

**Third meeting in 2025 of the Council held in PUBLIC  
on Tuesday 16 September 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	C33(25)	Chair		
3.	Minutes, actions and matters arising				10:05am - 10:10am (5 mins)
3.1	Minutes – 25 June 2025 For approval	C34(25)	Chair		
3.2	Updated actions For noting	C35(25)			
3.3	Matters arising				
FOR DECISION					
4.	Standing orders and scheme of delegation For decision	C36(25)	Chief of Staff		10:10am – 10:20am (10 mins)
5.	Annual report and financial statements 2024/25 For decision	C37(25)	Chief of Staff		10:20am - 10:40am (20 mins)
6.	Equality, Diversity and Inclusion annual report 2024/25 For decision	C38(25)	Chief of Staff		10:40am – 11:00am (20 mins)
11:00am - 11:20am Break (20 mins)					
7.	Thematic review For decision	C39(25)	Director of Regulatory Strategy		11:20am – 11:40pm (20 mins)
FOR DISCUSSION					
8.	Registrant survey 2025 and lived experience research For discussion	C40(25)	Director of Regulatory Strategy		11:40am - 12:10pm (30 mins)
9.	Education annual monitoring report For discussion	C41(25)	Director of Regulatory Strategy		12:10pm – 12:40pm (30 mins)

<b>10.</b>	<b>Financial performance report for the period ending 30 June 2025 and Q1 forecast of 2025/26</b> For discussion	C42(25)	Director of Corporate Services		12.40pm – 12:50pm (10 minutes)
<b>12:50pm – 1:35pm Lunch (45 mins)</b>					
<b>11.</b>	<b>Audit, Finance and Risk Committee (ARC) annual report 2024/25</b> For discussion	C43(25)	Chief of Staff		1.35pm - 1:55pm (20 mins)
<b>12.</b>	<b>Business performance dashboard Q1 2025/26</b> For discussion	C44(25)	Chief of Staff		1:55pm - 2:05pm (10 mins)
<b>13.</b>	<b>Business plan assurance report Q1 2025/26</b> For discussion	C45(25)	Chief of Staff		2:05pm - 2:15pm (10 mins)
<b>FOR NOTING</b>					
<b>14.</b>	<b>Chair's report</b> For noting	C46(25)	Chair		2:15pm - 2:25pm (10 mins)
<b>15.</b>	<b>Chief Executive and Registrar's report</b> For noting	C47(25)	Chief Executive and Registrar		2:25pm - 2:35pm (10 mins)
<b>16.</b>	<b>Council forward plan</b> For noting	C48(25)	Chief of Staff		2:35pm - 2:40pm (5 mins)
<b>17.</b>	<b>Any other business (Items must be notified to the Chair 24 hours before the meeting)</b>	-	Chair	-	2:40pm – 2:45pm (5 mins)
<b>Meeting Close – 2:45pm</b>					
<b>Date of next meeting – Wednesday 17 December 2025</b>					

**GENERAL OPTICAL COUNCIL MEMBER – REGISTER OF INTEREST (UPDATED 4 AUGUST 2025)**

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

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Frank <b>MUNRO</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Director Munro Eyecare Limited (T/A Munro Optometrists)</li> <li>Founder member, Optometry Scotland</li> <li>Optometric Advisor, NHS Lanarkshire</li> <li>Lead Optometrist, Glasgow City Health &amp; Social care Partnership</li> <li>Visiting Lecturer, Glasgow Caledonian University</li> <li>Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)</li> <li>Member, Greater Glasgow &amp; Clyde Prescribing Review Board</li> </ul>	<ul style="list-style-type: none"> <li>Past President and Honorary Life Fellow, College of Optometrists</li> <li>Member, Association of Optometrists</li> <li>Member, Optometry Scotland</li> <li>Hon Fellow, Association of Dispensing Opticians</li> <li>Member, British Contact Lens Association</li> </ul>	<ul style="list-style-type: none"> <li>Chair, NHS Lanarkshire Optometric Advisory Committee</li> <li>Past President, College of Optometrists</li> <li>Past Chair, Optometry Scotland</li> <li>Past Chair, Scottish Committee of Optometrists</li> <li>Past Chair, NHS Education for Scotland Optometry Advisory Board</li> </ul>	<ul style="list-style-type: none"> <li>Registrant Member: Council</li> <li>Chair: Education Committee</li> <li>Member: Audit, Risk &amp; Finance Committee</li> <li>Member: Investment Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Tim <b>PARKINSON</b> Lay Member	<ul style="list-style-type: none"> <li>Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: Chartered Management Institute</li> <li>Membership of the Institute of Water</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Lay member: Senior Council member</li> <li>Chair: Investment Committee</li> <li>Chair: Companies Committee</li> <li>Chair of Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Prof. Hema <b>RADHAKRISHNAN</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Professor and Member of the Board of Governors: University of Manchester-</li> <li>Member of Advisory Board: Zeiss Vision group</li> <li>External examiner- Aston University Undergraduate and Masters Optometry programmes</li> <li>Research funding and collaboration with Optegra Eye Hospital group and Zeiss Vision Group</li> <li>Associate Editor, Translational Vision Science and Technology, an Association of Research in Vision and Ophthalmology Journal.</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists-</li> <li>Member: Association of Optometrists</li> <li>Principal Fellow: Higher Education Academy</li> </ul>	<ul style="list-style-type: none"> <li>Editorial board member Optometry in Practice, a College of Optometrists journal</li> </ul>	<ul style="list-style-type: none"> <li>Registrant member: Council</li> <li>Member: Advisory Panel – Education Committee</li> </ul>	
Poonam <b>SHARMA</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Lead Optometry Adviser, NHSE (London); since 01/04/201</li> <li>Occasional locum optometrist, various high street optical practices; since 1998</li> <li>Mentor, Social Mobility Foundation: since 2023</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Member of AOP</li> <li>Member of College of Optometrists</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Member: Council</li> <li>Companies Committee</li> <li>Council lead for regulatory reform</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
William <b>STOCKDALE</b> Registrant (DO)	<ul style="list-style-type: none"> <li>Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding.</li> <li>Own an organisation in the Optical Sector - Telford Opticians 50% Stake.</li> </ul>	<ul style="list-style-type: none"> <li>Member of ABDO</li> <li>Member of FODO</li> <li>Member of ONI</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Optometry Northern Ireland</li> <li>Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee.</li> <li>Non-Executive Director FODO</li> </ul>	<ul style="list-style-type: none"> <li>Member: Council Member</li> <li>Member: Nominations Committee</li> <li>Chair: Advisory Panel – Standards Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>



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

**GENERAL OPTICAL COUNCIL**  
**DRAFT Minutes of the Public Council**  
**Meeting held on 25 June 2025 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Kathryn Foreman, Lisa Gerson, Ros Levenson, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Poonam Sharma and William Stockdale and Cathy Yelf.  Rupa Patel and Desislava Pirkova (Council Associates).
GOC Attendees:	Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Nicola Davies (Investigations Operations Manager), Nicole Fitzgerald (Communications Manager), Kiran Gill (Chief Legal Officer), Philipsia Greenway (Director of People & Improvement), Nadia Habib (Acting Governance and Compliance Manager) (Minutes), Angharad Jones (Policy Manager), Andy Mackay-Sim (Chief of Staff), Claire Marchant-Williams (Head of Case Progression), Leonie Milliner (Chief Executive and Registrar), Vikram Saklani (Communications Officer), Emma Storer (Head of People & Culture), Charlotte Urwin (Acting Director of Corporate Services) and Manori Wickremasinghe (Chief Financial Officer).
External Attendees:	Siobhan Carson (Professional Standards Authority (PSA)), Paul Chapman-Hatchett (Optical Consumer Complaints Service (OCCS)), Sue Clark (OCCS), Olivier Deneve (College of Optometrists (CoO)), Jennie Jones (OCCS), Kathy Jones (Association of Optometrists (AOP)), Neal Suchak (CoO), (Alan Tinger (FODO).
	<b>Welcome and Apologies</b>
1.	The Chair welcomed those in attendance, including those observing. Apologies were received from Raymond Curran and Siddhant Majithia. The Chair congratulated Cathy Yelf on her recent MBE award and Doug Perkins on his recent CBE award.
	<b>Declaration of Interests</b>
2.	None received.
	<b>Minutes of the meeting held on 19 March 2025</b>
3.	It was noted that Kathryn Foreman did not attend the meeting and this needs to be amended on the minutes. The minutes were otherwise approved as an accurate record of the meeting.
	<b>Action points update</b>
4.	Council <b>noted</b> updates on previous actions.
	<b>Matters arising</b>
5.	There were no matters arising.
6.	<b>Business regulation C20(25)</b>

	The Director of Regulatory Strategy presented the item. The Council discussed the Advisory Panel's feedback on the Head of Optical Practice role, noting that its responsibilities will be defined in legislation, with our standards of practice ensuring accountability is appropriately shared between the individual professional, the Head of Optical Practice, and the business registrant. Council discussed whether seeking the power to visit in response to a Fitness to Practise (FtP) concern was necessary in the context of the broader proposals and acknowledged concerns about the extent to which this power might be used. It observed there was a difference between regular inspection visits and visits in response to explicit Fitness to Practise (FtP) concerns. Council agreed on balance the proposal not to seek powers to visit in the context of an FtP concern. The Chair thanked Steve Brooker, Angharad Jones, Marie Bunby and Charlotte Urwin for their support progressing this work.
8.	Council <b>approved</b> the proposed response to the business regulation consultation <b>delegated</b> the 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.
	<b>Standards guidance and consultation document C21(25)</b>
9.	The Director of Regulatory Strategy presented the item. Council was advised that the documents would be translated to Welsh and the consultation would be issued towards the end of July 2025. The Chair thanked Charlotte Urwin and the Policy and Standards team.
10.	Council <b>approved</b> the proposal to consult on the draft guidance on maintaining appropriate sexual boundaries and care of patients in vulnerable circumstances and the draft equality impact assessment <b>delegated</b> approval of the consultation document, equality impact assessment and draft guidance to the Chief Executive and Registrar in consultation with the Chair of Council and the Chair of Standards Committee, if Council request minor changes to the documents at the meeting.
	<b>Council appointments to committees C22(25)</b>
11.	The Chief of Staff introduced the item. There were no comments or queries.
12.	Council <b>appointed</b> John Cappock, independent lay member, as Chair of Audit, Finance and Risk Committee until 31 March 2026; <b>approved</b> remuneration commensurate with the fee set for the Chair of ARC (£16,462 pro-rata)
	<b>Optical Consumer Complaints Service Annual Report C23(25)</b>
13.	The Head of Case Progression introduced the OCCS. Jennie Jones from the OCCS provided an overview of the OCCS activity between 2024-2025, including complaints, resolutions and their planned 2025-2026 objectives.
14.	Council <b>noted</b> the OCCS annual report.
	<b>Lived experience research (patients only) and public perceptions research C24(25)</b>

15.	The Director of Regulatory Strategy presented the item. Council discussed the remit of its regulatory role in relation to access to eye care services. Council proposed that several different Equality, Diversity and Inclusion (EDI) issues could be explored when considering barriers to accessing optical services. There was a discussion regarding the data relating to the older population, and Council expressed support for exploring this in more detail. It was noted that the older population would often experience more complex eye care issues as they aged.
16.	Council <b>noted</b> the findings from the surveys.
17.	Council broke for lunch at 1:11pm and returned over lunch by 2:00pm.
	<b>Continuing Professional Development end of cycle report C25(25)</b>
18.	The Director of Regulatory Strategy presented the item. Council noted that the overall the cycle was successful with fewer registrants failing to meet their requirements compared to the previous cycle.
19.	Council <b>noted</b> the evaluation.
	<b>Financial performance report Q4 2024/25/ Q4 forecast C26(25)</b>
20.	The Chief Financial Officer presented the item. Council observed that there had been a surplus in business as usual, with positive expenditure variance against the budget and no drawdowns required from investments. Council discussed an inaccuracy with the forecast registration figures which had arisen in 2024/25. The Chief Financial Officer confirmed they had taken steps to prevent this error from arising in the future.
21.	Council <b>noted</b> the financial performance for the year ending 31 March 2025 in annex one.
	<b>Business performance dashboard Q4 2024/25 C27(25)</b>
22.	The Chief of Staff presented the item. Council queried whether the General Optical Council (GOC) is at risk of missing the PSA's timeliness standard due to the delays in the investigation stage of the FtP process. The Director of Regulatory Operations provided assurance that improvements have been made in triage and hearings performance while end to end Key Performance Indicators (KPIs) remain positive. Council took this item out of order to assist with scheduling for the day.
23.	Council <b>noted</b> the report.
	<b>Business plan assurance report Q4 2024/25 C28(25)</b>
24.	The Chief of Staff presented the item. Council asked for an update on the medium risk data breach which was reported to the Information Commissioner's Office (ICO). The Chief of Staff informed Council that the ICO had advised that there was a delay in reviewing the submission due to high demand. An update had been recently requested.
25.	Council <b>noted</b> the report.
	<b>Advisory Panel Minutes – 6 June 2025 C29(25)</b>
26.	The chairs for each committee of the Advisory Panel provided an update.

27.	Council <b>noted</b> the report.
	<b>Chair's report C30(25)</b>
28.	The Chair of Council presented the item. There were no comments or queries.
29.	Council <b>noted</b> the report.
	<b>Chief Executive and Registrar's report C31(25)</b>
30.	The Chief Executive and Registrar presented the item, welcoming Philipsia Greenway and Charlotte Urwin to their first Council meeting in their new roles. The Chief Executive and Registrar thanked Annabelle Weston, Facilities and IT for their support with the office relocation.
	<b>Council forward plan</b>
31.	Council <b>noted</b> the Council forward plan. There were no comments or queries.
	<b>Any Other Business</b>
32.	None received.
	<b>Date of the next meeting</b>
33.	Council noted the date of the next public meeting was <b>Tuesday 16 September 2025.</b>
	<b>Close</b>
34.	The meeting closed at 2:38pm.

**COUNCIL**

**Actions arising from Public Council meetings**

**Meeting Date:** 16 September 2025

**Status:** For noting

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

**Purpose**

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

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

**Part 1: Action Points from the Council meeting held on 16 September 2025**

Reference	By	Description	Deadline	Notes
NONE				

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

Reference	By	Description	Deadline	Notes
<b>H&amp;S assurance report C56(24)</b>	The Director of Corporate Services	To ensure Council is provided with four quarters of compliance data, rather than the three on the report.	December 2025	<b>Ongoing:</b> This will be incorporated into the next annual report.
NONE				

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

Reference	By	Description	Deadline	Notes
NONE				

## Council standing orders and scheme of delegation

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**Meeting:** 16 September 2025

**Status:** For approval

**Lead responsibility:** Andy Mackay-Sim, Chief of Staff

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

### Purpose

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1. To present a revised set of standing orders and scheme of delegation for Council approval.

### Recommendations

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Council is asked to:

- **approve** the standing orders (annex 2) with effect from 17 September 2025;
- **approve** the Council scheme of delegation (annex 3) with effect from 17 September 2025; and
- **delegate** any minor revisions arising from the item to the Chief of Staff (in consultation with the Chair of Council)
- **delegate** any future minor revisions to the Chief of Staff, as set out in the guidance for both documents.

### Strategic objective

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2. The standing orders and scheme of delegation are core governance documents and essential for the GOC to deliver its statutory duties and strategic objectives.

### Background

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3. Under the provisions of the Opticians Act 1989, Council is required to produce a set of standing orders and a scheme of delegation. These are core governance documents for the function of the GOC as a regulator and a charity.
4. The last revisions to the standing orders and scheme of delegation were approved by Council at a public meeting on September 2021. The current standing orders and scheme of delegation are published online: <https://optical.org/about-us/how-we-work/governance/meetings-and-decisions.html>
5. The Chief of Staff is proposing a set of revisions, the purpose and detail of which is set out in the analysis below. The documents were reviewed alongside equivalent documents used by other health and social care regulators and with reference to the Charity Governance Code. The proposed changes were then produced in consultation with the Chair of Council, Senior Management Team (SMT), Leadership Team, the Chief Legal Officer and the Chief Financial Officer. The Chief of Staff has

also worked with the Governing Documents Working Group, which is an informal group of Council members who assist with the review of governing documents prior to formal consideration with Council. The Governing Documents Working Group is comprised of:

- Kathryn Foreman, lay Council member
- Tim Parkinson, Senior Council member (lay)
- Hema Radhakrishnan, registrant Council member

6. A track change version of the standing orders is attached as **annex 1**. The standing orders are attached as **annex 2**. The Council scheme of delegation is attached as **annex 3**.

## **Analysis**

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7. The documents have been revised to improve presentation and accessibility. The Chief of Staff has also included additional introductory guidance to assist readers of the documents and outline responsibilities.

## **Revisions to the standing orders**

8. The revisions to the standing orders are intended to clarify several areas of procedure, though they make no material alterations to how Council business has been conducted in recent years. The key changes include:
  - changes to some terminology (for example 'Chair' has become 'Chair of Council');
  - structural amendments to align it with the changes to the terms of reference for committees approved last year;
  - a more explicit set of provisions regarding the notice of meetings and timescales;
  - additional guidance about situations where unavoidable conflicts of interest could arise;
  - amendments to reflect established custom and practice regarding online meetings;
  - clearer provisions regarding the attendance of a secretary and when this is not required; and
  - division of the Chief of Staff/Chief Executive roles in respect to servicing the meeting – this is to mitigate conflicts that would arise if the Chief Executive and Registrar was being considered for appointment or removal.
9. The Governing Documents Working Group has provided feedback and endorsed the changes.

## **Revisions to the scheme of delegation**

10. The new scheme of delegation consolidates two existing documents: the scheme as was approved in September 2021 and a document named 'statutory and non-statutory approvals'. The second document summarised several statutory and non-statutory duties described in the scheme and elsewhere. As this document provides an easier to follow summary, it has been incorporated as part one of the new scheme.



11. There are several revisions where the Chief Legal Officer indicated that duties previously delegated by Council to the Chief Executive and Registrar should have been retained. This is because there is a statutory restriction on delegation (such as making rules), or where a power for which Council is responsible is accompanied with a parallel duty to consult (and therefore both power and duty would rest with the decision-making authority). A summary of these changes is covered in **annex 4**. Additional wording has been included in two areas:
- Sections 13A(1)(b) and 13A(2)(b): the full wording of the legislation has been incorporated to clarify that 'providing guidance' refers to the approval of standards. Custom and practice has been that Council approves standards, while approval of supplementary guidance rests with the Chief Executive and Registrar. The executive and working group were supportive of this arrangement remaining in place, as this would support a proportionate level of delegation. There is an option for the Chief Executive and Registrar to refer supplementary guidance on more sensitive and high-risk issues for Council consideration. Following approval of the standing orders, the Director of Regulatory Strategy and Chief of Staff will produce a risk-based set of principles to support any assessment of where this could apply.
  - Section 29: the wording has been clarified as this relates to a series of legal powers that would only be exercised in limited circumstances where the death or bankruptcy of a registrant required an extension of the use of a protected title beyond three years. Given these decisions would relate to individual registrant circumstances, it has been delegated to the Chief Executive and Registrar.

#### **Delegation to make minor updates**

12. There are occasional minor changes to roles and responsibilities. To ensure the scheme and standing orders can be updated without requiring reference back to Council, the Chief of Staff is proposing a limited delegation so he is responsible for approving any minor amendments (in consultation with the Chair of Council). This would be restricted to minor changes as described in the accompanying documents.

#### **Finance**

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13. Updating the scheme of delegation and standing orders has incurred no additional financial implications or expenditure. Having clear governance processes and procedures for Council decision-making enable Council to discharge its financial stewardship role for the GOC.

#### **Risks**

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13. Failure to have proper processes and procedures in place for decision-making can lead to significant failures in governance controls. This can produce substantial issues in legal, financial, reputational and operational terms. This risk is mitigated by ensuring that the organisation reviews these documents on a regular cycle and maintain them to reflect good governance practice.

#### **Equality Impacts**

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14. No Equality Impact Assessment was undertaken. Nothing contained in the standing orders would prohibit the Council making reasonable adjustments where these were necessary, with the consent of the Chair of Council. The discharge of functions described in the scheme of delegation are assessed for equality impacts where such considerations are necessary and appropriate.

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### **Devolved nations**

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15. The report contains no specific implications for devolved nations, though it covers GOC activity across the UK.

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### **Other Impacts**

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16. There are no significant impacts identified.

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### **Communications**

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#### **External communications**

17. The revised standing orders and scheme of delegation will be published on the GOC website.

#### **Internal communications**

18. Staff will be informed by the Chief Executive and Registrar weekly bulletin when published. Leadership Team will be provided with additional training to support their understanding of the schemes of delegation and good governance practice.

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### **Next steps**

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19. Following approval of the Council scheme of delegation, the next steps will be to approve the Chief Executive and Registrar scheme of delegation. This document sets out how authority flows from Council to the Chief Executive and Registrar and into the executive.

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### **Attachments**

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- Annex 1: Revised Standing Orders – track change version  
Annex 2: Revised Standing Orders – clean version  
Annex 3: Revised Scheme of Delegation  
Annex 4: Summary of powers and duties referred back to Council



## Standing Orders of the General Optical Council

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Author:	<del>Governance and Compliance Manager</del> <a href="#">Chief of Staff</a>
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## 1. IntroductionPurpose

- 1.1 The General Optical Council (GOC) is a statutory body corporate ~~governed by set-up~~ ~~under~~ the Opticians Act 1989 ("the Act"). It is also a charity, -registered with the Charity Commission in England and Wales. As a result, Council members are also ~~considered charitable Trustees~~ ~~trustees and expected to discharge their duties in~~ ~~respect to the relevant legislation and guidance.~~
- 1.2 The Act<sup>1</sup> gives Council the power to regulate its own procedures by Standing Orders (SOs), subject to compliance with the Act or ~~rules, regulations and other statutory instrument~~ ~~Rules made~~ ~~instruments~~ under the Act. These SO's are made by the Council and contain the procedures by which Council conducts its business. These SOs come into force as of ~~23 September 2024~~ DATE OF APPROVAL following which all previous SOs of the GOC will be revoked.

## 2. Membership, Chair, Secretary and Quorum

### Membership

- 2.1 The membership of the Council is set out in The General Optical Council (Constitution) Order 2009 ("the Constitution Order")

### Chair

- 2.2 The authority to appoint the Chair of Council is described in the Constitution order. This responsibility rests with the Privy Council.

- 2.3 The Constitution Order<sup>2</sup> sets out arrangements for deputising in the event that the Chair of Council is unable to attend one or more meetings of Council.

- 2.4 The Council will appoint a Senior Council Member, who will fulfil the role of deputy chair as described within the Constitution Order in the event the Chair of Council is not in attendance.

- 2.5 In the event that neither the Chair of Council nor the Senior Council Member are present, Council will elect a temporary chair for the purpose of holding a meeting. This appointment will be made by a simple majority. Any nomination must be proposed by a Council member and seconded. The Council member who was appointed as temporary chair will cease to act as temporary chair at the close of the meeting. In the unlikely event that both the Chair of Council and Senior Council Member are not present for more than one meeting consecutively, Council may nominate another Council member to fulfil the role of deputy chair as described within the Constitution Order.

### Secretary

<sup>1</sup> Section 12 of the Act.

<sup>2</sup> Article 10 of the Constitution Order.

2.6 The Chief of Staff will be responsible for making appropriate arrangements for the administration of Council. While the Chief of Staff may delegate specific operational duties, they will be considered the Secretary of Council for the purpose of these standing orders.

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#### Quorum

2.7 In accordance with ~~paragraph~~Article 11 of the Constitution Order, the quorum for a Council meeting is seven Council members.

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3.7 If a quorum is not present within 30 minutes of the scheduled start time of the meeting, all business for consideration at the meeting shall be carried forward to the next meeting.

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3.8 If a meeting becomes inquorate, the Chair of Council will adjourn it, and any decisions not made will be deferred to the next meeting. Decisions made before a meeting becomes inquorate will not be invalidated by the later lack of a quorum.

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3.9 Where a decision cannot wait for the next meeting, provisions are included below for special meetings and decisions via email.

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#### 3.Frequency and Notice of Meetings

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##### Frequency and notice of ordinaryOrdinary meetings

2.1 Ordinary meetings take place at least four times a year in public. The dates of the meetings are on dates agreed by the Chair of Council and the Chief Executive and Registrar.

2.2 Ordinary meetings are scheduled in advance, with a minimum of 14 days notice. Dates are shared with Council members and are published on the GOC website.

##### Frequency and notice of strictlyStrictly Confidential meetings

2.3 Strictly Confidential meetings are organised adjacent to ordinary meetings, as required, to allow for discussion of confidential items.

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##### Frequency and notice ofSpecial meetings

2.4 Special meetings will only be called if -an item of business would expose the GOC to:

2.4.1 -an unacceptable level of risk; or,

2.4.2 or an inability to discharge its statutory functions in a timely manner if a decision is not taken until the next ordinary meeting.

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2.5 Special meetings can be requested by:

2.5.1 Council at a quorate meeting;

2.5.2 a majority of Council members (including at least one lay and one registrant Council member) via email; or

2.5.2 the Chair, the Senior Council Member, the Chief of Staff Senior Council Member or the Chief

-Executive and Registrar.

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- 2.6 Special meetings will be held as soon as is reasonably practicable and no later than 30 working days after the request has been received. Where it is not possible to convene a quorate special meeting within a given timeframe, provisions for making decisions via email are provided for in these SOs.

#### Other meetings of Council

- 2.7 Council also meets during the year to consider for the purposes of the performance of the GOC, of Council, for strategic planning and to meet its own for development needs. Additionally, Council will meet annually with the Senior Council Member at a strictly confidential meeting without the Chair or executive present to consider discuss the -Chair of Council's performance. All Council members are expected to attend and contribute to these meetings.

2.8 Other meetings of Council are scheduled in advance. The dates of the meetings are agreed by the Chair of Council and the Chief Executive and Registrar.

- 2.98 Any meeting undertaken for the purposes outlined in SO2.7 does not require a quorum, is not minuted and cannot will not be used for decision-making purposes. The Standing Orders for provision of papers will not apply though an agenda will be prepared and distributed where the Chief of Staff deems its appropriate for the purpose of the meeting. The requirement for the secretary of Council to be present (as stipulated in SO2.12) will not apply

#### Agenda planning and provision of papers

- 2.109 A forward plan of agenda items for ordinary and strictly confidential meetings, linked to the GOC's business and strategic plans is will be presented to Council at each public meeting. It is and published on the GOC website as part of the Council papers.

- 2.119 Where a Council member requires an item to be discussed at a meeting, they should make their request in writing to the Chair of Council and the Chief of Staff not less than ten working days before the meeting. Inclusion of the item on the agenda is at the discretion of the Chair of Council.

- 2.124 Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Council members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of Council.

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2.13 Meetings of the Council shall be called by the secretary according to the annual calendar. For a meeting to proceed, the Secretary of Council, or a nominated deputy, must be present. If it is necessary for the Secretary of the Council to leave the meeting, for example due to confidential matters, their nominated representative will act as Secretary of Council. The Chair of Council or Senior Council Member can choose to hold a confidential session without the Secretary of Council or executive present, if the business under consideration requires it. This would include one or more of the following: ~~for example:~~  
~~- the external auditor or internal auditor wishing to meet Council without the executive present;~~  
~~- the purpose of the meeting is to discuss the performance of the Chair of Council or~~  
~~-- and~~  
any other matter which is deemed by the Chair of Council and the Senior Council Members to require discussion without the executive present. ~~The agenda and papers will usually be sent to Council members not less than five working days before an ordinary meeting and three working days before a special meeting.~~

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2.12 The non-receipt of the agenda ~~and/or~~ supporting papers for a meeting by any individual Council member ~~or other participant~~, will not invalidate the meeting or any business transacted at the meeting. ~~Conversely, Council is under no obligation to transact any business where it feels that the information is insufficient or has not been received with adequate notice for it to reach an informed collective decision.~~

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#### Transparency of proceedings and publication of papers

2.13 Council is committed to open and transparent governance. All Council business will be conducted in a public meeting unless one or more of the following applies:

~~2.13.1 any personal matter concerning a present or former registrant or an application for registration;~~

2.13.2 any personal matter concerning an employee, ~~registrant, applicant for registration~~, Council member, panel or committee member, education visitor or advisor;

2.13.32 any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders;

2.13.4 ~~3~~ any information given to the GOC in confidence;

2.13.54 ~~any matter that includes a significant risk or issue of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk impair the GOC's ability to protect the public;~~ and

2.13.5 any other matter which is deemed by the Chair of Council, the Chief of Staff and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

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2.14 The agenda and papers for a public meeting will usually be published on the GOC website at least four working days before the meeting. Failure to publish the



agenda and/or papers of a public meeting will not invalidate the proceedings of the meeting.

- 2.15 The agenda, papers and minutes from strictly confidential meetings will not be published on the GOC website, unless agreed by the Chair [of Council](#).
- 2.16 Although highly unlikely, if a situation occurred during a public meeting where the attendance of observers would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for any other specified reason, the Chair [of Council](#) may exclude observers from a meeting either in whole or in part.

### Attendance at meetings

- 2.17 All Council members have a duty to attend meetings and contribute effectively until the Chair [of Council](#) closes the meeting. ~~Attendance at all Council meetings via electronic means is permitted with the agreement of the Chair.~~
- 2.18 Council members unable to attend a meeting must notify the Chair [of Council](#) and ~~Governance Manager~~ [the secretary of Council](#) as early as possible, providing an explanation for non-attendance which will be recorded for reporting purposes. Amongst other things, ~~Members' Council members'~~ [reappointments](#) ~~is are~~ conditional upon satisfactory attendance levels.
- 2.19 The following employees are permitted to attend and speak at all meetings unless there is a direct or perceived conflict of interest:
- 2.19.2 Chief Executive and Registrar;
- 2.19.3 Directors;
- 2.19.4 ~~Head of Governance~~ [Chief of Staff](#) (or another member of the Governance Team in their absence); and
- 2.19.5 ~~Head of Finance~~ [Chief Financial Officer](#) and ~~Head of~~ [Chief Legal Officer](#) ~~for relevant items.~~
- 2.20 Other employees, committee members, advisors and contractors may be invited, at the discretion of the Chair [of Council](#) ~~to attend~~ [participate and](#), speak and/or present on specific items.

### Observers

- 2.21 Observers can attend public meetings, but are not allowed to participate in discussion, unless ~~requested~~ [invited](#) to do so by the Chair [of Council](#).
- 2.22 The Chair [of Council](#) reserves the right to remove an observer from a meeting (or any part thereof) or adjourn the meeting for such time as the Chair considers appropriate if in their opinion ~~that the observer is~~ [frustrating-disrupting](#) the business of the meeting or are in contravention of SO3.57.

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### Record of proceedings

- 2.23 The ~~Secretariat~~ secretary of Council is responsible for taking the minutes of meetings. A draft of these minutes which will usually be provided to the Chair, of Council within 10 working days of the meeting.
- 2.24 Once approved by the Chair, of Council, the draft minutes will be taken to the next relevant meeting and formally approved by Council.
- 2.25 Once approved, minutes of any public meeting of Council will be published on the GOC website.

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## 3. Decision making by Council

### Quorum

- 3.1 ~~In accordance with paragraph 11 of the Constitution Order, the quorum for a Council meeting is seven Council members.~~
- ~~If a quorum is not present within 30 minutes of the scheduled start time of the meeting, all business for consideration at the meeting shall be carried forward to the next meeting.~~
- 3.2 ~~If a meeting becomes inquorate the Chair will adjourn any decisions not made to the next meeting. Decisions made before a meeting becomes inquorate will not be invalidated by the later lack of a quorum.~~
- 3.3 ~~Where a decision cannot wait for the next meeting provisions are included for special meetings and decisions via email.~~

### Participation and debate

- 3.4 The Chair of Council will usually follow the agenda order but may, at their discretion, alter the order of items ~~at any stage either~~ before or during the meeting.
- 3.5 Throughout the meeting, ~~attendees~~ participants should:
- 3.5.1 ~~Observe~~ any protocols for physical or remote meetings indicated by the Chair of Council.
- 3.5.2 Give their full attention, including turning off devices ~~un-related~~ to the meeting.
- 3.5.3 Exhibit professional behaviour at all times, in keeping with GOC values and the Code of Conduct.

- 3.6 It is not permitted to photograph, transmit, audio-record, or video-record proceedings any Council meetings without prior authorisation of the Chair of Council.
- 3.7 Where a Council member disagrees with a recommendation or decision of a committee on which they serve, they may present their views, provided any disagreement has been raised at the relevant committee meeting. N-and notification has been must be given to the committee cChair and to the Chair of Council in advance of the meeting to which the recommendation or decision is being reported.
- 3.8 The Chair of Council will preserve the order of the meeting and ensure that all Council members have sufficient opportunity to express their views on matters under discussion.
- 3.9 The Chair of Council will ensure that the meeting is not disrupted and that order is preserved. If in the opinion of the Chair, it becomes necessary, the The Chair of Council may ask one or more attendees participants to withdraw from the meeting or adjourn the meeting for such time as they consider appropriate.

#### Conflicts of interest

- 3.9 Council members have a legal duty to act only in the best interests of the GOC. They and must not put themselves in any position where their duties as a Council member conflict (or may be perceived to conflict) with any personal or financial interests. However, there are occasions where a conflict will arise because Council has a specific statutory power or duty, for example:
- with decisions associated with member fees, where Council has the power to determine its remuneration and expenses;
  - with decisions associated with matters of policy relating to the regulation of registrants, where the decision will impact registrant Council members;
  - with decisions associated with registrant fees, where decisions will impact registrant Council members.
- 3.10 In such cases Council will comply with its legal obligations in governing document (the Opticians Act 1989 and association legislation) and act in the best interests of the GOC. The Chief Legal Officer or Chief of Staff will confirm at the meeting that an appropriate authority in place before any decision conferring trustee benefit (or disbenefit) is made, and this confirmation will be recorded in the minutes.
- 3.1<sup>10</sup> Council members have a personal responsibility to review business, operational and forward plans to identify any situations in which their interests may conflict with their duties, and. They must advise the Secretariat-secretary of Council of any potential conflicts which have not already been identified, to enable a decision to be made on how the interest will be managed.
- 3.1<sup>24</sup> All Council members will be invited to declare any interests they may have at the beginning of each meeting. If Council members believe that they have a conflict as discussion progresses they should indicate this to the Chair of Council immediately

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in order for a decision to be made as to whether the attendee needs to withdraw from the discussion and/or decision.

- 3.132 Where an actual or perceived conflict of interest arises either before or during a meeting, the Chair of Council will determine (in accordance with the Management of Interests policy and following advice from the Chief of Staff) whether the ~~attendee~~ needs to withdraw from the discussion and/or decision.

### Decision making and voting

- 3.13 Council members cannot participate in decision-making if they are not present (physically or electronically) at the meeting at which the decision is made.
- 3.14 ~~No~~body else (other than Council members present at the meeting), including a GOC ~~per~~ employee, advisor, ~~or~~ contractor or other attendee, can participate in decision making at a Council meeting. However, Council Associates may, at the invitation of the Chair of Council, participate in the discussion prior to a decision being made.
- 3.15 The intention of discussion is to reach agreement by consensus. If a general consensus emerges, the Chair of Council may restrict discussion and seek agreement of the recommendation(s). All consensus decisions will be confirmed orally by the Chair of Council and minuted-recorded in the minutes.
- 3.16 Before moving on to the next item, the Chair of Council will summarise the discussion, confirm the decision which has been made and state any additional actions that are required to be undertaken.
- 3.17 Council members have a duty to support all Council decisions made on the basis of collective responsibility.
- 3.18 In the rare cases that consensus cannot be reached, a vote may be taken. A Council member can abstain from participating in a vote due to a conflict of interest or other significant concern which is agreed by the Chair of Council as being a valid reason for abstention.
- 3.19 A vote can be ordered by the Chair of Council:
- 3.19.1 when the Chair of Council determines that no clear consensus has emerged;
  - 3.19.2 when a Council member is present and requests a vote to be taken which is supported by at least one other Council member; or
  - 3.19.3 in any other circumstance where the Chair of Council considers that a vote should be taken.
- 3.20 Voting will be by show of hands. Each Council member has one vote (including the Chair of Council). If an equality of votes occurs then there shall be further debate and a second vote taken. If an equality of votes remains after the second vote, the Chair shall have a second and casting vote.

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- 3.21 The minutes of the meeting will record the numerical outcome of the vote identifying the numbers for and against the decision and any abstentions. Any Council member may request their vote be recorded in the minutes.

#### **Decisions via email (inc. process for ratification)**

- 3.22 In the event that a decision is required outside of a meeting and it is not considered by the Chair [of Council](#) to be necessary or has not been possible to convene a special meeting, decisions can be made via email.
- 3.23 In such circumstances:
- 3.23.1 agreement to take a decision via email must first be obtained from the Chair [of Council \(or Senior Council Member in the event the Chair of Council is unavailable\)](#);
  - 3.23.2 the process should be led by the [Secretariat-Council secretary](#) to ensure appropriate processes are followed;
  - 3.23.3 all members must be sent sufficient information to make an informed decision;
  - 3.23.4 all members able to participate in the decision (i.e. not conflicted) must respond in writing to signal agreement with the decision;
  - 3.23.5 a decision is only made when all members able to participate in the decision have agreed;
  - 3.23.6 where any member does not agree to the decision, it will be discussed at the next meeting; and
  - 3.23.7 an audit trail of the information sent, recommendations, the member responses and agreed decision will be maintained by the [Secretariatsecretary of Council](#).
- 3.24 All email decisions must be ratified at the next meeting and recorded in the minutes. [The Chief of Staff will determine whether this decision is referred to the next strictly confidential or public meeting of Council, in consultation with the Chair of Council.](#)

#### **Delegating authority**

- 3.25 Council may delegate authority to the Chief Executive and Registrar, any Council member, committee member or employee or named committee to make a decision or take further action as directed by Council. The limits of the delegation will be recorded in the Council minutes.
- 3.26 [Council may not delegate authority for any matters reserved solely for Council, cCommittees or the Chief Executive and Registrar as specified in the Act.](#)

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#### **Disapplication or suspension of Standing Orders and the discretion of the Chair**

- 3.27 Except where this would contravene any statutory provision, [an SO tanding-Order](#) may be disapplied or suspended by a decision of Council members at a meeting by at least two thirds of those present and voting. [An SOtanding-Order](#) may not be

disapplied or suspended as a result of a decision taken via email. Any disapplication or suspension of an ~~S~~O~~tanding Order~~ will be recorded in the Council minutes, along with the time-frame that the disapplication and suspension will last for and the reasons.

- 3.28 Except as provided for by these ~~S~~O~~tanding Orders~~, procedure for the conduct of business shall be within the discretion of the Chair of Council.

#### 4. Committees

- 4.1 Council must ensure that any committees (statutory and non-statutory) are properly constituted in accordance with the Rules or other relevant legislation.

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- 4.2 Council may establish additional committees to which it can delegate duties as permissible in the Act. Council will agree appropriate governance arrangements via terms of reference for all committees. Unless specified otherwise in the committee terms of reference, all meetings of committees will follow the decision-making procedures as set out in section 3 above (substituting 'Chair of Council' to 'Chair of the Committee' and 'Council member' for 'committee member' -where it is appropriate to do so).

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- 4.3 All committee members have a duty to attend meetings and contribute effectively until the cChair of the committee closes the meeting. ~~Attendance at committee meetings via electronic means is permitted with the agreement of the Chair.~~

- 4.4 In the event a committee needs to make a decision outside of a meeting, attempts should be made to convene a quorate additional committee meeting. Where this is not possible decisions can be made via email only if an item of business would expose the GOC to an unacceptable level of risk or an inability to discharge its statutory functions in a timely manner if a decision is not taken until the next scheduled committee meeting. This SO does not apply to the Fitness to Practise committee.

- 4.5 In such circumstances SO3.23 will be followed.

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- 4.6 All email decisions must be ratified at the next meeting and recorded in the minutes.

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- 4.7 The Chair of Council may attend and participate in discussion at any meeting of an advisory committee~~ee (with the exception of the Fitness to Practise committee).~~

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#### ~~5.~~ Council Associates

~~5.1~~ Council can opt to make arrangements for Council Associates. The Council Associate scheme is intended to support professional learning and development and give individuals first-hand experience of sitting on a board or committee.

~~5.2~~ These are not formal members of Council and do not count towards the quorum or decision-making. Council Associates can participate in the discussion at the invitation of the

Chair of Council. Council Associates can also attend and participate in other committee meetings at the discretion of the chair of the committee.

5.3 Determining the role profile, process for appointment and appointment of Council Associates is delegated to Nominations Committee.

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## **56. Working Groups**

56.1 From time to time, it may be necessary to establish Working Groups (for example to give advice on specific issues). Where Council chooses to establish Working Groups, Council will determine the appropriate governance arrangements.

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56.2 Alternatively, Council acknowledges that its committees (statutory and non-statutory), may wish to establish Working Groups. Council delegates authority to the Chief Executive and Registrar, the Chief of Staff or ~~lead the appropriate~~ Director to determine appropriate governance arrangements and ensure that the composition adequately reflects the necessary skills and experience required. Any establishment or dissolution of such Working Groups should be notified to Council for information.

56.3 All members of Working Groups will be subject to confidentiality and management of interest requirements.

56.4 Working Groups (whether established by Council or not) have no decision-making authority.

56.5 The Chair of Council may attend and participate in discussion at any meeting of a Working Group.

## **Part 67: Insurance provision**

67.1 Council will ensure that it has in place sufficient insurance arrangements which mitigates against relevant risks.

## Annex 1: Glossary

In these Standing Orders, except where the context provides to the contrary:

<b>Act (the)</b>	the Opticians Act 1989.
<b>Advisor and/or Contractor</b>	any person appointed to advise Council, Committee or a working group, who is not already appointed as a Council or committee member or employed by the GOC. Advisors and/or contractors are permitted to participate in discussion, provide advice and make recommendations but are not able to make decisions.
<b>Appropriate governance arrangements</b>	To include (but not limited to) chairing, frequency of meetings, role/purpose, minuting/record keeping, quorum, membership etc.
<b>Chair</b>	<del>the Chair of Council (unless otherwise specified).</del>
<b>Chief Executive</b>	See 'Registrar' entry below
<b>Chief of Staff</b>	<a href="#">Individual responsible for the administration of Council and committee meetings. This person is appointed by the Chief Executive and Registrar.</a>
<b>Collective Responsibility</b>	Council members must publicly support all decisions made by Council, even if they do not privately agree with them.
<b>Committee member</b>	a person appointed to a committee. Committee members are entitled to participate in discussion and vote on any decision under consideration during a meeting of their appointed committee.
<b>Constitution Order</b>	the General Optical Council (Constitution Order) 2009.
<b>Consensus</b>	the majority of those present are in general agreement
<b>Council</b>	the members of the General Optical Council acting collectively as a body.
<b>Council member</b>	a person appointed to the Council in accordance with Schedule 1 to the Act. Also holds the role of a Trustee of the GOC.
<b>Secretary of Council</b>	<a href="#">The Chief of Staff, unless delegated.</a>
<b>Directors</b>	members of the Senior Management Team (SMT) .
<b>Electronic means</b>	<a href="#">Communicating -or</a> attending a meeting other than in person, for example via video conference, an internet video facility or similar electronic method allowing simultaneous visual and audio participation, or via telephone conferencing.
<b>Matters reserved solely for Council</b>	Council cannot delegate the power to make Rules and any functions expressly conferred by the Act on some other committee
<b>Meeting</b>	refers collectively to a meeting of Council e.g. ordinary, strictly confidential or special.

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<b>Non-statutory Committee</b>	A committee not established under the Act, for example the Audit, <a href="#">Finance</a> and Risk <a href="#">Assurance</a> <del>e</del> Committee or the Remuneration <del>C</del> committee.
<b>Observers</b>	members of the general public (including the press) and GOC employees who attend a public meeting but cannot participate in discussion or decision making.
<b>Ordinary meeting</b>	a scheduled meeting of Council (which takes place at least four times per year).

<b>Public meeting</b>	a meeting of Council held with public access.
<b>Quorum</b>	The minimum number of members present and able to take decisions/vote for a decision to be passed.
<b><u>Chief Executive and Registrar</u></b>	the Registrar of the Council appointed under section 1 of the Act and paragraph 10 of Schedule 1 to the Act. Also incorporates the role of Chief Executive.
<b>Sent</b>	provision of information (such as agendas and papers for meetings) or other documents required to be made in writing and/or sent under these Standing Orders which may be recorded and/or sent by electronic means such as via email, the GOC website or other communications device.
<b>Special meeting</b>	a meeting of Council arranged outside of the ordinary meeting schedule.
<b>Statutory committee</b>	A-committee established under the Act, for example the Education Committee or Standards Committee.
<b>Strictly confidential Meeting</b>	a meeting of Council with no public access.
<b>Trustee</b>	<del>A trustee someone (or collectively, trustees) are the people who share</del> ultimate responsibility for governing a charity and directing how it is managed and run. <del>They may be called trustees, the board, the management committee, governors, directors or something else. At the GOC they are called 'Council</del>
<b>Vote</b>	a formal expression of opinion or choice, either positive or negative made by a Council member. It does not include abstentions.
<b>Working days</b>	Monday to Friday <del>other than a designated .-Does not include</del> public holiday <del>in the UKs</del> <u>England</u> <del>or weekends.</del>
<b>Working Group</b>	a group set up to consider and provide advice on a specific issue.
<b>Written</b>	in writing, including by email or any other electronic means.
<b>Year</b>	The GOC financial year (e.g. 1 April to 31 March).

# Standing Orders of the General Optical Council

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Status of document:	Draft
Version:	3
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Chief of Staff
Planned next review date:	Approval date + five years

Contents

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TO BE UPDATED

## 1. Purpose

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- 1.1 The General Optical Council (GOC) is a statutory body corporate governed by the Opticians Act 1989 (“the Act”). It is also a charity, registered with the Charity Commission in England and Wales. As a result, Council members are also charitable trustees and expected to discharge their duties in respect to the relevant legislation and guidance.
- 1.2 The Act<sup>1</sup> gives Council the power to regulate its own procedures by Standing Orders (SOs), subject to compliance with the Act or rules, regulations and other statutory instrument made under the Act. These SOs are made by the Council and contain the procedures by which Council conducts its business. These SOs come into force as of DATE OF APPROVAL following which all previous SOs of the GOC will be revoked.

## 2. Membership, Chair, Secretary and Quorum

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### Membership

- 2.1 The membership of the Council is set out in The General Optical Council (Constitution) Order 2009 (“the Constitution Order”)

### Chair

- 2.2 The authority to appoint the Chair of Council is described in the Constitution order. This responsibility rests with the Privy Council.
- 2.3 The Constitution Order<sup>2</sup> sets out arrangements for deputising in the event that the Chair of Council is unable to attend one or more meetings of Council.
- 2.4 The Council will appoint a Senior Council Member, who will fulfil the role of deputy chair as described within the Constitution Order in the event the Chair of Council is not in attendance.
- 2.5 In the event that neither the Chair of Council nor the Senior Council Member are present, Council will elect a temporary chair for the purpose of holding a meeting. This appointment will be made by a simple majority. Any nomination must be proposed by a Council member and seconded. The Council member who was appointed as temporary chair will cease to act as temporary chair at the close of the meeting. In the unlikely event that both the Chair of Council and Senior Council Member are not present for more than one meeting consecutively, Council may nominate another Council member to fulfil the role of deputy chair as described within the Constitution Order.

### Secretary

- 2.6 The Chief of Staff will be responsible for making appropriate arrangements for the administration of Council. While the Chief of Staff may delegate specific operational duties, they will be considered the Secretary of Council for the purpose of these standing orders.

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<sup>1</sup> Section 12 of the Act.

<sup>2</sup> Article 10 of the Constitution Order.

## **Quorum**

- 2.7 In accordance with Article 11 of the Constitution Order, the quorum for a Council meeting is seven Council members.
- 2.8 If a quorum is not present within 30 minutes of the scheduled start time of the meeting, all business for consideration at the meeting shall be carried forward to the next meeting.
- 2.9 If a meeting becomes inquorate, the Chair of Council will adjourn it, and any decisions not made will be deferred to the next meeting. Decisions made before a meeting becomes inquorate will not be invalidated by the later lack of a quorum.
- 2.10 Where a decision cannot wait for the next meeting, provisions are included below for special meetings and decisions via email.

## **3.Frequency and Notice of Meetings**

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### **Ordinary meetings**

- 3.1 Ordinary meetings take place at least four times a year in public. The dates of the meetings are agreed by the Chair of Council and the Chief Executive and Registrar.
- 3.2 Ordinary meetings are scheduled in advance, with a minimum of 14 days notice. Dates are shared with Council members and are published on the GOC website.

### **Strictly Confidential meetings**

- 3.3 Strictly Confidential meetings are organised proximate to ordinary meetings, as required, to allow for discussion of confidential items.

### **Special meetings**

- 3.4 Special meetings will only be called if an item of business would expose the GOC to:
  - 3.4.1 an unacceptable level of risk; or
  - 3.4.2 an inability to discharge its statutory functions in a timely manner if a decision is not taken until the next ordinary meeting.
- 3.5 Special meetings can be requested by:
  - 3.5.1 Council at a quorate meeting;
  - 3.5.2 a majority of Council members (including at least one lay and one registrant Council member) via email; or
  - 3.5.3 the Chair, the Senior Council Member, the Chief of Staff or the Chief Executive and Registrar.
- 3.6 Special meetings will be held as soon as is reasonably practicable, and no later than 30 working days after the request has been received. Where it is not possible to convene a quorate special meeting within that timeframe, provisions for making decisions via email are provided for in these SOs.

## **Other meetings of Council**

- 3.7 Council also meets during the year for the purposes of strategic planning and to meet its own development needs. Additionally, Council will meet annually with the Senior Council Member at a strictly confidential meeting without the Chair or executive present to discuss the Chair of Council's performance. All Council members are expected to attend and contribute to these meetings.
- 3.8 Other meetings of Council are scheduled in advance. The dates of the meetings are agreed by the Chair of Council and the Chief Executive and Registrar.
- 3.9 Any meeting undertaken for the purposes outlined in SO3.7 does not require a quorum, is not minuted and will not be used for decision-making purposes. The Standing Orders for provision of papers will not apply though an agenda will be prepared and distributed where the Chief of Staff deems it appropriate for the purpose of the meeting. The requirement for the secretary of Council to be present (as stipulated in SO3.13) will not apply

## **Agenda planning and provision of papers**

- 3.10 A forward plan of agenda items for ordinary and strictly confidential meetings, linked to the GOC's [business and strategic plans](#) will be presented to Council at each public meeting. It is published on the GOC website as part of the Council papers.
- 3.11 Where a Council member requires an item to be discussed at a meeting, they should make their request in writing to the Chair of Council and the Chief of Staff not less than ten working days before the meeting. Inclusion of the item on the agenda is at the discretion of the Chair of Council.
- 3.12 Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Council members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of Council.
- 3.13 Meetings of the Council shall be called by the secretary according to the annual calendar. For a meeting to proceed, the Secretary of Council, or a nominated deputy, must be present. If it is necessary for the Secretary of the Council to leave the meeting, for example due to confidential matters, their nominated representative will act as Secretary of Council. The Chair of Council or Senior Council Member can choose to hold a confidential session without the Secretary of Council or executive present, if the business under consideration requires it. This would include one or more of the following:
  - 3.13.1 the external auditor or internal auditor wishing to meet Council without the executive present;
  - 3.13.2 the purpose of the meeting is to discuss the performance of the Chair of Council or
  - 3.13.3 any other matter which is deemed by the Chair of Council and the Senior Council Member to require discussion without the executive present.

- 3.14 The non-receipt of the agenda or supporting papers for a meeting by any individual Council member or other participant, will not invalidate the meeting or any business transacted at the meeting. Conversely, Council is under no obligation to transact any business where it feels that the information is insufficient or has not been received with adequate notice for it to reach an informed collective decision.

### **Transparency of proceedings and publication of papers**

- 3.15 Council is committed to open and transparent governance. All Council business will be conducted in a public meeting unless one or more of the following applies:
- 3.15.1 any personal matter concerning an employee, registrant, applicant for registration, Council member, panel or committee member, education visitor or advisor;
  - 3.15.2 any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders;
  - 3.15.3 any information given to the GOC in confidence;
  - 3.15.4 any matter that includes a significant risk or issue where discussion in public impair the GOC's ability to protect the public; and
  - 3.15.5 any other matter which is deemed by the Chair of Council, the Chief of Staff and Chief Executive and Registrar to require discussion in a strictly confidential meeting.
- 3.16 The agenda and papers for a public meeting will usually be [published on the GOC website](#) at least four working days before the meeting. Failure to publish the agenda and papers of a public meeting will not invalidate the proceedings of the meeting.
- 3.17 The agenda, papers and minutes from strictly confidential meetings will not be published on the GOC website, unless agreed by the Chair of Council.
- 3.18 Although highly unlikely, if a situation occurred during a public meeting where the attendance of observers would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for any other specified reason, the Chair of Council may exclude observers from a meeting either in whole or in part.

### **Attendance at meetings**

- 3.19 All Council members have a duty to attend meetings and contribute effectively until the Chair of Council closes the meeting.
- 3.20 Council members unable to attend a meeting must notify the Chair of Council and the secretary of Council as early as possible, providing an explanation for non-attendance which will be recorded for reporting purposes. Amongst other things,



Council members' reappointments are conditional upon satisfactory attendance levels.

3.21 The following employees are permitted to attend and speak at all meetings unless there is a direct or perceived conflict of interest:

3.21.1 Chief Executive and Registrar;

3.21.2 Directors;

3.21.3 Chief of Staff (or another member of the Governance Team in their absence);  
and

3.21.4 Chief Financial Officer and Chief Legal Officer.

3.22 Other employees, committee members, advisors and contractors may be invited at the discretion of the Chair of Council to participate and speak and/or present on specific items.

### **Observers**

3.23 Observers can attend public meetings, but are not allowed to participate in discussion, unless invited to do so by the Chair of Council.

3.24 The Chair of Council reserves the right to remove an observer from a meeting (or any part thereof) or adjourn the meeting for such time as the Chair considers appropriate if in their opinion that the observer is disrupting the business of the meeting or are in contravention of SO4.3.

### **Record of proceedings**

3.25 The Secretary of Council is responsible for taking the minutes of meetings. A draft of these minutes will usually be provided to the Chair of Council within 10 working days of the meeting.

3.26 Once approved by the Chair of Council, the draft minutes will be taken to the next relevant meeting and formally approved by Council.

3.27 Once approved, minutes of any public meeting of Council will be published on the GOC website.

## **4. Decision making by Council**

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### **Participation and debate**

4.1 The Chair of Council will usually follow the agenda order but may, at their discretion, alter the order of items before or during the meeting.

4.2 Throughout the meeting, participants should:

4.2.1 Observe any protocols for physical or remote meetings indicated by the Chair of Council.

4.2.2 Give their full attention, including turning off devices unrelated to the meeting.

4.2.3 Exhibit professional behaviour at all times, in keeping with GOC values and the Code of Conduct.

- 4.3 It is not permitted to photograph, transmit, audio-record, or video-record proceedings any Council meetings without prior authorisation of the Chair of Council.
- 4.4 Where a Council member disagrees with a recommendation or decision of a committee on which they serve, they may present their views, provided any disagreement has been raised at the relevant committee meeting. Notification must be given to the committee chair and to the Chair of Council in advance of the meeting to which the recommendation or decision is being reported.
- 4.5 The Chair of Council will ensure that all Council members have sufficient opportunity to express their views on matters under discussion.
- 4.6 The Chair of Council will ensure that the meeting is not disrupted and that order is preserved. The Chair of Council may ask one or more participants to withdraw from the meeting or adjourn the meeting for such time as they consider appropriate.

### **Conflicts of interest**

- 4.7 Council members have a legal duty to act only in the best interests of the GOC. They must not put themselves in any position where their duties as a Council member conflict (or may be perceived to conflict) with any personal or financial interests. However, there are occasions where a conflict will arise because Council has a specific statutory power or duty, for example:
- 4.7.1 with decisions associated with member fees, where Council has the power to determine its remuneration and expenses;
- 4.7.2 with decisions associated with matters of policy relating to the regulation of registrants, where the decision will impact registrant Council members; or
- 4.7.3 with decisions associated with registrant fees, where decisions will impact registrant Council members.
- 4.8 In such cases Council will comply with its legal obligations in governing document (the Opticians Act 1989 and association legislation) and act in the best interests of the GOC. The Chief Legal Officer or Chief of Staff will confirm at the meeting that an appropriate authority is in place before any decision conferring trustee benefit (or disbenefit) is made, and this confirmation will be recorded in the minutes.
- 4.9 Council members have a personal responsibility to review business, operational and forward plans to identify any situations in which their interests may conflict with their duties. They must advise the secretary of Council of any potential conflicts which have not already been identified.

- 4.10 All Council members will be invited to declare any interests they may have at the beginning of each meeting. If Council members believe that they have a conflict as discussion progresses they should indicate this to the Chair of Council immediately.
- 4.11 Where an actual or perceived conflict of interest arises either before or during a meeting, the Chair of Council will determine (in accordance with the [Management of Interests policy](#) and following advice from the Chief of Staff) whether the Council member needs to withdraw from the discussion and/or decision.

### **Decision making and voting**

- 4.12 Council members cannot participate in decision-making if they are not present (physically or electronically) at the meeting at which the decision is made.
- 4.13 Nobody else (other than Council members present at the meeting), including a GOC employee, advisor, contractor or other attendee, can participate in decision making at a Council meeting. However, Council Associates may, at the invitation of the Chair of Council, participate in the discussion prior to a decision being made.
- 4.14 The intention of discussion is to reach agreement by consensus. If a general consensus emerges, the Chair of Council may restrict discussion and seek agreement of the recommendation(s). All consensus decisions will be confirmed orally by the Chair of Council and recorded in the minutes.
- 4.15 Before moving on to the next item, the Chair of Council will summarise the discussion, confirm the decision which has been made and state any additional actions that are required to be undertaken.
- 4.16 Council members have a duty to support all Council decisions made on the basis of collective responsibility.
- 4.17 In the rare cases that consensus cannot be reached, a vote may be taken. A Council member can abstain from participating in a vote due to a conflict of interest or other significant concern which is agreed by the Chair of Council as being a valid reason for abstention.
- 4.18 A vote can be ordered by the Chair of Council:
- 4.18.1 when the Chair of Council determines that no clear consensus has emerged;
  - 4.18.2 when a Council member is present and requests a vote to be taken which is supported by at least one other Council member; or
  - 4.18.3 in any other circumstance where the Chair of Council considers that a vote should be taken.
- 4.20 Voting will be by show of hands. Each Council member has one vote (including the Chair of Council). If an equality of votes occurs then there shall be further debate and a second vote taken. If an equality of votes remains after the second vote, the Chair shall have a second and casting vote.

4.21 The minutes of the meeting will record the numerical outcome of the vote identifying the numbers for and against the decision and any abstentions. Any Council member may request their vote be recorded in the minutes.

#### **Decisions via email (inc. process for ratification)**

4.22 In the event that a decision is required outside of a meeting and it is not considered by the Chair of Council to be necessary or has not been possible to convene a special meeting, decisions can be made via email.

4.23 In such circumstances:

4.23.1 agreement to take a decision via email must first be obtained from the Chair of Council (or Senior Council Member in the event the Chair of Council is unavailable);

4.23.2 the process should be led by the Council secretary to ensure appropriate processes are followed;

4.23.3 all members must be sent sufficient information to make an informed decision;

4.23.4 all members able to participate in the decision (i.e. not conflicted) must respond in writing to signal agreement with the decision;

4.23.5 a decision is only made when all members able to participate in the decision have agreed;

4.23.6 where any member does not agree to the decision, it will be discussed at the next meeting; and

4.23.7 an audit trail of the information sent, recommendations, the member responses and agreed decision will be maintained by the Secretary of Council.

4.24 All email decisions must be ratified at the next meeting and recorded in the minutes. The Secretary of Council will determine whether this decision is referred to the next strictly confidential or public meeting of Council, in consultation with the Chair of Council.

#### **Delegating authority**

4.25 Council may delegate authority to the Chief Executive and Registrar, any Council member, committee member or employee or named committee to make a decision or take further action as directed by Council. The limits of the delegation will be recorded in the Council minutes.

4.26 Council may not delegate authority for any matters reserved solely for Council, committees or the Chief Executive and Registrar as specified in the Act.

#### **Disapplication or suspension of Standing Orders and the discretion of the Chair**

4.27 Except where this would contravene any statutory provision, an SO may be disapplied or suspended by a decision of Council members at a meeting by at least two thirds of those present and voting. An SO may not be disapplied or suspended as

a result of a decision taken via email. Any disapplication or suspension of an SO will be recorded in the Council minutes, along with the timeframe that the disapplication and suspension will last for and the reasons.

- 4.28 Except as provided for by these SOs, procedure for the conduct of business shall be within the discretion of the Chair of Council.

## 5. Committees

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- 5.1 Council must ensure that any committees (statutory and non-statutory) are properly constituted in accordance with the [Rules](#) or other relevant legislation.
- 5.2 Council may establish additional committees to which it can delegate duties as permissible in the Act. Council will agree appropriate governance arrangements via terms of reference for all committees. Unless specified otherwise in the committee terms of reference, all meetings of committees will follow the decision-making procedures as set out in section 3 above (substituting 'Chair of Council' to 'Chair of the Committee' and 'Council member' for 'committee member' where it is appropriate to do so).
- 5.3 All committee members have a duty to attend meetings and contribute effectively until the chair of the committee closes the meeting.
- 5.4 In the event a committee needs to make a decision outside of a meeting, attempts should be made to convene a quorate additional committee meeting. Where this is not possible decisions can be made via email only if an item of business would expose the GOC to an unacceptable level of risk or an inability to discharge its statutory functions in a timely manner if a decision is not taken until the next scheduled committee meeting. This SO does not apply to the Fitness to Practise committee.
- 5.5 In such circumstances SO3.23 will be followed.
- 5.6 All email decisions must be ratified at the next meeting and recorded in the minutes.
- 5.7 The Chair of Council may attend and participate in discussion at any meeting of an advisory committee or a non-statutory committee established by Council.

## 6. Council Associates

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- 6.1 Council can opt to make arrangements for Council Associates. The Council Associate scheme is intended to support professional learning and development and give individuals first-hand experience of sitting on a board or committee.
- 6.2 Council Associates are not formal members of Council and do not count towards the quorum or decision-making. Council Associates can participate in the discussion at the invitation of the Chair of Council. Council Associates can also attend and participate in other committee meetings at the discretion of the chair of the committee.

- 6.3 Determining the role profile, process for appointment and appointment of Council Associates is delegated to Nominations Committee.

## 7. Working Groups

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- 7.1 From time to time, it may be necessary to establish Working Groups (for example to give advice on specific issues). Where Council chooses to establish Working Groups, Council will determine the appropriate governance arrangements.
- 7.2 Alternatively, Council acknowledges that its committees (statutory and non-statutory), may wish to establish Working Groups. Council delegates authority to the Chief Executive and Registrar, the Chief of Staff or the appropriate Director to determine appropriate governance arrangements and ensure that the composition adequately reflects the necessary skills and experience required. Any establishment or dissolution of such Working Groups should be notified to Council for information.
- 7.3 All members of Working Groups will be subject to confidentiality and management of interest requirements.
- 7.4 Working Groups (whether established by Council or not) have no decision-making authority.
- 7.5 The Chair of Council may attend and participate in discussion at any meeting of a Working Group.

## 8. Insurance provision

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- 8.1 Council will ensure that it has in place sufficient insurance arrangements which mitigates against relevant risks.

## Annex 1: Glossary

In these Standing Orders, except where the context provides to the contrary:

<b>Act (the)</b>	the Opticians Act 1989.
<b>Advisor and/or contractor</b>	any person appointed to advise Council, Committee or a working group, who is not already appointed as a Council or committee member or employed by the GOC. Advisors and/or contractors are permitted to participate in discussion, provide advice and make recommendations but are not able to make decisions.
<b>Appropriate governance arrangements</b>	To include (but not limited to) chairing, frequency of meetings, role/purpose, minuting/record keeping, quorum, membership etc.
<b>Chief Executive and Registrar</b>	the Registrar of the Council appointed under section 1 of the Act and paragraph 10 of Schedule 1 to the Act. Also incorporates the role of Chief Executive.
<b>Chief of Staff</b>	Individual responsible for the administration of Council and committee meetings. This person is appointed by the Chief Executive and Registrar.
<b>Collective responsibility</b>	Council members must publicly support all decisions made by Council, even if they do not privately agree with them.
<b>Committee member</b>	a person appointed to a committee. Committee members are entitled to participate in discussion and vote on any decision under consideration during a meeting of their appointed committee.
<b>Constitution Order</b>	the General Optical Council (Constitution Order) 2009.
<b>Consensus</b>	the majority of those present are in general agreement
<b>Council</b>	the members of the General Optical Council acting collectively as a body.
<b>Council member</b>	a person appointed to the Council in accordance with Schedule 1 to the Act. Also holds the role of a Trustee of the GOC.
<b>Secretary of Council</b>	The Chief of Staff, unless delegated.
<b>Directors</b>	members of the Senior Management Team (SMT) .
<b>Electronic means</b>	Communicating or attending a meeting other than in person, for example via video conference, an internet video facility or similar electronic method allowing simultaneous visual and audio participation, or via telephone conferencing.
<b>Matters reserved solely for Council</b>	Council cannot delegate the power to make Rules and any functions expressly conferred by the Act on some other committee
<b>Meeting</b>	refers collectively to a meeting of Council e.g. ordinary, strictly confidential or special.
<b>Non-statutory Committee</b>	A committee not established under the Act, for example the Audit, Finance and Risk Committee or the Remuneration Committee.

<b>Observers</b>	members of the general public (including the press) and GOC employees who attend a public meeting but cannot participate in discussion or decision making.
<b>Ordinary meeting</b>	a scheduled meeting of Council (which takes place at least four times per year).
<b>Public meeting</b>	a meeting of Council held with public access.
<b>Quorum</b>	The minimum number of members present and able to take decisions/vote for a decision to be passed.
<b>Sent</b>	provision of information (such as agendas and papers for meetings) or other documents required to be made in writing and/or sent under these Standing Orders which may be recorded and/or sent by electronic means such as via email, the GOC website or other communications device.
<b>Special meeting</b>	a meeting of Council arranged outside of the ordinary meeting schedule.
<b>Statutory committee</b>	committee established under the Act, for example the Education Committee or Standards Committee.
<b>Strictly confidential Meeting</b>	a meeting of Council with no public access.
<b>Trustee</b>	someone (collectively, trustees) who shares ultimate responsibility for governing a charity and directing how it is managed and run. members'.
<b>Vote</b>	a formal expression of opinion or choice, either positive or negative made by a Council member. It does not include abstentions.
<b>Working days</b>	Monday to Friday other than a designated public holiday in England .
<b>Working Group</b>	a group set up to consider and provide advice on a specific issue.
<b>Written</b>	in writing, including by email or any other electronic means.
<b>Year</b>	The GOC financial year (e.g. 1 April to 31 March).



## Council Scheme of Delegation

Status of document: Draft
Version: v0.1
Date of approval: TBC
Effective from: TBC
Owner: Council
Author: Chief of Staff
Planned next review date: Date of approval + 5 years

# Council Scheme of Delegation

## 1. Purpose

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- 1.1 To set out the scheme of delegation for Council.

## 2. Background

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- 2.1 Council has approved a scheme of delegation that sets out which specific statutory powers and duties have been reserved by Council, and where they have been delegated by Council to a committee, the Chief Executive and Registrar or another officer or employee of the Council. The powers and duties originate from the Opticians Act 1989 (and the rules made under the act). This forms section 2 of the below scheme.
- 2.2 In addition to its statutory powers and duties, Council has also identified the key strategies, policies and procedures it considers necessary to discharge its responsibilities as a regulator and charity. The delegations relating to these policies and procedures are set out in section 1 of the below scheme.
- 2.3 Where matters have been delegated, such matters may be further delegated to an officer or employee of the Council, unless this document specifies that this shall not be the case. Notwithstanding any further delegation, the Council will hold to account the named person or committee it has delegated the function to in the scheme for the exercise of those functions.
- 2.4 Other than where functions are delegated to committees, other structures or to the Chief of Staff (in the case of some limited governance functions), the Council regards the Chief Executive and Registrar as its single point of delegation. Council holds this position accountable for meeting the Council's expectations for organisational performance. If the Chief Executive and Registrar chooses to delegate these functions further, they will be held accountable by the Council for the discharge of all functions delegated under the Scheme. This accountability is demonstrated through monitoring reports submitted to the Council.

## 3. Using this scheme

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- 3.1 Employees are expected to refer to this scheme before discharging any of the powers or duties described within.
- 3.2 This document is one of several that describe the GOC governance arrangements, known collectively as the GOC governance handbook. You should read this document in conjunction with the standing orders for financial management and the financial regulations.
- 3.3 When using this framework, you should also follow any relevant guidance, organisational policies, and any agreed standing operating procedures within your own team or Directorate.
- 3.4 The Chief of Staff is responsible for maintaining the scheme and should be consulted if further advice is required.

## **Council Scheme of Delegation**

- 3.5 The Chief of Staff has delegated authority to amend the scheme to reflect a change of job titles or minor alterations in operational responsibilities. However, this delegation is limited so they cannot alter the level of seniority that a power or duty is delegated to, or if an organisational restructure means significant amendments are required. Such amendments require the approval of Council.

### **4. Reviewing this scheme**

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- 4.1 This scheme will be reviewed at least every five years.

Section 1: key strategies, policies and procedures		
Description of strategy, policy or procedure	Responsible for approval	Notes (for example, where consultation with another person is required)
Please note: Council is advised by SMT in respect to all proposed strategies, policies and procedures, unless explicitly stated otherwise below.		
Strategic and business planning		
Strategic Plan	Council	<p>The strategic plan is the key strategy document for the organisation. It includes the GOC's mission, vision and values, as well as the organisation's strategic objectives. The plan will be reviewed a minimum of every five years. The plan includes any complementary strategies that Council may determine necessary.</p> <p>For 2025-2030 the complementary strategies include: Digital Strategy; EDI Strategy; Financial Strategy; and People Strategy</p>
Annual business plan	Council	Public-facing business plan approved by Council, operational business plan approved by Senior Management Team.
Annual budget and five-year forecast	Council	Approved alongside the annual business plan.
Annual EDI action plan	Council	
Audit		

## Council Scheme of Delegation

External auditors (approval and removal)	Council	Advised by Audit, Finance and Risk Committee
External audit annual plan	Audit, Finance and Risk Committee	
External auditor fees	Audit, Finance and Risk Committee	
External audit terms of engagement	Audit, Finance and Risk Committee	
Internal auditors (approval and removal)	Audit, Finance and Risk Committee	
Internal auditor fees	Audit, Finance and Risk Committee	
Internal audit plan	Audit, Finance and Risk Committee	
<b>Corporate Services (including Finance and Risk)</b>		
Annual Report statements regarding internal controls and risk management	Audit, Finance and Risk Committee	
Annual accounting policies	Audit, Finance and Risk Committee	
Anti-financial crime policy	Audit, Finance and Risk Committee	
Credit cards policy	Audit, Finance and Risk Committee	
Contracts and Procurement policy	Audit, Finance and Risk Committee	
Financial regulations	Council	Advised by Audit, Finance and Risk Committee
Investment Managers (appoint & remove)	Council	Advised by Investment Committee
Investment Manager's terms of engagement, including fees	Investment Committee	
Investment policy	Council	Advised by Investment Committee
Reserves policy	Council	Advised by Audit, Finance and Risk Committee

## Council Scheme of Delegation

Risk appetite	Council	Advised by Audit, Finance and Risk Committee
Risk Management policy	Audit, Finance and Risk Committee	
Scheme of delegation for Financial Management	Council	Advised by Audit, Finance and Risk Committee
Working Capital policy	Audit, Finance and Risk Committee	
<b>Governance</b>		
Acceptable Behaviour When Communicating with the General Optical Council	Council	
Complaints and Feedback about the General Optical Council	Council	
Equality, Diversity and Inclusion (EDI) policy	Council	
Freedom to Speak Up Policy for Members, Workers and Employees	Council	
Gifts and Hospitality policy	Council	Advised by Remuneration Committee
Information Governance framework	Audit, Finance and Risk Committee	
Investigations policy	Council	
Management of Interests policy	Council	
Member Code of Conduct	Council	Advised by Nominations Committee (not advised by SMT)
Safeguarding policy	Council	
Serious and significant incident policy	Council	
<b>Members</b>		
Annual process for Council evaluation	Nominations Committee	Advised by Chief of Staff

## Council Scheme of Delegation

Appointment of Committee Chairs on recommendation of the Chair of Council.	Council	(not advised by SMT, though it may be consulted by the Chair of Council)
Appointment of Council members to non-statutory committees on recommendation of the Chair of Council.	Council	(not advised by SMT, though it may be consulted by the Chair of Council)
Appointment of independent members to non-statutory committees	Nominations Committee	(not advised by SMT)
Appointment of Senior Council Member on recommendation of the Chair of Council.	Council	(not advised by SMT, though it may be consulted by the Chair of Council)
Arrangements for Council member appointments	Nominations Committee	Privy Council decision following a recommendation from the GOC. Nominations Committee will delegate final appointment recommendation to an appointment panel unless otherwise specified.
Arrangements for member appointments (excluding Council members) -	Nominations Committee	Nominations Committee will delegate final appointment decisions to an appointment panel unless otherwise specified.
Matters relating to the continuation in office of any Council Member including the retraction of resignation, disqualification, suspension and removal from office.	Council	Advised by Nominations Committee (not advised by SMT)

## Council Scheme of Delegation

Member extensions and emergency appointments (Council Members)	Nominations Committee	Privy Council decision following a recommendation from the GOC. (not advised by SMT)
Member fees	Council	Advised by Remuneration Committee
Re-appointment of Council Members	Nominations Committee	Privy Council decision following a recommendation by the GOC. Advised by the Chair of Council (not advised by SMT, though it may be consulted by the Chair of Council)
Re-appointment of members (excluding Council members)	Nominations Committee	
Vacancy requirements for Council member appointments	Nominations Committee	Advised by the Chair of Council (not advised by SMT, though it may be consulted by the Chair of Council)
<b>People and Improvement (including People and Culture)</b>		
Annual Report statements regarding Council remuneration and expenses.	Remuneration Committee	Advised by Chief of Staff (not advised by SMT)
Senior Management Team appraisal process	Remuneration Committee	Advised by the Head of People and Culture (not advised by SMT)
Chief Executive and Registrar pay, pensions, gratuities or superannuation schemes	Remuneration Committee	Advised by the Head of People and Culture (not advised by SMT)
Director pay, pensions, gratuities or superannuation schemes	Remuneration Committee	Advised by the Head of People and Culture (not advised by SMT)
<b>Regulatory Operations (including Legal)</b>		



## Council Scheme of Delegation

To initiate judicial review proceedings.	Council	Advised by the Chief Legal Officer This would not extend to any individual case-related matters (Fitness to Practise or illegal practice) or defending a judicial review brought against the GOC.
<b>Regulatory Strategy (including Education, Policy and Standards)</b>		
Business standards	Council	
The competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician.	Council	
Individual standards	Council	
Maximum financial penalty order for consideration by Privy Council	Council	
Requirements for the content and standard of education and training	Council	
Rules	Council	Cannot be delegated
To withdraw the approval of a training establishment or qualification, following Serious Case Review (SCR)	Council	

Section 2: Duties and powers imposed by the Opticians Act 1989			
Origin of authority	Description of function /delegation	Responsible for this power or duty	Notes (for example, where consultation with another person is required)
1(2)	To promote high standards of professional education, conduct and performance among registrants	Council	
2(2)	To make rules as to the constitution of the Education Committee	Council	
3(2)	To make rules as to the constitution of the Companies Committee	Council	
3(3)	To consult on rules as to the constitution of the Companies Committee	Council	
4(3)	To make rules as to the constitution of the Investigation Committee	Council	
5(2)	To make rules as to the constitution of the Registration Committee	Council	
5A(3)/(4)	To make rules as to the constitution of the Registration Appeals Committee	Council	
5B(2)	To make rules as to the constitution of the Standards Committee	Council	
5C(3)/(4)	To make rules as to the constitution of the Fitness to Practise Committee	Council	
5D(1)	To appoint a Hearings Panel	Council	

## Council Scheme of Delegation

5D(2)(b)	To make rules relating to requirements to be satisfied by persons applying for inclusion on the Hearings Panel	Council	
5D(3)	To determine fees, allowances and expenses to be paid to members of the Hearings Panel and pay such fees.	Council	
5D(4)	To consider appropriate training for the members of the Hearings Panel and arrange such training	Chief Executive and Registrar	
5D(5)	To make rules as to the constitution of the Hearings Panel	Council	
6(1)	To set up additional committees and determine the membership of such committees in accordance with sections 6(2) and (3)	Council	
6(1)/(6)	To delegate functions to a committee set up under section 6(1) (except where delegation is prohibited), which functions can be further delegated		
6A(1)/(2)	To delegate functions to a committee (other than a committee set up under section 6(1)), officer or employee (except where delegation is prohibited), which functions can be further delegated		
7	To maintain a register of optometrists and a register of dispensing opticians	Chief Executive and Registrar	
8(1)	To be satisfied of entitlement to register (UK applicants)	Chief Executive and Registrar	
8(2)	To be satisfied of entitlement to register (Non-UK applicants)	Chief Executive and Registrar	

## Council Scheme of Delegation

8(2A)	To determine additional qualifications to be obtained or tests to be passed (Non-UK applicants)	Chief Executive and Registrar	
8(4)	To be satisfied of entitlement to register (Pre 1 June 1961)	Chief Executive and Registrar	
8(5)	To be satisfied of entitlement to register (Post 1 June 1961/pre 16 February 1990)	Chief Executive and Registrar	
8(6)	To be satisfied of entitlement to register (Post-16 February 1990)	Chief Executive and Registrar	
8A(1)	To maintain a register of persons undertaking training as optometrists and a register of persons undertaking training as dispensing opticians	Chief Executive and Registrar	
8A(3)	To be satisfied of entitlement to register as a student	Chief Executive and Registrar	
8A(4)	To make rules prescribing particulars to be contained in the registers of students	Council	
8A(5)	To make rules as to the circumstances in which a student registrant may be removed from a register	Council	
9(1)	To maintain a register of bodies corporate carrying on the business of an optometrist or a dispensing optician or both	Chief Executive and Registrar	
9(2)	To be satisfied of entitlement to register as a business registrant	Chief Executive and Registrar	

## Council Scheme of Delegation

10(1)	To make rules regarding the form and keeping of the registers, and making of entries and alteration in them, including prescribing fees for entering, retaining or restoring someone to the registers	Council	
10(1A)	To make rules regarding the registration of specialties	Council	
10(5)	To make rules regarding communication and storage of documents in electronic form	Council	
10A(4)	To make rules requiring registrants to provide the registrar with evidence of their professional indemnity arrangements	Council	
10A(5)	To make rules enabling the registrar to specify when registrants must provide evidence of professional indemnity arrangements	Council	
11(1)	To publish the registers	Chief Executive and Registrar	
11(2)	To direct the particulars, in addition to name and registration number, to be published in the registers	Chief Executive and Registrar	
11A(1)	To make rules providing for a continuing education and training scheme	Council	
11B(6)	To make rules setting out procedures to be followed before the registrar can refuse to retain a registrant's name or specialty or decide whether to restore a name or specialty	Council	
12(1)(a)	To establish the competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or a dispensing optician	Council	

## Council Scheme of Delegation

12(1)(b)	To establish requirements for the content and standard of education and training	Council	
12(2)(a)	To consult the Standards Committee before establishing competencies to be granted a qualification	Chief Executive and Registrar	
12(2)(b)	To consult the Education Committee before establishing requirements for the content and standard of education and training	Chief Executive and Registrar	
12(3)	To publish the competencies and requirements	Chief Executive and Registrar	
12(5)	To take into account advice received from the Standards and Education Committees and revise the competencies and requirements accordingly	Council	
12(6)	To provide the competencies and requirements to approved training establishments	Chief Executive and Registrar	
12(7)	To approve establishments, qualifications and tests of language	Chief Executive and Registrar	
12(8)	To commission advice on the suitability of the establishment or qualification	Chief Executive and Registrar	
12(9)	To approve establishments and qualifications which provide only some education and training or qualifications which meet only some of the requirements	Chief Executive and Registrar	
12(10)	To publish a list of approved establishments and qualifications	Chief Executive and Registrar	

## Council Scheme of Delegation

13(1)	To keep themselves informed as to the instruction at each approved establishment and the assessment which leads to the approved qualification	Chief Executive and Registrar	
13(2)	To appoint visitors to visit approved training establishments	Chief Executive and Registrar	
13(4)	To specify matters to be addressed by visitors	Chief Executive and Registrar	
13(5)	To give written notice of intention to withdraw the approval of a training establishment or qualification	Chief Executive and Registrar	
13(7)	To decide whether to withdraw the approval of a training establishment or qualification	Council	
13(8)	To give written notice of the decision to withdraw the approval of a training establishment or qualification	Chief Executive and Registrar	
13(9)	To withdraw partially the approval of a training establishment	Chief Executive and Registrar	
13(11)	To determine fees (and travelling and subsistence allowances) to be paid to visitors and pay such fees	Council	
13A(1)(a)	To provide, in such manner as the Council considers appropriate, guidance for registered optometrists, registered dispensing opticians and student registrants, on matters relating to fitness to practise or, in the case of a student registrant, fitness to undertake training, and in particular on the standards of conduct and performance expected of them	Council	Approval of standards by Council; approval of supplementary guidance is delegated to the Chief Executive and Registrar

## Council Scheme of Delegation

13A(1)(b)	To establish and keep under review effective arrangements to protect members of the public from registered optometrists, registered dispensing opticians and student registrants whose fitness to practise or, in the case of a student registrant, fitness to undertake training, is impaired.	Chief Executive and Registrar	
13A(2)(a)	To provide, in such manner as the Council considers appropriate, guidance to business registrants on matters relating to fitness to carry on business as an optometrist or a dispensing optician or both, and in particular on the standards of conduct and performance expected of such registrants in carrying on that business;	Council	Approval of standards by Council; approval of supplementary guidance is delegated to the Chief Executive and Registrar
13A(2)(b)	To establish and keep under review effective arrangements to protect the public from business registrants whose fitness to carry on business as an optometrist or a dispensing optician or both is impaired.	Chief Executive and Registrar	
13A(3)	To consult before issuing guidance, or amending guidance already issued, under sections 13A(1)(a) and (2)(a)	Council	Consultation on standards requires Council approval. The duty and power to consult on supplementary guidance is delegated to the Chief Executive and Registrar.
13A(4)	To keep under review guidance issued under sections 13A(1)(a) and (2)(a)	Chief Executive and Registrar	
13B(1)	To require information or documentation from a registrant or third party	Chief Executive and Registrar	



## Council Scheme of Delegation

13B(2)	To require registrants, about whom Fitness to Practise allegations have been received, to provide the identity of their employers	Chief Executive and Registrar	
13B(3)	To require information to be put into a form not capable of identifying an individual	Chief Executive and Registrar	
13B(6)	To enforce, through a court order, the power to require information or documentation pursuant to section 13B(1)	Chief Executive and Registrar	
13C(1)	To disclose the receipt of a Fitness to Practise allegation to persons specified in 13C(2)	Chief Executive and Registrar	
13C(3)	To disclose, in the public interest, the existence of an investigation to any person	Chief Executive and Registrar	
13E(1)	To make rules enabling others to exercise the functions of the Investigation Committee	Council	
13H(4)	To make an order amending the level of the maximum financial penalty order	Council	
13H(5)	To publish an order made under section 13H(4)	Chief Executive and Registrar	
13H(8)	To recover any sum specified in a financial penalty order by way of enforcement in the civil courts	Chief Executive and Registrar	
13H(9)	To pay any sum recovered under a financial penalty order to the Department of Health Consolidated Fund	Council	
13L(6)	To apply to the court for the extension of an interim order	Chief Executive and Registrar	
23A(2)	To make rules regarding the service of notifications by electronic means	Council	

## Council Scheme of Delegation

23C(1)(a)	To make rules regarding the procedure and rules of evidence of the Fitness to Practise Committee and Registration Appeals Committee	Council	
23C(1)(b)	To make rules regarding the procedure of the Investigation Committee	Council	
23C(3)	To make rules regarding the appointment of assessors	Council	
23D(1)	To appoint legal advisers for the Fitness to Practise Committee and Registration Appeal Committee	Chief Executive and Registrar	
23D(5)	To determine fees, allowances and expenses to be paid to legal advisers and pay such fees	Chief Executive and Registrar	
23D(7)	To make rules as to the functions of legal advisers	Council	
23E(1)(a)	To appoint clinical advisers for the Fitness to Practise Committee and Registration Appeal Committee	Chief Executive and Registrar	
23E(1)(b)	To appoint other advisers for the Fitness to Practise Committee and Registration Appeals Committee	Chief Executive and Registrar	
23E(6)	To determine fees, allowances and expenses to be paid to clinical and other advisers and pay such fees	Chief Executive and Registrar	Expenses policy determined by Remuneration Committee, fees determined by Chief Executive and Registrar.
23E(8)	To make rules as to the functions of clinical and other advisers	Council	
24(3)	To make rules as to the testing of sight by persons training as optometrists	Council	

## Council Scheme of Delegation

25(3)	To make rules as to the fitting of contact lenses by persons training as optometrists or dispensing opticians	Council	
27(3C)	To make rules specifying aftercare to be provided following optical appliance or zero powered contact lens sales	Council	
29	To specify the period of time in which section 29 will apply following the death or bankruptcy of registered optician, if such time is longer than the three years specified in the legislation.	Chief Executive and Registrar	
30A(1)	To determine whether the Council is in receipt of evidence sufficient to justify a criminal prosecution	Chief Executive and Registrar	
31(1)(b)	To make rules prohibiting or regulating the carrying on of practice or business under a name other than a registered name	Council	
31(1)(c)	To make rules prohibiting or regulating the prescription, sale, supply and administration of drugs	Council	
31(1)(d)	To make rules prohibiting or regulating the practice of orthoptics by GOC registrants	Council	
31(1)(e)	To make rules prohibiting or regulating the prescription, sale, supply and fitting of contact lenses	Council	
31(3)	To make rules as to requirements to be met by registrants who wish to prescribe, fit, supply or sell contact lenses	Council	
31(5)	To make rules regarding the steps to be taken when it appears to a registrant that a person is suffering from injury or disease of the eye	Council	

## Council Scheme of Delegation

32(1)	To allocate monies received (other than from the payment of financial penalty orders)	In accordance with the scheme of delegation for financial management and the financial regulations.	
32(2)	To keep accounts	Chief Executive and Registrar	
32A(1)(a)	To publish a report on the arrangements in place to ensure good practice in relation to equality and diversity	Council	
32A(1)(b)	To publish a report indicating the efficiency and effectiveness of Fitness to Practise procedures and the Council's observations on the report	Chief Executive and Registrar	
32A(1)(c)	To publish a strategic plan	Council	
Sch. 1, para 1C	To maintain and publish a register of members' private interests	Chief Executive and Registrar	
Sch. 1A, para 3	To serve notice of reasons and the person's right to appeal, when making an appealable registration decision	Chief Executive and Registrar	

## Council Scheme of Delegation

Sch. 1, para 10	To appoint a registrar	Council	<p>Council has elected to name the registrar 'Chief Executive and Registrar'.</p> <p>Council to approve a recruitment process and appointment panel based on recommendations from Remuneration Committee.</p> <p>Council would need to determine any change of title and responsibilities if it decided to split the role of registrar and Chief Executive at a future date. It would remain responsible for appointments related to both roles, unless it explicitly delegated the responsibility elsewhere.</p>
Sch. 1, para 11(1)	To do anything which in their opinion is calculated to facilitate the proper discharge of their functions	Council	
Sch. 1, para 11(2)(a)	To appoint such officers and servants as the Council may determine	Chief Executive and Registrar	

## Council Scheme of Delegation

Sch. 1, para 11(2)(b)	To determine fees and travelling and subsistence allowances) to be paid to members of the Council or its committees and pay such fees	Council (Member fees policy) Remuneration Committee (expenses policy) Chief Executive and Registrar (individual payments under the policy)	Council responsible for setting the Member fees policy and Remuneration Committee is responsible for approving the expenses policy – individual decisions delegated to budget holders as described in the Chief Executive and Registrar scheme of delegation.
Sch. 1, para 11(2)(c)	To pay to their officers and servants such remuneration as the Council may determine	Chief Executive and Registration (except for the Senior Management Team)  Remuneration Committee (for the Senior Management Team)	
Sch. 1, para 11(2)(d)	To determine to pay to some or all of their officers and servants payments in relation to pensions, gratuities or superannuation schemes	Chief Executive and Registration (except for the Senior Management Team)  Remuneration Committee (for the Senior Management Team)	
Sch. 1, para 12	To make Standing Orders	Council	

## Annex 4: Council – powers and duties referred back to Council

Origin of authority	Description of Function / Delegation	
3(3), Opticians Act 1989	To consult on rules as to the constitution of the Companies Committee	Duty to consult retained with Council, as per the parallel duty to consult for rules relating to the other statutory committees
10A(4) Opticians Act 1989	To make rules requiring registrants to provide the registrar with evidence of their professional indemnity arrangements	The rules are statutory instruments, and the Act does not allow Council to delegate this function.
12(5), Opticians Act 1989	To take into account advice received from the Standards and Education Committees and revise the competencies and requirements accordingly	Council decision to align to 12(1) - Council decision based on recommendations prepared by executive
13A(1)(a), Opticians Act 1989	To provide guidance to individual registrants	"Provide guidance" in this circumstance means approval of standards and supplementary guidance.
13A(2)(a), Opticians Act 1989	To provide guidance to business registrants	Retained by Council as per s13A(1)
13A(3), Opticians Act 1989	To consult before issuing, or amending guidance already issued, under sections 13A(1)(a) and (2)(a)	Retained by Council – this is the duty to consult on standards.
23E(8), Opticians Act 1989	To make rules as to the functions of clinical and other advisers	The rules are statutory instruments, and the Act does not allow Council to delegate this function.
32A(1), Opticians Act 1989	To publish a report on the arrangements in place to ensure good practice in relation to equality and diversity	Rests with Council as a duty
32A(1), Opticians Act 1989	To publish a report indicating the efficiency and effectiveness of FTP procedures and the Council's observations on the report	Rests with Council as a duty

## GOC annual report and accounts 2024-25

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**Meeting:** 16 September 2025

**Status:** For approval

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

**Paper Author(s):** Vikki Julian, Head of Communications; Andy Mackay-Sim, Chief of Staff; Manori Wickremasinghe, Chief Financial Officer

### Purpose

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1. To present the annual report and accounts 2024-25 for Council approval.

### Recommendations

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Council is asked to:

- **approve** the annual report and accounts 2024-25;
- **approve** the letter of representation; and
- **delegate** any minor revisions to the Chief of Staff (in consultation with the Chair of Council)

### Strategic objective

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2. The GOC annual report and accounts addresses all three of the GOC strategic objectives: creating fairer and more inclusive eye care services, supporting responsible innovation and protecting the public and, preventing harm through agile regulation.

### Background

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3. Under the provisions of the Opticians Act 1989, we are required to produce and lay before Parliament an annual report which sets out how we have contributed to public benefit and our annual accounts. We are also required to submit an annual report, accounts and return to Charity Commission. The report and accounts are attached as **annex 1**.
4. The annual report has been reviewed by the external auditor HaysMac, and the Council is asked to note the internal auditor's opinion contained in section three of the report. The Council is required to approve a letter of representation, which is attached as **annex 2**.
5. As part of its sign-off, various sections required approval by the relevant committees of Council. Remuneration Committee approved the sections covering member fees and its role as a committee via email in August 2025. The Audit, Risk and Finance Committee (ARC) reviewed the report, including the external auditor's findings at its meeting on 8 July 2025.



## Analysis

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6. The annual report and accounts are critical tools for promoting transparency, accountability and public engagement, as they set out how the Council has used registrant fees to fulfil its statutory functions as a regulator and a charity. Alongside the EDI annual report, they are the core documents that we produce to showcase the work and achievements of the GOC. In addition, they contain several key governance statements, that demonstrate how the GOC conducts its business and fulfils its role in protecting the public.
7. The annual report (and the EDI annual report) will be professionally laid out by an external designer. Sample pages of the layout are available at **Annex 3**.

## Finance

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8. Production of the annual report is part of the business-as-usual activity for the GOC and carries no financial implications beyond the resources allocated as part of our annual budget. The accounts are a core finance document, and ensure that Council members, as trustees, are fully conversant with the financial statements that underpin GOC activity.

## Risks

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8. Failure to produce a set of auditable accounts or an annual report would be considered a critical failure in governance, and poses a significant risk in financial, reputational and operational terms. This risk is mitigated by ensuring that the organisation is appropriately resourced to produce these reports and that they are subject to the appropriate approvals by Council and its committees.

## Equality Impacts

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9. No policy or procedure is being implemented; therefore, no Equality Impact Assessment is required. The report is supported by a complementary EDI annual report, which covers the GOC's activities in this area in more detail.

## Devolved nations

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10. The report contains no specific implications for devolved nations, though it covers GOC activity across the UK. It will be translated into Welsh, as part of complying with the revised Welsh Language Standards.

## Other Impacts

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11. There are no significant impacts identified.

## Communications

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### External communications

12. The annual report and accounts 2024-25 will be published on the GOC website and promoted via our usual communications channels. Key stakeholders will be advised of it. A copy will be submitted to the Privy Council, and it will be laid before Parliament.

**Internal communications**

13. Staff will be informed by the Chief Executive and Registrar weekly bulletin when published. A message to all members will be issued when available.

**Next steps**

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14. Referral to the Privy Council and submission to the Charity Commission as part of the annual return.

**Attachments**

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Annex 1: GOC Annual Report for Year End 31.03.25

Annex 2: GOC letter of representation for HaysMac

**General Optical Council Annual Report,  
Annual Fitness to Practise Report and  
Financial Statements for the Year Ended  
31 March 2025**



Registered as a charity by the Charity Commission in England and Wales  
**(Registered charity number 1150137)**

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

## ISBN FRONT PIECE

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# Contents

TBC.

# Message from the Chair and Chief Executive

We are delighted to present the annual report and accounts of the General Optical Council for 2024-25, which sets out how we have fulfilled our statutory obligations as a regulator and a charity.

This annual report is the first under our new corporate strategy, which was developed during this period, and the first from our new home in Canary Wharf. We have a new mission – safe and effective eyecare for all – but our ambition remains to be a world-class regulator: agile, robust and effective in the deployment of our regulatory responsibilities, well regarded by stakeholders and continuing to meet all the Professional Standards Authority's (PSA) Standards of Good Regulation.

Our new strategic objectives – creating fairer and more inclusive eye care services; supporting responsible innovation and protecting the public; and preventing harm through agile regulation – will guide our future work, but we are still firmly focused, as ever, on supporting registrants to uphold high standards of care and ensuring public protection.

In 2024-25 we were delighted to have met all 18 Standards of Good Regulation for the third year in a row. Thank you to all of our staff, Council and members who helped us achieve this.

We also launched new Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students, and Standards for Optical Businesses, which came into effect on 1 January 2025. The new standards were implemented following an extensive period of consultation and stakeholder feedback and reflect changing patient expectations in the context of changes in the sector and in service delivery in each part of the United Kingdom. We would like to thank registrants and stakeholders for their invaluable feedback in the development of the new standards.

We took steps towards modernising business regulation, seeking views on a modernised model that would extend regulation to all businesses providing specified restricted functions. The changes will require legislative reform and aim to strengthen public protection, provide a fairer trading environment for businesses, and support the Government's planned shift in care from hospitals to communities.

2024 marked the final year of our three-year Continuing Professional Development (CPD) cycle (2022-2024), the first to be completed since the transition from our previous Continuing Education and Training (CET) scheme to the CPD scheme. It was pleasing that, by the end of the cycle on 31 December 2024, 98% of registrants had met their requirements.

Our policy research this year focused on challenging issues impacting patients and the public and our registrants: addressing inequalities in eye care services and supporting registrants experiencing harassment, bullying, abuse and discrimination.

Our 2024 public perceptions research revealed that whilst patients remain highly satisfied with the eye care they've received, patients from an ethnic minority background and those with a disability were less satisfied. The research also showed that the most vulnerable patients experience significantly worse outcomes. Our corporate strategy for 2025-30 will aim to address some of the issues around equal access to eyecare.

Our 2024 registrant survey revealed that optical professionals are continuing to face challenging working conditions which are affecting their ability to provide safe patient care. Levels of harassment, bullying or abuse remain high, and survey respondents said they were more likely to find it difficult to provide patients with effective care due to the impact of such behaviours. This is an area of significant concern for us as a regulator. Our updated Standards of Practice introduced tougher standards that explicitly reference behaviour between colleagues and require optical businesses to put in place support for registrants who have experienced discrimination, bullying or harassment in the workplace, but there is more for us and the sector to do in the coming years to ensure registrants are fully supported.

In 2024-25 we said goodbye to some long serving Council members: Sinead Burns (lay Council member), Josie Forte (registrant Council member), Mike Galvin (lay Council member), Clare Minchington (lay Council member) and Roshni Samra (registrant Council member). We would like to thank them all for their contributions to the GOC.

We also welcomed some new faces, as Raymond Curran (registrant Council member), Kathryn Foreman (lay Council member), Ros Levenson (lay Council member), Poonam Sharma (registrant Council member) and Cathy Yelf (lay Council member) joined the Council and have already started making important contributions to the GOC's work. We were also pleased to welcome Rupa Patel and Desislava Pirkova as new Council Associates.

Dr Anne Wright CBE was reappointed by the Privy Council as Chair of Council for a further four-year term and current Council members Lisa Gerson, Frank Munro and Tim Parkinson were also reappointed for further four-year terms.

We would personally like to extend our thanks to all of the staff, Council, members, workers, registrants and stakeholders, who have contributed to the important work showcased in the annual report. 2024-25 has much to be proud of as we continue our important mission of ensuring safer and effective eye care for all.

Dr Anne Wright CBE

**Chair**

Leonie Milliner

**Chief Executive and Registrar**



# Introduction

## About us

We regulate eye care services in the United Kingdom. Our charitable purpose and statutory role are to protect and promote the health and safety of the public by promoting high standards of professional education, conduct and performance amongst optometrists and dispensing opticians, those training to be optometrists and dispensing opticians, and bodies corporate conducting business in optometry or dispensing optics in the UK.

We have four core functions:

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

## Who we regulate

As of 31 March 2025, there were 33,705 optometrists, dispensing opticians, student opticians and optical businesses on our register.

### Total number of registrants in each GOC category

	31-3-2025	%	31-3-2024	%	31-3-2023	%	31-3-2022	%	31-3-2021	%
<b>Optometrist</b>	18,725	54%	17,698	52%	17,401	52%	16,932	51%	16,267	50%
<b>Dispensing optician</b>	6,805	20%	6,594	20%	6,912	21%	7,060	21%	7,190	22%
<b>Student optometrist</b>	5,163	15%	5,307	16%	5,145	15%	4,990	15%	4,640	14%
<b>Student dispensing optician</b>	1,268	4%	1,254	4%	1,267	4%	1,331	4%	1,383	4%
<b>Business registrant</b>	2,934	8%	2,852	8%	2,921	9%	2,861	9%	2,796	9%
<b>TOTAL</b>	<b>34,895</b>	<b>100%</b>	<b>33,705</b>	<b>100%</b>	<b>33,646</b>	<b>100%</b>	<b>33,174</b>	<b>100%</b>	<b>32,276</b>	<b>100%</b>

We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available on our website:

[INCLUDE LINK](#)

### Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table below sets out the fees that registrants are required to pay for entry or retention on our register.

In 2024-25, there was an increase in the main registration fee for optometrists, dispensing opticians, and body corporates of 6.6%, to £405, in line with inflation. Fees for students remained the same at £30, and the discount for low-income fees remained at £120, meaning that the low-income fee increased to £285.

In the previous year, registrant fees were increased to £380. Between 2020 and 2023, registration fees remained at £360.

### Annual registrant fee

Fee levels	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Optometrists	£405	£380	£360	£360	£360	£350
Dispensing opticians	£405	£380	£360	£360	£360	£350
Corporate bodies	£405	£380	£360	£360	£360	£350
Students	£30	£30	£30	£30	£30	£30
Low income fee	£285	£260	£260	£260	£260	£250

### About this report

This annual report sets out the activities we have undertaken from 1 April 2024 to 31 March 2025 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2025. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

# Section 1: How We Deliver Public Benefit

## Our Mission and Strategic Objectives

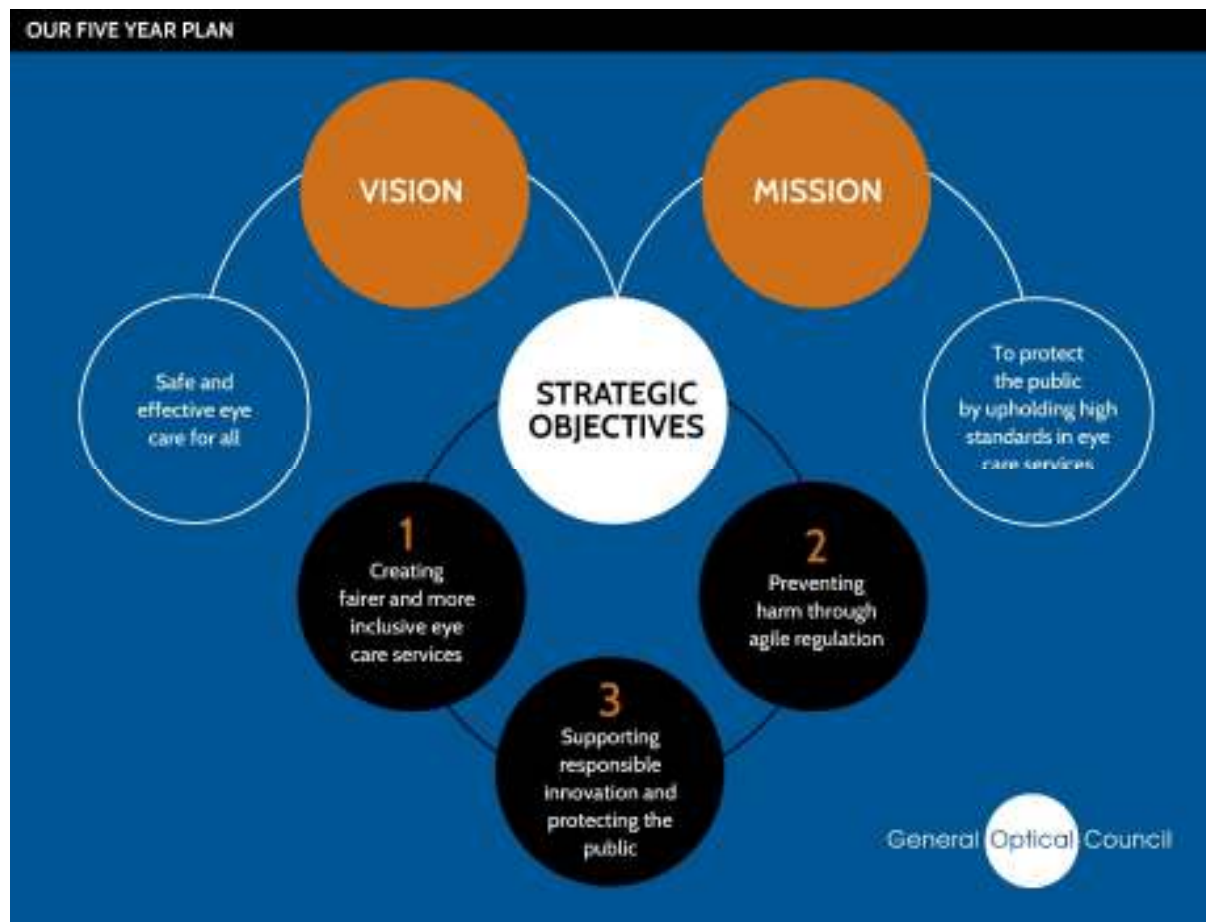
Our mission is to protect the public by upholding high standards in eye care services. 2024-25 marked the final year of our 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025, which set out our vision to be recognised for delivering world-class regulation and excellent customer service. Our vision was underpinned by the following three strategic objectives:

- Delivering world-class regulatory practice
- Transforming customer service
- Building a culture of continuous improvement

On 1 April 2025 we launched a new five-year strategy for 2025-30. Our new strategy is more outward focused, and describes what we plan to do to achieve our vision of safe and effective eye care for all. Our priorities for 2025-30 are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:

- Creating fairer and more inclusive eye care services
- Supporting responsible innovation and protecting the public
- Preventing harm through agile regulation

This section of our annual report describes how we delivered public benefit in the final year of our corporate strategy and outlines our ambitious programme of work and investment in strategic projects as we embark on our new strategy.



# Highlights of 2024/25

## **Implementing our Standards of Practice to enhance public protection**

*New Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students, and Standards for Optical Businesses* came into effect on 1 January 2025.

The new standards reflect changing patient expectations in the context of changes in the sector and in service delivery in each part of the United Kingdom. We improved the clarity and alignment of our standards to contemporary issues which emerged during our review, and whilst most of the existing standards did not change, we made key changes to address the following:

- Delivering better care for patients in vulnerable circumstances;
- Requiring registrants to identify themselves and their role and advise patients who will provide their care;
- Maintaining appropriate professional boundaries, including prohibiting conduct of a sexual nature with patients;
- Promoting better workplace cultures by explicitly referencing inclusive behaviour between colleagues and ensuring employers support staff who have experienced discrimination, bullying or harassment in the workplace;
- Keeping updated on developments in digital technologies and applying professional judgement when utilising the data they generate to inform decision making;
- Maintaining confidentiality when sharing patient images online; and
- Demonstrating leadership in practice, for example by supporting the education and training of others.

## **Implementing updated requirements for education and training**

By September 2024 most pre-registration qualifications we approve in optometry and dispensing optics admitted first year students into programmes that met our new Education and Training Requirements (ETR). These new programmes provide an integrated route to GOC registration, combining patient facing professional and clinical experience with academic study.

We approved recruitment for the first dispensing optics apprenticeship to be delivered by the Association of British Dispensing Opticians (ABDO), providing an additional, flexible route for potential dispensing opticians to achieve a GOC approved qualification and to join the register.

We also noted the first integrated optometry and independent prescribing qualification under the ETR to be delivered by Glasgow Caledonian University.

We continue to fund the Sector Partnership for Optical Knowledge and Education (SPOKE), which provides a valuable opportunity for the academic community to work collaboratively together in developing their qualifications to meet the ETR. During 2024/25, SPOKE published its third specialist qualifications output entitled *Enhancing the scope of practice in optical professionals* and their fifth output entitled *Developing autonomy in student optical professionals*.

A particular highlight was our approval as an external quality assurance provider for the dispensing optics apprenticeship standard by the Institute for Apprenticeships and Technical Education (IfATE). This will enable more providers to offer dispensing optician apprenticeships and therefore increase student numbers in the context of workforce capacity constraints and widening participation in optical careers.

### **End of the 2022-24 Continuing Professional Development (CPD) cycle**

This year marked the final year of our three-year CPD cycle (2022-2024), the first to be completed since the transition from our previous Continuing Education and Training (CET) scheme to our new Continuing Professional Development (CPD) scheme.

By the end of the CPD cycle, on 31 December 2024 98% of registrants met their requirements, which is slightly higher than previous years and shows that registrants have adapted successfully to the new scheme.

The new scheme saw the introduction of CPD record review, which was introduced for quality assurance purposes 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.

### **Addressing inequalities in eye care services**

Our 2024 public perceptions research revealed that whilst patients remain satisfied with the eye care they've received, patients from an ethnic minority background and those with a disability were less satisfied. The research also showed that the most vulnerable patients experience significantly worse outcomes.

As a result, we strengthened our standards of practice to improve care for patients in vulnerable circumstances. We will aim to further reduce these inequalities through our corporate strategy for 2025-30, which includes an objective to create fairer and more inclusive eye care services.

### **Supporting registrants experiencing harassment, bullying, abuse and discrimination**

The findings from our 2024 registrant survey revealed that optical professionals are continuing to face challenging working conditions which are affecting their ability to provide safe patient care.

The research also showed that levels of harassment, bullying or abuse remain high with the main source of these behaviours being patients and service users. However, one in five respondents reported personally experiencing harassment, bullying or

abuse from managers or colleagues. Similarly, levels of discrimination remain high, with 31% reporting they had experienced this in the last 12 months.

Respondents experiencing harassment, bullying or abuse, and those experiencing discrimination, were more likely to find it difficult to provide patients with sufficient care. This indicates that poor working conditions can impact not only on one's mental health and well-being but also the quality and safety of patient care.

Our updated Standards of Practice introduced tougher standards that explicitly reference behaviour between colleagues and require optical businesses to put in place support for registrants who have experienced discrimination, bullying or harassment in the workplace.

### **Modernising business regulation and registration**

We sought views on a modernised model of business regulation that would extend regulation to all businesses providing specified restricted functions. The changes will require legislative reform and aim to strengthen public protection, provide a fairer trading environment for businesses, and support the Government's planned shift in care from hospitals to communities.

We conducted our first survey exclusively with business registrants, which showed innovation is common across registered businesses with an increasing uptake of digital technologies. However, workforce pressures are a key business challenge and there is concern about the future of primary eye care.

### **Our ongoing commitment to equality, diversity and inclusion (EDI)**

As part of our going commitment to EDI, we developed an EDI action plan for 2023/24 to help us transition to a new strategy. The plan saw us deliver initiatives aimed at better supporting our EDI leadership, develop our organisational culture and improving EDI governance. This included introducing a new freedom to speak up policy, ensuring all of our staff received training on structural discrimination, making sure our managers understood reasonable adjustments, and the development of an organisational management style guide. We continued to develop our member recruitment activity to improve inclusion and ensure we remove barriers for candidates, so that our we reflect the diversity of the communities we work with.

We achieved a Bronze TIDEmark award from the Employers Network for Equality and Inclusion (ENEI) in recognition of our progress in EDI. We earned an overall score of 68%, which places the GOC in the second highest stage of the TIDE roadmap.

The evaluation highlighted our strength in EDI strategy and planning, where we achieved a score of 95%. It also identified some areas for us to focus on going forward in leadership and accountability, training and development, and procurement.

### **Investing in our digital platforms**

We began work on the development of a new website which will be more modern and introduce a refined navigation menu, making it easier for registrants and the

public to find the information they need and complete tasks. We began a digital major in developing a new, updated MyGOC platform, which will offer an improved user experience for registrants and better customer service.

We successfully achieved the Cyber Essentials Plus accreditation, which is a National Cyber Security certification that protect organisations against a whole range of cyber-attacks. By obtaining the Cyber Essentials Plus certification, we have demonstrated we have the appropriate technical controls in place to protect ourselves, staff and customers against cyber security threats faced in the current landscape.

### **Developing our corporate strategy for 2025-30**

We launched a consultation to gain feedback on our proposed new five-year strategy, which included a revised mission and new vision of 'safe and effective eye care for all', as well as three new strategic objectives.

The new strategy saw a shift in our approach, aiming to become more agile in response to developments in technology, eye-care service redesign, and the need for enhanced capability and capacity of the optical workforce to meet patient needs, and preventing harm before it arises.

It also includes our EDI strategy, which describes our commitment to promoting equality of opportunity and eliminating discrimination as both a regulator and as a responsible employer, describing our long term EDI objectives and how we intend to meet them.

### **Moving our office space to Canary Wharf**

We announced our office move to One Canada Square in Canary Wharf, East London. The new office is a smaller, more cost-effective space which will support our more collaborative, agile, hybrid working style, and offers excellent transport connections. The space, on the 29<sup>th</sup> floor, also has a hearings suite with up to date audio-visual facilities to facilitate both in person and remote fitness to practise hearings.

The new office will officially open in summer 2025.

### **Meeting all PSA Standards of Good Regulation for third year running**

For the third year in a row, we met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation, further affirming that we are fulfilling our mission to protect the public by upholding high standards in eye care services. The PSA's report highlighted progress in several key areas, including our commitment to EDI through our staff networks, as well as recognising our work in response to findings from annual surveys, such as the joint statement published on bullying, harassment, abuse and discrimination following our 2023 registrant survey.



## **New Council members**

In 2024-25 we welcomed Kathryn Foreman as a new lay Council member, replacing Sinead Burns (lay Council member).

On 31 March 2025 we said goodbye to Josie Forte (registrant Council member), Mike Galvin (lay Council member), Clare Minchington (lay Council member) and Roshni Samra (registrant Council member). On 1 April 2025 we welcomed Raymond Curran (registrant Council member), Ros Levenson (lay Council member), Poonam Sharma (registrant Council member) and Cathy Yelf (lay Council member).

Dr Anne Wright CBE was reappointed by the Privy Council as Chair of Council for a further four-year term. Lisa Gerson, Frank Munro and Tim Parkinson were also reappointed for a further four-year term.

We also welcomed Rupa Patel and Desislava Pirkova as new Council Associates in 2024-25, who will gain boardroom experience through taking part in GOC Council meetings and associated activity.

