

**Third meeting in 2021 of the Council held in PUBLIC
on Wednesday 22 September 2021 at 10:00 hours via Microsoft Teams videoconference**

AGENDA

				Page No.	
1.	Welcome and Apologies	Oral	Chair	-	10:00 – 10:05 (5 mins)
2.	Declaration of Interests	C30(21)	Chair	3	
3.	Minutes, Actions and Matters Arising				
	3.1 Minutes – 14 July 2021 For approval	C31(21)	Chair	5	10:05 – 10:10 (5 mins)
	3.2 Updated Actions For noting	C32(21)		13	
	3.3 Matters Arising				
4.	Chief Executive and Registrar's report For noting	C33(21)	LL	15	10:10 – 10:20 (10 mins)
5.	Chair's report For noting	C34(21)	Chair	28	10:20 – 10:25 (5 mins)
	STRATEGIC				
6.	Illegal Practice Strategy Review For approval	C35(21)	DS	30	10:25 – 10:45 (20 mins)
	ASSURANCE				
7.	Annual report and financial statements for year ended 31 March 2020 For approval	C36(21)	EW / MIM	121	10:45 – 11:00 (15 mins)
8.	Corporate Policies: 8.1 Speaking Up at the GOC 8.2 Conflicts of Interest 8.3 Anti-Financial Crime For approval	C37(21)	EW	129	11:00 – 11:10 (10 mins)
BREAK (30 mins)					
9.	Finance Performance reports: Quarter 1 ending 30 June 2021 For noting	C38(21)	YG / MIM	168	11:40 – 11:50 (10 mins)
10.	Balanced Scorecard For noting	C39(21)	EW	181	11:50 – 12:00 (10 mins)

11.	Business Plan Report Q1 For noting	C40(21)	EW	183	12:00 – 12:10 (10 mins)
12.	Equality, Diversity and Inclusion: Annual Monitoring Report For noting	C41(21)	EW	186	12:10 – 12:25 (15 mins)
13.	Advisory Panel minutes – 21 June 2021 For information	C42(21)	LL	233	
	OPERATIONAL				
14.	Scheme of Delegation For approval	C43(21)	LL	243	12:25 – 12:45 (20 mins)
15.	Council forward Plan For noting	C44(21)	EW	304	12:45 – 12:50 (5 mins)
16.	Any Other Business (Items must be notified to the Chair 24 hours before the meeting)		Chair		12:50 – 12:55
Meeting Close				12:50 hours	
Date of next meeting – Wednesday 8 December 2021					

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Sinead BURNS Lay Member	<ul style="list-style-type: none"> Registered Psychologist: Health and Care Professions Council Registrant Member: Fitness to Practice Panel, Health and Care Professions Council 	<ul style="list-style-type: none"> Registered Fellow: Chartered Institute of Personnel and Development 	<ul style="list-style-type: none"> Former Vice President Pharmaceutical Society Northern Ireland 	<ul style="list-style-type: none"> Lay Member: Council Chair: Companies Committee Member: Audit and Risk Committee Member: Investment Committee 	<ul style="list-style-type: none"> None
Mike GALVIN Lay Member	<ul style="list-style-type: none"> Non-executive Director: Martello Technologies Group Inc Non-executive Director: ThinkRF 	<ul style="list-style-type: none"> Member: Institution of Engineering and Technology Fellow: Institute of Telecom Professionals. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay member: Council Chair: Education Member: Audit and Risk Committee 	<ul style="list-style-type: none"> None
Lisa GERSON Registrant (OO) member	<ul style="list-style-type: none"> Employee: Ronald Brown Group Employee: Boots Optician Primary Care Supervisor: Cardiff University 	<ul style="list-style-type: none"> Member of AOP Member of College of Optometry 	<ul style="list-style-type: none"> Chair: Optometry Wales Member: GOC Hearings Panel Member/Acting Chair: GOC Investigation Panel Member: GOC Education Visitor Panel College Counsellor: College of Optometrists Trustee: College of Optometrists Trustee: AOP 	<ul style="list-style-type: none"> Member: Council 	<ul style="list-style-type: none"> None
Rosie GLAZEBROOK Lay Member	<ul style="list-style-type: none"> Chair of Research Ethics Committee, (Camden and Kings Cross) - Health Research Authority. Member, Standards Policy and Strategy Committee - BSI 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay Member: Council Chair: Registration Member: Nominations 	<ul style="list-style-type: none"> None
Clare MINCHINGTON Lay Member	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Fellow: Association of Chartered Certified Accountants Fellow: Institute of Chartered Accountants of England and Wales 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay Member: Council Chair: Audit and Risk Committee 	<ul style="list-style-type: none"> None
Frank MUNRO Registrant - OO	<ul style="list-style-type: none"> Director Munro Eyecare Limited (T/A Munro Optometrists) Professional Clinical Advisor, Optometry Scotland 	<ul style="list-style-type: none"> Member of the College of Optometrists Member NHS Greater 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Member: Council 	<ul style="list-style-type: none"> None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
	<ul style="list-style-type: none"> Acting Optometric Advisor, NHS Lanarkshire Lead Optometrist, Glasgow City(South) Health & Social care Partnership Visiting Lecturer, Glasgow Caledonian University Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) 	Glasgow & Clyde Prescribing Review Group			
Dr David PARKINS Registrant - OO	<ul style="list-style-type: none"> Trustee: Spectacle Makers Charity Chair: London Eye Health Network (NHS England) Vice Chair: Clinical Council for Eye Health Commissioning Member: London Clinical Senate Council Director: BP Eyecare Ltd 	<ul style="list-style-type: none"> Fellow: College of Optometrists Fellow, European Academy of Optometry and Optics Life Member: Vision Aid Overseas Liveryman: Worshipful Company of Spectacle Makers Member: British Contact Lens Association 	<ul style="list-style-type: none"> President: College of Optometrists (end Mar 2016) Board Trustee: College of Optometrists (end Mar 2018) Previous CET provider (ended 2015) 	<ul style="list-style-type: none"> Member: Council Member: Audit and Risk Committee 	<ul style="list-style-type: none"> Close Relative: General Optical Council Case Examiner Close Relative: Member, College of Optometrists Spouse: Director - BP Eyecare Ltd
Tim PARKINSON Lay member	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Fellow: Chartered Management Institute 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay member: Council Chair: Investment Committee Member: Remuneration Committee 	<ul style="list-style-type: none"> None
Roshni SAMRA Registrant - OO	<ul style="list-style-type: none"> Locum optometrist (occasional): various high street or independent practices Professional Clinic Manager: City Sight, City University Student: City University (MSc in Clinical Optometry) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Member: Council Member: Registration Committee 	<ul style="list-style-type: none"> Works with a current General Optical Council Case Examiner
Glenn TOMISON Registrant - DO	<ul style="list-style-type: none"> Lead director (for individual members): Federation of Ophthalmic Dispensing Opticians Self-employed: dispensing optician Senior clinical instructor: University of Manchester 	<ul style="list-style-type: none"> Fellow: Association of British Dispensing Opticians Liveryman: Worshipful Company of Spectacle Makers 	<ul style="list-style-type: none"> Chair: Federation of Ophthalmic and Dispensing Opticians (ended December 2014) 	<ul style="list-style-type: none"> Member: Council Chair: Remuneration Committee Member: Nominations Committee Member: Investment Committee 	<ul style="list-style-type: none"> None
Dr Anne WRIGHT CBE Lay Chair	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Chair: Council Chair: Nominations Committee 	<ul style="list-style-type: none"> None

GENERAL OPTICAL COUNCIL

**DRAFT minutes of Council held in public
held on Wednesday 14 July 2021 at 10:00 hours via Microsoft Teams**

Present: Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Rosie Glazebrook, Frank Munro, Clare Minchington, David Parkins, Tim Parkinson, and Glenn Tomison.

GOC Attendees: Marie Bunby (Head of Policy and Standards) (*paragraphs 51 – 60*), Richard Calver (Approval and Quality Assurance Officer) (*paragraphs 21 – 23 and 40 - 46*), Marcus Dye (Interim Director of Strategy), Yeslin Gearty (Director of Resources), Manori Izni-Muneer (Head of Finance) (*paragraphs 28 – 32*), Angharad Jones (Policy Manager) (*paragraphs 51 – 60*), Lesley Longstone (Chief Executive and Registrar), Sarah Martyn (Governance and Compliance Manager), Leonie Miller (Director of Education), Samara Morgan (Head of Education) (*paragraphs 21 – 23*), Dionne Spence (Director of Casework and Regulation), Lisa Venables (Education Manager) (*paragraphs 21 – 23*), Keith Watts (Head of Case Progression) (*paragraphs 24 – 27*) and Erica Wilkinson (Head of Secretariat).

External Attendees: Jennie Jones (OCCS) (paragraphs 62 – 3) Richard Edwards (OCCS) (paragraphs 62 – 3)

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed the visitors and observers to her first public General Optical Council meeting. New members of Council, Lisa Gerson and Frank Munro were also welcomed to their first meeting.
2.	Apologies for absence were received from Roshni Samra.
3.	The Chair cited paragraph 2.16 of the Council’s Standing Orders that state: <i>“All Council members have a duty to attend ordinary meetings in person and contribute effectively until the Chair closes the meeting. Only in exceptional circumstances (with the agreement of the Chair) will a Council member be permitted to participate in an ordinary meeting via electronic means.”</i> She noted that her permission had been granted in these extraordinary circumstances for all participation to be via electronic means.
	Declaration of Interests C14(21)
4.	There were no new declarations and Council noted the following: <ul style="list-style-type: none"> • Frank Munro’s interests would be updated once he had completed his declaration and would be uploaded to the GOC website. • David Parkin was no-longer the Optometry co-clinical lead: Pathway improvement and Recovery Workstream (National Eye Care Recovery and Transformation Programme). The register of interest had been updated and uploaded to the GOC website. • Rosie Glazebrook and Josie Forte noted that their declarations were not quite correct and these would be notified separately. • Josie Forte, Lisa Gerson and Glenn Tomison had interests arising from their engagements with educational establishments.

	Action: the Governance and Compliance Manager to ensure the interests with respect to Frank Munro, David Parkin, Rosie Glazebrook and Josie Forte were updated.
	Minutes of Previous Meetings C15(21)
5.	<p>Council approved the minutes of the meeting held on 10 February 2021 as an accurate record of the meeting, subject to the following changes:</p> <ul style="list-style-type: none"> • Paragraph 6, the bullet point should read: ‘Paragraph 32, third line: “comply and explain” should read “comply or explain”.’ • Paragraph 33, first sentence: the sentence would be reviewed as ‘94% of cases closed due to not meeting the lack of threshold required’ seemed a little high.
	ACTION: the Director of Casework and Resolutions to review the first sentence of paragraph 33 of the minutes from the meeting on 10 February 2021.
	Updated Actions C16(21)
6.	<p>Council noted progress on the actions since the last meeting.</p> <ul style="list-style-type: none"> • C5 – 10/02/2021 and C02(20)10: had been completed. • 10/07/19 (14): this action had also been completed, having been taken into account before the last public perceptions survey.
	Matters Arising
7.	There were no matters arising.
	Chief Executive and Registrar’s report C17(20)
8.	<p>The Chief Executive and Registrar provided an update to her report as follows:</p> <ul style="list-style-type: none"> • (paragraph 7): in relation to the impact of pandemic, the sector bodies issued a statement with regard to infection control and it was confirmed that previous GOC statements still applied. From an internal perspective, work continued on a phased return to the office. • (paragraph 9): the two Director appointments have been made and would be shared in the Strictly Confidential session ahead of a public announcement. • (paragraph 12): more detail than normal had been included in the education update as Council had requested some specific information at the previous meeting. • (paragraph 36): this section was new and updates would be provided on equality, diversity and inclusion each meeting from now on. The GOC was proud to have won the best SME category in the FREDI awards for. • (paragraph 47): there had been an additional virtual practice visit just before the Council meeting where the Chair and Chief Executive and Registrar had met with Christian French, registrant and Chair of AIO, who had recently set up a house practice.
9.	<p>Concern was raised about the potential for MyGoC and the website launch date being missed again and it clashing with re-registration in early 2022. The Chief Executive and Registrar explained that that there was an inter-dependency between the two and that work continued with the supplier to solve the accessibility issues which was essential given the nature of the GOC’s work and the needs of members of the public with sight impairment. Council noted that the supplier had agreed to make the required changes and a timetable to complete the work was being drawn up. The original website was being maintained for the use with MyGOC as a contingency.</p>
10.	<p>A question was raised the registrant survey and whether the GOC should be reinforcing its commitment to protecting practitioners, given feedback that a quarter of registrants wished to leave the profession because of COVID. Council noted that this continued to be an issue and keeping both practitioners and the public safe was the responsibility of businesses. Conversations were on-going with sector bodies who had addressed these issues explicitly in their most recent guidance. If Council had ideas on how the messages could be clearer and more direct in this area, they were asked to feed into the Executive.</p>
11.	<p>Council noted that the knowledge hub tender had included a tight timetable for the indicative document to be delivered before Christmas. The contractor’s ability to deliver had been weighted highly in considering the tenders.</p>

12.	Congratulations were given to the Executive on the staff survey results, which reflected the huge amount of work in progress and there was an acknowledgement of the commitment that showed. It was also noted that the highest ever engagement scores had been received in the Pulse survey.
13.	Council asked how worried it should be about potential failures of CET completion rates. It was noted that there were two issues to be faced: one was the completion of the CET cycle and the need for registrants to get enough points whilst the other was the transition from CET to CPD. With regard to the former point, despite the lower number of learning events compared to the previous CET cycle, attendance at each event is higher due to delivery in a predominant virtual format, with the shift to remote delivery improving access to CET events. It was also noted that the GOC had an exceptions policy and that while there was not going to be a blanket Covid-related exemption, there may be some exceptional covid related issues that may need to be considered on a case-by case basis. The main risk previously around the transformation of CET was that legislative change and the supporting IT may not be completed in time. There was now greater confidence in delivery given the low-risk approach taken to the procurement of the IT solution, coupled with DHSC confirmation that new rules will come into effect in time. It was further noted that MyCET and MyGOC would continue to run in parallel and only be integrated in the long-term.
14.	It was confirmed that the results of the registrant survey had not thrown up low awareness of CPD and that there was a robust communications plan in place. The CET team were looking at granular data on a monthly basis and mapping differences with the cycle three years ago. Concern remained that communications regarding the end of the CET cycle would be lost with the change to CPD and it was agreed that work would take place between the Communications and Education teams to stress test the plans.
	ACTION: the Director of Education to work with the relevant teams to stress test the plans for communications related to the end of the CET cycle and the move to CPD.
15.	A question was raised regarding the percentage of registrants who had completed or were broadly on track to complete their CET requirements by the end of this three-year cycle. It was noted that the CET providers were helping to advertise CET for registrants and that monthly evening seminars were being held for CET providers at which the latest monthly CET tracking data was shared.
16.	Council noted that there were regional variations in the uptake of CET and it was mentioned that in Scotland there had been an NHS led communications plan to ensure that individuals met the annual requirement. The Director of Education said that she would share the latest CET monthly tracking data with Council.
	ACTION: the Director of Education to share the latest CET monthly tracking data with regard to CET to Council.
17.	Council noted the update on recent developments.
	Chair's Report C18(20)
18.	The Chair introduced her report, thanking all those who had helped with her induction since her appointment. Since the paper had been finalised she had also met with Professor John Wild and Professor Barbara Ryan MBE from the School of Optometry at Cardiff University. She had also joined the virtual visit with Christian French. There were forthcoming meetings with Health Education England, the Association of Independent Optometrists and Dispensing Opticians (AIO) and the Chair of the Nursing and Midwifery Council.
19.	The Chair welcomed Glenn Tomison as the new Senior Council Member and had been pleased to hear how positive and enthused everyone had been about him and his appointment.
20.	Council noted the report. <i>Council took a break and the meeting restarted at 11:40 hours.</i>

	STRATEGIC
	<i>The Head of Education, the Education Manager and Approval and Quality Assurance Officer joined the meeting.</i>
	Education: Approval and Quality Assurance C19(21)
21.	Council noted that the University of Hertfordshire had been subject to two conditions resulting from the visit. The first condition, due at the end of May 2021, has since been closed following submission of evidence and triage. The remaining condition was straightforward and likely to be discharged nearer to its due date at the end of August 2021. The other two universities under consideration did not have any conditions.
22.	Council welcomed the quality of the reports, and given the past year, it was suggested that the commendation included in the UWE's report should be acknowledged as a significant achievement. Council noted that the quality assurance and approval process leading to the three recommendations for qualification approval had been straightforward and transparent. Council questioned whether, if they had had concerns regarding the robustness of the evidence or the quality of the recommendations, what might be the process for addressing them. It was noted that the current quality assurance and approval process which underpinned any recommendation for qualification approval included a risk-based and serious concern review which would be enacted should issues arise, so that any concerns that one or more requirements would not be met were addressed early, and that a recommendation for qualification approval would not be made to Council unless the Executive, on advice from the EVP, was assured all requirements were met. One potential solution could be to delegate new qualification approval decisions to the Executive, with Council having scrutiny of the processes that lead to those decisions, rather than final sign off. Council noted that the forthcoming review of the scheme of delegation would consider this issue.
23.	Council approved the following qualifications: <ul style="list-style-type: none"> • University of the West of England (UWE) – BSc (Hons) Optometry • University of Hertfordshire – Independent Prescribing for Optometrists • University of Central Lancashire (UCLan) – BSc (Hons) Ophthalmic Dispensing
	<i>The Head of Education, the Education Manager and Approval and Quality Assurance Officer left the meeting.</i>
	<i>The Head of Case Progression joined the meeting.</i>
	Fitness to Practice Performance Update C20(21)
24.	Council noted that the past year had been challenging and that it was frustrating that the GOC had been unable to bring down case duration during 2019-2020 although the number of new referrals had reduced and very few hearings had been delayed. In the final quarter of 2020-2021 the triage caseload was under control, having struggled for most of the year to meet KPIs, with a reduction in caseload and the number of older cases. The forecast for the year ahead was broadly positive. There were a number of older cases that still needed to work their way through the system, which would impact the end-to-end KPIs for 2021-2022. However, the reducing age of open cases would support a forecast of improvement in 2022-2023. It was noted that the procurement and implementation of a fully functional case management system was a priority in supporting this work.
25.	Council thanked the FtP team for their on-going work in improving the speed of the process. It was noted that the Professional Standards Agency (PSA) may not be comparing like with like when comparing the different regulators against one-another, although this was mainly due to operational differences driven by respective legislation. Whilst noting the loss of six months it was key to note that the number of referrals were dropping, and work continued with the Optical Consumer Complaints Service (OCCS) to filter out lower level complaints.
26.	In response to a question about whether PSA looked at the quality of FTP decision making, it was confirmed that they did and that the GOC audit of decision making gave additional assurance.
27.	In response to a question about the type of complaints being raised in the past year, it was noted that in the last few months of the pandemic, optical practices had stepped up to receive patients with eye care issues being sent from hospital to community settings.

28.	Council welcomed the FtP bulletin and felt that it should be mandatory reading for CET purposes, to show the impact of FtP cases and in doing so, move the GOC into more preventative processes. Reading the bulletin would help registrants to understand the process and the support available rather than fearing the process. It was agreed that this suggestion would be fed into the process of deciding on CPD priorities and requirements for each cycle.
29.	Council noted the contents of the paper. <i>The Head of Case Progression left the meeting.</i>
	ASSURANCE
	<i>The Head of Finance joined the meeting.</i>
	Finance Performance Reports: Year ending 31 March 2021 C21(21)
30.	Council noted there was now a significant surplus against an original deficit budget due to savings from the organisational response to COVID, efficiencies and some delays. The value of reserves, while remaining volatile, had also recovered. At the end of 2020 the reserves policy had been reviewed, to specify the different categories for which the reserves were needed, such as strategic projects, and these would continue to be reviewed.
31.	The Audit, Risk and Finance Committee (ARC) had considered the paper at its latest meeting and welcomed the stronger financial position. At its next meeting consideration would be given to the best use of those funds. ARC would also be discussing registrant fees. The end of year auditor's meeting had taken place with some useful discussion regarding the level of reserves.
32.	In response to a question about registered income coming in at year end being less than budgeted, it was noted that this was due to the delays in exams which meant there had been no new registrants during Q3 and Q4.
33.	Council welcomed the news that the GOC investments portfolio had recovered value lost at the end of the last financial year. The investment managers expected the portfolio to grow by 4.8% - 5% over the coming year based on the current profile but this was very difficult to predict in the current climate.
34.	Council noted the report. <i>The Head of Finance left the meeting.</i>
	Balanced Scorecard C22(21)
35.	Council noted that the final quarter of 2020/2021 showed an improved picture to that of the previous quarter.
36.	A question was raised about the reduced risk of a tier one error. Council noted a number of steps had been taken to ensure that this type of error did not reoccur. Moving forward, as part of the GOC refresh, teams would be bought together, and additional quality assurance and management controls would be put in place. An audit in this area was planned to provide additional assurance.
37.	Council noted the balanced scorecard.
	Operational Business Plan 2020/2021 – Q4 Progress C23(21)
	<i>11:55 - Clare Minchington left the meeting.</i>
38.	Council noted that this was the last time this detailed operational document would be presented to Council for consideration; the high level outcome measures are now presented through the balanced scorecard in a more concise and accessible way. Progress against the business plan will in future be reported on an exceptions basis.
39.	In response to a question about the RAG-rating of the registration of first year students, it was noted that the impact of COVID was on qualification, which was the cause of delay rather than registration running slow.

40.	Council noted that with respect to illegal optical practice, a new strategy was being drafted alongside a literature review during August, for Council consideration in September. This review was about what could be done within the current legislation; the interim Director of Strategy was leading the work to improve the legislative framework on business regulations which would run in parallel to the DHSC work in making health regulatory legislation consistent.
41.	Council noted the Q4 progress of the internal operational business plan 2002/2021.
	<i>The Approval and Quality Assurance Officer joined the meeting.</i>
	Education A&QA Annual Monitoring and Reporting Sector Report 2019/2020 C24 (21)
42.	Council noted that the paper outlined the different processes used by providers during the year because of the pandemic. There had been a great deal of resourcefulness but there still remained some risk around student recruitment and delays to students' progression to registration.
43.	Council were concerned with the percentage of students not being able to progress but noted that placements were available across the sector and if necessary sector-wide action put in place to enable progression. One challenge was believed to be the availability of supervisors as they required two years' experience. In response to a suggestion that secondary supervisors could be used to allow individuals to join the workforce, it was noted that there was no distinction between primary and secondary supervision within the GOC's temporary supervision policy. The consultation in the previous year on temporary changes to the GOC's supervision policy had requested evidence of impact (either positive or negative) on supervision of trainees, and no feedback was received on the issue of whether supervisors ought to be fully registered for a minimum of two years.
44.	It was noted that there were reasons why applications to ophthalmic dispensing programmes were declining, as set out in the report. Recent quality assurance visits had found some dispensing providers more confident that more students would be recruited in the 2021/22 academic year after low numbers were recruited in 2020/2. The increasing number of applicants admitted to optometry programmes was believed to have reduced the number of potential applicants to dispensing programmes, but it was hoped that implementing the Education Strategic Review would enable ophthalmic dispensing and optometry programmes to be made more attractive as well as recognising prior learning if individuals wished to swap disciplines.
45.	There was of course the more general question, given the GOC role in relation to quality assurance for degree programmes, of what should be done when attainment and/or progression rates were not as expected and what the plans for students would be going forward. Council noted that education visits and AMR would pick up such issues at an early stage. It was also noted that it was generally integrated optometry and ophthalmic dispensing courses that had seen lower than usual progression rates due to delays in securing and completing placements or obtaining practice-based experience, rather than issues with attainment in exams.
	<i>12:28 – Clare Minchington returned to the meeting.</i>
46.	It was noted that proposals contained in the current consultation on updated requirements for GOC approved qualifications in AS, SP & IP included proposals that supervisors could be a suitably qualified and competent non-medical prescribers (a DPP) rather than an ophthalmologist, and that trainees would complete approximately 90 hours experience under supervision. In the meantime, Council noted the temporary change made to the current requirements for placement experience within the HES, with up to 45% of experience permitted to be acquired remotely.
47.	With regard to the risk of financial issues in the HE sector, a question was asked about the risk of course closure, noting that resourcing was always tough in higher education. It was reported that an exercise had been completed examining the liquidity of institutions offering GOC-approved qualifications and that the results of this study this would remain under review and inform risk-based and serious concerns reviews.
48.	Council noted the report.
	<i>The Approval and Quality Assurance Officer left the meeting.</i>

Professional Standards Authority (PSA) Performance Review 2019/2020 C25(21)	
49.	Council noted that the report published in March 2021 was a fair reflection and generally positive. It was against new standards, most of which had been passed, with the exception of those discussed earlier in the meeting. Council had also discussed the response and the subsequent measures in place going forward. The Executive had been through the report picking up suggestions and translated these into an action plan which had been incorporated into the Business Plan for this year.
50.	Council also noted that there were questions about comparability of the timeliness measure. Data had been produced that provided a fairer comparison, which brought down the median number of days cases had taken.
51.	Council noted PSA's remarks regarding the response to Covid-19 and proffered thanks to the GOC staff teams involved for their work on the Covid-19 statements.
52.	Council noted the PSA's assessment of the GOC's engagement with the PSA review process.
Public Perceptions Survey C26 (21)	
<i>The Head of Policy and Standards and the Policy Manager joined the meeting.</i>	
53.	Council noted this key piece of work was carried out with approximately two thousand members of the public. The 2021 survey had included some new questions on Covid-19, which helped shape the work. Council felt that care needed to be taken in interpreting some of the data given the numbers responding to some questions.
54.	Council felt there was a need to differentiate between an optometrist and a dispensing optician; there were key differences, despite being part of the same team. Going forward there was a need to think about who had responsibility for each part of the process, how issues could be identified and resolved, to improve the service.
55.	Council noted the report.
Registrant Survey C27 (21)	
56.	Council noted that this key piece of work was last undertaken in 2016. The survey had asked registrants how the GOC was doing in respect of regulatory functions and standards. Questions on Covid-19 experiences and job satisfaction had also been additionally included. Thoughts for questions for the next survey would be welcomed from Council.
57.	Council noted with concern the high percentage of registrants reporting poor job dissatisfaction and the number of respondents wishing to leave the profession. This could create huge workforce issues and Council asked whether this should be explored further given that workforce was not part of the GOC's scope. There was also a concern that any move of outpatient optometry services to community care would cause even more issues. Concern was also raised about the percentage of registrants suffering from discrimination, it would be interesting to see if it was from colleagues or patients.
58.	It was agreed that SMT would see whether it was possible to combine the survey data with registration data to create a richer picture of the workforce. It was also noted that there had been a workforce survey in Wales, which could show some useful comparators.
ACTION: SMT to consider the potential to produce a workforce report from the survey and registration data.	
59.	With regard to FtP, 46% of respondents felt that the GOC FtP process was fair to registrants, however, there was a question as to how a registrant knew this unless they had been through the process. It could, of course, be something as simple as getting the communications right. Clearly, the FtP Bulletin was a step in the right direction in sharing information with registrants.

60.	Council noted that this survey was a snapshot in time and highlighted that it had been a challenging year and perhaps as a result only 50% of respondents felt connected with the GOC, but there was some concern that registrants thought the GOC represented the optical profession. This indicated the need to tackle engagement with the 50% who felt disconnected and the potential in using the engaged 50% as ambassadors in the future. Council noted that this issue of purpose was similar across all regulators and felt that the communications strategy should be addressing this by increasing understanding of the role of the GOC.
61.	Council noted the report. <i>The Head of Policy and Standards and the Policy Manager left the meeting.</i> <i>Richard Edwards and Jennie Jones (OCCS) joined the meeting.</i>
	Optical Consumer Complaints Service (OCCS) Annual Report 2020- 21 'Supporting the Professions to be Fit for the Future' C28(21)
62.	Council noted that both the GOC and OCCS were committed to learning from complaints. By working collaboratively, and using mediation, it was possible for low level complaints to be dealt with quickly.
63.	Council welcomed the report, noting that it was heavily focussed on prevention but noted also their disappointment in the drop in public response in respect of the profession offering an apology. It was confirmed that CPD would pick up how an apology should be appropriately used with a dissatisfied consumer.
64.	The OCCS offered 1:1 meetings to discuss their work should any Council member wish to take these up. <i>Richard Edwards and Jennie Jones (OCCS) left the meeting.</i>
65.	Council noted the report. Council Forward Plan C29(21)
66.	Council noted the report. Meeting dates 2022-2024 C29(21)
67.	Council noted that these would be issued as soon as they were ready, but there was a need to ensure that these dovetailed with the finance dates. The dates would be checked and confirmed shortly.
68.	Council noted the report. Any Other Business
69.	There was no other business.
70.	Thanks were given to the members of the public who attended.
	Meeting closed: 13:27 hours
	Next meeting: 22 September 2021

COUNCIL

Actions arising from Public Council meetings

Meeting Date: 22 September 2021

Status: For noting.

Lead Responsibility and Paper Author: Erica Wilkinson, Head of Secretariat

Purpose

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

Part 1: Action Points from the Council meeting held on 10 February 2021

Reference	By	Description	Deadline	Notes
C4 14/07/2021	Governance and Compliance Manager	To ensure the interests with respect to Frank Munro, David Parkin, Rosie Glazebrook and Josie Forte were updated.	July 2021	COMPLETED – as evidenced by the updated Council register of interest.
C5 14/07/2021	Director of Casework and Resolutions	To review the first sentence of paragraph 33 of the minutes from the meeting on 10 February 2021.	September 2021	COMPLETED
C14 14/07/2021	Director of Education	To work with the relevant teams to stress test the plans for communications related to the end of the CET cycle and the move to CPD.	September 2021	ON-GOING - Comms plan enacted and tested. Work is ongoing to ensure Registrant enquires support in lead up to 31 st Dec end of cycle
C16 14/07/2021	Director of Education	To share the latest CET monthly tracking data with regard to CET to Council.	July 2021	COMPLETED – this was emailed round to Council.
C58 14/07/2021	SMT	To consider the potential to produce a workforce report from the survey and registration data.	September 2021	COMPLETED – a further workforce report has been commissioned.

Part 2: Action points from previous meetings which remain outstanding

There are no actions outstanding from previous meetings.

Part 3: Action points previously outstanding but now completed.

There are no actions outstanding from previous meetings.

**PUBLIC
C33(21)**

COUNCIL

Chief Executive's Report

Meeting: 22 September 2021

Status: For noting

Lead responsibility and paper authors Lesley Longstone (CEO & Registrar)

Council Lead(s): Dr Anne Wright CBE

Purpose

1. To provide Council with an update on recent developments.

Recommendations

2. Council is asked to note the CEO & Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2021/22 Business Plan.

Background

4. The last report to Council was provided for its July meeting.

Analysis

5. Student registration has been a key operational focus for the organisation over the past few weeks and we are pleased to report that all is going to plan, despite the upheaval created by the pandemic.
6. At the strategic level we are heavily engaged in developments related to regulatory reform, both proposed legislative change and the KPMG review regarding the number of regulators. Council discussed a draft response to the latter, which has now been submitted.
7. We are also beginning to work up a call for evidence related to GOC specific legislative reform, which we intend to issue before the end of the year.
8. The GOC has recently welcomed Philipsia Greenway as our new Director,

Change. Philipsia will be arranging to meet Council Members and a range of stakeholders over the next few weeks and months. She will lead our GOC Refresh portfolio of change, including some internal restructuring previously discussed and agreed with Council.

Education

9. The consultation on updated education and training requirements for GOC-Approved qualifications for specialist entry to the GOC Register in **Additional Supply (AS), Supplementary Prescribing (SP)** and/or **Independent Prescribing (IP)** categories closes on 4 October 2021. On 8 September Leonie Milliner, the Director of Education led a registrants' webinar explaining the proposals. Two further webinars are planned on 20 and 27 September 2021. Existing providers of approved IP qualifications have been invited to the webinar on 20 September to explore issues around transition. Providers of HCPC and GPhC approved IP programmes have been invited to the second webinar on 27 September, to explore how well our proposals align to prescribing qualifications undertaken by other non-medical healthcare professionals and whether our proposals will offer greater opportunities for inter- and multi-disciplinary teaching and assessment.
10. Mindful that the new education requirements for independent prescribing qualifications may not take effect for some time, we announced on Friday 10 September that following work with the College of Optometrists, we had agreed to series of proposals from the College to ease workforce progression, whilst still meeting the 2008/ 2011 handbook requirements. All changes to the College's approved qualification in independent prescribing (Common Final Assessment) will be monitored by the GOC Education Team, including as part of our annual monitoring and reporting process.
11. The consultation on updated education and training requirements for GOC-Approved qualifications for specialist entry to the GOC Register as a **Contact Lens Optician (CLO)** opens on 20 September for three months. The Expert Advisory Group for CLO met on 13 September to consider the outcome of the verification of the outcomes undertaken by the University of Hertfordshire using the Delphi method.
12. In relation to ESR implementation, the **Sector Strategic Implementation Steering Group (SSISG)** met for the second time on 7 September. This was a positive meeting with good progress evident in a number of areas and fruitful discussion of outstanding issues. The first meeting of the **Technical Advisory Group (TAG)** is planned for 7 October 2021.

13. We were also delighted to announce that following a request for proposals in August we commissioned the '**Sector Partnership for Optical Knowledge and Education (SPOKE)**' to establish a Knowledge Hub/Information Exchange to support implementation of our education reforms. The College of Optometrists are the lead partner for SPOKE and will be supported by Association of British Dispensing Opticians (ABDO), Optometry Schools Council (OSC) and bodies from across the sector. SPOKE's first project will be to develop the indicative guidance to supplement the Outcomes for Registration. Work on this was launched by SPOKE last week and is due to be published on 15 November 2021.
14. Work is progressing on achieving approval of changes to **CET/CPD Rules**. Final comments from DHSC have been received and responded to, and we have been informed that the revised Rules will be laid before parliament in October. Drafting of documentation and changes to the CET website to support the transition to the new CPD scheme are on track. Weekly meetings are being held with our IT contractor and our communications plan to encourage registrants to complete the current CET by 1 January is underway. The team are tracking Registrants' CET point uploading/ acquisition very closely.
15. Annual training for **Education Visitors** takes place on 13 October 2021, and preparations continue for the first on-site quality assurance visit since the pandemic began.

Registration

16. The annual student renewal process opened in June and closed on 31 August. The overall renewal rate of 95% was identical to the previous year's figure. The focus now shifts to the new intake of students for the 21/22 academic year. Confirmed class lists are awaited from around half of the education providers. The numbers received so far indicate numbers of new students are on a par with previous years.

Casework and Resolution

17. Consultations on the **service of statutory notices** by email, an updated **Remote Hearings Protocol** and an update to the **Hearings and Indicative Sanctions Guidance** close today, while our survey on the remote hearings experience is open until 4 October and we are encouraged by the positive response rate already seen. This is open to all parties and observers to our remote and blended hearings and will enable us to review our processes and

improve participant experience as we move towards a more normalised approach.

18. In response to our positive and proactive reaction to the pandemic, our Director of Casework and Resolutions has been invited to co-lead a session with the Scottish Social Care Council on the future of remote hearings at the Professional Health and Social Care Regulatory Conference in November.
19. We are maintaining the progress we reported to Council in July. At **triage stage**, we are seeing an increase in new referrals received and are currently projecting an increase for 2021-22 of 38 per cent. Despite this, we have reduced the open caseload to 45 cases with a median age of three weeks at 31 August - down from 60 cases at the end of Q1, and we have made over 200 triage decisions since 1 April in a median time of seven weeks, coming within our KPI objective.
20. We have increased our collaborative working with the OCCS at triage stage, holding weekly or bi-weekly case reviews to ensure that new concerns can be diverted to the most appropriate remedy at the earliest stage. This has proved successful so far, enabling more low-level customer concerns to be removed from the regulatory framework and assessed and resolved promptly. Since May, approximately 62 concerns have been referred to the OCCS - robust reviews are in place to ensure that if any subsequent fitness to practise concern is later raised, the case can be fast tracked to investigation.
21. In October, the GOC and OCCS will co-lead a training session with optical businesses on how we approach concerns received into triage, what sort of information the GOC will require from the businesses when referring an allegation or concern, and what they should know about our expectations before deciding to refer a matter to us.
22. We have introduced a new complaint form which is now live on our website. And are drafting a policy to ensure that formal consent to consider the allegation is received before the case is opened in triage. We hope that this will provide a more streamlined and timely approach and ensure early patient or witness engagement with the process.
23. At **investigation stage**, we have seen a slight increase in the open caseload since the end of Q1 - 114, up from 108 - reflecting the increase in new referrals being received. However, 40 per cent of cases are at case report stage or beyond, and the median age of the active investigations has been broadly maintained at 28 weeks from date of complaint and 16 weeks from investigation being opened. We are seeing an increase in the percentage of

cases being referred to the Fitness to Practise Committee - up to 41 per cent for the year to date, from 32 per cent at the end of Q1 – which was anticipated as a natural consequence of (a) our triage reforms removing lower-level complaints from the process and (b) our efforts to move older cases through to case examiners.

24. At **post-case examiner stage**, we have seen a consequential increase in our caseload to 20 cases, from 17 at the end of Q1, and we have recently started to improve the number of cases being served on the Hearings Manager, which has been a critical area for us. This has reduced the median time that cases have been at stage three, from 29 weeks when we reported to Council in July, down to 15 weeks. However, we have more work to do at this stage to meet our desired in-stage turnaround time of ten weeks, and to ensure that we do not allow the caseload to increase further.
25. Our **hearings** team have continued to make good progress in maintaining their median scheduling time of 26-27 weeks against a 39-week KPI. The annual chairs meeting and committee training has just taken place, and over the summer months, our newer committee members were invited to a refresher induction session in response to the lower number of sittings most have experienced this year. Case Examiner training is currently scheduled for November.
26. In terms of end-to-end performance, in July we forecast a closure median for the year to date of just over 100 weeks by Q3 - down from 144 for 2020-2021 - before a challenging increase followed by a more sustained reduction. The year-to-date median at 31 August was on track at 100 weeks.
27. Our Registrant Bulletin, **FtP FOCUS** continues to be well received by the sector with issue 4 due for publication in October. By the end of the year, registrants will have been taken through an end-to-end journey of fitness to practise, demystifying the process and providing some assurance about the approach taken.
28. CRM/CMS development is progressing slowly with several providers having demonstrated a variety of options. A detailed requirements specification is now being developed and we are planning to invite tenders during Q3.
29. We have a detailed a paper on our proposed approach to **tackling illegal optical practice** on the agenda which seeks a more proactive, pragmatic and proportionate response to the longstanding issue.
30. And finally, we are pleased with the indication in our forthcoming **EDI report**

that while there remains a disparity between male and female registrants entering the fitness to practise process in comparison to the registrant profile, the **variance in race and religion has reduced** to approximately three per cent although we accept this must be reviewed with some caution given the year we are reporting on.

Strategy

31. We received 72 responses to our consultation on **Speaking Up guidance** for registrants. There was overall support for the guidance in principle, as well as feedback about the barriers and challenges in implementing it. We have taken this into account in updating the guidance and will work with the professional bodies in supporting our registrants to implement it. SMT has approved the guidance for publication in Q3.
32. We have continued to engage with the DHSC's Legislative Reform following our response to the public consultation earlier this year. KPMG has been appointed to undertake a **review of the number of regulators** which considers this in terms of improving public protection, supporting a flexible workforce, performance of current structure, support for stakeholders and efficiency. The CEO, Chair and Director of Strategy met with KPMG in August and following discussion with Council have prepared a response to a further survey and data collection exercise.
33. We are currently reviewing drafts of proposed changes to the General Medical Council's legislation which will form the basis for changes to all regulators' legislation. The drafting we have seen is in line with our own consultation response.

Resources

34. The technical issues with the development of our new **website** are now largely resolved. We expect to be able to hand over the source code for the site for an in-depth audit in the next month, following which we can begin the launch preparations.
35. Work on the new **MyGOC** registrant portal continues and we are finalising the technical documentation following completion of work to map out our internal processes. This is required for the integration of the new site into our upgraded Customer Relationship Management system, which in turn will allow for automation of application processes and an improved, faster registrant experience.

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36. We have completed a second consultation on a new **Agile working** framework, which focusses on business requirements rather than a notional number of days in the office. This will be finalised within the next week or two and regular reviews will be undertaken following introduction.
37. Our **Pulse survey** is a vital tool for providing regular monthly snapshots on how we are doing, rather than having to wait for the annual survey results. Recently it has also benefitted from an additional monthly 'guest' question on a hot topic. This month's guest question explores perceptions of our support for mental health and wellbeing and the results are broadly positive so far, with 50% either satisfied or very satisfied and a further 32% neutral.

Equality, Diversity & Inclusion

38. Following on from our award from the National Centre for Diversity of Best SME in the FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) awards for diversity, we have achieved a Bronze ranking from **Employers Network for Equality and Inclusion for TIDE** (Talent Inclusion and Diversity Evaluation), which is a continued endorsement of the GOC's Diversity and Inclusion work. The mark is measured by themes, including workforce, strategy and plans, leadership and accountability, training and development and communication and engagement.
39. Since the last update our EDI activities have included:
- Work to improve and adopt best practice for the 20/21 EDI Monitoring Report
 - Launch of our GOC Anti-Racism Group
 - Completion of a lunch and learn programme for mental health
 - Launch of "Time to Talk" initiatives to continually raise awareness on mental health
 - Continuation of "Meeting Free Days", following a trial and positive feedback from staff
 - Continued work on a Gender Reassignment policy, working with the Disclosure and Barring Service to improve the way we work with Transgender Registrants
 - Review of Recruitment Practice through an EDI Lens
 - Review of EDI Learning and Development plans
 - Provision of training for staff network leaders
 - Involvement of staff network chairs in Director recruitment.
 - Potential recruitment firms for CEO recruitment exercise reviewed on EDI practices.

Secretariat

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40. Since the last Council meeting the Secretariat has successfully recruited a new independent member of the Nominations Committee and worked with the committee to initiate the Council Associate Member Campaign.

External Developments

41. Key external developments continue to be Covid-19 related. We have regularly reviewed and updated our risk assessments for staff and visitors, and we continue to take a cautious approach to the return to office, which is now open most days, with increasing numbers of staff working coming into the office one or two days a week.

External stakeholder engagement

42. I have chaired two meetings of the Chief Executives of Health and Social Care Regulatory Bodies forum (CEORB), since the last meeting of Council.
43. With the Chair and Director of Education, I met David Behan (Chair), Navina Evans (CEO) and Beverley Harden (national lead for Allied Health Professions) of Health Education England.
44. I also accompanied the Chair to her Introductory Meeting with Christian French (Chair) and Mike Ockenden (CEO) of the Association of Independent Optometrists (AIO).
45. I chaired a meeting of the Optical Sector CEOs, including Harjit Sandhu (FODO), Tony Garrett (ABDO), Adam Sampson (AOP) and Ian Humphreys (COO). I also had one-to-one meetings with Adam Sampson and Ian Humphreys.
46. I participated in an Optometry Roundtable organised by Richard Whittington (LOCSU) and chaired by James Kingsland.
47. I had two meetings with Claire McMahon and Amanda Woodhouse (KPMG) to discuss the KPMG regulator review, joined by the Chair, Dr. Anne Wright and Neil Thomas (KPMG) for the second of those meetings.
48. A range of other engagements by Directors are listed in Annex 1.

Finance

49. This paper requires no decisions and so has no financial implications.

Risks

50. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

51. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

52. We continue to engage with all four nations across a wide range of issues.

Other Impacts

53. No other impacts have been identified.

Communications

External communications

54. This report will be made available on our website, but there are no further communication plans.

Internal communications

55. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

56. There are no further steps required.

Attachment

Annex one – Directors' Stakeholder Meetings

Meetings/visits since last Council meeting

<p style="text-align: center;">Leonie Milliner Director of Education</p>	<p style="text-align: center;">Marcus Dye Director of Strategy (Interim)</p>	<p style="text-align: center;">Dionne Spence Director of Casework and Resolutions</p>	<p style="text-align: center;">Yeslin Gearty Director of Corporate Resources</p>
<p>15.07.2021 meeting with Laura Fraser, Director of Pharmacy, GPhC Scotland</p>	<p>Weekly 6 x UK Advisors Meeting with:</p> <ul style="list-style-type: none"> • Raymond Curran – Head of Ophthalmic Services, Health and Social Care Board Northern Ireland • Janet Pooley – Chief Optometric Advisor to Scottish Government • David O’Sullivan - Chief Optometric advisor to Welsh Government • Daniel Hardiman McCartney – College of Optometrists • Sarah Schumm – Health Education Improvement Wales • Tim Morgan – Health Education Improvement Wales 	<p>GOC Council Member for Scotland - introduction Frank Munro</p>	<p>Multiple GPhC meetings with Robert Jones (Head of Risk Management and Audit)</p>
<p>15.07.2021 induction meeting with Frank Munro, GOC Council member for Scotland</p>	<p>Monthly Chaired 3 x GOC Sector Workforce meetings with representatives from:</p> <ul style="list-style-type: none"> • ABDO • ACLM • AOP • AIO • BCLA • College of Optometrists • FODO • Optometry Northern Ireland 	<p>Defence Stakeholder Group Meeting ABDO, AOP, BLM, William Graham Law, Hempsons, Capsticks</p>	<p>Multiple MyGOC Design meetings with Mark Payne from Arriga, Richard Boardman from Mareeba and Robert Hawkins, Chris Hartnett and Paul Jobson from Fortesium</p>

Leonie Milliner Director of Education	Marcus Dye Director of Strategy (Interim)	Dionne Spence Director of Casework and Resolutions	Yeslin Gearty Director of Corporate Resources
	<ul style="list-style-type: none"> • Optometry Scotland • Optometry Wales 		
19.07.2021 meeting with Lizzie Ostler, Director of Education, College of Optometrists re SPOKE contract	Monthly 4 x UK-REACH STAG Project Board meetings – Government commissioned research into impact of Covid-19 on diagnosis and treatment of ethnic minorities.	Rap Interiors GOC Refit	Mattersphere – CMS demo Scottish Social Care Council
19.07.2021 attendance at Kingsley Napley seminar on Judicial Review processes	Kingsley Napley seminar on Judicial Review processes - 19.07.2021	OCCS regular meeting Jennie Jones, Richard Edwards	
16.07.2021 Sector Workforce meeting with sector body leads	Recognised Qualification Bill Healthcare Regulators Roundtable with Lord Grimstone, BEIS and DHSC - 28.07.2021	Kingsley Napley - Judicial Review Webinar Nick de Mulder Nick Wrightson	
16.07.2021 meeting with Alice Carr, RAP Interiors, GOC Refit.	Association of Independent Optometrists (AIO) introductory meeting with GOC Chair Dr Anne Wright and Dr Christian French (Chairman) and Mike Ockenden (Secretariat Lead) - 28.07.2021	Caselines - CMS demo Andrea Kilby	
18.08.2021 Introductory Meeting with GOC & Health Education England (HEE): Dr Wright CBE (Chair), Lesley Longstone (CEO), Navina Evans (CEO), Sir David (Chair), Beverley Harden (National lead for Allied Health Professions)	Chief Executives of Regulatory Bodies Meeting – 29.07.2021	i-Casework – CMS demo Matt Milnes	
09.08.2021 meeting with Andy Smith, QAA and Amy Spencer, DfE to discuss a response to DfE regarding impact of A-	Optical Sector CEO Meeting – 30.07.2021	Mattersphere – CMS demo Scottish Social Care Council	

Leonie Milliner Director of Education	Marcus Dye Director of Strategy (Interim)	Dionne Spence Director of Casework and Resolutions	Yeslin Gearty Director of Corporate Resources
level result on optometry schools recruitment			
Weekly – meetings with Perceptive, (CET/CPD contractor)	Learning from Covid-19 Health and Social Care Regulators Forum sub-group with cross body stakeholders - 03.08.21	GCC Inspire and Innovate – speaker Nick Jones (CEO)	
Monthly – ESR Project Board	Eyecare Forum: Health and Care Bill held by DHSC for various stakeholders - 05.08.21	IPR Literature Review - briefing Roma Malik Denise Voon	
16.08.2021 meeting with Institute for Apprenticeships to discuss proposed optometry apprenticeship and outline GOC QA&E Method for new qualification approval, Victoria Unsworth (chair) Bhavena Patel and Vicky Yearsley	Mandatory Vaccination workshop held by CQC/ Professional Regulators for regulatory bodies – 12.08.21	Amazon Jeremy Opperer (reg. affairs) Donald Mee (legal) Natalie Coan (legal) Daniel Oen (legal) Gaon Hart (public policy)	
12.08.2021 meeting with Enventure Research to discuss IP consultation launch	Professional Regulation Review with KPMG – 16.08.21	FtP Directors Meeting - chair Inter-regulatory	
16.08.2021 meeting with Andy Smith, QAA to discuss subject benchmarks in optics.	DHSC meeting with Rebekah Thompson (DHSC) and Thomas Jones (GMC) – 17.08.21	Equality data review Clare Fraser	
16.08.2021 meeting with Tony Stafford, AOP to discuss IP consultation launch and ESR.	Workforce Data Meeting with representatives from College of Optometrists, ABDO and FODO – 20.08.21	Regulators Advisory Group - Witness to Harm Dr Louise Wallace	
Fortnightly – CET/CPD Project Board	Inter-regulatory forum: KPMG survey with other regulatory body stakeholders – 23.08.21	EDI Forum Public Chairs Forum	
17.08.2021 meeting with Raymond Beirne and Kathryn Saunders, Ulster University.	Meeting with Debbie McGill, ABDO to discuss professional standards – 03.09.21		
18.08.2021 meeting with UK optometric advisors to discuss forthcoming IP & CLO			

<p>Leonie Milliner Director of Education</p>	<p>Marcus Dye Director of Strategy (Interim)</p>	<p>Dionne Spence Director of Casework and Resolutions</p>	<p>Yeslin Gearty Director of Corporate Resources</p>
<p>consultations, plus workforce supply within IP.</p>			
<p>01.09.2021 meeting of the Optometric Advisory Board, NES</p>			
<p>06.09.2021 meeting with Peter Hampson & Saqib Ahmad/ AOP to discuss IP consultation and ESR.</p>			
<p>07.09.2021 Chaired Sector Strategic Implementation Steering Group Meeting –</p>			
<p>08.09.2021 Chaired Registrants' Webinar -introduction to IP consultation</p>			
<p>09.09.2021 meeting of the QAA Advisory Committee on Degree Awarding Powers</p>			
<p>09.09.2021 launch meeting of SPOKE hosted by the College of Optometrists</p>			
<p>13.09.2021 Chaired Expert Advisory Group CLO to consider Delphi outcomes</p>			
<p>20.09.2021 Chaired Providers' Webinar - introduction to IP consultation</p>			

PUBLIC COUNCIL

Report from the Chair of Council

Meeting: 22 September 2021 **Status:** For noting.

**Lead Responsibility
and Paper Author:** Dr Anne Wright
Chair of Council

Introduction

1. This report covers my principal activities since the last Council meeting on 14 July 2021. I have had further introductory meetings as part of my ongoing induction, and a further programme is planned for the autumn. I would like to record my thanks to the Chief Executive and all staff for their continuing commitment and effort in the ongoing challenges of the Covid-19 pandemic and in plans for a gradual return to the Old Bailey within the framework of new flexible working arrangements.

Management

2. I have had regular catch-up meetings with the Chief Executive and Registrar as well as briefings from members of the SMT, Leadership Team and Secretariat on a range of priorities including the ESR, GOC Refresh, FtP casework and resolution, governance, strategy and legislative and regulatory reform, IT, HR, finance, and facilities.
3. I have chaired the interview panel for the recruitment of a new independent member of the Nominations Committee. Nicholas Yeo succeeded Chris Dearsley, joining the GOC from 1 September. I have thanked Chris Dearsley for his contribution.
4. I have had induction meetings with the new registrant Council member for Scotland.
5. I have led the arrangements for the recruitment of a new Chief Executive and Registrar, including the appointment of search consultants, the detailed brief and campaign arrangements, and chairing the Appointment Panel planning and update meetings with the search consultants. Arrangements for sift, longlisting and shortlisting are in place, and the final stages of the process are currently scheduled for late October. I am delighted that Lesley can continue to the end of the year to provide for continuity and transition, as well as progressing key priorities such as GOC Refresh.
6. In my capacity as Chair, I am now a named signatory for the GOC's investment managers Brewin Dolphin Ltd.

Council and Committees

-
7. I have chaired a meeting of the Nominations Committee (**6 September**), which was joined by the new independent member Nicholas Yeo. Items included sign-off of proposed arrangements for the recruitment of two Council Associates. I attended the meeting of the Audit and Risk Committee (**8 September**). I also attended the second meeting of the ESR Sector Strategic Implementation Steering Group chaired by the Director of Education in the absence of the Chief Executive and Registrar (**7 September**).
 8. I chaired a Council Chair/CEO catch-up briefing with Council members (**7 September**) in which the Director of Education deputised for the CEO in her absence, and the Council Strategy and Development session (**13 September**).

