

**Fourth meeting in 2023 of the Council held in PUBLIC  
on Wednesday 13 December 2023 at 10am via Microsoft Teams**

**AGENDA**

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	<b>Welcome, apologies and Chair's introduction</b>	Oral	Chair	-	10am-10.05am
2.	<b>Declaration of interests</b>	C49(23)	Chair	3-7	(5mins)
3.	<b>Minutes, actions and matters arising</b>				
3.1	<b>Minutes – 27 September 2023</b> For approval	C50(23)	Chair	8-12	10.05am-10.10am (5mins)
3.2	<b>Updated actions</b> For noting	C51(23)		13-14	
3.3	<b>Matters arising</b>				
<b>FOR DECISION</b>					
4.	<b>Standards Review</b> For decision	C52(23)	Director of Regulatory Strategy	15-113	10.10am-10.50am (40 mins)
5.	<b>Registrant fees 2024/2025 and future fee strategy</b> For approval	C53(23)	Director of Corporate Services	114-133	10.50am-11.15am (25 mins)
<b>Tea/coffee break 11.15am – 11.30am (15 mins)</b>					
6.	<b>Reserves policy</b> For approval	C54(23)	Chief Finance Officer	134-146	11.30am-11.45am (15 mins)
7.	<b>Committee appointments for Council members</b> For approval	C55(23)	Head of Governance	147-152	11.45am-11.50am (5 mins)
<b>FOR DISCUSSION</b>					
8.	<b>Health &amp; Safety assurance report</b> For discussion	C56(23)	Director of Corporate Services	153-190	11.50am-12pm (10 mins)
9.	<b>Council's self-assessment against the Charity Governance Code</b> For discussion	C57(23)	Head of Governance	191-226	12pm-12.20pm (20 mins)

**12.20pm – 12.50pm Lunch (30 mins)**

**FOR ASSURANCE**

<b>10.</b>	<b>Q2 2023/24 Financial performance report and forecast report</b> For noting	C58(23)	Chief Finance Officer	227-255	12.50pm-1pm (10 mins)
<b>11.</b>	<b>Q2 2023/24 Business performance dashboard</b> For noting	C59(23)	Head of Governance	256-257	1pm-1.10pm (10 mins)
<b>12.</b>	<b>Q2 2023/24 Business plan assurance report</b> For noting	C60(23)	Head of Governance	258-260	1.10pm-1.20pm (10 mins)
<b>13.</b>	<b>Chair's report</b> For noting	C61(23)	Chair	261-264	1.20pm-1.30pm (10 mins)
<b>14.</b>	<b>Chief Executive and Registrar's report</b> For noting	C62(23)	Chief Executive and Registrar	265-281	1.30pm-1.40 pm (20 mins)

**FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)**

<b>15.</b>	<b>Advisory Panel minutes – 6 November 2023</b> For noting	C63(23)	Chair	282-296	1.40pm-1.45pm (5 mins)
<b>16.</b>	<b>Council forward plan</b> For noting	C64(23)	Head of Governance	297-299	1.45pm-1.50pm (5 mins)
<b>17.</b>	<b>Any other business</b> (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	1.50pm-1.55pm (5 mins)

**Meeting Close – 1.55pm**

**Date of next meeting – Wednesday 13 March 2024**

**GENERAL OPTICAL COUNCIL – COUNCIL REGISTER OF INTERESTS 2023 (UPDATED 06 December 2023)**

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Sinead <b>BURNS</b> Lay Member	<ul style="list-style-type: none"> <li>Registered Psychologist: Health and Care Professions Council</li> <li>Registrant Member: Fitness to Practice Panel, Health and Care Professions Council</li> </ul>	<ul style="list-style-type: none"> <li>Registered Fellow: Chartered Institute of Personnel and Development</li> </ul>	<ul style="list-style-type: none"> <li>Former Vice President Pharmaceutical Society Northern Ireland</li> </ul>	<ul style="list-style-type: none"> <li>Lay Member: Council</li> <li>Chair: Audit, Risk and Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Dr Josie <b>FORTE</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills)</li> <li>Consultant: Specsavers Optical Superstores</li> <li>Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University</li> <li>Lecturer (occasional, visiting): Plymouth University</li> <li>Lecturer (occasional, visiting): University of the West of England</li> <li>Vice chair (acting): Devon Local Eye Health Network</li> <li>Vice chair (acting): Cornwall Local Eye Health Network</li> <li>VisionForte Ltd (50% shareholding)</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists</li> <li>Registered with the Optometrists and Dispensing Opticians Board of New Zealand</li> <li>Liveryman: Worshipful Company of Spectacle Makers</li> <li>Member: Clinical Committee at FODO</li> <li>Member: The Royal College of Ophthalmologists</li> </ul>	<ul style="list-style-type: none"> <li>Member: Devon Local Optical Committee (end May 2017)</li> <li>Optometrist: Specsavers Torquay (end Apr 2014)</li> <li>Optometrist: Lascelles Opticians Plymouth (end Jun 2006)</li> <li>Specsavers Plymouth Cornwall Street Ltd (ended April 2020)</li> <li>Specsavers Saltash Ltd (ended April 2020)</li> <li>Specsavers Devon2 Domiciliary (ended January 2020)</li> <li>Board trustee: Inspiring Schools Partnership, Plymouth</li> <li>Member: AOP<sup>6</sup></li> <li>Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022)</li> </ul>	<ul style="list-style-type: none"> <li>Registrant Council Member</li> <li>Chair: Standards Committee</li> <li>Member: Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Mike <b>GALVIN</b> Lay Member	<ul style="list-style-type: none"> <li>• Non-executive Director: Martello Technologies Group Inc</li> <li>• Non-executive Director: ThinkRF</li> <li>• Director of Streetwave Ltd (a company registered in the UK)</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Institution of Engineering and Technology</li> <li>• Fellow: Institute of Telecom Professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Lay member: Council</li> <li>• Chair: Education Committee</li> <li>• Member: Audit, Risk and Finance Committee</li> <li>• Council Lead: GOC Refresh</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Lisa <b>GERSON</b> Registrant (OO)	<ul style="list-style-type: none"> <li>• Clinic Tutor: Cardiff University</li> <li>• Has observer status on Regional Optical Committee (ROC) meetings across Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Member of AOP</li> <li>• Member of College of Optometry</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Optometry Wales</li> <li>• Member: GOC Hearings Panel</li> <li>• Member/Acting Chair: GOC Investigation Panel</li> <li>• Member: GOC Education Visitor Panel</li> <li>• College Counsellor: College of Optometrists</li> <li>• Trustee: College of Optometrists</li> <li>• Trustee: AOP</li> <li>• Employee: Ronald Brown Group</li> <li>• Employee: Boots Optician</li> <li>• Primary Care Supervisor: Cardiff University</li> </ul>	<ul style="list-style-type: none"> <li>• Registration Committee Chair</li> <li>• Nominations Committee Member</li> <li>• Council lead for FtP</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Ken <b>GILL</b>	<ul style="list-style-type: none"> <li>• Vice Chair of Board and Chair of Audit Committee at the Countess of Chester NHS Foundation Trust.</li> <li>• Study Portals. UK Advisory Board member.</li> <li>• Independent Management Board member of the Council of the Inns of Court.</li> <li>• Main Board Non-Executive Member and Chair: Audit and Risk Assurance Committee at the Legal Aid Agency.</li> <li>• Professional working relationship with FTP auditors Weightmans.</li> </ul>	<ul style="list-style-type: none"> <li>• Chartered Accountant Member of the Chartered Institute of Public Finance and Accountancy.</li> <li>• Chartered Member of the Chartered Institute of Personnel and Development</li> <li>• Fellow of the Royal Society of Arts</li> </ul>	<ul style="list-style-type: none"> <li>• Independent member of the Audit and Risk Committee of the General Medical Council</li> <li>• Independent member of the Audit and Risk Committee of the Royal College of Veterinary Surgeons.</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Lay Council member</li> <li>• Member: Audit, Risk &amp; Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

