Jo Lenaghan
Director of Education and Workforce
NHS England
Sent by email

cc Sheona Macleod, 10ywp.engagement@dhsc.gov.uk

Call for evidence: 10 Year Workforce Plan

4 November 2025

Dear Jo,

I am writing to provide GOC's views and data on the 10 Year Workforce Plan call for evidence. Since the questions in the call for evidence are not directly related to healthcare regulators, we have not completed the online template. The annex to this letter contains data and insights from our perspective on the optical workforce as well as commentary on how regulation can help to promote the three shifts in the 10 Year Plan for the NHS in England.

In summarising our response, I would highlight the following:

- GOC has supported a workforce modelling initiative predicting size of the professions and disease prevalence over a 15 year period
- The international component of the workforce is small, and this is likely to remain the case given the wide scope of practice of UK optometrists
- A significant modernisation of our education and training system is already equipping the next generation of professionals to deliver a wide range of eye care services in communities. We do not anticipate the need to make significant changes to our education and training system to meet the government's policy objectives
- The post-registration qualifications system is key to equipping our registrants to deliver enhanced clinical services, but our locus to provide quality assurance here is limited by primary legislation
- Plans to renew our continuing professional development (CPD) system are well advanced, with plans for a public consultation early in 2026. However, achieving our full vision for reform will require change to secondary legislation
- Survey evidence shows high public satisfaction with eye care services and that students are satisfied with their training, however there is growing job dissatisfaction and high incidence

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of bullying, harassment, abuse and discrimination in the workplace. Given risks to patient safety and workforce retention this is a priority for us, and we strongly support the focus in the call for evidence on ‘creating a new culture’

- Eye care is a frontrunner in the AI revolution. Our revised education standards were designed to respond to developments in technology, we recently strengthened our professional standards in this area and plan to develop guidance for registrants once the UK National Commission on the Regulation of AI in Healthcare has reported
- The contribution of the optical sector to the three shifts has consistently lacked recognition in government’s key strategic documents. This risks the 10 Year Plan and workforce plan being a missed opportunity to fully harness the sector to deliver the government’s policy objectives and means the sector could lose out on allocation of education funding.

I would be happy to meet to discuss our response.

Yours sincerely

Steve Brooker
Director of Regulatory Strategy

Annex – GOC contribution to call for evidence on the 10 Year Workforce Plan for the NHS in England

Introduction

The GOC is the UK regulator for the optical professions. Our mission is to protect the public by upholding high standards in eye care services.

The GOC regulates fully qualified optometrists and dispensing opticians. Some registrants have specialist registration as independent prescribers or as contact lens opticians. Uniquely, among the healthcare regulators we still regulate optical students. We also regulate around half of optical businesses. When the Opticians Act is reformed[1], we expect to regulate all businesses carrying out restricted functions and to no longer regulate students.

Registrant numbers on 31 March 2025 were as follows:

Optometrists	18,725 including 2,122 with an independent prescribing speciality registration
Dispensing opticians	6,805 including 1,196 with a contact lens speciality registration
Student optometrists	5,163
Student dispensing opticians	1,268
Business registrants	2,934

Like the other statutory healthcare regulators, the GOC does not have a direct role in workforce planning. Even so, we recognise regulation and workforce planning interact in various ways, specifically regulation impacts on the supply of professionals as it creates a barrier to entry to work. Further, the education and training system which we oversee needs to deliver professionals capable of meeting society's needs in a changing healthcare landscape. This includes post-registration qualifications that support more advanced clinical practice. Our CPD system ensures professionals keep their knowledge and skills up to date as well as supports them to develop new skills. Finally, we are keen to alleviate workforce pressures since they may create issues relating to the professional conduct of registrants which put public protection at risk.

Workforce modelling

Given our statutory remit does not include workforce planning we do not take a view on the number of professionals needed to deliver current or future care models. Nevertheless, we recognise the importance of workforce modelling

[1] The Labour Government has confirmed it plans to modernise the legislation of all healthcare regulators starting with the General Medical Council, Nursing & Midwifery Council and Health & Care Professions Council during the current parliament. The timing of changes to the Opticians Act 1989 is unknown.

and have been proactive in sharing our registration and survey data with organisations that have attempted such analysis.

