impact cumulative registration income over the period of the forecast.

The primary reasons for positive variance in expenditure are a combination of savings, delays, and revised plans, partially offset by additional expenses. (ref. Tables 4-5 – page 10).

External-facing operations in the Regulatory Operations directorate brought high variances due to adjourned hearings and investigation-related panel fees. The external legal costs in Investigations did not increase as forecasted. Some of these increases are forecasted later in the year. The in-house lawyer team further enabled the reduction of external legal costs by retaining more cases within GOC. A new methodology adopted by streamlining QA activities in Education Operations yielded more savings than expected. Some budgets that are contingent by nature were underutilised in Q2. Recruiting to twelve vacancies during the period also contributed to the high positive variance.

The unrealised investment gains improved over both the budgeted and forecasted values.

Risks for achieving the budget.
Much of the variance during the quarter was due to external factors beyond the control of departments. The savings will be used for future operations, while delays are now re-planned at the Q2 forecast.

There is an increasing number of new disclosures in Investigations, which may lead to higher legal costs in the future. These effects will also be seen in both the case examiner and the hearings-related costs.

The modelling of the new registrant income is based on bot student numbers and by assessing registration trends over the past three-year. This may change due to external factors. E.g. consolidation of high-street businesses or contraction in higher education.

Our low-risk appetite helps the variance to remain mostly positive. There is a very low risk of the net variance being negative. The risks associated with external-facing activities, such as high-cost legal cases, are mitigated by maintaining a complex legal reserve and evaluating the legal cases against a set of established criteria. There could be unforeseen IG penalties and cybersecurity problems, as seen widely these days.

The investment portfolio, although improving significantly during the period, remains highly volatile, which could impact our reserve levels.

Future Impacts (So what?)

Financial Performance Report for the 06 months ending 30 September 2025

All known variances were captured at the Q2 forecast. There will be a further forecasting exercise in January.

A new workforce planning initiative is in its initial stages and will help department heads better plan their requirements for the future.

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

All new business cases that have financial impacts are carefully considered for financial affordability before SMT approval.

Financial Performance Report for the 06 months ending 30 September 2025

Graphical analysis on Financial Performance and Variance

Graph 1

Graph 2

Financial Performance Report for the 06 months ending 30 September 2025
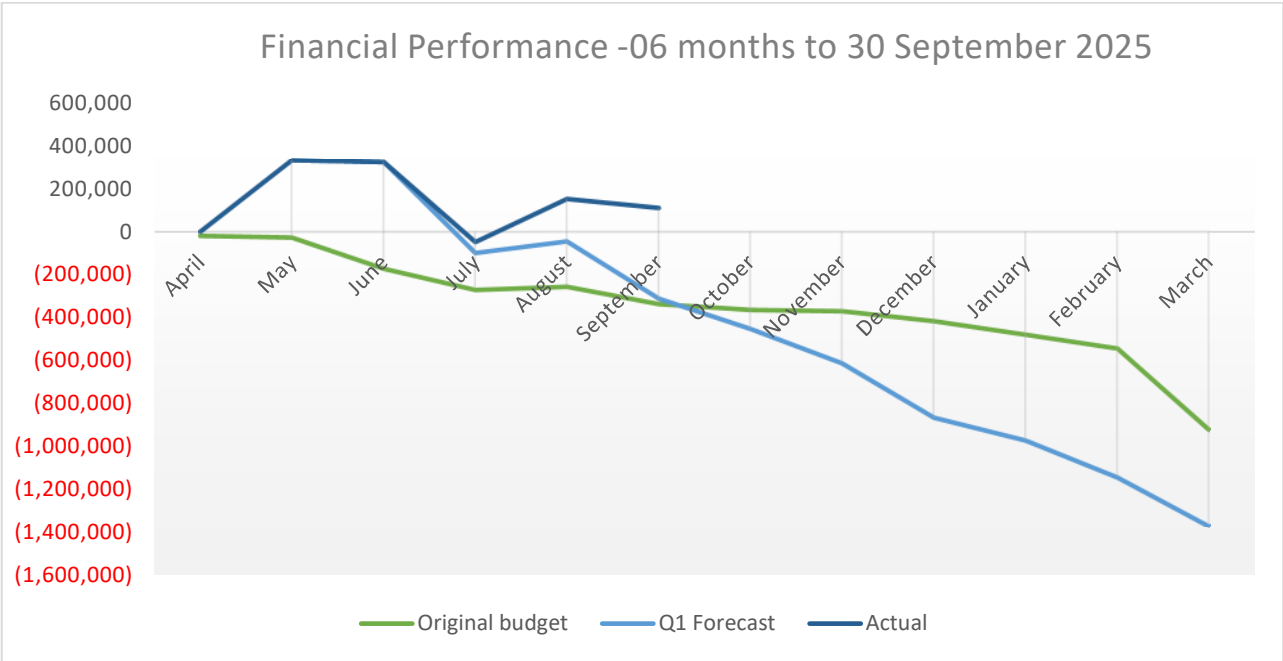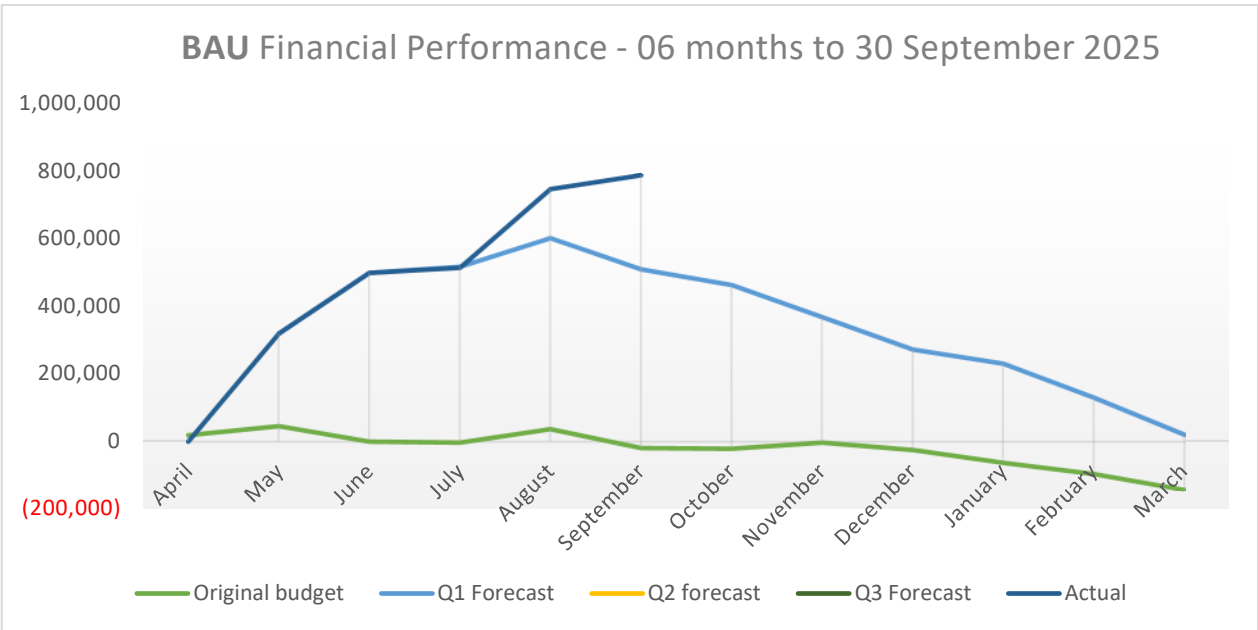
Analysis of Expenditure
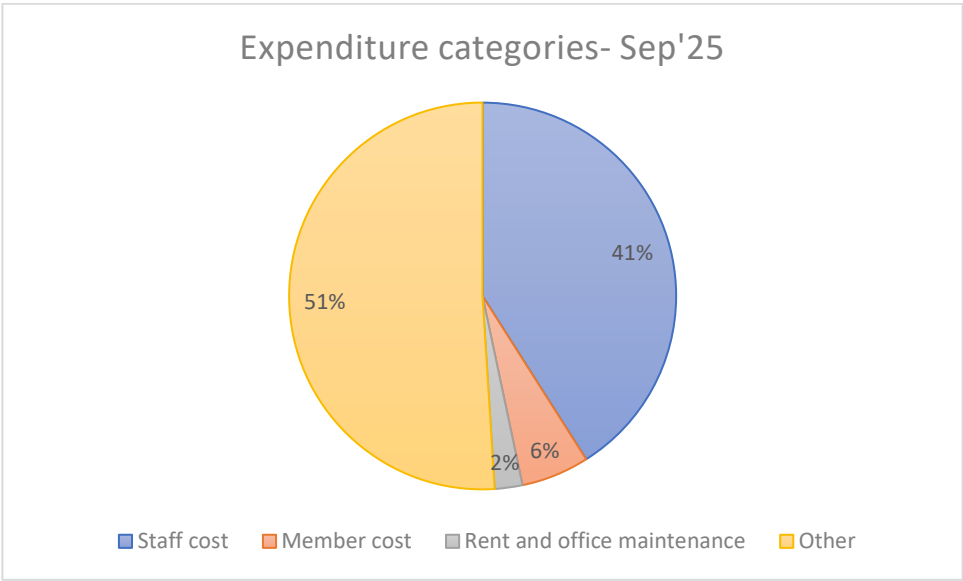
Chart 1
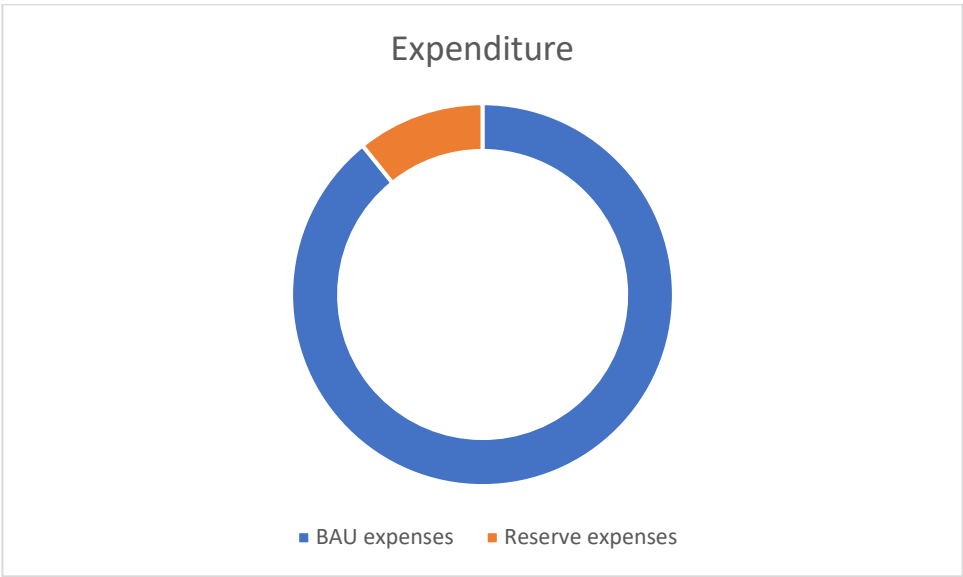
Chart 2

Analysis of Investment Income

	Actual	Budget	Variance	Q1 Forecast	Variance
	£'000	£'000	£'000	£'000	£'000
Dividend income received	137	117	20	130	7
Unrealised investment gains/(losses)	737	243	494	293	444
Total Income from Investment	**874**	**360**	**514**	**423**	**451**
Total Investment Portfolio	**10,127**	**9,978**	**149**	**9,682**	**445**
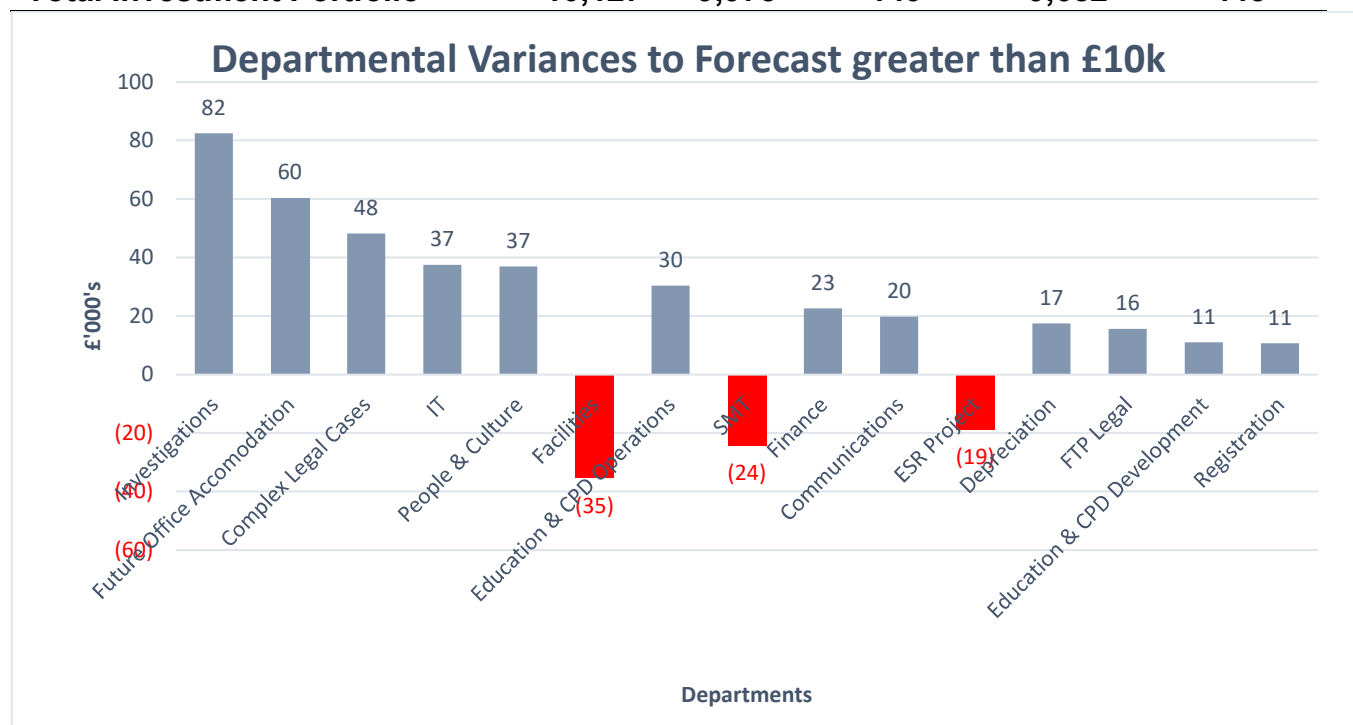
Graph 3

Cash and Cash Equivalent Summary - 30 Sept 2025

	Actual	BUDGET	Variance	Q1 Forecast	Variance
	£'000	£'000	£'000	£'000	£'000
Cash at Bank	1,571	216	1,355	331	1,240
Short term Investments	2,900	2,100	800	3,400	(500)
Working Capital	**4,471**	**2,316**	**2,155**	**3,731**	**740**
Investments	10,127	9,978	149	9,682	445
Total	**14,598**	**12,294**	**2,304**	**13,413**	**1,185**

Table 1

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2025

	Actual	Actual	**Actual**	Q1 Forecast	Budget
	FTC*	Perm.	**Total**		
	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25
Chief Executive Office	-	8.0	**8.0**	8.0	9.0
Regulatory Strategy	-	24.0	**24.0**	25.0	24.0
Regulatory Operations	8.0	37.0	**45.0**	43.0	43.0
Corporate Services*	4.0	26.0	**30.0**	29.0	27.0
People & Improvement	3.0	6.0	**9.0**	12.0	10.0
Total Headcount	**15.0**	**101.0**	**116.0**	**117.0**	**113.0**

* including Agency temp staff

Table 2

No. of vacancies during the period	12
Staff Vacancy Rate to date	4.9%
Staff vacancy rate budgeted	4.0%

Table 3

Analysis of BAU expense variance September	
Savings	**£'000**
Savings	106
Delays	136
Revised plans and timing(uncertain)	58
Accounting, PO, coding errors	(28)
Forecast errors	12
Others	0
Additional expenses	283
Additions	(37)
Staff vacancy gaps (excluding efficiency measures)	(15)
Others	(1)
Total Expense Variance	230

Table 4

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Savings	140	106			246
Staff vacancy gaps	34	(15)			19
Additions	(79)	(37)			(116)
Net savings/(overspent) from approved budget	**95**	**54**	**0**	**0**	**149**

Last year trend	114	(4)	186	143	439

Table 5

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2025

Income and Expenditure accounts

The expenditure is reported in two formats in the Income and Expenditure accounts below; Table A shows the traditional GOC format of expenditure by department, with project expenditure at the bottom, to separate out BAU and strategic project expenditure. Table B uses expenditure by specific cost categories and incorporates project expenditure.