# Our Plans for 2025/26

The 2025-26 financial year marks the first year of our new five-year corporate strategy designed to protect the public and uphold public confidence in the professions and businesses we regulate. It demonstrates how we will protect the public and ensure registrants can contribute to their full professional capabilities across each part of the UK and achieve our ambition to become a world-class regulator.

## Carrying out our statutory responsibilities

We will continue to fulfil our statutory purpose of protecting the public. We will do this through upholding our core functions:

1. **Set standards for the performance and conduct of our registrants**

We will develop two pieces of guidance for registrants to support them in understanding and applying the new standards of practice. These will be on the topics of maintaining appropriate sexual boundaries and care for patients in vulnerable circumstances. We will also begin preparations for a substantive review of our standards for business registrants.

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

This year we expect to register around 34,000 individuals and businesses. We will also introduce a major upgrade to MyGOC, our online platform for registrants, to improve the service we provide.

3. **Approve qualifications leading to registration**

This year we will introduce new quality assurance processes to support the ETR. We will also publish guidance mapping certain international qualifications against the ETR and develop processes for education providers wishing to offer qualifications for international applicants.

4. **Investigate and act where registrants' fitness to practise, train or carry on business may be impaired**

We will continue to embed improvements we have made in the delivery of our fitness to practise function, including realising the benefits of our recent investment in a digital case management system.

## Supporting the sector to provide safe and effective eye care for all

In 2025-26 we expect to publish the outcomes of our annual surveys of eye care businesses, individual registrants, and the public. We use these findings to help us to track trends in the sector and we know that other organisations use them to understand the eye care workforce and patient expectations.

We will conduct our first thematic review on the topic of commercial practices and patient safety, following concerns raised in last year's registrant survey about short testing times, overbooking clinics and sales targets. This will involve looking at how the features of our existing regulatory system, such as standards, education/CPD, and fitness to practise are working to address the concerns identified. We will also seek to understand how the system beyond regulation, including legislative and contractual requirements and self-regulation, is addressing the risks.

We will administer our CPD scheme, which gives registrants the ability to tailor their learning and development to their needs, maximising their professional capability. Following the end of the 2022-24 cycle, we will capture feedback, develop the scheme and consider policy changes for the CPD scheme from 2028 onwards.

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

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

We will publish the findings of our research into the lived experiences of patient and GOC registrant groups and the difficulties they face in accessing, using, or delivering eye care. We know from our research that some patient groups have less positive experiences than others and that particular groups of registrants are more likely to experience challenging working conditions, which can impact on their ability to deliver safe patient care. This research will delve more deeply into the 'lived experiences' of these groups to provide us with greater insight and understanding, which will help us and others to create fairer and more inclusive eye care services.

In 2025-2026 we expect to finalise proposals for legislative reform of business regulation. Nearly half of businesses sit outside of GOC regulation – we want to close this regulatory gap, remove unnecessary restrictions on businesses and modernise the regulatory framework. We will publish the outcome of the formal consultation on our proposals and the findings of research with patients to get their views.

We will also take forward the findings of research we commissioned last year to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/ or in the same place. We know that models of sight testing vary across the UK – there is no 'standard' model of sight test and requirements vary depending on NHS contractual requirements by nation. We will use this research to consider whether we need to update our 2013 statement on the testing of sight.

## **Delivering our ambitions**

We will continue our public duty and commitment to progress EDI, which underpins all our work. This business plan coincides with the launch of our EDI strategy for 2025-30 to support the five-year corporate strategy. We will continue to publish an annual report covering our EDI activities both as an employer and a regulator as well as statistics on the demographic make-up of our registrants and the fairness of our regulatory decisions.

We will continue to maintain strong governance procedures, including implementing the recommendations from our Governance review, undertaking all member appointments and supporting the work of our Council and committees to ensure they inform decision-making and identify and manage any risk appropriately. We will set up a Project Delivery Unit as part of a new permanent fourth directorate to ensure our major projects are well implemented and deliver value for money. We will explore ways to strengthen the user voice in our decision-making to ensure that the needs of patients and the public lie at the heart of our regulatory approach.

We will refresh our approach to performance monitoring including by using a basket of indicators to assess progress against our three new strategic objectives. We will continue to invest in our staff with a new people strategy and a new performance behaviours framework to continue to build an engaging, inclusive culture where everyone feels valued and that they belong.

# Our internal controls, audit function and risk management approach

## Internal controls

The governance team is responsible for monitoring, advising and reporting on compliance with our policies and procedures. This includes advising on the management of interests policy, monitoring information governance requests, responding to corporate complaints and speaking up (otherwise known as whistleblowing) referrals and other associated activities.

We updated our corporate complaints policy in December 2024 to streamline the process and make it easier for complainants. The policy has two tiers. Complainants are entitled to refer a complaint they have been unable resolve informally with the team to stage one for an appeal. If they feel that we have not resolved it at stage one they can request a stage three appeal. Prior to January 2025, the complaint process had three stages, though a similar process applied. Stage one under the old policy has now become the 'informal' stage, stage two has become stage one and stage three is now stage two. Due to the change in how we refer to complaints, we have split the data for 2024-25 so it reflects the change in policy.

Between April 2024 – December 2024 we received:

Three requests for stage two appeals, one of which was upheld, one was partially upheld and one closed due to the complainant not responding to a request for more information.

Between January 2025 – March 2025

One request for a stage one appeal, which was upheld; and

One requests for a stage two appeal, which was not upheld.

This is a small reduction compared to the number of complaints we received in 2023/24 (seven stage two appeals and four stage three appeals). Complaints that were upheld or partially upheld identified the timeliness of our response to the original matter as the most common issue. Where complaints are upheld or partially upheld, lessons learnt have been cascaded to managers to improve our services.

We also have speaking up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received four referrals via our speaking up champion in 2024/25. This is a significant reduction from the number of referrals received in 2023/24 when ten referrals were made. Of the four received, one was made anonymously via letter with no contact information. The remaining three were requests for information or advice. One was from a member of staff asking for advice, and two were from registrants. One of the registrant referrals was referred to triage for assessment. Council approved a new 'freedom to speak up' policy for members, workers and employees in December

2025. All staff at the GOC have now completed mandatory training relevant to their role and the new policy is being embedded into our induction processes for new staff as well.

### **Internal audit function**

The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. Its responsibilities include appointment of the internal auditor, approval of the annual audit plan and reviewing the outcomes of the audits undertaken. It also receives an annual report from the internal audit function.

In 2024/25 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 7 May 2025 and noted the Head of Internal Audit Annual Opinion:

“TIAA is satisfied that, for the areas reviewed during the year, General Optical Council has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by General Optical Council from its various sources of assurance.”

### **Risk management**

Our approach to risk management is set out in our risk management policy. The risk management policy and risk appetite statement were last approved by Council on 28 June 2022.

We consider that an effective risk management strategy and policy is fundamental to the achievement of all our strategic objectives and is an essential part of good governance.

Both Council and the Audit, Finance and Risk Committee (ARC) discuss and review the principal risks and uncertainties regularly throughout the year. ARC also examines the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, ARC produces an annual report on its activities. The most recent of these reports was received by Council in September 2024.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- failure to meet our duties in respect of information governance and information security;
- failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers; or
- the register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

In 2023-24 the annual report identified employee capability and resilience as an increasing risk for the GOC. Several mitigation measures were put in place in 2024-25, as was described in the report. These were successful in reducing risk and we have seen positive results in respect to the staff survey results and a reduction in staff speaking up referrals.

The principal areas of uncertainty in respect to the management of risk in 2024-25 has been the external financial environment. This is driven in part by changes in the geopolitical landscape, including the announcement of trade tariffs by the US government. The GOC has been closely monitoring the performance of its investments with its investment manager to minimise the impact of fluctuations in global stock markets. Increases in employer national insurance contributions also had an impact on the GOC as an employer and will have impacted a number of its registrants. Economic pressures on employers and changes to fiscal policy and taxation by the UK government are key risks in the current era of economic uncertainty.

Internal risks include the substantial turnover of Council members in 2024-25, with over half of the Council being new appointments. While the new Council members will bring a wealth of skills, knowledge and expertise, there are risks associated with high turnover at a non-executive level, including a loss of institutional knowledge and an impact on established ways of working with the executive. In order to mitigate this, the GOC ensured it had a detailed induction programme, including several sessions lead from Council members who departed the GOC in 2024-25. The Chair of Council, the Council lead for member development, Chief Executive and Registrar and Chief of Staff will continue to assess Council member development needs into 2025-26.

2025-26 is our first year under our new corporate strategy. We will update our risk management policy and risk appetite statement to ensure that they continue to align with our strategy and to respond to any areas of uncertainty.

# Our people

In 2024-25 People and Culture continued to play an important role in supporting the GOC's strategic objectives and transition from the 2020-2025 corporate strategy into the next five-year strategy. This support focused on fostering a skilled, diverse and engaged workforce of employees, workers, members and consultants. People initiatives were aligned to the Fit for the Future strategic vision of delivering world-class regulation and excellent customer service.

## **Workforce**

As of 31 March 2025, we employed 110 employees, with an annual employee turnover of 17.3%, just above the public sector average but a significant improvement on the previous year at 32.2%. An annual voluntary turnover standing at 13.7%.

## **Culture**

Fostering a positive and inclusive culture remained a key priority throughout the year. Our focus on employee engagement was reinforced through the feedback in our pulse surveys and annual employee engagement survey. Results from the 2024/25 annual engagement survey showed an overall engagement score of 75%, a 14%-point increase from 2023. Our key area of strength being 'Line managers' scoring the highest with 90%, 4% points higher than the 2023 survey and significantly higher than all norms.

Pulse survey results throughout the year also improved consistently, with an employee Net Promoter Score of 21.67 in March 2025, compared to 9.41 in September, indicating that employee satisfaction is 'good' and employees would recommend GOC as a good place to work.

Both the pulse surveys and annual employee engagement survey continue to provide insights that inform action planning across directorates, helping to strengthen our culture and make the GOC a great place to work. The focus being to ensure that gains made in 2024/25 are maintained during 2025.

## **Recruitment and Retention**

During the year 33 new people joined GOC and 19 left the organisation.

In 2025/26 we had over 20 successful recruitment campaigns, which included internal recruitment and external direct and agency recruitment, demonstrating a successful talent acquisition strategy that aligned operational needs with our hiring strategies.

## **Driving High Performance**



This year marked a significant milestone in the evolution of our performance management approach, with the development of a new Performance Behaviours Framework.

Designed to complement objective-setting, the framework introduces a clear, consistent approach for assessing both 'what' employees achieve and 'how' they go about their work. This dual focus supports our goal of fostering a high-performance culture, grounded in our values. The development process was highly collaborative, with strong employee engagement throughout. Employees played a crucial role during the consultation period, providing valuable feedback. The cross-functional and level working group shaped the approach and supporting tools, ensuring they reflect our values and ways of working.

The framework will be embedded in the 2025/26 performance management cycle and supported by a pilot programme, employee development and tailored guidance.

### **Learning and Development**

Our learning and development strategy is informed by robust training needs analysis, stakeholder engagement, and a strong quality assurance process for learning and development providers. We measure its impact through feedback and assessing the alignment of skills development with the GOC organisational goals.

In 2024/25, continuous professional development was a priority, and we delivered a broad programme of training:

- 12 managers undertook the Foundation Management Training, to provide essential management skills and enhance management capability across GOC.
- 19 of our female employees attended the RADA 'Speaking up with Confidence & Impact' programme, in line with our ongoing commitment to inclusion. This workshop was specifically designed to address the unique challenges women often face in the workplace, particularly around self-esteem, self-promotion, visibility and stepping up into leadership roles with confidence. While these challenges are not exclusive to any one group, research highlights that women can face additional barriers in these areas. By offering this workshop, we aimed to provide women working at the GOC with practical tools to navigate these challenges, boost their confidence, and ensure their voices are heard.
- Completion of mandatory compliance training, primarily in Governance and IT
- The introduction of advanced certifications and functional learning tailored to specific roles.
- Continued delivery of a varied training calendar, supporting both core and specialist development needs.

These achievements reflect our commitment to continuous improvement and our ability to adapt learning to meet organisational needs.

## **Reward and Recognition**

In 2024/25, we continued to embed the new reward and recognition policy, supported by the revised pay bands, enhanced benefits package and recognition scheme that were introduced the previous year.

Our Chief Executive and Registrar leads a monthly All Staff Meeting where a key focus for everyone is the monthly Chief Executive Achievement Awards. These are a celebration of those who have been nominated by managers and colleagues for living our values and it is a truly uplifting moment when more than 85% of colleagues regularly come together to celebrate each other's achievements.

## **Employee Wellbeing**

Flexible and agile working remains key to how we deliver our services, as we believe it better supports recruitment and retention of a balanced, qualified and geographically diverse workforce from right across the United Kingdom, as well as encouraging a good work-life balance.

Each month we continue to set aside one meeting free day as an opportunity for people to spend their time productively as they choose. We also provide one Empower Hour, for network leads to do planning work, hold closed sessions, and even host events.

In the last year, as well as providing a range of wellbeing resources, we delivered a wellbeing campaign, the goal being to engage colleagues in meaningful discussions, reflection, and activities to celebrate happiness and gratitude.

We also ran a working group to review the amount of time staff spend in routine internal corporate meetings and working groups. In addition to the meeting-free days, this review looked at recurring meetings and identified other activities which would support more productive meetings.

## **Compliance and Governance**

A comprehensive review of members employment status began towards the end of 2024/25 following Council approving the allocation of strategic reserves to enable it. This review focused on assessing the status of current members and those former members whose term ended in December 2024. This work concluded that Hearing Panellists are workers and the review continues to assess the status of other members, including the assessment of financial liabilities if applicable, in relation to holiday pay and pensions.

Key updates included the development of our Sexual Harassment Policy and the enhancement of our Speaking Up Policy and Corporate Safeguarding Policy. The policy review process was consultative with input from employees in multiple departments and the Policy Review Group, to shape clear and accessible guidance for employees and managers.

To underpin our 2025 to 2030 strategy we have created a Directorate focused on People and Continuous improvement. This underlines our commitment to being people focused and ensuring that our people, our greatest assets, are equipped and

poised to deliver their very best. Our immediate focus for 2025/26 is the embedding of our Performance and Behaviours Framework and a review of all our People Policies.

## Our structure, governance and management

### Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission as our regulator and to our beneficiaries.

### Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers on its charitable objectives for the public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the professions regulated under the Optician Act 1989;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see pages X and X). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2024-25. She was appointed on 18 February 2021 and completed her first four-year term during the year. She was reappointed by the Privy Council for a further four years (19 February 2025 – 18 February 2029).

Council appoints one of its members to act as Senior Council Member (SCM). The SCM reviews the Chair's performance, provides a sounding board for the Chair and serves as an intermediary for Council members, the Executive and stakeholders as necessary.

Clare Minchington was appointed as SCM from 1 January 2023 and acted in that capacity throughout 2024-25.

### **Our governance structure**

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Our governance structure in 2023-24 consisted of four non-statutory committees (Audit, Finance & Risk, Investment, Remuneration and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees.

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on [page X and X](#). The Council is committed to conducting the majority of its business in public.

Council business is only conducted in private if one of the following conditions set out in the standing orders apply:

- any personal matter concerning a present or former registrant or application for registration, employee, Council member, panel or committee member, education visitor or advisor;
- any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders;
- any information given to the GOC in confidence;
- risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk; and
- any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

All Council members are required to take part in other activities such as induction, development sessions, recruitment, strategy, corporate performance and evaluation. All Council and committee members are required to engage in a performance review process. Council members undertook a significant amount of recruitment in 2024-25. Approximately two thirds of members (including Hearing Panel members, Council members and committee members) reached the maximum term of office permitted by legislation in 2024-25.

### **Scheme of delegation**

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

## Senior Management Team

The determination of pay and remuneration for the Chief Executive and Registrar and senior executive team (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's pay and reward policy, and pay is benchmarked against other regulators.

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

There was a reorganisation of SMT responsibilities to align with the 2025-30 strategy. This took effect from 1 April 2025.

For 2024-25, SMT responsibilities were as follows.

The Director of Change, Philipsia Greenway, was responsible for:

- Customer experience development
- Information technology
- Strategic change programmes

The Director of Corporate Services, Yeslin Gearty, was responsible until 24 February 2025 for:

- Facilities
- Finance
- Human resources
- Registration
- Risk and audit

The Director of Regulatory Operations, Carole Auchterlonie, was responsible for:

- Triage (including contract management of the Optical Consumer Complaints Service)
- Investigations
- Hearings
- Legal

The Director of Regulatory Strategy, Steve Brooker, was responsible for:

- Communications
- Education and CPD strategy
- Education and CPD operations
- Strategy, policy and standards

SMT, Council and its committees are supported by the governance team. The Chief of Staff oversees the governance function and reports directly to the Chief Executive and Registrar.

## **Effectiveness of governance**

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2024, and the organisation judged itself to have complied with the majority of the code's recommended practice. Where it has not done so, the assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method.

In addition to adopting the self-assessment, we commenced a long-term governance review in 2022-23. The stated objective of this review was to ensure that the GOC's governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

This review has seen revisions to policies and procedures, including:

- new policies for freedom to speak up and safeguarding; and
- updated terms of reference for the non-statutory committees (Audit, Finance & Risk, Investment, Remuneration and Nominations).

In 2024-25, this work was primarily focussed on reviewing key governance documents such as the scheme of delegation and committee terms of reference. This will be continuing into 2025-26 with a review of standing orders and the schemes of delegation for executive and Council functions.

## **Members' conduct**

Council (in their role as trustees) and committee members have a duty to abide by the seven principles of public life (otherwise known as the Nolan principles):

- selflessness;
- integrity;
- objectivity;
- accountability;
- openness;
- honesty; and
- leadership.

This includes a responsibility to:

- act impartially and objectively;
- take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so; and
- take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals.

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2024/25.

### **Remuneration Committee statement 2024/25: member and director remuneration**

The Remuneration Committee has been delegated the following responsibilities by Council:

- To advise Council on the payment of fees to members;
- To advise Council on the process to appoint or remove the Chief Executive and Registrar (or Chief Executive or Registrar if these functions are fulfilled by two different office-holders);
- To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management, and that these are in line with the GOC's values and principles;
- To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team (SMT)
- To approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT;
- To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
- To approve a statement in the annual report about its membership, role and remit for the preceding year;
- To approve the expenses policy; and
- To ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.

In 2024-25 the Remuneration Committee was comprised of

- Clare Minchington (Senior Council Member and committee chair as of 1 January 2023, lay Council member)
- Josie Forte (committee member as of 1 January 2023, registrant Council member)
- Nigel Sully (committee member as of 1 April 2022, independent member)

To discharge its functions, it met on four occasions in 2024-25: 30 April 2024, 9 September 2024, 10 February 2025 and 24 March 2025.

In 2024-25 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 18 March 2025. This included an amendment to reflect additional responsibilities for the Chair of ARC.

The Committee recommended updates to its terms of reference following a review. These were approved by Council on 11 December 2024.

The Committee also reviewed the process of appraisal for the Chief Executive and Registrar and other members of the SMT, including the outcome of the process. The

Committee has satisfied itself that the level of remuneration in each case was proportionate and the policies and decisions aligned to GOC values.

The level of remuneration for Council members and SMT is reported in section three of the annual report (include page ref).



	Registrant or Lay Member	Home Location	Fees inc. VAT £	Expenses £	Council Meeting Attendance	Committee and Advisory Panel Meeting <sup>1</sup> Attendance
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	50,000	Nil	Public 3 out of 4 (did not attend 26 June 2024)  SC 3 out of 4 (did not attend 25 June 24)	Nom - 4 out of 4
Sinead Burns*	Lay	Northern Ireland	6981	502.83	Public 1 out of 2 (did not attend 26 June 2024)  SC 2 out of 2	ARC – 2 out of 2
Kathryn** Foreman			6981	Nil	Public 1 out of 2 (did not attend 19 March 2025)  SC 1 out of 2	ARC – 2 out of 2  AP – 1 out of 1
Josie Forte	Registrant	England	13,962	Nil	Public 4 out of 4  SC 4 out of 4	AP – 3 out of 3  Rem 4 out of 4
Mike Galvin	Lay	England	13,962	Nil	Public 3 out of 4 (did not attend 11 December 2024)  SC 3 out of 4 (did not attend 10 December 2024)	ARC – 6 out of 6  AP - 3 out of 3
Lisa Gerson	Registrant	Wales	13,962	Nil	Public 4 out of 4  SC 4 out of 4	Nom - 4 out of 4  AP - 3 out of 3

Ken Gill	Lay	England	13,962	228.99	Public 3 out of 4 (did not attend 19 March 2025) SC 3 out of 4 (did not attend 18 March 2025)	ARC – 5 out of 6 (did not attend 25 February 2025)
Clare Minchington	Lay	England	16,462	101.29	Public 4 out of 4 SC 4 out of 4	Rem 4 out of 4
Frank Munro	Registrant	Scotland	13,962	627.46	Public 4 out of 4 SC 4 out of 4	ARC – 4 out of 6 (did not attend 2 July 2024 or 11 September 2024) AP – 3 out of 3 INV – 1 out of 1
Tim Parkinson	Lay	England	13,962	227.13	Public 4 out of 4 SC 4 out of 4	INV 2 out of 2 AP – 3 out of 3
Hema Radhakrisnan	Registrant	England	13,962	Nil	Public 4 out of 4 SC 4 out of 4	AP – 3 out of 3
Roshni Samra	Registrant	England	13,962	93.49	Public 4 out of 4 SC 4 out of 4	AP - 2 out of 3
William Stockdale	Registrant	Northern Ireland	13,962	Nil	Public 4 out of 4 SC 4 out of 4	Nom 3 out of 4 (did not attend 17 September 2024)

						AP – 3 out of 3
<p>Key:</p> <p><b>Committees:</b> <b>ARC</b> - Audit, Risk and Finance, <b>Inv</b> – Investment, <b>Nom</b> - Nominations, <b>Rem</b> – Remuneration,</p> <p><b>Panel:</b> <b>AP</b> – Advisory Panel</p> <p>Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year or demitted as a Council member, and the stats will only show the number of meetings they were expected to attend.</p> <p>Senior Council Member remuneration is set at £16,462. From 1 April 2024 – 31 March 2025 this role was fulfilled by Clare Minchington.</p> <p>All Council members are required to take part in other events such as strategy days, recruitment, evaluations and performance appraisals, for which they receive no additional remuneration, and which are not included in the attendance figures.</p> <p>* demitted 30 September 2024</p> <p>** appointed 1 October 2024</p>						

## Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at Floor 29, One Canada Square, Canary Wharf, London E14 5AA

**Bankers** Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN

**Internal auditors** TIAA Ltd (from 31 March 2020)  
Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH

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

**Investment Advisors** Royal Bank of Canada Brewin Dolphin Limited  
12 Smithfield Street, London, EC1A 9BD

**Council**

Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025, reappointed 19 February 2025 to 18 February 2029)
Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
Kathryn Foreman	(appointed 1 October 2024 until 30 September 2029)
Josie Forte	(reappointed 1 April 2021 until 31 March 2025)
Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
Lisa Gerson	(appointed 1 May 2021 until 30 April 2025, reappointment confirmed for 1 May 2025 until 30 April 2029)
Ken Gill	(appointed 1 January 2023 until 31 December 2027)
Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
Frank Munro	(appointed 5 July 2021 until 4 July 2025, reappointed confirmed for 5 July 2025 until 4 July 2029)
Tim Parkinson	(reappointed 16 April 2024 – 15 April 2028)

Hema	(appointed 15 March 2024 until 14 March 2028)
Radhakrishnan	
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
William	(appointed 1 January 2023 until 31 December
Stockdale	2027)

### **Senior Management Team**

Leonie Milliner	Chief Executive & Registrar
Carole Auchterlonie	Director of Regulatory Operations
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services (to 24 February)
Philipsia Greenway	Director of Change

## Section 2: Our Fitness to Practise Report

### What is fitness to practise?

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely. The Standards define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business may be impaired.

### How we deal with concerns

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants. If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

### Overview of our fitness to practise performance

- met all the PSA's Standards of Good Regulation for fitness to practise for the third year running;
- secured positive quality assurance from the annual independent audit of decisions;
- secured substantial assurance rating from our internal audit relating to stakeholder communication;
- implemented a new case management system and continued to further improve how we manage and report on our performance; and
- implemented recommendations from an independent review for greater efficiency and effectiveness in our hearings operations.

### Our fitness to practise committee decisions

Outcome	Number of outcomes
No further action/ no case to answer	8
Misconduct found but not impaired	2
Impaired with no sanction	0
Warning	0
Fines	0
Conditional Registration	3
Suspension	21

Erasure	6
Offer of no evidence accepted	0
Stayed	0
Total	42

## Triage

We received more concerns in 2024/25 than the previous year (464 in 2024/25, compared to 405 in 2023/24 – an increase of 13.58%). We opened 137 new investigations, representing a 29% conversion rate (compared to 32% the previous year).

Around 42% of concerns received related to clinical issues, 32% related to registrants' conduct, with the remainder (26%) a mix of conviction, health and business-related issues.

## Investigations

Over the past year, we have seen a 21.4% increase in our investigation caseload, rising from 126 at the end of 2023/24 to 153 at the end of 2024/25.

Recognising the importance of timely outcomes, particularly for long-standing cases, we have focused on progressing older investigations through the system. This strategic shift has impacted on some of our case progression times:

- The median age for open investigations increased 25% (from 31 weeks in 2023/24 to 39 weeks in 2024/25), while we ensured older cases were addressed appropriately;
- The median time to a case examiner decision rose by 34%, from 41 weeks to 55 weeks, as we prioritised more complex and older investigations to support fair and balanced outcomes;
- 29% of new investigations reached the representations stage within 30 weeks;
- 46% of new investigations reached the representations stage within 40 weeks
- We also saw a 10.2% increase in cases referred to hearings, from 39 in 2023/24 to 43 in 2024/25; and
- 58% of cases concluded within 78 weeks, an increase from 52% in the previous year.

We ended the year with an increase in open cases that were over one year old (54 cases at the end of 2023/24 compared to 93 cases at the end of 2024/25).

Of the 93 concerns that have been opened for longer than one year, 38% are at post case examiner stage, so are being prepared for disclosure on hearings, have been scheduled for a hearing or are awaiting a hearing date.

The case examiner referral rate to a fitness to practise committee was slightly higher than in the previous year; 2024/25 ended with a rolling 44% referral rate compared to 42% in 2022/23.

Including case examiner decisions, we ended the year with a 71-week median closure rate (72 weeks in 2023/2024).

## **Hearings**

- 71-week end-to-end median for all final decisions
- We scheduled 333 hearing days. Although this was 84 fewer than the previous year, we still successfully closed 42 substantive hearings.
- 71% of cases were scheduled within 30 weeks.

Our hearings team continued to support remote and in person events. Eighty-five per cent of our substantive events, and 98 per cent of our non-substantive events were heard remotely.

In 2024/25, the fitness to practise committee considered 46 substantive hearings, resolving 42 cases, compared to 48 cases in 2023/24. Three scheduled cases went part-heard during 2024/25, compared to 8 in 2023/24.



## Section 3: Our Finance Report

### Financial Review of the Year Ended 31 March 2025

Section 32 (2) of the Opticians Act 1989 provides that *‘the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament’*. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.

2024-25 started with a budget that achieved break-even for business-as-usual operations and included further plans for investing £1.2m from designated reserves on strategic projects and complex legal cases, aiming at a net deficit of £0.9m. The actual results for the year improved the budgeted expectations by £0.2m, the result of several factors including delays in IT and facilities related expenditure due to our decision to move office in 2025-26, savings in hearings costs, and not having as many complex FtP cases as anticipated. As a result, the financial performance for the year (measured by net income) ended with a £0.7m deficit.

Income for the year was £12.2m (2023/24 £11.2m); £11.7m (2024/25 £10.8m) was related to annual renewal fees. Our investment portfolio saw a marginal increase in value in 2024/25, from £9.3m to £9.4m.

During the year we incurred £13.1m expenditure (2023/24 £12.0m). Increased expenditure was due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

### Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

The reserves policy was reviewed and updated during 2023/24, with light-touch changes made as we intend to undertake a full review of the policy in 2025-6 to support the realisation of our next five-year corporate plan.

All our reserves are unrestricted and as of 31 March 2025, the total reserves were £8.0m (2023/24 £8.7m). The target range for non-designated funds as per the reserves policy ranges from £2.3m to £4.3m. As of 31 March 2025, total non-designated funds net of tangible fixed assets was within this range at £3.0m (2022/23 £3.8m).

In setting the reserves policy, the Council has identified three designated reserves; complex FtP cases legal cost reserve, strategic reserve, and infrastructure/dilapidation reserve. The complex FtP cases legal cost reserve (£0.6m) is to mitigate risk of legal costs of high-value complex cases arising over and above planned levels. The strategic reserve (£3.0m) supports the delivery of specific projects and initiatives outlined in the GOC's business plans. The infrastructure/dilapidation reserve (£1.0m) is designed to build funds to develop infrastructure when the GOC leaves its current premises at the end of the lease period.

During the year, £1.2m (2023/24 £0.9m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), the three-year Change Management project which successfully concluded at the end of the year, our digital investment in a new case management system, research on the testing of sight to inform policy options, investment in the development of our people, including overhauling our reward and recognition, and the member status project. Several of these projects are multi-year programmes of work. All projects funded by the strategic reserves are approved by Council and designed to realise long-term benefits.

£0.2m expenditure was spent from the infrastructure and dilapidation reserve for the Future office accommodation project. The project will continue to 2025-26, and we will review the reserve levels with the reserve policy update in 2025-26.

£0.01m expenses were identified as complex legal costs during the year and funded through the legal costs reserve.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

## **Investment policy**

Our investment portfolio saw a marginal increase in 2024/25. We continue to see volatility in the market values of our investments. However, our reserves are more than sufficient to cover our strategic projects and ensure we remain a going concern.

The working capital policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The investment policy statement recognises the additional needs of the GOC, as we seek to ensure that funds provide reasonable returns within acceptable risk profiles. The Investment Policy was approved by Council on

11 December 202 and is reviewed annually by the Investment Committee. The last review was on 12 November 2024.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

## **Statement of Trustees' Responsibilities**

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that

they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on **DATE**, and signed on their behalf by

**Dr Anne Wright CBE**  
**Chair, GOC**

# Independent Auditors Report to the Trustees of General Optical Council

## Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2025 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as of 31 March 2025 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Matters on which we are required to report by exception**

- We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:
- Adequate accounting records have not been kept by the charity; or
- Sufficient accounting records have not been kept; or
- The charity financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes

- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:  
[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

This description forms part of our auditor's report.

### **Use of our report**

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

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

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



## Statement of Financial Activities for the Year Ended 31 March 2025

	Notes	Unrestricted Funds £'000	Total 2024/25 £'000	Total 2023/24 £'000
<b>Income from:</b>				
Charitable activities	4	11,699	11,699	10,816
Investments	5	478	478	411
<b>Total</b>		<b>12,177</b>	<b>12,177</b>	<b>11,227</b>
<b>Expenditure on:</b>				
Raising Funds	12	48	48	44
Charitable activities	6	13,062	13,062	11,927
<b>Total resources expended</b>		<b>13,110</b>	<b>13,110</b>	<b>11,971</b>
Net gains/(losses) on investments	12	193	193	623
<b>Net (expenditure) / income</b>		<b>(740)</b>	<b>(740)</b>	<b>(121)</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward		8,735	8,735	8,856
<b>Total funds carried forward</b>		<b>7,995</b>	<b>7,995</b>	<b>8,735</b>

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

All the transactions in 2024-25 and 2023-24 were unrestricted.

The notes on pages **xx to xx** form part of these financial statements.

## Balance Sheet for the Year Ended 31 March 2025

	Notes	2024/25 £'000	2023/24 £'000
<b>Fixed assets:</b>			
Tangible fixed assets	11	381	344
Investments	12	9,414	9,266
<b>Total fixed assets</b>		<b>9,795</b>	<b>9,610</b>
<b>Current assets:</b>			
Debtors	13	765	675
Short term deposits		8,950	7,450
Cash at bank and in hand		1,557	3,131
<b>Total current assets</b>		<b>11,272</b>	<b>11,256</b>
<b>Current liabilities:</b>			
Creditors: amounts falling due within one year	14	(13,072)	(12,131)
<b>Net current liabilities</b>		<b>(1,800)</b>	<b>(875)</b>
<b>Total assets less current liabilities</b>		<b>7,995</b>	<b>8,735</b>
<b>Net assets</b>		<b>7,995</b>	<b>8,735</b>
<b>Represented by:</b>			
Unrestricted funds:			
Designated funds	16	4,650	4,546
General funds	16	3,345	4,189
<b>Total funds</b>		<b>7,995</b>	<b>8,735</b>

The notes on pages **xx to xx** form part of these financial statements.

The financial statements were approved and authorised by the Council on **DATE** and were signed on its behalf by:

**Dr Anne Wright CBE**  
Chair, GOC

## Cash Flow Statement for the Year Ended 31 March 2025

	2024/25 £'000	2023/24 £'000
<b>Cash flows from operating activities:</b>		
<b>Reconciliation of net (expenditure) / income to net cash flow from operating activities:</b>		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(740)	(121)
Depreciation	279	497
Loss on disposal of fixed assets	61	-
(Gains) / losses on investment income	(193)	(623)
Dividends, interest and rents from investments	(478)	(411)
Decrease / (Increase) in debtors	(91)	(242)
Increase/ (decrease) in creditors	941	915
<b>Net cash provided by (used in) operating activities</b>	<b>(221)</b>	<b>15</b>
<b>Cash flows from investing activities:</b>		
Dividends, interest and rents from investments	478	411
Purchase of tangible fixed assets	(377)	(99)
Proceeds from sale of investments	2,305	2,424
Movement in short term deposit account (more than three months)	(1,500)	1,500
Movement in Cash held in investment	39	32
Purchase of Investments	(2,298)	(2,405)
<b>Net cash provided by (used in) investing activities</b>	<b>(1,353)</b>	<b>1,863</b>
<b>Change in cash and cash equivalents in the reporting period</b>	<b>(1,574)</b>	<b>1,878</b>
Cash and cash equivalents at the beginning of the reporting period	3,131	1,253
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>1,557</b>	<b>3,131</b>

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**Cash and cash equivalents at the end of the reporting period**

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Cash at bank and in hand	<b>1,557</b>	<b>3,131</b>
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The notes on pages **xx to xx** form part of these financial statements.

# Notes to the Financial Accounts for the Year Ended 31 March 2025

## 1. GENERAL INFORMATION

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at  
Floor 29, One Canada Square, Canary Wharf, London E14 5AA

## 2. ACCOUNTING POLICIES

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

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

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

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

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

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

Depreciation:

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

## 4. GOING CONCERN

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2025/26, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held. The short to mid-term

outlook for financial markets may create a risk to our ambitious performance plans, although our budget for 2025-26 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

## **5. INCOME**

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

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

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

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

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

## **6. EXPENDITURE**

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of Fitness to Practise, legal compliance, registration and education and standards related cost.

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

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

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

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

## **7. FIXED ASSETS**

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £1,000.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

## **8. DEPRECIATION**

Assets are depreciated in equal instalments over the following periods:

IT equipment	_____	_____	3 years
Website/intranet/online renewal	_____	_____	3 years
Office furniture and equipment	_____	_____	10 years
Leasehold improvements (office fit-out)	_____	_____	
Over the lease term (10 years) (prior years - 15 years)			

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

## **9. INVESTMENTS**

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

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in March 2023.

## **10. FINANCIAL INSTRUMENTS**

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

## **11. DEBTORS**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

## **12. CASH AT BANK AND IN HAND**

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

### **13. CREDITORS AND PROVISIONS FOR LIABILITIES**

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

### **14. FUNDS AND RESERVES**

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Complex cases legal reserve – established to cover the unexpected costs of complex cases arising over and above planned levels.
- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year corporate strategy, budget and beyond.
- Infrastructure & dilapidations reserve – established to build up adequate funds in developing the infrastructure and in dilapidations costs, should we leave current premises.

### **15. TAXATION**

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

### **16. OPERATING LEASES**

The annual rentals are charged to the statement of financial activities over the term of the lease.

### **17. EMPLOYEE BENEFITS**

**Short-term benefits** - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

**Employee termination benefits** - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

**Pension scheme** - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London, the pension scheme used for GOC staff. During 2022/23 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.



The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.

	2024/25 £'000	2023/24 £'000
<b>4. Income from charitable activities</b>		
Registration and renewal fee	11,672	10,801
Continuing Education Training provider	27	15
<b>Total</b>	<b>11,699</b>	<b>10,816</b>

	2024/25 £'000	2023/24 £'000
<b>5. Income from Investment</b>		
Interest from fixed deposits	252	176
Dividend income	226	235
<b>Total</b>	<b>478</b>	<b>411</b>

	Direct Cost £'000	Support Cost £'000	Total 2024/25 £'000
<b>6. Charitable activities</b>			
Fitness to practise (Note 6a.)	5,233	2,135	7,368
Registration	958	743	1,701
Education	1,490	897	2,387
Policy & standards	629	333	962
Communications	371	274	645
<b>Total</b>	<b>8,681</b>	<b>4,382</b>	<b>13,063</b>

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2023/24 £'000
<b>6. Charitable activities</b>			
Fitness to practise (Note 6a.)	4,932	2,264	7,196

Registration	922	521	1,443
Education	1,304	657	1,961
Policy & standards	510	214	724
Communications	357	246	603
<b>Total</b>	<b>8,025</b>	<b>3,902</b>	<b>11,927</b>

The following table analyses the Fitness to Practise costs:

	2024/25 £'000	2023/24 £'000
<b>6a. Fitness to practise including Legal compliance</b>		
Legal fees on investigations	549	544
Other investigation costs	2,245	2,142
Hearing costs	1,886	1,735
Dispute mediation	275	265
Legal compliance	278	246
Support costs	2,136	2,264
<b>Total</b>	<b>7,369</b>	<b>7,196</b>

	Managem ent	Governan ce	Faciliti es	HR £'00 0	Finan ce £'000	IT £'00 0	2024/ 25 Total £'000
<b>7. Support costs</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>				
Fitness to practise	78	390	481	359	255	572	2,135
Registration	27	136	167	125	89	199	743
Education	33	164	202	151	107	240	897
Policy & Standards	12	61	75	56	40	89	333
Communications	10	50	62	46	33	73	274
<b>Total</b>	<b>160</b>	<b>801</b>	<b>987</b>	<b>737</b>	<b>524</b>	<b>1,173</b>	<b>4,382</b>

Comparative figures below:

2023/24

	Management	Governance	Facilities	HR	Finance	IT	Total
<b>7. Support costs</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Fitness to practise	58	420	658	244	260	624	2,264
Registration	13	97	152	56	60	143	521
Education	17	122	191	71	75	181	657
Policy & Standards	5	40	62	23	25	59	214
Communications	6	46	72	26	28	68	246
<b>Total</b>	<b>99</b>	<b>725</b>	<b>1,135</b>	<b>420</b>	<b>448</b>	<b>1,075</b>	<b>3,902</b>

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows. Members' fees and expenses include Council (trustees) and committee members costs.

	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
<b>Governance costs</b>		
Members' fees and expenses	243	218
Staff cost	438	400
External audit fees	28	27
Internal audit fees	28	27
Other governance cost	64	53
<b>Total</b>	<b>801</b>	<b>725</b>

	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
<b>8. Net income for the year are stated after charging:</b>		
Fees paid to external auditors -HaysMac:		
external audit fee	28	27
taxation advice	3	-
Internal audit fees	28	27
Depreciation of fixed assets	279	497

	<b>Staff Cost £'000</b>	<b>Worker Cost £'000</b>	<b>2024/25 Total £'000</b>	<b>2023/24 Total £'000</b>
<b>9. Employment costs</b>				
<b>Staff employment costs:</b>				
Salaries / Fees	5,796	659	6,455	5,072
Settlements	70	-	70	73
Redundancy	14	-	14	-
National insurance	576	36	612	523
Pension costs	493	200	693	442
<b>Total</b>	<b>6,949</b>	<b>896</b>	<b>7,845</b>	<b>6,085</b>

The fees above are the fees we pay to our workers. We have not included fees in the employment costs for 2024/25.

<b>Average number of staff</b>	<b>2024/25</b>	<b>2023/24</b>
Chief Executive's office	1	1
Management team	4	4
Fitness to practise	39	36
Registration	11	10
Strategy	23	22
Governance, compliance, performance reporting	8	7
Corporate services (Facilities, HR, Finance, IT)	20	17
Change	6	7
<b>Total</b>	<b>112</b>	<b>104</b>

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

	<b>2024/25</b>	<b>2023/24</b>
£60,000 but under £70,000	7	11
£70,000 but under £80,000	6	2
£80,000 but under £90,000	1	0
£90,000 but under £100,000	0	3
£100,000 but under £110,000	4	2
£110,000 but under £120,000	0	1
£120,000 but under £130,000	1	0
£130,000 but under £140,000	1	0
£140,000 but under £150,000	0	1
£150,000 but under £160,000	1	0

During the year, Council paid £178,498 for twenty-one members of staff in this category (2023/24 £147,211 for eleven members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see [page 28](#), REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table ten. No amounts are paid directly to third parties that are not already disclosed in table ten.

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

<b>Key management personnel</b>	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
Gross Pay	625	555
Employer national insurance contributions	66	67
Employer pension contributions	62	56
Benefits	3	1
<b>Total</b>	<b>756</b>	<b>679</b>

<b>10. Trustees' expenses</b>	<b>Fees £</b>	<b>Expenses £</b>	<b>2024/25 Total £</b>
Lisa Gerson	13,962	-	13,962
Sinead Burns*	6,981	503	7,484
Claire Minchington	16,462	101	16,563
Roshni Samra	13,962	93	14,055
Josie Forte	13,962	-	13,962
Tim Parkinson	13,962	227	14,189
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	-	13,962
Frank Munro	13,962	628	14,590
Ken Gill	13,962	229	14,191

William Stockdale	13,962	-	13,962
Hema Radhakrishnan	13,962	-	13,962
Kathryn Foreman**	6,981	-	6,981
<b>Total</b>	<b>206,082</b>	<b>1,781</b>	<b>207,863</b>
<b>Number of trustees</b>			<b>12</b>

\* Retired during the year

\*\* Appointed during the year.

Comparative figures below.

	<b>Fees</b>	<b>Expenses</b>	<b>2023/24 Total</b>
<b>10. Trustees' expenses</b>	<b>£</b>	<b>£</b>	<b>£</b>
Lisa Gerson	13,962	174	14,136
David Parkins*	13,380	-	13,380
Sinead Burns	13,962	968	14,930
Clare Minchington	16,462	192	16,654
Roshni Samra	13,962	55	14,017
Josie Forte	13,962	346	14,308
Tim Parkinson	13,962	294	14,256
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	217	14,179
Frank Munro	13,962	437	14,399
Ken Gill	13,962	600	14,562
William Stockdale	13,962	532	14,494
Hema Radhakrishnan**	582	-	582
<b>Total</b>	<b>206,082</b>	<b>3,815</b>	<b>209,897</b>
<b>Number of trustees</b>			<b>12</b>

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

	<b>Office, furniture and equipment</b>	<b>Refurbishment</b>	<b>IT hardware</b>	<b>IT software</b>	<b>Capital work-in progress</b>	<b>Total</b>
<b>11. Tangible fixed assets</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Cost as at 1 April 2024</b>	304	1,057	447	1,459	33	3,300

<b>Add: Cost of additions</b>	-	-	89	29	256	374
<b>Less: Disposals</b>	(297)	(32)	(60)	-	-	(389)
<b>Transfers</b>	-	-	262		(262)	-
<b>Total at 31 March 2025</b>	<b>7</b>	<b>1,025</b>	<b>476</b>	<b>1,750</b>	<b>26</b>	<b>3,285</b>
<b>Less: Depreciation As at 1 April 2024</b>	(247)	(952)	(316)	(1,441)	-	(2,956)
<b>Charged in the year</b>	(30)	(74)	(77)	(98)	-	(279)
<b>Disposals</b>	272	-	59	-	-	331
<b>Total at 31 March 2025</b>	<b>(5)</b>	<b>(1,026)</b>	<b>(334)</b>	<b>(1,539)</b>	<b>-</b>	<b>(2,904)</b>
<b>Net book value 31 March 2025</b>	<b>2</b>	<b>(0)</b>	<b>142</b>	<b>211</b>	<b>26</b>	<b>381</b>
<b>Net Book Value 31 March 2024</b>	<b>57</b>	<b>105</b>	<b>131</b>	<b>18</b>	<b>33</b>	<b>344</b>

	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
<b>12. Investment</b>		
Investments b/f	9,141	8,537
Additions	2,298	2,405
Disposals	(2,305)	(2,424)
Realised gains	86	(33)
Unrealised gains/ (losses)	107	656
Investments c/f	9,327	9,141
Cash	86	125
<b>Total portfolio</b>	<b>9,413</b>	<b>9,266</b>

Total portfolio includes cash held with equity managers. During the year £47,337 (2023/24 £44,478) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
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**13. Debtors**

Prepayments	528	441
Other debtors	19	13
Accrued income	218	221
<b>Total</b>	<b>765</b>	<b>675</b>

**2024/25****£'000****2023/24****£'000****14. Creditors: Amounts falling due within one year**

Trade creditors	91	139
Deferred income (note 14a)	11,378	10,931
Accruals	753	805
Other tax and social security	193	155
Provisions	529	-
Other creditors	128	101
<b>Total</b>	<b>13,072</b>	<b>12,131</b>

**2024/25****£'000****2023/24****£'000****14a. Deferred income**

At 1 April	10,931	10,078
Amount deferred during the year	11,484	11,016
Amount released to Statement of Financial Activities	(11,037)	(10,163)
<b>Total</b>	<b>11,378</b>	<b>10,931</b>

Income from registrant renewal fees received in advance is deferred and will be released as income in 2024/25.

**2024/25****£'000****2023/24****£'000****15. Financial Instruments**

Financial assets measured at fair value	9,414	9,266
Financial assets measured at amortised cost	10,745	10,815



Financial liabilities measured at amortised cost	(1,694)	(1,200)
<b>Net financial assets measured at amortised cost</b>	<b>18,465</b>	<b>18,881</b>

- (a) Financial assets measured at fair value include investments.
- (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income.
- (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2024	Income	Expenditure	Transfers / gain / loss	2025
	£'000	£'000	£'000	£'000	£'000
<b>16. Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	700	-	(87)	-	613
Strategic reserve	2,596	-	(879)	1,283	3,000
Infrastructure/dilapidations reserve	1,250	-	(214)	-	1,036
<b>Total designated funds</b>	<b>4,546</b>	<b>-</b>	<b>(1,180)</b>	<b>1,283</b>	<b>4,649</b>
<b>General funds</b>					
Income and expenditure reserve	4,189	12,177	(11,931)	(1,090)	3,345
<b>Total funds</b>	<b>8,735</b>	<b>12,177</b>	<b>(13,110)</b>	<b>193</b>	<b>7,995</b>

Comparative figures below.

	2023	Income	Expenditure	Transfers / gain / loss	2024
	£'000	£'000	£'000	£'000	£'000
<b>16. Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	700	-	(82)	82	700
Strategic reserve	2,000	-	(919)	1,515	2,596
Covid -19 reserve	900	-	-	(900)	-

Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
<b>Total designated funds</b>	<b>4,850</b>	<b>-</b>	<b>(1,001)</b>	<b>697</b>	<b>4,546</b>
<b>General funds</b>					
Income and expenditure reserve	4,007	11,227	(10,970)	(75)	4,189
<b>Total funds</b>	<b>8,857</b>	<b>11,227</b>	<b>(11,971)</b>	<b>622</b>	<b>8,735</b>

All the reserves are unrestricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's corporate strategy. It was decided that COVID-19 reserve is no longer required at the latest reserve policy review in November 2023. Infrastructure/dilapidations reserve is set up to build in funds in dilapidation related costs and in developing the infrastructure needed should we leave the current premises when lease term expires.

During the year, £87k funds from the Legal cost reserve were used for complex legal costs related to case progression. A total of £879k spent on strategic projects were funded through the strategic reserve. The infrastructure and dilapidation reserve funded a £214k towards the Future Office accommodation project.

At the end of the year, funds from the general reserve were transferred to increase Strategic reserve to £3,000k, enabling funding for projects in future years.

	<b>Unrestricted funds £'000</b>	<b>Total 2024/25 £'000</b>	<b>Total 2023/24 £'000</b>
<b>17. Analysis of net assets by fund</b>			
Tangible fixed assets	381	381	344
Investments	9,414	9,414	9,266
Current assets	11,272	11,272	11,256
Current liabilities	(13,072)	(13,072)	(12,131)
<b>Total net assets</b>	<b>7,995</b>	<b>7,995</b>	<b>8,735</b>

## 18. Pension commitments

We operate defined contribution auto-enrolment pension schemes on behalf of employees and workers. The assets of these schemes are held separately from those of Council in independently administered funds. The total expense incurred

during the year was £693,300 (2023/24 £441,600). There were £84,470 in outstanding contributions in 2024/25, (2023/24 £70,804) included in the balance sheet.

## 19. Commitments under operating leases

At 31 March 2025 the charity had the following future lease payments under operating leases.

<b>Land and buildings</b>	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
Within one year	237	647
In two to five years inclusive	1,198	-
Over five years	62	-

<b>Office Equipment lease</b>	<b>2024/25 £'000</b>	<b>2023/24 £'000</b>
Within one year	8	3
In two to five years inclusive	29	9

The total charge of all operating leases to the statement of financial activities as at 31 March 2025 was £381,113 (2023/24 £679,168).

## 20. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

There were no related party transactions in the current year.

	<b>At 1 April 2024 £'000</b>	<b>Cash flows £'000</b>	<b>At 31 March 2025 £'000</b>
<b>21. Analysis of changes in net debt</b>			
Cash and cash equivalents			
Cash	3,131	(1,574)	1,557
Cash equivalents	7,450	1,500	8,950
<b>Total</b>	<b>10,581</b>	<b>(74)</b>	<b>10,507</b>

HaysMac LLP  
10 Queen Street Place  
London  
EC4R 1AG

Date:

Dear Sirs

During the course of your audit of our financial statements for the year ended 31 March 2025, the following representations were made to you by management and trustees of the charity, and on behalf of the General Optical Council.

- 1 We have fulfilled our responsibilities as trustees under the Charities Act 2011 ("the Act") for preparing financial statements, in accordance with FRS102 and the Act, that give a true and fair view and for making accurate representations to you as auditors.
- 2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and trustees' meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3 We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS102.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Act.
- 5 We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.
- 6 We confirm that there have been no events since the balance sheet date which require

disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.

- 7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.
- 8 We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.
- 9 We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.
- 10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business and which are central to the charity's ability to conduct its business.
- 12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 13 We confirm that we have reviewed the control procedures governing payments to overseas territories and that the charity has conducted appropriate due diligence procedures to ensure that such payments are used in accordance with the purposes for which they were given.
- 14 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 15 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.
- 16 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There

have been no breaches of terms and conditions in the application of such incoming resources.

- 17 We confirm that there is no audit information of which you as auditors are unaware, and that each trustee has taken steps to make themselves aware of any relevant information and to establish that you are aware of that information.

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

Yours faithfully

Signed on behalf of the Board of Trustees by:

.....  
Dr Anne Wright CBE  
Chair of Council

**Equality, Diversity and Inclusion (EDI) Annual Report 2024-25.**

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**Meeting: 16 September 2025****Status:** For decision**Lead responsibility:** Andy Mackay-Sim, Chief of Staff**Paper Author(s):** Joanna Murphy, EDI Manager.**Council Lead(s):** There is no Council lead for this work.**Purpose**

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1. To present the EDI annual report 2024-25 for Council approval.

**Recommendations**

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2. Council is asked to:
  - approve the EDI annual report 2024-25; and
  - delegate approval of any minor revisions to the Chief of Staff (in consultation with the Chair of Council).

**Strategic objective**

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3. Our EDI work contributes towards the achievement of the following GOC strategic objectives:
  - creating a fairer and more inclusive eye care services;
  - supporting responsible innovation and protecting the public; and
  - preventing harm through agile regulation.

**Background**

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4. This report sets out our key achievements in 2024–25, alongside our annual EDI monitoring data. It charts our progress towards the goals in our 2025–30 EDI Strategy and outlines our priorities for the year ahead. You can read our previous EDI reports [here](#).
5. The EDI Annual Report 2024–25 is attached as annex one. It sets out our approach to equality, diversity and inclusion, including the steps we took during the reporting year to 31 March 2025 to meet our duties under the Equality Act 2010, and our wider ambition to influence and support good practice across the regulatory sector.
6. The EDI data (attached as annex two) in this report is drawn from our internal datasets as of 31 March 2025. The exception is student data, which covers the 2023–24 academic year and is provided by GOC-approved education providers.

We've included a three-year comparison to help track trends over time and support our commitment to more robust and meaningful intersectional analysis.

7. The Public Sector Equality Duty (PSED) requires the GOC to implement the Equality Act 2010 as a public body. This is fulfilled, in part, by publishing information to demonstrate GOC compliance with the Equality Duty, at least annually, and setting equality objectives, at least every four years.
8. The Public Sector Equality Duty (PSED) also requires the GOC to:
  - Eliminate unlawful behaviour prohibited by the Equality Act 2010, including discrimination, harassment, and victimisation.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.The EDI Report 2024–25 sets out how we've worked to meet these duties over the past year.
9. Our EDI work continues to support our ability to meet the Professional Standards Authority's (PSA) Standards of Good Regulation – in particular, Standard 3, which focuses on equality, diversity and inclusion. The PSA's new evidence framework outlines four outcomes all regulators are expected to demonstrate, including the use of EDI data to inform regulatory functions and a clear understanding of the lived experiences of diverse communities.
10. In 2024-2025, we continued to embed the PSA's expectations across our work, including through:
  - improved use of EDI monitoring and lived experience research to shape our policies and engagement;
  - intersectional analysis of our registrant and workforce data, particularly around fitness to practise;
  - the launch of a working group to examine potential disparities in FtP outcomes, with further research underway; and
  - enhanced transparency in our regulatory decisions, including public reporting of our gender pay gap and improved guidance on reasonable adjustments.
11. We are pleased that once again, the GOC met all 18 of the PSA's Standards of Good Regulation. The PSA's 2023–24 performance review, published in March 2025, recognised both our strategic approach to EDI and the practical steps we have taken to embed inclusive practice across our regulatory and employment functions

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## **Analysis**

12. Promoting equality, eliminating discrimination, and fostering inclusion remain central to the GOC's role as both a regulator and an employer. This work has been a consistent focus throughout our 2020-2-24 strategic plan and is now embedded in our dedicated EDI Strategy for 2025–2030. The 2024–25 EDI Annual Report brings



together our analysis of equality data and outlines our progress against the equality objectives set out in our current EDI Action Plan. This supports our compliance with the Public Sector Equality Duty and reflects our ongoing commitment to inclusive and fair practice across all areas of our work.

13. The last year has marked a shift from reflection to delivery in our EDI work. 2024–25 was a year of consolidation, learning, and laying strong foundations for the delivery of our new 2025–30 EDI Strategy.
14. Our focus has been on improving the quality, transparency, and use of EDI data to drive meaningful change. We have strengthened how we collect, analyse, and communicate EDI information across registrants, staff, and members — with three-year comparisons now in place to support more robust intersectional analysis. This has supported our compliance with the Public Sector Equality Duty and continued to enable us to better meet the Professional Standards Authority’s (PSA) expectations under Standard 3.
15. The report outlines key achievements, including completing 21 out of 25 EDI projects, achieving Disability Confident Level 2, improving inclusive recruitment practices, launching new training on structural discrimination and sexual harassment, and receiving a Bronze TIDemark from enei. These developments show progress across our dual role as regulator and employer. We’ve also strengthened our response to concerns about fairness in our fitness to practise processes. The report acknowledges persistent disparities, particularly for Asian/Asian British and Muslim registrants. In response, we’ve launched a dedicated Unfair Outcomes Working Group and commissioned external research to explore where differential outcomes may be occurring — with findings due later this year to shape further action.
16. Our public engagement has been informed by lived experience research and a new perceptions survey, which revealed lower satisfaction among some groups with vulnerabilities. These insights are shaping how we engage with the public and support inclusive practice across the sector.
17. Internally, we’ve invested in inclusive leadership and staff wellbeing — including through Empower Hour, a refreshed Speaking Up framework, and the development of staff networks. We also continue to report voluntarily on our gender pay gap, reflecting our commitment to transparency and accountability.
18. Quotes from our partnerships, intern and staff network leads have been included.
19. The EDI Data Monitoring Report is included in the EDI Annual Report 2024-25 as an appendix and supports us in meeting Standard 3. which requires that “the regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not

impose inappropriate barriers or otherwise disadvantage people with protected characteristics.”

20. The EDI Data Monitoring Report provides a comparison of data trends over a three-year period.
21. The monitoring report shows that disparities in fitness to practise outcomes persist, particularly affecting certain ethnic and religious groups, as well as male registrants. This may be of concern to Council. Work to address these disproportionate outcomes is ongoing through the Unfair Outcomes Working Group, as outlined in our EDI Action Plan 2025-26. Alongside this, we are progressing intersectional analysis to better understand the patterns behind these outcomes and to inform targeted actions.
22. The report sets the tone for the first full year of delivering our 2025–30 EDI Strategy. It highlights where we’ve made meaningful progress, where there is still work to do, and how we intend to keep EDI at the heart of everything we do.

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## **Finance**

23. Production of the annual report is part of the business-as-usual activity for the GOC and carries no financial implications beyond the resources allocated as part of our annual budget.

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## **Risks**

24. Failure to meet our obligations under the Public Sector Equality Duty or the PSA’s Standard 3 would carry significant reputational and legal risk for the GOC. As a regulator, it’s vital that we demonstrate fairness and transparency in how we operate — both externally and internally. Non-compliance could lead to challenge, including judicial review. There is also a risk that not meeting our responsibilities in this area could undermine the trust and safety of our employees, workers, and members — and fall short of the duty of care we owe to them.

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## **Equality Impacts**

25. While no formal Equality Impact Assessment is required at this stage, producing a public-facing annual report strengthens our accountability and reinforces the importance of EDI across the organisation. It helps build collective ownership among staff, members, and Leadership, and supports wider engagement with our equality commitments. In that sense, the report itself is a tool for progress — helping to embed EDI more firmly into our everyday work.

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## **Devolved nations**

26. Standard 21 of the Welsh Language Standards, which came into effect in December 2023, sets out the circumstances in which public documents must be produced in

Welsh. Given the subject matter of the EDI Annual Report and its relevance to audiences in Wales, it is appropriate — and expected — that we continue to publish the report bilingually. Translation is now part of our business-as-usual approach and reflects our ongoing commitment to meeting the Standards in full.

### **Other Impacts**

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27. None have been identified:

### **Communications**

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#### **External communications**

28. The EDI Annual Report 2024-25 report will be published on the GOC website.

#### **Internal communications**

29. The EDI Annual Report 2024-25 will be referenced in the Chief Executive and Registrar weekly bulletin when published.

### **Next steps**

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30. The report reflects our EDI Action Plan for 2024–25. The priorities set out in that plan will continue to guide our work this year as part of the 2025-26 action plan. Our next annual report will track progress.

### **Attachments**

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Annex 1: Equality, Diversity and Inclusion Annual Monitoring Report.

# **Equality, Diversity and Inclusion Annual Report for the year ending 31 March 2025**

## **Introduction from the Chief Executive and Registrar**

Our Equality, Diversity and Inclusion (EDI) Annual Report for 2024-25 reflects a year of meaningful progress at the General Optical Council (GOC), where we built on our commitment to foster an environment where fairness, inclusivity, and equality are not just principles we champion, but values that shape every aspect of our work.

Equality, diversity and inclusion is central to how we regulate, how we engage with stakeholders and all those who use our services, as well as our actions as a responsible employer.

Last year, we launched our 2025–2030 EDI Strategy, which is now in its delivery phase. The strategy is built around four objectives that support our statutory role as both a regulator and an employer — to oversee and support the 35,164 dispensing opticians, optometrists, optical students and optical businesses on our register, and to ensure our employees, workers, and members experience a fair and inclusive working environment. Each objective is supported by seven actions and clear measures to track progress and hold us to account. Our strategy is not just a roadmap; it's a commitment to meaningful change, rooted in the everyday experiences of the people we regulate, employ, and serve.

This report describes our achievements over the last twelve months - for the public, for our registrants, and for GOC staff – as well as the progress made against our EDI action plan 2024-2025 and our EDI monitoring data for registrants, employees, members, and workers.

In 2024-25 we begun the process of enhancing the quality and scope of our EDI data. This has enabled us to make more informed comparisons, identify disparities, and begin to address systemic challenges. This includes better intersectional analysis and improved internal data literacy. Transparency and trust are at the heart of this work, and we've taken steps to communicate why this data matters and how it underpins impactful change. Although we are not legally required to publish gender pay gap data due to our size, we have chosen to continue to report on this annually as a matter of principle, because transparency drives progress.

We have also invested in our people. EDI training is a standard part of induction, development, and management training, with a particular focus this year on structural discrimination, reasonable adjustments, and sexual harassment awareness. Our staff networks have continued to grow, supported by clearer governance frameworks and a monthly “Empower Hour” a protected hour set aside each month during their working time for colleagues to focus on this vital work. These initiatives reflect our commitment to not only meet but exceed our regulatory obligations by embedding inclusive practice in our work.

I want to acknowledge the creativity and leadership shown by our staff networks this year. They reflect what inclusive culture looks like in practice, promoting connection and wellbeing while providing insight about peoples lived experiences. We know that effective leadership means creating a workplace where people feel safe, respected, and empowered to speak up. Through the development of our Speaking Up Guardian role, and updated policies that reflect new legislation such as the Worker Protection Act, 2023 we have made meaningful strides in cultivating a culture of confidence and accountability.

Last year we introduced a new internship with the Thomas Pocklington Trust, a charity that supports blind and partially sighted people to access work opportunities and are proud to have since welcomed two interns at GOC who have successfully graduated from their “Get Set Progress” programme. It is a relationship we value, and one we intend to continue and build on in the years ahead.

We are building stronger links across the regulatory and healthcare sectors to align with best practice, learn from external reviews, and share insights where possible; because we know that collaboration is key to sustained progress in EDI.

I want to thank our staff, partners, and stakeholders for their dedication to this shared commitment. The work is ongoing, and it will not always be easy, but our direction is clear: we are building a GOC that is fairer, more inclusive, and better equipped to serve the public and the profession. As we move forward, we remain committed not only to delivering on our objectives, but to staying curious, connected, and open to learning.

**Leonie Milliner**  
**Chief Executive and Registrar**

### **Year at a glance**

*Graphic to include:*

- 21 out of 25 EDI projects completed (as per Appendix within this report)
- Disability Confident L2
- Management Framework
- 100% structural discrimination and reasonable adjustment training sessions attended
- Bronze tidemark from enei

# **Our EDI work in 2024-25**

## **1. Serving the public**

As the regulator, our statutory role is to protect the public and uphold public confidence in the professionals and businesses we regulate. Our vision is safe and effective eye care for all. To that end, as well as ensuring our standards of practice for registrants are fit for purpose and meeting the expectations of our oversight regulator (the PSA's Standards of Good Regulation), a key focus of our work this year has been identifying and addressing barriers in accessing eye care services, particularly amongst groups with vulnerabilities.

### **Revised standards to better reflect developments in optical practise and public expectations**

Following a period of extensive stakeholder consultation and feedback, on 1 January 2025, we updated our Standards of Practice for Dispensing Opticians, Optometrists and, Standards for Optical Students, and Standards for Optical Businesses.

The changes made to the standards aim to improve clarity and alignment and ensure that the standards reflect emerging changes in the sector. Key changes that have been put in place address:

- Delivering better care for patients in vulnerable circumstances.
- Requiring registrants to identify themselves and their role and advise patients who will provide their care.
- Maintaining appropriate professional boundaries, including prohibiting conduct of a sexual nature with patients.
- Promoting better workplace cultures by explicitly referencing inclusive behaviour between colleagues and ensuring employers support staff who have experienced discrimination, bullying or harassment in the workplace.
- Keeping updated on developments in digital technologies and applying professional judgement when utilising the data they generate to inform decision making.
- Maintaining confidentiality when sharing patient images online.
- Demonstrating leadership in practice, for example by supporting the education and training of others.

### **Maintaining public confidence by meeting Professional Standards Authority (PSA) expectations on EDI**

Each year, the Professional Standards Authority (PSA), our oversight regulator, reviews how well we are meeting their Standards of Good Regulation. In their latest performance review (2023/24), published in March 2025, we met all 18/18 of the standards, and were proud to once again meet the EDI standard – recognising both

our strategic approach and the practical steps we've taken to embed equality, diversity, and inclusion across our work.

*"We consider that the GOC has met Standard 3. The GOC has continued to embed its EDI work across the organisation."*

*PSA Performance Review 2023/24*

The PSA has recently introduced new expectations under this standard. These include demonstrating how we are using EDI evidence to inform our regulatory functions, how we consider the lived experience of diverse communities in our decision-making, and how we work with others to address inequalities in the professions we regulate. We welcome these developments and see them as closely aligned with our own ambition to be a fair and inclusive regulator.

Over the coming year, we will continue to strengthen our use of EDI data and insight across all areas of our work, ensuring that our policies and practices reflect the needs and experiences of the employees, members and workers we serve and registrants we regulate.

### **Considering the experiences of diverse communities: Public perceptions survey and lived experience research**

Our public perceptions survey and accompanying lived experience research offered valuable insights into the barriers some people face in accessing and using eye care services. While overall satisfaction rates remain high, the findings highlighted notable disparities for people with certain vulnerability markers, such as financial hardship, bereavement, caring responsibilities, or disability.

Key insights include:

- **Reduced access and satisfaction:** People with vulnerability markers were less likely to go for regular sight tests and reported lower satisfaction with the care they received.
- **Cost as a barrier:** Many respondents cited the cost of glasses, contact lenses, or sight tests as a deterrent. Concerns about price transparency and feeling pressured to buy specific products were also common — particularly among those with multiple vulnerability markers.
- **Low prioritisation of eye health:** Eye health was not always viewed as a priority, and participants were often unaware of the wider benefits of regular tests, such as the detection of other health conditions such as diabetes or high blood pressure.
- **Psychological barriers to care:** Factors such as seeing multiple healthcare professionals, long waits, and discomfort with trying on glasses in public contributed to feelings of exclusion or anxiety for some participants.

This vital evidence will shape how we engage with patients and the public and support the sector in removing barriers to access. They reinforce our commitment to addressing inequalities in access and experience, with a focus on fairness of outcomes, culturally safe care, and listening to lived experiences of patients.

## **Enhancing public access to our services: Welsh language inclusion**

As a public body, we have a statutory obligation to meet the Welsh Language Standards (WLS) and have continued to embed Welsh language access as part of our organisational culture and maintain compliance with the standard.

The GOC website (including our consultation platform) remains available in Welsh, as does our automated phone system. So far this year, over 17 additional documents have been translated into Welsh, helping to ensure fairer access for Welsh-speaking registrants, patients, and members of the public.

All-staff training on the history and culture of the Welsh language, the WLS, and our responsibilities under the legislation continues to be delivered and remains a core part of the EDI induction process for new joiners. A key part of making this work successful is the active collaboration between our EDI Manager and the Welsh Language Standards Joint Regulators Forum. These monthly discussions enable us to test and confirm our understanding of different elements of the Standards, share learning across the sector, and take a consistent and confident approach to compliance.



## 2. Supporting our registrants

In supporting our registrants – the nearly 35,000 dispensing opticians, optometrists, optical students and optical businesses on our register – we aim to address inequity, promote diversity, and foster inclusion in all elements of our work.

### **Understanding our registrant workforce and identifying concerns: Registrant workforce perceptions survey**

The 2025 survey provided valuable insight into both demographics of the optical workforce and their experiences at work. We heard from 3,798 registrants (12% response rate) who offered a deeper view of the professional landscape.

Key findings included:

- **Job satisfaction:** – 51% of respondents from a global majority background were satisfied in their roles compared to 61% White British/Irish respondents. Salary, work/life balance and an unsupportive employer feature more strongly as reasons for dissatisfaction among global majority respondents.
- **Workplace culture and discrimination:** 29% of respondents reported experiencing discrimination at work in the past year. Experiences of discrimination have been broadly consistent over the last three years. Ethnicity, gender, disability and age were the most cited reasons.
- **Inclusion and progression:** GOC registrants are similar to NHS staff in terms of having opportunities to develop their careers, to improve their knowledge and skills, and to access the right learning and development, they are less likely to feel supported to develop their potential.

The survey findings will support our focus on ensuring fairer outcomes, increasing awareness of our regulatory role, and addressing disparities in workplace experience and progression across the optical sector.

### **Addressing unfairness in our Fitness to Practise process**

This year we launched a working group to investigate potential causes of unfairness in our fitness to practise (FtP) process. The group began have reviewed the process to identify areas for potential unfairness and have undertaken an analysis of our existing FtP EDI data to look for differential outcomes at each level. While some high-level trends were identified, it became evident that more detailed and intersectional analysis would be needed to fully understand how characteristics such as race, gender, disability, or socio-economic status may interact and shape experiences within the process. We recognise that individuals do not experience disadvantage in a single, uniform way and that understanding where outcomes differ is key to designing fairer systems. An external research provider has been contracted to undertake an in-depth analysis, with the expectation that the findings will be available by September 2025. This work supports our processes to deliver fair outcomes for our workforce, registrants, and the public; and reflects our commitment to evidence-based improvement.



### **3. A positive culture for all GOC staff**

We do our work as a regulator best when our own employees, members, and workers are reflective of the community we serve, and bring diversity of thought to our decision making. We continue to create a positive EDI culture, providing opportunities for learning and development around EDI, as well as promoting employee wellbeing and engagement.

#### **Ensuring inclusive recruitment**

In the last year, we have adapted our hiring process to ensure that it is fair and equitable. Where numbers allow, we have:

- ensured the interview panel is diverse both in terms of gender and ethnicity
- candidates meeting the minimum requirements for a role and declaring a disability on their job application are offered an interview
- updated relevant job descriptions to confirm the GOC's commitment to inclusivity and making reasonable adjustments

We have successfully achieved Disability Confident Level 2 standard for our employee recruitment. For our member recruitment, we have removed desirable criteria from job adverts resulting in four times as many applicants on average and a notable increase in the number of Black and Muslim applicants. There were also almost twice as many Muslim applicants to campaigns without desirable criteria (average of 10.3% candidates per campaign) compared to those with desirable criteria (average of 5.9% candidates per campaign). There was also more than twice as many applicants from the global majority – with an average of 15.9% of racially and ethnically minoritised group applicants on campaigns with desirable criteria and an average of 38.6% racially and ethnically minoritised group applicants for campaigns without desirable criteria.

#### **Achieving the Bronze TIDemark award**

We have achieved a Bronze TIDemark award from the Employers Network for Equality and Inclusion (ENEI). TIDE assessments allow us to benchmark our performance against other organisations and measure our progress in cultivating a positive and inclusive culture. Our overall score was 68%, placing the GOC in the second highest stage of the TIDE roadmap. The evaluation highlighted our strength in EDI strategy and planning, where we achieved a score of 95%.

#### **Supporting blind and partially sighted professionals through meaningful internships**

Our relationship with the Thomas Pocklington Trust (TPT) continues to grow through our participation in the Get Set Progress internship programme, which supports blind and partially sighted individuals into meaningful employment.

***Joshua Feehan, Head of Internships, Thomas Pocklington Trust:***

*“It has been fantastic to be partnering with GOC again this year. The GOC are supporting our goal of assisting more blind and partially sighted people into employment. GOC has embraced the programme offering a supportive environment for the intern they are hosting. The intern has demonstrated significant growth both personally and professionally because of the inclusive environment the GOC provides.”*

Our most recent intern, Audrey, has been a valued part of the organisation, contributing across multiple teams, including Governance, Facilities and People and Culture. She has built connections across the GOC and played an active role in shaping how we work and learn as an inclusive employer.

### **Audrey Awosika, Thomas Pocklington Trust intern**

*“My internship at the General Optical Council was an incredible experience. I’m truly grateful for the opportunity and the team’s ongoing support. The inclusive and accessible environment—both physically and digitally—made me feel welcomed and empowered. Everyone was kind, understanding, and proactive in ensuring I had the tools, adjustments, and encouragement needed to thrive throughout my time there.”*

The internship has brought valuable learning and is a programme that reflects our commitment to creating accessible and inclusive pathways into the sector. We’re looking forward to welcoming a new intern in the autumn and continuing to build our relationship with TPT.

### **Addressing the Gender Pay Gap**

**File here with data for comms to make pretty** [Tab 2 Gender Pay Gap Data Summary for 2025 EDI Report \(2024-25\) \(003\).xlsx](#)

Our gender pay gap analysis for 2024–25, based on data captured on 31 March 2025, shows that female employees now earn more on average than their male colleagues at the overall organisational level.

This year’s figures cover 92 employees who provided information about their sex. Although the GOC is not legally required to publish gender pay gap data, we choose to share it each year to be transparent about our progress and to identify where further action may be needed, reinforcing our commitment to tackling gender inequality.

#### **For 2024–25:**

- The mean and median gender pay gaps both show a small difference in favour of women.
- Overall, the organisation has moved further towards pay equity compared with last year, with female employees now earning slightly more than male employees on average.

For the first time, we are seeing female employees at Admin, Manager and Head of levels earning more on average than their male colleagues. At the Officer grade, pay is effectively equal, with no median difference and less than £1 difference at the mean.

#### **Breakdown by grade:**

- **Admin:** The gap is in favour of women at both mean and median measures.
- **Officer:** Pay is effectively equal, with no median difference and only a minimal difference at the mean.
- **Manager:** The gap is in favour of women at both mean and median measures.
- **Head of:** The gap is in favour of women at both mean and median measures.

For context, the latest Office for National Statistics (ONS) figures for 2024 show a national average gender pay gap of **13.8% (mean)** and **13.1% (median)** in favour of men. This means that while women nationally still earn significantly less than men, our organisational results are in the opposite direction — with women earning slightly more on average than men.

In previous years, we have compared our figures to national and regulatory sector averages. However, this year we have chosen not to include a regulatory sector comparison, as the external dataset available was not sufficiently robust to provide a reliable benchmark.

These results show that the actions we are taking to promote pay equity are making a measurable difference. We will continue to monitor our data each year and take action in ways that are inclusive and constructive, ensuring we maintain our positive progress towards lasting pay equity.

#### **Engaging our staff in EDI learning and development.**

Last year has seen a real focus on EDI learning and training. All employees and members have attended training on structural discrimination: what it is, what it looks like in the context of the workplace, and strategies for challenging its influence. We ensure all new members and employees have an EDI induction. We support all members involved in our Fitness to Practise (FTP) processes with regular briefings and training on EDI, including on how to recognise and challenge unconscious bias.

We have developed sexual harassment training to ensure all employees understand what constitutes this behaviour and empower them to act if they experience or witness sexual harassment. This is underpinned by the development of a new standalone Sexual Harassment policy and ensures our legal compliance following the introduction of the Worker Protection (Amendment of Equality Act 2010) Act 2023. We recognise that for some colleagues, this training may be difficult or triggering, so we are putting mechanisms in place to create a safe and supportive environment for everyone taking part. This reflects our commitment to treating all staff and registrants with dignity and respect

This year our EDI Manager also ran a training session on reasonable adjustments for managers, as part of a wider piece of work to build practical confidence in line management. The training not only supported managers in leading diverse teams more effectively but also helped ensure that colleagues who are disabled, neurodivergent, or who work differently are better supported to thrive and reach their full potential.

### **Supporting managers to lead diverse teams**

This year we developed a GOC Management Style document to ensure that all staff receive line management which reflects the diverse experiences and needs of our workforce. We adopted an inclusive and collaborative approach to its development, establishing a working group involving colleagues from a range of levels, roles, and backgrounds to ensure diverse perspectives were represented. The group were instrumental in shaping the document's content, tone, and focus. We also engaged more widely across the organisation through workshops, all-staff meetings, weekly newsletters, and IRIS articles, ensuring that the final document reflected the values, needs, and lived experiences of our broader workforce.

The document directly responds to recommendations from our 2023 EDI review, which identified the need for greater clarity around management expectations, more inclusive support for employee development, and a more consistent approach to leadership across the organisation.

### **Tackling discrimination: Freedom to speak up**

In 2023-24 we saw an increased number of speaking up referrals from staff that referred to inequality or discrimination. As consequence, we took steps to review our policies and procedures to ensure they were fairer. We also improved our data reporting around employee relations, so there was a greater visibility for our Senior Management Team (SMT) and the Audit, Risk and Finance Committee, which meant leaders were able to identify where issues were emerging and support teams and managers to address concerns proactively.

We also revised our speaking up policy for members, workers and employees to reflect the Freedom to Speak model promoted by the National Guardian's Office. The policy sets out how to speak up and how the organisation will support individuals when speaking up. It is designed to promote a culture where individuals can speak up about anything that affects public protection or impacts their working life.

All staff have been required to undertake mandatory training to help them understand their specific responsibilities under the speaking up policy. In addition, a new role of Speaking Up Guardian has been developed, in addition to our Speaking Up Champion, to provide an additional point of contact for employees raising concerns. Data in 2024-25 showed that the number of speaking up referrals from staff had decreased with no referrals requiring formal investigation or escalation.

### **Empowering staff networks**

Our staff networks are a crucial part of our EDI efforts at the GOC. They provide peer support and work together to influence and support our work. The networks are open to all employees across the organisation, who either identify with, or are allies of, the networks' purpose.

To ensure that our networks can be as effective as possible, we reviewed the framework for staff networks and have put in place the following support:

- Clarity around the running and development of networks (such as a template for annual planning and budgeting)
- Provided guidance on structural discrimination at managerial level and how to speak up, to better equip our network leads in their roles
- Launched "Empower Hour", a protected one-hour slot each month for colleagues to focus on network activity. All employees are asked to respect the timeslot in solidarity with the networks.

**Vanissa Taylor, Chair of Embrace network**

*"The Empower Hour is honoured by the organisation and when I've used it, it's been helpful to have the dedicated time."*

Our networks are led by passionate colleagues and supported by senior sponsors. They have led a range of activities that have raised awareness, sparked important conversations, and strengthened our sense of community.

In March 2025 we launched a new Social Mobility Network to amplify the voices of those from lower socio-economic backgrounds.

**Steve Brooker, Director of Regulatory Strategy and Sponsor of the Social Mobility Network**

*"My hope for the network is that it provides a safe space for staff to come together to share experiences, get inspiration and learn about the issues. And that we use this understanding to have a stronger focus on social mobility both as an employer and as a regulator. I'm committed to using my role as the sponsor for the network to advocate for social mobility and make it a stronger feature of our EDI work."*

The LGBTQ+ network held an all-staff quiz to mark LGBTQ+ History Month.

Staff members of Welsh and Irish heritage respectively published articles to mark St David's Day and St Patrick's Day.

Our Anti-Racism Group (ARG) organised a powerful series of events focused on equity, representation, and access — with a particular emphasis on sport, health, and science including:

- Wanderers of Colour: Ms Ife Akintoye highlighted how her movement is breaking down barriers to outdoor spaces and challenging perceptions of who belongs in nature-based sports.

- **NHS Organ Donation:** Ambassador Praful Aben Shah shared her personal journey to increase organ donation among Afro-Caribbean and Asian communities, addressing cultural stigma and the need for greater awareness.
- **Alzheimer's Research:** Dr Yolanda Ohene discussed her groundbreaking work on early detection of Alzheimer's in underrepresented groups, particularly Black women, and the importance of inclusive participation in research.

These sessions sparked important conversations and reflected the continued relevance of anti-racism in shaping health equity and representation.

The Women's Network has made significant progress in shaping a mentoring programme for GOC staff. This initiative was developed in response to feedback from colleagues who expressed a desire for more structured opportunities for personal and professional development. The mentoring programme aims to foster supportive connections across the organisation and create space for shared learning. A pilot phase is now underway, with a small number of mentor-mentee pairs exploring different approaches to mentoring based on their individual goals and interests. The programme has already generated strong interest, and the network looks forward to expanding it as the pilot progresses.

As part of moving our office accommodation to Canary Wharf, we engaged closely with our colleagues and staff networks to help shape an inclusive office experience. Their voices were instrumental in influencing the move – from the choice of location to the accessibility and design of the space. This moment marked an important chapter in the GOC's story, and we are proud that it was shaped by the people who make the GOC what it is.

### **Extending wellbeing support to our wider GOC community**

We have extended access to wellbeing support via our employee assistance programme to include our workers and committee members. This means our members and workers will be able to access confidential, 24/7 support covering a range of issues, from mental health to financial advice, and ensure that all those who work for the GOC feel supported and valued.



## 4. Our EDI Action Plan 2024-25

This year's action plan marked a transition between the end of our 2020–24 EDI Plan and the start of delivery against our new EDI Strategy for 2025–30. While it continued to reflect the priorities already in place, it also began to align with the new strategic direction and objectives agreed by Council.

The plan focused on six key themes that have shaped our work over the last year:

- **Data**
- **People, learning, and development**
- **Recruitment and retention**
- **Policies and procedures**
- **Community engagement and support**
- **Leadership and accountability**

As we embedded these priorities, some activity was deliberately phased into early 2025 to reflect the handover between EDI Managers and ensure continuity. Updates on each area are outlined below.

### Data

Programme of work	Strategic objective	Deadline	Progress
Develop a standardised approach to EDI data collection; how and why it is collected, stored, managed and used, with a comms plan to ensure engagement.	PSA Standard 3 Gap Analysis  Hooper EDI Review recommendation	December 2024	We reviewed and updated the diversity data we collect, aligning it with changes to the national census and current good practice. These updates were applied across several areas of our work and were supported by new internal guidance to help colleagues understand and implement the changes effectively.
Explore how we use EDI data to make meaningful comparisons.	PSA Standard 3 Gap Analysis	December 2024	We are developing a foundation of consistent data that will improve our data comparisons. The monitoring report has additional intersectional analysis in some areas. We will also use our unfair outcomes research to present some key information about the EDI

			profile of those registrants referred to us as a regulator.
Expand evidence collection to include lived experience.	EDI Review	March 2025	The lived experience research we commissioned to better understand the barriers people face when accessing care and navigating workplace challenges has now concluded. The published findings will inform our future work as we deliver on the commitments set out in our five-year EDI Strategy.
Collect EDI complainant data for Corporate Complaints.	PSA Standard 3 Gap Analysis	April 2024	We implemented a process for collecting EDI complainant data for Corporate Complaints in 2024. We included messages explaining the reasons we wanted this data and encouraging complainants to fill the form in. However, there has been no uptake from complainants to date. This is compounded by the low number of complaints the GOC receives. We will continue to review our processes and communication intermittently to see how we improve this. As time passes, more data will be collected, and this will make it possible to identify meaningful trends over a few years.
Expand data collection and analysis to facilitate exploration of intersectional evidence.	Outstanding action from 2020-2024 EDI plan	December 2024	We broadened our data collection across workforce, registrant, and complaints processes, with a particular focus on ensuring questions were inclusive and clearly worded. This supports better insight into the experiences of different groups and

			enhances transparency in how we use EDI data.
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## People, learning and development

Programme of work	Strategic objective	Deadline	Progress
Member, employee and worker EDI induction and development to include concept of organisational discrimination and its impact, including practical skill-based sessions.	EDI Review recommendation	November 2024	We developed and rolled out updated EDI induction materials, now delivered as standard to all new employees, workers and Council/Committee members. Content includes information on our EDI principles, Welsh Language Standards, structural discrimination, and inclusive practice.
Incorporate active EDI language (focused on effects and outcomes) and measurable outcomes within the proposed Performance Behaviours Framework (PBF, formerly KSB) framework.	EDI Review recommendation	January 2025	A critical review of the PBF was undertaken to ensure the six behaviour domains and descriptive behaviours for each reflected our expectations around equality, diversity and inclusion. This was achieved by engaging multiple groups of people in reviewing the framework content and a review by GOC's EDI function.
Develop manager training in making reasonable adjustments.	EDI Review recommendation	May 2024	We developed and delivered reasonable adjustments training for people managers, covering the legal context, disability discrimination, and practical case studies. The sessions also included coaching on how to approach conversations with confidence and sensitivity.
Development opportunities for managers on managing a	EDI Review recommendation	December 2024	Additional training for our managers was developed

diverse workforce, including practical skill-based sessions.			and delivered on topics such as structural discrimination and understanding reasonable adjustments.
Quality assurance of all externally procured learning & development to ensure progressive, sensitive and inclusive style of delivery.	EDI Review recommendation	June 2024	Learning and Development Procurement Checklist developed for our people and culture team. They are using this to assist them when seeking out training providers.
Workshop with employees and members on meanings of relevant terms, such as fairness, equity and the importance of knowing when to treat people the same or differently.	EDI Review recommendation	March 2025	This activity was planned for delivery in 2024–25 but has been carried forward into the current year to allow for better coordination and engagement. It remains a priority for 2025–26, with plans to shape the session around lived experience insight and link it to our ongoing work on fairness and inclusive decision-making.
CPD Guidance for Registrants to be reviewed to ensure registrants maintain their EDI knowledge and skills.	PSA Standard 3 Gap Analysis	January 2025	Added a page to the published guidance relating to the updated standards of practice and included a line encouraging uptake of EDI courses. In addition, the registrant survey now includes a question on whether participants have done CPD on EDI themes.

### Recruitment and retention

Programme of work	Strategic objective	Deadline	Progress
Analyse EDI data from employee and member recruitment campaigns to	Outstanding action from	January 2025	Initial analysis of member recruitment campaigns has been completed. It has been

highlight and analyse inequality and barriers.	2020-2024 EDI plan		recognised that this is a significant piece of work in terms of scope, and a phased approach has been developed by the new EDI Manager. The wider review of how our employee recruitment processes support our EDI ambitions will begin in 2025–26.
Implement the 2023 Member Recruitment Report to ensure member recruitment is more representative of the diversity of the community.	PSA Standard 3 Gap Analysis	November 2024	Progress continues against all eight recommendations from the 2022–23 Member Recruitment Report, including updating EDI monitoring forms, improving application processes by removing non-essential criteria — resulting in increased applicant diversity.

## Policies and processes

Programme of work	Strategic objective	Deadline	Progress
Review EIA method to include an analysis of organisational discrimination, for use in policy review.	EDI Review recommendation	March 2025	This action has been carried forward into 2025–26 due to transition within the GOC. Revised forms explore how structural discrimination can be more effectively considered within our Equality Impact Assessment (EIA) approach.
Co-produce with staff a consistently applied GOC ‘management style.’	EDI Review recommendation	January 2025	This is complete and was co-produced with staff and reflects the priorities identified in the EDI Review. The new GOC management style is now live for all colleagues to use. This new framework sets out the behaviours and actions that line managers—and those being managed—can adopt to support effective, values-led management style in line with our organisational culture.

Co-produce with staff specific and measurable EDI objectives for use by managers and employees.	PSA Standard 3 Gap Analysis	October 2024	This action has been carried forward into 2025–26 to allow for meaningful staff involvement in the development process. A co-production approach will be used to ensure the EDI objectives are specific, measurable, and relevant to both managers and employees.
References to bias and discrimination included in revised Speaking Up guidance and the Raising Concerns pages.	PSA Standard 3 Gap Analysis	October 2024	The guidance on speaking up was reviewed to align with the new standards. The guidance includes explicit reference to structural inequalities and workplace discrimination impacting on a willingness to speak up. The Freedom to Speak Up policy for GOC members, employees and workers has also been revised to align the scheme with best practice as described by the National Guardian's Office.

### Community engagement and support

Programme of work	Strategic objective	Deadline	Progress
Review staff networks terms of reference and support, including links to organisational decision-making.	EDI Review recommendation	October 2024	Terms of Reference for each of our staff networks were co-designed and implemented, alongside a shared framework for how our equality networks operate. This ensures a more consistent and supported approach across all groups.
Formalise resourcing and 'protected time' for those responsible for running Staff Networks.	EDI Review recommendation	October 2024	A monthly "Empower Hour" has been in place since August 2024. This is dedicated, protected time for staff network chairs to focus on planning and delivering network activities, improving their priorities, and

			supporting inclusion across the organisation.
Training on structural discrimination to be extended to Staff Networks.	EDI Review recommendation	September 2024	Staff networks took part in a structured training session delivered by the Employers Network for Equality and Inclusion (ENEI), focused on understanding discrimination and taking meaningful action. The session supported by network leads to building confidence, and contribute to an inclusive culture.

### Leadership and accountability

Programme of work	Strategic objective	Deadline	Progress
Draft and seek approval of 2025-2030 EDI strategy.		December 2024	Our new EDI Strategy for 2025–2030 was drafted and approved by the Council in December 2024.
Ensure future EDI strategy includes active language and measurable outcomes.	EDI Review recommendation	June 2024	The 2025–2030 EDI Strategy incorporates clear, active language and measurable outcomes. Each of the four objectives is supported by defined actions and measures, allowing us to track progress, assess impact, and ensure accountability across the organisation.
Establish a working group to ensure there are plans in place to address unfair outcomes in Fitness to Practice (FtP) and unfair differential attainment in training.	PSA Standard 3 Gap Analysis	May 2024	A new working group was established in May 2024 to focus on unfair outcomes in FtP and differential attainment in education and training. The group includes internal and external voices to shape a framework to guide this work as part of our broader commitment to equity, accountability, and improving the experiences of those we regulate.

## Annex 2.

### Our EDI Action Plan 2025-26.

Our EDI Action Plan for 2025–26 sets out the key activities we are taking forward in the first full year of delivering our 2025–2030 EDI Strategy. It builds on the foundations laid in previous years and reflects learning from our lived experience research, monitoring data, and engagement with staff, registrants, and stakeholders.

The plan is organised around the six focus areas aligned to our strategic objectives. Each action includes a timeline and identifies the source of the work, whether from regulatory reviews, internal analysis, or feedback. Where activities span more than one year, we have noted how they will continue into future delivery cycles.

#### Data

We will develop our data practice, improving the use of data to direct our work, progressing EDI and removing barriers based on characteristics.

Programme of work:	To address:	Owner:	Target for completion:
Collect and analyse data on the demographics of our leadership team, decision makers, and members to assess how much they reflect the community we serve <sup>1</sup> .	PSA Standard 3	EDIM <sup>2</sup>	March 2026
Undertake analysis on pay gaps for disability and race and consider reporting options	EDI Strategy	HoP&C <sup>3</sup> , EDIM	March 2026
Analyse EDI data of corporate complaints	PSA Standard 3	EDIM	December 2025
Analyse lived experience research and use findings to inform future work	EDI Strategy	EDIM, HoSP&S <sup>4</sup>	September 2025

#### People learning and development

We will develop and embed a culture where learning about EDI is encouraged, providing a good understanding of EDI to facilitate inclusiveness for our employees, workers, members, registrants, and the public.

Programme of work:	To address:	Owner:	Target for completion:
Develop and deliver cultural safety training for all staff	EDI Strategy	EDIM	December 2025
Pilot staff mentoring programme and design evaluation approach	EDI Strategy	EDIM, Staff	February 2026



		network leads	
Support embedding Speaking Up Framework across GOC	EDI Strategy	CoS <sup>5</sup> , EDIM	Originally due in July 2025, this action has been delayed following the EDI Manager transition in June. Recruitment for the Speak Up Guardian is now underway and will continue in the second half of the year.
Support training for employees on undertaking EQIAs	PSA Standard 3	HoSP&S <sup>6</sup> , EDIM	November 2025
Workshop with employees and members on meanings of relevant terms, such as fairness, equity and the importance of knowing when to treat people the same or differently	EDI Action Plan 2024-25	EDIM	November/December 2025

### Recruitment and retention

We will develop our recruitment practice so that EDI is embedded into all processes, to ensure we are inclusive to all.

Programme of work:	To address:	Owner:	Target for completion:
Scope and deliver employee recruitment review	EDI Strategy	HoP&C, EDIM	Phase 1 July/August 2025
Acquire Disability Confident Level 2 for employees and members	EDI Strategy	HoP&C, EDIM	This accreditation is ahead of schedule and achieved certification in achieve in January 2025 for employees.
Review the EDI elements of the Staff Survey	EDI Strategy	EDIM	September 2025

### Policies and procedures

We will adopt an approach that is inclusive and equitable and supports both managers and employees in ensuring fairness and accountability.

Programme of work:	To address:	Owner:	Target for completion;
Develop and put in place an EDI Policy	EDI Strategy	HoP&C, EDIM	October 2025

Support the EDI elements of the first thematic review	EDI Strategy	EDIM, HoSP&S	March 2026
Consider analysis of FtP outcomes	PSA Standard 3	EDIM, CoS	November 2025
Review equality impact assessment (EqIA) method to include an analysis of organisational discrimination, for use in policy review.	EDI Action Plan 2024-25	EDIMHoSP&S	March 2026

### Community Engagement and Support

We will nurture a supportive community where employees, members and workers feel they belong, building mutual trust and openness.

Programme of work:	To address:	Owner:	Target for completion:
Develop guidance around staff network succession planning and support	EDI Strategy	EDIM	Following the appointment of a new EDI Manager, the focus has been on sustaining momentum within staff networks and a look to the future review. Succession planning guidance will be developed as part of this review.
Support the monitoring of the Reward and Recognition process in terms of EDI	EDI Strategy	EDIM	March 2026

**Leadership and accountability.** We will set out clear, defined actions to strengthen accountability as a world-class regulator.

Programme of work:	To address:	Owner:	Target for completion:
Seek opportunities to collaborate with other healthcare regulators on providing guidance and awareness on emerging EDI issues such as weight discrimination	EDI Strategy/PSA Standard 3	EDIM	March 2026
Review the findings of the public perceptions and registrant surveys.	PSA Standard 3	HoSP&S, EDIM	October 2025

Integrate social mobility considerations into our EDI work across the organisation, including data collection and future EDI interventions/engagements	EDI Strategy	EDIM	January 2026
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## Appendices

### Appendix 1: EDI Data Monitoring Report 2024-25

This annual equality monitoring report provides an overview of the diversity of our registrants, employees, members, and using the data we hold across key protected characteristics. It includes a summary of patterns across the register, fitness to practise processes, and workforce composition, helping us understand where representation is changing and where disparities persist. This report forms an important part of our commitment to transparency and continuous improvement, and supports our wider equality, diversity and inclusion commitments.

<< [Josh to upload clean version here](#) >>

General Optical Council

**Equality, Diversity, and Inclusion Annual Monitoring Report**

for the year ended 31 March 2025

### Our EDI monitoring data

#### Data

This diversity data is about registrants, registrants going through fitness to practise proceedings, employees, members and workers, and academic years for students.

Data is provided in tables. In some cases, in order to portray how certain groups have increased or decreased over time, data is provided in graphs.

The information in this report is based on our in-house datasets as of 31 March 2025 – the exception to this is student academic year data, which is based on the academic year (AY) 2023-2024, and provided to us by education providers. Our employee data is collected from our internal HR system; data is based on those employees who chose to fill in an EDI form. Member and worker data was collected in April 2025 via our annual member survey.

We are unable to report data involving small cohorts where individuals may be identifiable. Similarly, we may round up or group figures to ensure that individuals cannot be identified within the report. Due to rounding, percentages may not always add up to 100 percent.

#### Categories

Where possible, we provide a breakdown of White, Asian, Black, Mixed, and Other ethnic groups. White EWSNI/Irish means “White English, Welsh, Scottish, Northern Irish, or Irish”. In the student academic year data section, White EWSNI/Irish is not given as we do not collect this data; instead, all White ethnicities are labelled as “White”. Also, in this section, “Black / Black British” is “Black” and “Asian / Asian British” is “Asian”. Student courses covered in this report are Optometry, Dispensing Optics, Contact Lens, and Independent Prescribing.

The religion category “Christian” includes Catholic, and all other Christian denominations.

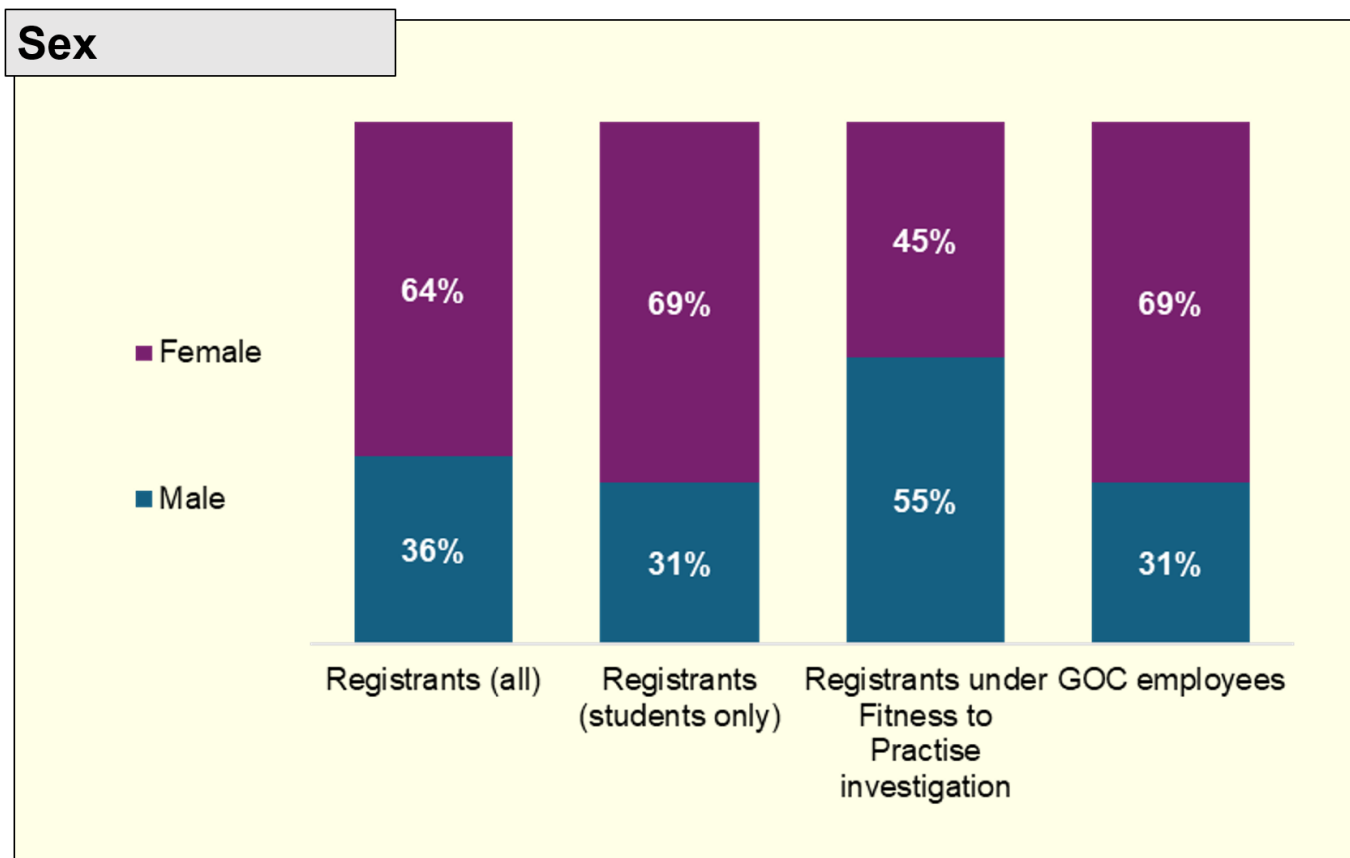
There are additional registers for practitioners with specialist qualifications called specialty registers. There are currently four registerable specialties: for optometrists: Additional supply specialty, Independent prescribing specialty, and Supplementary prescribing specialty, and for dispensing opticians: Contact lens specialty.

While we aim to gather evidence about all protected characteristics, we allow “Prefer not to say” responses to many questions and there is a variation in response rates. Responses to some questions may also be left blank, these are treated as “Prefer not to say”.

### **Timeframe**

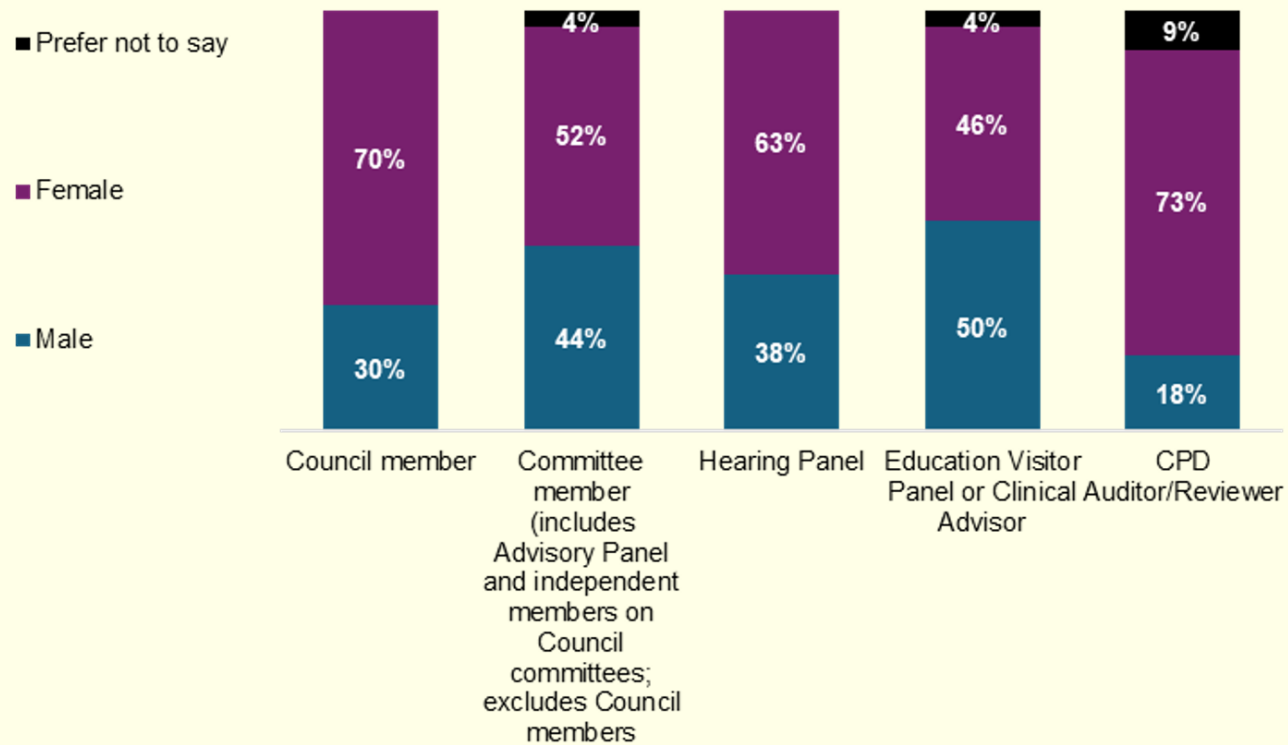
Where possible we have provided three annual instances of data: 31 March 2023, 31 March 2024, and 31 March 2025, to help us identify any trends.

## **2024/2025 EDI Data Snapshots**

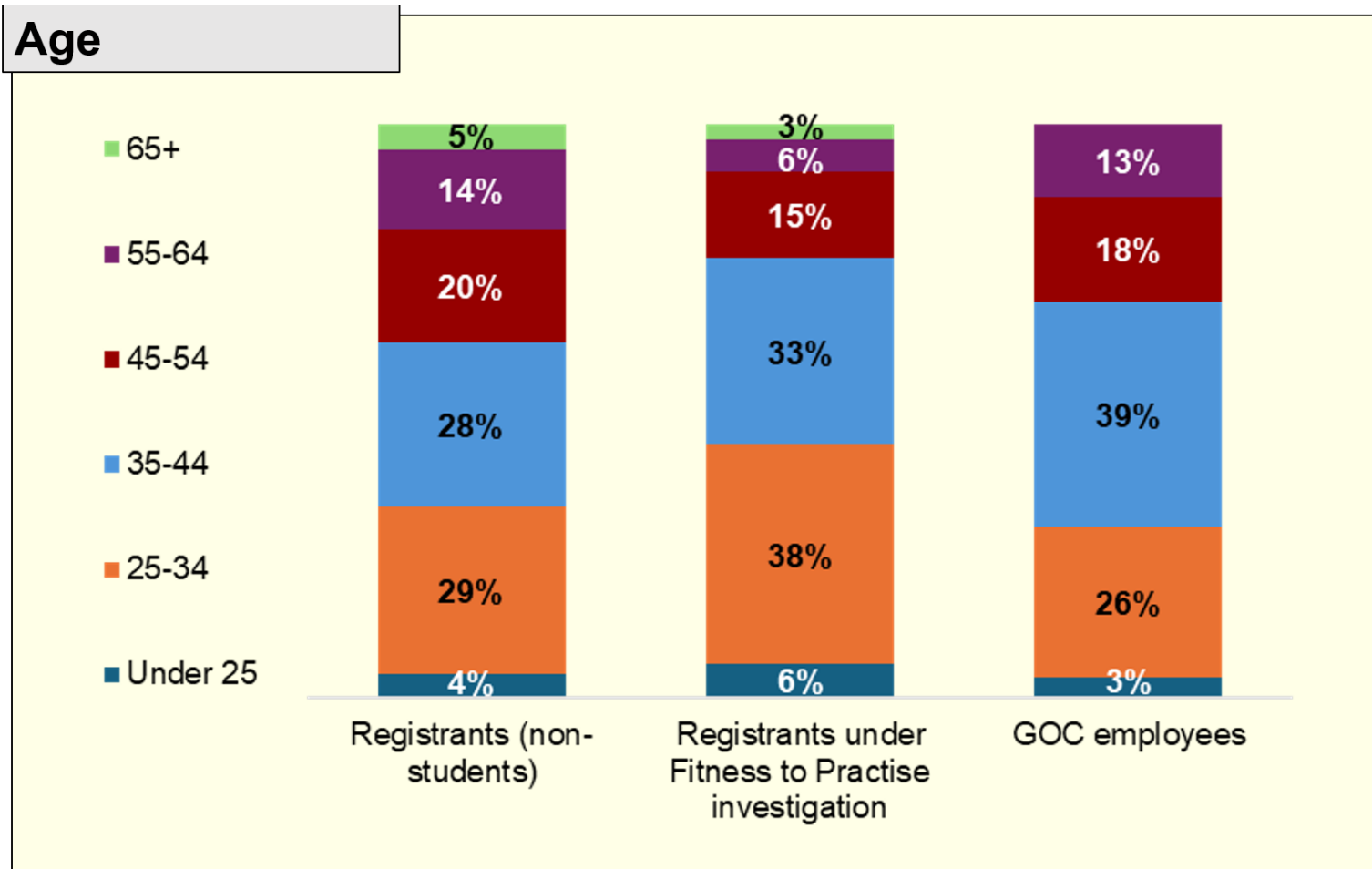




## Sex



NOTE: data portrayed here is only those members/workers who filled in an EDI form



## Ethnicity

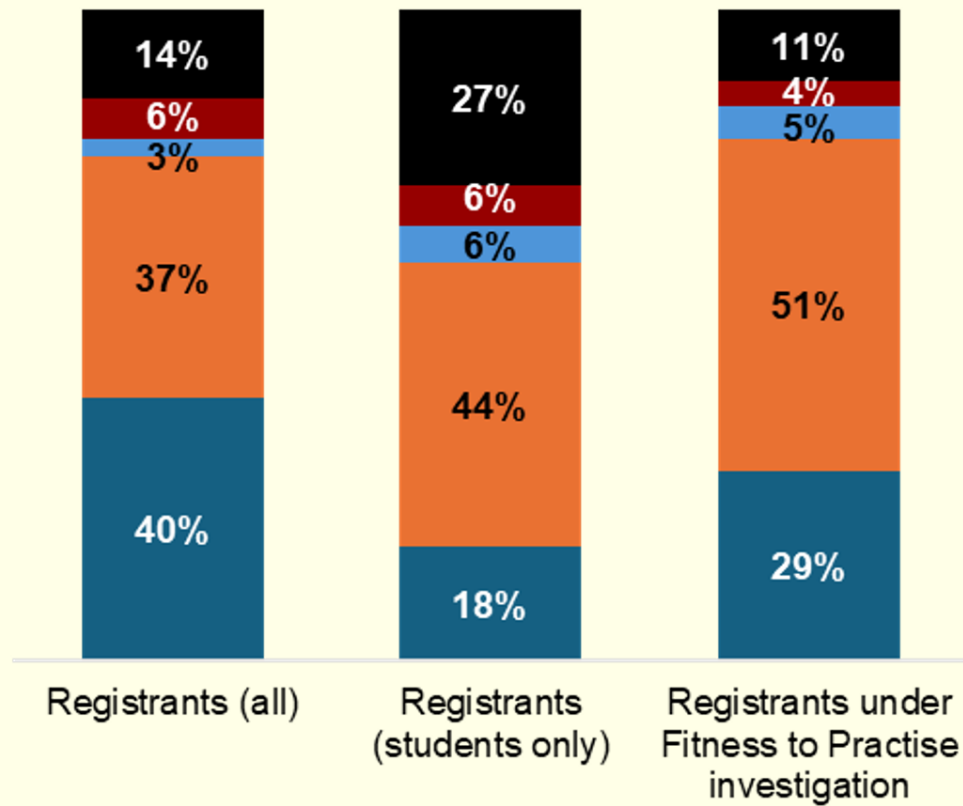
■ Prefer not to say

■ Other

■ Black / Black British

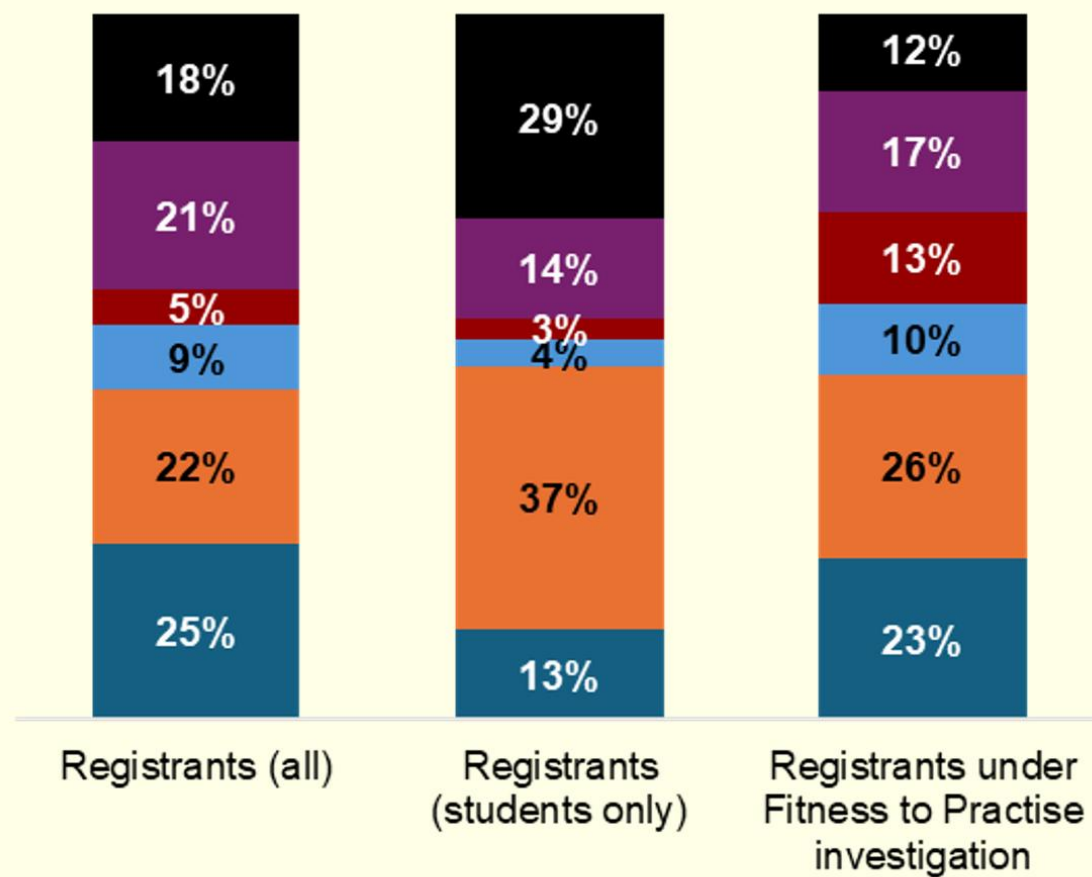
■ Asian / Asian British

■ White EWSNI/Irish



## Religion

- Prefer not to say
- No religion
- Other
- Hindu
- Muslim
- Christian



# Registrants

## *Appendix: Tables 1-28*

As of 31 March 2025, we had 31,961 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our register.

### Numbers

The total number of registrants has increased by 2.4% compared to the past year.

### Professional group

The largest annual change occurred with optometrists this group has increased by 4.0% compared to the past year.

### Sex

64.4% of all registrants are female (63.8% in 2024). As in previous years, the most marked imbalance is found in student optometrists and student dispensing opticians – here, females account for 69.1% and 67.3% respectively. Like past years, all four specialty categories are roughly 62% female and 38% male.