The College of Optometrists has led a sector-wide effort to develop a workforce planning model – the Eyecare Data Hub. This models the current multi-professional primary and secondary eye care workforce, and predicted workforce, based on current trends over the next 15 years, plus prevalence of incidence of several eye conditions over the next 15 years. The model's assumptions for the future supply of optometrists and dispensing opticians are based on data from our register. GOC also publishes statistical information in our annual report and accounts and in our annual EDI monitoring report and annual education sector report.[2] Further, our annual registrant survey provides rich insights into changing working patterns and related matters.

Looking across these data sources, we would highlight the following:

- Over the last ten years the optometrist profession has grown by 26.7% and optometry student numbers increased by 54.5%. Over the same period there was a 4.0% increase in dispensing opticians but a 34.4% reduction in student dispensing opticians
- There are 2,122 independent prescribers (around 1 in 9 optometrists) and 1,196 contact lens opticians (around 1 in 6 dispensing opticians)
- The professions are diverse based on sex and ethnicity. For example, 64.4% of all registrants are female and 57.7% from a global majority background (with higher percentages for students on both dimensions)
- Around 1 in 10 optometrists work in hospitals
- 31% of optometrists and 13% of dispensing opticians work as locums. Overall, 24% of working registrants now locum, up from 15% in 2021
- 56% of registrants work part-time (overall optometrists work an average of 3.9 hrs per week and dispensing opticians 4.1 hrs per week)
- Scaled up, we estimate there are around 11,350 FTE optometrists and 4,488 FTE dispensing opticians working in England.

Opinion in the sector is mixed on whether there are sufficient professionals to meet patient demand. The most held view is that there are currently enough professionals per head of population overall, but the workforce is not evenly distributed resulting in gaps in coverage in some rural and coastal locations.

[2] Pre-publication drafts of all three reports can be found in the September 2025 Council papers.

This is reflected in the distribution of optometry schools with notable gaps in geographic coverage.[3] Signals of local workforce shortage pressures include:

- In our 2025 business registrant survey, 24% of respondents had found it very challenging to recruit optometrists over the last 12 months
- In our 2025 public perceptions survey, 8% of patients reported waiting more than two weeks for a routine sight test appointment
- High numbers of vacancies advertised on online jobs boards, although there is a lack of confidence in the robustness of this data
- Anecdotal reports of high locum pay rates, especially in some locations

International workforce

Optometrists who qualified overseas represent a small part of our workforce (unlike some other healthcare professions). In part, this reflects the wider scope of practice of optometrists in the UK compared to most other countries, including all EU member states. For example, in its recently updated Blue Book, the European Council of Optometry and Optics assessed that the UK stood alone in its highest classification category (expert proficiency).

We are currently updating international routes to registration to align to our education and training reforms (see below). As part of this exercise, we have benchmarked qualifications in several countries against our UK qualification standards[4]. This shows that only the USA and Canadian systems match or exceed the UK level. However, we have assessed that for many countries, undertaking a short qualification of less than one year would bridge the gap.

The advanced scope of practice in UK optometry is something to be proud of but means the international element of the workforce will likely remain small.

Education and training

The 10 Year Plan for the NHS in England includes a statement that over the next three years government will work with healthcare regulators to overhaul education curricula to provide comprehensive training in the use of AI and digital tools and promote acquisition and retention of generalist skills required for the Neighbourhood Health Service.

The GOC recently completed a comprehensive modernisation of its education and training system. Following new education standards introduced in 2021, all providers of optometry and dispensing optics qualifications in England

[3] The largest qualification provider for dispensing optics uses a remote learning model so the geographic pressures affecting optometry do not apply in the same way.
[4] Publication expected in November 2025

have successfully adapted their qualifications to meet our standards. The first students enrolled on these qualifications in 2023 and will graduate from 2027.

The National Student Survey shows high satisfaction with GOC approved qualifications. We understand trainee dissatisfaction is a driver for reform in the workforce plan, but this is not an issue in the optical sector. Similarly, while public satisfaction with NHS services has been in decline, satisfaction with the care provided by optometrists is consistently above 90%[5].