Financial Performance Report for the 06 months ending 30 September 2025

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Table A
Income and Expenditure Accounts

</div>

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	6,116	6,006	111	6,116	6,067	49
Dividend Income	137	117	20	137	130	7
Bank & Deposit Interest	127	83	44	127	134	(7)
Other Income	4	6	(2)	4	4	(1)
Total Income	**6,384**	**6,211**	**173**	**6,384**	**6,335**	**49**
Expenditure						
Executive Office						
CEO's Office	121	44	(77)	121	82	(39)
Governance	343	364	21	343	353	10
Total Executive	**464**	**407**	**(56)**	**464**	**435**	**(28)**
Regulatory Strategy						
Director of Regulatory Strategy	84	96	12	84	84	(0)
Policy	144	207	63	144	142	(2)
Communications	155	174	18	155	175	20
Education & CPD Operations	298	366	67	298	329	30
Education & CPD Development	222	257	35	222	233	11
Total Regulatory Strategy	**903**	**1,099**	**196**	**903**	**962**	**59**
Regulatory Operations						
Director of Regulatory Operations	88	90	2	88	89	1
Investigation	591	684	94	591	673	82
Case Progression	495	504	9	495	497	2
FTP Legal	132	170	38	132	147	16
Legal	123	130	7	123	125	2
Hearings	640	724	84	640	640	0
Total Regulatory Operations	**2,068**	**2,302**	**234**	**2,068**	**2,172**	**104**
Corporate Services						
Director of Corporate Services	56	85	29	56	68	12
Facilities	336	366	30	336	301	(35)
Finance	268	291	24	268	290	23
Registration	438	443	5	438	448	11
IT	556	609	53	556	593	37
Total Corporate Services	**1,653**	**1,793**	**141**	**1,653**	**1,700**	**48**

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2025

<u>Table A (Contd.)</u>

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
People & Improvement						
Director of P&I	82	85	3	82	83	1
Project Delivery & Continual Improvement	98	119	21	98	108	10
People & Culture	299	397	98	299	336	37
	479	**601**	**122**	**479**	**527**	**48**
Depreciation	29	27	(3)	29	29	(0)
Total Expenditure	**5,596**	**6,229**	**634**	**5,596**	**5,826**	**230**
Surplus / (Deficit) before project expenditure	**788**	**(18)**	**806**	**788**	**510**	**278**
Project Expenditure						
Education Strategic Review project	36	17	(19)	36	17	(19)
Complex Legal Cases	(5)	73	78	(5)	43	48
PBF Framework	4	0	(4)	4	14	9
Employment Status	92	74	(18)	92	82	(9)
Thematic Review	0	40	40	0	0	0
Unfair Outcomes EDI Research	3	20	17	3	2	(1)
Potential Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	54	74	20	54	72	18
Backdated Pay	82	0	(82)	82	117	35
Future Office Accommodation	413	19	(393)	413	473	60
Total Project expenditure	**678**	**317**	**(361)**	**678**	**820**	**142**
Surplus / (Deficit) after project expenditure	**110**	**(335)**	**445**	**110**	**(310)**	**420**
Investment gains	737	243	494	737	293	444
Surplus / Deficit	**847**	**(92)**	**939**	**847**	**(17)**	**864**

Financial Performance Report for the 06 months ending 30 September 2025

Table B
Income and Expenditure Accounts Including Project Expenditure

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	6,116	6,006	111	6,116	6,067	49
Dividend Income	137	117	20	137	130	7
Bank & Deposit Interest	127	83	44	127	134	(7)
Other Income	4	6	(2)	4	4	(1)
Total Income	**6,384**	**6,211**	**173**	**6,384**	**6,335**	**49**
Expenditure						
Staff Salaries Costs	3,454	3,541	87	3,454	3,461	7
Other Staff Costs	29	182	153	29	229	200
Staff Benefits	90	91	0	90	92	2
Worker & Member Costs	357	137	(221)	357	243	(114)
Professional Fees	363	421	58	363	392	29
Finance Costs	118	113	(5)	118	118	(0)
Case Progression	353	537	184	353	467	114
Hearings	413	510	98	413	417	4
CPD & Standards	130	199	69	130	151	22
Communication	0	0	0	0	0	0
Registration	0	0	0	0	0	0
IT Costs	342	344	2	342	378	36
Office Services	530	285	(245)	530	501	(29)
Other Costs	11	87	76	11	95	84
Depreciation & Amortisation	83	100	17	83	101	17
Total Expenditure	**6,274**	**6,546**	**272**	**6,274**	**6,645**	**372**
Surplus / Deficit	**110**	**(335)**	**445**	**110**	**(310)**	**420**
Unrealised Investment gains	737	243	494	737	293	444
Surplus / (Deficit)	**847**	**(92)**	**939**	**847**	**(17)**	**864**

Staff cost to total expenditure ratio	57%	58%		57%	57%	

General Optical Council
Financial Performance Report for the 06 months ending 30 September 2025

Balance Sheet as at 30 September 2025

	2025-26 30 September 2025 £'000	2024-25 31-Mar-25 £'000
Fixed Assets		
Furniture & Equipment	1	2
IT Hardware	206	142
IT software	138	211
Capital Work in Progress	238	26
Total Tangible Fixed Assets	**583**	**381**
Investment	10,127	9,413
Total Fixed Assets	**10,710**	**9,794**
Current Assets		
Debtors, Prepayments & Other Receivable	643	765
Short term deposits	2,900	8,950
Cash and monies at Bank	1,571	1,557
Total Current assets	**5,114**	**11,256**
Current Liabilities		
Creditors & Accruals	1,160	1,694
Income received in advance	5,822	11,378
Total Current Liabilities	**6,982**	**11,272**
Current Assets less Current Liabilities	**(1,868)**	**(1,800)**
Total Assets less Current Liabilities	**8,842**	**7,994**
Long Term Liabilities	0	0
Total Assets less Total Liabilities	**8,842**	**7,994**
Reserves		
Legal Costs Reserve	613	613
Strategic Reserve	3,000	3,000
Infrastructure / dilapidations	1,036	1,036
Income & Expenditure	4,193	3,345
Total	**8,842**	**7,994**

Q2 Forecast for 2025-26

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Q2 Forecast 2025/26

GOC Summary I&E Q2 forecast 2025-26

	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Variance to Q1 forecast £'000	Variance to Budget £'000
Income	12,270	12,431	12,511	80	241
Expenditure (BAU)	12,413	12,411	12,223	187	190
Surplus / (Deficit) before reserve expenditure	**(143)**	**20**	**288**	**267**	**431**
Reserve Expenditure	776	1,389	1,144	245	(368)
Surplus / (Deficit) after project expenditure	(920)	(1,368)	(856)	512	64
Unrealised Investment gains	468	518	962	444	494
Surplus / (Deficit)	**(452)**	**(850)**	**106**	**956**	**557**

Table 1

Highlights

The table above compares the 2025/26 Q2 forecast with the approved budget, made in February 25, and the Q1 forecast made in July 2025. This is the first year of the 2025-30 strategic plan.

The 2025/26 Q2 forecast indicates that the results before reserve expenditure have improved compared to the approved budget. The annual income, primarily from registration fees, is spent on BAU operations. Reserve expenditures are strategic or contingent by nature and are described on page 9-12.

The reserve expenditure has increased from the budgeted level by £368k but reduced from the Q1 forecast by £245k.

Key drivers of the change in performance- 2025/26 Q2 forecast

Revenue increased by £80k compared to the Q1 forecast, due to increased retention income and a higher number of new registrations of dispensing opticians.

The unrealised investment gains improved by £444k compared to the Q1 forecast, with an increase in market value during the period.

Business as usual (BAU) expenditure decreased by £187k from the Q1 forecast. The main reasons are as follows.

- IT expenditure reduced by £97k due to reduced IT contracts, lower external hosting costs, and lower telephone and internet costs, as well as reduced IT development costs.
- The Education & CPD operations forecast was reduced by £66k, as QA activity, periodic review, desk-based activity, and the number of required members is now reforested with improved trend availability.
- Investigation costs reduced by £48k through re-forecasting the expected high external legal costs, as the in-house advocates can address more cases than previously forecasted.
- Registration costs decreased due to sickness absence.

The expenditure savings were partly offset by Hearings, case progression, and facilities areas.

- Additional hearing days increased the member fees and related costs.
- Bringing forward the legal advisor fee increase from April to January added £26k in cost.
- Using temporary staff to cover staff vacancies had increased the case progression cost by £37k.
- The new office maintenance is higher than previously forecasted.

Strategic reserve expenditure for the year reduced by £174k, complex legal case expenditure by £35k, and future office accommodation (FoA) project cost by £35k, resulting in the £245k reduction in reserve expenditure.

- The majority of the worker arrears costs were provided for in 2024/25 at the audit stage.
- As there is only forecast expenditure of £67,571 from the strategic reserve, the forecast was reduced from £300k to £150k for the remainder of the year.
- Complex legal charge forecast reduced by £35k as there were no new cases identified in the first half of the year.
- FoA project has savings of £35k.

The forecast only shows the current year element of multi-year projects. Table 3 (page 9) provides a comprehensive analysis, from approval to total spend, of multi-year projects.

Risks of not achieving 2025/26 Q2 Forecast.

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

External factors, such as increased legal costs, could always have an impact on the forecasted cost. The number of FtP cases is expected to increase, but there may be bottlenecks at certain points, potentially delaying plans, for example, case examiner availability. The Case Progression department has responded to this possibility by exploring the possibility of increasing the case examiner pool.

The hearing days could change at short notice, either increasing or decreasing in frequency.

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

The unrealised gains/losses from the market value of the investments are expected to fluctuate in the short term. However, any high short-term volatility could impact the year-end reserve levels.

Plans to mitigate risks

Our low-risk appetite can sometimes lead to overestimating worst-case scenarios in budgeting and forecasting. We continually address various aspects of these issues through forecasting. E.g., adding a 10% assumption for hearing dates being cancelled in

the future. We have also incorporated a 4% staff vacancy assumption, which continues to reduce the forecast costs by 4% of payroll expenditure.

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

Quarterly and monthly reviews of costs in the Investigations department will enable us to ensure progress as forecasted.

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

SMT reviewed the financial impact of various business scenarios that may affect financial stability, initiating a discussion on creating projections and models to predict the financial consequences of potential events or changes in the regulatory, economic, political, and financial environments.

Income and Expenditure Accounts – Q2 Forecast 2025-26

	Strategic Yr 1		
	2025/26		
	Budget	**Q1 Forecast**	**Q2 Forecast**	**Variance from Q1**
	£'000	£'000	£'000	£'000
Income				
Registration	11,928	12,026	12,106	80
Dividend Income	234	247	247	0
Bank & Deposit Interest	98	148	148	0
Other Income	10	10	10	0
Total Income	**12,270**	**12,431**	**12,511**	**80**
Expenditure				
CEO's Office				
CEO[1]	87	137	138	(1)
Governance	739	760	776	(17)
Total CEO's Office	**827**	**897**	**915**	**(17)**
Regulatory Strategy				
Director of Regulatory Strategy	245	186	168	18
Policy & Standards	426	400	408	(8)
Communications	365	345	341	4
Education & CPD Operations	710	715	648	66
Education & CPD Development	527	499	497	2
Total Regulatory Strategy	**2,273**	**2,145**	**2,062**	**83**
Regulatory Operations				
Director of Regulatory Operation	180	179	178	1
Investigation	1,334	1,357	1,309	48
Case Progression	1,030	1,046	1,075	(29)
FTP Legal	292	333	306	28
Legal	256	258	256	2
Hearings	1,389	1,363	1,450	(87)
Total Regulatory Operations	**4,481**	**4,537**	**4,574**	**(38)**
Corporate Services				
Director of Corporate Services	169	139	129	10
Facilities	757	704	715	(10)
Finance	653	658	644	14
IT	1,279	1,347	1,250	97
Registration	758	796	772	24
Total Corporate Services	**3,616**	**3,646**	**3,510**	**136**

Income and Expenditure Accounts Q2 Forecast 2025-26 (Contd.)

	Strategic Yr 1 - 2025/26			
	Budget	**Q1 Forecast**	**Q2 Forecast**	**Variance from Q1**
	£'000	**£'000**	**£'000**	**£'000**
People & Improvement				
Director of People and Improvement	169	167	166	1
Project Delivery & Continual Improvement	237	236	227	9
People and Culture	748	716	697	19
Total People & Improvement	**1,154**	**1,119**	**1,090**	**29**
Depreciation & Amortisation	63	67	72	(5)
Total Expenditure	**12,413**	**12,411**	**12,223**	**187**
Surplus / (Deficit) before reserve expenditure	**(143)**	**20**	**288**	**267**
Reserve Expenditure				
Education Strategic Review project	17	64	64	0
Thematic Review	40	40	40	0
PBF Consultation	0	14	22	(8)
Review of Employment Status	74	82	101	(19)
Arrears Pay - Worker Project[2]	0	117	81	36
Unfair Outcomes EDI Research	20	20	20	0
Potential Projects[3]	300	300	150	150
Project Depreciation & Amortisation	160	169	154	15
Total Strategic Reserve Expenditure	**611**	**806**	**632**	**174**
Legal Reserve Expenditure				
Complex Legal Cases	146	110	74	35
Infrastructure/delap. reserve expenditure				
Future Office Project	19	473	438	35
Total Reserve expenditure	**776**	**1,389**	**1,144**	**245**
Surplus / (Deficit) after reserve expenditure	**(920)**	**(1,369)**	**(856)**	**513**
Unrealised Investment gains	468	518	962	444
Surplus / (Deficit)	**(451)**	**(851)**	**106**	**957**

1. CEO budget includes 4% recruitment vacancy rate.
2. Historic liabilities – member employment project. £529k was provided in 24/25. The balance £81k from total approved £646k is provided in 25/26. Total approved cost for the project is £646k.
3. Potential projects to utilise from reserves.

Income & Expenditure Forecast - by Category

	2025-26			
	Strategic Yr 1			
	BUDGET	Q1 Forecast	Q2 Forecast	Variance from Q1
	£'000	£'000	£'000	£'000
Income				
Registration	11,928	12,026	12,106	80
Dividend Income	234	247	247	0
Bank & Deposit Interest	98	148	148	0
Other Income	10	10	10	0
Total Income	**12,270**	**12,431**	**12,511**	**80**
Expenditure				
Staff Salaries Costs	7,141	7,063	6,984	79
Other Staff Costs	263	462	558	(96)
Staff Benefits	189	173	173	0
Members Costs	1,326	273	271	2
Professional Fees	671	847	872	(25)
Finance Costs	136	151	151	(0)
Case Progression	1,020	1,029	944	85
Hearings	191	911	935	(24)
Education and CPD	134	382	325	57
Communications	55	-	-	0
IT Costs	761	850	774	76
Office Services	602	824	829	(5)
Other Costs	177	182	91	91
Depreciation & Amortisation	223	236	226	10
Potential Projects	300	300	150	150
Unplanned BAU expenses	0	0	-	0
Back dated Worker Project	0	117	81	36
Total Expenditure	**13,189**	**13,800**	**13,366**	**434**
Surplus / Deficit	**(919)**	**(1,369)**	**(855)**	**514**
Unrealised Investment gains	468	518	962	444
Surplus / (Deficit)	**(451)**	**(851)**	**107**	**958**
Staff cost to total expenditure ratio	58%	56%	58%	

Multi-year Strategic Projects

Project Expenditure	Approved by the Council	Actual Spend To Date	Forecasted Future Spend	Total Spend	Variance
Sept '25	£'000	£'000	£'000	£'000	£'000
PBF[1]	150	141	18	141	**(9)**
Employment Status[2]	90	100	9	100	**(19)**
Thematic Review	40	0	40	0	**0**
Unfair Outcomes EDI Report	20	3	17	3	**0**
Worker Project - Backdated Pay	646	611	0	611	**35**
My GOC (capital)	274	114	160	114	**0**

Table 3

Notes
1. Additional training included. An SMT paper will follow for approval.
2. Additional legal fees. Will require retrospective Council approval in Dec 2025.

The Q2 forecast 2025/26 includes only cost element of the current year. The above table analyses the total approved cost and compares it to the total forecasted cost.

Movement in Reserves

	Year 1 2025-26 £'000	Year 2 2026-27 £'000	Year 3 2027-28 £'000	Year 4 2028-29 £'000	Year 5 2029-30 £'000	*Target Range as per Reserves policy*
Legal reserve	700	700	700	700	700	*£350k- £700k*
Strategic reserve	3,000	3,000	3,000	3,000	3,000	*£1m - £3m*
Infrastructure / dilapidations	100	100	100	100	400	*£250k -£1.25m*
General reserve	4,300	3,526	3,204	2,973	2,436	*£2.3m - £4.3m*
Total reserve	8,100	7,326	7,004	6,773	6,536	*£3.9m - £9.25m*

Table 4

The forecast brings the reserve levels comfortably to the mid-level of the target range set out in the reserves policy, at the end of the five-year period. There is a reduction from the previous forecast as the arrears holiday pay, tax, and pension costs are included in the current forecast.

Legal reserve – We have maintained a level at the top of the target range, considering the forecasted levels of complex legal cases and allowing any new cases or increases to be considered. Each year, the complex cases will utilise the funds, and the reserve will be topped up.

Strategic reserve – We have used the highest range, which will enable funding for future identified and unidentified strategic projects. The forecast plans strategic projects expenditure of £3.021m over the five years.

Infrastructure//dilapidation reserve – £100k will be set aside to build up the reserve at a later stage. By the end of the five-year period, the reserve will increase to £500k, preparing for the next office move.

General Reserve – The reserve has adequate funds to increase the legal reserve or for other contingencies. The current year may pose a risk of exceeding the reserve threshold.

The reserves include all known project costs marked in the new sub-strategies for the next strategic period. A £300k p.a. has been allocated for any unknown potential projects.