### Age

Excluding students, age groups with the highest percentage of registrants are aged 25-34 and 35-44 (29.3% and 28.4% respectively); regarding this, there has been no significant change over the three-year period. Like the past year, the specialty age profile shows a slightly higher proportion of registrants aged 35-44 (33.5%, compared to 28.4% of all registrants excluding students).

### Ethnicity

40.4% of all registrants (41.6% in 2024) are White EWSNI/Irish; this has been decreasing over the three-year period. 37.0% of all registrants (36.3% in 2024) are Asian / Asian British; this has been increasing over the three-year period. The percentage of registrants who are either Black, Asian, Mixed, or Other (45.8%) is significantly higher than the UK population (17.0%)<sup>1</sup>.

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<sup>1</sup>[Ethnicity Facts and Figures](#), UK Government Data extracted from 2021 Census

Of respondents who provided their ethnicity, 46.9% (48.3% in 2024) are White EWSNI/Irish, and 42.9% (42.1% in 2024) are Asian / Asian British.

There is a proportionately higher rate of White EWSNI/Irish specialty registrants (59.5%, compared to 40.4% of all White EWSNI/Irish registrants).

## Religion

The religion declared most frequently by all registrants was Christian (24.6%), followed by Muslim (22.2%); in 2024, this was 24.8% and 21.1% respectively.

Excluding those who prefer not to say, 29.9% of registrants are Christian, and 27.1% are Muslim.

The percentage of Muslim registrants is significantly higher than the UK Muslim population (6.5%)<sup>2</sup>.

## Disability

1.4% of registrants declared that they are disabled. Like past years, there has been no significant change in the percentage of all registrants who have declared a disability. In 2020, 10%

of working age adults in the UK who are economically active, considered themselves to have a disability<sup>3</sup>.

## Sexual orientation

Like past years, there has been no significant change in the percentage of all registrants who have declared a sexual orientation other than heterosexual (less than 3%). 93.4% of the UK population is heterosexual<sup>4</sup>.

## Pregnancy and maternity/paternity leave

The percentage of all registrants who have declared that they have been pregnant and/or taken maternity/paternity leave is 6.1% (6.0% in 2024). Over the past three years, each year, between 20% and 22% of respondents preferred to not give an answer.

## Country of residence

82.3% of registrants live in England. 2.0% of registrants live outside of the UK. 84.3% of the UK population live in England<sup>5</sup>.

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<sup>2</sup> [Muslim Population in the UK](#), ONS, 2021

<sup>3</sup> [Disabled People in Employment](#), House of Commons Briefing Paper, 2024

<sup>4</sup> [Sexual orientation, UK](#) - Office for National Statistics ([ons.gov.uk](https://ons.gov.uk))

<sup>5</sup> [Population estimates for the UK, England, Wales, Scotland and Northern Ireland](#) - Office for National Statistics ([ons.gov.uk](https://ons.gov.uk))

# Fitness to Practise

One of our statutory functions is to investigate allegations where registrants may not be fit to practise as part of our role in protecting the public.

Anyone can initiate a complaint if they have a concern about one of our registrants. If the complaint raises a question about a registrant's fitness to practise (FtP), we will investigate by gathering all the relevant information, for example, optical records, witness statements, or information from the police or NHS organisations. Once the investigation is complete and both the registrant and complainant have had the opportunity to provide comments, all papers are passed to case examiners to decide whether the case should be either closed or referred to the FtP Committee for a hearing.

The data presented in the Appendix shows activity at each of the different stages of our fitness to practise process. They do not track a single cohort of complaints through the system because cases do not necessarily reach outcomes in the same reporting year.

## Fitness to Practise – Complainants

*Appendix: Tables 29, 30*

### Sex

Excluding the unknowns, 50.5% of complaints come from females (55.6% in 2024). The number of complaints we received this year is 15.2% greater than the number received in 2024. Unknowns here refer to those who either: do not disclose their sex, or are a company referral.

### Location

Excluding the unknowns, there has been no significant difference in the location of complaints by country over the past three years.

## Fitness to Practise – Registrants subject to an FtP Investigation

### *Appendix: Tables 31-43*

#### Number

Compared with 2024, there have been 4.6% more FtP investigations this year.

#### Professional group

Optometrists make up 58.6% of the register, but account for 74.2% of registrants under FtP investigation. Dispensing opticians represent 21.3% of the register and 11.7% of those under investigation. Student optometrists comprise 16.2% of the register and 11.7% of those under investigation. Over the past three years, there has been no significant change in the proportion of registrants from each professional group proceeding to an FtP investigation.

#### Sex

55.0% of registrants under FtP investigation are male (57.9% in 2024), yet 35.7% of registrants on the register are male (36.2% in 2024). Male registrants make up a disproportionate number of FtP investigations – this trend has remained unchanged over the past three years.

#### Ethnicity

40.4% of registrants on the register are White EWSNI/Irish, yet only 29.2% of registrants under FtP investigation are White EWSNI/Irish. Comparatively 37.0% of registrants on the

register are Asian / Asian British, yet 50.8% of registrants under FtP investigation are Asian / Asian British. Asian / Asian British registrants make up a disproportionate number of FtP investigations – this trend has remained unchanged over the past three years.

Excluding those who prefer not to say, 32.7% of registrants under FtP investigation are White EWSNI/Irish, and 57.0% are Asian / Asian British.

#### Age

The age group with the highest percentage of registrants under FtP investigation is 25-34 (38.3%), followed by 35-44 (32.5%). Excluding students, age groups with the highest percentage of registrants are aged 25-34 and 35-44 (36.9% and 34.0% respectively). Student data is excluded here since a very high percentage of them are under 25 and so would skew the data.

#### Religion

24.6% of registrants on the register are Christian, and 23.3% of registrants under FtP investigation are Christian. 22.2% of registrants on the register are Muslim, 25.8% of registrants under FtP investigation are Muslim. 8.9% of registrants on the register are Hindu, and 10.0% of registrants under FtP investigation are Hindu.



For the past three years, Christian registrants made up a smaller percentage of FtP investigations compared with their percentages on the register. This is not the case for any other religion.

Excluding those who prefer not to say, 26.4% of registrants under FtP investigation are Christian, and 29.2% are Muslim.

## Fitness to Practise – Types of Allegations

### *Appendix: Tables 44-49*

When we receive a complaint about an individual registrant's fitness to practise or a student registrant's fitness to undertake training, we consider whether the type of allegation should be classified as 'Clinical', 'Conviction/Caution', 'Conduct', 'Health', or 'Mix'.

These allegation types are distilled further into sub-categories depending on the nature of the complaint, sometimes containing allegations that are a mix in nature (for example clinical and conduct).

### Allegation type

The most frequent allegations concern conduct (40.8%), followed by clinical practise (36.7%).

### Sex

Like the past year, male conduct cases make up the largest allegation category by sex (24.6%). For both the sexes, the majority of cases are clinical or conduct-related; this has remained unchanged over the past three years.

### Age

Like the previous year, clinical cases of 25-34 year-olds, make up the largest age group category.

### Ethnicity

Asian / Asian British conduct cases represent the largest allegation category by ethnicity (25.0%), followed by Asian / Asian British clinical cases (16.7%).

### Religion

Muslim conduct cases represent the largest allegation category by religion (11.7%).

## Fitness to Practise – Case Examiner Outcomes

### *Appendix: Tables 50-55*

Each case is considered by two case examiners (one registrant and one lay person), who decide whether the allegation should be referred to the FtP committee (FtPC) for a full hearing.

#### Sex

57.4% of registrants referred to the FtPC were male (67.6% in 2024). 55.0% of registrants under FtP investigation are male.

#### Age

Like the past three years, the age of registrant cases considered by case examiners was consistent with the register.

#### Ethnicity

Of the cases referred to the FtPC, 25.0% were White EWSNI/Irish (40.9% in 2024), and 60.0% were Asian / Asian

British registrants (47.7% in 2024). 29.2% of registrants under FtP investigation are White EWSNI/Irish; 50.8% of registrants under FtP investigation are Asian / Asian British.

#### Religion

Of the cases referred to the FtPC, 22.5% were Christian (17.6% in 2024), and 22.5% were Muslim registrants (35.3% in 2024). 24.6% of registrants under FtP investigation are Christian; 22.2% of registrants under FtP investigation are Muslim.

# Employees

## *Appendix: Tables 56-62*

We are committed to promoting and developing equality and diversity in our work. Our objective is to behave consistently and fairly to everyone and ensure that we operate in a fair and transparent manner and in a way that is free from discrimination, harassment, and victimisation. All employees are asked to complete an EDI monitoring form upon appointment and to review it for updates annually. This year, 87 out of 113 filled in an EDI form, so data is given based on those 87. Case examiner data is not included in this dataset.

### Sex

69.0% of employees are female (69.2% in 2024).

### Age

The age demographic of employees matches the UK Labour Force Survey<sup>6</sup>, in that the age groups with the highest proportion in employment are 25-34 and 35-44. There are no employees aged over 65. There has been no significant change in this demographic over the past three years.

### Ethnicity

47.1% of employees are White British (44.9 in 2024). As of 2021, approximately 76.8% of people in UK are White British<sup>7</sup>.

### Pregnancy and maternity/paternity leave

Of our 87 employees, fewer than ten were on maternity/paternity leave at the time of accessing the data.

### Disability

14.9% of employees are disabled.

### Religion

Almost a quarter of employees chose not to say what religion they were. Excluding those who prefer not to say, 42.4%

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<sup>6</sup> [Labour Force Survey - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/labour-force-survey)

<sup>7</sup> [Ethnicity Facts and Figures](https://www.ethnicityfactsandfigures.dft.gov.uk/), UK Government Data extracted from 2021 Census

(42.9% in 2024) said they had no religion, and 39.4% (32.1% in 2024) were Christian.

### Sexual orientation

8.0% of employees are not heterosexual (6.4% in 2024), and 20.7% prefer not to say.

# Members and Workers

## *Appendix: Tables 63-79*

Our members and workers are the members of Council and our Committees and panels, as well as clinical advisors. Both Council and Committee members scrutinise the GOC, providing checks and balances on the organisation to protect the public. Council also sets the vision and strategy of the GOC. There are limitations to the data below, in that only information about those who filled in our EDI form is shown. 73 out of 197 members/workers chose not to fill in the EDI form, so we only have data for 62.9% (58.3% in 2024) of our members/workers.

### Sex

Of the members and workers who filled in our EDI form, 58.1% are female (54.9% in 2024), and 39.5% are male (42.9% in 2024). 2.4% preferred not to say (2.2% in 2024).

### Age

Of the members and workers who filled in our EDI form, like the past year, the most populous age group was 55-64 (40.3%; 39.6% in 2024), followed by 45-54 (24.2%; 26.4% in 2024). 3.2% preferred not to say (1.1% in 2024).

### Ethnicity

Of the members and workers who filled in our EDI form, the largest ethnicity group was White EWSNI/Irish (75.8%; 85.7% in 2024), and 2.4% preferred not to say.

### Disability

Of the members and workers who filled in our EDI form, 8.1% declared that they are disabled (9.9% in 2024), and 4.0% preferred not to say (5.5% in 2024).

### Sexual orientation

Of the members and workers who filled in our EDI form, 4.0% declared a sexuality other than heterosexual (6.6% in 2024), and 7.3% preferred not to say (6.6% in 2024).

### Religion

Of the members and workers who filled in our EDI form, the largest religion was Christian (39.5%; 41.8% in 2024), followed by “No religion” (30.6%; 40.7% in 2024).

# Students

## *Appendix: Tables 80-87*

Our Education Strategic Review has increased our focus on the outcomes of education and training, and how the profession is fit for the future.

This is the third year that we have published EDI data that has been acquired for use from providers of GOC-approved qualifications alongside our own data. Where this is the case, we have specified this by specifying that the data is for AY (academic year) 2023/24; information regarding specific registration types, e.g. student optometrists. We take data from education providers at face value and request clarification where we may have any queries. We plan to build upon these datasets so that we can learn more about the student journey, including enrolment, retention, and attainment.

This data only includes students studying at universities/colleges; to avoid duplication, it omits data provided by two providers of GOC approved qualifications: ABDO Exams and the College of Optometrists. This means the total number of student optometrists and dispensing opticians will be lower than that obtained from registration data.

### Sex

In the Academic Year (AY) 2023/24, 69.5% (68.2% in 2022/23) of students were female, which is higher than the percentage of female registrants. Looking at the four individual courses (Optometry, Dispensing optics, Independent prescribing, and Contact lens) as a whole, the range of female students was 65.2% to 70.3% (58.1% to 80.2% in 2022/23).

### Age

In the AY 2023/24, the age groups with the highest proportion of students were aged 20 and under (45.3%; 49.6% in 2022/23) and aged 21-24 (22.9%; 25.3% in 2022/23). The age

profile of students enrolled in Independent Prescribing and Contact Lens courses was significantly older than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been no significant annual change compared with the past three years.

### Ethnicity

In the AY 2023/24, White students made up 37.5% of all students (30.7% in 2022/23) – compared with the register, where 40.4% of all registrants are White EWSNI/Irish. The number of White registrants has decreased over past years, and data shows that this will continue. As of 31 March 2025, Asian students made up 55.3% of all students (55.6% in

2022/23) – compared with the Asian / Asian British registrants on the register, which is 37.0%.

As of 31 March 2025, 49.5% of student optometrists are Asian / Asian British (51.1% in 2024), and only 10.7% of student optometrists are White EWSNI/Irish (11.1% in 2024).

Excluding those who prefer not to say, 67.5% of student optometrists are Asian / Asian British (69.6% in 2024), and 14.6% of student optometrists are White EWSNI/Irish (15.1% in 2024).

The number of Asian / Asian British registrants has increased over previous years, and student data shows that this will continue.

As of 31 March 2025, 19.3% of student dispensing opticians are Asian / Asian British (18.9% in 2024), and 45.1% of student dispensing opticians are White EWSNI/Irish (46.8% in 2024). Excluding those who prefer not to say, 26.9% of student dispensing opticians are Asian / Asian British (25.8% in 2024), and 62.9% of student dispensing opticians are White EWSNI/Irish (63.9% in 2024).

## Disability

In the AY 2023/24, 12.6% (9.3% in 2022/23) of students across all courses declared that they were disabled.

## Religion

As of 31 March 2025, 42.0% of student optometrists declared that they are Muslim (41.3% in 2024), and 13.0% Christian (11.5% in 2024).

Among student optometrists who disclosed their religion, 58.8% declared that they are Muslim (57.9% in 2024) and 18.2% Christian (16.1% in 2024). The remaining 23.0% were split across other religions and those declaring “No religion”. A significant proportion (28.5%) of students optometrists chose not to disclose their religion – this clarifies that “prefer not to say” is a large group that influences interpretation. The number of Muslim optometrists has increased over past years (of the register: 20.0% in 2023; 21.1% in 2024; 23.1% in 2025), and student data shows that this will continue (of the register: 41.1% in 2023; 41.3% in 2024; 42.0% in 2025).

As of 31 March 2025, 36.2% of student dispensing opticians declared “no religion” (36.4% in 2024). Excluding students who prefer not to say, 53.3% of student optometrists declared “no religion” (68.2% in 2024)





# Appendix

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## REGISTRANT DATA

**Table 1: Registrants – Professional group – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025		2024 to 2025 % change	2023 to 2025 % change
Optometrists	17,428	57.2%	18,010	57.7%	18,725	58.6%	4.0%	7.4%
Dispensing opticians	6,904	22.6%	6,856	22.0%	6,805	21.3%	-0.7%	-1.4%
Student optometrists	4,906	16.1%	5,114	16.4%	5,163	16.2%	1.0%	5.2%
Student dispensing opticians	1,246	4.1%	1,234	4.0%	1,268	4.0%	2.8%	1.6%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>	<b>2.4%</b>	<b>4.8%</b>

**Table 2: Registrants – Sex – 31 March 2025**

	Male			Female			Total	
	Total registrants	% of register		Total registrants	% of register		Total registrants	% of registrant type
Optometrists	7,076	22.1%	37.8%	11,649	36.5%	62.2%	18,725	58.6%
Dispensing opticians	2,307	7.2%	33.9%	4,498	14.1%	66.1%	6,805	21.3%
Student optometrists	1,595	5.0%	30.9%	3,568	11.2%	69.1%	5,163	16.2%
Student dispensing opticians	415	1.3%	32.7%	853	2.7%	67.3%	1,268	4.0%
<b>Total</b>	<b>11,393</b>		<b>35.7%</b>	<b>20,568</b>		<b>64.4%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 3: Registrants (excluding students) – Sex – 2023 to 2025**

		31 March 2023		31 March 2024		31 March 2025		2024 to 2025 % change	2023 to 2025 % change
Male	Optometrists	6,712	27.6%	6,865	27.6%	7,076	27.7%	3.1%	5.4%
	Dispensing opticians	2,386	9.8%	2,346	9.4%	2,307	9.0%	-1.7%	-3.3%
Female	Optometrists	10,716	44.1%	11,145	44.8%	11,649	45.6%	4.5%	8.7%
	Dispensing opticians	4,518	18.6%	4,510	18.1%	4,498	17.6%	-0.3%	-0.4%
<b>Total</b>		<b>24,322</b>	<b>100.0%</b>	<b>24,866</b>	<b>100.0%</b>	<b>25,530</b>	<b>100.0%</b>	<b>2.7%</b>	<b>5.0%</b>

**Table 4: Registrants – Specialty – Sex – 31 March 2025**

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		All specialties	
Male	452	37.8%	810	38.2%	809	38.3%	803	38.2%	<b>2,874</b>	<b>38.2%</b>
Female	744	62.2%	1,312	61.8%	1,302	61.7%	1,297	61.8%	<b>4,655</b>	<b>61.8%</b>
<b>Total</b>	<b>1,196</b>	<b>100.0%</b>	<b>2,122</b>	<b>100.0%</b>	<b>2,111</b>	<b>100.0%</b>	<b>2,100</b>	<b>100.0%</b>	<b>7,529</b>	<b>100.0%</b>

**Table 5: Registrants (excluding students) – Age – 31 March 2025**

	Optometrist		Dispensing optician		All non-students	
Under 25	963	5.1%	73	1.1%	<b>1,036</b>	<b>4.1%</b>
25-34	6,182	33.0%	1,291	19.0%	<b>7,473</b>	<b>29.3%</b>
35-44	5,225	27.9%	2,030	29.8%	<b>7,255</b>	<b>28.4%</b>
45-54	3,388	18.1%	1,679	24.7%	<b>5,067</b>	<b>19.9%</b>
55-64	2,208	11.8%	1,331	19.6%	<b>3,539</b>	<b>13.9%</b>
65+	759	4.1%	401	5.9%	<b>1,160</b>	<b>4.5%</b>

<b>Total</b>	<b>18,725</b>	<b>100.0%</b>	<b>6,805</b>	<b>100.0%</b>	<b>25,530</b>	<b>100.0%</b>
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**Table 6: Registrants (excluding students) – Age – 31 March 2024**

	Optometrist		Dispensing optician		All non-students	
Under 25	913	5.1%	85	1.2%	<b>998</b>	<b>4.0%</b>
25-34	5,860	32.5%	1,356	19.8%	<b>7,216</b>	<b>29.0%</b>
35-44	5,127	28.5%	2,064	30.1%	<b>7,191</b>	<b>28.9%</b>
45-54	3,218	17.8%	1,644	24.0%	<b>4,862</b>	<b>19.6%</b>
55-64	2,169	12.0%	1,346	19.6%	<b>3,515</b>	<b>14.1%</b>
65+	723	4.0%	361	5.3%	<b>1,084</b>	<b>4.4%</b>
<b>Total</b>	<b>18,010</b>	<b>100.0%</b>	<b>6,856</b>	<b>100.0%</b>	<b>24,866</b>	<b>100.0%</b>

**Table 7: Registrants (excluding students) – Age – 31 March 2023**

	Optometrists		Dispensing opticians		All non-students	
Under 25	850	4.9%	76	1.1%	<b>926</b>	<b>3.8%</b>
25-34	5700	32.7%	1,491	21.6%	<b>7,191</b>	<b>29.6%</b>
35-44	5015	28.8%	2,082	30.2%	<b>7,098</b>	<b>29.2%</b>
45-54	3046	17.5%	1,595	23.1%	<b>4,641</b>	<b>19.1%</b>
55-64	2126	12.2%	1,341	19.4%	<b>3,467</b>	<b>14.3%</b>
65+	691	4.0%	318	4.6%	<b>1,009</b>	<b>4.2%</b>
<b>Total</b>	<b>17,428</b>	<b>100.0%</b>	<b>7,074</b>	<b>100.0%</b>	<b>24,332</b>	<b>100.0%</b>

**Table 8: Registrants (students only) – Age – 31 March 2025**

	Student optometrists		Student dispensing opticians		All students	
Under 20	872	16.9%	49	3.9%	<b>921</b>	<b>14.3%</b>
20-24	3,251	63.0%	311	24.5%	<b>3,562</b>	<b>55.4%</b>
25-30	577	11.2%	440	34.7%	<b>1,017</b>	<b>15.8%</b>
31-40	352	6.8%	339	26.7%	<b>691</b>	<b>10.7%</b>



41+	111	2.2%	129	10.2%	240	3.7%
<b>Total</b>	<b>5,163</b>	<b>100.0%</b>	<b>1,268</b>	<b>100.0%</b>	<b>6,431</b>	<b>100.0%</b>

**Table 9: Registrants (students only) – Age – 31 March 2024**

	Student optometrists		Student dispensing opticians		All students	
Under 20	810	15.8%	52	4.2%	862	13.6%
20-24	3,268	63.9%	308	25.0%	3,576	56.3%
25-30	592	11.6%	425	34.4%	1,017	16.0%
31-40	339	6.6%	318	25.8%	657	10.4%
41+	105	2.1%	131	10.6%	236	3.7%
<b>Total</b>	<b>5,114</b>	<b>100.0%</b>	<b>1,234</b>	<b>100.0%</b>	<b>6,348</b>	<b>100.0%</b>

**Table 10: Registrants (students only) – Age – 31 March 2023**

	Student optometrists		Student dispensing opticians		All students	
Under 20	785	16.0%	52	4.2%	837	13.6%
20-24	3,201	65.3%	359	28.8%	3,560	57.9%
25-30	577	11.8%	409	32.8%	986	16.0%
31-40	264	5.4%	313	25.1%	577	9.4%
41+	79	1.6%	113	9.1%	192	3.1%
<b>Total</b>	<b>4,906</b>	<b>100.0%</b>	<b>1,246</b>	<b>100.0%</b>	<b>6,152</b>	<b>100.0%</b>

**Table 11: Registrants – Specialty – Age – 31 March 2025**

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	1 0.1%	103 8.6%	281 23.5%	306 25.6%	350 29.3%	155 13.0%	<b>1,196</b> <b>100.0%</b>
Independent Prescribing Specialty	0 0.0%	577 27.2%	754 35.5%	499 23.5%	254 12.0%	38 1.8%	<b>2,122</b> <b>100.0%</b>
Additional Supply Specialty	0 0.0%	565 26.8%	743 35.2%	501 23.7%	256 12.1%	46 2.2%	<b>2,111</b> <b>100.0%</b>
Supplementary Prescribing Specialty	0 0.0%	564 26.9%	744 35.4%	499 23.8%	252 12.0%	41 2.0%	<b>2,100</b> <b>100.0%</b>
<b>Total</b>	<b>1</b> <b>0.0%</b>	<b>1,809</b> <b>24.0%</b>	<b>2,522</b> <b>33.5%</b>	<b>1,805</b> <b>24.0%</b>	<b>1,112</b> <b>14.8%</b>	<b>280</b> <b>3.7%</b>	<b>7,529</b> <b>100.0%</b>

**Table 12: Registrants – Ethnicity – 31 March 2025**

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,083	37.8%	4,714	69.3%	554	10.7%	572	45.1%	<b>12,923</b>	<b>40.4%</b>
Asian / Asian British	8,070	43.1%	966	14.2%	2,556	49.5%	245	19.3%	<b>11,837</b>	<b>37.0%</b>
Black / Black British	445	2.4%	71	1.0%	356	6.9%	11	0.9%	<b>883</b>	<b>2.8%</b>
Mixed/Multiple	219	1.2%	74	1.1%	61	1.2%	16	1.3%	<b>370</b>	<b>1.2%</b>
Other	916	4.9%	323	4.7%	257	5.0%	66	5.2%	<b>1,562</b>	<b>4.9%</b>
Prefer not to say	1,992	10.6%	657	9.7%	1,379	26.7%	358	28.2%	<b>4,386</b>	<b>13.7%</b>
<b>Total</b>	<b>18,725</b>	<b>100.0%</b>	<b>6,805</b>	<b>100.0%</b>	<b>5,163</b>	<b>100.0%</b>	<b>1,268</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

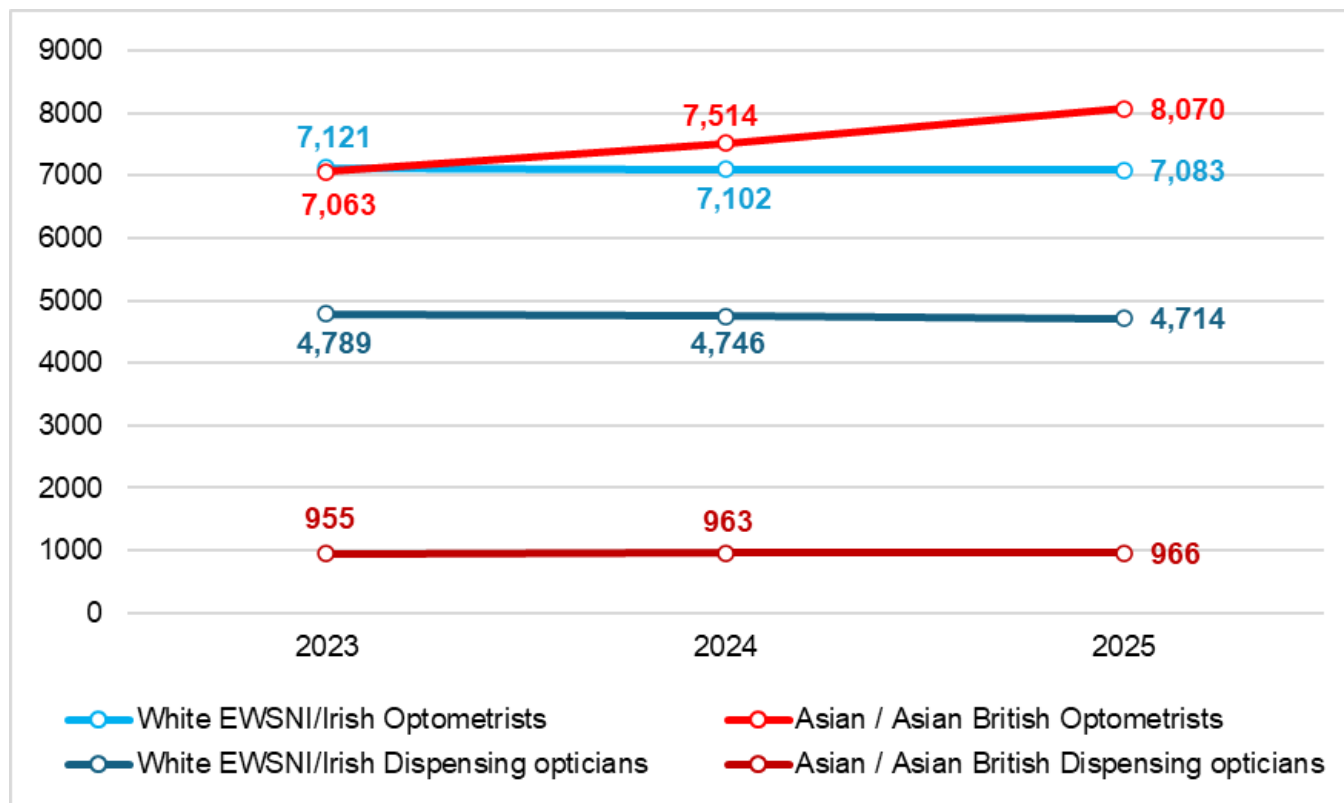
**Table 13: Registrants – Ethnicity – 31 March 2024**

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,102	39.4%	4,746	69.2%	567	11.1%	578	46.8%	12,993	41.6%
Asian / Asian British	7,514	41.7%	963	14.0%	2,614	51.1%	233	18.9%	11,324	36.3%
Black / Black British	336	1.9%	71	1.0%	292	5.7%	19	1.5%	718	2.3%
Mixed/Multiple	213	1.2%	72	1.1%	51	1.0%	13	1.1%	349	1.1%
Other	890	4.9%	319	4.7%	232	4.5%	61	4.9%	1,502	4.8%
Prefer not to say	1,955	10.9%	685	10.0%	1358	26.6%	330	26.7%	4,328	13.9%
<b>Total</b>	<b>18,010</b>	<b>100.0%</b>	<b>6,856</b>	<b>100.0%</b>	<b>5,114</b>	<b>100.0%</b>	<b>1,234</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>

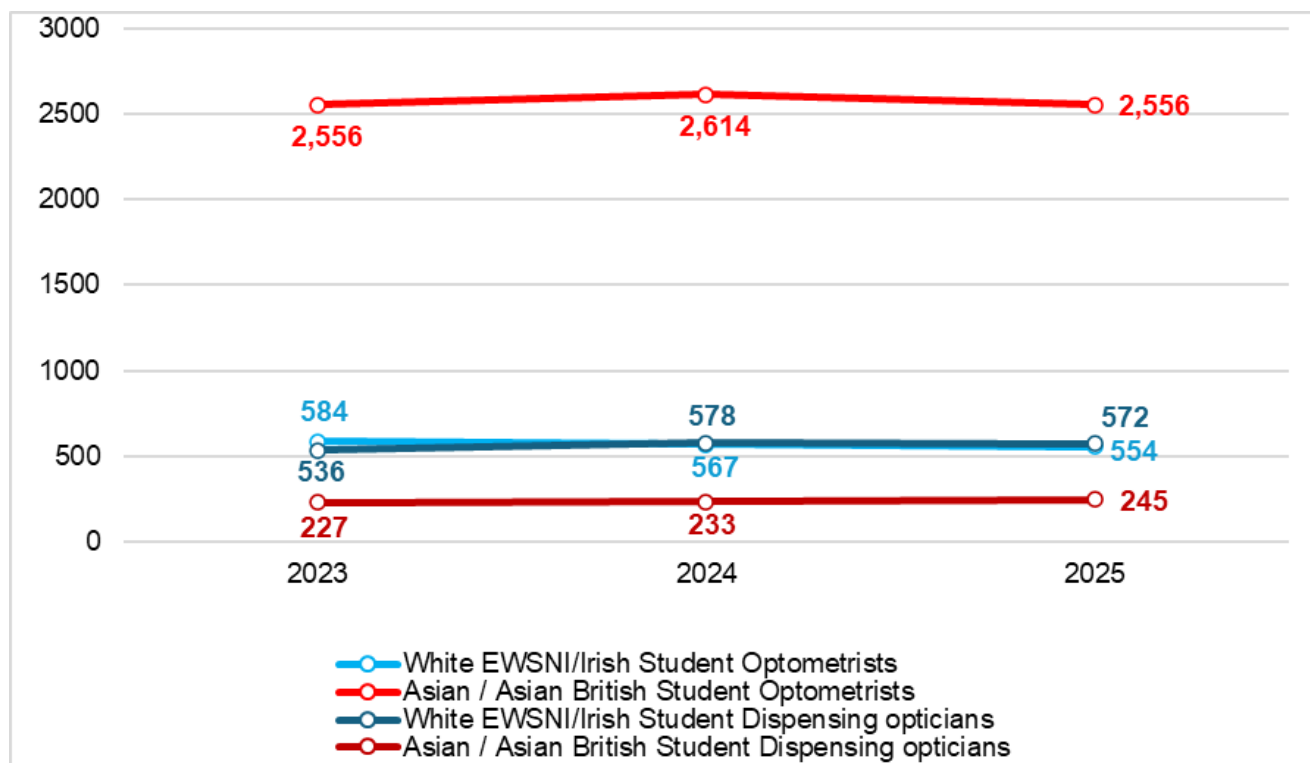
**Table 14: Registrants – Ethnicity – 31 March 2023**

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,121	40.9%	4,789	69.4%	584	11.9%	536	43.0%	13,030	42.7%
Asian / Asian British	7,063	40.5%	955	13.8%	2,556	52.1%	227	18.2%	10,801	35.4%
Black / Black British	280	1.6%	69	1.0%	214	4.4%	23	1.9%	586	1.9%
Mixed/Multiple	190	1.1%	67	1.0%	47	1.0%	16	1.3%	320	1.1%
Other	848	4.9%	321	4.7%	239	4.9%	57	4.6%	1,465	4.8%
Prefer not to say	1,926	11.1%	703	10.2%	1,266	27.9%	387	31.1%	4,282	14.1%
<b>Total</b>	<b>17,428</b>	<b>100.0%</b>	<b>6,904</b>	<b>100.0%</b>	<b>4,906</b>	<b>100.0%</b>	<b>1,246</b>	<b>100.0%</b>	<b>30,484</b>	<b>100.0%</b>

**Graph 1: Registrants (excluding students) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2023 to 2025**



**Graph 2: Registrants (students only) – Number of White EWSNI/Irish vs. Number of Asian / Asian British – 2023 to 2025**



**Table 15: Registrants – Specialty – Ethnicity – 31 March 2025**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	830	69.4%	168	14.1%	7	0.6%	9	0.8%	51	4.3%	131	11.0%	<b>1,196</b>	<b>100.0%</b>
Independent Prescribing Specialty	1,221	57.5%	556	26.2%	24	1.1%	25	1.2%	96	4.5%	200	9.4%	<b>2,122</b>	<b>100.0%</b>
Additional Supply Specialty	1,218	57.7%	548	26.0%	24	1.1%	24	1.1%	96	4.6%	201	9.5%	<b>2,111</b>	<b>100.0%</b>
Supplementary Prescribing Specialty	1,213	57.8%	545	26.0%	24	1.1%	24	1.1%	95	4.5%	199	9.5%	<b>2,100</b>	<b>100.0%</b>
<b>Total</b>	<b>4,482</b>	<b>59.5%</b>	<b>1,817</b>	<b>24.1%</b>	<b>79</b>	<b>1.1%</b>	<b>82</b>	<b>1.1%</b>	<b>338</b>	<b>4.5%</b>	<b>731</b>	<b>9.7%</b>	<b>7,529</b>	<b>100.0%</b>

**Table 15: Registrants – Specialty – Ethnicity – 31 March 2024**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	852	69.4%	172	14.0%	9	0.7%	5	0.4%	50	4.1%	140	11.4%	<b>1,228</b>	<b>100.0%</b>
Independent Prescribing Specialty	1,007	58.4%	436	25.3%	19	1.1%	18	1.0%	77	4.5%	167	9.7%	<b>1,724</b>	<b>100.0%</b>
Additional Supply Specialty	1,011	58.3%	438	25.3%	19	1.1%	18	1.0%	78	4.5%	170	9.8%	<b>1,734</b>	<b>100.0%</b>
Supplementary Prescribing Specialty	1,007	58.4%	435	25.2%	19	1.1%	18	1.0%	77	4.5%	168	9.7%	<b>1,724</b>	<b>100.0%</b>
<b>Total</b>	<b>3,877</b>	<b>60.5%</b>	<b>1,481</b>	<b>23.1%</b>	<b>66</b>	<b>1.0%</b>	<b>59</b>	<b>0.9%</b>	<b>282</b>	<b>4.4%</b>	<b>645</b>	<b>10.1%</b>	<b>6,410</b>	<b>100.0%</b>

**Table 16: Registrants – Specialty – Ethnicity – 31 March 2023**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	801	68.9%	166	14.3%	8	0.7%	4	0.3%	46	4.0%	138	11.9%	1,163	100.0%
Independent Prescribing Specialty	869	60.1%	351	24.3%	13	0.9%	15	1.0%	63	4.4%	136	9.4%	1,447	100.0%
Additional Supply Specialty	873	59.9%	353	24.2%	13	0.9%	15	1.0%	64	4.4%	139	9.5%	1,447	100.0%
Supplementary Prescribing Specialty	869	60.1%	350	24.2%	13	0.9%	15	1.0%	63	4.4%	137	9.5%	1,447	100.0%
<b>Total</b>	<b>3,412</b>	<b>61.9%</b>	<b>1,220</b>	<b>22.1%</b>	<b>47</b>	<b>0.9%</b>	<b>49</b>	<b>0.9%</b>	<b>236</b>	<b>4.3%</b>	<b>550</b>	<b>10.0%</b>	<b>5,514</b>	<b>100.0%</b>

**Table 18: Registrants – Disability – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Has a disability	319	1.1%	363	1.2%	433	1.4%
Does not have a disability	26,120	85.7%	26,703	85.6%	27,307	85.4%
Prefer not to say	4,045	13.3%	4,148	13.3%	4,221	13.2%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 19: Registrants – Marital status – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Married	13,858	45.5%	14,324	45.9%	14,710	46.0%
Single	8,767	28.8%	9,058	29.0%	9,411	29.4%
Civil partnership	119	0.4%	121	0.4%	128	0.4%
Divorced / Legally dissolved	835	2.7%	866	2.8%	875	2.8%
Partner	2,182	7.2%	2,192	7.0%	2,202	6.9%

Separated	263	0.9%	274	0.9%	279	0.9%
Widow/Widower	847	2.8%	1,126	3.6%	953	3.0%
Prefer not to say	3,613	11.9%	3,253	10.4%	3,403	10.6%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 20: Registrants – Sexual orientation – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Heterosexual/Straight	24,772	81.3%	25,394	81.4%	26,054	81.5%
Homosexual/Gay/Lesbian	353	1.2%	366	1.2%	378	1.2%
Bisexual	242	0.8%	262	0.8%	287	0.9%
Other	73	0.2%	73	0.2%	84	0.3%
Prefer not to say	5,044	16.6%	5,119	16.4%	5,158	16.1%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 21: Registrants – Pregnancy and maternity/paternity – 2023 to 2025**

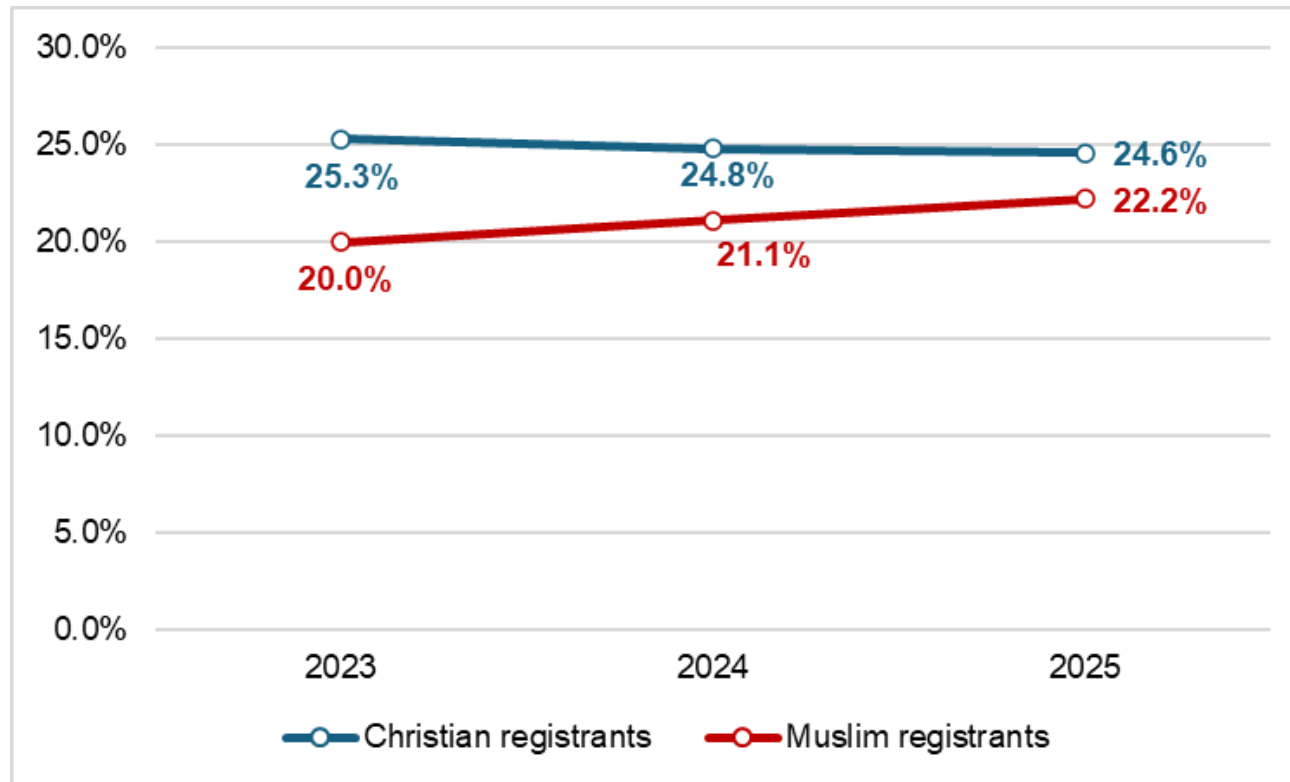
	31 March 2023		31 March 2024		31 March 2025	
Pregnant or on maternity/paternity leave	1,841	6.0%	1,860	6.0%	1,933	6.1%
Neither pregnant nor on maternity/paternity leave	22,111	72.5%	22,680	72.7%	23,267	72.8%
Prefer not to say	6,532	21.4%	6,674	21.4%	6,761	21.2%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 22: Registrants – Religion – 2023 to 2025**



	31 March 2023		31 March 2024		31 March 2025	
Christian	7,723	25.3%	7,753	24.8%	7,850	24.6%
Muslim	6,089	20.0%	6,586	21.1%	7,107	22.2%
Hindu	2,787	9.1%	2,798	9.0%	2,834	8.9%
Sikh	1,272	4.2%	1,297	4.2%	1,318	4.1%
Jewish	250	0.8%	248	0.8%	237	0.7%
Buddhist	139	0.5%	140	0.5%	143	0.5%
Other	0	0.0%	0	0.0%	0	0.0%
No religion	6,545	21.5%	6,665	21.5%	6,739	21.1%
Prefer not to say	5,679	18.6%	5,727	18.4%	5,733	17.9%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Graph 3: Registrants – Percentage of Christian compared to percentage of Muslim – 2023 to 2025**



**Table 23: Registrants – Religion – 31 March 2025**

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		All	
Christian	4,814	25.7%	2,190	32.2%	673	13.0%	173	13.6%	<b>7,850</b>	<b>24.6%</b>
Muslim	4,327	23.1%	433	6.4%	2,170	42.0%	177	14.0%	<b>7,107</b>	<b>22.2%</b>
Hindu	2,214	11.8%	345	5.1%	242	4.7%	33	2.6%	<b>2,834</b>	<b>8.9%</b>
Buddhist; Jewish; Sikh	1,293	6.9%	210	3.1%	177	3.4%	18	1.4%	<b>1,698</b>	<b>5.3%</b>
No religion	3,325	17.8%	2,528	37.1%	427	8.3%	459	36.2%	<b>6,739</b>	<b>21.1%</b>
Prefer not to say	2,752	14.7%	1,099	16.1%	1,474	28.5%	408	32.2%	<b>5,733</b>	<b>17.9%</b>
<b>Total</b>	<b>18,725</b>	<b>100.0%</b>	<b>6,805</b>	<b>100.0%</b>	<b>5,163</b>	<b>100.0%</b>	<b>1,268</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 24: Registrants – Country of residence – 31 March 2025\*\***

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
England	15,170	81.0%	5,926	87.1%	4,134	80.1%	1,084	85.5%	<b>26,314</b>	<b>82.3%</b>
Scotland	1,729	9.2%	458	6.7%	427	8.3%	82	6.5%	<b>2,696</b>	<b>8.4%</b>
Wales	793	4.2%	271	4.0%	268	5.2%	38	3.0%	<b>1,370</b>	<b>4.3%</b>
Northern Ireland	703	3.8%	88	1.3%	121	2.3%	25	2.0%	<b>937</b>	<b>2.9%</b>
Other	330	1.8%	62	0.9%	213	4.1%	39	3.1%	<b>644</b>	<b>2.0%</b>

<b>Total</b>	<b>18,725</b>	<b>100.0%</b>	<b>6,805</b>	<b>100.0%</b>	<b>5,163</b>	<b>100.0%</b>	<b>1,268</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>
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\*\*based on postcode data supplied at registration. Also, this may not reflect where individuals registrants work.

**Table 25: Registrants – Specialty – Country of residence – 31 March 2025\*\*\***

	England		Scotland		Wales		Northern Ireland		Other		Total	
Contact Lens Specialty	1,078	90.1%	57	4.8%	49	4.1%	4	0.3%	8	0.7%	<b>1,196</b>	100.0%
Independent Prescribing Specialty	1,263	59.5%	628	29.6%	129	6.1%	87	4.1%	15	0.7%	<b>2,122</b>	100.0%
Additional Supply Specialty	1,254	59.4%	623	29.5%	129	6.1%	87	4.1%	18	0.9%	<b>2,111</b>	100.0%
Supplementary Prescribing Specialty	1,246	59.3%	622	29.6%	129	6.1%	87	4.1%	16	0.8%	<b>2,100</b>	100.0%
<b>Total</b>	<b>4,841</b>	<b>64.3%</b>	<b>1,930</b>	<b>25.6%</b>	<b>436</b>	<b>5.8%</b>	<b>265</b>	<b>3.5%</b>	<b>57</b>	<b>0.8%</b>	<b>7,529</b>	100.0%

\*\*\*These figures may be double-counted due to registrants being active in all more than one prescribing category.

**Table 26: Registrants – Gender Identity – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Same as birth	26,638	87.4%	27,357	87.6%	28,068	87.8%
Different from birth	21	0.1%	23	0.1%	33	0.1%
Prefer not to say	3,825	12.5%	3,834	12.3%	3,860	12.1%
<b>Total</b>	<b>30,484</b>	<b>100.0%</b>	<b>31,214</b>	<b>100.0%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 27: Registrants – Sex and Ethnicity – 31 March 2025**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Male	4,384	38.5%	4,088	35.9%	344	3.0%	131	1.1%	535	4.7%	1,911	16.8%	<b>11,393</b>	<b>100.0%</b>

Female	8,539	41.5%	7,749	23.6%	539	2.6%	239	1.2%	1,027	5.0%	2,475	12.0%	20,568	100.0%
<b>Total</b>	<b>12,923</b>	<b>40.4%</b>	<b>11,837</b>	<b>36.3%</b>	<b>883</b>	<b>2.8%</b>	<b>370</b>	<b>1.2%</b>	<b>1,562</b>	<b>4.9%</b>	<b>4,386</b>	<b>13.7%</b>	<b>31,961</b>	<b>100.0%</b>

**Table 28: Registrants – Age and Ethnicity – 31 March 2025**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Under 25	788	14.3%	2,963	53.7%	149	2.7%	69	1.3%	213	3.9%	1,337	24.2%	5,519	100.0%
25-34	2,821	31.8%	4,313	48.7%	304	3.4%	137	1.5%	406	4.6%	882	10.0%	8,863	100.0%
35-44	3,335	43.3%	2,683	34.9%	267	3.5%	81	1.1%	407	5.3%	922	12.0%	7,695	100.0%
45-54	2,875	55.6%	1,252	24.2%	92	1.8%	48	0.9%	293	5.7%	615	11.9%	5,175	100.0%
55-64	2,351	66.2%	467	13.2%	63	1.8%	29	0.8%	178	5.0%	461	13.0%	3,549	100.0%
65+	753	64.9%	159	13.7%	8	0.7%	6	0.5%	65	5.6%	169	14.6%	1,160	100.0%
<b>Total</b>	<b>12,923</b>	<b>40.4%</b>	<b>11,837</b>	<b>37.0%</b>	<b>883</b>	<b>2.8%</b>	<b>370</b>	<b>1.2%</b>	<b>1,562</b>	<b>4.9%</b>	<b>4,386</b>	<b>13.7%</b>	<b>31,961</b>	<b>100.0%</b>

## FITNESS TO PRACTISE DATA

**Table 29: Complainants – Sex – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Male	116	25.8%	114	28.0%	162	34.5%
Female	178	39.6%	143	35.1%	165	35.1%
Not known	155	34.5%	150	36.9%	142	30.3%
N/A (e.g. referred by company)	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>449</b>	<b>100.0%</b>	<b>407</b>	<b>100.0%</b>	<b>469</b>	<b>100.0%</b>

**Table 30: Complainants – Location – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
England	369	82.2%	335	82.3%	305	65.0%
Scotland	31	6.9%	19	4.7%	22	4.7%
Wales	10	2.2%	13	3.2%	12	2.6%
Northern Ireland	1	0.2%	0	0.0%	4	0.9%
Not known / Other	38	8.5%	40	9.8%	126	26.9%
<b>Total</b>	<b>449</b>	<b>100.0%</b>	<b>407</b>	<b>100.0%</b>	<b>469</b>	<b>100.0%</b>

**Table 31: Registrants under FtP investigation – Professional group – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Optometrists	70	67.3%	98	74.8%	89	74.2%
Dispensing Opticians	13	12.5%	19	14.5%	14	11.7%

Student Optometrists	7	6.7%	6	4.6%	14	11.7%
Student Dispensing Opticians	3	2.9%	3	2.3%	3	2.5%
<b>Subtotal</b>	<b>93</b>	<b>89.4%</b>	<b>126</b>	<b>96.2%</b>	<b>120</b>	<b>96.2%</b>
Business Registrants	11	10.6%	5	3.8%	17	14.2%
<b>Total</b>	<b>104</b>	<b>100.0%</b>	<b>131</b>	<b>100.0%</b>	<b>137</b>	<b>100.0%</b>

**Table 32: Registrants under FtP investigation (excluding business registrants) – Professional group – 31 March 2025**

	Total investigations		% of investigations against total registrant number	Total registrants		% of total registrants
Optometrists	89	74.2%	0.5%	18,725	58.6%	
Dispensing Opticians	14	11.7%	0.2%	6,805	21.3%	
Student Optometrists	14	11.7%	0.3%	5,163	16.2%	
Student Dispensing Opticians	3	2.5%	0.2%	1,268	4.0%	
<b>Total</b>	<b>120</b>	<b>100.0%</b>	<b>0.4%</b>	<b>31,961</b>	<b>100.00%</b>	

**Table 33: Registrants under FtP investigation (excluding business registrants) – Specialty – 31 March 2025\*\*\*\***

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Contact lens specialty	27	22.5%	0.1%	1,196	3.7%
Independent prescribing specialty	94	78.3%	0.3%	2,122	6.6%
Additional supply specialty	94	78.3%	0.3%	2,111	6.6%
Supplementary prescribing specialty	94	78.3%	0.3%	2,100	6.6%
<b>Total</b>	<b>309</b>		<b>1.0%</b>	<b>7,529</b>	<b>23.6%</b>

\*\*\*\*These figures may be double-counted due to registrants being active in all more than one prescribing category.

**Table 34: Registrants under FtP investigation (excluding business registrants) – Sex – 31 March 2025**

	Total	Male		Female	
		Under investigation	Register	Under investigation	Register
Optometrists	89	47	39.2%	42	35.0%
Dispensing Opticians	14	7	5.8%	7	5.8%
Student Optometrists	14	9	7.5%	5	4.2%
Student Dispensing Opticians	3	3	2.5%	0	0.0%
<b>Total</b>	<b>120</b>	<b>66</b>	<b>55.0%</b>	<b>54</b>	<b>45.0%</b>

**Table 35: Registrants under FtP investigation (excluding business registrants) – Age – 31 March 2025**

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Optometrists	3	2.5%	35	29.2%	27	22.5%	15	12.5%	7	5.8%	2	1.7%	89	74.2%
Dispensing Opticians	0	0.0%	3	2.5%	8	6.7%	2	1.7%	0	0.0%	1	0.8%	14	11.7%
Student Optometrists	4	3.3%	7	5.8%	2	1.7%	1	0.8%	0	0.0%	0	0.0%	14	11.7%
Student Dispensing Opticians	0	0.0%	1	0.8%	2	1.7%	0	0.0%	0	0.0%	0	0.0%	3	2.5%
<b>Total</b>	<b>7</b>	<b>5.8%</b>	<b>46</b>	<b>38.3%</b>	<b>39</b>	<b>32.5%</b>	<b>18</b>	<b>15.0%</b>	<b>7</b>	<b>5.8%</b>	<b>3</b>	<b>2.5%</b>	<b>120</b>	<b>100.0%</b>

**Table 36: Registrants under FtP investigation (excluding business registrants) – Ethnicity – 31 March 2025**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other ethnic group		Prefer not to say		Total	
Optometrists	25	71.4%	44	72.1%	4	66.7%	0	0.0%	3	75.0%	13	100.0%	89	74.2%
Dispensing Opticians	10	28.6%	2	3.3%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	14	11.7%
Student Optometrists	0	0.0%	12	19.7%	0	0.0%	1	100.0%	1	25.0%	0	0.0%	14	11.7%
Student Dispensing Opticians	0	0.0%	3	4.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	2.5%
<b>Total</b>	<b>35</b>	<b>100.0%</b>	<b>61</b>	<b>100.0%</b>	<b>6</b>	<b>100.0%</b>	<b>1</b>	<b>100.0%</b>	<b>4</b>	<b>100.0%</b>	<b>13</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

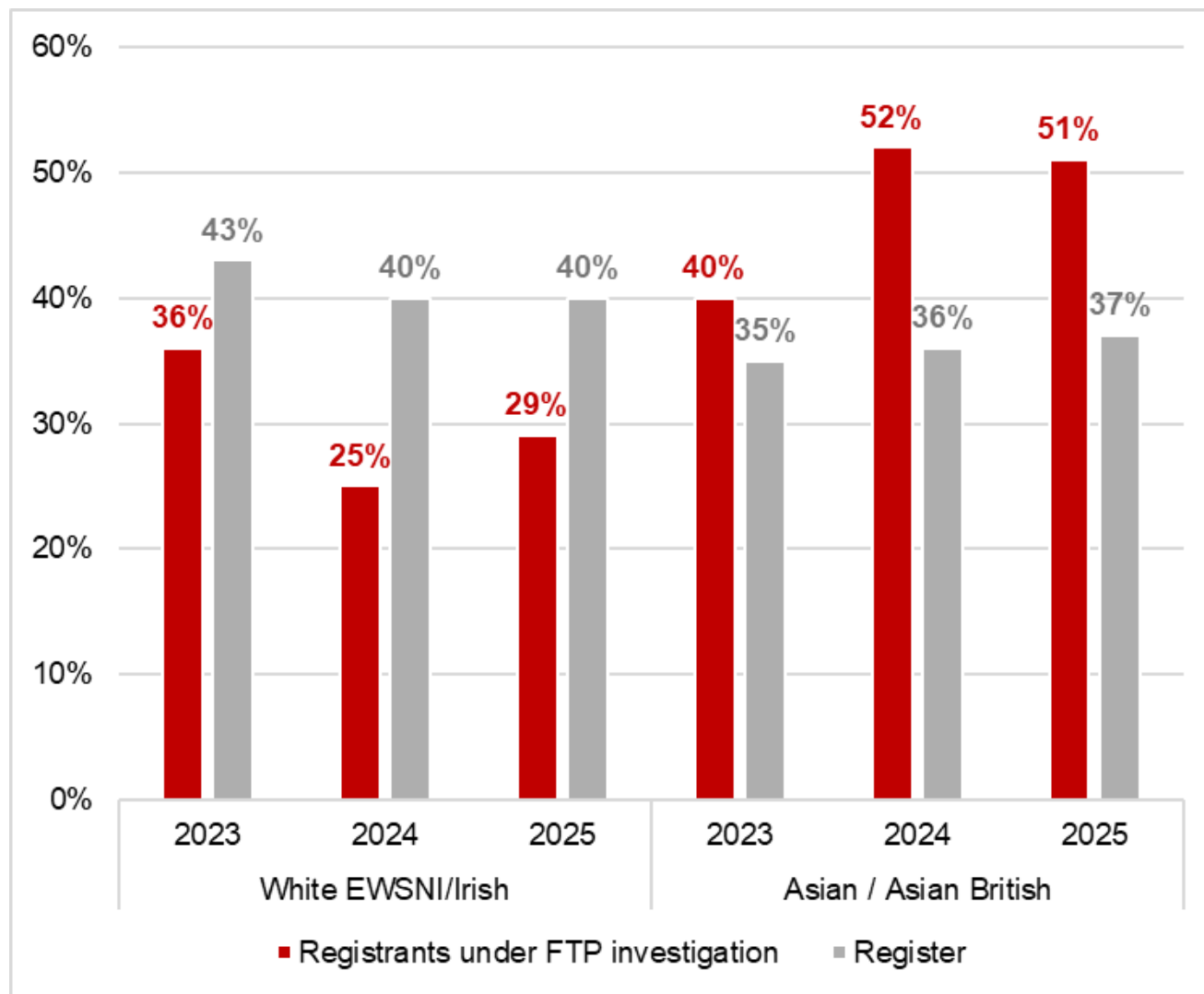


**Table 37: Registrants under FtP investigation (excluding business registrants) – Ethnicity – 2023 to 2025**

		Registrants under FtP investigation	Register
White EWSNI/Irish	31 March 2023	36%	43%
	31 March 2024	25%	40%
	31 March 2025	29%	40%
Asian / Asian British	31 March 2023	40%	35%
	31 March 2024	52%	36%
	31 March 2025	51%	37%
Black / Black British	31 March 2023	2%	2%
	31 March 2024	4%	2%
	31 March 2025	5%	3%
Mixed/Multiple	31 March 2023	0%	<1%
	31 March 2024	2%	1%
	31 March 2025	<1%	1%
Other	31 March 2023	6%	5%
	31 March 2024	6%	5%
	31 March 2025	3%	5%
Prefer not to say	31 March 2023	9%	14%
	31 March 2024	11%	14%

	31 March 2025	11%	14%
Total	31 March 2023	100%	100%
	31 March 2024	100%	100%
	31 March 2025	100%	100%

**Graph 4: Registrants under FtP investigation (excluding business registrants) compared to the total register – % of White EWSNI/Irish vs. % of Asian / Asian British – 2023 to 2025**



**Table 38: Registrants under FtP investigation (excluding business registrants) – Pregnancy and maternity/paternity – 31 March 2025**

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
Pregnant or on maternity/paternity leave	5	5.6%	0	0.0%	0	0.0%	0	0.0%	5	4.2%
Neither pregnant nor on maternity/paternity leave	69	77.5%	11	78.6%	11	78.6%	3	100.0%	94	78.3%
Prefer not to say	15	16.9%	3	21.4%	3	21.4%	0	0.0%	21	17.5%
<b>Total</b>	<b>89</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 39: Registrants under FtP investigation (excluding business registrants) – Religion – 31 March 2025**

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
Optometrists	20	71.4%	21	67.7%	11	91.7%	12	80.0%	13	65.0%	12	85.7%	<b>89</b>	<b>74.2%</b>
Dispensing Opticians	7	25.0%	1	3.2%	0	0.0%	0	0.0%	6	30.0%	0	0.0%	<b>14</b>	<b>11.7%</b>
Student Optometrists	0	0.0%	9	29.0%	1	8.3%	2	13.3%	1	5.0%	2	14.3%	<b>15</b>	<b>12.5%</b>
Student Dispensing Opticians	1	3.6%	0	0.0%	0	0.0%	1	6.7%	0	0.0%	0	0.0%	<b>2</b>	<b>1.7%</b>
<b>Total</b>	<b>28</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>	<b>12</b>	<b>100.0%</b>	<b>15</b>	<b>100.0%</b>	<b>20</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 40: Registrants under FtP investigation (excluding business registrants) – Religion – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register
Christian	18.3%	25.5%	19.0%	24.8%	23.3%	24.6%
Muslim	19.4%	20.0%	35.7%	21.1%	25.8%	22.2%
Hindu	9.7%	9.1%	11.9%	9.0%	10.0%	8.9%

Other	7.5%	5.5%	9.5%	5.4%	12.5%	5.3%
No religion	24.7%	21.5%	11.1%	21.4%	16.7%	21.1%
Prefer not to say	24.7%	18.6%	12.7%	18.4%	11.7%	17.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 41: Registrants under FtP investigation (excluding business registrants) – Gender Identity – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register	Registrants under FtP investigation	Register
Same as birth	85.0%	87.4%	88.9%	87.6%	93.3%	87.8%
Different from birth	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%
Prefer not to say	15.0%	12.5%	11.1%	12.3%	6.7%	12.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 42: Registrants under FtP investigation (excluding business registrants) – Sex and Ethnicity – 2023 to 2025**

	White EWSNI/Irish		Non-white EWSNI/Irish		Prefer not to say		Total	
Male	16	24.2%	39	59.1%	11	16.7%	<b>66</b>	<b>100.0%</b>
Female	19	35.2%	33	61.1%	2	3.7%	<b>54</b>	<b>100.0%</b>
<b>Total</b>	<b>35</b>	<b>29.2%</b>	<b>72</b>	<b>60.0%</b>	<b>13</b>	<b>10.8%</b>	<b>120</b>	<b>100.0%</b>

**Table 43: Registrants under FtP investigation (excluding business registrants) – Age and Ethnicity – 2023 to 2025**

	White EWSNI/Irish	Non-White EWSNI/Irish	Prefer not to say	Total
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Under 25	0	0.0%	7	100.0%	0	0.0%	7	100.0%
25-34	11	23.9%	30	65.2%	5	10.9%	46	100.0%
35-44	13	33.3%	25	64.1%	1	2.6%	39	100.0%
45-54	7	38.9%	8	44.4%	3	16.7%	18	100.0%
55-64	1	14.3%	2	28.6%	4	57.1%	7	100.0%
65+	3	100.0%	0	0.0%	0	0.0%	3	100.0%
<b>Total</b>	<b>35</b>	<b>29.2%</b>	<b>72</b>	<b>60.0%</b>	<b>13</b>	<b>10.8%</b>	<b>120</b>	<b>100.0%</b>

**Table 44: Registrants under FtP investigation (excluding business registrants) – Allegation type – Professional group – 31 March 2025**

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		Total	
Clinical	40	44.9%	2	14.3%	1	7.1%	1	33.3%	44	36.7%
Conduct	30	33.7%	9	64.3%	8	57.1%	2	66.7%	49	40.8%
Conviction/Caution	8	9.0%	2	14.3%	3	21.4%	0	0.0%	13	10.8%
Health	2	2.3%	0	0.0%	1	7.1%	0	0.0%	3	2.5%
Mix	9	10.1%	1	7.1%	1	7.1%	0	0.0%	11	9.2%
<b>Total</b>	<b>89</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>14</b>	<b>100.0%</b>	<b>3</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 45: Registrants under FtP investigation (excluding business registrants) – Allegation type – Sex – 2023 to 2025**

	Female	Male
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	31 March 2023		31 March 2024		31 March 2025		31 March 2023		31 March 2024		31 March 2025	
Clinical	19	20.4%	23	18.3%	24	18.3%	31	33.3%	25	19.8%	20	19.8%
Conduct	8	8.6%	18	14.3%	18	14.3%	23	24.7%	31	24.6%	31	24.6%
Conviction/Caution	0	0.0%	6	4.8%	4	4.8%	0	0.0%	13	10.3%	9	10.3%
Health	6	6.5%	5	4.0%	2	4.0%	3	3.2%	1	0.8%	1	0.8%
Mix	0	0.0%	1	0.8%	6	0.8%	3	3.2%	3	2.4%	5	2.4%
<b>Total</b>	<b>33</b>	<b>35.5%</b>	<b>53</b>	<b>42.1%</b>	<b>54</b>	<b>42.1%</b>	<b>60</b>	<b>64.5%</b>	<b>73</b>	<b>57.9%</b>	<b>66</b>	<b>57.9%</b>

**Table 46: Registrants under FtP investigation (excluding business registrants) – Allegation type – Age – 31 March 2025**

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Clinical	1	0.8%	21	17.5%	13	10.8%	4	3.3%	2	1.7%	3	2.5%	44	36.7%
Conduct	4	3.3%	15	12.5%	18	15.0%	8	6.7%	4	3.3%	0	0.0%	49	40.8%
Conviction/Caution	2	1.7%	3	2.5%	7	5.8%	1	0.8%	0	0.0%	0	0.0%	13	10.8%
Health	0	0.0%	2	1.7%	0	0.0%	0	0.0%	1	0.8%	0	0.0%	3	2.5%
Mix	0	0.0%	5	4.2%	1	0.8%	5	4.2%	0	0.0%	0	0.0%	11	9.2%
<b>Total</b>	<b>7</b>	<b>5.8%</b>	<b>46</b>	<b>38.3%</b>	<b>39</b>	<b>32.5%</b>	<b>18</b>	<b>15.0%</b>	<b>7</b>	<b>5.8%</b>	<b>3</b>	<b>2.5%</b>	<b>120</b>	<b>100.0%</b>
<b>Total (minus students)</b>	<b>4</b>	<b>3.3%</b>	<b>38</b>	<b>31.7%</b>	<b>35</b>	<b>29.2%</b>	<b>17</b>	<b>14.2%</b>	<b>7</b>	<b>5.8%</b>	<b>3</b>	<b>2.5%</b>	<b>104</b>	<b>86.7%</b>

**Table 47: Registrants under FtP investigation (excluding business registrants) – Allegation type – Ethnicity – 31 March 2025**

	Clinical		Conduct		Conviction/Caution		Health		Mix		Total	
White EWSNI/Irish	16	36.4%	9	18.4%	4	0.0%	1	33.3%	5	45.5%	35	29.2%

Asian / Asian British	20	45.5%	30	61.2%	8	0.0%	1	33.3%	2	18.2%	<b>61</b>	<b>50.8%</b>
Black / Black British	1	2.3%	3	6.1%	0	0.0%	0	0.0%	2	18.2%	<b>6</b>	<b>5.0%</b>
Mixed/Multiple	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	<b>1</b>	<b>0.8%</b>
Other	3	6.8%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	<b>4</b>	<b>3.3%</b>
Prefer not to say	4	9.1%	7	14.3%	0	0.0%	1	33.3%	1	9.1%	<b>13</b>	<b>10.8%</b>
<b>Total</b>	<b>44</b>	<b>100.0%</b>	<b>49</b>	<b>100.0%</b>	<b>13</b>	<b>0.0%</b>	<b>3</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 48: Registrants under FtP investigation (excluding business registrants) – Allegation type – Religion – 31 March 2025**

	Clinical		Conduct		Conviction/Caution		Health		Mix		Total	
Christian	10	22.7%	9	18.4%	3	0.0%	1	33.3%	5	45.5%	<b>28</b>	<b>23.3%</b>
Muslim	10	22.7%	14	28.6%	5	0.0%	0	0.0%	2	18.2%	<b>31</b>	<b>25.8%</b>
Hindu	5	11.4%	7	14.3%	0	0.0%	0	0.0%	0	0.0%	<b>12</b>	<b>10.0%</b>
Other	3	6.8%	7	14.3%	4	0.0%	0	0.0%	1	9.1%	<b>15</b>	<b>12.5%</b>
No religion	10	22.7%	6	12.2%	1	0.0%	0	0.0%	3	27.3%	<b>20</b>	<b>16.7%</b>
Prefer not to say	6	13.6%	6	12.2%	0	0.0%	2	66.7%	0	0.0%	<b>14</b>	<b>11.7%</b>
<b>Total</b>	<b>44</b>	<b>100.0%</b>	<b>49</b>	<b>100.0%</b>	<b>13</b>	<b>0.0%</b>	<b>3</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 49: Registrants under FtP investigation (excluding business registrants) – Allegation type – Country of residence – 31 March 2025**



	Clinical		Conduct		Conviction/Caution		Health		Mix		Total	
England	35	79.5%	46	93.9%	9	0.0%	2	66.7%	6	54.5%	98	81.7%
Scotland	5	11.4%	2	4.1%	2	0.0%	0	0.0%	2	18.2%	11	9.2%
Wales	4	9.1%	1	2.0%	1	0.0%	0	0.0%	3	27.3%	9	7.5%
Northern Ireland	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.8%
Other	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	1	0.8%
<b>Total</b>	<b>44</b>	<b>100.0%</b>	<b>49</b>	<b>100.0%</b>	<b>13</b>	<b>0.0%</b>	<b>3</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>120</b>	<b>100.0%</b>

**Table 50: Case Examiner decisions – Sex – 31 March 2025**

	Male		Female		Total	
No further action (incl. advice/warning issued)	27	28.7%	27	28.7%	54	57.4%
Referral to Fitness to Practise Committee (FtPC)	27	28.7%	13	13.8%	40	42.6%
<b>Total</b>	<b>54</b>	<b>57.4%</b>	<b>40</b>	<b>42.6%</b>	<b>94</b>	<b>100.0%</b>

**Table 51: Case Examiner decisions – Sex – 2023 to 2025**

	Male			Female		
	31 March 2023	31 March 2024	31 March 2025	31 March 2023	31 March 2024	31 March 2025
No further action (incl. advice/warning issued)	38.9%	51.1%	50.0%	51.4%	64.5%	67.5%
Referral to Fitness to Practise Committee (FtPC)	61.1%	48.9%	50.0%	48.7%	35.5%	32.5%
<b>Total</b>	<b>72</b>	<b>47</b>	<b>54</b>	<b>37</b>	<b>31</b>	<b>40</b>

**Table 52: Case Examiner decisions – Age – 31 March 2025**

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FtPC)		Total	
Under 25	2	66.7%	1	33.3%	3	100.0%
25-34	20	58.8%	14	41.2%	34	100.0%
35-44	17	58.6%	12	41.4%	29	100.0%
45-54	9	60.0%	6	40.0%	15	100.0%
55-64	4	57.1%	3	42.9%	7	100.0%
65+	2	33.3%	4	66.7%	6	100.0%
<b>Total</b>	<b>54</b>	<b>57.4%</b>	<b>40</b>	<b>42.6%</b>	<b>94</b>	<b>100.0%</b>

**Table 53: Case Examiner decisions – Ethnicity – 31 March 2025**

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FtPC)		Total	
White EWSNI/Irish	10	18.5%	10	25.0%	20	21.3%
Asian / Asian British	31	57.4%	24	60.0%	55	58.5%
Black / Black British	3	5.6%	1	2.5%	4	4.3%
Mixed/Multiple	1	1.9%	1	2.5%	2	2.1%
Other	1	1.9%	1	2.5%	2	2.1%
Prefer not to say	8	14.8%	3	7.5%	11	11.7%
<b>Total</b>	<b>54</b>	<b>100.0%</b>	<b>40</b>	<b>100.0%</b>	<b>94</b>	<b>100.0%</b>

**Table 54: Case Examiner decisions – Ethnicity – 2023 to 2025**

		No further action (incl. advice/warning issued)	Referral to Fitness to Practise Committee (FtPC)	Total
White EWSNI/Irish	31 March 2023	21	19	<b>40</b>
		52.5%	47.5%	<b>100.0%</b>
	31 March 2024	18	11	<b>29</b>
		62.1%	37.9%	<b>100.0%</b>
	31 March 2025	10	10	<b>20</b>
		50.0%	50.0%	<b>100.0%</b>
Asian / Asian British	31 March 2023	27	21	<b>48</b>
		56.3%	43.8%	<b>100.0%</b>
	31 March 2024	21	16	<b>37</b>
		56.8%	43.2%	<b>100.0%</b>
	31 March 2025	31	24	<b>55</b>
		56.4%	43.6%	<b>100.0%</b>
Black / Black British	31 March 2023	1	0	<b>1</b>
		100.0%	0.0%	<b>100.0%</b>
	31 March 2024	0	1	<b>1</b>
		0.0%	100.0%	<b>100.0%</b>
	31 March 2025	3	1	<b>4</b>
		75.0%	25.0%	<b>100.0%</b>
Mixed/Multiple	31 March 2023	0	0	<b>0</b>
		0.0%	0.0%	<b>100.0%</b>
	31 March 2024	1	0	<b>1</b>
		100.0%	0.0%	<b>100.0%</b>
	31 March 2025	1	1	<b>2</b>
		50.0%	50.0%	<b>100.0%</b>
Other	31 March 2023	5	0	<b>5</b>
		100.0%	0.0%	<b>100.0%</b>
	31 March 2024	0	1	<b>1</b>

	31 March 2025	0.0%	100.0%	<b>100.0%</b>
		1	1	<b>2</b>
		50.0%	50.0%	<b>100.0%</b>
Prefer not to say	31 March 2023	8	7	<b>15</b>
		53.3%	46.7%	<b>100.0%</b>
	31 March 2024	4	5	<b>9</b>
		44.4%	55.6%	<b>100.0%</b>
	31 March 2025	8	3	<b>11</b>
		72.7%	27.3%	<b>100.0%</b>
<b>Total</b>	<b>31 March 2023</b>	<b>62</b>	<b>47</b>	<b>109</b>
		<b>56.9%</b>	<b>43.1%</b>	<b>100.0%</b>
	<b>31 March 2024</b>	<b>44</b>	<b>34</b>	<b>78</b>
		<b>56.4%</b>	<b>43.6%</b>	<b>100.0%</b>
	<b>31 March 2025</b>	<b>54</b>	<b>40</b>	<b>94</b>
		<b>57.4%</b>	<b>42.6%</b>	<b>100.0%</b>

**Table 55: Case Examiner decisions – Religion – 31 March 2025**

	Christian		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
No further action (incl. advice/warning issued)	8	8.5%	13	13.8%	11	11.7%	9	9.6%	6	6.4%	7	7.4%	<b>54</b>	<b>57.4%</b>
Referral to Fitness to Practise Committee (FtPC)	9	9.6%	9	9.6%	4	4.3%	7	7.4%	3	3.2%	8	8.5%	<b>40</b>	<b>42.6%</b>
<b>Total</b>	<b>17</b>	<b>18.1%</b>	<b>22</b>	<b>23.4%</b>	<b>15</b>	<b>16.0%</b>	<b>16</b>	<b>17.0%</b>	<b>9</b>	<b>9.6%</b>	<b>15</b>	<b>16.0%</b>	<b>94</b>	<b>100.0%</b>

## EMPLOYEE DATA

**Table 56: GOC Employees – Sex – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Female	49	62.8%	54	69.2%	60	69.0%
Male	29	37.2%	24	30.8%	27	31.0%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 57: GOC Employees – Age – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Under 25	2	2.6%	1	1.3%	3	3.4%
25-34	27	34.6%	23	29.5%	23	26.4%
35-44	29	37.2%	30	38.5%	34	39.1%
45-54	13	16.7%	14	17.9%	16	18.4%
55-64	7	9.0%	11	14.1%	11	12.6%
65+	0	0.0%	0	0.0%	0	0.0%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 58: GOC Employees – Ethnicity – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
White British	35	44.9%	35	44.9%	41	47.1%
Asian / Asian British	15	19.2%	15	19.2%	15	17.2%
Black / Black British	16	20.5%	15	19.2%	19	21.8%

Mixed/Multiple	2	2.6%	3	3.8%	6	6.9%
Other	9	11.5%	9	11.5%	9	10.3%
Prefer not to say	1	1.3%	1	1.3%	1	1.1%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 59: GOC Employees – Disability – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Disabled	7	9.0%	10	12.8%	13	14.9%
Not disabled	71	91.0%	68	87.2%	74	85.1%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 60: GOC Employees – Sexual orientation – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Heterosexual/Straight	41	52.6%	55	70.5%	55	63.2%
Gay	1	1.3%	1	1.3%	2	2.2%
Bisexual	4	5.1%	4	5.1%	5	5.7%
Other	0	0.0%	0	0.0%	0	0.0%
Prefer not to say	32	41.0%	18	23.1%	18	20.7%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 61: GOC Employees – Religion – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
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Christian	15	19.2%	18	23.1%	26	29.9%
Muslim	6	7.7%	8	10.3%	7	8.0%
Hindu	3	3.9%	4	5.1%	4	4.6%
Buddhist; Sikh	2	2.6%	2	2.6%	1	1.1%
No religion	16	20.5%	24	30.8%	28	32.2%
Prefer not to say	36	46.2%	22	28.2%	21	24.2%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>87</b>	<b>100.0%</b>

**Table 62: GOC Employees – Gender Identity – 2023 to 2025**

	31 March 2023		31 March 2024		31 March 2025	
Same as birth	48	61.5%	59	75.6%	68	78.2%
Different from birth	0	0.0%	1	1.3%	1	1.1%
Prefer not to say	30	38.5%	18	23.1%	18	20.7%
<b>Total responses received</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>	<b>78</b>	<b>100.0%</b>

## MEMBER AND WORKER DATA

**Table 63: Members and Workers – Committee – 31 March 2025**

	Lay	Registrant	Total
Council member	5	5	10
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	11	16	27
Hearing Panel	25	23	48
Education Visitor Panel or Clinical Advisor	6	22	28
CPD Auditor/Reviewer	0	11	11
<b>Total responses received</b>	<b>47</b>	<b>77</b>	<b>124</b>

**Table 64: Members and Workers – Sex – 31 March 2025**

	Male		Female		Prefer not to say		Total	
Council member	3	30.0%	7	70.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	12	44.4%	14	51.9%	1	3.7%	27	100.0%
Hearing Panel	18	37.5%	30	62.5%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	14	50.0%	13	46.4%	1	3.6%	28	100.0%
CPD Auditor/Reviewer	2	18.2%	8	72.7%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>49</b>	<b>39.5%</b>	<b>72</b>	<b>58.1%</b>	<b>3</b>	<b>2.4%</b>	<b>124</b>	<b>100.0%</b>



**Table 65: Members and Workers – Age – 31 March 2025**

	Under 25		25-34		35-44		45-54		55-64		65+		Prefer not to say		Total	
Council member	0	0.0%	0	0.0%	0	0.0%	2	20.0%	5	50.0%	3	30.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	0	0.0%	1	3.7%	3	11.1%	9	33.3%	10	37.0%	2	7.4%	2	7.4%	27	100.0%
Hearing Panel	0	0.0%	0	0.0%	7	14.6%	11	22.9%	22	45.8%	8	16.7%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	0	0.0%	2	7.1%	8	28.6%	6	21.4%	11	39.3%	0	0.0%	1	3.6%	28	100.0%
CPD Auditor/Reviewer	0	0.0%	3	27.3%	2	18.2%	2	18.2%	2	18.2%	1	9.1%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>0</b>	<b>0.0%</b>	<b>6</b>	<b>4.8%</b>	<b>20</b>	<b>16.1%</b>	<b>30</b>	<b>24.2%</b>	<b>50</b>	<b>40.3%</b>	<b>14</b>	<b>11.3%</b>	<b>4</b>	<b>3.2%</b>	<b>124</b>	<b>100.0%</b>

**Table 66: Members and Workers – Ethnicity – 31 March 2025**

	White EWSNI/Irish		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Council member	7	70.0%	2	20.0%	0	0.0%	0	0.0%	1	10.0%	0	0.0%	10	100.0%

Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	18	66.7%	7	25.9%	0	0.0%	1	3.7%	0	0.0%	1	3.7%	27	100.0%
Hearing Panel	40	83.3%	3	6.3%	1	2.1%	0	0.0%	4	8.3%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	22	78.6%	1	3.6%	0	0.0%	0	0.0%	4	14.3%	1	3.6%	28	100.0%
CPD Auditor/Reviewer	7	63.6%	3	27.3%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>94</b>	<b>75.8%</b>	<b>16</b>	<b>12.9%</b>	<b>1</b>	<b>0.8%</b>	<b>1</b>	<b>0.8%</b>	<b>9</b>	<b>7.3%</b>	<b>3</b>	<b>2.4%</b>	<b>124</b>	<b>100.0%</b>

**Table 67: Members and Workers – Religion – 31 March 2025**

	Christian		Muslim		Hindu		Buddhist; Jewish; Other		No religion		Prefer not to say		Total	
Council member	4	40.0%	0	0.0%	2	20.0%	2	20.0%	2	20.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	10	37.0%	3	11.1%	3	11.1%	1	3.7%	7	25.9%	3	11.1%	27	100.0%

Hearing Panel	20	41.7%	2	4.2%	1	2.1%	7	14.6%	16	33.3%	2	4.2%	48	100.0%
Education Visitor Panel or Clinical Advisor	11	39.3%	2	7.1%	0	0.0%	0	0.0%	11	39.3%	4	14.3%	28	100.0%
CPD Auditor/Reviewer	4	36.4%	1	9.1%	1	9.1%	1	9.1%	2	18.2%	2	18.2%	11	100.0%
<b>Total responses received</b>	<b>49</b>	<b>39.5%</b>	<b>8</b>	<b>6.6%</b>	<b>8</b>	<b>6.5%</b>	<b>11</b>	<b>8.8%</b>	<b>38</b>	<b>30.6%</b>	<b>11</b>	<b>8.8%</b>	<b>124</b>	<b>100.0%</b>

**Table 68: Members and Workers – Gender – 31 March 2025**

	Male		Female		Prefer not to say		Total	
Council member	3	30.0%	7	70.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	12	44.4%	14	51.9%	1	3.7%	27	100.0%
Hearing Panel	18	37.5%	30	62.5%	0	0.0%	48	100.0%

Education Visitor Panel or Clinical Advisor	14	50.0%	13	46.4%	1	3.6%	<b>28</b>	<b>100.0%</b>
CPD Auditor/Reviewer	2	18.2%	8	72.7%	1	9.1%	<b>11</b>	<b>100.0%</b>
<b>Total responses received</b>	<b>49</b>	<b>39.5%</b>	<b>72</b>	<b>58.1%</b>	<b>3</b>	<b>2.4%</b>	<b>124</b>	<b>100.0%</b>

**Table 69: Members and Workers – Intersex and/or variation of sex characteristics (VSC) – 31 March 2025**

	Yes		No		Prefer not to say		Total	
Council member	0	0.0%	10	100.0%	0	0.0%	<b>10</b>	<b>100.0%</b>
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	1	3.7%	25	92.6%	1	3.7%	<b>27</b>	<b>100.0%</b>
Hearing Panel	1	2.1%	46	95.8%	1	2.1%	<b>48</b>	<b>100.0%</b>
Education Visitor Panel or Clinical Advisor	0	0.0%	27	96.4%	1	3.6%	<b>28</b>	<b>100.0%</b>
CPD Auditor/Reviewer	0	0.0%	10	90.9%	1	9.1%	<b>11</b>	<b>100.0%</b>

Total responses received	2	1.6%	118	95.2%	4	3.3%	124	100.0%
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**Table 70: Members and Workers – Disability – 31 March 2025**

	Yes		No		Prefer not to say		Total	
Total responses received	10	8.1%	109	87.9%	5	4.0%	124	100.0%

Note: Disability here is defined as any physical or mental health conditions or illnesses that reduces one's ability to carry out day-to-day activities, which have lasted or are expected to last 12 months or more

**Table 71: Members and Workers – Type of Disability – 31 March 2025**

	Learning disability (e.g. dyslexia, dyspraxia)		Mental health condition (e.g. anxiety, depression)		Neurodiversity (e.g. autism, ADHD); Mental health condition (e.g. anxiety, depression)		Neurological condition (e.g. epilepsy, cerebral palsy)		Physical (e.g. amputation, paralysis)		Sensory (e.g. Blind, Deaf)		Other		Prefer not to say or N/A		Total	
Total responses received	0	0.0%	1	0.8%	2	1.6%	4	3.2%	4	3.2%	1	0.8%	4	3.2%	108	87.1%	124	100.0%

**Table 72: Members and Workers – Marital status – 31 March 2025**

	Married or in a registered civil partnership	Never married and never registered a civil partnership	Divorced or civil partnership dissolved	Widowed or a surviving partner from a civil partnership	Other	Prefer not to say	Total
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Council member	10	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	20	74.1%	3	11.1%	3	11.1%	0	0.0%	0	0.0%	1	3.7%	27	100.0%
Hearing Panel	39	81.3%	7	14.6%	1	8.0%	1	2.1%	0	0.0%	2	4.2%	48	100.0%
Education Visitor Panel or Clinical Advisor	22	78.6%	2	7.1%	2	7.1%	0	0.0%	0	0.0%	2	7.1%	28	100.0%
CPD Auditor/Reviewer	7	63.6%	3	27.3%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>98</b>	<b>79.0%</b>	<b>8</b>	<b>6.5%</b>	<b>8</b>	<b>6.5%</b>	<b>1</b>	<b>0.8%</b>	<b>1</b>	<b>0.8%</b>	<b>2</b>	<b>1.6%</b>	<b>124</b>	<b>100.0%</b>

**Table 73: Members and Workers – Sexual orientation – 31 March 2025**

	Heterosexual		Homosexual		Bisexual		Other		Prefer not to say		Total	
Council member	10	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	24	88.9%	0	0.0%	0	0.0%	0	0.0%	3	11.1%	27	100.0%
Hearing Panel	43	89.6%	3	6.3%	1	2.1%	0	0.0%	1	2.1%	48	100.0%

Education Visitor Panel or Clinical Advisor	24	85.7%	1	3.6%	0	0.0%	0	0.0%	3	10.7%	28	100.0%
CPD Auditor/Reviewer	9	81.8%	0	0.0%	0	0.0%	0	0.0%	2	18.2%	11	100.0%
<b>Total responses received</b>	<b>110</b>	<b>88.7%</b>	<b>4</b>	<b>3.2%</b>	<b>1</b>	<b>0.8%</b>	<b>0</b>	<b>0.0%</b>	<b>9</b>	<b>7.3%</b>	<b>124</b>	<b>100.0%</b>

**Table 74: Members and Workers – Main spoken language – 31 March 2025**

	English		Other (including sign language)		Prefer not to say		Total	
Council member	9	90.0%	1	10.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	25	92.6%	1	3.7%	1	3.7%	27	100.0%
Hearing Panel	45	93.8%	1	2.1%	2	4.2%	48	100.0%
Education Visitor Panel or Clinical Advisor	28	100.0%	0	0.0%	0	0.0%	28	100.0%
CPD Auditor/Reviewer	9	81.8%	0	0.0%	2	18.2%	11	100.0%
<b>Total responses received</b>	<b>116</b>	<b>93.5%</b>	<b>3</b>	<b>2.4%</b>	<b>5</b>	<b>4.0%</b>	<b>124</b>	<b>100.0%</b>

**Table 75: Members and Workers – Additional languages spoken fluently – 31 March 2025**

	Yes		No		Prefer not to say		Total	
Council member	2	20.0%	8	80.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	8	29.6%	18	66.7%	1	3.7%	27	100.0%

Hearing Panel	10	20.8%	38	79.2%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	5	2.9%	23	82.1%	0	0.0%	28	100.0%
CPD Auditor/Reviewer	2	18.2%	7	63.6%	2	18.2%	11	100.0%
<b>Total responses received</b>	<b>27</b>	<b>21.8%</b>	<b>94</b>	<b>75.8%</b>	<b>3</b>	<b>2.4%</b>	<b>124</b>	<b>100.0%</b>

**Table 76: Members and Workers – Occupation of main household earner when you were aged 14 – 31 March 2025**

	Clerical and intermediate occupations such as secretary, personal assistant, call centre agent, clerical worker, nursery nurse		Modern professional and traditional professional occupations such as teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil engineer or mechanical engineer		Routine, semi-routine manual and service occupations such as postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter or waitress, bar staff		Senior, middle or junior managers or administrators such as finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager		Small business owners who employed fewer than 20 people such as corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner		Technical and craft occupations such as motor mechanic, plumber, printer, electrician, gardener, train driver		Other		Prefer not to say		Total	
Council member	0	0.0%	5	50.0%	1	14.3%	1	14.3%	0	0.0%	2	20.0%	1	14.3%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	0	0.0%	8	29.6%	5	18.5%	1	3.7%	3	11.1%	6	22.2%	0	0.0%	4	14.8%	27	100.0%



Hearing Panel	3	6.3%	21	43.8%	6	12.5%	6	12.5%	3	6.3%	6	12.5%	2	4.2%	1	2.1%	48	100.0%
Education Visitor Panel or Clinical Advisor	1	3.6%	7	25.0%	3	10.7%	8	28.6%	3	10.7%	3	10.7%	0	0.0%	3	10.7%	28	100.0%
CPD Auditor/Reviewer	0	0.0%	5	45.5%	0	0.0%	2	18.2%	2	18.2%	1	9.1%	0	0.0%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>4</b>	<b>3.2%</b>	<b>46</b>	<b>37.1%</b>	<b>15</b>	<b>12.1%</b>	<b>18</b>	<b>14.5%</b>	<b>11</b>	<b>8.8%</b>	<b>18</b>	<b>14.5%</b>	<b>3</b>	<b>2.4%</b>	<b>9</b>	<b>7.3%</b>	<b>124</b>	<b>100.0%</b>

**Table 77: Members and Workers – Type of school attended most of the time between the ages of 11 and 16 – 31 March 2025**

	State-run or state-funded school		Independent or fee-paying school		Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there		Attended school outside the UK		Prefer not to say		Total	
Council member	8	80.0%	1	10.0%	0	0.0%	1	10.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	21	77.8%	2	7.4%	0	0.0%	1	3.7%	3	11.1%	27	100.0%
Hearing Panel	38	79.2%	4	8.3%	3	6.3%	3	6.3%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	23	82.1%	2	7.1%	0	0.0%	2	7.1%	1	3.6%	28	100.0%

CPD Auditor/Reviewer	8	72.7%	1	9.1%	0	0.0%	1	9.1%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>98</b>	<b>79.0%</b>	<b>10</b>	<b>8.1%</b>	<b>3</b>	<b>2.4%</b>	<b>8</b>	<b>6.5%</b>	<b>5</b>	<b>4.0%</b>	<b>124</b>	<b>100.0%</b>

**Table 78: Members and Workers – Free school meal eligibility during school years (if finished school after 1980) – 31 March 2025**

	Yes		No		I don't know		Prefer not to say or N/A		Total	
Council member	0	0.0%	6	60.0%	0	0.0%	4	40.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	1	3.7%	18	66.7%	0	0.0%	8	29.6%	27	100.0%
Hearing Panel	6	12.5%	21	43.8%	5	10.4%	16	33.3%	48	100.0%
Education Visitor Panel or Clinical Advisor	5	17.9%	16	57.1%	1	3.6%	6	21.4%	28	100.0%
CPD Auditor/Reviewer	0	0.0%	8	72.7%	0	0.0%	3	27.3%	11	100.0%
<b>Total responses received</b>	<b>12</b>	<b>9.9%</b>	<b>69</b>	<b>55.6%</b>	<b>6</b>	<b>4.8%</b>	<b>37</b>	<b>29.8%</b>	<b>124</b>	<b>100.0%</b>

**Table 79: Members and Workers – Country of residence – 31 March 2025**

	England	Scotland	Wales	Northern Ireland	Other	Prefer not to say	Total
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Council member	7	70.0%	0	0.0%	1	10.0%	2	20.0%	0	0.0%	0	0.0%	10	100.0%
Committee member (includes Advisory Panel and independent members on Council committees; excludes Council members)	24	88.9%	1	3.7%	1	3.7%	0	0.0%	0	0.0%	1	3.7%	27	100.0%
Hearing Panel	42	87.5%	1	2.1%	2	4.2%	3	6.3%	0	0.0%	0	0.0%	48	100.0%
Education Visitor Panel or Clinical Advisor	20	71.4%	3	10.7%	2	7.1%	3	10.7%	0	0.0%	0	0.0%	28	100.0%
CPD Auditor/Reviewer	7	63.6%	3	27.3%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	11	100.0%
<b>Total responses received</b>	<b>100</b>	<b>80.6%</b>	<b>8</b>	<b>6.5%</b>	<b>6</b>	<b>4.8%</b>	<b>8</b>	<b>6.5%</b>	<b>0</b>	<b>0.0%</b>	<b>2</b>	<b>1.6%</b>	<b>124</b>	<b>100.0%</b>

## STUDENT ACADEMIC YEAR DATA

**Table 80: Students – Sex – AY 2021/22 to AY 2023/24**

	AY 2021/22	AY 2022/23	AY 2023/24
Male	35.6%	31.8%	30.4%
Female	64.4%	68.2%	69.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 81: Students – Sex – Professional group – AY 2021/22 to AY 2023/24**

	AY 2021/22				AY 2022/23				AY 2023/24			
	Male		Female		Male		Female		Male		Female	
Optometry	1,161	35.5%	2,109	64.5%	1,030	31.8%	2,209	68.2%	1,026	29.6%	2,440	70.3%
Dispensing Optics	262	34.4%	501	65.6%	218	29.4%	522	70.6%	304	31.8%	656	68.3%
Independent Prescribing	113	41.4%	159	58.6%	97	41.9%	135	58.1%	133	32.3%	272	65.5%
Contact Lens	22	33.3%	44	66.7%	12	19.8%	48	80.2%	30	34.8%	58	65.2%
<b>Total</b>	<b>1,558</b>	<b>35.6%</b>	<b>2,813</b>	<b>64.4%</b>	<b>1,357</b>	<b>31.8%</b>	<b>2,914</b>	<b>68.2%</b>	<b>1,493</b>	<b>30.4%</b>	<b>3,426</b>	<b>69.5%</b>

**Table 82: Students – Age – AY 2021/22 to AY 2023/24**

	AY 2021/22	AY 2022/23	AY 2023/24
20 and under	48.1%	49.6%	45.3%
21-24	25.0%	25.3%	22.9%
25-29	9.7%	10.2%	13.3%
30-39	11.3%	9.1%	11.8%
40+	5.5%	5.4%	6.2%
Not known	0.5%	0.4%	0.3%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 83: Students – Age – Professional group – AY 2023/24**

	20 and under	21-24	25-29	30-39	40+	Prefer not to say
Optometry	61.5%	21.8%	6.5%	6.6%	2.9%	0.5%
Dispensing Optics	19.8%	24.6%	24.0%	19.9%	11.3%	0.0%
Independent Prescribing	0.0%	7.0%	27.4%	31.4%	34.3%	0.0%
Contact Lens	0.0%	2.2%	10.8%	42.6%	23.1%	10.7%

**Table 84: Students – Ethnicity – AY 2021/22 to AY 2023/24**

	AY 2021/22	AY 2022/23	AY 2023/24
White / White British	32.5%	30.7%	37.5%
Black / Black British	3.8%	3.4%	3.0%
Asian / Asian British	54.5%	55.6%	55.3%
Mixed/Multiple	3.7%	1.4%	1.9%
Other	2.8%	3.2%	3.8%
Not known	2.7%	5.8%	2.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Note – the “White / White British” category is not exclusively “White EWSNI/Irish”, as seen in other tables.

**Table 85: Students – Ethnicity – Professional group – AY 2023/24**

	White / White British	Black / Black British	Asian / Asian British	Mixed/Multiple	Other	Not known
Optometry	28.0%	3.8%	60.9%	1.7%	3.5%	3.0%
Dispensing Optics	52.3%	1.3%	44.0%	2.2%	4.3%	1.8%
Independent Prescribing	42.6%	3.7%	47.3%	1.7%	2.7%	2.1%
Contact Lens	74.3%	<1.0%*	23.2%	<1.0%*	0.0%	<1.0%*

Note – the “White / White British” category is not exclusively “White EWSNI/Irish”, as seen in other tables.

\* data was suppressed for one supplier due to small numbers so an exact figure cannot be given

\*\* data was suppressed for one supplier due to small numbers so a total of 100% is not given

**Table 86: Students – Disability – AY 2021/22 to AY 2023/24**

	AY 2021/22	AY 2022/23	AY 2023/24
Known disability	7.6%	9.3%	12.6%
No known disability	89.5%	89.1%	87.5%
Prefer not to say / Unknown	2.9%	1.5%	0.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

**Table 87: Students – Disability – Professional group – AY 2023/24**

	Known disability	No known disability	Prefer not to say / Unknown
Optometry	14.9%	84.5%	0.6%
Dispensing Optics	7.7%	92.4%	0.0%
Independent Prescribing	1.8%	90.1%	8.1%
Contact Lens	<0.5%*	98.7%	<0.5%*

\* data was suppressed for one supplier due to small numbers so an exact figure cannot be given





## Thematic review: Commercial practices and patient safety

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**Meeting:** 16 September 2025

**Status:** For decision

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

**Paper authors:** Angharad Jones (Policy Manager) and Marie Bunby (Policy Manager)

**Council leads:** Ros Levenson and Dr Hema Radhakrishnan

### Purpose

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1. To enable Council to discuss and approve the business case (annex 1) for our thematic review into commercial practices and patient safety.

### Recommendations

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2. Council is asked to approve the business case (annex 1).

### Strategic objective

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3. Thematic reviews contribute towards the achievement of the following strategic objective: Preventing harm through agile regulation. However, this thematic review will also contribute to the other two strategic objectives: creating fairer and more inclusive eye care services; and supporting responsible innovation and protecting the public. This work is included in our 2025/26 Business Plan.

### Background

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4. In December 2024 Council approved our corporate strategy for 2025-30. The strategy highlights the use of thematic reviews to support our strategic objective of preventing harm through agile regulation.
5. Following the Advisory Panel's feedback, in March 2025 Council agreed the topic for the first thematic review would be commercial practices and patient safety, with the allocation of £40,000 from strategic reserves to undertake the review.
6. Our proposed approach to carrying out the thematic review was presented to the Advisory Panel at their meeting in June 2025. They supported our approach but thought that we should also look at concerns around services to very young children (the refusal to treat young children and over-prescribing). We agree with this and have incorporated this into our business case (annex 1).
7. We have also met with a number of Companies Committee members to help ensure that we listen to and understand the views of optical businesses.

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**Analysis**

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8. Our approach to carrying out this thematic review is outlined in annex 1.

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**Finance**

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9. We have an allocated budget of £40,000 from strategic reserves. We consider that any additional spend if required can be resourced from underspend on the business as usual (BAU) budget, so we are not seeking Council approval for additional funds. In accordance with the GOC's Scheme of Delegation for Financial Management, all new projects funded by strategic reserves require Council to approve the business case.

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**Risks**

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10. There is a risk that if we do not carry out this work, we will not be meeting our commitments as outlined in our business plan and corporate strategy 2025-30.
11. There is also a risk that some stakeholders will not be supportive of the topic that we have chosen to review, including concerns about GOC being anti-business and not understanding the commercial environment. We will carefully plan the review and continue to engage with stakeholders to explain the reasoning behind it and how we will ensure that all appropriate voices are heard within the data collection phase.

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**Equality Impacts**

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12. We have not carried out an equality impact assessment as we are not proposing a new or amended policy. However, there are strong equality, diversity and inclusion dimensions to this piece of work covering both patients (e.g. access to services and patient experiences) and registrants (e.g. the impact of targets on wellbeing) that we will consider during the review.

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**Devolved nations**

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13. We will engage with stakeholders in all four UK nations as part of the review.

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**Communications**

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**External communications**

14. We have publicised this thematic review as part of our external business plan for 2025-26. We will publish annex 1 on our website following the Council meeting and continue to keep stakeholders updated through our public Council papers and through appropriate engagement with them once the thematic review starts.

**Internal communications**

15. We are keeping staff updated about our progress with the thematic review and will involve relevant staff as and when appropriate.

#### **Next steps**

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16. We will carry out our research and engagement activities with a view to presenting the findings from our thematic review to Council at their meeting in June 2026.

#### **Attachments**

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Annex 1: Business case – a thematic review of commercial practices and patient safety

## **Annex 1: Business case – a thematic review of commercial practices and patient safety**

### **1. Overview**

The commercial nature of eye care services is an inherent feature of the sector. When it operates well, this brings several benefits for patients including by spurring innovation that widens access to services and improves the quality of care. GOC surveys show high levels of public trust in the profession and that most patients are satisfied with the eye care services they receive and get good value for money.

However, through our surveys and wider engagement, many registrants have indicated concern about the influence of some commercial practices on their ability to deliver safe patient care. These concerns include the risk of missing diagnosis of eye health conditions due to short sight testing times and clinics being overbooked. Other concerns relate to targets and financial incentives to sell products and services that patients do not need, or which are not in their best interests. Where these factors contribute to registrants feeling unsafe at work due to stress and behaviours like bullying, this can make it more difficult for them to provide safe and effective care.

Another set of concerns relate to barriers accessing eye care services, especially for people in vulnerable circumstances. GOC research highlights the role of cost as a barrier to accessing eye care services, including the cost of the sight test, the cost of eyewear and fear of pressure selling. Contributory factors include a lack of price transparency and patients not being told about eligibility for NHS financial support. There is anecdotal evidence of some businesses refusing to treat young children, including because the costs of serving this group are too high.

Our aim in carrying out this thematic review is to help us understand the nature and extent of these practices and their impacts, and to identify any interventions that we and the wider sector can take to help mitigate against this.

Whilst we acknowledge the challenges of delivering eye care within a commercial setting, as the regulator we must ensure that commercial practices do not impede and are not prioritised ahead of safe patient care. Commercial practices must also not act as a barrier to accessing care, and this is particularly important given the government's priority to deliver more eye care services in the community.

We recognise as a relevant factor the impact of General Ophthalmic Services (GOS) fees and wider NHS contracts on the extent to which clinical services need to be subsidised by the retail part of the business. These dynamics will differ in each of the four nations reflecting the devolved nature of eye care. While this provides context for our thematic review, contractual reform is a matter for governments to determine, and our focus must remain on the role of regulation in line with our statutory remit.

In carrying out this review, we will listen to the views of a wide range of stakeholders to ensure we take a balanced and informed view. Our statutory purpose is to protect the public, but in doing so we also have a role to play in supporting GOC registrants, both individuals and businesses, to deliver safe and effective eye care for all.

## **2. Our existing evidence base**

In 2023, our Europe Economics [research](#) highlighted that commercial considerations can pose risks to patients in the following ways:

- if they prevent optical professionals from providing the best care; or
- if they create incentives to prioritise revenue generation or cost-cutting over and above patient care, for example through product sales targets, unrealistic sight test times, or under-investment in equipment.

In our 2019 risk [research](#), when likelihood and severity of impact factors were combined, 'time constraints with patients' and 'commercial or performance target pressure' were the two highest ranked risks across the study. The study highlighted the connection between these and other risks, and the relationship of these factors to stress, multiplying concerns around patient safety.

Our annual [registrant survey](#) continues to highlight the challenges registrants face in delivering safe patient care. In our 2025 survey, the percentage of respondents who experienced the following sometimes or frequently in the last 12 months was:

- 48% - the standard time allocated for a sight test was insufficient to provide safe patient care
- 41% - felt pressure to see a high number of patients every day which has impacted on their ability to provide safe patient care
- 32% - felt under pressure to meet commercial targets at the expense of patient care
- 29% - were asked to overbook clinics
- 21% - felt under pressure to sell a product or provide a service which they considered was not needed by the patient

In 2025, our lived experience research with registrants who had experienced harassment, bullying, abuse or discrimination in their roles highlighted commercial pressures and increased workload as drivers responsible for loss of job satisfaction that set the context for their negative experiences.

Our [public perceptions](#) research continues to show that the perceived cost of glasses or contact lenses and the sight test, as well as pressure to buy glasses or contact lenses, drive reluctance to visit an optical business. This is more pronounced for those with any types of vulnerabilities such as a disability or low income.

In our 2025 [lived experience](#) research with patients in vulnerable circumstances, cost of the sight test and glasses were seen as inhibiting for the majority of participants.

They also worried about the pressure to buy eyewear, and many were unaware of the financial help, such as NHS vouchers, that might be available. Participants wished for more clarity on the cost of glasses, contact lenses and any add-ons during the sight test and clarity about any help available with costs.

### **3. Project objectives**

- Develop an understanding of commercial practices in the eye care sector in which GOC registrants provide care.
- Understand what, if any, detrimental impact there is on patients/public.
- Understand what, if any, detrimental impact there is on individual registrants.
- Identify actions for GOC and the wider eye care sector.

### **4. Project scope**

From our research and engagement with stakeholders to date, the issues below have been identified. We will explore these further as part of the review and consider any others that may emerge.

- Overbooking/ghost clinics (these take different forms, but are typically where a business double books patients in a clinic, to mitigate against lost appointments due to patients that don't attend, which may result in rushed or reduced appointment times)
- Short sight testing times
- Commercial targets and incentives (such as selling products and services that are more financially beneficial to the business or that the patient may not clinically require)
- Lack of transparency around costs and eligibility for NHS financial support
- Refusal to treat young children, in part for commercial reasons

We will consider the findings of relevant healthcare inquiries. For example, conflicts of interest can lead to professionals making decisions which are not in the best interests of patients. The [report](#) of the Independent Medicines and Medical Devices Safety (IMMDS) Review highlighted these concerns and recommended increased transparency to support improved management of these conflicts.<sup>2</sup> The Labour Government inherited outstanding recommendations from the IMMDS review, which could require action by healthcare regulators.

### **5. Methodology**

We will build on our existing evidence base by gathering additional information outlined below.

#### ***Internal research***

- A LinkedIn conversation on commercial practices to gather data from registrants and those working in optical businesses.

- Analysis of Optical Consumer Complaints Service (OCCS) caseload, fitness to practise cases and enquiries to our professional standards inbox.
- Request NHS data on the age profile of sight tests.
- Analysis of business websites to assess levels of price transparency and information on eligibility for NHS financial support.
- Analysis of online customer reviews.

### ***Commissioned research***

- New questions in our registrant and public perceptions surveys 2026 to build on our knowledge and gain further insights in relation to the incidence, nature and impact of commercial practices on registrants and patients and the public.
- Qualitative research with, for example, business owners and registrants.

### ***Stakeholder engagement***

- It is important that we listen to a variety of different perspectives within the sector, and will engage with external stakeholders, such as GOC registrants, business owners, the devolved nations, NHS services, other regulators and organisations representing patients and providers.

## **6. Outcomes**

By the end of the thematic review, we should have a good understanding of the nature and extent of commercial practices in the sector and the potential harms these may cause to patients and individual registrants. We will produce a published report summarising our key findings and recommendations.

The findings will inform work planned to scope a substantive review of our Standards for Optical Businesses, which is due to begin later this year.

## **7. Timetable**

Item	Date
GOC Council sign off business case	16 September 2025
Research and engagement	September 2025 – May 2026
Report delivered to Council	June 2026

## Registrant survey 2025 and lived experience research

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**Meeting:** 16 September 2025

**Status:** For noting

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

**Paper author:** Angharad Jones (Policy Manager)

### Purpose

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1. To enable Council to discuss the key findings from our registrant survey 2025 (annex 1) and the qualitative research exploring the lived experiences of registrants who have experienced harassment, bullying, abuse and discrimination (annex 2).

### Recommendations

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2. Council is asked to note the findings from the surveys.

### Strategic objective

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3. This work contributes towards the achievement of the following strategic objective: Creating fairer and more inclusive eye care services. This work is included in our 2025/26 Business Plan.

### Background

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4. As the regulator it's important that we understand the views and experiences of registrants and the research we carry out helps to track trends and highlight any issues. Although our statutory role is to protect the public, in doing so we must also support registrants so they are able to deliver safe and effective patient care.
5. We have commissioned Enventure Research to carry out an annual registrant survey since 2021. The survey is an online survey of all our individual registrants including optical students. The aim of the survey is to help us better understand registrant experiences of working in clinical practice and views and perceptions of the GOC. We ask a number of tracking questions each year to help us track trends in key areas, as well as a number of new questions. The previous reports are available on the [policy and research](#) pages of our website.
6. The survey was an online survey sent out between 25 March and 4 May 2025. We received 3,798 responses, representing a 12% response rate. The research is highly robust with a 90% confidence interval at +/- 1.5% (this compares to +/- 5% in many public opinion surveys).



7. Over the past few years, we have seen a worrying number of registrants reporting challenging working conditions including harassment, bullying, abuse and discrimination. We wanted to explore these findings further so this year commissioned Explain Research to carry out 38 in-depth interviews with registrants who had experienced these negative behaviours. This is the first time we have carried out a qualitative research project like this, and it has helped bring to life the experiences of registrants.
8. We also published the [business registrant survey](#) on our website. This was considered by Companies Committee on 6 June. We do not intend to cover this further to focus Council discussion on the most pressing issues.

## Analysis

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9. In this section we have summarised some of the key findings from the registrant survey and lived experience research focusing specifically on:
  - some of the new questions from this year's registrant survey;
  - harassment, bullying, abuse and discrimination; and
  - commercial practices and patient safety.

## New questions

### *Motivation for joining the professions*

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

### *Experiences of supervisors*

11. Persuading more fully-qualified optometrists to become pre-registration supervisors is another sector priority so we asked questions about this. Amongst optometrists who had supervised a pre-registration trainee in the last 12 months:
  - 62% cited their motivation was wanting to help others join the professions
  - 32% said it helped with enhancing their own skills and experience
  - 30% said increased job satisfaction
  - Only small proportions cited increased responsibility (14%), increased salary (12%), or increased professional status (10%), suggesting that supervision is largely driven by altruistic motivations
12. The main challenges were the time required and the increased workload which could impact on the amount of support supervisors were able to give trainees. More support was needed from employers to help balance existing demands with new ones. Finally, some supervisors reported that trainees entered the workplace

underprepared with gaps in skills and knowledge, which they felt took more of their time in terms of bringing them up to speed.

#### *GOC registration fees*

13. The 2025-30 corporate strategy includes a commitment to review our approach to setting the annual registration renewal fee, so we included questions on this to aid our preparations for this work.
14. Satisfaction with fees continues to be low – only 38% of optometrists and 20% of dispensing opticians consider the fees we set to be reasonable.
15. 54% of respondents paid their own registration fee, while 44% have it paid by their employer. Optometrists were more likely to self-fund than dispensing opticians.
16. 53% of respondents indicated that they would prefer to pay their fee in instalments. Interest was strongest amongst dispensing opticians (72%) and student dispensing opticians (65%).

#### *Continuing Professional development (CPD)*

17. We asked questions to inform the evaluation of the 2022-24 CPD cycle (which Council considered at its June meeting) and to inform work in the 2025-30 strategy to review the CPD system so that it focuses on the quality rather than quantity of CPD. Registrants made a number of suggestions to change the CPD scheme:
  - Reduce the administrative burden of the CPD scheme (e.g. points could be logged by the provider and automatically uploaded).
  - Reflective activities and the personal development plan (PDP) were often seen as a box ticking exercise and didn't deliver any personal benefit. Some thought these activities should be optional.
  - The current scheme should be more flexible and less prescriptive.
  - Funding issues were highlighted by dispensing opticians and contact lens opticians.

#### **Harassment, bullying, abuse and discrimination**

18. In relation to experiences of harassment, bullying, and abuse and discrimination over the last 12 months:
  - 36% reported this from patients and service users (41% in 2024)
  - 19% reported this from managers (20% in 2024)
  - 17% reported this from other colleagues (18% in 2024)
  - 29% reported some form of discrimination (31% in 2024)
  - Those with a disability, females, or those from an ethnic minority background were more likely to experience these types of behaviours.
  - Reporting remains low with only 35% reporting it for harassment, bullying or abuse, and 25% reporting it for discrimination.

- The main reasons for not reporting were that respondents didn't trust that anything would be done; they couldn't prove the incident took place; and were worried about any repercussions.
19. Our new lived experience research found that harassment, bullying, abuse and discrimination could have serious and profound effects on the individual such as:
- mental and physical health issues (e.g. anxiety, depression, headaches);
  - at work, reduced confidence, less desire for career progression and more likely to reduce their hours; and
  - at home, intrusive thoughts and anxiety about work.
20. The lived experience research also found similar issues in relation to reporting, such as a lack of trust and fear about any repercussions.

### **Commercial practices and patient safety**

21. Overall job satisfaction levels are down, with just 55% of respondents feeling satisfied in their role over the past 12 months, compared to 62% in 2023 and 58% in 2024. The lived experience research highlighted commercial pressures and an increase in workloads as key drivers for dissatisfaction in the professions.
22. New questions we asked in this year's registrant survey to inform the thematic review on commercial practices and patient safety. Respondents indicated whether they had experienced the following sometimes or frequently within the last 12 months:
- 48% of optometrist respondents said they found the standard time allocated to conduct a sight test insufficient to provide safe patient care.
  - 38% said they felt pressure to see a high number of patients each day impacting their ability to provide safe patient care.
  - 33% said they felt under pressure to sell certain types of glasses or contact lenses that will earn more money for the business.
  - 30% said they have felt under pressure to meet commercial targets at the expense of patient care.
  - 22% said they have felt under pressure to sell a product or provide a service which they considered was not needed by the patient.
23. If registrants felt these pressures, statistical correlation indicates they were more likely to report difficulties in providing patients with the care they needed.

### **Reflections and actions we are taking in response**

24. In our new corporate strategy, our vision is safe and effective eye care for all. The research that we have carried out continues to show the challenges that registrants face in daily clinical practice, and the impact negative behaviours and environments can have not only on the health and well-being of registrants but also on their ability to provide safe patient care.
25. Negative working environments can also impact on workforce capacity, as registrants who are considering leaving the professions cite dissatisfaction/disillusionment,

stress/burnout/fatigue, and a focus on commercial pressures as key drivers. This is important as governments in all four nations (most recently the 10 year plan for the NHS in England) is set to move more hospital-based services into community settings. This is a pivotal moment for the sector to demonstrate that it can deliver on this commitment and tackling issues that may jeopardise this must be a priority.