We removed caps on student numbers as part of our reform programme, so there is no longer any regulatory restriction which suppresses course uptake. Despite a challenging higher education funding climate, we are processing applications from three universities in England wishing to deliver new optometry qualifications as well as several applications from providers wishing to deliver degree level apprenticeships in dispensing optics.

In England, the undergraduate curriculum provides the foundational training that registrants need to deliver a core range of eye care services. There are a range of post-registration qualifications that equip our optometrist registrants to deliver extended services like independent prescribing, low vision, medical retina and glaucoma monitoring. By law, the GOC's role in post-registration qualifications is limited to independent prescribing and contact lens opticians. We approve these qualifications, and they lead to specific annotations on the public register. By contrast, we have no quality assurance role in relation to other post-registration qualifications, and this makes it problematic for us to recognise them in the public register. As these qualifications become more commonplace and assume more importance as a gateway to enhanced eye care services, we are keen to explore our future role in this space.

As the Secretary of State has acknowledged, the three shifts are not new ideas. It has long been an ambition of the sector to shift more eye care from hospitals to high street opticians. This shift has been taking place for some years, although at a slower pace in England than in other parts of the UK. Giving future optical professionals the skills they need to match service redesign in a changing landscape was a key driver for change in our education and training reforms.

Similarly, when revising our education standards, we recognised the need to better equip students to safely use a range of digital tools. We plan work next year to gain a better understanding of current teaching of AI but are confident that our existing standards provide the necessary framework to meet the government's policy objective. Subject to completing governance steps, we

[5] See GOC's Public Perception Surveys.

expect to sign the joint regulatory position statement on AI and education being co-produced by the General Osteopathic Council.

Therefore, the good news is that GOC has already completed a substantial programme of reform that supports the three shifts, and we do not anticipate any need to make significant changes to our education and training system.

CPD

The 10 Year Plan for the NHS in England contains an expectation that healthcare regulators renew their CPD systems.

Reforming our CPD system is an early priority in our 2025-30 corporate strategy. Policy development is at an advanced stage with plans for a public consultation early in 2026. We wish to maximise registrants' freedom to undertake learning and development which is relevant to their personal scope of practice and supports their career progression with the minimum necessary regulatory direction. We also wish to use CPD reform to incentivise registrants to develop enhanced clinical skills supporting the shift in eye care delivery from hospitals to communities taking place in all four UK nations.

A constraint is that fully realising our vision for CPD reform requires change to secondary legislation – the CPD Rules 2021. However, we have been told that government cannot prioritise reform to GOC legislation due the risk of disruption to its regulatory reform programme. Subject to the outcome of our planned public consultation on CPD we will go as far as we can within the scope of the existing rules, but further change requires government to act.

Workplace culture

The call for evidence indicates that 'creating a new culture' is core to reinventing the healthcare model and delivering the three shifts.

While there is high patient satisfaction with eye care services delivered by our registrants, there is declining job satisfaction among professionals and higher incidence of harassment, bullying, abuse and discrimination than in the NHS workforce overall. We are concerned about the risks to patient safety that unhealthy workplace cultures create, as well as the impact on workforce retention. In our 2025 registrant survey:

- Just 55% of respondents reported feeling satisfied in their role over the past 12 months, down from 62% in 2023 and 58% in 2024
- The proportion of registrants who plan to leave the profession entirely over the next 12-24 months has increased steadily over the last three years from 14% to 18%. The two biggest reasons cited by registrants are disillusionment and stress, burnout and fatigue

- 44% of registrants personally experienced some form of harassment, bullying, or abuse at work (or study for those in education) in the last 12 months. 36% experienced this from patients, 19% from managers and 17% from other colleagues. These figures are higher for patients and managers than in the latest annual NHS Staff Survey
- 29% of registrants personally experienced some form of discrimination at work (or study for those in education) in the last 12 months. Again, the source was more likely to be patients (23%) than managers (11%) or other colleagues (10%). Comparison with the latest annual NHS Staff Survey highlights that experience of discrimination (from all sources) is much more common amongst GOC registrants
- 66% of registrants reported sometimes or frequently working beyond their hours and 57% feeling unable to cope with their workload
- Registrants reporting finding it difficult to provide patients with the sufficient level of care they need is increasing, up from 27% in 2023 to 35% in 2025. Additionally, if registrants had experience of negative working conditions such as working beyond their hours or feeling unable to cope with their workload, they were also more likely to report difficulties providing patients with the level of care they need.