Stakeholders

9. My ongoing induction programme has included introductory meetings with the AIO, accompanied by the Chief Executive and Registrar. Accompanied by the Chief Executive and the Director of Education I met with the Chair and Chief Executive of the HEE. I met individually with the new Chair of the NMC.
10. I accompanied the Chief Executive and Registrar and the Director of Strategy to a meeting with KPMG to discuss the regulatory reform review ahead of the GOC's response to the review survey.

COUNCIL

Illegal Practice Strategy Review

Meeting: 22 September 2021

Status: For decision

Lead responsibility: Dionne Spence (Director of Casework and Resolutions)

Paper Author(s): Claire Bond (Lawyer and Project Manager)

Lead Responsibility/Project Director: Dionne Spence. There is no Council lead for this work.

Purpose

1. To enable Council to consider the outputs of the illegal practice review and approve a public consultation on the draft illegal practice protocol.

Recommendations

2. Council is asked to agree the draft illegal practice protocol for submission to public consultation in October.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Transforming customer service and is included in our 2021/22 Business Plan.

Background

4. SMT approved the outline plan for the illegal practice strategy review on 21 April 2021. The purpose of the review was to help clarify and raise awareness of the GOC's role in preventing illegal optical practice and to ensure that our revised protocol is based on current and emerging risks and improved collaborative working with other agencies and online platforms.
5. SMT approved the draft illegal practice protocol for submission to Council at their meeting on 25 August 2021.

Analysis

6. An initial survey of targeted stakeholders, including other regulators, professional bodies and NHS regions was completed. We used the main themes from the survey

responses as the focus of small discussion groups at the June meeting of the Advisory Committee. Feedback focussed overwhelmingly on three areas:

- The GOC needs to be clearer about its remit and communicate better and more widely to restore confidence in its approach to illegal optical practice.
- The GOC should collaborate more widely due to the potential scale of illegal optical practice and our limited resources.
- The GOC needs to be clear about when prosecutions could be taken and when alternatives to prosecution will be the preferred route, and why.

7. A literature review was commissioned to establish the risk to patient safety caused by illegal optical practice to update the previous risk research completed by Europe Economics in 2013 and reflect on the observations made during the Perceptions of Risk research completed by Enventure in 2019. The review did not find significant published evidence to demonstrate the scale, likelihood and/or risk of illegal optical practice and indicated that further research would be required to improve the evidence base.

8. The review supported the key findings from the Europe Economics report. These were:

- The misdiagnosis and/or mismanagement of ocular disease carries the greatest risk to the public and reputation of the sector and misuse of title, therefore, poses a high overall risk to the public.
- The greatest risk from online sales generally is to restricted categories - under 16s and registered sight impaired / severely sight impaired.
- The main risk to the public from the supply of contact lenses - powered and zero powered - in legal and illegal sales, was lack of aftercare advice but risk of occurrence was likely to be higher in illegal practice.

9. Our current protocol, therefore, remains in line with current risks. However, to improve efficiency and provide greater clarity and consistency in our approach, we propose the following key changes:

- Include early assessment criteria to ensure only complaints concerning offences under the Act are accepted for further investigation.

- Forge relationships with online platforms for example Amazon, Google, Facebook, and Instagram, to enable an early referral to their ‘takedown teams’ at stage one.
- Send cease and desist letters at investigation stage.
- Carry out test purchases after a cease and desist letter has been sent in illegal sales cases, if illegal sales are suspected to be continuing, and the evidential and public interest tests are met.

Finance

10. The literature review was completed on budget at £6,090. No other costs are anticipated as part of the review.
11. Implementation of the revised protocol would raise additional cost in cases where a test purchase is deemed necessary. Proof of an illegal sale would be compelling evidence should a prosecution be brought. We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.

Risks

12. If the revised protocol is implemented, we may receive more complaints about illegal optical practice and we may bring more prosecutions which would have resource and cost implications. If more prosecutions are brought, in addition to the high cost of bringing a prosecution, there is the financial and reputational cost of a failed prosecution.
13. The revised protocol aims to mitigate these risks by ensuring that prosecution will only be considered in high risk and / or persistent offending cases where the evidential and public interest tests are met.

Equality Impacts

14. An initial Equality Impact Assessment (EIA) has been completed and is attached at Annex four. Following Council approval, a review will be conducted pre-consultation and a further EIA will be completed post-consultation to ensure all concerns relating to impact, information governance and the Human Rights Act have been considered.

Devolved nations

15. The illegal practice protocol applies across the devolved nations and there is, therefore, no direct implication by virtue of this review. There are no foreseen implications under the Welsh Language Scheme.
16. Scotland does not have a process for private prosecutions - matters are referred to the Crown Office and Procurator Fiscal Service so additional guidance will be provided at implementation.

Communications

External communications

17. Subject to Council approval, we will work with the communications team to run a full public consultation on the draft illegal practice protocol in October.

Internal communications

18. The revised protocol will need to be publicised internally and externally at implementation stage. The project team will develop a communication plan for this in due course.

Next steps

23. Subject to Council approval, we will publicly consult on the draft protocol (12 weeks) and implementation of the revised protocol will fall just outside our Q3 target.

Attachments

- Annex one: Draft Illegal Practice Protocol
- Annex two: Illegal Practice Flowchart (slides)
- Annex three: The Clinical risk and contextual risk from illegal practice
- Annex four: Equality Impact Assessment and Screening Tool



Draft Illegal Practice Protocol

August 2021

Status of document	Draft
Effective date	
Updated date	
Owner	Dionne Spence
Author	Claire Bond
Date of next review	

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1. About us

- 1.1 The General Optical Council “GOC” is the regulator for the optical professions in the UK. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.
- 1.2 We have four core functions:
 - 1.2.1 setting standards for optical education and training, performance and conduct;
 - 1.2.2 approving qualifications leading to registration;
 - 1.2.3 maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
 - 1.2.4 investigating and acting where registrants’ fitness to practise, train or carry on business is impaired.
- 1.3 Our overarching objective is the protection of the public. Although not a specific statutory duty, we may act on reports about alleged illegal optical practice when this is necessary to protect patients and/or maintain the public’s confidence in the optical professions.

2. Purpose of this document

- 2.1 The purpose of this document is to provide guidance on when we will open an investigation into a report about alleged illegal optical practice (‘illegal practice’) and when we will consider bringing a prosecution.
- 2.2 Our illegal practice protocol is designed to protect the public from risks caused by illegal practice in accordance with our overarching objective, and the principles of good regulation.
- 2.3 Some reports that we receive will be better dealt with by other bodies including the Advertising Standards Agency (ASA), where the complaint is about advertising. [What we cover - ASA | CAP](#)
- 2.4 And there will be some reports that are more appropriately dealt with by our Fitness to Practise (FtP) procedures [Fitness to practise guidance \(optical.org\)](#)

3. Stage one: assessment

Acceptance Criteria

- 3.1 The following acceptance criteria are a case management tool used by the GOC to decide whether a report about alleged illegal practice falls within the scope of the

offences created by the Opticians Act 1989 (the Act), and whether action by the GOC is necessary to protect patients and/or maintain the public's confidence in the optical professions.

- 3.2 All reports of alleged illegal practice will be considered on a case-by-case basis. The acceptance criteria are intended as a guide to ensure the GOC is proportionate, targeted and consistent in its approach to illegal practice.
- 3.3 There are several different actions the GOC can take when considering a new report:
 - 3.3.1 close with no further action
 - 3.3.2 close and refer to another body
 - 3.3.3 open an investigation
- 3.4 In some cases, it will be clear from the outset that there is no need for us to investigate because the report is about an issue that does not amount to an offence under the Act. We will normally close these cases without taking any further action or refer to FtP or another body if appropriate.
- 3.5 If we are unable to make an assessment about whether to open a case on receipt of the initial information, we will ask for further information to assist with the assessment. A complaint may be closed if we are unable to obtain information to substantiate an investigation into an alleged offence.
- 3.6 Upon receipt of a report about alleged illegal practice, we will first consider whether the alleged behaviour amounts to an offence under the Part IV of the Act.
- 3.7 The Act creates criminal offences in relation to:
 - 3.7.1 activities that are restricted to persons registered with the GOC or the General Medical Council; and
 - 3.7.2 titles that are restricted to persons registered with the GOC.
- 3.8 The Act creates the following criminal offences:
 - 3.8.1 unlawfully conducting sight tests (section 24)
 - 3.8.2 unlawfully fitting contact lenses (section 25)
 - 3.8.3 unlawfully supplying spectacles (section 27)
 - 3.8.4 unlawfully supplying prescription contact lenses (section 27)
 - 3.8.5 unlawfully supplying cosmetic (zero powered) contact lenses (section 27)
 - 3.8.6 misuse of protected title or misrepresentation of registration status with the GOC (section 28)
- 3.9 If an assessment of the report leads us to suspect an offence under the Act, we will complete a risk assessment to determine whether there are risks to the public and/or risks to maintaining public confidence in the profession (see annex A).
- 3.10 Factors that will indicate a higher risk are:

- 3.10.1 intent to misuse a protected title
 - 3.10.2 offences involving vulnerable patients / restricted categories e.g. under 16s, the elderly and sight impaired patients
 - 3.10.3 actual harm caused because of illegal practice
- 3.11 A case plan will be completed by the assessor, which will include the assessment decision, set out the issue(s), alleged offence(s), risk assessment and recommended action. Once the assessment has been completed, the case plan will be referred to a lawyer for review to consider the recommended action and set the direction for an investigation as appropriate.

Allegations under Part IV of the Act

- 3.12 All offences under the Act are summary only, which means they can only be tried in a Magistrates' Court. They carry a penalty of an unlimited fine on conviction.
- 3.13 Each category of offence is summarised below to assist the assessment of whether an offence under the Act is established. It is not intended to be a comprehensive summary of all relevant legislation.
- 3.14 A lawyer will review each stage of the process to ensure correct application of the legislation.
- a. Carrying out a sight test when not a registered optometrist or medical practitioner (section 24)
- 3.15 Sight testing can be conducted only by a registered optometrist or registered medical practitioner, with special provision for students.¹
- 3.16 Sight testing is defined in section 36(2) of the Act as assessing visual acuity and health of the eye and issuing a prescription if appropriate.
- b. Fitting contact lenses when not a registered optometrist, dispensing optician or medical practitioner (section 25)
- 3.17 Contact lenses can be fitted only by a registered dispensing optician, registered optometrist or registered medical practitioner (s.25(1)), with special provision for students.
- 3.18 Fitting must begin before the re-examination date specified in a valid prescription, (dated less than two years ago) (s.25(1A)(b)).

¹ See Rule 3 of the Testing of Sight By Persons Training as Optometrist Rules 1993 which permits student optometrists to test sight under supervision.

c. Illegal spectacles sales (section 27 of the Act and Articles 2 & 3 Sale of Optical Appliances Order)

3.19 Illegal spectacles sales are split into four categories.

i. Restricted categories

3.20 If the user is:

3.20.1 Under 16 years of age; or

3.20.2 Registered sight impaired / severely sight impaired

spectacles can be sold only by or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner.

3.21 Caselaw requires that the supervisor must be on the premises at the time of the sale, exercising their professional judgement as a clinician and in a position to intervene in the patient's interests.

ii. "Ready reader" spectacles

3.22 Ready reader spectacles are defined by section 27(2)(a) of the Act as spectacles to remedy near sight defects with single vision lenses of equal spherical power between 0 and +4 dioptries.

3.23 Ready readers as defined in the Act may be sold by a non-registrant without clinical supervision for alleviating presbyopia (age-related long sightedness), as long as the intended user is not aged under 16 or registered sight impaired or severely sight impaired.

iii. Reading spectacles up to +5 dioptries

3.24 Spectacles to remedy near sight defects with single vision lenses of equal or unequal spherical powers between 0 and +5 dioptries (see Article 3(1)(d) of the Sale of Optical Appliances Order of Council 1984) may be sold by a non-registrant without clinical supervision, if:

3.24.1 the supply is in accordance with a written prescription issued within the previous two years, and

3.24.2 the intended user is not aged under 16 or registered visually impaired.

iv. Prescription spectacles outside above categories

3.25 Otherwise, anyone can sell spectacles in accordance with a prescription issued within two years subject to additional requirements for spectacles with certain prescriptions set out in Article 3(3) of the Order.

d. Prescription contact lenses sales (section 27)

3.26 Prescription contact lenses can be sold only to someone with a valid in-date contact lens specification.

- 3.27 They can be sold by or under the **supervision** of a registered dispensing optician, registered optometrist or registered medical practitioner.
- 3.28 **Or**, under the **general direction** of a registered dispensing optician, registered optometrist or registered medical practitioner, who need not be on the premises at the time, if the supplier first receives the original specification or verifies the specification with the prescriber.
- 3.29 If the user is under 16 years or registered sight impaired/ severely sight impaired, prescription lenses can be sold only by, or under the supervision of a registered dispensing optician, registered optometrist or registered medical practitioner, to someone with a valid in-date specification.
- e. Zero powered contact lenses sales (section 27)
- 3.30 Zero powered contact lenses can be sold only by, or under the **supervision** of a registered dispensing optician, registered optometrist or registered medical practitioner (section 27 (1)(b)).
- 3.31 Caselaw requires that the supervisor must be on the premises at the time of the sale, exercising their professional judgement as a clinician and in a position to intervene in the patient's interests.
- f. Misuse of a protected title / misrepresentation of registration status (section 28)
- 3.32 A business or individual not registered with the GOC cannot claim or imply to be registered with the GOC.
- 3.33 An unregistered individual cannot use the titles: "optometrist", "dispensing optician" or "registered optometrist".
- 3.34 An individual cannot pretend to be a student registrant when they are not GOC registered.
- 3.35 An individual cannot pretend to have a speciality or proficiency which qualifies for entry in the appropriate register when they have no such registration.
- 3.36 An unregistered business cannot use the titles: "ophthalmic optician", "optometrist", "dispensing optician", or "registered optician".
- 3.37 Unregistered businesses and individuals cannot use the title "optician" unless nobody could reasonably think that they are registered with the GOC.

Assessment decision

- 3.38 If illegal practice suspected:
- 3.38.1 Complete stage 1 case plan including risk assessment.
- 3.38.2 Consider if case can be closed at stage one, for example, inadvertent misuse of title due to forgetting to retain registration at end of retention

- period, or, illegal sales on, for example, Amazon, Facebook, Instagram, Google, Tik Tok – report to point of contact for removal.
- 3.38.3 Cases involving illegal sales of contact lenses and spectacles (online and/or physical sales) may be suitable for referral to Trading Standards. We will close our case once a referral to Trading Standards has been made and ask to be notified of the outcome.
 - 3.38.4 If concern against non-UK business or individual and cannot be referred elsewhere, close as outside jurisdiction of UK courts.
 - 3.38.5 If risk warrants further investigation, complete case plan and refer to a lawyer for review.
- 3.39 If no illegal practice, consider if matter can be referred internally / externally:
- 3.39.1 Reputational concerns for GOC / optical sector and consequential risk to public safety e.g. inaccurate article in the press. Close and refer to communications team.
 - 3.39.2 Concern about advertising. Close and refer to Advertising Standards Agency.
 - 3.39.3 Fitness to practise concern. Close and refer to FtP team.
- 3.40 Matters referred externally will be logged and tracked, with subsequent outcomes recorded and discussed at review meetings with third party agencies. Should matters raise an illegal practice concern following referral, we will reassess the complaint.

4. Stage two: investigation

- 4.1 We will investigate allegations by gathering evidence following the steps below:
 - 4.1.1 Initial contact to gather evidence of illegal practice (may be satisfied by initial report / may be appropriate to bypass in clear high-risk cases)
 - 4.1.2 Case specific research / enquiries as necessary
 - 4.1.3 Cease and desist letter if illegal practice continuing and supported by evidence
 - 4.1.4 Test purchase following cease and desist letter in cases involving illegal supply of spectacles and/or contact lenses where the evidential and public interest tests are met (see stage 3).
- 4.2 Reasons for carrying out a test purchase should be stated on the case plan and approved by a lawyer.
- 4.3 The test purchase must be documented in a witness statement and the test purchaser must be willing to give evidence in the Magistrates' Court if necessary.
- 4.4 Following the investigation, the investigating officer will update the case plan to include findings and recommendation on next steps for review by a lawyer.

5. Stage three: decision on prosecution

- 5.1 Having regard to the evidence and our overriding objective, we will decide whether to:
- 5.1.1 take no action;
 - 5.1.2 obtain an undertaking or take other informal action;
 - 5.1.3 refer the matter to our FtP team, another regulator, Trading Standards, online platform takedown team, the police or the Crown Office and Procurator Fiscal Service (in Scotland); or
 - 5.1.4 institute a prosecution (in England and Wales or Northern Ireland).
- 5.2 We will generally only consider bringing a prosecution in cases where one or more of the following factors are present:
- 5.2.1 intent
 - 5.2.2 offences involving vulnerable patients / restricted categories under the Act
 - 5.2.3 significant risk of harm
 - 5.2.4 significant reputational damage to the profession
 - 5.2.5 actual harm caused
 - 5.2.6 repeat offending
- 5.3 The Registrar must have regard to the GOC's overriding objective of protecting, promoting and maintaining the health and safety of the public. This might result in the Registrar deciding that the GOC should not issue proceedings even where the allegations are serious or sensitive.
- 5.4 Two tests must be applied when deciding whether to bring a prosecution.

The Evidential Test

- 5.5 The Registrar may determine to issue criminal proceedings only where there is sufficient evidence for a realistic prospect of conviction against each defendant on each charge.
- 5.6 In assessing the evidence, the Registrar must have regard to the following factors:
- 5.6.1 Whether it is more likely than not that a properly directed tribunal will be satisfied to the criminal standard of proof (beyond reasonable doubt) that the defendant committed the alleged offence;
 - 5.6.2 What the defendant's potential defences might be, whether general or specific, and how these defences might affect the prospect of conviction;
 - 5.6.3 Any potential for any of the evidence to be excluded by the court, whether on the grounds of technical inadmissibility or on legal grounds, including abuse of process or breach of the Human Rights Act 1998;
 - 5.6.4 The reliability of the evidence, including the credibility of the witnesses and any conflict in the evidence;
 - 5.6.5 The possibility of any further evidence becoming available.

The Public Interest Test

- 5.7 Even where there is sufficient evidence for a realistic prospect of conviction, the Registrar may not issue proceedings unless the public interest requires a prosecution.
- 5.8 The question for the Registrar is whether a prosecution is necessary to serve the interests of the public, not whether a prosecution would serve the interests of the optical sector or other professions. In considering this issue, the Registrar must have regard to all the circumstances of the case, including details of the offence, the circumstances of the defendant and the impact of the offending behaviour on the health and safety of the public and public confidence in the profession.
- 5.9 The following is a non-exhaustive list of factors that might be relevant to the public interest:
- 5.9.1 whether the offending activity is ongoing or has ceased;
 - 5.9.2 the length of time over which the offending activity continued;
 - 5.9.3 whether the offence was committed intentionally or as a result of a mistake or misunderstanding;
 - 5.9.4 whether the offending is likely to be continued or repeated;
 - 5.9.5 whether a member of the public was harmed or put at risk of harm by the offending;
 - 5.9.6 whether the person harmed, or put at risk of harm, was vulnerable by reason of age or infirmity;
 - 5.9.7 whether a prosecution is likely to have an adverse effect on the victim's physical or mental health;
 - 5.9.8 whether the prosecution is likely to have a significant effect on maintaining public confidence in the profession or in deterring others from committing an offence;
 - 5.9.9 whether the offending involved a breach of trust or abuse of position;
 - 5.9.10 whether the defendant has a previous conviction or other adverse finding, including a finding by a regulator;
 - 5.9.11 whether the defendant has breached an undertaking to the GOC or another body, or has declined an opportunity to provide an undertaking;
 - 5.9.12 whether the defendant was warned prior to committing the offence;
 - 5.9.13 whether the defendant is likely to be subject to a regulatory investigation, particularly for similar or related activities, whether by the GOC or another regulator;
 - 5.9.14 whether the defendant is likely to be subject to a separate criminal investigation, whether by the police or another prosecuting agency;
 - 5.9.15 The likely sanction imposed by the court on conviction.
- 5.10 The above factors are not of equal importance, and the relative importance of a factor will be determined by the individual circumstances of each case.
- 5.11 In deciding whether the public interest test has been met, the Registrar must make an overall assessment in the light of all the circumstances. A prosecution might be in

the public interest even where there are several factors pointing against a prosecution; similarly, a prosecution might not be required in the public interest even where there are several factors pointing towards prosecution.

Recording the decision on prosecution

- 5.12 The Registrar's decision to prosecute must be recorded in writing as soon as possible and must be reported to the GOC's Council at the following Council meeting.
- 5.13 The Registrar must maintain a list of all decisions and provide copies of the list to the Chair of the Council, the Director of Casework and Resolutions and the Director of Resources.

Action following the decision on prosecution

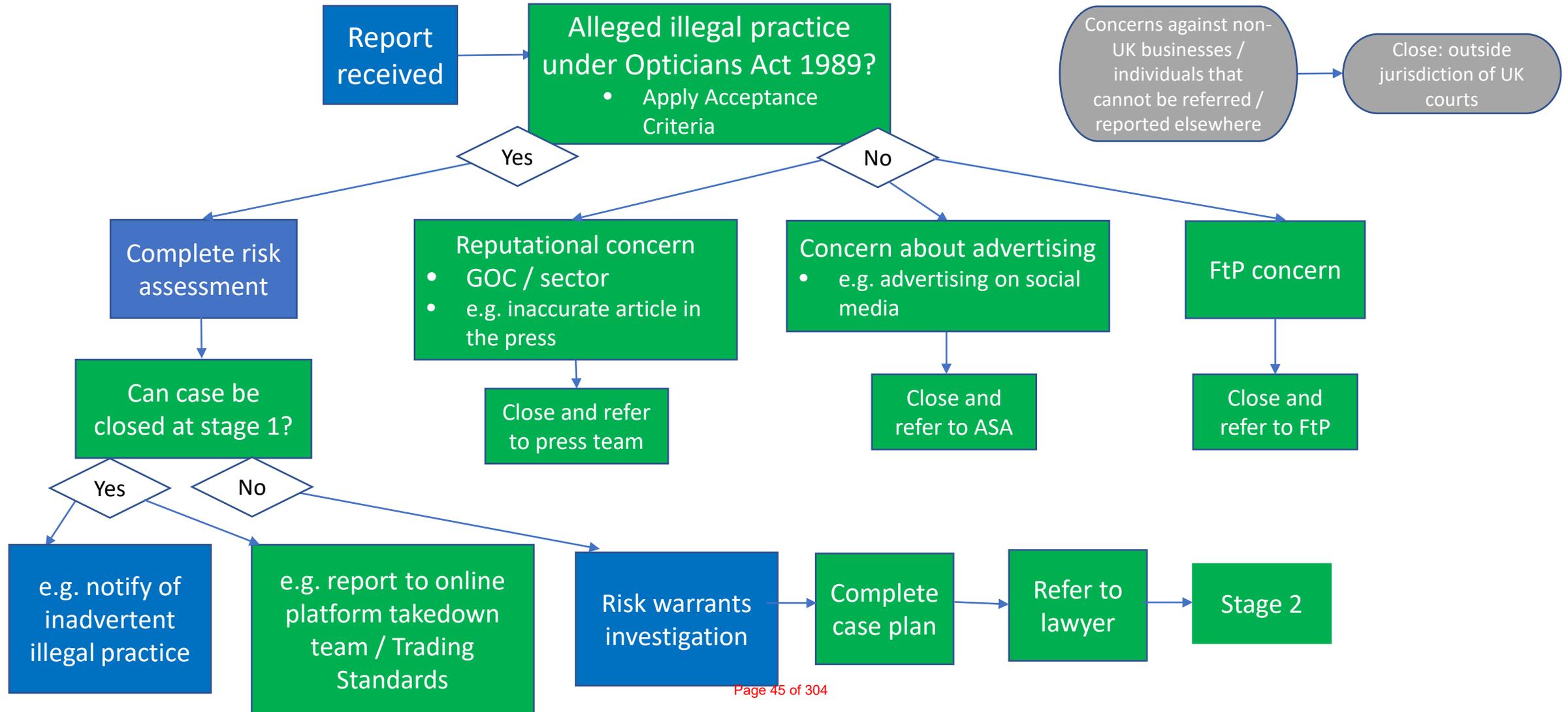
- 5.14 Following the decision, the Registrar may:
 - 5.14.1 write to the defendant, including asking the defendant to cease the alleged activity and desist from continuing or repeating such activity;
 - 5.14.2 take other informal action, including asking the defendant for an undertaking;
 - 5.14.3 notify the informant (if known) and any other parties of the decision;
 - 5.14.4 report the matter to another agency;
 - 5.14.5 conduct such further investigation as might be appropriate;
 - 5.14.6 institute a prosecution by laying an information in the Magistrates' court.

Delegation and consultation

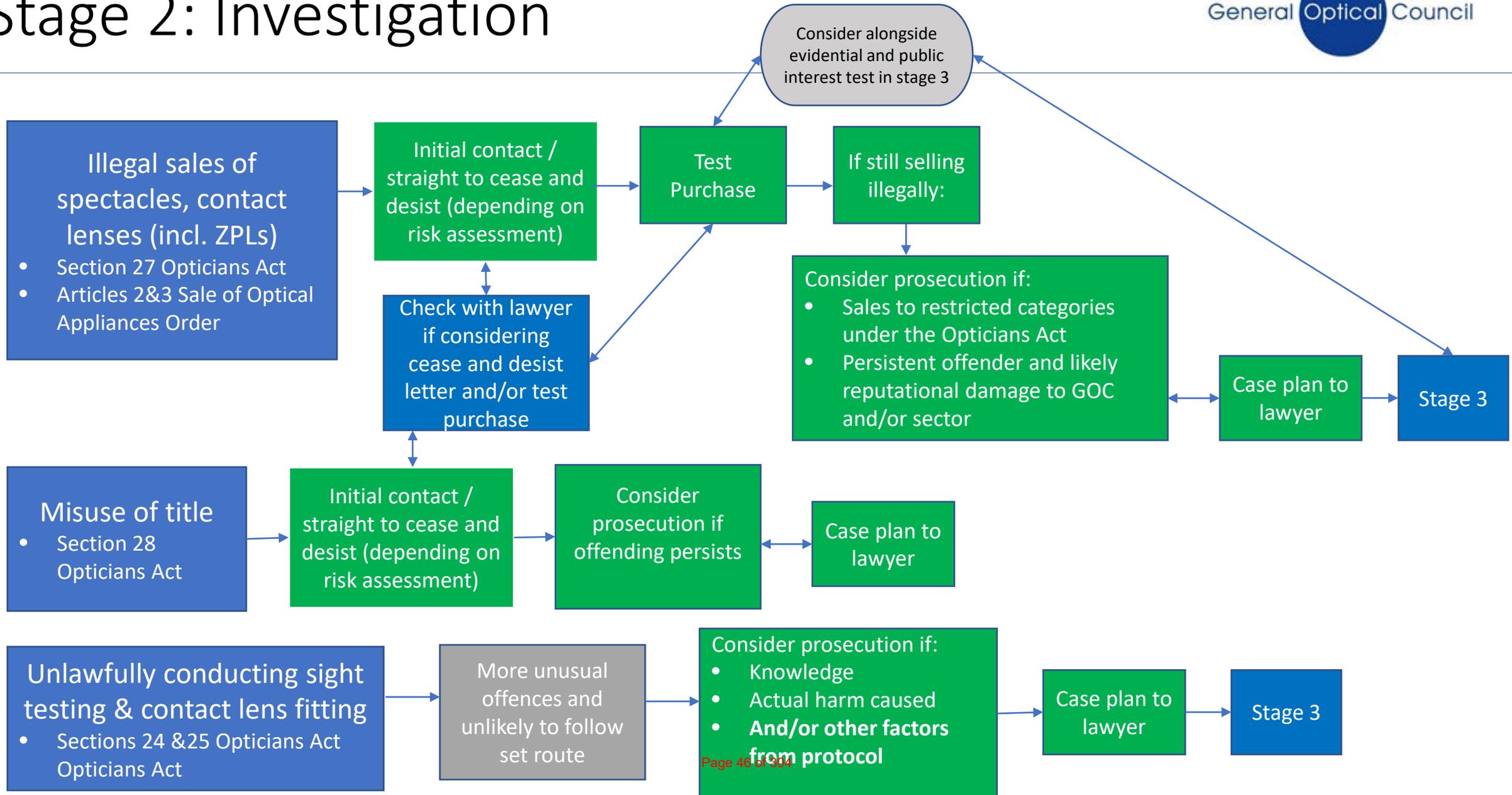
- 5.15 The Registrar may delegate any or all the above functions to the Director of Casework and Resolutions, the Head of Legal and/or such other person as the Registrar considers appropriate.
- 5.16 The Registrar or delegate, if not legally qualified, must obtain legal advice from an in-house or external lawyer before deciding whether to issue proceedings.
- 5.17 The Registrar or delegate, whether legally qualified or not, may at any stage consult any additional sources, including obtaining specialist legal advice.
- 5.18 A decision that might (in the opinion of the decision maker) have major implications for the GOC, must be made or endorsed by the Registrar and must be notified to the Council Chair as soon as possible.

Draft August 2021

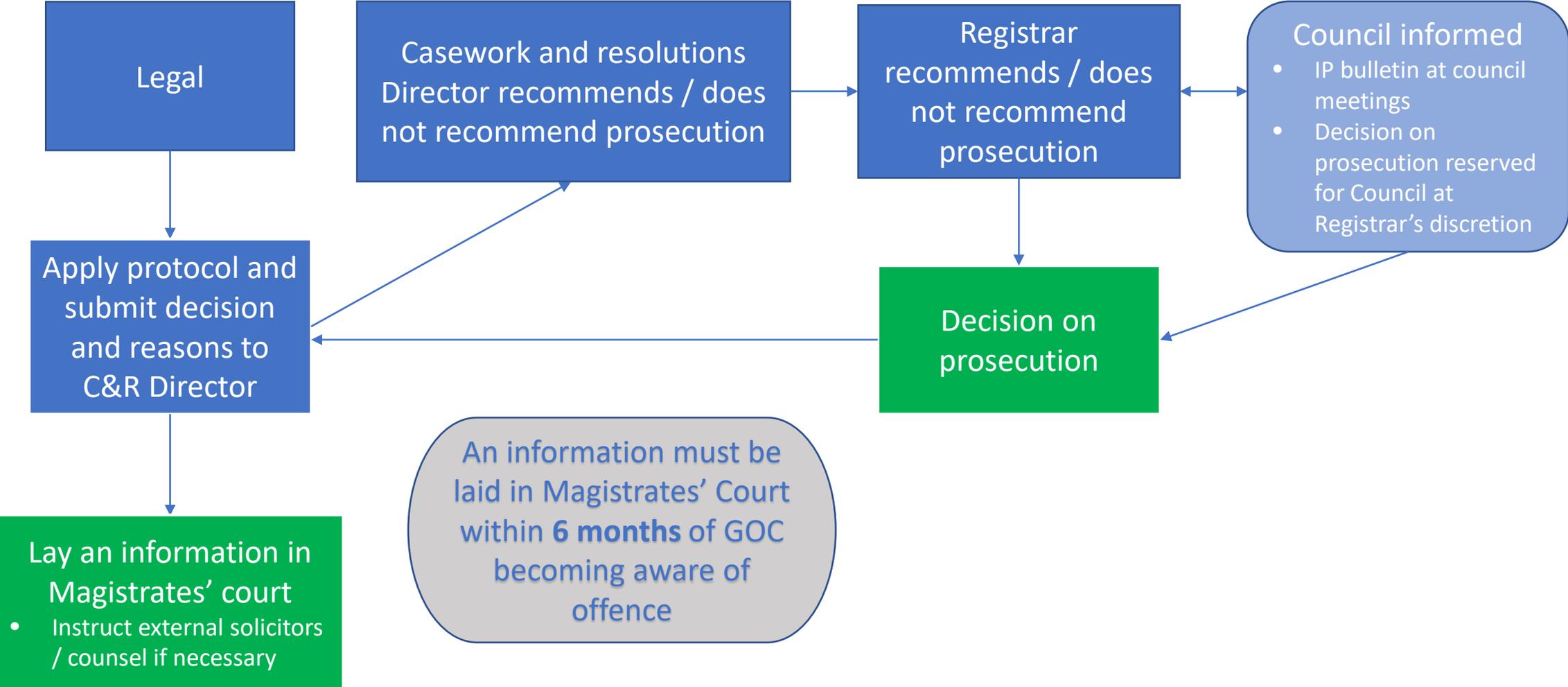
Stage 1: Assessment



Stage 2: Investigation



Stage 3: Decision on prosecution





The Clinical and Contextual Risk from Illegal Practice

Report for the General Optical Council
27 July 2021

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1) Introduction

1.1 The purpose of this report is to describe the background, review process and findings on the risks from illegal optical practice, with particular focus on clinical and contextual risk. It has been undertaken on behalf of the General Optical Council (GOC) as part of a wider review of its approach to illegal optical practice to understand the risk posed to patients, what can be done to raise awareness of these risks and reduce offending.

1.2 In 2013 Europe Economics¹ produced a report on the health risk assessment of illegal optical practice which we will be referring to throughout our report.

1.3 We have defined illegal practice as that which is an offence under Part IV of the Opticians Act 1989 (“the Act”).

1.4 This review has been undertaken by Roma Malik BSc(Hons) MCOptom Prof Cert Glauc DipTp(IP) and Denise Voon BSc(Hons) Prof Cert Med Ret .

Executive Summary

We have been asked by the GOC to consider whether there is any further evidence in relation to harm arising from illegal practice. In 2013 Europe Economics² produced a report on the risks and likelihood of illegal optical practice, which has formed the basis of this report and we have conducted further research into this area of practice paying particular attention to new evidence post 2013.

The key findings from the Europe Economics report were:

- 1) Adverse events from illegal practice are likely to be at least as harmful as those arising from legal practice.
- 2) There is little or no evidence to definitively assess the severity of harm from and scale of illegal practice.
- 3) There are several mitigating factors which may reduce the severity of harm

Legal practice is governed by the Act³ and the Order⁴ and practice that is an offence under Part IV of the Act would constitute illegal practice. The extent, likelihood and risk associated with illegal practice is not well documented however, there are a significant number of concerns raised to the GOC which warrant further research.

We performed a literature search and an extensive stakeholder engagement programme to better form an overall picture of the extent of illegal practice and how it manifests itself in optical practice.

Unfortunately, we were unable to source significant published evidence to demonstrate the scale, likelihood and risk of illegal practice. However, from our research and our experience in the sector we have been able to form an assessment of potential risk to the public from illegal practice.

Our key findings are as follows:

- 1) While there is little evidence of actual harm from illegal optical practice, the overall likelihood of harm arising from an adverse event was higher than in legal practice, however there is limited data available in this area.
- 2) Misdiagnosis/mismanagement of ocular disease remains the highest risk for both legal and illegal practice but the likelihood of this adverse effect is higher in illegal practice. 23 reports were received by the GOC regarding the illegal

testing of sight from 2015 to date and 12 of these cases found that no offence was committed and that there was no breach of the Opticians Act 1989 (as amended),

- 3) The risk from incorrect prescriptions is low and our research has shown that the incidence of incorrect prescriptions is potentially lower than reported due to multiple reasons of intolerance to prescriptions which is the usual indicator of incorrect prescriptions. The risk is heightened in adults at risk and in children with potentially major harm occurring with the latter due to the development of the visual pathway in the early years of life, which can have a long-term impact on children's sight as well as other areas such as education and learning development.
- 4) The risk of spectacle dispensing is low in legal practice but higher in illegal practice. In particular, multifocal glasses require precise measurements which are less likely to be accurate (or taken at all) with illegal practice.
- 5) The risk of fitting contact lenses remains low but the risk of adverse events will be higher in illegal practice due the likelihood of lack of adequate training.
- 6) The risk of not providing adequate advice on aftercare and hygiene is moderate in legal practice but higher in illegal practice. Studies have shown that good compliance reduces the risk of adverse effects from contact lenses and compliance is improved with good information on aftercare and hygiene. The likelihood of good provision of this information is higher in legal practice.
- 7) The risk of supplying zero-powered contact lenses (ZPLs) is higher in illegal practice compared to legal practice predominantly due to the lack of good advice and aftercare. Adverse effects of legal and illegal practice are dependent on patient compliance which is greatly improved with legal practice due to the increased likelihood of good advice. From 2015 to date, the GOC received the most concerns in illegal practice due to ZPLs (243) most likely due to the illegal supply. Of the 243 cases, 73 resulted in the cessation of activity.
- 8) The risk of supplying contact lenses is again higher in illegal practice for the same reasons as with ZPLs. However the legislation, as it stands, allows different routes to market which means online suppliers need to comply with UK law if sales are in the UK but there can be an issue enforcing compliance.

- 9) The risk of misuse of title is unknown but it is thought that risk of misuse of title by an individual is higher than that of a bodies corporate. Although the public perceive the risk as higher in bodies corporate.

Impact of Covid-19

The Covid-19 pandemic has impacted greatly on the optical sector. Although it is too early for any meaningful data to be produced, it is likely that consumer habits will have been affected. Patients are likely to move towards online sellers for their glasses and contact lenses, as e-commerce becomes more normal patients are more likely to take a risk with online purchases they may have traditionally been nervous about. This is compounded by the closure of their normal optical practice and may cause a significant shift to online sales.

The scope for illegal practice in online retail is higher than that in the traditional bricks and mortar practices, in particular with the online contact lens sales. Supplying powered or zero-powered contact lenses without a valid prescription occurs if they are supplied from overseas as it is difficult to enforce compliance. It is also likely that the convenience and price of online goods will be a good incentive for patients to continue with their online retailer rather than their normal optical practice even when the restrictions were lifted.

Impact of Brexit

The impact of Brexit on the optical sector and the recognition or otherwise of CE marked goods⁴², which include contact lenses and spectacles is not fully known. After January 2022, the UK may not recognise the CE mark⁴² rather moving to their own UK equivalent which may impact on the supply of medical devices (spectacles and contact lenses) from Europe⁵.

As the trade agreements are being finalised, the cost of importing goods from Europe may increase, impacting on the supply of goods from Europe. Although it is likely that the online sellers using this model may source their lenses from other non EU countries. Further research will need to be conducted to fully establish the risk around this.

2) Background

2.1 Optometrists and Dispensing Opticians are regulated health professionals and one of the functions of the GOC is to maintain this register and ensure that its registrants adhere to the GOC's Standards of Practice⁶.

2.2 Optometrists and Dispensing Opticians must follow the statutory provisions of the Act as well as following the guidance published by the various professional bodies such as the College of Optometrists (CoO), Association on Optometrists (AOP), and the Association of British Dispensing Opticians (ABDO).

2.3 The Act regulates the Sale and Supply of Optical Appliances in Part 4 of the Act and specifically names spectacles and contact lenses as optical appliances.

2.4 The testing of sight is governed by section 24 of the Act and states that subject to the following provisions of this section, a person who is not a registered medical practitioner or registered optometrist shall not test the sight of another person.

2.5 The sale and supply of spectacles is governed in section 27 of the Act and says that the sale and supply of spectacles can only be made by or under the supervision of a registered medical practitioner, optometrist or dispensing optician and can only be fulfilled if a valid specification is provided with the exception of:

- a) Single vision spectacles, to persons who have attained 16 years, of the same power that doesn't exceed 4 dioptres and is for the purpose of remedying presbyopia
- b) Eye protection which does not exceed 8 dioptres (negative or positive) and only contains single vision lenses.

2.6 The sale and supply of contact lenses is also governed by section 27(1) and says that any contact lens (with the exception of zero-powered lenses) must be prescribed by or under the supervision of a registered medical practitioner, registered optometrist or registered dispensing optician with a contact lens speciality (a contact lens optician) and can only be fulfilled if a valid specification is provided.

Summary of Offences

2.7 The Order and the Act sets out several legal requirements, a breach of which could amount to a criminal offence.

In this study we will be focusing on the following offences:

- Unlawfully conducting sight tests
- Unlawfully supplying spectacles
- Unlawfully fitting contact lenses.
- Unlawfully supplying prescription contact lenses.
- Unlawfully supplying zero-powered contact lenses (ZPLs).
- Misuse of protected title.

2.8 The Europe Economics Report 2013⁷ highlighted the different risks found in the optical sector, which included:

(a) Clinical risks — risks to patients arising from the nature of diseases or conditions, and the associated consequences.

(b) Competency risks — risks resulting from practitioners lacking the necessary skills or knowledge to diagnose and manage diseases and conditions, or to use appropriate equipment.

(c) Conduct risks — risks stemming from the behaviour of practitioners, either through negligence or inappropriate behaviour.

(d) Contextual risks — features of the environment in which a practitioner operates that may increase the scope for risk, or influence the severity or likelihood of clinical and competency risks; for example, isolated practice.

(e) Systems risks — risks arising from inadequate systems, such as the absence of checks and inspections or poorly managed businesses.

2.8 This report will mainly focus on the clinical risks arising from illegal practice but also explore whether there are other risks associated with illegal practice and, in particular, contextual and systems risks.

2.9 The report predominantly focuses on the scope of practice of optometrists as opposed to dispensing opticians (with the exception of dispensing opticians with a

contact lens speciality i.e. contact lens opticians). Our research did not uncover any particular concerns of risk relating to illegal practice by dispensing opticians.

3) Research Method

3.1 Research for this report involved a literature review, analysis of available data and discussions with the optical community and relevant stakeholders.

3.2 The literature review included the analysis of academic papers and articles gathered from medical journals and databases, publications from professional and educational bodies, and any other relevant sources such as legislation and information from appropriate websites in the optical sector. Relevant articles were identified through a comprehensive keyword search and through our interaction with stakeholders.

3.3 A range of stakeholders in the optical profession were contacted including:

- (a) Academics including educational institutions in England, Scotland, Wales and Northern Ireland
- (b) Hospital optometry and ophthalmology departments
- (b) Professional bodies for both optometrists and dispensing opticians;
- (c) Contracting bodies such as NHS England;
- (d) Recipients of complaints, for example the GOC Fitness to Practise team and the OCCS;
- (e) Educational and examining bodies such as the College of Optometrists and the Royal College of Ophthalmologists; and
- (f) Optometry Scotland and Optometry Wales

A total of 35 stakeholders were contacted via email including BCLA, ACLM, FMO, AOP, ABDO, FODO, AIO and OCCS to obtain as broad a view from the optical sector as possible. In the event of no response a second follow up email was sent one week later. Stakeholders were given a period of 30 days to respond and failure to respond was taken as confirmation of the recipient being unable/unwilling to participate in the review. Out of the 35 stakeholders who were contacted, 16 participated.

In addition to an email requesting any relevant published literature or data, meetings were arranged with some of the stakeholders to discuss the review further and to explore any evidence they had in more detail. This included discussions with some of the professional and industry bodies and the GOC's illegal practice team.

3.4 We have based our analysis on published evidence where possible. Where we were unable to do this, we have used information gathered from our discussions with professional and industry bodies and our knowledge from working in the sector.

3.5 Due to the limitations of the data available we developed a systematic classification of the types of illegal optical practice and used the information gathered from discussions with stakeholders about the risks associated with each area of illegal practice, factors influencing these risks and the likelihood of adverse events occurring as a result of illegal optical practice.

3.6 This approach, combined with the evidence on risks (actual and perceived) in legal practice enabled us to assess the potential severity and likelihood of the risks associated with illegal practice. As a result of the limited data available, in some areas our analysis focuses on *potential* risks rather than *actual* risks.

3.7 This approach will provide insight to the GOC in relation to the areas of illegal practice that are likely to pose the greatest risk to the public. This in turn will help the GOC to determine what actions they can take as a regulator to prevent illegal optical practice and ensure their strategy reflects current and emerging risks.

3.8 The relevant legislation was reviewed, and illegal practice was identified and defined. Illegal practice was separated into the following categories:

- i) Illegal practice relating to the provision of sight tests
- ii) Illegal practice relating to the sale and supply of spectacles
- iii) Illegal practice relating to the fitting of contact lenses
- iv) Illegal practice relating to the sale and supply of contact lenses
- v) Illegal practice relating to the sale and supply of zero-powered contact lenses
- vi) Misuse of protected title

4) Results of the Research

4.1 We found limited data is available across the sector and only a small part of the evidence base relates directly to illegal practice. The reasons for the limited data available include: patients not presenting to optical practices having received their spectacles or contact lenses via illegal practice; practitioners not routinely asking or recording episodes of illegal supply encountered in practice; a lack of audit data; and limitations of the Yellow Card Scheme.

4.2 This report focuses mostly on the clinical risks resulting from illegal practice i.e. risks to patients arising from illegal practice which results in harm to the patient, such as, a reduction in visual acuity (VA). Other risks are also considered, where relevant, and the impact illegal practice has on them.

4.3 When assessing harm to a patient from an adverse event, we were guided by the Royal College of Ophthalmologists table on 'Measuring Levels of Harm in an Ophthalmic Setting'⁸ to categorise the severity of the adverse event¹. Harm is an essential measure for assessing risk and this guide was written for use for ophthalmic patients. More generic measures of harm will list mortality as the main indicator for higher levels of harm which can preclude ophthalmic patients from these categories.

Category of Harm	Example Patient Outcomes
Catastrophic	<ul style="list-style-type: none"> Registered blind (severely sight impaired) NPL in both eyes Removal of both eyes
Major	<ul style="list-style-type: none"> Best corrected visual acuity in one eye of less than 6/60 An overall visual field deficit of ≥ 16 decibels Removal of one eye Registered sight impaired Best corrected visual acuity less than 6/18 in both eyes
Moderate	<ul style="list-style-type: none"> A loss of > 0.2 LogMAR or 2 Snellen lines of visual acuity in best corrected visual acuity score A deterioration, above expected disease progression, in visual field deviation of ≥ 3 decibels Best corrected visual acuity less than 6/18 in one eye Requirement for additional unplanned treatment Pain from treatment for a continuous period 28 days Intractable diplopia requiring coverage of one eye
Minor	<ul style="list-style-type: none"> A loss of > 0.1 LogMAR or 1 Snellen line in best corrected visual acuity in one eye Longer healing time than expected from treatment Pain from treatment for a continuous period < 28 days

Unlawfully conducting sight tests

Sight Tests

4.4 Testing sight can only be performed by a registered optometrist or a registered medical practitioner, with special provision for students.

4.5 A sight test should include⁹:

- An external examination usually by slit lamp or ophthalmoscopy
- An internal examination by direct or indirect ophthalmoscopy
- Any additional examinations that are clinically necessary e.g. visual fields or intraocular pressure
- A written statement confirming:
 - i) that the examinations above have been carried out
 - ii) whether the patient is being referred and if so, the reasons for the referral
- Immediate provision of a signed, written prescription for an optical appliance, or a signed written statement that no optical appliance is required

4.6 Sight tests are usually conducted at least once every two years (the interval is selected based on the patient's clinical needs) and can be private or if a patient is eligible, under the General Ophthalmic Service¹⁰. The basic sight test for either category should be the same although additional services such as retinal photographs and other optical imaging may incur an additional charge.

4.7 The majority of sight tests will take place in high street practices and patients are not limited to any practice in the way that they would be for a GP.

4.8 There are several conditions which optometrists or medical practitioners will be aware of and are of particular importance as are often detected during a sight test. Optometrists and medical practitioners play an important role in detecting signs of eye conditions before a patient may develop symptoms in some cases, as well as potentially sight threatening conditions. Sight tests also help identify some general health conditions such as high cholesterol, diabetes and high blood pressure. Some of the common conditions detected during sight tests include:

i) Cataract refers to the clouding of the intraocular lens, usually with age but can occur for other reasons such as trauma or following surgery. Patients with cataract often experience a loss in VA, problems with glare and reduced contrast sensitivity.

The treatment of cataract is surgery which removes the patient's clouded intraocular lens and replaces it with an artificial lens.

ii) Glaucoma is a group of eye conditions which can cause damage to the optic nerve head leading to peripheral visual field loss. The risk of glaucoma increases with increased intraocular pressures (IOPs) but glaucoma can also occur at pressures within the normal range. Early detection of glaucoma will improve the prognosis and a practitioner will assess the optic nerve head appearance, an assessment of the visual field and measurement of IOPs. Treatment of glaucoma is by topical eye drops or surgical intervention.

iii) Retinal detachment occurs when the neurosensory retina detaches from its normal position. Patients with retinal detachment usually present (although not always) with classic symptoms of flashing lights, a curtain of floaters and a shadow in the vision and on occasion a reduction in VA. Early detection is vital as retinal detachment is potentially a sight threatening condition which requires surgical intervention.

iv) Age related macular degeneration (AMD). There are two forms of macular degeneration: the dry form and the wet form. Currently, there is no treatment for dry AMD but regular monitoring by an optometrist or medical practitioner is important in case the dry form progresses to wet AMD. Wet AMD is a potentially sight threatening condition which can be treated with intravitreal injections such as Lucentis, Eylea and Beovu. Optometrists and medical practitioners play a vital part in the detection of wet AMD and subsequent urgent referral to the hospital eye service (HES).

v) Tumours can also be detected during a sight test as some tumours can be seen on the retina whilst tumours in the brain can sometimes be detected as they can cause several changes including changes to the optic disc, pupil responses and visual field. Tumours are one of the conditions that carry the most risk in optical practice as they are potentially both sight and life threatening.

4.9 During a sight test, in addition to detecting ocular disease, injury or abnormality to the eye, a refraction to determine the spectacle prescription of the patient will be performed. A distance prescription will be found and where necessary a separate near vision prescription, normally in the case of presbyopia. Presbyopia occurs when the intraocular lens loses its elasticity (usually with age) and a person loses the ability to focus at short distances.

4.10 Refraction can be performed objectively, subjectively or a combination of both and requires good interpretation of the patient, both to direct questioning and observation of their responses.

4.11 Immediately following a sight test, the practitioner must give a signed copy of the prescription found or a statement to say that no prescription was required¹¹.

Risks Associated with Illegal Practice relating to the testing of sight

4.12 From our research, limited data was available on illegal practice relating to the testing of sight. The nature of illegal practice in this area means that it is reliant on reporting either by patients, who are unlikely to be aware of whether practice is illegal, or practitioners who self-declare or report illegal practice they have come across. The GOC confirmed that while they do receive some reports on potential illegal sight testing from registrants and members of the public, these reports do not generally account for a high proportion of illegal practice complaints. Since 2016 of the 23 reports received by the GOC, 14 were reported by members of the public, 6 were reported by registrants and 3 were reported anonymously¹².

4.13 The General Optical Council Annual Report, Annual Fitness to Practice Report and Final Statement for Year Ending March 2020⁶⁹ documents the types of complaints investigated over the last 3 years found that in:

- 2017-2018 1 case of a practitioner testing unregistered was investigated making up 0.4% of all investigations
- 2018-2019 0 cases were investigated
- 2019-2020 0 cases were investigated

4.14 The low number of reported cases in this area make it difficult to assess the scale of the risk from unregistered practitioners and the risk from unregistered practitioners will vary depending on the reasons for being erased or suspended from the GOC register.

4.15 The risks associated with illegal practice relating to the testing of sight are likely to be similar to that of legal practice and can be divided into the following:

- i) Risks of missed or mismanagement of ocular conditions
- ii) Incorrect spectacle prescribing
- ii) Trauma or Injury from sight testing equipment

4.15.1 Risks and likelihood of missed or mismanagement of ocular conditions

The risks of missed or mismanagement of ocular conditions will depend on a range of factors including the type of condition and the delay caused by failure to detect

and/or manage the condition. The most common conditions a registered optometrist or registered medical practitioner should be aware of are described below.

4.15.1.1 Registered optometrists and registered practitioners are well placed to detect and manage cataracts. Cataracts are usually slowly progressing and a delay in referral even by several months, does not usually cause any harm to a patient. Furthermore, referral for consideration of surgery will usually be driven by patient symptoms.

4.15.1.2 Glaucoma is a potentially sight threatening disease but in most cases usually slowly progressing. Patients are usually asymptomatic until the later stages of the disease so early detection and referral is needed to avoid sight loss but as the disease progression tends to be slower, the risk of missing glaucoma is moderate as a practitioner may have multiple opportunities to detect the disease without too much harm to the patients.

The exception to this is closed angle glaucoma which causes significant pain and symptoms. In these cases, patients are more likely to present at accident and emergency or eye casualty as opposed to high street practice.

A study conducted in 2006 by Banes et al shows that there was high agreement between optometrists and consultant ophthalmologists in the hospital setting in the clinical decision making of patients with glaucoma¹³. Although this study was based on optometrists who had significant experience in working within a hospital eye service setting, no formal training was provided above the support within the clinic by colleagues. This shows that the core knowledge optometrists gain from their training and continuous education and training can put them in a good position to detect and manage patients presenting in high street practice.