#### *Harassment, bullying, abuse and discrimination*

26. This year we have continued to build on our understating of registrant experiences of harassment, bullying, abuse and discrimination. In the lived experience research registrants indicated that they would like more clarity on our role and actions we would take against these types of behaviours. In short, we continue to take a zero-tolerance approach to these behaviours as reflected in the [joint sector statement](#) we led on (signed by key stakeholder organisations).
27. We have since strengthened our standards of practice to help promote more inclusive workplace environments and ensure businesses support those who have faced these negative behaviours. Whilst we recognise that most workplace concerns are best dealt with at a local level, we may investigate more serious cases of harassment, bullying, abuse and discrimination. Each case is assessed on its own merits, taking into account the seriousness of the concerns and whether there is sufficient evidence, or a clear indication that evidence is available, to support the allegations. Where cases do not meet our acceptance criteria for a formal investigation, we may provide informal advice to the registrant reminding them of the standards they are expected to maintain. We also keep a record of such concerns so that, should similar issues be raised in the future, we can review them in context.
28. Discrimination undermines public confidence in the profession and has the potential to pose a serious risk to patient safety. A more serious sanction is likely to be appropriate where a case involves direct or indirect discrimination against patients, colleagues or other people who share protected characteristics either within or outside their professional life.
29. As we have stated previously, tackling negative behaviours will take a sector wide and multifaceted approach. We hope the research will inform discussions that other organisations, such as employers and professional and representative bodies, should have to help improve workplace cultures. For example, more effective reporting mechanisms at a local level will help ensure these types of behaviours are addressed and eliminated, and registrants who experience this are better supported.

#### **Finance**

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30. The policy and standards budget includes the costs of commissioning the annual registrant survey.

#### **Risks**

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31. There is a risk that we do not understand registrant views of the GOC or working in clinical practice, which could have negative implications for our role of protecting and promoting the public's health and safety. There is also a potential reputational risk if we do not act upon the findings of the survey. We mitigate these risks by ensuring that we capture and track registrant data via our annual survey, and we demonstrate publicly, how we are acting on these findings.

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### Equality Impacts

32. We have not carried out an equality impact assessment as the research is not a new or amended policy. However, the research findings highlight concerning experiences for registrants with protected characteristics.

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### Devolved nations

33. The registrant survey was sent to all individual registrants across the UK. In total, 74% of respondents were in England, 10% in Scotland, 5% in Wales and 3% in Northern Ireland (this broadly matches our registration data by nation).

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### Communications

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#### External communications

34. The lived experience research and registrant survey will be published on the GOC's website. We usually get good coverage in the sector press which shows how the survey can stimulate conversations in the wider sector.
35. Both reports have already been presented and well received by several external stakeholders including The College of Optometrists and national optometric advisors in Wales, Scotland and Northern Ireland. We are aware that the findings and tracking of data on an annual basis continue to be of interest for a wide range of organisations and are used to help inform policy development.

#### Internal communications

36. We have presented the findings to staff.

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### Next steps

37. We will publish both reports on the GOC's website.

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### Attachments

Annex 1: Registrant survey 2025

Annex 2: Qualitative research exploring the lived experiences of optometrists and dispensing opticians in the UK facing harassment, bullying, abuse or discrimination at work



# Registrant Workforce and Perceptions Survey 2025

Research Report

June 2025

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Appendix A – Questionnaire

Appendix B – Respondent demographic profile



# Key findings

## The survey

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

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

## New insights for 2025

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

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

## Motivations for joining the profession vary

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

## Supervisors motivated by altruism and professional development

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

## Supervision often brings added pressure

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



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

### Commercial and time pressures widely felt

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

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

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

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

### Barriers to speaking up include fear and futility

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

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

### Some interest in CPD on artificial intelligence

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



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

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

## Constructive feedback from registrants to change the current CPD scheme

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

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

## Positive findings and trends

### Confidence in meeting CPD requirements has improved

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

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

### Increased confidence about raising concerns

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

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

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



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

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

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

## Negative findings and trends

### Job satisfaction continues to decline

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

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

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

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

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

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



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

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

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

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

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

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

## Consistent findings and trends

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

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

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

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



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

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

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

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

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

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

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

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

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





# The Research Programme

## Introduction

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

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

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

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

## Methodology

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

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

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





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

Figure 1 – Survey response rate by location

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

## Interpretation of the findings

### Weighting

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

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

### Sampling confidence interval

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

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

### Subgroup analysis

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



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

## Interpretation of survey data

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

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

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

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

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

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



# Workforce profile

## Working status

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

**Figure 2 – Working status**

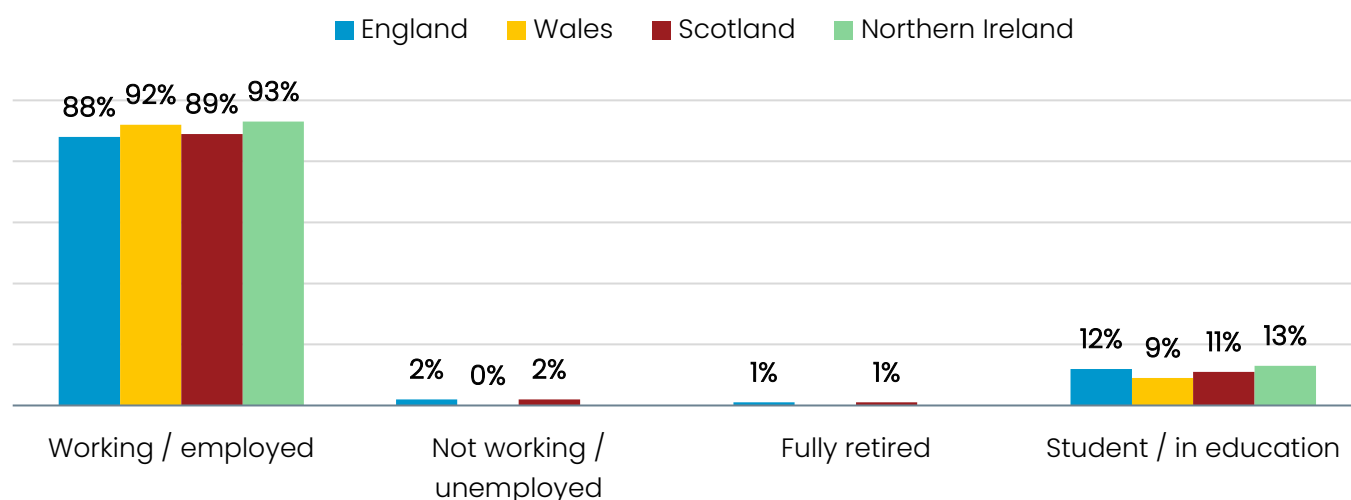
Base: All respondents (3,798)



Working status is broadly consistent across the UK nations, although analysis by English region shows a greater concentration of students in London (17%) when compared with other areas.

**Figure 3 – Working status by UK nation**

Base: All respondents England (2,770); Wales (186); Scotland (365); Northern Ireland (112)



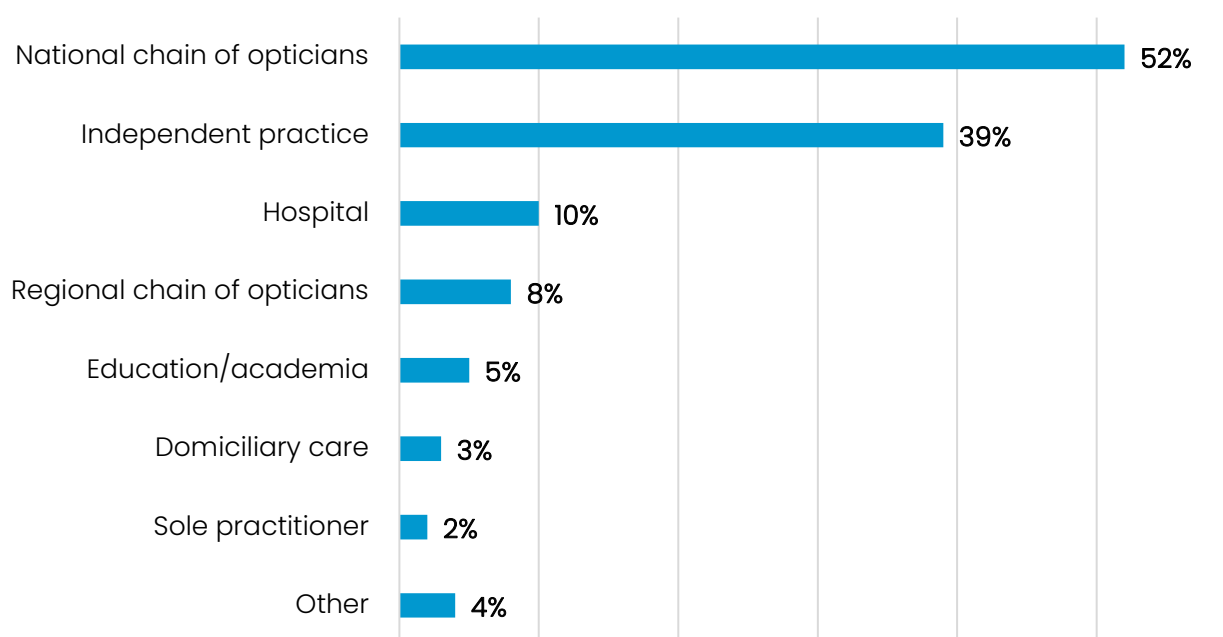
## Workplace setting

### Little change to where registrants work over the last five years

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

**Figure 4 – Workplace setting**

Base: Those currently working (3,315)



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

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

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



## Workforce capacity

### Average number of days worked per week

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

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

**Figure 5 – Average number of days worked per week across workplace settings by registration type**

Base: Those currently working who provided a response (2,978); Optometrists (2,189); Dispensing opticians (790)

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

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

**Figure 6 – Average number of days worked per week across workplace settings by UK nation**

Base: England (2,190); Wales (155); Scotland (296); Northern Ireland (91)

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



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

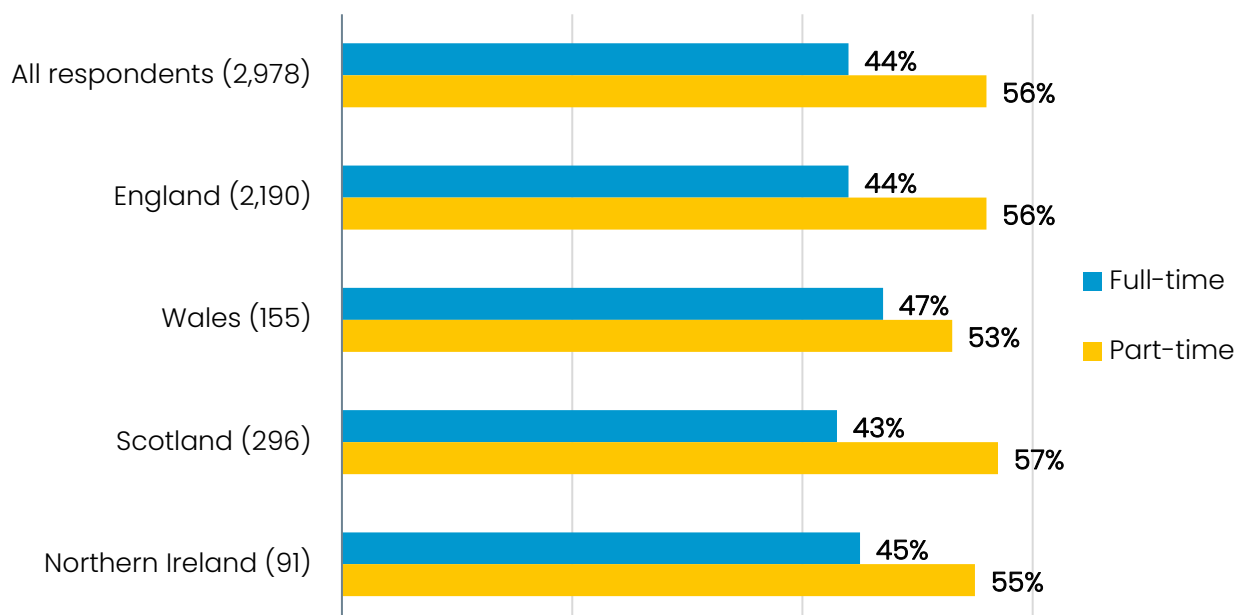
### A small increase in part-time working

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

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

**Figure 7 – Full-time/part-time working by UK nation**

Base: Shown in chart (excluding working students)

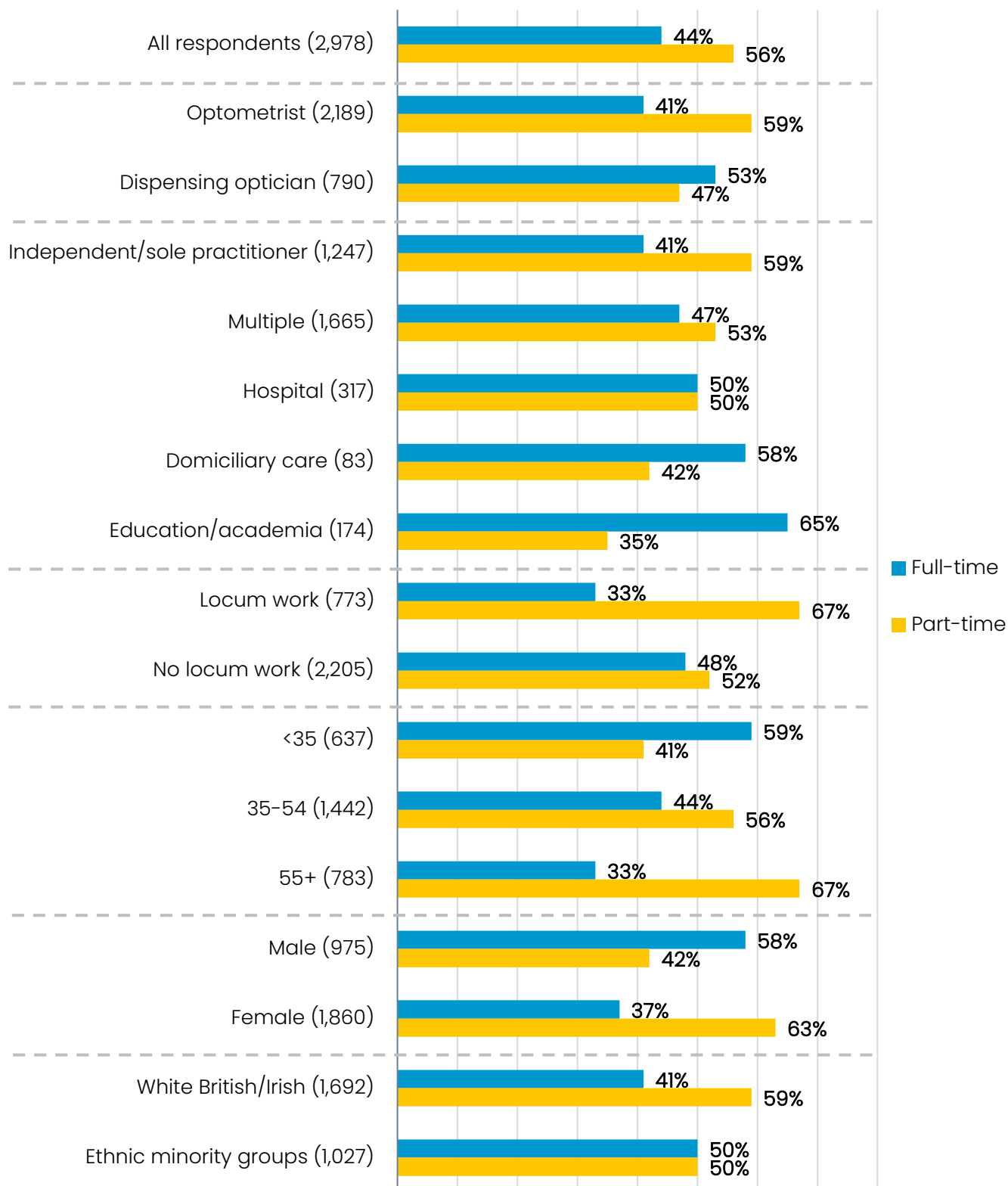


The chart overleaf presents this result split by a number of key subgroups, highlighting a range of differences. Part-time work is more common overall, particularly among optometrists, independent practitioners, females, older professionals, and those in locum roles. In contrast, full-time work is more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



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

Base: Shown in chart (excluding working students)



## Workforce capacity results scaled up

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

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

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

Figure 9 – Scaled up workforce size

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

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

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

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





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

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

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

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

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

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

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



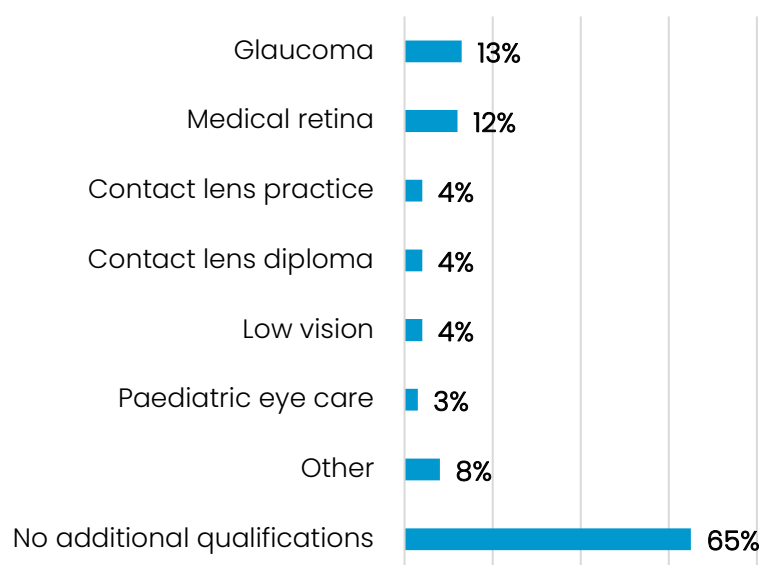
## Additional qualifications and enhanced services

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

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

**Figure 14 – Additional qualifications**

Base: All respondents excluding students (3,449)



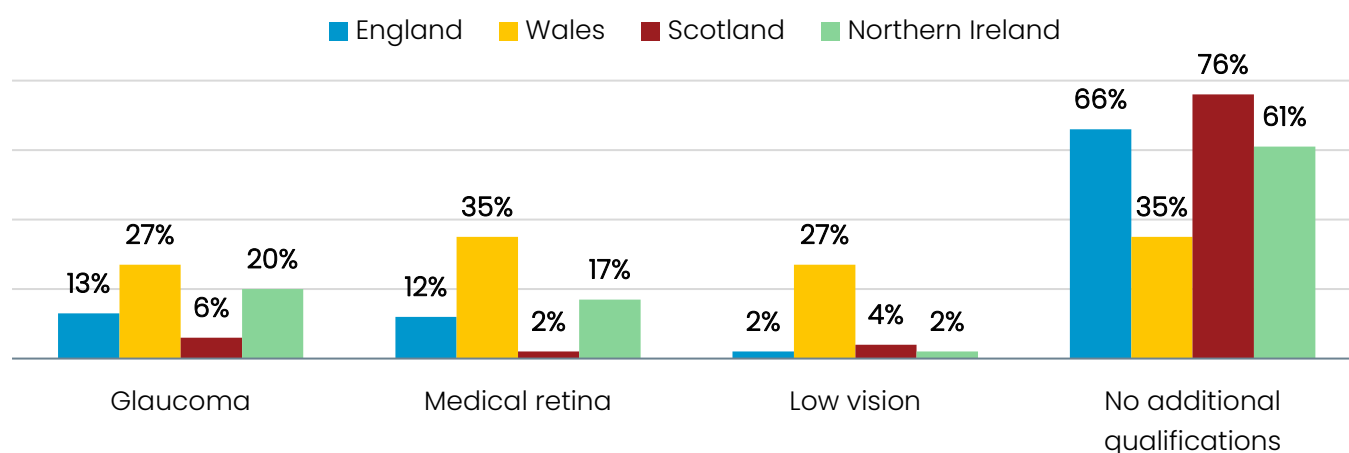
In total, **just over a third (35%)** of respondents indicated that they had additional qualifications, including 13% who had a glaucoma qualification and 12% who had a medical retina qualification.

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

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

**Figure 15 – Additional qualifications by UK nation**

Base: All respondents excluding students England (2,522); Wales (172); Scotland (334); Northern Ireland (103)



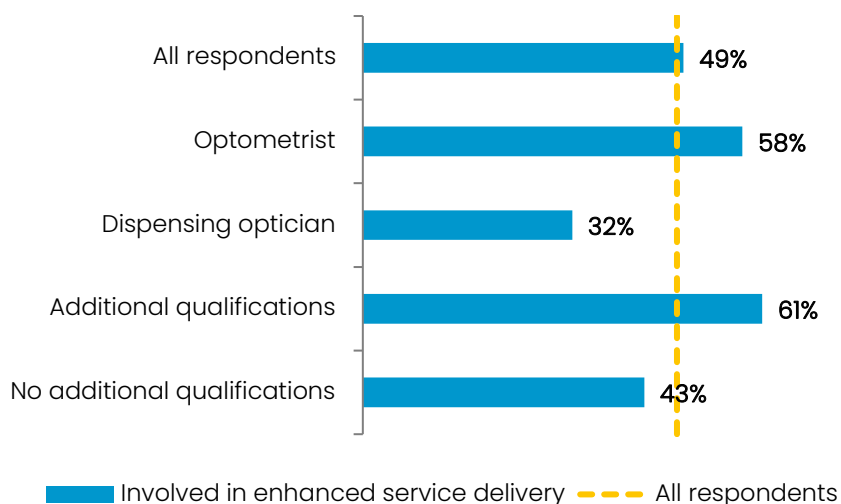
## Involvement in enhanced eye care services has remained static

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

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

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

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



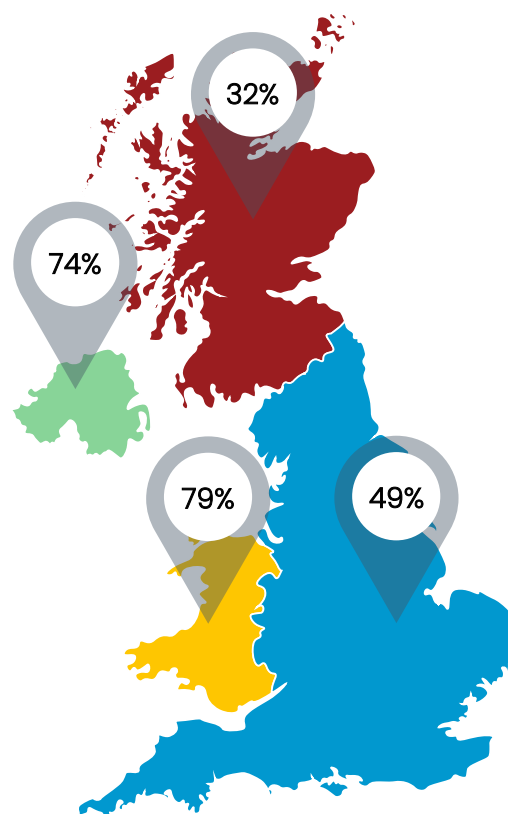
## Delivery of enhanced eye care services continues to be far more common in Wales and Northern Ireland

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

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

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

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



## Locum working

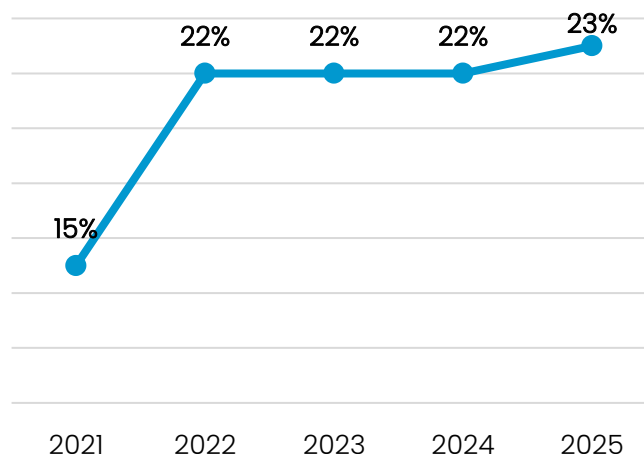
### A small increase in locum working, but little change to the profile of locum workers

After remaining static for the last three years, there has been a **very small increase** in the proportion of locum working from 22% to 23%.

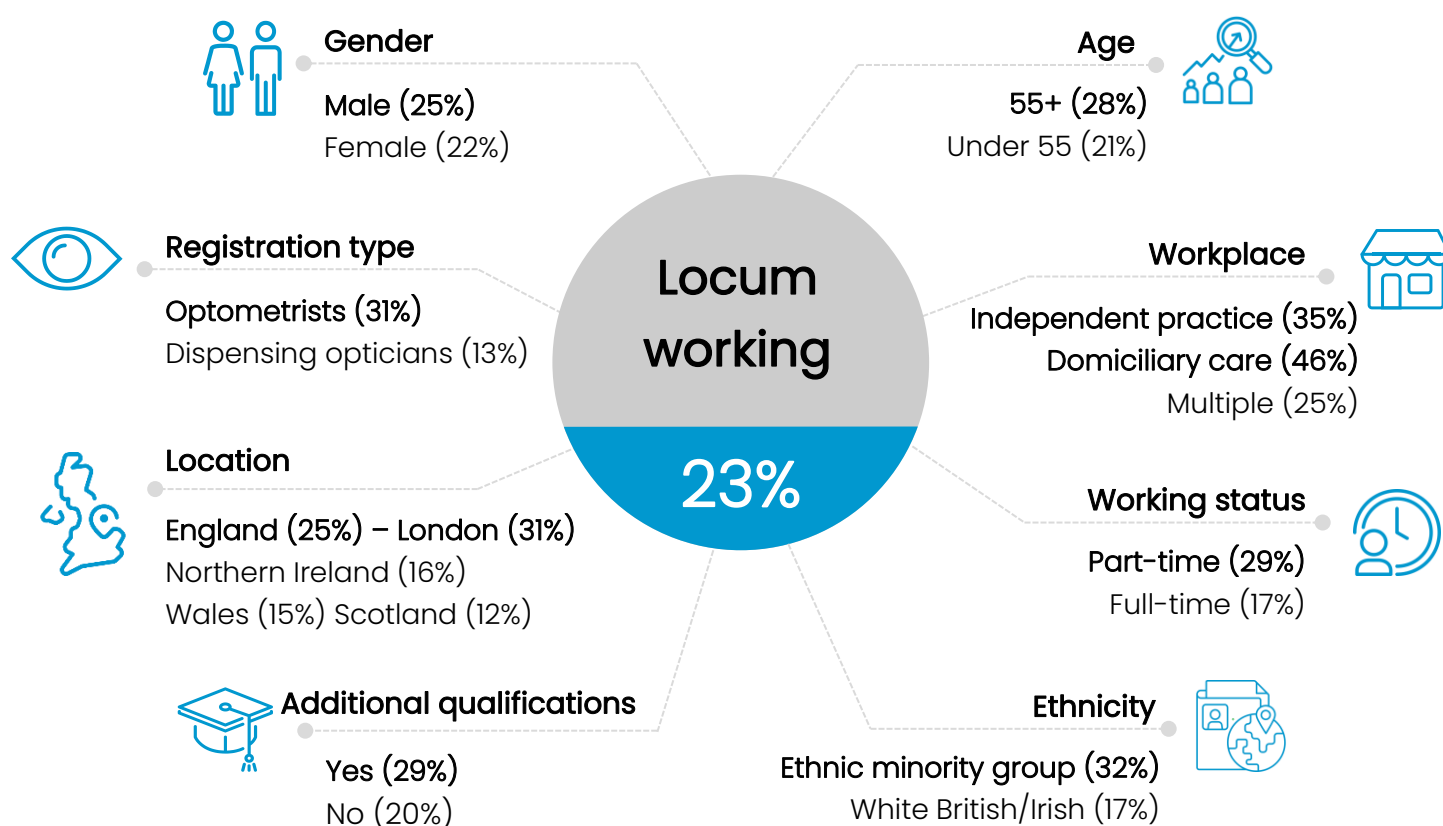
The profile of locum workers has changed little since last year, with certain groups more likely to work as locums such as those aged 55+, optometrists, those working in domiciliary care and independent practice, those working in England, and those working part time.

**Figure 18 – Locum working 2021 to 2024**

Base: Working respondents 2021 (4,880); 2022 (3,647); 2023 (3,468); 2024 (4,049); 2025 (3,315)



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



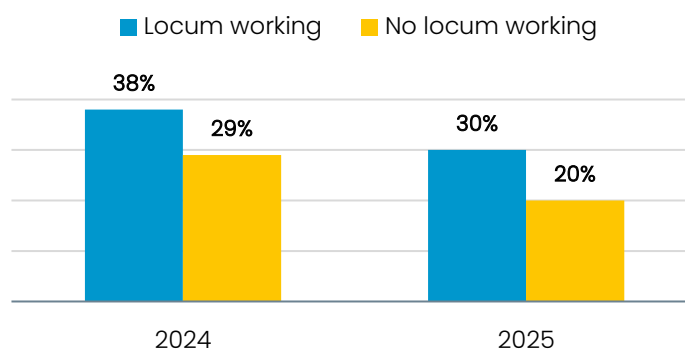
## Locum workers continue to be more concerned about delivering safe patient care

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

However, this proportion has decreased since last year.

**Figure 19 – Difficulties providing sufficient patient care by locum working**

Base: 2024 (3,315); 2025 (4,049)



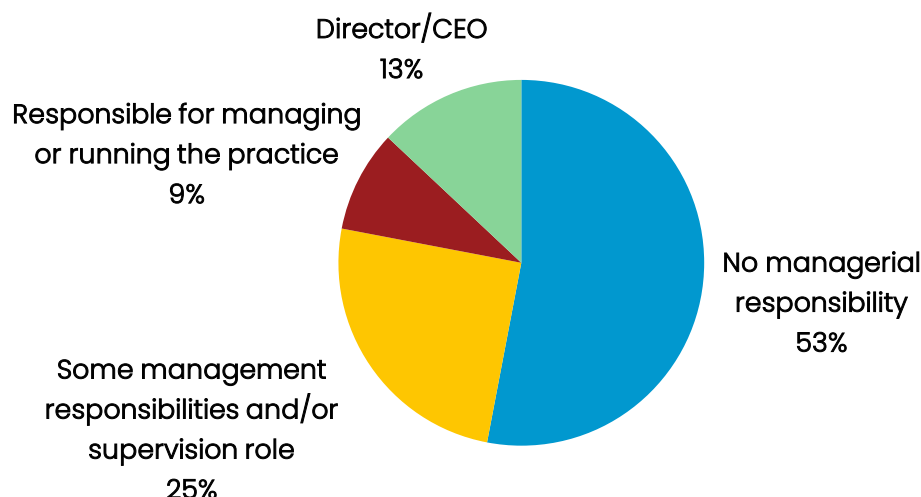
## Level of seniority

### Varying levels of management responsibility, with demographic differences present

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

**Figure 20 – Level of seniority in current role**

Base: All working respondents (3,315)



As expected, younger respondents aged under 35 were more likely to have no managerial responsibility when compared with those aged 35+.

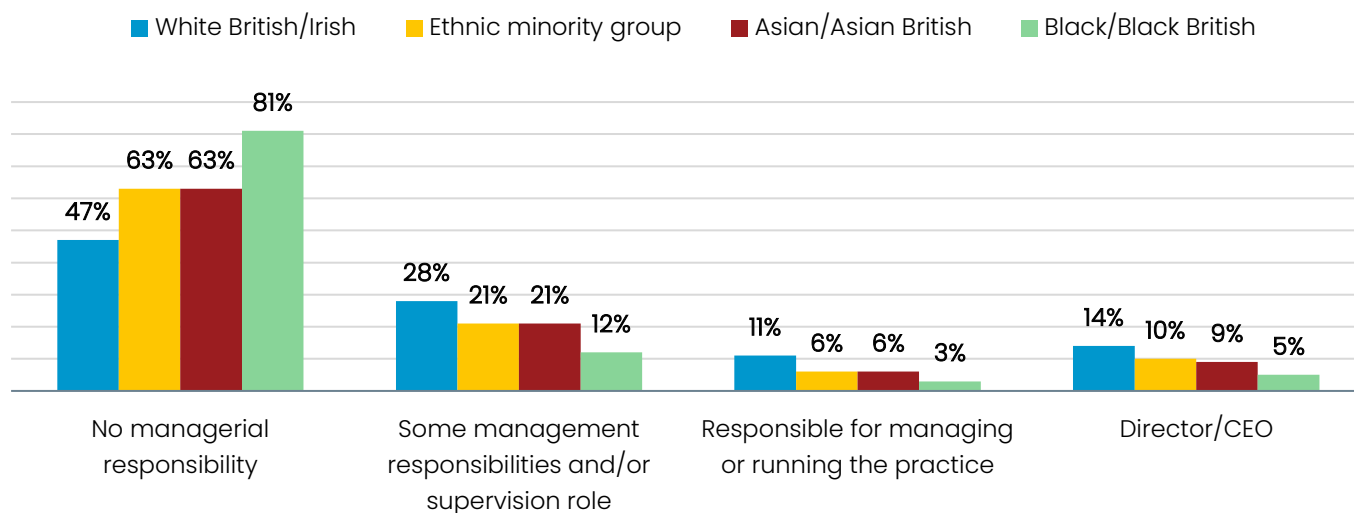
Analysis of level of seniority by demographic profiling data highlights a number of differences. By ethnicity, respondents from ethnic minority groups were more likely to report no managerial responsibilities when compared with those of White British/Irish ethnicity, particularly those of



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

**Figure 21 – Level of seniority in current role by ethnicity**

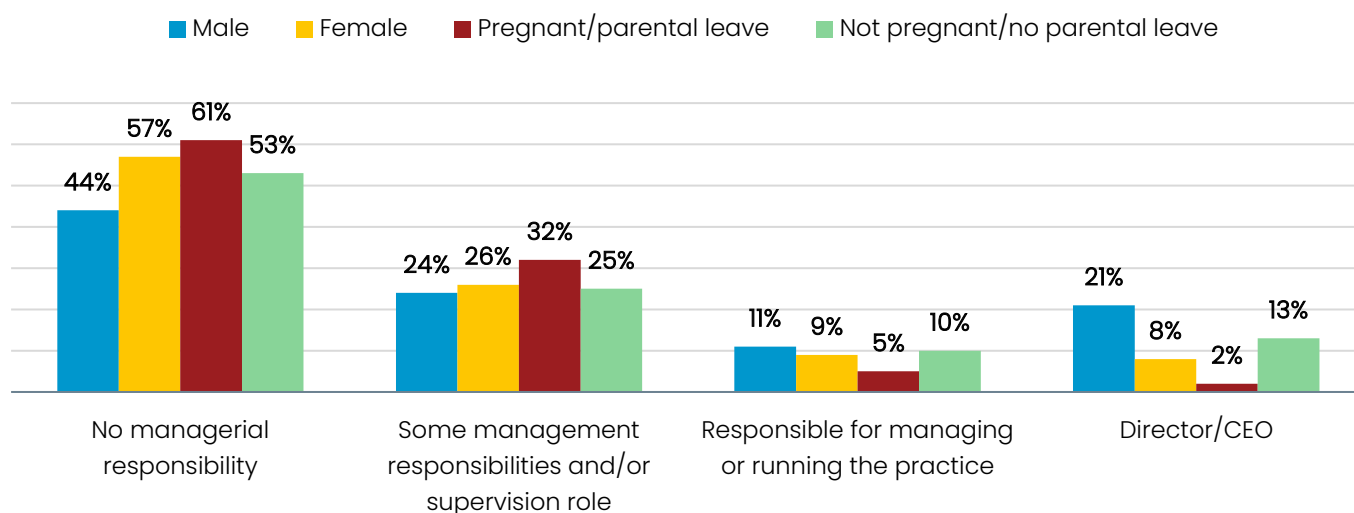
Base: White British/Irish (1,819); Ethnic minority group (1,216); Asian/Asian British (784); Black/Black British (140)



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

**Figure 22 – Level of seniority in current role by gender and pregnancy/parental leave**

Base: Male (1,081); Female (2,084); Pregnant / parental leave (109); Not pregnant / no parental leave (3,051)



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



## Supervising

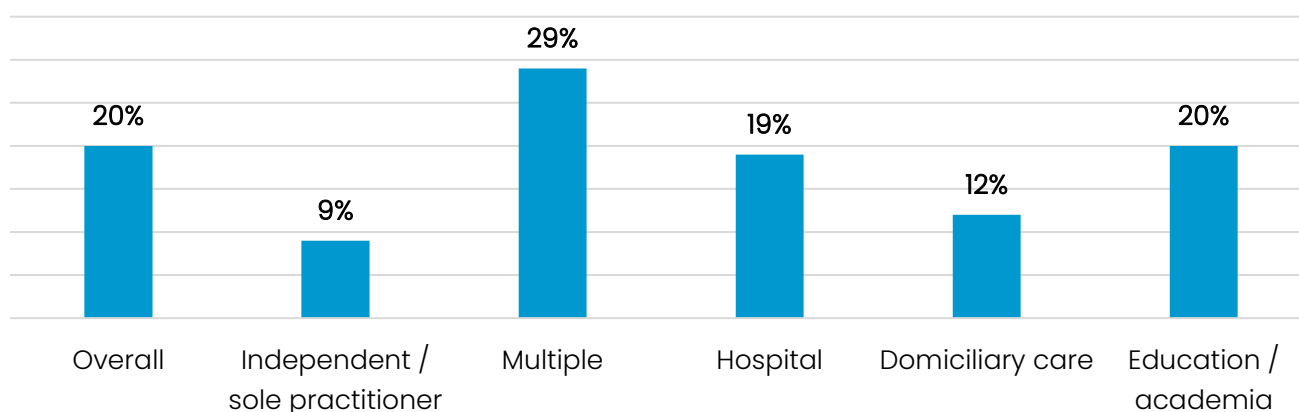
One in five (20%) working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months.

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

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

**Figure 23 – Working as a supervisor for pre-registration trainee optometrists by workplace setting**

Base: Optometrists working in – Independent/sole practitioner (923); Multiple (1,228); Hospital (297); Domiciliary care (75); Education/academia (142)

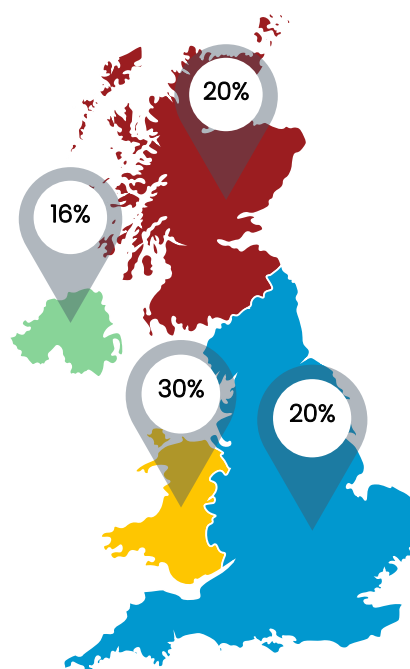


Respondents in Wales were more likely to have worked as a supervisor in the last 12 months, particularly when compared with those in Northern Ireland.

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

**Figure 24 – Working as a supervisor for pre-registration trainee optometrists by UK nation**

Base: Optometrists working in – England (1,581); Wales (120); Scotland (228); Northern Ireland (77)

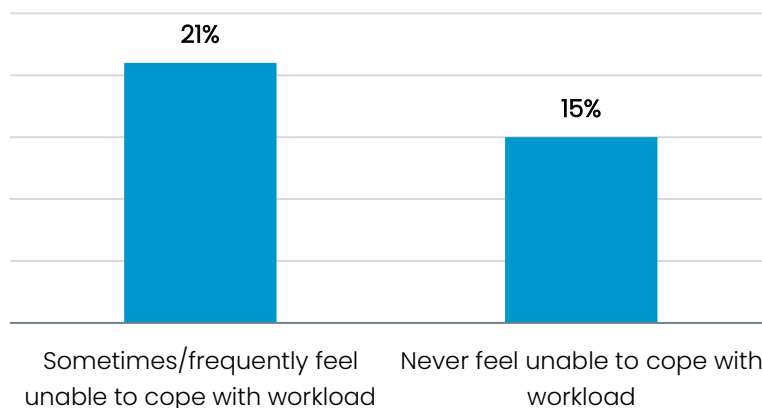


## Taking on a supervision role continues to negatively impact optometrists' workload

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

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

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

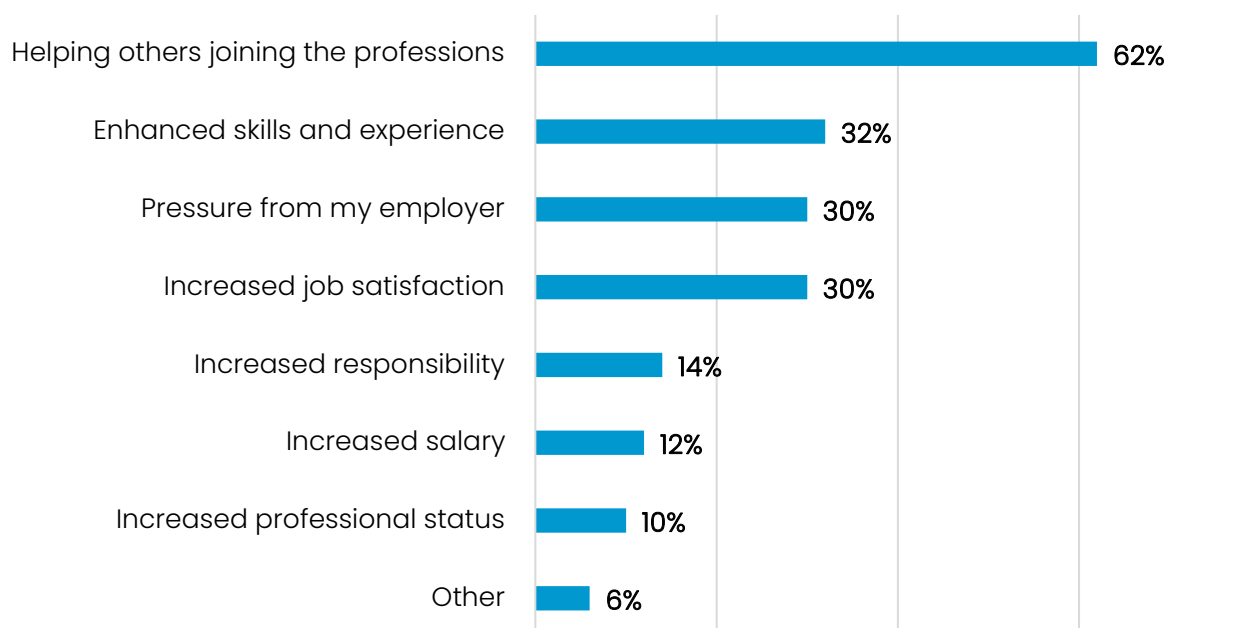


## Altruistic motives influence the decision to become a supervisor

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

**Figure 26 – Reasons for becoming a supervisor**

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



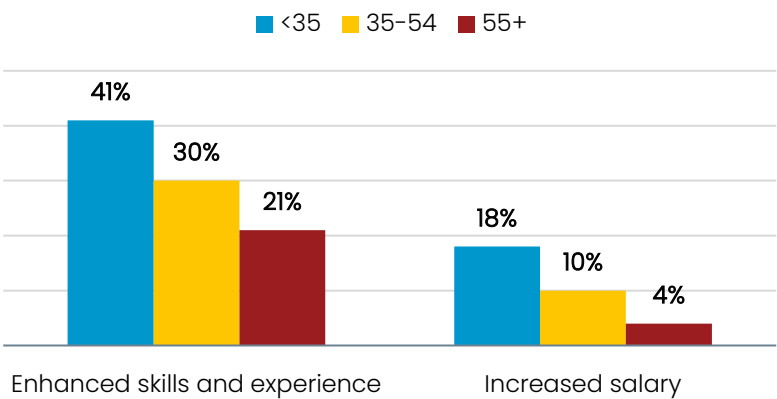
'Other' reasons suggested for becoming a supervisor including staffing shortages, role expectations, business needs, personal motivations, financial incentives, and stepping in due to colleague absence or specific circumstances.





Figure 27 – Reasons for becoming a supervisor by age group

Base: <35 (661); 35-54 (1,032); 55+ (587)



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

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

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

Time/increased workload/managing all responsibilities

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

//

*Having the time to spend with helping my pre-reg, whilst also being expected to see a full clinic of my own.*

Optometrist

//

*Managing my own workload while making sure I am fully supporting trainees.*

Optometrist

//

*No time set aside having same FULL CLINIC and constant interruptions from pre regs who need to be supervised but employer WILL NOT ADJUST DIARY for this still seeing 18 px a day.*

Optometrist

Ensuring right level of support/supervision given

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





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

Optometrist



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

Optometrist



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

Optometrist

### Lack of employer support/pressure from employer

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



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

Optometrist



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

Optometrist



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

Optometrist

### Education gaps/decreasing standards/unprepared trainees

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



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

Optometrist



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

Optometrist



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

Optometrist



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

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



# Job satisfaction

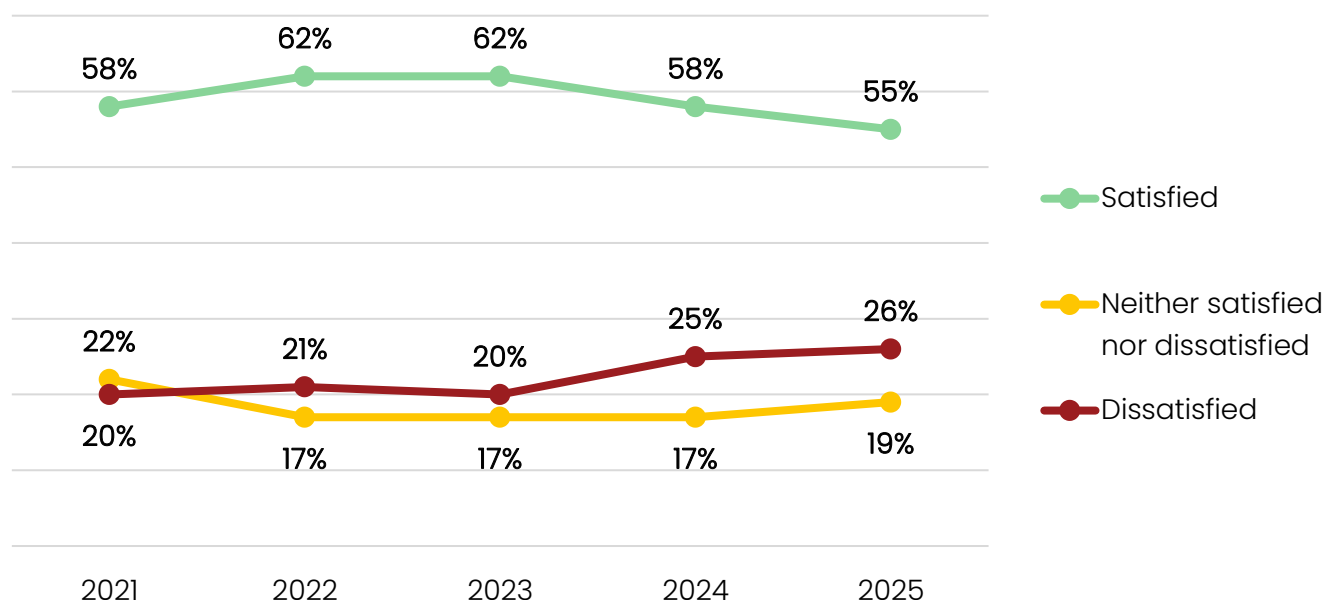
## Job/role satisfaction continues to fall

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

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

**Figure 29 – Job/role satisfaction 2021 to 2025**

Base: Working respondents excluding 'not applicable' 2021 (4,378); 2022 (3,628); 2023 (3,468); 2024 (4,043); 2025 (3,306)



Satisfaction levels were almost identical between optometrists (55%), dispensing opticians (54%), and student dispensing opticians (59%), but were significantly higher amongst student optometrists (67%).

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



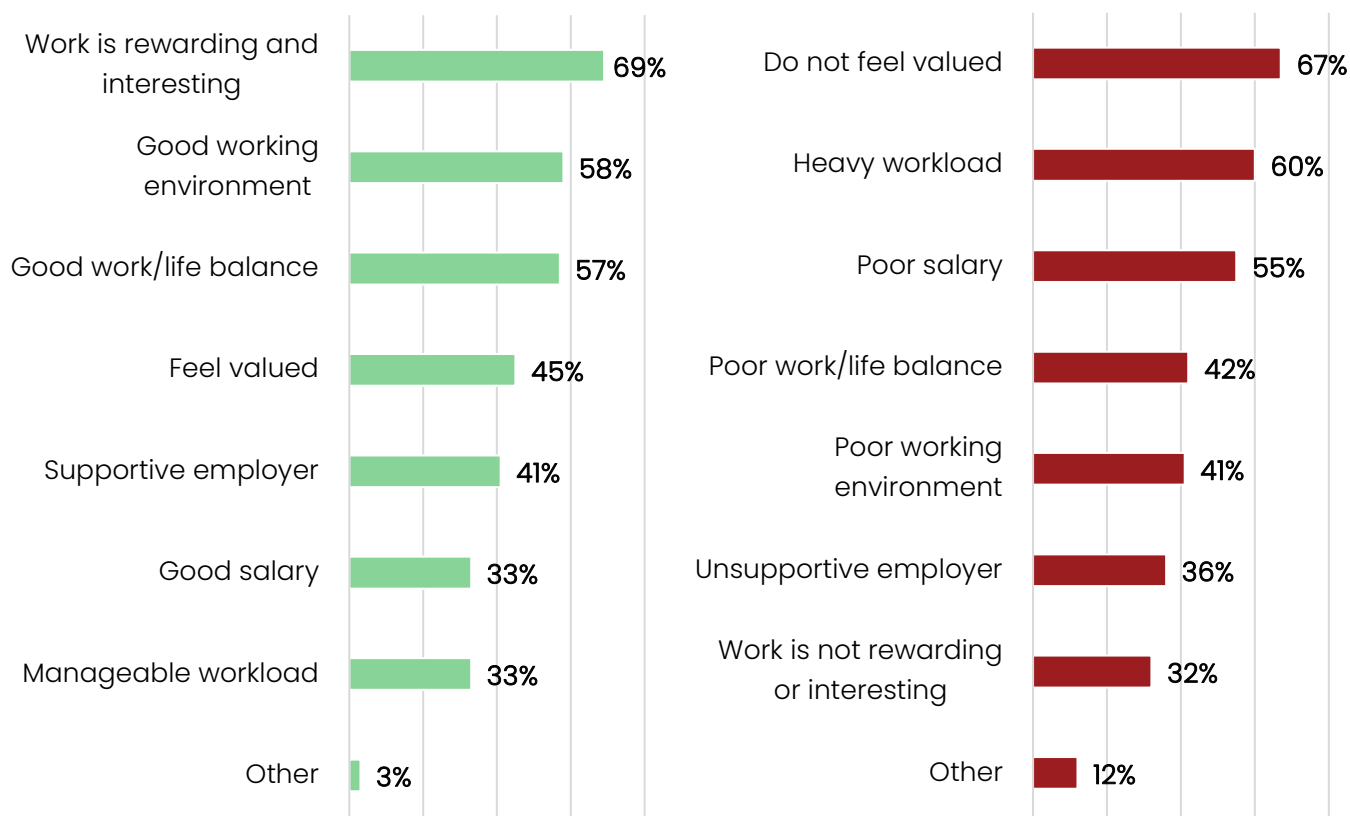
## Exploring job satisfaction

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

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

**Figure 30 – Reasons for feeling satisfied or dissatisfied with job/role in last 12 months**

Base: Those very/quite satisfied with job/role (1,829); Those very/quite dissatisfied with job/role (856)



'Other' suggestions for feeling satisfied highlighted the value of autonomy, variety in roles, and opportunities for leadership, learning, and career development, particularly among those who are business owners, directors, or pursuing further qualifications. Others found satisfaction in having flexibility, using their full clinical scope, contributing to the community, and experiencing positive relationships with patients, colleagues, and teams, as well as a sense of personal fulfilment in helping others.

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

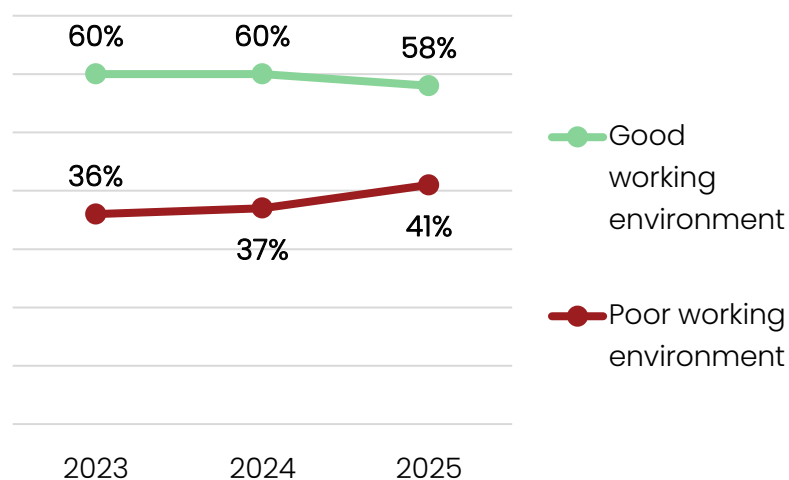


Reasons for both job satisfaction and dissatisfaction have remained very similar to those found in 2023 and 2024, with the exception of the working environment.

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

Figure 31 – Good/poor working environment 2021 to 2025

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



## Who and what is driving satisfaction?

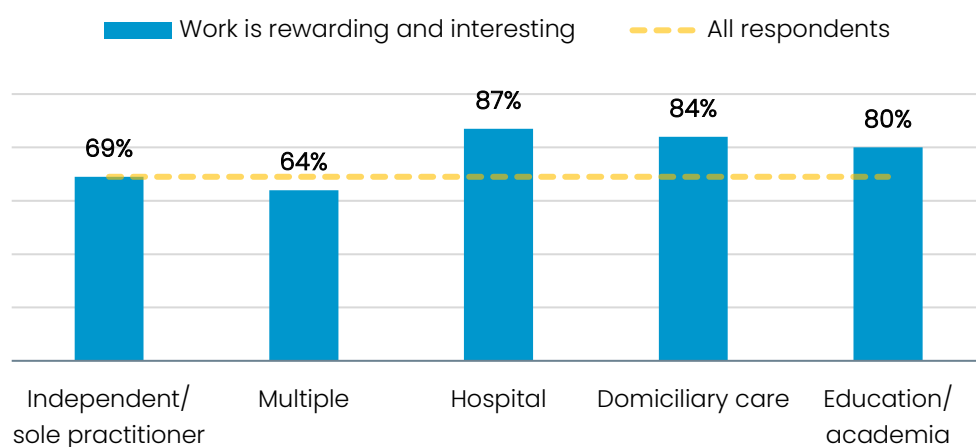
A number of subgroups were more likely to be satisfied based on their registrant type, workplace setting, ethnicity, age group, and socio-economic background (shown on the right).

### Delivering rewarding and interesting work more common in a hospital setting

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

**Figure 32 – Satisfied due to work being rewarding/interesting by workplace setting**

Base: Independent/sole practitioner (797); Multiple (944); Hospital (206); Domiciliary care (48); Education/academia (96)



### Satisfied (55%)

Student optometrists (67%)

Hospital (64%)

Wales (63%)

Independent/sole practitioner (60%)

Aged 55+ (62%)

White British (61%)

Professional/higher background (60%)

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

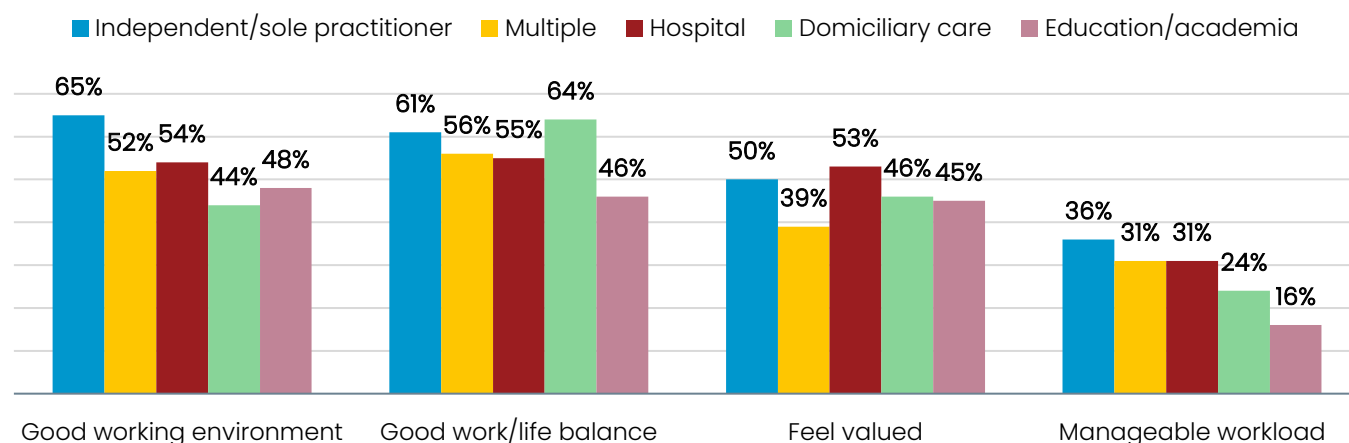
Satisfaction was higher amongst those working in **independent practice/as a sole practitioner**. This appears to be driven by a combination of a **good working environment, good work/life balance, feeling valued**, and a **manageable workload**, all of which were more likely to be selected by respondents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

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



**Figure 33 – Reasons for satisfaction by workplace setting**

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



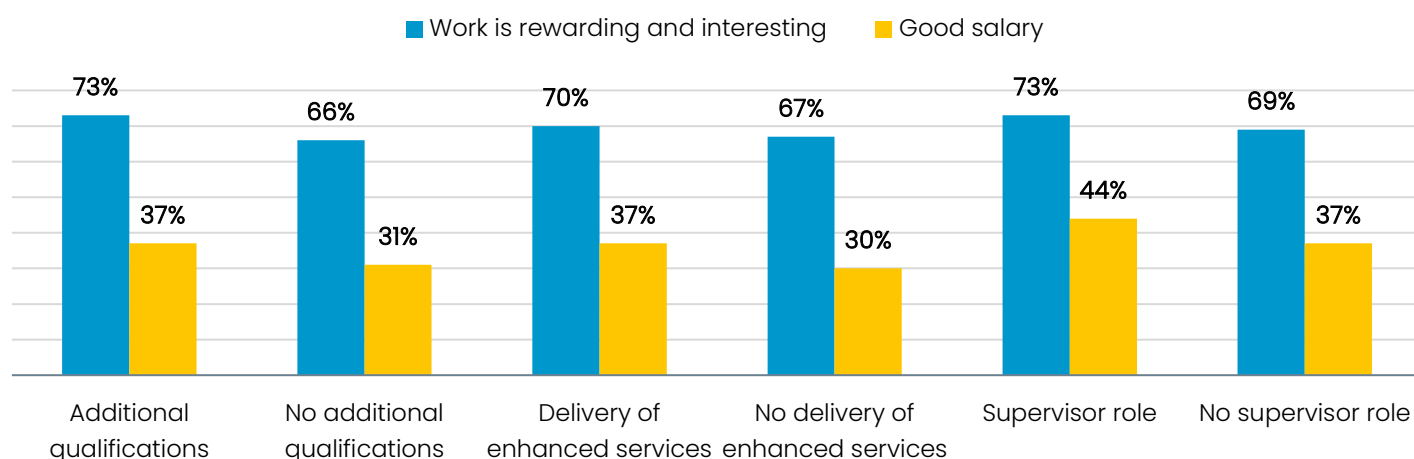
### Additional qualifications can lead to job satisfaction due to interesting work and a good salary

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

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

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

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





## Older registrants select more reasons for being satisfied

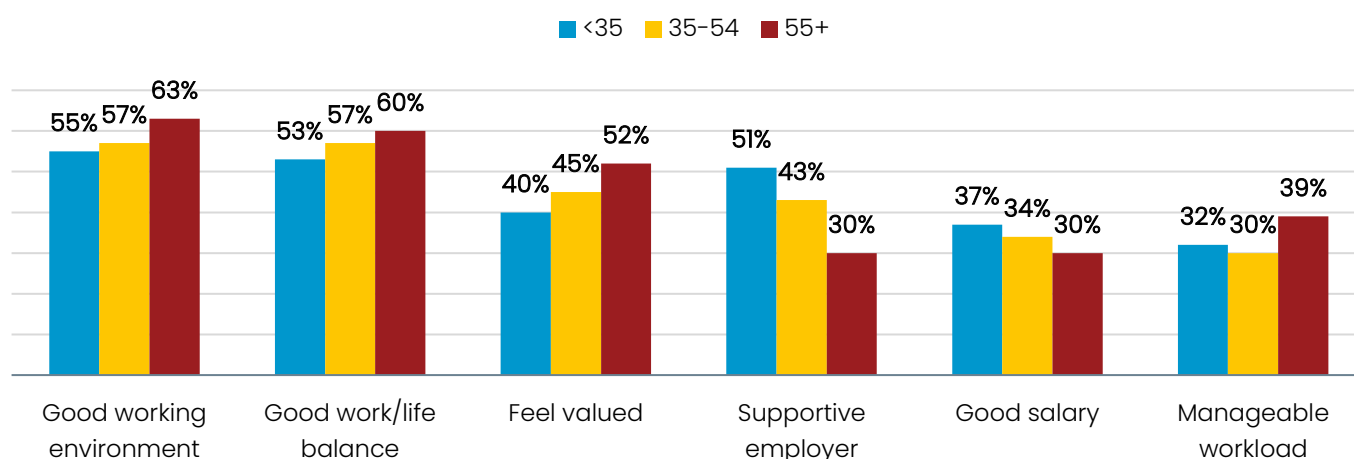
As found in 2024, those aged 55+ were more likely to be satisfied (62%) when compared with respondents from younger age groups (55%).

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

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

**Figure 35 – Reasons for satisfaction by age group**

Base: <35 (477); 35-54 (831); 55+ (485)



## Who and what is driving dissatisfaction?

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

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

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

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

Dissatisfied locums were more likely to select a poor working environment, and also less likely to select that they had a supportive employer, suggesting these as drivers for their dissatisfaction.

### Dissatisfaction (26%)

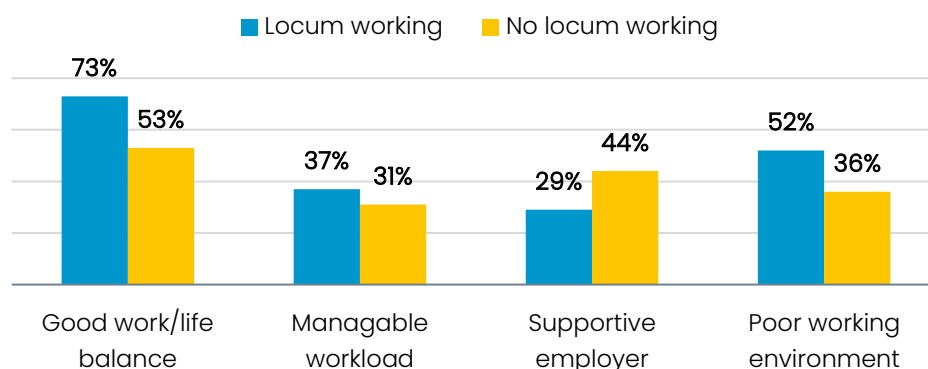
Difficult to deliver patients sufficient care (47%)

Disability (37%)

Locum (34%)

Multiple (30%)

**Figure 36 – Reasons for satisfaction/dissatisfaction by locum working**  
Base: Locum working (372); No locum working (1,456)



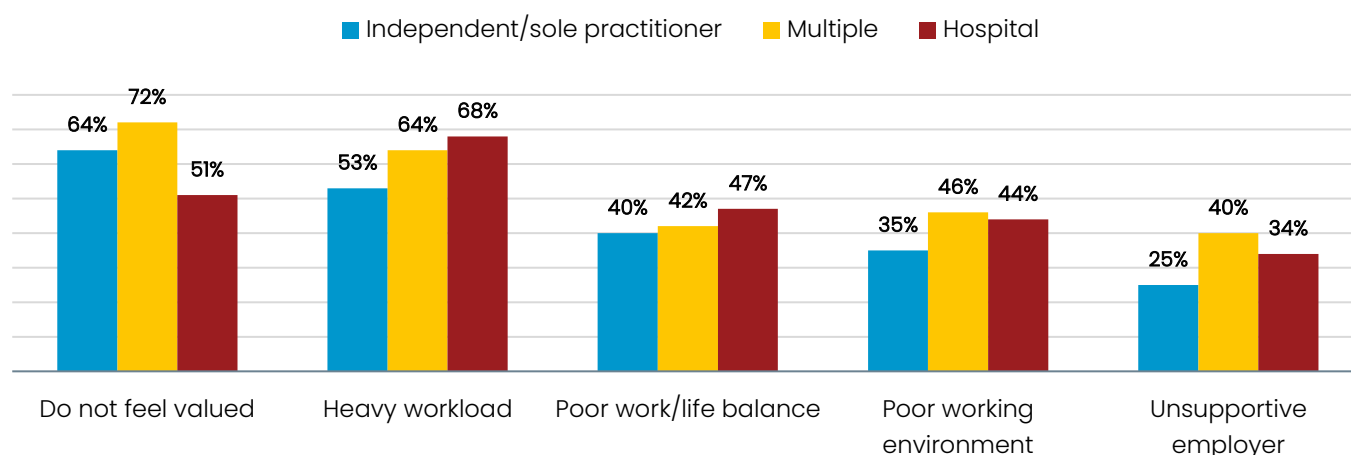
## A wide range of reasons for dissatisfaction from those working in a multiple

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

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

**Figure 37 – Reasons for dissatisfaction by workplace setting**

Base: Independent/sole practitioner (295); Multiple (576); Hospital (65)



## Experiencing difficulties providing sufficient patient care is still a key driver of dissatisfaction

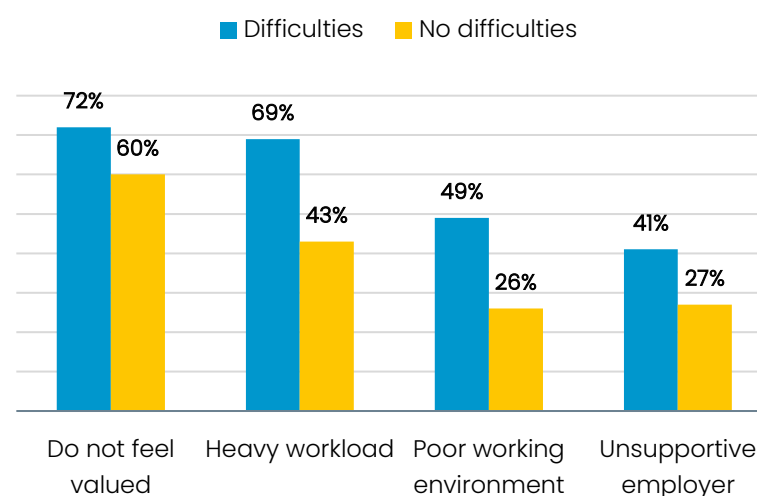
As found in 2024, respondents who indicated that they had experience of difficulties providing patients with the sufficient level of care they need were significantly more likely to be dissatisfied in their job/role.

The same four reasons for dissatisfaction were driving this result:

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

**Figure 38 – Reasons for dissatisfaction by experience of difficulties providing sufficient patient care**

Base: Difficulties (545); No difficulties (312)



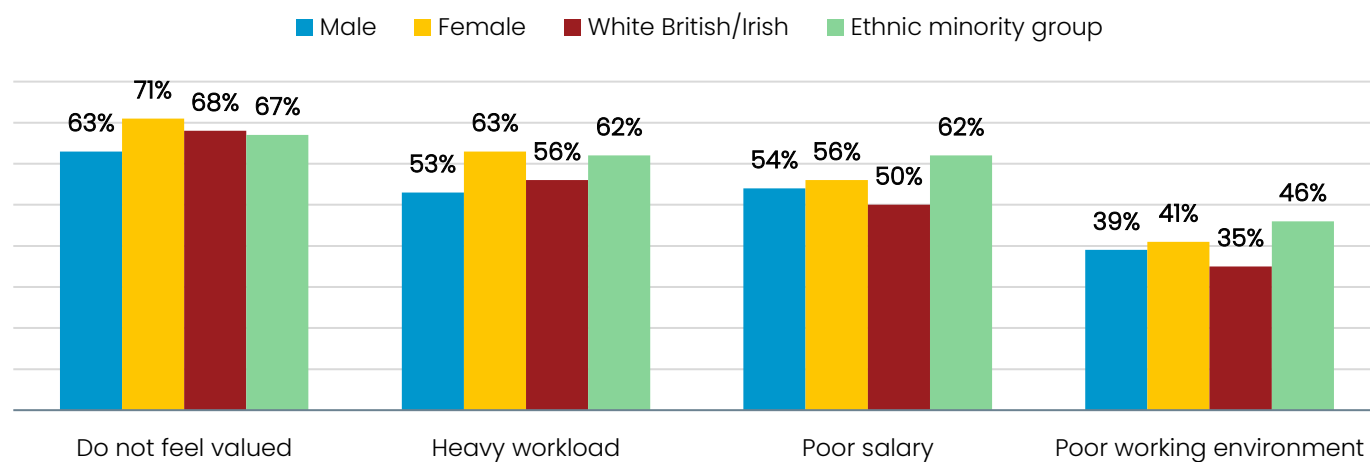
## Different reasons for dissatisfaction between genders and ethnicity

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

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

**Figure 39 – Reasons for dissatisfaction by gender and ethnicity**

Base: Male (302); Female (489); White British/Irish (425); Ethnic minority group (319)

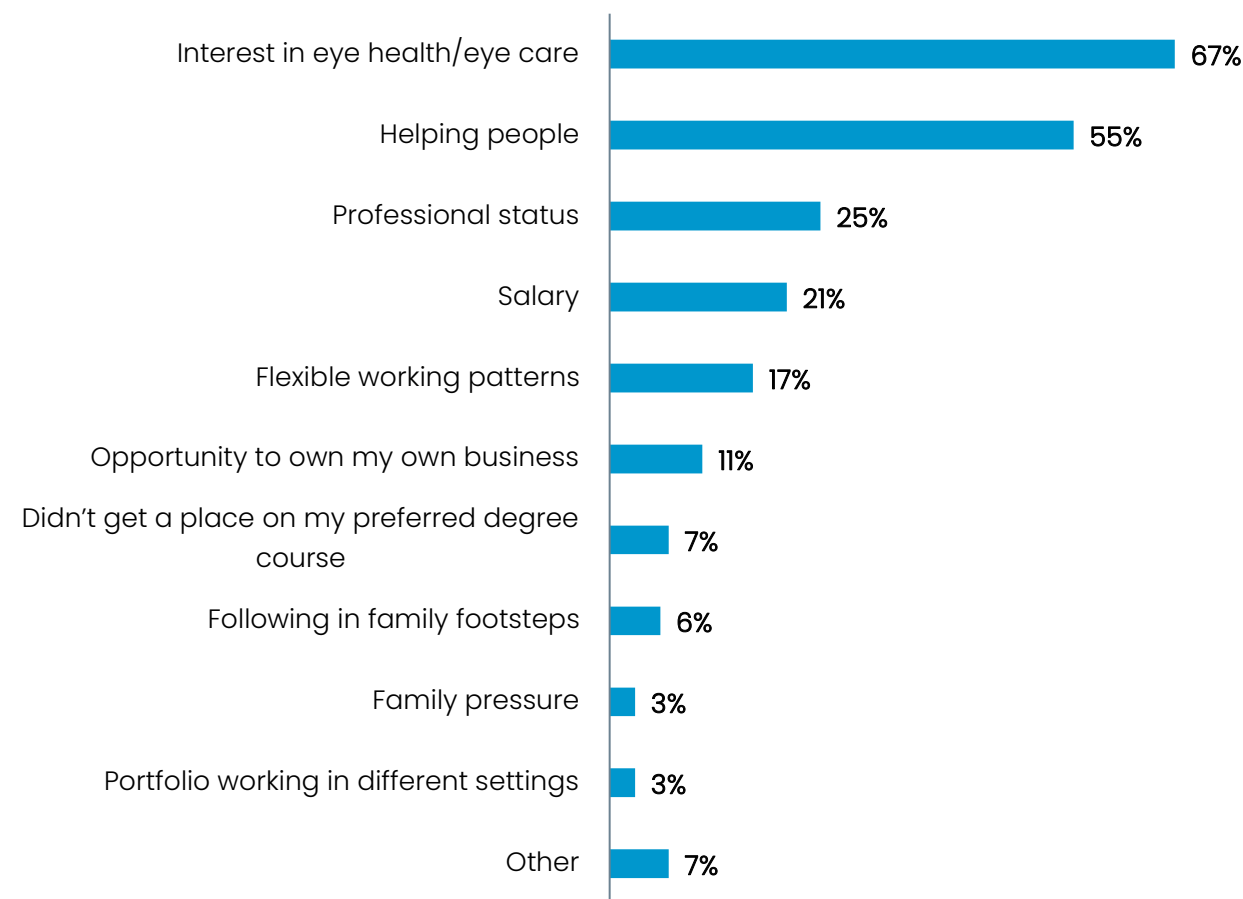


# Motivations to join the profession

## Interest in eye health and helping people are key motivators

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

**Figure 40 – Main motivations for joining the profession**  
Base: All respondents (3,798)



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

## Different motivations for different registrant groups

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



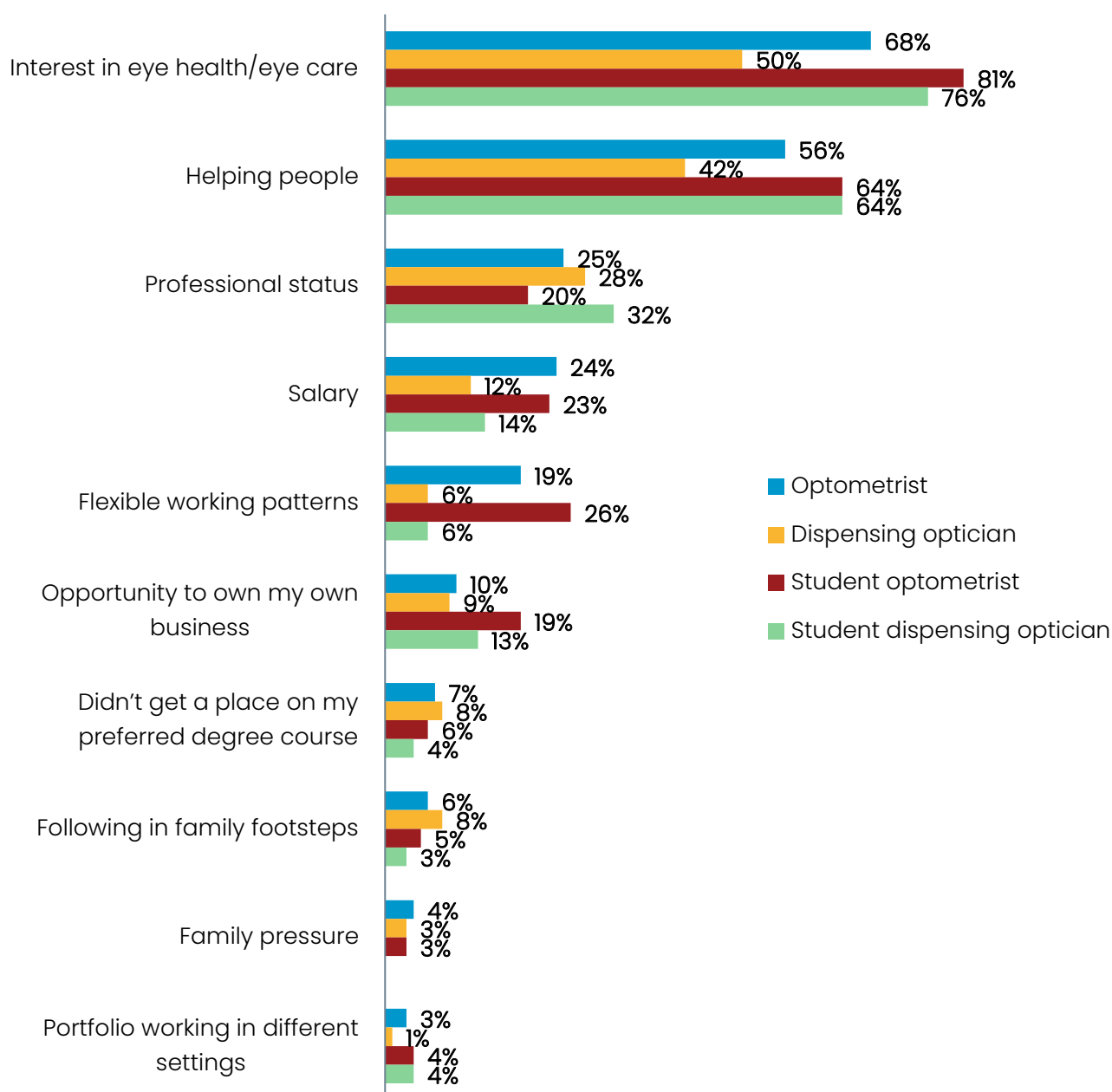
vocational motivation, but with a slightly lower emphasis on eye health (76%) and a relatively higher interest in professional status (32%).

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

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

**Figure 41 – Main motivations for joining the profession by registration type**

Base: Optometrists (2,254); Dispensing opticians (808); Student optometrists (587); Student dispensing opticians (148)



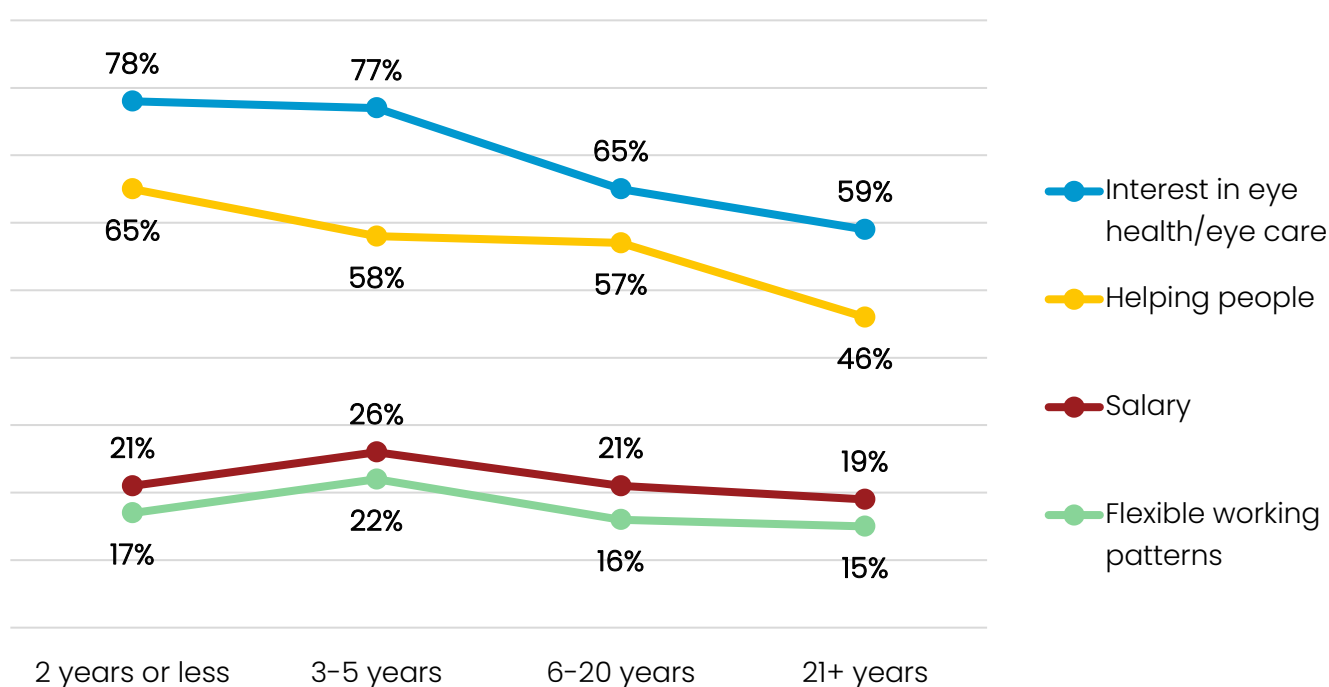
## Newer registrants may have more idealistic motivations for joining the profession

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

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

**Figure 42 – Main motivations for joining the profession by registration length**

Base: 2 years or less (691); 3-5 years (478); 6-20 years (1,179); 21+ years (1,439)



# Working conditions

## Experiences of negative working conditions

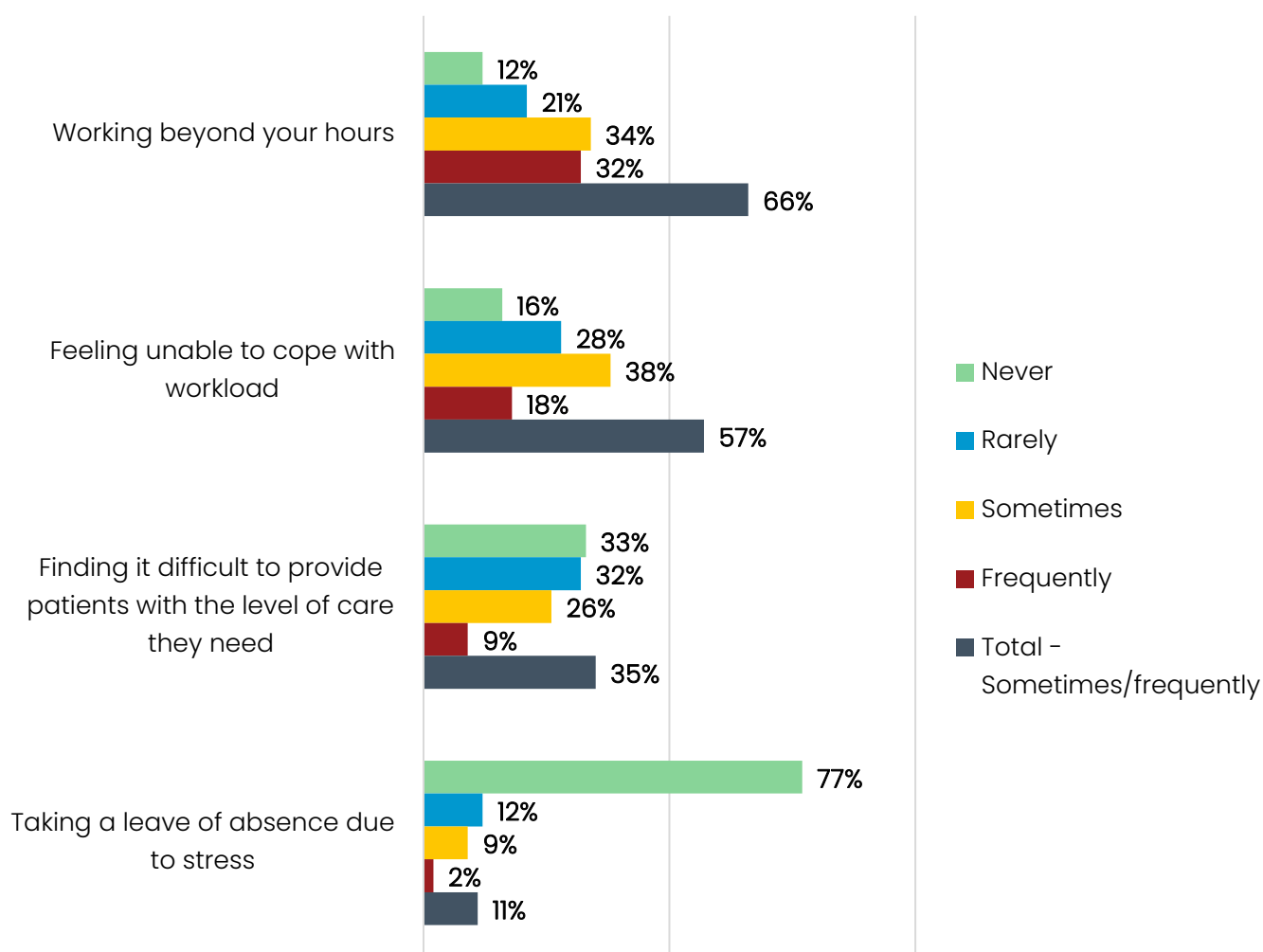
Large proportions experience working beyond their hours and feeling unable to cope with their workload

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

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

**Figure 43 – Experience of negative working conditions in the last 12 months**

Base: Those currently working/employed (3,315)



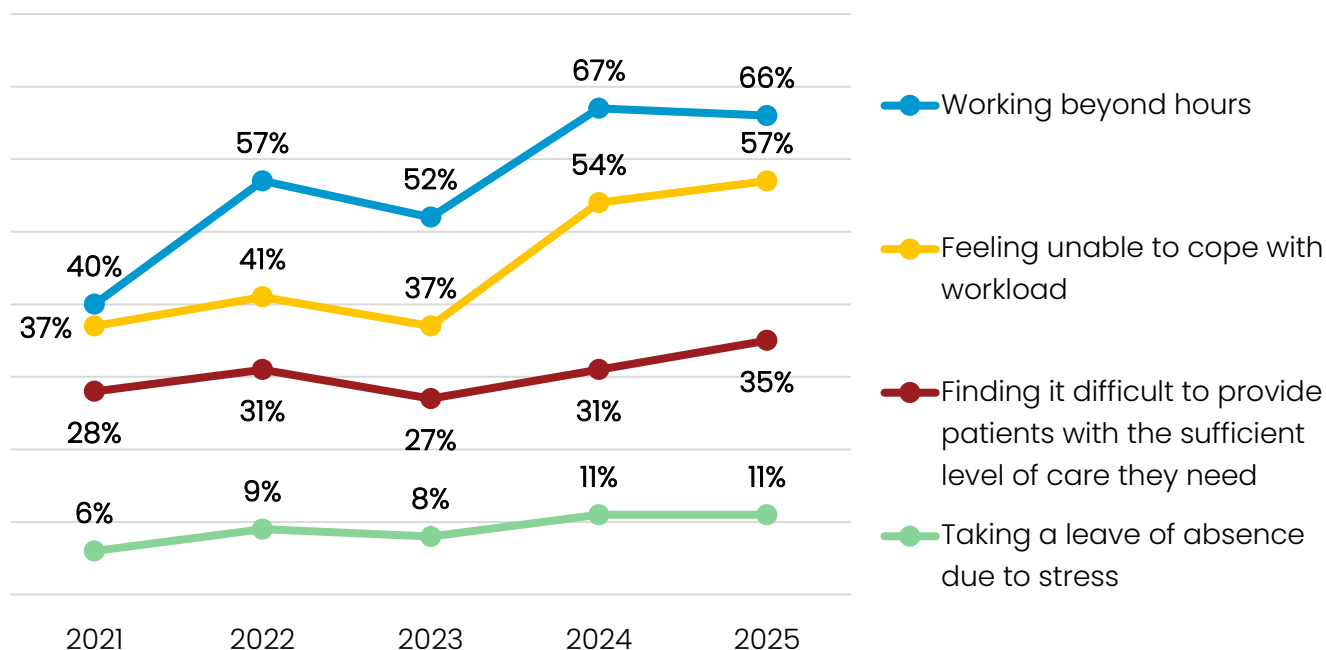


## Experience of negative working conditions is increasing over time

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

**Figure 44 – Experience of negative working conditions 2021 to 2025 (sometimes/frequently)**

Base: Those currently working/employed 2021 (4,479); 2022 (3,647); 2023 (3,486); 2024 (4,049); 2025 (3,315)

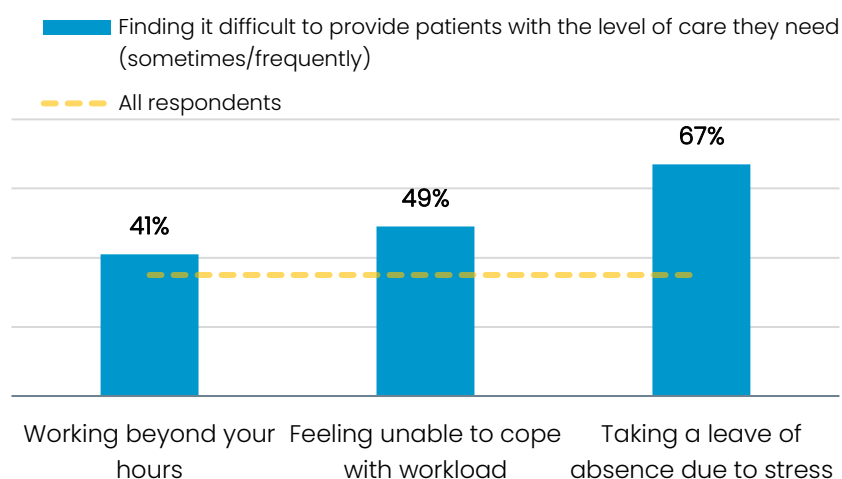


## Negative working conditions correlate with difficulties providing patients with sufficient care

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

**Figure 45 – Impact of negative working conditions on providing sufficient patient care**

Base: Working beyond hours (2,346); Feeling unable to cope with workload (1,992); Taking a leave of absence due to stress (378)



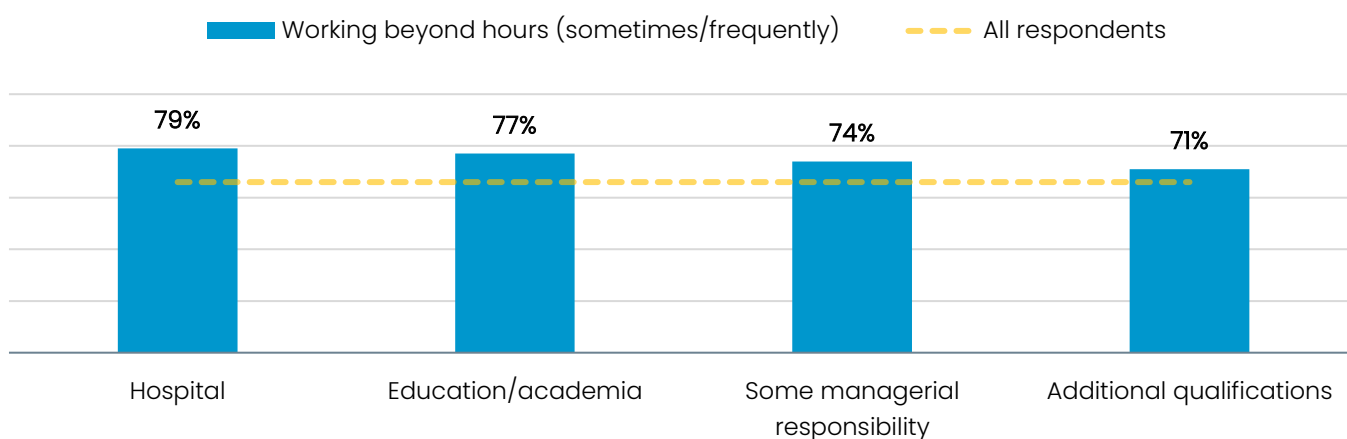
## Workplace setting and level of responsibility influence negative working conditions

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

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

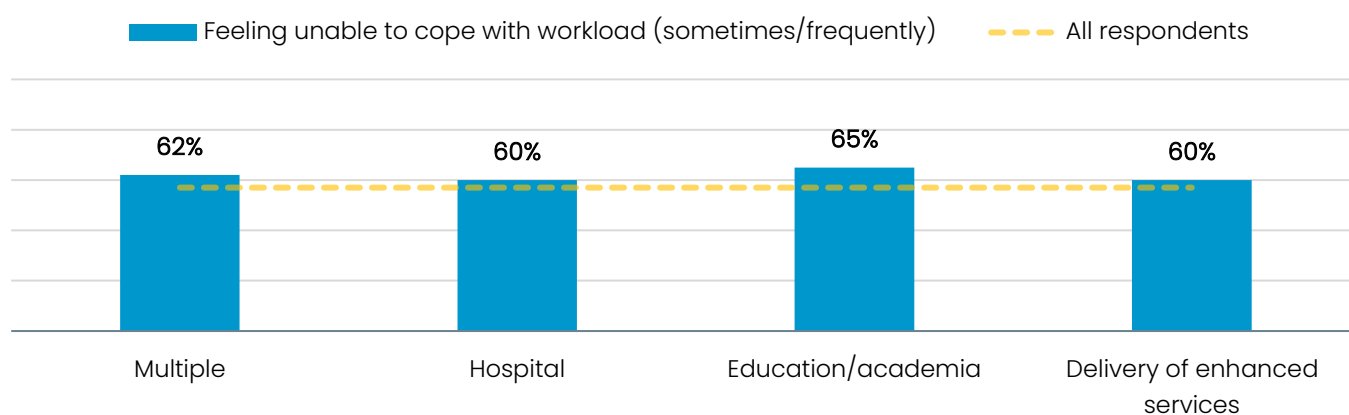
**Figure 46 – Impact of workplace setting, level of seniority and additional qualifications on working beyond hours**

Base: Hospital (321); Education/academia (179); Some managerial responsibility (1,573); Additional qualifications (1,183)



**Figure 47 – Impact of workplace setting and delivery of enhanced services on feeling unable to cope with workload**

Base: Multiple (1,919); Hospital (321); Education/academia (179); Delivery of enhanced services (1,635)



## Experiences of time and commercial pressure

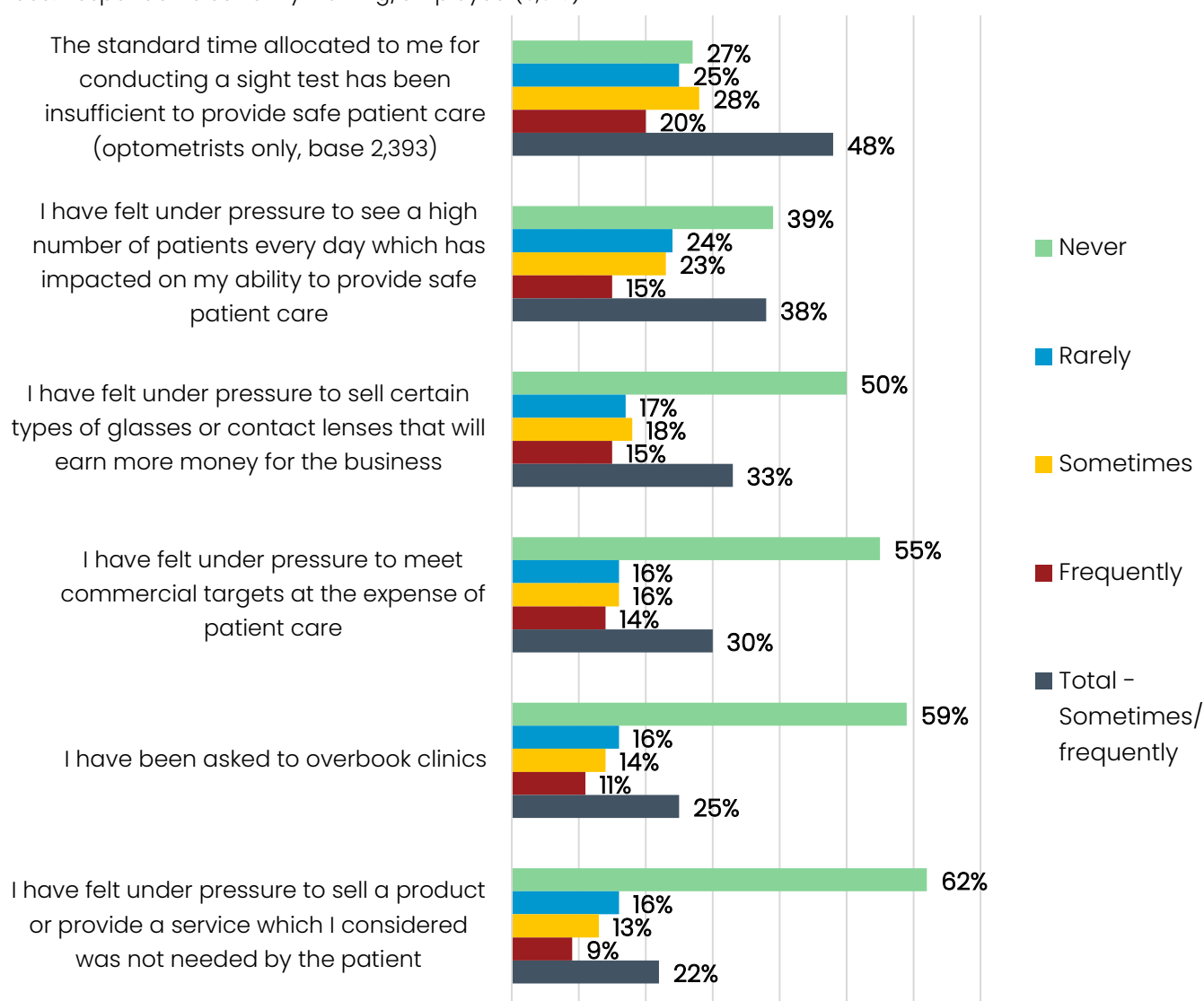
### Widespread time and commercial pressures impacting patient care

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

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

**Figure 48 – Experience of time and commercial pressure in the last 12 months**

Base: Respondents currently working/employed (3,315)

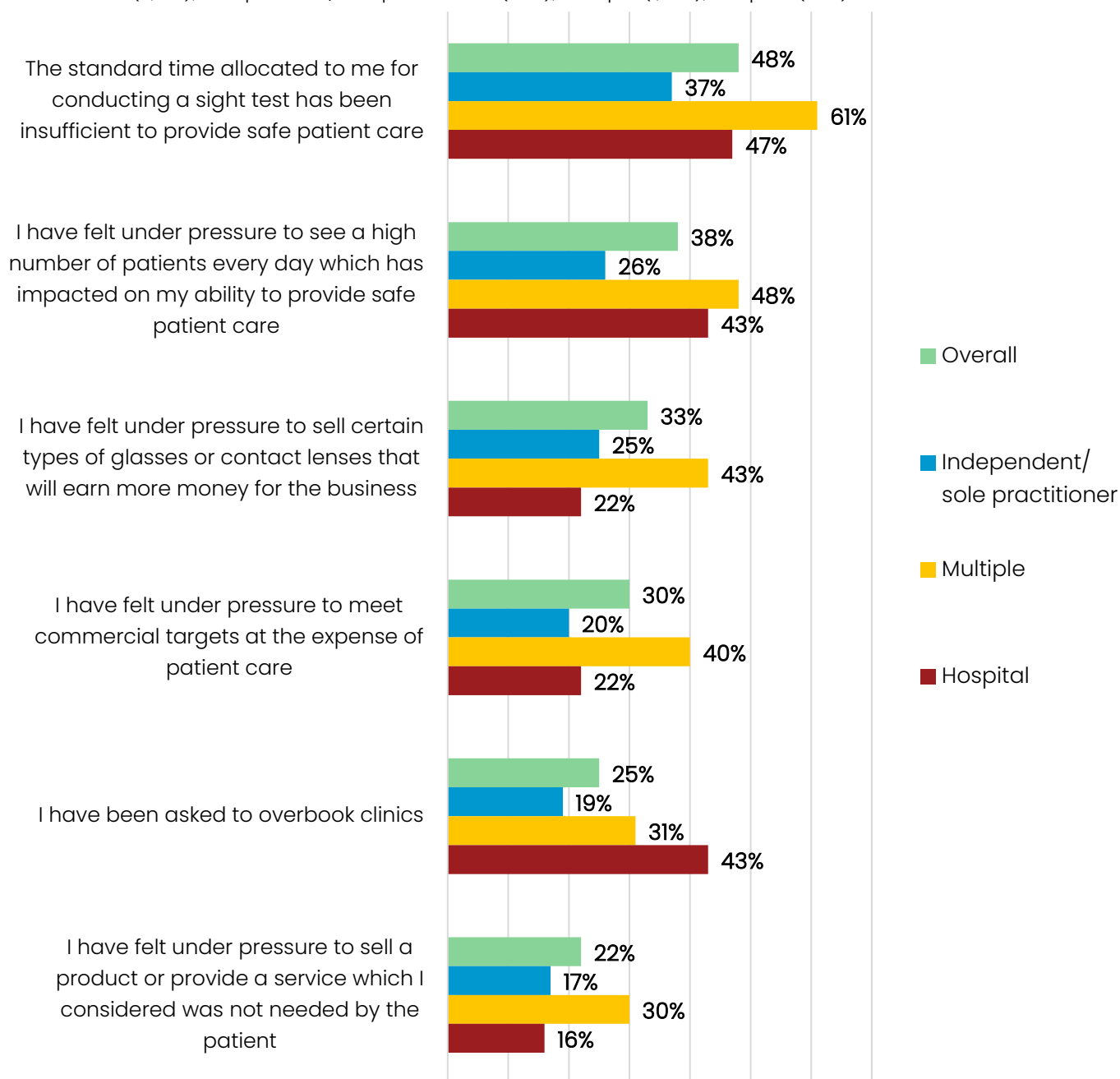


## Time and commercial pressures are more prevalent in multiples, but those working in hospital also face some of the same challenges

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

**Figure 49 – Experience of time and commercial pressure in the last 12 months (sometimes/frequently) by workplace setting**

Base: Overall (3,315); Independent/sole practitioner (967); Multiple (1,379); Hospital (302)



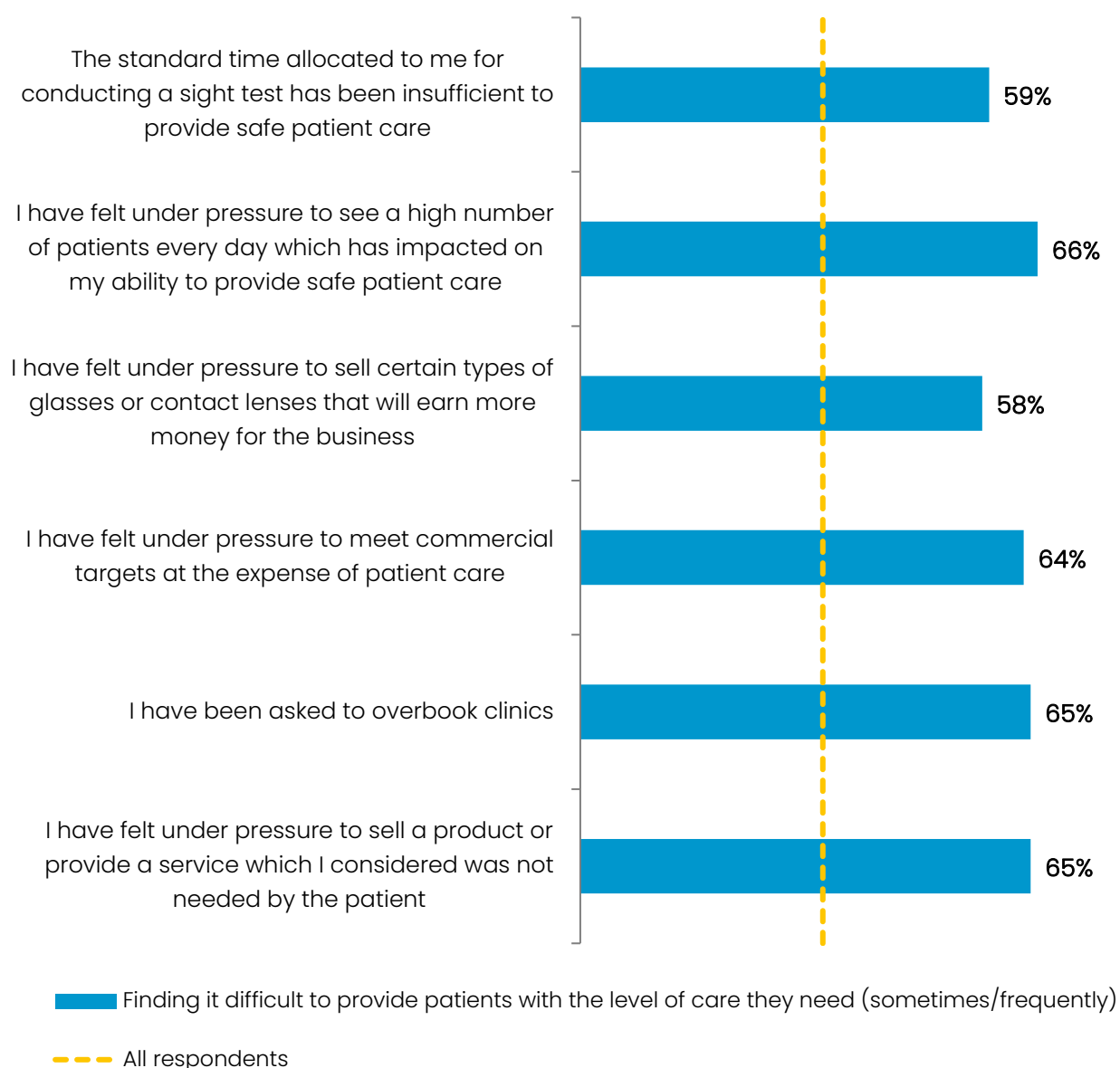
## Experience of time and commercial pressure leads to difficulties providing sufficient patient care

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

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

**Figure 50 – Impact of time and commercial pressure on providing sufficient patient care**

Base: Respondents currently working/employed (3,315)



## Harassment, bullying or abuse

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

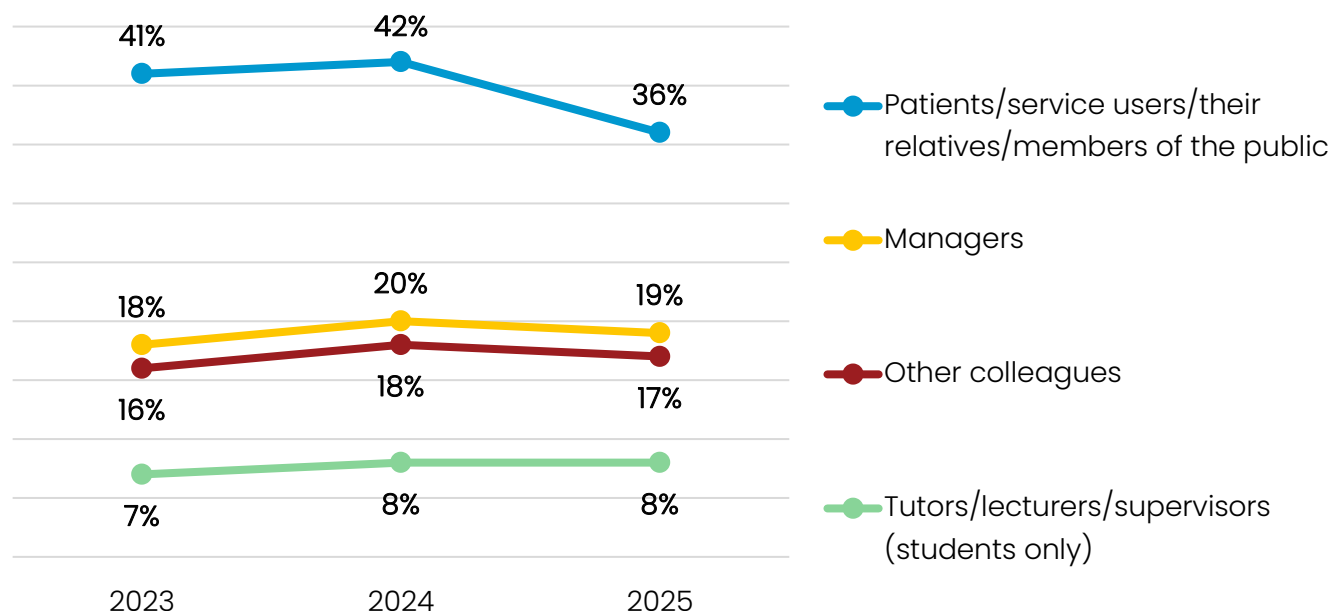
### Most incidences of harassment, bullying or abuse come from patients/service users, but reports have fallen since last year

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

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

**Figure 51 – Personal experience of harassment, bullying, or abuse at work (or study) 2023 to 2025 (% at least one experience in the last 12 months)**

Base: All respondents excluding full-time students and retired 2023 (3,557); 2024 (4,521); 2025 (3,774); Students 2023 (469); Students 2024 (509); Students 2025 (454)



## GOC registrants are still more likely to experience this behaviour from patients or the public and managers when compared with the national NHS average

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

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

**Figure 52 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2024**

Base: GOC survey respondents (3,774), NHS Staff Survey 2024 (c.740k)

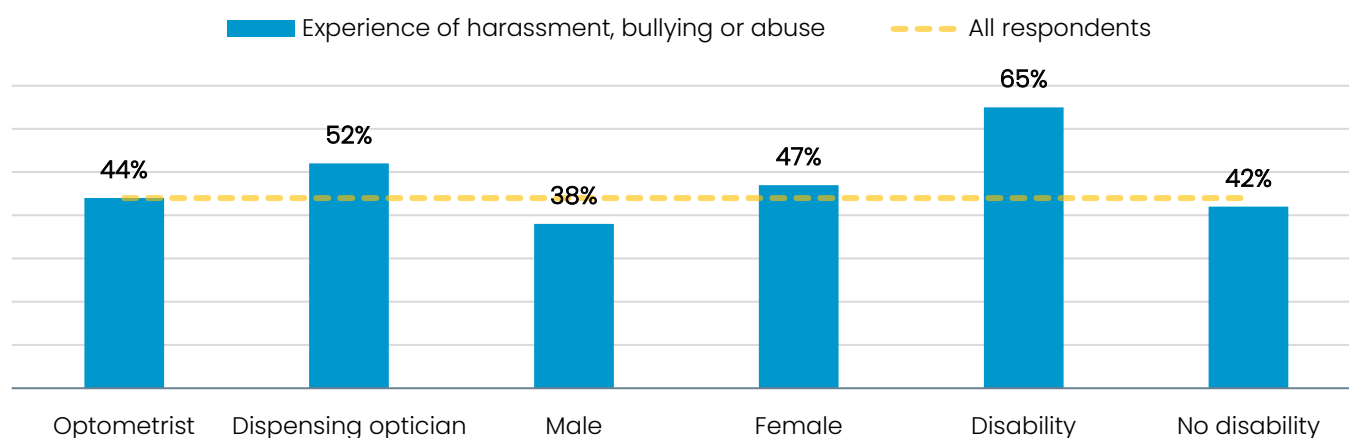
Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2024
Patients/service users/relatives, other members of the public	36%	25%
Managers	19%	10%
Other colleagues	17%	18%

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

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

**Figure 53 – Experience of harassment, bullying, or abuse at work by registration type, gender, and disability**

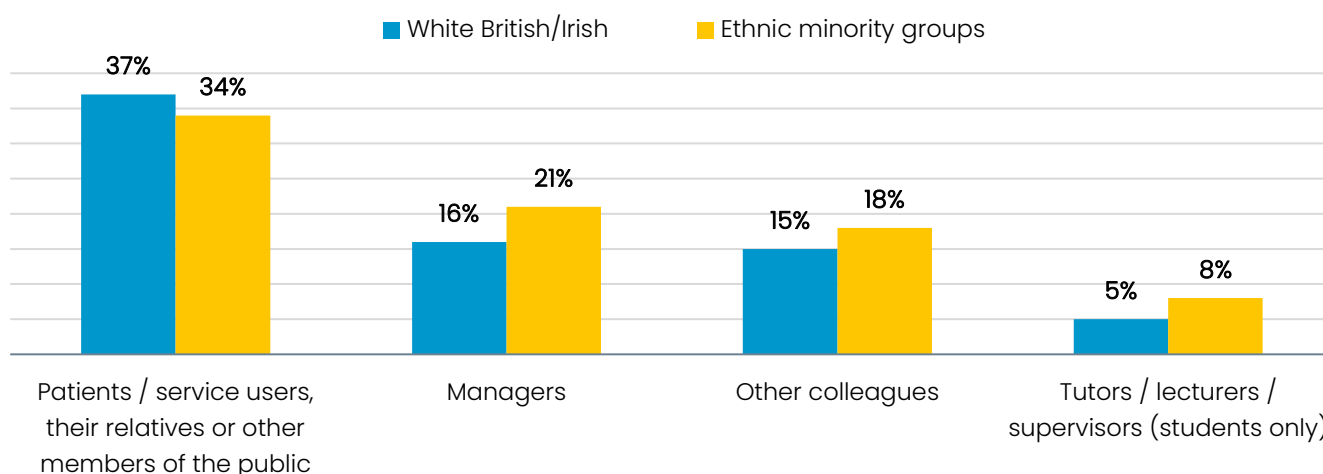
Base: Optometrist (2,236); Dispensing optician (802); Male (1,228); Female (2,380); Disability (228); No disability (3,320)



As found in 2024, respondents from ethnic minority backgrounds were more likely to have experienced harassment, bullying or abuse specifically from managers, other colleagues, and tutors, lecturers or supervisors, when compared with those of White British/Irish ethnicity. However, no significant difference in ethnicity was found in relation to harassment, bullying or abuse from patients and service users.