The majority of the reserves are in the form of an investment portfolio, which is invested for long-term returns and inherently bears high short-term volatility. It is good practice to maintain a safety level above the minimum target, allowing for the portfolio's volatility in uncertain economic circumstances in the immediate future.
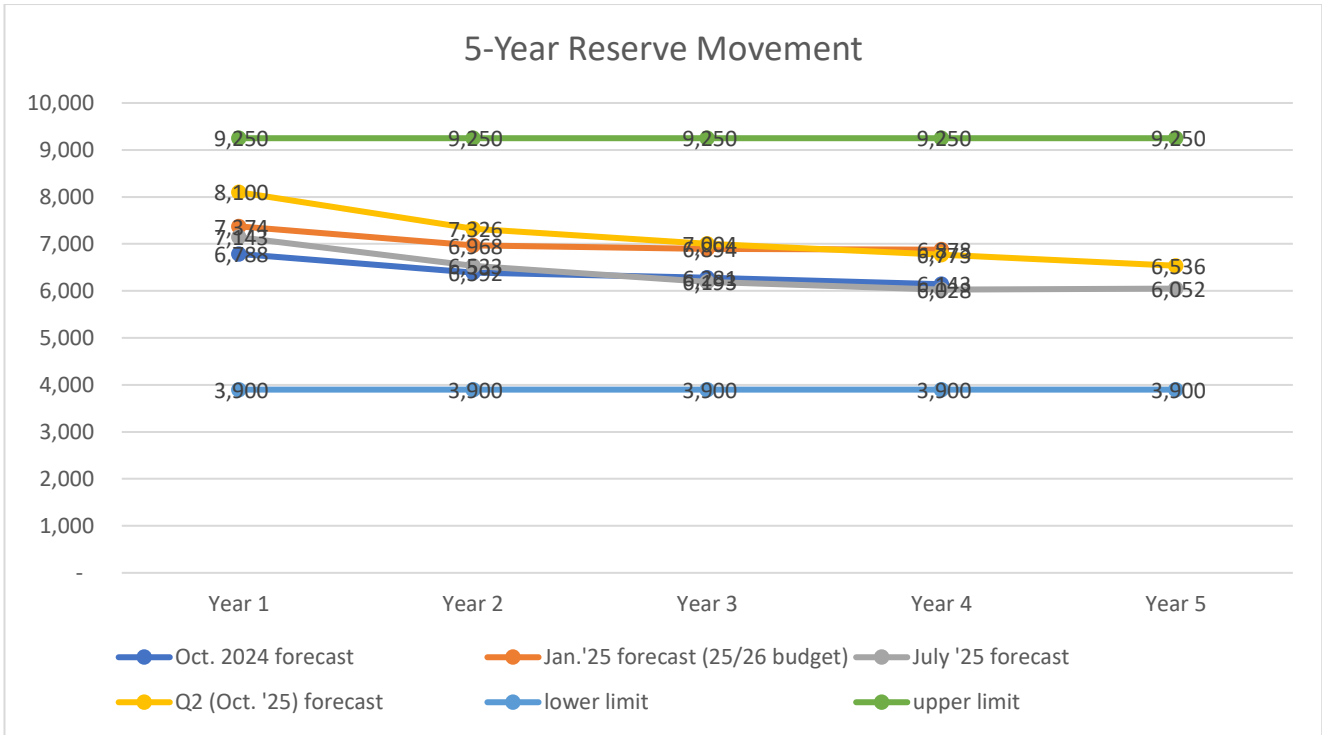
Since our funds are primarily invested in equity markets, a drawdown would have a significant negative impact if it were needed in a year when investments are not performing well. Our approach will continue to be agile, considering both operational needs and the long-term impact of the investments.

Risk assessment on reserves- comparison with previous forecasts and reserve policy range.

The graph below shows that all recent forecasts are made within the lower and upper limits of reserves policy, through the high levels of strategic spending and investment volatility.

	2025-26 Year 1	2026-27 Year 2	2027-28 Year 3	2028-29 Year 4	2029-30 Year 5
Oct. 2024 forecast	6,788	6,392	6,281	6,143	
Jan.'25 forecast (25/26 budget)	7,374	6,968	6,894	6,878	
July '25 forecast	7,143	6,533	6,193	6,028	6,052
Q2 (Oct. '25) forecast	8,100	7,326	7,004	6,773	6,536
lower limit	3,900	3,900	3,900	3,900	3,900
upper limit	9,250	9,250	9,250	9,250	9,250

5-Year Reserve Movement

Chart data points:

	Year 1	Year 2	Year 3	Year 4	Year 5
upper limit	9,250	9,250	9,250	9,250	9,250
Q2 (Oct. '25) forecast	8,100	7,326	7,004	6,878	6,536
Jan.'25 forecast (25/26 budget)	7,374	6,968	6,894	6,878	6,536
July '25 forecast	7,143	6,533	6,281	6,028	6,052
Oct. 2024 forecast	6,788	6,392	6,193	6,043	6,052
lower limit	3,900	3,900	3,900	3,900	3,900

Legend: Oct. 2024 forecast, Jan.'25 forecast (25/26 budget), July '25 forecast, Q2 (Oct. '25) forecast, lower limit, upper limit

The majority of our reserves are invested in a long-term investment portfolio. The graph below is the fluctuation of market value of the portfolio (in percentage) over 5 years.

The reserve levels at the end of year five brings the value from £8.1m to £6.5m, giving adequate funds for the next strategic period. These values could be volatile in the short-term, but growing in the long-term, due to the majority being held by the investment portfolio.

LAST 2 YEARS PERFORMANCE	LAST 3 YEARS PERFORMANCE	LAST 5 YEARS PERFORMANCE
35.35%	36.68%	56.50%

PERIOD Last 5 Years | VIEW Monthly | CHART Gross | EXPORT TO XLS | PRINT | CHOOSE DATE

CUMULATIVE | PERIODIC

Gross Portfolio returns are calculated before management fees and trading expenses

CUMULATIVE PERFORMANCE
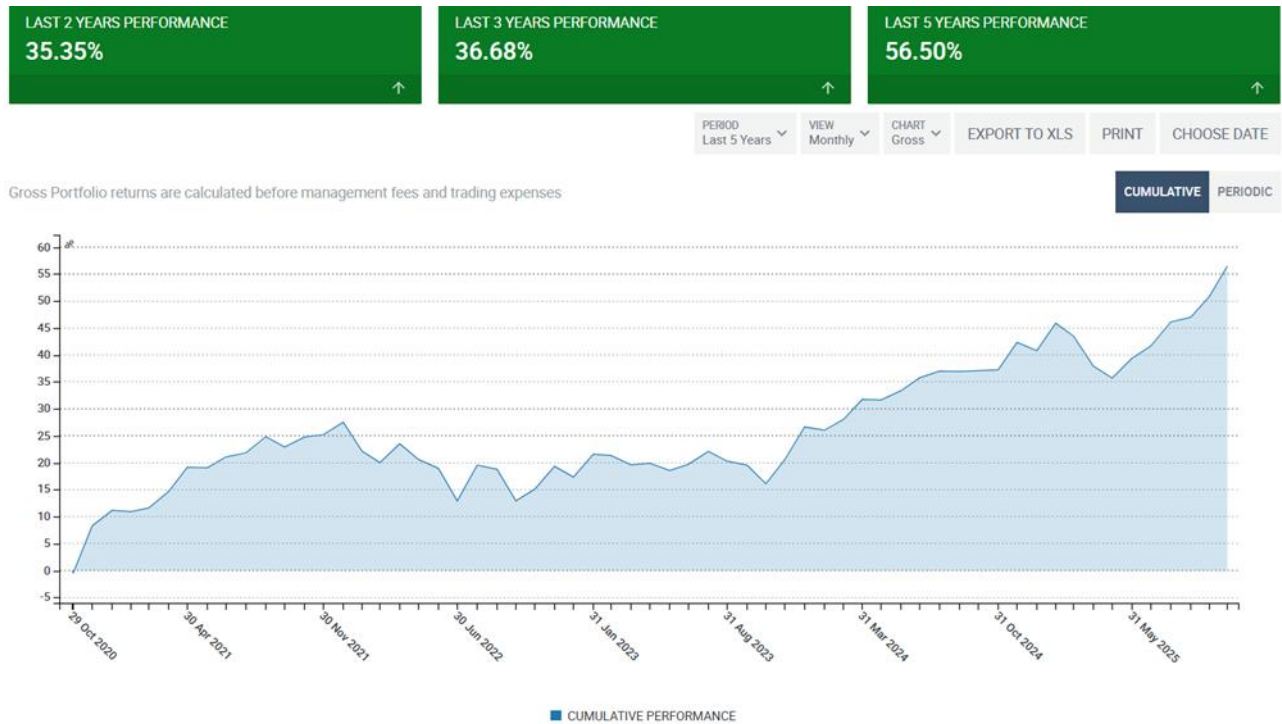
Our reserves can fluctuate in the short term due to market value movements in the investment portfolio. For risk level 6 (which is where GOC sits), Brewin Dolphin's central expectation is that the benchmark will produce an average return of 7.4% with volatility of 9.5%.

Volatility is a measure of the variability of returns, and it is measured in standard deviations. It suggests that two-thirds of the time (one standard deviation) the return will be 7.4% +/- 9.5%. To put it another way, the return might be expected to be between -2.1% and + 16.9% two-thirds of the time. When you look at extreme events you can see variations greater than this, but they happen with less frequency. – for example, market value dropped in early 2020 due to pandemic uncertainty.

Headcount change

Over fifty-five percent (ref. page 11) of GOC's total expenditure is staff-related costs. Most of our operations are carried out by employees. Balancing external costs and staff costs is a delicate operation, optimising the quality of work, expertise, and affordability.

	Headcount Projection				
	Strategic Year 1	Strategic Year 2	Strategic Year 3	Strategic Year 4	Strategic Year 5
	Forecast 2025-26	**Forecast 2026-27**	**Forecast 2027-28**	**Forecast 2028-29**	**Forecast 2029-30**
	Mar-26	Mar-27	Mar-28	Mar-29	Mar-30
Chief Executive*	9	11	11	11	11
Strategy	28	27	27	27	27
Operations	43	39	39	39	39
Corporate Services	29	26	26	26	26
People and Improvement	11	9	9	9	9
Projects	1	-	-	-	-
Total Headcount	121	112	112	112	112
Additions / (deductions) from previous headcount	*2*	*(1)*	*0*	*0*	*0*

Table 5

Assumptions

Income

- New registration numbers for OOs will increase by 3% annually. DOs will stay the same until year 3 and then will increase by 3% p.a. as we expect the new apprenticeship schemes will impact DO numbers.
- Student numbers increase by 3%.
- Body corporate numbers will neither increase nor decrease as seen in 2023 (15%) and 2024 (25%).
- 80% of new registrants would be transfers and 20% would be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- Dividend income will generate a similar ratio to portfolio value in the past three years. Estimated average returns (dividend income + unrealised gains) will be 7.4%.
- There is a risk of volatility of 9.5% of investment valuation.
- FD interest will reduce with inflationary rate.

Expenditure - assumptions
- IT developments will be carried out as planned.
- There will be no new strategic projects funded by the strategic reserve costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Flexible and agile working will continue for staff, members, and panels.
- Governance
    o Committee meetings will be held remotely, saving expenses. There will be one face-to-face ARC meeting or training day each year.
    o All Council meetings held remotely, there will be one face-to-face Council training or strategy day each year.
    o There will be 12 Council members from 2026/27.
- Policy and Standards
    o Yr 1- 5 surveys (registrant and public perceptions). We expect to expand the public perceptions research to include more patients using enhanced eye care services. Research to support thematic reviews is included in strategic reserve, approved by Council.
    o Research to support a review of the business standards has been moved to 26-27. Some of the research from 2024-25 (business survey, public perceptions and lived experience) will run into 2025-26. However, they are accounted for in 2024-25 year (detail of payment schedules included as comments in calculations tab).
    o New research with the public on the testing of sight statement included.
- Communication
    o Design cost on new annual report design commissioned each year.
    o At least 2 in person events will be attended.
- Education and CPD operations
    o Activity for 24 providers requires 1.5 days, 5 members, 50% of that will result in a visit, 50% of those visits will be in person. 20% will need reviews by members for change events notifications. 75% will need reviews by EVPs.

- o Auditor and viewers will audit 13 institutions and 1050 reviews.
- o Yrs 2 onwards – activity is based on the rollout of periodic reviews which will be rolled out across GOC approved qualifications over a four-year period and sees a gradual increase in EVP fees.
- o CPD Programme management cost
  - Yr 1 - Costs associated with contract for the next three years have been distributed differently in line with when the work has been delivered, therefore this has led to a reduction in later years.
- Education Dev.
  - o Yr 1 - 3 adaptations remaining for this year. Any adaptations not complete this year as predicted will need to be moved into 2027/28.
- Case Progression
  - o Yr 1- -Average no of CE cases has been 120 over last 3 years but investigations have estimated need to have CEs doing 150 decisions in 26/27 to clear backlog. 2 CE needed per case. Need to widen pool of CE so need to consider impact on recruitment and training new CE.

- Investigations
  - We have a higher number of cases at stage two, to reduce our KPIs and allow the team to focus on throughput, 4x document/volume heavy investigations sent out under Cat A.
  - High court extensions (HCE) are being sent out more frequently than expected due to additional complexities, however this is only impacting administrative court costs to date.
  - Substantive order reviews are being kept in house more than expected, therefore this is being offset against the HCE legal usage. Reg Appeals are as expected (three external instructions).
  - External counsel fees have gone up; this has been reflected on the legal charges calculator.
  - Caseload is 35% higher than original budget.
  - There will be expert use in the next 2 quarters whilst progressing cases through the system.
  - Expert report cost is demand led; however current Stage 2 caseload is 35% higher than average therefore likely to see an increase in Expert usage in the next two quarters whilst progressing cases through the system.
  - 20 experts attending hearings up to three days in length to provide evidence - availability for 10 days
  - Complex legal cases - There is no accurate forecast around complex cases. However, it can be expected that the GOC will receive 2-3 complex matters a year. The cost of these have ranged between £60,000-£120,000. If we take the average across these this circa £90,000 -- with 2-3 cases a year. The approximate estimate could be as high as £225,000.

- FtP Legal
  - o Insurance thresholds for cases will stay at £25k with one new judicial review and one appeal case per year.

- Hearings

- o Yr 1- 323 hearing days, reduced from previous 336 days.
- o Assume overall number of hearing days will not significantly reduce until legal reform plan is confirmed.
- o Yr 1- Added 10% discount for hearings as savings for 25/26.

- **P&C**
  - o Recruitment- Included cost of Hireful payment. Expenditure for agency and worker recruitment will be on a case-by-case basis, hence a risk area.
  - o Staff training - Included cost of known planned training and added budget for LT and SMT training (similar to RADA) and training needs identified in 2024 mid-year reviews.
  - o There will be quarterly pulse surveys and an annual staff survey.
  - o Insurance and staff benefit costs will fluctuate according to the number of headcount and composition.
  - o An assessment of future technology needs will need to be planned. We assume the current forecasted costs will not change.
  - o Work to embed the Performance Behaviours Framework (PBF) into recruitment and talent management will be managed internally
  - o The PBF project will require additional expenditure for delivery of the second phase of workshops and moderation training. A paper is being prepared for submission to SMT.

- **Finance**
  - o No. of contracts reviewed by Ward Hadaway and policy development work will be as planned.
  - o There will not be high numbers of unplanned member travel to the office, that could increase the tax costs.
  - o Annual growth (capital and dividend income) of investment portfolio will be 7.46%.
  - o The investment management fee calculation method by Brewin Dolphin will not change over the period.

- **Registration**
  - o Non-UK assessor cost has been based on average cost per application and average number of applications received per month plus inflation, currently budget has been retained whilst the non-UK direction is finalised. The reduced activity of 2025/26 will remain for the outer years.
  - o Retention costs - Cost has been based on invoices received to date, assumption is it was reduced further following statutory notice question
  - o Bank charges will remain high. There is a possibility that new MyGOC suppliers may offer lower rates, but this was not forecasted as not yet finalised.
  - o The renewal cycle will remain annual.
  - o Renewals will be on annual basis with one upfront payment.
  - o Reminder letters have 80% reduction due to e-service correspondence option.

- **Facilities**
  - o Insurance cost will stay high.
  - o Staff hybrid levels will stay at similar levels to present.

- o Office utility and other admin costs will stay as forecasted for the new premises.

- IT
  - o Any approved IT strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
  - o Cyber Threats continue to increase in quantity and complexity which requires continual review/investment, which continues to be budgeted through revenue expenditure.
  - o There will be no savings/additions as a result of the office move other than the budgeted.

- Project Delivery & Continual Improvement
  - o The cost forecasted will be adequate as this is a new department.

- Potential Projects
  - o This includes potential IT projects.

- MyGOC Project
  - o It is a capital project. Assume MyGOC will not be delayed any further as that will impact operations and finance projections.

Risks not covered in Q1 Forecast
- Possible broadening of worker category into Council, and related backdated pay cost (holiday pay, Employer NI and PAYE, pension).
- Risk of continuation of the trend in the reduction of business registrant numbers.

Cash Drawdown Plan
In the event of us exhausting the annual renewal income before the next renewal cycle, we will be drawing down cash from investments. These will happen if and when there is a large expenditure planned during Q3 and early Q4 in a financial year, before the renewal cycles bring the next batch of funds.