<p>Clare <b>MINCHINGTON</b> Lay Member</p>	<ul style="list-style-type: none"> <li>• Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency</li> </ul>	<ul style="list-style-type: none"> <li>• Fellow: Association of Chartered Certified Accountants</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Independent Board Member for the College of Policing (until Dec 2021)</li> <li>• Chair of Academic Council for BPP University (until Oct 2021)</li> </ul>	<ul style="list-style-type: none"> <li>• Lay Member: Senior Council Member</li> <li>• Chair: Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<p>Frank <b>MUNRO</b> Registrant (OO)</p>	<ul style="list-style-type: none"> <li>• Director Munro Eyecare Limited (T/A Munro Optometrists)</li> <li>• Clinical Adviser, Optometry Scotland</li> <li>• Optometric Advisor, NHS Lanarkshire</li> <li>• Lead Optometrist, Glasgow City Health &amp; Social care Partnership</li> <li>• Visiting Lecturer, Glasgow Caledonian University</li> <li>• Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)</li> <li>• Chair, NHS Lanarkshire Optometric Advisory Committee</li> <li>• Member, Greater Glasgow &amp; Clyde Prescribing Review Board</li> </ul>	<ul style="list-style-type: none"> <li>• Past President and Honorary Life Fellow, College of Optometrists</li> <li>• Member, Association of Optometrists</li> <li>• Member, Optometry Scotland</li> <li>• Hon Fellow, Association of Dispensing Opticians</li> <li>• Member, British Contact Lens Association</li> </ul>	<ul style="list-style-type: none"> <li>• Past President, College of Optometrists</li> <li>• Past Chair, Optometry Scotland</li> <li>• Past Chair, Scottish Committee of Optometrists</li> <li>• Past Chair, NHS Education for Scotland Optometry Advisory Board</li> </ul>	<ul style="list-style-type: none"> <li>• Registrant Member: Council</li> <li>• Member: Education Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Dr David <b>PARKINS</b> Registrant (OO)	<ul style="list-style-type: none"> <li>• Chair of Trustees: The Spectacle Makers Charity</li> <li>• Chair: London Eye Health Network (NHS England)</li> <li>• Member: London Clinical Senate Council</li> <li>• Director: BP Eyecare Ltd</li> <li>• Provided short informal feedback (22 March 2022) to MOptom Programme Director, Cardiff University on high level course structure (no financials involved)</li> </ul>	<ul style="list-style-type: none"> <li>• Life Fellow: College of Optometrists</li> <li>• Fellow, European Academy of Optometry and Optics</li> <li>• Life Member: Vision Aid Overseas</li> <li>• Liveryman: Worshipful Company of Spectacle Makers</li> </ul>	<ul style="list-style-type: none"> <li>• President: College of Optometrists (end Mar 2016)</li> <li>• Board Trustee: College of Optometrists (end Mar 2018)</li> <li>• Previous CET provider (ended 2015)</li> <li>• Chair: Clinical Council for Eye Health Commissioning (2015-2017)</li> <li>• Vice Chair: Clinical Council for Eye Health Commissioning (2017-2021)</li> <li>• Member: British Contact Lens Association</li> <li>• Trustee: Spectacle Makers Charity</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Council</li> <li>• Member: Audit, Risk and Finance Committee</li> <li>• Member: Investment Committee</li> <li>• Council Lead: Legislative Reform</li> </ul>	<ul style="list-style-type: none"> <li>• Close Relative: General Optical Council Case Examiner</li> <li>• Close Relative: Member, College of Optometrists</li> <li>• Spouse: Director - BP Eyecare Ltd</li> </ul>
Tim <b>PARKINSON</b> Lay Member	<ul style="list-style-type: none"> <li>• Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)</li> </ul>	<ul style="list-style-type: none"> <li>• Fellow: Chartered Management Institute</li> <li>• Membership of the Institute of Water</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Lay member: Council</li> <li>• Chair: Investment Committee</li> <li>• Chair: Companies Committee</li> <li>• Council Lead: FTP</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Roshni <b>SAMRA</b> Registrant (OO)	<ul style="list-style-type: none"> <li>• Locum optometrist (occasional): various high street or independent practices</li> <li>• Professional Clinic Manager: City Sight, City University</li> <li>• Student: City University (MSc in Clinical Optometry)</li> <li>• Global Medical Advisor, Medical and Professional Affairs, at EssilorLuxottica.</li> </ul>	<ul style="list-style-type: none"> <li>• Member of the College of Optometrists</li> <li>• Member of AOP</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Council</li> <li>• Member: Registration Committee</li> <li>• Council Lead: GOC Refresh (People Plan)</li> </ul>	<ul style="list-style-type: none"> <li>• Works with a current General Optical Council Case Examiner</li> </ul>