**Figure 54 – Experience of harassment, bullying, or abuse at work by ethnicity**

Base: White British/Irish (1,893); Ethnic minority groups (1,575)



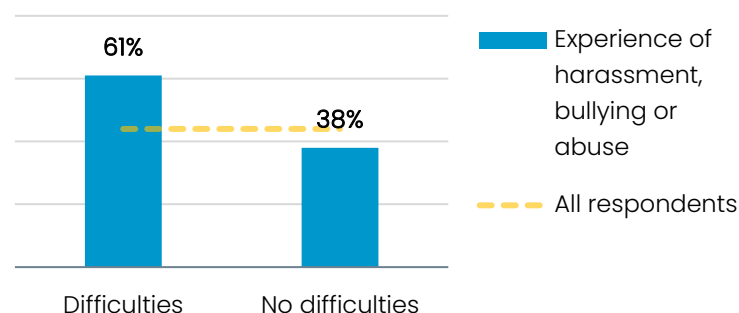
## Experience of harassment, bullying or abuse may lead to difficulties providing sufficient patient care

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

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

**Figure 55 – Experience of harassment, bullying, or abuse at work by experience of difficulties providing sufficient patient care**

Base: Difficulties (1,158); No difficulties (2,157)



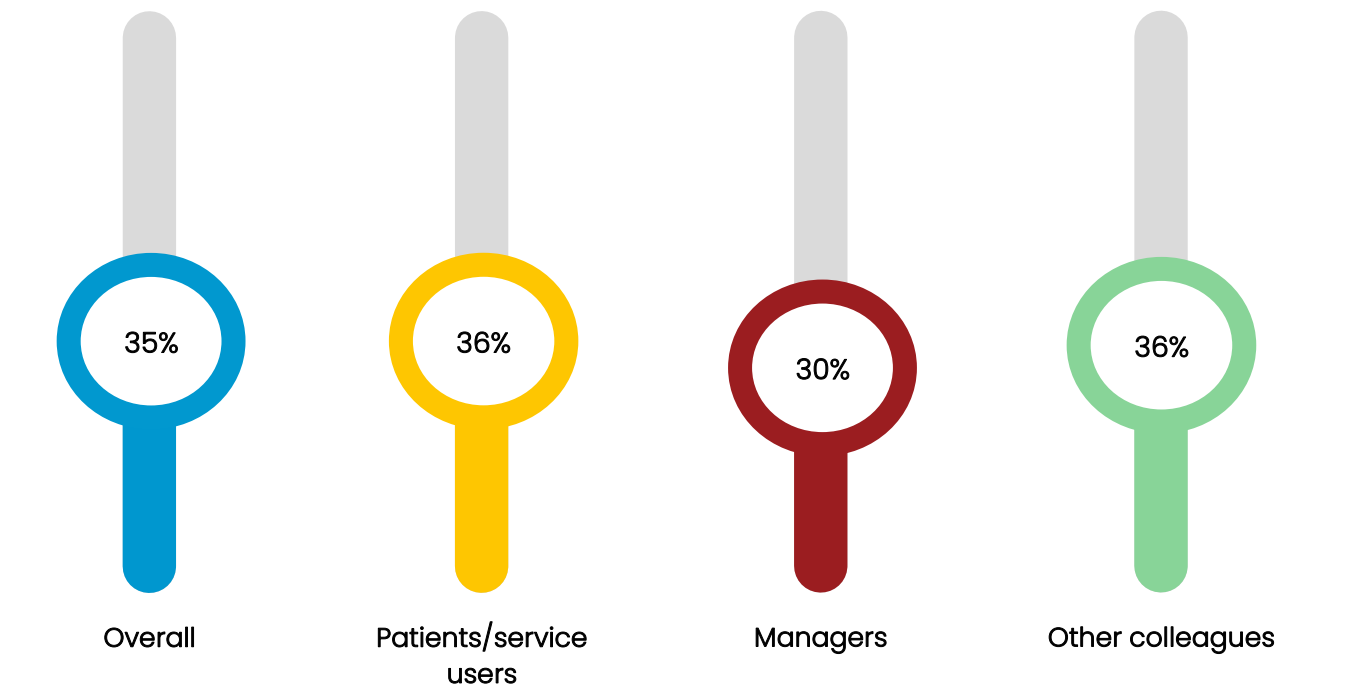


Only a third of those who experience harassment, bullying or abuse go on to report it

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

Figure 56 – Reporting harassment, bullying or abuse at work (they or a colleague reported)

Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months excluding ‘don’t know’ and ‘not applicable’ responses (1,453)



GOC registrants are still much less likely to report harassment, bullying or abuse than the national NHS average

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

Figure 57 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2024

Base: GOC survey respondents (1,453), NHS Staff Survey 2024 (c.240k)

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

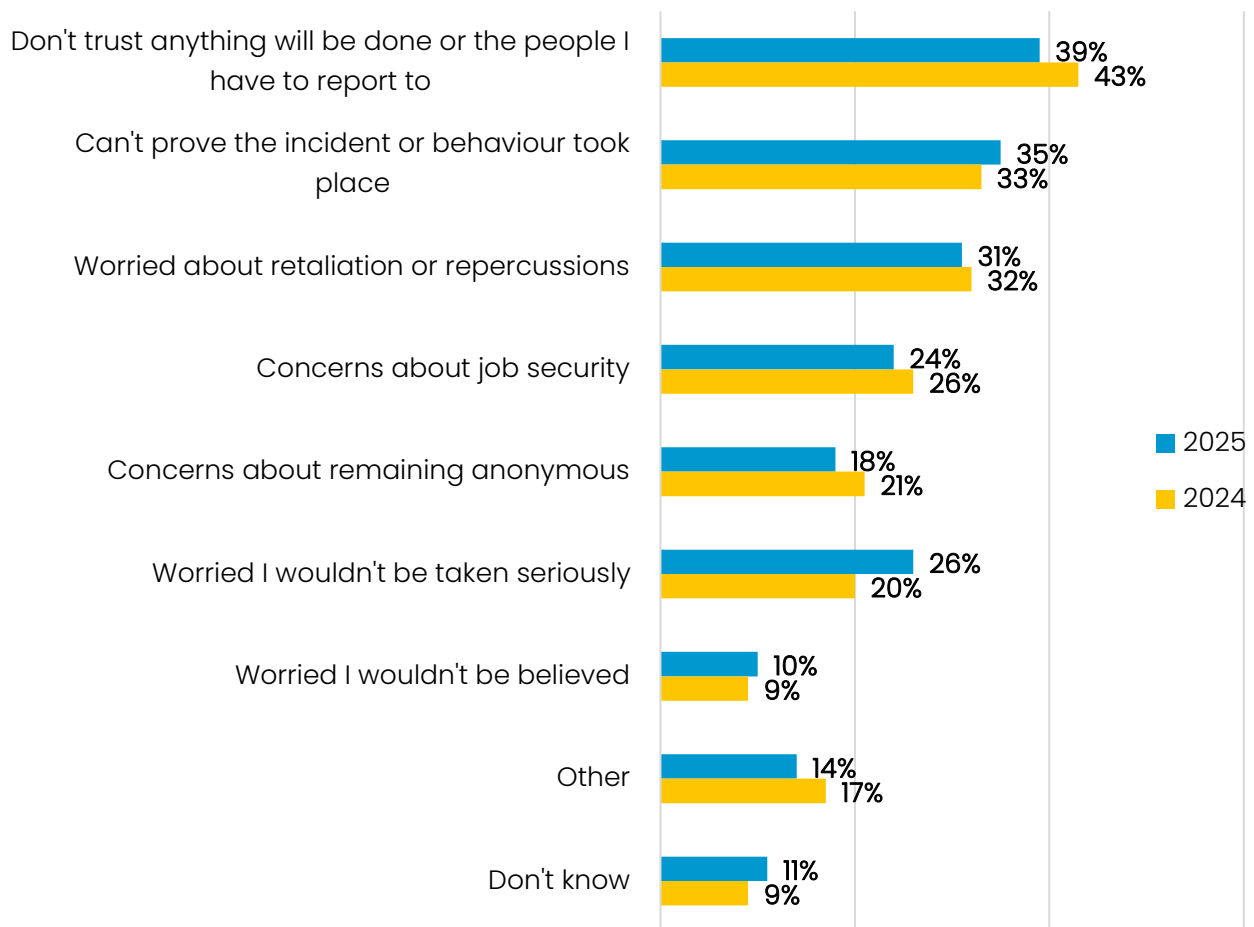


## Lack of faith in the reporting process

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

**Figure 58 – Reasons for not reporting harassment, bullying or abuse at work**

Base: Those who had not reported it 2024 (1,231); 2025 (945)



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



## Discrimination

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

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

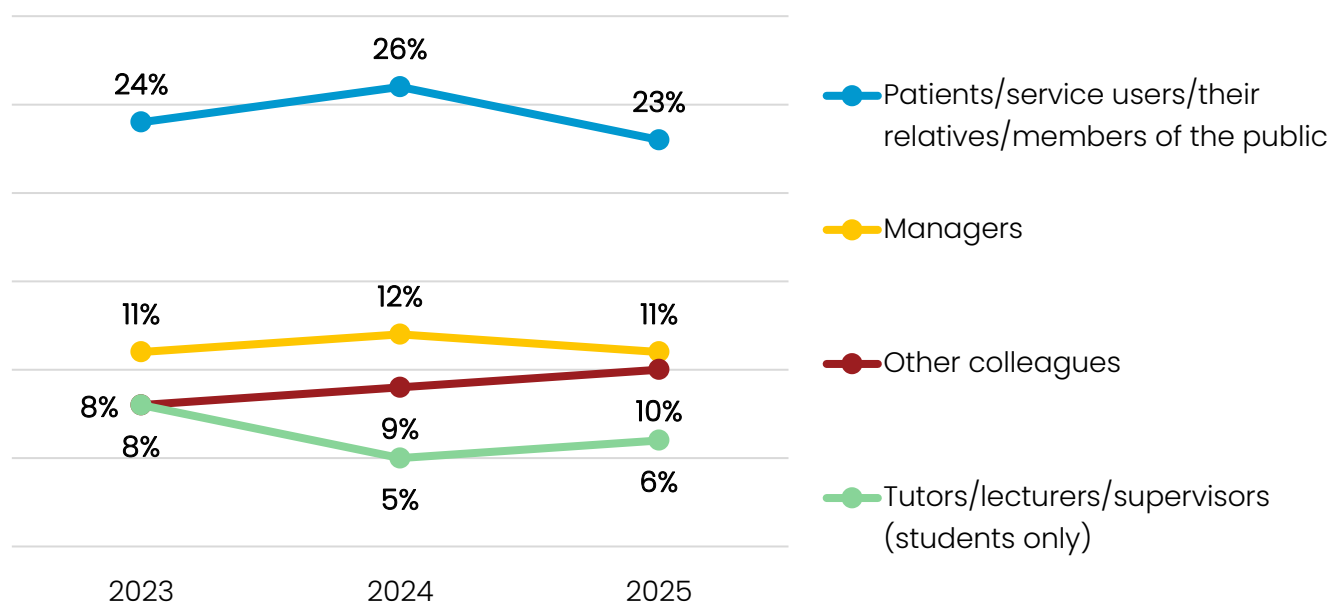
As found with harassment, bullying and abuse, **discrimination towards registrants is more likely to come from patients and service users, their relatives or other members of the public**, although to a lesser degree. Just under a quarter (23%) of respondents said they had at least one experience of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

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

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

**Figure 59 – Personal experience of discrimination at work (or study) 2023 to 2025 (% at least one experience in the last 12 months)**

Base: All respondents excluding full-time students and retired 2023 (3,557); 2024 (4,521); 2025 (3,774); Students 2023 (469); Students 2024 (509); Students 2025 (454)



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

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

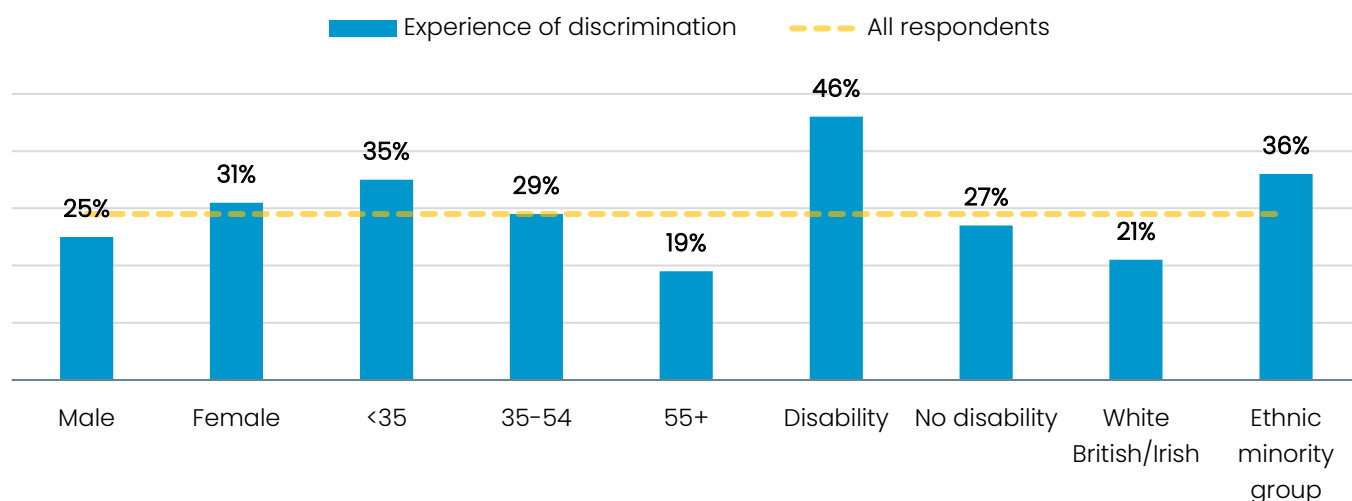
**Figure 60 – Experience of discrimination in the last 12 months – Comparison with NHS Staff Survey 2024**  
Base: GOC survey respondents (3,774), NHS Staff Survey 2024 (c.740k)

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

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

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

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

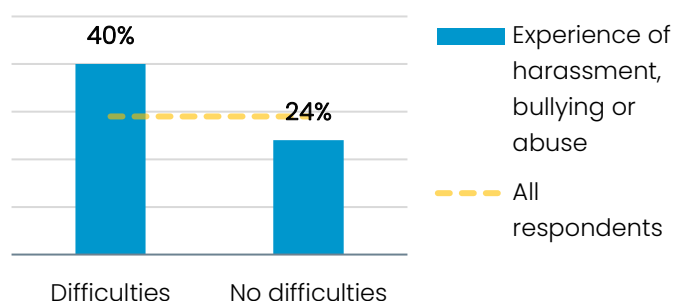


## Influence on the ability to deliver sufficient care for patients

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

**Figure 62 – Experience of discrimination at work by experience of difficulties providing sufficient patient care**

Base: Difficulties (1,158); No difficulties (2,157)

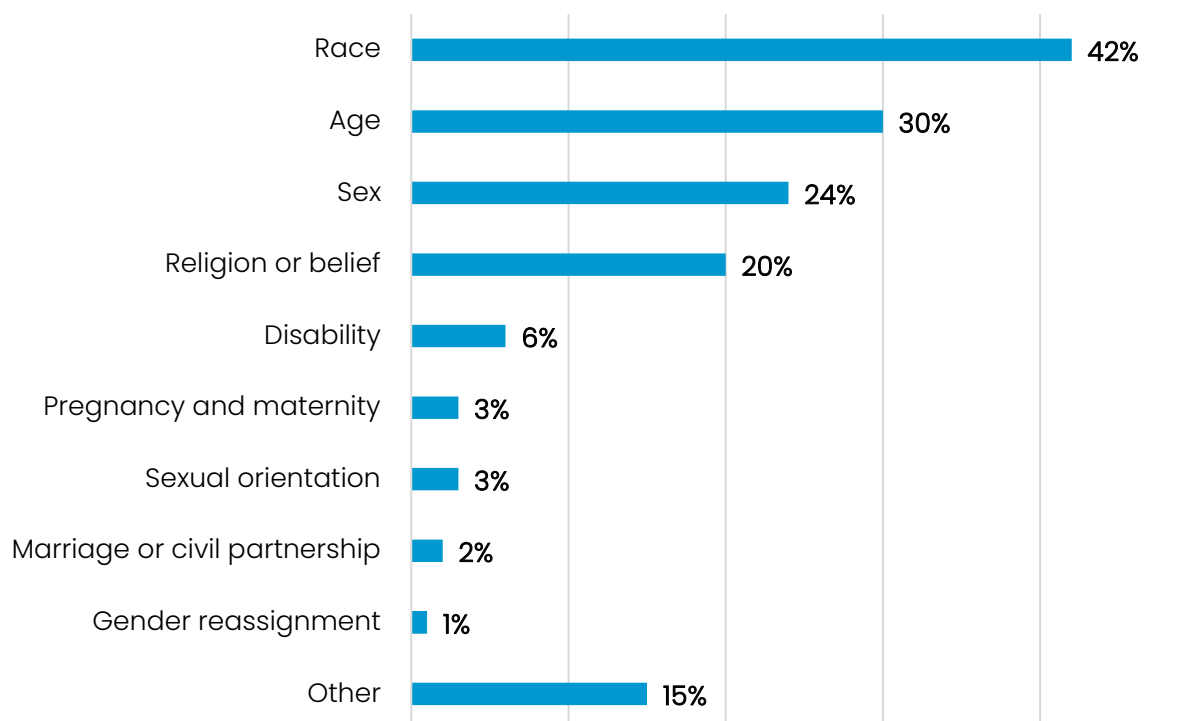


## Racial, sexual, and age-related discrimination are most frequently reported

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

**Figure 63 – Types of discrimination experienced**

Base: Those who had experienced discrimination in the last 12 months (1,088)



'Other' types of discrimination mentioned mainly related to professional status or role, employment type (e.g. being a locum, trainee, or part-time worker), and parental responsibilities or childcare needs. Respondents also cited mental health stigma, appearance-based comments, management style, and being treated differently due to national origin, job title, or qualifications.



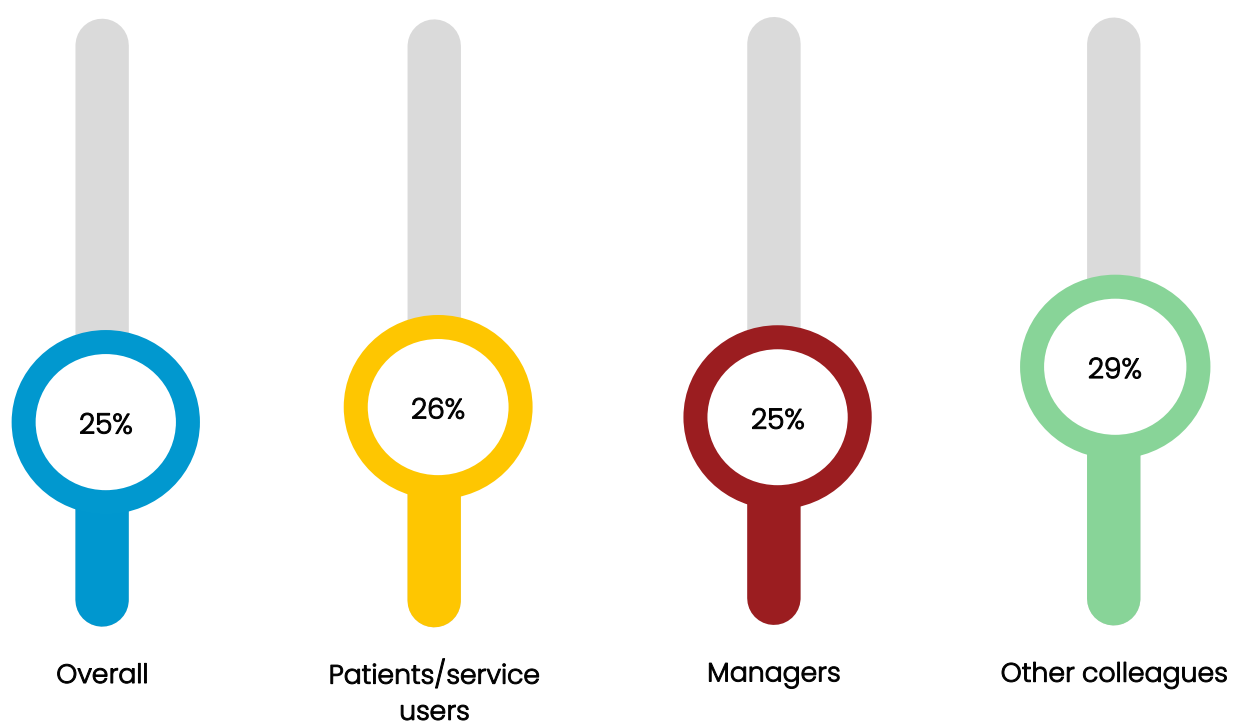
## Only a quarter of registrants reported experiences of discrimination

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

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

**Figure 64 – Reporting discrimination at work**

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

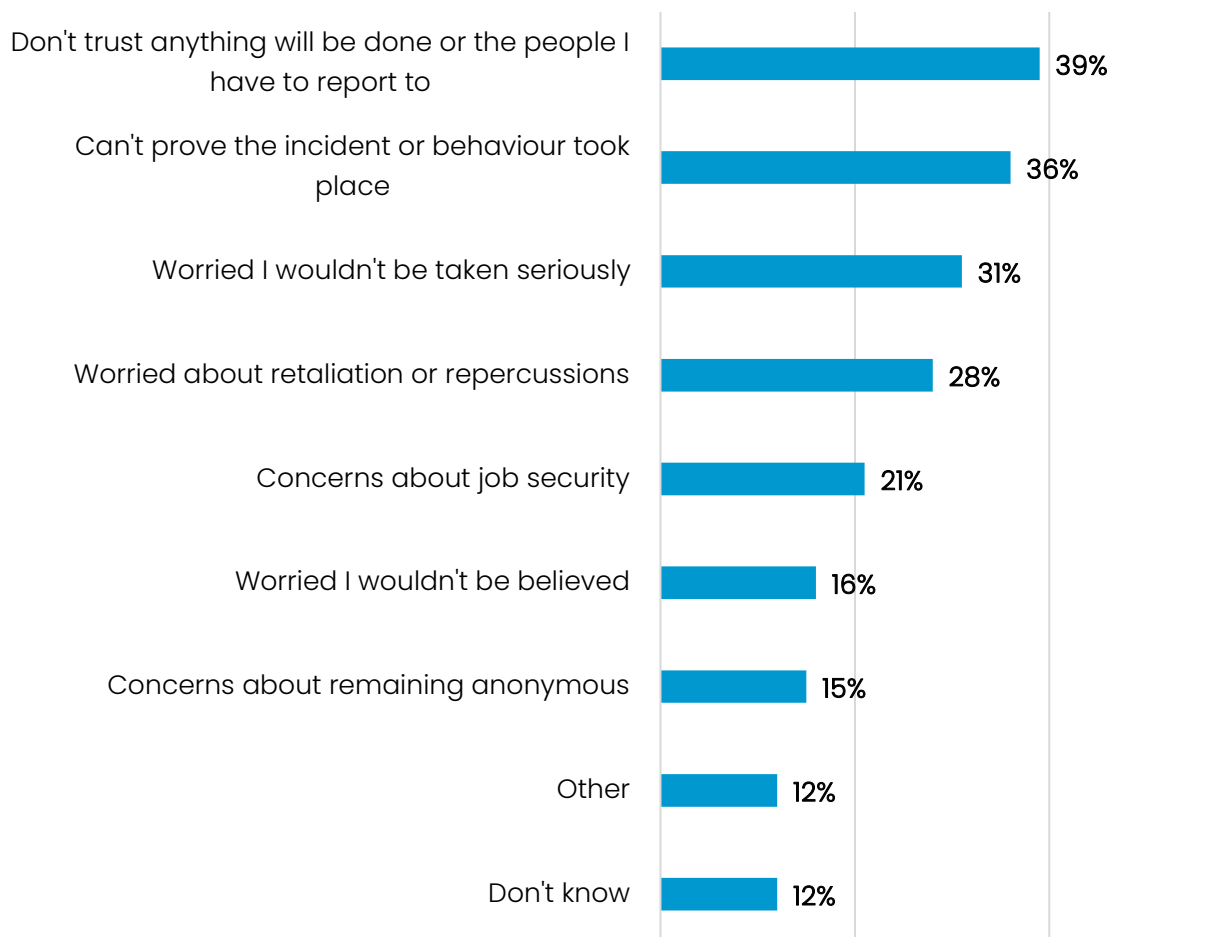


## Lack of faith in the reporting process

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

**Figure 65 – Reasons for not reporting discrimination at work**

Base: Those who had not reported it (728)



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



# Plans for the future

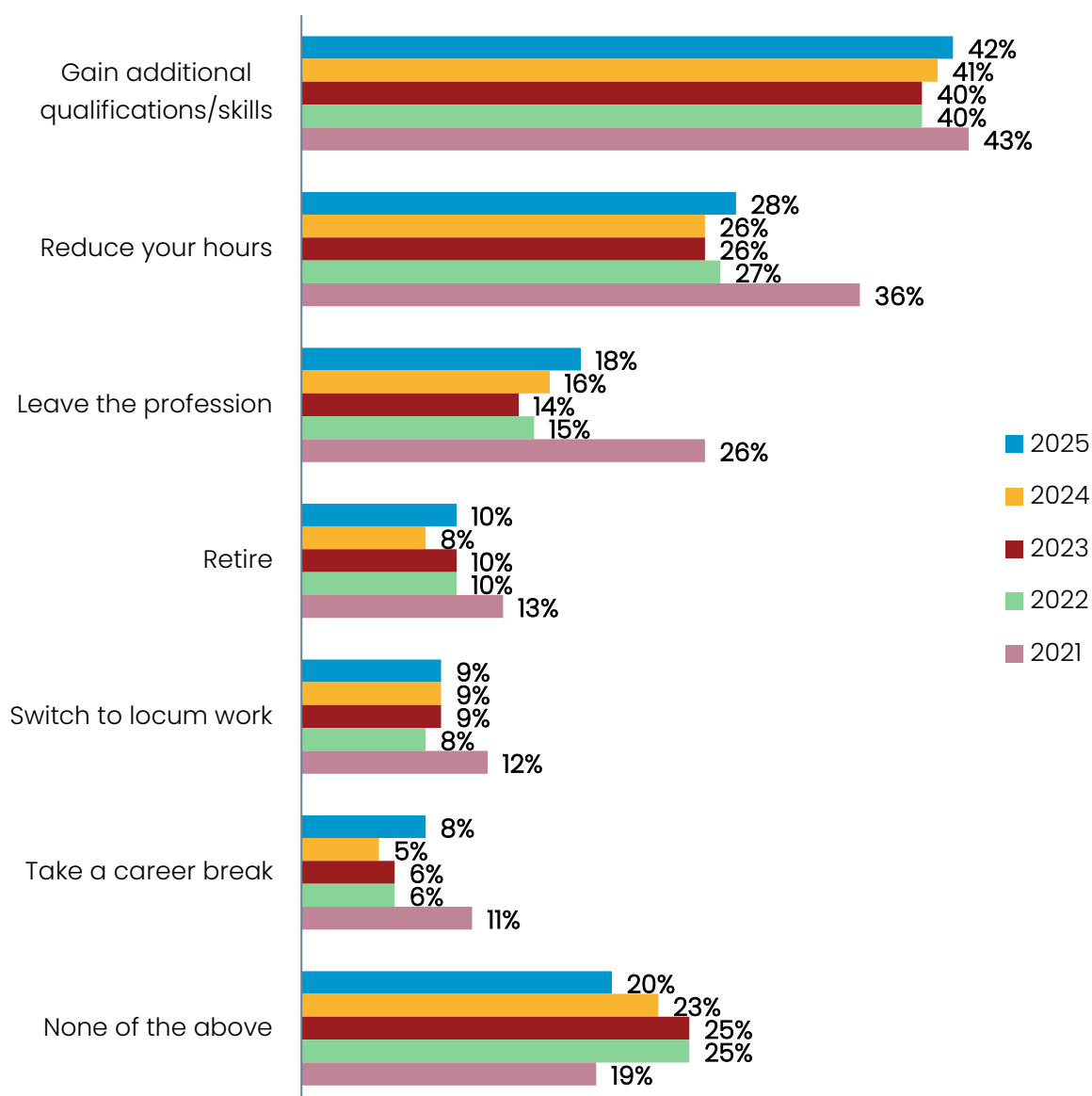
## Consistency of immediate future career plans over the last three years

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

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

**Figure 66 – Are you considering making any of the following changes to your career over the next 12-24 months?**

Base: Those currently working 2025 (3,315); 2024 (4,049); 2023 (3,486); 2022 (3,647); 2021 (4,479)





## Gaining additional skills

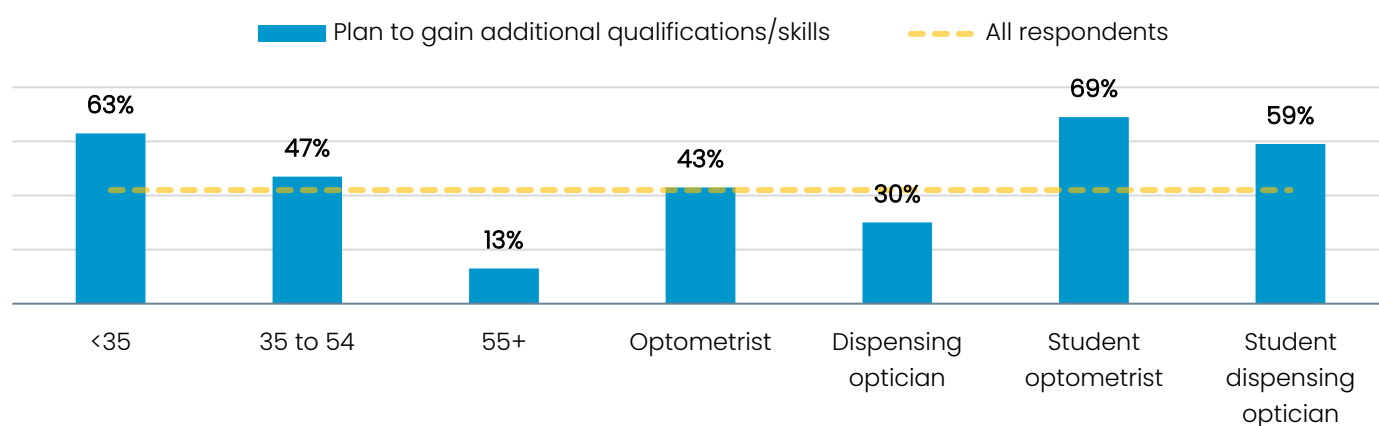
### More enthusiasm for gaining additional skills/qualifications amongst students and younger registrants

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



**Figure 67 – Plan to gain additional qualifications/skills by age and registration type**

Base: Aged <35 (888); 35–54 (1,525); 55+ (784); Optometrist (2,189); Dispensing optician (790); Student optometrist (196); Student dispensing optician (140)

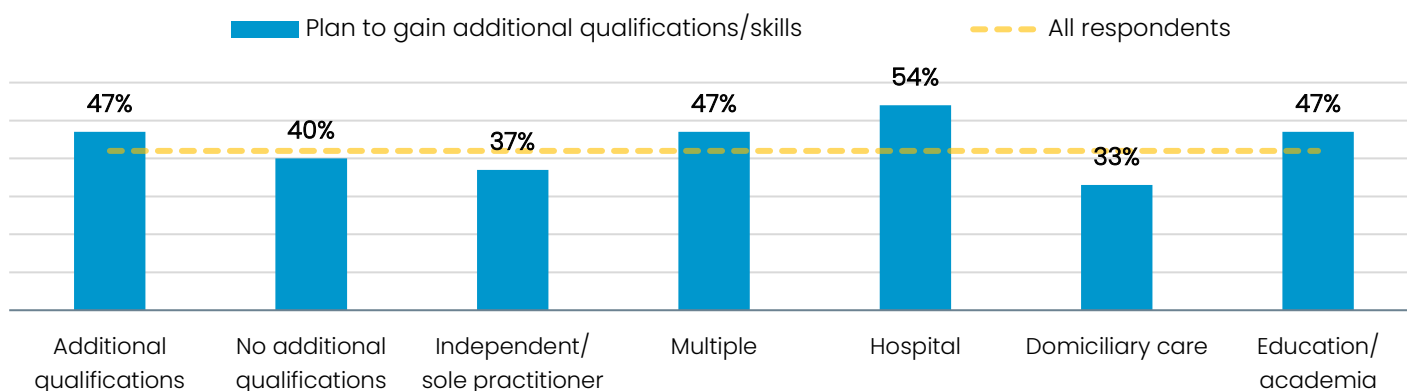


### More interest in developing skills from those who already have additional qualifications and those working in hospital

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

**Figure 68 – Plan to gain additional qualifications/skills by additional qualifications and workplace setting**

Base: Additional qualifications (1,183); No additional qualifications (2,132); Independent/sole practitioner (1,318); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)



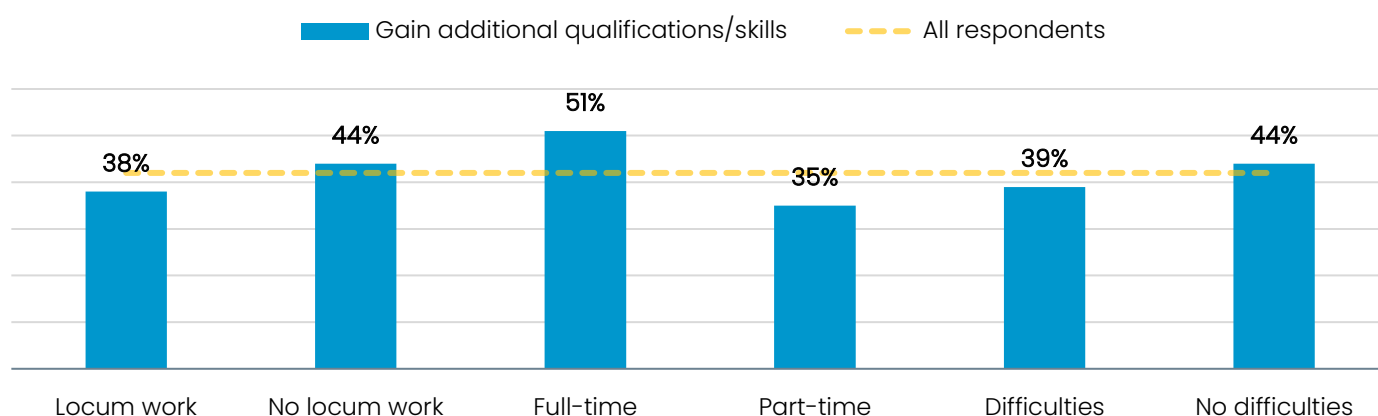
## Interest in developing is lower amongst locums, part-time workers, and those who find it difficult to provide sufficient patient care

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

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

**Figure 69 – Plan to gain additional qualifications/skills by locum working, working status, and experience of difficulties providing sufficient patient care**

Base: Locum work (774); No locum work (2,541); Full-time (1,558); Part-time (1,757); Difficulties providing sufficient patient care (1,158); No difficulties (2,157)



## Popular areas of interest for development

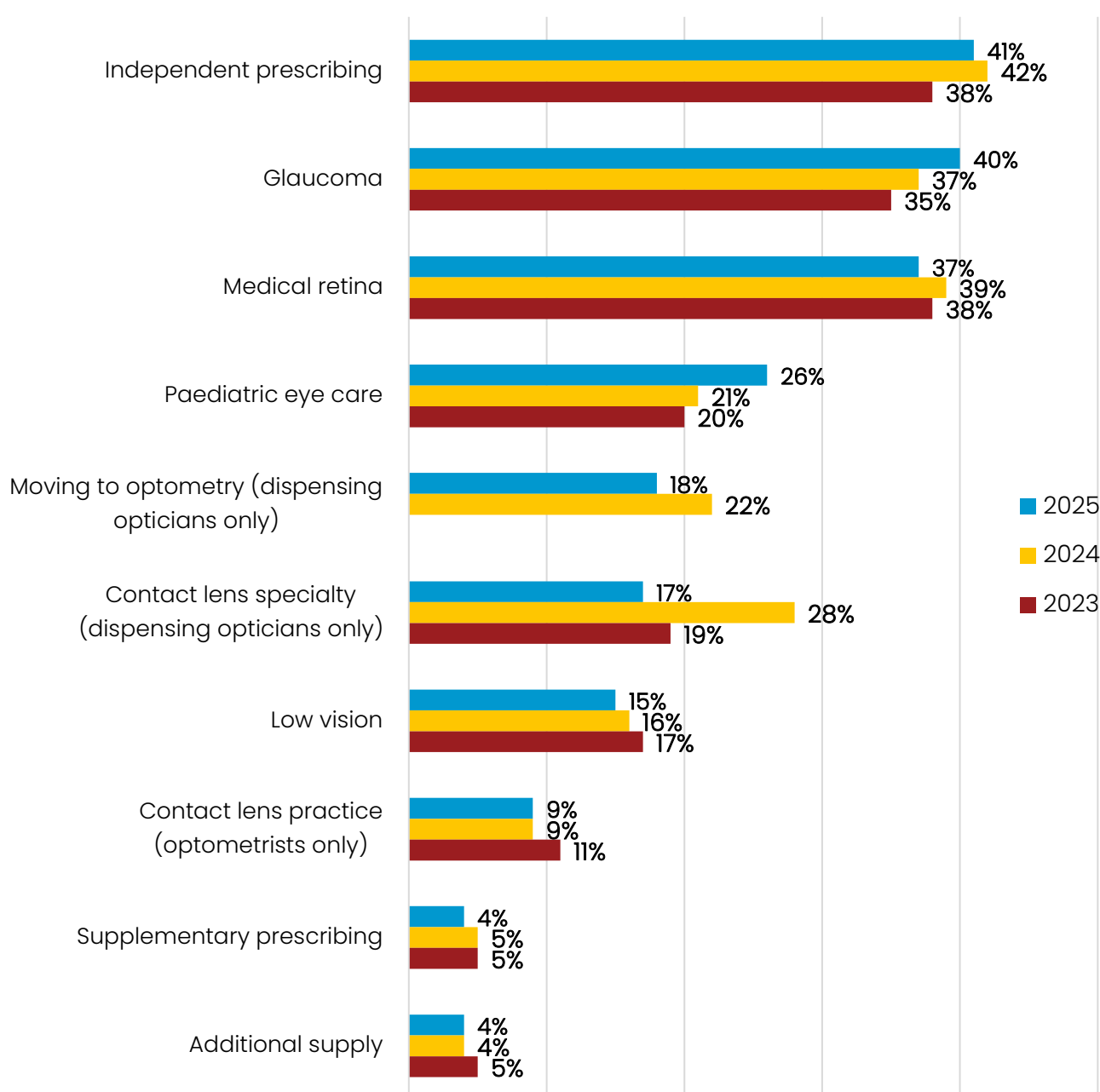
The most popular areas for gaining additional qualifications/skills were **independent prescribing, glaucoma and medical retina**.

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

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

**Figure 70 – Areas of interest in gaining additional qualifications/skills**

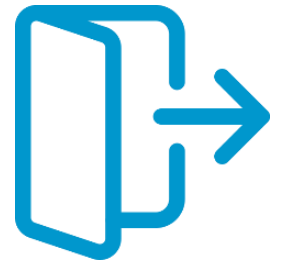
Base: Those who plan to gain additional qualifications/skills in the next 12-24 months 2025 (1,408); 2024 (1,653); 2023 (1,377)



## Plans to leave the profession

The same reasons are pushing registrants to consider leaving the profession

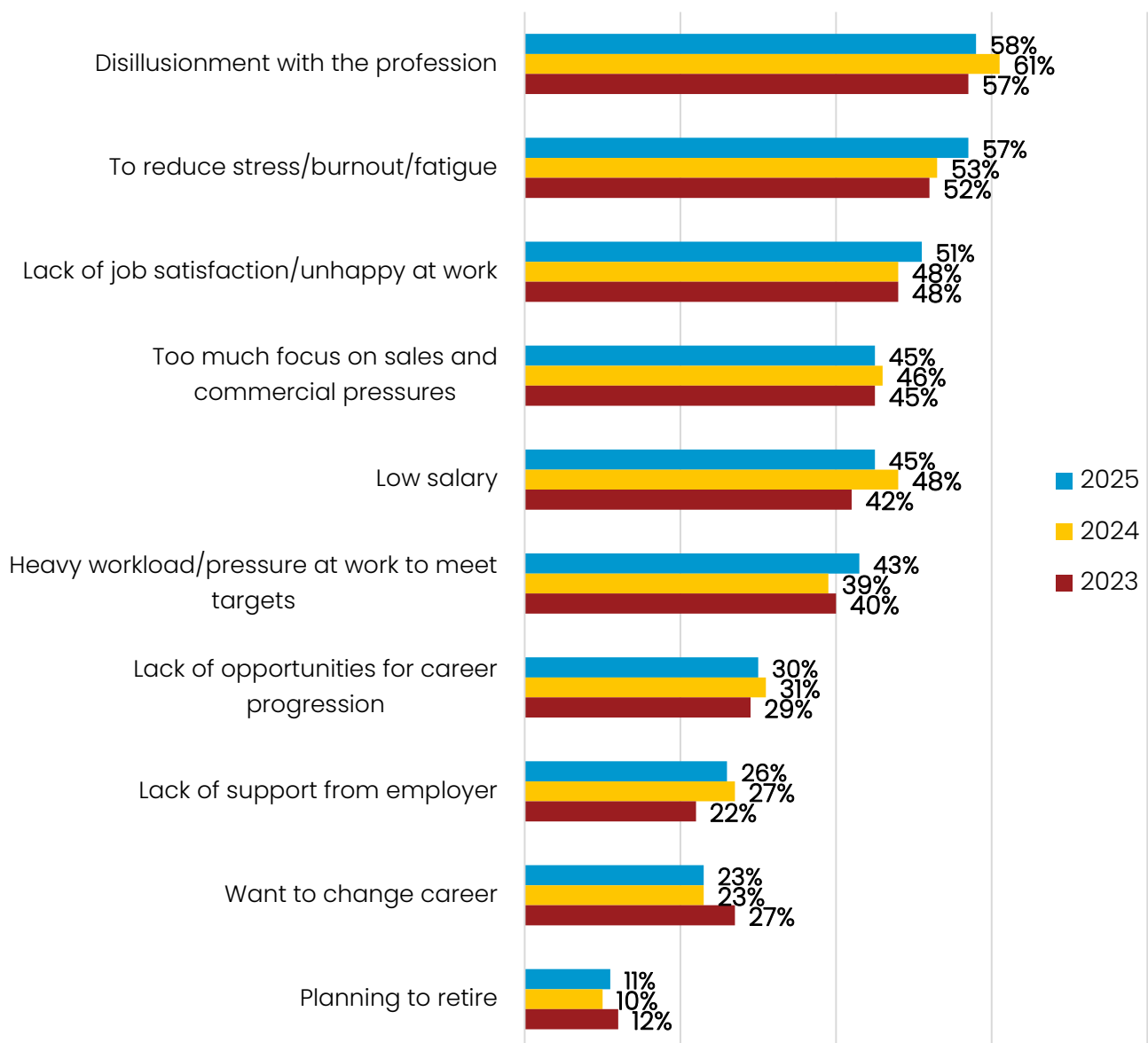
As found in previous years, a number of reasons for considering leaving the profession in the next 12-24 months were provided, suggesting that **there is not one clear issue driving this potential career change**. The most common reasons suggested included disillusionment with the profession, reducing stress, burnout and fatigue, lack of job satisfaction, too much focus on sales and commercial pressures, and low salaries.



The proportion of respondents planning to leave to reduce stress, burnout and fatigue has steadily increased over the past three years of the survey.

**Figure 71 – Reasons for planning to leave the profession**

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



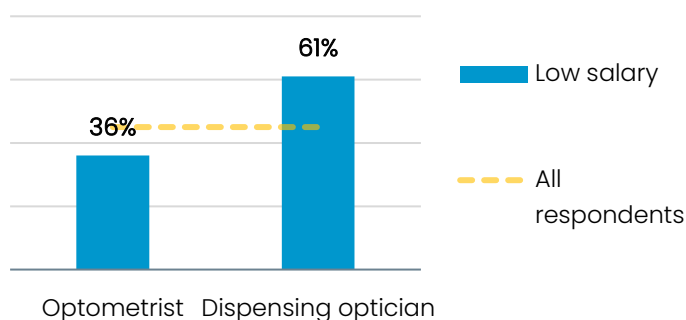
## Dispensing opticians are more likely to consider leaving the profession, driven by low salaries

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

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

**Figure 72 – Planning to leave the profession due to low salary by registration type**

Base: Those who plan to reduce leave the profession in the next 12-24 months (581)

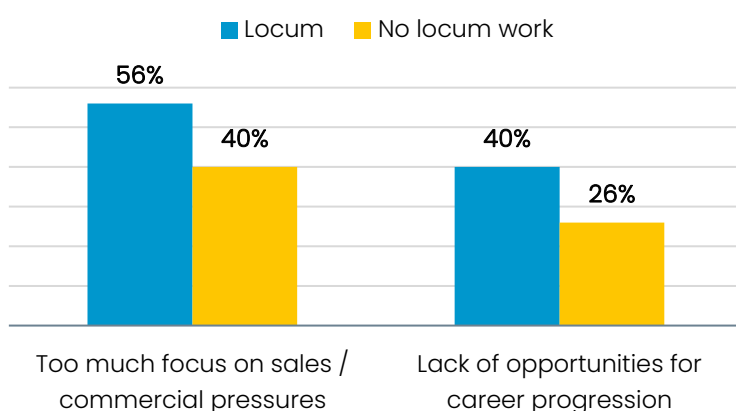


Those with no additional qualifications were also more likely to select low salary as a reason for considering leaving the profession (48%) when compared to those with additional qualifications (38%).

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

**Figure 73 – Planning to leave the profession due to too much focus on sales and commercial pressures or lack of career progression opportunities by locum working**

Base: Those who plan to leave the profession in the next 12-24 months – Locums (190); No locum work (392)



Those who worked as locums were more likely to plan to leave the profession in the next 12-24 months (24%) when compared with those who did no locum work (15%). As found in 2024, a main reason provided for this by locums was **too much focus on sales and commercial pressures**, in contrast to those who did not work as locums.

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

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

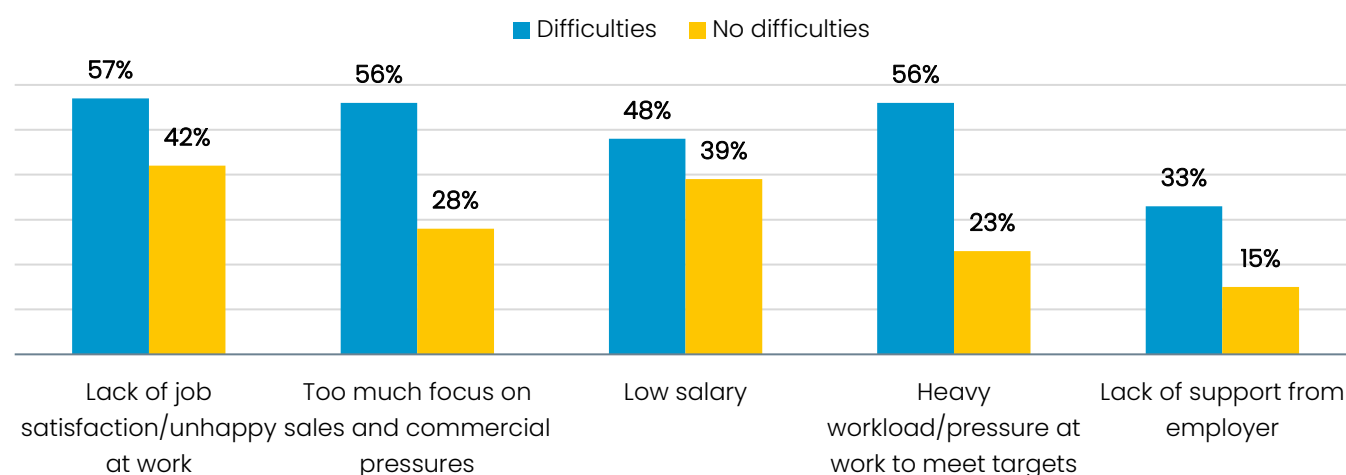


## Registrants who struggle to provide patients with sufficient care are still more likely to plan to leave the profession

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

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

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



# Career development

## Opportunities to develop

Working respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about career development opportunities at their place of work.

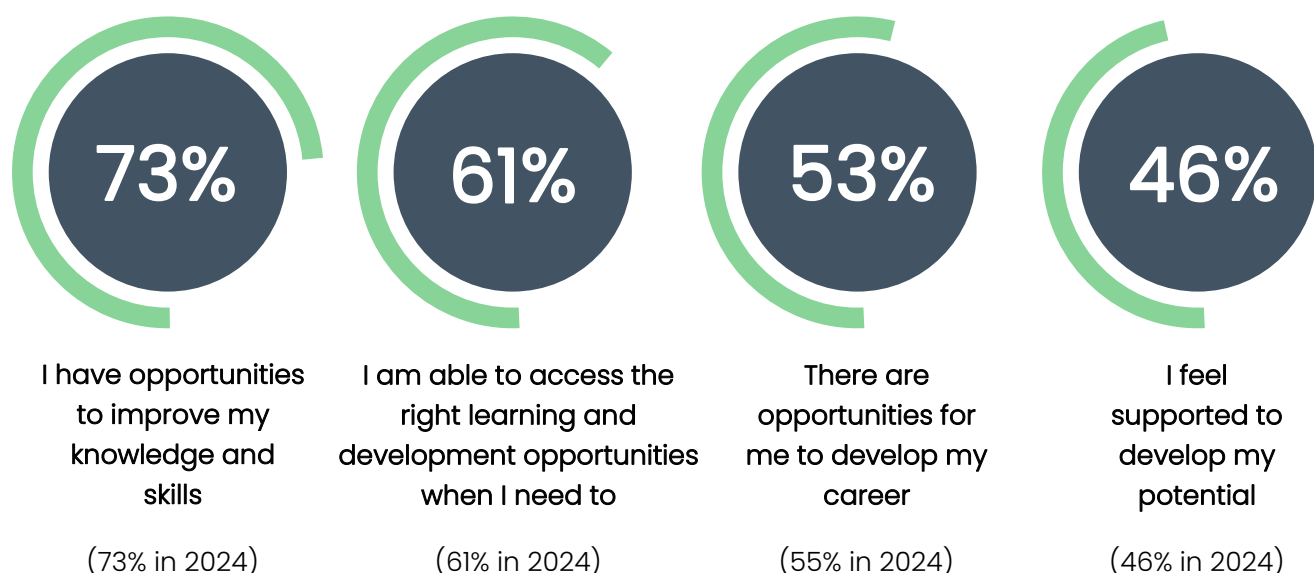
### Registrants continue to feel enabled to develop their knowledge and skills, but less supported to develop their career and potential

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

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

**Figure 75 – Agreement with statements about development opportunities at work**

Base: Working respondents (3,315)



### Attitudes are mostly consistent with the NHS Staff Survey

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



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

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

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

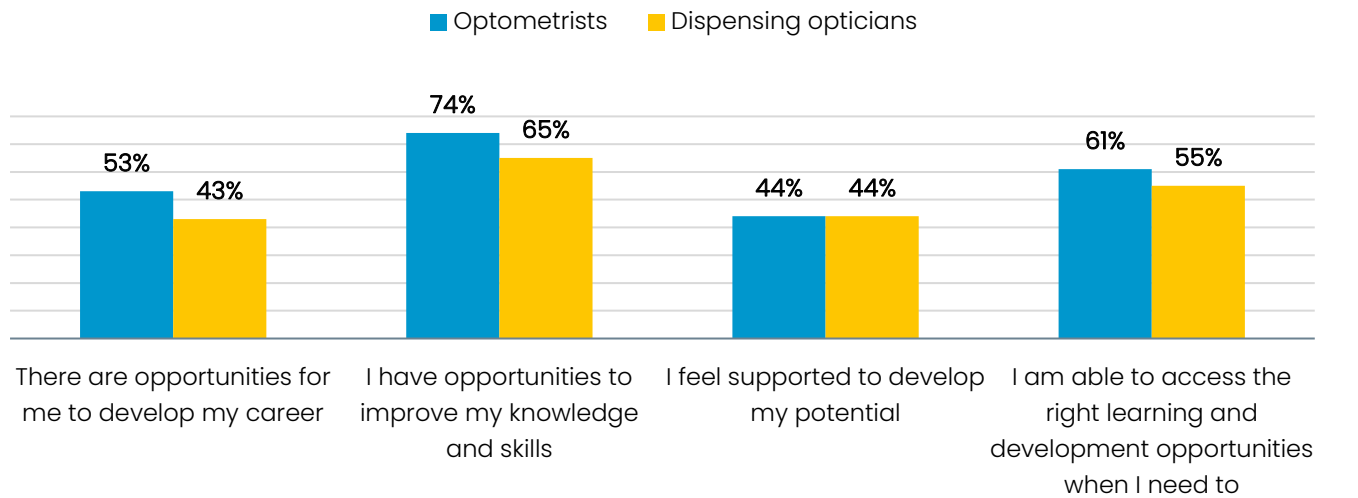
Smaller proportions of those who work as locums (28%), those with a disability (35%), and those who find it difficult to provide patients with a sufficient level of care (27%) agreed that they felt supported to develop their potential, and therefore may be more significantly contributing to the disparity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

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

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

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

Figure 77 – Agreement with statements about development opportunities at work by registration type





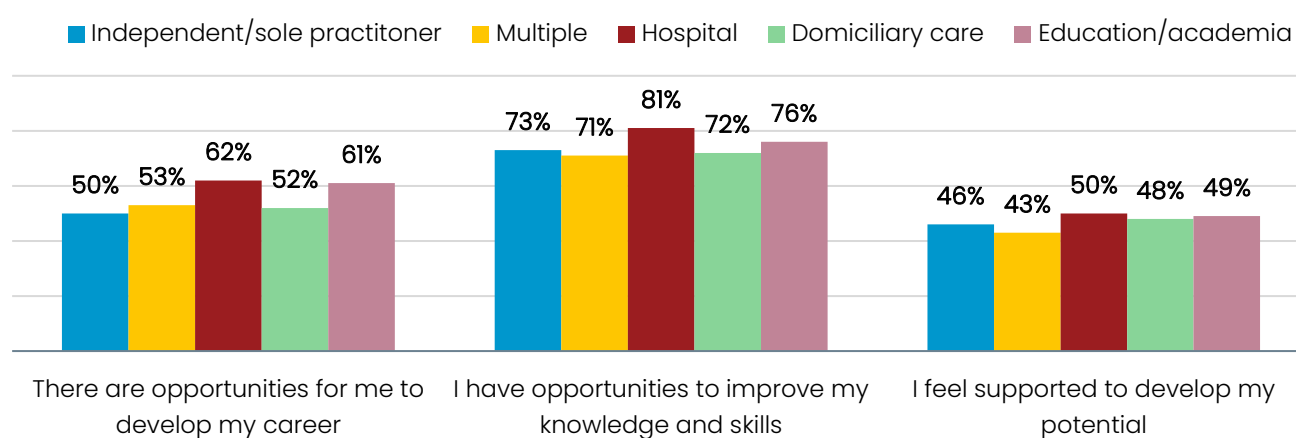
## Hospital continues to be the best workplace setting for opportunities to develop

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

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

**Figure 78 – Agreement with statements about development opportunities at work by workplace setting**

Base: Independent/sole practitioner (1,318); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)

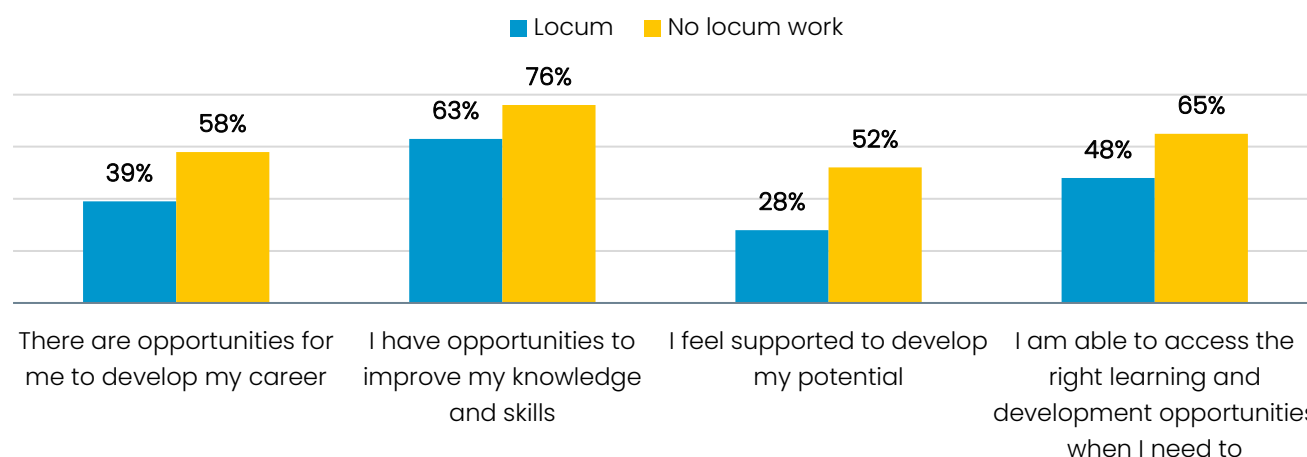


## Locum workers see their career development opportunities as restricted

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

**Figure 79 – Agreement with statements about development opportunities at work by locum working**

Base: Locums (774); No locum work (2,541)



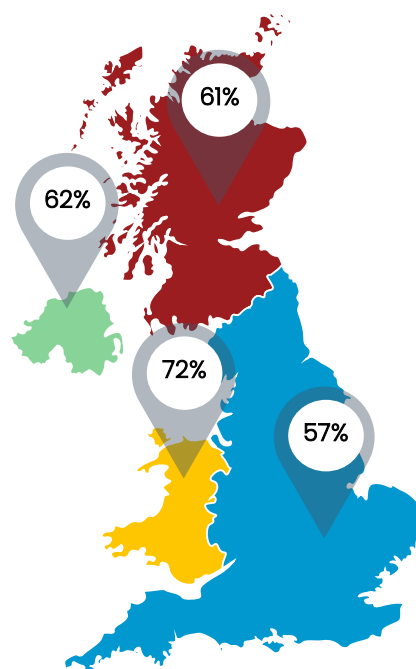
## Greater career development opportunities in Wales

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

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

**Figure 80 – Agreement with statements about development opportunities at work by UK nation**

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



# Speaking up

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

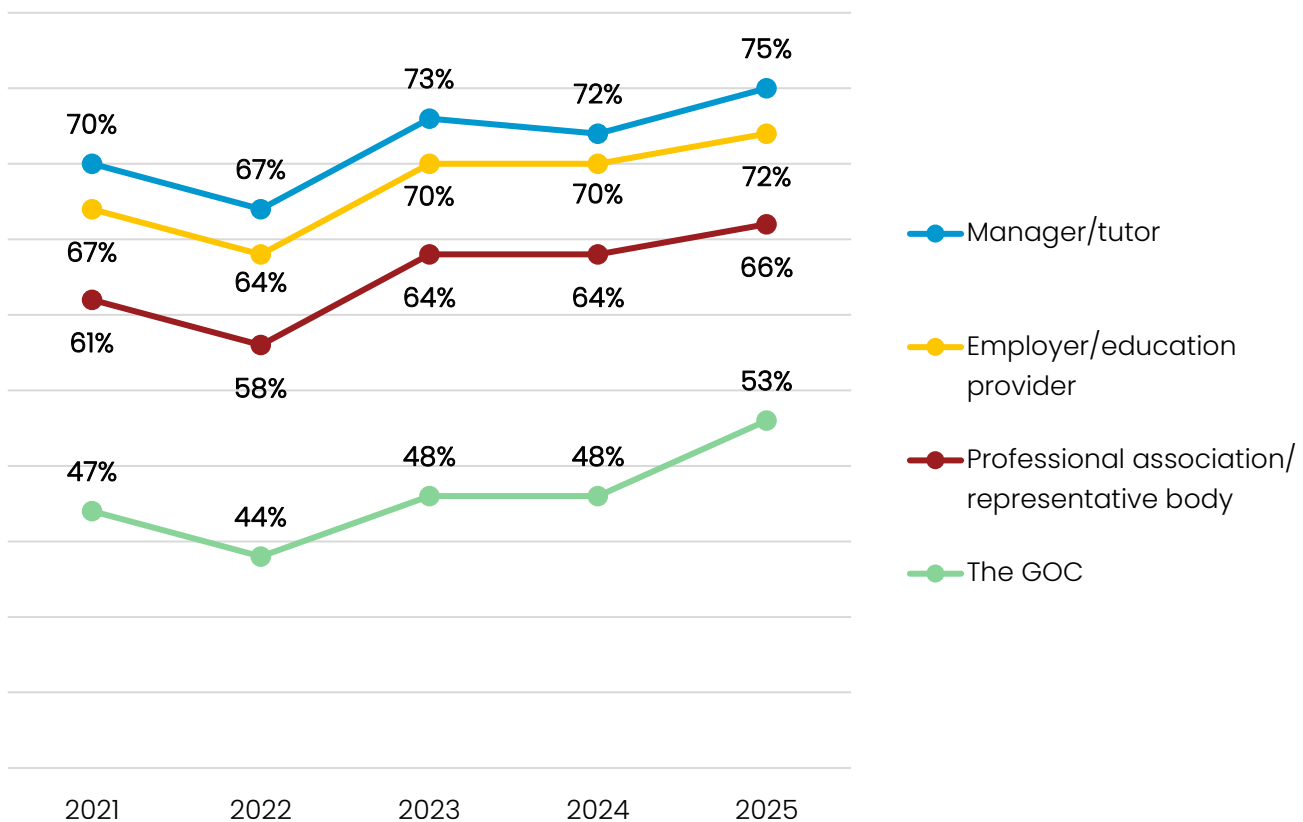
This year's results show **increased confidence in speaking up about patient safety concerning an individual GOC registrant to all authorities**.

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

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

**Figure 81 – Feeling comfortable speaking up about patient safety concerning an individual GOC registrant**

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)



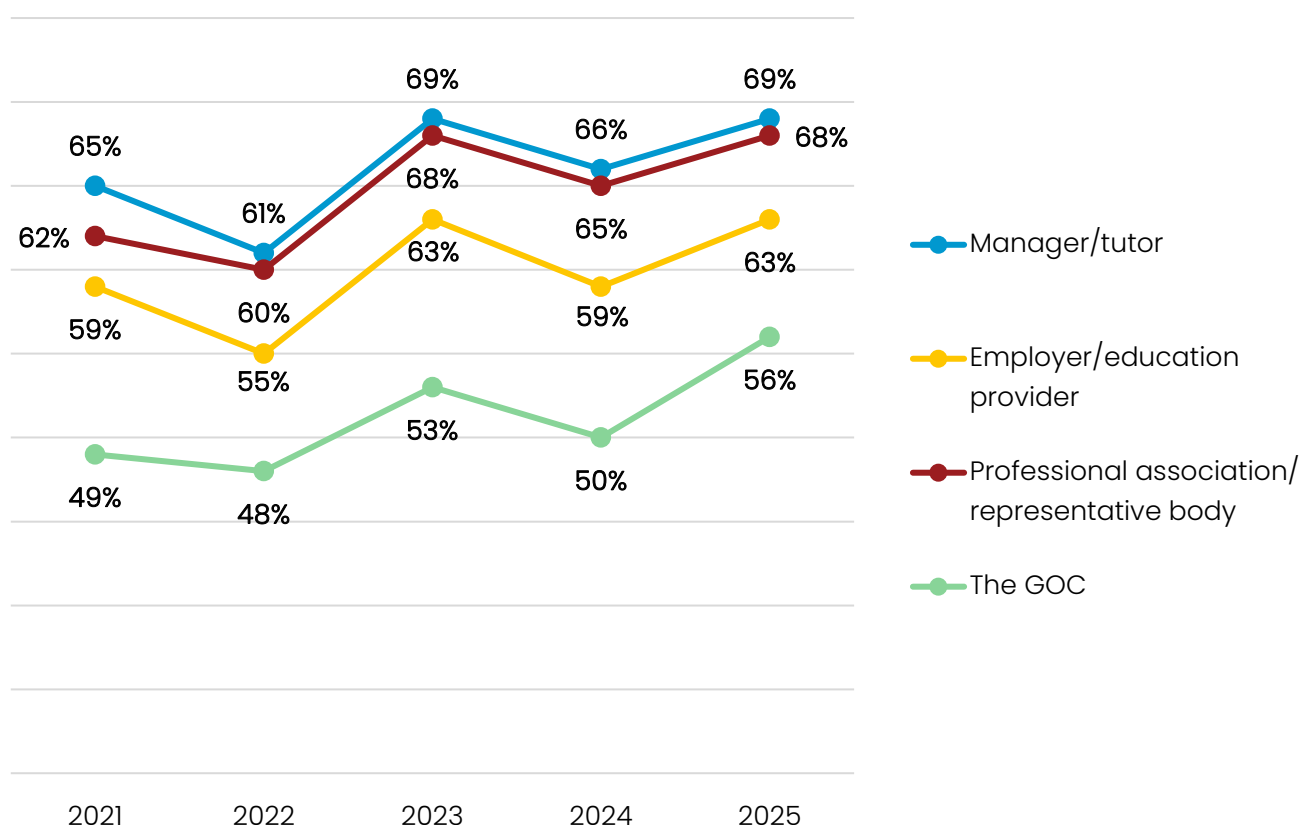
## Increased levels of confidence speaking up about patient safety concerning an employer

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

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

**Figure 82 – Feeling comfortable speaking up about patient safety concerning an employer**

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)



## Increased confidence may be linked with attending CPD on speaking up

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

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



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

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

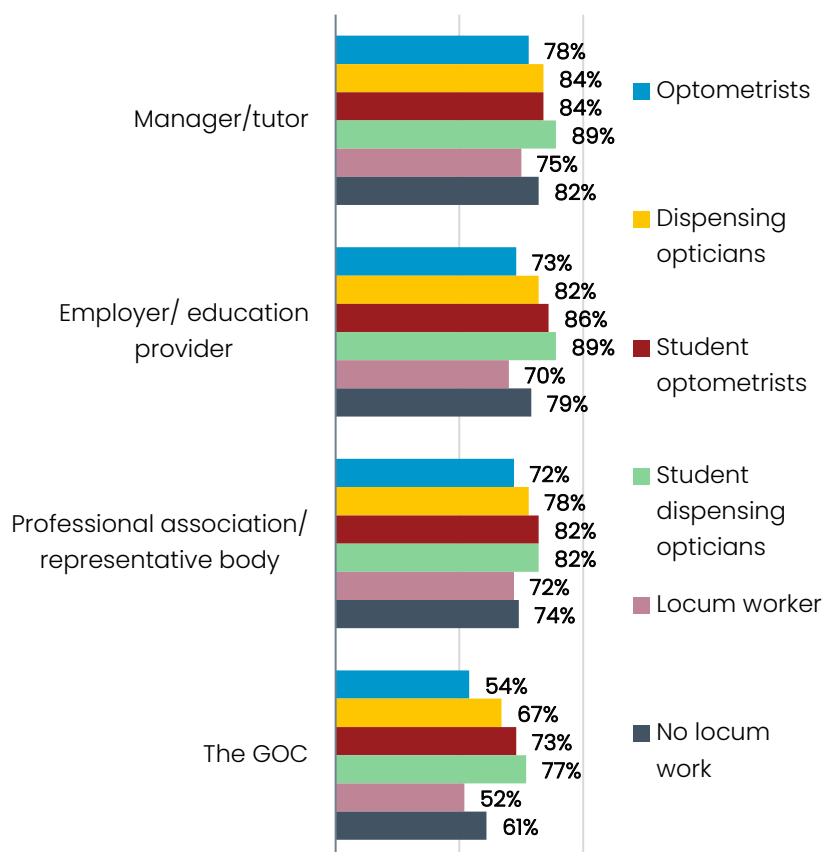
Again, with the exception of speaking up to a professional association or representative body, locums are also less likely to feel comfortable in the same way.

### Newer registrants continue to feel more comfortable about speaking up

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

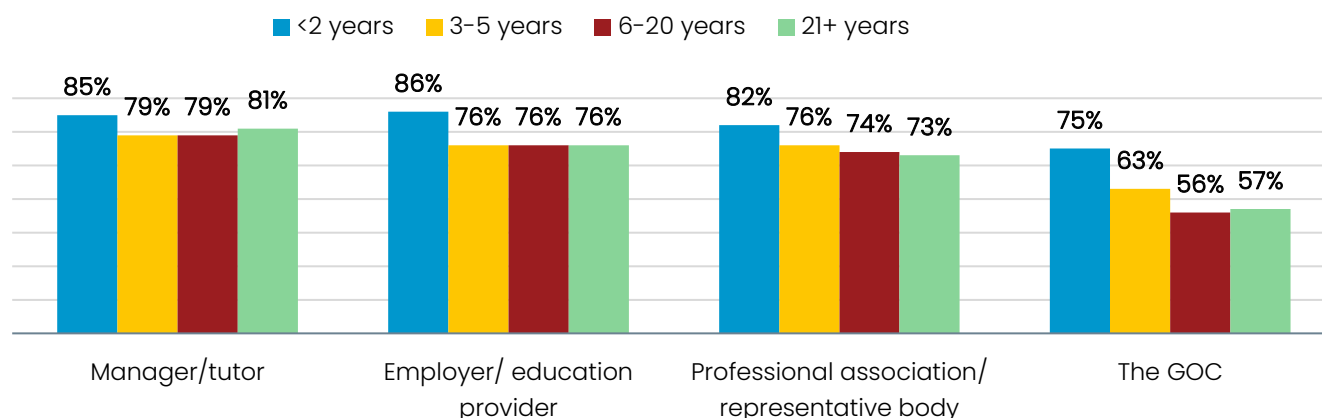
**Figure 83 – Feeling comfortable speaking up about an individual GOC registrant or employer by registration type and locum work**

Base: Optometrist (2,213); Dispensing optician (794); Student optometrist (573); Student dispensing optician (147); Locum worker (768); No locum work (2,511)



**Figure 84 – Feeling comfortable speaking up about an individual GOC registrant or employer by length of time on GOC register**

Base: <2 years (678); 3-5 years (465); 6-20 years (1,123); 21+ years (1,246)



## Concerns about fear of negative repercussions discourage speaking up

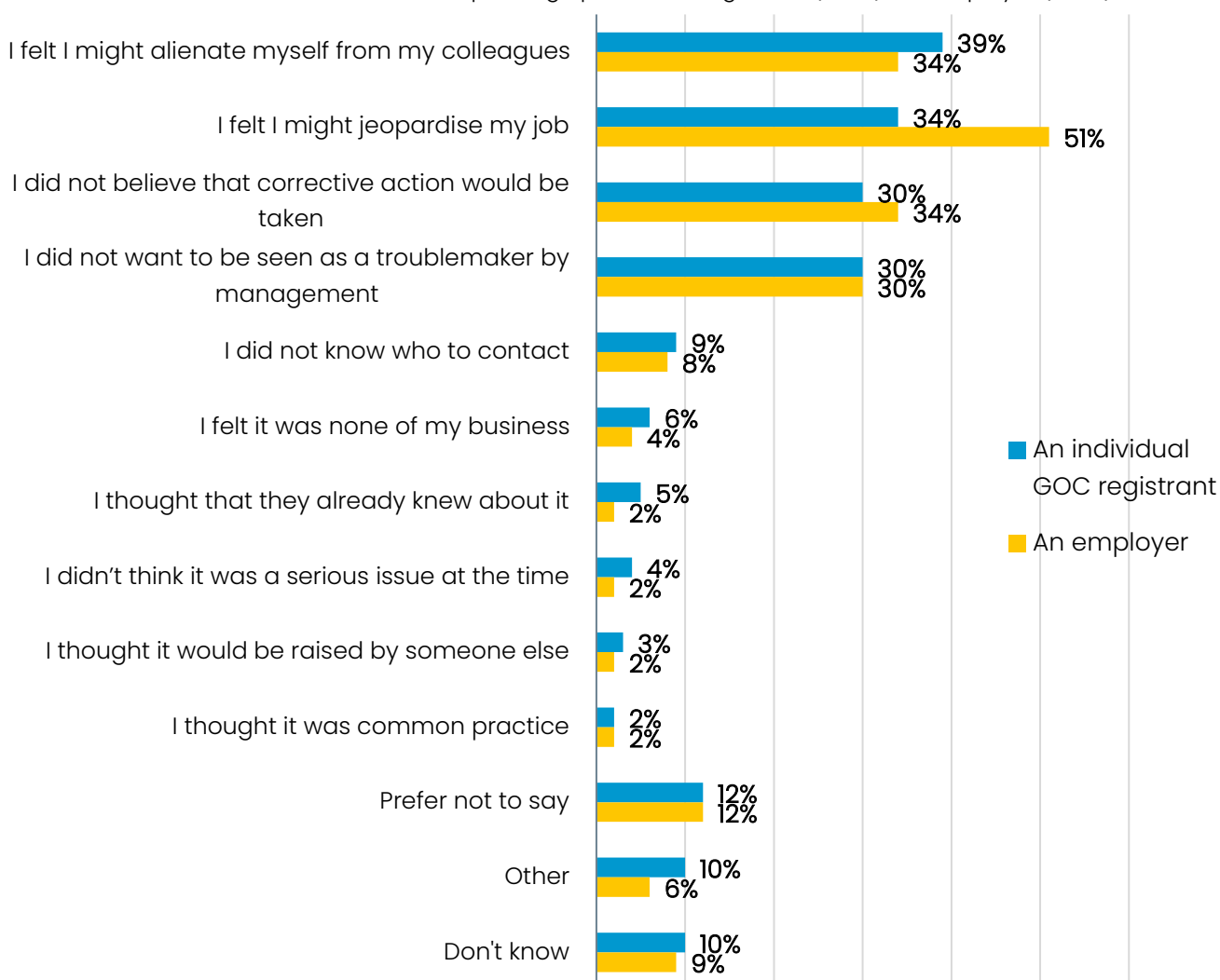
The most common reasons cited for not feeling comfortable speaking up about both an individual GOC registrant and an employer relate to fear of negative repercussions. Over a third of respondents (39% for individuals, 34% for employers) said they were concerned about alienating themselves from colleagues.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

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

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

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

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



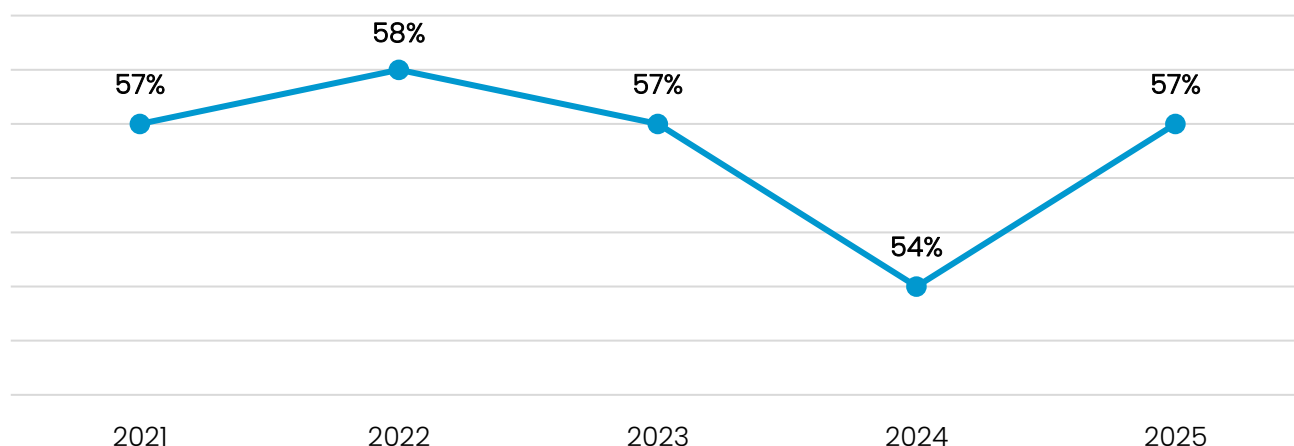
## Consumer complaints

### Awareness of the OCCS has fallen

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

**Figure 86 – Awareness of the Optical Consumer Complaints Service (OCCS)**

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)

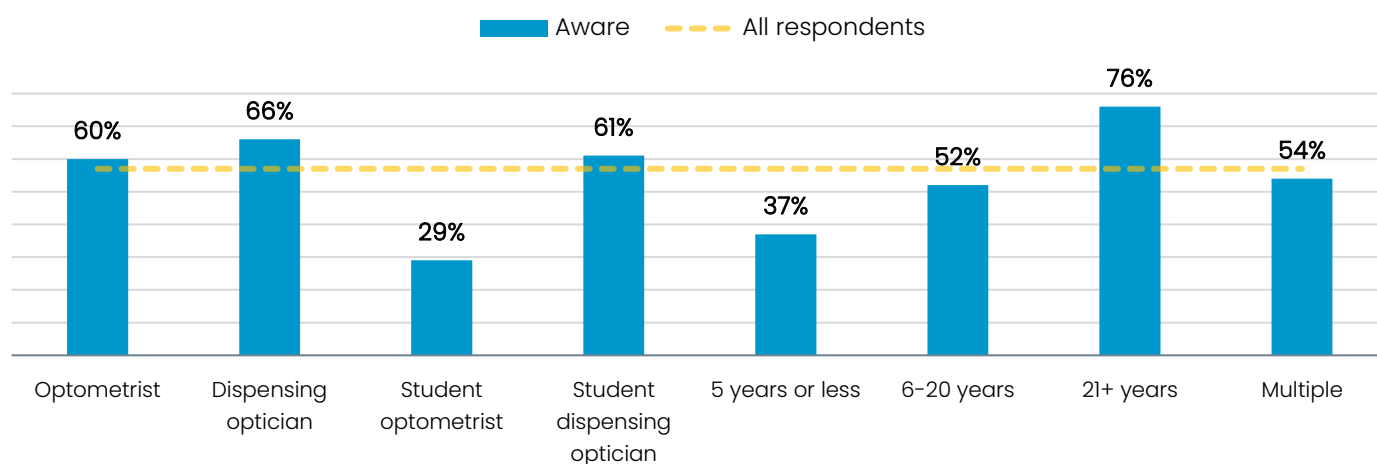


### Student optometrists and those newer to the register are less likely to be aware

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

**Figure 87 – Awareness of the Optical Consumer Complaints Service (OCCS) by registration type, length of registration, and workplace setting**

Base: Optometrist (2,254); Dispensing optician (808); Student optometrist (587); Student dispensing optician (148); Registered 5 years or less (1,169); 6–20 years (1,179); 21+ years (1,439); Multiple (1,919)



# Continuing Professional Development

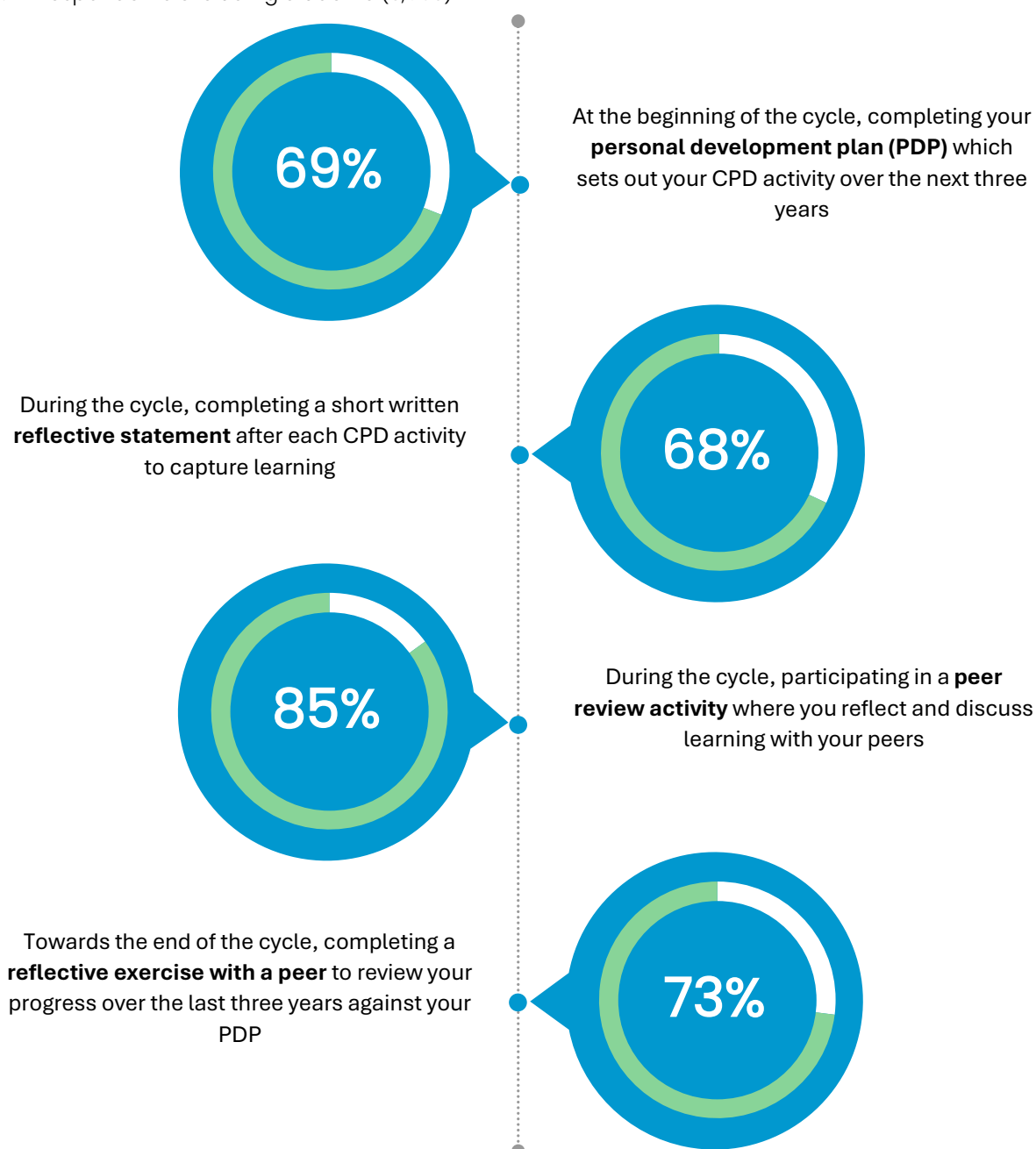
## CPD scheme activities

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

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

Figure 88 – Confidence at completing activities during the CPD cycle (% confident)

Base: All respondents excluding students (3,063)



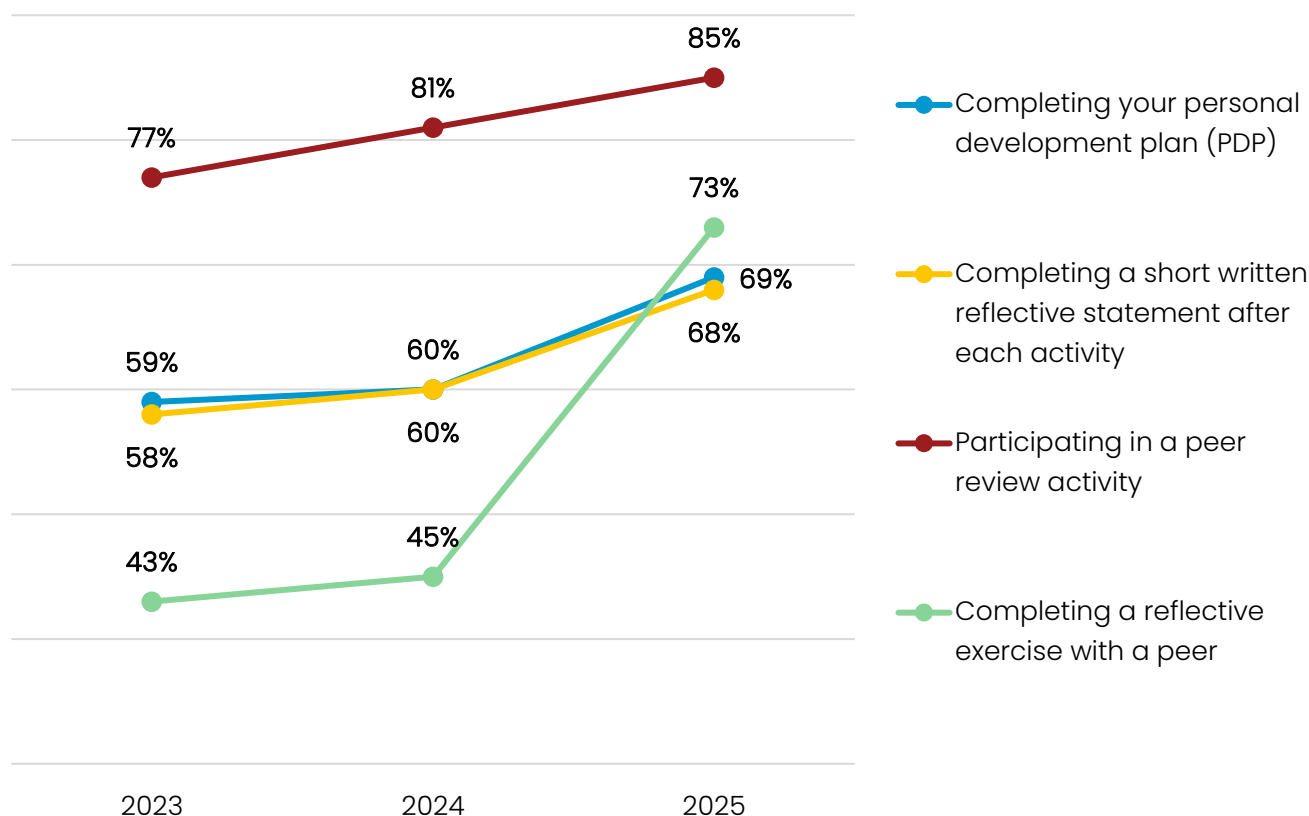


## Confidence at completing CPD activities has increased over the last three years

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

**Figure 89 – Confidence at completing activities during the CPD cycle (% confident) – 2023 to 2025**

Base: All respondents excluding students 2023 (3,167); 2024 (3,686); 2025 (3,063)



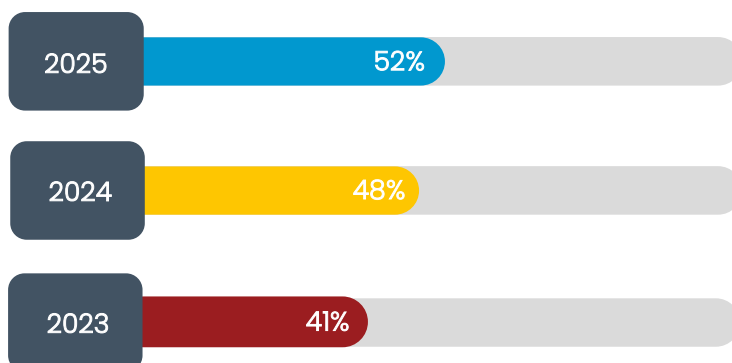
## Confidence at completing self-directed CPD continues to increase

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

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

**Figure 90 – Confidence completing self-directed CPD (% confident) – 2023 to 2025**

Base: All respondents excluding students 2025 (3,063); 2024 (3,686); 2023 (3,167)



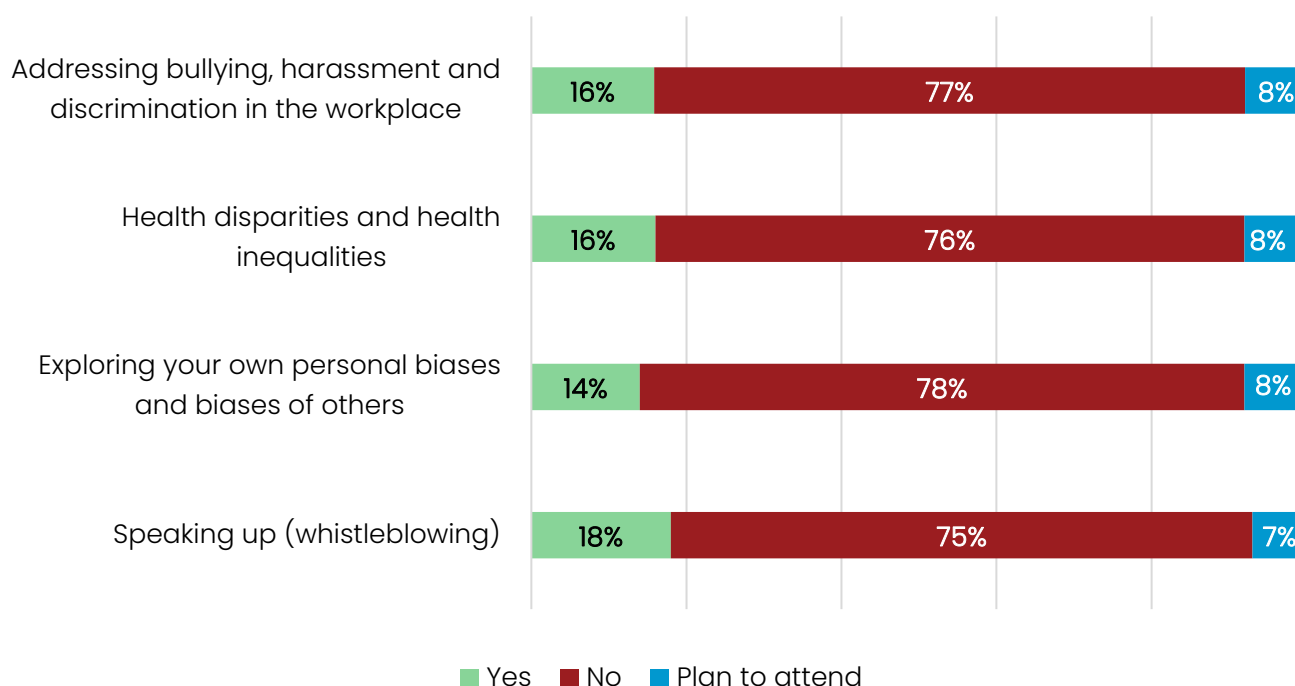
## CPD topics

### Continued low attendance at CPD relating to workplace issues

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

**Figure 91 – Attendance at CPD on specific topics within the latest CPD cycle**

Base: All respondents excluding students (3,063)



Although the majority had not attended CPD on these topics, **small increases in the proportions who said they plan to attend this type of CPD** can be seen when compared with last year's results.

**Figure 92 – Attendance at CPD on specific topics within the latest CPD cycle – 2024 to 2025**

Base: All respondents excluding students (3,063)

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



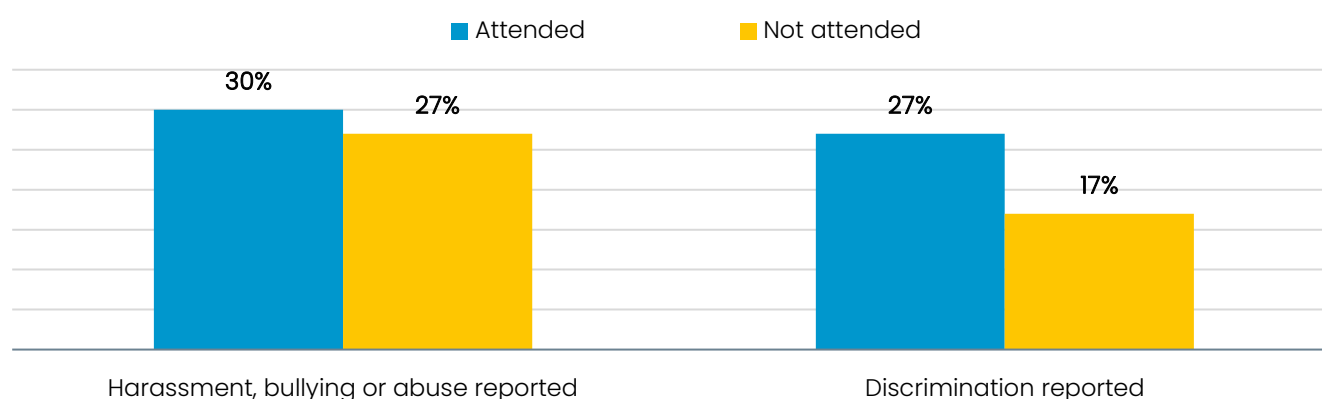
CPD topic	Response	2024	2025	Difference (% pts)
Exploring your own personal biases and biases of others	Yes	17%	14%	-3
	No	79%	78%	-1
	Plan to attend	4%	8%	+4
Speaking up (whistleblowing)	Yes	18%	18%	-
	No	78%	75%	-3
	Plan to attend	4%	7%	+3

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

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

**Figure 93 – Personally reporting harassment, bullying or abuse/discrimination by attendance at CPD on the topic of Addressing bullying, harassment and discrimination in the workplace**

Base: Attended (476); Not attended (2,355)



### Attendance at CPD on the topic of speaking up continues to improve feeling comfortable about speaking up

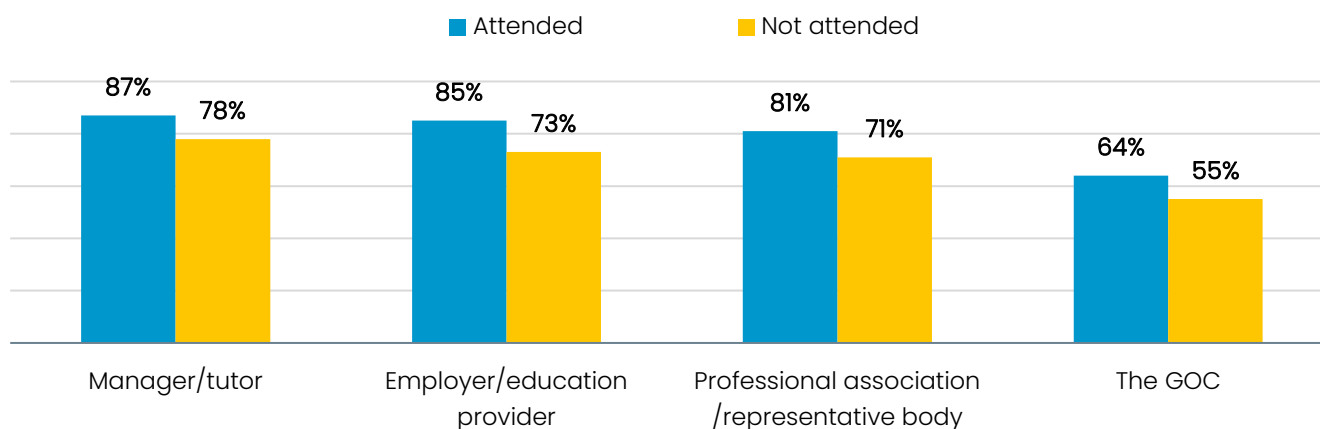
As found in 2025, respondents who had attended CPD on the topic of speaking up were more likely to indicate that they would feel comfortable speaking up about an individual GOC registrant or an employer to each different authority (e.g. manager, tutor, employer etc.) when compared with those who had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



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

**Figure 94 – Feeling comfortable speaking up about an individual GOC registrant or employer by attendance at CPD on the topic of speaking up (% comfortable)**

Base: Attended (552); Not attended (2,307)

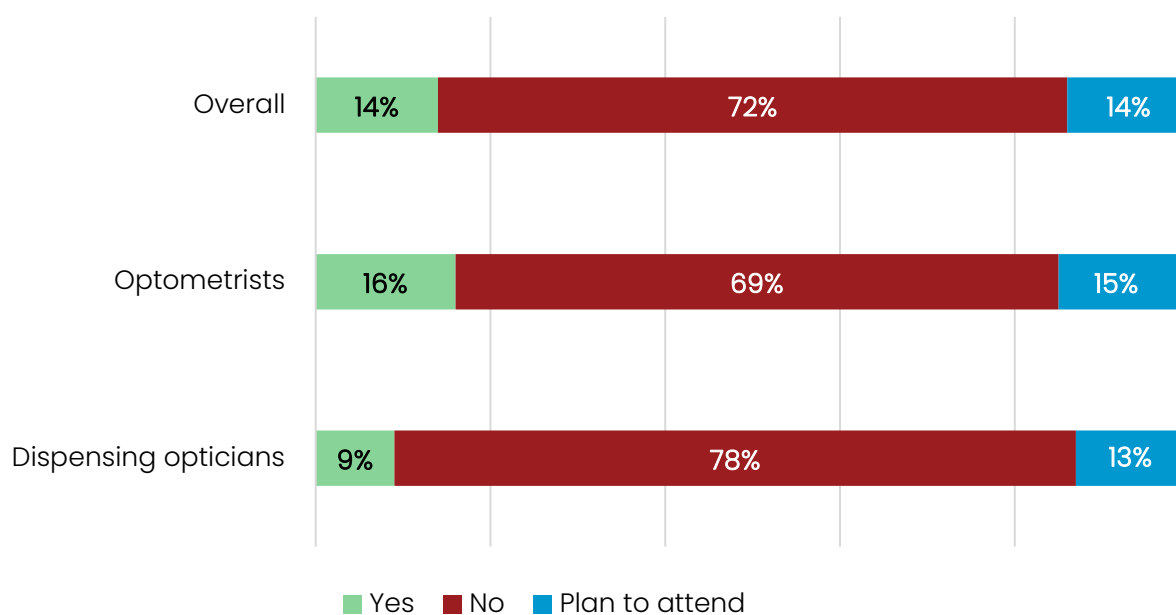


### Some interest in CPD about AI, particularly amongst optometrists

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

**Figure 95 – Attendance at CPD on the topic of AI within the latest CPD cycle**

Base: All respondents excluding students (3,063); Optometrists (2,254); Dispensing opticians (808)



## CPD points requirement

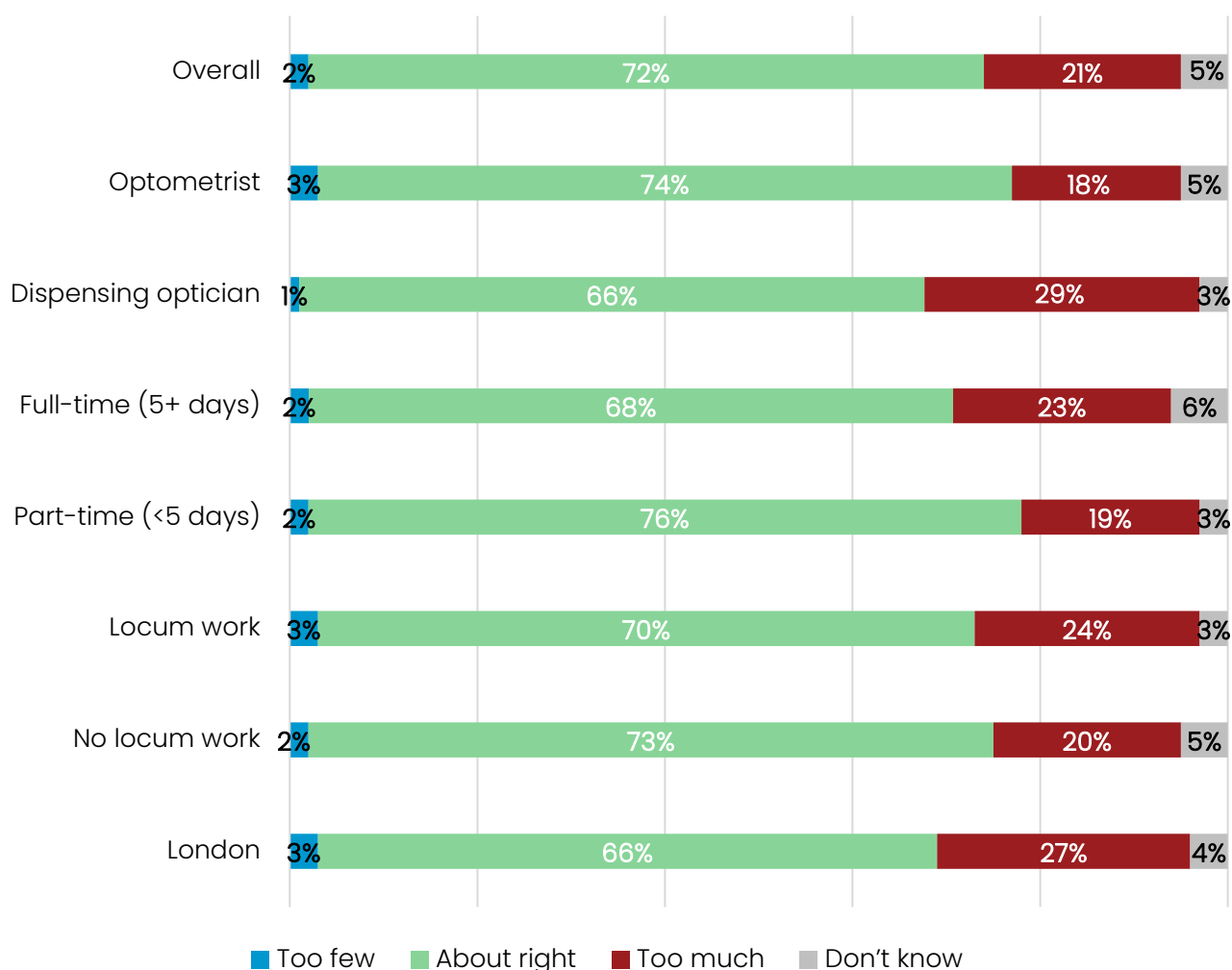
Although most registrants think the points requirement is about right, some feel it is too high

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

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

**Figure 96 – Opinion on the number of points required over the three-year CPD cycle**

Base: All respondents excluding students (3,063); Optometrists (2,254); Dispensing opticians (808); Full-time (1,322); Part-time (1,656); Locum work (773); No locum work (2,205); London (308)



## Suggested changes to the CPD scheme

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

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

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

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

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

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

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



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

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



## Desire for provider-logged CPD points



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

**Optometrist**



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

**Optometrist**



*Go back to provider registering the points.*

**Optometrist**

## Criticism of/changes to reflection requirements



*The reflection seems rather forced at times.*

**Optometrist**



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

**Optometrist**



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

**Optometrist**



*Reflective exercise seems a waste of time.*

**Dispensing optician**

## Discontent with/changes to PDP



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

**Dispensing optician**



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

**Optometrist**



*The PDP is pointless.*

**Dispensing optician**

## Reduce admin and complexity



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

**Optometrist**



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

**Dispensing optician**



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

**Optometrist**

## Funding for DOs/CLOs



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

**Dispensing optician**



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

**Dispensing optician**





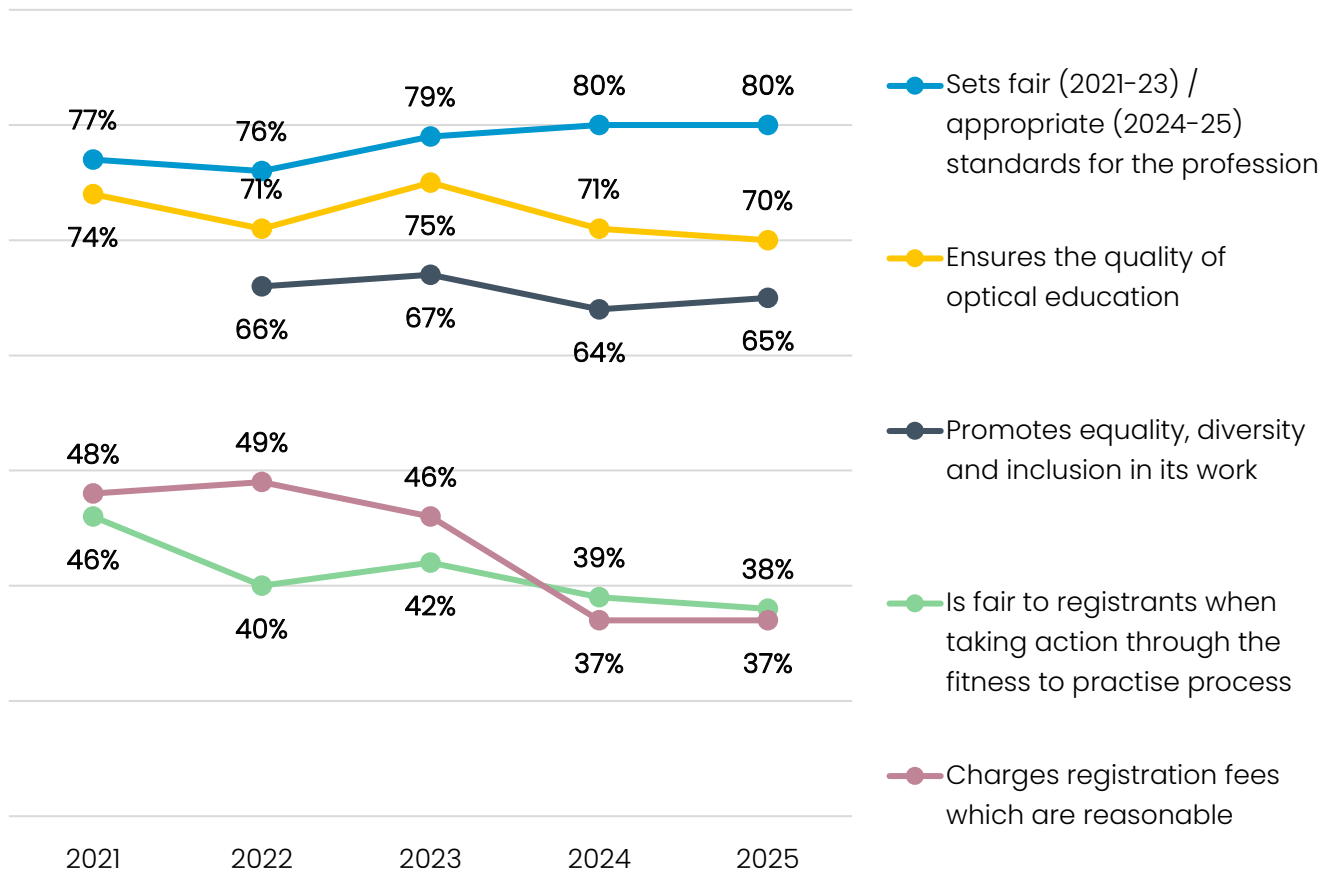
# Perspectives of the GOC

## Attitudes towards the GOC's role continue to be mixed

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

**Figure 98 – Agreement with statements about the GOC's role**

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575); 2025 (3,798)



The majority of respondents continue to agree that the GOC sets appropriate standards for the profession (80%), ensures the quality of education (70%), and promotes equality, diversity and inclusion in its work (65%).

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



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

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

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

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

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

Agreement also continues to be **lower amongst respondents from working class/lower socio-economic backgrounds**

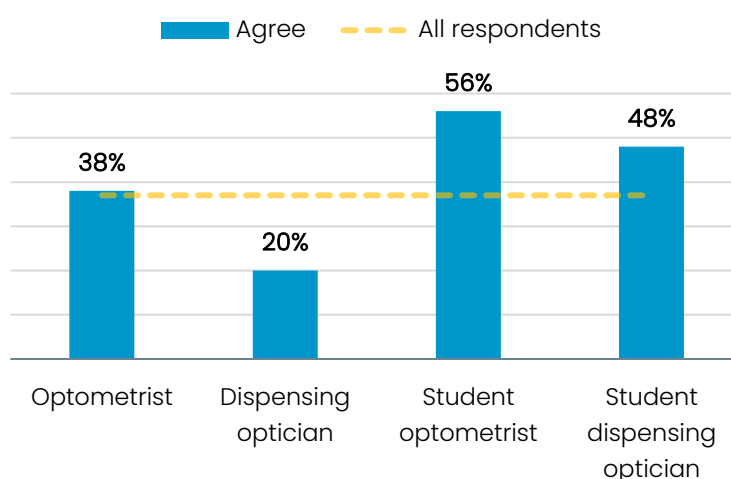
(32%) when compared with those from intermediate (38%) and professional/higher backgrounds (42%).

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

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

**Figure 99 – Agreement that the GOC charges reasonable registration fees by registration type**

Base: Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148)



# Registration fees

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

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

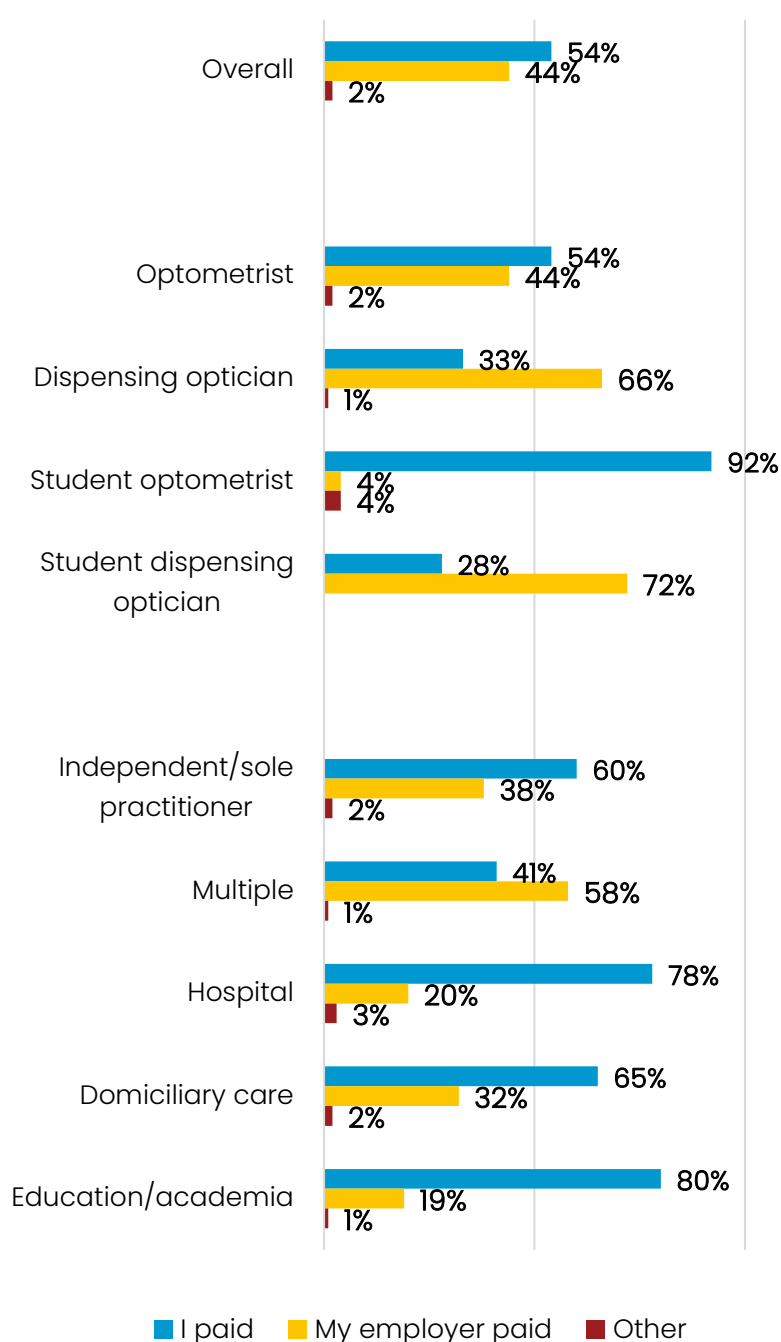
Most of those who answered 'other' said their fee was paid in part by their employer.