Between 2017 and 2020 an average of 12.3 cases annually were opened for investigation by the GOC relating to glaucoma¹⁴. This averages 5.7% of the total cases opened during those years. This would indicate that generally the competence of registered optometrists and registered medical practitioners in a high street setting is likely to be good.

4.15.1.3 Retinal detachments are serious and can be potentially sight threatening. Most registered practitioners are able to recognise the classic symptoms of retinal detachments i.e. flashing lights, floaters and a shadow in the vision.

A delay in referral can lead to significantly reduced visual outcomes for a patient which would suggest that the risk in failing to detect retinal detachment is high. A study by Lee et al 2020¹⁵ showed that retinal detachments where the macular is

affected have significantly poorer visual acuity outcomes compared to those where the macular is intact if surgery is not performed within 7 days.

In 2019, NICE found the incidence of retinal detachment to be approximately 10-15 per 100,000 people in the UK¹⁶ and the average number of retinal detachment cases that were investigated between 2017 and 2020 was 10.3 which represented approximately 4.3% of cases investigated in time.

This would suggest that registered practitioners are usually able to adequately detect and manage patients presenting with retinal detachment.

4.15.1.4 Age related macular degeneration is the leading cause of visual impairment in the western world. Delay in treatment and referral for the wet form can lead to irreversible sight loss, ergo the risk from missed pathology is high.

In 2016 the National Institute for Health Research (NIHR) showed that there was not a significant difference between optometrists (with at least 3 years post registration experience but no specific AMD training)¹⁷. Optometrists were able to correctly identify wet AMD in 84.4% of cases whilst ophthalmologists were able to identify 85.4%. This would suggest that registered optometrists, even without specific training in AMD, were comparable to ophthalmologists in detecting AMD.

In addition, the relatively low number of GOC investigations opened for macular degeneration¹⁸, with an average of 6.3 between 2017 and 2020 representing 3% of the investigations during that time point, would further suggest that registered practitioners are able to manage patients with AMD safely.

With the increase in availability of optical imaging such as optical coherence technology (OCT) in high street practice, the risk will be further lowered as this should aid a registered practitioner in detecting AMD.

4.15.1.5 The Europe Economic Health Risk Assessment of Illegal Optical Practice 2013¹⁹ discussed the risk of diabetic retinopathy. Patients with diabetes are managed by the National Diabetic Eye Screening Programme who screen and monitor patients for diabetic retinopathy. Therefore the responsibility for registered optometrists and medical practitioners to detect and manage diabetic retinopathy is reduced and by consequence so is the risk.

4.15.1.6 The risk associated with a failure to detect and manage certain ocular conditions can cause catastrophic harm. Fortunately, the risk for this in registered practice is low and our research found very little evidence to suggest that the unlawful testing of sight is widespread. The most likely cause of risk associated with

missed pathology is failure by a registered practitioner to perform all the necessary tests required in order to detect and manage certain conditions.

Risks associated with incorrect prescriptions

4.16 Any change in spectacle prescription, even if small, can cause a patient to be symptomatic. In the majority of cases, these symptoms will resolve when a patient adapts to the new prescription but in some cases, this does not occur and a patient is deemed non tolerant to the spectacles.

4.17 Bist et al 2021²⁰ reviewed the prevalence and reasons for spectacle non tolerance and found the pooled prevalence for non tolerance was 2.1% (ranging from 1.6% to 3%)⁸ and of that 47.4% was due to incorrect prescription but cited other factors were also found; communication error accounted for 16.3%, dispensing errors 13.5%, non-adaptation 9.7%, data entry error 8.7%, binocular vision abnormalities 7.4% and ocular pathology 6.4%.

4.18 This would suggest that although errors in prescription do occur the likelihood is low. Analysis of the GOC illegal practice cases showed that very few cases (an average of 10.6) involving spectacle prescriptions were investigated in 2017-2020. With 8 cases in 2018-2019 and only 1 case in 2019-2020.

4.19 Data obtained from the OCCS (2020-2021)²¹ also showed that the total number of complaints received was 1301 and only 146 of these were due to perceived errors in prescription. However, we were unable to find any data in relation to how many of these cases were due to actual errors in prescriptions.

4.20 The risks associated with incorrect prescriptions are also low as in general patients will be symptomatic. The exceptions to this are children and adults at risk who may be less likely to be able to communicate when there is a problem.

4.20.1 Adults at risk wearing an incorrect prescription may have a reduction in visual acuity, headaches and eyestrain. Although we have not been able to source any about the prevalence of incorrect prescriptions in this cohort of patients.

4.20.2 The risk of an incorrect spectacle prescription in children is higher than in adults. An incorrect prescription prescribed during the period where the eyes are developing can cause permanent loss in visual function. In addition, children are less likely than adults to be able to communicate problems with their spectacles and so incorrect prescriptions may go undetected for longer periods of time. However, the risk may be mitigated as children with significant prescriptions and at risk of

amblyopia or squint are often managed in the HES where regular visual acuity checks are performed so any errors in spectacle prescription are likely to be detected.

Risks associated with trauma from incorrectly used equipment

4.21 There is a small risk of trauma from incorrect use of equipment e.g. corneal abrasion from use of contact tonometry where a probe is placed on the front of the eye. Our research did not uncover any cases of corneal abrasion from contact tonometry.

Unlawfully supplying spectacles

Ready Made Spectacles (RMS)

4.22 The sale and supply of spectacles is also governed in section 27 of the Act²² and says that the sale and supply of spectacles can only be made by or under the supervision of a registered medical practitioner, optometrist or dispensing optician and can only be fulfilled if a valid specification is provided with the exception of:

- a) Single vision spectacles, to persons above 16 years, of the same power that doesn't exceed 4 dioptres (D) and is for the purpose of remedying presbyopia
- b) Eye protection which does not exceed 8D (negative or positive) and only contains single vision lenses.

4.23 'Ready readers' i.e. single vision spectacles for remedying presbyopia are readily available in different outlets such as opticians, chemists, retail shops and online. These can be recommended to patients by an eye care professional or sometimes patients select RMS themselves by trying them in the shops. Often patients may have a pair of ready readers in addition to their custom made spectacles as they can provide a useful backup to prescription glasses for short term or emergency use.

4.24 Ready readers are not suitable for every patient and should not be used for distance tasks e.g. driving or watching TV. They are also unsuitable for patients with myopia (short-sightedness), significant astigmatism or anisometropia (a difference in

the eyes of over 1D)¹ as they are plus powered lenses and only correct long-sighted prescriptions. In 2015, a study found the prevalence of myopia in Europe was approximately 24.2% and the prevalence for hypermetropia was 34.7%²³. Significant astigmatism (>1D) was found in approximately 15-25% in young and middle aged patients, rising to 51.1% in patients over 65 years of age. Ready readers will not correct for astigmatism so are not suitable for patients with significant astigmatism and can lead to reduced visual acuity. Between 2-15% of patients have anisometropia, the use of ready readers by anisometropic patients is not ideal as one eye will be corrected inadequately.

4.25 In 2012 The College of Optometrists²⁴ commissioned research to determine whether the optical quality of near-vision ready-made spectacles (RMS) reaches the quality assurance levels required by the international standard ISO 16034:2002.

“48 percent of the 322 near-vision RMS failed to provide the optical quality required by international standards, with 62% of the +3.50 DS spectacles failing the requirements. This was principally due to a high prevalence of induced horizontal (60%) and vertical (32%) prism beyond the tolerance levels stipulated in ISO 16034:2002. The figures were similar when the more lenient standards used to assess RMS in low-resource countries were used due to RMS centration distances that were too large.”

The study recommended that the range for ready readers was reduced to +1.00D to +2.50D to reduce errors. However, it does not appear that this recommendation was actioned.

4.26 The global ready readers market is growing and currently makes up about a third of the global reading glasses market according to expert market research.

4.27 The main issues relating to ready readers relate to the fact that they have the same spherical prescription in both eyes and do not take into account the pupillary distance or frame fitting.

4.28 The main risk associated with ready made spectacles will be the same as that of incorrect prescriptions.

4.29 Varifocal or progressive lenses provide correction at all distances including intermediate distances and can only be custom made in legal practice. However,

¹ Spectacle prescriptions are measured in dioptres (D), usually in 0.25D steps. In the case of a spherical prescription i.e. no correction for astigmatism the prescription is normally recorded in dioptre sphere (DS)

there is an emerging market for readymade multifocal glasses which are readily available with online retailers, and sold illegally in breach of the Act.

4.30 According to the Act, the supply of spectacles must be conducted by or under the supervision of a registered medical practitioner, registered optometrist or registered dispensing optician if the user is under 16, or registered sight impaired or severely sight impaired.

4.31 For other users, there is an exemption from this requirement and there is no restriction on the supply of spectacles, although there are additional requirements for spectacles with certain prescriptions.

4.32 Spectacles can be purchased from an optical practice or from online retailers which require patients to send a copy or enter their spectacle prescription. A 2018 report from Optometry Today said that the online spectacle market is increasing. 91% of patients purchased their spectacles from an optical practice but the online market had increased to 9% (an increase from 7%) from 2017²⁵.

4.33 Although it is too early for any meaningful data to be published, it is likely that the online market will continue to grow. The Covid-19 pandemic caused a shift towards the online market as people were encouraged to stay at home. The rise in the adoption of smart devices, discounts and the ability to easily compare prices and different frames has allowed the online retail market to become more accessible and the ability to leave product reviews can reassure patients and encourage them to purchase online²⁶.

Risks Associated with unlawfully supplying spectacles

4.34 Multifocal spectacles require careful measurement of the patient in order for varifocal wear to be successful for patients. These measurements include the pupillary distance, the 'height' which is the measurement between the centre of the patient's pupil and the bottom of the frame and for some premium designs, such as freeform progressive lenses, the back vertex distance and working distance. These measurements can vary significantly between patients choosing the same frame due to how individual facial features may alter the position of the frame on the face. It was found by one lens manufacturer that 70% of non tolerance to varifocals was due to inaccuracies of these measurements.

4.35 The risks of poorly fitting multifocal spectacles or poor lens design are likely to be reduced visual acuity, eyestrain, headaches and possible problems with balance.

4.36 In the case of ready-made multifocals, the known issues with ready readers in conjunction with need for accurate measurements will significantly increase the likelihood of adverse effects.

4.37 The main adverse events which may arise from spectacle dispensing are incorrect prescriptions, incorrect measurements, incorrect lenses or poorly fitting spectacle frames (spectacles must conform to the tolerances set out in the relevant British Standards).⁶⁸

4.38 It has been found that the prevalence of spectacle non tolerance was approximately 2.1%²⁷. However, this was based on findings in clinical practice and not related to online sales of spectacles where the risks of incorrect data entry may be increased as patients are required to enter their prescriptions themselves.

4.39 Further research showed that patients preferred spectacles purchased from an optical practice over those bought online²⁸. 30% of spectacles purchased online were classed as unacceptable compared to 10% purchased from an optical practice. In addition, 78% of the spectacles perceived as unsafe came from online retailers.

4.40 Although online sale and supply of spectacles to non-restricted categories under the Act fall within legal practice, the onus tends to be on the patient to declare whether they are under 16 years of age, registered sight impaired or severely sight impaired and therefore the scale of illegal practice from online retailers is unknown. However, it is less likely that patients within these categories will purchase their spectacles online so the likelihood of adverse events will be low.

Contact Lens Fitting

4.41 Contact lens wear is becoming increasingly popular, and a survey conducted in 2020 showed that approximately 8.5% of the UK and Ireland population were wearing some form of contact lens²⁹. In this report we have omitted specialist contact lens wear such as those for keratoconus which would not normally be fitted in community practice. The risks associated with these lenses are different and may skew the results, and are less likely to be associated with illegal practice as they require specialist fitting in most cases. The risks are likely to be higher in that they will be fitted on an already compromised cornea and due to the reliance on contact lenses these patients are likely to be wearing lenses for a longer duration compared to an equivalent contact lens wearer i.e. daily wear lenses).

4.42 There are 2 main types of contact lenses³⁰:

- i) Soft contact lenses (including daily disposables) make up approximately 90% of wearers
- ii) Rigid gas permeable make up approximately 9% of contact lens wearers
- iii) Other contact lenses such as hybrids which have a rigid centre with a soft skirt make up the remaining 1%.

4.43 Practitioners who are able to fit contact lenses as defined in Part 4 of the Optician's Act³¹:

“25. (1) Subject to the following provisions of this section a person who is not a registered medical practitioner or registered optometrist or registered dispensing optician must not fit a contact lens for an individual.”

Dispensing opticians need to have completed an additional contact lens speciality and be on the contact lens speciality register in order to be able to fit contact lenses.

4.44 The Act sets out the regulations on and around the fitting and supply of contact lenses:

4.44.1 The fitting of contact lenses is defined as:

“For the purposes of this section and section 27(3A) below, “fitting” a contact lens means:-

- (a) assessing whether a contact lens meets the needs of the individual; and, where appropriate
- (b) providing the individual with one or more contact lenses for use during a trial period, and “fit” and “fitted” shall be construed accordingly.”

4.45 In normal practice this would mean³² (with limited exemptions during the Covid-19 Pandemic):

4.45.1 Discussion on the risks and benefits of contact lenses

4.45.2 The advantages and disadvantages of the different contact types and explanation of the most suitable for the patient

4.45.3 The care regime needed for the different lens types including the risks of poor compliance.

4.45.4 Discussion of the costs involved

4.45.5 Checking that the patient has an up to date sight test within two years (or at the recommended interval from the last sight test).

4.45.6 Ascertain relevant medical or ocular history including any eye conditions or previous contact lens wear

4.45.7 Detailed assessment of the anterior eye. A posterior eye assessment in an asymptomatic patient would not usually be carried out at a contact lens fitting or follow up as this would usually be covered in the sight test.

4.45.8 Upon selection of a suitable lens, the practitioner must ensure that the fit of the lens is appropriate which may include but is not limited to a lens which is too tight, has excess movement or an inaccurate prescription.

4.45.9 The practitioner must ensure that the patient is aware of how to insert and remove the lenses, the care regimen, wearing time schedule and what to do in the case of any problems.

4.45.10 On completion of the fitting a practitioner must issue a specification so that a lens can be replicated (unless the patient is deemed unsuitable for contact lenses), information on the care regime and wearing schedule and the expiry date of the specification.

4.46 Once the expiry date has passed, the specification is no longer valid.

4.47 There are a number of adverse effects from contact lens wear which are usually caused by the one of the following reasons³³:

- Mechanical factors causing irritation or abrasion of the eye or lid due to: lens materials, inappropriate designs, or improper fitting; lens interactions with foreign bodies such as dust or other particulates; and physical forces such as rapid decompression or high G-forces from acceleration;
- Physiological factors, such as the eye's response to reduced ambient oxygen levels at altitude; infection; or chemical exposure, including the preservatives in many lens care solutions;
- Immunological factors, such as allergies, that can result in general lens intolerance;
- Tear film alterations due to the combined action of the lens and environmental factors such as low humidity or high air flow; altering the tear film can disrupt

its normal functions of removing waste products and clearing foreign matter from the eye, lubricating it, and preventing its desiccation.

4.48 Registered practitioners need to be aware of the adverse effects caused by contact lens wear in order to be able to suggest modifications on the fit, contact lens care regime or wearing schedule. The main adverse effects which may occur from contact lens wear are summarised below:

4.48.1 Contact Lens Discomfort

Contact lens discomfort can be characterised as intermittent or persistent adverse ocular sensation relating to contact lens wear. The symptoms can range from mild i.e. sensation of something in the eye to significant which would require removal of lenses to alleviate the symptoms. This is more prevalent in RGP lenses but can occur with soft lenses and can be attributed to:

- i) Contact related factors - poor fitting, too long a wearing time, poor compliance with lens care
- ii) Environmental factors - ocular surface condition e.g. dry eye, external environment e.g. humidity, wind etc, occupational factors e.g. vdu use and other factor such as systemic disease, age etc

Contact lens discomfort can be managed during the fitting process where contact lens and environmental factors are assessed and appropriate lenses and wearing schedule are recommended based on these results.

4.48.2 Corneal Neovascularisation

Corneal neovascularisation occurs in 1-20% of contact lens wearers. The main cause being poor oxygen transmissibility which can be due to the contact lens material, the prescription of the lenses; myopic and astigmatic lenses can be thicker at the edge which in turn can reduce oxygen transmissibility and improper fitting, where the lens can cause mechanical or hypoxic trauma.

In most cases, changing the contact lens material and fit can lead to improvement of neovascularisation but in severe cases corneal neovascularisation can endanger the survival of a corneal graft or ocular surface health which may require surgical intervention.

4.48.3 Contact Lens Peripheral Ulcer

Contact lens peripheral ulcers present with mild redness and a greyish white lesion in the peripheral cornea. They are caused by bacteria e.g. staphylococcus aureus which enter via a corneal abrasion. They can occur in up to 25% of silicone hydrogel wearing patients without symptoms and usually regress discontinuation of contact lens wear.

4.48.4 Microbial Keratitis

Microbial keratitis describes active inflammation caused by microorganisms such as bacteria, viruses or parasites caused by contact lens wear.

Infection can occur from contamination of the contact lens or contact lens solution or directly through e.g. the insertion of contact lenses with dirty hands. The incidence of microbial keratitis increases with extended wear schedules. Mechanical microtrauma has been associated with silicone hydrogel lenses despite their higher oxygen permeability and the abrasions can lead to increased risk of developing infectious keratitis.

Infectious keratitis can be prevented by a proper lens care regime which must be communicated with the patient at the point of fitting and emphasised at all following contact lens related interactions. In severe cases, corneal perforation, scleritis and endophthalmitis can occur which may require surgical intervention.

4.48.5 Acanthamoeba Keratitis

Acanthamoeba keratitis is a rare but sight threatening infection of the eye which can cause visual impairment. It is caused by a single celled organism called acanthamoeba which is found in bodies of water, soil and the air. Studies have shown that acanthamoeba can be found in concentrations of 59% in tap water in the Canary Isles³⁴.

In 2015³⁵, 119 cases were found of which 86% were contact lens wearers. The majority of these cases were in regular replacement soft contact lenses (see fig 1) and 51.6% reported poor lens hygiene practice (sleeping, showering, over use, reusing non reusable contact lenses).

4.49 Complications are more prevalent in patients with poor compliance. Studies have shown that using a standard scoring method 2% of patients demonstrated good compliance and 0.4% were fully compliant with contact wear and care practices³⁶.

4.50 Contact lens compliance has not improved over the last 25 years and better patient education is cited as the main factor which may improve contact lens compliance and regularly reiterating good contact lens practice is important to ensure contact lens wearers continue to be compliant with what they have been taught.

4.51 Further investigation shows that contact lens compliance reduces the longer a patient wears contact lenses without issue and where they consider themselves established and experienced wearers. In addition, perceived compliance is not a good indicator of compliance. In one study 86% believed they were compliant with contact lens wear and care practices but actually only 32% were found to show good compliance.

Contact lens sale and supply

4.52 Contact lenses can only be supplied legally with a valid contact lens specification.

4.53 Contact lenses can be sold and supplied from an optical practice or an online retailer.

4.54 Contact lens online retailing has been divided into two categories:

- 1) Online divisions of high street optometrists (the traditional bricks and mortar practices)
- 2) Solely online providers

4.55 BMG research states that “Online buyers are more likely to be aged between 25 and 44 (67% cf. 53% of in-store buyers), while in-store buyers are more likely to be aged 45 and over (37% cf. 19% of online buyers)³⁷”

4.56 When purchasing contact lenses online from some retailers, a copy of a valid contact lens specification is required for a contact lens order. This is in line with the GOC’s regulations and the Act.

Zero-Powered Contact Lenses

4.57 Under UK legislation zero-powered contact lenses are regulated in a different way to powered contact lenses. Zero-powered lenses can only be supplied by or under the supervision of a registered optometrist, suitably qualified registered

dispensing optician or registered medical practitioner. Supervision requires the registered person to be present on the premises, aware of the procedure and in a position to intervene if necessary. The seller/supplier must also make arrangements for the wearer to receive aftercare.

4.58 There is no legal requirement to give a patient a written specification after fitting with zero-powered lenses but the College of Optometrists and Association of British Dispensing Opticians have advised their members that it is in the patient's best interest to do so.

4.59 Zero-powered contact lenses can be used:

- i) to change the appearance of the colour of the eyes for cosmetic use,
- ii) to block out the sight in one eye, in the case of diplopia or intolerable glare,
- iii) therapeutic uses to mask injury/scarring etc.

4.60 Whilst the proper use of zero-powered contact lenses would not necessarily increase the risk of adverse events from contact lens use, it is important to note that there are less ZPLs available in the newer materials such as silicone hydrogels compared to powered lenses. However, this is mitigated in part as in most cases ZPLs will be thinner as they do not need to incorporate a prescription and are less likely to be worn for extended periods of time. Although not well documented, the indication of ZPLs are likely to be for specific events such as Halloween or for social use when going out.

4.61 ZPLs differ from powered contact lenses in that patients who purchase ZPLs may not require a spectacle or contact lenses correction so the main driver of cosmetic contact lenses will be to change eye colour. As a result the demographic for ZPLs differs from powered contact lens wearers. According to the BMG research, only 7% of the general public have worn ZPLs but this increases in the age range 25-34 year olds (21%) and those living in London (19%).

Risks Associated with unlawfully fitting and unlawfully supplying prescription contact lenses

4.62 The adverse effects from contact lens wear are usually as a result of poor compliance to contact lens care regimes and wearing schedules from patients rather than a direct result from illegal practice. However, compliance improves with regular appointments with a registered practitioner.

4.63 The majority of illegal practice from our research relates to the sale and supply of contact lenses and the ability of patients to obtain lenses without a valid contact lens specification.

4.64 Many online retailers do not require a copy of a contact lens specification and actively demonstrate how to read contact lens specifications from a previous box which could potentially allow patients to purchase contact lenses without a valid specification.

4.65 Online retailers can often bypass the legal requirements in the UK by supplying their lenses from other countries.

4.66 This would be in line with the BMG Contact Lens Survey³⁸ produced by the GOC in 2015 who said that 64% of patients who purchase their contact lenses online are not frequently asked for their specification, 24% said it was not required and 13% could not recall.

4.67 Of those that did require a specification 66% used the information from their current contact lens specification, 24% from their current packaging, 22% from their spectacle prescription, 9% from their last order, 8% requested the information from their own optometrist whilst 5% guessed what they needed.

4.68 Patients who purchase contact lenses online are also less likely to attend for aftercare appointments which can lead to adverse effects. For example, from our research we found 1 case of a patient failing to attend for regular appointments resulting in 27 contact lenses remaining in her eye without her noticing.³⁹

4.69 It appears that a significant number of patients may be obtaining their ZPLs illegally. One study found that 39% of patients bought their lenses from an internet supplier, 34% from a fancy dress/joke shop, 23% from a pharmacy and 12% from hairdressers⁴⁰.

4.70 In addition, it was found that 17% of patients who bought ZPLs did not receive any information on how to wear them safely. Patients who bought their lenses from an optical practice were significantly more likely to receive advice on how to wear them safely 95% vs 77% from those who bought from a fancy-dress shop.

4.71 However, there was no comment on the quality of the advice given so although it appears that a significant number of patients still received advice from an illegal source no conclusions can be drawn as to whether this information was suitable or adequate.⁴¹

4.72 Some online retailers also offer a facility to substitute lenses.

Legal substitution by a registered practitioner when the patient is seen at an aftercare appointment. This can be due to a range of reasons such as cost, availability of newer materials etc. In these cases, multiple follow up appointments may not be needed.

Substitution by a registered practitioner when the patient is not seen at an appointment (i.e. an online supplier adhering to best practice for remote supply). A practitioner would examine the lens specification and select an alternative lens as near as possible to the patient's original specification.

Substitution by a non-practitioner under supervision or general direction of a registered practitioner, this could be an equivalent lens with the same parameters or moving from one type of lens material to another without altering the parameters

Substitution by a non-registered practitioner without supervision or under the general direction of a registered practitioner. For example, certain online retailers allow patients to select their current lens type and an alternative is given, usually at a more favourable price. This would be classified as illegal substitution if this were not done under the general direction of a registered practitioner.

4.73 The risks to the substitution are that the lens may not have been seen on the patient's eye so the fitting of the lens may never have been checked. This can lead to adverse effects such as indentation of the lens on the eye.

5) Risk analysis

5.1 This section summarises the main areas of concern from our analysis on the severity and likelihood of an adverse event in illegal practice. It also provides a comparison with the severity and likelihood of an adverse event in legal practice. It is based on the likely scale of illegal practice. However, due to the limited direct evidence available for certain practice areas around the severity and likelihood of an adverse event in illegal practice, our analysis in part reflects potential risks. We have also had to base some of our analysis on published evidence of the risk in legal practice along with our own analysis to draw conclusions on the risks and degree of harm associated with illegal optical practice.

Sight tests

Adverse event: The misdiagnosis/mismanagement of an ocular disease or condition by an optometrist.

	Legal Practice	Illegal Practice
Harm from adverse events	Potentially catastrophic	Potentially catastrophic
Likelihood of adverse events	Low	Moderate - High
Contextual factors	Patient profiles e.g. age	Patient profile e.g. age

5.2 The misdiagnosis/mismanagement of an ocular disease or condition by an optometrist could potentially have very serious consequences, including permanent loss of sight, loss of an eye and death in very extreme cases.

Legal practice:

5.3 Drawing on the available evidence and from our experience in the sector, the likelihood of such an adverse event occurring in legal practice is low.

5.4 The most likely potential risk is a failure on the part of an optometrist to conduct all of the necessary tests for the detection of a particular ocular disease or condition. However, this potential failure would not necessarily lead to an ocular condition being misdiagnosed/mismanaged.

5.5 The risks for this category of adverse event are mitigated in part by the requirement for all registered optometrists to complete mandatory continuous

education and training (CET). This ensures registrants keep their knowledge and skills up to date which in turn helps them identify and manage ocular conditions appropriately.

5.6 Any risks are further mitigated by the availability of clinical guidance on the diagnosis and management of diseases by professional and educational bodies (i.e. College of Optometrists clinical management guidelines, National Institute of Clinical Excellence (NICE) etc). In addition to national guidance, local guidance on referrals is also readily available. These various sources of information serve as a valuable reference point for optometrists.

5.7 A contextual factor that could heighten the possible risks of an adverse event in this category is patient profiles. In particular age, which can be a risk factor for developing certain ocular conditions/diseases. Due to the ageing population there is likely to be a higher prevalence of certain ocular conditions e.g. glaucoma, AMD etc. This could potentially increase the risk of misdiagnosis. However, this risk is partly mitigated by the provision of NHS funded sight tests for patients in these groups for example, patients over 60 years of age and patients over the age of 40 years with a first degree relative who has been diagnosed with glaucoma.

Illegal practice:

5.8 There are different reasons why a practitioner may not be registered and the reason for this will affect the risk. For example, an unregistered practitioner who has been erased or suspended from the register in relation to allegations of impaired fitness to practice will be much higher risk than those who have been erased or suspended for reasons which may not affect their clinical ability e.g failing to renew their retention on time.

5.9 As mentioned earlier, the misdiagnosis/mismanagement of an ocular disease or condition by an optometrist could potentially have very serious consequences, including permanent loss of sight, damage of sight and even death in very extreme cases. Thorough initial training and continuous education and training is important to maintain an adequate ability in recognising and managing disease, therefore a practitioner who has been erased or suspended from the register for impaired fitness to practice will carry a high risk as there is a greater likelihood of an adverse event occurring e.g. failure to detect pathology or mismanagement. Although, the prevalence of this type of practice is likely to be low compared to other forms of illegal practice.

5.10 Since 2015 the GOC received 23 cases of alleged illegal practice relating to sight tests, most are related to providing sight tests whilst unregistered. The main likelihood for risk will stem from inadequately trained and inadequately qualified

practitioners who are not legally entitled to test sight. In these cases, the risk of misdiagnosis or management is likely to be higher.

5.11 If we compare the prevalence of ocular disease and conditions affecting the eye against the number of GOC investigations relating to cases of missed pathology, we can draw the conclusion that the ability of registered optometrists to successfully detect and appropriately manage ocular diseases and conditions affecting the eye is high. However, not all missed pathology would result in a complaint to the GOC (i.e. complaints data would be dependent upon complaints received either from the patient or a concerned ophthalmologist) or a GOC complaint investigation, therefore it is difficult to know the absolute risk of harm.

5.12 Although our research found the potential clinical harm from adverse events arising from illegal practice was in some cases the same as the potential harm related to legal practice. The misdiagnosis/mismanagement of diseases was an exception to this. This is because failure to diagnose and refer in a timescale that does not compromise patient safety is crucial and could be more delayed in illegal practice if the practitioner was inappropriately trained.

5.13 The analysis of our research suggests that the misdiagnosis/mismanagement of ocular diseases carries a high risk of an adverse event, and a moderate-high likelihood of an adverse event occurring under illegal practice.

Incorrect prescriptions:

	Legal Practice	Illegal Practice
Harm from adverse events	Minor	Minor
Likelihood of adverse events	Low	Moderate - High
Contextual factors	<p>Adults will generally detect prescription errors and return to have these corrected. (An exception may be adults at risk).</p> <p>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.</p> <p>Continuing guidance and training on the management of children through peer reviewed articles and CET helps keep practitioners' knowledge and skill up-to date.</p>	<p>Adults will generally detect prescription errors and return to have these corrected. (An exception may be adults at risk).</p>

Legal practice: Adverse event: Incorrect prescriptions

5.14 The failure of an optometrist to test a patient's sight adequately, resulting in an incorrect prescription for spectacles or contact lenses can cause non-tolerance. This can have various consequences, depending on the patient profile and the extent of the non-tolerance.

5.15 Spectacles and contact lenses must be made up to the prescribed prescription within a set tolerance. However, some patients can be particularly sensitive to even a small discrepancy in prescription despite it falling within tolerance. It is also possible that a poor fit or user error (on the patient's part) could result in non-tolerance. Further, it is also possible for spectacle intolerances to arise from 'correct'

prescriptions which are not tolerated by the patient and require an adjustment to aid adaptation. Therefore, it is unclear how many spectacle non-tolerances are caused by an optometrist issuing an incorrect prescription.

5.16 Spectacle intolerances are not uncommon and can cause unwanted symptoms i.e. eyestrain, headaches, blurred vision, etc. as well as the inconvenience of returning to the practice for adjustments.

5.17 In adult patients, the severity of harm caused by the adverse event of an incorrect prescription is likely to be low. Spectacle non-tolerances pose a low risk and are unlikely to cause any serious harm in an adult patient as the risk is mitigated by the fact that an adult patient may elect not to wear spectacles which do not provide them with clear vision or that they cannot tolerate. In these cases, a patient is likely to return to their optometrist to rectify the error and therefore, the likelihood of spectacle non-tolerances in adults is relatively low.

5.18 However, this mitigation may not apply to adults at risk of harm (i.e. patients with learning difficulties, elderly patients etc) who may be at an increased risk due to their inability to identify or report the effects of an incorrect prescription.

5.19 In child patients, the potential harm caused by incorrect prescriptions is relatively more serious as it can have a long-term impact on eyesight as well as other areas such as education and learning development. This is supported by several studies which have highlighted the importance of correct spectacle prescriptions for children in the management of conditions such as amblyopia (lazy eye) and strabismus (squint).^{64,65,66,67} Children are also at increased risk as they are less likely to identify or report an incorrect prescription. Consequently, any error in prescription may go unnoticed for a longer period of time.

5.20 Our research did not find any conclusive evidence in relation to incorrect prescriptions causing vision complications in children. This suggests that the likelihood of harm occurring in a child patient as a result of an incorrect prescription is unclear. However, based on the available evidence, it is likely to be low (although higher than in adult patients).

5.21 However, child patients within this category are more likely to be managed in the Hospital Eye Service (HES) where the optometrists are likely to have a higher degree of experience and additional competencies than other registered practitioners. In addition, the multi-disciplinary nature of the HES will mean that a child's vision will be checked more regularly and any issues likely to be detected earlier.

5.22 While some community optometrists may be comfortable managing child patients in this category, those who are not are likely to refer the management of the patient to the HES.

5.23 Further, the mandatory CET requirement for registered practitioners offers continuing guidance and training on the management of child patients through peer

reviewed articles and CET. This helps registered practitioners keep their knowledge and skills up-to date.

5.24 It is important to note that the prevalence of prescriber error and non tolerance is low. This is supported by a study by Bist et al (2021) who reviewed the prevalence and reasons for spectacle non tolerance and found the pooled prevalence for non tolerance was 2.1%⁵². Non-tolerance to spectacles is not necessarily due to incorrect prescriptions, Elliot and Howell-Duffy (2015) describe the factors that can cause non-tolerance including too large a change from current spectacles and reduction in adaptation with age.⁵³

Illegal practice:

5.25 The harm from incorrect prescriptions is likely to be greater for children and adults at risk in illegal practice if the extent of prescription errors is greater. Further, the risk could be heightened as practitioners not legally able to test sight are less likely to be adequately trained and therefore less able to address any problems that arise.

5.26 The same applies to illegal practice as in legal practice, in that these patients may be less likely to be able to communicate their symptoms and an incorrect prescription can have a significant impact on a child, particularly in the early years of life during the developmental stage.

Spectacle Dispensing

	Legal Practice	Illegal Practice
Harm from adverse events	Minor	Minor
Likelihood of adverse events	Low	Moderate - High
Contextual factors	<p>Adults will generally detect dispensing errors and return to have these corrected. (An exception may be adults at risk).</p> <p>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.</p> <p>Continuing guidance and training on the management of children through peer reviewed articles and CET helps keep practitioners' knowledge and skill up-to date.</p> <p>The online supply of spectacles</p>	<p>Adults will generally detect dispensing errors and have these corrected. (An exception may be adults at risk).</p> <p>Optometrists will generally refer the management of a child patient if it is an area with which they are uncomfortable.</p> <p>The online supply of spectacles</p>

Legal practice:

Adverse event: use of incorrect lenses or prescriptions, or poorly fitted spectacles (spectacles must conform to the tolerances set out in the relevant British Standards).⁶⁸

5.27 The harm arising from the use of incorrect lenses or prescriptions, or poorly fitted spectacles will vary according to the patient and lens type.

5.28 In adult patients, the risks related to incorrect spectacle dispensing are similar to spectacle non-tolerances arising from inadequate sight tests. Dispensing errors may be more problematic in adults who require either bi- or multi-focal lenses. We found little evidence on the likelihood of harm occurring as a result of dispensing errors in both adult and child dispensing.

5.29 The contextual factors are similar to those mentioned for non-tolerances arising from incorrect prescriptions. For example, adult patients are likely to identify and report any noticeable dispensing errors, especially with multifocals lenses where a patient should be able to identify immediately on looking upwards (with a possible exception for adults at risk such as those with learning difficulties or the elderly). Most registered practitioners only undertake the management of a child patient if they are comfortable and it is within their area of expertise.

5.30 The online supply of spectacles is another contextual factor. The Covid-19 pandemic has caused a shift in the buying habits of patients as they have been unable to attend their usual practice. The online supply of spectacles can be problematic if complete measurements are not available for the patient, particularly for children given the importance of the fit of spectacles as described above.

Unlawfully supplying spectacles:

5.31 From our research, our opinion does not differ significantly from that found in the Europe Economics report (2013) which did not identify any direct evidence relating to the unlawful supply of spectacles. It found the main risk associated with the unlawful supply of spectacles involves unqualified individuals supplying spectacles to children without appropriate supervision. The evidence gathered in their research relating to legal supply highlights the importance of correctly fitting spectacles in correcting visual problems in children and preventing long-term problems e.g. squints and lazy eye. An unregistered practitioner who is untrained, insufficiently qualified or supervised in the case of a pre-registration optometrist who supplies incorrectly fitting spectacles to children (or who is unable to adequately address problems that arise) will increase the risk of long-term problems in susceptible children.⁵⁴

5.32 An untrained and unqualified practitioner is likely to perform less well than a registered optometrist or dispensing optician, and thus the likelihood of an adverse event is likely to be greater under unlawful supply. However, it is not possible to quantify the extent to which this may be so. This is particularly the case as there is a spectrum of risk associated with unregistered practitioners, ranging from relatively high risks of someone with no training or qualification, to relatively low risk of someone just about to qualify and be registered as an optometrist or dispensing optician. Therefore, the level of risk will be influenced by the type of illegal, unregistered practitioner.⁵⁴

5.33 The Europe Economics report 2013 suggests a further area of concern is the extent to which practitioners comply with British Standards.⁶⁸ It is part of standard practice to check compliance with these standards before fitting. Unqualified practitioners may not have the necessary training or experience to undertake such checks, which could exacerbate the incidence of spectacle non-tolerances. However, as it is not illegal for unqualified practitioners to supply spectacles (unless to certain patient groups) this issue is not directly relevant to this work.⁵⁴

5.34 The likelihood of adverse events associated with the unlawful supply of bi-and multi-focal lenses is not considered to be high. A key contextual factor that may mitigate any risk is the ability of the wearer in most cases to detect if they are looking through the wrong part of the lens, although this mitigating factor could be reduced in the case of vulnerable adults (i.e. the elderly).⁵⁴

5.35 The main risk associated with the unlawful supply of spectacles involves unqualified individuals supplying spectacles to children without appropriate supervision. This risk could be lowered with the introduction of standardised training for unqualified practitioners across the sector.

Unlawfully dispensing spectacles to children (not applicable to adults as it is not illegal to dispense to adults)

5.36 Illegal dispensing of spectacles to children is likely to cause a greater degree of harm than that caused by legal dispensing. The lack of training and continuing education increases the likelihood of an illegal practitioner causing an adverse event. The overall likelihood of this occurring could be relatively high, for example, an optical assistant dispensing in the absence of an appropriate supervisor. The dispensing of spectacles to children generally carries a greater risk than adult dispensing as errors in prescription/dispensing of spectacles/lenses can have a long-term impact on children's sight as well as other areas such as education and learning development.

5.37 Likelihood of an adverse event: Between 5 and 10 % of complaints relating to illegal practice received by the GOC were related to the unlawful supply of spectacles. Whilst complaints data does not necessarily reflect the accurate likelihood of this illegal practice (as complaints can be driven by a number of other factors, such as the ease of identifying the illegal practice and the perceived importance of the illegal practice), this relatively low proportion does not contradict the view of some of the professional bodies that the risks associated with the unlawful supply of spectacles are not widespread. Others, however, do feel that standards with respect to child dispensing are low across the profession, and that optometrists do not always supervise dispensing to children by unregistered individuals, nor is there always a registered dispensing optician present.⁵⁴

5.38 The risk of an incorrect spectacle prescription in children is higher than in adults. As an incorrect prescription prescribed during the period where the eyes are developing can cause permanent loss in visual function. This particularly relates to children under 8 years of age whose eyes are still developing. This risk is partly mitigated in older children whose visual function is more established.

5.39 The online supply of spectacles is another contextual factor. The Covid-19 pandemic has caused a shift in the buying habits of patients as they have been unable to attend their usual practice. The online supply of spectacles can be problematic if complete measurements are not available for the patient, particularly for children given the importance of the fit of spectacles as described above. For example, there is no requirement for the pupillary distance measurement to be on a prescription, and therefore an online supplier may not have access to it.

5.40 Generally remote supply is not considered to be in the best interest of child patients. Although there are some exceptions to this, for example, if a child's spectacles were to break whilst they were away on holiday or isolating due to the Covid-19 pandemic then it would be considered to be in the child's best interest for the dispensing optician or optometrist to send the patient a replacement pair (if they were an existing patient).

Dispensing Of Multifocal spectacles

5.41 The degree of harm caused by adverse events related to areas of risk associated with a poor fit, incorrect prescription or an incorrect type of lens will be the same in legal and illegal practice (i.e. if someone falls, how bad the fitting was does not impact upon the harm). The likelihood of an illegal practitioner causing an adverse event is likely to be greater than that in legal practice due to the lack of

training and CET, although this will vary depending on the reason why the practitioner was not able to practice legally. The overall likelihood of this occurring is unknown, but may be driven by similar factors as illegal dispensing to children if conducted under the same circumstances.

5.42 The Europe Economics (2013) report found little feedback was received about the illegal supply of bi- and multi-focal lenses. Their evidence base did not include any studies relating directly to poorly fitted bi-or multifocal spectacles. However, given the importance of wearers being able to see through the correct section of the lens, they suggested unlawful supply poses the potential heightened risk of adverse events in this area (e.g. accidents whilst driving, falls).⁵⁴

5.43 There is an emerging market for readymade multifocal glasses which are readily available with online retailers which are sold in breach of the Act. Varifocal or progressive lenses provide correction at all distances including intermediate distances. Due to the importance of wearers being able to see through the correct section of the lens, the potential risk is the same as the unlawful supply of prescription varifocals. However, it could be argued there could be a greater risk due to the possibility for greater error in prescription and measurement as the wearer selects the lens power themselves.

5.44 The main issues relating to ready-readers relate to the fact that they have the same spherical prescription in both eyes and do not take into account the pupillary distance or frame fitting. The risk associated with ready-made spectacles will be the same as that of incorrect prescriptions. However, part of the risk may be mitigated as they are advertised as spectacles for near vision and are therefore less likely to be worn for distance tasks such as driving.

Trauma through incorrect use of equipment

5.45 The harm arising from the incorrect use of equipment is likely to be very low and would be the same in legal and illegal practice. The high levels of training and skill required by registered practitioners as well as the relatively non-invasive nature of the equipment found in the majority of practices mitigates most of the risk of trauma arising from incorrectly used equipment.

5.46 The likelihood of harm occurring in illegal practice may be the same (or lower) than in legal practice if simpler, less damaging, equipment is used. For example, a corneal abrasion caused by contact tonometry vs the slight discomfort caused by shining a light into the eye in ophthalmoscopy. We found there was no clear evidence on the possible risks and likelihood of trauma. Our literature review did not

reveal any direct evidence of adverse events arising from the actions of registered practitioners in these areas. Furthermore, no clear contextual factors were found that may mitigate or heighten the risks of trauma from incorrectly used equipment.

Unlawfully fitting and supplying contact lenses

Contact lens fitting

Adverse event: Incorrect fitting lens

	Legal Practice	Illegal Practice
Harm from adverse events	too tight fit: minor-moderate too loose fit: minor	too tight fit: minor to moderate too loose fit: minor
Likelihood of adverse events	too tight fit: low too loose fit: very low	too tight fit: Unknown - higher than legal. Implied Medium too loose fit: Unknown - higher than legal. Implied Medium-low
Contextual factors	The continuing education and training (CET) of registered practitioners helps to mitigate the risks associated with legal practice. An adults' ability to detect the presence of a poorly fitting contact lenses (in some cases) in part mitigates the risks.	An adults' ability to detect the presence of a poorly fitting contact lenses (in some cases) in part mitigates the risks.

Adverse event: Not providing sufficient advice on aftercare and hygiene

	Legal Practice	Illegal Practice
Harm from adverse events	Moderate	Higher than in legal practice: Moderate to major
Likelihood of adverse events	Low	Unknown - higher than in legal practice. Implied Medium
Contextual factors	Adequate provision of patient information at the time of fitting	Adequate Provision of patient information at the time of fitting

5.47 It is important that contact lenses are accurately fitted and assessed to ensure maximum success and minimise any risk of harm. Therefore, a good level of skill and training is essential in fitting contact lenses. Assuming that an illegal practitioner has lower levels of skill and training, they would be more likely to cause an adverse event.

5.48 In the case of a tight fitting lens, some degree of risk may be mitigated due to modern disposable lenses having a higher margin of general fit acceptability. In the case of a loose fitting lens some risks may be mitigated due to the discomfort experienced by the patient that should alert them to the incorrect lens fit.

5.49 The overall likelihood of this occurring is likely to be low, as practitioners with insufficient training are less likely to take on invasive tasks. However, there is limited data on prevalence in this area. The likelihood of harm through a substitute lens is likely to be much higher as many online contact suppliers offer substitute lenses without further examination.

5.50 In their research Europe Economics investigated the likelihood of registered practitioner risk (among registered optometrists and registered opticians) in relation to contact lens fitting, and concluded that this likelihood is very small. In terms of complaints and insurance claims (which are very low in number) the main issues appear to be with patient adherence to hygiene standards, as opposed to any issue with the nature or fitting of the contact lenses. In our updated literature review we have similarly not discovered any clear evidence of registered practitioners failing to provide adequate advice and information to patients. This reiterates the importance of good communication skills and thorough record keeping, as often risks arise when advice about contact lens care is not followed properly, and the registered practitioner needs to be able to prove that such advice was in fact given. This finding is consistent with our research.^{54, 55}

5.51 BMG Research for the GOC in 2015 highlighted significant risk factors relating to poor wearer compliance and a detailed socio economic and generational analysis provided excellent data to analyse risk in this area.⁵⁶

5.52 The main contextual factor in relation to contact lens fitting appears to be the provision of patient information with the contact lenses. This has a direct impact on patient behaviour and contact lens compliance (which is likely to be influenced by patient profiles). It is also likely to be influenced by different patient profiles. For example, patients with certain characteristics may be placed at a greater risk of an adverse event or complication, particularly younger wearers of ZPLs who are less likely to be compliant and aware of the adverse effects. In addition, the degree of reiteration of contact lens care information is likely to be less the more established a contact lens wearer, however, although these patients may be more competent they are also at greater risk of poor compliance especially if they have not had any issues with contact lens wear in the past.

5.53 Many of the adverse events are often asymptomatic until the later stages, this can give patients a false sense of security in terms of their eye health which may impact on their compliance as they do not feel they have any reason to modify their behaviours. This can impact the degree and prevalence of harm.

5.54 The implications of harm of a tight and loose fit can vary but generally a tighter fit is likely to carry a slightly greater risk of harm when compared to a loose-fitting lens. Common problems associated with a tight-fitting lens can include increased risk of infection, increased risk of the cornea being starved of oxygen (hypoxia), dryness, indentation/corneal abrasion and difficulty in lens removal. A tight-fitting lens is less likely to be noticed by the patient as it can still feel comfortable. An incorrectly fitting lens must be identified on examination of the external eye. Common problems associated with a loose-fitting lens can include decentration (which may affect the

patient's vision) and the lens falling out. However, loose fitting lenses present less of a risk as they are less likely to go unnoticed by the patient. They tend to move around when the patient blinks and the discomfort caused means patients often report them quickly.

5.55 The adverse events mentioned above are likely to be exacerbated in a rigid gas permeable lens (RGP) fitting as there is less flexibility in RGP when compared to a soft lens.

Contact lens supply

Legal practice

5.56 The potential risks related to contact lens supply are similar to those for contact lens fitting. Providing insufficient information to patients could increase the likelihood of non-compliant behaviour irrespective of whether a practitioner is registered or unregistered. Given the crucial importance of patient compliance in mitigating the risks of infections and contact lens wear related complications, serious consequences are more likely to occur with poor compliance. Studies on contact lens complications show that in several cases patients were ignorant about preventative measures, hygiene measures and contact lens related complications.

5.57 A failure to provide insufficient advice on aftercare and hygiene at the time of contact lens fitting prevents patients from practicing safe contact lens wear. Patient behaviour has a great bearing on the likelihood of adverse events occurring in contact lens wear. Non-compliance as a result of insufficient information can cause a high degree of harm. In legal practice, the possibility of this occurring as a direct result of registered practitioner negligence is low. However, non-compliance in patients irrespective of advice given by a practitioner is not uncommon.

5.58 Generally, legal online supply will carry similar risks to direct supply. However, the risks may be heightened if online customers are less likely to attend follow-up aftercare appointments. The main contextual factor is provision of patient information, ideally written and verbal, with the lenses and online substitution.

Illegal practice

5.59 Should a person undertake the fitting of CLs illegally then the degree of harm from an adverse event has the potential to be higher due to the practitioner possibly failing to detect and provide advice on signs relating to serious adverse ocular

health. This can lead to complications going undetected and therefore treatment can be delayed. There is limited data on the prevalence of adverse events in this area. However, the likelihood of an adverse event is likely to be greater in illegal practice, as we are assuming the practitioner has lower levels of training on the importance of patient information and compliance.

Zero-powered Contact Lenses (ZPLs)

	Legal Practice	Illegal Practice
Harm from adverse events	Moderate	Higher than in legal practice: Moderate-Major
Likelihood of adverse events	Low-medium	Unknown, likely to be High from our research
Contextual factors	Provision of patient information with the lenses	Provision of patient information with the lenses

5.60 Complications associated with the wear of ZPLs (and powered lenses (PLs)) can include serious corneal ulcers and infections. If left untreated, corneal ulcers can progress rapidly and lead to an internal ocular infection. Serious infections can lead to corneal scarring and vision impairment. In very extreme cases, serious corneal infections can cause blindness and removal of the eye. Other complications associated with ZPLs include conjunctivitis, allergic reactions, corneal oedema, corneal abrasion (caused by poor lens fit or user error during insertion/removal) and reduced vision.

5.61 In legal practice, the adverse events associated with ZPLs are similar to PLs, and are influenced by patient compliance. A possible mitigating factor relating to the wear of ZPLs is that these, by their nature, are generally worn less often and for shorter durations than corrective lenses.⁶³ This is likely to reduce the risk of infection. ZPLs could carry more or less risk depending on the materials they are made of, although this may not pose a particular problem should appropriate contact lens wear and care regime be put in place.

5.62 Our research found that the incidence of an adverse event occurring is higher where patients demonstrate poor compliance with recommended contact lens wear. We also found that patients demonstrated improved compliance when they were provided with sufficient advice and information.

5.63 However, our research showed that wearers of ZPLs are less likely to show good levels of compliance and with the ease of being able to obtain lenses illegally, without a fitting appointment, may increase this risk further.⁵⁷ The risk in this area is due to omni-channel supply chains that fall outside the GOC's regulatory remit - general retailers/internet-supply and a lack of awareness by these vendors as to the requirements for safe CL wear.

5.64 The likelihood of retail staff from certain retailers such as fancy dress shops having adequate optical training is likely to be very low, although there is limited data on the size of the illegal market therefore the risk from this is unknown but likely high. Data provided from the GOC regarding their illegal practice investigations suggests the GOC has never been informed of a registered optometrist, registered dispensing optician or registered medical practitioner overseeing the sale and supply of ZPLs in any UK high-street shop premises.

5.65 The characteristics of ZPLs wearers combined with the probability of no patient information having been provided at the point of supply suggests the likelihood of an adverse event associated with the illegal supply of ZPLs is likely to be high. Although there is limited data in this area, it is reasonable to assume that the overall likelihood of an adverse event from illegal ZPL supply is similar to the likelihood of an adverse event from illegal PL supply.

5.66 Whilst there is some information about the size of the ZPL market i.e. according to the BMG research, only 7% of the general public have ever worn ZPLs but this increases significantly in the age range 25-34 year olds (21%) and those living in London (19%).⁵⁸ Since 2015 there have been 243 reports to the GOC in relation to illegal sale and supply from ZPLs but we were unable to find further data on the proportion of ZPL wearers who obtain their lenses via an illegal supply route. In addition, there is limited evidence around the frequency of the occurrence of adverse events amongst ZPL and PL wearers. However, the smaller scale of the ZPL market in comparison to the PL market could mean the number of adverse events is likely to be lower amongst ZPL wearers.

5.67 It should be noted that the majority of the studies and case reports cited in our research are based on small sample sizes and are retrospective i.e. they investigate ZPL wearers who have existing problems. We found there was insufficient data to quantify the absolute likelihood of an adverse event occurring as a result of the

illegal supply of ZPLs (i.e. the likelihood of a wearer being supplied illegally and it results in an adverse event). Our research found that even the studies that suggested the likelihood of an adverse event is greater for ZPL wearers than for PL wearers did not provide an indication of the scale of the problem, particularly in the UK.

5.68 Whilst there are some limitations to the data that is available it allows us to compare and infer the likelihood of adverse events occurring between the legal and illegal supply of contact lenses, in particular ZPLs.

5.69 The main contextual factors here are the provision of sufficient patient information and the characteristics of ZPL wearers. Full compliance with recommended contact lens wear is uncommon, even amongst prescription contact lens wearers who attend regular check-ups with registered practitioners. Research on the characteristics of ZPL wearers suggests they may be less likely to be compliant and adhere to wear and care instructions if they are younger, more risk-loving, and have never attended for an eye examination. These findings would be the same irrespective of whether the user was supplied legally or illegally. Based on the findings, it could be argued whether an increase in legal supply of ZPLs would in fact significantly reduce the associated risks.⁵⁹

5.70 Our research showed ZPLs are more likely to be obtained through alternative channels that do not comply with the Act.⁵⁹ Where users are less likely to have been provided with information. We also found evidence that wearers of illegal ZPLs are at a greater risk than wearers of lenses obtained through legal routes.⁶³

5.71 Patient compliance and provision of sufficient information (i.e. insertion and removal, how to wear and care for lenses) plays a key role in mitigating some of the risks associated with the illegal supply of ZPLs. It is possible that information may be better received by wearers if delivered through a physical practitioner as they will be able to advise on individual issues or concerns, however, there is little evidence to support this. Due to the absence of data in this area it is difficult to draw any meaningful conclusions about the scale of illegal practice in relation to ZPLs.