At the end of each annual renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the funding for operations, while investing funds to obtain optimal interest income.

The table below shows the history of drawdown plans. The plans/ forecasts get refined and more accurate with time. The drawdown needs arise due to (1) strategic projects, (2) complex legal case cost, and (3) BAU deficit. Drawdowns may not occur in the same year of additional costs, as the renewal cycle may be able to fund any financial requirements in Q4.

The budget started with high drawdown value, but the requirements reduced (1) after quantifying backdated worker pay (2) due to surpluses in the current year. Our previous forecasted drawdown plan reduced from £600k to £300k in Q2 forecast.

	Budget	updated with March'25	Updated with Worker project liabilities20/5/25	Q1 forecast 2025-26	NEW -Q2 forecast 2025-26

Nov-25	£250,000	£0	0	£0	£0
Dec-25	£1,100,000	£1,100,000	£550,000	£200,000	£0
Jan-26	£300,000	£350,000	£350,000	£400,000	£300,000
Total Drawdown Plan	**£1,650,000**	**£1,450,000**	**£900,000**	**£600,000**	**£300,000**
change from budget		£200,000	£750,000	£1,050,000	£1,150,000

Table 6

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Year 1 2025-26 (Strategic Yr 1)
Q2 2025 2025-26 Cashflow Forcast													
Month ending	Actual	Actual	Actual	Actual	Actual	Actual	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Opening Balance	1,553	1,882	2,675	2,974	2,733	914	1,313	1,346	1,018	471	283	373	1,579
Income													
Registration	118	135	67	107	8	6	65	65	65	629	2,652	8,721	12,639
Dividend income	28	27	13	33	16	10	20	20	20	20	20	23	247
FD interest income	14	10	20	22	26	42	3	0	0	3	3	5	148
Transfers from Deposit Account	1,100	1,600	1,100	900	900	1,750	1,250	900	750	0		0	10,250
Transfers from Investment								0	0	300			300
Total Cash Inflow	1,261	1,773	1,201	1,063	951	1,809	1,339	986	836	952	2,675	8,749	23,594
Expenditure													
Staff payroll	337	324	336	334	339	342	359	368	366	373	374	371	4,224
Council/Worker payroll	53	51	61	92	57	44	63	96	78	75	87	100	858
HMRC	199	190	193	210	218	200	204	224	215	217	223	228	2,520
Pension Contributions	79	82	81	83	87	87	84	87	86	88	88	88	1,020
Rent and service charge			0			0			82			82	163
Corporate credit cards	10	1	1	8	2	1	10	10	10	10	10	10	83
Supplier payments	214	296	212	545	739	700	494	508	362	357	283	456	5,167
Direct Debits	40	36	18	31	28	36	20	20	20	20	20	20	309
Fixed assets	0	0	0	0	0	0	72	0	163	0	0	0	235
Transfers to Deposit Account	0			1,300	0			0			1,500	7,400	10,200
Total Cash outflow	932	980	902	1,303	2,770	1,410	1,305	1,314	1,382	1,140	2,586	8,755	24,779
Net Cash in / (outflow)	329	793	299	(240)	(1,819)	399	33	(328)	(547)	(188)	90	(6)	(1,186)
Closing Balance	1,882	2,675	2,974	2,733	914	1,313	1,346	1,018	471	283	373	367	394
			(1)										
On Deposit													
Opening balance	8,950	7,850	6,250	5,150	4,250	4,650	2,900	1,650	750	0	0	1,500	8,950
Deposited	0	0	0	0	1,300	0	0	0	0	0	1,500	7,400	10,200
Withdrawn	(1,100)	(1,600)	(1,100)	(900)	(900)	(1,750)	(1,250)	(900)	(750)	0	0	0	(10,250)
Closing Balance	7,850	6,250	5,150	4,250	4,650	2,900	1,650	750	0	0	1,500	8,900	8,900
Brewin Dolphin Investment													
Opening balance	9,413	9,413	9,413	9,588	9,588	9,588	10,127	10,127	10,127	10,230	9,930	9,930	9,413
Investment Gains	0	0	187	0	0	550	0	0	115	0	0	117	969
BD charges	0		(12)			(11)			(12)			(12)	(47)
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	0	0	0	(300)	0	0	(300)
Closing Balance	9,413	9,413	9,588	9,588	9,588	10,127	10,127	10,127	10,230	9,930	9,930	10,035	10,035

Business performance quarterly dashboard

On track	
At risk	
Off track	

For the year 1 April 2025 – 31 March 2026

Q2 report (1 July 2025 – 30 September 2025)		Q1	Q2	Q3	Q4	Measure	Q4 (24/25)
Finance							
1.1	BAU budget; operate within budget	16.0%	4.0%			Tolerance is ±5% p.a. for 2025-30, balancing over the five years. Tolerance for year 1 as per budget is −1%. (24/25 ±10%)	+7.7%
1.2	Reserves; operate within reserves policy	0.0%	0.0%			Tolerance is ±10%	0.0%
People							
2.1	Planned L&D events realised	100*	100*			Target is ≥90%	100%
2.2	Annual voluntary staff turnover (12-month rolling)	11.8%	8.1%			Target is below 17%***	13.7%
2.3	Staff engagement (pulse survey) % response	55.0%	48.7%			N/A	51.0%
	Employee Net Promoter Score (eNPS)) eNPS score	19.7	18.2			eNPS: Target is 0-30, which is rated as good (higher the better)	13.7
Customer							
3.1	FOI requests resolved	100%	100%			Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 1 or stage 2): received	5	2			N/A	5
	Corporate complaints (stage 2): resolved	N/A**	N/A**			Target is ≥90% in ≤20 working days	100%
Regulatory functions							
4.1	Registration applications completed	98%	99%			Target is ≥95% forms completed	98%
4.2	Registration accuracy	97%	98%			Target is ≥95%	99%
4.3	Approved qualifications meeting new ETR	86%	88%			Target is 100% by July 2026 *ex. CoO*	84%
4.4	Quality of GOC approved providers' CPD	97%	96%			Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update	83%	82%			Target is ≥90% every 12 weeks	82%
4.6	FtP cases resolved (rolling median)	41%	52%			Target is ≥60% within 78 weeks	58%
4.7	Hearings concluded first time	83%	92%			Target is ≥90%	93%
4.8	Hearings dates utilised	92%	97%			Target is ≥90%	92%
4.9	New investigations at representations	50%	44%			≥80% of investigations at reps within 35 weeks from DIO (for the period)	N/A

** No stage 2 complaints received
*** Target is public sector turnover which includes voluntary and involuntary turnover. Our equivalent performance (voluntary and involuntary turnover) is 15.4%.
NOTE – CPD stats have been removed as the data is not meaningful at this stage in the cycle; these will return towards the end of the 2025-27 cycle

	KPI	Current RAG status (why it is amber/red; when/how we will get it to green)	Budget implications	Risks
4.5	Customers receiving an FtP update – **82%** Target is ≥90%	**Why amber/red:** There was a slight dip over the summer period, balancing resource and case progression. This remains a priority for Investigations teams. Additionally, this is a cumulative rolling measure, so improvements in monthly performance take time to be reflected in the overall figure. **How we will get back to green:** Additional training will take place in Q3 and more robust oversight at case reviews. We expect to see gradual improvement as these efforts take effect.	Unlikely to have any.	May undermine stakeholder confidence and perceptions of transparency. This carries reputational risk and could impact trust and engagement in our regulatory processes.
4.6	FtP cases resolved (rolling median) – **52%** Target is ≥60% within 78 weeks	**Why amber/red:** This reflects the current focus on progressing our oldest and most complex cases through the system. **How we will get back to green:** There has been some improvement in performance since Q1, but we have forecasted that this will fluctuate as we move the oldest cases through. We expect to see positive movement in other indicators, such as timeliness of earlier stage case progression, showing that cases are moving through the process.	Budget has forecasted likely increased spend in legal charges and hearings to accommodate the cases moving through.	Older cases often present greater challenges at hearing, requiring more time and resource to conclude. This increases operational pressure and impacts overall case resolution performance.
4.9	New investigations at representations – **44%**	**Why amber/red:** A significant proportion of cases currently at this stage are older, more complex matters, which are taking longer to progress through the earlier stages of the process.	Budget has forecasted likely increased spend in case examiners costs and legal	Older cases often present greater challenges at hearing, requiring more time and resource to conclude.

			charges to accommodate the cases moving through.	This increases operational pressure and impacts overall case resolution performance.
█	Target is ≥80%	**How we will get back to green:** Increased levels of productivity in Q1 & Q2 are now supporting the movement of these cases through the system. We are seeing improvement in some of the underlying KPIs, so we expect this to track through to this KPI by the end of the financial year.		

General Optical Council

GOC Internal Business Plan – 2025/26
Exceptions Report – Q2 update

All <u>CRITICAL</u> and <u>ESSENTIAL</u> Q1-Q2 activities are <u>ON TRACK</u> or <u>COMPLETE</u> for the following business areas:

Hearings, Legal, Communications, CPD, Policy & Standards, Finance, Registration Continuous Improvement

The following slides describe, with commentary, <u>CRITICAL</u> and <u>ESSENTIAL</u> Q1-Q2 activities that are either <u>OFF TRACK</u> (amber) or <u>DEADLINE MISSED</u> (red)

Case Progression

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (Triage, Investigations)	BAU	Q1-Q4	● Critical	• Current achievement of Targets: Percentage of KPIs that meet or exceed set targets. • Trend Analysis: Improvement trends over time for key performance indicators. • Benchmarking: Comparison of KPIs against other regulators and the GOC's own historic performance. • Efficiency Gains: Reduction in timeliness needed to achieve KPI targets. • Stakeholder Satisfaction: Feedback from stakeholders on the relevance and impact of KPIs. • CMS Data Accuracy: To ensure effective management and product ownership of the CMS, data must be accurate, timely, and complete, with change requests appropriately captured and managed. QA front-line checks must be conducted as scheduled to ensure compliance with the new CMS. Implementation involves regular training, monitoring, and reporting, with continuous improvement through frontline checks thematic feedback.	■ RED	**Why amber/red:** Investigations KPIs in the red as we continue to progress older cases through the process. As previously outlined, resolving these will take time to reflect against KPI performance but underlying productivity remains positive. **How we will get back to green:** We are maintaining a strong focus on clearing older cases and applying pragmatic, proportionate approaches to case management. Marginal improvements are already evident at an operational level, supported by increased productivity this financial year. Continued monitoring and targeted management oversight will drive further recovery toward KPI targets.
Annual review of FtP Guidance	BAU	Q1-Q4	● Critical	• Relevant changes and updates of published policies, internal processes, and guidance have been made where necessary. • Priorities will include: Investigation processes, Stage three processes including direct referral. • Work will also commence to review the Acceptance Criteria. • Any process changes by virtue of the new CMS are updated	■ AMBER	**Why amber/red:** Additional time is required to review and update guidance following recent process and audit reviews. **How we will get back to green:** Council is asked to note the extension to the end of the financial year to allow for a thorough review and consultation (if applicable) on revised guidance. This will ensure clarity and consistency before full implementation.

Education

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Annual Monitoring and Reporting: Complete and issue Annual Monitoring qualifications reports	BAU	Q1-Q4	● Essential	Measure against key milestones as part of the AMR process to ensure we are on track - this includes: initial triage and queries, urgent actions, report writing, consistency review, and sign off. The measures are: - initial triage and report drafting Q1. - Qualification reports distributed in Q2.		**Why amber/red:** Delay in reports being issues to providers. **How we will get back to green:** Reports ready to be issued to providers in October 2025.

Facilities

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
H&S Statutory Compliance	BAU	Q1-Q2	● Critical	Reports to SMT and ARC. Score-based system and Internal Audit by independent consultants on the management of H&S.		**Why amber/red:** Office relocation meant that most of the control measures and tests needed to wait until final completion (snagging and repairs periods) which had been delayed as we continue to have contractors working on some systems. **How we will get back to green:** Once all works are completed, we will invite our H&S Consultants to carry out their annual survey and send their report with recommendations.

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Resolve issues from office move.	Continuous Improvement Project	Q1-Q2	● Essential	IT Facilities established in potential new office.		**Why amber/red:** Move took place much later than anticipated when the business plan was created. **How we will get back to green:** SMT has noted the revised plan is now to rephase this project for delivery in Q3 2025. Final remedial work to improve reverberation booked for completion in November.
Replace website	Continuous Improvement Project	Q1-Q3	● Essential	Q1-Q2 New website in place with exisitng Search the Register (StR) in place. Q3 existing StR replaced with new StR.		**Why amber/red:** StR was always dependent upon new integration method being in place. As MyGOC is delayed, StR has to be delayed. **How we will get back to green:** SMT is asked to note the revised plan is now to rephase this project for delivery in Q1-Q2 2027.

People and Culture

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Lessons Learned Review (Minchington) Action Tracker	Strategic project	Q1-Q2	● Essential	Delivery of the action plan		**Why amber/red:** One action remains outstanding: • (4.12) Governance are arranging a meeting with Regulatory Operations for P&C to look at the FtP processes (which regularly assess whether complaints meet the threshold for investigation and formal processes) and see if there's anything we could apply in relation to our ER policies, although People & Culture now have the relevant HR expertise to suitably manage employee relations cases and so risk of poor management is very low. **How we will get back to green:** Continued effective leadership of People and Culture, and management of ER cases through HR business partnering.

Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Review terms of reference of statutory committees	Continuous Improvement Project	Q1-Q3	● Essential	Q1 - all committees consider terms of reference, along with any proposed amendments Q1 - Council engaged in ToR workshop September 2024 - Council reviews proposed amendments		**Why amber/red:** Deadlines for Q1 consideration by statutory committees missed due to unplanned pressures on team capacity. **How we will get back to green:** Reprioritising to occur later in 25/26. Discussion with working group about whether this is a light touch review (i.e. no changes, simple renewal) or more extensive.
Review the new PSA performance standards and ensure GOC's compliance with reporting requirements	Continuous Improvement Project	Q1-Q4	● Essential	TBC - awaiting PSA timelines.		**Why amber/red:** PSA has issued performance standards and consultation response. Workshops planned by PSA and engagement happening. **How we will get back to green:** Success measures to be scoped and updated for Q3-Q4

**DRAFT minutes of the meeting of the Advisory Panel held on
Thursday 13 November 2025 at 9.15am via MS Teams**

Present: William Stockdale (Standards Committee) (Advisory Panel Chair), Jacqui Adams (Education Committee), Sana Asif (Standards Committee), Geraldine Birks (Registration Committee), Gavin Cooper (Registration Committee), Dr. Helen Court (Education Committee), Dean Dunning (Education Committee), Kathryn Foreman (Registration Committee), Lisa Gerson (Registration Committee Chair), Sally Gosling (Education Committee), Dan Green (Education Committee), Kalwant Grewal (Registration Committee), Gordon Ilett (Companies Committee), Sarah Joyce (Companies Committee), Ros Leveson (Standards Committee), Wayne Lewis (Companies Committee), Julia Lewis (Standards Committee), Dan McGhee (Companies Committee), Frank Munro (Education Committee), Hana Patel (Education Committee), Tim Parkinson (Companies Committee), Dr. Hema Radhakrishnan (Education Committee), Reena Rani (Registration Committee), Chloe Robson (Standards Committee), Parth Shah (Companies Committee), Amit Sharma (Companies Committee), Poonam Sharma (Companies Committee), Dr. Ahalya Subramanian (Education Committee), Nilla Varsani (Standards Committee), Dr. Anne Wright CBE (Council Chair) and Cathy Yelf (Companies Committee).

Apologies: Kay Bagshaw (Standards Committee), Khalid Dalil (Registration Committee), Gordon Dingwall (Companies Committee), Imran Hakim (Companies Committee), Haseena Lockhat (Standards Committee) and Dimple Kumar (Standards Committee).

GOC Attendees: Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Nadia Denton (Governance Officer) (*minutes),* Toby Ganley (Policy Manager (Standards))*,* Kiran Gill (Chief Legal Officer), Philipsia Greenway (Director of People & Improvement), Andrew Mackay-Sim (Chief of Staff), Leonie Milliner (Chief Executive and Registrar), Marc Stoner (Director of Corporate Services) and Charlotte Urwin (Head of Strategy, Policy and Standards).

	Welcome and Apologies
1.	The Chair welcomed everyone to the meeting. The Advisory Panel noted that; • the new members included Gavin Cooper, Dan Green, Kalwant Grewal, Hana Patel and Parth Shah. • apologies had been received from Kay Bagshaw, Khalid Dalil, Gordon Dingwall, Imram Hakim, Haseena Lockhat and Dimple Kumar; and • this would be Gordon Dingwall's last meeting.
	Declaration of Interests and confidentiality AP00(25)
2.	The Panel noted the register of interests.