<p>William <b>STOCKDALE</b></p>	<ul style="list-style-type: none"> <li>• Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding.</li> <li>• Own an organisation in the Optical Sector - Telford Opticians 50% Stake.</li> </ul>	<ul style="list-style-type: none"> <li>• Member of ABDO</li> <li>• Member of FODO</li> <li>• Member of ONI</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Optometry Northern Ireland</li> <li>• Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee.</li> <li>• Non-Executive Director FODO</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Registrant Council Member</li> <li>• Member: Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<p>Dr Anne <b>WRIGHT</b> CBE Lay Chair</p>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Committee member: The Shaw Society</li> <li>• Director of Circa management company</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Council</li> <li>• Chair: Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

**GENERAL OPTICAL COUNCIL  
DRAFT Minutes of the public Council  
meeting held on Wednesday 27 September 2023 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson and William Stockdale.  Rukaiya Anwar, Jamie Douglas, Deepali Modha and Harry Singh (Council Associates).
GOC attendees:	Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Kiran Gill (Head of Legal), Philipsia Greenway (Director of Change), Angharad Jones (Policy Manager), Vikki Julian (Head of Communications), Leonie Milliner (Chief Executive Officer and Registrar), Jem Nash (EDI Manager), Ivon Sergey (Governance Officer) (Minutes), Dionne Spence (Director of Regulatory Operations), Andy Spragg (Head of Governance), Charlotte Urwin (Head of Strategy, Policy and Standards), Catherine Walker (Communications and Public Affairs Officer) and Manori Wickremasinghe (Head of Finance).
External attendees	Adam Halsey (haysmacintyre), Siobhan Carson (PSA), Selina Powell (Optometry Today) and Alan Tinger (FODO).
	<b>Welcome and apologies</b>
1.	The Chair welcomed those in attendance.
2.	Apologies were received from Roshni Samra.
	<b>Declarations of interests C34(23)</b>
3.	Updates were noted as follows: <ul style="list-style-type: none"> <li>David Parkins had been appointed as Chair of the Spectacle Makers Charity in September 2023.</li> <li>The Head of Governance informed Council that Roshni Samra had a new declaration as Global Medical Advisor, Medical and Professional Affairs, at EssilorLuxottica.</li> </ul>
	<b>Minutes of the meeting held on 22 March 2023 C35(23)</b>
4.	The minutes were approved as an accurate record of the meeting.
	<b>Action points update C36(23)</b>
5.	Council noted updates on previous actions.
	<b>Matters arising</b>
6.	There were none.

	<b>Annual report and financial statements 2022/23 C37(23)</b>
7.	The Director of Corporate Services presented the annual report for the year ending on 31 March 2023. The Independent Auditors' Report to the Trustees stated that the report gave a true and fair view of the state of the charity's affairs and was in accordance with United Kingdom Generally Accepted Accounting Practice and the requirements of the Charities Act 2011.
8.	Council applauded the collaborative effort in producing an engaging and well-presented report. Council suggested future annual reports could include more information on Environmental, Social, and Governance (ESG) issues and impact. It was confirmed registered charities were not required to make ESG disclosures, though it was a consideration for next year's report.
9.	Council <b>approved</b> the annual report and accounts 2022-23; <b>approved</b> the letter of representation; and <b>delegated</b> any minor revisions to the Head of Governance (in consultation with the Chair of Council)
	<b>Equality, Diversity, and Inclusion (EDI): annual report 2022/23 C38(23)</b>
10.	The Chief Executive and Registrar presented the report for the year ending on 31 March 2023. Previous feedback had been incorporated to show progress in the 2020-24 EDI action plan, key achievements, and EDI monitoring data. The report was intended to demonstrate how the GOC met its public sector equality duty as well as Professional Standards Authority (PSA) standard 3.
11.	Council was assured benchmarking and data analysis capabilities would continue to be enhanced. The PSA had recently revised its standards around EDI which included detailed measures and the GOC was currently analysing whether the right tools to monitor compliance were in place. Council suggested a brief EDI report each quarter would provide assurance that the GOC was delivering its action plan in-between each annual report.  <b>Action: Head of Governance to review EDI reporting to Council for 2024-25.</b>
12.	Council <b>approved</b> the EDI annual report 2022-23; and <b>delegated</b> any minor revisions to the Head of Governance (in consultation with the Chair of Council)
	<b>Consultation to remove information about a registrant's gender on the public register C39(23)</b>
13.	The Director of Regulatory Strategy presented the item. Council discussed the merit of publishing a registrant's gender on the public register considering its role of public protection. Other considerations included data protection laws. The public could acquire registrant gender information by other means, if required. It was noted other healthcare regulators did not publish this information.
14.	It was confirmed that registrant gender information would still be collected for monitoring purposes. There would be a 12-week consultation publicised on the GOC website, social media, and other channels. The results of the consultation would be considered at the March 2024 Council meeting.

15.	Council <b>approved</b> the proposal to consult on removing information about a registrant's gender from the public register.
	<b>ARC annual report 2022/23 C40(23)</b>
16.	The ARC Chair presented the item. Formal thanks were given to the Head of Governance for drafting the report, which provided assurance and an overview of activities and key priorities. Council commented the report provided a rich picture of the internal controls and governance in place and a good forward look.
17.	Council <b>noted</b> the ARC annual report 2022-23.
	<b>Registrant and public perception survey C41(23)</b>
18.	The Policy Manager presented the item. Areas of concern highlighted in the report were noted, particularly on bullying, patient experience and registrants' views on Continuing Professional Development (CPD). Council discussed its concerns about discrimination and harassment in the workplace and its impact on public protection and the optical profession.
19.	Council noted patient satisfaction remained high at 90%, though some groups, such as ethnic minorities or those with disabilities, did not have such a positive experience. There were many areas of to celebrate arising from the survey findings but there were also areas of improvement for the sector to consider collectively. The Chief Executive and Registrar advised that an optical stakeholder meeting was being convened on 3 October 2023 to discuss findings and agree joint sector action. Council supported the actions the GOC was taking and noted these would be incorporated in development of the next five-year strategy.
20.	Council <b>noted</b> the findings from the surveys and the actions the GOC will take in response.
	<b>2025-30 strategy development: proposed stakeholder engagement C42(23)</b>
21.	The Head of Communications presented the item. Council noted the targeted and dynamic range of planned stakeholder activities across the UK, which would be critical in the development of the strategy. A roundtable on the future of optical care would be held with various stakeholders on 30 November 2023 and feedback brought to the December 2023 Council meeting.  Council <b>endorsed</b> the proposed approach to stakeholder engagement.
	<b>Q1 Financial performance report/Q1 forecast C43(23)</b>
22.	The Head of Finance presented the item. Council was advised savings and delays were due to external factors, for example university visit cancellations, staff vacancies, IT contract delays, BAU delays. The impact of hearings being delayed was being monitored and risks mitigated by improving prediction of length of hearings. Council was provided with assurance that suitable controls were in place to manage budgets in Regulatory Operations.
23.	Risks were continually being monitored monthly and a quarterly forecast prepared for Council. It was noted Q1 forecast was a reforecast of the approved budget presented to ARC in July 2023. Council expressed concern that overspending in some areas was