Online Supply

	Legal Practice	Illegal Practice
Harm from adverse events	Medium-high	Same as other illegal supply of CLs, but <i>could be</i>

		<i>higher in cases of illegal substitution with the introduction of different lens types.</i>
Likelihood of adverse events	Low-medium	Unknown - higher than in legal practice. Implied Medium-high

Legal practice:

5.72 The manner in which the physical product gets to the wearer does not appear to be the issue. The risks associated with legal online supply are likely to be similar to the risks associated with legal direct supply. However, it is possible the risks may be heightened if online buyers are less likely to attend follow-up checks.

Substitution:

5.73 If no information is provided to the patient, the likelihood of harm caused by illegal online supply is likely to be the same as illegal direct supply. However, online substitution could pose a greater risk if lenses of an inferior quality are selected. Risk could be mitigated in part if the wearer has previous knowledge of recommended CL wear.

5.74 The main contextual factor is provision of patient information, ideally written and verbal, with the lenses.

5.75 There are several components of a contact lens specification that can have important implications for a patient's ocular health. For example, the material of the lens (this can affect the transmission of oxygen to the eye and the comfort of the lens on the eye), the shape and size of the lens, features such as UV inhibitors etc. If one of these elements is substituted with an alternative this could increase the risk of incorrect fit and infection. For example, a patient who uses lenses for extended wear and is prescribed a suitable lens by a registered practitioner. If the patient receives a substituted lens which is not intended for this purpose the risk of infection could be high.^{50, 51}

5.76 Increasingly the variables affecting the fit and physiological acceptance of a lens are now more to do with the very specific material of the lens as opposed to the

fitting parameters. Again, this would suggest updated legislation may be required to address this evolution in CL fitting. Risks associated with online substitution depend on the type of substitution. For example, substitution performed directly by a trained registrant after careful examination of the specification would carry less of a risk than substitution performed using a general list of equivalent lenses which may provide a lens with similar parameters but one that differs on important elements (i.e. oxygen transmission) and could be unsuitable for the patient. In either case, CL supply where the patient is not present to be fitted with the new lens carries the risk of an incorrect fit.

5.77 There is very little data around the prevalence of harm associated with substitution. Partly because the data is difficult to obtain for example, an online buyer wearing a substituted lens would normally present with a problem to an accident and emergency or eye casualty department in the event of an adverse event, however it is unlikely that an ophthalmologist will ascertain where the patients obtained their lenses from as this is unlikely to affect how they would treat or manage the patients' presenting symptoms. Discussions with hospital departments (Buckinghamshire Healthcare Trust, Moorfields Eye Hospital NHS Foundation Trust and Birmingham and Midland Eye Centre) showed that they did not have any data relating to illegal optical practice. Where data cannot be drilled down to illegal practice, development of a reporting system with questions for patients e.g. where lenses were purchased from, were lenses substituted etc could improve the evidence base in the future.

5.78 There are several studies that demonstrate the differences between various lens types and therefore the implications of substituting different lenses.^{50, 51}

5.79 Although we are unable to quantify the risk associated with substitution, these studies are useful in highlighting the differences in lens types and the benefits to patients of wearing the lens they were fitted and prescribed by their registered practitioner. Due to the range of differences between existing lens types and materials, substitution of a lens may lead to a poor outcome for the patient e.g. a poorly fitting lens. It is difficult to determine the likelihood of the risks associated with substitution as the consequences are often only apparent in the long term e.g. neovascularisation. Consequently, it is difficult to attribute these changes as being directly related to substitution.

Further research in this area that would help to move forward analysis of the risks of illegal optical practice and substitution and could be undertaken by the professional bodies, suppliers/manufacturers or academics includes increasing the evidence base in relation to the prevalence of online substitution, the extent to which online substitution of contact lenses results in the provision of sub-optimal lenses and the adverse effects arising from patients wearing suboptimal substituted lenses.

Illegal Practice:

5.80 The GOC considered the introduction of a voluntary code of best practice for online supply. The GOC consulted on it in 2015 but it was not workable due to being voluntary and there being no real incentive on retailers to join. European Economics Research in 2013 identified the online supply of Contact Lenses as the highest public health risk in UK optometry. They identified a range of reasons for this including, less compliance and an increased risk of drifting out of mainstream aftercare.⁵⁹

5.81 A GOC Working Group looked into what the GOC could do to minimise this risk. They commissioned BMG Research to undertake a consumer research study to understand more about the behaviour of CL wearers in October 2015 (2043 adults).⁶⁰

5.82 Overall, in terms of where CL wearers purchased their CLs from most frequently, 77% primarily brought in-store and 21% primarily brought online. 64% of wearers who primarily purchased lenses online said that the website they use most frequently does require them to provide their CL specification while 24% said it was not required. The remaining 13% could not recall.⁶⁰

5.83 Of the respondents who said the website they use required details from their contact lens specification, 66% said they actually used the information from their specification in order to complete the purchase. Just under a quarter of respondents used information from their current contact lenses packaging (24%) or from their spectacle prescription (22%). Even fewer (9%) took the details from their last order or contacted their optician to obtain their CL specification (8%). Strikingly, approximately one in twenty said that they guessed what they would need (5%).⁶⁰ Although this is likely to continue to be the trend, the shift to online purchasing of contact lenses during the Covid 19 pandemic may make patients more or less likely to ensure they have a valid contact lens specification before ordering online.

5.84 The findings from the BMG commissioned research led to a broader public awareness campaign being commissioned by the GOC regarding the safe use of CLs ('Love Your Lenses campaign').

The Professional Standards Authority (PSA) performance review 2017/2018 identified concerns about the GOC's involvement in this area and argued that the GOC's statutory remit is to regulate optical professionals and that it is arguably outside the GOC's statutory remit to run a public health campaign. In addition, the PSA raised concerns about the support of the campaign by some optical businesses registered with the GOC suggesting it may give rise to perceptions that the GOC endorses these businesses or that the support given by the businesses may create a

conflict for the GOC given that it also regulates them and, further, that the GOC is promoting the commercial interests of its registrants with a campaign encouraging the public to use optical professionals.

The GOC disagreed with this view. It believed the campaign accords with its statutory objective to protect, promote and maintain the health and safety of the public, and at the same time enables the GOC to raise awareness of illegal practice and the possible risk this poses to individuals. The GOC informed the PSA that the 'Love Your Lenses' website makes it clear that the GOC does not endorse the optical businesses listed. The GOC's view was that it is important for registrants and businesses to be involved to ensure the messages of the campaign reach the public. The GOC stated that there is a clear evidence base that regular aftercare appointments mitigate the risk of eye infection for contact lens users, and that its campaign is aimed at building awareness of the need for aftercare rather than promoting commercial interests.

The second 'Love Your Lenses' campaign ran from 24-30 March 2018 and raised similar concerns for the PSA to those that were raised in previous reports. The third campaign ran from 23-30 March 2019 with a focus on providing guidance for registrants to improve standards of contact lens aftercare, rather than on providing information directly to contact lens wearers. The GOC has since evaluated the impact of the campaigns and its Council decided in July 2019 not to continue to lead or fund any future 'Love Your Lenses' campaigns. This has now been taken over by the CL industry.

5.85 In general there is very little data about proven safety issues and how many contact lenses come through an illegal route. Further research in this area would help increase the evidence base and provide valuable insight.

Misuse of protected title

Adverse event: Misleading public/undermining trust

	Legal Practice	Illegal Practice
Harm from adverse events	N/A	Unknown: Implied minor
Likelihood of adverse	N/A	Unknown:

events		Implied low
Contextual factors		The penalties for breach of this legislation

5.86 The Europe Economic report 2013 found the misuse of protected title by an individual poses a more significant risk than the misuse of protected title by a body corporate.⁶¹

5.87 The main direct risk of the misuse of protected title is that the public would be misled in relation to the individual’s registration status, level of training/qualifications and accountability to the regulator. If it was found that a practitioner using a protected title was not registered with the GOC, this could undermine the public’s trust in the optical profession and raise concerns around the value of being registered, the value of qualifications and cause possible oversight of registered practitioners. In terms of risk, this could lead to patients placing less value on optical services and eye health checks by registered optometrists and dispensing opticians, potentially missing eye examinations and risking ocular conditions going unnoticed and untreated.

5.88 The harm associated with misleading the public/undermining trust in the profession is likely to be low. However, there is very little data available in this area (in both legal and illegal practice) and the exact likelihood is unknown.

5.89 The propensity for unregistered vendors to use protected titles does manifest itself periodically in OCCS cases where a seemingly legitimate practice is illegally using a protected title. The law is vague on this as it relates to whether the use is misleading. This could be addressed by amending legislation to regulate functions rather than titles or replacing the use of ‘misleading’ with ‘intent to deceive’.

Indirect risks: Adverse event: unqualified practitioner performing restricted functions of a registrant

	Legal Practice	Illegal Practice
Harm from adverse events	N/A	Major (but is dependent on the function being

		undertaken illegally)
Likelihood of adverse events	N/A	Unknown. Implied Medium/ Medium-High
Contextual factors	N/A	N/A

5.90 The main indirect risks associated with the misuse of protected titles relate to levels of qualification and training – the less able a practitioner is in their ability to perform restricted functions, the greater the risk to patient health.

5.91 The indirect harm from adverse events relating to the unlawful conducting of restricted functions could be high, depending on the restricted function. For example, a first-year optometry student conducting a full sight test without supervision. Although the combined likelihood is likely to be high the overall likelihood is unknown but not likely to be very high based on complaints.¹⁰

5.92 As mentioned earlier, our analysis identified the misdiagnosis/mismanagement of ocular diseases as the practice area that carries the greatest risk to the public as well as the reputation of the sector. This therefore also suggests that the misuse of protected title, due to its indirect link to the unlawful conducting of sight tests, is an area of high overall risk.

Adverse event: Misuse of protected title (Bodies Corporate) Misleading public/trust

	Legal Practice	Illegal Practice
Harm from adverse events	N/A	Negligible
Likelihood of adverse events	N/A	Negligible
Contextual factors	N/A	N/A

The Europe Economics research found that the public appear unlikely to place much importance on protected titles for bodies corporate.⁶¹

6) Evolving optometric landscape: Online/remote eye examination/Artificial Intelligence

6.1 From our research we have found different modes of delivering eye care are starting to emerge with the introduction of newer technologies such as remote screening and remote refraction. The GOC needs to be aware of how newer technologies may allow the traditional sight test to be performed and whether the newer methods conform with legislation and the GOC Standards of Practice.

6.2 Advances in technology and AI are transforming the optometric landscape and will no doubt have implications on potential risks in the future. The GOC must consider how it will deal with risks associated with AI, modern internet facilities and advances in equipment. For example, we already have online screening and may not be far from a world of remote fundus imaging and auto refraction with spectacles.

6.3 Although remote screening facilities have several benefits, particularly during Covid-19. The rate at which the availability of remote services has accelerated could heighten any risk of potential harm. Furthermore, the convenience of being screened at home and the patients perception of a comparable service could increase the risks further.

6.4 In the future it is likely that AI and automation will transform modern medicine to help it deal with the pressures of increasing demand and the strain on the healthcare system. As the AI sector in general is not regulated at present, caution must be exercised when considering the extent to which AI should be adopted into the profession. As there is very little data in this area, the likelihood of illegal practice is unknown but could potentially carry a high risk.

6.5 Possible ways to improve the evidence base in this area would include research into the advances in technology and AI implications on potential risks in the future.

References

- 1) Europe Economics Health Risk Assessment of Illegal Optical Practice
- 2) Europe Economics Health Risk Assessment of Illegal Optical Practice
- 3) The Opticians Act 1989 (as amended)
- 4) Sale of Optical Appliance Order of Council 1984
- 5) <https://www.gov.uk/guidance/placing-manufactured-goods-on-the-market-in-great-britain#new-approach-goods>
- 6) <https://standards.optical.org/areas/practice/>
- 7) Europe Economics Health Risk Assessment of Illegal Optical Practice
- 8) Royal College of Ophthalmologists - Measuring levels of harm in an ophthalmic setting
- 9) College of Optometrists - The routine eye examination
- 10) <https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2019/02/290226-NHS-GOS-Sight-Test-and-Voucher-Eligibility.pdf>
- 11) The Opticians Act 1989 (as amended)
- 12) Data from the GOC Illegal Practice Team
- 13) Banes et al 2006 Agreement between optometrists and ophthalmologists on clinical management decisions for patients with glaucoma
- 14) General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2020
- 15) Lee et al (2020) Comparison of the visual outcome between macula-on and macula-off rhegmatogenous retinal detachment based on the duration of macular detachment
- 16) <https://cks.nice.org.uk/topics/retinal-detachment/>
- 17) Optometrists are cautious, but may be as good as ophthalmologists at monitoring a common cause of blindness 2016
- 18) General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2020
- 19) Europe Economics Health Risk Assessment of Illegal Optical Practice 2013
- 20) Bist et al (2021) Spectacle non-tolerance in clinical practice - a systematic review with meta-analysis
- 21) OCCS Annual Report
- 22) Opticians Act 1989 (as amended)
- 23) Prevalence of refractive error in Europe: the European Eye Epidemiology (E3) Consortium
- 24) Elliot and Green (2012) Many Ready-Made Reading Spectacles Fail the Required Standards
- 25) <https://www.aop.org.uk/ot/professional-support/optical-organisations/2018/10/05/online-spectacles-sales-increases-by-2-percent>

- 26) Eyewear Market Size, Share & Trends Analysis Report By Product (Contact Lenses, Spectacles, Sunglasses), By Distribution Channel, By Region, And Segment Forecasts, 2021 - 2028
- 27) Bist et al (2021) Spectacle non-tolerance in clinical practice - a systematic review with meta-analysis.
- 28) Alderson et al (2016) A Comparison of Spectacles Purchased Online and in UK Optometry Practice.
- 29) Population wearing contact lenses in the UK & Ireland 2020, by type of lens
- 30) ACLM market report 2014: technical summary
- 31) The Opticians Act 1989 (as amended)
- 32) The College of Optometrists
- 33) Contact Lens Use Under Adverse Conditions: Applications in Military Aviation
- 34) Acanthamoeba contact lens danger analysed (2016)
- 35) BOSU- British Ophthalmic Surveillance Unit - a study providing surveillance of cases of AK in the UK - project was run by Derek Toole
- 36) Non-compliance with contact lens wear and care practices: a comparative analysis
- 37) BMG Research GOC 2015 Contact Lens Survey
- 38) BMG Research GOC 2015 Contact Lens Survey
- 39) <https://www.aop.org.uk/ot/science-and-vision/research/2017/07/14/uk-surgeon-finds-27-missing-contact-lenses-in-womans-eye>
- 40) BMG Research GOC 2015 Contact Lens Survey
- 41) BMG Research GOC 2015 Contact Lens Survey
- 42) <https://www.gov.uk/guidance/ce-marking>
- 43) Europe Economics Health Risk Assessment of Illegal Optical Practice 2013
- 44) Spectacle non tolerance in clinical practice bist et al 2021
- 45) Spectacle non tolerance in clinical practice bist et al 2021
- 46) Europe Economics Health Risk Assessment Of Illegal Optical Practice 2013
- 47) Europe Economics 'Risks in the Optical Profession' 2010
- 48) BMG Research GOC 2015 Contact Lens Survey
- 49) Health Canada (2003) 'Human Health Risk Assessment of Cosmetic Contact Lenses', by Dillon Consulting Limited, Final Report, 30 September 2003
- 50) Ozkan et al. (2013) 'Lens parameter changes under in vitro and ex vivo conditions and their effect on the conjunctiva', Contact Lens & Anterior Eye, Article in Press
- 51) Diec J, Lazon dJ, Willcox M, Holden BA. The clinical performance of lenses disposed of daily can vary considerably. Eye Contact Lens 2012; 38(5):313-318.0
- 52) Bist et al (2021) Spectacle non-tolerance in clinical practice - a systematic review with meta-analysis
- 53) Elliot and Howell-Duffy (2015)
- 54) Europe Economics Health Risk Assessment of Illegal Optical Practice 2013
- 55) Eventure Risk In The Optical Professions 2019
- 56) BMG Research GOC 2015 Contact Lens Survey
- 57) <https://pubmed.ncbi.nlm.nih.gov/14555891/>
- 58) BMG Research GOC 2015 Contact Lens Survey
- 59) Europe Economics Health Risk Assessment of Illegal Optical Practice 2013
- 60) BMG Research GOC 2015 Contact Lens Survey
- 61) Europe Economics Health Risk Assessment of Illegal Optical Practice 2013

- 62) BMG Research GOC 2015 Contact Lens Survey
- 63) Steinemann et al 2003 Ocular Complications Associated with the Use of Cosmetic Contact Lenses from Unlicensed Vendors
- 64) Powell C, Wedner S, Hatt SR (2009) 'Vision screening for correctable visual acuity deficits in school-age children and adolescents' The Cochrane Collaboration.
- 65) Birch EE, Fawcett SL, Morale SE, Weakley DR, Jr., Wheaton DH (2005) 'Risk factors for accommodative esotropia among hypermetropic children, Invest Ophthalmol Vis Sci, 46(2) pages 526-529.
- 66) Atkinson J, Braddick O, Robier B, Anker S, Ehrlich D, King J et al (1996) 'Two infant vision screening programmes: prediction and prevention of strabismus and amblyopia from photo- and videorefractive screening' Eye (London) 10 (Pt 2) pages 189 – 198.
- 67) Simons and Presland (1999) 'Natural history of amblyopia untreated owing to lack of compliance', Br. J. Ophthalmol. 83;582-587.
- 68) BS EN ISO 21987:2017
- 69) The General Optical Council Annual Report, Annual Fitness to Practice Report and Final Statement for Year Ending March 2020

Glossary

ABDO	Association of British Dispensing Opticians
ACLM	Association of Contact Lens Manufacturers
AI	Artificial intelligence
AIO	Association for Independent Optometrists and Dispensing Opticians
AMD	Age related macular degeneration
AOP	Association of Optometrists
Acanthoemeba keratitis	An infection of the eye which can cause visual impairment. It is caused by a single celled organism called acanthamoeba which is found in bodies of water, soil and the air.
Anisometropia	A difference in the eyes of over 1D
Astigmatism	An imperfection in the eye's cornea or lens caused by a deviation from spherical curvature, which results in distorted images, as light rays are prevented from meeting at a common focus
BCLA	British Contact Lens Association
BMG Research	Boston Marketing Group Ltd
CET	Continuing Education and Training
Cataract	Clouding of the intraocular lens, usually with age but can occur for other reasons such as trauma or following surgery
CoO	College of Optometrists

Contact Lens Peripheral Ulcer	An inflammatory event associated with colonisation on contact lens surfaces by Gram-positive bacteria.
Contact Tonometry	A diagnostic test that measures the intraocular pressure (IOP) inside a patient's eyes by direct contact with the ocular surface
Corneal Abrasion	A superficial scratch on the transparent layer forming the front of the eye (cornea)
Corneal Neovascularisation	Invasion of new blood vessels into the cornea from the limbus.
D	Dioptries (Spectacle prescriptions are measured in dioptries, usually in 0.25D steps)
DS	Dioptr Sphere - In the case of a spherical prescription i.e. no correction for astigmatism the prescription is normally recorded in dioptr sphere
FMO	Optical Suppliers Association (formerly known as Federation of Manufacturing Opticians)
FODO	The Association for Eye Care Providers
GOC	General Optical Council
Glaucoma	A group of eye conditions which can cause damage to the optic nerve head leading to peripheral visual field loss
Hyperopia	Long-Sightedness
IOPs	Intraocular Pressures
Illegal Practice	That which is an offence under Part IV of the Opticians Act 1989 (as amended)

Microbial Keratitis	Active inflammation caused by microorganisms such as bacteria, viruses or parasites caused by contact lens wear
Myopia	Short-Sightedness
NICE	National Institute of Clinical Excellence
NIHR	National Institute for Health Research
OCCS	Optical Consumer Complaints Service
Ophthalmoscopy	A test that allows a health professional to see inside the fundus of the eye and related structures using an ophthalmoscope. It is important in determining the health of the retina, optic disc, and vitreous humor.
PSA	Professional Standards Authority
RMS	Ready Made Spectacles
Refraction	An examination that tests an individual's ability to see an object at a specific distance. It is the process by which the power of spectacle lenses or contact lenses is determined during a sight test. This measurement is based on how much the lens of the eye has to bend light rays to process visual stimuli. This is expressed in a measurement of distance and clarity
Retinal Detachment	When the neurosensory retina detaches from its normal position
The Act	The Opticians Act 1989 (as amended)
The Order	The Sale of Optical Appliance Order of Council 1984
VA	Visual Acuity

Varifocals or Progressive Lenses	Lenses which provide correction at all distances including intermediate distances
ZPLs	Zero-Powered Contact Lenses

Impact Assessment Screening Tool

Name of policy or process:	Illegal Practice Strategy Review
Purpose of policy or process:	Update Illegal Practice Protocol
Team/Department:	Legal
Date:	23 August 2021
Screen undertaken by:	Claire Bond
Approved by:	<i>Dionne Spence</i>
Date approved:	<i>23 August 2021</i>
Instructions:	<ul style="list-style-type: none"> • Circle or colour in the current status of the project or policy for each row. • Do not miss out any rows. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is not required, put you reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

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

Please put commentary below about your Impacts ratings above:

2) Budget

Implementation of the revised protocol would raise additional cost in cases where a test purchase is deemed necessary. Proof of an illegal sale would be compelling evidence should a prosecution be brought. We think this offers value for money against what is likely to be modest expenditure in persistent / high risk offending cases where the evidential and public interest tests are met.

5) Reputation and media

Whilst there is very little coverage in the media, illegal practice is an area of great concern to our stakeholders. It is likely that that the review will be generally well received but some stakeholders will still think we could do more about non-UK businesses, namely that we should not rule out prosecutions against business based outside of our jurisdiction.

8) Communication / Raising Awareness

The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholder to determine the initial sector concerns

Our communication team are aware of the developing protocol and have agreed a consultation launch date of October 2021, subject to SMT / Council approval in August / September. A formal communication / raising awareness plan will be developed by the project and communication team once approval has been received to coincide with raising awareness of the consultation and the launch of the new protocol.

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

13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG.	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	N/A
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Please put commentary below about reasons for Information Governance ratings:

The protocol relates to the fulfilment of our duty to protect the public from illegal optical practice and therefore all data (subject or business) will be collated, used and retained in accordance with current information governance guidance.

2 & 3

Sensitive personal data from which defendants can be identified will be held for the purpose of investigating offences under the Opticians Act 1989.

10

In relation to the protocol, data will only be shared with third parties for the purpose of investigating / stopping a criminal offence.

13

Information governance training is part of an annual rollout and refresh so all staff will have been trained or refreshed within the previous 12 months

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

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

				expenses policy; freepost available.	
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	N/A
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:

Decisions will be made on a case-by-case basis in accordance with the assessment criteria and protocol with lawyer oversight.

Decisions at each stage of the protocol may be judicially reviewed.

All staff have had training in EDI within the last year. This is renewed annually.

Attendance only required if proceeds to court hearing.

We are developing a policy for managing applications for reasonable adjustments and will include a link to that in the final protocol once considered.

Policy – Impact Assessment

Step 1: Scoping the IA

Name of the policy/function:	Illegal Practice Protocol
Assessor:	Claire Bond
Date IA started:	23.08.21
Date IA completed:	23.08.21
Date of next IA review:	NLT 15.10.21 and 28.02.22
Purpose of IA:	<i>To assess and mitigate the potential impact of the GOC's revised protocol on illegal optical practice with particular regard to fair process.</i>
Approver:	Dionne Spence
Date approved:	23 August 2021

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
 - Impacts**
 - Information Governance (Privacy)**
 - Human Rights, Equality & Inclusion**
 - None have been completed

Q2. About the policy, process or project

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

Aims: To provide clarity internally and externally when we will take action against alleged illegal practice and what action will be taken.
Purpose and Outcome: Revised Illegal Practice Protocol implemented.
Who will benefit: GOC and external stakeholders and members of the public.

Q3. Activities or areas of risk or impact of the policy or process

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

Activity/Aspect
• Test purchase
• Decision on prosecution

- Managing comms with external stakeholders

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact

Public consultation to October 2021

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
 - 1) Impacts;
 - 2) Information Governance and Privacy implications; and
 - 3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

Will consider responses to the consultation in due course. Specific questions will be asked on all of the above.

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:

The developing approach has been shared with SMT, our defence stakeholder group and our advisory group. Further, a closed consultation was shared with stakeholder to determine the initial sector concerns. A full consultation is scheduled to commence in October 2021 for a period of 12 weeks. This will consider potential impacts of the revised protocol as well as any IG or HRA

Summary of the feedback from consultation:

A further review will take place following SMT input and Council input and then no later than 1 February to consider the outputs from the consultation and make any changes as appropriate

Link to any written record of the consultation to be published alongside this assessment: not yet published

How engagement with stakeholders will continue:

Through our quarterly Defence stakeholder group meeting and Council updates

Step 2: Assess impact and opportunity to promote best practice

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

Use the table below to document your strengthening actions (already in place or those to further explore or complete). **To be reviewed pre and post consultation**

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	Risk that...	•
		•
		•
		•
		•

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

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

Date: October 2021 – prior to the launch of the consultation and then February 2020 to consider the outputs from it.

COUNCIL

Annual report and financial statements for the year ended 31 March 2021

Meeting: 22 September 2021 **Status:** For approval

Lead Responsibility: Lesley Longstone (CEO and Registrar)

Paper Author(s): Erica Wilkinson (Head of Secretariat)

Council Lead(s) None

Purpose

1. The purpose of the paper is to present to Council the 2020-21 GOC annual report and financial statements for approval.

Recommendations

2. Council are asked to:
 - 2.1. **note** and **agree** with the Audit Risk and Finance Committee (ARC) recommendation that when taken as a whole, the annual report for the year ended 31 March 2021 is fair, balanced and understandable and provides the necessary information to assess performance during 2020-21;
 - 2.2. **consider** and **approve** the annual report and financial statements for the year ended 31 March 2021 (annex one);
 - 2.3. **delegate authority** to the Chair to finalise the report taking into account comments made by Council, before submission to the Privy Council;
 - 2.4. **delegate authority** to the Chair to sign the Letter of Representation at (annex two);
 - 2.5. **note** the GOC Senior Management Letter of Representation (annex three)
 - 2.6. NomCo and RemCo members are asked to **consider** and **approve** the statement in the annual report about their membership, role and remit for the preceding year; and
 - 2.7. **note** that RemCo members have approved the relevant sections of the annual report in relation to Council members' remuneration and expenses as required under their terms of reference.

Strategic Objective

3. We produce an annual report in compliance with Section 32A(2) of the Opticians Act 1989 (as amended), which requires us to include information in our Annual Report regarding the arrangements Council has put in place to ensure adherence to good practice regarding equality and diversity and to publish an FTP Annual Report. As a charity registered with the Charity Commission, we

must comply with the Charities Act 2011 and other relevant charities legislation, and the provisions of our constitution as a charity.

4. The production of an annual report is included in the 2020-21 Business Plan, specifically, “Accountability – managing the production of our annual report to openly and transparently account for our performance”.
5. The decision to approve the annual report rests with Council.

Risks

6. There is a risk that the annual report does not comply with relevant statutory/legal obligations. To ensure this risk remains low, we have ensured the 2020-21 annual report complies with the SORP requirements and reflects good practice expectations in annual reporting. As part of their review, haysmacintyre, as the GOC’s external auditors, will provide assurance to the GOC on SORP compliance issues.

Background

8. In accordance with our legislation, our annual report and financial statements (“the annual report”) are laid before Parliament and filed with the Charity Commission. The Privy Council formally lay the report on behalf of the GOC and the GOC are responsible for filing the report with the Charity Commission.
9. Council is presented with the annual report in public session, which is in line with good practice. However, the report is not to be made public as part of the papers for the meeting due to parliamentary requirements not to put the report into the public domain before it has been formally considered by Parliament.
10. As in previous years, we have included a number of best practice requirements as stated in the UK Corporate Governance Code, such as an explanation of the work of Council’s committees, attendance of Council members, the independence of the external auditors and the role of the Senior Council Member.
11. In preparing the Trustees’ Report we have also complied with the duty in section four 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.
12. In preparing the Trustees Report we have also complied with the duty in section four 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.
13. The role of the ARC in the production of the annual report
The ARC is required to ‘advise Council on the accounts/financial statements and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, the level of error identified, accounting policies and managements letter of representation to the external auditors and

advise whether the financial statements are fair, balanced and understandable to assess performance.'

14. ARC considered and agreed to recommend the draft annual report and financial statements at its meeting on 8 September 2021.

Analysis

15. Set out below are details of the report broken down into the three constituent sections.

Section analysis

Section 1: Trustees' report ("How we deliver public benefit")

16. The Trustees' Report is a review of the significant activities carried out and delivery against our business plan for 2020-21. It includes an assessment of our performance and explanation of key priorities. It has been structured to address each of the key strategic objectives and to show achievements, performance and plans for the future. It also includes details of our structure, governance and management and a statement of trustees' responsibilities as required by SORP.
17. In line with section 32A(1) of the Opticians Act we have included information regarding the arrangements put in place to ensure Council adheres to good practice regarding equality and diversity. It includes how many corporate complaints and freedom of information requests we have received in line with transparency requirements.
18. The administration section is SORP compliant, as it includes the registered name of the charity, the registration number, the address of the registered office, the names of the trustees on the date that the report was approved, the names of the trustees who served during the year (and new trustees), the name of the Chief Executive and Registrar and any other senior staff to whom day to day management/responsibility is delegated as well as the names and addresses of any other relevant organisations, such as bankers and auditors.

Section 2: Fitness to Practice annual report

19. The section covers complaints received by the GOC in relation to the Fitness to Practice of registrants between 1 April 2020 and 31 March 2021. It includes detail of the possible outcomes of an FTP hearing, and the work of the Registration Appeals Committee and section 29 referrals.

Section 3: Financial review

20. The Financial Review includes the independent auditors' report, the statement of financial activities, the balance sheet, cash flow statement and notes to the financial statements and is fully SORP compliant.

Letters of Representation

21. The Letter of Representation from Haysmacintyre (the external auditors) is attached at **annex two**. This letter needs to be signed on behalf of Council and

will be sent to the external auditors with the signed annual report, before being submitted to Privy Council.

22. The GOC Senior Management have submitted a Letter of Representation to Council to provide assurance that the representations stated in annex two have been made on the basis of sufficient enquiry and inspection of supporting documentation. The GOC Senior Management Letter of Representation can be found at **annex three**.

Impacts

23. The production of the annual report included in the 2020-21 budget. There is no impact on reserves for this area of work.
24. We are required to publish information in our annual report on how the Council has ensured good practice regarding equality and diversity. We will publish the final annual report on our website and in Welsh once approved by Parliament. We provide a copy to the Welsh Assembly for their information.

Devolved Nations

25. There are no implications in relation to the annual report and the devolved nations.

Communications

26. Once Council has approved the annual report, it will be returned to the external auditors (along with the Letter of Representation) for signing, before being sent to Privy Council, who will oversee the parliamentary approval process. We currently expect this to be in October 2021.
27. Once Parliamentary approval has been obtained we will issue a press release to our registrants and stakeholders and publish the annual report on our website.
28. The annual report will need to be filed with the Charity Commission by 31 January 2022.
29. We will not be printing any hard copies.

Attachments

- Annex 1: Annual Report and Financial Statements and annual Fitness to Practise report for the year ended 31 March 2021 (**not published**)
- Annex 2: Letter of Representation from the Chair of Council to the external auditors
- Annex 3: Letter of Representation from the GOC Senior Management Team to Council

TO BE TYPED ON CLIENT LETTERHEAD

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date:

Dear Sirs

During the course of your audit of our financial statements for the period ended 31 March 2020, the following representations were made to you by management and Council Members (Trustees) 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 council’s 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 significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- 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.
- 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, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 14 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.
- 15 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.
- 16 We confirm that there is no audit information of which you as auditors are unaware, and that each Council Member (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 Council of the General Optical Council by:

.....
Trustee

General Optical Council
Level 1,
10 Old Bailey
London
EC4M 7NG

Date: 15 September 2021

Dear Sirs,

During the audit of our financial statements by haysmacintyre for the year ended 31 March 2020, the following representations were made to them by management on behalf of the General Optical Council.

- 17 We have fulfilled our responsibilities as the executive under the Charities Act 2011 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice (UK GAAP) that give a true and fair view and for making accurate representations to you.
- 18 We confirm that all accounting records have been made available to haysmacintyre, for the purpose of the audit, in accordance with their 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 Council meetings, have been made available to haysmacintyre. We have given haysmacintyre unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that haysmacintyre have requested for the purposes of the audit.
- 19 We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- 20 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 Charities Act.
- 21 We confirm that we have informed haysmacintyre 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.
- 22 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.
- 23 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 the relevant executives and trustees and made available to haysmacintyre as part of the audit.
- 24 We confirm that the related party relationships and transactions set out in the declarations provided to the auditor 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.

- 25 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.
- 26 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 27 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.
- 28 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided haysmacintyre with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to the auditor 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.
- 29 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.
- 30 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.
- 31 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to haysmacintyre. There have been no breaches of terms and conditions in the application of such incoming resources.
- 32 We confirm that there is no audit information of which haysmacintyre are unaware. We have also confirmed to the Council that each senior executive (SMT) 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 the Council and that to the best of our knowledge and belief they accurately reflect the representations made by us on your behalf during the course of haysmacintyre's audit.

Signed on behalf of the Senior Management Team of the General Optical Council by:



.....
 Lesley Longstone
Chief Executive & Registrar

COUNCIL

Corporate Policies Review

Meeting: 22 September 2021 **Status:** For approval

Lead Responsibility: Lesley Longstone (CEO and Registrar)

Paper Author(s): Erica Wilkinson (Head of Secretariat)

Council Lead(s) None

Purpose

1. To approve three, updated corporate policies.

Recommendations

2. Council are asked to **approve** the following corporate policies:
 - Speaking-Up against the GOC
 - Conflicts of Interest
 - Anti-financial Crime

Strategic objective

3. This work to review the three corporate policies forms part of the 2021/22 Internal Business Plan.

Background

Speaking-Up against the GOC

4. Following the internal audit on whistleblowing and consultation with internal working groups, this policy has been redrafted to ensure it is accessible and clearly articulated. Much of the consultation feedback was applied, particularly that the policy should be consistent with the external speaking up guidance for registrants.
5. The redraft also incorporates feedback from Council the last time they signed off this policy, that we should reconsider use of the “whistleblowing” terminology.

Conflicts of Interest Policy

6. Minor changes were made to this policy in January 2020 following the PSA Review, however the policy remained extremely lengthy and hard to follow making it complicated to understand and not very accessible.
7. No material changes have been made to the revised version but it has been rewritten in a simple concise manner. No changes around legal requirements

under section 1C of Schedule 1 of the Opticians Act 1989 and the Charities Act 2011 have been made.

8. *Anti-financial crime policy*

The policy was initially adopted in 2018, replacing the Anti-bribery, money laundering, fraud, theft and corruption policy. This is the first review of this policy.

Analysis

9. *Speaking-Up against the GOC*

The final draft version of the policy has been reviewed internally in conjunction with the Policy and Standards team to ensure that feedback from the external consultation has been incorporated.

10. *Conflicts of Interest*

The policy has been updated to include Charity Commission good practice and now includes the “worker” cohort, who were previously classed as members. The policy is mandatory for permanent and temporary employees, workers, members, contractors or consultants working with the GOC.

11. *Anti-financial crime policy*

No legislative updates have occurred since 2018 to prompt any fundamental amendments to the policy. All relevant legislation has been checked via www.legislation.gov.uk.

Finance

12. Not applicable as no substantial changes are recommended.

Risks

13. If the updates to the policies are not approved by Council some trustees, and as a result employees and members, could be unaware of their duties/responsibilities in relation to speaking-up, conflicts of interest and anti-financial crime.

Equality Impacts

14. Not applicable as no substantial changes are recommended.

Devolved nations

15. There are no implications/differences in relation to this paper and the devolved nations.

Other Impacts

16. N/A

Communications

External communications

17. The Conflicts of Interest Policy and the Anti-Financial Crime Policy will be posted on the GOC website.

Internal communications

18. The reviewed policies will also be published on IRIS.

Next steps

19. Training will accompany publication, with bespoke conflicts of interest training being rolled out to specific groups to ensure effectiveness (i.e. employees, members, contractors).

Attachments

- Annex 1 – Speaking-Up against the GOC
- Annex 2 - Conflicts of Interest
- Annex 3 – Anti-financial Crime

Speaking Up Policy and Procedure

Status of document:	Draft	
Version:	1.0	
Approved by:	Council	
Date of approval:	22 September 2021	
Effective from:	23 September 2021	
Owner:	Erica Wilkinson, Head of Secretariat	
Author:	Erica Wilkinson, Head of Secretariat	
Relevant legislation:	<ul style="list-style-type: none"> • Employment Relations Act 1996 • Public Interest Disclosure Act 1998 • Enterprise and Regulatory Reform Act 2013 	
Linked policies:	<ul style="list-style-type: none"> • Disciplinary Policy • Grievance policy 	
Impact Assessment:	Available on request	
Impact Assessment completion:	February 2020	
Impact Assessment review:	June 2024	
Next policy review date:	June 2024	
Location - Website:	[TBC – added on publication]	
Location - Intranet:	[TBC – added on publication]	
Amendments	Date:	Details:

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Part 1 - Policy

A. About this policy and how it applies to you

1. We have produced this guidance to help our staff¹ in situations where they need to consider speaking up about possible concerns at the earliest opportunity, and in an appropriate way. This is something we know can be difficult as it is not always clear what your responsibilities are or how to raise your concerns.
2. It is not a mechanism for raising personal grievances, which should be raised in accordance with our *Employee Concerns (Grievance)* policy.
3. Part 1 explains our Speaking Up policy and part 2 contains the process for speaking up, along with flowcharts in section L and M.

B. What is Speaking Up?

4. The term 'speaking up' is used in this policy and for the avoidance of doubt, it covers all concerns regarding matters of public interest, including what may be termed 'whistleblowing' and/or 'raising concerns'.
5. This policy is designed to
 - support our values;
 - ensure employees can speak up without fear of suffering any detriment; and
 - provide a transparent and confidential procedure for dealing with a concern.
6. Staff should speak about any conduct that they feel is not in the public interest. Some examples include:
 - risks to patient safety;
 - dishonest financial reporting;
 - fraud;
 - corruption, bribery or blackmail;
 - criminal offences;
 - failure to comply with a legal or regulatory obligation;
 - miscarriage of justice;
 - endangering the health and safety of an individual;
 - damage to the environment;
 - concealment of any of the above.
7. If a concern is related to the acts or omissions of a registered individual or business, or if an individual to whom this policy does not apply speaks up to the GOC about a concern elsewhere, those concerns will be considered in line with *Speaking Up: guidance for registrants* and the flowchart in Section M on page 11.

¹ "staff" includes employees, workers and contractors

C. Speaking Up Principles

8. The following principles apply to the way we deal with concerns raised with us:
 - anyone raising a concern will be treated fairly;
 - all concerns will be properly and carefully considered;
 - no one will be at risk of suffering any form of detriment, including harassment or victimisation because of raising a concern even if they are mistaken.
9. Employees are not expected to be able to prove the truth of their suspicion, however they need to demonstrate that they have reasonable grounds for believing the concern is true.
10. The GOC cannot condone abuse of this procedure, and if following an investigation, the employee is found to have acted maliciously, knowingly providing false information, the matter will be dealt with under the *Employee Conduct (Disciplinary)* policy.
11. If at any stage an employee, worker, or contractor were to experience detriment for raising a concern this would be treated very seriously and may be deemed as gross misconduct under the *Employee Conduct (Disciplinary)* policy.

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Part 2 - Procedure

D. Why should I speak up?

12. Everyone in the GOC is encouraged to look out for issues that may affect its ability to protect the public and maintain confidence in the professions we regulate. For the GOC to play its role it too needs to retain public confidence.
13. Speaking up can prevent harm and help to instil confidence in the GOC by doing and being seen to do “the right thing”.
14. By speaking up at the earliest opportunity you are enabling poor practice to be identified and possibly remedied before it has an impact. If something has already gone wrong, you will be helping to put things right and to learn from what went wrong to prevent it happening again.
15. We understand that you may be nervous about speaking up and this guidance explains additional protections that apply in some circumstances. It also gives some suggestions for how you might raise issues at the earliest opportunity.

E. How to speak up

16. The first question to consider is whether you can deal with the issue yourself. If you can, then you should do so, but you should still speak up about it to make sure that any learning from the experience can be shared.

i. Dealing with the issue locally

17. If you cannot resolve the issue yourself, then you may be able to speak up about it to the person or organisation with authority to act.
18. For most issues at the GOC, your line manager would be the best person to speak to about your concerns, although if you have concerns about the behaviour or conduct of another person, consider whether you could approach them directly about the issue first.
19. If your concern is very serious, for example, there is a risk of fraud or serious harm, you may need to escalate your concerns immediately to ensure that they are given sufficient priority. More information about escalating concerns is set out in part 2.
20. You can speak up anonymously, but it may then be difficult to claim any legal protection under the Public Interest Disclosures Act (*see Part 2 E.d. page 8*).

ii. Escalating your concerns

21. If you believe that something is wrong and you haven't been able to resolve it yourself or informally with your line manager then you should fill in the form in Section K and formally report the concern to your line manager, copied to the

Speaking Up Champion². If for any reason you feel unable to raise the matter with your line manager you can report it straight to the Speaking Up Champion or to HR, or any member of the Senior Management Team.

22. You are encouraged to put your name to the concern whenever possible as investigations with the absence of witnesses can be much harder to complete.

F. Speaking Up Champion

23. The Speaking Up Champion for GOC staff is the Head of Secretariat and in relation to Speaking Up will:

- be independent, impartial, and objective;
- work in partnership with relevant individuals, including the Senior Management Team to ensure your concern is investigated; and
- seek guidance and support from and, where appropriate, escalate matters to, bodies outside the organisation.

24. When you speak up about a concern they will:

- provide you with confidential advice and guidance about the process for speaking up (or if the concern does not meet the criteria under this policy, recommend another suitable route e.g. the *Employee Concerns (Grievance)* and *Employee Conduct (Disciplinary)* policies;
- brief the Chief Executive and other members of the Senior Management Team as appropriate;
- ensure an appropriate investigator is appointed;
- record and track progress in responding to the concern you have raised; and
- ensure that the issue and relevant findings are escalated to the Audit, Risk & Finance Committee as appropriate.

25. Our Speaking Up Champion can be contacted in confidence via telephone or dedicated email: speakingup@optical.org. This is a private account and is only accessed by our Champion. They can also be contacted by arranging a personal meeting.

26. If for any reason an employee is reluctant to speak to the Speaking Up Champion then they should speak to HR or to the Chief Executive.

27. If the individual feels the matter is so serious that it cannot be discussed with any staff member, they should contact (*see paragraph 42*) either:

- the Chair of the Audit, Risk & Finance Committee
- the Chair of Council
- the Senior Council Member

28. The GOC recognises that you may want to raise a concern in confidence and possibly remain anonymous. We encourage you wherever possible to speak up openly as an investigation can be extremely difficult without witnesses. However,

² The Speaking Up Champion for GOC staff is the Head of Secretariat.

if an employee asks for their identity to be protected, then it will not be disclosed without consent.

G. What happens next?

29. The GOC will respond to your concern as quickly as possible and if necessary, will appoint an investigating officer.
30. You will be informed within 10 working days who the investigating officer is and how you can contact them. Depending on the details of your concern you will also be told what further assistance and support can be provided.
31. Within 15 working days you will receive written confirmation from the investigating officer with an explanation of how they propose to deal with the matter. It is likely that you will be interviewed to ensure that your concern is fully understood, and an investigation will then take place.
32. Following the investigation, the investigating officer will send their findings to the Speaking Up Champion and update you accordingly. The timeframe on this part of the process will be case dependent.
33. In certain circumstances e.g. if a disciplinary or criminal investigation follows, you may need to be a witness. If this happens then the Speaking Up Champion will speak to you at the earliest opportunity and you will be provided with appropriate support.
34. If you are not satisfied with the findings of the investigation, you can refer the decision to the Chief Executive & Registrar for review. If that happens, the Chief Executive & Registrar will respond to you within 20 working days.
35. If you are still not satisfied with the findings after the Chief Executive & Registrar has responded, you can refer it to the Chair of Council who will respond within 20 working days.
36. The GOC will seek to resolve all concerns and staff should consider whether it is more relevant to raise the matter internally before making any external disclosures.

H. External disclosures

37. This policy and process should give you the reassurance you need to raise concerns internally and the internal process should be followed wherever possible first. However, if you do not feel confident that this is not the case, you may wish to raise a concern an appropriate prescribed body (e.g. the Professional Standards Authority, the Charity Commission or an organisation called "Protect"). A list of prescribed bodies can be found at paragraphs 40 and 41.

I. Protected disclosures

38. As an employee, worker or contractor you may be legally protected under the Public Interest Disclosures Act (PIDA) 1998.

39. In order to qualify for protection, the issue you are raising must be a 'protected disclosure'. Section 43B of the Employment Rights Act 1996 states that a protected disclosure is:

“any disclosure of information which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following:

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

J. Sources of further advice

40. You can seek external independent advice or support at any stage of the process. There are several options available as outlined below.

Protect

This is a charity which also provides confidential advice, free of charge. Visit: <https://protect-advice.org.uk/>

Advisory, Conciliation and Arbitration Service (ACAS)

Provides information, advice, training, conciliation and other services for employers and employees to help prevent or resolve workplace problems. Visit: www.acas.org.uk

Employee (and member) Assistance Programme (EAP)

We have a confidential Employee Assistance Programme (EAP) which is for you and your immediate family – including for members. You can access information online or by telephone. The username and password are available on IRIS under HR zone, Staff Benefits.

Samaritans

The Samaritans provide a free and confidential listening service, 24 hours a day, 365 days a year. They do not provide advice, nor do they report your concerns onwards, but sometimes just having someone to talk to that isn't family or friends

can be a tremendous help. Visit: <https://www.samaritans.org/how-we-can-help/contact-samaritan/>

41. You can also seek advice from our regulators:

Professional Standards Authority (PSA)

The PSA oversee nine health and care regulators (including the GOC) who regulate health and care professionals to make sure they are protecting patients and service users properly. They complete performance reviews as well as special reviews, often if there are serious concerns raised with them.

<http://www.professionalstandards.org.uk/regulators/overseeing-regulators/concernsabout-regulators>

Charity Commission

The Charity Commission regulate charities in England and Wales. The GOC is a registered charity. Visit: www.charitycommission.gov.uk

42. Contact details for internal advice within the GOC are provided below.

Speaking Up Champion:

Erica Wilkinson

email: speakingup@optical.org This is a private account and is only accessed by our Champion

phone: 07710 796930 (mobile) 020 7307 3466 ext: 466 (office)

Chair of the Audit, Risk & Finance Committee:

Clare Minchington

email: clare@minchington.net

Chair of Council:

Anne Wright

email: awright@optical.org

Senior Council Member:

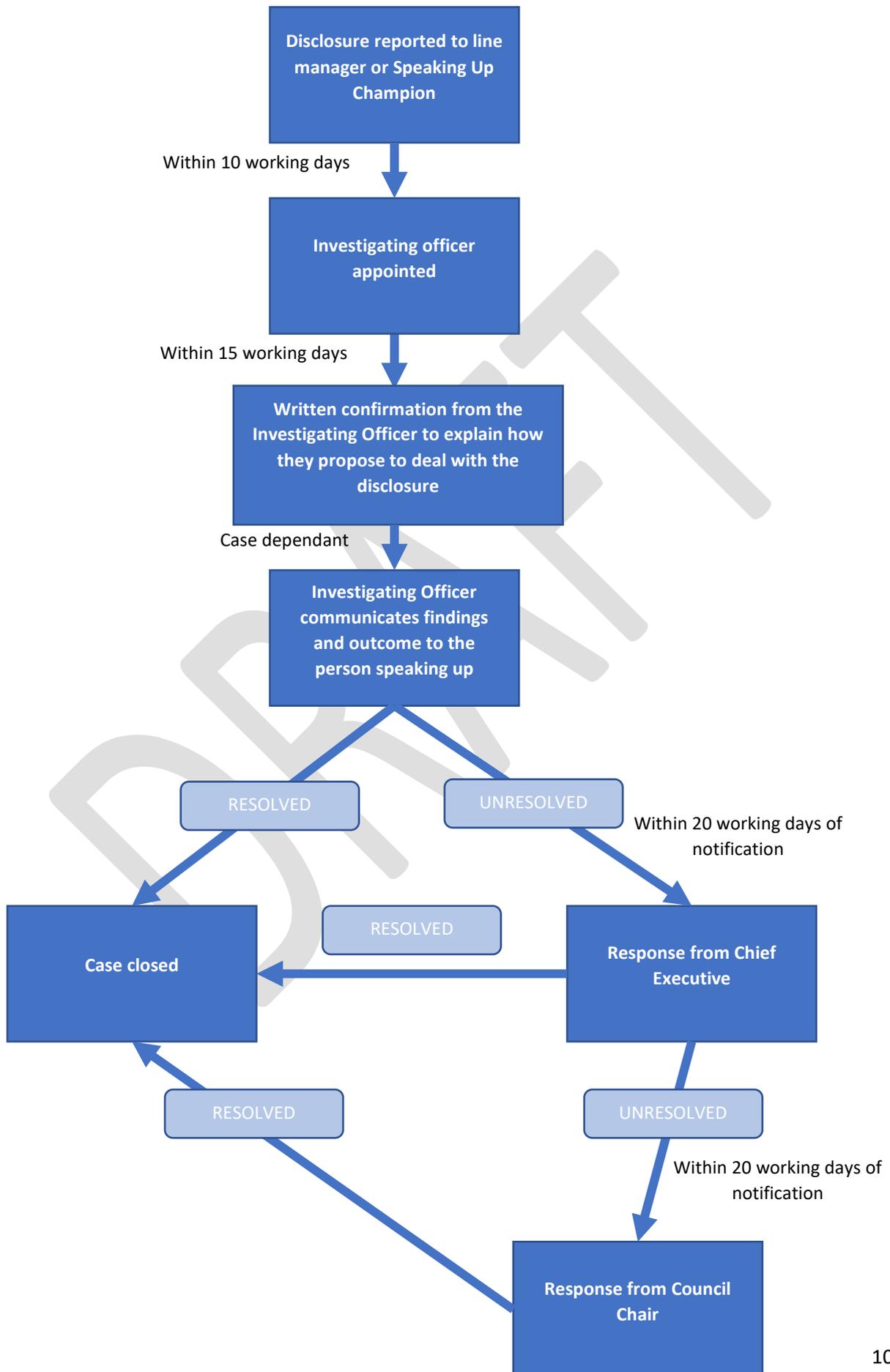
Glenn Tomison

email: glenntomison:@btinternet.com

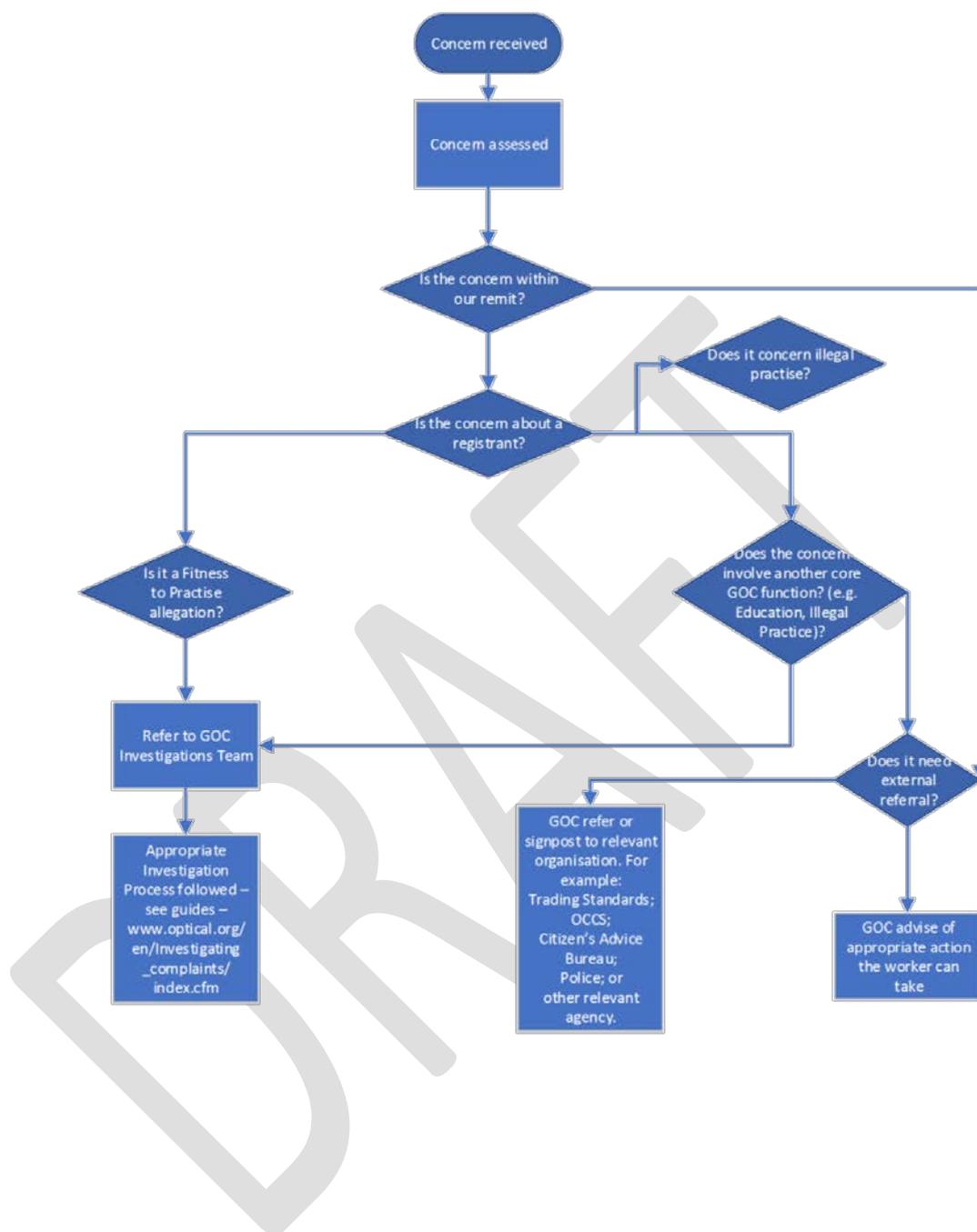
K. Speaking Up Disclosure Form

Speaking Up Disclosure Form	
Employee's details	
Name:	Request for anonymity: Yes/No
To whom the disclosure is made:	
Details of disclosure:	
	
Date:	

L. Flow chart – speaking up to whom



M. Flow chart – speaking up assessing if the concern should be GOC led or referred to an external entity



Conflict of Interest Policy

Status of document:	DRAFT
Version:	2.0
Approved by:	Council
Date of approval:	22 September 2021
Effective from:	23 September 2021
Owner:	Erica Wilkinson, Head of Secretariat
Author:	Erica Wilkinson, Head of Secretariat
Relevant legislation:	<ul style="list-style-type: none"> • Opticians Act 1989 • Opticians Act 1989 (Schedule 1): Constitution of Council • The General Optical Council (Constitution) Order 2009 • The General Optical Council (Fitness to Practise) Rules Order of Council 2013 • Statement of Recommended Practice (SORP) (Charities) 2005 • Data Protection Act 2018
Linked policies, guidance and regulation:	<ul style="list-style-type: none"> • Expenses Policy • Allocation of Roles and Responsibilities • Code of Conduct (members) • Corporate Complaints policy • GOC Standing Orders • Council meeting protocol • Council and Committee Appointments Process • Employee Conduct (Disciplinary) • Recruitment policy • GOC Retention Schedule • Equality and Diversity • Anti-financial crime policy • Gifts and Hospitality policy • 'Seven Principles of Public Life' (the 'Nolan Principles') • GDPR • PSA Good practice in Making Council appointments
Impact assessment:	<i>(Add the web link to the impact assessment)</i>
Impact assessment completion:	Original: 28 March 2016; reviewed in January 2020
Impact assessment review:	January 2023

Policy review:	September 2021 – Updated and renamed “ Managing Conflicts of Interest Policy ” – no material changes have been made. The policy has been rewritten to ensure simple concise understanding and to make the policy more accessible. No changes around legal requirements under section 1C of Schedule 1 of the Opticians Act 1989 and the Charities Act 2011 have been made.
Policy review date:	September 2024
Location - Website:	<i>(hyperlinks of where the policy is published)</i>

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Conflict of Interest Policy

Introduction

1. The General Optical Council (GOC) is committed to ensuring well defined and transparent arrangements for managing conflicts of interest, both real and perceived, in order to demonstrate to the public and stakeholders that our decisions are made in the best interests of the public.
2. The existence of an actual, perceived or potential conflict of interest does not imply wrongdoing on anyone's part. However, any private, personal or commercial interests, duties or obligations which give rise to such a conflict of interest must be recognised, disclosed appropriately and either eliminated or properly managed.
3. The GOC recognises that individuals covered by this policy have diverse interests and contacts within the local and national community. It considers those links can often be in the public interest and potentially beneficial. However, it also recognises that such connections may give rise to conflicts of interest or duty. Conflicts of interest and conflicts of duty or conflicts of loyalty and potential conflicts of interest, are the subject of legal requirements in section 1C of Schedule 1 of the Opticians Act 1989 and the Charities Act 2011.
4. Under Charity law and optical regulation conflicts of interest must be declared and the GOC expects individuals to recognise conflicts of interest and to ensure that their decision making in their role is not or could not be perceived to be affected by any other interest.
5. Individuals have an obligation to act in the best interests of the GOC in relation to their duties and activities.