	Minutes of the meeting held on 6 June 2025 AP08(25)
3.	The minutes of 6 June were approved as an accurate record of the meeting subject to the following amendment being made: • Haseena Lockhat had given her apologies.
	Actions point updates AP09(25)
4.	The actions were noted.
	Matters Arising
5.	There were no matters arising.
	Testing of sight research AP10(25)
6.	The Policy Manager introduced the item. Overall, the Advisory Panel considered the draft statement was a good starting point for consultation purposes. In discussion members suggested potential ways that sight testing models might evolve in future and highlighted a range considerations to inform policy development. Wider implications of technological developments, such as for education and training and workforce size, were discussed. Specific points raised in discussion, included: • rapid advancement of technology meant unforeseen future operating models could emerge and as such the position statement should avoid being too prescriptive. It would also be important for the GOC's regulatory approach to correctly reflect the relative responsibilities of individual and business registrants • professional practice should be anchored around stratification of risk – while teleoptometry models may be potentially unsuitable for some types of patient, blanket categories that ruled out teleoptometry for specific population groups could unnecessarily restrict access to eye care; • the statement should include reference to audit and evaluation carried out by businesses as an important clinical governance safeguard; • where sight tests are separated by time, generally, the length of the time gap should be minimised to reduce risk to patients. It was highlighted that separation of the sight test by time is necessary for some patients for sound clinical reasons outside of teleoptometry models, e.g. an uncooperative child, a sick patient; • the importance of patients giving informed consent prior to the appointment; • learning from patient frustration with access to hospital consultants to discuss results of scans, the process would need to ensure that patients have adequate time to discuss the findings of sight tests with an optometrist; • the importance of infrastructure to support the viability of teleoptometry models including information being shared across the different locations in real time; • the ability to obtain professional indemnity insurance and its cost will influence wider adoption of teleoptometry models; • the extent to which specific points should be clarified within the statement; and including whether 'safe' should be defined and when a sight test is completed.
7.	The Advisory Panel **discussed** the research report on a risk-based framework for the testing of sight and GOC proposed regulatory interventions prior to decision at Council.
	CPD reform AP11(25)

8.	The Director of Regulatory Strategy introduced the item. To support management of conflicts of interest, members who spoke declared where they were CPD providers. The discussion highlighted a range of perspectives on the appropriate level of prescription in a CPD system balancing the benefits of maximising freedom for registrants to choose the learning and development they need while managing the risk that some registrants may neglect CPD in the absence of specific requirements. Points raised by the Advisory Panel, included: - generally, the proposals were positive and empowering for the profession and the focus on outcomes of learning and patient impact was welcome. The proposals could be viewed as providing registrants with greater responsibility and accountability for determining their approach to learning and development; - the timing of change would be important – some considered that it was too soon to remove the points system given registrants were still adjusting to the latest changes and a period of culture change was necessary first; - the focus on inclusivity in relation to non-clinical roles was welcomed; - if prescription was removed it would be important to have a framework of guidance that sets some expectations and supports less experienced registrants. For example, consideration should be given to whether the guidance included recommended minimum points or hours to encourage registrants to engage. Robust governance around record keeping and audit would become more important in a system where GOC set fewer specific requirements; - strengths of the current system should be retained such as the focus on reflection and peer-to-peer learning; - the business proposals could encourage better engagement with employees but there was a risk that the employer would direct the learning and not allow for subject areas that the registrant might be more interested in. There was concern that the proposals could increase the costs and burdens for smaller businesses, while issues relating to locums and unregistered businesses were noted; - some members welcomed the removal of 'red tape' from CPD providers and agreed that GOC approval was no longer necessary whereas others worried that the quality of CPD provision would reduce if GOC approval was removed; - consideration needed to be made of registrant use of artificial intelligence to complete their CPD; and - the development of an equality impact assessment was noted and the executive was encouraged to consider the needs of neurodiverse registrants since an hours-based model could be more challenging for them.
9.	The Advisory Panel **discussed** draft proposals for CPD reform prior to review by Council.
	Date of Next meeting
10.	The date of the next meeting was noted as **6 February 2026**.
	Any Other Business
11.	There was none.
12.	**The meeting closed at 11:25am.**

General Optical Council

GENERAL OPTICAL COUNCIL

**DRAFT Minutes of the meeting of the Companies Committee
held on Thursday 13 November 2025 at 11.35am via MS Teams**

Present: Tim Parkinson (Chair), Gordon Ilett, Sarah Elizabeth Joyce, Wayne Lewis, Dan McGhee, Parth Shah, Amit Sharma, Poonam Sharma and Cathy Yelf.

Apologies: Gordon Dingwall and Imran Hakim.

GOC Attendees: Marie Bunby (Policy Manager), Toby Ganley (Policy Manager (Standards)), Angharad Jones (Policy Manager), Nazia Khanom (Governance and Compliance Officer) *(Minutes)* and Dr Anne Wright CBE (Chair of Council).

	Follow up on testing of sight item COM04(25)
1.	The Companies Committee joined the Standards Committee for the discussion of this item only.
	Standards Committee Members Present: William Stockdale (Chair), Sana Asif, Ros Leveson, Julia Lewis, Chloe Robson and Nilla Varsani.
	Apologies: Kay Bagshaw, Dimple Kumar and Haseena Lockhat
	Additional GOC Attendees: Steve Brooker (Director of Regulatory Strategy), Kiran Gill (Head of Legal), Elisha Lindsay (Policy Officer Standards) and Charlotte Urwin (Head of Strategy, Policy and Standards)
	The Policy Manager and Policy Manager (Standards) asked the Committees to consider whether the General Optical Council (GOC) should update its supervision standards (Standard 9 of the Standards of Practice for Optometrists and Dispensing Opticians) in light of proposals to revise the 2013 statement on testing of sight. The Committees discussed the requirement to be on the premises as set out in Standard 9.3.
2.	Members agreed the requirement to be on the premises and in a position to intervene was useful but considered whether current or future technology could render it unnecessary. The Committees further considered whether the requirement supported patient choice and safety needs. The Committees discussed whether it was important to differentiate between supervision for training purposes and supervision during delegated tasks. The Committees considered whether different supervision requirements might be appropriate for students (pre-registration trainees) who may

	need intervention and emphasised the importance of maintaining high-quality supervision.
3.	The Committees further discussed safeguarding and tele-optometry services, including how to ensure data is appropriately gathered, the need for practitioners to be adequately trained, skilled, and supported, and whether technology can help identify patient vulnerabilities while allowing sufficient interaction to address them. It also considered how tele-optometry might improve access to care and the potential benefits of remote services in certain areas. The Committees considered whether there is enough evidence to justify or inform changes to the supervision standards.
4.	Companies and Standards Committee: • **gave** its views on whether any changes should be made to the GOC's standards on supervision, prior to any drafting changes and subsequent decision at Council.
	Welcome and apologies
5.	The Chair proceeded to welcome those in attendance. Apologies were received from Imran Hakim and Gordan Dingwall.
	Minutes from meeting held on Friday 6 June 2025 COM05(25)
6.	The minutes from the breakout session held on 6 June 2025 were approved as an accurate record.
	Update since last meeting COM06(25)
7.	The Chair provided a verbal summary of the Council discussions on topics relevant to optical businesses.
8.	Companies Committee: • **noted** the paper.
	Registrant and lived experience research COM07(25)
9.	The Policy Manager introduced the item and requested the Committee to feedback on the business support offered to supervisors. Members mentioned that business support for supervisors varied across organisations. Recent education and training reforms, including Clinical Learning in Practice (CLiP), had encouraged businesses to strengthen supervisor training and support. Larger organisations had formal structures and a range of communication channels for support on good practice, while smaller practices used more flexible methods. Clinical performance teams also supported partners to help set up supervisors and pre- registration students.
10.	Members mentioned that challenges around workload and finding enough supervision time had continued, as the unpredictable nature of clinical practice made protected time hard to guarantee. However, as pre-registration students gained confidence and skill, they required less direct supervision.
11.	The Policy Manager requested feedback on how businesses tackle harassment, bullying, abuse and discrimination in the workplace. Members highlighted that larger companies have policies, reporting channels, zero-tolerance approaches and mandatory training. However, it was acknowledged that implementation at ground level

	can be inconsistent. Members emphasised the need for ongoing cultural development and consistent action when issues are raised. **ACTION: The Policy Manager to provide a breakdown on the age demographic who reported harassment, bullying, abuse and discrimination for the next meeting.**
	Companies Committee: • **noted** the findings from the surveys and **discussed** how can businesses support effectively registrants who took on supervisory roles, particularly in managing the additional responsibilities these roles entailed, as well as what more can businesses do to help tackle and reduce levels of harassment, bullying, abuse and discrimination in the workplace.
	Any Other Business
12.	The Chair will email Gordan Dingwall to thank him for all his work and wish him the best in his retirement.
13.	The next meeting of the Committee would take place on 6 February 2026.
	Meeting Close
14.	The meeting closed at 12:50pm

General Optical Council

**DRAFT minutes of the Education Committee held on
Thursday 13 November 2025 at 11.35am via MS Teams**

Present:	Frank Munro (Chair), Jacqui Adams, Dr. Helen Court, Dean Dunning Sally Gosling, Dan Green, Hana Patel, Dr Hema Radhakrishnan and Dr. Ahalya Subramanian.
GOC Attendees:	Steve Brooker (Director of Regulatory Strategy) *(items 6-10)*, Georgina Carter (Education Operations Manager), Nadia Denton (Governance Officer) *(Minutes)*, Leonie Milliner (Chief Executive and Registrar) *(items 6-10)*, Samara Morgan (Head of Education and CPD) and Ben Pearson (Education Policy Manager).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed everyone including the two new members to the committee: • Dan Green (Registrant Dispensing Optician); and • Hana Patel (Registered Medical Practitioner).
	Declarations of interests and confidentiality
2.	There were no new declarations of interest.
3.	**Minutes from break out session held on 6 June 2025 ED05(25)**
	The minutes of the meeting held on 6 June were approved as an accurate record.
	AMR Sector Report ED06(25)
4.	The Education Policy Manager introduced the item. The Education Committee suggested that: • it could be inferred from the report that a growth in student numbers and growth in providers, the demand for work placements would increase too; • there seemed to be a slight downturn in terms of placement supervisors and the executive would need to keep an eye on this; • it would be ideal to have a diverse spread of work placements; • it was worth considering whether dropout rates were linked to lower grade attainment; • dropout rates could be linked to a lack of personal suitability or social competence on the part of the student to become a clinician; • whilst the GOC collected information on A level requirements, the executive might want to consider asking how many of those students had completed foundation courses to progress onto GOC approved qualifications; and • there could be benefits to assessing the student's interpersonal skills prior to signing up to courses. .
5.	The Education Committee **noted** the update and **considered** the report.

	SPOKE reasonable adjustment report ED07(25)
6.	The Education Policy Manager introduced the item. The Education Committee suggested that: • there should be clear cut guidance about the physical and practical requirements needed to study optometry; • there should be consistency from providers about what students could expect on the course well in advance; • risk increased from the current lack of consistency in the application of reasonable adjustments across providers as outlined in the report; • there should be consistency in sharing data about adjustments; • it would be useful to consider what might constitute 'reasonable adjustments' and how this could be standardised; • there would be financial implications attached to the number of students who required special adjustments for providers; • there could be value in strengthening links between educational institutions and employers in terms of recruitment and reasonable adjustment support; • there could be practical limits around reasonable adjustments for an optometrist working in practice with the public; and • the report could be more detailed as to what constitutes misconduct.
7.	The Education Committee **noted** and **considered** the report.
	Joint regulatory statement on Artificial Intelligence (AI) ED08(25)
	The Education Operations Manager introduced the item. The Education Committee suggested that: • the GOC had its own specific requirements and should consider creating its own statement in addition to the joint statement; • the statement could reference the use of AI before individuals enter practice; • the sector was at risk of falling behind in training students on the ethical use of AI; • it was important to make a firm statement about academic integrity; and • there were cost differentials between AI products and this should be considered in terms of the statement outlining providers ensuring equitable access to students.
8.	The Education Committee: • **reviewed** the inter-regulatory statement on AI; and • **advised** that the GOC should be a signatory while also developing a sector specific statement.
	Any Other Business
9.	There was none.
10.	**The meeting closed at 12.53pm**

General Optical Council

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the Registration Committee Meeting held on
Thursday 13 November 2025, 11.29am – 12:19pm via MS Teams

Present: Lisa Gerson (Chair), Geraldine Birks, Gavin Cooper, Raymond Curran,
                      Kathryn Foreman Kalwant Grewal Reena Rani.

GOC Attendees: Kiran Gill (Chief Legal Officer), Andy Mackay-Sim (Chief of Staff), Leonie
                      Milliner (Chief Executive and Registrar), Nadia Patel (Head of Registration),
                      Diana Smith (Administrator) *(Minutes),* Marc Stoner (Director of Corporate
                      Services), Anne Wright (Chair of Council).

Apologies:

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed all attendees. The Committee noted that: • The new members were Gavin Cooper and Kalwant Grewal.
	Minutes from the breakout session held on 06 June 2025
2.	The Committee approved the minutes as an accurate record of the last meeting.
	Student Registrations Renewal Report
3.	The Head of Registration introduced the item. The Committee noted that there had been a higher-than-expected increase in student registrations. The Head of Registrations explained the process of registering students, which includes receiving application forms and following up any application delays with universities. The Committee expressed an interest in understanding the relationship between the General Optical Council (GOC) and universities. The Head of Registration provided an insight into how the Registration team works closely with universities.
	My GOC platform
4.	The Head of Registration introduced the item. The Committee were provided with an overview of the current platform and noted potential areas for improvement. The Committee noted the deferred launch date to be at a less critical time, in April 2026. The Chair thanked the Head of Registration and the team for their work.
	Registrant fees review
5.	The Director of Corporate Services introduced the item. The Committee noted some of the issues around proposed instalment plan. It was highlighted that the Legal team are currently exploring solutions to these issues. The Committee supported slightly lower fees for Dispensing Opticians but had differing views on higher fees for specialist qualifications. The Committee also raised the importance of considering fairness, Equality, Diversity and Inclusion concerns, and the lack of scenario modelling. The Director of Corporate Services confirmed fees are GOC's sole income and not for extra revenue. The Chief Executive and Registrar linked the discussion to the GOC's five-year strategy and explained that the aim of the proposed consultation is seek views on how the costs of regulation could potentially be shared more fairly whilst noting risks such as regulatory changes and sector shifts.

	The Committee acknowledged trends around growth in optometry and DO numbers, professional body concerns about fee disparities and other under-modelled impacts.
	Any Other Business
6.	There was no other business received.
	Meeting Close
7.	The meeting concluded at 12:19pm.

**Minutes of the meeting of the Standards Committee held on
Thursday 13 November 2025 at 11.35am via MS Teams**

Present:	William Stockdale (Chair), Sana Asif, Ros Leveson, Julia Lewis, Chloe Robson and Nilla Varsani.
Apologies:	Kay Bagshaw, Dimple Kumar and Haseena Lockhat
GOC Attendees:	Toby Ganley (Policy Manager (Standards)), Elisha Lindsay (Policy Officer (Standards)) *(minutes),* Charlotte Urwin (Head of Strategy, Policy and Standards)

	Supervision
1.	The Standards Committee were joined by the Companies Committee for discussion of this item.
	Companies Committee Members Present: Tim Parkinson (Chair), Gordon Ilett, Sarah Elizabeth Joyce, Wayne Lewis, Dan McGhee, Parth Shah, Amit Sharma, Poonam Sharma and Cathy Yelf.
	Apologies: Gordon Dingwall and Imran Hakim.
	Additional GOC Attendees: Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Nazia Khanom (Governance and Compliance Officer), Kiran Gill (Head of Legal) and Anne Wright (Chair of Council).
	The Policy Manager and Policy Manager (Standards) asked the Committees to consider whether the General Optical Council (GOC) should update its supervision standards (Standard 9 of the Standards of Practice for Optometrists and Dispensing Opticians) in light of proposals to revise the 2013 statement on testing of sight. The Committees discussed the requirement to be on the premises as set out in Standard 9.3.
2.	Members agreed the requirement to be on the premises and in a position to intervene was useful but considered whether current or future technology could render it unnecessary. The Committees further considered whether the requirement supported patient choice and safety needs. The Committees discussed whether it was important to differentiate between supervision for training purposes and supervision during delegated tasks. The Committees considered whether different supervision requirements might be appropriate for students (pre-registration trainees) who may need intervention and emphasised the importance of maintaining high-quality supervision.

3.	The Committees further discussed safeguarding and tele-optometry services, including how to ensure data is appropriately gathered, the need for practitioners to be adequately trained, skilled, and supported, and whether technology can help identify patient vulnerabilities while allowing sufficient interaction to address them. It also considered how tele-optometry might improve access to care and the potential benefits of remote services in certain areas. The Committees considered whether there is enough evidence to justify or inform changes to the supervision standards.
	The Companies Committee left the meeting.
	Welcome
4.	The Chair welcomed those in attendance. Apologies were received from Kay Bagshaw, Dimple Kumar and Haseena Lockhat.
	Minutes from meeting held on Friday 6 June 2025
5.	The minutes from the meeting held on 6 June 2025 to be amended to include that Julia Lewis was in attendance. Otherwise, the minutes were approved as a true record of the meeting.
	Artificial Intelligence
6.	The Policy Manager (Standards) introduced the item and the Chair opened the discussion. The Committee considered the following points: - Artificial Intelligence (AI) should be used in a contextual, supported and evidence based manner. - Decision making should remain with registrants and overall accountability lies with the practitioner throughout the patient journey. - The proposed guidance should remain high level due to the rapid pace of in AI developments. The GOC should avoid being overly prescriptive and focus on patient safety. - With the rate and pace of change, maintaining understanding of AI may be difficult for both registrants and patients. Therefore, any guidance may need more frequent reviews than other areas. - AI generated diagnostics have limitations and potential biases, which are linked to how data is recorded and collected. Practitioners need to be aware of the risks and understand how these tools work. - The Committee discussed how to mitigate risks with using AI models. - It was noted that there is already some guidance from other bodies (eg MHRA, GOsC) on appropriate use of AI and related equipment. - The Committee agreed that AI is a tool practitioners should be supported to use, with transparency around its role in patient care. - The Committee also considered the influence AI may have on potentially deskilling practitioners in the long term. - Whilst AI might increase the speed at which decisions on a patient's care could be made, businesses must ensure registrants have enough time to analyse any AI based outputs to inform their decision making. - The GOC should try to keep Council members informed on developments in this area to support informed decision making.