	being offset by underspend elsewhere in the organisation. Council noted the level of project management in the last 18 months had improved, with better tracking of expenditure.
24.	Council <b>noted</b> the financial performance for the three months ending 30 June 2023 in annex one; and <b>noted</b> the Q1 forecast for the current 2023-24 financial year in annex two
	<b>Business performance dashboard Q1 C44(23)</b>
25.	The Head of Governance introduced the revised report, noting that ARC had endorsed the improved level of detail in performance data for Council. It was confirmed workstreams connected with customer strategy indicators were still being refined and would be applied in Q2/Q3 of this year.  Council <b>noted</b> the report.
	<b>Business plan assurance report Q1 C45(23)</b>
26.	The Head of Governance introduced the report. Red indicators under Governance related to reportable data breaches that had been referred to the Information Commissioner’s Office (ICO). There was an ongoing investigation. Work on reducing the risk of future breaches included all-staff training in the autumn. Council suggested Change programme implementation of the customer care strategy could be discussed at a future Council catch-up meeting, as the GOC was in the process of seeking its accreditation.  <b>Action: Governance Officer to add Change programme implementation of customer care strategy to a future Council catch-up meeting.</b>  Council <b>noted</b> the report.
	<b>Chair’s report C46(23)</b>
27.	The Council Chair presented the item. Council noted the successful appointment of ten new Hearing Panel members and two Investigation Committee members.
28.	Council <b>noted</b> the report.
	<b>Chief Executive and Registrar’s report C47(23)</b>
29.	The Chief Executive and Registrar presented the report. Council discussed challenges with high level of interest from international applicants and impact on workforce. It was suggested a reason may be that major employers were currently undertaking overseas recruitment campaigns. Council was advised a consultation on a revised approach for managing overseas applications was underway and the outcome of the consultation would be brought to a future Council meeting in due course.
30.	Council was advised office accommodation plans were on track and a new project manager was being recruited, and a options analysis will be prepared.
31.	Council <b>noted</b> the report.
	<b>Council forward plan C48(23)</b>

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32.	Council <b>noted</b> the Council forward plan.
	<b>Any other business</b>
33.	There was none.
	<b>Date of the next meeting</b>
34.	Council noted the date of the next public meeting as <b>Wednesday 13 December 2023.</b>
	<b>Close</b>
35.	The meeting closed at 1.02pm.

**COUNCIL**

**Actions arising from Public Council meetings**

**Meeting Date: 13 December 2023**

**Status: For noting**

**Lead Responsibility and Paper Author:** Andy Spragg, Head of Governance

**Purpose**

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

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

**Part 1: Action Points from the Council meeting held on 27 September 2023**

Reference	By	Description	Deadline	Notes
<b>EDI annual report 2022/23 C38(23)</b>	Head of Governance	Head of Governance to review EDI reporting to Council for 2024-25.	<b>March 2023</b>	<b>ONGOING</b> The outcome of the EDI review will assist with developing an appropriate EDI reporting tool for Council.
<b>Business plan assurance report Q1 C45(23)</b>	Head of Governance	Governance Officer to add Change programme implementation of customer care strategy to a future Council catch-up meeting.	<b>Dec 2023</b>	<b>COMPLETE</b> An update was provided to a Council catch-up in November 2023. Further updates will be provided as required.

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

Reference	By	Description	Deadline	Notes
		<b>NONE</b>		

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
Minutes of the meeting held on 7 December 2022 C02(23) 22.03.23	Director of Corporate Services	Director of Corporate Services to expand scope of the annual health and safety report to Council	Dec 2023	<b>COMPLETE</b> <i>This action had been missed out of the June 2023 action tracker document.</i> Additional detail is provided in the December report.
Chair's report C30(23) 28.06.2023	Head of Governance	Head of Governance to review role profile for Council members' who live or work in a devolved nation.	Sept 2023	<b>COMPLETE:</b> Nominations Committee reviewed the member profile at its meeting 29 November 2022. This contained several proposals regarding the devolved nation member role profile. The following proposed wording will be included in the role profile for future campaigns to recruit members from the devolved wording: "Council members from the devolved nations can contribute by staying abreast of issues (for example, the local context for commissioning, application of government policy and education issues). This enables them to assure Council that its assessment of impact on the devolved administration is accurate and considers the local context."

## COUNCIL

### Standards Review

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**Meeting:** 13<sup>th</sup> December 2023

**Status:** For decision

**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)

**Paper Author(s):** Rebecca Chamberlain (Standards Manager)

**Council Lead(s):** There is no Council lead for this work

### Purpose

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1. To enable Council to consider the draft revisions to the standards, the draft consultation document, and the draft equality impact assessment, for the purpose of public consultation.

### Recommendations

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2. Council is asked to:
  - **Approve** the proposal to consult on the proposed draft revisions to the standards and the draft equality impact assessment
  - **Delegate approval** of the consultation document, equality impact assessment and revisions to the standards to the Chief Executive and Registrar in consultation with the Chair of Council and the Chair of Standards Committee, if Council request minor changes to the documents at the meeting

### Strategic objective

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3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory practice. This work is included in our 2023-2024 Business Plan.

### Background

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4. The Opticians Act<sup>1</sup> states that in pursuit of our overarching objective of protection of the public, we have a sub-objective to promote and maintain proper professional standards and conduct for members of [the optical professions] and to promote and maintain proper standards and conduct for business registrants. Another relevant sub-objective is to promote and maintain public confidence in the professions. They are an overarching set of standards setting minimum expectations which apply across all practise settings, to which registrants must apply their professional judgement.