Purpose

6. The purpose of this policy is to:
 - assist individuals in identifying any conflicts of interest, conflicts of duty or potential or perceived conflicts
 - enable the disclosure of conflicts or potential or perceived conflicts
 - provide guidance to those responsible for dealing with conflicts
 - assist in the management of conflicts in order to protect the GOC.
7. The Head of Secretariat can provide support and guidance in relation this policy.

Scope

8. This policy applies to all GOC members (such as Council members, Hearing Panel members, members of committees and sub-committees), employees, workers, contractors and consultants. It will also apply when making an application to become a member, permanent or temporary employee, worker, contractor or consultant working with the GOC.

What is a Conflict of Interest or Conflict of Duty?

9. For the purpose of this policy, the term 'conflict' includes conflicts of interest and conflicts of duty or loyalty and/or perceived and potential as well as actual conflicts. A perceived conflict is one which a reasonable person could consider likely to compromise the relevant individual's ability to make a decision only in the best interests of the GOC.

10. A **potential conflict** is a situation which could develop into an actual or perceived conflict although no conflict currently exists. For example, if your partner works for a firm that provides services that the GOC does not currently use but could use in future.
11. A perceived conflict is a conflict of interest arises when an individual has a personal interest in a transaction with the GOC that could or could appear to prevent that individual from making a decision only in the best interests of the GOC.
12. Conflicts of interest generally involve financial interests i.e. anything of monetary value including, but not limited to, pay, commission, consultancy fees, shareholdings connected to any GOC related business, equity interests, debt, property, royalties and intellectual property rights.
13. Examples of financial interests that could be in conflict include:
 - a situation where an individual employed by the GOC is a Director or shareholder of a company which may provide contracted services to the GOC
 - or the GOC's action resulting in an individual receiving a benefit from a third party.
14. Conflicts of interest in such cases are particularly serious and any financial benefit requires authorisation by the Charity Commission. Such matters will generally be considered relevant conflicts of interest even if an individual resigns prior to seeking such a contract or employment or entering into a transaction with the GOC. Legal advice will generally be taken in these circumstances.
15. Conflicts of interest may also arise from a non-financial benefit or advantage, including, but not limited to, enhancement of an individual's career, education or professional reputation, access to information or facilities that could be used by others, advancing a cause or reputation or improving access to any beneficial connection or other advantage. For example, making use of information learned at a strictly confidential Council meeting to assist a company that employs the child of a Council member.
16. Conflicts of duty or conflicts of loyalty are any interests, duty, role or loyalty, relationship or conviction which could directly or indirectly affect that person's ability to make decisions solely in the best interests of the GOC. These include:
 - where a relationship of the individual, for example, to a relative or close friend may be felt to influence the decisions of the individual
 - other roles, for example, as a Trustee of another charity
 - employment by another organisation, for example, one with which the GOC contracts, collaborates or competes
 - providing advice or support to another body
 - active membership of a body
 - strongly held beliefs.
17. **Connected Person** A conflict can arise because of the individual's relationship with or connection to a third party or organisation (a connected person).
18. These must be dealt with in the same way as personal conflicts. Examples of connected persons are close members of the individual's family, a business partner or colleague, anyone whose finances are interdependent with the individual (e.g. joint bank accounts, joint mortgages or property held in joint names, one party financially dependent on the other, joint beneficiaries of a trust) or contractual relationship or anyone receiving a benefit where it could otherwise be perceived that such benefits

could lead to a conflict of interest, i.e. by influencing the individual's decisions other than in the best interests of the GOC.

Disclosure of Interests

When must you disclose?

19. There are five occasions when interests should be declared using the relevant form at Annex 4:
 - pre-selection: any prospective individual should be requested to complete a Declaration of Interests form prior to confirmation of appointment in order that any relevant issues may be considered in confirming their appointment
 - on arrival: every new individual should complete a declaration form (or amend an earlier declaration) at the time of appointment.
 - annually: conflicts of interest should be reviewed and confirmed each year
 - as a new conflict arises: new matters should not await an annual declaration before being notified
 - verbally at any formal decision-making meeting where a conflict may arise: conflicts of interest should be a standard agenda item at the beginning of each relevant meeting. Any such declaration will be minuted.
20. This information will be held by the GOC on the relevant register of interests, considered by the relevant chair or staff member. Interests relating to Council and Committee Members are made available on the GOC website to ensure transparency and assist in the process for declarations to be managed properly.

What must be disclosed?

21. The law requires that the nature and scope of any actual, perceived or potential conflict must be disclosed. The disclosure must include sufficient information to enable appropriate decisions to be taken as to its seriousness and its management. This is likely to include;
 - the type of potential conflict
 - the nature of the activity
 - a description of all parties involved and their relationship
 - the potential financial or non-financial interests or benefits, or duties or obligations.

Responsibility to declare

22. This Policy includes illustrative examples to assist individuals in determining which interests need to be declared. Ultimately, it is not possible to define all the circumstances which may lead to a potential conflict of interest. It is therefore the responsibility of each individual to declare any matters which they feel may present actual or potential conflicts, or the perception of such conflicts. Individuals may seek the advice of their relevant Chair or line manager, who will liaise with the Head of Secretariat who may seek legal advice as appropriate. If in doubt about any matter, it is always better to make a declaration given the grave reputational risks to the GOC and individual of being perceived not to have properly managed a conflict.
23. If anyone becomes aware of a possible conflict of interest, which the relevant person appears not to have considered, they should bring it to the attention of their relevant Chair or line manager, who will liaise with the Head of Secretariat.

24. Some personal information about third parties can only be held with their agreement. Generally, the limited information needed to declare a conflict will not require such consent. If consent was needed it would be the responsibility of the individual providing the information to ensure that this consent is given. Should a third-party decline to consent, then it is the responsibility of the individual to nevertheless ensure that a potential conflict is declared. Any declaration where data is held in relation to a third party will be dealt with in a manner consistent with Data Protection legislation and the GOC Retention Schedule.

Managing Conflicts of Interest

25. Once a conflict has been disclosed it must either be removed or managed. Until the conflict has been resolved in either of these ways, the individual should take no part in the matter(s) relating to that interest.
26. The way in which an individual's conflict of interest is managed will normally be decided by their manager or the individual in charge of relevant proceedings that give rise to the conflict, where necessary with the assistance of the Head of Secretariat or legal advice.
27. In deciding how a conflict will be dealt with, the level of conflict will be evaluated, and this may require further details being obtained from the individual. The outcome of this may be that the interest:
- is not significant and does not create a real danger of bias or conflict (Category A)
 - creates a significant but not substantial danger of bias or conflict or might reasonably cause others to think it could influence a decision (Category B)
 - creates a substantial danger of bias or conflict (Category C) or
 - creates a severe or substantial and recurring conflict (Category D).
28. Once a decision is reached on the severity of the conflict the relevant Chair or line manager must work with the Head of Secretariat to resolve how it is to be managed. Generally, the following will be appropriate:
- Category A, the individual must declare the interest but not vote or be counted in the quorum in relation to any decision making
 - Category B, it shall be at the discretion of the Chair or staff member (who do not themselves have an interest in the matter) whether the individual may contribute information to the meeting, but the individual must not participate in the discussion, or vote on the matter and will not be counted in the quorum for that issue
 - Category C, the individual must leave the meeting, not participate in the discussion or vote on the matter. Steps will need to be taken to ensure sensitive information is not made available to the individual
 - Category D, Other steps will need to be taken to manage the conflict. An example of such a step could include:
 - the individual agreeing to obtain consent from the other party creating the conflict, for example his client or employer, that the individual be relieved of his or her obligation to disclose relevant information to that other party where the information was obtained from or relates to the GOC
 - Withholding all other papers that relate to the conflict from that individual
 - The GOC ceases to undertake the activity giving rise to the conflict
 - The individual resigns
29. Once a decision on how to manage a particular conflict has been taken, that response may be used on each recurrence of a similar situation of conflict where the factual background has not changed.

Managing Information

30. An individual with a conflict of interest must not be provided with information in that capacity which enables him or her to obtain any advantage. In particular, the person who is responsible for sending information to the individual prior to a meeting should check the register of interests and take any other reasonable steps to ensure that no information is sent to an individual who may have a conflict of interest relating to that information.

Recording Steps Taken

31. In all cases, in order to protect the interests of the individual and the GOC, the GOC will keep a record of the disclosure and steps taken to manage the conflict.

Review

32. Review of the effectiveness of the policy and compliance with it will be the responsibility of the Head of Secretariat and reported to the Board for consideration within its self-assessment process.

Transparency

33. This policy is available on the GOC's website [*insert hyperlink*].

Verification

34. The GOC may undertake appropriate steps to verify information provided.

Annex 1: Glossary of terms

The following terms are used in this policy:

Individual: permanent or temporary employees, workers, members, contractors or consultants working with the GOC.

Optical education institution (OEI): undergraduate optical education providers that are currently approved by the GOC or seeking/anticipating seeking GOC accreditation, or providers of post-graduate or Continuing Education and Training (CET) in optics.

Optical sector: includes optical education, businesses, organisations, optical services, charities and NHS bodies.

Senior Management Team (SMT): includes the Chief Executive and Registrar and the directors.

Licensing Body: means anybody, other than the Council, anywhere in the world that licenses or regulates any profession, as set out in the Committee Constitution Rules.

Annex 2: Types of Interest and GOC specific conflicts

Type of Interest	Examples
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • a director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with the GOC • a shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with the GOC • a management consultant in the optical sector • in secondary employment in the optical sector • in receipt of secondary income in the optical sector • in receipt of a grant in the optical sector • in receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • in receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role.
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a decision made by the GOC, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual:</p> <ul style="list-style-type: none"> • is a member of a university that provides courses for optical services • is a member of a lobby or pressure group that has a contract to provide services to the GOC • has any close personal ties with GOC employees, members or advisors • is employed as a consultant, director or advisor by an organisation which advises the GOC or organisations/ individuals in the optical sector • hold office, are appointed to a position in, are a member of or affiliated to a professional body, specialist society, charity or other regulator.
Indirect Interests	<p>This is where an individual has a close association with a person who has a financial interest, a non-financial professional interest or a non-financial personal interest in a GOC decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • spouse partner (civil and unmarried); • close members of the individual's family • a business partner or colleague • anyone whose finances are interdependent with the individual (e.g. joint bank accounts, joint mortgages or property held in joint names, one party financially dependent on the other, joint beneficiaries of a trust) • employer/employee or contractual relationship or anyone receiving a benefit where it could otherwise be perceived that such benefits could lead to a conflict of interest, i.e. by influencing the individual's decisions other than in the best interests of the GOC.

GOC Specific Interests

Fitness to Practice Proceedings

In relation to conflicts for a worker or member who is subject to any investigation or proceedings concerning their fitness to practise either at the GOC or any other licensing body, the procedure to be followed (including following the outcome of any investigation/proceedings) is set out in the GOC (Constitution) Order 2009 and GOC (Committee Constitution) Rules 2005. Where a decision is required in accordance with the Order or Rules, this will be made by:

- the Chair of the committee for Advisory Committee members and the Investigation Committee; and
- the Chair of Council for members of Council, members of the Hearings Panel and independent members.

Unmanageable Conflicts

Interests that are likely to require the conflicting interest to be removed include:

- individuals cannot be an employee and a member e.g. case examiners cannot be a member on an advisory committee
- members cannot be on Council or the Advisory Panel and on the Hearings Panel or the Investigation Committee
- employees, members and workers cannot act as an expert witness or a character witness on behalf of a registrant who is appearing before the GOC Fitness to Practise (FTP) Committee.

Other

- Employees, members and workers cannot provide references for individuals applying to be an employee or for a member role at the GOC.
- In relation to employees, members and workers making decisions in respect of organisations in which they currently have or previously had an external role (e.g. a CET provider) – factors that may be taken into account when looking at a previous external role include how long ago they left the organisation, the individual's former position within the organisation, the length of time the person was in the organisation and their reason for leaving.
- Individuals at the GOC cannot use their position as GOC employees to gain what they deem as an improved service from optician services. Should a complaint be received along these lines the GOC Employee Conduct (Disciplinary) policy will be applied.

If an employee or member feels undue pressure from a third-party about how to undertake their role at the GOC, they should try to resolve this within the organisation of the third-party employer. If this is not possible, they should raise the matter with the Head of Secretariat.

Annex 3: Questions to help understanding a conflict of interest

1. Where the answer to the questions regarding “GOC specific interests” are ‘no’, individuals (other than employees, see paragraph 20, bullet two) should complete a declaration confirming ‘no’ for each question. However, they should keep the interest in mind should it need to be declared in the future if circumstances change. For example, the GOC may procure the services of a company in which an interest is held. Individuals must declare the interests of connected persons where these interests are known. Thought must also be given to any perceived conflicts.
2. If individuals are not sure whether the answer to the questions regarding “GOC specific interests” is a yes or no, they should seek guidance from the Secretariat Team governance@optical.org. If in doubt, individuals should be open in declaring the issue and discussing it.
3. Individuals should ask themselves the following questions in relation to current interests or interests which they have held previously. If the answer is ‘yes’ to any of the questions, the individual must answer yes in the declaration form and provide further information on the interest:
 - In addition to your contract with the GOC do you (or a connected person) have a contract with the GOC to provide any other services to the GOC not covered in your contract as permanent or temporary employees, workers, members, contractors or consultants working with the GOC?
 - Do you (or a connected person) have any close personal ties with GOC individuals?
 - Are you (or a connected person) employed, were previously employed or hold a position of professional practice (including paid and unpaid) in an organisation in the optical sector?
 - Are you (or a connected person) employed as a consultant, director or advisor by an organisation which advises the GOC or organisations/ individuals in the optical sector?
 - Do you (or a connected person) own (or have significant control over) any organisation in the optical sector?
 - Do you (or a connected person) hold any shareholdings or investments of any company either regulated by the GOC or contracted to work with the GOC?
 - Do you (or a connected person) hold office, are appointed to a position in, are a member of or affiliated to a professional body, specialist society, charity or other regulator etc related to the optical sector (i.e. ABDO, AOP, BCLA, FODO, FLMA, Worshipful Company of Spectacle Makers, Royal Colleges, tribunals, ombudsmen etc)?
 - Do you (or a connected person) hold office, are appointed to a position in, are a member of or affiliated to a professional body, specialist society, charity or other regulator etc related to your role (e.g. Solicitors Regulation Authority, Financial Conduct Authority, CIPD, ICSA etc)?
 - Are you (or a connected person) associated with an educational institution which is currently approved by the GOC or is anticipating applying for accreditation (includes UK, overseas and online providers)?
 - Are you (or a connected person) acting as an expert witness or character witness on behalf of a registrant who is appearing before the GOC Fitness to Practise (FTP) Committee?
 - Are you (or a connected person) subject to investigation by the GOC relating to FTP concerns which have been referred to the FTP Committee?
 - Are you (or a connected person) authorised to act on behalf of an organisation subject to investigation by a professional body relating to disciplinary processes?

Annex 4: Declaration of Interest Form

The General Optical Council (GOC) Declaration of Interest Disclosure Statement

This form should only be completed after having read and understood the Conflicts of Interest Policy. Please raise any questions with the Secretariat Team governance@optical.org.

Name:

- 1) List companies, businesses, charities or other organisations of which you or a person connected to you are involved, for example as a member, director, consultant or adviser or have another role which is relevant for the purpose of determining whether a conflict may exist.

Please provide details of the nature of the connection and state whether each position is remunerated (salary, fees, pensions, honoraria, dividend share option etc)

You:

A connected person:

- 2) List of companies, charities or organisations in which you or a connected person have directly or indirectly shareholdings or beneficial ownership or other financial interest or expectation of such an interest. Shareholdings of less than 1% of the issued share capital need not be declared. State the nature and extent of the interest.

You:

A connected person:

- 3) Membership of or roles or activity in professional bodies or associations, campaigning or special interest groups. State the extent and nature of the involvement.

You:

A connected person:

- 4) Any other potential conflict of which the GOC should be aware e.g. collaborators in academia or industry, involvement with other related organisations, political or other pressure groups.

You:

A connected person:

- 5) Are you or a connected person in receipt of or likely to become in receipt of any benefits, grants, loan or service from the GOC or any direct or indirect pecuniary benefit from the GOC other than expenses as and individual? If so, provide details.

You:

A connected person:

- 6) In respect of any interest or potential interest declared are you aware of any circumstances where that interest may result in any transaction, competition or collaboration with the GOC or where the interest of the GOC may in any way interact with that interest? If so please provide details

You:

A connected person.

7) Any other situations or relationships that might create conflicts that have not been covered above. For example, intellectual property rights or differentiating policy stance in the GOC's area of operation.

You:

A connected person:

Any further action required by you to identify other potential conflicts? If yes, please summarise concerns and actions below:

DECLARATION

I have entered the required responses to the best of my knowledge and belief.

Signature:

Date:

Additional Information

Full Name (as per passport):

Residential addresses covering the past 4 years, including any time spent abroad:

Date of Birth:

Nationality:

ANNEX 3 - Anti-financial crime policy



Status of document:	Draft	
Version:	<u>2.2</u>	
Approved by:	Council	
Date of approval:	28/02/18	
Effective from:	28/02/18	
Owner:	<u>Head of Secretariat</u>	
Author:	<u>Head of Secretariat</u>	
Relevant legislation:	Anti- <u>Terrorism</u> Crime and Security Act 2001 Bribery Act 2010 Counter-Terrorism Act 2008 Criminal Finances Act 2017 Fraud Act 2006 Money Laundering Regulations 2007 Proceeds of Crime Act 2002 Terrorism Act 2000	
Linked policies:	Code of Conduct Contracts and Procurement Policy Gifts and Hospitality Policy Investigation Policy Management of Interests Policy Member appointment and reappointment Policy Recruitment Policy Speaking Up (Whistleblowing) Policy <u>Disciplinary Policy</u>	
Next policy review date:	<u>06/2024</u>	
Location - Website:	<i>(hyperlinks of where the policy is published)</i>	
Updates made:	February 2018	Replaces 'Anti-bribery, money laundering, fraud, theft and corruption' policy
	<u>June 2021</u>	Minor changes to update names of teams and related policies and to include "workers" within scope.

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Deleted: Nicola Ebdon, Head of Governance

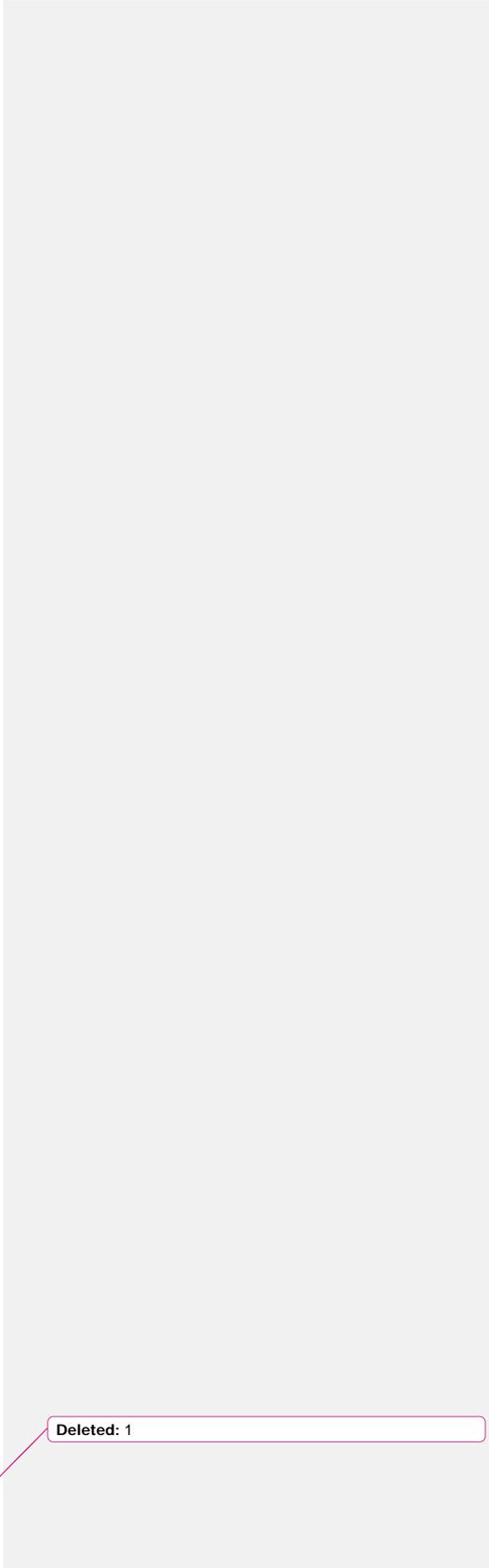
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Anti-financial crime policy



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1. Statement

- 1.1. We have a zero tolerance policy towards bribery, money laundering, fraud, theft and terrorist financing (collectively referred to in this policy as 'financial crime'). We are committed to preventing, detecting and eliminating financial crime and fostering a culture in which any such activity is considered unacceptable. We will consistently apply the letter and spirit of all relevant legislation in all of our work.
- 1.2. We expect all those we engage with including our members, advisors, ~~workers,~~ consultants and employees (known collectively in this policy as "members and employees"), and our stakeholders, contractors, suppliers and registrants to comply with this approach when carrying out their duties for and on behalf of the GOC or working with us.
- 1.3. We will investigate all reported cases and take the appropriate action, including reporting to the appropriate authorities, disciplinary action, prosecution and active pursuit of recovery.
- 1.4. We also expect others working with us or on our behalf, for example consultants and third parties, to have in place their own policy and procedures to prevent and detect financial crime.
- 1.5. Our policy has been endorsed by the GOC Chief Executive and Registrar and Council and has been communicated to everyone in our organisation to ensure their commitment and compliance. Our senior management attaches the utmost importance to this policy and as stated above will apply a "zero tolerance" approach to acts of financial crime by anyone who works for us, with us or on our behalf.

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2. Purpose

- 2.1. This policy:
 - 2.1.1 defines financial crime and provides examples (see annex one) which can use be used to recognise such activity; and
 - 2.1.2 sets out our expectations in relation to the prevention, detection and reporting of financial crime and the consequences of non-compliance with this policy.

3. Scope

- 3.1. This policy applies to all members ~~advisors, workers, consultants and employees (para 1.2).~~
- 3.2. We also expect others working with us, or on our behalf, for example, consultants, suppliers, stakeholders and registrants, to comply with this policy

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Anti-financial crime policy

and ensure that they are aware of their own organisation's policy and procedures to prevent and detect financial crime.

4. Glossary of terms

- 4.1. **Bribery** means offering, promising or giving someone a financial or other advantage to encourage them to perform their functions or activities improperly, and includes where it is known or believed that the acceptance of the advantage in itself constitutes improper performance. It also means asking for or agreeing to accept a bribe. It includes facilitation payments (small bribes paid to speed up a service).
- 4.2. Money laundering means the process of turning the proceeds of crime into property or money that can be accessed legitimately without arousing suspicion.
- 4.3. Fraud is a form of dishonesty, involving either false representation, failing to disclose information or abuse of position, undertaken in order to make a gain or cause loss to another. Among the most common types of fraud are:
- income-related fraud;
 - expenditure fraud;
 - property and investment fraud;
 - procurement fraud;
 - fraudulent fundraising in the organisation's name;
 - fraudulent invoicing and grant applications;
 - identity fraud/theft;
 - banking fraud; and
 - e-crime.
- 4.4. **Theft** is dishonestly appropriating property belonging to another with the intention of permanently depriving the other of it and includes associated offences such as false accounting.
- 4.5. **Terrorist financing** is the raising, moving, storing and use of financial resources for the purposes of terrorism.

5. Prevention and detection

- 5.1. We expect all those we engage with to:
- 5.1.2 comply with this policy and other policies which have a bearing on this area of work, for example (this list is not exhaustive) policies on recruitment, appointments, contracts and procurement, management of interests and the receipt and provision of gifts and hospitality;
- 5.1.3 have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties;

Anti-financial crime policy

- 5.1.4 report all suspected and known cases of financial crime; and
- 5.1.5 assist in any investigation.

5.2. We will:

- 5.2.1 undertake a risk assessment of our exposure to potential external and internal risks;
- 5.2.2 ensure we have suitable levels of internal controls embedded in our day to day practices, particularly in relation to financial procedures;
- 5.2.3 ensure our other policies (which include, but are not limited to recruitment, appointments, contracts and procurement and gifts and hospitality) are clear on our commitment to preventing and detecting financial crime and are followed;
- 5.2.4 ensure that references are checked and necessary due diligence is carried out when recruiting and appointing members and employees and when we bring in new suppliers;
- 5.2.5 ensure our members and employees and others we engage with are aware of their duties in relation to the management of interests and the receipt and provision of gifts and hospitality and understand how this policy and all related policies apply to them;
- 5.2.6 ensure there are appropriate processes in place to report concerns regarding financial crime;
- 5.2.7 ensure there are appropriate processes in place to effect prompt investigation upon receipt of concerns;
- 5.2.8 ensure an appropriate speaking up (whistleblowing) policy is in place;
- 5.2.9 provide training and guidance as necessary in order for people to understand their role in relation to preventing, detecting and reporting financial crime;
- 5.2.10 record and report on allegations received under this policy; and
- 5.2.11 take appropriate disciplinary and legal action if and when necessary such as dismissal, removal from office and termination of contract.

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6. Compliance

6.1. Compliance with this policy is mandatory.

6.2. Non-compliance by:

- 6.2.1 employees may be considered to be gross misconduct and could result in summary dismissal in accordance with the Disciplinary policy;
- 6.2.2 members breaching the Code of Conduct which could result in their removal from office;
- 6.2.3 consultants and suppliers could result in termination of their contract with us;
- 6.2.4 registrants could result in them being reported to their employer; and

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Anti-financial crime policy

6.2.5 others we engage with such as stakeholders could be reported to any appropriate organisation or regulator.

6.3. If you have been offered a bribe or have any suspicions regarding financial crime or any concerns about conduct which you feel may have breached this policy you should:

- 6.3.1 if an employee (other than the Chief Executive and Registrar or a Director), report your concerns to your Director (or, if not appropriate, the Chief Executive and Registrar);
- 6.3.2 if a Director, report your concerns to the Chief Executive and Registrar (or, if not appropriate, the Chair of Council);
- 6.3.3 if the Chief Executive and Registrar, report your concerns to the Chair of Council (or, if not appropriate, the Senior Council Member);
- 6.3.4 if a member, report your concerns to your Chair (or, if not appropriate, the Chair of Council or, if also not appropriate, the Senior Council Member);
- 6.3.5 if none of the above, report your concerns to the Head of Secretariat (or, if not appropriate, the Chief Executive and Registrar);
- 6.3.6 if none of the above seems appropriate, raise your concern using the Speaking Up (Whistleblowing) policy, as appropriate;
- 6.3.7 document your concerns immediately, including all relevant details such as dates, times, places, details of phone conversations, names of those involved etc; and
- 6.3.8 not attempt to carry out an investigation yourself as this might damage any subsequent enquiry and could lead to a loss of evidence.

6.4. You will be expected to co-operate fully with the person(s) leading the investigation.

6.5. All allegations of non-compliance with this policy will be investigated thoroughly in accordance with the Investigation Policy¹.

6.6. In all instances we will:

- 6.6.1 listen to all concerns raised and treat every allegation seriously and confidentially;
- 6.6.2 (unless inappropriate to do so), notify the Chief Executive and Registrar, the Audit, Finance and Risk Committee (ARC) and the Chair of Council of all allegations and keep them apprised of the progress and outcome of any investigation;

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Anti-financial crime policy

- 6.6.3 produce a report which details any weaknesses in internal controls which contributed to the financial crime concerned and where necessary make recommendations to ARC for remedial action;
- 6.6.4 not ridicule, victimise or discriminate against those who raise a legitimate concern, irrelevant of whether it proves to be founded or not;
- 6.6.5 take action against those who deliberately make a false statement or accuse someone of financial crime for malicious purposes; and
- 6.6.6 notify the person who initially raised the concern of the outcome of the investigation and any remedial action to be taken.

7. Further concerns

7.1. If you are unhappy with the outcome of the investigation you can raise your concerns using the Speaking Up (Whistleblowing) policy which also give details of how you can raise your concerns to external agencies.

8. Annex

Annex one – Potential indicators of financial crime

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ANNEX 3 - Anti-financial crime policy

Annex one: potential indicators of financial crime

The following examples are not exhaustive and are intended to be used as a guide to assist in recognising financial crime (Source: Serious Fraud Office):

- Abnormal cash payments being received or paid.
- Pressure exerted for payments to be made urgently or ahead of schedule.
- Payments being made through third party country (eg. goods or services supplied to country 'A' but payment is being made, usually to a company in country 'B').
- Abnormally high commission percentage being paid to a particular agency. This may be split into two accounts for the same agent, often in different jurisdictions.
- Private meetings with contractors or companies hoping to tender for contracts.
- Unusual gifts or cash being received.
- Individual rarely or never takes time off even if ill, or holidays, or insists on dealing with specific contractors him/herself.
- Abusing decision processes or delegated powers for certain individuals or organisations.
- Making unexpected or illogical decisions accepting projects or contracts, including agreeing contracts not favourable to the organisation either with terms or time period, without proper explanation.
- Unusually smooth process of cases or projects where individual does not have the expected level of knowledge or expertise.
- Unexplained preference for certain contractors during tendering periods.
- Bypassing normal tendering/contractors procedure including avoidance of independent checks on tendering or contracting processes.
- Invoices being agreed in excess of contract without reasonable cause.
- Authorising invoices without the required level of authority.
- Incomplete documents or records regarding meetings or decisions.
- Organisational procedures or guidelines not being followed.
- The payment of, or making funds available for, expenses on behalf of others.

Council

Financial performance report: period ending 30 June 2021

Meeting: 22 September 2021

Status: for noting

Lead responsibility: Yeslin Gearty
(Director of Resources)

Paper author: Manori Izni-Muneer
(Head of Finance)

Purpose

1. To provide a summary of the financial reports presented to SMT.

Recommendations

2. Council is asked to consider the content of this report including the annex.

Strategic objective

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

Background

4. The annex covers the financial results for quarter ending 30 June 2021.

Analysis

5. The net surplus before portfolio gains improved by £693k during the quarter (Ref page 3 of Annex 1). The performance improvement was due to both delays and savings. Several activities were rescheduled or delayed from the original plans. Detailed analysis of the impact on performance and the risk of achieving the budget is included in the report (Annex 1).
6. Impacts on Covid are still present, directly, and indirectly although to a lesser extent.
7. The quarter saw our portfolio value increasing by £432k against the budgeted £67k.
8. The high variance in performance combined with improved portfolio gains has increased reserve levels. This provides an opportunity in relation to GOC

refresh plans and is a useful context for the setting of registration fees later in the year.

Finance

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

Risks

10. The following risks are associated with finance, as identified in the Finance risk register:
- Poor financial planning leads to depletion of reserves below required levels and threatens organisation going-concern Poor financial management leads to a large fee increase for registrants.
 - Non-compliance with Charity commission regulations by maintaining excess long-term reserves.
 - Serious (unplanned) financial impact on reserves arising from additional cost of Covid-19 and/or reduced income, impacting delivery of core functions.
11. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

Equality Impacts

12. No equality impact has been undertaken.

Devolved nations

13. There are no implications for the devolved nations.

Communications

External communications

14. None planned.

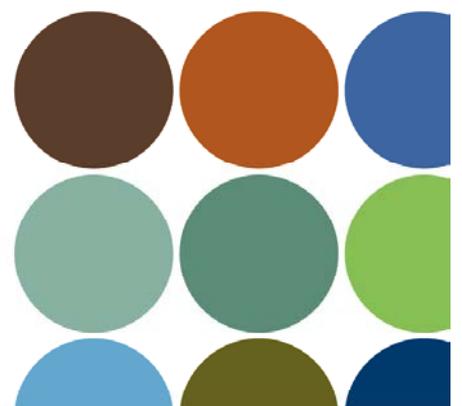
Internal communications

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

Attachments

Annex one: Financial performance report for period ending 30 June 2021.

Financial Performance Report for the period ending 30 June 2021



General Optical Council

Financial Performance Report for the 03 months ending 30 June 2021

Contents	Page
Highlights	3
Impact on Covid, Risks and Cost Efficiency	4
Graphs	5-6
Income and Expenditure Accounts incl. Project Expenditure (Table A)	7
Income and Expenditure Accounts (Table B)	8-9
Analysis of Expenditure	10-12
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Impact on Reserves	14

General Optical Council

Financial Performance Report for the 03 months ending 30 June 2021

G O C :- Summary P & L to 30 June 2021

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	2,563	2,370	193
Other Income	75	57	18
Total Expense	<u>(2,119)</u>	<u>(2,601)</u>	482
Surplus / (Deficit) before portfolio gains	<u>519</u>	<u>(174)</u>	693

Highlights

The results before unrealised gains/losses for the period ending 30 June 2021 show a positive variance of £693k against the budget.

The total registrant income of £2,563k is £193k higher than the budget. The total expenditure (including capital and revenue projects) of £2,119k is £482k favourable to the budget.

The above budget is the originally approved budget. We have re-budgeted since, to provide additional short-term funding to priority areas from underspends, whilst maintaining a balanced BAU budget.

The key drivers of the improved performance are:

Delays and savings of planned expenses coupled with increased registration income contributed to the improved performance. There were direct and indirect Covid impacts on operations, although to a smaller extent than last year.

Q1 saw several operations and projects rescheduling work to later in the year, impacting the surplus levels. There were delays in commissioning development work, committee meetings, and rescheduling of EVP visits and research projects.

Some adaptations made by the GOC during first year of Covid proved to be efficient methods of working and are now incorporated long-term. For example, more remote hearings and meetings than originally budgeted. Delay in returning to office premises increased the surplus; some of these delays may be spent during the current year.

Registration income increased during Q1 as new registrants qualified in 2020 postponed registering to the current year, as their exams were postponed in 20/21. This income was not budgeted for the current year due to uncertainty as to when they could register. A higher than planned volume of international applications were also received during the quarter.

General Optical Council

Financial Performance Report for the 03 months ending 30 June 2021

There was a high level of staff vacancies in Q1, adding £96k to the savings. (Ref table 5, page 6). Many of these are due to delayed recruitment.

The number of CET approvals has been below expectations during Q1, reducing operational expenditure. This may be an indirect impact of Covid because organisations are using fewer online courses to reach a larger number of registrants.

Risks to achieving 2021-22 budget

Delays in several operational areas of BAU, for various reasons from supplier delays to in-house staffing issues, could challenge the budget. Staff recruitment has been a challenge as the economy improves after a difficult year.

The originally approved budget will be updated with the Q1 forecast to include several additional items approved by the Council since the original budget. For example, additional funding to Case Progression to improve operations and close more older cases. The Return to Old Bailey project was also approved with £365k new budget from reserves. GOC Refresh planned from Q3 onwards may also add further changes.

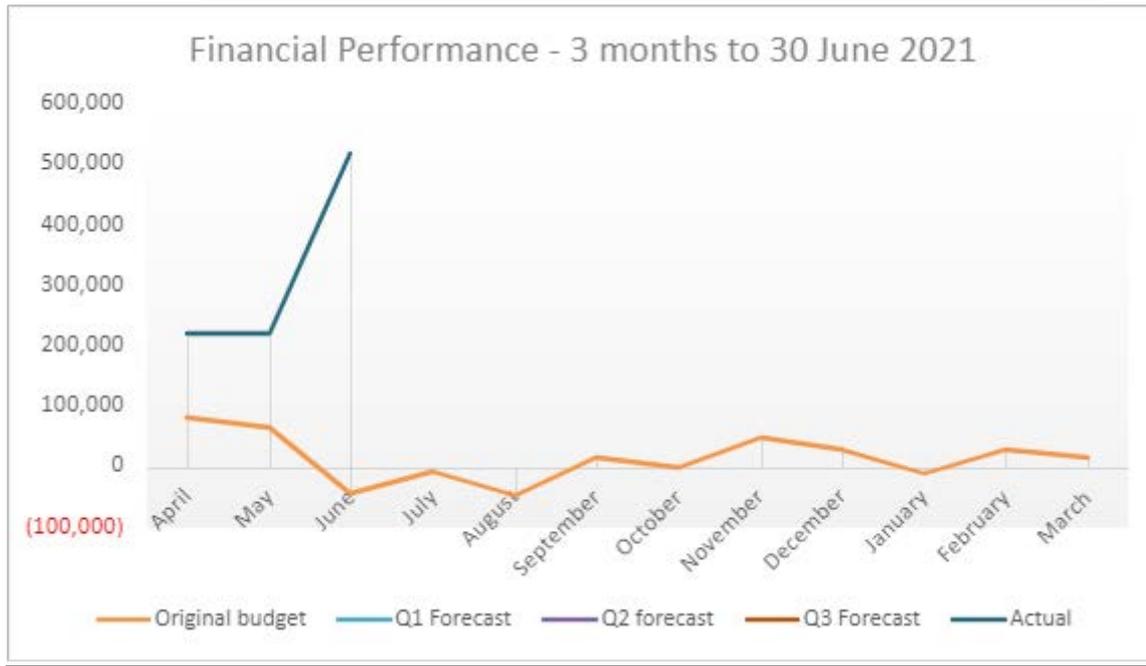
Both return to Old Bailey and GOC refresh are strategic projects and will not impact the BAU surplus.

Cost saving initiatives

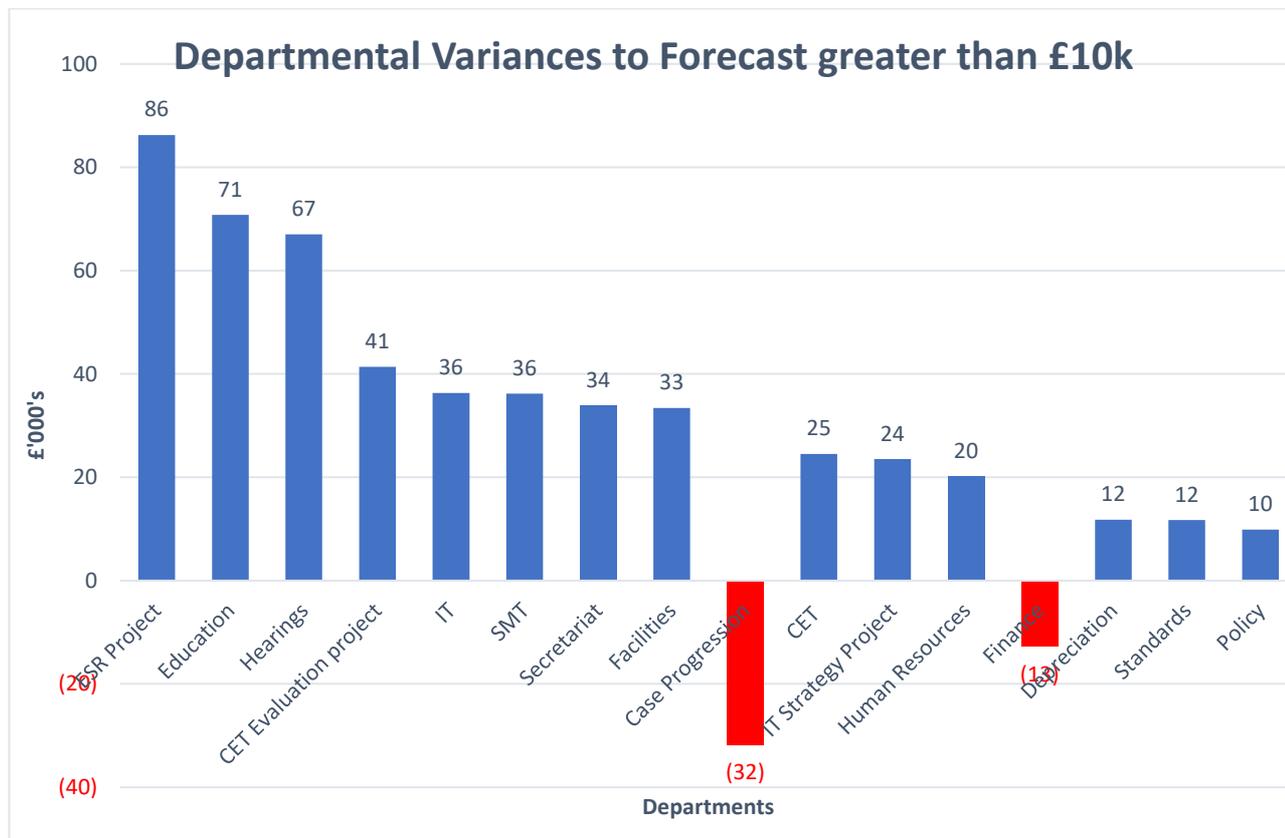
During the quarter we saved £178k from BAU and strategic project areas (Ref. table 3, page 4). Efficiencies were made through various methods and in several departments. Some brought work in-house where experts were available. Several new, more cost effective contracts, including some insurance plans contributed further savings.

General Optical Council Financial Performance Report for the 03 months ending 30 June 2021

Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

General Optical Council

Financial Performance Report for the 03 months ending 30 June 2021

Table 1

Cash and Cash Equivalent Summary - 30 June 2021

	Actual £'000	Budget £'000	Variance £'000
Cash at Bank	1,438	482	956
Short term Investments	5,250	5,050	200
Working Capital	6,688	5,532	1,156
Investments	9,275	8,782	493
Total	15,963	14,315	1,648

Table 2

Analysis of expense variance -June		£'000
Savings		
Efficiency		29
Covid related savings		37
Other savings		112
Staff vacancy gaps (excluding efficiency measures)		96
Other delays and timing		314
Others		16
Additional expenses		604
Additions		(62)
Revised plans		(60)
Total Expense Variance		482

Table 3

Analysis of savings over past quarters					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	29				29
Covid related savings	37				37
Other savings	112				112
Total Savings					178

Table 4

Headcount June 2021 (F T E's)

	Actual FTC Jun-21	Actual Perm. Jun-21	Actual Total Jun-21	Budget Jun-21
Chief Executive Office	-	9.0	9.0	10.0
Strategy	-	8.3	8.3	9.3
Education	2.0	10.8	12.8	14.0
FTP	2.0	29.0	31.0	34.0
Resources	-	23.9	23.9	26.9
Total Headcount	4.0	81.0	85.0	94.2

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2021

Table A
Income and Expenditure Accounts Including Project Expenditure

	April - June			2021-22
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,563	2,370	194	9,524
Dividend Income	64	49	15	196
Bank & Deposit Interest	0	2	(2)	10
Other Income	10	5	5	20
Total Income	2,638	2,426	212	9,750
Expenditure				
Staff Salaries Costs	1,097	1,233	136	4,859
Other Staff Costs	42	46	3	208
Staff Benefits	28	28	0	125
Members Costs	181	312	131	1,192
Case Examiners	7	22	15	80
Professional Fees	63	143	80	494
Finance Costs	55	41	(14)	95
Case Progression	202	155	(47)	620
Hearings	52	53	1	212
CET & Standards	38	92	54	287
Communication	9	9	(0)	35
Registration	1	2	2	15
IT Costs	109	149	39	630
Office Services	212	256	44	1,003
Other Costs	0	25	25	100
Depreciation & Amortisation	23	35	12	131
Total Expenditure	2,119	2,601	482	10,086
Surplus / Deficit	519	(174)	693	(336)
Unrealised Investment gains	432	67	365	269
Surplus / (Deficit)	951	(107)	1,058	(67)

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2021

Table B
Income and Expenditure Accounts

	April - June			2021-22
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Income				
Registration	2,563	2,370	194	9,524
Dividend Income	64	49	15	196
Bank & Deposit Interest	0	2	(2)	10
Other Income	10	5	5	20
Total Income	2,638	2,426	212	9,750
Expenditure				
Executive Office				
CEO's Office	43	69	26	278
Secretariat	139	173	34	693
Total Executive	182	242	60	970
Strategy				
Director of Strategy	31	35	4	141
Policy	35	45	10	237
Standards	10	22	12	128
Communications	38	45	8	183
Total Strategy	115	148	33	688
Education				
Director of Education	24	24	0	110
CET	69	93	25	330
Education	113	184	71	595
Total Education and Standards	206	301	95	1,034
FTP				
Director of FTP	28	28	(1)	112
Case Progression	421	389	(32)	1,515
Legal	87	92	5	374
Hearings	222	289	67	1,252
Total FTP	759	799	40	3,253

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2021

Table B (Contd.)

	April - June			2021-22
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
Resources				
Director of Resources	28	34	6	136
Facilities	240	274	33	1,060
Human Resources	95	116	20	471
Finance	105	92	(13)	440
IT	167	204	36	844
Registration	142	149	7	497
Total Resources	777	868	90	3,447
Depreciation	23	35	12	131
Total Expenditure	2,061	2,392	331	9,523
Surplus / (Deficit) before project expenditure	577	34	542	227
Project Expenditure				
CET Evaluation project	10	52	41	128
Education Strategic Review project	29	115	86	256
IT Strategy Implementation	18	42	24	292
CRM Amortisation	0	0	0	0
Total Project expenditure	57	208	151	676
Surplus / (Deficit) after project expenditure	520	(174)	694	(449)
Investment gains	432	67	365	269
Surplus / Deficit	952	(107)	1,058	(180)

General Optical Council
Financial Performance Report for the 03 months ending 30 June 2021

Balance Sheet as at 30 June 2021

	2021-22 30 June 2021 £'000	2020-21 31 March 2021 £'000	Variance £'000
Fixed Assets			
Refurbishment	652	664	(12)
Furniture & Equipment	142	148	(5)
IT Hardware	40	45	(5)
IT Software - Working Progress	164	163	1
Total Tangible Fixed Assets	998	1,019	(21)
Investment	9,275	8,860	415
Total Fixed Assets	10,273	9,879	394
Current Assets			
Debtors, Prepayments & Other Receivable	281	537	(256)
Short term deposits	5,250	7,700	(2,450)
Cash and monies at Bank	1,438	660	778
Total Current assets	6,969	8,897	(1,928)
Current Liabilities			
Creditors & Accruals	538	676	(138)
Income received in advance	6,832	9,004	(2,172)
Provision for rent	289	469	(180)
Total Current Liabilities	7,658	10,149	(2,491)
Current Assets less Current Liabilities	(689)	(1,252)	563
Total Assets less Current Liabilities	9,584	8,627	957
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	9,584	8,627	957
Reserves			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	900	900	0
Infrastructure / dilapidations	500	500	0
Income & Expenditure	5,484	4,527	957
Total	9,584	8,627	957

General Optical Council

Financial Performance Report for the 03 months ending 30 June 2021

Impact on Reserves

Reserve levels at the end of Q1 (June 21) are higher than target levels due to several operational and project delays during the period. The GOC refresh project, return to Old Bailey, IT, and other strategic projects still rely on these reserves to achieve our strategic goals. The Q1+4year forecast captured the initial plan on GOC refresh and this will be improved at Q2+4yr forecast.