		Summary of responses to consultation on draft guidance
7.		The Policy Manager (Standards) introduced the item. • The Committee raised that the consultation only received 23 responses to the consultation. However, it was satisfied that this was broadly consistent with previous consultations on the standards. It also acknowledged that some representative bodies may have consulted their members when preparing responses, meaning overall engagement could have been higher. • The Committee revisited the suggestion that additional guidance be provided for registrants who become vulnerable and concluded that as this is guidance targeted at the care of vulnerable patients this was not necessary. They recognised the role of representative and professional bodies, who may support their members in these circumstances. • The Committee discussed scenario-modelling to support the guidance. The Head of Strategy, Policy and Standards clarified that this would depart from the current style of guidance produced by the GOC. • The Committee further considered guidance around maintaining appropriate sexual boundaries when using social media. It was noted that social media use can be useful for educational and networking purposes but the need for respecting privacy and complying with any data protection requirements was reinforced. The Committee suggested that standards do not need to be re-written in this area but highlighted the importance of reminding registrants to act with integrity both online and in person.
		Any Other Business
8.		There was no other business received.
9.		**The meeting closed at 1.00pm.**

General Optical Council

COUNCIL

Report from the Chair of Council

Meeting: 17 December 2025   **Status:** For noting

Lead responsibility & paper author: Dr Anne Wright CBE (Chair of Council)

Introduction

1.   This report covers my principal activities since the last Public Council meeting on 16 September 2025.

Management

2.   I have held weekly catch-up meetings with Leonie Milliner, Chief Executive and Registrar (CE&R) and with Andy Mackay-Sim, Chief of Staff, including pre-brief meetings when required.

3.   As well as other meetings on specific priorities and issues, I have held quarterly 1:1 meetings with individual Senior Management Team (SMT) members.

4.   I joined the All-Staff Meeting on 12 December 2025, which was organised by our Communications team and chaired by Leonie Milliner, CE&R. The meeting included the annual CE&R Achievement Awards. On behalf of the Council, I would like to congratulate all individual staff and teams who received awards and thank them and also all who have received recognition throughout 2025 for their contributions.

5.   On 19 November 2025, I conducted the CE&R Leonie Milliner's mid-year business performance review session within the GOC's new performance and behaviours framework.

6.   To acknowledge World Architecture Day, and to launch our new Staff Wellbeing and Engagement Group (SWEG) coffee-break talks programme, Leonie Milliner,

CE&R, hosted an open session on 6 October 2025, giving a presentation which shared her passion for and knowledge of architecture.

7.   In recognition of Dyspraxia Awareness week, I viewed the recording of our ABLE Network - dyspraxia awareness, understanding, inclusion and allyship open session, organised by Joanna Murphy, EDI Manager. The interactive session on 9 October 2025, covered dyspraxia, neurodiversity, disability and why language matters.

8.   The Embrace network organised several events to celebrate Black History Month. External speaker Kim Sheldon, social historian, gave a presentation on 14 October 2025. Kim celebrated those who led with intentions, creating lasting impact across generations and geographies; celebrating and highlighting those who stood firm in the face of adversity and whose legacy continues to light the way forward.

9.   On 27 October 2025, I joined the Q&A session jointly organised by our Embrace Network and our Anti-Racism Group (ARG) and hosted by Nkiruka Umeh, Investigation Officer, and Co- Chair for the ARG. Philipsia Greenway, Director of People and Improvement and Terence Yates, Hearings Officer who shared their lived experience. The impressive and inspiring panel session explored this year's Black History Month theme 'Standing firm in power and pride', what it means and the role it plays in our everyday lives.

10.   On 4 December 2025, I joined the SWEG coffee break session organised by Abigail Brown, Internal Communications Officer. The session was hosted by Charlotte Urwin, Head of Strategy, Policy and Standards, who shared her experiences and insights as a female gamer, and why it is a hobby she remains passionate about.

Council and Committees

11.   I have continued to join fortnightly meetings with Tim Parkinson, Senior Council Member (SCM).

12.   I have also held catch-ups with Council members and associates and participated in induction sessions for incoming members.

13.   I have chaired the Appointment Panel for the recruitment of a new Lay Council member, with panel members registrant Council members William Stockdale and Poonam Sharma, and independent appointment panel member Deirdre Toner. At interview stage the panel was joined by Clare Minchington, former lay Council member and former Chair of ARC. Interviews took place on 15 and 16 October, and the successful candidate will take up post in early 2026, subject to Privy Council approval of the appointment. The recruitment process was ably administered by Nazia Khanom and the Governance team.

14.   On 30 September 2025, I chaired the Council Strategy Day with Council, SMT and relevant staff members in attendance. The Strategy Day took place at our new offices in Canary Wharf. This was the first opportunity for the Council to meet in person at the new offices, and on behalf of all members I would like to congratulate everyone involved in the relocation project. My thanks also go to the facilities team who welcomed us on the day.

15.   I chaired the Council Catch-ups on 8 October 2025 and on 18 November 2025, with Council and relevant staff members in attendance.

16.   On 4 November 2025, I hosted a Council virtual coffee morning session with Council members and associates.

17. I chaired the Financial Chairs group meeting on 10 November 2025 joined by Tim Parkinson, Chair of Remuneration Committee and Investment Committee; John Cappock, Independent Chair of ARC; Lisa Gerson, Chair of Nominations Committee; CE&R Leonie Milliner; Director of Corporate Services Marc Stoner, and Chief of Staff Andy Mackay-Sim.

18. I held a catch-up meeting with Fitness to Practise (FtP) Council leads Lisa Gearson and Cathy Yelf on 18 November 2025.

19. I attended the Remuneration Committee meeting on 29 October 2025; Advisory Panel meeting on 13 November 2025; Nomination Committee meeting on 17 November 2025 and Audit, Finance and Risk Committee (ARC) meeting on 25 November 2025.

Stakeholders

20. 18 September 2025: The Subtle Art of Chairing session of the Public Chairs' Forum (PCF) Chair's Challenge. The panel chair was Keith Fraser, PCF Chair and Chair of the Youth Justice Board, who was joined by Kathryn Bishop CBE, Associate Fellow, Saïd Business School, University of Oxford and Ruth Glazzard, Chair, Welsh Revenue Authority.

21. 22 September 2025: College of Optometrists (COO) meeting with Dr Gillian Rudduck, COO President, Ian Humphreys, COO Chief Executive, GOC Senior Council Member Tim Parkinson, and CE&R Leonie Milliner.

22. 25 September 2025: British and Irish Orthoptic Society (BIOS) meeting with Craig Murray, BIOS Chair, Helen Haggerty, BIOS Vice Chair accompanied by SCM Tim Parkinson, CE&R Leonie Milliner and Director of Regulatory Strategy Steve Brooker in attendance.

23.   9 October 2025: Association of Chief Executives (ACE) and Public Chairs' Forum (PCF) Roundtable - Leading for Trust in Turbulent Times.

24.   14 October 2025: Sight testing research GOC stakeholder roundtable, organised by our Policy Manager with relevant stakeholders and members of staff in attendance to discuss the research and next steps.

25.   17 November 2025: PSA Chairs Roundtable, hosted by Caroline Corby, Chair of the Professional Standards Authority (PSA) and attended by Chairs of the other professional regulators.

26.   20 November 2025: Optometry Schools Council (OSC) meeting with Professor Joy Myint, OSC Chair accompanied by Tim Parkinson and Leonie Milliner.

27.   20 November 2025: Local Optical Committee Support Unit (LOCSU) meeting with Dr Joy Tweed, LOCSU Board Chair, Janice Foster, LOCSU CEO, Zoe Richmond, LOCSU Clinical Director accompanied by Tim Parkinson and Leonie Milliner.

28.   24 November 2025: Royal College of Ophthalmologists (RCOphth) meeting with Ben Burton, RCOphth President, Ali Rivett, RCOphth Chief Executive accompanied by Tim Parkinson and Leonie Milliner.

29.   1 December 2025: AOP meeting with Emma Jane Spofforth, AOP Chair, Adam Sampson, AOP Chief Executive and with SCM Tim Parkinson and CE&R Leonie Milliner in attendance.

30.   8 December 2025: ABDO meeting with Kevin Gutsell, ABDO President, Alistair Bridge, ABDO Chief Executive accompanied by SCM Tim Parkson and CE&R Leonie Milliner.

Council Member meetings with stakeholders

31. Frank Munro, registrant Council Member and Chair of the Education Committee, attended the Scottish Optical Conference on 16 October 2025. In addition, Frank attended Glasgow Caledonian University and the University of Highlands and Islands for familiarisation visits on 17 October 2025 and 18 October 2025, meeting staff and students accompanied by Steve Brooker, Director of Regulatory Strategy.

32. On 21 October Council Members Tim Parkinson and Ros Levenson joined members of staff for the Optical Familiarisation visit to the British Optical Association Museum at the College of Optometrists headquarters in Craven Street, London. The museum curator Dr Neil Handley led the tour and shared insights into the history of optometry.

33. John Cappock, Independent Committee Member and Chair of ARC attended the Regulatory Roundtable 'What NEDs need to know about cyber security and cyber resilience' roundtable, led by Yvonne Gallagher MBE, Director Digital Insights, at the National Audit Office, on 5 November 2025. Non-Executive Directors (NEDs) from the Regulator Membership were welcomed to join. John was able to share his perspective on the Regulatory Roundtable at the Council Catch-up session (on 18 November 2025), so others could benefit as well.

General Optical Council

COUNCIL

Chief Executive and Registrar's Report

Meeting: 17 December 2025   **Status:** For noting

Lead responsibility and paper author: Leonie Milliner, Chief Executive and Registrar

Council Lead(s): Dr Anne Wright CBE, Council Chair

Purpose

1.   To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

Recommendations

2.   Council is asked to note the Chief Executive and Registrar's report.

Strategic objective

3.   This work contributes towards the achievement of all parts of our Strategic Plan and our 2025-2026 Business Plan.

Background

4.   The last report to Council was provided for its public meeting on 16 September 2025.

Analysis

5.   Since Council last met, we have welcomed ten new members of staff: Sandeep Dulku, People and Culture Manager; Nyasha Matanda, Investigations Officer; Oyin Adekunle, Information Governance Officer; Rufus Woodcock, Administrator (internship program through our partnership with the Thomas Pocklington Trust); Tara Obembe, Education Operations Officer; Claire Sharkey, Investigations Officer; Shashank Srivastava, Data Scientist; Rekha Randhawa, Head of FTP Legal; Marta Pawlowska, CPD Officer; James Whitton, Education Operations Manager and Ola Oso, Investigations Administrator who has reinstated their employment with us. I meet new starters each month for an informal introduction as a group session.

6. I would like to thank Vanissa Tailor, Operations Manager (Triage), who will be leaving us today for her ten-year service and I would also like to thank Ashley Watterson, Education Officer (Operations) and Kate Furniss, Operations Manager (Education & CPD) who both have left since our last report. We wish them well for the future.

7. I'm pleased to announce that Phoebe Salisbury is joining the Project Delivery and Continuous Improvement Team as Project Support Analyst on a 12-month internal opportunity from her role as a Registration Officer. In her new role Phoebe will continue key support of the delivery of the MyGOC project, whilst assisting with the establishment of the new Continuous Improvement function within the GOC.

Internal engagement

8. I continue to hold weekly meetings and pre-brief meetings with our Chair of Council, our Chief of Staff and with each member of our Senior Management Team (SMT) and other members of the executive as required.

9. On 10 November 2025, I joined our planned Leadership Team (LT) meeting (which has a rotational Chair). I chaired SMT fortnightly meetings and I attended our monthly corporate Risk Register meetings chaired by our Director of Corporate Services.

10. I chaired our monthly All-Staff Meetings (ASM) with all our staff members invited as well as two of our newest Council Members, Cathy Yelf and Raymond Curran who joined our ASM respectively to introduce themselves to staff members. I also had a monthly commitment to review of our reward and recognition letters.

11. On 18 September 2025, I joined our annual business performance and behaviours review workshop for line managers organised by our People Team. The aim of the workshops ws to prepare line managers to use the new Performance Behaviours Framework (PBF) for the mid-year reviews.

12. I participated in two PBF pay modelling meetings with our Director of People and Improvement, our Director of Corporate Services, our Chief Financial Officer, our Head of People and Culture, and our Performance and Implementation Lead.

13. From 22 October 2025 through to 12 November 2025, I held and completed SMT mid-year business performance review meetings which also included mid-

year business performance review meetings with our former interim Director of Corporate Services (our current Head of Strategy, Policy, and Standards) and our Chief of Staff. On 19 November 2025, I attended my mid-year business performance review meeting with our Chair of Council as my reviewer.

Staff wellbeing and engagement

14.   We offer a weekly post-work online yoga open sessions led by an external yoga teacher, Elena Consoli, organised by our Staff Wellbeing and Engagement Group (SWEG) which I participate in when I am able to.

15.   I am grateful to our Social Mobility Network and our Equality, Diversity, and Inclusion Manager who organised as part of National Inclusion Week a panel discussion on the impact of imposter syndrome, with all staff members invited, where four of our colleagues shared their individual experiences and explored how feelings of self-doubt connected to inclusion and belonging at work.

16.   I joined our Anti-Racism Group (ARG) Committee meeting on 26 September 2025 organised and hosted by our ARG.

17.   On 6 October 2025, I was delighted to be invited by SWEG to launch our 2025/26 coffee break talks with a discussion on 'How do buildings make you feel?' to mark World Architecture Day, a perfect opportunity to explore coffee shop design, its drawn representation and use from the 1600s to the present day; how architecture might cause harm; and for attendees to share their favourite buildings.

18.   In recognition of Dyspraxia Awareness week, I contributed to the ABLE Network's presentation for dyspraxia awareness, understanding, inclusion and allyship open session on 9 October 2025. I am grateful to our Dynamics 365 officer who shared her lived experience of dyspraxia in the workplace.

19.   I watched the recording of our Black History Month open session which was held on 14 October 2025 and organised by our Embrace Network. The unshakable, legacies of strength, pride and perseverance presentation with an external speaker, Kim Sheldon who explored the strength, resilience, and endurance that have carried Black communities through history and continue to inspire today.

20.   To round off our celebration of Black History Month (BHM), I joined the question and answer session on 27 October 2025, organised by our Embrace Network and our Anti-Racism Group (ARG). Hosted by our Investigation Officer, who is the Co- Chair for the ARG, with our Director of People and Improvement and our Hearings Officer, who all responded movingly to questions exploring this

year's BHM theme 'Standing firm in power and pride.'

21. On 21 November 2025, I attended an evening tour of the Tate Modern organised by our Embrace Network, where our Governance Officer delivered a fantastic guided tour with a unique perspective on contemporary art framed through the lens of African Modernism and Afro-Surrealism. GOC staff members, friends, and family were welcomed to join.

22. On 4 December 2025, I joined the SWEG coffee break session organised by our Internal Communications Officer. This session was hosted by our Head of Strategy, Policy and Standards, who shared her experiences and insights on being a female gamer, and on 10 December 2025, I participated in our Staff Networks planning day, held at our offices, organised by our EDI Manager.

Council and Committee engagement

23. On 22 September 2025, I held a preparation meeting for our Council Strategy Day with our Chair of Council, Tim Parkinson, our Senior Council Member (SCM), our Director of Corporate Services, our Chief Financial Officer and our Chief of Staff in attendance. On 30 September 2025, I was delighted to welcome Council to our new offices at One Canada Square for our Council Strategy Day with Council, our SMT, and relevant staff members in attendance.

24. On 22 September 2025 and on 6 October 2025, I held catch-up meetings with our SCM, and I held a catch-up meeting with John Cappock, Chair, ARC, on 2 October 2025, with our Chief of Staff in attendance.

25. I joined the Council catch-up sessions on 8 October 2025 and on 18 November 2025, with Council and relevant staff members in attendance. During the 14 October 2025 to the 15 October 2025, we held Council member interviews organised by our Chief of Staff.

26. I attended our Remuneration Committee meeting on 29 October 2025; Investment Committee meeting on 11 November 2025; Advisory Panel meeting and Advisory Panel member induction, introductory meeting on 13 November 2025; Nomination Committee meeting on 17 November 2025; and Audit, Finance and Risk Committee (ARC) meeting on 25 November 2025.

27. On 4 November 2025, I was delighted to be invited to participate in our 4th annual business registrant engagement day organised by our Director of Regulatory Operations, held at GOsC's offices. The event aimed to continue the positive dialogue we have built between our Fitness to Practise (FtP) teams and employers to promote a culture of openness and learning in managing FtP concerns. Topics for the day included updates on triage developments, revised Standards and guidance for business registrants and supporting witnesses

through the FtP process.