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<sup>1</sup> Opticians Act 1989, Part 1 (2B), [Opticians Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/11/section/1)

5. We set the following standards:
  - Standards of Practice for Optometrists and Dispensing opticians
  - Standards for Optical Students
  - Standards for Optical Businesses
6. The Standards Review was launched in April 2023. The purpose of the Standards Review is to review and revise the existing Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students, to ensure they are fit for purpose, reflect the current context in which registrants practice and students are trained, and reflect changing public expectations. The Standards Review does not include a full review of the Standards for Optical Businesses. However, we have undertaken a limited review of the business standards to identify where consequential revisions might be necessary, to ensure alignment across the three sets of standards.
7. In Autumn 2022 the previous Standards Manager undertook a desk-based review, to compare the GOC's standards with those of other regulators and identify any gaps or areas for revision. We used the review in conjunction with other internal data, e.g., Fitness to Practise determinations and standards queries, to identify key areas where we believed practice had changed and/or public expectations had evolved. These areas were discussed and agreed with Advisory Panel in March 2023.
8. Between May and July 2023, the Standards Team facilitated ten stakeholder conversations on the following topics: social media and online conduct; supervision and delegation; leadership; technology and artificial intelligence; and maintaining professional boundaries. The stakeholder conversations were attended by optometrists, dispensing opticians, student registrants, business registrants and professional bodies. The conversations gave us excellent insight into the issues faced by the professions, and how the standards are used in daily practice, which has informed our decision making. A summary of the conversations can be accessed here - [Standards Review: what have stakeholder conversations told us?](#)
9. The Standards Team also facilitated bespoke discussions with the following stakeholders: business registrants; CPD providers; Fitness to Practise members; the Sector Education Forum; the Optical Sector Policy Forum and GOC staff. These discussions gave us further insights into how the standards are used by specific groups, and has informed our approach on issues, such as consideration of an implementation period.
10. In July 2023 the Standards Team commissioned a piece of patient and public research, to understand patient and public views on the Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students - [Public and patient research](#). The qualitative research explored four key areas: social media and online conduct; supervision and delegation; use of technology and artificial intelligence; and maintaining professional boundaries, as well as obtaining

general feedback on the standards. The research concluded that patients and the public generally felt the standards were comprehensive, whilst acknowledging that they could be further improved in a few areas, e.g., to include explicit reference to digital technologies.

11. The Standards Team attended Advisory Panel and Standards Committee meetings in March, June, and November 2023. During those meetings we discussed the scope of the review, provided project updates, ran “test” stakeholder conversations, discussed key concerns, e.g., sustainability and equality, diversity, and inclusion, and tested our approach to the revisions. The feedback provided by the Advisory Panel and Standards Committee has been incorporated it into the proposed revisions.
12. The Standards Team attended the Council Strategy Day on 2<sup>nd</sup> November, where the proposed revisions to the standards were discussed. Initial feedback from Council has been incorporated into the proposed revisions. The Standards Team also attended a Council Catch Up session on 14<sup>th</sup> November, to assure Council that their feedback was being actioned and to set out the next steps in preparation for public consultation.

## Analysis

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13. We have reviewed a range of information, including the findings from our desk-based review, the patient and public research, and our stakeholder conversations and other engagement events, and feedback from Council, Advisory Panel and Standards Committee, to identify which standards require revision, and where there are gaps in the current standards. We note that in general, stakeholders felt the existing standards were good, whilst acknowledging they could be improved in some areas. Based on the feedback received, we have proposed revisions and additions to the following key areas:
  - Leadership and professionalism
  - Care of patients in vulnerable circumstances
  - Effective communication
  - Use of technology and AI
  - Supervision and delegation
  - Equality, diversity and inclusion
  - Social media and online conduct and consent
  - Maintaining appropriate professional boundaries
  - Registrant health
  - Other changes/areas for consideration
14. We have proposed relatively few revisions or additions to the standards and have retained the design principles of the existing standards, which are not prescriptive about how registrants should behave. The standards will continue to set the

minimum expectations of behaviour and performance that we require from registrants in line with our statutory objectives.

15. Within Annexes 1, 2 and 3 we have provided full sets of standards, with changes highlighted in bold, to clearly identify where revisions and additions are proposed.
16. We consider that we have reached the stage at which our proposals are well developed enough that they can be understood by stakeholders but can still be influenced and shaped by their feedback through public consultation. Therefore, we are asking Council to approve the draft revisions, for the purpose of public consultation. For avoidance of doubt, Council are not being asked to approve the revisions themselves, but to agree that the proposed revisions are sufficiently developed to communicate the GOCs direction of travel and facilitate meaningful and informed responses, as part of a formal public consultation process.
17. A draft consultation document has been prepared, in accordance with guidance in the GOC's consultation policy - [Consultation policy](#). A copy of the draft consultation document can be found at Annex 4. The draft consultation document is structured as follows;
  - **Overview** – this section sets out our role as a regulator, why we are reviewing the standards now and what happens next
  - **Section 1: About the standards** – this section explains the purpose of the standards and who the standards apply to
  - **Section 2: Reviewing our standards** – this section outlines the process we have followed so far in reviewing our standards and the key themes which have emerged
  - **Section 3: Proposed changes to our standards** – this section sets out our rationale for the proposed changes, an explanation of the proposed changes and questions for respondents to answer. *This section will be supplemented by full sets of standards, with changes highlighted in bold, to identify where revisions and additions are proposed.*
  - **Section 4: How you can respond to the consultation** – this section summarises how respondents can respond to the consultation.
18. When the consultation document is published online, we will publish it in sections, and provide summaries of the changes to the standards. This should enable respondents to navigate easily through the consultation, ensuring a good online experience. As this is the first time, we will be using the new consultation platform, we will also test the consultation experience before it goes live.
19. The consultation document will be translated into Welsh prior to the consultation launch in January. Once we have the Welsh translation, we will build the consultation pages on the Welsh language site, to ensure that respondents have the same experience whether they choose to engage in English or Welsh. We will launch the consultation once the work outlined above is complete.