	Actual Mar-21 £'000	Actual Jun-21 £'000	Budget Mar-22 £'000	Variance from Y/E 21/22 £'000	Target as per Reserves policy
Legal reserve	700	700	700	-	£350k - £700k
Strategic reserve	2,000	2,000	1,324	676	£1m -£2m
Covid -19 reserve	900	900	-	900	£900k - £1,8m
Infrastructure / dilapidations	500	500	500	-	£250k - £1.25m
General. Reserve	4,527	5,484	3,598	1,886	£2.3m - £3.8m
Total Reserve	8,627	9,584	6,122	3,462	£4.80m - £9.55m

Quarterly Performance Dashboard – Q1 21/22

	Better than last quarter
	Roughly same as last quarter
	Worse than last quarter

Off track
At risk
On track

FINANCE

Budget Operate within budget	
Reserves Operate within our reserves policy	
Efficiency Programme progress Realise 90% of planned efficiencies	

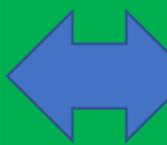
PEOPLE

Investment in People Realise 90% of planned events	
Sickness Absence 2.6% or less (minus COVID)	
Engagement Index Achieve an upward trend in the staff engagement score	

PERFORMANCE

FTP Timeliness 67% of concerns will be resolved within 78 weeks	
Education timeliness in assessing conditions 96% conditions reviewed on time	
Registration quality & accuracy 96% accuracy overall	

CUSTOMER

FTP timely updates 85% of customers receive an update every 12 weeks	
Registration 90% of all application forms completed within target	
Education quality of CET provision 90% of CET provision meets registrant expectations	

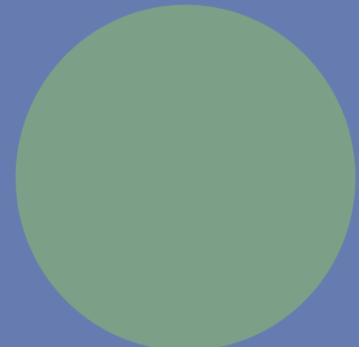
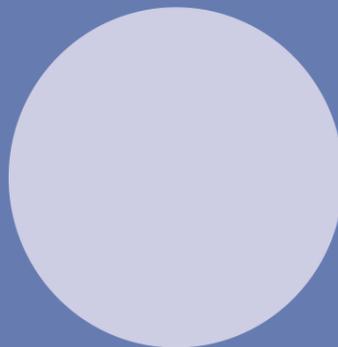
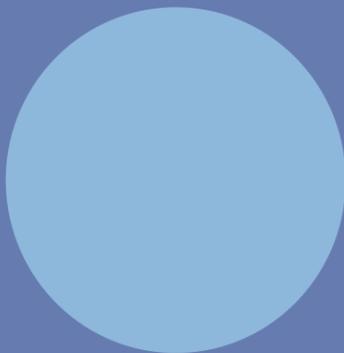
* Tier 1 errors are the most serious and are reserved for errors where the applicant should not have been put on to the register

KPI status (current)	Bullet points about the RAG status of the KPI and a comparison from last quarter and what/how/when improvement(s) will take place	Budget implications	Associated risks
<p><u>PEOPLE</u></p> <p><u>Investment in people</u> Realise 90% of planned events</p>	<ul style="list-style-type: none"> • Mental health lunch and learn sessions rolled out over the summer, including managing stress, supportive conversations and workplace wellbeing. Additional half-day sessions for managers in managing mental health also scheduled. • EDI partner is reviewing our entire approach to training in this area. Report and recommendations presented to SMT in Q2. • Management Development Programme continues with high levels of participation and engagement. • Maximising attendance training scheduled for Q2. • Personal Development Plans from appraisals will be aggregated and courses laid on where required and practicable. COVID continues to limit the number and scope of courses available, however. 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Reduced risk due to steps taken to mitigate reoccurrence.
<p><u>PERFORMANCE</u></p> <p><u>FTP Timeliness</u> 67% of concerns will be resolved within 78 weeks</p>	<ul style="list-style-type: none"> • Since 1 April 2021, case examiners and the FtPC have concluded 37 cases (19 substantive CE decisions and 18 substantive FtPC decision). Of these, 38% concluded within 78 weeks. • Comparison with last quarter – This is a slight improvement on last quarter (36%) but still down on the position at the end of Q2 (46%) and still far below target, continuing to reflect the passage of older cases through the system to closure. • Improvement – We have implemented a revised structure within case progression to dedicate a senior-level focus on the active progression of a number of remaining complex cases. This has highlighted a number of challenging issues around the need for increased legal resource which we are struggling to fill within our current pay ranges and a high level of witness disengagement. There is evidence to show that the newer concerns coming through are progressing through case progression much more quickly, but with a much lower number of these, they are not offsetting the more aged cases that are moving forward alongside. We have 35 cases in the directorate that are more than two years old, almost 69% of these are between representations and hearings. We will start to see a marked improvement in the profile once we get a resolution on these during this reporting year 	<ul style="list-style-type: none"> • Some additional spend required in Q1/Q2 on external legal input. 	<ul style="list-style-type: none"> • Prolonged (or re-implemented) COVID restrictions delaying or adjourning a small number of substantive hearings.



GOC Internal Operational Business Plan 2021- 2022

Quarter 1 Council Report



This document provides Council with a top-line status report on internal business as usual and project-related tasks directly linked to the external business plan and aligned to our strategic objectives. Where the status of a task is either at risk or missed, or where the change is negative, a full update will be provided.

Priority

- **Critical**
Absolutely must be in place for the GOC's continued existence
- **Essential**
Must be in place to support day-to-day operations

Status

- **On track**
- **At risk**

Change

- ↑ **Positive**
- ↓ **Negative**

- **Deadline missed**
- ➔ **No Change**

Department	Timing	Status & Change	Priority
Case Progression	Q1	2x on track ■ 1x off track ■	■ Critical
Case Progression	Q1	1x at risk ■	■ Essential
CET (BAU)	Q1	3x on track ■	■ Critical
CET (BAU)	Q1	2x on track ■ 1x off track ■	■ Essential
Comms	Q1	3x on track ■	■ Critical
Comms	Q1	4x on track ■ 1x at risk ■ 1x off track ■	■ Essential
Education	Q1	2x on track ■	■ Critical
Education	Q1	N/A	■ Essential
Facilities	Q1	2x on track ■	■ Critical
Facilities	Q1	N/A	■ Essential
Finance	Q1	2x on track ■	■ Critical
Finance	Q1	9x on track ■	■ Essential
Hearings	Q1	1x at risk ■	■ Critical
Hearings	Q1	2x on track ■	■ Essential

Department	Timing	Status & Change	Priority
HR	Q1	N/A	■ Critical
HR	Q1	1x on track ■	■ Essential
IT (BAU)	Q1	1x on track ■	■ Critical
IT (BAU)	Q1	1x at risk ■	■ Essential
Legal	Q1	1x on track ■	■ Critical
Legal	Q1	3x on track ■ 1x at risk ■	■ Essential
Policy & Standards	Q1	1x on track ■	■ Critical
Policy & Standards	Q1	1x on track ■ 1x at risk ■	■ Essential
Registration (BAU)	Q1	3x on track ■	■ Critical
Registration (BAU)	Q1	2x on track ■	■ Essential
Secretariat	Q1	6x on track ■	■ Critical
Secretariat	Q1	7x on track ■	■ Essential
Standards	Q1	N/A	■ Critical
Standards	Q1	N/A	■ Essential

Department and Task		How/when task will be brought back on track	Budget implications and associated risks
<p>Case Progression – PSA task <i>FTP timeliness</i> Q1-Q4 - ■ Off track 19 substantive decisions made by CEs in Q1.</p>	<ul style="list-style-type: none"> End to end timescales remain unacceptably high, notwithstanding the additional impact of COVID and this, to an extent, is distorted by the fact that we are closing our older cases. Decision/closure medians continue to be high as older cases progress through the system. However, the age of the triage caseload (median of 5 weeks), and the active stage 2 caseload (median of 14 weeks in-stage) has reduced significantly, an indicator of improved future end-to-end performance. 	<ul style="list-style-type: none"> We estimate that we have lost approximately six to eight months on our 2019 objectives over the last year, which suggests that our projection of achieving a 78-week end-to-end median by the middle of Q3 this year has slipped to very late Q4 or early Q1 of the following year. 	<ul style="list-style-type: none"> As part of our ongoing drive to improve timeliness, we have channelled more work to external lawyers, with an associated cost attached. We will also be adding case officer resource to cover planned absence and to increase flexibility and agility within the team, as well as adding additional in-house legal support. There are staffing-cost budget implications arising from these. The overarching risks of failing to improve timeliness relate to (1) public protection delay – although this risk can be mitigated in appropriate cases via interim orders, (2) registrants and other parties being caused additional stress, and (3) a failure to meet the PSA standard for timeliness.
<p>Case Progression <i>115 substantive case examiner decisions</i> Q1-Q4 - ■ At risk</p>	<ul style="list-style-type: none"> 19 substantive decisions made by CEs in Q1. 	<ul style="list-style-type: none"> There are a significant number of cases at pre-CE stage, so expecting this to be back on track in late Q2 / early Q3. 	<ul style="list-style-type: none"> No budget implications or associated risks – we have budgeted for 115 substantive CE decisions this year.
<p>CET (BAU) <i>CET provider application processing and fee collection within SLAs</i> Q1 - ■ Off track</p>	<ul style="list-style-type: none"> Provider applications continue to be processed within 10 working days of Finance confirming fee received. 	<ul style="list-style-type: none"> 100% of Provider applications continue processed within 10 working days of finance confirming fee received. 	<ul style="list-style-type: none"> Fee collection delayed, therefore monies collected will not be available to GOC in the quarter expected.
<p>Comms <i>ESR promotion</i> Q1-Q4 - ■ On track</p>	<ul style="list-style-type: none"> Continue to implement the communications plan in line with the milestones in the project and work closely with the ESR Team to manage external feedback appropriately. 	<ul style="list-style-type: none"> Enactment of ESR communications plan was initially impacted in Q1 due to staff shortages but is now back on track following recruitment of temporary support specifically for projects. 	<ul style="list-style-type: none"> No impact on budget.
<p>Comms <i>Consultation Framework</i> Q1 - ■ Off track</p>	<ul style="list-style-type: none"> Sets out the code of best practice for consulting with our stakeholders 	<ul style="list-style-type: none"> Delayed due to sickness absences in both Policy & Standards and Comms – to be completed in Q2. 	<ul style="list-style-type: none"> No impact on budget.
<p>Hearings <i>300 hearing days (c 50 decisions)</i> Q1-Q4 - ■ At risk</p>	<ul style="list-style-type: none"> At 22% by the end of Q1 	<ul style="list-style-type: none"> We anticipate a dip during Q2 which we hope to recover to some extent during late Q3 and 4 	<ul style="list-style-type: none"> Risk that we will not meet hearing closures due to disclosures being below anticipated amount. This could lead to a reduction in budget for this year as fewer hearing days than originally anticipated. Delays could mean costs will move back to 22/23.
<p>IT (BAU) <i>IT Policy</i> Q1 - ■ At risk</p>	<ul style="list-style-type: none"> Explains to users their key responsibilities for the proper usage of GOC IT systems including security, care of equipment, use of the internet and email, data storage, and training The process was not completed in Q1 due to work volumes 	<ul style="list-style-type: none"> A draft of the new policy will go to SMT in Q2 – a full business consultation will follow. 	<ul style="list-style-type: none"> No impact on budget due to proposal to securely use personal devices in some circumstances (extra costs netted against savings). Extra costs of proposal to provide approximately 30 more Office 365 E1 licences (approximately £200 per month).
<p>Legal <i>Carry out annual review of FTP guidance: Warnings, Rule 16, CEs, IC, FTPC</i> Q1 - ■ At risk</p>	<ul style="list-style-type: none"> Essential to maintain compliance with current legal and regulatory expectations. We have experienced significant challenge in recruiting legal resource to support this work. The reviews have commenced and will be completed this year 	<ul style="list-style-type: none"> FTPC guidance has been reviewed. Other policies are on track to be reviewed shortly in late Q2 / early Q3 CE guidance review delayed due to resource challenge but will be picked up by our Head of Casework 	<ul style="list-style-type: none"> No impact on budget due to internal lawyers being available to view this guidance. Further legal resource is being sourced and was expected to be in place by September 21 (delayed start date). Candidate subsequently withdrew and it is proving very challenging to recruit within current pay bands. Risk is negligible as these are internal facing documents with an external facing impact. ISG is currently out for consultation and other guidance will be reviewed during late Q2, early Q3 if legal resource permits
<p>Policy & Standards <i>Carry out background research into Standards of Practice for individual registrants</i> Q1-Q2 - ■ At risk</p>	<ul style="list-style-type: none"> Revision of standards for individual registrants in line with strategic plan in order to ensure continued public protection, taking opportunities to harmonise standards across the different healthcare professions likely to work together as part of multi-disciplinary teams. This is potentially at risk due to long-term staff absences and the need to prioritise the CET project. 	<ul style="list-style-type: none"> Trying to partially address through recruitment of administrator. 	<ul style="list-style-type: none"> No impact on budget.

COUNCIL

Equality, Diversity & Inclusion Annual Report

Meeting: 22 September 2021 **Status:** For approval

Lead Responsibility: Lesley Longstone (CEO and Registrar)

Paper Author(s): Erica Wilkinson (Head of Secretariat)

Council Lead(s) Roshni Samara

Purpose

1. The purpose of this paper is to present the Equality, Diversity and Inclusion (EDI) monitoring report for 2020/21.

Recommendations

2. Council are asked to **note** the EDI monitoring report 2020/21 (**annex one**).

Strategic objective

3. Work to achieve our equality, diversity and inclusion objectives impacts all our strategic objectives, although for co-ordination purposes EDI forms part of the Governance and HR work programmes in our business plan.
4. In line with Council's responsibility to ensure equality of opportunity, openness and transparency, we must report annually on our diversity statistics and ensure that Council is fully engaged with our EDI improvement work.

Background

5. We have a legal responsibility under the Equality Act 2010 to:
 - 5.1. eliminate unlawful discrimination, harassment and victimisation;
 - 5.2. advance equality of opportunity between people from different groups; and
 - 5.3. foster good relations between people from different groups.
6. We continue to embed EDI throughout all we do.
7. In October 2020 we appointed an EDI Partner to work closely with the HR and Secretariat teams. Our EDI Partner has worked with Council to launch the GOC's anti-racism statement, chairs our staff engagement anti-racism group, attends our

staff engagement groups and contributes to EDI progress under our governance improvement plan and HR EDI improvements.

8. We have worked with Fraser Consulting to revamp and improve our EDI report making it easier to analyse where improvements have been identified within our registrant, student, member and staff EDI data.

Analysis

9. This analysis is likely to be of interest to stakeholders, and shows we have an ethnically diverse registrant group, particularly among younger registrants. As in previous years, there are more female than male registrants, over half of registrants aged between 25 and 44.
10. We have included a full analysis of registrants subject to FTP. This analysis suggests that male BME registrants are more likely to have an FTP allegation made against them and are more likely to be referred for an FTP hearing.
11. We have developed our reporting capacity to be able to include analysis of student registrants.
12. We have seen a large increase in EDI data collection from staff where the vast majority are now submitting their data forms. This is a positive result and adds to continued evidence of staff engagement improvements.
13. Areas for further work in line with our commitment to continuous improvement, due to be considered by SMT shortly include:
14. **Registrant data**
 - Encourage registrants to update their information about disabilities or long-term health conditions.
 - Consider the reasons for the higher rate of White specialty registrants and whether more can be done to encourage BAME groups into specialties.
15. **Fitness to Practise data**
 - Consider whether specialty registrants could benefit from more guidance and support, given the proportionately higher rate of complaints against them and the high proportion of speciality registrants aged 35-44.
 - Can we learn anything from the decrease in allegations against Asian registrants and the increase in allegations against White registrants?
 - There is still an imbalance in Asian and White fitness to practice cases – what more could be done?
 - Can we learn anything from the older registrants data; are the cases clinically related or related to conduct?

- Older registrants are more likely to be referred for conduct related cases – what might be happening?
16. **Employees**
- Ask all staff to update their equality data and include all protected characteristics.
 - Once the baseline has been developed, implement monitoring system to include recruitment, retention, and other relevant processes such as disciplinary and grievances.
17. **Member data**
- Members may have had comparatively longer time on the Register, could they lead the way in updating their data?
 - The Hearing Panel is more representative of the register base – can we learn from this?
 - The number of Christians is very high on Council and the Advisory Panel - could initiatives be developed to encourage religious diversity?
 - BAME representation needs to be increase on Council and the Advisory Panel (Council is currently being tackling this via the Council Associate Member campaign)?
 - What is the experience of BAME members?
18. **Student data**
- What definition of disability are educational providers using – can we be sure it is consistent, and how does it compare with other definitions?
 - Does the future pipeline enforce the need for increased BAME representation in the GOC's governance?
 - There is scope for further analysis of retention and attainment data going forward.

Finance

19. The EDI actions can be achieved within existing resource and are embedded in all our business plan activities.

Risks

20. There is a risk we might not effectively embed EDI awareness and deliver our EDI activities and therefore not meet our legal responsibilities and suffer reputational damage. To mitigate these risks, we have a revised EDI review in place and are improving Council's engagement with EDI through quarterly reporting in the CEO'S report and improvements and implementations in our governance improvement plan.

Equality Impacts

- 21. Having a complete set of monitoring data will enable us to better assess the impacts of our work on protected characteristic groups.

Devolved nations

- 22. There are no implications/differences in relation to this paper and the devolved nations.

Other Impacts

- 23. N/A

Communications

External communications

- 24. We will publish the EDI monitoring report on the GOC website following the Council meeting.

Internal communications

- 25. We will provide an email link to all employees and members.

Next steps

- 26. SMT will focus on the continuous improvement points mentioned in paragraphs 14 to 18 and include actions in the EDI review plan/governance improvement plan.
- 27. We will continue to progress EDI actions to achieve our EDI objectives, report progress to Council and publish an EDI monitoring report annually to demonstrate our compliance with the Equality Duty.

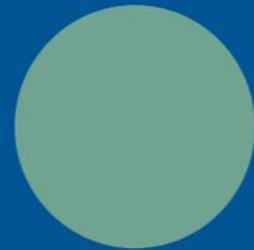
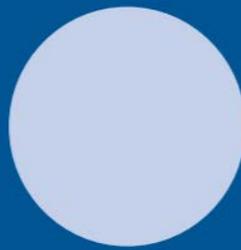
Attachments

Annex 1 – EDI Monitoring Report 2020/21



General Optical Council:

Equality and Diversity Data Monitoring Report 2021



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Foreword

The collection of diversity information is essential to enabling us to identify where we need to focus our resources on strengthening diversity, assessing the value of particular strategies, and measuring our progress.

Equality, Diversity, and Inclusion (EDI) underpins all the work that we do and is embedded within our strategic goals.

Monitoring diversity will support us in achieving our 'Fit for the future' strategic plan:

Delivering world-class regulatory practice

EDI data analysis is essential in assessing risks that may require investigation, identifying problems that need intervention (such as harm to patients), and prioritising and targeting activities and resources.

While the number of optical professionals falling below minimum professional standards remains low, there are individual cohorts that can be at higher levels of risk. The more that we can do to identify and understand the nature of

those risks, the more it should be possible to mitigate them.

Transforming customer service

Understanding more about the profile of the profession will help us respond to the diverse needs of our patients and the wider public.

A diverse workforce can enrich and add value to an organisation and improve relations with patients, the public and other customers.

Building a culture of continuous improvement

Analysis of EDI data will support the development of policies and action to improve our work. It provides us with an opportunity to reflect on what has gone well, and what might need to be improved.

Introduction

This report provides diversity data about registrants, those going through fitness to practise proceedings, staff, members, and students.

The information in this report is based on our in-house datasets on 31 March 2021. (The exception to this is student data, which is based on the Academic Year 2019-2020, and provided to us by education providers.)

Data

While we aim to gather evidence about each of the nine protected characteristics, there is a variation in response rates. 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 per cent.

Categories

Where possible, we use the Census data categories. The Census does not currently cover all protected characteristics, such as sexual orientation and gender reassignment.

Language around ethnicity is subjective and highly personal. Where possible, we provide a breakdown of Asian, Black, Mixed, White, and Other ethnic groups. Where numbers are low, we aggregate minority ethnic groups to protect the confidentiality of individuals and refer to this aggregated group as BAME (Black, Asian, and Minority Ethnic).

We have cited various sources to set our data in context, including data from the Office of National Statistics, such as the most recently published Labour Force Survey.

Time Frame

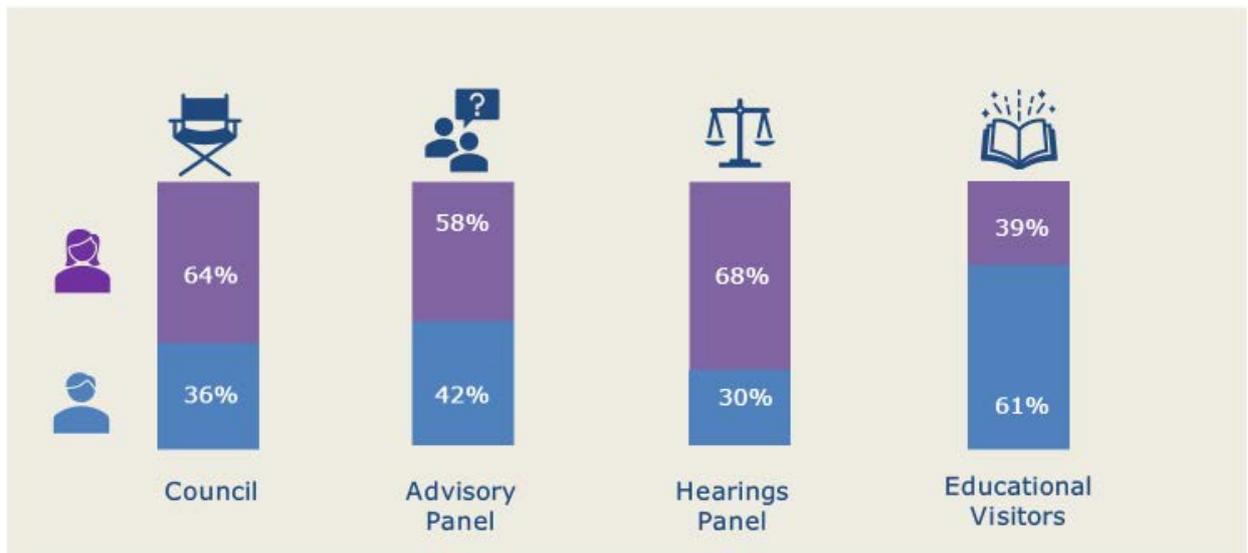
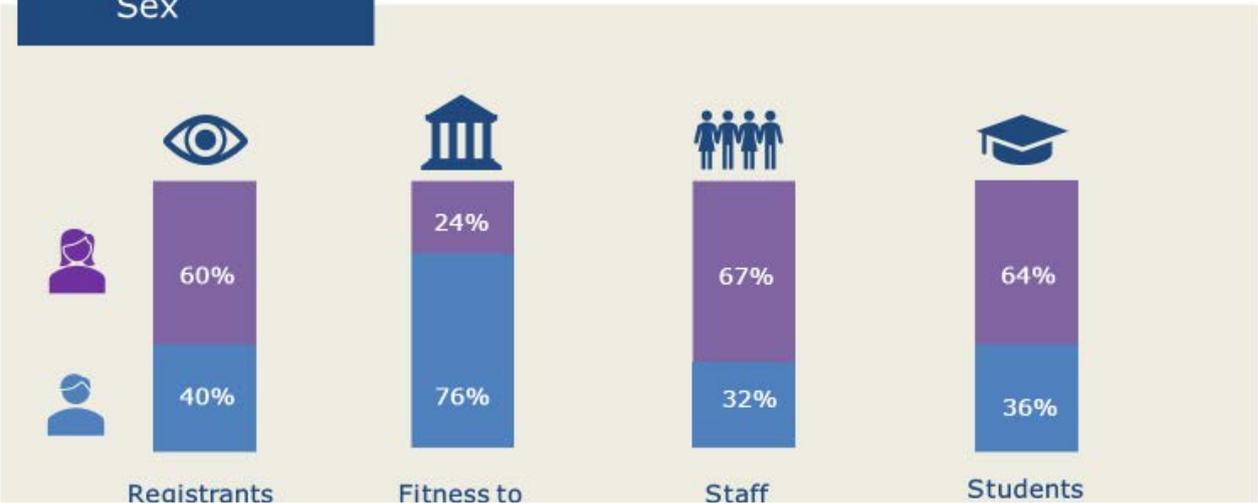
Where possible we have provided three annual instances of data from March 2019 to March 2021 to help us identify any trends. We are conscious that the global pandemic has impacted optical practice which could impact the quantity and quality of some of the data that we collect.

Fit for the Future

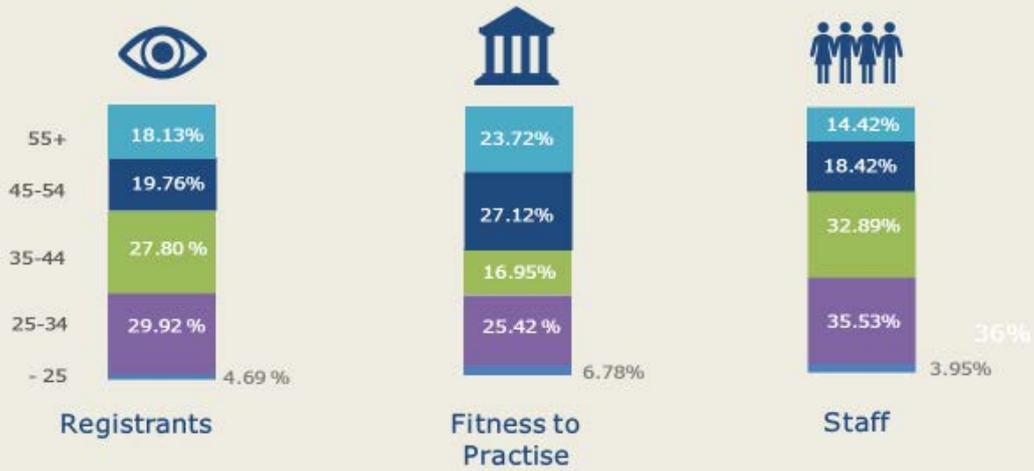
Our new strategy has informed how we report diversity data, and how we will measure performance and impact. For example, we aim to systematically measure outcomes for our diverse student body following the Education Strategic Review. This is our first EDI Data report following 'Fit for the future', and some analyses will be used as a baseline.

2021 EDI Data Snapshots

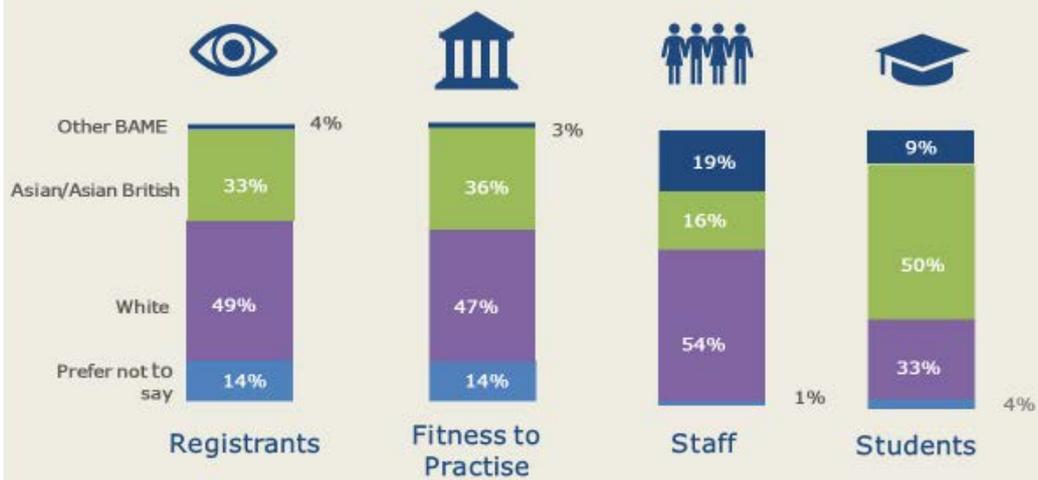
Sex



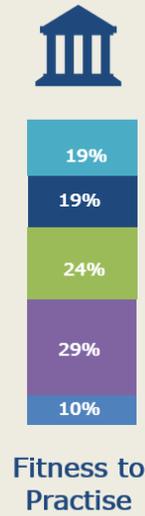
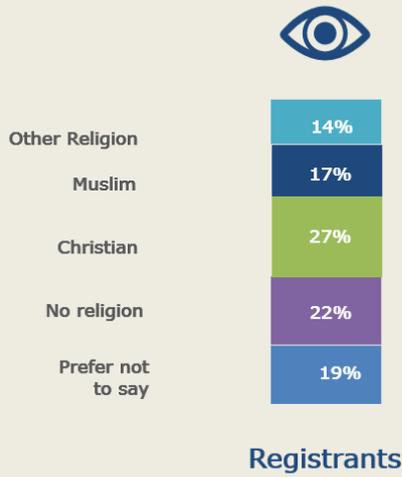
Age



Ethnicity



Religion or Belief



Disability

< 1% 
of all Registrants

5% 
of Students

Compared to the working population **10%**

Sexual Orientation

2% 
of all Registrants
declared that they
were lesbian, gay,
bisexual or other

Compared to the Stonewall estimate **5-7 %**

Our registrants

Appendix 1: Tables 1- 17

At 31 March 2021, we had 29,480 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our registers.

Overall

The largest annual change occurred with regard to student optometrists and student dispensing opticians. This group has increased by 7.54% since 2020.

Since 2019, the total number of registrants has increased by 2.80%. Optometrists were the professional group with the largest increase in this period (3.97%).

Sex

In 2021, 62.62% of all registrants were female.

The **most marked** imbalance is found in student optometrists and student dispensing opticians, where females account for 67.19% and 67.44% respectively.

Optometrists have the **highest** level of gender balance (60.36%)

The **most marked** imbalance with regards to **Specialty** registrants is in the Contact Lens Specialty, with 69.95% female.

Age

Excluding students, age groups with the **highest** percentage of registrants are aged 25-34 and 35-44 (both 29%). There has been no significant change over the three-year period.

The **Specialty** Age Profile shows a comparatively higher proportion of registrants aged 35-44 (37% compared to 27% of all registrants excluding students).

Ethnicity

49% of all registrants are White. The highest proportion of Black, Asian, Mixed or Other Ethnic Group registrants are

Asian/Asian British (33% of all registrants and 38% of Optometrists).

There has been **no significant** change in the registrant ethnicity profile over the three-year period.

The proportion of registrants who are Black, Asian, Mixed or Other Ethnic Group is **significantly higher** than the UK population (13%).¹

The percentage of Asian/Asian British registrants (33%) is **broadly comparable** to the percentage of Asian/Asian British professionally qualified clinical staff in the NHS (30.2%)².

There is a proportionately higher rate of White **Specialty** registrants (67.4% compared to 49.03% of all White registrants).

Religion or belief

The Religion or Belief declared most frequently by **all registrants** was Christian (27%) followed by Muslim (17%).

The percentage of Muslim registrants is **higher than the NHS** percentage of Muslim professionally qualified clinical

¹ [Ethnicity Facts and Figures](#), UK Government Data extracted from 2011 Census

² [NHS Workforce Statistics](#), March 2020

staff (11.11%)³ and the UK population (5.17%)⁴.

There is a **significantly higher** proportion of Muslim student optometrists (36.80%).

Disability

There has been **no change** in the percentage of all registrants who have declared a disability, which has remained at less than 1% over a three-year period. This is **broadly comparable** with the percentage of professionally qualified clinical staff in the NHS who have declared a disability (1.52%).⁵

In 2020, 10% of working age adults in the UK who are economically active considered themselves to have a disability⁶.

Sexual Orientation

Since 2019, there has been **no significant change** in the percentage of all registrants who have declared that they are gay, lesbian, bisexual or have another sexual orientation (less than 3%).

Pregnancy, Maternity and Paternity Leave

The percentage of all registrants who have declared that they have been pregnant and/or taken maternity/paternity leave has **remained static** at 6% since 2019.

³ Ibid.

⁴ [Muslim Population in the UK](#), ONS, 2018

⁵ [NHS Workforce Statistics](#), March 2020

⁶ Disabled People in Employment, House of Commons Briefing Paper No 7450

Fitness to Practise

Appendix 1: Tables 19-28

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 complain to us 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.

Further information regarding FtP outcomes can be found in our [Annual Report](#).

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 year.

Complainants

There continues to be a **higher rate of complaints from female members** of the public (50%, which broadly aligns with the UK female population) compared with males (38.75%, which is lower than the UK male population). The gender profile of the remaining 11.25% of complaints has not been provided and/or the complaints have been referred to us by a third party.

We have seen an **annual decrease** in the number of complaints (8.38%) and a significant decrease since 2019 (41.48%). While this is encouraging, we are conscious that the COVID-19 pandemic impacted the level optical professional practice in 2020-2021.

Location

There has been a **slight annual decrease** in complaints from members of the public based in England (4.91%) and slight increases in Scotland and Wales. The percentage of complaints from

members of the public based in Northern Ireland has stayed broadly the same.

Registrants subject to an FtP investigation from 2019 to 2021

The **number of investigations has continued to decline**, with an annual decrease of 59.63% and a 76.52% decrease since 2019, when we reviewed our acceptance criteria and enhanced our triage functions.

There has been **no significant difference in the proportion of investigations** by professional group (excluding business registrants), which broadly matches the overall Registrant Profile.

Sex

Male registrants were **more likely** to be under investigation than Female (72.67% of total FtP registrants were male). This

disproportionality resonates with comparable health care professional groups⁷.

Ethnicity

There has been an **annual increase** (11 *pp*) in investigations involving **White** registrants and a **decrease** (10 *pp*) in investigations involving **Asian/Asian British** registrants.

Before 2021, Asian/Asian British registrants were proportionately more frequently involved in investigations than White registrants. The most recent data shows **greater balance**, with the percentage point difference less than 3%.

Fitness to Practise – Types of Allegation

Appendix 1: Tables 29-33

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 'mixed'.

These allegation types are distilled further into sub-categories depending on the nature of the complaint, sometimes containing allegations that are mixed in nature (for example clinical and conduct).

Allegation types

The **most frequent** allegations concern Clinical Practice (44.07%) followed by Conduct (27.12%).

Sex

There has been an **annual decrease** in Clinical allegations involving **female** Registrants (11.4 ppt) and an **annual increase** in Clinical allegations involving **male** Registrants (8.29 ppt).

Age

Excluding students, age groups with the **highest percentage** of FtP registrants are aged 25-34 and 35-44 (both 29%).

The **Specialty Age Profile** shows a comparatively higher proportion of FtP registrants aged **35-44** (37% compared to 27% of all registrants excluding students).

Religion or belief

The religious profile of FtP registrants **broadly matches** the Registrant profile.

Greater balance is notable with regards to **Muslim** FtP registrants, where in 2019 there was an overrepresentation of 10 *pp*. This has now decreased to 1 *pp*.

The proportion of allegations of misconduct by **female** registrants has significantly **decreased** on an annual basis while the proportion of **male** misconduct allegations has **significantly increased**.

Age

Registrants aged **35-44** are significantly **less** likely to face allegations (-12.1 ppts), and registrants aged **45-44** are

⁷ [Fair to Refer – Reducing Disproportionality in Fitness to Practice, NHS, June 2019](#)

significantly **more** likely to face allegations (+8.15 pts) than a year ago.

Older registrants (aged 55+) more frequently face **conduct** allegations.

Ethnicity

Conduct allegations are **more** frequently made against **Asian/Asian British** registrants.

Clinical allegations are **more** frequently made against **White** registrants.

Religion

Registrants who have declared **No Religion more frequently** face rate of allegations compared to other religions of beliefs.

With regards to type of allegation and minority religions, **Muslim** registrants are significantly **more** likely to face **conduct** allegations, and **Hindu** registrants are significantly more likely to face **clinical** allegations.

Fitness to Practise – Case Examiner Outcomes

Appendix 1: Tables 34-39

Each case is considered by two case examiners (one registrant and one lay person) and they decide whether the allegation should be referred to the FtP committee (FtPC) for a full hearing.

Sex

Male registrants were more likely to be referred to the FtPC than Female (21.78% Male v. 10.89% Female).

Age

Registrants aged **25-34** were the **least** likely to be referred to FtPC and registrants aged **65+** were the **most** likely.

Ethnicity

A higher rate of Asian/Asian British registrants (36.17%) are referred to FTFC.

compared to 28.57% of cases involving White registrants.

Since the introduction of triage, the percentage of **Asian/Asian British** registrants who have been referred to the FtPC has **increased** by 19.25 pts. This is **higher** than the percentage increase of **White** registrants (12.35 pts).

Religion or Belief

There is no significant difference in outcomes by Religion.

Employees

Appendix 1: Tables 40-42

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 on appointment. The information requested covers only sex, age, ethnicity, and disabilities and is managed by our HR team, who also collate information on maternity and pregnancy and marriage and civil partnership.

Case examiner data is not included in this data set.

Sex

67.11% of staff are female. There have been incremental increases in female staff and decreases in male staff since 2019.

Age

At March 2021, the age demographics of GOC employees broadly matched the UK Labour Force Survey, where the age groups with the highest proportion of people in employment are aged 25-34 and 35-44. There has been no significant change since 2019.

Ethnicity

The ethnic diversity of staff at GOC is higher than the national demographics, where approximately 87% of people in the UK are White/White British (compared to 53.94% at GOC).

There has been an increase in all ethnicities since 2019, where 24.44% of staff declared "Prefer not to say". This percentage has decreased to 1.32% in 2021.

Pregnancy and maternity/paternity

At 31 March 2021, fewer than ten employees were on maternity/paternity leave.

Other Protected Characteristics

We do not currently hold reliable data on the remaining protected characteristics, namely Disability; Religion or Belief; Sexual Orientation; and Gender Reassignment.

Our members

Appendix: Tables 43-47

Our members are the members of Council and our Committees, who scrutinise the GOC, providing checks and balances on the organisation to protect the public. Council also sets the vision and strategy of the GOC.

Within this report, we focus on the profile of Council, the Advisory Panel, Hearings Panel and Education Visitor Panel, which are the largest groups of members. In terms of data limitations, an individual's response may have been counted twice, for example, if they sit as a member of Council and a Committee. This is to provide a fuller picture about the overall make-up of our Council and Committees.

Sex

The gender profile of Council and the Advisory Panel **broadly matches** the registrant profile. The Hearings Panel has the **highest** proportion of females (68.42%). Education Visitor Panel has the **lowest** proportion of females (38.71%).

Age

Council has the **highest** proportion of Prefer not to say (45.45%) and the **lowest** proportion of members aged under 44 (9.09%). This can be compared with proportions of members aged under 44 in the Hearings Panel (24.70%) and Education Visitors (25.81%).

The age profile of the **Hearings Panel** is the **most similar** to the age profile of **registrants**, with the highest proportions of members aged between 35-44 and 45-54.

Ethnicity

The ethnic diversity of the Advisory Panel and the Hearings Panel broadly aligns with UK demographics.

All groups contain **significantly less BAME representation** than the broad registrant profile, particularly Council with 9.09% BAME members.

Disability

Less than 1% of members have declared a disability. Members are **less likely** than registrants to provide information about this protected characteristic.

Religion

The proportion of **Christian** members in Council and the Advisory Panel is **significantly higher** than the broad registrant profile. There is a **lower** representation of **minority** religions and a variation in response rates.

Students

Appendix: Tables 48-58

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 first year that we are publishing EDI data that has been provided to use by Education Providers. We plan to build upon these data sets so that we can learn more about the student journey, including enrolment, retention and attainment.

This data only includes students studying at universities/colleges. In order to avoid duplication, it omits data provided by the examining bodies (ABDO Exams and the College of Optometrists). This means the total numbers of student optometrists and dispensing opticians will be lower than that obtained from registration data.

Sex

In the Academic Year (AY) 2019-20, 65% of students were female, which is approximately 5% higher than the broader registrant profile. There has been **no significant** annual change.

Contact lens courses, which have the smallest number of enrolments, has the **highest** proportion of **female** students (69.20%). This course has had the highest annual **decrease** in **male** students (10.49 ppts).

Age

The age group with the **highest** proportion of students is aged **20 and under** (41.15%) and aged **21-24** (31.00%). The age profile of students enrolled in Independent Prescribing and Contact Lens courses is **significantly older** than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been no significant annual change.

Ethnicity

While there has been a slight annual increase, the proportion of White students (35.96%) is **significantly lower** than the registrant profile. The **largest BAME** student population is Asian (50.36%). Optometry has the highest proportion of Asian students in each academic year (57.68% in AY 2019-20 and 56.11% in AY 2018-19).

Disability

5.14% of students across all disciplines have declared a disability. This is **significantly lower** than the previous academic year, where it was 10.20%. The extraordinary circumstances of the global pandemic may have affected the disability profile. The percentage of students who have declared a disability in each academic year is **higher** than the comparable registrant profile (1%), and **lower** than the national Higher Education benchmark ⁸(15%).

⁸ [HE Student Enrolments by Personal Characteristics, AY 2019/20](#)

Appendix

REGISTRANT DATA

Table 1: Registrant profile by professional group

Table 2: Registrant sex profile – 31 March 2021

Table 3: Registrant sex profile 2019 to 2021 (excluding students)

Table 4: Specialty Registrant sex profile – 31 March 2021

Table 5: Registrant age profile by professional group (excluding students) – 31 March 2021

Table 6: Registrant age profile by professional group (excluding students) – 31 March 2020

Table 7: Registrant age profile by professional group (excluding students) – 31 March 2019

Table 8: Specialty age profile – 31 March 2021

Table 9: Registrant ethnicity profile for 31 March 2021

Table 10: Registrant ethnicity profile for 31 March 2020

Table 11: Registrant ethnicity profile for 31 March 2019

Table 12: Specialty Registrant ethnicity profile – 31 March 2020

Table 13: Specialty Registrant ethnicity profile – 31 March 2019

Table 14: Registrant disability profile for 2019 to 2021

Table 15: Registrant sexual orientation profile for 2019 to 2021

Table 16: Registrant pregnancy and maternity/paternity profile 2019 to 2021

Table 17: Registrant religious profile for 2019 to 2021

Table 18: Registrant religious profile by professional group – 31 March 2021

FITNESS TO PRACTISE DATA

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Table 26: Ethnicity profile of registrants referred for FtP investigation for 2019 to 2021

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Table 37: Percentage of total case examiner outcomes split by ethnicity – 31 March 2021

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GENERAL OPTICAL COUNCIL EMPLOYEES

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REGISTRANT DATA

Table 1: Registration profile by professional group from 2019 to 2021

	2019		2020		2021		2020-2021 % change	2019-2021 % change
Optometrists	16,027	56.12%	16,560	57.16%	16,663	56.76%	0.62%	3.97%
Dispensing opticians	7,027	24.61%	7,217	24.91%	7,108	24.21%	-1.53%	1.15%
Student optometrists	3,738	13.09%	3,753	12.95%	4,258	14.50%	7.54%	1.51%
Student dispensing opticians	1,767	6.19%	1,443	4.98%	1,330	4.53%		
All registrants	28,559	100.00%	28,973	100.00%	29,359	100.00%	1.33%	2.80%

Table 2: Registrant sex profile – 31 March 2021

	Male			Female			Total	
	Total registrants	% of register	% of registrant type	Total registrants	% of register	% of registrant type		
Optometrists	6,605	22.50%	39.64%	10,058	34.26%	60.36%	16,663	56.76%
Dispensing opticians	2,540	8.65%	35.73%	4,568	15.56%	64.27%	7,108	24.21%
Student optometrist	1,397	4.76%	32.81%	2,861	9.74%	67.19%	4,258	14.50%
Student dispensing optician	433	1.47%	32.56%	897	3.06%	67.44%	1,330	4.53%
All registrants	10,975		37.38%	18,384		62.62%	29,359	100.00%

Table 3: Registrant sex profile 2019 to 2021 (excluding students)

		2019		2020		2021		2020-2021 % change	2019-2021 % change
Male	Optometrists	6,524	28.30%	6,642	27.93%	6,605	27.79%	-0.56%	+1.24%
	Dispensing opticians	2,587	11.22%	2,599	10.93%	2,540	10.69%	-2.32%	-1.85%
Female	Optometrists	9,503	41.22%	9,918	41.71%	10,058	42.31%	+1.41%	+5.84%
	Dispensing opticians	4,440	19.26%	4,618	19.42%	4,568	19.22%	-1.09%	+2.88%
	Total	23,054	100.00%	23,777	100.00%	23,771	100.00%	-0.03%	3.11%

Table 4: Specialty Registrant sex profile – 31 March 2021

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		All specialties	
Female	397	69.65%	627	59.77%	634	59.70%	631	59.98%	2,289	61.32%
Male	173	30.35%	422	40.23%	428	40.30%	421	40.02%	1,444	38.68%
Total	570	100.00%	1,049	100.00%	1,062	100.00%	1,052	100.00%	3,733	100.00%

Table 5: Registrant age profile by professional group (excluding students) – 31 March 2021

	Optometrist		Dispensing optician		All non-students	
Under 25	838	5.03%	102	1.44%	940	3.95%
25-34	5,346	32.08%	1,626	22.88%	6,972	29.33%
35-44	4,838	29.03%	2,064	29.04%	6,902	29.04%
45-54	2,857	17.15%	1,653	23.26%	4,510	18.97%
55-64	2,063	12.38%	1,353	19.03%	3,416	14.37%
65+	721	4.33%	310	4.36%	1,031	4.36%
Total	16,663	100.00%	7,108	100.00%	23,771	100.00%

Table 6: Registrant age profile by professional group (excluding students) – 31 March 2020

	Optometrist		Dispensing optician		All non-students	
Under 25	996	6.01%	157	2.18%	1,153	4.85%
25-34	5,313	32.08%	1,748	24.22%	7,061	39.70%
35-44	4,668	28.19%	2,038	28.24%	6,706	28.20%
45-54	2,830	17.09%	1,677	23.24%	4,507	18.96%
55-64	2,084	12.58%	1,326	18.37%	3,410	14.34%
65+	669	4.04%	271	3.76%	940	3.95%
Total	16,560	100.00%	7,217	100.00%	23,777	100.00%

Table 7: Registrant age profile by professional group (excluding students) – 31 March 2019

	Optometrist		Dispensing optician		All non-students	
Under 25	933	5.82%	148	2.11%	1,081	4.69%
25-34	5,118	32.37%	1,710	24.33%	6,898	29.92%
35-44	4,444	27.73%	1,966	27.98%	6,410	27.80%
45-54	2,855	17.81%	1,701	24.21%	4,556	19.76%
55-64	2,048	12.78%	1,260	17.93%	3,308	14.35%
65+	629	3.92%	242	3.44%	871	3.78%
Total	16,027	100.00%	7,027	100.00%	23,054	100.00%

Table 8: Specialty age profile – 31 March 2021

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	1	89	240	144	76	20	570
	0.18%	15.61%	42.11%	25.26%	13.33%	3.51%	100.00%
Independent Prescribing Specialty	0	287	380	243	123	16	1,049
	0.00%	27.36%	36.22%	23.16%	11.73%	1.53%	100.00%
Additional Supply Specialty	0	285	379	246	131	21	1,062
	0.00%	26.84%	35.69%	23.16%	12.34%	1.98%	100.00%
Supplementary Prescribing Specialty	0	287	379	243	126	17	1,052
	0.00%	27.28%	36.03%	23.10%	11.98%	1.62%	100.00%
Total	1	948	1,378	876	456	74	3,733
	0.03%	25.40%	36.91%	23.47%	12.21%	1.98%	100.00%

Table 9: Registrant ethnicity profile for 31 March 2021

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
White	7836	47.03%	5182	72.90%	670	15.74%	708	53.23%	14396	49.03%
Asian / Asian British	6307	37.85%	938	13.20%	2084	48.94%	283	21.28%	9612	32.74%
Black / Black British	219	1.31%	71	1.00%	126	2.96%	31	2.33%	447	1.52%
Mixed/Multiple	154	0.92%	65	0.91%	60	1.41%	11	0.83%	290	0.99%
Other	246	1.48%	64	0.90%	145	3.41%	19	1.43%	474	1.61%
Prefer not to say	1,901	11.41%	788	11.09%	1173	27.55%	278	20.90%	4,140	14.10%
Total	16,663	100.00%	7,108	100.00%	4,258	100.00%	1,330	100.00%	29,359	100.00%

Table 10: Registrant ethnicity profile for 31 March 2020

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
White	7,897	47.69%	5,189	71.90%	814	21.69%	901	62.44%	14,801	51.09%
Asian / Asian British	6,125	36.99%	950	13.16%	2,327	62.00%	338	23.42%	9,740	33.62%
Black / Black British	210	1.27%	71	0.98%	135	3.60%	36	2.50%	452	1.56%
Mixed/Multiple	141	0.85%	66	0.92%	65	1.73%	15	1.04%	287	0.99%
Other	235	1.42%	66	0.92%	156	4.16%	22	1.53%	479	1.65%
Prefer not to say	1,952	11.79%	875	12.12%	256	6.82%	131	9.08%	3,214	11.09%
Total	16,560	100.00%	7,217	100.00%	3,753	100.00%	1,443	100.00%	28,973	100.00%

Table 11: Registrant ethnicity profile for 31 March 2019

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
White	7,848	48.97%	4,982	70.90%	849	22.71%	953	53.93%	14,632	51.23%
Asian / Asian British	5,617	35.05%	886	12.61%	2,120	56.72%	381	21.56%	9,004	31.53%
Black / Black British	193	1.20%	64	0.91%	107	2.86%	40	2.26%	404	1.41%
Mixed/Multiple	125	0.78%	55	0.78%	61	1.63%	19	1.08%	260	0.91%
Other	220	1.37%	59	0.84%	134	3.59%	22	1.25%	435	1.52%
Prefer not to say	2,024	12.63%	981	13.96%	467	12.49%	352	19.92%	3,824	13.39%
Total	16,027	100.00%	7,027	100.00%	3,738	100.00%	1,767	100.00%	28,559	100.00%

Table 12: Specialty Registrant ethnicity profile – 31 March 2020

	White		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Contact Lens Specialty	404	71.50%	7	1.24%	83	14.69%	0	0.00%	6	1.06%	65	11.50%	565	100.00%
Independent Prescribing Specialty	622	67.90%	10	1.09%	188	20.52%	6	0.66%	7	0.76%	83	9.06%	916	100.00%
Additional Supply Specialty	630	67.67%	11	1.18%	190	20.40%	6	0.64%	7	0.75%	87	9.34%	931	100.00%
Supplementary Prescribing Specialty	622	67.76%	11	1.20%	188	20.48%	6	0.65%	7	0.76%	84	9.15%	918	100.00%
Total	2,278	68.41%	39	1.71%	559	16.79%	18	0.54%	27	0.81%	319	9.58%	3,330	100.00%

Table 13: Specialty Registrant ethnicity profile – 31 March 2019

	White		Black / Black British		Asian / Asian British		Mixed/Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	356	69.80%	5	0.98%	76	14.90%	0	0.00%	5	0.98%	68	13.33%	510	100.00%
Independent Prescribing Specialty	494	66.58%	9	1.21%	160	21.56%	4	0.54%	5	0.67%	70	9.43%	742	100.00%
Additional Supply Specialty	501	66.09%	10	1.32%	163	21.50%	4	0.53%	5	0.66%	75	9.89%	758	100.00%
Supplementary Prescribing Specialty	493	66.35%	10	1.35%	160	21.53%	4	0.54%	5	0.67%	71	9.56%	743	100.00%
Total	1,844	66.98%	34	1.24%	559	20.31%	12	0.44%	20	0.73%	284	10.32%	2,753	100.00%

Table 14: Registrant disability profile for 2019 to 2021

	2019		2020		2021	
Has a disability	224	0.78%	240	0.83%	250	0.85%
Does not have a disability	24,916	87.24%	25,872	89.30%	25,277	86.10%
Prefer not to say	3,419	11.97%	2,861	9.87%	3,832	13.05%
Total	28,559	100.00%	28,973	100.00%	29,359	100.00%

Table 15: Registrant sexual orientation profile for 2019 to 2021

	2019		2020		2021	
Heterosexual/straight	23,260	81.45%	24,279	83.80%	23,778	80.99%
Gay/Lesbian	313	1.10%	336	1.16%	342	1.17%
Bisexual	191	0.67%	184	0.64%	184	0.63%
Other	76	0.27%	76	0.26%	67	0.23%
Prefer not to say	4,719	16.52%	4,098	14.14%	4,988	16.99%
Total	28,559	100.00%	28,973	100.00%	29,359	100.00%

Table 16: Registrant pregnancy and maternity/paternity profile 2019 to 2021

	2019		2020		2021	
Pregnant or on maternity/paternity leave	1,836	6.43%	1,877	6.48%	1,852	6.31%
Not pregnant or on maternity/paternity leave	20,967	73.42%	21,931	75.69%	21,343	72.70%
Prefer not to say	5,756	20.15%	5,165	17.83%	6,164	21.00%
Total	28,559	100.00%	28,973	100.00%	29,359	100.00%

Table 17: Registrant religious profile for 2019 to 2021

	2019		2020		2021	
Christian (incl. Catholic)	8,222	28.79%	8,246	28.46%	8,044	27.40%
Muslim	4,521	15.83%	5,099	17.60%	5,027	17.12%
Hindu	2,631	9.21%	2,729	9.42%	2,696	9.18%
Sikh	1,162	4.07%	1,207	4.17%	1,199	4.08%
Jewish	292	1.02%	282	0.97%	281	0.96%
Buddhist	135	0.47%	137	0.47%	132	0.45%
Any other religion/faith	324	1.13%	334	1.15%	0	0.00%
No religion	6,337	22.19%	6,560	22.64%	6,404	21.81%
Prefer not to say	4,935	17.28%	4,379	15.11%	5,576	18.99%
Total	28,559	100.00%	28,973	100.00%	29,359	100.00%