28.   On 10 November 2025, I attended the financial Chairs meeting with our Chair of Council, our SCM, John Cappock, Chair, ARC, our Director of Corporate Services, our Chief Financial Officer and our Chief of Staff in attendance.

People and Improvement

<u>Project Delivery</u>

29.   MyGOC project is currently nearing the completion of the last phase of development (Development Phase 3) after which we will move in UAT end-to-end testing with a view to complete product sign-off by early December.

30.   In September 2025 SMT approved the Project Board's decision to defer the MyGOC go-live from November 2025 to 22 April 2026 to mitigate significant operational and reputational risk during the Jan–Mar renewals peak, when c30,000k registrants will rely on the system.

31.   Deferral allows time to reduce the chance of large-scale service disruption by increasing testing time and gives the team time to fully engage and communicate with Registrants and stakeholders regarding transition and onboarding, and to better prepare for launch. A cost for deferral has been agreed with the supplier.

32.   As part of our approach to continuous improvement, the team has been supporting various departments across the organisation with process changes. Priorities include supporting the People team to establish a suitable system to enable the PBF end of year review form to be automated and digitalised, replacing the current word version.

33.   The vision is that an automated digital performance management tool will streamline and standardise the process enabling both the manager and employee to focus on the conversation rather than the documentation. It is also proposed that an automated digital approach to performance management would then enable effective reporting and analytics.

<u>People and Culture</u>

34.   The results of the September pulse survey reflect positive engagement trends across the GOC, with an employee Net Promoter Score (eNPS) of 18.18, which indicates a 'good' sentiment amongst employees recommending the GOC as a great place to work.

35. 73% of respondents (scoring 4 or 5 out of 5) felt well informed by SMT about future plans and 84% feel they receive useful feedback from managers about their performance, whilst 82% report feeling comfortable giving their opinion and feedback.

36. SMT has reviewed the survey feedback including responses to the open-ended question about how the organisation can improve our whistleblowing culture, with recommendations being taken forward by our Governance team.

37. Implementation of the PBF (Phase 2) began in July 2025 with our four pilot groups attending the first of two PBF Workshops. (Workshop one prepares everyone for the mid- year review, and workshop two for end of year review, which is planned to be delivered beginning of 2026.)

38. Workshop one incorporated how the PBF will be embedded into the performance review process, how behaviours align with business objectives, and the method to be used when demonstrating behavioural examples.

39. Following workshop feedback from the pilot groups and subsequent improvements to the documentation and content, the workshop was rolled out to all employees during August, September and early October 2025, focusing on preparing everyone for their mid- year review.

40. Subsequently, mid–year reviews are underway with the project lead providing one to one support to staff throughout the process. As this was the first opportunity for all staff to utilise the PBF framework, feedback will be sought through a short survey to help finalise processes ahead of end of year reviews.

41. Work is currently being undertaken to design workshop two, which will see all employees prepare for their end of year reviews in Q1 2026, and learn about the process of evaluating PBF performance, prior to ratings being recommended by line managers and finalised by moderators. These second workshops will take place in February, March and April 2026.

42. Work is underway to finalise the moderation process prior to training, ensuring all steps are clearly defined and moderation days carefully planned. Once this preparation is complete, the training will first take place with the pilot moderators, allowing us to validate and refine the approach before rolling it out to the wider group of all moderators.

43. A six-month FTC policy officer will shortly be joining the People team in readiness for the forthcoming review, mapping the Employment Bill to our people policies and reviewing, updating and developing our people policies to ensure they are legally compliance and aligned with best practice.

44.   The procurement of our annual staff survey has commenced, ensuring we can secure a partner that can deliver high-quality insights and data to support our strategic priorities. As part of this process, supplier interviews will take place in January 2026, allowing us to assess proposals in detail and select the provider best suited to our needs.

45.   SMT have agreed to begin conducting right to work checks for those workers and members paid through GOC payroll and Clinical and Legal Advisers appointed to advise the hearing panels. SMT has also approved the use of a digital verification service to support and streamline this process for employees and the other groups of individuals mentioned above. This will provide a consistent and reliable method for completing these checks.

46.   Our mentoring pilot is in progress, with mentors and mentees successfully paired for peer-to-peer, reverse, or top-down mentoring, depending on their goals and development needs. Training has been delivered this month to all participants, to ensure they are equipped to begin the programme confidently. The next steps are for mentoring agreements to be shared and signed, alongside the distribution of useful resources to support the process, after which mentoring relationships will formally commence.

47.   Following a review by our staff-led internal policy review group, our People team have updated our neonatal policy to reflect the latest guidance and GOC requirements. The policy will now be re-submitted to SMT for final approval before launch to staff.

48.   I am also delighted to report that we now have a parent and carers staff network. This new network will provide a dedicated forum for support and shared experiences for staff who are also parents and careers. The network will formally launch in January 2026, offering opportunities for connection, resources and engagement across GOC.

49.   The Head of People and Culture and Head of Strategy, Policy and Standards are collaborating to shape a leadership development workshop for the leadership and senior management team, which is likely to take place in May 2026. In support of this, directors are gathering feedback from heads of service on potential workshop goals and identifying volunteers who may wish to contribute to shaping the programme. The aim being to ensure it is relevant, engaging, tailored to the needs of the leadership team, and aligned to the next four years of our five-year strategy.

50.   In October and November there has been a significant investment in training to strengthen knowledge, skills and compliance. This includes the roll out of the

second intervention of sexual harassment training, safeguarding training and the commencement of this year's cohort of the Management Development Programme.

Corporate Services

<u>Information Technology (IT)</u>

51.   Our priority has remained supporting the launch of the new office, including a substantial improvement in sound quality in our Board/ Hearings room, which has now been delivered.

52.   Cyber Security and IT resilience continues to be a key and time-consuming area of work for the IT team.

53.   Our tendering for an internal and external cyber security penetration test has been completed, and the supplier is undertaking the work in December/January. Our re-assessment of our Cyber Essentials Plus Accreditation which is accredited by the National Cyber Security Centre (NCSC) will follow in 2026.

54.   Our Managed Services Provider (MSP) is facilitating an IT Business Continuity test in December/January.

55.   Finally, planning is currently underway for an external cyber audit by TIAA which will be taking place early in the new year.

<u>Registration</u>

56.   The registration of our new student intake commenced on 1 September 2025 and closed on 31 October 2025; we registered 1,651 students compared to 1,502 in 2024. We are preparing to start work on cross checking all students on the register with the education providers, this work ensures students who are in study, training or sitting exams only remain on the register and contributes to the integrity of the register.

57.   The team is currently carrying out extensive end to end testing on the new MyGOC platform. This includes reviewing all aspects of the system, validating functionality, identifying any bugs or inconsistencies that may affect performance. As issues are identified, the team are documenting them and providing detailed feedback to the supplier. This thorough testing phase is essential to ensure the platform is stable, user friendly and ready for release in April 2026.

58. This time of the year, we start preparing for the annual fully qualified and body corporate renewal period, this opens in January 2026 and will close on 31 March as usual.

Finance

59. Following the Chancellor's autumn budget delivered on 26 November 2025, we are assessing its implications for the organisation. This includes reviewing measures, timelines, pension salary sacrifice cap, changes to the National Living Wage and associated risks. We will keep the Council and ARC informed as this work progresses.

60. We are currently reviewing our travel and expenses policy to ensure it remains fair, accessible, and demonstrates value for money.

61. We are engaging with our external auditors to evaluate potential future impacts arising from changes in accounting policies. Updates will be provided to the Council and ARC as this work develops.

Facilities

62. In November, in person hearings successfully resumed at our new Canary Wharf office. This required implementing updated GOC and Canary Wharf security and health & safety protocols to ensure the comfort and safety of our staff, hearing panel members, registrants and the public.

63. The installation of new acoustic panels within the board room had improved sound quality, resulting in enhanced speech clarity on the recording of meetings.

64. All new staff now complete Facilities and Health & Safety inductions on-site when joining the GOC. This process supports engagement with the wider workforce, reinforces organisational culture and facilitates IT equipment collection.

65. The team coordinated with Canary Wharf to deliver fire warden training and conducted an evacuation drill at One Canada Square in November, strengthening emergency preparedness.

66. An independent Health & Safety audit is scheduled for January 2026. This will benchmark our policies against best practice and confirm compliance with all legal obligations.

Regulatory Operations

67. We held our annual business registrant engagement day in November to promote greater understanding of the types of referrals that should come to us and the information we need to progress cases effectively and efficiently. We also shared the findings from Professor Louise Wallace's Witness to Harm research to help improve employers' understanding of the need for support for witnesses through the FtP process.

68. We held our first in-person hearings at One Canada Square in November 2025. Feedback from panel members and attendees has been positive. Although the space is more compact than our previous venue, we are working closely with Facilities to support the transition and apply learning from the initial hearings.

69. Following the first hearing, we introduced a series of internal process improvements to streamline arrangements and enhance participant experience. We will continue to seek feedback, monitor performance, and refine processes to ensure the venue supports effective delivery.

70. In September, we carried out training for casework teams on good practice in taking witness statements, including in cases involving allegations of sexual misconduct. Strengthening our practice in this area will help more efficient case progression by making sure we consistently gather the evidence we require in a timely way, limiting repetition.

71. In November, we held our annual engagement day with the case examiners (CE). We have also recently published updated guidance for case examiners to support good decision-making. The revised guidance includes: clarification of CE powers when considering an interim order application; expanded considerations in relation to remediation by the registrant, ensuring appropriate weight is given to evidence of remediation; and additional considerations in cases involving discriminatory behaviour.

72. The annual FtP audit by Weightmans Solicitors was reported to ARC in November. The audit demonstrated substantial compliance with our statutory obligations and our own procedural requirements and guidance. We are feeding the learning points from the audit into our continuous improvement work with staff and panel members.

Regulatory Strategy

Legislative Reform

73. In my previous update, I reported that in August the Chair of Council wrote to Karin Smyth MP, Minister of State, making the case for progressing business

regulation reform in the current parliament ahead of wholesale reform to the Opticians Act 1989. We have received a reply from the Minister thanking us for our work on the issue but advising that it is not possible to meet our request due to the risk of disruption to the planned legislative reform programme.

74. While disappointing news, the development provides clarity to stakeholders and will allow us to focus on extracting the most value from our existing legislation. In preparation for future reform, we will engage with the consultation on the draft GMC Order, now expected in early 2026, which is intended to serve as a blueprint for future updates to the legislation of all other healthcare regulators.

Lord Mann review into tackling antisemitism and other forms of racism in the NHS

75. In October, the Prime Minister ordered an urgent review of antisemitism and other forms of racism in the NHS, as part of wider efforts to tackle discrimination in the health service. Lord John Mann was appointed to lead a rapid review into how healthcare regulators tackle these matters. The aim of the review is to "*examine how the regulatory system for healthcare professionals, from employment through to national oversight and professional regulatory bodies, supports recognition and reporting of antisemitism and other forms of racism, and tackles it at every stage*".

76. On 25 November, along with other healthcare regulator CEOs, I received a letter from DHSC officials supporting the review seeking to "*understand current and planned work by the UK health regulators that will help to ensure that perpetrators of antisemitism and other forms of racism are held to account with effective action taken to tackle their behaviour*". The team worked quickly to pull together our submission, which highlighted existing work and future activities across our regulatory functions from education and training through to fitness to practise. Council will be asked to agree specific activities when considering the 2026/27 EDI Action Plan in March, including training for members on this topic.

77. Collaboration between healthcare regulators in addressing these issues is vital and there was a discussion at a meeting of all CEOs on 27 November. We are collaborating on a project led by the Care Quality Commission on a set of shared, agreed principles between regulators for advancing workforce race equity and inclusive working environments across health and social care.

Consultation response on changes to Human Medicine Regulations

78. We have supported DHSC proposals to extend the range of medicines that can be sold, supplied or administered by optometrists and contact lens opticians. This should reduce the need for patients to see other healthcare professionals in support of the ambition in all four nations of the UK to deliver more care in

the community. We agreed with the government's analysis that optometrists and contact lens opticians have the clinical skills to be able to sell, supply and administer the medicines set out in the consultation document safely and effectively under exemption, without the need for any further additional training.

Submission to call for evidence on 10 Year Workforce Plan in England

79. We provided views and data on the 10 Year Workforce Plan call for evidence. Our submission highlighted the contribution of regulatory initiatives in education and training, continuing professional development and professional standards, as well as shared research findings on workplace culture. We called for greater recognition of the contribution of the optical sector to the 'three shifts' from hospital to community, analogue to digital and sickness to prevention.

Thematic review

80. We started work on the thematic review of commercial practices and patient safety in line with the terms of reference agreed by Council at its last meeting. Our first engagement exercise with registrants was on ghost clinics including a website blog, post on LinkedIn and a survey hosted on our consultation hub. The survey, which received 1,130 responses, sought information about how ghost clinics operate and their impacts on patients and registrants. We have also continued a programme of meetings with optical businesses to ensure that we hear a range of perspectives on the range of issues within scope.

81. The team has also issued an invitation to tender for qualitative research to understand the nature and extent of commercial practices in the eye care sector and any impact this has on patient safety. The research will enable us to hear the views of registrants, non-GOC regulated eye care staff (for example, optical assistants), optical businesses (both GOC registered and non-GOC registered), and patient representative groups.

Driving vision standards

82. We have been issued with a Regulation 28 Prevention of Future Deaths report by Adam Hodson, Area Coroner for Birmingham and Solihull (case: Christopher Maynard Ayerst Sampson, Ref: 2025-0572). We are under a statutory duty to respond to the report by 7 January 2026 containing details of action taken or proposed to be taken, setting out the timetable for action, or otherwise we must explain why no action is proposed. In the report, the Area Coroner has identified a risk of future deaths occurring "*where drivers do not self-refer their conditions to the DVLA, or where medical professionals do not report those health issue to protect the wider public*".

83. Separately, the team has been supporting officials at the Department for Transport and the DVLA as they develop the Road Safety Strategy.

Non-Disclosure Agreements

84. A non-disclosure agreement (NDA) is any form of agreement or contract, or a clause within a wider agreement or contract, under which it is agreed that certain information will be kept confidential.[1]

85. We are aware that some optical businesses may be entering into NDAs with patients which include terms designed to prevent patients from disclosing concerns to the GOC. Such terms could impede our regulatory function and prevent service users from raising legitimate complaints.

86. We note that the Solicitors Regulation Authority has issued a warning notice to its registrants stating it considers "*that NDAs would be improperly used if you sought to use an NDA as a means of preventing, or seeking to impede or deter a person from… reporting misconduct, or a serious breach of our regulatory requirements to us, or making an equivalent report to any other body responsible for supervising or regulating the matters in question.*"

87. We are monitoring developments closely and as a first step have alerted sector bodies to our concerns about this practice via the Optical Sector Policy Forum.

Professional Standards Authority update

88. The PSA remains in the stakeholder engagement stage of its work to review its Standards of Good Regulation and has produced a new set of draft standards. They have made several changes, including:
    - A new standard on governance and leadership
    - Rewording of standard 3 (equality, diversity and inclusion) to express the more active role that they expect regulators to play in seeking to tackle inequalities, as well as influencing others to do so
    - Amending the wording of standard 8 (on standards for education and training) to differentiate between standards for education and training providers and the standards/learning outcomes for students and standard 9 (on quality assurance of education and training) to require regulators to avoid duplication and have systems in place to anticipate, define and assure themselves that providers are addressing areas of risk
    - Development of a new standard for regulators to demonstrate how they are supporting appropriate referral of concerns to the regulator
    - Amending the wording of standard 14 (on having accessible complaints

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[1] SRA | Use of non-disclosure agreements (NDAs) | Solicitors Regulation Authority

processes) to place more active responsibility on regulators to improve complainants' access to and experience of the process for raising a complaint about a registrant

- Separating out standard 15 on fitness to practise processes being fair/proportionate and timely
- Amending the wording of standard 18 (on support for parties to a complaint) to place a more active responsibility on regulators to ensure that the support for registrants and complainants is sufficient and that parties to a complaint are not further harmed by the process

89. Alongside the draft standards, the PSA has also published its draft 2026-29 Strategic Plan. In summary, they have the following aims:

- To protect the public by delivering highly effective oversight of regulation and registration
- To drive improvements in regulation and registration in health and social care
- To work with stakeholders to promote external enablers and reduce external barriers relating to the impact of professional regulation on safer care for all

90. We attended two of the PSA's stakeholder engagement workshops in November and have submitted our response to their survey on the standards and strategic plan. The PSA expects the new standards to take effect from 1 July 2026, but we will not be assessed against these until the performance review year 1 January to 31 December 2027.

Communications

91. We have published the Joint whistleblowing disclosures report 2025 alongside the General Medical Council, General Chiropractic Council, General Dental Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, the Nursing and Midwifery Council and Social Work England. We reported a total of 32 whistleblowing disclosures raised to the GOC.

92. We published the UK optical education report for GOC approved qualifications which provides an analysis of the education and training of optical students and trainees, and a commentary on sector developments.