20. The Standards Team have prepared a consultation communication plan in collaboration with the Communications Team. Note that we will develop a separate consultation plan for the launch of the new standards once they are finalised after consultation.
21. Prior to launching the consultation, we will send out targeted communications to key stakeholders via e-mails and newsletters, and we will publicise the consultation through our social media channels and a blog. We will send further communications once the consultation opens, to encourage stakeholders to engage.
22. During the consultation period, we will schedule a series of stakeholder events to discuss the proposed changes and engage stakeholders in the consultation process. We will schedule open events, which all stakeholders can attend, and specific events for GOC staff, Fitness to Practise members and optical students.
23. We have engaged with charities and patient organisations, e.g., The Brain Tumour Charity and SeeAbility, to improve awareness of the Standards Review and seek their support in sharing the consultation with the patients and public they represent. We will continue this engagement throughout the consultation phase.

## Finance

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24. The Standards Review project has an allocated budget of £60k. We allocated £50k of this budget to commission a research agency to undertake research with patients and the public to understand their expectations of optical professionals and to discuss the highest priority topics we have identified for amendment of the standards.
25. The Standards Review project remains within budget.

## Risks

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26. There remains a risk that our intended focus for this work does not align with our key stakeholders' priorities, or with their understanding of the key issues affecting the optical sector. This is mitigated by ongoing press monitoring, maintaining links with key stakeholder bodies from a standards perspective, and our plans to engage stakeholders throughout the consultation period, to get their insights on the proposed changes.

## Equality Impacts

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27. We have completed a draft equality impact assessment on the revisions to the standards and a copy can be found in Annex 5. In respect of human rights, equality and inclusion, most risks identified were rated low. We note that some of the proposed revisions to the standards are likely to have a positive impact across all protected characteristics and for individuals in vulnerable circumstances.

28. We are asking Council to approve the draft equality impact assessment, on which we will seek stakeholder feedback.

### **Devolved nations**

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29. We are a UK wide regulator. Where there are differences in practice across the devolved nations, these have been carefully considered as part of the Standards Review.
30. The consultation will be published in both English and Welsh languages. Further discussion is included at paragraph 16 above

### **Other Impacts**

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31. The following other impacts have been identified:
- The Standards Team notes that there are new pieces of primary legislation in development, which may come into force during the lifecycle of the new standards. This has been addressed by inclusion of a generic statement which requires registrants to follow all relevant legislation.

### **Communications**

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#### **External communications**

32. The project team have developed a consultation communication plan, in collaboration with the Communications team.
33. We will develop a communications plan for the new standards after the consultation closes, as part of our post-consultation activities.

#### **Internal communications**

34. The consultation communication plan includes an engagement session with GOC staff, to be scheduled whilst the consultation is open.

### **Next steps**

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35. The next steps are:
- Finalise the consultation document, the sets of standards with changes highlighted in bold, and the equality impact assessment in preparation for consultation.
  - Facilitate the translation of the consultation document into Welsh
  - Build the consultation platforms
  - Schedule the stakeholder engagement events
  - Launch the public consultation in January.
36. We will provide an update on responses to the consultation for the June 2024 Council meeting via the CEO update paper. Depending on the volume and nature of

responses, we will bring a report summarising feedback from the consultation, as well as the final set of standards for approval, to Council at the meeting in either September or December 2024.

**Attachment**

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Annex 1: Draft revised standards for dispensing opticians and optometrists

Annex 2: Draft revised standards for optical students

Annex 3: Draft revised standards for optical businesses

Annex 4: Draft consultation document

Annex 5: Draft equality impact assessment

**Annex 1: Draft revised standards for dispensing opticians and optometrists**

Existing standard	Draft revision
Introductory wording	
<p>We are the UK regulator for the optical professions with statutory responsibility for setting standards. This section sets out the nineteen standards that you must meet as an optical professional. These standards are not listed in order of priority and include both standards relating to your behaviour and your professional performance. You will need to use your professional judgement in deciding how to meet the standards. To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we may produce supplementary material where we feel that registrants need additional support.</p> <p><b><u>Your role as a professional</u></b></p> <p>As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. You are professionally accountable and personally responsible for your practice and for what you do or do not do, no matter what direction or guidance you are given by an employer or colleague. This means you must always be able to justify your decisions and actions. If someone raises concerns about your fitness to practise, we will refer to these standards when deciding if we need to take any action. You will need to demonstrate that your decision making was informed by these standards and that you have acted in the best interests of your patients.</p> <p><b><u>Making the care of your patients your first and overriding concern</u></b></p> <p>The care, well-being and safety of patients must always be your first concern. This is at the heart of being a healthcare professional. Even if you do not have direct contact with patients, your decisions or behaviour can still affect their care and safety.</p>	
This is a new proposed statement to be added to the introductory wording under the heading ‘Your role as a professional’	<b>All registrants are expected to demonstrate leadership skills, attributes and behaviours, relevant to their scope of practice. Examples of when registrants could demonstrate leadership</b>

	<b>include, communicating a clear vision, adopting a collaborative approach to practice, role modelling professional behaviours, and contributing to the education and training of others. Leadership skills, attributes and behaviours are embedded throughout the standards and should be applied to all aspects of your work.</b>
This is a new proposed statement to be added to the introductory wording under the heading 'Your role as a professional'	<b>You must comply with all legal requirements that apply to you, including but not limited to, health and safety, data protection and consumer protection. You may also have other requirements to adhere to if you provide NHS services. If this is the case, you should ensure that they are met.</b>
This is a new proposed statement to be added to the introductory wording under the heading 'Making the care of your patients your first and overriding concern'	<b>You must exercise particular care when providing services to patients who, due to their personal circumstances, are in need of special care, support or protection or are at risk of abuse or neglect. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so a patient's vulnerabilities should be considered as part of each consultation.</b>
<b>1. Listen to patients and ensure they are at the heart of the decisions made about their care.</b>	
1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.	No revision proposed
1.2 Listen to patients and take account of their views, preferences and concerns, responding honestly and appropriately to their questions.	No revision proposed
1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.	No revision proposed
1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.	No revision proposed