Table 18: Registrant religious profile by professional group – 31 March 2021

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		All	
Christian (incl. Catholic)	4,875	29.26%	2,464	34.67%	465	10.92%	240	18.05%	8,044	27.40%
Muslim	2,863	17.18%	384	5.40%	1,567	36.80%	213	16.02%	5,027	17.12%
Hindu	1,997	11.98%	364	5.12%	287	6.74%	48	3.61%	2,696	9.18%
Sikh	888	5.33%	126	1.77%	165	3.88%	20	1.50%	1,199	4.08%
Any other religion/faith	289	1.73%	85	1.20%	36	0.85%	3	0.23%	413	1.41%
No religion	3,040	18.24%	2,437	34.29%	457	10.73%	470	35.34%	6,404	21.81%
Prefer not to say	2,711	16.27%	1,248	17.56%	1,281	30.08%	336	25.26%	5,576	18.99%
Total	16,663	100.00%	7,108	100.00%	4,258	100.00%	1,330	100.00%	29,359	100.00%

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Table 19: Sex profile of complaints from 2019 to 2021

	2019		2020		2021	
	Total complainants	% of total complainants	Total complainants	% of total complainants	Total complainants	% of total complainants
Male	227	46.52%	127	36.49%	124	38.75%
Female	231	47.34%	178	51.15%	160	50.00%
Not known	14	2.87%	0	0.00%	2	0.63%
Other (e.g. referred by company)	16	3.28%	43	12.36%	34	10.63%
Total	488	100.00%	348	100.00%	320	100.00%

Table 20: Location profile of FTP complaints of 2019 to 2021

	2019	2020	2021
England	91.29%	91.30%	86.38%
Scotland	4.98%	6.52%	7.04%
Wales	1.66%	0.00%	4.23%
Northern Ireland	2.07%	2.17%	2.35%

Table 21: Registrants subject to an FTP investigation from 2019 to 2021

	2019		2020		2021	
Optometrists	191	68.71%	120	74.53%	43	66.15%
Dispensing Opticians	29	10.43%	15	9.32%	8	12.31%
Student Optometrists	15	5.40%	5	3.11%	4	6.15%
Student Dispensing Opticians	9	3.24%	6	3.73%	4	6.15%
Subtotal	244	87.77%	146	90.68%	59	90.77%
Business Registrants	34	12.23%	15	9.32%	6	9.23%
Total FTP Investigations	278	100.00%	161	100.00%	65	100.00%

Table 22: Registrants subject to an FTP investigation profile by professional group (excluding business registrants) – 31 March 2021

	Total investigations	% of total FTP investigations against role	% of investigations against total registrant role	Total registrants	% of total registrants
Optometrists	43	72.88%	0.26%	16,663	56.76%
Dispensing Opticians	8	13.56%	0.11%	7,108	24.21%
Student Optometrists	4	6.78%	0.09%	4,258	14.50%
Student Dispensing Opticians	4	6.78%	0.30%	1,330	4.53%
All (minus body corporate)	59	100.00%	0.20%	29,359	100.00%

Table 23: Registrants subject to an FTP complaint profiled by specialism (excluding business registrants) – 31 March 2021

	Total registrants	% of total FTP complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialisms	% of total registrants with specialisms
Contact lens specialty	0	0%	0.00%	570	1.94%
Independent prescribing specialty	6	9%	0.57%	1,049	3.57%
Additional supply specialty	5	8%	0.47%	1,062	3.62%
Supplementary prescribing specialty	5	8%	0.48%	1,052	3.58%
Total	16	25%	0.43%	3,733	12.72%

Table 24: Sex profile of registrants subject to an FTP investigation by professional group – 31 March 2021

	Total	Male			Female		
		Under investigation	Total register %		Under investigation	Total register %	
Optometrists	43	31	72.09%	39.64%	12	27.91%	60.36%
Dispensing Opticians	8	8	100.00%	35.73%	0	0.00%	64.27%
Student Optometrists	4	4	100.00%	32.81%	0	0.00%	67.19%
Student Dispensing Opticians	4	2	50.00%	32.56%	2	50.00%	67.44%
All (minus body corporate)	59	45	76.27%	37.38%	14	23.73%	62.62%

Table 25: Percentage of investigations opened per age group by professional group from – 31 March 2021

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Optometrists	0	0.00%	14	23.73%	7	11.86%	12	20%	8	13.56%	2	3.39%	43	72.88%
Dispensing Opticians	0	0.00%	0	0.00%	2	3.39%	2	3.39%	3	5.08%	1	1.70%	8	13.56%
Student Optometrists	4	6.78%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	6.78%
Student Dispensing Opticians	0	0.00%	1	1.70%	1	1.70%	2	3.39%	0	0.00%	0	0.00%	4	6.78%
All (minus body corporate)	4	6.78%	15	25.42%	10	16.95%	16	27.12%	11	18.64%	3	5.08%	59	100.00%

Table 26: Ethnicity profile of registrants referred for FTP investigation, compared to all registrants – 2019-2021

		FTP Registrants	Total Registrants
White	2019	36%	51%
	2020	36%	51%
	2021	47%	49%
Asian / Asian British	2019	42%	32%
	2020	46%	34%
	2021	36%	33%
Black / Black British	2019	3%	1%
	2020	3%	2%
	2021	2%	2%
Mixed/Multiple	2019	<1%	<1%
	2020	<1%	<1%
	2021	0%	<1%
Other	2019	<1%	2%
	2020	<1%	2%
	2021	2%	2%

Prefer not to say	2019	24%	11%
	2020	13%	11%
	2021	14%	14%
Total	100%	100%	100%
	100%	100%	100%
	100%	100%	100%

Table 27: Religious belief profile of FTP Registrants compared to the register for 2019 to 2021

	2019		2020		2021	
	FTP Registrants	Register	FTP Registrants	Register	FTP Registrants	Register
Christian (incl. Catholic)	24.59%	28.79%	26.03%	28.46%	23.73%	27.40%
Hindu	8.20%	9.21%	10.96%	9.42%	11.86%	9.18%
Muslim	17.62%	15.83%	24.66%	17.60%	18.64%	17.12%
Other	7.38%	6.70%	6.85%	6.76%	6.78%	5.49%
No religion	15.98%	22.19%	15.75%	22.64%	28.81%	21.81%
Prefer not to say	26.23%	17.28%	15.75%	15.11%	10.17%	18.99%

Table 28: Pregnancy and maternity profile of registrants referred for FTP investigation – 31 March 2021

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Pregnant or on maternity/paternity leave	1	2.32%	0	0.00%	0	0.00%	0	0.00%	1	1.69%
Not pregnant or on maternity/paternity leave	33	76.74%	6	75.00%	4	100.00%	1	25.00%	44	74.58%
Prefer not to say	9	20.93%	2	25.00%	0	0.00%	3	75.00%	14	23.73%
Total	43	100.00%	8	100.00%	4	100.00%	4	100.00%	59	100.00%

Table 29: Percentage of allegation types split by professional group – 31 March 2021

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Clinical	25	58.14%	0	0.00%	1	25.00%	0	0.00%	26	44.07%
Conduct	9	20.93%	4	50.00%	2	50.00%	1	25.00%	16	27.12%
Conviction/caution	0	0.00%	2	25.00%	1	25.00%	3	75.00%	6	10.17%
Health	3	6.98%	0	0.00%	0	0.00%	0	0.00%	3	5.08%
Mix	6	13.95%	2	25.00%	0	0.00%	0	0.00%	8	13.56%
All (minus body corporate)	43	100.00%	8	100.00%	4	100.00%	4	100.00%	59	100.00%

Table 30: Percentage of allegation types split by sex for 2019 to 2021

	Female						Male					
	2019		2020		2021		2019		2020		2021	
Clinical	43	17.62%	36	25.00%	8	13.56%	67	27.46%	32	22.22%	18	30.51%
Conduct	18	7.38%	15	10.42%	1	1.69%	34	13.93%	19	13.19%	15	25.42%
Conviction /caution	9	3.69%	8	5.56%	2	3.39%	26	10.66%	13	9.03%	4	6.78%
Health	5	2.05%	4	2.78%	1	1.69%	5	2.05%	3	2.08%	2	3.39%
Mix	16	6.56%	5	3.47%	2	3.39%	21	8.61%	9	6.25%	6	10.17%
All (minus body corporate)	91	37.30%	68	47.22%	14	23.73%	153	62.70%	76	52.78%	45	76.27%

Table 31: Percentage of allegation types split by age – 31 March 2021

	Under 25		25-34		35-44		45-54		55-64		65+	
Clinical	1	25.00%	8	53.33%	6	60.00%	5	31.25%	6	54.55%	0	0.00%
Conduct	2	50.00%	3	20.00%	3	30.00%	3	18.75%	3	27.27%	2	66.67%
Conviction/caution	1	25.00%	1	6.67%	0	0.00%	3	18.75%	0	0.00%	1	33.33%
Health	0	0.00%	1	6.67%	1	10.00%	1	6.25%	0	0.00%	0	0.00%
Mix	0	0.00%	2	13.33%	0	0.00%	4	25.00%	2	18.18%	0	0.00%
All (minus body corporate)	4	6.77%	15	25.42%	10	16.94%	16	27.12%	11	18.64%	3	5.08%
All Registrants excluding Students		3.95%		29.33%		29.04%		18.97%		14.37%		4.36%

Table 32: Percentage of allegation types split by ethnicity – 31 March 2021

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
White	15	57.69%	5	31.25%	3	50.00%	1	33.33%	4	50.00%	28	47.46%
Asian / Asian British	9	34.62%	7	43.75%	2	33.33%	1	33.33%	2	25.00%	21	35.59%
Black / Black British	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	12.50%	1	1.69%
Mixed/Multiple	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%	1	16.67%	0	0.00%	0	0.00%	1	1.69%
Prefer not to say	2	7.69%	4	25.00%	0	0.00%	1	33.3%	1	12.50%	8	13.56%
Total	26	100.00%	16	100.00%	6	100.00%	3	100.00%	8	100.00%	59	100.00%

Table 33: Percentage of allegation types split by religion – 31 March 2021

	Clinical	Conduct	Conviction/caution	Health	Mix	Total
Christian (incl. Catholic)	4	3	1	1	5	14
	15.38%	18.75%	16.67%	33.33%	62.50%	23.73%
Muslim	2	6	2	0	1	11
	7.69%	37.50%	33.33%	0.00%	12.50%	18.64%
Hindu	5	1	0	1	0	7
	19.23%	6.25%	0.00%	33.33%	0.0%	11.86%
Other	2	1	0	0	1	4
	7.69%	6.25%	0.00%	0.00%	12.50%	6.78%
No religion	10	3	3	1	0	17
	38.46%	18.75%	50.00%	33.33%	0.00%	28.81%
Prefer not to say	3	2	0	0	1	6
	11.54%	12.50%	0.00%	0.00%	12.50%	10.17%
All (minus body corporate)	26	16	6	3	8	59
	100%	100%	100%	100%	100%	100%

Table 34: Percentage of total case examiner outcomes split by sex – 31 March 2021

	Male		Female		Total	
No further action (incl. advice/warning issued)	41	40.59%	27	26.73%	68	67.33%
Referral to Fitness to Practise Committee (FTPC)	22	21.78%	11	10.89%	33	32.67%
Total	63	62.38%	38	37.62%	101	100.00%

Table 35: Percentage of total case examiner outcomes split by sex for 2019 to 2021

	Male			Female		
	2019	2020	2021	2019	2020	2021
No further action (incl. advice/warning issued)	78.95%	77.18%	65.08%	83.10%	85.71%	71.05%
Referral to Fitness to Practise Committee (FTPC)	21.05%	22.82%	34.92%	16.90%	14.29%	28.95%
Total	114	149	63	71	84	38

Table 36: Percentage of total investigation outcomes split by age – 31 March 2021

	Under 25	25-34	35-44	45-54	55-64	65+	Total
No further action (incl. advice/warning issued)	50.00%	73.91%	68.97%	56.52%	82.35%	40.00%	67.33%
Referral to Fitness to Practise Committee (FTPC)	50.00%	26.09%	31.03%	43.48%	17.65%	60.00%	32.67%
Total	4	23	29	23	17	5	101

Table 37: Percentage of total case examiner outcomes split by ethnicity – 31 March 2021

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
White	25	36.76%	10	30.30%	35	34.65%
Asian / Asian British	30	44.12%	17	51.52%	47	46.53%
Black / Black British	2	2.94%	1	3.03%	3	2.97%
Mixed/Multiple	2	2.94%	0	0.00%	2	1.98%
Other	1	1.47%	1	3.03%	2	1.98%
Prefer not to say	8	11.76%	4	12.12%	12	11.88%
Total	68	100.00%	33	100.00%	101	100.00%

Table 38: Percentage of total case examiner outcomes split by ethnicity for 2019 to 2021

		No further action (incl. advice/warning issued)	Referral to Fitness to Practise Committee (FTPC)	Total
White	2019	62	12	74
		83.78%	16.22%	100.00%
	2020	77	8	85
		90.59%	9.41%	100.00%
	2021	25	10	35
		71.43%	28.57%	100.00%
Asian / Asian British	2019	54	11	65
		83.08%	16.92%	100.00%
	2020	74	16	90
		82.22%	17.78%	100.00%
	2021	30	17	47
		63.83%	36.17%	100.00%
Black / Black British	2019	3	2	5
		60.00%	40.00%	100.00%
	2020	6	2	8
		75.00%	25.00%	100.00%
	2021	2	1	3
		66.67%	33.33%	100.00%
Mixed/multiple	2019	1	0	1
		100.00%	0.00%	100.00%
	2020	0	0	0
		0.00%	0.00%	0.00%
	2021	2	0	2
		100.00%	0.00%	100.00%
Other	2019	1	0	1
		100.00%	0.00%	100.00%
	2020	1	0	1
		100.00%	0.00%	100.00%
	2021	1	1	2
		50.00%	50.00%	100.00%
Prefer not to say	2019	28	11	39
		71.79%	28.21%	100.00%
	2020	29	20	49
		59.18%	40.82%	100.00%
	2021	8	4	12
		66.67%	33.33%	100.00%
Total	2019	149	36	185
		80.54%	19.46%	100.00%
	2020	187	46	233
		80.26%	19.74%	100.00%
	2021	68	33	101
		67.33%	32.67%	100.00%

Table 39: Percentage of total case examiner outcomes split by Religion – 2021

	Christian (incl. Catholic)		Muslim		Hindu		Other		No religion		Prefer not to say	Total		
No further action (incl. advice/ warning issued)	20	19.80%	16	15.84%	8	7.92%	4	3.96%	9	8.91%	11	10.89%	68	67.33%
Referral to Fitness to Practise Committee (FTPC)	10	9.90%	9	8.91%	4	3.96%	3	2.97%	3	2.97%	4	3.96%	33	32.67%
Total	30	29.70%	25	24.75%	12	11.88%	7	6.93%	12	11.88%	15	14.85%	101	100.00%

GENERAL OPTICAL COUNCIL EMPLOYEES

Table 40: GOC Employees by sex – 2019 to 2021

	2019		2020		2021	
Female	57	63.33%	56	65.12%	51	67.11%
Male	33	36.67%	30	34.88%	25	32.89%
Total	90	100.00%	86	100.00%	76	100.00%

Table 41: GOC Employees by age: 2019-2021

	2019		2020		2021	
Under 25	8	8.88%	3	3.49%	3	3.95%
25-34	34	37.78%	33	38.37%	27	35.53%
35-44	27	30.00%	26	30.23%	25	32.89%
45-54	19	21.11%	19	22.09%	14	18.42%
55-64	2	2.22%	5	5.81%	7	9.21%
65+	0	0.00%	0	0.00%	0	0.00%
Total	90	100.00%	86	100.00%	76	100.00%

Table 42: GOC Employees by ethnicity: 2019-2021

	2019		2020		2021	
White / White British	42	46.67%	39	45.35%	41	53.94%
Asian / Asian British	11	12.22%	13	15.12%	12	15.79%
Black / Black British	11	12.22%	13	15.12%	15	19.74%
Mixed/multiple	1	1.11%	2	2.33%	2	2.63%
Other	3	3.33%	3	3.49%	5	6.58%
Prefer not to say	22	24.44%	16	18.60%	1	1.32%
Total	90	100.00%	86	100.00%	76	100.00%

MEMBER DATA

Table 43: Number of Members – 31 March 2021

	Total Members	of which there are the following type of members:			
		Council	Lay	GOC Registrant	Other / independent
Council	12	12	6	5	-
Advisory panel	33	5	10	23	6
Investigation committee	7	0	3	4	0
Audit and Risk committee	5	4	3	1	1
Remuneration committee	4	3	2	1	1
Nominations committee	4	3	2	1	1
Hearing panel*	75	0	39	36	0
Education Visitor panel	29	0	12	17	0

Table 44: Members – Sex March 2021

	Council (11)	Advisory Panel (33)	Hearing Panel (76)	Education Visitor (31)
Male	36.36%	42.42%	30.26%	61.29%
Female	63.63%	57.58%	68.42%	38.71%
PNTS/Blank	8.33%	0.00%	1.32%	0.00%
	100.00%	100.00%	100.00%	100.00%

Table 45: Members – Age March 2021

	Council (11)	Advisory Panel (33)	Hearing Panel (76)	Education Visitor (31)
25-34	0.00%	3.03%	5.26%	9.68%
35-44	9.09%	6.06%	19.74%	16.13%
45-54	36.36%	15.15%	25.00%	35.48%
55-64	9.09%	15.15%	32.89%	25.81%
65+	0.00%	6.06%	2.63%	3.23%
PNTS/Blank	45.45%	54.55%	14.47%	9.68%
Total	100.00%	100.00%	100.00%	100.00%

Table 46: Members – Ethnicity March 2021

	Council (11)	Advisory Panel (33)	Hearing Panel (76)	Education Visitor (31)
BAME	9.09%	12.12%	14.67%	3.23%
White	81.82%	84.85%	13.16%	80.65%
PNTS/Blank	9.09%	3.03%	11.84%	16.13%
Total	100.00%	100.00%	100.00%	100.00%

Table 47: Members – Religion

	Council (11)	Advisory Panel (33)	Hearing Panel (76)	Education Visitor (31)
Christian	72.73%	60.61%	34.21%	35.48%
Other Religion	9.09%	9.09%	21.05%	3.23%
PNTS/Blank	9.09%	9.09%	14.47%	25.81%
No Religion	9.09%	21.21%	30.26%	35.48%
Total	100%	100%	100%	100%

STUDENT DATA

Table 48: Total percentage of student enrolments in all optical disciplines and sex, academic years 2018/19 and 2019/20.

	2018/19	2019/20
Male	34.15%	34.01%
Female	65.85%	65.99%
Total	100.00%	100.00%

Table 49: Student enrolments in each optical discipline and sex, academic years 2018/19 and 2019/20.

	2018/19				2019/20			
	Male		Female		Male		Female	
Optometry	872	33.03%	1766	66.88%	943	33.37%	1883	66.63%
Dispensing	419	34.38%	795	65.25%	371	35.20%	683	64.80%
Independent Prescribing	87	40.05%	119	54.95%	113	36.98%	193	63.02%
Contact lens	46	41.29%	66	58.71%	31	30.80%	70	69.20%

Table 50: Total percentage of student enrolments in all optical disciplines and age, academic years 2018/19 and 2019/20.

Age Group	2018/19	2019/20
20 and under	45.42%	41.15%
21-24	30.19%	31.00%
25-29	10.46%	13.84%
30+	13.84%	14.01%
Not known	0.10%	0.00%

Table 51: Percentage of student enrolments in each optical discipline and age, academic year 2019-20

	20 and under		21-24		25-29		30+		Not known	
Optometry	1517	53.68%	926	32.77%	250	8.84%	132	4.65%	0	0.00%
Dispensing	246	23.37%	387	36.74%	217	20.55%	203	19.32%	0	0.02%
Independent Prescribing	0	0.00%	9	3.00%	97	31.62%	199	65.18%	0	0.00%
Contact lens	0	0.00%	6	5.84%	29	28.93%	66	65.23%	0	0.00%

Table 52: Percentage of student enrolments in each optical discipline and age, academic year 2018-19

	20 and under		21-24		25-29		30+		Not known	
Optometry	1531	57.98%	815	30.86%	173	6.56%	120	4.54%	0	0.00%
Dispensing	366	30.05%	419	34.40%	170	13.93%	252	20.69%	4	0.31%
Independent Prescribing	0	0.00%	14	6.69%	66	30.57%	135	62.72%	0	0.00%
Contact lens	0	0.00%	13	11.45%	28	24.94%	71	63.51%	0	0.00%

Table 53: Total percentage of student enrolments in all optical disciplines and ethnicity, academic years 2018/19 and 2019/20

	2018/19	2019/20
White	32.87%	35.96%
Black	3.33%	3.39%
Asian	50.31%	50.06%
Mixed	3.56%	1.84%
Other	4.86%	5.76%
Not known	5.07%	2.99%

Table 54: Percentage of student enrolments in each optical discipline and ethnicity, academic year 2019-20

	White		Black		Asian		Mixed		Other		Not known	
Optometry	707	25.01%	103	3.63%	1630	57.68%	50	1.76%	203	7.20%	71	2.51%
Dispensing	561	53.24%	32	3.03%	330	31.30%	21	1.99%	33	3.17%	38	3.59%
Independent Prescribing	166	54.40%	6	2.00%	111	36.20%	6	2.06%	4	1.46%	12	4.06%
Contact lens	71	70.77%	1	0.89%	24	20.25%	0	0.00%	1	0.63%	4	3.48%

Table 55: Percentage of student enrolments in each optical discipline and ethnicity, academic year 2018-19

	White		Black		Asian		Mixed		Other		Not known	
Optometry	753	28.51%	87	3.31%	1482	56.11%	60	2.28%	175	6.63%	80	3.02%
Dispensing	450	36.97%	37	3.07%	516	42.33%	80	6.57%	23	1.90%	111	9.13%
Independent Prescribing	114	52.86%	11	5.20%	74	34.47%	5	2.54%	5	2.20%	6	2.93%
Contact lens	57	51.33%	4	3.95%	31	27.44%	4	3.38%	0	0.00%	15	13.78%

Table 56: Total percentage of student enrolments in all optical disciplines and disability, academic years 2018/19 and 2019/20

	2018/19	2019/20
Known Disability	10.20%	5.14%
No Known Disability	89.80%	94.86%
Total	100.00%	100.00%

Table 57: Percentage of student enrolments in each optical discipline and disability, academic year 2019-20

	Known disability		No known disability	
Optometry	180	6.36%	2646	93.64%
Dispensing	34	3.21%	1020	96.79%
Independent Prescribing	6	2.70%	296	96.80%
Contact lens	0	0.00%	101	100.00%

Table 58: Percentage of student enrolments in each optical discipline and disability, academic year 2018-19

	Known disability		No known disability	
Optometry	376	14.24%	2264	85.72%
Dispensing	48	3.91%	1170	96.06%
Independent Prescribing	3	1.20%	213	98.80%
Contact lens	0	0.00%	112	100.00%

DRAFT minutes of the Advisory Panel meeting held on Monday 21 June 2021 at 09:00 hours via MS Teams	
Present:	Lesley Longstone (Chair) (<i>paragraphs 15 – 32</i>), Paula Baines, Nigel Best, Peter Black, Sinead Burns, Richard Edwards, Lynne Emslie, Cecilia Fenerty (<i>paragraphs 10 – 32</i>), Josie Forte, Mike Galvin, Rosie Glazebrook, Louise Gow, Tony Harvey, Gordon Ilett, Imran Jawaid (<i>paragraphs 1 – 32</i>), Wayne Lewis, Andrew Logan, Geraldine McBride, Mitesh Patel, Neil Retallic, Ali Sansome, Kathryn Start (<i>paragraphs 10 – 32</i>), Hilary Tompsett, Alicia Thompson, Glenn Tomison, Catherine Viner, Marcus Weaver and Mary Wright.
In attendance:	Sally Baker (Case Officer – Legal) (<i>paragraphs 15 – 32</i>), Simran Bhogal (ESR Project Manager) (<i>paragraphs 15 – 32</i>), Claire Bond (Senior Lawyer) (<i>paragraphs 10 – 32</i>), Marie Bunby (Head of Policy and Standards) (<i>paragraphs 15 – 32</i>), Marcus Dye (acting Director of Strategy), Yeslin Gearty (acting Director of Resources), Sarah Martyn (Governance and Compliance Manager), Natalie Michaux (Standards Manager), Lorene Miller (Diary Secretary to the Chief Executive and Registrar and Chair of Council), Leonie Milliner (Director of Education), Samara Morgan (Head of Education), Ben Pearson (Project and Policy Support Executive) Dionne Spence (Director of Casework and Resolution) Matthew Tovey (Education Quality Assurance Officer), Erica Wilkinson (Head of Secretariat) and Dr Anne Wright (Chair of Council).
External Attendees:	Matt Broom, Lisa Donaldson, Joanne Kennedy, Steve Kill, Donna O’Brien (Seeability).
	Welcome and Apologies
1.	The Director of Education opened the meeting, welcoming the new GOC Chair of Council, and proffering the Chief Executive and Registrar’s apologies for the beginning of the meeting.
2.	Apologies were received from Emma Connelly, Joy Myint and Linda Millington.
	Declaration of Interests
3.	Gordon Ilett declared an interest as the Chair of Seeability.
	Minutes of Previous Meetings
4.	The minutes of the meeting held on 25 January 2021 were approved as correct subject to the removal of the AOB paragraph.
	Actions
5.	The Advisory Panel noted the paper.

	Matters Arising
6.	The Director of Education advised that the verbatim comments provided by the Advisory Panel regarding the Education Strategic Review had been passed to Council in accordance with the Opticians Act. This was to inform Council's approval new standards, outcomes and assurance for pre-registration.
	Public Perceptions Survey
7.	The Advisory Panel noted the survey results, which had been circulated as a presentation prior to the meeting, and made the following comments: <ul style="list-style-type: none"> Concern was raised about the percentage of respondents who perceived a lack of apology.
	Registrant Survey
8.	The Advisory Panel noted the findings from the report and presentation. The following comments were made: <ul style="list-style-type: none"> The survey had shown up some interesting results, which gave rise to concern regarding the morale of the workforce. The data regarding satisfaction and future plans appeared to equate to 50% of the workforce thinking of leaving / retiring / taking a career break or reducing their hours. This indicated low morale was and that there could be a problem in the future. It would be important for the GOC to provide support and communications to registrants. Other organisations could be used to help direct registrants to appropriate support to continue to access CET, ie. ABDO were providing CET on-line and they could help DOs if access issues were being experienced. A large percentage of respondents reported discrimination in the workplace, it was not clear whether this was from colleagues or patients. OCCS knew that students were not aware of the support available for complaint resolution, and there was a need for them to raise their profile with students and registrants. There appeared to be a lack of confidence in raising concerns, and 50% of respondents raised these with employers. There was need to educate the profession in raising concerns, and in particular these should be raised locally first.
	<i>09:45 hours – Kathryn Start entered the meeting. The meeting took a short break.</i>
	<i>10:00 hours – The meeting re-started and Cecilia Fenerty entered the meeting.</i>
	Update on Covid-19 Statements Consultation
9.	The Advisory Panel noted the update and that the consultation response indicated that the statements should be maintained. Questions were raised about the impact of the statements and whether they could be implemented in practice. There appeared to be a degree of support that needed to be unpicked. Thanks were given to the team for the amount of work undertaken on updating the statements at short notice and for the stakeholder community in helping to fine tune and develop them over time.
10.	In response to a question about the existing Covid-19 protocols becoming permanent, it was noted that some of this was being looked at as part of the legislative reform agenda and the following update was given. <ul style="list-style-type: none"> DHSC were looking at all healthcare regulators' Acts to make legislation more consistent and effective going forward; the GOC were considering whether changes in practise over the last 50 years would require changes to be made; feedback over the pandemic period would feed into this; the DHSC Consultation on legislative reform had now closed;

	<ul style="list-style-type: none"> • GMC regulations were being reviewed first then other regulators would follow; • there were a number of different strands of work running in parallel to this review; • Council was giving further consideration to the area of the Act that DHSC did not cover, and if agreed the GOC would be looking to this explore further with the profession.
	Illegal Practice (Breakout Session)
11.	The GOC's statutory role and the current approach to illegal practice were set out including activity and associated outcomes achieved. It was noted that there were five themes that had emerged from the stakeholder survey and areas on which the future strategy could focus.
12.	The Advisory Panel broke out into five groups to consider different areas in relation to illegal practice. The five groups feedback as followed looking at the risks, opportunities and measuring success:
	<i>10:35 hours – the Chief Executive and Registrar entered the meeting.</i>
13.	Discussion topic: How could we take a more proactive approach to illegal practice?
	<p>What are the risks?</p> <ul style="list-style-type: none"> • Nature of consumer behaviour towards online markets. • Resource: <ul style="list-style-type: none"> - concern re. substitution – not illegal. - focus on education due to the possible scale of illegal practice and our limited resources, eg. educating Amazon, Google, Ebay about what constitutes an illegal sale. • Reputational – must make it clear what the GOC are doing otherwise the presumption is that nothing is being done. <p>What are the opportunities?</p> <ul style="list-style-type: none"> • Clarification of remit: <ul style="list-style-type: none"> - Mention substitution. • Educate: <ul style="list-style-type: none"> - Online providers. - Patients to highlight risks as there is current lack of awareness. - Patient basics eg. that prescriptions are time limited and must be renewed. - Link to lack of awareness with public perceptions. • Contact lens companies may be best placed to offer insight into the risks of online sales and the approach taken in other jurisdictions. • Collaborate with GPHC: <ul style="list-style-type: none"> - Partner with GPHC to tackle illegal practice in independent pharmacies eg. must raise FTP issue if dispense contact lenses illegally. <p>How would we measure success?</p> <ul style="list-style-type: none"> • Warning / block on search engines re. illegal sales. • Simple messaging to deploy when it is needed with a patient safety angle. • Increase in referrals / complaints. • Reputational improvement within the profession. <ul style="list-style-type: none"> - Bringing prosecutions. - Use articles in professional journals.

14.	<p>Discussion topic: Clarification of our remit (particularly regarding online and non-UK sales)</p>
	<p>What are the risks?</p> <ul style="list-style-type: none"> • Very little public awareness particularly of the dangers of poor contact lens management. • Lots of advertisements about ZPLs – if these are illegal is there a role for the ASA. • Professionals are more aware of the risks but are accused of being more focussed on the commercial aspect. • Covid-19 had normalised online shopping to an extent that is unlikely to be reversed. • Minimal evidence will be found on adjustable focus glasses – won't be able to link harm to risks although the GOC knew that ready reckoners (adjustable or not) were not designed for driving. • Public avoiding having eye exams – do they know that this is as much about eye health – could more be done to address that gap? <p>What are the opportunities?</p> <ul style="list-style-type: none"> • Public perception campaigns – focussing on public awareness, for example use of photos showing keratitis. • Accepting that there is little that can be done about overseas sales so perhaps more investment in understanding the evolution of the online market and consumer habits. • Engagement with some of the bigger sellers – suspect that Amazon, although an overseas seller, would want to work with us – not as persuaded by Ebay and the biggest risks come from the fancy-dress shops / pop ups that are gone by the time the GOC can act. • Working agreement with Trading Standards. • Enhanced use of the GOC registration number when selling lenses online and more from us on the benefits of regulation. • High Streets (eg. Boots etc) enhancing the reference to getting sight tests alongside sale of ready reckoners. • RNIB has a campaigner on contact lenses (someone who lost their vision due to overseas sales) – receives a lot of engagement with the public on the risks. • Link in with the big hospitals with eye casualty departments for information on contact lenses linked infections (eg. Moorfields) – corneal surgeons, teaching hospitals – will need consent for use of photos (could be a good one for the literature review – eg. percentage of patients presenting with contact lens linked issues). • More work with manufacturers. • Would business regulation help ensure that only regulated businesses can sell products restricted by the Act. <p>Measuring Success</p> <ul style="list-style-type: none"> • Increased awareness and more confidence from the sector that the GOC was addressing the issues.
15.	<p>Discussion topic: Understanding developments in technology and the potential impact on illegal practice (eg. remote eye test Apps, smart contact lenses)</p>
	<p>What are the risks?</p> <ul style="list-style-type: none"> • Remote Prescribing. • De-valuing the sight test and the health reasons why it is so important.

- Lack of education – is it a GOC role as regulator to educate patients?
- Inability of being able to regulate non-UK related issues.
 - It was noted that technology is a tricky subject.
 - There are a range of reports re: spectacles online and the numerous issues associated with this such as lens range, prescription only specs and restricted categories etc. Who is reporting these issues to the majority? The reports predominantly come from registrants and stakeholders.
 - Convenience of readily available cheap, and easy to purchase spectacles (and one person in the group suggested that her colleague who does know better, would purchase an appliance because of the affordability and ease in doing so online) and her surprise with people doing the wrong thing despite knowing better.
- Reputational – frustration that the GOC cannot act in relation to non-UK sellers.
- Patient education – slow and laborious – cannot contact online customers – needs Public Health campaign about eye health – who does it? Don't think there is a public realisation of a particular risk to their eye health from online sales / not having a regular sight test / not having up-to-date prescription.
- Scotland ahead – sight test fee funded – no financial reason not to have sight test.

What are the opportunities?

- Consider our options in utilising UK legislation. Could include undertaking more work with Trading Standards and the ASA and asking what extra other support could be found?
 - Establishing bigger and more top-level communications with large online platforms such as Amazon UK, Facebook, and others to possibly agree a collaborative process and therefore strengthening avenues to support removal of optical appliances being sold illegally.
- Education of patients and the wider public.
 - By registrants – best practice statement.
 - Consumer magazines mentioned (publications).
 - Reinforcing message to patients from Registrants (patient communication).
- Working with online sellers including big hitters like Amazon and agree high level agreement with them, for them to police.
- Consumer magazines like Which to highlight the disparities between a patient's prescription and the product they get from an online purchase.

How would we measure success?

- Further work with large online sellers may help us to measure our success in stopping/removal of optical appliances being sold illegally to UK consumers.
- Patient communication – education from registrants.

16. **Discussion topic: How can we increase collaborative working and knowledge sharing, for example with NHS regional teams, trading standards?**

What are the risks?

- Awareness – registrants and third parties like Trading Standards.
- Registrants are more aware of clinical aspect and could liaise with NHS bodies at local level – would be useful to have guidance from regulator about when they want matters escalated to them – when is it appropriate to manage locally and when necessary to escalate?
- Some offending is administrative rather than presenting risk e.g. someone who has completed CET but has forgotten to re-register.

- Risk from non-registrants who have never qualified masquerading as registrants – tends to be more of an issue with trainee DOs.
 - Risk of harm to patients – through non-registrants who are fully trained but erased; using professional / GOC branding when not registered undermines profession.
 - Non-UK based providers not subject to regulation;
 - inappropriate use of refraction
- not picking up illegal practice in the first place eg. non-registrant in management role, failing to re-register.
- Specialist areas of practice.

What are the opportunities?

- For registrants to better understand what expectations of them are.
- Specsavers has its own process for reporting illegal practice so that employees are clear.
- Guidance on what would be expected – does not need to be explicit as professional judgement would need to be exercised eg. if single incident does that need to be reported? Or happy to be managed locally and only escalate those not suitable for local resolution?
 - Most common where DO has not renewed and made illegal dispense because not registered – no risk and illegal practice ceased as soon as realised.
- Guidance on collaborative working – not something many registrants would think to do.
- Opportunity for NHS to cross reference against our register (it was noted that the GOC notifies NHS when someone removed).
- Tackle businesses.

How would we measure success?

- Not reached.

17. Discussion topic: How can we increase patient safety and awareness within our regulatory remit?

What are the risks?

- Crossing line of regulatory role eg. love your lenses.
- Lack of GOC resources – not for the GOC to lead – have an important role but lead may be for other organisations– therefore risk that they may fail to do so as do not have the resources.
- Patients feel that saving money is in their best interests – does not say in the Act the lenses must comply with the prescription – eg. Daysoft loophole.
- 1984 regulations – check vertex distance – not possible to measure online – broken systematically.
- We have rules but they are not worded correctly and not enforced – opportunity to correct that going forward.
- Pandemic has enabled people to get used to having contact lenses delivered online – need to draw back into the marketplace and level of risk probably higher now.
- Money, not safety is the driver for patient purchases.

What are the available options?

- How do international regulators approach it? Has the GOC surveyed the public to see if they think there is a risk?

	<ul style="list-style-type: none"> • Promotion of registrants as being distinct from non-registrants similar to GMC – and publicise through registrants. • Registrants more up front about their qualifications – something that could be spoken more about with patients? • The GOC could not tackle the issue on its own – collaboration is key • Professional survey of patients needed – would public understand clinical risks? • If GOC issues advice it will be followed. • Clarify how big the issue is regarding patient safety. • Illegal practice stats in context of patient safety. • Be clear about regulatory framework and what should be brought to the GOC in the first place. • Lack of evidence re. contact lens risk to patients – low risk product • Mode of supply – no requirement for website to record which registrant gave general direction and businesses not registered – anyone selling an optical device should be a business registrant – legislative reform. • Target high risk areas that would be most effective to deal with patient safety going forward. <p>How would we measure success?</p> <ul style="list-style-type: none"> • Not reached.
	<i>10:56 hours – The meeting took a short break.</i>
	Education Strategic Review (ESR) – Post-Registration Speciality Qualifications
18.	The Director of Education opened by highlighting the contents of the paper, which laid out the work that had taken place on the second phase of the ESR, reviewing GOC requirements for post registration qualifications. Following the last Council meeting detailed discussions have continued with providers, higher education funding councils across the four nations and stakeholder bodies in relation to the implementation of the updated requirements pre-registration approved qualifications. A Sector Strategic Implementation Steering Group had been established, chaired by the GOC CEO which had met once. The tender process for the new knowledge hub had closed and submissions reviewed. Thanks were given to the two Expert Advisory Groups (EAGs) for their continued work on the development of the updated requirements for post-registration qualifications, the latest versions of which were included in the Advisory Panel's papers.
19.	The Advisory Panel noted the updated requirements for post-registration qualifications and that the independent/therapeutic prescribing outcomes had been drafted to take account of the Royal Pharmaceutical draft competency framework and included specific outcomes for qualifications leading to specialist registration in the additional supply (AS), supplementary prescribing (SP) and independent prescribing (IP) register categories. Consultation on the proposed AS, SP & IP outcomes, standards and QA&E Method was likely to take place in July 2021 for 12 weeks, alongside the Delphi verification by the University of Hertfordshire. Consultation on the proposed CLO outcomes, standards and QA&E Method would commence in September 2021. Fraser Consulting had been commissioned to run an EDI assessment of the impact of the proposals with reference to each of the protected characteristic across the four nations. The Advisory Panel would be asked to review feedback and provide advice on the updated outcomes after the EAGs had discussed the consultation feedback in 2021.
20.	In response to a question about the appropriate metrics to measure training, the Advisory Panel noted the document proposed to move towards a more outcome focussed approach. The measure would be whether a candidate aspiring to

	specialist registration met the relevant outcomes rather than the input. This would provide assurance to the GOC as the regulator and confidence to the provider that the entrants to the specialist register met the required outcomes for registration. It was also noted that 90 hours (for AS, SP & IP qualifications) was a guide to the volume of clinical experience required to achieve standards and that training needed to be agreed in a tripartite manner between the trainee, the designated prescribing practitioner and the provider of the approved qualification. This point had been discussed by the EAGs and the 90 hours was in line with other non-medical prescribers.
21.	The proposal that suitably qualified, competent non-medical prescribers could act as a designated prescribing practitioner was welcomed and it was noted that there were controls included in standard 3 as to how many trainees could be supervised at any one time and what support and training of the designated prescribing practitioner would be available.
22.	The Advisory Panel noted the proposal broaden supervision to beyond needing an ophthalmologist to supervise trainees. It was hoped that the changes to future CPD arrangements would help support the development of the designated prescribing practitioner (DPP) role, in allowing registrants acting as DPPs to include their DPP training as CPD, as well as trainees including their CLO or IP training qualifications as CPD. as either approved and free choice CPD, facilitating registrants to further specialise in their chosen field of independent prescribing/ CLO and tailor CPD to their professional aspirations.
23.	Concern was raised about the suggestion of multi-professional alignment, and it was stated that optometrists were different professionally from other allied health professionals (AHPs). For instance, they worked in community settings in which the working hours were very different to AHPs. It was suggested that perhaps optometry could lead the way in this rather than following what others had done.
	Approval and Quality Assurance Activity
24.	The Advisory Panel noted the update provided in the paper and that the education visits programme would continue remotely for the remainder of the current academic year with thanks given to the hard work in maintaining the virtual programme throughout the pandemic.
25.	An observation was made in relation to inconsistencies with the supervision requirements on an approved qualification in optometry, in that students who were already qualified as DOs and CLOs were required to complete the same stage 1 competences as an undergraduate or student with just A levels with no practical experience. This was potentially inconsistent with the CET revalidation scheme. In addition to this, undergraduates or pre-registrants could be supervised by a DO with only two years' experience, which could have the practical effect of students who were qualified DOs & CLOs supervising other students. It was noted that this inconsistency was one of the reasons that the ESR had started, and it was agreed that this would be picked up outside the meeting. If necessary, a notification by the provider to GOC of a course change could be an appropriate remedy, alternatively, the QA handbooks would be revisited to ensure that these were clear, although it was noted that this would be a longer process and would require public consultation.
	<i>11:44 hours – The meeting took a short break.</i>
	<i>11:54 hours – the meeting re-started, and Joanne Kennedy (Seeability) joined the meeting.</i>
	Chief Executive & Registrar Overview

26.	The Chair provided the following update:
	<ul style="list-style-type: none"> The renewal process had just been completed and the expected drop in registrants and substantial increase in low fee cases had not materialised.
	<ul style="list-style-type: none"> The FtP team were keeping on top of cases but progress with timeliness had not been as strong as expected.
	<ul style="list-style-type: none"> The GOC had been the first regulator to hold remote hearings as the country went into lockdown. Most hearings were now remote with a small number being held in a hybrid fashion or face to face.
	<ul style="list-style-type: none"> The GOC had won a Freddie award for EDI.
	<ul style="list-style-type: none"> A new website had been launched and removed within 12 hours due to a register malfunction.
	<ul style="list-style-type: none"> The new website would be relaunched once the on-going accessibility issues had been overcome.
	<ul style="list-style-type: none"> An FtP bulletin had been launched and the feedback received thus far had been good.
	<ul style="list-style-type: none"> Legislative reform was likely to: <ul style="list-style-type: none"> - bring an unitary board and give the GOC more autonomy; - remove students from regulation; - include a power to remove or merge regulators. It was noted that KPMG were doing the independent review.
	<ul style="list-style-type: none"> The Business Plan 2021/2022 had now been published.
	<i>12:04 hours – Donna O'Brien / Steve Kill / Matt Broom and Lisa Donaldson (Seeability) joined the meeting.</i>
	<ul style="list-style-type: none"> A GOC refresh would be taking a fundamental look at the organisation and the deliverability of the strategy: <ul style="list-style-type: none"> - recruitment for the Directors of Change and Corporate Services had recently started; - a change team would be recruited to help co-ordinate the change; - a new case management system would be implemented to support improvements in timeliness; - system redesign would include a new customer service team and improved analytical capability; - remote working had seen effective working and moving forward the organisation would be more agile.
27.	A question was raised about optical assistants and whether qualifications would be required. It was noted that other regulators required assistants to undertake training to enter registers. It was not clear how this could be made mandatory.
	Seeability Presentation
28.	The team from Seeability presented an introduction to their unique national public health programme to prevent sight loss and address sight loss issues in people with learning disabilities. The ways in which the GOC and SeeAbility could work together to address common aims were drawn out.
29.	The Advisory Panel thanked Seeability for their presentation and it was agreed that a meeting would take place between the GOC and Seeability to see how the GOC could support the programme going forward. The Advisory Panel were asked to reflect on the thought-provoking presentation and send in any questions that were not able to be addressed at the meeting itself.
	<i>12:41 hours – Kathryn Start left the meeting. 12:53 – Imran Jawaid and Rosie Glazebrook left the meeting</i>
	ACTION: The Chief Executive and Registrar to hold a meeting with Seeability to see how the GOC could support the programme going forward.

	ACTION: The Advisory Panel to reflect on the thought-provoking presentation from Seeability and send in any questions that should be raised at the meeting.
	AOB
	Feedback from Members on the Advisory Panel
30.	It was noted that the Head of Secretariat would be sending out a letter and questionnaire asking for feedback on the Advisory Panel.
	13:05 hours – the meeting closed.

Council

SCHEME OF DELEGATION

Meeting: 22 September 2021 **Status:** For approval

Lead Responsibility: Lesley Longstone
Paper Author(s): Lesley Longstone
Council Lead(s) None

Purpose

1. To agree a new Scheme of Delegation Part 1 setting out the statutory functions that Council wishes to delegate to Committees or the Registrar, and a schedule of retained approvals setting out at a more granular level, those approvals, explicitly set out in legislation or not, that Council wishes to retain for itself or its committees. Consequential changes to the roles and responsibilities, and the terms of reference of committees, are also covered.
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Recommendations

2. It is recommended that Council approve:
 - the revised Scheme of Delegation - Part 1 (annex 1) [[Draft GOC Scheme of Delegation 2021](#)];
 - a schedule of retained approvals (annex 3);
 - revised Committee Terms of Reference (annex 4);
 - new Standing Orders (annex 5).

Strategic Objective

3. Clarity of accountability is important for all aspects of the GOC's work and its ability to deliver all its strategic objectives.

Background

4. The Scheme of Delegation (SoD) is an important part of the Governance of the organisation and Part 1, which deals with delegations from Council to the Registrar is due for review. Part 2 deals with delegations from the Registrar to staff and includes additional functions given in legislation to the Registrar personally.
5. The Scheme of Delegation was last reviewed in its entirety in 2017, though in July 2019, Council agreed changes to the SoD as it related to the Advisory Committees as part of the Governance review.

Analysis

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6. The revised SoD Part 1 (Annex 1) reflects the changes agreed in July 2019, none of which change the statutory functions imposed on the Committees by the Opticians Act. The revision also includes other changes, detailed in Annex 2 along with the rationale in each case.
 7. Some of the changes flow from the worker review and the fact that post-holders we had previously regarded as “members” are considered by HMRC and the Employment Tribunal as “workers”. It is recommended that decisions regarding their appointment and terms of appointment transfer therefore from Council to the Registrar.
 8. Other changes reflect current practise, which cannot be fulfilled by Council in a practical sense, e.g., the giving of advice to individual registrants or the payment of penalties to DHSC (Department of Health and Social Care).
 9. Some changes are designed to avoid the need for separate policies as they apply to staff and members, such as travel and subsistence. This is important because we are a small organisation and need to streamline things as far as possible to avoid duplication.
 10. Finally, there are a set of changes related to the approval of qualifications, institutions etc. Our proposal is that these decisions are delegated to the Registrar because they are operational decisions, taken in accordance with the requirements established by Council, the exception being removal of approval following a Serious Case Review.
 11. Council is also asked to agree a new schedule of retained decisions at Annex 2, which will form part of the Scheme of Delegation, setting out those approvals retained for Council or its Committees, whether or not mentioned explicitly in legislation. Where a change from current practise is proposed, or where there is some other need to clarify, the rationale is given.
 12. Consequential changes are reflected in the Committee Terms of Reference at Annex 3. The proposed drafts have been changed in several other ways, including:
 - To remove administrative detail and place that in the Standing Orders;
 - Harmonising the appointment terms and mechanisms across committees;
 - Stripping back the purpose to reflect more closely the committees delegated functions;
 - Clarifying the attendance rights of the Chair and members of SMT.
 13. There are also a number of substantive changes including:
 - ARF reviewing but no-longer approving the Business Continuity Plan on the grounds that this should be a living, operational document;
 - Removing the requirement for ARF to approve data sharing agreements, again an operational matter.
 14. The revision to the standing orders (annex 4) include changes to facilitate remote meetings as a normal mode of operation going forwards.
 15. Finally, the TOR for the Advisory Panel have been updated to reflect feedback from the recent review of the Committee.

Finance

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16. There are no immediate financial implications arising from these decisions, though more appropriate delegations will lead to quicker and more effective decision making.
 17. Making remote meetings an option for Council and Committee meetings will also deliver cost savings.

Risk

18. If Council agrees these proposals Council will need to assure itself that it has appropriate oversight mechanisms for any decisions newly delegated. This could be considered by the Audit, Risk and Finance Committee.
19. If Council does not approve the changes, then more material of a detailed operational nature would need to come to Council to enable it to fulfil its responsibilities, with implications for timeliness of decision making and opportunity costs in terms of the time Council can spend focused on more strategic issues.

Equality Impacts

20. There are no equality impacts arising from these proposals.

Devolved Nations

21. There are no country specific implications.

Other Impacts

22. No other impacts have been identified.

Communications

23. If Council agrees these delegations, these will be immediately updated on our website and staff notified,

Next Steps

24. Once Part 1 is approved, the CEO and Registrar will finalise Part 2. Part 2 deals with sub-delegation to staff at other levels in the organisation and also delegates functions that are imposed directly on the Registrar via the Opticians Act.