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

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

**Figure 100 – Payment of registration fees by registration type and workplace setting**

Base: All respondents (3,798); Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148); Independent/sole practitioner (1,381); Multiple (1,919); Hospital (321); Domiciliary care (85); Education/academia (179)



## Significant interest in being able to pay registration fee in instalments throughout the year

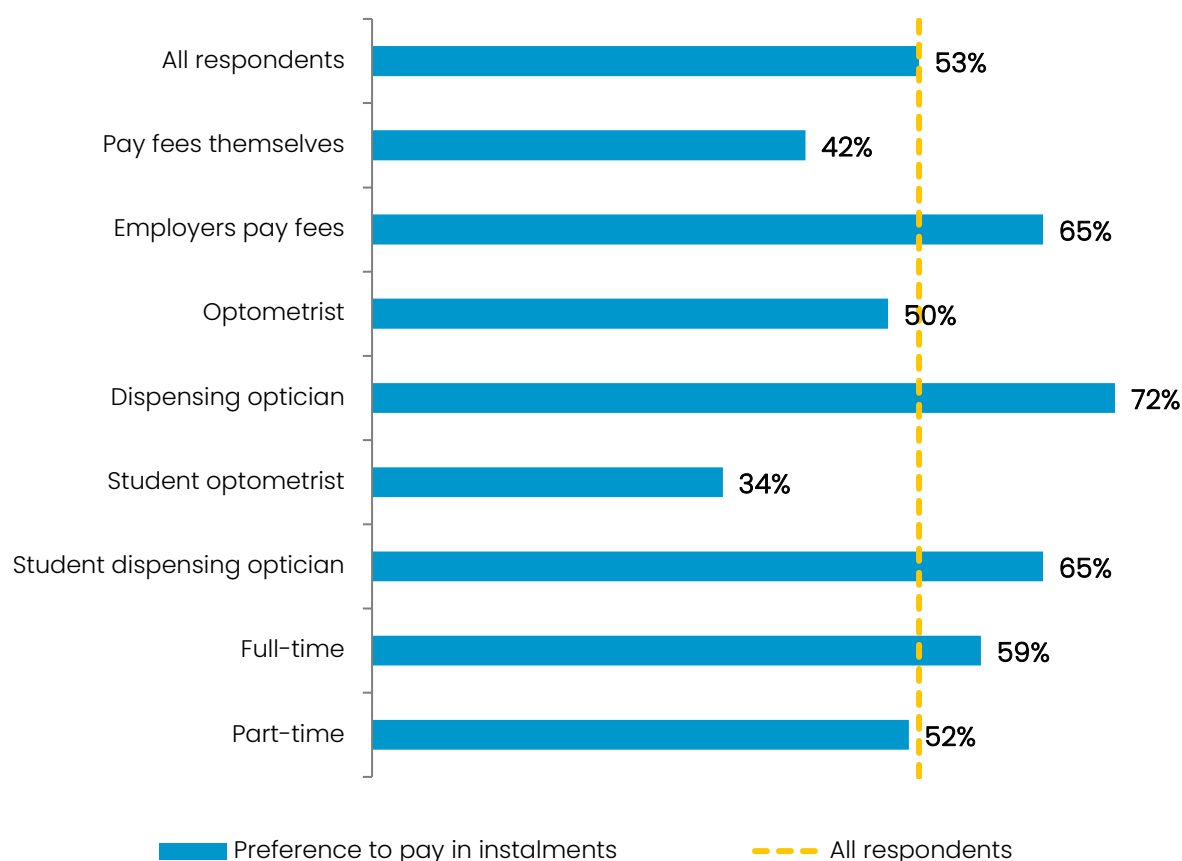
Whether they paid themselves or their employer paid, all respondents were asked whether they would like to pay their registration fee in instalments throughout the year. **Just over half (53%) said they would wish to pay in instalments throughout the year**, suggesting significant interest in this payment option.

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

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

**Figure 101 – Preference for payment of registration fees in instalments throughout the year by registration type and workplace setting**

Base: All respondents (3,798); Pay fee themselves (2,067); Employer pays fee (1,731); Optometrists (2,254); Dispensing opticians (808); Student optometrist (587); Student dispensing optician (148); Full-time (1,558); Part-time (1,757)



## Appendix A – Questionnaire

## Workforce & Perceptions Survey 2025

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

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

### Completing the survey

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

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

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

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

### Your role

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

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

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

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

- ☐ Working / employed (including full/part-time and locum work, and temporarily away from work e.g. parental leave/extended sick leave etc.)
- ☐ Not working / unemployed
- ☐ Fully retired
- ☐ Student / in education

Q3 Please select which of these best describes your current role

- ☐ No managerial responsibility
- ☐ Some management responsibilities and/or supervision role
- ☐ Responsible for managing or running the practice
- ☐ Director
- ☐ CEO or equivalent

Q4 Do you work as a locum?

- ☐ Yes
- ☐ No

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

- ☐ Independent practice
- ☐ Sole practitioner
- ☐ National chain of opticians (e.g. UK-wide chain of opticians)
- ☐ Regional chain of opticians (e.g. chain of opticians working within one region in the UK)
- ☐ Hospital
- ☐ Domiciliary care
- ☐ Education/academia
- ☐ Other

Other *Please specify*

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

Independent practice	<div></div>
Sole practitioner	<div></div>
National chain of opticians	<div></div>
Regional chain of opticians	<div></div>
Hospital	<div></div>
Domiciliary care	<div></div>

Education/academia

Other

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

☐ Yes

☐ No

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

- ☐ Increased responsibility
- ☐ Increased job satisfaction
- ☐ Helping others joining the professions
- ☐ Increased professional status
- ☐ Increased salary
- ☐ Enhanced skills and experience
- ☐ Pressure from my employer
- ☐ Other

**Other** *Please specify*

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

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

☐ Yes

☐ No

☐ I am not aware of these services

☐ Don't know



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

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

**Other Please specify**

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

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

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

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

**Other Please specify**

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

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

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

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

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

**Other Please specify**

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

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

**Other Please specify**

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

	Never	Rarely	Sometimes	Frequently
Working beyond your hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unable to cope with workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking leave of absence due to stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding it difficult to provide patients with the sufficient level of care they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

Other Please specify

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

- |  |  |
|--|--|
| <input type="checkbox"/> Additional supply         | <input type="checkbox"/> Paediatric eye care   |
| <input type="checkbox"/> Independent prescribing   | <input type="checkbox"/> Low vision            |
| <input type="checkbox"/> Supplementary prescribing | <input type="checkbox"/> Contact lens practice |
| <input type="checkbox"/> Contact lens specialty    | <input type="checkbox"/> Moving to optometry   |
| <input type="checkbox"/> Glaucoma                  | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Medical retina            | <input type="checkbox"/> Don't know            |

Other Please specify

Q21

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

☐ Planning to retire

☐ Lack of job satisfaction / unhappy at work

☐ To reduce stress / burnout / fatigue

☐ Heavy workload / pressure at work to meet targets

☐ Too much focus on sales and commercial pressures

☐ Low salary

☐ Lack of opportunities for career progression

☐ Want to change career

☐ Disillusionment with the profession

☐ Lack of support from employer

☐ Other

Other Please specify

Q22

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

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

There are opportunities for me to develop my career

☐

☐

☐

☐

☐

I have opportunities to improve my knowledge and skills

☐

☐

☐

☐

☐

I feel supported to develop my potential

☐

☐

☐

☐

☐

I am able to access the right learning and development opportunities when I need to

☐

☐

☐

☐

☐

Your perspective of the GOC

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

Q23

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

The General Optical Council...

Strongly agree

Agree

Disagree

Strongly disagree

Don't know

Ensures the quality of optical education

☐

☐

☐

☐

☐

Charges registration fees which are reasonable

☐

☐

☐

☐

☐

Is fair to registrants when taking action through the fitness to practise process

☐

☐

☐

☐

☐

Sets appropriate standards for the profession

☐

☐

☐

☐

☐

Promotes equality, diversity and inclusion in its work

☐

☐

☐

☐

☐

Speaking up

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

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Other Please specify**

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

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Other** *Please specify*

**Harassment, bullying or abuse**

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

	Never	1 to 2	3 to 5	6 to 10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

**Other** *Please specify*

Q30

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

☐ Yes, I reported it

☐ Yes, a colleague reported it

☐ No

☐ Don't know

☐ Not applicable

Q31

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

- ☐ Worried I wouldn't be believed

☐ Worried I wouldn't be taken seriously

☐ Worried about retaliation or repercussions

☐ Can't prove the incident or behaviour took place

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

☐ Concerns about remaining anonymous

☐ Concerns about job security

☐ Other

☐ Don't know

Other Please specify

Discrimination

Q32

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

	Never	1 to 2	3 to 5	6 to 10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33

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

- ☐ Age

☐ Disability

☐ Gender reassignment

☐ Marriage or civil partnership

☐ Pregnancy and maternity

☐ Race

☐ Religion or belief

☐ Sex

☐ Sexual orientation

☐ Other

Other Please specify

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

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

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

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

**Other** *Please specify*

## Further research

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

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

Q36 **Are you interested in taking part in further research on behalf of the GOC?**

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

- ☐ Yes
- ☐ No

## Consumer Complaints



Q37

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

☐

Very aware

☐

Quite aware

☐

Not very aware

☐

Not at all aware

☐

Don't know

Continuing Professional Development (CPD)

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

Q38

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

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

Q39

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

	Yes	No	Plan to attend
Addressing bullying, harassment and discrimination in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities and health inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploring your own personal biases and biases of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking up (whistleblowing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

Q41 If you could change one thing about the current CPD scheme, what would it be?

*Please summarise your one suggestion in the box below*

## Registration fees

Q42 Who paid your last GOC registration fee?

- ☐ I paid
- ☐ My employer paid
- ☐ Other

**Other** *Please specify*

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

## About you

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

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

**Q45 What is your age?**

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

**Q46 What is your gender?**

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

**Please self-describe**

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

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

**Please self-describe**

**Q50 What is your legal partnership status?**

- ☐ Never married and never registered a civil partnership
- ☐ Married or in a registered civil partnership
- ☐ Separated
- ☐ Divorced or civil partnership dissolved
- ☐ Widowed or a surviving partner from a civil partnership
- ☐ Other
- ☐ Prefer not to say

**Other** *Please specify*

**Q51 What best describes your ethnic group?**

- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Other Asian
- ☐ Black, Black British, Caribbean or African - African
- ☐ Black, Black British, Caribbean or African - Caribbean
- ☐ Other Black
- ☐ Mixed or Multiple ethnic groups - White and Asian
- ☐ Mixed or Multiple ethnic groups - White and Black
- ☐ Mixed or Multiple ethnic groups - White and Black African
- ☐ Mixed or Multiple ethnic groups - White and Black Caribbean
- ☐ Other Mixed or Multiple ethnic group
- ☐ White - English, Welsh, Scottish, Northern Irish, British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ Other White
- ☐ Arab
- ☐ Any other ethnic group
- ☐ Prefer not to say

**Other** *Please specify*

**Q52 What is your main language?**

- ☐ English
- ☐ Other (including sign languages)
- ☐ Prefer not to say

**Other** *Please specify*

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Please specify**

**Q54 What is your religion?**

- ☐ No religion or belief
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion
- ☐ Prefer not to say

**Other** *Please specify*

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ Neurodiversity (e.g. autism, ADHD)
- ☐ Learning disability (e.g. dyslexia, dyspraxia)
- ☐ Neurological condition (e.g. epilepsy, cerebral palsy)
- ☐ Mental health condition (e.g. anxiety, depression)
- ☐ Physical impairment (e.g. amputation, paralysis)
- ☐ Sensory impairment (e.g. Blind, Deaf)
- ☐ Other
- ☐ Prefer not to say

**Other Please specify**

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ No
- ☐ Carer of a child/children (aged under 18)
- ☐ Carer of a child/children with a long-term health condition or illness (aged under 18)
- ☐ Carer of a disabled adult (aged 18 or over)
- ☐ Carer of an older person (aged 65 or over)
- ☐ Other
- ☐ Prefer not to say

**Other Please specify**

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

- ☐ **Modern professional & traditional professional occupations** such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer
- ☐ **Senior, middle or junior managers or administrators** such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager
- ☐ **Clerical and intermediate occupations** such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse
- ☐ **Technical and craft occupations** such as: motor mechanic, plumber, printer, electrician, gardener, train driver
- ☐ **Routine, semi-routine manual and service occupations** such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff
- ☐ **Long-term unemployed** (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year)
- ☐ **Small business owners who employed less than 25 people** such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner
- ☐ Other
- ☐ Prefer not to say

**Other Please specify**

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

- ☐ State-run or state-funded school
- ☐ Independent or fee-paying school
- ☐ Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the overall cost of attending throughout my time there
- ☐ Attended school outside the UK
- ☐ Other
- ☐ Don't know
- ☐ Prefer not to say

**Other** *Please specify*

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

- ☐ Yes
- ☐ No
- ☐ Not applicable (finished school before 1980 or went to school overseas)
- ☐ Don't know
- ☐ Prefer not to say

**Q62 Which region does your main residence fall within?**

- |  |   |
|--|---|
| <input type="radio"/> North East           | <input type="radio"/> South East        |
| <input type="radio"/> North West           | <input type="radio"/> South West        |
| <input type="radio"/> Yorkshire and Humber | <input type="radio"/> Wales             |
| <input type="radio"/> East Midlands        | <input type="radio"/> Scotland          |
| <input type="radio"/> West Midlands        | <input type="radio"/> Northern Ireland  |
| <input type="radio"/> East                 | <input type="radio"/> Other             |
| <input type="radio"/> London               | <input type="radio"/> Prefer not to say |

**Other** *Please specify*

## Prize draw

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

**Q63 Do you want to be entered into our prize draw?**

*By answering yes you are agreeing to be contacted by Enventure Research via your GOC-registered email address if you are selected as the winner.*

☐ Yes

☐ No

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

**Please click the tick button below to send your response.**



# Appendix B – Demographic profile

## Demographic profile of survey respondents

Base: All respondents (3,798)

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

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

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



# General Optical Council

Qualitative research exploring the lived experience of optometrists and dispensing opticians in the UK facing harassment, bullying, abuse or discrimination at work

August 2025

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# Key findings

# Key findings

The General Optical Council (GOC) commissioned Explain Market Research, independent research provider, to undertake qualitative research with two specific objectives:

1. To explore the lived experiences of optometrists and dispensing opticians who had experienced harassment, bullying, abuse or discrimination at work, and the impact of this on them and their patients.
2. To identify ways that the GOC, and wider sector, can better support registrants facing these negative behaviours at work, including effective interventions which have/could have supported them when delivering care.

The overall goal of this research is to provide actionable insights for the GOC, and the wider sector, about what registrants believe is needed to tackle mistreatment in the workplace.

To achieve this, Explain conducted 38 in-depth interviews with dispensing opticians and optometrists from all four nations within the UK. All had experience of harassment, bullying, abuse or discrimination at work – either as a single issue or had experienced multiple issues.

Their narratives revealed both the complexities of mistreatment and its potential long-term implications. Participants also made a series of suggestions to help the sector address mistreatment in the future.

## The workplace culture

Participants identified a loss of job satisfaction over recent years, discussing a changing workplace culture in which their negative experiences took place. They listed three factors that underpinned this change in culture:

- Increase in workload
- Commercial pressures
- Interprofessional dynamics



## Mistreatment in the workplace

A variety of experiences of harassment, bullying, abuse or discrimination at work were discussed across the research and often participants had experienced multiple forms of this behaviour.

Experiences with physical, verbal or cyber bullying were discussed by 26 participants. Discrimination based on gender, religion, race or sexuality was discussed by 30 registrants. Fifteen participants discussed harassment at work, typically in the form of sexual harassment. Twelve participants discussed their experiences of abuse in the workplace. Typically, this was in the form of abusive comments and aggressive behaviours from patients.

## The impact of mistreatment in the workplace on registrants and patients

Experiencing mistreatment at work relating to harassment, bullying, abuse or discrimination had profound and ongoing consequences on personal and professional wellbeing among those consulted in this research. These included mental health impacts (e.g. experiencing stress, anxiety and/or depression); physical symptoms (such as dizziness, migraines); personal life impacts (such as a change in their self-confidence/self-esteem); and reduced engagement in their work and/or career progression.

Notable in the research was a trend for people carrying their experiences of harassment, bullying, abuse or discrimination at work with them throughout their career. They disclosed that this could then impact their career choices. Examples include choice of working pattern, what type of practice they worked in, and whether to work as a locum or as a permanent member of staff.

Participant views on the potential patient impact of their mistreatment were mixed. Some felt that they had been able to maintain their sense of professionalism and therefore mitigate any negative impacts on patients. However, others felt that patient care may have been indirectly impacted, for example in providing less personal or 'caring' care.





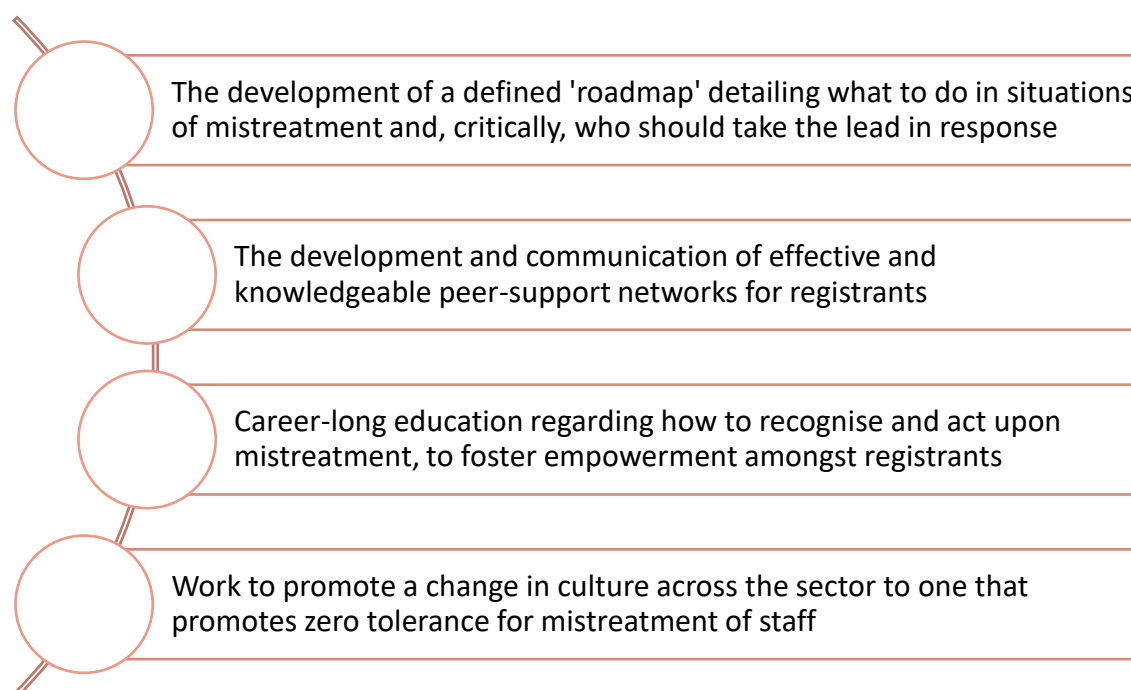
## Recognising and reporting harm

The reporting of mistreatment was not straightforward, and several key barriers were identified by participants. These include:

- Lack of certainty about the right person to disclose mistreatment to
- Concern about adverse impacts of reporting
- Concern about reporting with no evidence
- Lack of belief that reporting would engender change

## Moving towards the future: what registrants think should be done

Despite the complexities of mistreatment, the deep impacts it may have and multiple barriers to disclosure registrants were able to suggest ways in which mistreatment can be more effectively addressed. These are summarised below:



## The potential role of the GOC in enacting change

Within discussions, the GOC was understood to have an important role in tackling mistreatment of registrants. In particular, it was felt that the GOC could bring leadership to industry wide communication of both expectations of appropriate behaviour and consequences if these expectations were breached.

Whilst many research participants knew that the GOC's primary role was to protect the public, they also wanted reassurance from the GOC that it also saw its role as fostering and promoting healthy workplace cultures and that it would act against perpetrators of harassment, bullying, abuse or discrimination.



# Introduction

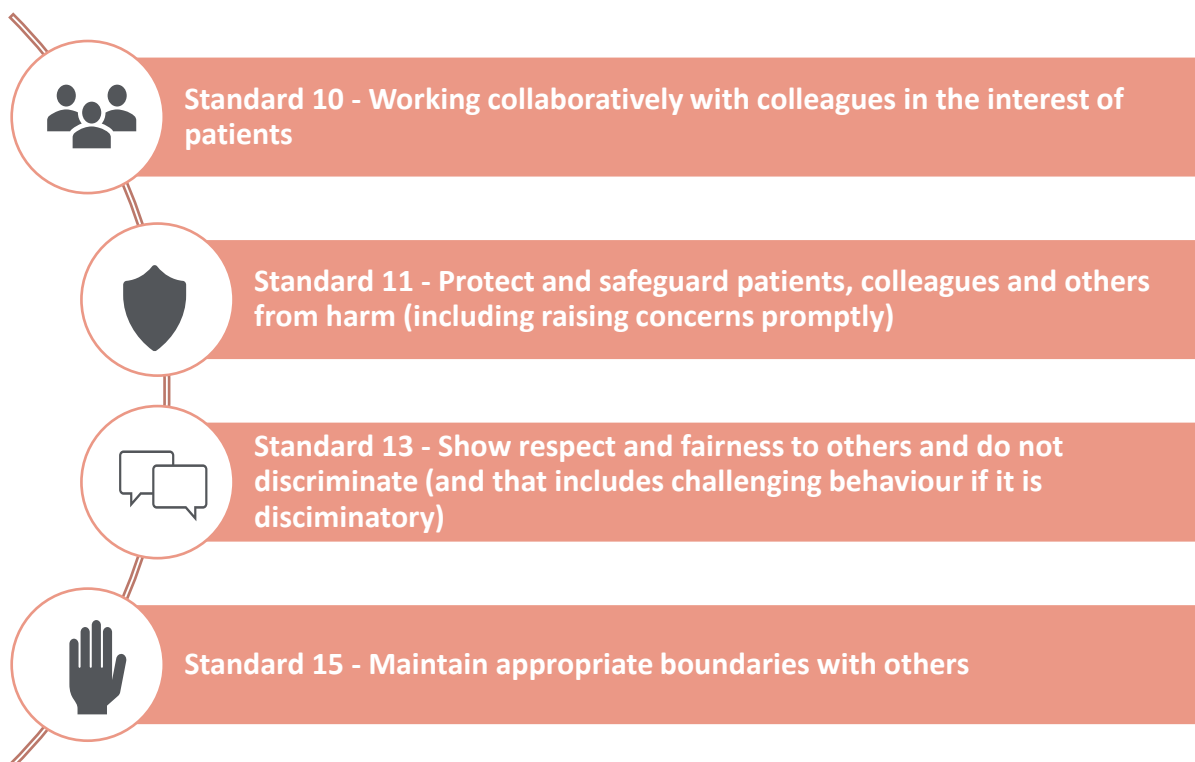
# Introduction

## Background

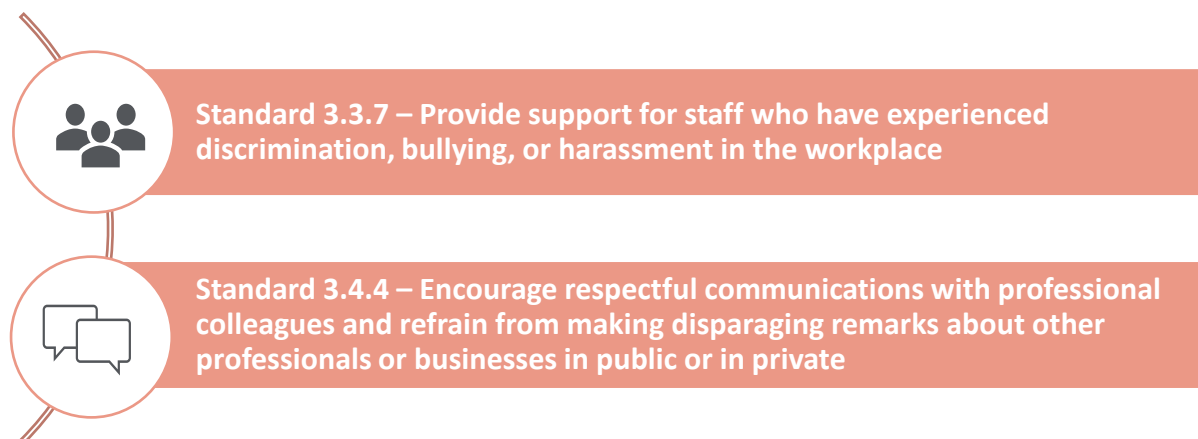
As the UK regulator for optometrists, dispensing opticians, optical students and some optical businesses, the General Optical Council (GOC) has four core functions:

- Setting standards for the performance and conduct of its 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
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired

As the regulator, the GOC sets standards for its registrants. This includes standards relating to how individual registrants are expected to work alongside each other, such as:



The GOC's standards for business registrants include:



Further, the GOC's corporate strategy for 2025-2030<sup>1</sup> outlines its vision to ensure safe and effective eye care for all by, among other things, supporting a diverse workforce and tackling negative working environments which can impact safe patient care.

Despite this, in the 2024 wave of the GOC's published workforce research,<sup>2</sup> 50% of those consulted said they had personally experienced some form of harassment, bullying or abuse<sup>3</sup> at work in the last twelve months. Further, 31% reported personal experience of some form of discrimination at work within the last 12 months. Importantly, these negative behaviours were all linked to a potential impact on patient care. Respondents who disclosed experiences of harassment, bullying, abuse or discrimination at work were more likely to report difficulties on providing a sufficient level of patient care and more likely to say they would leave the profession. Finally, the survey also found these experiences were more common among females, younger respondents (under 35 and 35-54), those with a disability, and those from ethnic minority backgrounds.

Explain Research, an independent market research company, was therefore commissioned to undertake qualitative research exploring the lived experiences of optometrists and

<sup>1</sup> [GOC Corporate Strategy 2025-2030](#)

<sup>2</sup> [GOC Registrant Workforce and Perceptions Survey 2024 – Research Report](#)

<sup>3</sup> The GOC Registrant Workforce and Perceptions Survey groups these behaviours in the same way as the NHS workforce survey: 1) harassment, bullying or abuse; and 2) discrimination.



dispensing opticians experiencing harassment, bullying, abuse or discrimination in the workplace.

Overall, the goal of this research was to provide actionable insights for the GOC, and the wider sector, as they think about what is needed to tackle mistreatment in the workplace.

## Research objectives

The specific objectives for this project were as follows:

- To explore the lived experiences of optometrists and dispensing opticians experiencing harassment, bullying, abuse or discrimination at work, and the impact this has on them and their ability to provide safe patient care.
- To identify ways that the GOC, and wider sector, can better support registrants facing these negative behaviours at work, including effective interventions which have or could have supported them.

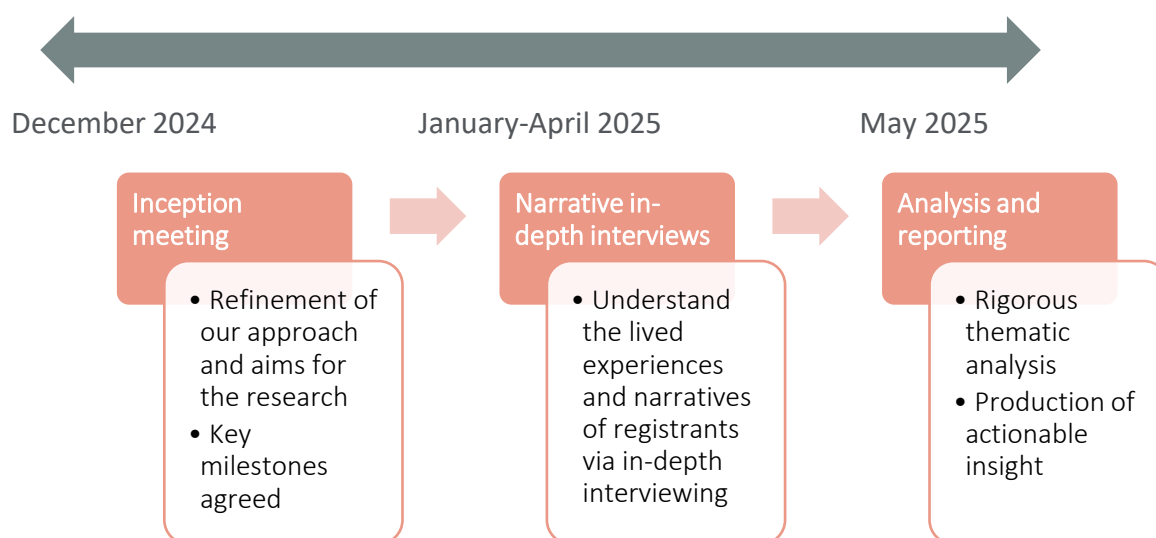


# Methodology and participant profile summary

# Methodology and participant profile

## summary

Our approach comprised the following key elements:



More methodological information can be found in Appendix A of this report, including the approach that was taken to participant sampling and an explanation of the trauma-led approach to fieldwork. A copy of the discussion guide is provided in Appendix B.

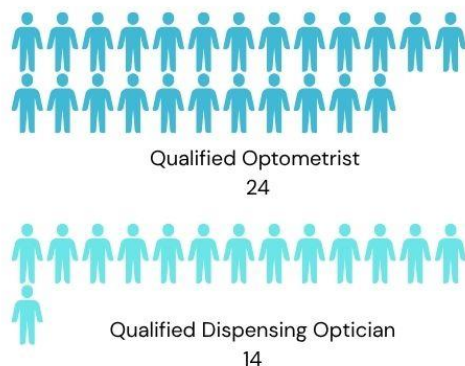
The sample profile was not designed to be representative of the make-up of the profession. Rather, it targeted groups which the GOC's research suggests are more likely to experience these negative environments at work such as females, those under 55, those from an ethnic minority, or those that identify as having a disability.

We carried out 38 in-depth interviews among dispensing opticians and optometrists. The key sociodemographic details of the participant sample are summarised in the infographic overleaf.

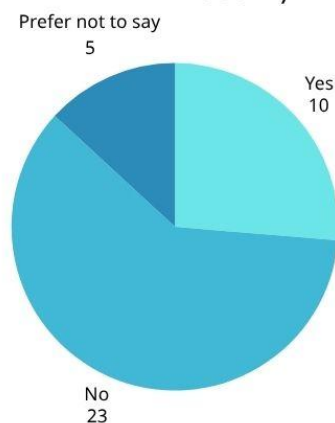




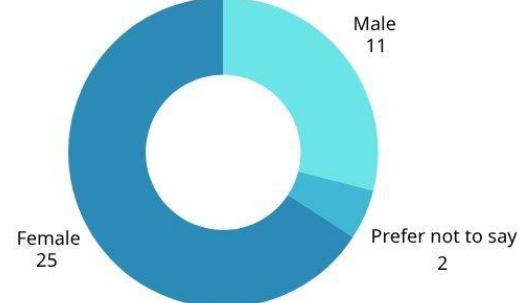
Job Role



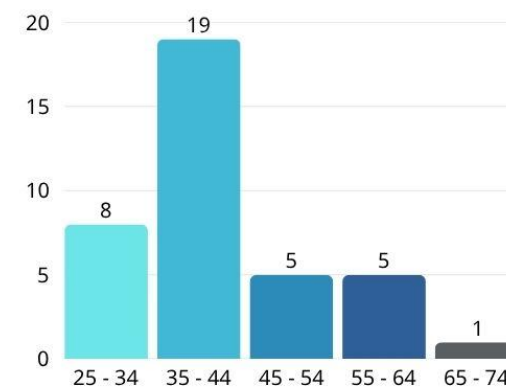
Disability



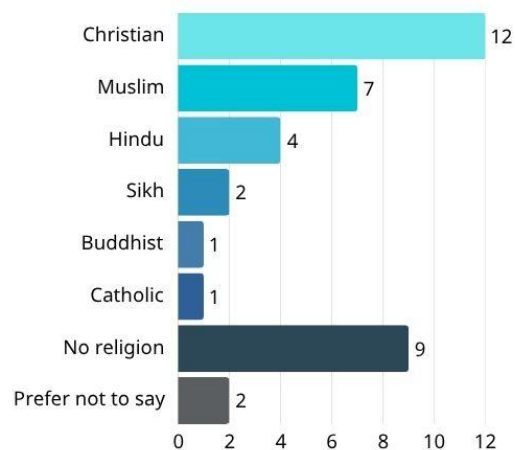
Gender



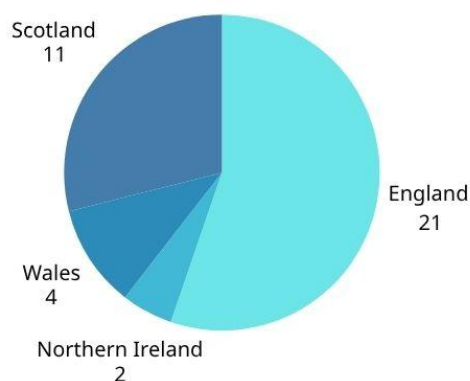
Age



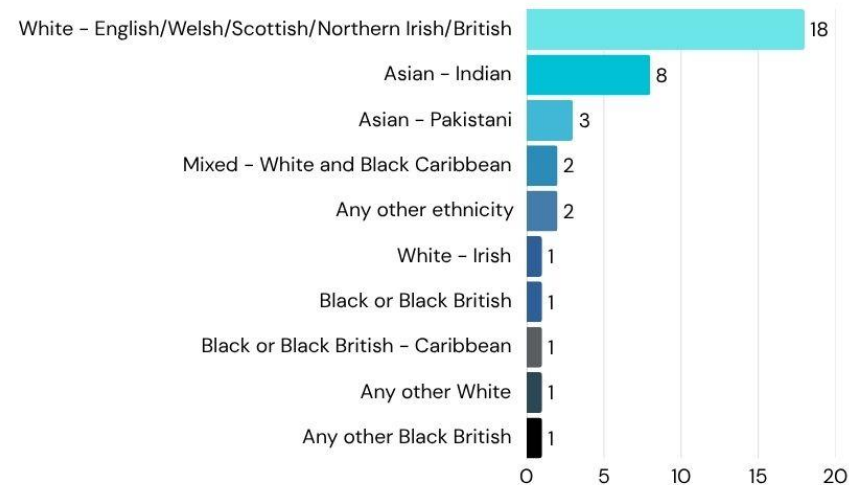
Religion



Nationality



Ethnicity



# Research findings

# Research findings

The findings of this research have been organised into the following key themes:

## The workplace culture

Specific drivers to a loss of job satisfaction in changing workplace culture.

## Mistreatment in the workplace

The lived experiences of harassment, bullying, abuse or discrimination among optometrists and dispensing opticians in the UK.

## The impact of mistreatment at work on registrants and patients

The impact of harassment, bullying, abuse or discrimination on registrants and their perception of how this may have impacted patients.

## Recognising and reporting harm

The challenges and barriers registrants face in terms of recognising and reporting harm from harassment, bullying, abuse or discrimination at work.

## Moving towards the future: what registrants think should be done

Registrants' views regarding how harassment, bullying, abuse or discrimination at work can be effectively addressed. This includes their understanding of the role of the GOC.



Each will now be described in turn. Findings will be interwoven with verbatim to bring views and experience to life.

## The workplace culture

This theme captures participants' sentiments regarding changes in workplace culture that they had experienced and in which the negative experiences they discussed occurred.

Many initially reflected on the positives of their role. For example, being able to provide care to members of the public.

- *"I've always loved my job because I'm a people person, and like, you know, the care that I give to my patients. You know, [I] always find that, rewarding and [a] pleasure..."*  
(Optometrist)
- *"It's nice to be on the shop floor... the best part is when you help someone and they acknowledge that you've helped them in terms of, I mean, there's certain examples that stick out in my mind, and it's always when somebody comes back and says, thank you for doing this or helping me, or it's changed me, and it's just interacting with public, not selling but helping people, because I know DOs quite often are seen as 'people that just sell specs'"* (Dispensing Optician)

Despite this, across both professions, participants reflected on a decrease in job satisfaction over recent years that was rooted in specific drivers impacting the workplace culture.

**Participants identified three drivers responsible for their loss of job satisfaction that set the context for their negative experiences**

**Increase in workload**

**Commercial pressures**

**Interprofessional dynamics**



## Increase in workload

Participants across both professions repeatedly talked about the speed at which they are expected to practise being particularly challenging. Some claimed their work life was 'manic', for example, one talked about over-booked clinics in their practice (having a 'ghost lane') and there was pressure to see everyone on the list even if they all turned up.

As a result of operating in this high-pressured environment, optometrists told us that they sometimes do not have time for a lunch break, eating quickly or missing lunch to get back to their caseload. Some mentioned they regularly put off having a toilet break because of the pressure to get through their clinic. Others pointed out management time was being 'slashed away', so there was less time to do necessary management aspects and more expectation to absorb this into their day-to-day role. One optometrist mentioned that she must come in on her day off to complete paperwork and that she is constantly '*going the extra mile just to stand still*'.

- *"I just feel like it's, it's very like busy, and I understand that they're a business. But...I get there a bit early because I want to set up in time to start testing my nine o'clock and then, literally, from nine until about half one, it's just non-stop, and my lunch is supposed to start at ten past one every day. I never had my lunch on time and probably go on lunch at about half one, and then at like, ten to two, I have to start testing them. So I'm literally trying to, like, eat quickly. I don't have time to do my referrals in the morning, because I have to do them over lunch time as well. And so say, like tomorrow, there's four optoms in so we'll each have a clinic lane, and then we have like an extra lane, which starts about 10 o'clock, which is basically a ghost clinic... sometimes we literally have seven boards waiting, and yeah, it just ends up being like... chaos." (Optometrist)*

## Commercial pressures

Participants, but particularly optometrists, talked frequently about the challenge of navigating the 'two poles' of their scope of practice - the commercial needs of the business they work for, balanced with the clinical needs of their patients. Many spoke about feeling 'reduced' as a professional to the success they have in terms of their conversion rate. Low



performance in this regard then equated to them being not up to par, when in fact their performance clinically was excellent.

- *"... a lot of optometrists struggle to recommend things because they don't want to feel like they're trying to sell something, or they feel that it erodes their professionalism by recommending something."* (Optometrist)
- *"They didn't like the fact that my conversion rate was low so they wanted me out..."* (Optometrist)
- *"I don't care if they get glasses on at the end of the day. That's up to them...health concern for me, that's more important."* (Optometrist)

There was also some concern that these commercial pressures were having an impact on the quality of care provided to patients.

- *"There was, you know, they were, there were instances where I did feel, oh, I have to cut corners here, and then you kind of go home and think that was the wrong thing. I shouldn't have done that."* (Optometrist)
- *"What we end up doing is rushing our customers, and if they're late, we can't help it, but you know, like, if they're late, then we're under stress. And then you know...we ultimately take it out on the patient, because obviously they're late by 10 minutes, but the staff want them to be seen in the hope that... they'll get some money out of them...the manager has been... 'I'm the manager, and you see the patients that I tell you to see.'"* (Optometrist)

## Interprofessional dynamics

Participants noted that an uncomfortable 'dynamic' or a hierarchy between different professional groups could exist, and at the root of this could be a lack of understanding about each other's perspectives and decision making. Others also mentioned that a power imbalance was also often prevalent between newly qualified and more experienced staff, which led to a sense that newly qualified staff 'wouldn't complain' and would put up with behaviours that other more experienced professionals would not.



- *"... you've got this like hierarchy, where you've got the ophthalmologist who think they're better than the optometrist, and then the optometrist quite often thinks they're better than dispensing opticians." (Dispensing optician)*
- *"I think there is a perception that newly qualified aren't going to speak... there's [also] a big discrepancy between the optical professionals and the store managers. It used to be that store managers had to have some sort of professional title, so they would either be like a dispensing optician or have another qualification, but now the quality in the store managers is probably not where it used to be maybe five or ten years ago. So they don't understand the optometrist. There's a difference in communication." (Optometrist)*



## Mistreatment in the workplace

This theme provides a vital context for the research, by exploring the variety of lived experiences of harassment, bullying, abuse and discrimination among optometrists and dispensing opticians in the UK.

The majority of those consulted said the behaviours they had experienced were either currently happening or had happened in the last two years, although a number contacted us wishing to talk about mistreatment that had happened previously in their career.

**Registrants across both professions described experiencing bullying in their role**

The perpetrator of these behaviours was often colleagues or managers. Participants said bullying can occur at all professional levels, with some saying that students and those more junior to them could be responsible for this behaviour too. Others noted that they had been bullied as a junior member of the team. In fact, it was common for people to talk about feeling particularly vulnerable to this in their formative years in the industry.

The nature of the bullying described varied, and often it was performed overtly within the practice. Examples included openly aggressive behaviours, for example: a manager shouting at a registrant in front of the whole team and/or patients; or a manager slamming doors so that everyone in the practice knew that they were upset with the registrant. Telling offensive 'jokes' within earshot of participants was also described, as were instances of cyberbullying, for example, ridiculing staff on social media apps, such as WhatsApp, in groups that other colleagues also belong to.





- *“Yeah, a director did come up to me... in my room when I had a patient in there, and [they] said, [they] started swearing. [They] said ‘you are useless’. You should have seen this person before, not this person. I said, well, this [patient] is in front of me, so should we chat after? [They] said, no, that other [patient] was going to spend more money, and you’ve taken this [person]. So why have you taken [them]?” (Optometrist)*
- *“The previous line manager... [they] were kind of responsible for the toxic work environment, the stress. [They’re] a very intense figure, quite imposing. And, you know, there’s a kind of a culture of, you know, ‘you don’t make mistakes’. ‘You meet the targets’, and if you don’t do that, you know you’re going to be shouted at. You’re going to be made a kind of an example of, you’re going to kind of be humiliated or embarrassed in front of others.” (Optometrist)*

However, bullying could also be more ‘subtle’ in nature. Importantly within this form of bullying, the pattern of behaviour was often not recognised immediately, and the impact was felt gradually. Examples of more covert bullying behaviours included:

**Micromanaging.** For instance, managers being scrutinising towards them but not others.

- *“I had a line manager who was an optometrist, who used to micromanage, and if you did anything wrong, he was on you like a ton of bricks” (Dispensing optician)*

**Cold-shouldering.** For instance, a manager or other registrant avoiding giving them work, consistently bypassing them with opportunities to give to others instead. Another registrant told us about a colleague that had been unresponsive and dismissive in their interactions with them for the last 18 months for no reason.

- *“They’re going on bullying and I think when the main things for me is that it’s not totally direct bullying as in them someone can be a... bit snappy, but I’ll just answer them back. But it’s the bullying by exclusion that people don’t realise is happening. And I’ll say to them, do you know what I had to say to one of them the other day, do you know what you’re doing? I mean, I don’t think people realise when you’re saying bullying, it doesn’t have to be totally direct.” (Dispensing optician)*



**Manipulation.** Managers manipulating others into thinking the registrant was underperforming. For instance, one registrant told us they were regularly undermined by their manager in 'all team' meetings to the point that the rest of the team began to believe they were underperforming, when they were not. Another explained that they had been publicly blamed for a failure that was the responsibility of their manager. Yet another mentioned that there had been the appearance of negative entries on their appraisal forms that were fabricated, relating to poor performance and a claim that they were 'failing' when they were not.

**Unequal distribution of workloads.** For instance, a registrant told us their manager made them take on all the patients that morning so they could "sit and do nothing all day".

**Inappropriate communication.** For instance, one registrant told us about being sent aggressive emails or text messages from managers 'nitpicking' - outside working hours, or when on annual leave.

- *"That's totally fine if it's constructive criticism based on growing you as a person, but it tended to be criticism within group settings, so where I might have had a win or a success, I was then belittled by this particular person... so then anything that I was succeeding with, everybody was there making a bit of a joke out of me. And so then that undermines my capabilities as I grow..."* (Dispensing optician)

**Controlling behaviour.** For example, a registrant told us about 'new rules' they felt were being made up to belittle or control them, such as being told out of nowhere that they now cannot have water in the consultation room. We also heard about the pernicious undoing of established norms to exert control. For instance, one registrant said that over the space of months on appointment of a new director he witnessed previous responsibilities being taken away from him for no reason, long-standing shift patterns that worked well for him being altered without consultation, his salary being called into question, and intensive questioning over anything that he felt could be found to show that he was 'doing his job wrong'.



**Many of the registrants interviewed said the behaviour they had experienced was discriminatory<sup>4</sup> based on their race and/or religion**

Among those that said they felt discriminated against at work, we regularly heard stories of racial discrimination or microaggressions. To illustrate, one registrant told us how they had spoken to their manager about pay rises but in response had been told that they should think about 'going back to their country' if they wanted more money.

- *"I remember when I spoke to my manager about a pay rise, just getting more increased pay checks. And I think I got a wrong word from [them] that if I'm not satisfied with what I have, I should better think of going back to my country"* (Optometrist)

Others, particularly females with Asian heritage, spoke about discriminatory tropes being used against them. For instance, one registrant highlighted that she was told that she should not get married and have children as that is what 'they all do' and then they 'go part time'. Another said that they were told they couldn't go and do some further training 'because she was a Mum' she 'wouldn't have the time' to be there. Others from a similar background said that they had felt discrimination in the way that people had assumed they would not question authority and/or not stand up for themselves.

- *"It's more like a control... that 'I can control you'. And what I felt was being a young Asian female, there's a perception that you could probably walk over me a little bit more than if I was maybe a white male or an Asian male, and I felt that when I worked with five or six different practitioners, I was treated differently to other practitioners, because there was a perception as in, I'm not going to speak up, I'm not going to do anything. I'm too scared. So there's a... difference in the way that you're treated."* (Optometrist)
- *"I'm like, a Muslim woman, and I'm Asian as well as my background (and) the only non-white person in the whole department. So when anything would happen in terms of, like,*

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<sup>4</sup> Discrimination is the unequal treatment of an individual, or the exclusion of that individual, based on protected characteristics in line with the Equality Act (2010), such as race, age, sex, religion, pregnancy or disability.



*the news, [people] would just ask me what's going on? I'm like, I don't know what is happening in the news, to be honest..." (Optometrist)*

- *"So I've heard that the problem with the profession is there's 'too many Asian women' in the profession, Asian women 'only work part time'. They probably work part time because they don't... I mean, I would work full time, but it physically harms me to work full time because I'm not supported. I work with Caucasian individuals who work part time. So why is it generalised that there's only Asian women who are 'harming' the profession?" (Optometrist)*

One participant said that after a bad experience in a high-street practice they had purposely sought a job in a hospital because in that environment there were more people of their specific background – and a great deal more international workers – and that was a comfort to them.

Patients were also responsible for discriminatory remarks, such as those based on a registrant's country of origin or identifying markers such as their accent. For instance, one registrant talked about the challenge of having an accent that marked them out as not having been born in the UK. They found it tiresome and upsetting to be constantly asked where they were from – even though they accepted that in many cases this was well-meaning, and a form of small talk, there was a feeling that patients did not know that it is offensive for non-UK born workers to be questioned about their country of origin – particularly if they felt they were doing so as a way to make a value judgement about them. Others stated they had their 'accent' mentioned when they were in fact born in the UK, and this did feel like racial discrimination.

- *"Sorry, I don't understand your accent'. You get that a lot, and it's like, I was born in this country, so I don't really have an accent? But then when this lady was like, 'Oh, I had the same issue yesterday. The pharmacist, I couldn't understand his accent as well'. And then, you know, there's an element of racism going on there" (Optometrist)*
- *"I feel as though you get an initial judgment, you know, when they hear the name, for example, you know, once the initial pre-exam has been done, and then it's passed over to me, you can hear [registrant's name] will be with you in a minute. They're like, sorry, what's the name, who? And it's almost about like, oh, I don't recognise that name. It's*



*not a British name. And then when they see you, there's almost a prejudgment there."*

(Optometrist)

- *"When I've worked in England, I've had some really horrendous things said to me about being Welsh"* (Optometrist)

Underpinning such comments was a sense that registrants were being questioned on the validity of their qualifications or expertise. For instance, one dispensing optician highlighted that they often were asked about the validity of their optometrist colleague's qualifications, on the grounds that they were unsure of whether they were approved to work in the UK.

- *"I've got, so, for today, I've got a Nigerian optometrist in, I've got an Indian optometrist tomorrow. I've got a Muslim lady who wears a hijab. And the number of times I get, well, 'are their qualifications okay in this country?' And 'I couldn't understand them'...it's that kind of thing that every day, just it's the little things that drain you, and it's getting more and more, and I think ...Why? Why am I trying anymore?"* (Dispensing optician)

Religious discrimination was also evident for a few in the sample. To illustrate, one participant highlighted that she had been refused annual leave across Eid but noticed that Christian colleagues, or non-religious colleagues for that matter, had no issue in being prioritised for annual leave over Christmas. Another mentioned that they were not religious, but their manager was, and so that was often a bone of contention between the pair, when this should never have even come up at work. They felt that they were at times 'ridiculed' because of certain aspects of their religious practice, that were different to their manager's.

- *"... they wouldn't let me have Eid off. And obviously I was, like, [its] a religious holiday, you know, it was really, upsetting. Also, my family couldn't celebrate it either. And again, I was the only person that was then made to work the whole time... they just said there weren't enough people in to cover the clinics. And so I remember that year Eid was over Friday, Saturday, Sunday, Monday, and I had to work all those days, and everyone else either had that either Saturday or Sunday off, and there were non-Muslims, who'd requested time off, and they'd got it approved straight away..."* (Optometrist)

The implication of this was a sense that the management team were not alive to their specific religious needs, and they felt disrespected and singled-out.



## Some of the females interviewed reported discrimination based on sex, sexual orientation, or gender

Sex- or gender-based discrimination was noted by some of the females taking part in the research. For instance, one registrant explained that she had received comments from a manager as she came back from work after maternity leave, insinuating that she had ‘missed the point’ of having children by coming back to work. It was felt that this comment would not have been levied at the individual had the person been male.

- *“I came back from my second maternity leave, and was speaking to my manager about coming back, and it was, ‘Oh, are you coming back?’ And I was like, ‘Yeah, I’m coming back full time’. And his first comment was, ‘what was the point of having kids then?’ And I was just like... would you have asked this question if I was a man?”* (Optometrist)

Another spoke about feeling that males get more respect in the sector, in their experience:

- *“I think one of the issues that I’ve come across is that it’s very kind of insular. They’re certain groups of people, and it’s very difficult to kind of get through the door in some cases. So if you’re talking like about your career progression, career progression is very, very difficult, because it’s sort of... jobs for the boys? There’s a lot of that that goes on... I don’t think I get the same level as respect as a man would in the industry”* (Dispensing optician)

This was compounded if they were also part-time workers:

- *“I have unfortunately seen regular variation between the opportunities that are afforded me as a part-time member of the team versus those that maybe even aren’t as qualified as me, but that are working full time, and indeed, you know a close colleague who is a younger male has had significantly more opportunity, and yet I’m not hearing that it’s because I’m not performing as well”* (Optometrist)

Another noted that they experienced discrimination as a female, but this had worsened since they had made their sexual orientation known at work:



- *“... it has always been because I'm female, but since I came out, I think since my orientation was known at the workplace... it got heightened the fact that I was queer... I'm trying to do things and they be like, 'you're female, you can do that'... I think now they're just trying to bully me”* (Optometrist)

There was also evidence of being unfairly treated while pregnant. For instance, one registrant highlighted that they felt they had been discriminated against when pregnant because there was no thought or consideration given to the appointment time bookings to build in toilet breaks for her. Another noted that they were so sensitive to their bosses' attitude towards women from her ethnic background becoming pregnant that it was the first thing she thought about when she found out she was pregnant:

- *“... when I found out I was pregnant, I basically burst out into tears on my bathroom floor, and my husband was like, this is nuts... I did not take it very well, because it wasn't planned. And the first thing I said to my husband was, what are my bosses going to say?”* (Optometrist)

**For participants in this research, mistreatment related to disability was linked to a failure to make reasonable adjustments**

Several registrants within this research described themselves as having a disability. However, they tended to cite other reasons for feeling discriminated against or bullied.

Where unfair treatment had been experienced relating to their disability, this related to when it was felt that special requirements (reasonable adjustments) were not acted on promptly, or that their disability was queried as a contributing factor behind the behaviour they were faced with:

- *“I face some discrimination that I can't distinguish if it's because of my disability, or maybe... I'm not just good enough to be in this profession, so but the kind of energy I expect from my colleagues, is just not the kind of energy I'm receiving, so it just makes me sometimes feel frustrated...”* (Dispensing optician)



## Harassment was perpetrated by both patients and other registrants

Fifteen participants approached the research wanting to talk about the harassment they had received at work.

Among those consulted, stories of harassment typically involved sexual harassment, such as unwanted sexual attention or inappropriate sexual advances. For instance, one spoke of an inappropriate sexual advance from a colleague that, at the time, she reported, but the complaint that she made to her manager was brushed under the carpet because there was no managerial oversight beyond them, as they owned the practice. It was noted to be particularly difficult because 'in optics we all know each other', with her suggesting that the perpetrator knew they would not report them due to social embarrassment. They also said there was 'no point reporting' this sexual harassment because the person they were reporting it to would be a close friend and business partner of the perpetrator.

Others pointed out that there had been many inappropriate comments made from patients throughout their career. For instance, one spoke about the issues faced by them working as a female in a small practice team.

- *"... we've had people in the past who specifically we've told not to be taken to a pre-screen room alone as a female because they're male and they're known to make, you know, particularly derogatory comments, sometimes sexualised comments, just, you know, inappropriate comments about what somebody's wearing or how they look. So, you know, there's safeguarding issues, I guess, that come into force here about kind of, you know, I guess females working alone in practice or in small teams that are just females"* (Dispensing optician)
- *"You know, being a woman, and if I had a male patient, then often there'd be some suggestive comments. But under the guise of just trying to be nice to you. I did have one occasion where one of the patients basically cornered me a little bit and tried to kiss me in a room, which was a bit disgusting, to be honest"* (Optometrist)





## Workplace abuse was frequently associated with patients

In discussions, 12 of 38 participants interviewed said they had experienced abuse at work, and these were predominantly associated with abusive comments or aggressive behaviours from patients. Often, this was from patients who had 'boiled over' in their frustrations, for example, relating to the cost of glasses, dissatisfaction with the glasses they had bought or the service they had received, or in their quest to get refunded for a previous purchase, or have glasses replaced. Dispensing opticians seemed to experience this often as the ones who dealt with patients the most in relation to purchases, complaints and issues. One dispensing optician said that abuse from patients was the reason they were considering leaving their job.

- *"And the patient... just sort of started shouting at me, and was, sort of, she was in my face, sort of here, and spittle was sort of flying towards me, where she was just so angry, and it was, I sort of felt like I had to take a step back, because it felt so threatening. It was just awful and so out of proportion"* (Dispensing optician)
- *"So a woman came in today and... started roaring and shouting at me and I said to her, do you want to tell me what's wrong? And I'll see if I can sort it? No, it was just one of her nose pads had fallen off... People are more aggressive, more willing to shout at you, more willing to think if they shout louder, they'll get what they want and 9 times out of 10 they do"* (Dispensing optician)
- *"I would say, currently, I really don't like my job. Unfortunately... abuse, the constant, relentless abuse, harassment, just nastiness from patient"* (Dispensing optician)

It was common for them to say that their employer typically took the patient's side in situations. They often said the attitude was 'the customer is always right'. If patients shouted loudly and aggressively enough, they seemed to be rewarded for this behaviour, especially if they bypass to 'head office' to get the outcome they want.



- *“They can be as abusive to us as they like. We're not allowed to say anything back... because it's sales orientated, as everything is... they'll go back and [the bosses will say], oh, this complaint's been raised. You better get that sorted”* (Dispensing optician)
- *“The last one I had was literally a bloke who had broken his glasses. They were in disgusting condition, and I'd refused to replace them... [he'd] like, battered them. And he complained to us, to head office, about and said, when I've been to another competitor, they've always done it for free. Head office overruled and said, I've got to do it for free. I called him and said, ‘Yep, that's fine. We've ordered you a new pair... [I'll] let you know when they're in’. He'd then come in while I was serving somebody on the other side of the department, he picked up the new glasses... instead of walking off the department, he walked round, diverted back, came to me – as a huge bloke... Got right in my face, within sort of 15 centimetres in my face, and said, ‘I bet you feel dead clever now, don't you?’ He was like, ‘Got my new glasses. No thanks from you’”* (Dispensing optician)

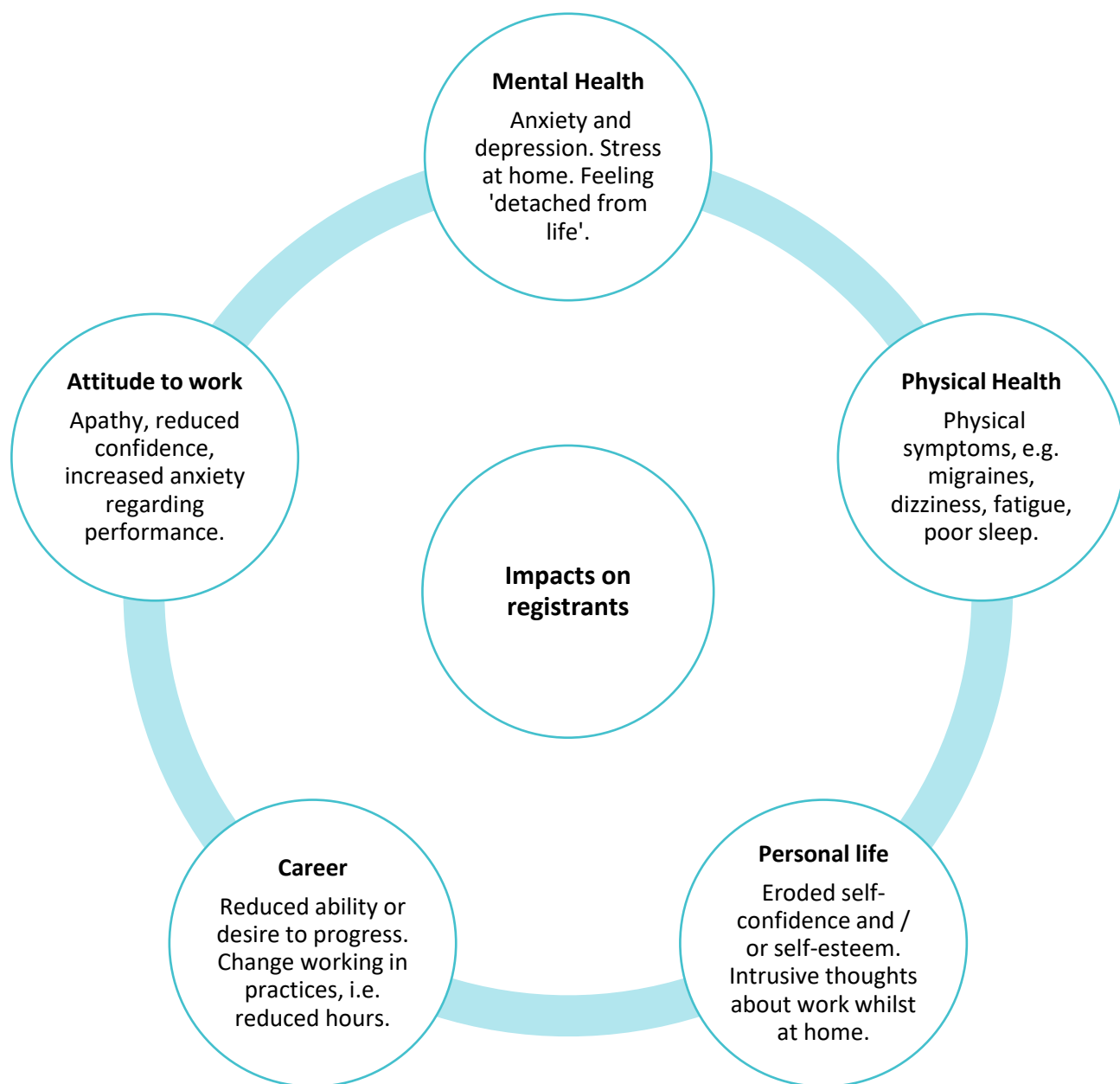


## The impact of mistreatment at work on registrants and patients

**Workplace harassment, bullying, abuse or discrimination had profound and ongoing impacts on personal and professional wellbeing among participants in this research**

Some registrants interviewed said that negative experiences at work had to be ‘brushed off’ by them afterwards, for instance, when experiencing abuse from patients. Sometimes they felt they had no choice but to ‘move on’, irrespective of how they felt about it. However, there was evidence of other, more serious impacts, too. A range of more significant effects were identified by registrants spanning their mental and physical health, attitude towards their work and career progression, and incorporating their personal life too, as shown overleaf.





Participants noted the impact on their mental health as the result of being exposed to these behaviours. Many experienced anxiety and/or depression at the time that could be long lasting. Some noted that they required professional counselling to work through the experiences they had in the workplace. People said the stress of their experience cut across



their work and personal life, with them worrying about work all the time. One registrant noted that they felt like they were unable to carry out their caring responsibilities at home because they felt so exhausted by what was happening at work. Others also saw a change in their self-confidence/self-esteem for the worse. This had global impacts across their lives as a whole, as well as just in the workplace.

- *"I developed a low self-esteem because I felt I've been talked down on. I had, at some point... a counsellor... I was given some mental health training, so it helped me"* (Optometrist)
- *"It's been massive. I mean, you know, it's, it's made me question, you know, things about my character and my value as a person. It's affected my family, you know, my ability? It's affected my ability to be present with my children, because I've been so worried and stressed out about work"* (Dispensing optician)
- *"... certainly at the time, it really affected my confidence. When I left, I felt like I wasn't any good at my job. I didn't feel like particularly, I felt quite worthless, to be honest. It really, mentally, physically, I was... I'd lost a lot of weight. I was about seven stone something. I was on medication"* (Dispensing optician)

Physical effects as a response to stress were also mentioned as being experienced by registrants. To illustrate, one registrant mentioned having migraines, dizzy spells, and feeling 'detached' from life. The same registrant highlighted experiencing a relentless fight or flight response that could be triggered just by the sound of the perpetrator's footsteps across the floor to hand them a prescription to dispense. They said that they used to lock themselves in the toilet just so that they could escape the constant stress they felt in practice.

- *"I just wanted to be able to do my job and feel safe to do so without the worry of that. And you know, sort of after that, there was sort of bullying, really, it got to the point where the sound of the footsteps across the floor to hand over a dispense would make me start shaking"* (Dispensing optician)

Such experiences impacted both people's attitude towards work and career progression too. For instance, professional confidence could be impacted in the way that bullying would



make people second-guess their clinical decision making and overthink aspects of their work to ensure that they don't make any mistakes – in this way becoming hyper-vigilant in their practice. Others felt that their professional demeanour changed so that they tended to 'shut themselves off' more within their practice to prevent themselves from feeling so exposed to further behaviours. This, in some cases, resulted in isolating them further from their team. For example, one optometrist said she felt she spent a lot of time in her consulting room, avoiding interactions with the team as well as the person perpetrating these behaviours. As a whole, these experiences led to many 'leaning out' of their career, leaving their job, and/or considering leaving the profession.

- *"I just started feeling like I don't really care too much about my work, and that that was really something I didn't want to feel because the whole point of this work is to like, you know, like, look after your patients, you know, at the end of the day. But I started to feel like, I don't really want to be in clinic and work, you know"* (Optometrist)
- *"... if you feel a lack of confidence, you feel discriminated against, and that, you then start believing that it might be something that you've done, or, you know, maybe your skills aren't as good, then you take that forward to the next day... so I think it would have an ongoing impact, and particularly if you're not resilient"* (Dispensing optician)

Notable in the research was a trend for people who carried their experiences of harassment, bullying, abuse or discrimination with them throughout their career. In particular, experiences in their formative years within the industry were often said to be a particularly vulnerable time for them, because mistreatment that made them second-guess their practice or abilities could be long-lasting. Participants admitted that this could then impact their choices in terms of, for instance, being part or full time, choosing what type of practice they worked in, or choosing whether to work as a locum or as a permanent member of staff.

- *"The main person that did this to me, like 10 years ago, he was on CPD [recently], and, you know, I saw his face and immediately had that kind of panic, and I thought, 'oh my god', that's obviously affected me a lot more than I thought"* (Optometrist)



- *"I could have brought this up and said, 'Okay, let's do a fitness to practise case', because someone's... throwing out discrimination and racism. To me, do I really want to go through that empty process? No, would I rather just leave and locum?"* (Optometrist)
- *"[Now I work in] the fairly quiet shops where there's basically no pressure. And that's where I've ended up in these roles where there's just no, no pressure from the people I work with"* (Optometrist)

### There were mixed feelings regarding any perceived impact on patients

When asked about the impact their experiences had on their ability to deliver safe and effective patient care, responses were initially mixed. Spontaneous reactions from registrants were that being treated poorly at work did not impact patient safety, as they were a 'professional' and 'got the job done' safely irrespective of how they felt that day, or whether a patient or colleague was being offensive towards them. In this way, people said that patients don't get impacted because they 'swallow' their feelings.

- *"The minute I've got a patient in front of me my game face is on"* (Dispensing optician)

On deeper analysis however, this issue is more nuanced, and based on what registrants told us, safe and effective care can be impacted. For instance:

- Interactions after they had been abused by a patient also led to different care for all patients they worked with. For instance, less interpersonal, and never going the extra mile. They said that they became more 'businesslike' in their communication with them, just getting the job done and not wanting to say/do anything that may cause them to abuse them, leading to a more 'basic' experience overall for patients.
- Others wondered if their sense of general unhappiness would be felt by patients in the way that they dealt with them. For instance, people had said patients had witnessed poor interprofessional dynamics, and that may also have impacted their experience.



- Participants pointed out that some of the impacts of experiencing mistreatment at work such as bullying, can include being passed over for opportunities, or them leaving a workplace where they might have had career progression meaning that patients wouldn't be able to experience the end-benefit of any upskilling they missed out on.
- *"I think I've changed the way that I am with my patients. So I'm less nicey, nicey, and I'm more like, this is purely business, you know, I've got a job to do. Let's do it. And more matter of fact"* (Optometrist)





## Recognising and reporting harm

This theme explores the challenges and barriers registrants faced in terms of recognising and reporting harm from harassment, bullying, abuse or discrimination at work.

### The speed of harm recognition is important

Without recognising harmful behaviours for what they are, such behaviours cannot be addressed in practice. This was felt to be more difficult for the more covert behaviours described. For instance, sometimes this can be because they invite self-doubt on the part of the recipient, as they reflect on whether there was any justification for the treatment they were receiving:

- *“... when you're being introspective, you try to be objective as well and ascertain, am I actually being dramatic? Am I overthinking this? Is there basis in what [they're] saying, are there flaws in [my] capabilities? And so, you have to deal with the self-doubt first”* (Dispensing optician)

The resulting ‘slower’ journey to harm recognition can prolong registrants’ experiences, by creating further opportunities for harassment, bullying, abuse or discrimination at work towards them and others. For example, one registrant highlighted that she thought her bosses were making caring comments based on her career development when they warned her about getting pregnant and going part time as a person from an Asian background, but it is only with time and greater experience that she came to realise such comments were completely unacceptable and cannot be justified. Some said that it was months or even years later, sometimes after they had left their role, when they realised how bad their treatment had been at the time.



## Several key barriers to disclosure were identified

Many reported that speaking up amid feeling intimidated, worried, or simply drained by their experiences was challenging. To illustrate, one registrant that had experienced harassment highlighted that a combination of feeling exhausted by the experience itself, as well as worrying about negative impact of speaking up on their career, prevented them from saying anything at the time. They mentioned unease that 'everyone knows everyone' in optics (in their local area at least), and that speaking out about harassment might impact their reputation or career prospects. Another spoke about not really knowing what to do next, and as a result, stayed silent on the matter.

- *"... part of the reason I didn't speak out is because I was too exhausted... I was drained. I could have taken it further, and I chose not to, because I was, I was exhausted. I didn't want to go through that. I didn't want all the gossip, and I didn't want it going around the whole local area, you know, in optical practice, because it, everybody knows everybody, you know. I didn't want it to affect my reputation or my future employment prospects. So I think that's really difficult as well, isn't it?"*  
(Dispensing optician)
- *"I didn't really know what to do. Either for the longest time, I didn't say anything."*  
(Optometrist)

Importantly, within narratives there were several key barriers to disclosure identified, described overleaf.



### Not being able to find the right person to raise concerns to

An appropriate confidant to raise issues to was important. For example, one person mentioned that she hadn't disclosed to her new line manager as she wasn't sure if she would be able to trust her with the information, which she wanted to remain confidential between them in the first instance.

Further, if the behaviour was being perpetrated by their line manager, it could feel even more difficult to know where to go to raise concerns. Here, registrants said they would have to go up the ladder to report to a more senior person, which felt exposing. It also disadvantaged those working in smaller organisations or independent practices where there wasn't a broad senior management structure.

### Worry about adverse impacts of reporting, such as threatening their reputation or career prospects

For instance, one registrant told us that he didn't mention that he was bullied for four years because he was the main income earner in his household and he was afraid to be managed out of the business by speaking up. A few optometrists mentioned that at the start of their career, pay-back penalties for training costs meant that they were 'trapped' there if reporting issues went wrong, which discouraged them from reporting. Another highlighted they felt hesitant to discuss their experiences for reputation reasons – they were afraid of getting a reputation for 'being that person' that reports a colleague. In larger organisations, people could be dissuaded from reporting because there was a perception that there would be a write up, or a complaint being 'put on their file'.

### Concern about reporting behaviour with no evidence

Some noted that the behaviours they were experiencing were difficult to spot, or difficult to evidence. One highlighted that they didn't want to take their issue to the area managers, or the GOC, because they didn't have any evidence of the behaviour. Another highlighted they thought you couldn't disclose bullying to the GOC without evidence, and that a 'toxic work culture' was something so intangible they couldn't report it. Yet another mentioned they only reported bullying once other people had started to leave because of a particular person, as there was more chance of their concerns being accepted.

### Low faith in change

Another barrier to reporting related to a belief held by some registrants that even if they did report behaviours, nothing would change. This was particularly the case if there had been a witness to the behaviour, yet they had done nothing. For instance, one registrant highlighted that since their manager had witnessed poor behaviour from a patient directed towards them, and done nothing, this gave them the impression that even if they did report their experiences, they might also be dismissed.



## Experiences of reporting mistreatment were highly variable

Some participants reported a positive experience when disclosing mistreatment. Overall, a sense of positivity was underpinned by several key influencing factors:

- an understanding and caring first response from the person they are reporting to;
- that person taking the issues raised seriously; and
- them working with the registrant to generate a plan for action.

However, others did report negative experiences when disclosing. For instance, one participant said that the person they reported issues to just saw their complaint as criticism and took it personally. Others talked about being belittled or dismissed on reporting issues, or that the response was careless in its delivery. For example, one optometrist highlighted that, on reporting harassment from a patient, they were told by their manager that they should feel lucky they are still 'getting attention'.

- *"When you're upset about something, they should... take it more seriously, rather than them seeing it as a criticism. So when I did raise a complaint, they were like, just annoy[ed] that I'd complained about it, and they were just like, you know, we've not done anything wrong, when you know, I was feeling very upset about things"* (Optometrist)
- *"When I reported it, I was just told that be lucky that you still get attention. I don't know... you'd leave your door ajar just to try and protect yourself a little bit, but yeah, you know the comments come, but you kind of like, learn to live with the comments, ignore them. Just be like, 'yeah, whatever'... I was crying to the retail director, and he was just saying, like, 'oh, just go and get a cup of tea and calm down'"* (Optometrist)



Among a small proportion of the sample there was some suggestions that the person they reported to manipulated them emotionally, making them feel that they would be to blame for any consequences of disclosure.

- “[They] said ‘what do you want to do, report it?’.... ‘Because if you do - they will lose their house, they will lose their job - do you want that on your shoulders...?’” (Optometrist)

### A key frustration for participants was a lack of consequence after disclosure

Registrants said that sometimes they felt their concerns had been dealt with initially but there wasn't a continued effort to ensure the issues remained resolved. One noted that their manager was happy to have a word with the person that was bullying them but only in the context of that person's annual review – which meant that after they were spoken to about the behaviour, it wasn't raised again with them to check that it had stopped. A dispensing optician being bullied at work felt that the high staff turnover at their practice was leading to management avoiding addressing certain behaviours amongst staff to minimise the risk of even more staff leaving employment.

- “I think it's now at the stage where unless we do something actually to say I want to take out a grievance, nothing's going to be done” (Dispensing optician)

Some said it felt like their managers/business owners had not had training to allow them to confidently deal with harassment, bullying, abuse or discrimination. For example, one participant working in a multiple noted that the human resources (HR) function in their organisation ‘wasn't for employees it was only for managers’ to contact directly. Another said they have involved HR before in an issue, but it was then redirected back to their line manager. When thinking about reporting, it was common for people to worry about things being logged on their file, which further dissuaded them from wishing to report.

- “... with an indie, I don't know whether it's the same in multiples, but with an independent, it is just two people, one or two people that happen to have enough money



*to go and open a practice. They're not trained in management. There's, where's the accountability, who's, who's, you know, who's there? There's no HR, there's nothing there. What they say goes and that's it really"* (Dispensing optician)

- *"... we're all trained to be essentially medical professionals. We're not taught how to run a business. We're not taught about HR. We're not taught about people management"* (Dispensing optician)
- *"... there is an HR, but it's a bit worrisome to go through HR sometimes, because then you're like, it gets flagged to your like, yeah, your Director. So then, you're like, okay, I don't want to bring this up..."* (Optometrist)



## Moving towards the future: what registrants think should be done

This section outlines registrants' own thoughts of how harassment, bullying, abuse or discrimination can be effectively addressed in the workplace. Within their narratives, specific areas for improvement were outlined, as were their thoughts regarding the role of the GOC specifically.

**A defined 'road map' to support disclosure was felt to be a key area for improvement**

Some said that, with the benefit of hindsight, if they had acted earlier – or even at all – they might have been spared from much of the behaviour that followed. They felt that they should have been empowered to disclose and reassured of the confidentiality of discussions.

To facilitate this, there was a sense that registrants would value a road map of what to do if they are experiencing these behaviours at work. Registrants said that they would value having a named person they should talk to directly, including who to talk to beyond their direct line manager if that isn't possible and/ or the manager is implicated in the behaviours.

**Within this roadmap, an established leadership role was important**

People wanted more dedicated time for managers or directors to deal with negative experiences in the workplace. For instance, they wanted to be invited to have regular debriefs with managers or independent people from their business (i.e. a defined leadership role) where they can reflect on and highlight any areas of concern.



This leadership role was felt to be very important as the gatekeeper to getting matters aired and resolved because registrants would know who they could talk to and that this person had an identified duty to ensure the issues were resolved.

- *"... I would try and speak up sooner. The thing is, you've gotta find the right person to speak up to... It's really hard"* (Optometrist)
- *"I have got HR involved before, but then I was redirected back to my line manager. So now you just get to a point where you just don't do anything about it, kind of thing"* (Optometrist)
- *"Yeah, well, maybe if we had a proper manager who's doing his job, then, you know, I could probably go to them and say, look, this is what's happening. Or maybe they can directly witness it, or maybe just be a deterrent the fact that there is someone there, you know, he'd be less likely to do it, because he's kind of doing it in broad daylight, kind of in front of everyone?"* (Optometrist)

All participants wanted a compassionate response when reporting these incidents. As explored earlier in this report, some said that they felt their experiences had been invalidated or worsened by the response to them when reporting concerns. Participants wanted there to be a clear recognition of harm, and for those they report to showing they took the matter seriously and cared about resolving the issue.

- *"... one of my immediate line managers knows I get no break every single Wednesday and every single Friday... and she doesn't care..."* (Optometrist)

But above all else participants wanted the behaviour to stop and for them to move on. The manager was seen as key here in terms of being the first person with the opportunity to manage the behaviour effectively when it is first raised. They wanted them to make sure that the issue was raised appropriately and resolved. This was felt to be especially important to avoid having to take concerns beyond the manager which was felt to have potentially further negative consequences for them:

- *"I just think it should be stopped at the very first instance of it discussed... Are they aware of how the other person feels? Are they aware the consequences of it still going on? I*





*think it's only way to do it is to point out to people A. you're doing it B. you shouldn't be doing it C. don't do it again... I think you know you go to your manager first and if they're not doing anything about it, you need to go further. But there's always a danger of doing that that you're then actually alienating your manager, which you really don't want to do. And I think that's a difficulty is if it's not treated properly"* (Dispensing optician)

In addition to better support from managers, others focused on a wish for better independent support within an organisation. For instance, via a human resources function, that was lacking for many:

- *"I think just having the HR department that's independent, and if you have an issue, you should be able to go to them, and they should independently investigate"* (Optometrist)
- *"I think there should be care, there should be attention, and there should be routine human resource development for every optometrist out there and every foreign worker should be protected as well and shouldn't be made to feel bad in a strange environment"* (Optometrist)

### The provision of peer support was also viewed to be important

One of the challenges highlighted in the research was that once a disclosure was made it is very difficult to preserve anonymity.

- *"The problem is, obviously, if someone discloses something, it's very obvious that it's them that's disclosed it, because incidents are quite unique"* (Optometrist)

As a result, anonymous peer support was felt to be valuable to help registrants work through their situation. The rationale for this was twofold:

1. to avoid having to speak to their manager on these matters as an initial first point of call – especially if their manager is involved in the behaviours; and
2. to prevent them having to feel as though they are 'formalising' their concerns right away if they were worried about this.



Some had previously used a peer-support line to fulfil this function, for example, the Association of Optometrists' (AOP) Peer Support Line<sup>5</sup>, a confidential listening service for people experiencing stress or anxiety in practice. However, people pointed out non-members may not know it exists. Even among those that were aware or had used the line, some also weren't sure if such support lines were there to help them with the specific harm they were facing. For example, one optometrist highlighted that they knew about the AOP peer-support line but didn't use it when they were experiencing mistreatment at work as they weren't sure it could do much to support with experiences of racism. Another said that while they found it helpful to offload, staff were there to listen and not necessarily well-placed to help them formulate a plan or a way forwards.

- *"I guess something like, you know, like a safeguarding... with our association, there is a legal helpline, and I think there is a counselling helpline, but it'd be, it would be good to have... more awareness of about where to go to kind of get some mental emotional support [on this] and to be able to make better decisions..."* (Optometrist)
- *"I think maybe just from an advice point of view... You know what? If you thought like is this ok or is it not? What should I do next? If you could go to them and say, look, this is what's happened. Am I being unreasonable? Am I being too sensitive?"* (Dispensing optician)
- *"There should be something far, far more, I mean... like when you think, do I really want to make a formal complaint? That's a big step. But I think there needs to be some sort of mediation in place that is like, almost like a whistle blowing thing where you could, you know, you feel confident, confident, and comfortable?"* (Dispensing optician)

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<sup>5</sup> [The AOP Peer Support Line](#)



## Ongoing, career-long education was identified as a mechanism that could empower people to disclose mistreatment

Participants wanted education surrounding mistreatment to be ongoing throughout their careers, for instance, integrated more overtly into training curricula and continuing professional development via employers once qualified.

- *“A lot of our training is based on essentially making the right decisions covering yourself by accurate record, recognising who is vulnerable, but there's nothing that I'm aware of, and I probably would be aware of if there was, there's nothing I'm aware of in building confidence, building resilience, that kind of thing?”* (Dispensing optician)
- *“I think it would be helpful, even at university level, if they say that you know your working environment is probably going to be very much one-on-one, and you'll be alone in a room with strangers that might you know, don't know what the word is, just, you know, try on with you basically, or say inappropriate things or behave inappropriately. And because I was, I don't think anybody ever said anything, point blank like that to me in my training years”* (Optometrist)

It was felt that any training should encompass:

- Defining expected professional behaviours
- Defining inappropriate behaviours
- Resilience and confidence-building for people having negative experiences
- Information about employee rights and how to protect yourself at work

As part of any programme of learning, people felt that bringing professionals together on these issues would be important too:

- *“I think at the moment, many optometrists might feel that they are the only person that's experiencing this. But when you talk to other professionals, you actually realise that, okay, there's a lot of us experiencing this”* (Optometrist)



- *"So previously we would have CPD events where everybody comes together... that doesn't happen as much anymore"* (Optometrist)

Registrants also felt that training needed to go beyond being considered 'another CPD package'. For instance, one participant noted that training on harassment, bullying, abuse or discrimination needs to – potentially in its marketing or delivery – be distinct from other packages of training they have to do to make sure that it is taken seriously as a key issue. It needs to bring clarity to what behaviours are classed as harassment, bullying, abuse or discrimination.

- *"Maybe need to bring a bit more of 'this is not acceptable. That's not acceptable.' It's all kind of wishy washy"* (Dispensing optician)
- *"We get a lot of, you know, 'remember that these are your obligations', although we do get a little bit around how you treat other people and bullying and harassment. I'm guilty of it myself, that even though I've been through it, I sometimes get those communications and kind of roll my eyes and go, got enough to do? Yeah? So I don't know if there's some way of, you know, from a kind of, almost like a marketing perspective, of making it a little bit more attractive for registrants to go...actually, this is important"* (Dispensing optician)

### A culture shift towards 'zero tolerance' was required

To discourage mistreatment, participants wanted clear consequences to be established. This was felt to be important irrespective of whether these behaviours are perpetrated by colleagues, managers or patients.

For patient abuse specifically, registrants wanted clarity on policies on this, and more overt support given to them to prevent these behaviours from remaining unchallenged.



- *“So when you go into a supermarket or you go to a doctor's surgery, you often see these posters or it says zero tolerance, but I don't think we see that in any optometrist practice that there's zero tolerance” (Optometrist)*
- *“I'm not really aware of, like, the consequences of being mistreated in the workplace” (Optometrist)*
- *“I've spoken to colleagues, and I've said, oh, I had an awful week last week. I had this bloke come in, and he did this, that and the other, and he said some real ...he said this to me that really got me. And they'll go, was he around this age? And did he look like this? And they'll go, I think I know who you're talking about... We should be allowed to warn our colleagues as professionals that actually we've had this issue, and they had their eye test with you, but they had the glasses from us, so actually we should be allowed to go back and say to them, we have a concern” (Dispensing optician)*

Alongside clarity on the consequences for people perpetrating mistreatment of others in the workplace there was a call from some for greater allyship in optics – looking out for one another and calling out bad behaviour as a collective.

- *“I think it's like health and safety. It's everybody's business, isn't it? We should all be taking care of each other. I don't know how you again, we're a healthcare profession. We should all have that in us anyway, but instilling that kind of allyship and empathy that, you know, we can't control what other people come in and say to us, but you can support your colleague if something happens to them and they've had a bad experience, to kind of, you know, actively go and be an ally for them” (Dispensing optician)*

It was felt that this allyship should include an industry-wide position on harassment, bullying, abuse or discrimination in the profession. People said that they wanted these issues to be spoken about openly and not ‘swept under the carpet’.

- *“It should be spoken about in optical newsletters and magazines and something that isn't ignored or brushed under the carpet...” (Optometrist)*
- *“I wouldn't like to see a finger shake. I would like to see... we're all gonna have a big conversation with this” (Dispensing optician)*



**Participants felt that the GOC could have a role in the management of mistreatment in work by setting standards for acceptable behaviour and communicating consequences of breaching these standards**

Registrants felt that the GOC does have a role to play in helping tackle these negative work environments.

- *"...Yeah, it's really difficult. It's really, really difficult. You know, because, um, the standards of practice are that you should treat your colleagues with respect and dignity, just as you would treat patients with respect and dignity. The standards are set by the regulator. So I'm afraid it does fall at their door...if you end up forcing practitioners who are good, [I] describe myself as a good practitioner, and to leave that line of work, how's that serving the public? You know that's not that's not doing the right thing. And also, the public themselves are diverse, and if colleagues potentially treat each other with such prejudices, that can't be safe" (Optometrist)*

The role of the GOC was understood to be setting the standards for what is acceptable behaviour and in what registrants should do if they are experiencing mistreatment in practice. For instance, one registrant said that she would like a flow chart to explain to her how to go about handling a situation like bullying at work and the sources to consult.

- *"I guess, make us aware that they can offer support. And then what to actually do if we witness or we are, like a victim of harassment or intimidation, bullying, etc, in the workplace" (Optometrist)*

There was also a feeling that the GOC is in an ideal position to hold businesses and individuals to account:

- *"I think they should be holding multiples and directors of businesses more accountable" (Optometrist)*



- *"I've noticed this year, we've had more training on diversity and inclusion, mandatory training. The policy should be clear [and]... reported back to [GOC] that we have trained this many individuals on diversity and inclusion"* (Optometrist)
- *"All the companies, whether you're independent, whether you don't know how it works and you're multi, you know a multi store thing, they need to go out to them and say 'do you understand how patient aggression is affecting your staff and what backup are you giving them?' Because I don't think they're aware of exactly what's going on. We will not like, continue with [this] practice if you cannot help the people working with you"* (Dispensing optician)

Participants also desired clarity from the GOC regarding the potential consequences for mistreatment. It was suggested that the GOC should voice these potential consequences to help act as a deterrent.

- *"What would happen? Because I don't want somebody to lose their job and be struck off, but if they were going to get a warning, that would be fine, that would be acceptable... It just means that if they carry on that way, then something might happen, but then that's on them"* (Optometrist)
- *"So I'm not 100% clear what it says in the GOC code of practice or whatever, it must say something about bullying and harassment and things like that. So I guess if they could kind of say, you know, it's completely unacceptable, you will be kind of severely sanctioned. You know, maybe that would make people think twice about doing this sort of thing"* (Optometrist)
- *"... And I guess people who do these behaviours kind of put on notice. You know that there will be, what's the word, penalties, if you like... it could act as a deterrent"* (Optometrist)

Importantly, they felt that this communication should include consequences for patients, and a procedure for registrants to follow if they are on the receiving end of abuse:

- *"So, if we do something wrong, there's a reaction and there's consequences. If somebody in the public does something wrong to us then and we went to the GOC, they'd go, 'oh well!' ... there should almost be a framework that sets out that this is the GOC rules like if*



*we do something wrong, there's rules. There's a procedure to follow. If somebody does something to us, there's no procedure for us to follow. We need a procedure for us to follow to make sure we are keeping ourselves safe, our mental health safe, but also that the patient understands that actually, that isn't acceptable, and as a consequence, you are going to be refused eye care"* (Dispensing optician)

Updating guidance on resilience in the workforce was also felt relevant. For example, people recognised that 'the sorts of characters' that perpetrate bullying will always be in the world of work – how can those being bullied remain resilient and able to deal with them better.

- *"I think maybe some level of strategies to cope with these kind of characters in our training... because the reality is, I'm not sure we'll remove these characters from the world, from the world of eye care and healthcare"* (Optometrist)

### To enact this, the GOC needs to clarify its role

Most research participants understood that the GOC's primary statutory duty is patient safety. However, they wanted reassurance that the GOC also has a role in fostering healthy workforce cultures to support the safe and effective delivery of patient care, and will act against perpetrators of harassment, abuse, bullying, or discrimination.

- *"I've not met anybody in optics that feels the GOC is there for them. It's about protecting the public, which I understand, that's their role. But... I just, I don't feel like they're in any way supporting me as a practitioner"* (Dispensing optician)
- *"... if they suddenly turned around and said, 'we want to look after our workforce'. I think the workforce would go, what's your ulterior motive? I don't think we'd believe it, because they've... they don't come across as protecting optometrists. They come across as protecting the public, which isn't to say they're against us. I'm not saying they're against us, but they don't come across as... we'll come and give you a hug"* (Optometrist)





- *"I think the GOC have a history... have a poor reputation for being supportive"*  
(Dispensing optician)
- *"GOC website, it says, we're here actually to protect the public. So, it's not about protecting the practitioner. So, it says very clearly for the public use, so long as the public have a competent clinician in front of them who does all these checks, doesn't really it, doesn't really talk about work culture..."* (Optometrist)

Given this, registrants could see the GOC as being 'the last resort' for where they might report issues, because of the formality and seriousness they associate with reporting to them. Accordingly, people were not always comfortable with the thought of approaching the GOC about these sorts of matters.

- *"It's like a death sentence if you report something to the GOC"* (Optometrist)
- *"The GOC need to... and I appreciate they are trying to do something... but they need to understand that any bullying or anything like that, we always feel like we're on the back foot, because we could be put in a position that's worse"* (Dispensing optician)
- *"If the GOC is involved as well. It's quite official. So I don't know if people would go that route, because it is such an official thing"* (Optometrist)
- *"I think the concern I have is fear of it coming back, the GOC coming back and saying to me, yes, they did all that. Yes, they abused you. Yes, they spoke to you like absolute dirt, but you forgot to mention that, that one thing. So actually, I'm going to take you to a failure to practise for that..."* (Dispensing optician)

The GOC was also perceived as an organisation that may take time to respond to queries, and one or two mentioned that they need a swift response to be taken, otherwise they will continue to suffer:

- *"I thought, I wonder what would happen if I reported him to the GOC. But you know it's just a whole can of worms. You know, things move incredibly slowly. I know at the moment, cases that happened three, four years ago being heard now, so would that have helped me? It wouldn't"* (Optometrist)



As a result, one pointed out that they would like there to be a complaint process for this that is separate from the fitness to practise process:

- *“... but one thing they could do is have a complaints procedure that isn't a fitness to practise issue, but isn't so little that it's that it's just flippantly thrown away. Do you know, I mean, like something kind of in between would be useful because, because I don't think it's a fitness to practise issue necessarily, but ultimately, they are going against one of the GOC standards of practice” (Optometrist)*



# Summary of findings and participants' suggested actions

# Summary of findings and participants' suggested actions

Within this research, participants explained that they had been subject to a wide variety of negative behaviours. These include multifaceted reports of workplace bullying, verbal abuse from patients, and harassment based on gender, ethnicity and religion. Importantly, their narratives revealed that the impact of this mistreatment was long lasting and had potentially severe consequences on both the professional and personal lives of registrants. There was also a sense from some that mistreatment may have affected the quality of care they were able to provide patients.

A key finding of this research is that disclosure of mistreatment can be challenging. It was recognised that fast disclosure was important, however several inhibiting factors were identified that prevented this. Uncertainty around who to disclose to, concerns about adverse impacts of disclosure, worry that disclosure had to be accompanied by firm evidence and a lack of belief in the impact of disclosure all served as barriers.

Despite the complexities of mistreatment, the deep impacts it may have and multiple barriers to disclosure, registrants were able to suggest ways in which mistreatment can be more effectively addressed. These are summarised overleaf.



**The development of a defined 'road map' detailing what to do in situations of mistreatment and, critically, who should take a leadership role in different situations**

**The development and communication of effective and knowledgeable peer support networks for registrants**

**Career-long education regarding how to recognise and act upon mistreatment, to help empower registrants**

**Work to promote a change in culture across the sector to one that promotes zero tolerance for mistreatment of staff**

**Leadership from the GOC to provide industry wide communication of both expectations of appropriate behaviour and consequences if these expectations are breached**



# Appendices

# Appendix A: Research methodology

Interviews were conducted online to aid geographic spread of participants, and to ensure people could take place flexibly at a time convenient to them. Each interview lasted between 45 minutes and an hour.

All fieldwork was carried out February - April 2025.

Given the sensitive nature of discussions involving mistreatment or the experience of challenging work environments, interviews were carried out using a trauma-informed approach. This included ensuring that registrants felt safe speaking to us and were not retraumatised by the telling or re-telling of difficult narratives. Space was given to allow interviews to be participant-led, and opportunities to pause the interview given as needed. In line with the Market Research Society Code of Conduct (2023), all participants were reminded of their right to refuse to answer any questions they felt uncomfortable with or stop the interview at any time. They were also reminded of their right to anonymity and confidentiality in taking part. All participants were asked before leaving the interview if they were okay, and where relevant signposted to additional sources of support, as shown in the discussion guide. All participants left interviews reassuring us of their wellbeing.

All interviews were audio-visually recorded for data collection purposes and transcribed to allow us to draw from data accurately. Qualitative analysis was iterative and carried out throughout the project to allow emerging insights and themes to be fed back into discussions for the purposes of triangulation. Regular analysis/debrief sessions were also carried out among the fieldwork team to reflect on the credibility of findings as they emerged, and to further develop insights across the fieldwork period.

Some of those taking part were still experiencing negative work environments in their practice, and in some cases this behaviour had not been disclosed. Accordingly, to protect the confidentiality and anonymity of people in this situation, and any others taking part, examples given of any of the negative behaviours in practice have been generalised where necessary. Similarly, where verbatim has been provided, this is categorised based on the



professional group that each participant belongs to, not via other demographic variables (such as age, gender, ethnicity or location of practice).

## Sampling criteria

All participants were qualified and registered optometrists or dispensing opticians working in the UK.

All had experience of harassment, bullying, abuse and/or discrimination at work, either as a single issue or to have experienced multiple issues. As part of this, it was important to ensure the inclusion of voices in the research from those more likely to experience these negative environments at work such as females, under 54s, those from an ethnic minority, or those that identify as having a disability.

Student optometrists and dispensing opticians were beyond the scope of this study (although registrants were able to reflect on their pre-qualification or formative years as part of discussions).

We incorporated a mix of additional study-specific variables in the sample. These were:

- **Length of time in practice.** The sample incorporated a wide range of individuals from those who have been registered within their profession for several decades, to those who are relatively newly qualified in their role.
- **Practice environment.** To explore differences in experiences across different practice environments we included registrants who work in a range of different types of workplaces. These included those that worked in large multiples, independents, those that used to work in a multiple or independent and have recently moved to work in a hospital, and people working across academia and practice.
- **Working patterns.** The sample included a mix of those who work full-time, part-time and as a locum. This included representation of those that are contracted part-time and top-up with locum work, and those who purely work as a locum.





## Recruitment

All registrants taking part opted-in voluntarily.

Over the course of the research, we publicised the study via the GOC website, their registrant e-bulletin, and with the help of the wider sector who promoted the research via various channels, for example, articles, newsletters and online posts.

Participants signed up via an online link and were then followed up individually by Explain to book them in for an interview at a suitable time for them. All were screened at the point of recruitment to ensure that they met the recruitment criteria.

To encourage participation, aid appointment retention, and to thank registrants for their time, all completing an interview with us were paid a cash incentive or vouchers to the value of £70.

Explain wishes to thank the General Optical Council and all stakeholders that helped promote this study.

## Interpreting the findings in this report

It is important to note that while insights provided here fully represent the views of those taking part, these cannot be extrapolated as representative of all in each of these groups of interest.

People that have taken part will be referred to as 'participants', 'registrants', or where relevant via their professional title of optometrist or dispensing optician. Throughout the report we will be referring to behaviours that incorporate harassment, bullying, abuse, or discrimination. Where these negative behaviours are referred to generally, the overarching term 'mistreatment' will be used.





# Appendix B: Discussion guide

## Discussion guide: In-depth interviews with registrants

### Discussion guide – 60 minutes

Timings	Section
5 mins	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>- <i>Thank you for agreeing to take part in this discussion today. My name is X and I work for Explain Research – we're an independent research agency and have been asked to speak with GOC registrants to find out about experiences of bullying, abuse, harassment and discrimination at work.</i></li> <li>- <i>These are not nice experiences for people to have and I thank you for agreeing to share your experiences of some of these things with us today.</i></li> <li>- <i>I'd like to reassure you first and foremost that this research is confidential, and our findings will be made anonymous so that no individual will be identifiable from our report to the GOC. We will not be feeding back anything you say about individuals to the GOC at any point.</i></li> <li>- <i>Secondly, I want to acknowledge that these are challenging topics for discussion and so please take your time when talking to me. If at any point you need a break, we can do that. If at any point you wish to stop we can do that. My goal is not to upset you by this conversation so please be reassured that the decision to stop at any time is yours.</i></li> <li>- <i>There are no right or wrong answers in your response today, I'm just hoping to understand your thoughts and experiences and while I have some questions in front of me I will be guided mostly by your story and experiences.</i></li> <li>- <i>To let you know about why GOC are doing this research – it is to build on their most recent registrant survey which showed that these experiences are happening – particularly among certain groups of registrants - to find out about how bullying, abuse, harassment and discrimination at work is affecting their registrants/their ability to deliver safe and effective care, and most importantly, what they want the role of the regulator / wider sector to be in helping to tackle these negative experiences and behaviours in the profession.</i></li> </ul> <p><b>Interviewer to state:</b></p> <ul style="list-style-type: none"> <li>- MRS Guidelines: Right to refuse / anonymity.</li> <li>- Recording: We will be audio / audio-visually recording this discussion in line with MRS Code of Conduct. The recording will be stored on our secure servers and no one outside of the research team will have access to this. Can I confirm that you are happy for me to record this discussion?</li> </ul> <p><b>Start recording, record consent.</b></p>



	<ul style="list-style-type: none"> <li>- Any questions? Okay to begin?</li> </ul>
10 minutes	<p><b>Current job role and feelings towards the profession</b></p> <p><b><u>Context for discussions – conceptualising current work environments</u></b></p> <ul style="list-style-type: none"> <li>- <b><i>To start, can you tell me about your background and role?</i></b></li> <li>- <b>What is your current job role?</b> <ul style="list-style-type: none"> <li>o Optometrist/DO</li> <li>o Full time / part time / locum</li> <li>o Length of time in practice (how long in current role / how long qualified)</li> <li>o Any additional qualifications</li> </ul> </li> <li>- <b>Can you tell me a bit about your practice?</b> <ul style="list-style-type: none"> <li>o Where do you work? (NOTE: they can be general if they don't want to disclose fully)</li> <li>o Is it a large/small team?</li> <li>o Do you line manage or supervise others?</li> </ul> </li> <li>- <b>How do you feel about your job?</b> <ul style="list-style-type: none"> <li>o Do you enjoy it? What bits more / less so?</li> <li>o How would you describe the culture at work? Why do you say this?</li> <li>o Has anything changed over recent years to improve how you feel about your job / profession? Has anything changed for the worse? What and why?</li> <li>o Have you ever thought about leaving your job/the profession? Why?</li> <li>o [IF ANSWERS YES TO THOUGHT ABOUT LEAVING] What do you think needs to be done, on a general basis to prevent you from doing so?</li> </ul> </li> </ul>
30 minutes	<p><b>Exploring bullying, harassment, abuse or discrimination</b></p> <p><b>Generating registrant accounts relating to experiencing bullying, harassment, abuse or discrimination at work (20 minutes)</b></p> <ul style="list-style-type: none"> <li>- <b><i>I'd like to move on to talk about the reason that you signed up to take part in this research. Thinking about experiences of bullying, harassment, abuse or discrimination:</i></b></li> <li>- <b><i>What was the reason or reasons you're here today? Tell me, in your own words, in as much detail as you feel comfortable doing, about what has been happening.</i></b></li> <li>- <b>What happened?</b> <ul style="list-style-type: none"> <li>o When did it happen? Where did it happen?</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ How long has this been happening? Was it a one-off event or did it happen a lot? Is it something that continues to happen?</li> <li>- [UNPICK IF BEHAVIOUR FELT LIKE BULLYING, ABUSE, DISCRIMINATION OR HARASSMENT] <b>How would you <u>describe</u> what happened to you – are the words [use as appropriate] ‘bullying’, ‘harassment’, ‘abuse’ or ‘discrimination’ a fair / accurate way to describe this?</b> <ul style="list-style-type: none"> <li>○ [If behaviour felt like bullying...check forms of bullying they experienced (e.g. verbal, physical, being left out / exclusion / undermining)]</li> <li>○ [If behaviour felt like harassment / abuse / discrimination – what forms did this take?]</li> <li>○ If you wouldn’t describe the behaviour in this way, how would <u>you</u> define it?</li> </ul> </li> <li>- <i>Thinking about your experience and its impact in more detail...</i></li> <li>- <b><u>Who was responsible</u> for this behaviour towards you?</b> (Note: job roles not names, maintain anonymity.) <ul style="list-style-type: none"> <li>○ Spontaneous</li> <li>○ PROBE: Colleagues, managers and patients.</li> </ul> </li> <li>- <b>What in your view was the <u>intention</u> of this behaviour – why was/is it happening?</b> <ul style="list-style-type: none"> <li>○ Did they want to intimidate / humiliate / undermine – etc?</li> <li>○ What was the motive?</li> </ul> </li> <li>- <b>And so how did it <u>make you feel</u>?</b> <ul style="list-style-type: none"> <li>○ In the moment?</li> <li>○ Now, reflecting back?</li> </ul> </li> <li>- <b>What was /continues to be the <u>impact</u> of this experience on you?</b> <ul style="list-style-type: none"> <li>○ Your ability to do your job the way you want to</li> <li>○ Your work with colleagues / patients</li> <li>○ <u>Your ability to deliver safe and effective patient care</u></li> <li>○ Your own mental health / wellbeing</li> <li>○ Impact, if at all, on career progression?</li> </ul> </li> <li>-</li> <li>- <b>What, if anything, did you do / are planning <u>to do about it</u>?</b></li> </ul>
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	<ul style="list-style-type: none"> <li>○ E.g. <u>Disclose</u> it (if so to whom?), <u>report</u> it (you or another colleague?), or <u>keep it to yourself</u>). Why are you taking this approach?</li> <li>○ Are you looking to <u>make a complaint</u> about the experiences you've had? Why / why not? Where will you make the complaint to?</li> <li>○ Did you or would you consider reporting this to <u>another organisation</u> (e.g. a union or a professional body) why / why not?</li> <li>○ Does your organisation have any <u>policies</u> on this you're aware of? Do you feel supported to report these types of behaviours? Why / why not?</li> <li>○ If you didn't report it / haven't decided on whether to report, can you tell me why?</li> <li>○ What was the <u>outcome</u> of any actions you took? What happened as a result?</li> <li>○ Are you <u>satisfied with the outcome</u>? Why / why not?</li> </ul> <p>- <b>Will this experience make you more likely to:</b></p> <ul style="list-style-type: none"> <li>○ Move jobs?</li> <li>○ Reduce hours?</li> <li>○ Move to locum work?</li> <li>○ Leave the profession?</li> <li>○ Any others? <ul style="list-style-type: none"> <li>• For each, why?</li> </ul> </li> </ul> <p>- <b>And just to reflect back on work culture, have you witnessed <u>others experiencing this too</u>?</b></p> <ul style="list-style-type: none"> <li>○ Have you noticed any changes in their ability to deliver safe and effective care?</li> <li>○ On a wider professional level, what impact, if any, can these types of behaviours have on other registrants and their ability to carry out their job effectively?</li> </ul> <p><b>Registrant views on what should be done (20 minutes)</b></p> <p>- <i>Thinking about what happened to you – and to reiterate, I am sorry that you have had these experiences, and thank you for sharing them with me – I want to find out about what you think should be done, within your profession, to stop these sorts of behaviours in the future.</i></p> <p>- <b>First of all, what do you think went wrong to allow this behaviour to happen?</b></p> <ul style="list-style-type: none"> <li>○ Why is it happening to you / others?</li> </ul> <p>- <b>How do you think bullying/discrimination/abuse/harassment can be effectively addressed in workplaces like yours?</b></p>
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	<ul style="list-style-type: none"> <li>○ Spontaneous views</li> <li>○ Where does the <u>responsibility</u> lie to tackle these sorts of behaviours?</li> <li>- PROBE: Managers, employers, parent companies, membership bodies, unions, regulators, themselves – any mentioned – for each – what’s their responsibility?</li> <li>○ What are your views of the role of the GOC in relation to these sorts of behaviours? Probe awareness / views of GOC dealing with these concerns (e.g. through FTP where registrants are not meeting the standards).</li> <li>- <b>What could the <u>GOC</u> do to better support you / other registrants experiencing these types of behaviours in the workplace?</b></li> <li>- <b>On the whole, <u>employers</u> will tackle these sorts of behaviours - what can they do better?</b> Spontaneous views.</li> <li>- <b>What can the <u>wider sector</u> do better (and by wider sector we mean other employers, associations or membership bodies, unions, etc. could they help support more too? How?)</b></li> <li>- <b>What advice would you give to someone else in the same role as you experiencing bullying at work elsewhere?</b></li> </ul>
5 minutes	<p><b>Thanks and close</b></p> <p><i>Thank you for all of your time today, we really appreciate your honesty in telling us what has happened to you at work. As I said earlier Explain work to Market Research Society Code of Practice, this means that the things you have said today will be anonymised within our report. That means that we will never attach your name to anything that you have said, and we will never pass your details on to any third party including the General Optical Council that have asked us to come and speak to you today.</i></p> <p><b>SIGNPOST TO ACAS / BACK TO EMPLOYER / UNION / OR SAMARITANS IF EVENTS EXPERIENCED HAVE BEEN DISTRESSING FOR THEM</b></p> <ul style="list-style-type: none"> <li>- Before we go, what is the one message you would give to the General Optical Council to help them in their work to tackle negative work environments for people like you experiencing the things we’ve talked about today?</li> </ul> <p><i>Thank you again for your time.</i></p> <p><b>Stop recording.</b></p> <ul style="list-style-type: none"> <li>- Arrangements for incentive payments. Add to the tracker.</li> </ul> <p><b>Close.</b></p>





Authors: Claire Cook, Kirsty Laing and Scarlet Morgan

Report check: Kirsty Laing

Final sign off: Kirsty Laing



## Education: A&QA Annual Monitoring & Reporting (AMR) UK Optical Education Report 2025

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**Meeting:** 16 September 2025

**Status:** For noting

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

**Paper Author(s):** Ben Pearson (Education Policy Manager)

### Purpose

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1. This paper presents the **Annual Monitoring & Reporting (AMR) Sector Report for the academic year 2023/24**, which forms a key public output of the Approval and Quality Assurance (A&QA) cycle undertaken by the Education department.

### Recommendations

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

### Strategic objective

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3. This work contributes towards the achievement of the following strategic objective: Preventing harm through agile regulation.

### Background

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4. **Annual Monitoring & Reporting (AMR)** is one of our quality assurance (QA) activities, alongside our quality assurance visits, notification of reportable events and changes to qualifications, and conditions management.
5. The AMR enables us to carry out sector-wide analysis of qualifications and overall routes to registration, to identify key themes, trends and risks. Whilst we already require providers to notify us about key events and changes throughout the year, AMR is a mechanism that enables these notifications to be verified and considered against the broader context. Last year, we enhanced the AMR by putting the findings in the context of external policy developments and incorporating material from GOC surveys. This year we have developed the format of the report by organising the findings and commentary around five high-level outcomes that we wish to achieve, rather than separate chapters for each eye-care profession.

6. The five high-level outcomes are:
  - Outcome 1 – Sufficient students to meet patient needs
  - Outcome 2 – Qualifications equip registrants to deliver safe and effective eye care for all
  - Outcome 3 – High levels of student satisfaction and welfare
  - Outcome 4 – A strong, innovative and resilient sector
  - Outcome 5 – Post-registration qualifications support registrants to deliver a wide range of eye care services in communities.
7. The report uses information from a range of sources, including information submitted by providers of GOC approved qualifications as well as GOC surveys, internal data and news about developments in healthcare and education from external organisations such as the UK Government and Office for Students.
8. We produce and publish an annual AMR sector report which provides a summary of our findings and an overview of the key themes and risks that our analysis identified as impacting the sector.
9. Prior to publication, we send copies of the sector report to all providers for a final factual check. Any significant changes will be reported to Council.
10. The publication of the AMR sector report and distribution of qualification reports to providers will close the 2023/24 AMR cycle.

## Analysis

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11. The key findings from this year's AMR include:
  - **ETR Implementation:** All except three qualifications across optometry and dispensing optics have adapted to the ETR. 80% of optometry ETR qualifications have already utilised the method for delivering professional and clinical learning and experience established by the College of Optometrists in partnership with providers and employers (CLiP). Alternatives to the CLiP model by individual providers include the University of Manchester as well as qualifications in Scotland which are being developed in partnership with NHS Education for Scotland (NES).
  - **Student applications and recruitment:** Optometry (OP) qualifications continued to report strong admissions figures with 1,201 admissions in 2024/25, an increase of 5% on the previous year. The number of trainees on independent prescribing (IP)

qualifications fell from 521 in 2022/23 to 415 in 2023/2024. 316 students were admitted to Dispensing Optics (DO) qualifications in 2024/25, a decrease of 6.5% from the previous year and the number of trainees on contact lens optics (CLO) qualifications increased by 34% to 89 trainees in 2023/24.

- **Attainment:** Average attainment rates for the first stage of optical education and training with OP providers are high with an average of 98.9% of students receiving a good degree (2:2 degree or higher), whilst for DO's the average for degree awarding qualifications is 91.9%. Attainment data related to the qualifications offered by the professional associations show that pass rates for OP have decreased slightly (-2.7%), with no change for DO, and for IP and CLO have increased (+2% and +22.2% respectively) since last year.
- **Progression:** The proportion of Year 1 students progressing to Year 2 has fallen in OP over a three-year period (78.8% in 2023/24, 81.7% in 2022/23, and 88.5 in 2020/21). For DO, 92% of students with the largest DO provider (comprising approximately 90% of DO students in the first-year cohort) progressed to a second year.
- **Student satisfaction:** Student feedback from GOC quality assurance activities suggests that overall, students consider their programme teams are approachable, accommodating, and supportive. National Student Survey (NSS) scores for OP qualifications were higher than the 'subjects allied to medicine' (SATM) for all categories except learning resources. Few providers reported NSS scores for DO qualifications, but those that did were higher than the SATM for all categories.
- **Resourcing and investment:** Providers continue to report a range of resourcing and investment decisions which include upgrades to clinical facilities, the installation of new technology in optics, and hospital clinics housed in university buildings providing more placement opportunities.

## AMR development

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12. The AMR process is in continuous development, and we will make refinements and improvements for each year of the AMR process.

13. The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC Education Operations team's approval and quality assurance activities and used by the GOC Education Development team to develop policy and to inform implementation processes.
14. We continue to consider all feedback received from stakeholders regarding this year's AMR process and will use this to refine the AMR process for next year.

### **Equality Impacts**

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15. All providers submitted equality, diversity and inclusion (EDI) data this year. Although no major changes were identified from the previous year, longer-term trends suggest that over the past four years, there has been an increase in the percentage of female students and for optometry, students with a known disability. In IP there has been an increase in the percentage of students who are Asian/Asian British.
16. Providers were asked to submit widening participation information used to inform the development and enhancement of access and participation plans, and to inform policies relating to student support and wellbeing which may include supporting students who declare having a disability, promoting an inclusive learning environment and continuously improving WP activities.
17. Additional data on EDI dimensions of admissions, progression and attainment was requested following the Professional Standards Authority's (PSA) strengthened standard 3 requirements. This received a mixed response from providers, and we will be seeking continuous improvement in this area. While the dataset was incomplete, there was no evidence of unfair differential outcomes for students based on sex, ethnicity, age or disability in the data we received.
18. In July 2025, the PSA published guidance to share good practice on how regulators are working to address health inequalities. We were pleased that the PSA included the AMR sector report as a good practice example.

### **Devolved nations**

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

### **Communications**

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

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

**Next steps**

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22. The next steps are as follows:

<b>October 2025</b>	Finalise & publish sector report for 2023/24 academic year
<b>October 2025</b>	Refine and finalise 2024/25 AMR process & documentation
<b>November 2025</b>	2024/25 AMR form and guidance sent to providers
<b>January 2026</b>	Deadline for 2024/25 AMR form returns

**Attachments**

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Annex one: UK Optical Education: GOC Approved Qualifications 2025 Report (for the 2023/24 academic year)

## **General Optical Council**

### **UK Optical Education**

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GOC Approved Qualifications

2025 Report

**Published September 2025**

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## Overview: the sector at a glance

### GOC approved qualifications and Stage 4 applications:

Qualification type	Number of providers	Number of qualifications under handbook	Number of qualifications under ETR*
<b>Optometry (OP)</b>	16	22	15**
<b>Independent prescribing (IP)</b>	7	7	5***
<b>Dispensing optics (DO)</b>	7	12	5
<b>Contact lens optician (CLO)</b>	4	4	1

\*Includes providers with full GOC approval already adapted to the ETR or at stage 4 of the staged application process who have been granted GOC approval to recruit to the qualification.

\*\*Includes two quals combined Optom with IP

\*\*\* Standalone IP qualifications only, not including combined Optom with IP

### Student Numbers

Total students	2021/22	2022/23	2023/24	2024/25
<b>OP*</b>	3,270	3,296	3,466	3,412
<b>IP</b>	435	521	415	N/A**
<b>DO</b>	763	783	960	1,139
<b>CLO</b>	66	59	89	N/A

\*excludes those on College of Optometrist's Scheme for Registration due to different term period.

\*\*The total number of IP students for 2024/25 is not available and will be disclosed in next year's AMR Sector Report.

Admissions to year 1	2021/22	2022/23	2023/24	2024/25***
<b>Optometry</b>	1,056	1,039	1,114	1,201
<b>Dispensing optics</b>	319	346	338	316

\*\*\*Registration data substitutes admissions data which will be supplied to the GOC later in 2025.