1.5 Where possible, modify your care and treatment based on your patient's needs and preferences without compromising their safety.	No revision proposed
1.6 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant.	No revision proposed
1.7 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.	No revision proposed
1.8 Support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate.	No revision proposed
<b>2.Communicate effectively with your patients</b>	
2.1 Give patients information in a way they can understand. Use your professional judgement to adapt your language and communication approach as appropriate.	No revision proposed
2.2 Patients should know in advance what to expect from the consultation and have the opportunity to ask questions or change their mind before proceeding.	Patients should know in advance what to expect from the consultation. <b>You should identify yourself and your role and advise patients who will provide their care.</b> Patients should have opportunity to ask questions or change their mind before proceeding
2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.	No revision proposed
2.4 Ensure that the people you are responsible for are able to communicate effectively with patients and their carers, colleagues and others.	No revision proposed
2.5 Ensure that patients or their carers have all the information they need to safely use, administer or look after any optical devices, drugs or other treatment that they have been prescribed	Ensure that patients or their carers have all the information they need to safely use, administer or look after any <b>appliances</b> , drugs or other treatment that they have been prescribed or directed to

or directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.	use in order to manage their eye conditions. This includes being actively shown how to use any of the above.
2.6 Be sensitive and supportive when dealing with relatives or other people close to the patient.	No revision proposed
<b>3. Obtain valid consent</b>	
3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given: 3.1.1 Voluntarily. 3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent. 3.1.4 By an appropriately informed person. Informed means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, sale or supply of optical appliances or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.	Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given: 3.1.1 Voluntarily. 3.1.2 By the patient or someone authorised to act on the patient's behalf. 3.1.3 By a person with the capacity to consent. 3.1.4 By an appropriately informed person. <b>In this context, informing</b> means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, <b>supply of appliances</b> or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.
3.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. When working in a nation of the UK other than where you normally practise, be aware of any differences in consent law and apply these to your practice.	No revision proposed
3.3 Ensure that the patient's consent remains valid at each stage of the examination or treatment and during any research in which they are participating.	Ensure that the patient's consent remains valid at each stage of the examination or treatment, <b>when sharing patient data with others</b> , and during any research in which they are participating
<b>4. Show care and compassion for your patients</b>	
4.1 Treat others with dignity, and show empathy and respect.	No revision proposed

4.2 Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety.	Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety, <b>including when communicating bad news.</b>
<b>5. Keep your knowledge and skills up to date</b>	
5.1 Be competent in all aspects of your work, including clinical practice, supervision, teaching, research and management roles, and do not perform any roles in which you are not competent.	No revision proposed
5.2 Comply with the Continuing Education and Training (CET) requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.	Comply with the <b>Continuing Professional Development (CPD)</b> requirements of the General Optical Council as part of a commitment to maintaining and developing your knowledge and skills throughout your career as an optical professional.
5.3 Be aware of current good practice, taking into account relevant developments in clinical research, and apply this to the care you provide.	Be aware of current good practice, taking into account relevant developments in clinical research <b>and practice, including digital technologies, to inform</b> the care you provide.
5.4 Reflect on your practice and seek to improve the quality of your work through activities such as reviews, audits, appraisals or risk assessments. Implement any actions arising from these	No revision proposed
<b>6. Recognise, and work within, your limits of competence</b>	
6.1 Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.	No revision proposed
6.2 Be able to identify when you need to refer a patient in the interests of the patient's health and safety, and make appropriate referrals.	No revision proposed
6.3 Ensure that you have the required qualifications relevant to your practice.	No revision proposed

6.4 Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.	Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, <b>e.g.</b> , sight testing and the supply of <b>appliances</b> .
<b>7. Conduct appropriate assessments, examinations, treatments and referrals</b>	
7.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.	Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors <b>and vulnerabilities</b> .
7.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.	No revision proposed
7.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.	Only prescribe <b>appliances</b> , drugs, or treatment when you have adequate knowledge of the patient's health.
7.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.	No revision proposed
7.5 Provide effective patient care and treatments based on current good practice.	No revision proposed
7.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.	Only provide or recommend examinations, treatments, drugs or <b>appliances</b> if these are clinically justified and in the best interests of the patient. <b>Give patients information about all the options available to them, including declining further treatment or intervention, in a way they can understand.</b>
7.7 When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment	No revision proposed

and other aspects of patient care, bearing in mind the need for patient confidentiality.	
This is a new proposed standard:	<b>Apply your professional judgement when utilising data generated by digital technologies to inform decision making.</b>
<b>8. Maintain adequate patient records</b>	
8.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.	No revision proposed
8.2 As a minimum, record the following information: 8.2.1 The date of the consultation. 8.2.2 Your patient's personal details. 8.2.3 The reason for the consultation and any presenting condition. 8.2.4 The details and findings of any assessment or examination conducted. 8.2.5 Details of any treatment, referral or advice you provided, including any drugs or optical device prescribed or a copy of a referral letter. 8.2.6 Consent obtained for any examination or treatment. 8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author.	As a minimum, record the following information: 8.2.1 The date of the consultation. 8.2.2 Your patient's personal details. 8.2.3 The reason for the consultation and any presenting condition. 8.2.4 The details and findings of any assessment or examination conducted. 8.2.5 Details of any treatment, referral or advice you provided, including any drugs or <b>appliance</b> prescribed or a copy of a referral letter. 8.2.6 Consent obtained for any examination or treatment. 8.2.7 Details of all those involved in the optical consultation, including name and signature, or other identification of the author.
<b>9. Ensure that supervision is undertaken appropriately and complies with the law</b>	
9.1 Be sufficiently qualified and experienced to undertake the functions you are supervising.	No revision proposed
9.2 Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity.	No revision proposed
9.3 Be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.	No revision proposed

9.4 Retain clinical responsibility for the patient. When delegating you retain responsibility for the delegated task and for ensuring that it has been performed to the appropriate standard.	No revision proposed
9.5 Take all reasonable steps to prevent harm to patients arising from the actions of those being supervised.	No revision proposed
9.6 Comply with all legal requirements governing the activity.	No revision proposed
9.7 Ensure that details of those being supervised or performing delegated activities are recorded on the patient record.	No revision proposed
<b>10. Work collaboratively with colleagues in the interests of patients</b>	
10.1 Work collaboratively with colleagues within the optical professions and other healthcare practitioners in the best interests of your patients, ensuring that your communication is clear and effective.	No revision proposed
10.2 Refer a patient only where this is clinically justified, done in the interests of the patient and does not compromise patient care or safety. When making or accepting a referral it must be clear to both parties involved who has responsibility for the patient's care.	No revision proposed
10.3 Ensure that those individuals or organisations to which you refer have the necessary qualifications and registration so that patient care is not compromised.	No revision proposed
10.4 Ensure that patient information is shared appropriately with others, and clinical records are accessible to all involved in the patient's care.	No revision proposed
10.5 Where disagreements occur between colleagues, aim to resolve these for the benefit of the patient.	No revision proposed
<b>11. Protect and safeguard patients, colleagues and others from harm</b>	