Attachments

Annex 1: Scheme of Delegation Part 1

Annex 2: Summary of proposed changes to Scheme of Delegation

Annex 3: Statutory and non-statutory approvals retained by Council and its Committees

Annex 4: Committee Terms of Reference

Annex 5: Standing Orders of the General Optical Council

Section of the Act or ToR	Function	Source	Function imposed upon
1(2)	To promote high standards of professional education, conduct and performance among registrants	Opticians Act 1989	Council
2(2)	To make Rules as to the constitution of the Education Committee	Opticians Act 1989	Council
3(2)	To make Rules as to the constitution of the Companies Committee	Opticians Act 1989	Council
3(3)	To consult on Rules as to the constitution of the Companies Committee	Opticians Act 1989	Council
4(3)	To make Rules as to the constitution of the Investigation Committee	Opticians Act 1989	Council
5(2)	To make Rules as to the constitution of the Registration Committee	Opticians Act 1989	Council
5A(3)/(4)	To make Rules as to the constitution of the Registration Appeals Committee	Opticians Act 1989	Council
5B(2)	To make Rules as to the constitution of the Standards Committee	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
5C(3)/(4)	To make Rules as to the constitution of the Fitness to Practise Committee (FTPC)	Opticians Act 1989	Council
5D(1)	To appoint a Hearings Panel	Opticians Act 1989	Council
5D(2)(b)	To make Rules relating to requirements to be satisfied by persons applying for inclusion on the Hearings Panel	Opticians Act 1989	Council
5D(3)	To determine fees and allowances to be paid to members of the Hearings Panel and pay such fees and allowances	Opticians Act 1989	Council
5D(3)	To determine expenses to be paid to members of the Hearings Panel and pay such expenses	Opticians Act 1989	Council
5D(4)	To consider appropriate training for the members of the Hearings Panel and provide for such training	Opticians Act 1989	Council
5D(5)	To make Rules as to the constitution of the Hearings Panel	Opticians Act 1989	Council
6(1)	To set up additional committees and determine the membership of such committees in accordance with sections 6(2) and (3)	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
7	To maintain a register of optometrists and a register of dispensing opticians	Opticians Act 1989	Council
8(1)	To be satisfied of entitlement to register (UK applicants)	Opticians Act 1989	Council
8(1A)	To be satisfied of entitlement to register (EEA applicants)	Opticians Act 1989	Council
8(2)	To be satisfied of entitlement to register (Non-EEA applicants)	Opticians Act 1989	Council
8(2A)	To determine additional qualifications to be obtained or tests to be passed (Non-EEA applicants)	Opticians Act 1989	Council
8(4)	To be satisfied of entitlement to register (Pre 1 June 1961 application)	Opticians Act 1989	Council
8(5)	To be satisfied of entitlement to register (Post 1 June 1961 / pre 16 February 1990)	Opticians Act 1989	Council
8(6)	To be satisfied of entitlement to register (Applicants eligible for initial registration)	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
8A(1)	To maintain a register of persons undertaking training as optometrists and a register of persons undertaking training as dispensing opticians	Opticians Act 1989	Council
8A(3)	To be satisfied of entitlement to register as a student	Opticians Act 1989	Council
8A(4)	To make Rules prescribing particulars to be contained in the registers of students	Opticians Act 1989	Council
8A(5)	To make Rules as to the circumstances in which a student registrant may be removed from a register	Opticians Act 1989	Council
8B(1)	To make Rules relating to the establishment and maintenance of a register of visiting optometrists from relevant European States	Opticians Act 1989	Council
8B(1)	To establish and maintain a register of visiting optometrists from relevant European States	Opticians Act 1989	Council
9(1)	To make Rules prescribing particulars to be contained in the registers of bodies corporate	Opticians Act 1989	Council
9(1)	To maintain a register of bodies corporate carrying on the business of an optometrist or a dispensing optician or both	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
9(2)	To be satisfied of entitlement to register as a business registrant	Opticians Act 1989	Council
10(1)	To make Rules regarding the form and keeping of the registers, and making of entries and alteration in them	Opticians Act 1989	Council
10(1A)	To make Rules regarding the registration of specialties	Opticians Act 1989	Council
10(5)	To make Rules regarding communication and storage of documents in electronic form	Opticians Act 1989	Council
10A(4)	To require a registered optometrist or registered dispensing optician to supply evidence or adequate and appropriate insurance	Opticians Act 1989	Council
10A(5)	To make Rules specifying types and amounts of adequate and appropriate insurance considered to be adequate and appropriate for registration	Opticians Act 1989	Council
11(1)	To publish the registers	Opticians Act 1989	Council
11A(1)	To make Rules providing for a continuing education and training scheme	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
11B(6)	To make Rules setting out procedures to be followed before the registrar can refuse to retain a registration or an entry or decide whether to restore a registration or an entry	Opticians Act 1989	Council
12(1)(a)	To establish competencies to be granted a qualification	Opticians Act 1989	Council
12(1)(b)	To establish requirements for the content and standard of education and training	Opticians Act 1989	Council
12(2)(a)	To consult the Standards Committee before establishing competencies to be granted a qualification	Opticians Act 1989	Council
12(2)(b)	To consult the Education Committee before establishing requirements for the content and standard of education and training	Opticians Act 1989	Council
12(3)	To publish the education and training competencies and requirements	Opticians Act 1989	Council
12(5)	To take into account advice received from the Standards and Education Committees and revise the competencies and requirements accordingly	Opticians Act 1989	Council
12(6)	To provide the education and training competencies and requirements to approved training establishments	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
12(7)	To approve establishments, qualifications and tests of English language	Opticians Act 1989	Council
12(8)	To commission advice on the suitability of the establishment or qualification outside the UK	Opticians Act 1989	Council
12(9)	To approve establishments and qualifications which provide only some education and training or qualifications which meet only some of the requirements	Opticians Act 1989	Council
12(10)	To publish a list of approved establishments and qualifications	Opticians Act 1989	Council
13(1)	To keep themselves informed as to the instruction at each approved establishment and the assessment which leads to the approved qualification	Opticians Act 1989	Council
13(2)	To appoint visitors to visit approved training establishments	Opticians Act 1989	Council
13(4)	To specify matters to be addressed by visitors	Opticians Act 1989	Council
13(5)	To give written notice of intention to withdraw the approval of a training establishment or qualification	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
13(7)	To decide whether to withdraw partially the approval of a training establishment or qualification (in circumstances other than a Serious Case Review).	Opticians Act 1989	Council
13(7)	To decide whether to withdraw the approval of a training establishment or qualification (in circumstances where there has been a Serious Case Review).	Opticians Act 1989	Council
13(8)	To give written notice of the decision to withdraw the approval of a training establishment or qualification	Opticians Act 1989	Council
13(9)	To decide whether to withdraw partially the approval of a training establishment or qualification (non SCR)	Opticians Act 1989	Council
13(9)	To decide whether to withdraw partially the approval of a training establishment or qualification (SCR)	Opticians Act 1989	Council
13(9)	To give written notification of the decision to withdraw partially the approval of a training establishment or qualification.	Opticians Act 1989	Council
13(11)	To determine fees to be paid to visitors and to pay such fees	Opticians Act 1989	Council
13(11)	To determine expenses to be paid to visitors and pay such expenses	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
13A(1)(a)	To provide guidance to individual registrants	Opticians Act 1989	Council
13A(1)(b)	To establish effective arrangements for the protection of the public in relation to individual registrants	Opticians Act 1989	Council
13A(1)(b)	To keep under review effective arrangements for the protection of the public in relation to individual registrants	Opticians Act 1989	Council
13A(2)(a)	To provide guidance to business registrants	Opticians Act 1989	Council
13A(2)(b)	To establish effective arrangements for the protection of the public in relation to business registrants	Opticians Act 1989	Council
13A(2)(b)	To keep under review effective arrangements for the protection of the public in relation to business registrants	Opticians Act 1989	Council
13A(3)	To consult before issuing, or amending guidance already issued, under sections 13A(1)(a) and (2)(a)	Opticians Act 1989	Council
13A(4)	To keep under review guidance issued under sections 13A(1)(a) and (2)(a)	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
13B(1)	To require information or documentation from a registrant or third party	Opticians Act 1989	Council
13B(2)	To require identity of the employers of persons about whom allegations have been received	Opticians Act 1989	Council
13B(3)	To require information to be put into a form not capable of identifying an individual	Opticians Act 1989	Council
13B(6)	To enforce the requirement to produce information or documentation pursuant to section 13B(1)	Opticians Act 1989	Council
13C(1)	To disclose the existence of an investigation to persons specified in 13C(2)	Opticians Act 1989	Council
13C(3)	To disclose, in the public interest, the existence of an investigation to any person	Opticians Act 1989	Council
13E(1)	To make Rules delegating functions of the Investigation Committee	Opticians Act 1989	Council
13H(4)	To make an order amending the level of the maximum financial penalty order	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
13H(5)	To publish a financial penalty order made under section 13H(4)	Opticians Act 1989	Council
13H(8)	To recover any sum specified in a financial penalty order by way of enforcement in the civil courts	Opticians Act 1989	Council
13H(9)	To pay any sum recovered under a financial penalty order to the Department of Health Consolidated Fund	Opticians Act 1989	Council
13L(6)	To apply to the court for the extension of an interim order	Opticians Act 1989	Council
23A(2)	To make Rules regarding the service of notifications by electronic means	Opticians Act 1989	Council
23C(1)(a)	To make Rules regarding the procedure and Rules of evidence of the FPC and RAC	Opticians Act 1989	Council
23C(1)(b)	To make Rules regarding the procedure of the Investigation Committee	Opticians Act 1989	Council
23C(3)	To make Rules regarding the appointment of assessors for the FTPC and RAC	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
23D(1)	To appoint legal advisers for the FPC and RAC	Opticians Act 1989	Council
23D(5)	To determine fees, allowances and expenses to be paid to legal advisers and pay such fees	Opticians Act 1989	Council
23D(7)	To make Rules as to the functions of legal advisers for the FTPC and RAC	Opticians Act 1989	Council
23E(1)(a)	To appoint clinical advisers for the FTPC and RAC	Opticians Act 1989	Council
23E(1)(b)	To appoint other advisers for the FTPC and RAC	Opticians Act 1989	Council
23E(6)	To determine fees and allowances to be paid to clinical and other advisers and pay such fees and allowances	Opticians Act 1989	Council
23E(8)	To make Rules as to the functions of clinical and other specialist advisers appointed to the FTPC and RAC	Opticians Act 1989	Council
24(3)	To make Rules as to the testing of sight by persons training as optometrists	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
25(3)	To make Rules as to the fitting of contact lenses by persons training as optometrists or dispensing opticians	Opticians Act 1989	Council
27(3C)	To make Rules specifying aftercare to be provided following contact lens sales	Opticians Act 1989	Council
29(1)	To specify the period in which certain persons may take or use the professional title of a deceased registrant for the purpose of carrying on business or practice	Opticians Act 1989	Council
30A(1)	To determine whether the Council is in receipt of evidence sufficient to justify a prosecution	Opticians Act 1989	Council
31(1)(b)	To make Rules prohibiting or regulating the carrying on of practice or business under a name other than a registered name	Opticians Act 1989	Council
31(1)(c)	To make Rules prohibiting or regulating the prescription, sale, supply and administration of drugs	Opticians Act 1989	Council
31(1)(d)	To make Rules prohibiting or regulating the practice of orthoptics	Opticians Act 1989	Council
31(1)(e)	To make Rules prohibiting or regulating the prescription, sale, supply and fitting of contact lenses	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
31(3)	To make Rules as to requirements to be met by registrants who wish to prescribe, fit, supply or sell contact lenses	Opticians Act 1989	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	Opticians Act 1989	Council
32(1)	To allocate monies received (other than from the payment of financial penalty orders)	Opticians Act 1989	Council
32(2)	To keep accounts	Opticians Act 1989	Council
32A (1) (a)	To publish a report on the arrangements in place to ensure good practice in relation to equality and diversity	Opticians Act 1989	Council
32A(1) (b)	To publish a report indicating the efficiency and effectiveness of FTP procedures and the Council's observations on the report	Opticians Act 1989	Council
32A(1)	To publish a strategic plan	Opticians Act 1989	Council
Sch. 1, para 1C	To establish and maintain a system of declaration of interests and publish a register of members' private interests	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
Sch. 1, para. 10	To appoint a registrar	Opticians Act 1989	Council
Sch. 1, para. 11(1)	To do anything which in their opinion is calculated to facilitate the proper discharge of their functions	Opticians Act 1989	Council
Sch. 1, para. 11(2)(a)	To appoint such officers and servants as the Council may determine	Opticians Act 1989	Council
Sch. 1, para. 11(2)(b)	To determine fees to be paid to members of the Council or its committees and pay such fees	Opticians Act 1989	Council
Sch. 1, para. 11(2)(b)	To determine travelling and subsistence allowances to be paid to members of the Council or its committees and pay such travelling and subsistence allowances	Opticians Act 1989	Council
Sch. 1, para. 11(2)(c)	To pay to their officers and servants such remuneration as the Council may determine (Chief Executive and Directors only)	Opticians Act 1989	Council
Sch. 1, para. 11(2)(c)	To pay to their officers and servants such remuneration as the Council may determine (all other employees)	Opticians Act 1989	Council
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 Directors only)	Opticians Act 1989	Council

Section of the Act or ToR	Function	Source	Function imposed upon
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 (all other employees)	Opticians Act 1989	Council
Sch. 1, para. 12	To make Standing Orders	Opticians Act 1989	Council
3(1)	To specify the form of application for registration or restoration	Rules made under the Opticians Act 1989 (Registration Rules)	Council
4(1)	To specify the form of application for registration or restoration of a specialty	Rules made under the Opticians Act 1989 (Registration Rules)	Council
18(1)	To specify the form of application for retention	Rules made under the Opticians Act 1989 (Registration Rules)	Council
5(2)	To specify the form of application to become a listed provider	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
7(2)	To specify the form of application for approval of an event by a listed provider	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
8(2)	To specify the form of application for approval of a CET event outside the UK	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council

Section of the Act or ToR	Function	Source	Function imposed upon
11(2)	To specify information to be provided by listed providers	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
18(2)	To specify the form for keeping records by listed providers	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
19(2)	To specify the form for keeping records by the administrator	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
21(2)	To specify the form for notification of points obtained	Rules made under the Opticians Act 1989 (Continuing Education and Training Rules)	Council
Part 1 2(1)	Advice and assistance to Council on all matters relating to optical training, education and assessment	Opticians Act 1989	Education Committee
Part 1 3(1)	Advice and assistance to Council on all matters relating to business registrants other than matters required by the Opticians Act to be referred to the IC, the RAC or the FTPC	Opticians Act 1990	Companies Committee
Part 1 4(a)	Investigation of any allegation that a registered optometrist's or a registered dispensing optician's fitness to practise is impaired	Opticians Act 1991	Investigating Committee
Part 1 4(b)	Investigation of any allegation that a registered optometrist's or a registered dispensing optician's fitness to practise is impaired	Opticians Act 1992	Investigating Committee

Section of the Act or ToR	Function	Source	Function imposed upon
Part 1 4(c)	Investigation of any allegation that a student registrant's fitness to undertake training as an optometrist or dispensing optician is impaired	Opticians Act 1993	Investigating Committee
Part 1 4(3)	To decide whether a disciplinary case ought to be referred to the FTPC to be dealt with by them in accordance with the following provisions of the Opticians Act	Opticians Act 1994	Investigating Committee
Part 1 5(1)	Advice and assistance to Council on matters relating to registration, other than matters required by the Opticians Act to be considered by the Registration Appeals Committee	Opticians Act 1995	Registration Committee
Part 1 5A (1)	Hearing and determining appeals against any decision of the Registrar refusing to enter the name of an individual or body corporate in, or restore it to, the appropriate Register	Opticians Act 1996	Registration Appeals Committee
Part 1 5B (1)	Advice and assistance to Council on matters relating to the standards of conduct and performance expected of registrants or those seeking admission to the Register	Opticians Act 1997	Standards Committee
Part 1 5C (1) (a)	Inquiring into and determining allegations relating to the fitness of registered optometrists or registered dispensing opticians to practise	Opticians Act 1998	FTP Committee
Part 1 5C (1) (b)	Inquiring into and determining allegations relating to the fitness of business registrants to carry on business as an optometrist or registered dispensing optician or both	Opticians Act 1999	FTP Committee
Part 1 5C (1) (c)	Inquiring into and determining allegations relating to the fitness of students registrants to undertake training as an optometrist dispensing optician	Opticians Act 2000	FTP Committee

Scheme of delegation – summary of changes

Section	Function	Current delegation	Proposed delegation	Rationale
5D(3)	To determine expenses to be paid to members of the Hearing Panel and pay such expenses.	Remuneration Committee	Registrar	Members are entitled to the same travel and other expenses as staff. To separate out would require duplicate policies and procedures which is not proportionate for a small organisation. Would be subject to scrutiny by ARF.
12(2)(a)	To consult the Standards Committee before establishing competencies to be granted a qualification.	Council	Registrar	Council agreed in July 2019 that advice would in future come via the Executive. This is an amendment to reflect this.
12(2)(b)	To consult Education Committee before establishing requirements for the content and standard of education.	Council	Registrar	Council agreed in July 2019 that advice would in future come via the Executive. This is an amendment to reflect this.
12(5)	To take into account advice received from the Standards and Education Committees and revise the competencies and requirements accordingly.	Council	Registrar	Council agreed in July 2019 that advice would in future come via the Executive. This is an amendment to reflect this.
12(7)	To approve establishments, qualifications and tests of language.	Council	Registrar	Approval against outcomes and standards set by Council is an operational matter that should be delegated and subject to scrutiny by the finance, audit and risk committee.
12(8)	To commission advice on the suitability of the establishment or qualification.	Council	Registrar	This is an operational matter and links to the approval above.

Annex 2

12(9)	To approve establishments and qualifications which provide only some education and training or qualifications which meet only some of the requirements.	Council	Registrar	This is an operational matter and links to 12(8).
13(1)	To keep themselves informed as to the instruction at each approved establishment and the assessment which leads to the approved qualification.	Council	Registrar	This is an operational matter and would be further delegated from the Registrar to the Director of Education.
13(2)	To appoint visitors to visit approved training establishments.	Council	Registrar	Now that the visitors have been re-classified as workers, this delegation should sit with the registrar and will be further delegated to the Director of Education.
13(4)	To specify matters to be addressed by visitors.	Council	Registrar	As per 13(2)
13(7)	To decide to remove approval of qualifications of institutions (non-SCR)	Council	Registrar	This would allow for routine and non-contentious course closures to be dealt with by the executive. Closures following a Serious Case Review would still come to Council for decision.
13(9)	To decide to partially remove approval of qualifications or institutions (non-SCR)	Council	Registrar	As above.
13(11)	To determine fees (and travelling and subsistence allowances) to be paid to visitors and pay such fees.	Council (fees) RemCo (travelling and subsistence)	Registrar	As per 13(2)
13A(1)(a)	To provide guidance to individual registrants	Council	Registrar	Staff of the GOC give guidance to individual registrants every day, over the phone, via email and in webinar format. This does not preclude guidance documents coming to

Annex 2

				Council where it is appropriate to do so, when such guidance is new or contentious.
13A(2)(a)	To provide guidance to business registrants	Council	Registrar	As per 13A(1)(a) staff of the GOC frequently give guidance to business registrants, over the phone, via email and in webinar format. This does not preclude guidance documents coming to Council where it is appropriate to do so, when such guidance is new or contentious.
13A(4)	To keep under review guidance issued under sections 13A(1)(a) and 2(a)	Council	Registrar	Most guidance will require simple updating. This can be signed off by SMT and does not preclude any significant re-writes coming to Council for approval, following consultation for example.
13H(9)	To pay any sum recovered under a financial penalty order to the Department of Health Consolidated Fund	Council	Registrar	This is an operational matter. It has happened once in the past 3 years, and it is unclear what role if any Council could have played. The fine was imposed by an FTP committee, collected by the finance department and transferred to DHSC as per the Act. There was no action or decision for Council to take.
23D(5)	To determine fees, allowances, and expenses to be paid to legal advisers and pay such fees.	Registrar	Registrar	No change, this is correct in view of contractor status, but fees have incorrectly been taken to RemCo in recent times. TOR will be amended to reflect correct delegation.
Sch. 1, Para 11(2)(b)	To determine travelling and subsistence allowances to be paid to members of the Council or its committees and pay such expenses.	Remuneration Committee	Registrar	As per 5D(3) members are entitled to the same travel and other expenses as staff. To separate out would require duplicate policies and procedures which is not proportionate for a small organisation.

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Sch. 1, para. 11(2)(c)	To pay to their officers and servants such remuneration as the Council may determine (Chief Executive and Directors only)	Council	RemCo	There is a current inconsistency between the Scheme of Delegation and RemCo TOR. The proposal is that RemCo approve proposals from the Chair for CEO pay and proposals from the CEO for Director pay.
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 Directors only)	Council	RemCo	To bring all parts of the remuneration package together under RemCo.

Statutory and Non-statutory Approvals retained by Council and its Committees – Draft 2021

Theme	Approval	Proposed level	Rationale
Strategic	Scheme of Delegation – Part 1	Council	Part 1 covers statutory functions delegated from Council to CEO & Registrar. Part 2 covers delegation of Registrar functions.
	Strategic Plan	Council	No change
	Equality, Diversity & Inclusion (EDI) policy	Council	Considered a key policy for all Charity Trustees to approve.
	EDI strategy	Council	Considered a key strategy for all Charity Trustees to approve.
	Annual Business Plan	Council	No change
	Annual Report & Accounts	Council	No change
Regulatory	Individual standards	Council	No change
	Business standards	Council	No change
	Rules	Council	Cannot be delegated.
	Maximum financial penalty order for consideration by Privy Council	Council	No change
	Competencies to be granted a qualification	Council	No change for the moment given the changes in train, but once we achieve the objective of rolling review and incremental change, this could be delegated to the Registrar.
	Requirements for the content and standard of education and training	Council	As above.
	To withdraw the approval of a training establishment or qualification, following Serious Case Review (SCR)	Council	These withdrawals are likely to have significant impact on learners and potential reputational impact for the GOC. Other, less contentious withdrawals delegated to the Registrar as per Scheme of Delegation.

	To withdraw partially the approval of a training establishment or qualification following Serious Case Review (SCR)	Council	As above.
Finance	Annual budget	Council	No change
	Decisions reserved via financial policies.	Council	This may include decisions to be signed off by Council in full, the Chair of Council and/or the Chair of ARF.
	Reserves policy	Council	Considered a key policy for all Charity Trustees to approve.
	Investment policy	Council	This could be delegated to the Investment Committee but in view of the current climate and level of investments think it most appropriately sits with Council.
	Contracts and Procurement policy	ARF	No change
	Working capital policy	ARF	No change
	Annual accounting policies	ARF	No change
	Financial regulations	ARF	No change
	Anti-financial crime policy	ARF	No change
	Working Capital policy	ARF	No change
	Credit cards policy	ARF	No change
Audit	External auditors (approval and removal)	Council	No change
	External auditor fees	Council	No change
	External audit terms of engagement	ARF	No change
	External audit annual plan	ARF	No change
	Internal auditors (approval and removal)	ARF	No change
	Internal auditor fees	ARF	No change
	Internal audit plan	ARF	No change

Governance	Code of Conduct	Council	Considered a key policy for all Charity Trustees to approve.
	Management of Interests policy	Council	As above
	Gifts and hospitality policy	Council	As above
	Health & Safety policy	Council	As above
	Speaking up in the GOC policy	Council	As above
	Raising Concerns with the GOC (external) policy	Council	Registrant facing policy is a strategic issue.
	Corporate Complaints and Feedback policy	Council	Considered a key policy for all Charity Trustees to approve.
	Serious incident reporting policy	Council	Considered a key policy for all Charity Trustees to approve.
	Set up additional committees of Council	Council	No change
	Standing orders	Council	No change
	Appointment of CEO & Registrar	Council	Council to approve process and appoint the selection panel.
	Information Governance Framework	ARF	No change
Risk	Risk appetite	Council	No change
	Risk Management policy	ARF	Although this is a key policy, expertise lies in ARF and this is thought to be the most appropriate forum for approval.
	Annual Report statements re internal controls and risk management	ARF	No change
	Anti-financial crime policy	ARF	No change
	Information Governance policies	ARF	No change
Investments	Investment Managers (appoint & remove)	Council	On advice from the Investment Committee. Parallels approach with external auditors.
	Investment policy	Council	No change
	Investment Manager's terms of engagement, including fees	Investment Committee	Parallels position on external auditors

HR	CEO & Registrar and Director pay & pensions, gratuities or superannuation schemes	RemCo	No change.
	CEO & Registrar and Director appraisal process	RemCo	No change
	Annual Report statements re Council remuneration and expenses.	RemCo	No change
Members	Member fees	Council	No change
	Vacancy requirements for Council Member appointments	Council	No change
	Matters relating to the continuation in office of any Council Member including the retraction of resignation, disqualification, suspension and removal from office.	Council	No change.
	Re-appointment of members (Council Members)	Council	Subject to approval by Privy Council.
	Member extensions and emergency appointments (Council Members)	Council	Subject to approval by Privy Council.
	Appointment of Committee Chairs on recommendation of Council Chair	Council	No change
	Appointment of members to non-statutory committees	Council	No change
	Appointment of Senior Council Member on recommendation of Council Chair	Council	No change
	Member appointment and re-appointment <i>process</i>	NomCo	No change
	Member review <i>process</i>	NomCo	No change
	Annual process for Council evaluation	NomCo	No change

	Plans for member development including induction	NomCo	No change
	Arrangements for member appointment (excluding Council Member) -	NomCo	No change
	Arrangements for Council Member appointment <i>following a review by Council of the vacancy requirements</i>	NomCo	Final appointment subject to privy Council approval.
	Re-appointment of members (excluding Council)	NomCo	No change
	Member extensions and emergency appointments (excluding Council Members)	NomCo	No change
	Matters relating to the continuation in office of any member (excluding Council Members) including the retraction of resignation, disqualification, suspension and removal from office.	NomCo	No change
	Appointment of independent members to non-statutory committees	NomCo	No change

Terms of Reference:

- Advisory Panel
- Audit, Risk and Finance Committee
- Investment Committee
- Nominations Committee
- Remuneration Committee

ADVISORY PANEL - TERMS OF REFERENCE

1. Purpose

- 1.1 Council has established an Advisory Panel comprising its three statutory committees: Education, Standards, Registration and Companies, to fulfil the following functions:
- To provide advice and assistance to Council on all matters relating to optical training, education and assessment;
 - To provide advice and assistance to Council on all matters relating to business registrants other than matters required by the Opticians Act to be referred to the Investigation Committee, the Registration Appeals Committee or the Fitness To Practise Committee;
 - To provide advice and assistance to Council on matters relating to registration, other than matters required by the Opticians Act to be considered by the Registration Appeals Committee; and
 - To provide advice and assistance to Council on matters relating to the standards of conduct and performance expected of registrants or those seeking admission to the register.

2. Membership, Chair, Secretary and Quorum

- 2.1 The Advisory Panel is a joint meeting of the four statutory advisory committees, each of them constituted according to the committee constitution rules 2005.
- 2.2 Meetings will be chaired by the Chief Executive & Registrar. In the absence of the Chief Executive & Registrar, a member of the Senior Management Team will chair the meeting.
- 2.3 When the panel splits into individual committees for the purpose of giving formal advice, the Chairs will be as appointed by Council.
- 2.4 The quorum for each meeting will be determined by the quorum for each constituent committee. If there is no quorum for any constituent committee then the meeting may go ahead as a joint meeting of the remaining committees, but no advice will be offered from the committee that is absent.
- 2.5 The Chair of Council and members of the Senior Management Team may attend and speak at meetings of the committee. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.

2.6 The Panel may suggest establishing a task and finish group to address specific issues and propose additional members for those purposes.

3. Frequency and Notice of Meetings

3.1 There will be a minimum of two Advisory Panel meetings each year.

3.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with a programme of areas to be discussed and supporting papers (where required) will be forwarded to attendees, no later than five working days before the date of the meeting.

3.3 Meetings will be run in plenary as well as break-out sessions, which may be Committee specific or mixed according to the topic.

4. Minutes of Meetings

4.1 The secretary will minute the discussion and advice provided, along with actions from all meetings of the Advisory Panel, including recording the names of those in attendance.

4.2 Minutes of the Advisory Panel will be circulated promptly to all members of the Panel once agreed by the Committee Chair and will be formally approved at the following meeting.

5. Accountability & Reporting Responsibilities

5.1 The Committees, which form the Advisory Panel, are established by statute for the purpose of giving advice to Council. Council will seek advice in general and in relation to specific issues, through the selection of agenda items for the meetings.

5.2 Members of the panel may give advice on other matters through raising them under any other business or through requesting additional agenda items for a subsequent meeting.

5.3 The notes of each meeting will be circulated to the next public Council meeting.

6. Other

6.1 The Advisory Panel will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.

6.2 The Council will review the Advisory Panel terms of reference every three years.

7. Authority

7.1 The Advisory Panel does not have any delegated powers or responsibilities.

AUDIT, RISK & FINANCE COMMITTEE - TERMS OF REFERENCE

1. Purpose

1.1. Council has established an Audit, Risk and Finance Committee, under delegated powers from Council, with the remit set out below:

- To provide Council with assurances relating to:
 - management of GOC finances
 - management of risk
 - the internal control environment
 - 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
 - Annual accounting
 - Risk management
 - Contracts and procurement
 - Information Governance
 - Anti-financial crime
 - Credit cards
- To advise Council on:
 - the accounts/financial statements and the annual report of the organisation;
 - the proposed budget and 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.
- 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.

2. Membership, Chair, Secretary and Quorum

- 2.1. The Committee will have up to five members, including four Council members and one independent¹ member. The quorum necessary for the transaction of business will be three members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2. The Chair and the independent member should have appropriate audit, governance or risk management experience.
- 2.3. The Chair will be appointed by Council for a fixed period of four years, extendable by one further reappointment for up to four years. Remaining Council members will be appointed by Council, in consultation with the Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.
- 2.4. The independent member will be appointed by the Nominations Committee for a fixed period of four years, followed by one further reappointment of four years.

3. Frequency and Notice of Meetings

- 3.1. The Committee will meet at least four times during each financial year.
- 3.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

4. Minutes of Meetings

- 4.1. The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2. Draft minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Committee Chair and formally approved at the following meeting.

5. Accountability & Reporting Responsibilities

- 5.1. The Committee is accountable to Council.
- 5.2. The draft minutes of meetings will be circulated to the next Strictly Confidential Council meeting.

6. Other

¹ a person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

- 6.1. The Committee will fully review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.
 - 6.2. The Committee will review its terms of reference and recommend any changes it considers necessary to Council at least every three years.
- 7. Authority**
- 7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

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Appendix 1: Duties of the Audit, Risk & Finance Committee

1. Financial Management and Reporting – The Committee will:
 - 1.1 provide assurance to Council that there is a suitable mechanism in place for budget setting for each financial year;
 - 1.2 review the statutory annual report and financial statements prior to their submission to Council for approval, focusing particularly on the Governance Statement, changes in and compliance with relevant accounting policies and practice, unadjusted mis-statements, major judgmental areas, level of error identified, significant adjustments resulting from the audit and managements letters of representation and advise Council accordingly as to whether, when taken as a whole, they are a fair, balanced and understandable and provide the necessary information to assess performance;
 - 1.3 review and challenge (if/where necessary):
 - the consistency of accounting policies;
 - the methods used to account for significant or unusual transactions;
 - whether appropriate accounting standards have been followed and appropriate estimates and judgements have been made, taking into account the views of the external auditor;
 - 1.4 review and challenge as appropriate the proposed budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council;
 - 1.5 review and challenge as appropriate the quarterly financial performance reports prior to presentation to Council; provide assurance to Council as to their content; and advise Council as to any issues of which it should be aware and any action required;
 - 1.6 review the adequacy of and approve any changes to the following finance related policies and procedures by ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each:
 - Contracts and Procurement;
 - Credit Cards (use of); and
 - Working Capital.
 - 1.7 review the adequacy of and changes to the following finance related policies and procedures by ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each before

recommending their approval by Council:

- Reserves policy.

2. Internal Audit – The Committee will:

- 2.1 approve the appointment, re-appointment and removal of the external provider of the internal audit function;
- 2.2 oversee the selection process for an external provider to provide the internal audit function and, if such provider resigns, investigate the issues leading to this, decide whether any action is required and advise Council;
- 2.3 monitor and review the effectiveness of the internal audit function;
- 2.4 ensure that the internal audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 2.5 review and approve the annual internal audit plan to ensure it is aligned with the key risks of the GOC;
- 2.6 approve the internal audit annual fee;
- 2.7 oversee the co-ordination of activities with the external audit function to ensure effective operation and to avoid duplication;
- 2.8 receive reports of internal audit work, review and monitor the Executive's response to the findings and recommendations of the internal auditor (priority one recommendations in detail at each meeting, with a particular focus on recommendations that have been deferred or are on hold, and other recommendations in detail annually), form a view on how well they reflect the organisation's risk exposure and provide assurance to Council focusing on the highest priority items;
- 2.9 meet with the head of internal audit at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from audits and progress with recommendations; and
- 2.10 ensure that the head of internal audit has direct access to the Chairs of Council and the Committee.

3. External Audit – The Committee will:

- 3.1 oversee the relationship with the external auditor including (but not limited to):
 - 3.1.1 make recommendations to Council on the appointment, re- appointment and removal of the GOC external auditors;

- 3.1.2 oversee the tendering process for an external audit provider ensuring that all tendering firms have access as is necessary to relevant information and individuals for the duration of the tendering process;
- 3.1.3 investigate the issues leading to the resignation of an external audit provider, decide whether any action is required and advise Council;
- 3.1.4 negotiate the external audit fee and make recommendations to Council on such remuneration;
- 3.1.5 negotiate other fees for audit or non-audit services and make recommendations to Council;
- 3.1.6 approve their terms of engagement, including the content of any engagement letter issued at the start of each audit and the scope of the audit;
- 3.1.7 review and approve the annual audit plan and ensure consistency with the scope of the audit engagement;
- 3.1.8 annually assess their independence, effectiveness and objectivity taking into account relevant UK law, professional and regulatory requirements and the Ethical Standard;
- 3.1.9 satisfy itself that there are no relationships (family, employment, investment, financial or business) between the auditor and the General Optical Council (other than in the ordinary course of business);
- 3.1.10 ensure that the external audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 3.2 monitor and review the effectiveness of the external audit function as appointed by Council and the relationship with the auditor as a whole;
- 3.3 meet with the external auditor at the planning stage before the audit and once after the audit at the reporting stage;
- 3.4 oversee the co-ordination of activities with the internal audit function to ensure effective operation and to avoid duplication;
- 3.5 meet with the external auditor at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from the audit and progress with recommendations;
- 3.6 review the findings of the audit with the external auditor which will include (but is not limited to) a discussion of any major issues

which arose during the audit, any accounting and audit judgments, levels of error identified during the audit and the effectiveness of the audit and advise Council on the assurances provided by the audit;

- 3.7 review any representation letter(s) requested by the external auditors before they are signed by the Executive and/or Council;
 - 3.8 review the external audit findings report and the Executive's response to the auditors findings and recommendations and action plan;
 - 3.9 ensure that the head of external audit has direct access to the Chairs of Council and the Committee; and
 - 3.10 review the external audit report on 'decisions of the Investigation committee and Fitness to Practise committee' and highlight any learning points or areas of concern to Council.
4. Governance – The Committee will:
- 4.1 review on an annual basis:
 - 4.1.1 patterns and trends in corporate complaints which includes instances where the Acceptable Behaviour policy has been implemented in order to provide assurance to Council that processes are operating effectively;
 - 4.1.2 the GOC Policy Log in order to provide assurance to Council that work in this area is progressing;
 - 4.1.3 information governance in order to provide assurance to Council that work in this area is progressing (including review of completed and planned actions, effectiveness of the GOC information governance framework, completion of mandatory training and data on freedom of information and subject access requests;
 - 4.2 report annually to Council on the work the Committee has undertaken during the previous year;
 - 4.3 review the adequacy and robustness of key performance measures being used to report performance to Council;
 - 4.4 review the adequacy of and approve any changes to the Information governance framework;
 - 4.5 annually review the GOC Register of Interests and Register of Gifts and Hospitality.
5. Risk Management and the Control Environment – The Committee will:
- 5.1 review the Corporate Risk Register on a quarterly basis, focusing on the highest risk areas, and advise Council on any current risk

- exposures (identified and potential), changes to risk scores and the adequacy of proposed action/mitigations in order to provide assurance to Council that the risk register is operating effectively and in line with Council's expressed risk appetite and tolerance;
- 5.2 review the Departmental Risk Registers on an annual rolling basis, until such time as the Committee considers there to be an effective risk management system in place and fully embedded, focusing on the highest risk areas, and advise Council on any material changes to risk scores, concerns in relation to proposed actions/mitigations in order to provide assurance to Council that the Directorate Risk Registers are operating effectively;
 - 5.3 advise Council as to which risk areas it should explore in depth;
 - 5.4 review the adequacy of the guidance provided to employees on how to populate the risk registers (corporate and directorate), including scoring, mitigations and planned actions in order to provide assurance to Council that the system is working effectively;
 - 5.5 obtain assurance from the internal auditors that the control environment arrangements in place are effective;
 - 5.6 review and approve the statements to be included in the annual report concerning internal controls and risk management;
 - 5.7 review and critically challenge the adequacy and effectiveness of internal financial controls and internal control and risk management systems in order to provide assurance to Council that the arrangements in place are robust and actively working;
 - 5.8 review the adequacy of and approve any changes to the following internal control related policies:
 - risk management policy; and
 - anti-financial crime.
 - 5.9 review the adequacy of and approve any changes to the Risk Appetite statement before approval by Council;
 - 5.10 review the adequacy and robustness of the Business Continuity Plan, ensuring it is effective, consistent with Council's view and provides the necessary assurances;
 - 5.11 receive a quarterly exceptions report, which will include matters requiring reporting to the Charity Commission as 'serious incidents', covering:
 - 5.11.1 breaches of or exceptions to any of the policies that are approved by Council or its committees;
 - 5.11.2 material changes to policies approved by the Executive;
 - 5.11.3 non-financial theft or loss which has created or may

- create a significant risk;
- 5.11.4 security incidents which have created or may create a significant risk;
- 5.11.5 data breaches requiring reporting to the Information Commissioner's Office;
- 5.11.6 incidents requiring reporting to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- 5.11.7 new or intended litigation;
- 5.11.8 waiver of standing orders;
- 5.11.9 exceptional financial actions such as losses being written off or special payments being made;

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- 5.11.10 financial crimes such as fraud, theft or money laundering;
 - 5.11.11 significant financial loss;
 - 5.11.12 large donations from an unknown or unverifiable source or suspicious financial activity using the charity's funds;
 - 5.11.13 new insurance claims;
 - 5.11.14 links to terrorism or extremism, including proscribed organisations or individuals subject to an asset freeze; and
 - 5.11.15 other significant incidents such as disqualified trustees; insolvency; forced withdrawal of banking services; suspicions, allegations or incidents of abuse; or actual/suspected criminal activity.
6. Advise Council on any other areas of its work which the Committee believes is part of its role.

INVESTMENT COMMITTEE - TERMS OF REFERENCE

1. Purpose

1.1 Council has established an Investment Committee, under delegated powers from the Council with the remit set out below:

- To recommend to Council an Investment Policy, including risk appetite, ethical and sustainability considerations;
- To recommend to Council the appointment and removal of investment managers;
- To approve the fees and terms of engagement of investment managers;
- To ensure that any investment of assets is in line with the Investment Policy;
- To monitor:
 - the performance of the GOC's assets;
 - the performance of the investment managers, including their compliance with risk appetite;
 - the appropriateness and adequacy of the investment information presented to the Committee and Council; and
 - external risk factors, including climate change and economic shocks;
- To maintain oversight of operational governance arrangements regarding investments;
- To assure Council that that long-term financial forecasts, reserves and anticipated draw down needs are reflected in the instructions to the investment managers;
- To keep the Investment Policy and any associated guidelines under review;
- 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.

2. Membership, Chair, Secretary and Quorum

2.1 The Committee will have up to three members. The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.

2.2 The Chair will be appointed by Council for a fixed period of four years, extendable by one further reappointment for up to four years. Remaining members will be appointed by Council, in consultation with the Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.

2.3 The Chair of Council and members of the Senior Management Team¹ may attend and speak at meetings of the Committee. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.

3. Frequency and Notice of Meetings

3.1 The Committee will meet at least once during each financial year.

3.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

4. Minutes of Meetings

4.1 The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.

4.2 Minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Committee Chair and formally approved at the following meeting.

5. Accountability & Reporting Responsibilities

5.1. The Committee is accountable to Council.

5.2. The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential meeting.

6. Other

6.1. The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.

6.2. The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

7. Authority

7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

¹ All Directors reporting to the Chief Executive and Registrar.

NOMINATIONS COMMITTEE - TERMS OF REFERENCE

1. Purpose

1.1 Council has established a remuneration Committee under delegated powers from Council, with the remit set out below:

- To approve the member¹ appointment, review and reappointment processes;
- To approve plans for Council member appointments following a review by Council of the vacancy requirements;
- To approve plans for statutory committee member appointments;
- To approve plans for member development (including induction and training);
- To approve the re-appointment of members (excluding Council members) in line with the Council and committee re-appointment process;
- To approve member (excluding Council members) extensions and emergency appointments; and
- To approve matters relating to the continuation in office of any member (excluding Council members) including the retraction of resignation, disqualification, suspension and removal from office;
- To advise Council regarding:
 - The role profile and competences required of Council members, following an evaluation of vacancy requirements;
 - The re-appointment of Council members (in line with the Council and committee appointment process);
 - The role description for the Senior Council Member;
 - Council member extensions and emergency appointments;
 - Matters relating to the continuation in office of any Council member including the disqualification, suspension and removal from office of the Chair and Council members;
- To appoint independent members to non-statutory committees;
- To approve a statement in the annual report about its membership, role and remit for the preceding year;
- To approve the annual process for Council evaluation;
- 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.

¹ All associates of the GOC who are neither employees, workers nor contractors.

1.2 Committee members may also act as members of Appointments Panels to carry out appointment campaigns (in line with the Member Appointment Process). It will be for the Appointment Panel to make recommendations to the Privy Council in relation to Council appointments and to make appointments in relation to all other member vacancies.

2. Membership, Chair, Secretary and Quorum

2.1 The Committee will have up to four members including the Council Chair, two Council members and one fully independent member². The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.

2.2 Meetings will be chaired by the Council Chair, except when the committee is dealing with the matter of succession to the chairmanship. In the absence of the Chair, the remaining members present will elect one of their number to chair the meeting.

2.3 Members will be appointed by Council, in consultation with the Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.

2.4 Members must excuse themselves from any part of any meeting considering their own appointment or reappointment.

2.5 Members of the Senior Management Team³ may attend and speak at meetings of the committee. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

3.1 The Committee will meet at least once during each financial year.

3.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

4. Minutes of Meetings

4.1 The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.

4.2 Minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Chair and formally approved at the following meeting.

5. Accountability & Reporting Responsibilities

5.1. The Committee is accountable to Council.

² A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

³ All Directors reporting to the Chief Executive and Registrar.

5.2. The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential meeting.

6. Other

6.1. The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.

6.2. The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

7. Authority

7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

DRAFT

REMUNERATION COMMITTEE - TERMS OF REFERENCE

1. Purpose

1.1. Council has established a remuneration Committee with the remit, under delegated powers from the Council and within the Council's policies, set out below:

- To advise Council on the payment of fees to members¹;
- To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management which 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 Team²;
- To approve the process of appraisal for the Chief Executive and Registrar and other members of the Senior Management Team;
- 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 advise the Chief Executive and Registrar on the staff 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.

2. Membership and Quorum

2.1. The Committee will have up to three members including the Senior Council Member (Chair), one other Council member and an independent³ member. The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.

2.2. Members will be appointed by Council, in consultation with the Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.

¹ All associates of the GOC who are neither employees, workers nor contractors.

² All Directors reporting to the Chief Executive and Registrar.

³ A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

2.3. The Chair of Council and members of the Senior Management Team may attend and speak at meetings of the committee, except that they will not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

3.1. The Committee will meet at least once during each financial year.

3.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

4. Minutes of Meetings

4.1. The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.

4.2. Minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Chair and formally approved at the following meeting.

5. Accountability & Reporting Responsibilities

5.1. The Committee is accountable to Council. The Committee should report its decisions to Council without disclosing the remuneration of any member of staff other than the Chief Executive and Registrar.

5.2. The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential Council meeting, except where the committee believes that all or part of its minutes should be kept confidential to itself and its Secretariat.

6. Other

6.1. The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.

6.2. The Committee will review its terms of reference and recommend any changes it considers necessary to Council every three years.

7. Authority

7.1. The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

7.2. The committee is authorised to appoint remuneration consultants, as required, to advise the Committee, considering any relevant GOC policies



General Optical Council

A charity registered in England and Wales (1150137)

Standing Orders of the General Optical Council

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Relevant legislation and rules:	<ul style="list-style-type: none"> • Opticians Act 1989 • Part one: the General Optical Council • Schedule one: the constitution etc. of Council • Committee Constitution Rules 2005 • The General Optical Council (Constitution) Order 2009¹ • The Charities Act 2011
Other linked GOC policies/guidance:	<ul style="list-style-type: none"> • Code of Conduct • Member Appointments process² • Management of Interests policy
Impact Assessment:	N/A
Impact Assessment completion:	N/A
Impact Assessment review:	N/A
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¹ Includes arrangements for the appointment of the Chair, deputising arrangements for the Chair and the suspension and removal of members.

² Includes arrangements for the suspension and removal of members.

To assist you in using this document it is interactive. **Blue hyperlinks** lead to additional information which can be found on the internet; **purple hyperlinks** explain what is meant by the terms used as set out in the glossary at the back of this document; and **orange italic hyperlinks** will connect you to a specific section within this document.

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PART 1: Introduction

- 1.1 The General Optical Council (GOC) is a statutory body corporate 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 [Trustees](#).
- 1.2 The Act gives [Council](#) the power to regulate its own procedures by Standing Orders (SO’s) subject to compliance with the Act or [Rules](#) made under the Act. These SO’s are made by the Council and contain the procedures by which Council conducts its business. These SO’s come into force as of 23 September 2021 following which all previous SO’s of the GOC will be revoked.

PART 2: Meetings

Frequency and notice of ordinary meetings

- 2.1 [Ordinary meetings](#) take place at least four times a [year](#) in public on dates agreed by the [Chair](#) and [Chief Executive and Registrar](#).
- 2.2 Ordinary meetings are scheduled in advance. Dates are shared with Council members and are published on the GOC website.

Frequency and notice of strictly confidential meetings

- 2.3 Strictly confidential meetings are organised adjacent to ordinary meetings to allow for discussion of confidential items.

Frequency and notice of special meetings

- 2.4 [Special meetings](#) will only be called 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 ordinary meeting.
- 2.5 Special meetings can be requested by:
 - 2.5.1. Council at a [quorate meeting](#); or
 - 2.5.2. the [Chair](#), the [Senior Council Member](#) or the [Chief Executive and Registrar](#).
- 2.6 Special meetings will be held as soon as is reasonably practicable. Where it is not possible to convene a quorate special meeting, provisions for making [decisions via email](#) are provided for in these SO’s.

Other meetings of Council

- 2.7 Council also meets during the year to consider the performance of the GOC, of Council, for strategic planning and for development. Additionally, Council will meet annually with the Senior Council member at a [strictly confidential meeting](#) without the Chair present to consider the Chair’s performance. All Council members are expected to attend and contribute to these meetings.
- 2.8 Any meeting undertaken for the purposes outlined in SO2.7 does not require a [quorum](#), is not minuted and cannot be used for decision-making purposes.

Agenda planning and provision of papers

- 2.9 A forward plan of agenda items for ordinary and strictly confidential meetings, linked to the GOC's [business and strategic plans](#) is presented to Council at each public meeting and published on the GOC website as part of the Council papers.
- 2.10 Where a Council member requires an item to be discussed at a **meeting**, they should make their request in **writing** to the Chair not less than ten **working days** before the meeting. Inclusion of the item on the agenda is at the discretion of the Chair.
- 2.11 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.
- 2.12 The non-receipt of the agenda and/or supporting papers for a meeting by any member will not invalidate the meeting or any business transacted at the meeting.

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 application for registration, employee, Council member, panel or **committee member**, **education visitor or advisor**;
 - 2.13.2. 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;
 - 2.13.3. any information given to the GOC in confidence;
 - 2.13.4. risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk; and
 - 2.13.5. any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.
- 2.14 The agenda and papers for a public meeting will usually be [published on the GOC website](#) 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.
- 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** 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 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 and Governance Manager as early as possible, providing an explanation for non-attendance which will be recorded for reporting purposes. Amongst other things, Members' reappointment is 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:
- 2.19.1. Chief Executive and Registrar;
 - 2.19.2. **Directors**;
 - 2.19.3. Head of Secretariat (or another member of the Secretariat in their absence);
and
 - 2.19.4. Head of Finance and Head of Legal for relevant items.
- 2.20 Other employees, **committee members**, **advisors and contractors** may be invited, at the discretion of the Chair to attend, 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 to do so by the Chair.
- 2.22 The Chair 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 they are frustrating the business of the meeting or are in contravention of **SO3.7**.

Record of proceedings

- 2.23 The Secretariat is responsible for taking the minutes of meetings which will usually be provided to the Chair, within 10 **working days** of the meeting.
- 2.24 Once approved by the Chair, 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.

PART 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 will 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 should:
- 3.5.1 Observe protocols for physical or remote meetings indicated by the Chair.
 - 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.
- 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 and notification has been given to the committee Chair and to the Chair in advance of the meeting to which the recommendation or decision is being reported.
- 3.8 The Chair will preserve the order of the meeting and ensure that all Council members have sufficient opportunity to express their views on matters under discussion. If in the opinion of the Chair, it becomes necessary, the Chair may ask one or more attendees 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 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.
- 3.10 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 advise the Secretariat of any potential conflicts which have not already been identified, to enable a decision to be made on how the interest will be managed.
- 3.11 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 immediately in order for a decision to be made as to whether the attendee needs to withdraw from the discussion and/or decision.
- 3.12 Where an actual or perceived conflict of interest arises either before or during a meeting, the Chair will determine (in accordance with the [Management of Interests policy](#)) 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 other member nor employee, advisor or contractor can participate in decision making at a Council meeting.
- 3.15 The intention of discussion is to reach agreement by **consensus**. If a general consensus emerges, the Chair may restrict discussion and seek agreement of the recommendation(s). All consensus decisions will be confirmed orally by the Chair and minuted.
- 3.16 Before moving on to the next item, the Chair 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 as being a valid reason for abstention.
- 3.19 A vote can be ordered by the Chair:
- 3.19.1 when the Chair 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 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). 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.
- 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 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;
 - 3.23.2 the process should be led by the Secretariat 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, recommendation, the member responses and agreed decision will be maintained by the Secretariat.

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

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, Committees or the Registrar as specified in the Act.**

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

- 3.27 Except where this would contravene any statutory provision, a Standing Order may be disappplied or suspended by a decision of Council members at a meeting by at least two thirds of those present and voting. A Standing Order may not be disappplied or suspended as a result of a *decision taken via email*. Any disapplication or suspension of a Standing 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 Standing Orders, procedure for the conduct of business shall be within the discretion of the Chair.

PART 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.
- 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.
- 4.3 All committee members have a duty to attend **meetings** and contribute effectively until the Chair 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.
- 4.6 All email decisions must be ratified at the next meeting and recorded in the minutes.
- 4.7 The Chair may attend and participate in discussion at any meeting of a committee (with the exception of the Fitness to Practise committee).

PART 5: Working Groups

- 5.1 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**.
- 5.2 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 or lead 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.
- 5.3 All members of Working Groups will be subject to [confidentiality and management of interest requirements](#).
- 5.4 Working Groups (whether established by Council or not) have no decision-making authority.
- 5.5 The Chair of Council may attend and participate in discussion at any meeting of a Working Group.

PART 6: Insurance provision

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

Glossary

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

Act (the)	the Opticians Act 1989.
Advisor and/or contractor	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.
Appropriate governance arrangements	To include (but not limited to) chair, frequency of meetings, role/purpose, minuting/record keeping, quorum, membership etc.
Chair	the Chair of Council (unless otherwise specified).
Chief Executive	See 'Registrar' entry below
Collective responsibility	Council members must publicly support all decisions made by Council, even if they do not privately agree with them.
Committee member	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.
Constitution Order	the General Optical Council (Constitution Order) 2009.
Consensus	the majority of those present are in general agreement
Council	the members of the General Optical Council acting collectively as a body.
Council member	a person appointed to the Council in accordance with Schedule 1 to the Act. Also holds the role of a Trustee of the GOC.
Directors	members of the Senior Management Team (SMT) .
Electronic means	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.
Matters reserved solely for Council	Council cannot delegate the power to make Rules and any functions expressly conferred by the Act on some other committee
Meeting	refers collectively to a meeting of Council e.g. ordinary, strictly confidential or special.
Non-statutory committee	A committee not established under the Act, for example the Audit and Risk Assurance committee or the Remuneration committee
Observers	members of the general public (inc. the press) and GOC employees who attend a public meeting but cannot participate in discussion or decision making.
Ordinary meeting	a scheduled meeting of Council (which takes place at least four times per year).

Public meeting	a meeting of Council held with public access.
Quorum	The minimum number of members present and able to take decisions/vote for a decision to be passed.
Registrar	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.
Sent	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.
Special meeting	a meeting of Council arranged outside of the ordinary meeting schedule.
Statutory committee	A committee established under the Act, for example the Education Committee or Standards Committee.
Strictly confidential meeting	a meeting of Council with no public access.
Trustee	A trustee (or collectively, trustees) are the people who share ultimate responsibility for governing a charity and directing how it is managed and run. They may be called trustees, the board, the management committee, governors, directors or something else. At the GOC they are called 'Council members'.
Vote	a formal expression of opinion or choice, either positive or negative made by a Council member. It does not include abstentions.
Working days	Monday to Friday. Does not include public holidays or weekends.
Working Group	a group set up to consider and provide advice on a specific issue.
Written	in writing, including by email or any other electronic means.
Year	The GOC financial year (e.g. 1 April to 31 March).

Q1 14.07.2021	Q2 22.09.2021	Q3 08.12.2021	Q4 16.03.2022
<ul style="list-style-type: none"> • CEO Report • Chair Report • Education Strategic Review • Education Annual Monitoring Report • FTP Performance Review / Update and/or rules changes (DS) • PSA performance review (MB) • Q4 financial and performance reports (MIM/DoR) • Raising concerns guidance consultation outcome (NM) • OCCS Annual Report (DS/JJ) • 	<ul style="list-style-type: none"> • CEO Report • Chair Report • Education Strategic Review – CEO Report • Legislative change update – CEO Report • Annual report and financial statements for year ended 31 March 2020 (MIM/DoR) • Council member appointments • Q1 financial and performance reports (MIM/DoR) • Equality, Diversity and Inclusion: monitoring report • Meeting dates for 2022-23 • Balanced Scorecard (EW) • Business Plan Assurance Report Q1 (EW) • 	<ul style="list-style-type: none"> • CEO Report • Chair Report • Education Strategic Review • FTP Audit of Decisions (KW/DS) • Accreditation and quality assurance • FTP Update (DS) • First Draft External Business Plan • Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review • Q2 financial and performance reports (MIM/DoR) • ToR: RemCo 	<ul style="list-style-type: none"> • CEO Report (LL) • Chair Report (AW) • CLO & IP Standards, Outcomes & QAE method (for approval) (LM/SM) • Accreditation and quality assurance (LM/SM) • FtP Improvement Programme Update – continuous improvement (KW/DS) • First Draft External Business Plan (EW) • Council's Trustee Duty responsibilities and PSA regulatory responsibilities assessment review (EW) • Q2 financial and performance reports (MIM) • H&S Annual Report (JS) • Balanced Scorecard (EW) • Business Plan Assurance Report Q2 (EW) • Changes to IP QA Handbook TBC • Equality, Diversity and Inclusion: monitoring report • Budget and (MIM) Business Plan for 2022/23 • FTP Audit of decisions (duplicated, this one might be the independent audit of FtP by TIAA) (DS) • Public perceptions survey (AJ) • Registrant survey (AJ) • Standards of Practice for individual registrants for consultation (NM) • Stakeholder survey (TBC)

DIRECTORATE	PAPER AUTHOR
STRATEGY	
EDUCATION	
RESOURCES	
CASEWORK & RESOLUTION	
SECRETARIAT	