**National Student Survey (NSS): Average scores by category in optometry, dispensing optics and subjects allied to medicine**

	Optometry	Dispensing optics	Subjects allied to medicine
Teaching	91.5%	96.7%	84.8%
Learning Opportunities	88.0%	91.8%	82.3%
Assessment and Feedback	80.4%	92.6%	77.1%
Academic Support	89.1%	90.3%	81.0%
Organisation and Management	85.2%	78.6%	64.9%
Learning Resources	86.3%	93.7%	87.5%
Student Voice	79.9%	88.7%	72.5%
Student Union	77.6%	87.0%	74.7%

**Average academic offer**

UCAS Points	2020/21	2021/22	2022/23	2023/24
OP	136	134	136	134
DO	54	47	61.3	5 GCSEs (C+)

**Average percentage of students exiting the qualification**

Students exiting without graduating	2022/23			2023/24		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Optometry	8.2%	4.4%	1.6%	6.3%	4.4%	1.4%
Dispensing optics	17.9%	4.4%	1.4%	4.5%*	1.3%	2.2%

\* Largest DO provider

## Strengths, weaknesses, opportunities and threats

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Steady growth in admissions to optometry qualifications whilst admissions to dispensing optics qualifications are stable.</li> <li>• Nearly all education and training providers have adapted to the ETR with most students about to progress into Year 2 or 3.</li> <li>• Entry grades for optometry remain competitive, with median offers equating to AAB at A-Level.</li> <li>• Significant progress achieved in the delivery of clinical placements as a result of the College of Optometrists' CLiP scheme.</li> <li>• Student satisfaction scores evidenced in the National Student Survey above subjects allied to medicine for most categories.</li> <li>• High attainment rates for both optometry and dispensing optics.</li> <li>• Strong sector collaboration in delivering the ETR, with SPOKE funding extended to 2028.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Year 1 optometry progression has declined over a three-year period.</li> <li>• 20% fall in the number of IP trainees since 2022-23.</li> <li>• Four out of six IP qualifications yet to start teaching their first ETR cohorts.</li> <li>• Registrant survey found high levels of stress-related absence among optometry students.</li> <li>• No degree apprenticeship route for optometry.</li> <li>• Student feedback from GOC quality assurance activities is mixed on processes for actioning student feedback and for assessment feedback.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Significant increase in interest in new qualifications for both optometry and dispensing optics - new qualification providers could increase student numbers and widen participation.</li> <li>• Government 10-Year Health Plan for England aims to 'overhaul' education and training curricula over the next three years and will include 'comprehensive training in the use of AI and digital tools'.</li> <li>• ETR has provided opportunity to refresh qualifications aligning them with the Outcomes and introducing new content.</li> <li>• Models of delivering clinical learning and experience continue to develop, with sector partnerships such as Clinical Learning in Practice (CLiP) and provider-led partnerships with employers, charities, and government bodies.</li> <li>• First integrated optometry and IP programme in Scotland launched.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Challenging university finance context may begin to impact on optics qualifications.</li> <li>• Funding to be refocussed away from Masters level apprenticeships from January 2026 Secretary of State for Education announces.</li> <li>• New qualifications could have disruptive effect on the education provider landscape.</li> <li>• Uncertainty as to how long the College of Optometrist's Scheme for Registration will remain in place for optometrists graduating from pre-ETR qualifications.</li> <li>• Academic workforce shortages is a recurring concern with local competitors seeking to recruit amongst a limited supply of highly skilled staff.</li> <li>• Ongoing COVID legacy issues in terms supply of placements in IP and gaining the required case records in dispensing optics.</li> </ul>

## Introduction: The changing regulatory landscape

1. This year's UK Education: GOC Approved Qualifications Report reflects the continuous change in the education optics sector.
2. Nearly all education and training providers have adapted to the GOC's new education and training requirements (the ETR) for entry-level qualifications (see Table 1). These changes were introduced to ensure the qualifications we approve are fit-for-purpose, with the first ETR cohorts expected to graduate in the Spring of 2027. This is a date of real significance to the GOC; as previously announced, we will commission research to measure the effectiveness of the new requirements.
3. Now implementation of the ETR is advanced we are seeing significant interest in new qualifications in both optometry and dispensing optics with some providers aiming to welcome their first intakes in September 2026. Government funding decisions on apprenticeships are likely to increase qualifications in dispensing optics. However, progress in developing an optometry apprenticeship appears to have stalled over the last year.
4. Optical education needs to keep pace with changes in optical practice, including developments in technology. The Government's new 10-Year Health Plan for the NHS in England published in July, commits to working with professional regulators and educational institutions to 'overhaul' education and training curricula over the next three years to 'provide comprehensive training in the use of AI and digital tools' and 'promote acquisition and retention of generalist skills required for the Neighbourhood Health Service'<sup>1</sup>. As a useful first step, healthcare regulators are coordinating a joint position statement on AI in education setting out some key guiding principles, due for publication in early 2026.
5. Change is also forthcoming concerning the GOC's registration process for international applicants. Following public consultation, the GOC developed two alternative routes to registration for such applicants including direct entry to the register (subject to final GOC checks), and successfully completing a GOC approved qualification which meets the ETR. The GOC has carried out an analysis of potential equivalent non-UK optometry qualifications and qualification systems to identify which could potentially offer direct entry. This analysis will be published shortly.
6. Staying on the theme of change, this year we have changed the format of the GOC Approved Qualifications Report to focus on five high-level outcomes that we wish to achieve. Our data analysis and commentary on sector developments are organised around each of these outcomes, rather than separate chapters for each eyecare profession, as was the

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<sup>1</sup> [Fit For The Future: 10 Year Health Plan for England](#), UK Government, July 2025, p100

case in previous years. We will continue to refine our approach for future editions of this report based on feedback received.

7. The five high-level outcomes are:
  - Outcome 1 – Sufficient students to meet patient needs
  - Outcome 2 – Qualifications equip registrants to deliver safe and effective eye care for all
  - Outcome 3 – High levels of student satisfaction and welfare
  - Outcome 4 – A strong, innovative and resilient sector
  - Outcome 5 – Post-registration qualifications support registrants to deliver a wide range of eye care services in communities.
8. Each outcome contains a series of metrics (such as numbers of applications and admissions etc). Data generally reflects the 2023/24 reporting year, however, where available and appropriate to use, more recent data for 2025 has been included, such as recent registration data. These metrics are supported by qualitative assessment as appropriate. Our basket of indicators is summarised in the graphic on page 11.
9. The report uses information from a range of sources, including information submitted by providers of GOC approved qualifications as well as GOC surveys, internal data and news about developments in healthcare and education from external organisations such as the UK Government and Office for Students.
10. This year, providers were asked to supply enhanced equality, diversity, and inclusion data in various areas including admissions, progression and attainment. This additional information reflects the PSA's strengthened expectations<sup>2</sup> concerning Standard 3 introduced in 2019, which considers whether regulators understand the diversity of their stakeholders and ensure that their processes do not discriminate unfairly. A year-on-year comparison of the enhanced EDI information will be available once the data is published in full over the next two years.

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<sup>2</sup> [PSA strengthens approach to equality, diversity, and inclusion for healthcare regulators and Accredited Registers](#), PSA, June 2023

Table 1 – ETR adaptations / application status

Qualification type	Qualification provider	Adaptation/application status	Start date/TBC
<b>Optometry</b>	Anglia Ruskin University	Adapted	Sept-23
	Aston University	Adapted	Sept-23
	University of Bradford	Adapted	Sept-24
	University of Bradford – accelerated route	Not yet adapted	TBC
	Cardiff University	Adapted	Sept-23
	City St George's, University of London	Adapted	Sept-23
	University of Central Lancashire	Adapted	Sept-23
	Glasgow Caledonian University (with IP)	Adapted	Sept-24
	University of Hertfordshire	Adapted	Sept-23
	University of Huddersfield	Adapted	Sept-24
	University of Manchester	Adapted	Sept-24
	University of Plymouth	Adapted	Sept-23
	Teesside University	Adapted	Sept-24
	University of the Highlands and Islands (with IP)	Stage 4 application *UHI's submission is being managed as an application (UHI-OP-IP1-APP) due to the inclusion of IP which does not have GOC approval currently	Sept-25
	University of the West of England, Bristol	Adapted	Sept 24
	Ulster University	Adapted	Sept 23
<b>Dispensing optics</b>	ABDO	Adapted incorporating: ABDO College, Bradford College and City and Islington College (Capital City College) which are now ABDO teaching centres	Sept-23
	ABDO - Apprenticeship	Stage 4 application	Sept-24
	Anglia Ruskin University	Adapted	Sept-23
	University of Central Lancashire	Adapted	Sept-23
	Glasgow Caledonian University	Not yet adapted	Sept-26
	Aston University	Adapted	Oct-23

<b>Independent prescribing</b>	Cardiff University	Adapted	Sept-24
	City St George's, University of London	Not yet adapted	TBC
	Glasgow Caledonian University	Adapted	Jan-26
	University of Hertfordshire	Not yet adapted	TBC
	Ulster University	Adapted	Sept 27
<b>Contact lens optics</b>	ABDO	Adapted incorporating: Bradford College and ABDO College which are now ABDO teaching centres	Sept-24
	Anglia Ruskin University	Not yet adapted	TBC

## Basket of indicators

High-level Outcomes	Indicators
Sufficient students to meet patient needs	<ul style="list-style-type: none"> <li>• Applications numbers</li> <li>• Admissions numbers</li> <li>• Applications/admissions ratio</li> <li>• Average UCAS points offer</li> <li>• New GOC registrations</li> <li>• Attrition – % Year 1 students not progressing to Year 2</li> <li>• Attrition – % students not completing qualification within single cohort</li> <li>• Attrition - % students exiting qualification in Year 1</li> <li>• EDI – figures on admissions, progression and attainment for sex, age, ethnicity and disability</li> </ul>
Qualifications equip registrants to deliver safe and effective eye care for all	<ul style="list-style-type: none"> <li>• Registrant confidence in the education system</li> <li>• Attainment – % students getting a good pass (2:2) or better</li> <li>• % of business registrants providing pre-registration placements</li> <li>• % registrants being pre-registration supervisors</li> <li>• Employability - % graduates in work or study 15mths after graduation</li> </ul>
High levels of student satisfaction and welfare	<ul style="list-style-type: none"> <li>• National Student Survey scores</li> <li>• Negative culture - % students experienced harassment, abuse or bullying in last 12 months</li> <li>• Negative culture - % students experienced discrimination in last 12 months</li> <li>• Negative culture - % students reporting these behaviours</li> <li>• Negative culture - % students taking leave of absence due to stress in last 12 months</li> </ul>
A strong, innovative and resilient sector	<ul style="list-style-type: none"> <li>• Numbers of GOC approved qualifications</li> <li>• Quality assurance and enhancement activity - % ETR requirements assessed as met</li> <li>• Quality assurance and enhancement activity – number of conditions and serious concerns</li> <li>• Financial sustainability – commentary</li> <li>• Innovation – commentary</li> <li>• Risk analysis - commentary</li> </ul>
Post-registration qualifications support registrants to deliver a	<ul style="list-style-type: none"> <li>• % registrants interested in obtaining post-registration qualifications</li> </ul>

wide range of eye care services	<ul style="list-style-type: none"> <li>• % registrants holding post-registration qualifications</li> <li>• GOC registration numbers for contact lens opticians and independent prescribers</li> <li>• Numbers of IP and CLO trainees</li> <li>• Admissions numbers for IP and CLO</li> <li>• Attainment - % students achieving pass or higher</li> <li>• EDI – cohort data by sex, age, ethnicity, disability</li> <li>• EDI – progression from entry-level qualifications</li> </ul>
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# Outcome 1: Sufficient students to meet patient needs

## Applications and admissions

11. The optical education landscape is changing with the ETR transition well underway, structural changes in education delivery including the introduction of degree apprenticeships in dispensing optics, and the enhanced clinical role of optical professionals in the community.
12. A critical factor enabling the delivery of more routine community focused eyecare, helping to ease pressure on GPs and hospital eye services, will be the supply of a sufficient number of appropriately qualified optical professionals capable of delivering a range of care that reflects service redesign in all nations. Ensuring widespread geographical distribution, including in remote and rural areas of the UK, is also important.
13. It is not our role as a regulator to assess workforce capacity needs, although we have provided registration data to assist with workforce planning. The ETR has removed caps on student numbers, so there are no longer any regulatory restrictions limiting the supply of future professionals.
14. Enhancing the attractiveness of careers in optics is a sector priority. Positively, application numbers remain strong<sup>3</sup> and there is interest in setting up new qualifications in optometry and dispensing optics. At the end of July 2025, across all qualification types, 10 applications for new qualifications are in progress and there are other expressions of interest. If their applications are successful, there will be three additional providers beginning optometry qualifications in September 2026.
15. A comparison between admissions data from 2023/24 and student registration data from 2024/25<sup>4</sup> (the closest comparable data) shows an increase of 7.2% in new entrants for optometry, whilst for dispensing optics there was no change.
16. Previously, optometry has been cited as a fallback choice for candidates who unsuccessfully applied for other courses like medicine.<sup>5</sup> In this context, the Government's plan to double the number of medical school places to 15,000 by 2031/32<sup>6</sup> casts some doubt on the sustainability of year-on-year growth in student admissions. However, a new question in

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<sup>3</sup> Whilst there were 7,275 applications to optometry qualifications in 2023-24, and 408 applications for Dispensing optics it's important to note these are not unique applications with many individuals applying to multiple providers. The number of unique individual applicants is not available.

<sup>4</sup> Provider admissions data for the next academic year (2024/25) is not available and GOC student registration data for the 2024/25 year 1 cohort is used instead as the closest comparable data. The provider data for 2024/25 will be available in next year's report.

<sup>5</sup> SPOKE Project 3 Report on Admissions and Recruitment for optometry and dispensing optics qualifications, May 2023

<sup>6</sup> [NHS Long Term Workforce Plan](#), June 2023, p18

the GOC's 2025 registrant survey suggests fallback choice is not a prominent factor being cited by only 6% of student optometrists and 4% of student dispensing opticians. Instead, interest in eyecare/health and helping people are the two biggest motivators for studying optics.

*Optometry*

- 17. Overall, optometry (OP) qualifications continue to report strong and growing admission figures (see Table 2). In 2024/25 there was a total year 1 student registration of 1,201 (compared to an admission of 1,114 in 2023/24). There remains a considerable range of small, medium, and large cohort sizes (see Chart 1). Meanwhile, the College of Optometrists' Scheme for Registration cohort comprised 968 students.
- 18. Across all OP qualifications, 36 international students were admitted (3% of all admissions).
- 19. Entry to OP qualifications has become more competitive this year. Education providers admitted an average of 17.9% (21.7% in 2022/23; 21.5% in 2021/22) of all applicants with a range of 7% to 31%.

Chart 1 – Year 1 optometry cohort by provider in 2024/25

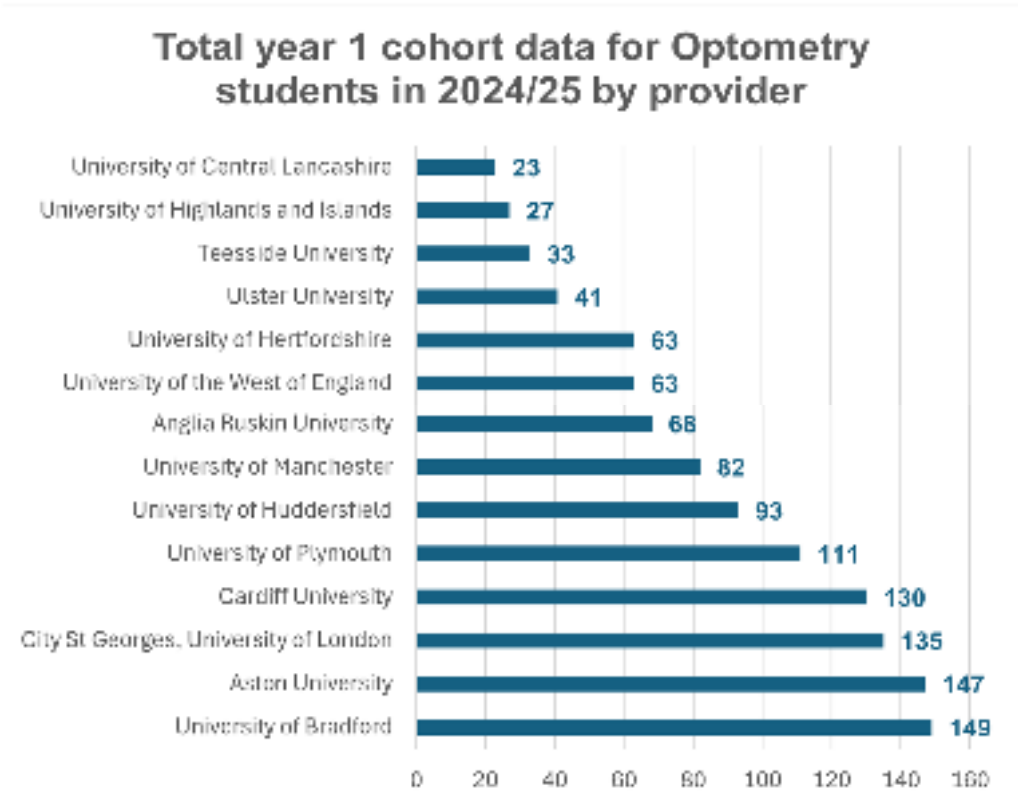


Table 2 – Optometry cohort and admissions

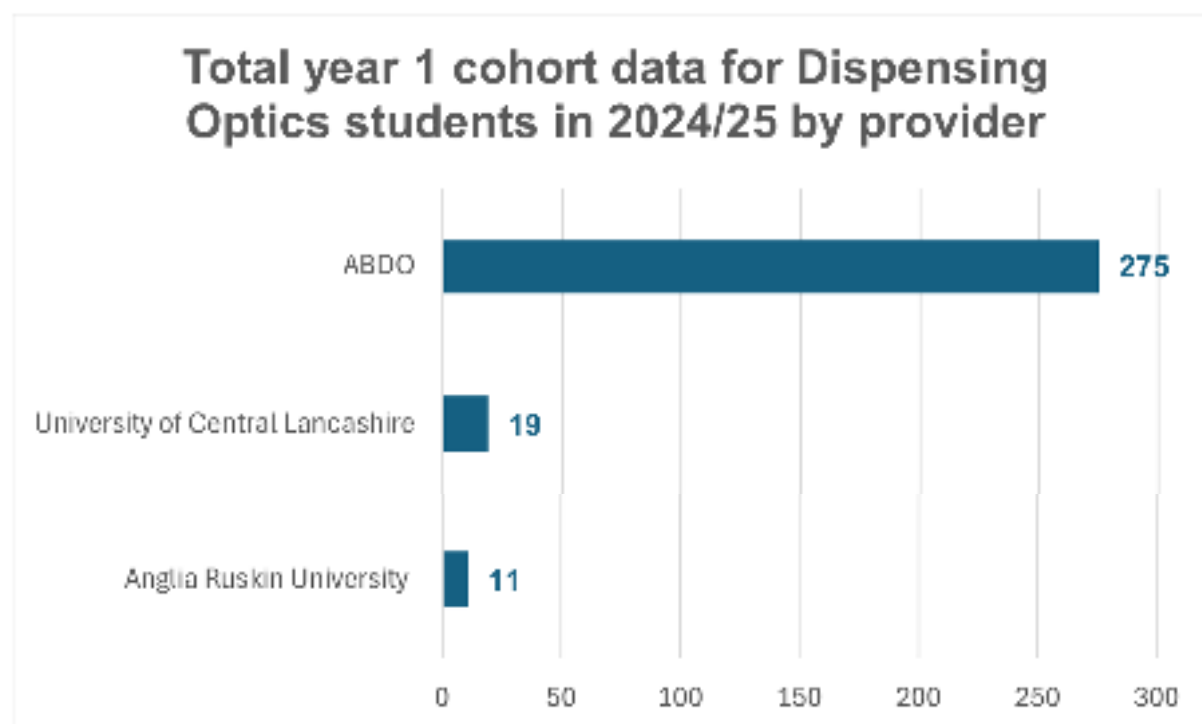
	2022/23	2023/24	2024/25
Total OP students	3,296	3,466	3,412
Year 1 admissions <sup>7</sup>	1,039	1,114	1,201*

\* Registration data substitutes admissions data which will be supplied to the GOC later in 2025.

### *Dispensing optics*

20. Overall, DO admission figures are stable with a total year 1 2024/25 student registration of 316 compared to an admission of 338 in 2023/24 (see Table 3).
21. The 2024/25 Year 1 dispensing optics cohort sizes by provider is provided in Chart 2 below.

Chart 2 – Year 1 dispensing optics cohort by provider in 2024/25



<sup>7</sup> The admissions ratio for optometry of 17.9% (mean) or 17% (median) does not infer the overall volume of individual applicants who were unable to secure a place as each may have applied for more than one optical qualification. Dispensing optics information is not available given the disparate size of providers and that the dominant provider is not routed via UCAS.

Table 3 – Dispensing optics cohort and admissions

	2022/23	2023/24	2024/25
Total DO students	783	960	1,139
Year 1 admissions	346	338	316*

\* Registration data substitutes admissions data which will be supplied to the GOC later in 2025.

### Average UCAS points offer

22. UCAS tariff points provide a common metric of standardising applicants with different qualifications (for example, 'A' Levels, 'AS' Levels, 'BTEC's etc). In general, UCAS points can indicate the competitiveness of qualifications in attracting high tariff (or quality) students.
23. The median academic offer made by OP qualifications to prospective students was 136.0 UCAS tariff points which approximately equates to AAB grades at A-Level in England<sup>8</sup> (same as the past two years).
24. For dispensing optics in 2023/24, most student admissions are not routed via UCAS applications, so this information is unavailable. However, for providers teaching dispensing optics qualifications, the following admissions information is publicly available<sup>9</sup>:

Provider	UCAS Points (or if none stated, an alternative such as GCSEs)
Anglia Ruskin University BSc (Hons) Dispensing Optician Registerable Award	5 GCSEs (C+) inc. Mathematics, English and Science
Bradford College - BSc (Hons) Ophthalmic Dispensing	64 points or 5 GCSEs (C+) inc. Mathematics, English and Science
Bradford College – Diploma in Ophthalmic Dispensing	5 GCSEs (C+) inc. Mathematics, English and Science/ 1 "A" level (C+) or equivalent
University of Central Lancashire – BSc Ophthalmic Dispensing	5 GCSEs inc. Maths, Science and English

<sup>8</sup> Scotland UCAS points are different to England, so these values slightly skew the average.

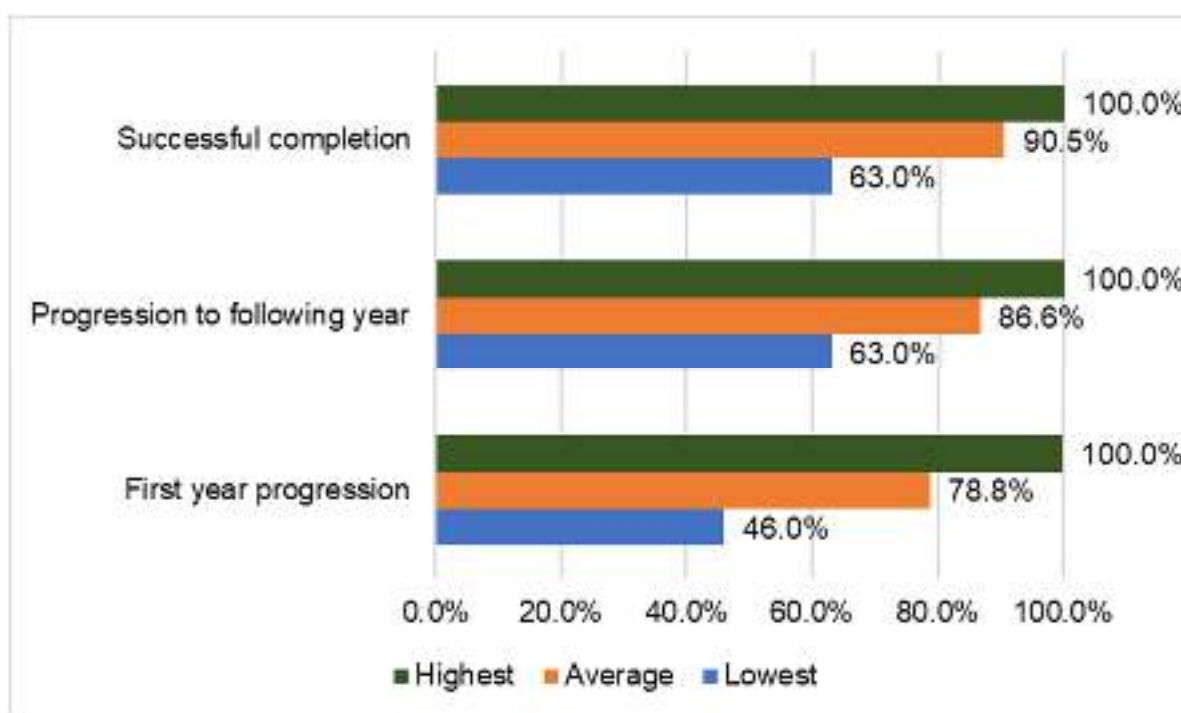
<sup>9</sup> Information accurate as of July 2025

## Progression and attrition

### *Progression rates*

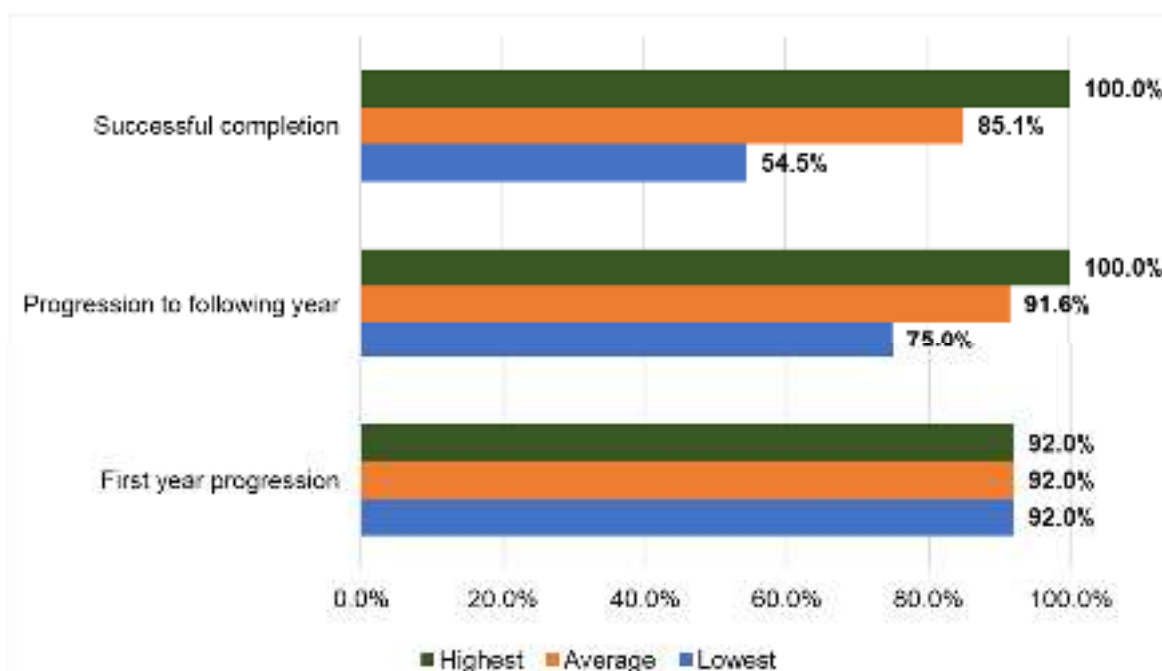
25. Progression rates reflect how well students are developing in their journey to becoming a fully qualified GOC registrant. The data below provides an overview of the data we collect from education and training providers for optometry and dispensing optics. For optometry, an average of 78.8% (81.7% in 2022/23; 84.5% in 2021/22) students progressed to the second year, an average of 86.6% (84.8% in 2022/23; 84.1% in 2021/22) progressed to the following year of the qualification, and an average of 90.5% (90.2% in 2022/23; 91.5% in 2021/22) of final year students successfully completed the qualification.

Chart 3 – Optometry progression



26. Meanwhile, for dispensing optics, 92% of students with the largest DO provider progressed to a second year, and an average of 85.1% (83.2% in 2022/23; 93.9% in 2021/22) final year students completed the course.

Chart 4 – Dispensing optics progression



Note: First year progression data relates to the ETR cohort where data reflects the largest provider.

### Attrition

27. The overall percentage of OP students not completing a qualification within a single cohort (i.e. leaving in between the start and end of the expected qualification duration or retaking final year assessment(s)) was 24.5%<sup>10</sup> (21.8% in 2022/23). The percentage figure for dispensing optics is not comparable due to differences in the qualification structure with some students still waiting to complete outstanding assessments outside of the reporting period.
28. The average rate of students exiting a qualification for year one amounted to 6.3% of optometry students and for dispensing optics students the rate was 4.5% for the largest provider.<sup>11</sup>

### Equality, diversity and inclusion

29. Providers were asked to submit EDI data, and widening participation information used to inform the development of access and participation plans and initiatives in operation.

<sup>10</sup> These percentage figures take account of the percentage share of students for each provider to arrive at a total weighted percentage.

<sup>11</sup> In later cohort years the average rate for the largest DO provider dropped slightly; year 2 is 4% and year 3 is 3% whilst the average percentage rate for optometry is 4.4% and 1.4% respectively. It is important to note that for optometry these are average sector rates with variance across the sector for each year.

30. As noted in the previous year's report, the Professional Standards Authority has strengthened its Standards of Good Regulation relating to EDI – the criteria it uses to assess performance of the healthcare regulators. The evidence matrix developed to support its strengthened Standard 3 sets the following expectations:
- requires education and training providers to demonstrate that they prepare students to provide appropriate care to all patients and service users;
  - requires education and training providers to demonstrate that they take appropriate account of diverse student needs;
  - demonstrates progress made by itself and education and training providers to equip students and registrants to provide appropriate care to all patients and service users;
  - engages with providers of approved qualifications and other organisations in the sector to improve the diversity of student admissions and progression; and
  - has made progress in developing and implementing its plans to reduce any identified unfair differential attainment in training.
31. For this reporting year (2023/24) we asked providers to supply enhanced EDI information for admissions, progression and attainment relating to sex, age group, ethnicity, and disability. Overall, the data suggests there is no evidence of differential attainment, although we are conscious that overall data could be masking differences at individual providers. Further, not all providers were able to provide the full data requested. As this is the first time we requested this data, we will refine our approach in discussion with providers ahead of issuing AMR returns for next year. Nevertheless, we can present some of this information now and appropriate caveats have been placed beside the relevant charts.
32. Further information on the demographic profile of student registrants is available in GOC's annual EDI monitoring report.
33. On average, like previous years, most OP students were Asian, female, and aged 20 and under. Most DO students were White, female, and aged 20 to 39. Longer-term trends suggest that over the past four years, for both OP and DO qualifications, there has been a gradual increase in the percentage<sup>12</sup> of female students and students with a known disability.

## Optometry

### Sex

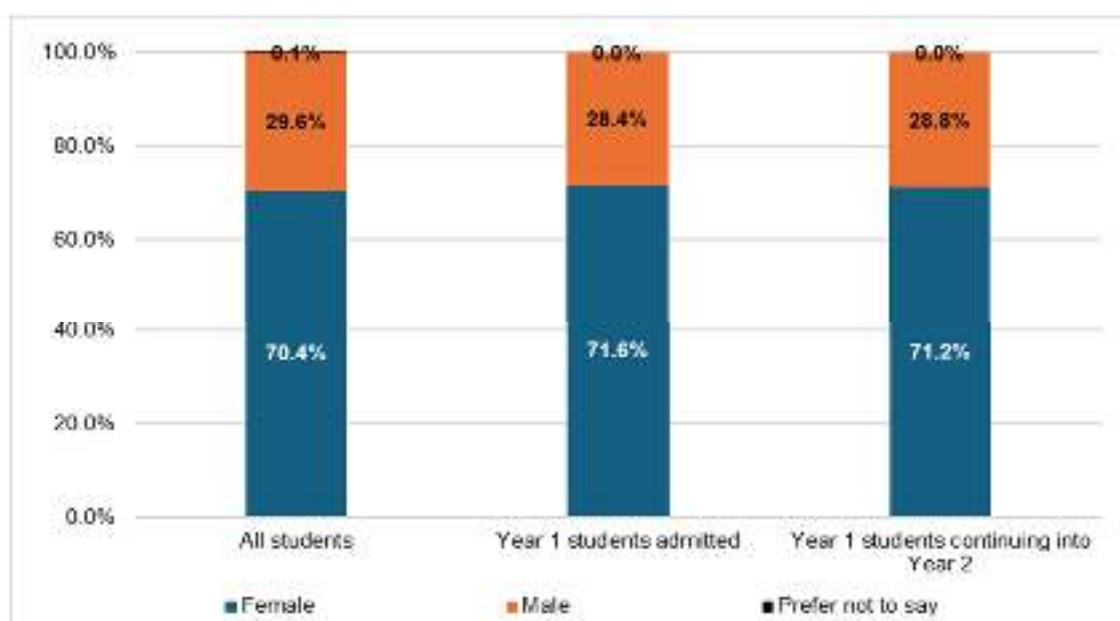
34. Like previous years, over seven in ten OP students are female. Over the last three years the proportion of female OP students across the cohort

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<sup>12</sup> Average (mean) figures across providers are used.

has increased by 6.4 percentage points. There is no significant difference in the proportion of Year 1 students continuing into Year 2 by sex.

Chart 5 – Admissions and progression\* by sex (OP)



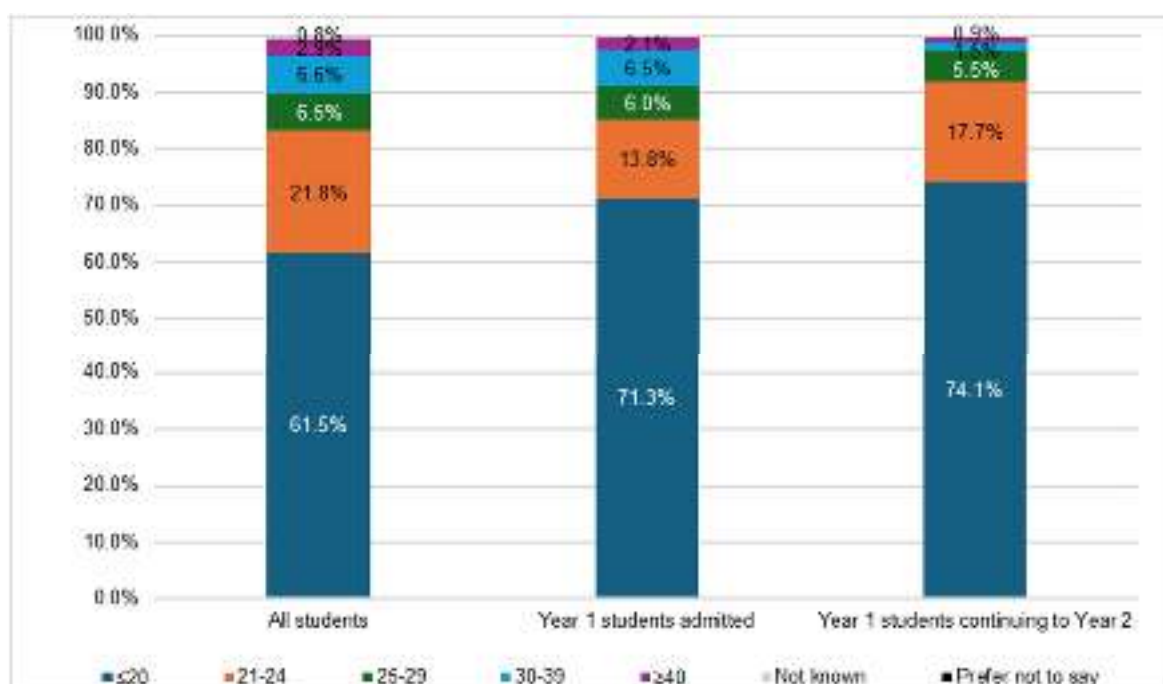
\*Note: “Year 1 students continuing to Year 2” data provided by optometry providers using the same calculation method (approximately 53% of optometry providers). Unless stated otherwise, all charts below feature average (mean) data.

## Age

35. On average 61.5% of OP students are aged 20 or under, and 83.3% are 24 or under. Over the last three years the proportion of OP students aged 20 and under has increased by 4.5 percentage points. A couple of providers provided their age ranges in different groups – their data have been excluded.



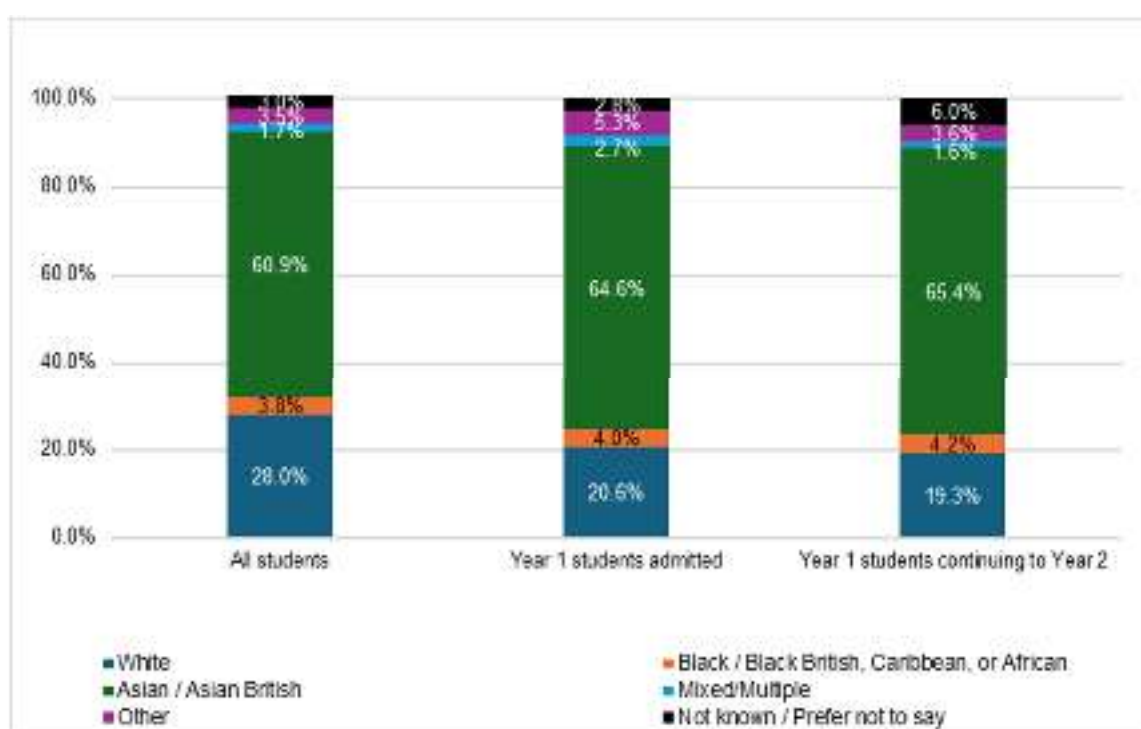
Chart 6 – Admissions and progression by age (OP)



## Ethnicity

36. Ethnicity data for total student cohort is similar to previous years. Admissions data suggests that Year 1 students are more ethnically diverse than last year. There is no significant difference in the proportion of Asian or White Year 1 students continuing into Year 2. Student numbers are too small to allow meaningful statistical analysis for other ethnicity categories.

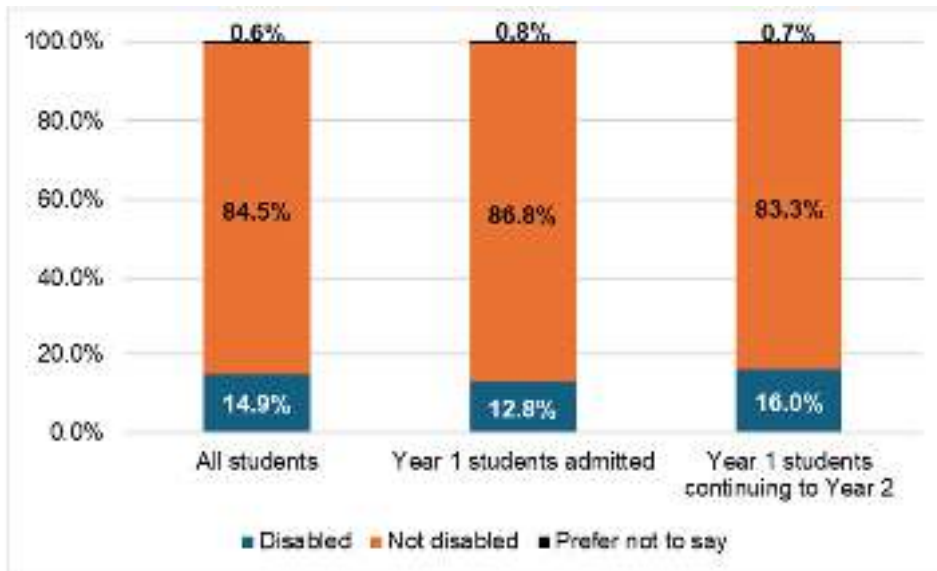
Chart 7 – Admissions and progression by ethnicity (OP)



## Disability

37. The proportion of students declaring a disability has increased year-on-year from 6% in 2020/21 to 14.9% in 2023/24. Although caution is needed due to small sample size, the data suggests a higher progression rate from Year 1 to Year 2 in 2023/24 for optometry students with a declared disability.

Chart 8 – Admissions and progression by disability status (OP)



38. The data below relates to the largest ETR provider accounting for 90 per cent of students in the Year 1 2023/24 cohort. Overall, because of much smaller cohort sizes, the EDI data from other providers is patchy and, in many areas, unavailable.

Chart 9 – Admissions and progression by sex (DO)

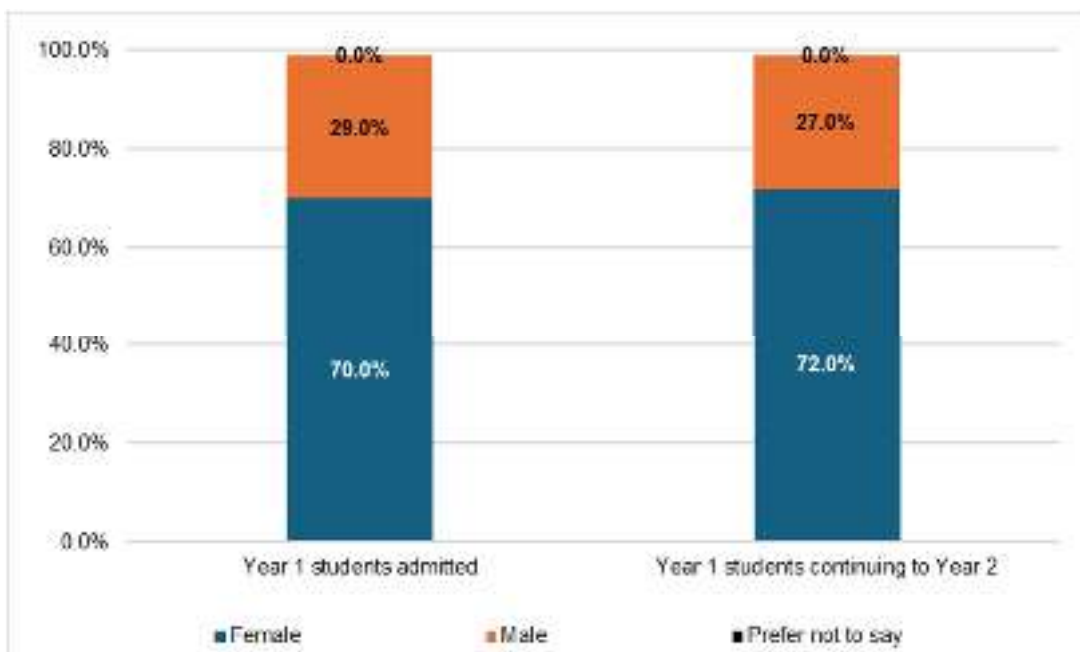


Chart 10 – Admissions and progression by age (DO)

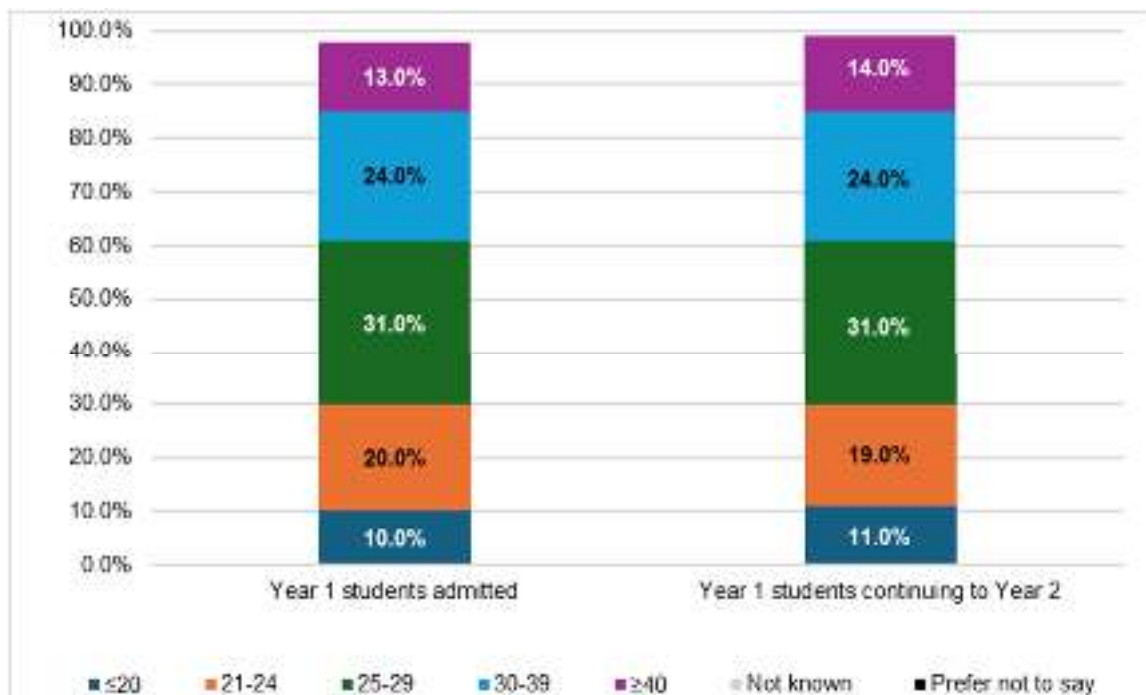
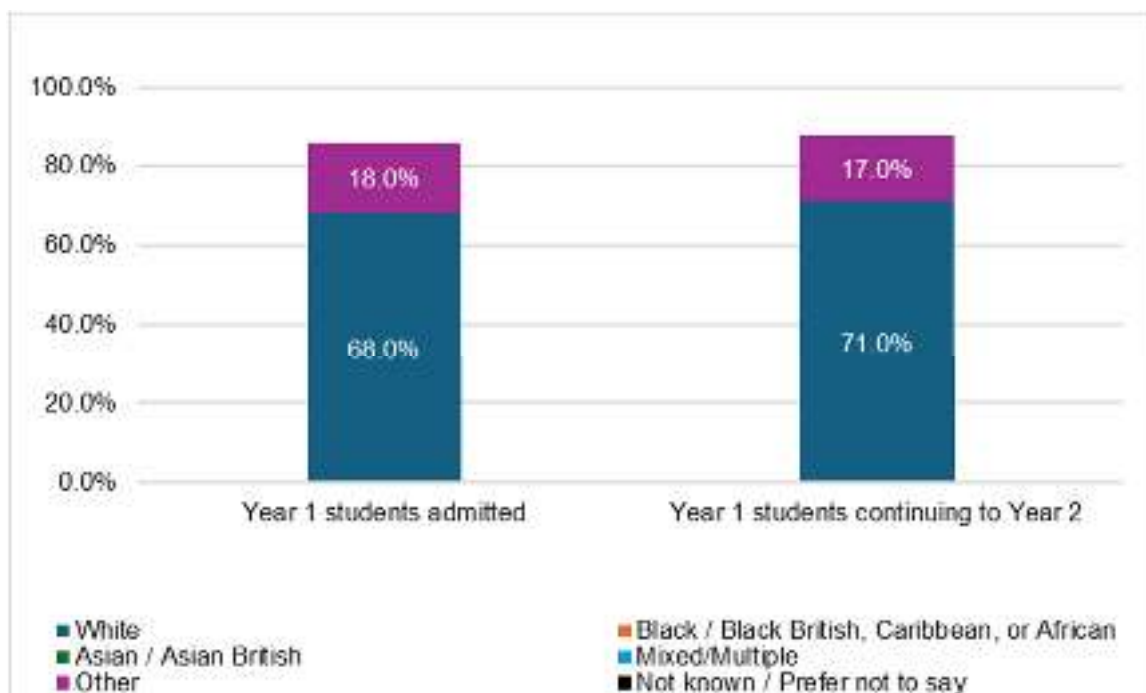
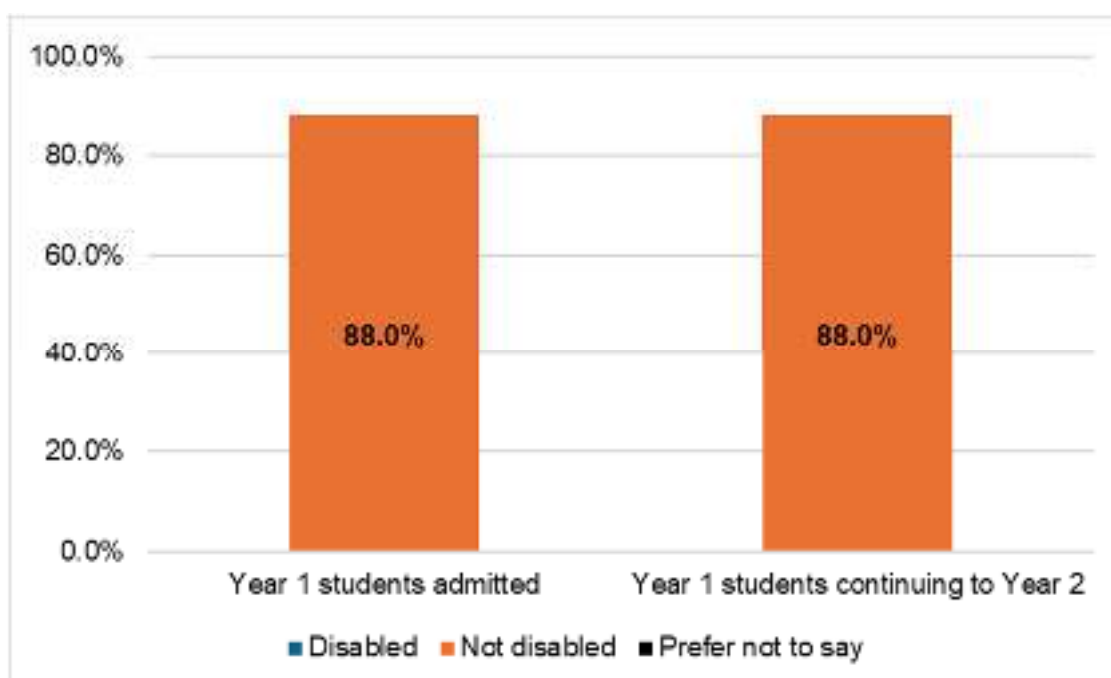


Chart 11 – Admissions and progression by ethnicity (DO)



\*The provider suppressed data for categories other than White and Asian/Asian British to mitigate the risk of student identification in line with HESA requirements.

Chart 12 – Admissions and progression by disability status (DO)



## Widening Participation

39. Many providers collect widening participation (WP) information which may include a student's declared disability, ethnicity, gender, age group, academic and socio-economic background, religion, sexual orientation, first generation university student (or not), and refugee status.
40. On the whole WP information sourced from HESA is made available to faculty, school and programme teams and is used to inform the development and enhancement of access and participation plans, and to inform policies relating to student support and wellbeing which may include supporting students who declare having a disability, promoting an inclusive learning environment and continuously improving WP activities.
41. Specific examples of WP activities include: strategies and initiatives<sup>13</sup> to address and analyse identified recruitment and attainment gaps in the EDI data (which may form part of an access and participation plan), bursary schemes and loans to assist students who need support, adjustments for students with disabilities via individual student support plans, support to students for whom English is not their first language, assessments for learning difficulties, support for disadvantaged students including the provision of laptop computers and financial support with food and transportation, unconscious bias training for staff, course

<sup>13</sup> Examples of such initiatives include a BAME strategic plan focussed on reducing a gap in attainment; the close monitoring of attrition rates, progression and attainment; making offers to applicants in areas of low participation in higher education; and encouraging carers, mature individuals, and those living in deprived areas to make applications.

material available in an accessible format for all students, the avoidance of bunching of deadlines and accessible buildings.

42. Reasonable adjustments used by providers for specific individuals include time extensions to coursework, additional time in examinations, extensions to library loans, supervised rest breaks, separate rooms for examinations to avoid distractions, access to a computer in examinations, advance supply of lecture materials in alternative formats, adjustment to timetables to support students with caring responsibilities and allowing students to attend religious events, adjustable tables and chairs, and individual support during teaching sessions.
43. Sector discussions have taken place concerning how all students, regardless of their background can progress towards meeting the outcomes for registration without compromising patient safety. A recently published [SPOKE report](#) considers the relationships between 'fitness to train', reasonable adjustments and suspension of studies (in education settings) and the equivalent processes in employment settings. The report considers the importance of supporting those with disabilities and championing diversity whilst considering where the borderlines lie regarding patient safety. The report summarises the themes identified during SPOKE network discussions which include: robust systems and entry requirements, mental health and undeclared issues, assessing new and chronic health conditions, fitness to practise timelines, confidentiality and data protection, academic misconduct, reasonable adjustments, and assessment of communication outcomes.

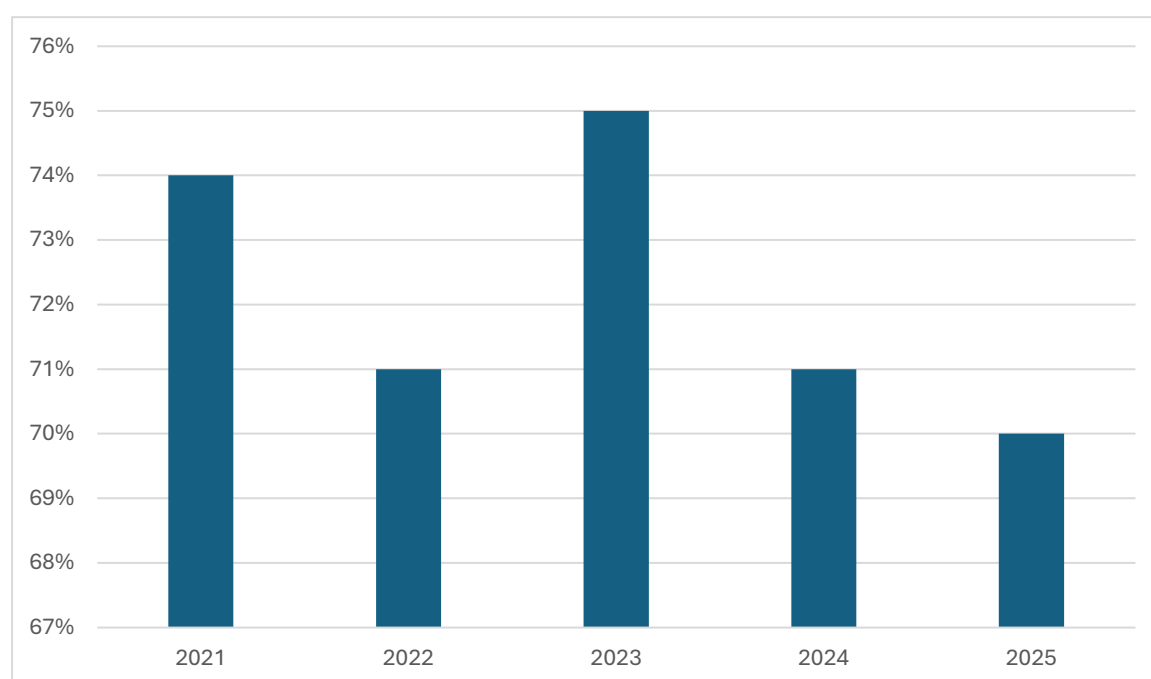
## **Outcome 2: Qualifications equip registrants to deliver safe and effective eye care for all**

44. Providers of approved optometry and dispensing optics qualifications are adapting to meet the new requirements whilst teaching-out the old handbook qualifications and there is still some way to go before the first ETR cohorts graduate from entry-level qualifications. The ongoing transition is a key reason for GOC's decision to extend the Knowledge Hub to support qualification providers to successfully implement the ETR. The Hub will continue to be operated by the Sector Partnership for Optical Education (SPOKE) until July 2028.
45. Moreover, a longitudinal research impact study is planned to measure the effectiveness of the new outcomes and standards for GOC approved qualifications on registrants' competence, confidence and capability (measuring the change we want to see). The impact study is expected to commence in 2026 and will provide valuable input to this report with annual data concerning newly qualified registrants who:
- feel prepared for safe clinical practice,
  - feel confident within their scope of practice, and
  - perceive gaps in their knowledge, skills and behaviours.

### **Registrant confidence in education system**

46. Overall, 70% of respondents to the 2025 GOC Registrant Workforce and Perceptions Survey consider the GOC ensures the quality of optical education, a fall of 1% on the previous year and the lowest it has been during the last five years. In the 2025 wave, confidence was higher among students than fully qualified professionals with similar figures for dispensing opticians (67%) and optometrists (65%).

Chart 13 – Registrant confidence in education system



### Attainment rates

47. To measure attainment, we consider the percentage of ‘good passes’ (2:2 or above), first-class degrees and fails.

### Optometry

48. Student attainment in optometry is high. Across the providers, an average of 98.9% of optometry students who completed their qualification obtained a 2.2 or higher (99.4% in 2022/23; 95.8% in 2021/22).
49. Across the providers, an average of 0.4% (0.2% in 2022/23; 2.9% in 2021/22) of students failed the qualification. The range of first-class degrees, looking at all providers, is from zero to 33.3% (10.6% to 63.0% in 2022/23; 3.0% to 69.0% in 2021/22).
50. The pass rate for the College of Optometrists’ Scheme for Registration (stage two) was 93.6% for the 2023/24.

Table 4 – Attainment (OP)

Metric	Lowest	Average	Highest
Degree – First	0.0%	18.2%	33.3%
Degree – 2:2 or higher	95.0%	98.9%	100.0%

## Optometry EDI attainment data

51. Given the very high rate of optometry students achieving a 2:2 or above and sample size considerations, it is not possible to identify differences in attainment by protected characteristics. We are considering our future approach to obtaining attainment data.

## Dispensing optics

52. Analysis of student attainment is difficult for DO qualifications because not all awards are classified in the same way (some use 'pass', 'merit', and 'distinction' grades), some are not classified at all, and some do not follow the traditional academic year structure and are therefore not comparable with optometry. For those qualifications awarding degrees, an average of 91.9% (93.3% in 2022/23; 94.1% in 2021/22) of students obtained either a 2:2 or higher (for honours degrees), or a pass or higher (for non-honours qualifications).

Table 5 – Attainment (DO)

Metric	Lowest	Average	Highest
Degree – First	0.0%	11.4%	16.7%
Degree – 2:2 or higher	50.0%	91.9%	100.0%
Degree – Distinction	22.2%	44.2%	54.5%
Degree – Pass, Merit, or Distinction	88.8%	96.3%	100.0%

53. For dispensing optics EDI attainment data, the picture is too fragmented to present information for graduating cohorts on non-ETR qualifications. This was the final year that some DO providers submitted returns since they have become ABDO centres.
54. Data from the dispensing optics awarding body focuses on initial attempts of the final assessment for the handbook qualification. The pass rate for the reporting year is 25%, and a significant factor for this rate is the need for students to develop a sufficient practice portfolio along with patient encounters which can take time to gather, with final completion taking place on an individual basis and outside of the traditional academic year.

## Placements and supervision

55. On placements, much progress has been achieved with the development of Clinical Learning in Practice (CLiP) placements and work continues across the sector to facilitate placements in sufficient numbers. In the GOC's 2025 business registrant survey a quarter of respondents had arrangements with universities or the College of Optometrists to offer placements with this being more common amongst multiples (44%) than independent practices (11%). The primary perceived benefits to offering placements are future facing, through supporting a new generation of optical professionals and increasing the pipeline of future employees,



rather than immediate benefits to the workforce at the time of placement.<sup>14</sup>

56. In GOC’s 2025 registrant survey, 20% of working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months, a fall of 3% on the previous year. Working as a supervisor was more common amongst those who worked for a multiple (29%) compared with independents (9%), both seeing falls of 4% and 3% respectively, on the previous year. There was variation between nations ranging from 16% in Northern Ireland to 30% in Wales. In 2024, respondents who indicated that they sometimes or frequently feel unable to cope with their workload were more likely to work as supervisors. The negative impact has been found again in this year’s survey, suggesting that the supervising role may make it harder for optometrists to manage their workload alongside additional responsibilities.<sup>15</sup>

Table 6 – Working as a supervisor

Metric	2024	2025
Percentage of working optometrists who worked as a pre-registration supervisor in last 12mths	23%	20%

57. Whilst there remains some concern in the sector about availability and funding of placements, the CLiP scheme has served to mitigated these although of course there are providers who have alternative clinical placement arrangements in place.

**Graduate outcomes**

58. Data from the HESA Graduate Outcomes Survey with its focus on 15 months after graduating suggests that on average earnings from qualifications relating to optometry qualifications was £24,600, 94% were either in work or study, and 90% were using what they learnt during their studies in their current work. This suggests a very high employment rate. There was insufficient data relating to dispensing optics qualifications.
59. There are some weighty caveats to the survey however, optometry qualifications data is sometimes sourced from broader subject categories including ophthalmics (55%), allied health graduates (36%) and subjects allied to medicine (9%). Data was gathered in 2021-22.<sup>16</sup>

<sup>14</sup> Business Registrant Survey 2025, Impact for the GOC, p24, April 2025. Note: The findings are based on completes from 192 registered businesses, representing 7% of the overall registered business population

<sup>15</sup> [Registrant Workforce and Perceptions Survey 2025](#), Enventure Research for the GOC, p27, June 2025

<sup>16</sup> See [HESA: About our data](#)

## Outcome 3: High levels of student satisfaction and welfare

60. Student feedback from GOC quality assurance activities suggests that overall, students consider their programme teams are approachable, accommodating, and supportive. This is an area that has stood out for several providers. It appears evident that most students consider they have sufficient opportunities to provide feedback on their qualifications. However, there are more mixed opinions on the processes in place for actioning student feedback. There have also been mixed views across the student body on timeliness and usefulness of assessment feedback, as well as preparation for assessments. However, in every area, there are providers who have received extremely positive feedback.
61. Across the sector, the quality of teaching is an area that received extremely positive feedback from students, as well as the facilities and resources available e.g. clinic space, library support, virtual learning environments, ability to contact the programme team. Where any issues with facilities and resources have emerged, they are said to be resolved quickly. Some students have reported a lack of clarity surrounding the route to registration for their chosen discipline, although the GOC recognises the work carried out by providers during induction periods and welcome weeks to ensure information and support is provided.
62. National Student Survey (NSS) scores for OP qualifications were higher than the 'subjects allied to medicine' (SATM) for all categories except Learning Resources. Scores were within 5% of the national average for all categories except being lower for Assessment Feedback, Student Voice, and Student Union. Scores in all categories were higher than last year.
63. Like past years, few providers reported NSS scores for DO qualifications, but those that did were, like the past year, higher than the SATM for all categories. Scores were within 5% of the national average for all categories except being higher for Assessment Feedback, Student Voice, and Student Union. Scores in all categories except Academic Support were higher than last year.
64. With regard to supervision, 83.4% of ophthalmics students said they had received appropriate supervision on their placement, an increase of 1.8% on the previous year.<sup>17</sup>
65. In the GOC's 2025 registrant survey, 8% of student respondents had experienced harassment, abuse, or bullying from tutors, lecturers or supervisors in the last 12 months (no change from 2024). For 27% of student optometrists and 38% of student dispensing opticians the last

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<sup>17</sup> NSS data, July 2025

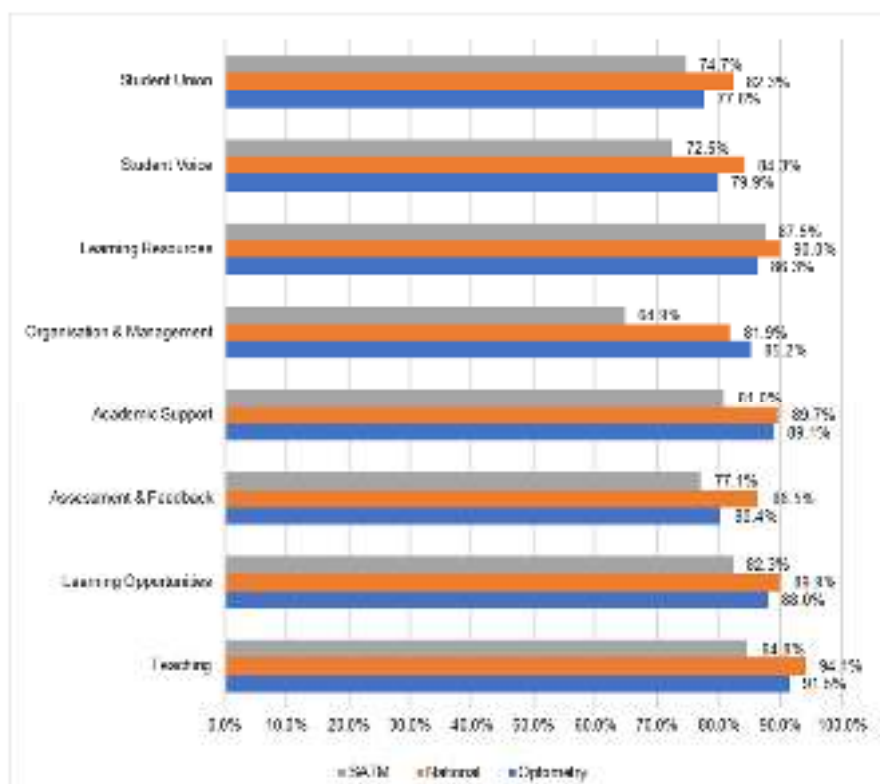
incident was reported (either by themselves or a colleague), which for optometry is slightly lower than fully qualified registrants, and slightly higher for dispensing optics. Reasons given for non-reporting included not being able to prove that the incident or behaviour took place (41% for student optometrists, 36% for student dispensing opticians), worry they would not be taken seriously (41% and 36%), and not trusting anything will be done or the people I have to report to (33% and 36%).

66. 6% of student optometrists had experienced discrimination from tutors, lecturers or supervisors in the last 12 months (no change from 2024). No student dispensing opticians who responded reported discrimination.
67. 36% of optometry students reported taking a leave of absence due to stress in the last 12 months compared to 23% for all survey respondents (unchanged since 2024). The figure for student dispensing opticians was 25%, an increase of 5 percentage points since the 2024 survey.<sup>18</sup>

## Optometry

68. By category<sup>19</sup>, the averages for student satisfaction by category are illustrated in the chart below. The average optometry NSS scores are between 72% and 96% for all categories.

Chart 14 – NSS category scores (OP)



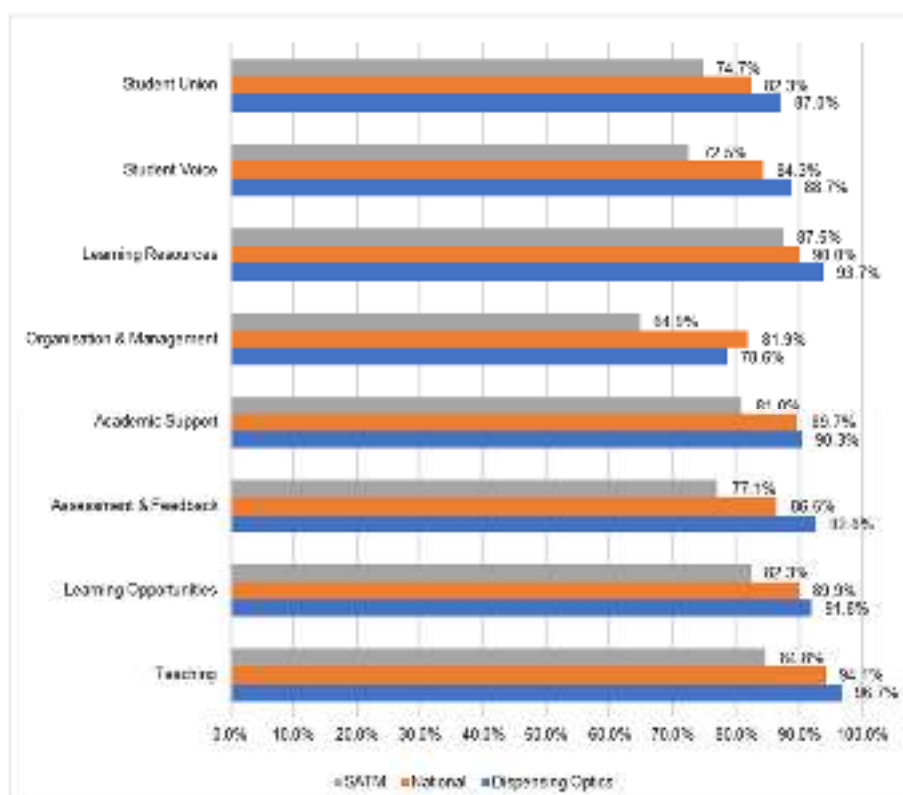
<sup>18</sup> GOC Workforce and Perceptions Survey 2025

<sup>19</sup> The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Appendix 3.

## Dispensing optics

69. Participation in the NSS was limited, as per usual, for reasons including qualification ineligibility. However, qualifications that did participate performed well.
70. By category<sup>20</sup>, the average score for DO qualifications in the NSS is above the national average for 7 of the 8 categories and above the average for SATM for all categories. The averages by category are illustrated in the chart below.

Chart 15 – NSS category scores (DO)



<sup>20</sup> The figures refer to the proportion (%) of students expressing satisfaction in each category of their university experience. An explanation of the category groupings is provided at Annex 3.

## Outcome 4: A strong, innovative and resilient sector

### Number of GOC approved qualifications

71. The number of qualifications across the GOC's regulated professions remained stable this year. We expect to see some change in the provider landscape as dispensing optics providers teaching out handbook qualifications become ABDO teaching centres, with the potential for new qualifications in both dispensing optics and optometry.

Table 7 – Number of qualifications

Qualification type	Number of providers	Number of qualifications under handbook	Number of qualifications under ETR*
Optometry (OP)	16	22	15**
Independent prescribing (IP)	7	7	5***
Dispensing optics (DO)	7	12	5
Contact lens optician (CLO)	4	4	1

\*Includes providers with full GOC approval already adapted to the ETR or at stage 4 of the staged application process who have been granted GOC approval to recruit to the qualification.

\*\*Includes two quals combined Optom with IP

\*\*\* Standalone IP qualifications only, not including combined Optom with IP

### Quality Assurance and Enhancement activities

72. Whilst we are in a period of transition moving from one set of requirements (the education handbooks) to another (the ETR), there are currently two sets of regulatory requirements in operation whilst handbook-only qualifications are taught out. The GOCs quality assurance activities consisting of visits to providers, processing adaptations for existing qualifications moving from the handbooks to the ETR as well as new ETR applications, and setting conditions for programmes relating to specific circumstances etc, have all continued throughout this period.
73. In terms of identifying potential concerns, our quality assurance monitoring helps us to identify whether there are any repeated areas of concerns for particular qualifications. For example, if on every quality assurance visit, we identify that a qualification is consistently not meeting a particular requirement we are able to set conditions to continue to monitor and then trigger further quality assurance, like a risk-based review, if required. Under our new quality assurance and enhancement

methodology (QAEM) we will be able to monitor areas of repeated concern and non-assurance both within qualifications and across the sector.

74. As a summary of activity:

- 10 visits to providers of GOC approved qualifications took place in the 2023/24 academic year under the old handbooks.
- Across providers, a cumulative total of 655 out of 674 requirements reviewed on quality assurance visits were deemed as met (97%).
- 11 ETR adaptations (i.e. an adapting from the handbook to ETR requirements) were completed in 2023/24.
- Across providers, a cumulative total of 197 out of 218 of the Standards for Approved Qualifications reviewed for ETR qualifications were deemed as met (90%).
- 47 conditions were set across quality assurance visits, adaptations and applications. For QA visits alone, 20 conditions were set, and no serious concerns were issued or conducted.<sup>21</sup>

## Financial Sustainability

75. The funding of higher education is a devolved matter, and different funding methods exist in each nation of the UK. As reported last year, the sufficiency and sustainability of funding for optical education delivered by regulated Higher Education Institutions (HEI) is a key risk for the sector. Whilst in June 2024 the Institute of Fiscal Studies had estimated that real terms per-student funding had fallen by 18% since 2012/13<sup>22</sup>, in England, the maximum tuition fee increased slightly by 3.1% for the 2025/26 academic year to £9,535<sup>23</sup>. In England, both optometry and dispensing optics, along with other high-cost humanity and science-based subjects, are in Office for Students (OfS) price band B which attracts an additional high-cost subject funding allocation of about £1,117 per student, per year, amounting to a 24.8% increase on the previous year's rate of £895.<sup>24</sup> Different arrangements exist in Scotland, Wales and Northern Ireland.
76. In England, in May 2025, the OfS published its annual financial sustainability report for the education sector which showed that the financial performance of universities and colleges is forecast to decline in 2024/25 for the third consecutive year. The OfS notes that universities had predicted a strengthened financial performance largely expected to come from international students' tuition fees, which the OfS regarded as "overly ambitious" and that the recovery could be slower or even

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<sup>21</sup> GOC Education Operations, 12 June 2025

<sup>22</sup> [Higher education finances: how they have fared, and what options will an incoming government have?](#), Institute for Fiscal Studies (ifs.org.uk)

<sup>23</sup> [Tuition fee rise: What does it mean?](#), Universities UK, 14 November 2024

<sup>24</sup> [Funding for the academic year 2024-25 OFS decisions](#), OFS, 29 July 2024, p12.

reversed.<sup>25</sup> In 2024, the OfS held a consultation seeking views about how it could develop its funding approach, to which [we responded](#).

77. Meanwhile, the Secretary of State for Education Bridget Phillipson MP, announced in May 2025 that funding will be refocussed away from Level 7 (masters-level) apprenticeships from January 2026, while maintaining support for those aged 16-21 and existing apprentices with the aim of rebalancing funding towards training at lower levels.<sup>26</sup> Meanwhile, the Secretary of State also wrote to the OfS setting out funding priorities. This guidance includes ensuring that high-cost funding can be more effectively targeted towards priority provision which supports future skills needs and the Industrial Strategy. OfS must maintain the per-student funding rates in line with last year, unless not possible due to fluctuation in student numbers, for High-Cost subject funding for all price groups and for nursing, midwifery and allied health supplement.<sup>27</sup>
78. At the time of writing the announcement of General Ophthalmic Services (GOS) fees in England for 2025-26 has been delayed with the Optometric Fees Negotiating Committee (OFNC) advising that the NHS is only likely to uplift the GOS fee with inflation for the forthcoming year. OFNC said that staffing issues and news that NHS England will be merged into the Department of Health and Social Care (DHSC) has likely contributed to the delay.<sup>28</sup> In March 2025, DHSC announced that optical voucher values would remain unchanged in England for 2025/26 which the OFNC described as impacting most on children and vulnerable adults and will lead over time to more NHS repairs and replacements.<sup>29</sup>
79. In Scotland, the Scottish Government announced a 6% increase in General Ophthalmic Services (GOS) fees for optometrists performing NHS eye exams in Scotland. The increase will be backdated to 1 April 2024.<sup>30</sup> The increase is the fourth consecutive uplift since 2021 and has been accepted by Optometry Scotland members.<sup>31</sup> In addition, shortly before publication of this report, the Scottish Government announced a 4% increase in GOS fees for 2025-26. The increase is aligned with uplifts offered to other primary care professions in Scotland.<sup>32</sup>
80. In Wales, optometry services received an uplift of £3.9m for 2024/25. Areas prioritised in the contract negotiations include supporting the workforce to provide specialist eyecare in glaucoma and increasing the

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<sup>25</sup> [Financial sustainability of higher education providers in England](#), OfS, 8 May 2025, p3-4.

<sup>26</sup> [Next generation of builders and carers set to rebuild Britain](#), UK Government, 27 May 2025.

<sup>27</sup> [Public letter to Sir David Behan \(interim Chair of the OfS\)](#) from Secretary of State for Education, 19 May 2025

<sup>28</sup> [Delay expected in announcement of 2025-26 GOS fees](#), Optometry Today, 20 March 2025

<sup>29</sup> OFNC Statement: [GOS voucher values in England to be frozen for 2025/26](#), FODO, 27 March 2025

<sup>30</sup> [Scottish Government announces proposed 6% GOS fee increase](#), Optometry Today, 26 September 2024

<sup>31</sup> [Optometry Scotland members accept 6% GOS fee increase](#), Optometry Today, 1 November 2024

<sup>32</sup> [Optometry Scotland accepts 4% GOS fee uplift](#), Optometry Today, 28 July 2025



number of optometrists with higher qualifications to provide this service. Other highlights include additional funding support for optometrists and dispensing opticians for their continuing professional development and doubling the fee paid to optometry practices to support and train student optometrists, amongst others.<sup>33</sup>

81. In Northern Ireland, the Department of Health (NI) have agreed to increase sight test fees payable to optometrists and ophthalmic medical practitioners to £24.54 from 1 April 2024 (up from £23.15 in 2023) as announced in March 2025, with arrears to be paid<sup>34</sup>.
82. In the annual monitoring returns (AMR), providers raised various issues including the cost of running qualifications outstripping the fees received, as well as institutional finance decisions affecting all qualifications hosted by that institution. There is concern that the funding climate will put staff:student ratios (SSR) under pressure; in this context, we have asked SPOKE to produce guidance on SSRs.
83. More positively, providers continue to report a range of resourcing and investment decisions which include upgrades to clinical facilities, the installation of new technology in optics, and hospital clinics housed in university buildings providing more placement opportunities. An example of a new state-of-the-art facility is a £7.7m investment for the creation of a new Centre for Eyecare Excellence at the University of Plymouth. The centre due to open in September 2026 will offer more appointments to the public, delivered by students under supervision, alongside specialist clinics.<sup>35</sup>

## Innovation

84. Providers have been developing relationships with stakeholders to support their ETR qualifications. 80% of optometry ETR qualifications have already utilised the method for delivering professional and clinical learning and experience established by the College of Optometrists in partnership with providers and employers (CLiP). Alternatives to the CLiP model by individual providers include the University of Manchester which includes the integration of patient facing experience throughout the duration of the qualification, as well as qualifications in Scotland which are being developed in partnership with NHS Education for Scotland (NES).
85. Glasgow Caledonian University (GCU) launched the UK's first integrated optometry and independent prescribing MOptom (IP) qualification. The

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<sup>33</sup> [Written Statement: Optometry Contract Negotiations 2024-25](#), Welsh Government, 14 February 2025

<sup>34</sup> [Business Services Organisation \(Northern Ireland\)](#), 26 March 2025

<sup>35</sup> [New £7.7 million centre to offer best in eyecare teaching and practice](#), University of Plymouth, January 2025



new Masters' qualification was launched in September 2024 in partnership with NES which will help with the delivery of clinical placements.<sup>36</sup> Separately, NES will merge with NHS National Services Scotland to create NHS Delivery, a new cross cutting organisation for NHS Scotland.<sup>37</sup>

86. Collaborations and joint ventures with employers, hospitals and charities are being established. Placement opportunities are being provided in qualifications across all years with some specialised clinical experience available in areas such as myopia management and glaucoma. Various providers in their AMR returns have spoken about providing a real world or real-life experience for their students. Some providers have reported hospital clinics being housed in their own buildings. An opportunity likely to be enhanced in future with the introduction of apprenticeships is flexible delivery of qualifications allowing students to learn at their own pace as often takes place in independent prescribing. The ETR has provided an opportunity for providers to refresh their qualifications aligning them with the Outcomes for Registration; introducing new content and involving a wide range of stakeholders in this process.
87. A notable innovation has been the attention some providers have given to assist first-year students with their transition to university. Professionalism and lifestyle coaching initiatives have been raised in the AMR with similar aims to support rates of continuation, reduce attainment gaps and enhance progression. It is a positive development that supports widening participation, and we hope other providers will consider similar initiatives or highlight any existing activities in next year's returns.
88. Other examples of innovation or good practice submitted, include:
- Providing students with a range of career options beyond traditional routes through exposure to diverse experience in clinical settings, patient groups, and research
  - Integrating multi-disciplinary training (MDT) within qualifications using diverse professionals such as independent prescribing optometrists, ophthalmologists, and pharmacists. In addition, integrating student optometrists into the wider health network working alongside other health professionals
  - Use of virtual learning environments (VLEs) to enhance the learning experience for students
  - Regular review of syllabi involving stakeholders to ensure qualifications continue to meet sector needs
  - Adaption of software used to monitor attainment of competencies under the old handbooks to monitor attainment of Outcomes for Registration

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<sup>36</sup> [GCU welcomes Scottish Ministers for launch of new programme](#), Optometry Today, 25 September 2025

<sup>37</sup> NHS [National Services for Scotland](#), 17 June 2025

- A greater emphasis on reflection from students allowing them to discuss what they have learned in theory and in practice
- Student forums to discuss feedback with staff.

## **Risk**

89. All qualifications submitted risk analyses. The time and energy required to implement new ETR qualifications and update materials whilst the old handbook qualifications are being taught out at the same time was raised in some annual monitoring returns, with one provider describing this as a “strain”. Meanwhile, as reported last year, workforce shortages is a recurring concern with local competitors seeking to recruit amongst a limited supply of highly skilled staff. A potential reduction in student applications was also raised as a concern particularly as the existing model of optometric education is evolving with the introduction of apprenticeships.
90. There are still some concerns relating to the supply of placements, and these are particularly focused on independent prescribing. Nevertheless, providers have been expanding their links with NHS hospitals, specialist community practices, charities, optical businesses, and various providers have been expanding their own in-house clinics thereby enhancing placement provision. Some pandemic issues remain such as significant localised waiting times for IP placements, as well as some dispensing optics students who started the qualification before or during the pandemic encountering difficulties in gaining the required case records needed to complete their qualification.
91. Various potential long-term issues were identified which include artificial intelligence impacting the number of optical staff required, and the enhancement of other health professionals’ scope of practice which could reduce the need for some optical staff.

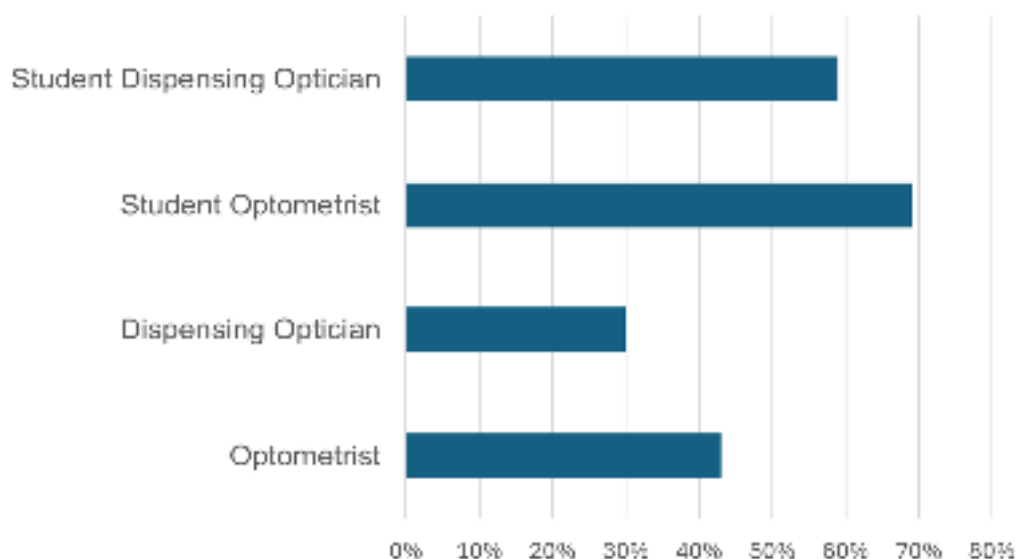
## Outcome 5: Post-registration qualifications support registrants to deliver a wide range of eye care services

92. The GOC's post-registration qualifications in independent prescribing and contact lens optics as well as a growing number of specialist qualifications in areas such as low vision and glaucoma are helping to prepare optical professionals to deliver enhanced eye care in community settings with an increasing ageing population, whilst helping to relieve pressure on GPs and hospital eye care services.

### Interest in post-registration qualifications

93. Just over a third of respondents (35%) to the GOC's 2025 registrant survey had additional qualifications, including 13% who had a glaucoma qualification and 12% who had a medical retina qualification.
94. 42% of respondents were considering obtaining additional qualifications in the next 12-24 months. In line with previous years, there is significantly greater interest in gaining additional qualifications/skills amongst younger respondents and optical students when compared with older respondents and fully qualified registrants, particularly dispensing opticians. As found in 2024, respondents with additional qualifications were more likely to plan to gain more.
95. The top three additional qualifications of interest were independent prescribing (41%), glaucoma (40%) and medical retina (37%).<sup>38</sup> Among dispensing opticians, 18% expressed interest in moving to optometry and 17% in pursuing the contact lens speciality.

Chart 16 – Plans to gain additional qualifications by registration type

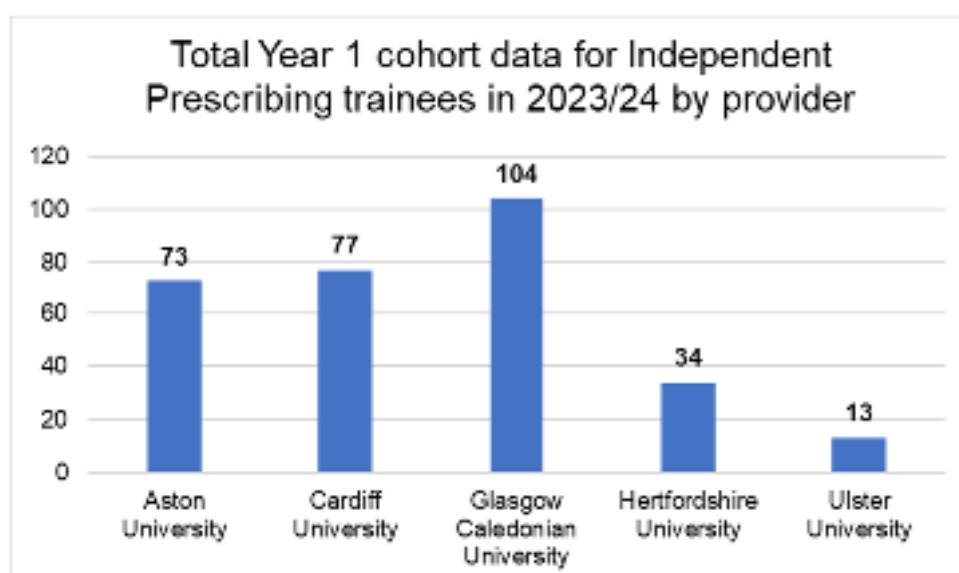


<sup>38</sup> Ibid, p21 & 62

## Independent prescribing

96. Unless otherwise indicated, the comments here relate to all independent prescribing and therapeutic prescribing (IP) qualifications, excluding the IP approved qualification offered by the College of Optometrists.
97. As of March 2025, 2,066 GOC registrants were registered as independent prescribing optometrists, an increase of 16.2% on the previous year.
98. The number of IP trainees increased substantially from 435 in 2021/22 to 521 in 2022/2023 (+16.5%). However, it has decreased to 415 in 2023/24 (-20.3%) and there also been a fall in application numbers.

Chart 16 – Number of IP trainees by provider



\*Cohort data for City, St Georges, University of London is not collected as the programme is run as CPD modules. Please note for Independent prescribing the previous cohort year (2023/24) is provided above as the latest data is incomplete due to multiple intakes throughout the academic year for this qualification.

99. Whilst nearly all education and training providers have adapted to the ETR for entry-level qualifications, four providers are still delivering the handbook IP qualification (see *ETR Adaptations status on page 4*).
100. A report published by SPOKE in January questioned the sustainability of IP qualifications as a result of lower numbers of potential supervisor practitioners, at least compared with contact lens optics.
101. Recommendations in the report included increasing the recognition and status of supervision across the sector and mentoring of others as a core expectation for all registrants.<sup>39</sup>

<sup>39</sup> Enhancing the scope of practice in optical professionals, SPOKE Project 3, p6. January 2025

## Key data – IP qualifications

Table 8 – Number of IP students

Total students	2021/22	2022/23	2023/24
Total IP students	435	521	415

Table 9 – Admissions and attainment (IP)

Metric	Lowest	Average	Highest
Applicants admitted	71.6%	83.8%	100.0%
Attainment – pass or higher	85.3%	95.6%	100.0%

102. IP qualifications in 2023/24 admitted an average of 83.8% of applicants (91.4% in 2022/23; 84.2% in 2021/22).
103. IP qualification cohort sizes in 2023/24 varied from 13 to 114 with an average of 69. In 2022/23, this was 15 to 215 with an average of 80; in 2021/22, this was 16 to 93 with an average of 54.
104. An average of 95.6% (98.3% in 2022/23; 92.9% in 2021/22) of students passed the IP qualification, with two of the six qualifications having a pass rate of 100%. Meanwhile, the pass rate for the College of Optometrists' Therapeutic Final Common Assessment was 76% for the reporting year.
105. In terms of EDI cohort data, on average, 65.7% of IP students were aged over 30, 31.4% were aged 30-39 and 34.3% were aged 40 or over. 47.3% of were Asian and 42.6% were White. 65.5% were female.

### Progression from entry-level qualifications

106. We compare registrant and trainee figures as an indicator of progression from entry level qualifications to IP<sup>40</sup>. The percentage of Black IP trainees and Black IP registrants are similar (3.7% and 1.1% respectively). There is a higher percentage of Asian trainees than Asian IP registrants (47.3% and 26.2%). There is a lower percentage of White trainees than White IP registrants (42.6% and 57.5%). There is a lower percentage of male trainees to male IP registrants (32.3% and 38.2%).

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<sup>40</sup> Percentage figures were not available for contact lens optics this year due to the size disparity of the two providers.

## Independent prescribing EDI data\*

\*Unless stated otherwise, all charts below feature average (mean) data.

Chart 17 – IP students by sex

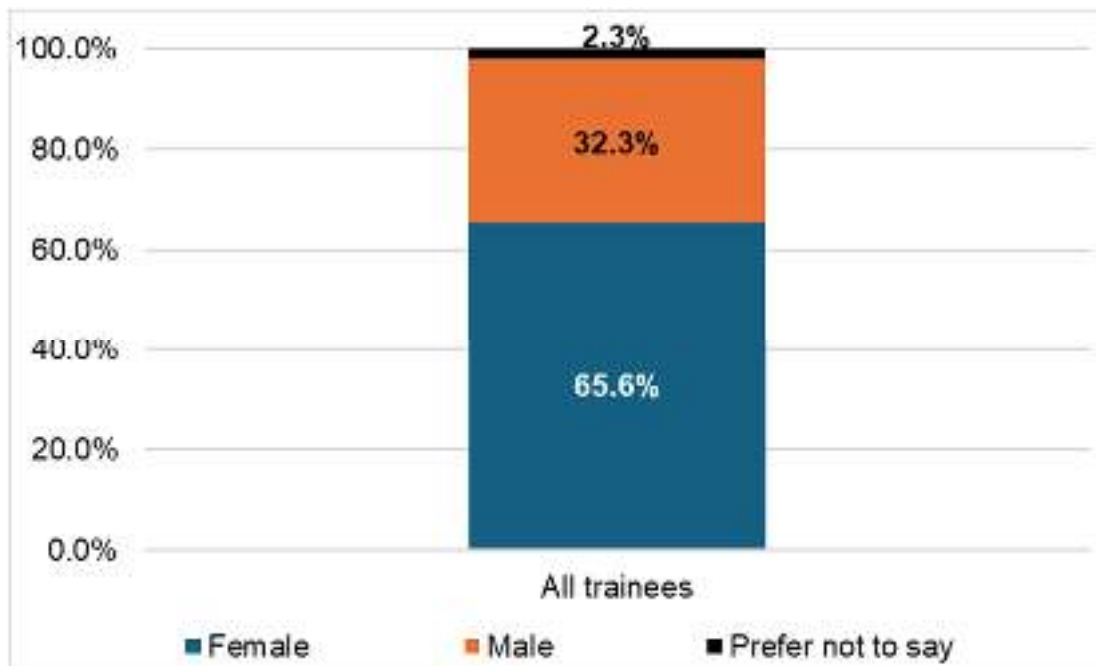


Chart 18 – IP students by age group

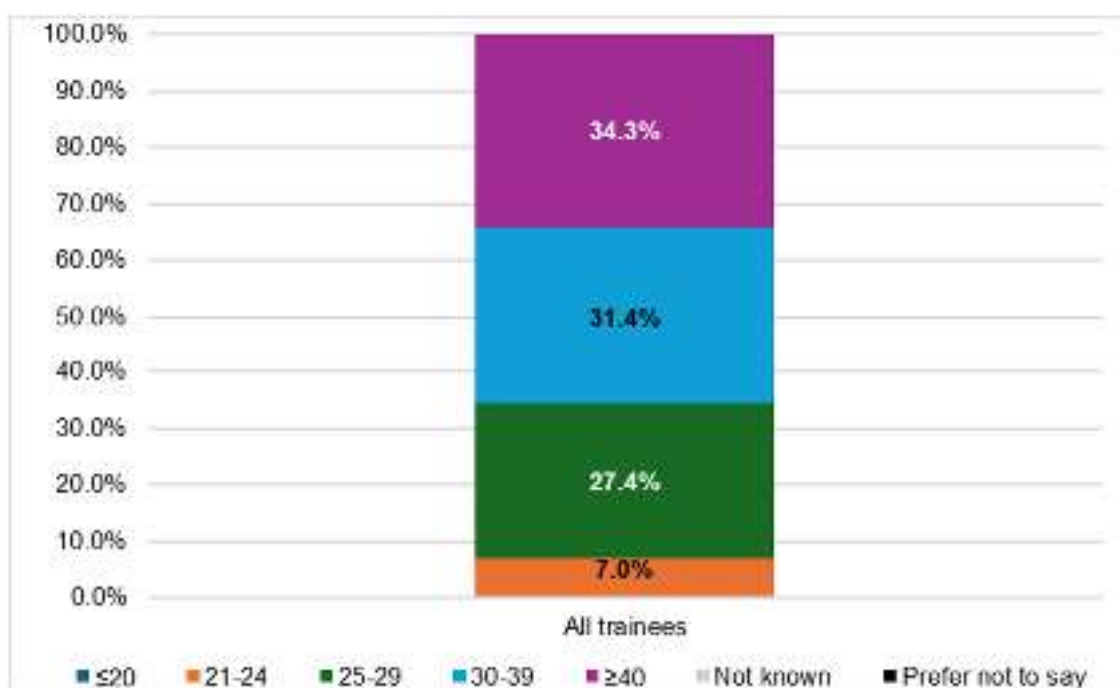


Chart 19 – IP students by ethnicity

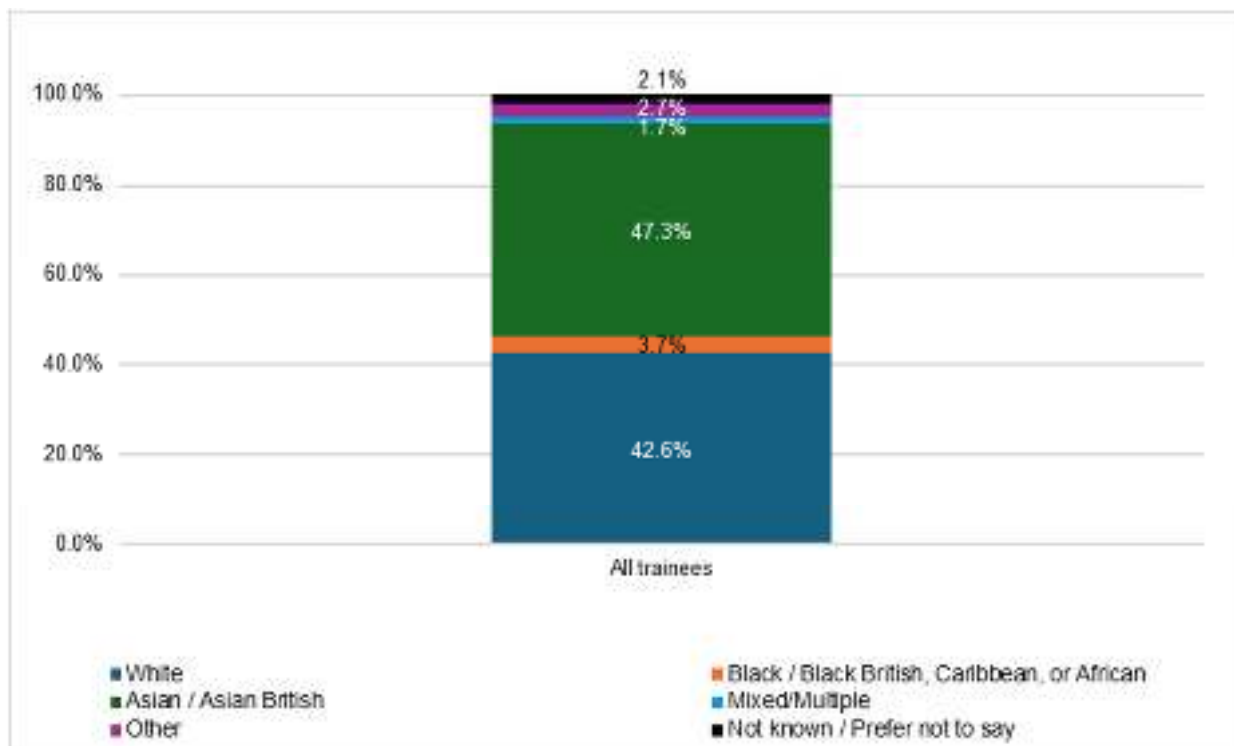
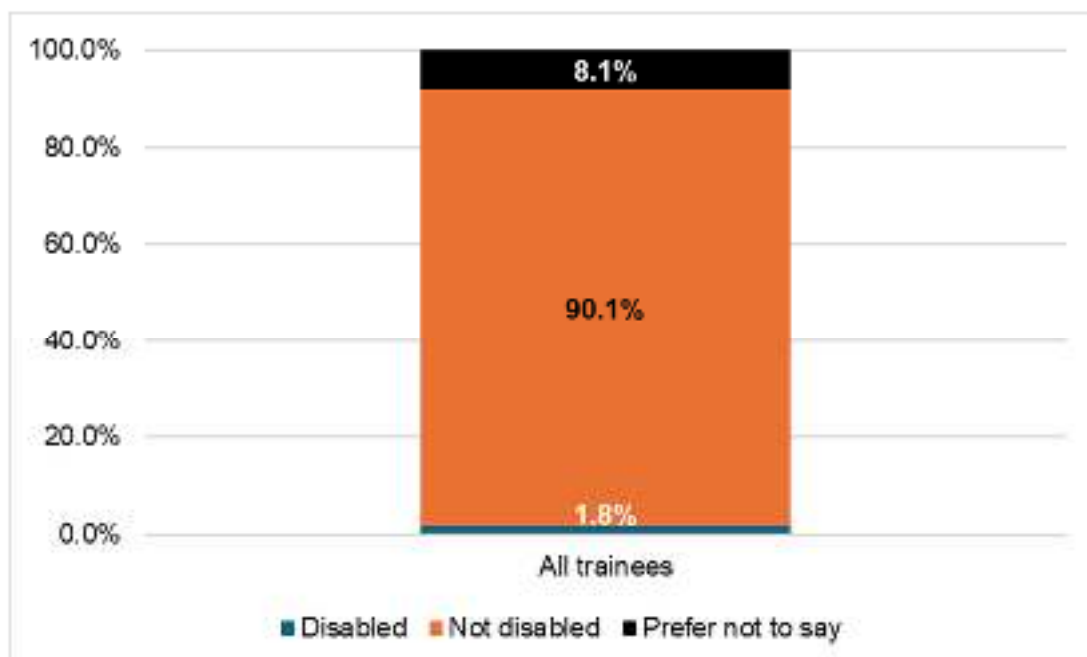


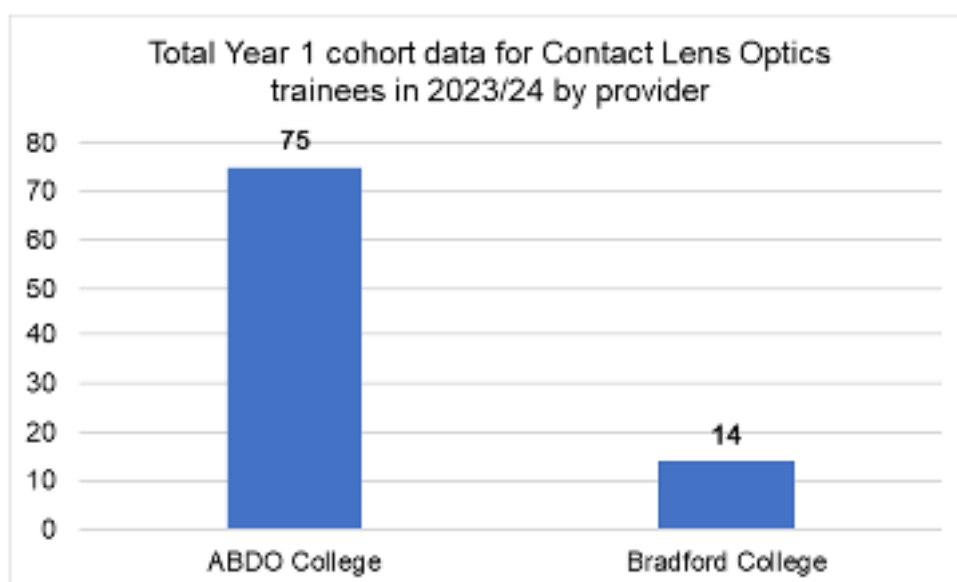
Chart 20 – IP students by disability



## Contact lens opticians

107. Unless otherwise indicated, the comments in this section relate to all contact lens optician (CLO) qualifications, excluding the CLO Stage 2 approved qualification offered by the ABDO.
108. As of March 2025, 1,045 GOC registrants were registered as contact lens opticians, an increase of 3.9% on the previous year.
109. The number of trainees on contact lens optics (CLO) qualifications has grown over the last year (89 in 2023/24, 59 in 2022/23 and 66 in 2021/22).
110. One provider had by a comfortable distance most of all CLO trainees with 75 admitted in 2023/24, an 84.3% share.

Chart 21 – Number of CLO trainees by provider



### Key data for contact lens opticians

Table 10 – Total students (CLO)

Total students	2021/22	2022/23	2023/24
Total students in year 1 cohort	66	59	89

Table 11 – Admissions and attainment (CLO)

Metric	Lowest	Average	Highest
Applicants admitted	92.6%	96.3%**	100.0%
Attainment – pass or higher*	N/A	N/A	N/A

\* no qualifications have attainment data, however, the **ABDO (Stage 2 approved qualification) pass rate for 2023/24 is 78.46%**

\*\* note: there were only two providers



## Observations

111. Both CLO qualifications admitted over 92% of their applicants (83% in 2022/23). Recruitment to programmes increased since the previous year, and one provider has not admitted students to its course since 2020-21. Regarding cohort sizes, one provider recruited a cohort of 75 students, the other provider recruited 14 students.
112. EDI data shows that, like previous years, most CLO students were females: 65.2% (80.2% in 2022/23). Also, EDI data shows that 65.7% were aged 30 years or above, which is unsurprising for a qualification taken after initial qualification. Most students on CLO qualifications were white.
113. Most students gain two GOC-approved CLO qualifications either sequentially or simultaneously, staggering their theoretical and practical examinations, and taking different parts of the examination at different times, making it difficult to compare achievement.

## **Annex 1: Background information**

---

### **Annual monitoring return requirements**

- A1.1 The GOC is required to “keep informed of the nature of the instruction given by any approved training establishment to persons training as optometrists or dispensing opticians and of the assessments on the results of which approved qualifications are granted”, under s.13(1) Opticians Act 1989. Qualifications leading to a registrable therapeutic / independent prescribing (IP) or contact lens optician (CLO) specialism are also included within the GOC’s regulatory scope.
- A1.2 In executing this duty, we approve and quality assure qualifications leading to GOC registration or speciality registration, which includes all elements of training, learning and assessment that a provider must deliver for its students to be awarded a GOC approved qualification that meets the GOC’s requirements and to enable students to be eligible to register with the GOC as an optometrist (OP) or dispensing optician (DO), or with an IP or CLO specialty, upon successful completion of their training and assessment.
- A1.3 As part of our approval and quality assurance of qualifications, all providers are required to demonstrate how their approved qualification(s) meet our requirements, as set out in the ETR. We seek assurance from these providers in several ways, including quality assurance visits, notification of reportable events and changes, conditions management, and the compulsory AMR submission. We also scrutinise and note proposed adaptations to qualifications to ensure they meet the ETR requirements.

### **Annual monitoring returns process**

- A1.4 Providers were required to report information for the period 1 September 2023 – 31 August 2024.
- A1.5 All providers of GOC approved qualifications(s) were required to submit information relating to qualification risks to delivery, lessons learned, and good practice.
- A1.6 We issued the AMR forms to providers on 1 November 2024. Providers were required to submit a completed form by 31 January 2025. Compliance with this year’s AMR process was good, with all returns submitted by 7 February 2025. Responses to additional queries were generally prompt. No compliance breaches occurred.
- A1.7 Every AMR must be signed by a ‘Responsible Officer’. The Responsible Officer is a staff member with sufficient authority to represent and bind the

provider and bears ultimate responsibility for the information submitted in the return. The Responsible Officer must only sign off the form when they are satisfied that the information gives a true and fair account of the qualification.

A1.8 We analysed the information to identify:

- current risks and issues relating to individual approved qualifications(s);
- themes, strengths, and risks within the optical education sector;
- the diversity of students within the optical sector;
- examples of good practice and lessons learnt; and
- ways the GOC's quality assurance activities could be developed.

A1.9 This report provides a high-level summary of the outcomes of the 2023/24 AMR process. In addition to this report, we produce a short report for each qualification (referred to as a 'qualification report') to provide specific feedback regarding the qualification's submission.

A1.10 The analysis and outcomes are based upon the information and data as calculated and submitted by providers of GOC approved qualifications. We have not sought to externally verify the information submitted.

A1.11 We consider all feedback from stakeholders regarding the 2023/24 AMR process and use this to help refine the AMR process.

A1.12 The publication of this report closes the 2023/24 AMR process.

### **Caveats to the GOC Approved Qualifications Report**

A4.13 The AMR process is in continuous development and we will make refinements and improvements for each year of the process.

A4.14 The findings, analysis, and outcomes of this year's AMR process will be fed into the GOC Education Operations team's approval and quality assurance activities and used by the GOC Education Development team to develop policy and to inform implementation processes.

A4.15 Please note that the findings from providers outlined in this report are indicative and do not represent a formal position or policy of the GOC. The findings in this report should not be relied upon for advice or used for any other purpose and may not be representative.

A4.16 The analysis and outcomes contained within this report are based solely upon the information and data as calculated and submitted by the qualifications. The GOC has not sought to externally verify the information and data submitted. The responsible officer for each qualification has attested that the information submitted in the AMR gives a true and fair view of that qualification.

A4.17 The information provided by each professional association qualification in relation to student attainment (assessment pass rates) has been calculated on different bases (i.e., the basis for each calculation has been different) from the other professional association qualifications and the academic qualifications.

## Annex 2: Data tables

A2.1 Unless otherwise specified, the data reported below relates to the period 1 September 2023 – 31 August 2024.

A2.2 Unless otherwise specified, the data reported below relates to ‘academic’ (non-professional association) qualifications.

### A. Application data\*

	Admissions Ratio (Applications:Admissions)		UCAS Points Offer (equivalent)	
	Average	Median	Average	Median
All Qualifications	42.1%	23.7%	130.5***	136.0
Optometry	17.9%	17.0%	134.6***	136.0
Dispensing optics	Dispensing optics information is not available given the disparate size of providers and that the dominant provider is not routed via UCAS			
Independent prescribing	83.8%	83.8%	N/A	N/A
Contact lens opticians	96.3%	96.3%	N/A	N/A

\* The admissions ratio does not infer the overall volume of individual applicants who were unable to secure a place as each may have applied for more than one optical qualification.

\*\*The admissions ratio does not infer the overall volume of individual applicants who were unable to secure a place as each may have applied for more than one optical qualification.

\*\*\* Scotland UCAS points are different to England, so these values slightly skew the average.

### B. Average cohort data: The reporting year (2023/24)

	Year 1	Year 2	Year 3	Year 4
Optometry	78	75	72	21
Dispensing optics	289*	46	34	N/A
Independent prescribing	69	N/A	N/A	N/A
Contact lens opticians	30	N/A	N/A	N/A

\* Largest DO provider

### C. Average cohort data: Next reporting year (2024/25)

	Year 1	Year 2	Year 3	Year 4
Optometry	78	71	73	21
Dispensing optics	275*	266*	N/A	N/A
Independent prescribing	77	N/A	N/A	N/A
Contact lens opticians	42**	N/A	N/A	N/A

\* Largest DO provider

\*\* 1 provider only

### D. Student average progression

	Progression from first year	Progression to the following year	Students completing the qualification
Optometry	78.8%	86.6%	90.5%
Dispensing optics	87.5%	91.6%	85.1%

E. Student average attainment: optometry, dispensing optics, and both qualifications

	<b>Good Pass*</b>	<b>Fail</b>
Both qualifications	96.2%	0.4%
Optometry	98.9%	0.4%
Dispensing optics	91.9%	0.5%

\*a good pass is a 2:2 degree or higher

F. Student average attainment: Independent Prescribing and Contact lens opticians

	<b>Pass</b>	<b>Fail</b>
Independent prescribing	95.6%	4.4%
Contact lens opticians	N/A*	N/A*

\* No students in the 2023/24 cohort had completed the programme at the time of submission due to the minimum 18-month education and training period required.

G. Student average attainment: Professional Associations

	<b>Pass</b>	<b>Fail</b>	<b>Results (as a % of total number of students examined)</b>
Professional Association (dispensing & contact lens opticians)	51.7%	48.3%	50.5%
Professional Association (independent prescribing & optometry)	85.8%	14.2%	N/A

H. National Student Survey – average satisfaction score by category

	<b>All qualifications</b>	<b>Optometry</b>	<b>Dispensing optics</b>	<b>Subjects allied to medicine</b>
Teaching	94.1%	91.5%	96.7%	84.8%
Learning Opportunities	89.9%	88.0%	91.8%	82.3%
Assessment & Feedback	86.5%	80.4%	92.6%	77.1%
Academic Support	89.7%	89.1%	90.3%	81.0%
Organisation & Management	81.9%	85.2%	78.6%	64.9%
Learning Resources	90.0%	86.3%	93.7%	87.5%
Student Voice	84.3%	79.9%	88.7%	72.5%
Student Union	82.3%	77.6%	87.0%	74.7%

I. EDI – Average gender data

	<b>Female</b>	<b>Male</b>
All qualifications	69.5%	30.4%
Optometry	70.3%	29.6%
Dispensing optics	68.3%	31.8%
Independent prescribing	65.5%	32.3%
Contact lens opticians	65.2%	34.8%

J. EDI – Average age data

	<b>20 &amp; under</b>	<b>21-24</b>	<b>25-29</b>	<b>30-39</b>	<b>40 and over</b>	<b>Unknown / Prefer not to say</b>
All qualifications	45.3%	22.9%	13.3%	11.8%	6.2%	0.3%
Optometry	61.5%	21.8%	6.5%	6.6%	2.9%	0.5%
Dispensing optics	19.8%	24.6%	24.0%	19.9%	11.3%	0.0%
Independent prescribing	0.0%	7.0%	27.4%	31.4%	34.3%	0.0%
Contact lens opticians	0.0%	2.2%	10.8%	42.6%	23.1%	10.7%

K. EDI – average disability data

	<b>Known disability</b>	<b>No known disability</b>	<b>Unspecified / Prefer not to say</b>
All qualifications	12.6%	87.5%	0.4%
Optometry	14.9%	84.5%	0.6%
Dispensing optics	7.7%	92.4%	0.0%
Independent prescribing	1.8%	90.1%	8.1%
Contact lens opticians	<0.5%*	98.7%	<0.5%*

\* data was suppressed for one supplier due to small numbers so an exact figure cannot be given

L. EDI – Average ethnicity data

	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>Mixed</b>	<b>Other</b>	<b>Not known</b>
All qualifications	37.5%	3.0%	55.3%	1.9%	3.8%	2.7%
Optometry	28.0%	3.8%	60.9%	1.7%	3.5%	3.0%
Dispensing optics*	52.3%	1.3%	44.0%	2.2%	4.3%	1.8%
Independent prescribing	42.6%	3.7%	47.3%	1.7%	2.7%	2.1%
Contact lens opticians	74.3%	<1.0%*	23.2%	<1.0%*	0.0%	<1.0%*

\* data was suppressed for one supplier due to small numbers so an exact figure cannot be given

\*\* data was suppressed for one supplier due to small numbers so a total of 100% is not given

M. EDI – Average refugee status data

	<b>All students/trainees</b>	<b>Year 1 students/trainees</b>
All qualifications	<0.1%	<0.1%
Optometry	0.8%	0.6%
Dispensing optics	0.0%	0.0%
Independent prescribing	0.0%	N/A
Contact lens opticians	0.0%	N/A

N. EDI – Average English language status data

	<b>All students/trainees</b>		<b>Year 1 students/trainees</b>	
	<b>English</b>	<b>Other</b>	<b>English</b>	<b>Other</b>
All qualifications	96.8%	3.2%	93.3%	6.8%
Optometry	99.5%	0.5%	91.0%	9.0%
Dispensing optics	94.4%	5.6%	100.0%	0.0%
Independent prescribing	100.0%	0.0%	N/A	N/A
Contact lens opticians	100.0%	0.0%	N/A	N/A



## Annex 3 – National Student Survey categories

#	Question	Category
1	How good are teaching staff at explaining things?	Teaching
2	How often do teaching staff make the subject engaging?	
3	How often is the course intellectually stimulating?	
4	How often does your course challenge you to achieve your best work?	
5	To what extent have you had the chance to explore ideas and concepts in depth?	Learning Opportunities
6	How well does your course introduce subjects and skills in a way that builds on what you have already learned?	
7	To what extent have you had the chance to bring together information and ideas from different topics?	
8	To what extent does your course have the right balance of directed and independent study?	
9	How well has your course developed your knowledge and skills that you think you will need for your future?	Assessment & Feedback
10	How clear were the marking criteria used to assess your work?	
11	How fair has the marking and assessment been on your course?	
12	How well have assessments allowed you to demonstrate what you have learned?	
13	How often have you received assessment feedback on time?	Academic Support
14	How often does feedback help you to improve your work?	
15	How easy was it to contact teaching staff when you needed to?	
16	How well have teaching staff supported your learning?	
17	How well organised is your course?	Organisation & Management
18	How well were any changes to teaching on your course communicated?	
19	How well have the IT resources and facilities supported your learning?	Learning Resources
20	How well have the library resources (e.g. books, online services and learning spaces) supported your learning?	
21	How easy is it to access subject specific resources (e.g. equipment, facilities, software) when you need them?	
22	To what extent do you get the right opportunities to give feedback on your course?	Student Voice
23	To what extent are students' opinions about the course valued by staff?	