Education and Continuing Professional Development (CPD)

93. Following the launch of the Education and Training Requirements (ETR) in March 2021, we decided to review how we might manage future applications to

the GOC register from individuals who qualified outside the UK, given that some assessment processes associated with the previous requirements, notably the Scheme for Registration for optometrists, will eventually become obsolete. A public consultation was launched in July 2022, and having carefully considered feedback received, we decided to develop two alternative routes to registration for applicants who have qualified outside of the UK:

- successfully completing a short GOC approved qualification, designed for graduates/professionals with non-UK optometry and dispensing optics qualification(s), which meets the ETR (either in the UK or overseas); or
- direct entry to the register.

94. To support the consideration of applications under both routes to registration, an independent panel was convened to compare qualifications or qualification systems in a selected number of countries with the ETR. This work has been completed, and the guidance is published on our website.

95. In parallel, we have been reviewing the status of non-UK qualifications where applicants may gain entry to the GOC register via an expedited registration route. Following a review of these historical arrangements, the Registrar deemed that the BSc Optometry at Hogeschool Utrecht and BSc Optometry at Technological University Dublin both had full GOC approval under the under the 2015 version of the GOC's *'Accreditation and Quality Assurance Handbook: Routes to Registration in* Optometry', while the European Diploma in Optometry had Stage 1 approval. Approval of the BSc Optometry at Hogeschool Utrecht has been withdrawn with the agreement of the provider and we are progressing discussions with the other two providers on next steps.

96. Following the PSA education audit report, the Education team has been focussing on improving communications with education providers through attendance at OSC and OASC meetings and plans for increased collaboration with providers through the Quality Assurance and Enhancement Method (QAEM).

97. To date, the focus for the Education team in delivering the QAEM has been through managing providers adaptation to the ETR and staged application processes for providers wishing to gain GOC-approval of their qualifications. We have now moved into the next phase of the QAEM, with periodic reviews being launched in 2026. The team have been meeting with education providers of GOC-approved qualifications to discuss plans for this.

98. The Education and CPD teams have been restructured to support the transition to the new QAEM and in response to the level of interest from providers wishing to offer GOC-approved qualifications who will go through the staged process.

99.	We now have 10 qualifications progressing through the staged application process, and two further expressions of interest.

Governance

100.	The Acting Governance and Compliance Manager and Equality, Diversity and Inclusion (EDI) Manager have worked closely together to refresh our Team Charter. The revised charter reflects our various lines of responsibility, our alignment with the GOC mission and values and increases our visibility across the organisation.

101.	The team are also progressing the member database project which includes migrating existing member records into our Microsoft Dynamics database for us to improve compliance. The completion of this will introduce functionality for automated reporting, reducing manual administration and improving accuracy for the team. The timescale for this project is six months.

102.	The Governance team has undertaken several activities connected with member recruitment campaigns. This includes lay Council member recruitment, Advisory Panel members and Hearing Panel members.

Equality, Diversity, and Inclusion (EDI)

103.	We have continued to invest in a culture where colleagues feel supported and able to contribute to positive change. We are bringing together network leads on 10th December to strengthen their role, clarify priorities for the year ahead and agree consistent, accessible ways of engaging their members. We are proud to have marked National Inclusion Week and Black History Month with activities that celebrated diversity, amplified lived experience and encouraged reflection and learning across the GOC. Moments that have helped colleagues feel seen and valued, whilst keeping inclusion at the very heart of what we do.

104.	We have aligned the proposed EDI policy with Equality Act 2010, the Public Sector Equality Duty and PSA Standard 3, ensuring that EDI is integral to how we make decisions, support our workforce and deliver our services to the public.

105.	Following extensive consultation with the policy review group, People and Culture, and the Chief Legal Officer, the proposed EDI policy has been strengthened to include devolved nation legislation, the Freedom to Speak Up Guardian role, and explicit reference to neurodiversity, disability inclusion and carers. An Equality Impact Assessment identified only positive impacts across all protected characteristics.

106. Once approved, the policy will be published on the GOC website and shared internally through Iris and staff networks. Implementation will be supported by awareness sessions, refreshed EDI training, and ongoing monitoring through the annual EDI report to Council.

External Stakeholder Engagement

107. Since the last public Council meeting on 16 September 2025, I have attended the following external meetings and engagements:

- 18 September 2025: Centre for Health and the Public Interest (CHPI) briefing meeting with David Rowland, CHPI Director, and with our Director of Regulatory Strategy in attendance.

- 22 September 2025: College of Optometrists (COO) meeting with Dr Gillian Rudduck, COO President, Ian Humphreys, COO Chief Executive and with Dr Anne Wright, our Chair of Council, and our SCM in attendance.

- 25 September 2025: British and Irish Orthoptic Society (BIOS) meeting with Craig Murray, BIOS Chair, Helen Haggerty, BIOS Vice Chair and with our Chair of Council, our SCM and our Director of Regulatory Strategy in attendance.

- 26 September 2025: Chief Executives of Health and Social Care Regulators Steering Group (CESG) meeting organised by Nick Jones (CESG Chair), Chief Executive and Registrar at the General Chiropractic Council (GCC) with the relevant regulatory bodies in attendance.

- 1 October 2025: National Advancing Practice Professional and Regulatory Bodies Engagement Group meeting organised by Jamie Morgan from the Advancing Practice Team with the relevant sector/regulatory bodies in attendance.

- 2 October 2025: Regulatory Roundtable - 'enabling growth through leadership and culture' organised by the Institute of Regulation (IOR) with senior leaders from UK regulators in attendance. Featured guest speakers Richard Moriarty, CEO of Financial Reporting Council, Andrew Rhodes, CEO of The Gambling Commission and Caroline Wayman, Senior Partner at PA, (formally Chief Executive and Chief Ombudsman of Financial Ombudsman Service).

- 9 October 2025: College of Optometrists' Royal Charter Anniversary Reception organised and hosted by Dr Gillian Rudduck, COO President with the relevant guest in attendance. HRH The Duchess of Edinburgh joined as the guest of honour and during the reception Her Royal Highness accepted her Honorary Fellowship of the College.

- 11 October 2025: Association for Independent Optometrists and Dispensing Opticians (AIO) Annual Conference organised by Mike Ockenden, AIO Secretariat Lead, who invited me to be the opening speaker at the event. Immediately after the Chair Keval Sejpar declared the Conference open, I was delighted to talk about the GOC, our strategic objectives and related projects to an audience predominantly composed of independent practice owners or managers.

- 20 October 2025: I attended the launch at the House of Commons of the Royal Institute of British Architects (RIBA) and Fawcett Society's 'Build it Together' report into gender equity in the architecture profession, marking 25 years' progress in gender equality since the publication of the report I commissioned as executive sponsor in 2001 called 'Why do Women Leave Architecture.' Sponsored by Gideon Amos MP, Chris Williamson, RIBA President, and Jack Pringle, RIBA Chair of the Board, the reception brought together parliamentarians, architects, and industry leaders to champion gender equity in the architecture profession.

- 21 October 2025: Optical Familiarisation Programme - College of Optometrists British Optical Association Museum visit, organised by our Internal Communications Officer with relevant staff members and with Tim Parkinson, our SCM and Ros Levenson, our Council Member, in attendance. Neil Handley, the Museum Curator, led the tour and shared fascinating insights into the history of optometry and the foundation of the GOC.

- 24 October 2025: Chief Executives of Regulatory Bodies (CEORB) meeting organised by Nick Jones, (CEORB Chair), Chief Executive and Registrar at the General Chiropractic Council (GCC) with the relevant regulatory bodies in attendance.

- 30 October 2025: Department of Health and Social Care (DHSC) quarterly catch-up meeting with Phil Harper, DHSC Deputy Director and with our Director of Regulatory Strategy in attendance.

- 4 November 2025: ABDO College meeting organised and attended by our Head of Education and Continuing Professional Development (CPD) with Nina McDermott, ABDO College Principal.

- 12 November 2025: Fees consultation and business plan meeting with Alan Clamp, Professional Standards Authority (PSA) for Health and Social Care Chief Executive.

- 18 November 2025: College of Optometrists' 2025 Diploma Ceremony organised by Ian Humphreys, COO Chief Executive.

- 19 November 2025: Health Education and Improvement Wales (HEIW) meeting with Dr Nik Sheen, HEIW Head of Optometry, Dr Lesley Rousselet and Kathryn Morrison, Associate Directors, Optometry at NHS Education for Scotland (NES) and our Head of Education and CPD in attendance.

- 20 November 2025: Optometry Schools Council (OSC) meeting with Professor Joy Myint, OSC Chair and with our Chair of Council, our SCM and our Head of Education and CPD in attendance.

- 20 November 2025: Local Optical Committee Support Unit (LOCSU) meeting with Dr Joy Tweed, LOCSU Board Chair, Janice Foster, LOCSU CEO, Zoe Richmond, LOCSU Clinical Director and with our Chair of Council and our SCM in attendance.

- 24 November 2025: Royal College of Ophthalmologists (RCOphth) meeting with Ben Burton, RCOphth President, Ali Rivett, RCOphth Chief Executive and with our Chair of Council and our SCM in attendance.

- 27 November 2025: CEORB meeting organised by Nick Jones, (CEORB Chair), Chief Executive and Registrar at the GCC with the relevant regulatory bodies in attendance.

- 1 December 2025: AOP meeting with Emma Jane Spofforth, AOP Chair, Adam Sampson, AOP Chief Executive and with our Chair of Council and our SCM in attendance.

- 3 December 2025: I was invited to present reflections and lessons learned from our Education Strategic Review to the Intellectual Property Regulation Board (IPReg) Expert Advisory Group (EAG) inaugural meeting organised by Sally Gosling, IPReg Head of Education Review and member of our Education Committee.

- 5 December 2025: Optical Supplier Association (OSA) Annual General Meeting (AGM) and lunch, organised by Roy Stoner, OSA Chair, Karl Jeebaun, OSA Director and Marianne MacRitchie, Executive Assistant to the OSA Team.

- 8 December 2025: ABDO meeting with Kevin Gutsell, ABDO President, Alistair Bridge, ABDO Chief Executive and with our Chair of Council and our SCM in attendance.

- 9 December 2025: Association of Chief Executives (ACE) CEO Challenge (exclusively to public body chairs), commissioned and hosted by ACE Secretariat. Reflected on the ongoing Arm's-Length Bodies (ALB) review, hosted by Carolyn Bartlett, Chief Strategy and Transformation Officer of the Valuation Office Agency in conversation with Lorna Horton, Deputy Director, Public Bodies, Civil Service Strategy Unit, Cabinet Office.

- 9 December 2025: New Zealand Optometrists and Dispensing Opticians Board (ODOB) Catch-Up meeting with Suzanne Halpin, ODOB Chief Executive and Registrar.

- 12 December 2025: GOC Defence Stakeholder Group (DSG) meeting organised by our Director of Regulatory Operations with the relevant stakeholders in attendance.

- 12 December 2025: CESG meeting organised by Nick Jones (CESG Chair), Chief Executive and Registrar at the GCC with the relevant regulatory bodies in attendance.

- 13 December 2025: Opticians Awards organised by Chris Bennett, Editor in Chief and Publisher for Optician.

108. A range of other engagements by Directors are listed in Annex 1.

Finance

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

Risks

110. The corporate Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

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

Devolved nations

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

Other impacts

113. No other impacts have been identified.

Communications

External communications

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

Internal communications

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

Next steps

116. There are no further steps required.

Attachments

Annex 1 - Directors' stakeholder and other meetings.

Annex 1 – Directors' meetings/visits since last Council meeting

Philipsia Greenway Director of People and Improvement	Steve Brooker Director of Regulatory Strategy	Carole Auchterlonie Director of Regulatory Operations	Marc Stoner Director of Corporate Services
26/9/25 - EB Partnership monthly meeting	Meetings with national optometric advisers – scheduled fortnightly	19/9/25 - Defence Stakeholder Group	
08/10/25 Macaulay Search introduction meeting	17/9/25 – Welsh Optometric Committee – registrant survey	4/11/25 - Annual Business Stakeholder Engagement Day	
15/10/25 Meeting Associate Director, Change & Continuous Improvement NMC	18/9/25 – The Centre for Health and Public Interest – cataract surgery report	12/12/25 - Defence Stakeholder Group	
30/10/25 Thought leadership event - building change capability for managers	19/9/25 – TU Dublin – international routes to registration	12/12/25 - Inter-Regulatory Directors of Fitness to Practise	
	19/9/25 – European Council of Optometry – international routes to registration		
	25/9/25 – British & Irish Orthoptists Society – supporting Chair, CEO and Senior Council Member		
	29/9/25 – PSA – routine catch-up meeting		

Philipsia Greenway Director of People and Improvement	Steve Brooker Director of Regulatory Strategy	Carole Auchterlonie Director of Regulatory Operations	Marc Stoner Director of Corporate Services
	1/10/25 – DVLA and Department for Transport – driving vision standards		
	2/10/25 – NHS England led Senior Leaders Roundtable on improvement plan for EDI		
	13/10/25 – Hakim Group – thematic review		
	14/10/25 – Chaired stakeholder roundtable on testing of sight 2013 position statement review		
	15/10/25 – Scottish Optical Awards – preparation for the event in November		
	16/10/25 – Phil Harper, DHSC – CPD reform		
	28/10/25 – PSA working group on regulatory data and AI		
	29/10/25 – NHS England professional regulators roundtable		

Philipsia Greenway Director of People and Improvement	Steve Brooker Director of Regulatory Strategy	Carole Auchterlonie Director of Regulatory Operations	Marc Stoner Director of Corporate Services
	30/10/25 – Phil Harper, DHSC – quarterly catch-up accompanying the CEO		
	30/10/25 – Chaired meeting with sector body CEOs deputising for the CEO		
	14/10/25 – Teesside University – project on testing sight of children		
	14/10/25 – Chaired Optical Sector Policy Forum		
	15/10/25 – Scottish Optical Awards – presented outstanding achievement award		
	16/10/25 – Scottish Optical Conference		
	17/10/25 – Glasgow Caledonian University – familiarisation visit with Frank Munro meeting staff and students		
	18/10/25 – University of Highlands & Islands – familiarisation visit with		

Philipsia Greenway Director of People and Improvement	Steve Brooker Director of Regulatory Strategy	Carole Auchterlonie Director of Regulatory Operations	Marc Stoner Director of Corporate Services
	Frank Munro meeting staff and students		
	3/12/25 – PSA – routine catch-up meeting		
	4/12/25 – Seeability – routine catch-up meeting		
	5/12/25 – TU Dublin – international routes to registration		

General Optical Council

Council Meeting (Public) 17 December 2025

For decision
- Registrant fees 2026/27
- EDI policy
- Annual reappointment of Council members to committees
- CPD reform
- Consultation on draft guidance: Maintaining appropriate sexual boundaries and Care of patients in vulnerable circumstances

For discussion
- Testing of sight
- Council's self-assessment against the Charity Governance Code
- Q2 2025-26 Financial performance report/Q2 forecast
- Business performance dashboard Q2 2025-26
- Business Plan Assurance Report Q2 2025-26

For noting
- Chair / Chief Executive Report
- Committee updates
- Council forward plan

Council Catch-up 13 January 2026

Council Catch-up 17 February 2026

Council Meeting (Strictly Confidential) 10 March 2026

For decision
- 5-year forecast and internal business plan 2026/27
- Member code of conduct review

For discussion
- Strategic risk discussion

For noting
- Committee updates
- Council papers for the public session

Council Meeting (Public) 11 March 2026

For decision
- Budget and business plan 2026/27
- Five-year forecast
- EDI Action Plan 2026/27
- PSA performance review
- Member fees 2026/27

For discussion
- H&S report
- Q3 Financial performance report
- Business performance dashboard Q3 2025-26
- Business Plan Assurance Report Q3 2025-26

For noting
- Chair / Chief Executive Report
- Committee updates

Council Catch-up 14 April 2026

Council Catch-up 19 May 2026

Council Meeting (Strictly Confidential) 23 June 2026

For decision
-

For discussion

For noting
- Committee updates
- Council papers for the public session

Council Meeting (Public) 24 June 2026

For decision
-

For discussion
- OCCS annual report
- Q4 Financial performance report
- Business performance dashboard Q4
- Business Plan Assurance Report Q4

For noting
- Chair / Chief Executive Report
- Committee updates

Council Catch-up 7 July 2026

Council Meeting (Strictly Confidential) 29 September 2026

For decision
-

For discussion
- Strategic risk discussion
- Public perceptions survey
- Registrant survey

For noting
- Committee updates
- Council papers for the public session

Council Meeting (Public) 30 September 2026

For decision
- Annual report and financial statements 2023/24
- ARC annual report 2023/24
- Equality, Diversity and Inclusion annual report 2023/24

For discussion
- Registrant and public perception survey
- Q1 Financial performance report
- Business performance dashboard Q1
- Business Plan Assurance Report Q1

For noting
- Chair / Chief Executive Report
- Committee updates

Council Catch-up 13 October 2026

Council Strategy Day 18 November 2026
Council Meeting (Strictly Confidential) 8 December 2026
For discussion - GOC Strategy 2025-2030 – EDI, Digital, Financial and People Strategies - Strategic risk discussion **For noting** - Committee updates - Council papers for the public session
Council Meeting (Public) 9 December 2026
For decision - GOC Strategy 2025-2030 - Registrant fees 2026/2027 - Annual reappointment of Council members to committees **For discussion** - H&S assurance report - Council's self-assessment against the Charity Governance Code - Q2 Financial performance report/Q2 forecast - Business performance dashboard Q2 - Business Plan Assurance Report Q2 **For noting** - CEO / Chair Report - Committee updates