The commercial nature of eye care services offers a possible explanation for higher incidence of abusive behaviour from patients experienced by GOC registrants than in the NHS Staff Survey. There is also a correlation between concerns about commercial practices by employers and job dissatisfaction. We have begun a thematic review into commercial practices and patient safety and expect to report on findings in summer 2026.

This builds on other steps we have taken to address negative workplace culture including sponsoring a joint stakeholder statement committing to a zero tolerance approach to these issues, strengthening our standards of practice, developing guidance on maintaining appropriate sexual boundaries and commissioning research on the lived experience of registrants who have experienced bullying, harassment, abuse or discrimination in the workplace.

Digital first services and AI

We are committed to ensuring that for regulation supports the shift from analogue to digital, including in AI. Eye care is increasingly a front runner in the AI healthcare revolution because diagnosing eye conditions depends heavily on imaging. AI algorithms now equal or exceed expert diagnostic accuracy for many conditions, particularly when the diagnosis is based on image interpretation. As well as diagnosis of eye conditions, AI can also be used for the following:

- analysing patient data to predict disease progression, prognosis, or treatment outcomes
- streamlining referral into and triage within ophthalmology
- accelerating eye health research and data analysis
- optimising accuracy of prescriptions and lens selections
- taking notes and synthesising clinical documentation
- managing appointment bookings
- powering practice management systems.

Our survey data suggests uptake of AI has been limited by optical businesses to date, but this looks set to change. In the GOC's 2025 business registrant survey 11% of respondents currently used AI (an increase from 5% in 2024) and a further 28% intended to do so in the next two years.

As noted above, our new education standards incorporate developments in technology and we plan to assess training in AI next year.

We addressed technological developments including AI in our recent review of our standards of practice. On 1 January 2025 the updated standards came into effect, requiring registrants to keep updated on developments in digital technologies and apply professional judgement when utilising the data they generate to inform decision making.

The UK National Commission on the Regulation of AI in Healthcare is tasked with accelerating safe access to AI in healthcare and is advising on a new set of regulatory rules which are due to be published in 2026. We are contributing to initiatives by sector bodies on AI, which are also due to report in early 2026. We plan to develop guidance for registrants on AI which will supplement our standards of practice drawing on these reports and other work, and we are open to exploring a joint statement on AI with the other healthcare regulators.

Recognition of the sector

The optical sector is one of the four pillars of primary care alongside GPs, dentistry and pharmacy. In the context of long ophthalmology wait lists that lead to avoidable sight loss, the sector is willing and able to support the shift from hospital to community. With eyes being a window on the rest of the body, for example detection of diabetes and high blood pressure, optometry is also well placed to support the shift from sickness to prevention. Supporting the shift from analogue to digital, as noted, eye care is a frontrunner in the AI revolution and technological innovation is transforming diagnosis, treatment and monitoring of disease.

Despite the obvious potential for our sector to deliver new healthcare models, there are a range of factors holding back full realisation of the three shifts here in England. This includes factors such as funding issues and technological integration with secondary care which go beyond our regulatory remit. There is a patchwork in provision in England due to variation in commissioning among ICBs. More generally, we would observe that England is falling further behind other UK nations, especially Scotland and Wales, in the range of services routinely being delivered in communities. The increasing divergence in eye care delivery across the nations may present future challenges including by restricting the ability of registrants to work across borders.

At the meeting with regulators in October, I highlighted the lack of references to the optical sector in key government documents. We appreciate there are many healthcare professions and it is not possible to include them all, but the omission is at odds with the role the sector plays now, and could play further, in supporting all three shifts. These consequences go beyond ‘status anxiety’. For example, the Office for Students is reviewing how it allocates funds to undergraduate courses in England. It has told us that future funding will reflect government strategic priorities, and it will look to documents like the 10 Year Plan and workforce plan as a guide to what the government’s priorities are.

Similarly, we must wait until at least the next parliament before reform to our primary legislation. Reforms in areas like post-registration qualifications and CPD, which would support the government’s policy objectives, cannot be fully achieved until our underpinning legislation is updated.