24	How clear is it that students' feedback on the course is acted on?	
25	How well does the students' union (association or guild) represent students' academic interests?	<b>Student Union</b>



COUNCIL

**Financial performance report for the period ending 30 June 2025 and Q1 forecast of 2025/26**

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**Meeting:** 16 September 2025

**Status:** for noting

**Lead responsibility:** Charlotte Urwin  
(Acting Director of Corporate Services)

**Paper author:** Manori Wickremasinghe  
(Chief Financial Officer)

**Purpose**

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1. To provide a summary of the financial reports for the period ending 30 June 2025 and the latest forecast for the 2025/26.

**Recommendations**

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2. Council is asked to:
  - **note** the financial performance for the three months ending 30 June 2025 in annex one.
  - **note** the Q1 forecast for the current 2025-26 financial year in annex two.

**Strategic objective**

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

**Background**

---

4. The financial performance report of 30 June 2025 and the Q1 forecast of 2025/26 relate to year one of the current '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 2 September 2025 and recommended it to the Council.

**Analysis**

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6. There are two financial reports for review at this meeting as listed below:
  - Three-month actual performance to 30 June 2025. [Annex one]
  - Q1 forecast for the current year 2025/26. [Annex two].

**June Financial Performance Report**

7. The results of the 30 June 2025 Financial performance report (FPR) (annex one) show surplus for both BAU (revenue) and reserve expenditure. BAU is a surplus

of £500k and the position before unrealised portfolio gains/losses show a surplus of £324k against the budget.

8. Delays in two large strategic projects, Future Office Accommodation and the Worker Project, from Q4 of 2024-25 to Q2 of 2025-26 impacted the Q1 actual financial performance, making the quarter atypical from a usual Q1 performance. The delay in moving to Level 29 Canada Square led to delays in linked operations, including IT delivery and health and safety checks, resulting in delayed expenditure. The temporary office provided by the Canary Wharf Group at Level 10 was offered rent-free, resulting in savings on the rent budget. Areas of the business driven by external pressures, contingent costs, and staff vacancies have also contributed to the high variance levels.
9. Highlights, key drivers, risks, and future impacts are analysed in the FPR report (annex one).

#### Q1 Forecast 2025-26

10. The Q1 forecast was updated in July 2025 and analyses highlights, key performance indicators, risks, and assumptions for the current financial year, the first year of our 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. The key performance indicator (KPI) for the year, measured through gross margin (surplus/Income) of business as usual (BAU) operations, improved from budgeted -1% to -0.16%.
11. The forecast includes operations related to 2025-26 of the strategic plan and has captured the delays in two large strategic projects, Future Office Accommodation, and the Worker Project. Although they are spread over two financial years, the projects are within the approved limits by the Council.
12. The Q1 forecast is informed by our low-risk appetite. The exercise forms a part of a larger, five-year forecast that enabled us to ensure our long-term financial stability, management or optimum reserve levels, and achievement of our strategic objectives.

#### **Finance**

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13. There are no additional financial implications of this work

#### **Risks**

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14. The following risks are associated with finance, as identified in the existing corporate and finance risk registers:

- GOC fails to deliver value for money;
- GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively;
- Capability and resilience: Failure to retain staff and labour supply shortages causing delayed recruitment, increase the risk of being able to deliver core objectives and strategic improvements; and
- Unforeseen external events or environment cause financial volatility affecting workforce and registrants. Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget.

15. 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.

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### **Equality Impacts**

16. No equality impact has been undertaken

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### **Devolved nations**

17. There are no implications for the devolved nations

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### **Communications**

#### **External communications**

18. None planned

#### **Internal communications**

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

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### **Next steps**

20. None

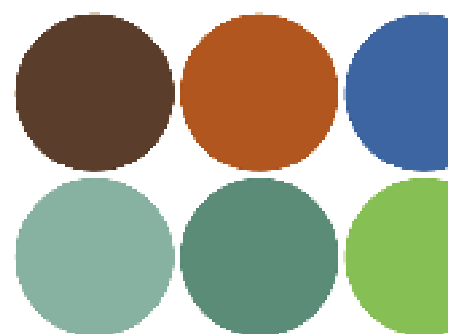
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### **Attachments**

Annex one: [OBJ] Financial performance report for period ending 30 June 2025.

Annex two: Q1 forecast for 2025/26.

# Financial Performance Report for the Period ending 30 June 2025





**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

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Income and Expenditure Accounts incl. Project Expenditure (Table B)	11
Balance Sheet	12

# General Optical Council

## Financial Performance Report for the 03 months ending 30 June 2025

### GOC:- Summary P & L to 30 Jun 2025

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	3,057	2,999	58
Other Income	164	112	53
Expenses - BAU	(2,722)	(3,110)	388
<b>Surplus / (Deficit) -BAU</b>	<b>500</b>	<b>1</b>	<b>499</b>
Project expenditure	(175)	(172)	(3)
Surplus / (Deficit) -before portfolio Gains/Losses	324	(171)	495

KPI - strategic plan 2025-30 = +/-5%	16%	0%	16%
KPI for full year budget		-1%	

### Highlights

The results before unrealised portfolio gains/losses for the period ending 30 June 2025 show a positive variance of £324k against the budget. The business as usual (BAU) results before reserve expenses, including strategic projects, show a positive variance of £500k against the budget.

The total registrant income of £3,057k is £58k higher than the budget. The total expenditure (including projects) of £2,897k is £385k favourable to the budget.

### Key drivers of the improved financial performance

This is the first year of the new strategic period. The KPI for the quarter is +16% compared to the budgeted KPI of 0%. (Table above).

The key drivers for positive variance are mainly expenses. The main reasons are a combination of savings, revised plans, some delays, and additional costs. (ref. Tables 3-4 – page 8). The quarter ends with a high BAU expenditure variance that arose from delays to the office move (£76k, 20%), impacts on the external facing expenditure (£102k, 26%), contingent expenditure (£41k, 11%), and staff vacancy related costs (34k, 9%). The impact on delays due to office move on the above KPIs was 2%.

The delay in moving to our permanent office premises saved on rent costs as the L10 floor was rent-free. There were savings and delays in operations in IT and Facilities related to the delay in the office move. The Future Office Accommodations (FoA) project, which is a strategic project, is now at the final stages and is expected to have a surplus compared to the approved budget.

## **General Optical Council**

### **Financial Performance Report for the 03 months ending 30 June 2025**

External-facing operations in Regulatory Operations brought high variances due to adjourned hearings and investigation-related panel fees. New methodology adopted by streamlining Quality Assurance activity in Education Operations brought more savings than expected. Some budgets that are contingent by nature were not required during Q1. Having nine staff vacancies during the period also contributed to the high positive variance.

We also saw some over-optimism in the first-quarter activity planning similar to previous years, and we will endeavour to correct this next year.

#### **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, and delays were re-planned at the Q1 forecast.

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

High staff vacancies add pressure to the existing employees.

The investment portfolio, although improving during the last part of the quarter, remains highly volatile, impacting our reserve levels.

#### **Future Impacts (So what?)**

The Q1 reforecasting completed planning the delayed expenditure and using the savings for operations that need more funds. Improvements were made to several budgets to reduce the budgetary expenditure. E.g., adding a 10% hearing day reduction to accommodate early hearing closures. Areas where more staff are required were also identified. Currently there are several recruitment processes underway.

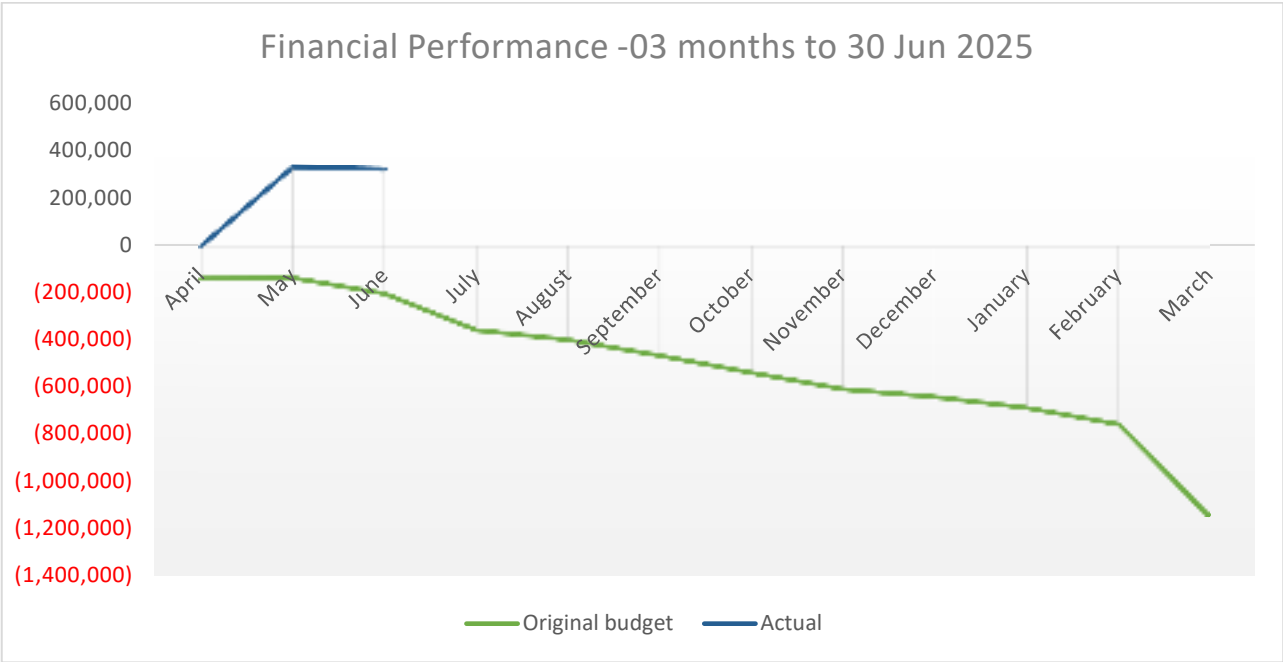
PBF is expected to improve staff retention in the future and will influence performance-related employee pay increases from 2026-27.

The risk register is currently being reviewed and will highlight areas that need more focus. Future reforecasts will consider new changes in the risk register.

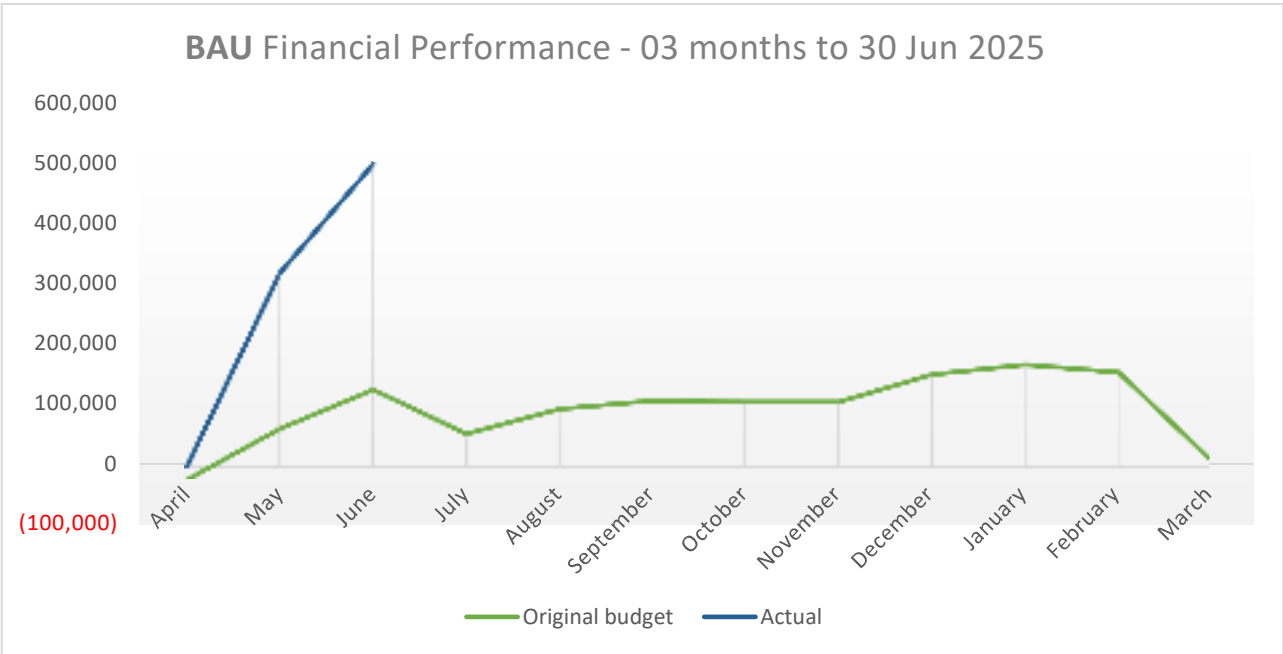
All new business cases that have a financial impact are carefully considered for financial affordability before SMT approval.

General Optical Council  
Financial Performance Report for the 03 months ending 30 June 2025

**Graphical analysis on Financial Performance and Variance**



Graph 1



Graph 2

Analysis of Expenditure

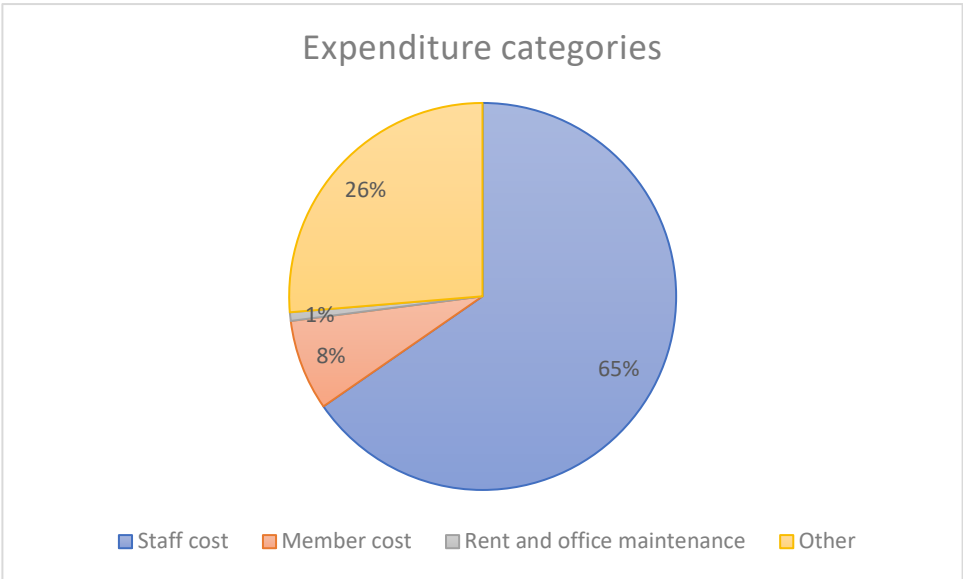


Chart 1

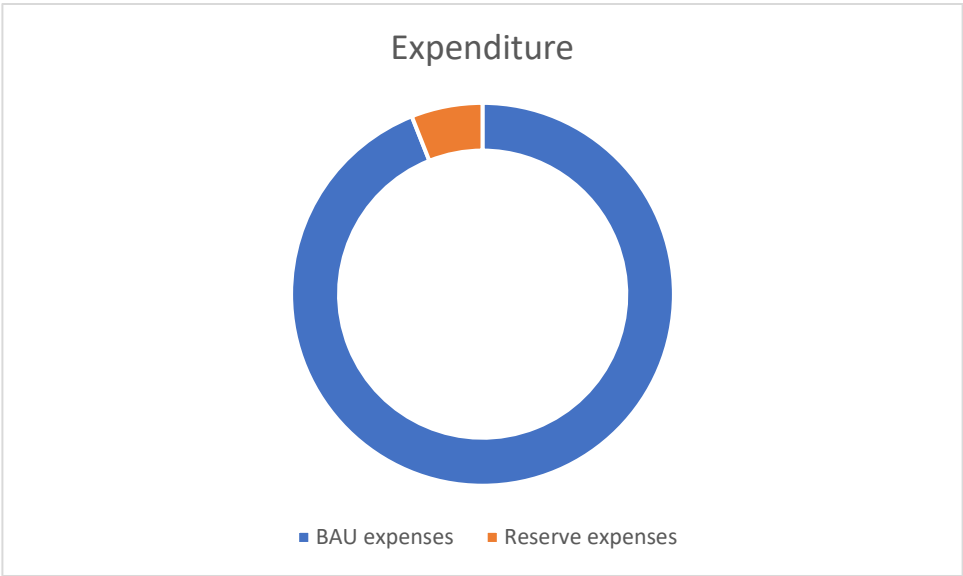
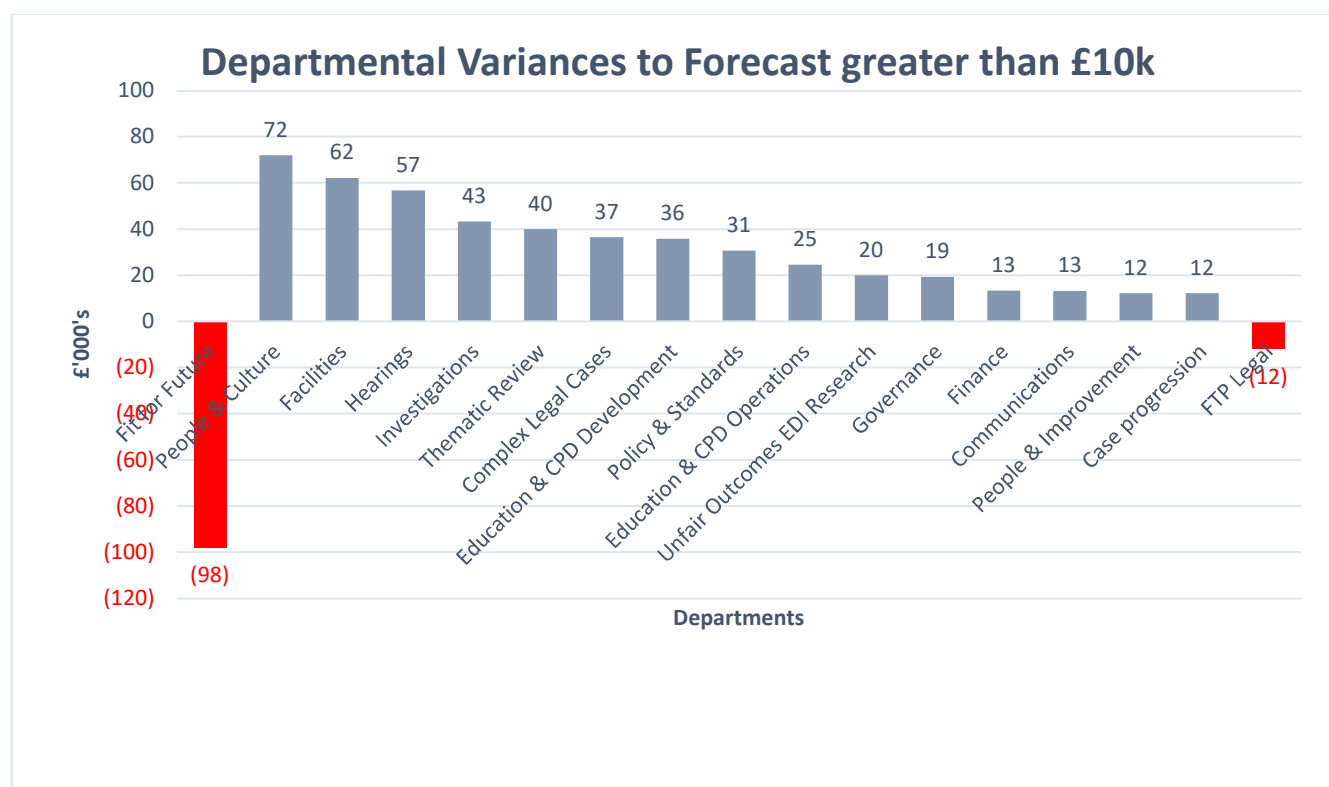


Chart 2

# General Optical Council

## Financial Performance Report for the 03 months ending 30 June 2025



Graph 3

### Cash and Cash Equivalent Summary - 30 Jun 2025

	Actual	BUDGET	Variance
	£'000	£'000	£'000
Cash at Bank	3,029	275	2,754
Short term Investments	5,150	5,650	(500)
<b>Working Capital</b>	<b>8,179</b>	<b>5,925</b>	<b>2,254</b>
Investments	9,573	9,868	(295)
<b>Total</b>	<b>17,752</b>	<b>15,793</b>	<b>1,959</b>

Table 1

### Headcount June 25 (non- FTE)

	Actual	Actual	Actual	Budget
	FTC*	Perm.	Total	
	Jun-25	Jun-25	Jun-25	Jun-25
Chief Executive Office	-	8.0	8.0	11.0
Regulatory Strategy	-	21.0	21.0	24.0
Regulatory Operations	4.0	38.0	42.0	42.0
Corporate Services*	5.0	24.0	29.0	28.0
People & Improvement	4.0	6.0	10.0	9.0
<b>Total Headcount</b>	<b>13.0</b>	<b>97.0</b>	<b>110.0</b>	<b>114.0</b>

\* including Agency temp staff

Table 2

No. of vacancies during the period	9
Staff Vacancy Rate to date	6.3%
Staff vacancy rate budgeted	4.0%

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

Analysis of BAU expense variance June	
Savings	£'000
Efficiency	0
Savings	140
Staff vacancy gaps (excluding efficiency measures)	34
Delays	117
Revised plans and timing(uncertain)	141
Accounting, Puchase order, coding errors	13
Forecast errors	7
Additional expenses	452
Additions	(79)
Others	15
Total Expense Variance	388

Table 3

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-				-
Savings	140				140
Staff vacancy gaps	34				34
Additions	(79)				(79)
<b>Net savings/(overspent) from approved budget</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95</b>

Last year trend	114	(4)	186	143	439
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Table 4

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

**Table A**  
**Income and Expenditure Accounts**

	April - June			2025-26
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
<b>Income</b>				
Registration	3,057	2,999	58	11,928
Dividend Income	72	59	13	234
Bank & Deposit Interest	91	50	41	98
Other Income	1	3	(2)	11
<b>Total Income</b>	<b>3,221</b>	<b>3,110</b>	<b>110</b>	<b>12,270</b>
<b>Expenditure</b>				
<b>Executive Office</b>				
CEO's Office	56	22	(34)	87
Governance	169	189	19	739
<b>Total Executive</b>	<b>225</b>	<b>210</b>	<b>(15)</b>	<b>827</b>
<b>Regulatory Strategy</b>				
Director of Regulatory Strategy	42	43	1	245
Policy	69	99	31	426
Communications	71	84	13	365
Education & CPD Operations	158	182	25	710
Education & CPD Development	107	143	36	527
<b>Total Regulatory Strategy</b>	<b>446</b>	<b>551</b>	<b>105</b>	<b>2,273</b>
<b>Regulatory Operations</b>				
Director of Regulatory Operations	44	45	1	180
Investigation	296	340	43	1,334
Case Progression	238	251	12	1,030
FTP Legal	72	60	(12)	292
Legal	61	62	1	256
Hearings	295	352	57	1,389
<b>Total Regulatory Operations</b>	<b>1,008</b>	<b>1,110</b>	<b>102</b>	<b>4,481</b>
<b>Corporate Services</b>				
Director of Corporate Services	14	42	28	169
Facilities	103	165	62	757
Finance	132	145	13	652
Registration	271	273	1	758
IT	274	281	8	1,279
<b>Total Corporate Services</b>	<b>794</b>	<b>907</b>	<b>113</b>	<b>3,614</b>



**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

**Table A (Contd.)**

	<b>Actual £'000</b>	<b>Budget £'000</b>	<b>Variance £'000</b>	<b>Budget £'000</b>
<b>People &amp; Improvement</b>				
Director of P&I	41	42	1	169
Project Delivery & Continual Improvement	47	59	12	237
People & Culture	145	217	72	748
	233	318	85	1,155
Depreciation	15	13	(2)	63
<b>Total Expenditure</b>	<b>2,722</b>	<b>3,110</b>	<b>388</b>	<b>12,413</b>
<b>Surplus / (Deficit) before project expenditure</b>	<b>499</b>	<b>1</b>	<b>499</b>	<b>(143)</b>
<b>Project Expenditure</b>				
Education Strategic Review project	3	3	0	17
Complex Legal Cases	0	37	37	146
PBF Framework	6	0	(6)	0
Employment Status	21	16	(5)	74
Thematic Review	0	40	40	40
Unfair Outcomes EDI Research	0	20	20	20
Potential Projects	0	0	0	300
Project Depreciation & Amortisation	27	37	10	160
Future Office Accommodation	117	19	(98)	19
<b>Total Project expenditure</b>	<b>175</b>	<b>172</b>	<b>(3)</b>	<b>777</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>324</b>	<b>(171)</b>	<b>496</b>	<b>(920)</b>
Investment gains	171	(121)	291	468
<b>Surplus / Deficit</b>	<b>495</b>	<b>(292)</b>	<b>787</b>	<b>(452)</b>

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

**Table B**

**Income and Expenditure Accounts Including Project Expenditure**

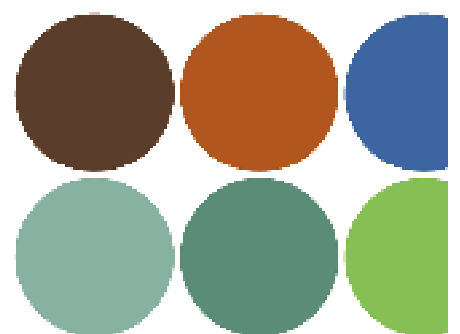
	April - June			2025-26
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
<b>Income</b>				
Registration	3,057	2,999	58	11,928
Dividend Income	72	59	13	234
Bank & Deposit Interest	91	50	41	98
Other Income	1	3	(2)	11
<b>Total Income</b>	<b>3,221</b>	<b>3,110</b>	<b>110</b>	<b>12,270</b>
<b>Expenditure</b>				
Staff Salaries Costs	1,728	1,787	60	7,141
Other Staff Costs	121	136	15	263
Staff Benefits	44	55	10	190
Members Costs	222	302	80	1,326
Professional Fees	129	177	48	671
Finance Costs	111	104	(6)	137
Case Progression	167	236	68	1,018
Hearings	49	61	13	191
CPD & Standards	22	22	0	134
Communication	6	8	2	55
IT Costs	171	153	(17)	761
Office Services	85	148	63	602
Other Costs	1	43	43	177
Potential Projects	0	0	0	300
Depreciation & Amortisation	42	50	8	223
<b>Total Expenditure</b>	<b>2,896</b>	<b>3,282</b>	<b>386</b>	<b>13,189</b>
<b>Surplus / Deficit</b>	<b>324</b>	<b>(171)</b>	<b>496</b>	<b>(919)</b>
Unrealised Investment gains	171	(121)	291	468
<b>Surplus / (Deficit)</b>	<b>495</b>	<b>(292)</b>	<b>787</b>	<b>(452)</b>
<b>Staff cost to total expenditure ratio</b>	65%	60%		

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2025**

**Balance Sheet as at 30 June 2025**

	<b>2025-26</b> <b>30 June 2025</b> <b>£'000</b>	<b>2025-26</b> <b>31-Mar-25</b> <b>£'000</b>	<b>Variance</b> <b>£'000</b>
<b>Fixed Assets</b>			
Furniture & Equipment	1	2	(1)
IT Hardware	131	142	(11)
IT software	160	211	(51)
Capital Work in Progress	128	26	102
<b>Total Tangible Fixed Assets</b>	<b>420</b>	<b>381</b>	<b>39</b>
Investment	9,573	9,413	160
<b>Total Fixed Assets</b>	<b>9,993</b>	<b>9,794</b>	<b>199</b>
<b>Current Assets</b>			
Debtors, Prepayments & Other Receivable	509	765	(256)
Short term deposits	5,150	8,950	(3,800)
Cash and monies at Bank	3,029	1,557	1,472
<b>Total Current assets</b>	<b>8,688</b>	<b>11,272</b>	<b>(2,584)</b>
<b>Current Liabilities</b>			
Creditors & Accruals	1,631	1,694	(63)
Income received in advance	8,559	11,378	(2,819)
<b>Total Current Liabilities</b>	<b>10,190</b>	<b>13,072</b>	<b>(2,882)</b>
<b>Current Assets less Current Liabilities</b>	<b>(1,503)</b>	<b>(1,800)</b>	<b>297</b>
<b>Total Assets less Current Liabilities</b>	<b>8,490</b>	<b>7,994</b>	<b>496</b>
Long Term Liabilities	0	0	0
<b>Total Assets less Total Liabilities</b>	<b>8,490</b>	<b>7,994</b>	<b>496</b>
<b>Reserves</b>			
Legal Costs Reserve	613	613	(0)
Strategic Reserve	3,000	3,000	0
Infrastructure / dilapidations	1,036	1,036	0
Income & Expenditure	3,841	3,345	496
<b>Total</b>	<b>8,490</b>	<b>7,994</b>	<b>496</b>

## Q1 Forecast for 2025-26



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Drawdown plan	16
Cash-flow projections	17

## **Q1 Forecast 2025/26**

	<b>Budget</b>	<b>Q1 forecast</b>	<b>Variance to Budget</b>
	£'000	£'000	£'000
Income	12,270	12,431	161
Expenditure (BAU)	12,413	12,411	3
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>(143)</b>	<b>20</b>	<b>164</b>
Reserve Expenditure	776	1,389	(613)
<b>Surplus / (Deficit) after project expenditure</b>	<b>(920)</b>	<b>(1,369)</b>	<b>(449)</b>
Unrealised Investment gains	468	518	50
<b>Surplus / (Deficit)</b>	<b>(452)</b>	<b>(851)</b>	<b>(400)</b>

Table 1

### **Highlights**

The above table compares the 2025/26 Q1 forecast with the budget approved by Council in February 2025. This is the first year of the 2025-30 strategic plan.

The 2025/26 Q1 forecast shows that the results before reserve expenditure have improved from the approved budget. Annual income, mainly registration fees, is spent on BAU operations. Reserve expenditures are strategic or contingent by nature and are described on pages 11-14.

The reserve expenditure has increased from the budgeted level by £613k, and there is a moderate £50k increase in unrealised investment gains.

### **Key drivers of the change in performance- 2025/26 Q1 forecast**

The revenue increased by £161k. Increased retention income and interest income contributed to the increase, while the non-UK assessment income reduced the revenue marginally.

£136k of revenue was due to the increased retention income. Both a higher number of 2024/25 new registrants and a lower number of registrant removals at the end of the 2024 CPD cycle than anticipated contributed to the increase. There was a £50k increase in interest income due to high interest rates earned by funds in the current account. The higher level of funds retained in the current account funded expenses for office move-related costs, including dilapidation costs, and for back-dated worker payments. The non-UK registrant assessment activities were reduced, affecting a marginal £10k.

The unrealised investment gains improved by £50k with an increase in market value at the end of the quarter.

Although the total BAU operational expenditure doesn't vary from the budget, there were a few movements highlighted below.

- Delays of expenditure from 24/25 to 25/26 amounting to £82k was included in the forecast. This is mainly IT-related.

- One-off increase of moving staff to their salary anchor-point costs an additional £29k.
- Rent saving of £64k due to the delay in the office move to Level 29. Canary Wharf provided temporary accommodation on Level 10 rent-free.

All the strategic projects forecasted are approved by Council. The budget assumed that the Future Office Accommodation project, which managed the office move, would largely be completed by the end of 2024/25. This project was delayed, leading much of the cost to be incurred in the current year. The project was completed in July 2025, saving £60k from the total approved budget due to reduced dilapidation cost payment.

Council approved £646k for backdated worker payments, in addition to the already approved £90k project cost. £529k cost for back-dated worker holiday pay and pensions were accrued in 2024/25, reducing the cost allocation for 2025/26 to £117k.

### **Risks of not achieving 2025/26 Q1 Forecast.**

The key risks are related mainly to expenditure. Revenue is relatively low risk, as the majority of income is 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 are expected to increase by 35%, impacting both case progression and hearings costs during the current year and into 2026/27. These were forecasted, but there could be bottlenecks at certain points where plans could be delayed, for example, case examiners not keeping up with the increased workload. The Case Progression department. has responded to this possibility by looking into increasing the case examiner pool.

There could be unforeseen legal challenges on GOC approach of backdated payments to members, although GOC has adopted a method with reduced risk. The £130k central contingency budget could be used in such events.

Any increase in staff vacancies may impact on 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 result in estimating worst-case scenarios in budgeting and forecasting. We are continuously addressing many aspects of these issues with forecasting, for example, adding a 10% assumption for hearing dates being cancelled in the future. We have also embedded a 4% staff vacancy assumption, continuing to reduce the forecast costs with 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 that helps us to understand the market conditions better. We also plan to be agile in the usage of the strategic projects and cash drawdowns, maintaining good investment levels and benefitting from its long-term growth, as in the past.



## Income and Expenditure Accounts – Q1 +4Yr Forecast

	Year 1		
	Strategic Yr 1		
	2025/26		
	Budget	Q1 Forecast	Variance
	£'000	£'000	£'000
<b>Income</b>			
Registration	11,928	12,026	98
Dividend Income	234	247	13
Bank & Deposit Interest	98	148	50
Other Income	10	10	0
<b>Total Income</b>	<b>12,270</b>	<b>12,431</b>	<b>161</b>
<b>Expenditure</b>			
<b>CEO's Office</b>			
CEO <sup>1</sup>	87	137	(50)
Governance	739	760	(21)
<b>Total CEO's Office</b>	<b>827</b>	<b>897</b>	<b>(71)</b>
<b>Regulatory Strategy</b>			
Director of Regulatory Strategy	245	186	59
Policy & Standards	426	400	26
Communications	365	345	19
Education & CPD Operations	710	715	(5)
Education & CPD Development	527	499	29
<b>Total Regulatory Strategy</b>	<b>2,273</b>	<b>2,145</b>	<b>128</b>
<b>Regulatory Operations</b>			
Director of Regulatory Operation	180	179	1
Investigation	1,334	1,357	(23)
Case Progression	1,030	1,046	(16)
FTP Legal	292	333	(41)
Legal	256	258	(3)
Hearings	1,389	1,363	26
<b>Total Regulatory Operations</b>	<b>4,481</b>	<b>4,537</b>	<b>(55)</b>
<b>Corporate Services</b>			
Director of Corporate Services	169	139	30
Facilities	757	704	53
Finance	653	658	(5)
IT <sup>2</sup>	1,279	1,347	(68)
Registration	758	796	(39)
<b>Total Corporate Services</b>	<b>3,616</b>	<b>3,646</b>	<b>(30)</b>

# **Income and Expenditure Accounts Q1+4 Yr. Forecast (Contd.)**

	Year 1		
	Strategic Yr 1		
	2025/26		
	Budget	Q1 Forecast	Variance
	£'000	£'000	£'000
<b>People and Improvement <sup>3</sup></b>			
Director of People and Improvement	169	167	2
Project Delivery & Continual Improvement	237	236	1
People and Culture	748	716	32
	1,154	1,119	35
<b>Unplanned Future BAU Exp. <sup>4</sup></b>			
Depreciation & Amortisation	0	0	0
	63	67	(4)
<b>Total Expenditure</b>	<b>12,413</b>	<b>12,411</b>	<b>3</b>
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>(143)</b>	<b>20</b>	<b>164</b>
<b>Reserve Expenditure</b>			
Education Strategic Review project	17	64	(47)
Thematic Review	40	40	0
PBF Project	0	14	(14)
Review of Employment Status	74	82	(8)
Backed Pay - Worker Project <sup>5</sup>	0	117	(117)
Unfair Outcomes EDI Research	20	20	0
Potential Projects <sup>6</sup>	300	300	0
Project Depreciation & Amortisation	160	169	(9)
<b>Total Strategic Reserve Expenditure</b>	<b>611</b>	<b>806</b>	<b>(195)</b>
<b>Complex cases legal reserve expenditure</b>			
Complex Legal Cases	146	110	36
<b>Infrastructure/delap. reserve expenditure</b>			
Future Office Project	19	473	(454)
<b>Total Reserve expenditure</b>	<b>776</b>	<b>1,389</b>	<b>(613)</b>
<b>Surplus / (Deficit) after reserve expenditure</b>	<b>(920)</b>	<b>(1,369)</b>	<b>(450)</b>
<b>Unrealised Investment gains</b>			
	468	518	50
<b>Surplus / (Deficit)</b>	<b>(452)</b>	<b>(851)</b>	<b>(400)</b>

1. CEO budget includes 4% recruitment vacancy rate.
2. IT department reverted back into Corporate Services from 2025/26.
3. People and Improvement – the new directorate include the People and Culture team and the new project delivery unit.
4. The unplanned future BAU operational expenses are added for outer years.
5. Backdated pay – worker project. £529k was provided in 24/25. The balance £119k from total approved £646k is provided in 25/26.
6. Potential projects to utilise from reserves.

## Income & Expenditure Forecast - by Category

	2025-26		
	Strategic Yr 1		
	BUDGET	Q1 Forecast	Variance
	£'000	£'000	£'000
<b>Income</b>			
Registration	11,928	12,026	98
Dividend Income	234	247	13
Bank & Deposit Interest	98	148	50
Other Income	10	10	0
<b>Total Income</b>	<b>12,270</b>	<b>12,431</b>	<b>161</b>
<b>Expenditure</b>			
Staff Salaries Costs	7,166	7,063	103
Other Staff Costs	263	462	(199)
Staff Benefits	189	173	16
Members Costs	1,326	273	1,053
Professional Fees	726	847	(121)
Finance Costs	136	151	(15)
Case Progression	1,020	1,029	(9)
Hearings	191	911	(720)
Education and CPD	134	382	(248)
IT Costs	761	850	(89)
Office Services	602	824	(222)
Other Costs	177	182	(5)
Depreciation & Amortisation	223	236	(13)
Potential Projects	300	300	0
Unplanned BAU expenses	0	-	0
Back dated Worker Project		117	(117)
<b>Total Expenditure</b>	<b>13,214</b>	<b>13,799</b>	<b>(585)</b>
<b>Surplus / Deficit</b>	<b>(944)</b>	<b>(1,368)</b>	<b>(424)</b>
Unrealised Investment gains	468	518	50
<b>Surplus / (Deficit)</b>	<b>(476)</b>	<b>(850)</b>	<b>(374)</b>
Staff cost to total expenditure ratio			
56%			

## **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	<i>Target Range as per Reserves policy</i>
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	-	-	-	-	500	£250k -£1.25m
General reserve	3,443	2,833	2,493	2,329	1,852	£2.3m - £4.3m
<b>Total reserve</b>	<b>7,143</b>	<b>6,533</b>	<b>6,193</b>	<b>6,028</b>	<b>6,052</b>	<b>£3.9m - £9.25m</b>

*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 backdated 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 taken into account. When 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 – We will remove the funds at the end of the year one and add £500k back in year five, preparing for the next office move.

General Reserve – has adequate funds to increase the legal reserve or for other contingencies.

The reserves include all known project costs in the new strategy for the next strategic period. A £250k p.a. (£300k in 2025/26) has been allocated for any unknown potential projects.

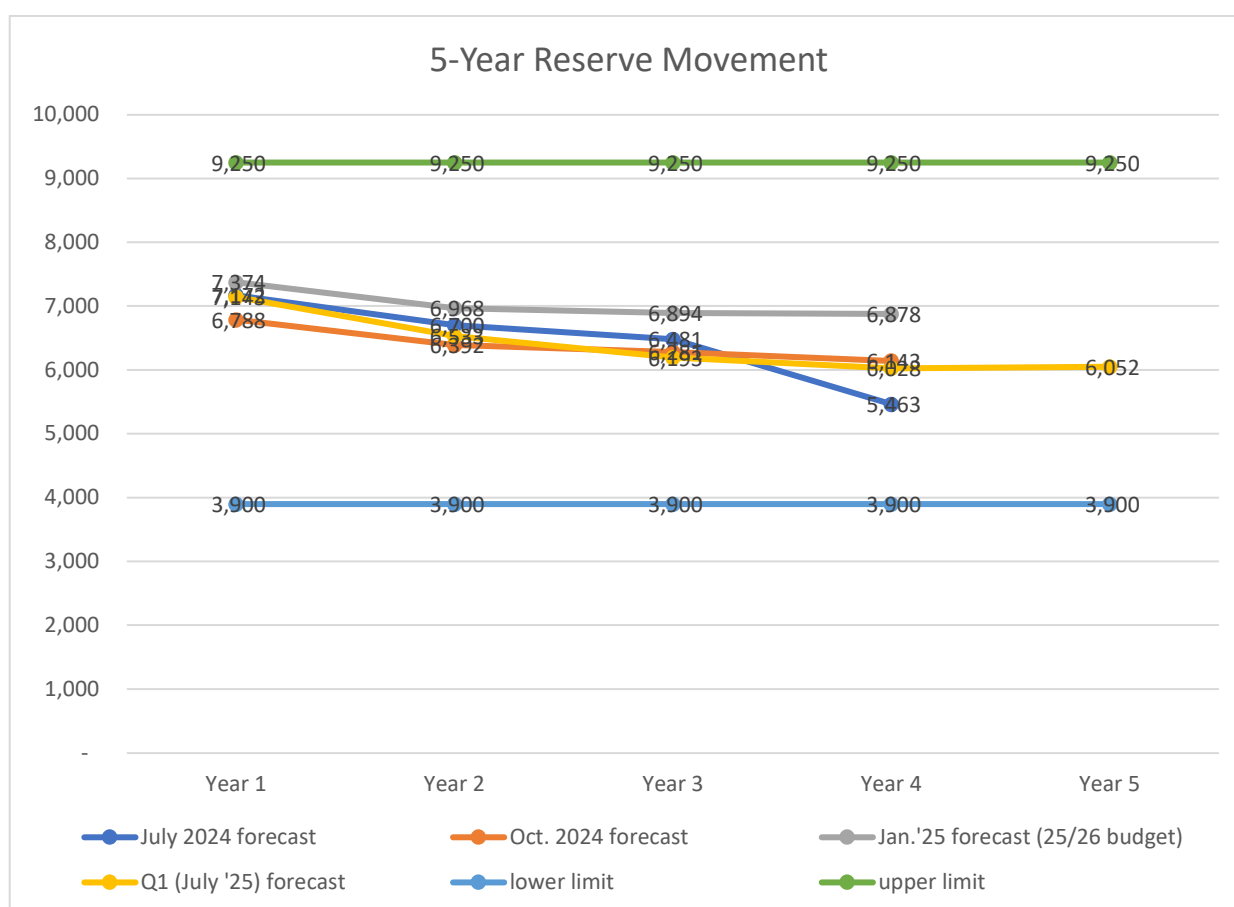
The majority of the reserves are in the form of an investment portfolio, invested for long-term returns and inherently bears high short-term volatility. It is good practice to have a safety level maintained above the minimum target to allow the volatility of the portfolio in the uncertain economic circumstances in the immediate future.

Since our funds are invested mainly in equity markets, there will be a high negative impact if a drawdown is needed in a year when investments are not performing well. Our approach will continue to be agile, considering the operational needs as well as 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.

	Year 1	Year 2	Year 3	Year 4	Year 5
July 2024 forecast	7,172	6,700	6,481	5,463	
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	
Q1 (July '25) forecast	7,143	6,533	6,193	6,028	6,052
lower limit	3,900	3,900	3,900	3,900	3,900
upper limit	9,250	9,250	9,250	9,250	9,250



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 £7.8m to £6.9m, 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.



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 8) of GOC's total expenditure is staff-related costs. The majority of our operations are carried out by employees. Balancing external and staff costs is a delicate operation, optimising the quality of work, productivity, expertise, and affordability.

<b><u>Headcount Projection</u></b>					
	Strategic Year 1	Strategic Year 2	Strategic Year 3	Strategic Year 4	Strategic Year 5
	<b>Forecast 2025-26</b>	<b>Forecast 2026-27</b>	<b>Forecast 2027-28</b>	<b>Forecast 2028-29</b>	<b>Forecast 2029-30</b>
	<u>Mar-26</u>	<u>Mar-27</u>	<u>Mar-28</u>	<u>Mar-29</u>	<u>Mar-30</u>
Chief Executive*	9	11	11	11	11
Strategy	28	27	27	27	27
Operations	42	39	39	39	39
Corporate Services	29	26	26	26	26
People and Improvement Projects	10 1	10 -	9 -	9 -	9 -
<b>Total Headcount</b>	<b>119</b>	<b>113</b>	<b>112</b>	<b>112</b>	<b>112</b>
<b><i>Additions / (deductions) from previous headcount</i></b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>

\* 2 FTE maternity cover contingency added from year 2

Table 5

## **Assumptions**

### Income

- New registration numbers for OOs will increase by 3% annually. DOs will stay the same till we determine the trend in change in a future forecast.
- Student numbers increase by 3%.
- Body corporate numbers will not increase and will not 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 costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.

- Flexible working will continue for staff, members, and panels.
- Governance
  - Committee meetings will be held remotely, saving expenses. There will be one face-to-face ARC meeting or training day each year.
  - All Council meetings held remotely, there will be one face-to-face Council training or strategy day each year.
  - There will be 12 Council members from 2026/27.
  - Demand for member recruitment is the result of natural turnover, and there is no additional recruitment required due to resignations or retirements.
- Policy and Standards
  - 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, subject to approval by Council.
  - A new post of Data Scientist will start from 2025/26.
- Communication
  - Design cost on new annual report design commissioned each year.
  - At least 2 in person events will be attended.
- Education and CPD operations
  - per 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.
  - Auditor and viewers will audit 13 institutions and 1050 reviews.
  - 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 an increase in costs in 2024/25 but a reduction in later years.
- Education Dev.
  - Yr 1 - 3 adaptations remaining for this year. All adaptations are finished.
- Case Progression
  - Yr 1- Average no. of Case Examiner (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.
  - Audit - 2023 cost included 15% increase as it was first year of tender - going forward will be less for 2025 - which will be last year of tender. in 26/27 - will be going to tender for audit.
- Investigations
  - We are looking to outsource some additional cases in Q2, which will offset across the year. We have a high number of cases at stage two cases, to reduce our KPIs, I will send out 4x volume heavy investigations under Cat A.
  - High Court Extensions (HCE) being sent out more frequently than expected, therefore this has increased about administration fees only.



- Substantive Order Reviews (SOR) 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 in 25/26 is 35% higher than original budget. The number of cases will reduce after the year 2.
- 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 we 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
  - Insurance thresholds for cases will stay at £25k, and assumes one new judicial review and one appeal case per year.
- Hearings
  - Yr 1- 343 hearing days, reduced by 10% from Q3, assumed fallen days so total 317 days. Legal advisor 10% reduction also. Assume hearing days will not reduce until legislative reform plan is confirmed.
  - Yr 1- Added 10% discount for hearings as savings for 25/26 from Q2.
  - Yrs 2 onwards – minimum hearing days were planned, therefore not used the 10% discounts.
- P&C
  - Recruitment- Includes the cost of Hireful. Expenditure for agency and worker recruitment will be on a case-by-case basis, hence a risk area.
  - 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.
  - There will be annual staff surveys.
  - Insurance and staff benefit costs will fluctuate according to the number of headcount.
  - Assume there will be annual cost of consultancy for embedding PBF in recruitment and succession planning and other ad hoc projects.
- Finance
  - No. of contracts reviewed by Ward Hadaway and policy development work will be as planned. This is a new contract and was difficult to forecast without trends.
  - There will not be high numbers of unplanned member travel to the office, that could increase the tax costs.

- Annual growth (capital and dividend income) of investment portfolio will be 7.46%.
- The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Registration
  - Non-UK assessor cost has been based on average cost per application and average number of applications received per month plus inflation, currently budget has been retained as the non-UK direction has not been finalised. The reduced activity of 2025/26 will remain for the rest of the year.
  - Retention costs - Cost has been based on invoices received to date, assumption is it was reduced further following statutory notice question
  - Bank charges will remain high.
  - The renewal cycle will remain annual.
  - Renewals will be on annual basis with one upfront payment.
  - Reminder letters have 75% reduction due to e-service correspondence option. This was a 5% increase in cost as letters are sent where emails are blocked, even if registrants have opted in for statutory noticers by email.
- Facilities
  - Staff hybrid levels will stay at similar levels to present.
- IT
  - Any additional approved IT strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
  - There will be no savings/additions as a result of the office move other than as budgeted.
- Project Delivery & Continuous Improvement (New department under People & Improvement)
  - No additional cost other than salaries in the new department. Any identified resource costs for identified projects development and delivery will be sourced as part of project business cases.
- Potential Projects
  - This includes potential IT projects.
- MyGOC Project
  - 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.

We will require drawdowns up to £600k for Q3-Q4 of the current year due to several factors in addition to the requirements above. (1) future office accommodation project (2) backdated worker payments.

	Budget	updated with March'25	Updated with Worker project liabilities20/5/25	<b>NEW</b> -Q1 forecast 2025-26
Nov-25	£250,000	£0	0	£0
Dec-25	£1,100,000	£1,100,000	£550,000	£200,000
Jan-26	£300,000	£350,000	£350,000	£400,000
<b>Total Drawdown Plan</b>	<b>£1,650,000</b>	<b>£1,450,000</b>	<b>£900,000</b>	<b>£600,000</b>
change from budget		£200,000	£750,000	£1,050,000
Change from IC			£550,000	£850,000

Table 6

Q1 2025-26 Cashflow Forecast													
Month ending	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Year 1 2025-26 (Strategic Yr 1)
	Actual	Actual	Actual	Actual	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 Forecast	Q1 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	1,579	1,908	2,701	3,000	2,760	269	331	309	272	302	290	327	1,579
<b>Income</b>													
Registration	118	135	67	107	99	43	57	57	57	618	2,618	8,619	12,596
Dividend income	28	27	13	33	20	20	20	20	20	20	20	20	257
FD interest income	14	10	20	22	13	8	3	0	0	3	3	3	99
Transfers from Deposit Account	1,100	1,600	1,100	900	900	1,750	1,250	1,000	1,150	0		0	10,750
Transfers from Investment								0	200	400			600
Total Cash Inflow	1,261	1,773	1,201	1,063	1,033	1,821	1,330	1,077	1,427	1,041	2,642	8,642	24,312
<b>Expenditure</b>													
Staff payroll	337	324	336	334	356	372	374	377	373	372	369	361	4,284
Council/Worker payroll	53	51	61	92	41	78	62	79	77	62	82	91	830
HMRC	199	190	193	210	192	217	210	220	217	210	218	218	2,494
Pension Contributions	79	82	81	83	82	87	87	89	88	86	87	85	1,016
Rent and service charge			0			4			82			82	167
Corporate credit cards	10	1	1	8	10	10	10	10	10	10	10	10	100
Supplier payments	214	296	212	545	1,522	472	517	319	369	292	319	376	5,452
Direct Debits	40	36	18	31	20	20	20	20	20	20	20	20	285
Fixed assets	0	0	0	0	0	0	72	0	163	0	0	0	235
Transfers to Deposit Account	0				1,300	500					1,500	7,400	10,700
Total Cash outflow	932	980	902	1,303	3,523	1,760	1,352	1,114	1,398	1,053	2,605	8,642	25,564
Net Cash in / (outflow)	329	793	299	(240)	(2,491)	62	(22)	(37)	29	(11)	37	0	(1,252)
Closing Balance	1,908	2,701	3,000	2,760	269	331	309	272	302	290	327	327	327
<b>On Deposit</b>													
Opening balance	8,950	7,850	6,250	5,150	4,250	4,650	3,400	2,150	1,150	0	0	1,500	8,950
Deposited	0	0	0	0	1,300	500	0	0	0	0	1,500	7,400	10,700
Withdrawn	(1,100)	(1,600)	(1,100)	(900)	(900)	(1,750)	(1,250)	(1,000)	(1,150)	0	0	0	(10,750)
Closing Balance	7,850	6,250	5,150	4,250	4,650	3,400	2,150	1,150	0	0	1,500	8,900	8,900
<b>Brewin Dolphin Investment</b>													
Opening balance	9,413	9,413	9,413	9,572	9,572	9,572	9,682	9,682	9,682	9,585	9,185	9,185	9,413
Investment Gains	0	0	171	0	0	122	0	0	115	0	0	117	525
BD charges	0		(12)			(12)			(12)			(12)	(48)
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	0	0	(200)	(400)	0	0	(600)
Closing Balance	9,413	9,413	9,572	9,572	9,572	9,682	9,682	9,682	9,585	9,185	9,185	9,290	9,290

## Audit, Finance and Risk Committee (ARC) annual report 2024-25

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**Meeting:** 16 September 2025

**Status:** For noting

**Lead responsibility:** John Cappcock, Chair of ARC

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

### Purpose

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1. To present the ARC annual report 2024-25 for Council's information.

### Recommendations

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Council is asked to:

- **note** the ARC annual report 2024-25

### Strategic objective

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2. The work of ARC contributes to all three of the organisation's strategic objectives by providing Council with assurance in respect to finance, risk and internal controls.

### Background

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3. As part of its terms of reference, ARC has a key role in providing assurance to the Council on matters pertaining to finance, risk and internal control. Its annual report to Council is attached as annex one.
4. As part of developing its annual report, ARC Committee members were asked to complete a self-assessment form, using the National Audit Office (NAO) Audit and Risk Assurance Committee Effectives self-assessment tool. The anonymised outcome of this self-assessment is included in the report. The Committee has agreed to revisit these results and identify next steps in January 2026, following a review by the Chair of ARC and the Chief of Staff in Q3 25/26.
5. The annual report has been drafted by the Chief of Staff and Chair of ARC. It was circulated to Committee members, the Chair of Council and the Senior Management Team (SMT) for comment. It was approved by ARC at its meeting on 2 September 2025.

### Analysis

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6. An annual report to Council increases the visibility of this assurance role to Council members, the public and registrants. It also supports good governance practice by ensuring that there is a clear mechanism for ARC to report on its activities and findings on a regular basis.

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**Finance**

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7. There are no financial implications associated with preparing the Committee's annual report.

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**Risks**

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8. There are no risks associated with preparing an annual report from ARC to Council, and it reflects good governance practice for the Committee to do so.

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**Equality Impacts**

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9. There are no likely impacts in respect to equalities, diversity and inclusion (EDI) in preparing this report.

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**Devolved nations**

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10. There are no specific impacts for the devolved nations.

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**Other Impacts**

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11. There are no significant impacts identified.

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**Communications**

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**External communications**

12. The ARC Annual Report 2024/25 is included in the Council papers for the public meeting and therefore will be available on the GOC website.

**Internal communications**

13. The report will be shared with members via email by the Chief of Staff, as a way of showcasing the Committee's work and role in decision-making, risk management and internal controls.

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**Next steps**

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14. The Committee Chair and Chief of Staff will review the self-assessment results in Q3 25/26 and share their key findings and any proposed next steps with ARC in January 2026.

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**Attachments**

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Annex 1: Audit, Finance and Risk Committee (ARC) annual report 2024/25

**General Optical Council  
Audit, Finance and Risk Committee  
Annual Report  
Year Ended 31 March 2025**

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## Message from the Chair

This is the fourth annual report to Council by the Audit, Finance and Risk Committee (ARC). It complements the regular reporting to Council by the Committee throughout the year in respect to finance, risks, governance and internal controls. It also provides a self-assessment that will inform the activities the Committee undertakes in the year ahead.

I was appointed as interim Chair of ARC on 25 June 2025 and have chaired two meetings of the Committee. I also serve as the independent member of the Committee and was present at all meetings of the Committee covered by the period of this report. I am satisfied that the Committee has discharged its responsibilities as detailed within its terms of reference.

The Committee has seen extensive change in its membership over the past twelve months with a number of long-standing members standing down. I would wish to record my thanks to these colleagues. The Committee has also benefited from the introduction new members who bring significant rigour and experience which is being deployed effectively in our deliberations

I would like to express my sincere thanks to the ARC Committee members who discharge their duties and responsibilities with exceptional diligence and dedication. I am also grateful to the Council Associates who have taken the time to join our meetings and have made valuable contributions to our discussions.

I am also very grateful to both internal and external audit representatives from TIAA and HaysMac respectively, who attend our meetings on a regular basis and provide helpful challenge, assurance and external perspective.

Finally, I would like to thank the members of the governance and finance teams who support the Committee so ably and attentively throughout the year.

**John Cappock**

**Interim Chair of Audit, Finance and Risk Committee**

**August 2025**

## Membership

The Committee membership for 2024/25 was:

- Sinead Burns (lay Chair 1 April 2024 – 30 September 2024)
- John Cappock (independent Committee member 1 April 2024 – 31 March 2025)
- Kathryn Foreman (lay Committee member 1 October 2024 – 31 March 2025)
- Mike Galvin (lay Committee member 1 April 2024 – 31 March 2025)
- Ken Gill (lay Committee member 1 April 2024 – 30 September 2024; Chair 1 October 2024 – 31 March 2025)
- Frank Munro (registrant Committee member – 26 June 2024 – 31 March 2025)

Frank Munro was appointed by Council in June 2024 to fill the vacancy left by David Parkins (registrant Council member) when he demitted in March 2024. Ken Gill resigned as Council member with effect from 31 July 2025. Council appointed John Cappock as Chair of the Committee on 25 June 2025.

ARC is attended by the Chief Executive and Registrar, Senior Management Team (SMT) as required, Chief of Staff, Chief Legal Officer and Chief Financial Officer. Secretariat support is provided by the Governance team. In addition, the Chair of Council regularly attends as an observer. The Council Associates have observed ARC meetings and made valuable contributions, and an invitation to observe ARC has extended to the newly appointed Council Associate for 2025/26.

## Introduction

This report presents the activity of the ARC for 2024/25, alongside its assessment of the GOC position in respect to its areas of responsibility. The aim is to produce an annual report to model best practice in respect to governance and assist Council with the necessary assurances with regard to the organisation.

## Purpose

The ARC terms of reference are [available online](#). Its primary duties are:

- To provide Council with assurances relating to:
  - management of GOC finances;
  - management of risk;
  - the internal control environment; and
  - corporate and charity governance.
- To appoint, reappoint and remove the external supplier of internal audit services and associated fees
- To approve the internal audit plan;
- To approve policies relating to the following:
  - financial regulations;
  - working capital;

- risk management;
- contracts and procurement;
- information governance;
- anti-financial crime;
- working capital; and
- credit cards.
- To advise Council on:
  - the annual report, accounts and financial statements of the organisation;
  - the suitability of the proposed annual budget
  - matters of note in the financial performance reports;
  - the appointment, reappointment and removal of the external auditors;
  - the external audit fee and other fees for audit and non-audit services;
  - the Reserves Policy;
  - the Risk Appetite statement.
- To approve the external audit terms of engagement;
- To approve the external audit annual plan;
- To approve the statements to be included in the annual report concerning internal controls and risk management; and
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

ARC does this through a combination of regular reporting, deep dives, and specific work throughout the year.

The annual report provides Council with:

- An account of how ARC has fulfilled its responsibilities in 2024/25.
- A self-assessment of the strength and capacity of the ARC membership regarding the required skills and expertise to adequately fulfil its functions.
- An evaluation of the organisation's performance in respect to internal and external audit, and the corporate control environment.
- Areas for future consideration both by Council and its committees.

## Our activity in 2024/25

ARC met six times in 2024/25. A list of agenda items is attached as **annex 1**. The Committee divided its meetings, so the agenda for each meeting alternated between either a focus on risk or financial performance throughout the year. The Committee was able to be flexible when required and the Chair exercised discretion to ensure time-critical matters were not unduly delayed.

The key areas of focus for the Committee in 24/25 were:

### Committee terms of reference

The Committee reviewed its terms of reference as part of a wider review of Council's non-statutory committees. The Committee reviewed several additions intended to reflect the revised global internal audit standards, which came into effect from 9

January 2025. The updated terms of reference were recommended to Council and approved in December 2024.

### **Future office accommodation**

2024-25 was the concluding year of the GOC's Fit for the Future strategy. The Committee regularly reviewed progress updates from the Strategic Change Board to ensure that the progress of the change programme remained on track. A key change was the future office accommodation project, which resulted in the organisation relocating from 10 Old Bailey to One Canada Square, Canary Wharf. The Committee reviewed the business case associated with the choice of future office accommodation. As a result of its review, it gave Council assurance that the costs associated with the office move were reasonable and supported the future strategy and business requirements of the GOC.

### **2025-30 financial, digital, and people strategies**

In 2024 the GOC consulted on a proposed strategy for 2025-30. As part of developing the plans for the next five years, the executive also produced financial, EDI, digital and people strategies. These were reviewed by the Committee and recommended to Council for approval. The Committee felt the strategies had reflected input from internal stakeholders, including the Council strategy leads, and complemented the corporate strategy.

### **Financial management**

ARC conducted regular and detailed reviews of the organisation's financial performance and five-year forecast, including an interrogation of forecasting assumptions throughout the year. It continues to work closely with the Investment Committee to ensure that the risks associated with financial volatility are managed and mitigated.

In January 2025, ARC reviewed the internal and external business plans and proposed budget for 2025/26 prior to approval by Council in March 2025.

### **Internal audit**

The internal audit plan for 24/25 was delivered within the year, including audit of the following areas: Business Continuity; Continuing Professional Development; Fitness to Practise; Fraud Maturity; and GDPR. All audits received a substantial or reasonable assurance audit opinion, except for Fraud Maturity, which was an advisory audit.

ARC maintained a review of audit findings and tracked the management response to any recommendations arising through to completion.

### **Risk management**

The Committee reviewed the corporate risk register on a regular basis, prior to it being considered by Council at its strictly confidential meetings. It undertook deep dives into the following areas: Registration (May 2024); CPD (September 2024); and People and Culture (January 2025).

## Chair's opinion to Council

It is my assessment that ARC discharged its responsibilities over the past year. The Committee covered a broad range of issues relating to finance, risk, governance, and internal control. This work supported the Council and executive by providing assurance on the internal control environment, including financial and risk management.

## Committee self-assessment

ARC members were asked to complete the [National Audit Office 'Audit and Risk Assurance Committee Effectiveness Tool' \(May 2022\)](#). Members were asked to score 179 questions, distributed across six sections, ranking in the following way –

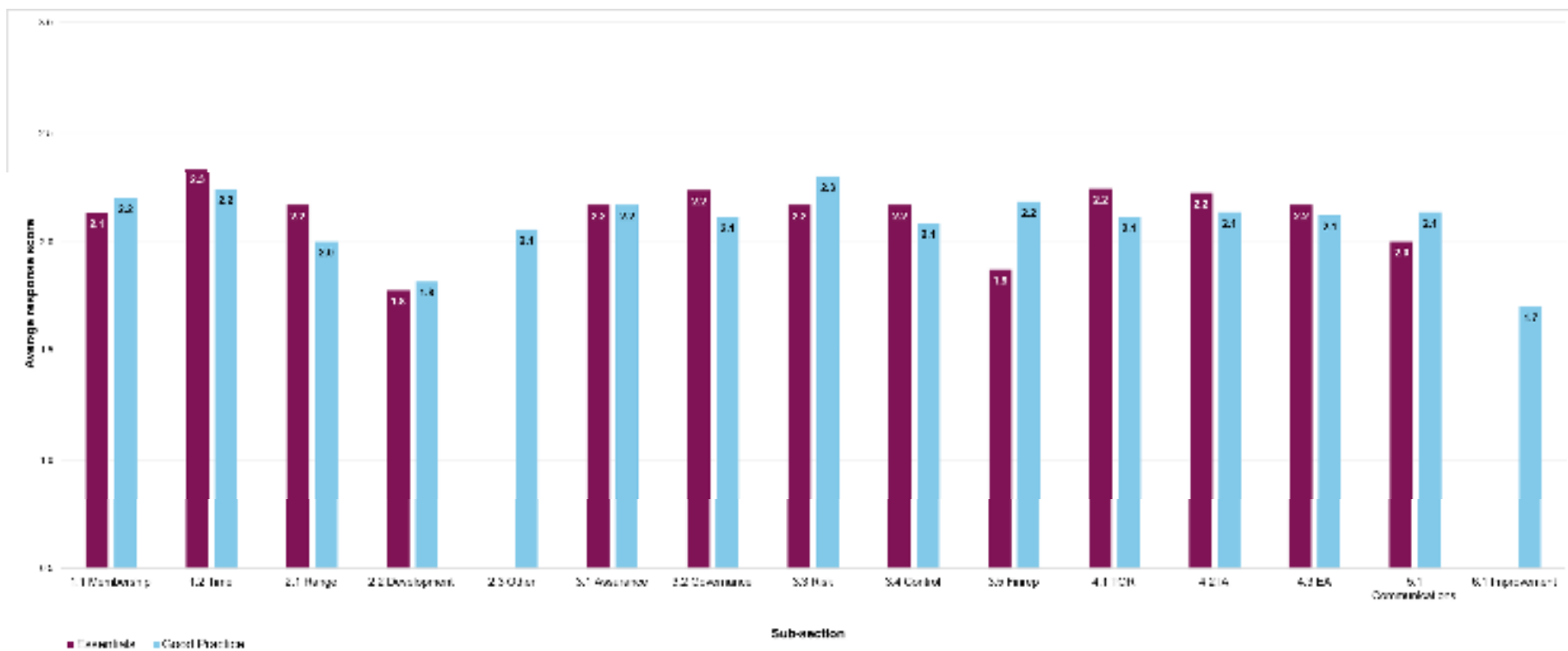
1 = Room for improvement, 2 = Meeting standards, 3 = Excelling

The tool is intended for government bodies, so some questions were disappplied by the Committee as not relevant.

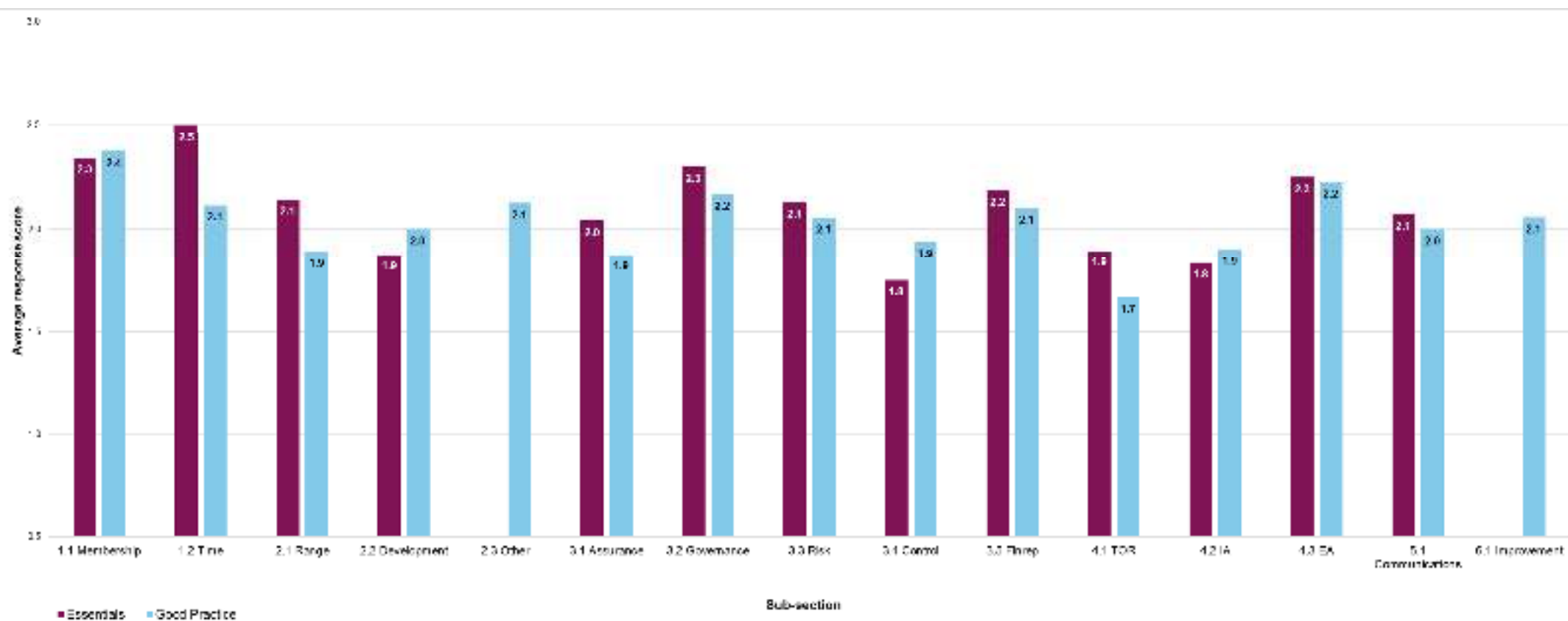
The self-assessment was carried out in August 2025, so does not reflect the views of Committee members who demitted prior to this date. However, it does give an indication of the current membership's experiences and will assist with identifying future areas for improvement and development.

The results are summarised in the charts below, and the results for 2024-25 are included for the purposes of comparison. The questions were split into 'essential' (which "reflect guidance set out in the HM Treasury Audit and Risk Assurance Committee Handbook") and 'good practice' (which "go beyond basic requirements and set a standard for audit and risk assurance committees to demonstrate leading behaviours").

## 2024-25 response



2023-24 response:



The Chief of Staff has reviewed the self-assessments and provided the following summary feedback:

- It should be noted that only three out of a possible four members provided a return this year compared to four last year. The results were collected in August 2025 and reflect the views of the current membership of the Committee; most committee members were appointed during 2024-25 or after 1 April 2025.
- The Chief of Staff encouraged new members to base their self-assessment on their current levels of knowledge and experience, and this will have informed responses. Council and the Committee should note it is not a like-for-like comparison with the previous year's results as only one member of the Committee participated in both self-assessment exercises. However, the results do help the Committee, Council, SMT and the Chief of Staff identify possible areas for future development in terms of Committee priorities and practices.
- There appears to be minor changes in several scores across all categories. The small survey size and restrictive scoring system can account for some of this variance, though the Chair and Chief of Staff will review individual responses to help identify areas of focus for 2025-26. There are improvements in several key areas, including the subsection covering terms of reference: this could reflect the recent activity to update these.
- In terms of areas for improvement, there were clusters of lower scores around the following themes:
  - the Committee's learning and development – this included induction and ensuring there was a positive culture of learning and development in the Committee;
  - the Committee's role in reviewing accounting disclosures and advising Council in this area; and
  - the role and scope of external audit.
- the new Committee Chair will review the responses with the Chief of Staff and will raise actions where necessary to address emerging themes.

The Committee will continue to monitor this in future years and report back to Council to inform policies, procedures and practices as required.

## Forward look

The Committee will use 2025-26 to consider a revised risk register following Council's approval of the new five-year strategic plan. It will continue to provide assurance to Council that the risk management processes within the organisation remain robust, and that internal controls are adequate and planned improvements identified. The organisation will also be looking to revise its never-event framework in 2025-26, and the Committee will be engaged in ensuring this reflects the risk management framework and organisation's risk appetite. In addition to this, the



Committee will continue its deep dives into departmental risk registers and flag any ongoing areas of risk as necessary to Council.

The Committee will monitor how the organisation responds to the Fraud Maturity audit, and how it progresses the recommendations in order to ensure rigorous safeguards against fraud are in place.

The Committee will also continue its compliance monitoring through the year. The significant and serious incident management policy gives ARC a role in tracking lessons learnt from significant and serious incidents as may arise.

The Committee will ensure a long-term form of forward planning, setting its forward plan for three years. This enables a more strategic view of recurring items, and greater visibility of when key compliance and governance reviews are occurring in the committee life-cycle.

The Council's financial position remains strong, as borne out by its annual accounts and external audit. ARC will monitor financial performance closely in light of the economic instability and will continue to provide robust challenge where the executive anticipates over or underspends in its future budgetary forecasts.

## Appendix 1 - Substantive items considered by ARC: April 2024 to March 2025

### 14 May 2024

Strategic Change Board Q4 23-24 assurance report	ARC28(24)
Exceptions and serious incidents report Q4 23-24	ARC29(24)
Corporate risk register	ARC30(24)
Risk departmental deep dive: Registration	ARC31(24)
Compliance report	ARC32(24)
Director's report	ARC33(24)
Internal audit	ARC34(24)
ARC: work plan 2024-25	ARC35(24)

### 2 July 2024

GOC annual report and financial statements 2023/24 (including private discussion with external audit and internal audit)	ARC39(24)
Financial performance/ forecasts/ projections/ budget updates Q4 23/24	ARC40(24)
ARC: work plan 2024-25	ARC41(24)

### 11 September 2024

ARC annual self-assessment and report to Council 2023/24	ARC45(24)
Strategic Change Board: assurance report Q2 2024/25	ARC46(24)
Exceptions and serious incidents Q1 2024/25	ARC47(24)
Corporate risk register	ARC48(24)
Risk departmental deep dive: CPD	ARC49(24)
Financial Performance Report (June)	ARC50(24)
Q1 Budget + 5yr forecast	ARC51(24)
Future Office Accommodation	ARC52(24)
Director's report	ARC53(24)
Progress against internal audit workplan and internal audit findings report	ARC54(24)
Compliance report	ARC55(24)
Business continuity plan	ARC56(24)
ARC Forward Plan 2024/25	ARC57(24)

### 26 November 2024

Proposed 2025-30 financial, digital, and people strategies	ARC63(24)
2025/26 Registration Fees Rules	ARC65(24)
Financial Performance Report to 30 September 2024	ARC61(24)
2024/25 Q2 forecast + 5yr forecast	ARC62(24)
Exceptions and serious Incidents Q2 2024/25	ARC64(24)
Audit, Risk and Finance Committee - terms of reference	ARC66(24)
Gift and hospitality register + Register of interests	ARC67(24)
Audit of Fitness to Practise Decisions 2023/24	ARC68(24)
Contracts – tenders and Exceptions	ARC69(24)
Compliance report - Q2 24/25	ARC70(24)

Business Continuity scenario test and report	ARC71(24)
Annual Health & Safety Audit	ARC72(24)
ARC: work plan 2024-25	ARC73(24)

### **28 January 2025**

Appointment of internal auditor for 2025/26 and approval of internal audit plan 2025/26	ARC01(25)
Strategic Change Board: Q3 assurance report	ARC05(25)
Exceptions and serious incidents Q3 24/25	ARC06(25)
Corporate risk register	ARC07(25)
Risk departmental deep dive: People and Culture	ARC08(25)
Director's report	ARC09(25)
Progress against internal audit workplan internal audit findings report	
Internal audit recommendations – progress report	ARC10(25)
Compliance report Q3 24/25	ARC11(25)
ARC Forward Plan 2024/25	ARC12(25)

### **25 February 2025**

Financial performance: nine months to 31 December 2024	ARC17(25)
Q3(24/25) financial forecast to 2029 and 2025/26 budget and business plan	ARC18(25)
ARC Forward Plan 2025/26	ARC19(25)

# Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2025 – 31 March 2026

Q1 report (1 April 2025 – 30 June 2025)			Q1	Q2	Q3	Q4	Measure	Q4 (24/25)
Finance								
1.1	BAU budget; operate within budget		16.0%				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%				Tolerance is ±10%	0.0%
People								
2.1	Planned L&D events realised		N/A*				Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)		18.1%				Target is ≤17%	16.3%
2.3	Staff engagement / pulse survey:	% response	55%				N/A	51%
		engagement score	19.7				Employee Net Promoter Score (eNPS) – Target is 50 Good=0, Excellent=50, Outstanding=70 (rare)	21.7
Customer								
3.1	FOI requests resolved		100%				Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 1 or stage 2): received		5				N/A	5
	Corporate complaints (stage 2): resolved		N/A**				Target is ≥90% in ≤20 working days	100%
Regulatory functions								
4.1	Registration applications completed		98%				Target is ≥95% forms completed	98%
4.2	Registration accuracy		97%				Target is ≥95%	99%
4.3	Approved qualifications meeting new ETR		86%				Target is 100% by Sep 2025 ex. CoO	84%
4.4	Quality of GOC approved providers' CPD		97%				Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update		83%				Target is ≥90% every 12 weeks	82%
4.6	FtP cases resolved (rolling median)		41%				Target is ≥60% within 78 weeks	58%
4.7	Hearings concluded first time		83%				Target is ≥90%	93%
4.8	Hearings dates utilised		92%				Target is ≥90%	92%
4.9	New investigations at representations		50%				≥80% of investigations at reps within 35 weeks from DIO (for the period)	N/A

**NOTE** – CPD stats have been remove as the data is not meaningful at this stage in the cycle; these will return towards the end of the 2025-27 cycle

\* There were no planned L&D events | \*\* No stage 2 complaints received

KPI		Current RAG status (why it is amber/red; when/how we will get it to green)	Budget implications	Risks
1.1	<p>BAU budget; operate within budget – <b>16%</b></p> <p>Tolerance is <math>\pm 5\%</math> p.a. for 2025-30, balancing over the five years. Tolerance for year 1 as per budget is <math>-1\%</math>. (24/25 <math>\pm 10\%</math>)</p>	<p><b>Why amber/red:</b> Q1 has a high underspend of business-as-usual expenditure. The high variances include (1) expenses delayed due to the office move getting postponed, (2) 11-day hearing case closing within 1-day, (3) Level 10 Canary Wharf did not charge rent, and (4) staff vacancies. More details are included in June FPR.</p> <p><b>How we will get back to green:</b> The Q1 forecast is currently at completion stage and captured many of these variances, assessing the future expenditure for 2025/26.</p>	High positive variances across several departments mostly due to external impacts. Quarterly forecasts will re-allocate any excess variances.	Risk of not achieving business plans. The budget could be used elsewhere.
2.2	<p>Staff turnover (excluding end of FTCs) – <b>18.1%</b></p> <p>Target is <math>\leq 17\%</math></p>	<p><b>Why amber/red:</b> Driven by leavers</p> <p><b>How we will get back to green:</b> Each department is taking action in the development areas identified in the 2024 employee survey.</p>	Cost to temporarily and permanent replace leavers	Impact to productivity where there are gaps and team morale
4.5	<p>Customers receiving an FtP update – <b>83%</b></p> <p>Target is <math>\geq 90\%</math></p>	<p><b>Why amber/red:</b> Reflects the challenge of balancing the need to progress cases efficiently while ensuring that updates to parties are meaningful. Additionally, this is a cumulative rolling measure, so improvements in monthly performance take time to be reflected in the overall figure.</p> <p><b>How we will get back to green:</b> We are taking a more proactive approach to monitoring and reporting on party updates and are supporting teams to stay ahead of these through targeted guidance and oversight. We expect to see gradual improvement as these efforts take effect.</p>	Unlikely to have any.	May undermine stakeholder confidence and perceptions of transparency. This carries reputational risk and could impact trust and engagement in our regulatory processes.
4.6	FtP cases resolved	<b>Why amber/red:</b> This reflects the current focus on progressing our oldest and most complex cases through the system.	Likely increased spend in legal charges and	Older cases often present greater

	<p>(rolling median) – <b>41%</b></p> <p>Target is ≥60% within 78 weeks</p>	<p><b>How we will get back to green:</b> While performance against this measure is likely to remain in the red during most of this financial year, 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.</p>	<p>hearings to accommodate the push through. (Forecasted)</p>	<p>challenges at hearing, requiring more time and resource to conclude. This increases operational pressure and impacts overall case resolution performance.</p>
4.7	<p>Hearings concluded first time – <b>83%</b></p> <p>Target is ≥90%</p>	<p><b>Why amber/red:</b> Of the 29 cases listed in Q1, 3 were adjourned by the FtPC and 2 went part heard.</p> <p><b>How we will get back to green:</b> This issue is being actively addressed through the Hearings Action Plan, with specific focus on reviewing and strengthening the case management process. Additionally, the two Interim Order cases that did not proceed were discussed at the Decision Review Group meeting, where further lessons learned were identified and actions agreed.</p>	<p>If not addressed, a continued trend of adjournment or part-heard outcomes could lead to overspend.</p>	<p>Adjournments and part-heard cases increase costs, cause delays, and risk undermining confidence in the process.</p>
4.9	<p>New investigations at representations – <b>50%</b></p> <p>Target is ≥80%</p>	<p><b>Why amber/red:</b> A significant proportion of cases currently at this stage are older, more complex matters, which are taking longer to progress through the earlier phases of the process.</p> <p><b>How we will get back to green:</b> We have seen increased levels of productivity in Q1, which are now supporting the movement of these cases through the system. As a result, we anticipate an improvement in performance against this KPI from Q3 onwards.</p>	<p>Likely increased spend in Case Examiners costs and legal charges to accommodate the push through. (Forecasted)</p>	<p>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.</p>



## **GOC Internal Business Plan – 2025/26**

### **Council Exceptions Report – Q1 update**

All CRITICAL and ESSENTIAL Q1 activities are ON TRACK or COMPLETE for the following business areas:  
Case Progression, Hearings, Legal, Communications, CPD, Education, Policy & Standards, Finance, IT, Registration, Continuous Improvement, and People & Culture

The following slides describe, with commentary, CRITICAL and ESSENTIAL Q1 activities that are either OFF TRACK (amber) or DEADLINE MISSED (red)

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.		<p><b>Why amber/red:</b> Office relocation meant that most of the control measures and tests needed to wait until final completion (snagging and repair periods completed). This has been delayed as we continue to have contractors working on some systems.</p> <p><b>How we will get back to green:</b> The completion of the repairs and snagging stage with landlord and fit out contractors is needed. After this is completed H&amp;S Consultants will be invited to carry out their annual survey and send their report with recommendations.</p>



## Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Equality, Diversity, & Inclusion action plan 2025-26	BAU	Q1-Q4	● Essential	<ul style="list-style-type: none"> <li>EDI action plan developed and in progress Q1</li> <li>Members, workers and employees clearly engaged in EDI considerations across decision making, policy development and strategic governance</li> <li>Staff survey shows improvement in relevant EDI areas</li> </ul>		<p><b>Why amber/red:</b> Staffing changes have led to the delay of some actions.</p> <p><b>How we will get back to green:</b> Head of People and Culture and Chief of Staff are regularly reviewing revised timescales with EDI manager. At present, there is no long-term impact to the delivery of the proposed action plan.</p>
Member appointment process review	Continuous Improvement Project	Q1-Q2	● Essential	<ul style="list-style-type: none"> <li>Q1 - review of internal processes</li> <li>Q2 - review of guidance to panels and applicants</li> <li>September 2025 - NOMCO - revised guidance and processes approved</li> </ul>		<p><b>Why amber/red:</b> Additional Council member recruitment has led to delay in reviewing processes.</p> <p><b>How we will get back to green:</b> SMT was asked to note revised timescale – new guidance likely to be considered by Nominations Committee in Q3 2025/26.</p>
Review terms of reference of statutory committees	Continuous Improvement Project	Q1-Q3	● Essential	<ul style="list-style-type: none"> <li>Q1 - all committees consider terms of reference, along with any proposed amendments</li> <li>Q1 - Council engaged in ToR workshop</li> <li>September 2025 - Council reviews proposed amendments</li> </ul>		<p><b>Why amber/red:</b> Deadlines for Q1 consideration by statutory committees missed due to unplanned pressures on team capacity.</p> <p><b>How we will get back to green:</b> Reprioritising to occur later in 2025/26. Discussion with working group about whether this is a light touch review (i.e. no changes, simple renewal) or a more extensive one.</p>

## **COUNCIL**

### **Report from the Chair of Council**

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**Meeting:** 16 September 2025

**Status:** For noting

**Lead responsibility & paper author:** Dr Anne Wright (Chair of Council)

### **Introduction**

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1. This report covers my principal activities since the last Public Council meeting on 25 June 2025.
2. I would like to welcome Marc Stoner who has joined the GOC Executive on 1 September following his appointment to the position of Director of Corporate Services. This is Marc's first public Council meeting.

### **Management**

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3. I have held weekly catch-up meetings with Leonie Milliner, our Chief Executive and Registrar (CE&R) and with Andy Mackay-Sim, our Chief of Staff, including pre-briefing meetings when required.
4. As well as other meetings on specific priorities and issues, I have held quarterly 1:1 meetings with individual Senior Management Team (SMT) members, including an introductory meeting on 2 September 2025 with Marc Stoner, our new Director of Corporate Services. I also attended the All-Staff Meeting on 9 July 2025, which was organised by our Communications team and chaired by our CE&R.
5. I watched the recording of our Social Class and Social Mobility (Introduction and Discussion) open workshop that was held on 26 June 2025. The workshop was organised by our Social Mobility Network and presented by our Operations Manager - Education and CPD and our Communications and Public Affairs Officer.

6. On 11 August 2025, I joined the open invite to the 'South Asian Weddings: Part 2, Sindhis' session, organised by our Anti-Racism Group (ARG) and Embrace Network and hosted by our Senior Digital Transformation Lead.
7. Likewise, on 12 August 2025, I joined the open invite to the 'South Asian Weddings: Part 1 - Sri Lanka' session, organised by our ARG and Embrace Network and hosted by our Chief Financial Officer.
8. Following the success of our last 'discussion workshop', the Social Mobility Network hosted a second session, this time focusing on Digital Poverty on End Digital Poverty Day (12 September 2025) where all members of staff were welcomed to attend.

### **Council and Committees**

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9. I have held fortnightly meetings with Tim Parkinson, our Senior Council Member (SCM), including regular fortnightly 1:1 catch-up meetings. On 11 August 2025, I joined a 3-way meeting with our SCM, and our CE&R. In addition, Tim has accompanied me in recent stakeholder meetings in order to meet key office holders and widen his familiarity with the roles and priorities of the various organisations.
10. I have also held catch-ups with Council Members and Associates and participated in induction sessions for incoming Council Members and Associates.
11. On 17 July 2025, I hosted an Audit, Finance and Risk Committee (ARC) Chair induction meeting organised by our Chief of Staff with John Cappock, our Independent Committee Member, following John's appointment to the role of Chair of ARC. In addition, I joined a 3-way further induction meeting on 26 August 2025, with John Cappock, and Andy Mackay-Sim, Chief of Staff.
12. I attended the ARC meetings on 8 July 2025 and on 2 September 2025; and the Nominations Committee meeting on 9 September 2025. I chaired the Council catch-up sessions on 15 July 2025 and on 3 September 2025.

13. Recruitment has commenced to fill the vacancy for a Lay Council Member with an audit, risk and financial background. We received a total of 54 applications by the deadline of 10 August and scrutiny of applications prior to shortlisting is under way.

### **Stakeholders**

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14. 12 August 2025: I attended the Optical Consumer Complaints Service (OCCS) meeting accompanied by our SCM, our CE&R and our Director of Regulatory Operations with Jennie Jones, Head of OCCS, Paul Chapman-Hatchett, OCCS Clinical Advisor and Sue Clark, Consultant at Nockolds.
15. 12 August 2025: I attended the Department of Health and Social Care (DHSC) meeting accompanied by our SCM, our CE&R and our Director of Regulatory Strategy with Phil Harper, DHSC Deputy Director, and Duncan Hall, DHSC Senior Leadership Representative.
16. 14 August 2025: I attended the Federation of Ophthalmic and Dispensing Opticians (FODO) meeting accompanied by our SCM and our CE&R with Sarah Joyce, FODO Chair and Harjit Sandhu, FODO Chief Executive Officer (CEO).

### **Council Member meetings with stakeholders**

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17. As noted above, Tim Parkinson, Senior Council Member has accompanied me in recent meetings with GOC stakeholder's bodies.

## **COUNCIL**

### **Chief Executive and Registrar's Report**

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**Meeting:** 16 September 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**

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1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

#### **Recommendations**

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2. Council is asked to note the Chief Executive and Registrar's report.

#### **Strategic objective**

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3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2025-2026 Business Plan.

#### **Background**

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4. The last report to Council was provided for its public meeting on 25 June 2025.

#### **Analysis**

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5. Since Council last met, we have welcomed three new members of staff: Abigail Brown, Internal Communications Officer; Toby Ganley, Policy Manager (Standards) and Marc Stoner, Director of Corporate Services. I hosted monthly new starter sessions for all new starters.
6. Marc Stoner's employment with the GOC commenced on 1 September 2025. Marc is a qualified accountant and joins us from the Architects Registration Board, where he was Director of Resources, and in 2020 served as Acting Chief Executive. I would like to take this opportunity to extend my thanks to Charlotte Urwin for her commitment and hard work as Acting Director of Corporate Services.

7. I would also like to thank Annabelle Weston, (Project Manager) who has left us since the last report, for her professionalism and expertise in steering us through our major office relocation project. In addition, a huge thanks to Audrey Awosika, Administrative Assistant (intern from Thomas Pocklington Trust) who has also left since the last report. We wish them well for the future.

#### 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). In addition, I held regular catch-up meetings with our Head of People and Culture, and other members of the executive as required.
9. I continue to chair our monthly All-Staff Meetings (ASM) organised by our Communications team, with all staff invited. Our Chair of Council joined our ASM on 9 July 2025 and our Council member, Ros Levenson attended our ASM on 5 September 2025.
10. I also chaired SMT fortnightly meetings and joined our planned Leadership Team (LT) meetings (which has a rotational chair). I attended our monthly corporate Risk Register meetings chaired by our Acting Director of Corporate Services with our members of SMT in attendance.

#### Staff wellbeing and engagement

11. On 26 June 2025, I joined our Social Class and Social Mobility open workshop to introduce concepts related to Social Mobility to the GOC, organised by our Social Mobility Network and presented by our Operations Manager - Education and CPD and our Communications and Public Affairs Officer, who led us through two hundred years of UK class history and a remarkable discussion on definitions of class and mobility.
12. I joined our Anti-Racism Group (ARG) Committee meetings on 27 June 2025, 25 July 2025, and on 29 August 2025, organised by our ARG with ARG members in attendance.
13. Along with members of staff in attendance, I was delighted to join the Bupa presentation on 16 July 2025, (during our new office launch). Bupa provided a talk about our Private Medical Insurance (PMI) scheme to eligible staff.
14. I engaged in the Nockolds presentation (as part of our new office launch) on 17 July 2025, organised by our former Project Manager where staff members were welcome to attend a session with Nockolds to discover more about the Optical Consumer Complaints Service (OCCS).

15. In celebration of this year's theme "Roots to Routes", our ARG and Embrace Network presented a 5-part series of sessions which showcased South Asian culture weddings. On 12 August 2025, part 1 of the series was about the Sri Lanka culture, where our Chief Financial Officer discussed the rich and diverse wedding customs of the Sri Lankan people. On 11 August 2025, in part 2 of the series, our Senior Digital Transformation Lead introduced staff members to Sindhis culture, a community of people with an immense cultural history, language and rich variety of traditions, customs and distinct wedding day celebrations.

#### Council and Committee engagement

16. On 26 June 2025 I participated in our Hearing Panel Committee member training day and had the pleasure of introducing to the newly appointed panel members our GOC mission, values and current strategic objectives. Organised by our Operations Manager (Hearings) and Head of Hearing Operations with the relevant members of staff in attendance and with presentations from Martin Sleight, at Fieldfisher.
17. I attended our Audit, Finance and Risk Committee (ARC) meetings on 8 July 2025, and on 2 September 2025; Council catch-up sessions on 15 July 2025, and on 3 September 2025 and our Nominations Committee meeting on 9 September 2025.
18. On 18 July 2025, I hosted the ARC Chair induction meeting organised by our Chief of Staff with John Cappock, our Independent Committee Member.
19. On 17 July 2025, I joined the Continuing Professional Development (CPD) Approved Provider Forum, organised and hosted by our CPD team.

#### Office launch

20. Our last day in Level 10 (L10) One Canada Square was on 11 July 2025. On 14 July 2025, we moved into our new permanent office on Level 29 (L29). We were excited to welcome all staff members into our brand-new office space on our office launch days that were held on 16 July 2025, 17 July 2025 and on 22 July 2025, with a series in-person team building and introductory activities to help staff familiarise themselves with our new location and explore our new office space, including an inclusion wall, visit to the Canary Wharf estate prayer room, an informal world food buffet, and a 'Walk the Wharf' tour. I would like to thank Staff Networks and People and Culture team for the organisation of our office launch, and our Facilities team who incorporated a fire safety briefing, building facilities presentation, and guidance on how to alter your seating/chair

for staff members.

21. As part of our office move, we also held IT familiarisation sessions and face-to-face tutorials for staff on how to use the new office meeting room booking system. In addition, all staff members were welcomed to attend the Hubstar Connect workshops, organised and hosted by our IT Support Engineer, who went through the Hubstar Desk and meeting room booking system on 6 August 2025 and on 14 August 2025.
22. There was opportunity on our L29 launch days for staff members to book 1:1 Financial Advisor sessions with Charlie McCall, Director at Employee Benefits (EB) Partnership to learn more about the pension benefits available.
23. Our Charity Initiative Network held a bake sale on 16 July 2025 and on 17 July 2025, where a fantastic £128.00 was raised through staff donations for the Brain Tumour Charity.

## **People and Improvement**

### Project Delivery

24. With the move to our new office on July 14<sup>th</sup>, the Future Office Accommodation project is officially now ended. A few snagging items have been identified and have been assigned owners, as part of BAU activities.
25. The development of our staff Performance Behaviours Framework (PBF) is now in implementation phase. All pilot groups (four teams from across GOC) have attended their mid-year review training workshop (which introduces the PBF through discussions aligned to business objectives) of which three have already started holding mid-year review meetings.
26. Two separate PBF workshops are planned for Q3 (2025/6); one for people managers and one for employees; the aim of these workshops is to introduce our staff and people managers to the new mid-year review process. Further workshops will take place later in the year to prepare staff for end of year reviews and for the behavioural performance ratings (planned for early 2026). The pilot groups are currently providing feedback on the workshop content, delivery, and documentation
27. The roll out of the PBF workshops to all staff begins next week, with all employees booked onto sessions during September and early October. We are also beginning to look at designing a workshop for moderators that supports their role in effective team/organisational evaluations and the skills required to ensure consistency and fairness in decision making.



28. MyGOC continues in development phase, with testing and feedback ongoing of products from phase 2. Some requirements have been moved into phase 3 with no known impact to current deadlines. Scoping of the Search the Register (STR) function has now begun.

### People and Culture

29. The results of the recent June pulse survey reflect positive engagement trends across the GOC, with a Net Promoter Score (eNPS) of 19.7, which continues to be in the “good” range.
30. 75% of respondents (scoring 4 or 5 out of 5) felt well informed by SMT about future plans and 80% feel they receive useful feedback from managers about their performance, whilst 82% report feeling comfortable giving their opinion and feedback.
31. SMT has reviewed the survey feedback including responses to the open-ended question about how the organisation can best support health and well-being. A communication on the outcome of the survey has been shared with all staff. Recommendations to further strengthen staff engagement and wellbeing are being taken forward by SMT.
32. In support of our new strategy and the implementation of PBF, P&C are working with the provider of our current management programme to develop a programme to provide line managers with skill sets to support the performance review process. This includes, giving feedback, having difficult conversations, and setting SMART Objectives.
33. Alongside our now regular update slot at the monthly all staff meeting, P&C engaged both BUPA and EB Partnership in the office launch activities in July. This has resulted in an increase in enquiries and uptake of our suite of GOC employee-benefits.

### **Corporate Services**

#### Information Technology (IT)

34. As with Facilities below, the main priority for IT over the last few months has been supporting the launch of the new office.
35. We are currently tendering for an internal and external cyber security Penetration Test to take place in September. The testing will be completed by an external company to independently assess our levels of cyber security. At

the same time the company will be re-assessing our Cyber Essentials Plus Accreditation which is accredited by the National Cyber Security Centre (NCSC).

### Registration

36. Annual renewal for students opened on 30 May and closed on 31 August. Renewal rates are broadly in line with previous years, with 96% of students renewing by the end of the process. We continue to receive a positive response from students, with 90% opting into receiving statutory notices by email only.
37. We received a number of pass lists from various education providers with around 300 newly qualified registrants and around 100 Independent Prescribing specialists, the team are busy processing the applications which will allow them to begin their professional careers and work in their specialist field.
38. This time of year also sees new students applying to register for the first time. Indications from education providers suggest that numbers remain in line with previous years' intakes, and we expect to receive around 1,500 applications before the end of October.

### Facilities

39. As with IT, the major priority for the Facilities team has been the office move. The team are now working with our fit-out consultants to address a range of minor snagging issues. Once those issues are addressed, we will carry out our annual Health and Safety audit so that it can take account of our new premises.

### Regulatory Operations

40. The team have supported two independent audits this quarter; one by the law firm Weightmans on the quality of decision-making across all stages of fitness to practise, and the other by the PSA as part of its annual review of our performance. We will take forward any learning points once we have received the final audit reports.
41. We have onboarded the two panel firms, Blake Morgan and Kingsley Napley, whose contracts with us to provide legal services began in April 2025.
42. We have also signed a renewed contract with Victim Support to provide an independent support service for anyone involved in the Fitness to Practise process with the GOC. While our teams remain committed to offering compassionate support throughout, we recognise that individuals may also benefit from external, independent assistance. Victim Support have delivered

training to our investigation team, focusing on the importance of independent support, practical tips on signposting and recognising when someone may benefit from additional help. We're also working with Victim Support to introduce enhanced support, including a personalised web page, and are reviewing our templates to strengthen signposting.

43. The team has continued work on the directorate's rolling improvement programme. The GOC's Acceptance Criteria have been reviewed and a refreshed version published on our website. The latest FtP Focus newsletter for registrants was published in July, focusing on triage and the role of the Optical Consumer Complaints Service. Reviews of the guidance for case examiners, hearings and indicative sanctions and drafting allegations are well under way and due for completion later in 2025/26.

## **Regulatory Strategy**

### Driving vision standards

44. In June, I updated Council on the Government's response to the HM Senior Coroner for Lancashire's Prevention of Future Deaths report, which included a commitment to "*work with healthcare professionals and their regulatory bodies to identify and aim to address any concerns and issues that may be preventing them from notifying the DVLA when it is in the public interest to do so*". After this, the Association of Optometrists and College of Optometrists have set out a joint policy position calling for a mandatory requirement for all drivers to submit evidence of an up-to-date sight test at licence application and renewal, every 10 years and then every 3 years from age 70, to align with age-related eye conditions and deterioration in visual function. It has been widely reported that mandatory sight tests for drivers over 70 are being considered as part of a package of measures in the forthcoming Road Safety Strategy.

### Professional Standards

45. Our draft guidance documents on maintaining appropriate sexual boundaries and supporting patients in vulnerable circumstances were issued for public consultation on 29 July with a closing date of 17 October. Minor updates to our existing guidance on Speaking Up have also been made.

### Legislative Reform

46. In July, we published our response to the consultation on business regulation and have held helpful meetings with DHSC and Scottish Government officials. 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.

#### Sight testing research

47. In August, we published research from an academic team led by Glasgow Caledonian University on a risk-based framework for the testing of sight. The research was undertaken as part of our commitment from our 2022 call for evidence on the Opticians Act 1989 to consider updating our 2013 statement on the testing of sight following concerns about some emerging models that separate the sight test by time, place, or person.
48. Overall, the study concluded that the separation of sight testing 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 low. It also found 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.
49. Council heard from the researchers at its strictly confidential meeting yesterday and we will be hosting a stakeholder roundtable discussion in October. Stakeholder feedback will inform our decision on next steps, which may include replacing our 2013 statement on the testing of sight and updating the section on supervision in our standards of practice.

#### Research Update

50. It has been a highly productive period on the research front since the last Council meeting. As well as the research on sight testing above, we have published the 2025 public perceptions survey and lived experience research with patients/public in vulnerable circumstances, which Council considered in June. The lived experience research with registrants who have experienced harassment, bullying, abuse or discrimination in the workplace was recently published and the 2025 registrant survey will be published shortly. Council will consider the last two reports elsewhere on today's agenda.

#### PSA consultation on standards review

51. Council will recall that the PSA consulted on changes to its Standards of Good Practice. We understand that the PSA plan to publish a consultation feedback report in September, followed by further engagement with the regulators in October and November. It expects to finalise the standards in January, and

they will come into effect from 1 July 2026.

### Communications

52. A new internal communications officer has been recruited. As well as focusing on communications with staff, they will also chair the staff wellbeing and engagement group and lead on organisation of the optical sector familiarisation programme. A new internal communications strategy was approved to SMT.
53. A new concise system of media monitoring has been developed, focusing on coverage, news of interest and events. Wider monitoring in the public affairs space continues, with monthly briefings and briefings on high profile issues such as the Government's 10-year health plan for the NHS in England.
54. We were pleased to achieve some national media [coverage](#) in the Guardian in an article about eye tests and buying glasses and lenses, including a mention of our public perceptions research as well as our general remit.
55. A new edition of FtP Focus, our newsletter for registrants which aims to provide further information on fitness to practise, was published in July. The theme of this edition was triage and the OCCS. Monthly registrant newsletters also continued to be circulated.

### Education and Continuing Professional Development (CPD)

56. In July, I granted Teesside University full approval for its BSc (Hons) Clinical Optometry & MOptom (Hons) Optometry qualifications under the Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry (2015) and education and training requirements (2021).
57. At its June meeting, Council approved funding for a three-year extension of the Knowledge Hub to support implementation of the Education and Training Requirements (ETR). In July, we announced that The Hub will continue to be operated by the Sector Partnership for Optical Education (SPOKE) until July 2028. We also approved the three final SPOKE projects from the previous contract, which have been published. These include a report on fitness to train and reasonable adjustments, an online toolkit on getting the most from the multidisciplinary team and an online resource on inclusive education for specialist qualifications. In July, the Director of Regulatory Strategy attended and addressed an in-person reception hosted by SPOKE to celebrate the achievements under the last contract and look forward to future projects.
58. The team has supported an audit by the PSA into the education function as part of its annual review of our performance.

59. Council is considering the education annual sector report elsewhere on the agenda.
60. The first CPD audit and review period took place between April and June. Two review/audit periods of nine weeks will now take place each year instead of three over a six-week period following a review of the 2022-24 cycle. This ensures review/audit periods are not too close together and sufficient time for review of any additional information submitted. We were pleased with how the first nine-week review/audit period went and were able to close this earlier than the deadline.
61. On July 17 we held a CPD approved providers forum where we discussed how the first cycle of the new CPD scheme went, the audit of CPD provider process and lessons from the first cycle, issuing post-event certificates, and providers' record-keeping. We received positive post-event feedback from attendees.

#### Governance

62. 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. It is anticipated that appointments will be made towards the end of 2025.
63. The team is reviewing and updating its team charter this year, this is one of the tools it uses to inform stakeholders of our core functions and how these align to the organisation's strategic priorities. A copy will be circulated to Council once it has been updated.
64. The team is in the process of reviewing several internal databases and options to modernise its business as usual activity.

#### Equality, Diversity and Inclusion (EDI)

65. The EDI Manager is now in post and has developed a new EDI policy. This will go to Council in December 2025. The EDI Manager, Head of People and Culture and Chief of Staff have agreed the scope for an inclusive recruitment audit with SMT and secured a senior sponsor (Philippa Greenway).
66. The EDI manager attended an antisemitism all-party roundtable at Westminster. An executive summary has been shared internally with a small set of practical actions to explore, in line with our public and organisational duties. Any agreed actions will be built into the 2026/27 plans.

67. We launched a staff network feedback survey to understand how best to support their aims. Findings will inform a refresh and rebrand to help the networks thrive.
68. Internal recruitment is now open for the Freedom to Speak Up Guardian role, and an appointment is expected in the coming month. Council will have an opportunity to meet the Freedom to Speak Up Guardian, and the Chief of Staff will be working with the Council lead for speaking up over the next few months to ensure Council is engaged with the planned activities for promoting this policy and its requirements.
69. National Inclusion Week (15–21 September) will be led by the EDI Manager with support from the Internal Communications Officer. The programme includes interactive workshops, lived experience talks and other activities to encourage staff engagement.
70. The second phase of data standardisation is underway, with additional due diligence taking place considering the recent Supreme Court ruling and its potential future impact.

#### External Stakeholder Engagement

71. Since the last public Council meeting on 25 June 2025, I have attended the following external meetings and engagements:
  - 26 June 2025: Chief Executives of Health and Social Care Regulators Steering Group (CESG) meeting organised by Nick Jones (CESG Chair), Chief Executive and Registrar (CE&R) at the General Chiropractic Council (GCC) with other regulatory bodies in attendance.
  - 2 July 2025: Exploring Specialist Qualifications meeting accompanied by our Director of Regulatory Strategy with Jay Varia, Principal Optometrist, Head of Optometry Education at Moorfields Eye Hospital.
  - 9 July 2025: Regulators roundtable, 'How can you make your legislation work for you?' organised by Sarah Ellson, Co-Head, Regulatory and Martin Sleight, Director (Barrister), Regulatory at Fieldfisher.
  - 14 July 2025: Federation of Ophthalmic and Dispensing Opticians (FODO) and GOC catch up meeting accompanied by our Director of Regulatory Strategy and our Head of Education and CPD with David Hewlett, Director of policy and strategy at FODO.

- 25 July 2025: Department of Health and Social Care (DHSC) quarterly catch-up meeting accompanied by our Director of Regulatory Strategy with Phil Harper, Deputy Director at DHSC.
- 25 July 2025: Chief Executives of Regulatory Bodies (CEORB) meeting organised by the General Chiropractic Council (GCC) with other regulatory bodies in attendance.
- 30 July 2025: meeting with Stuart Chapman, Regulation Directorate at the Department of Business and Trade to discuss the development of a knowledge and skills framework for senior leaders within the regulatory sector.
- 31 July 2025: in person meeting of Optical Sector CEOs with the relevant sector bodies.
- 12 August 2025: Optical Consumer Complaints Service (OCCS) meeting accompanied by our Council Chair, our SCM and our Director of Regulatory Operations with Jennie Jones, Head of OCCS, Paul Chapman-Hatchett, OCCS Clinical Advisor and Sue Clark, Consultant at Nockolds.
- 12 August 2025: DHSC meeting accompanied by our Council Chair, our SCM and our Director of Regulatory Strategy with Phil Harper, DHSC Deputy Director, and Duncan Hall, DHSC Senior Leadership Representative.
- 14 August 2025: FODO meeting accompanied by our Council Chair, and our SCM with Sarah Joyce, FODO Chair and Harjit Sandhu, FODO Managing Director.
- 1 September 2025: discussion on optical business regulation changes: with Scottish Government accompanied by our Director of Regulatory Strategy with Mike Stewart, Primary Care Optometry Team Leader at Dentistry and Optometry Division, Directorate for Primary Care and Janet Pooley, Chief Optometric Adviser and Nigel Robinson, Legal Directorate, Food, Health and Social Care.
- 4 September 2025: I attended an evening reception to mark the formal re-opening of the British Optical Association Museum, organised by Dr Gillian Rudduck, President at College of Optometrists (COO).



72. A range of other engagements by Directors are listed in Annex 1.

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## **Finance**

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

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## **Risks**

74. The corporate Risk Register has been reviewed in the past quarter and discussed with ARC.

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## **Equality Impacts**

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

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## **Devolved nations**

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

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## **Other impacts**

77. No other impacts have been identified.

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## **Communications**

### **External communications**

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

### **Internal communications**

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

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## **Next steps**

80. There are no further steps required.

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## **Attachments**

Annex 1 - Directors' stakeholder and other meetings.

## Annex 1 – Directors' meetings/visits since last Council meeting

<b>Philipsia Greenway</b> Director of People and Improvement	<b>Steve Brooker</b> Director of Regulatory Strategy	<b>Carole Auchterlonie</b> Director of Regulatory Operations	<b>Charlotte Urwin</b> Acting Director of Corporate Services (Commenced role on 20 May 2025) / <b>Marc Stoner</b> Director of Corporate Services (Commenced role 1 September 2025)
27/6/25 Monthly EB Partnership update meeting	National optometric advisers – periodic meetings	23/7/25 - PSA – end of FtP audit meeting	02/07/25 - Sustainability Roundtable
16/7/25 BUPA presentation	1/7/25 – PSA Regulatory Data and AI Group	9/7/25 - Full Potential seminar on AI-enabled leadership	29/08/25 - Chief Executives of Regulatory Bodies (CEORB) – (on behalf of CEOR)
25/7/25 Monthly EB Partnership update meeting	2/7/25 – Moorfields Eye Hospital – post-registration qualifications	29/7/25 - AOP catch up	
6/8/25 Steve Herrod CiPHR	14/7/25 – FODO – catch-up	12/8/25 - OCCS stakeholder meeting	
	16/7/25 – Specsavers – Thematic Review		
	17/7/25 – SPOKE – future projects		
	21/7/25 – Vision Express – Thematic Review		
	22/7/25 – SPOKE – celebration event		

<b>Philipsia Greenway</b> Director of People and Improvement	<b>Steve Brooker</b> Director of Regulatory Strategy	<b>Carole Auchterlonie</b> Director of Regulatory Operations	<b>Charlotte Urwin</b> Acting Director of Corporate Services (Commenced role on 20 May 2025) / <b>Marc Stoner</b> Director of Corporate Services (Commenced role 1 September 2025)
	23/7/25 – PSA – catch-up		
	24/7/25 – Optometry Scotland – workforce project		
	25/7/25 – DHSC – legislative reform		
	25/7/25 – Chaired Optical Sector Policy Forum		
	12/8/25 – DHSC – legislative reform		
	13/8/25 – DHSC – sight tests for young children		
	14/8/25 – Scottish Government – cosmetic treatments law changes		
	1/9/25 – Scottish Government – business regulation		
	1/9/25 – Boots Opticians – Thematic Review		
	5/9/25 – Utrecht University – non-UK qualifications		

<b>Philipsia Greenway</b> Director of People and Improvement	<b>Steve Brooker</b> Director of Regulatory Strategy	<b>Carole Auchterlonie</b> Director of Regulatory Operations	<b>Charlotte Urwin</b> Acting Director of Corporate Services (Commenced role on 20 May 2025) / <b>Marc Stoner</b> Director of Corporate Services (Commenced role 1 September 2025)
	11/9/25 – Hosted lunchtime seminar with Neil Retallic – mental health in optometry		
	12/9/25 – Chaired Optical Sector Policy Forum		

<b>Council Catch-up 3 September 2025</b>
<b>Council Meeting (Strictly Confidential) 15 September 2025</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>-</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion/ revised CRR</li> <li>- Testing of sight</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 16 September 2025</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Standing orders and scheme of delegation</li> <li>- Annual report and financial statements 2024/25</li> <li>- Equality, Diversity and Inclusion annual report 2024/25</li> <li>- Thematic review</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- ARC annual report 2024/25 Registrant survey 2025 and lived experience research</li> <li>- Education annual monitoring report</li> <li>- Financial performance report for the period ending 30 June 2025 and Q1 forecast of 2025/26</li> <li>- Business performance dashboard Q1</li> <li>- Business Plan Assurance Report Q1</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<b>Council Strategy Day 30 September 2025</b>
<b>Council Catch-up 8 October 2025</b>
<b>Council Catch-up 18 November 2025</b>
<b>Council Meeting (Strictly Confidential) 16 December 2025</b>
<p><b>For decision</b></p> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> <li>- Testing of Sight statement</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 17 December 2025</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Registrant fees 2026/27</li> <li>- Annual reappointment of Council members to committees</li> </ul>

<ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- H&amp;S assurance report</li> <li>- Council's self-assessment against the Charity Governance Code</li> <li>- Q2 2025-26 Financial performance report/Q2 forecast</li> <li>- Business performance dashboard Q2 2025-26</li> <li>- Business Plan Assurance Report Q2 2025-26</li> <li>-</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<b>Council Catch-up 13 January 2026</b>
<b>Council Catch-up 17 February 2026</b>
<b>Council Meeting (Strictly Confidential) 10 March 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Budget &amp; business plan 2026/27</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 11 March 2026</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Budget and business plan 2026/27</li> <li>- Five-year forecast</li> <li>- EDI Action Plan 2026/27</li> <li>- PSA performance review</li> <li>- Member fees 2026/27</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Q3 Financial performance report</li> <li>- Business performance dashboard Q3 2025-26</li> <li>- Business Plan Assurance Report Q3 2025-26</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>
<b>Council Catch-up 16 April 2026</b>