11.1 You must be aware of and comply with your legal obligations in relation to safeguarding of children, young people and vulnerable adults.	No revision proposed
<p>11.2 Protect and safeguard children, young people and vulnerable adults from abuse. You must:</p> <p>11.2.1 Be alert to signs of abuse and denial of rights.</p> <p>11.2.2 Consider the needs and welfare of your patients.</p> <p>11.2.3 Report concerns to an appropriate person or organisation.</p> <p>11.2.4 Act quickly in order to prevent further risk of harm.</p> <p>11.2.5 Keep adequate notes on what has happened and what actions you took.</p>	No revision proposed
11.3 Promptly raise concerns about your patients, colleagues, employer or other organisation if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your employing, contracting, professional or regulatory organisation as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.	No revision proposed
11.4 If you have concerns about your own fitness to practise whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, stop practising immediately and seek advice	If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter which may <b>compromise patient safety</b> or damage the reputation of your profession, stop practising immediately and seek <b>appropriate</b> advice.
11.5 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern.	No revision proposed
11.6 Ensure that any contracts or agreements that you enter into do not restrict you from raising concerns about patient safety including restricting what you are able to say when raising the concern.	No revision proposed

<p>11.7 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in standard 14.</p>	<p>No revision proposed</p>
<p>This is a new proposed standard:</p>	<p><b>If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others.</b></p>
<p><b>12. Ensure a safe environment for your patients</b></p>	
<p>12.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case (see standard 11). In particular:</p> <ul style="list-style-type: none"> <li>12.1.1 Be aware of and comply with health and safety legislation.</li> <li>12.1.2 Ensure that the environment and equipment that you use is hygienic.</li> <li>12.1.3 Ensure that equipment that you use has been appropriately maintained.</li> <li>12.1.4 Follow the regulations on substances hazardous to health.</li> <li>12.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.</li> <li>12.1.6 Minimise the risk of infection by following appropriate infection controls including hand hygiene.</li> </ul>	<p>No revision proposed</p>
<p>12.2 Have adequate professional indemnity insurance and only work in practices that have adequate public liability insurance. This includes the following:</p> <ul style="list-style-type: none"> <li>12.2.1 If insurance is provided by your employer, you must confirm that adequate insurance is in place.</li> </ul>	<p>No revision proposed</p>

<p>12.2.2 If you work in multiple practices, you must ensure that there is adequate insurance to cover each working environment.</p> <p>12.2.3 Your professional indemnity insurance must provide continuous cover for the period you are in practice.</p> <p>12.2.4 Your professional indemnity insurance must cover complaints that are received after you stop practising, as these might be received years later – this is sometimes referred to as ‘run-off’ cover.</p>	
<p>12.3 Ensure that when working in the home of a patient or other community setting, the environment is safe and appropriate for the delivery of care.</p>	<p>No revision proposed</p>
<p>12.4 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:</p> <p>12.4.1 Use your professional judgement to assess the urgency of the situation.</p> <p>12.4.2 Provide any care that is within your scope of practice which will provide benefit for the patient.</p> <p>12.4.3 Make your best efforts to refer or signpost the patient to another healthcare professional or source of care where appropriate.</p>	<p>No revision proposed</p>
<p><b>13. Show respect and fairness to others and do not discriminate</b></p>	
<p>13.1 Respect a patient’s dignity, showing politeness and consideration.</p>	<p>No revision proposed</p>
<p>13.2 Promote equality, value diversity and be inclusive in all your dealings and do not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.</p>	<p>Promote equality, value diversity and be inclusive in all your dealings with <b>patients, the public, colleagues, and others with whom you have a professional relationship</b>. Do not discriminate on the grounds of <b>protected characteristics</b>.</p>

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<p>13.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you refer patients to other appropriate providers.</p>	<p>No revision proposed</p>
<p>13.4 Respect colleagues' skills and contributions and do not discriminate.</p>	<p>Propose standard is merged with standard 13.6 as follows;   <b>Respect colleagues' skills and contributions, and refrain from making unnecessary, or disparaging comments which could make a patient doubt your colleagues' competence, skills, or fitness to practise. This applies to public, private, and online communications. If you have concerns about a colleague's fitness to practise, then please refer to standard 11.</b></p>
<p>13.5 Be aware of how your own behaviour might influence colleagues and students and demonstrate professional behaviour at all times.</p>	<p>No revision proposed</p>
<p>13.6 Refrain from making unnecessary or disparaging comments which could make a patient doubt your colleagues' competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise, then please refer to standard 11.</p>	<p>Propose standard is merged with standard 13.4 as outlined above</p>
<p>13.7 Support colleagues and offer guidance where they have identified problems with their performance or health or they have sought your help, but always put the interests and safety of patients first.</p>	<p>No revision proposed</p>
<p>13.8 Consider and respond to the needs of disabled patients and make reasonable adjustments to your practice to accommodate these and improve access to optical care.</p>	<p>Consider and respond to the needs of <b>patients with a disability, and patients in vulnerable circumstances</b>, and make reasonable adjustments to your practice to accommodate these and improve access to optical care.</p>
<p>13.9 Challenge colleagues if their behaviour is discriminatory and be prepared to report behaviour that amounts to the abuse</p>	<p>No revision proposed</p>

or denial of a patient's or colleague's rights, or could undermine patient safety.	
<b>14. Maintain confidentiality and respect your patients' privacy</b>	
14.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.	No revision proposed
14.2 Ensure that all staff you employ or are responsible for, are aware of their obligations in relation to maintaining confidentiality.	No revision proposed
14.3 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.	Maintain confidentiality when communicating publicly, including speaking to or writing in the media, when writing <b>and sharing images online</b> , including on social media.
14.4 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.	No revision proposed
14.5 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remains confidential. Different patients will require different levels of privacy and their preferences must be taken into account.	No revision proposed
14.6 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.	14.6 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, <b>or in the public interest.</b>
14.7 Securely store and protect your patient records to prevent loss, theft and inappropriate disclosure, in accordance with data protection law. If you are an employee, then this would be in accordance with your employer's storage policy.	No revision proposed

14.8 Confidentially dispose of patient records when no longer required in line with data protection requirements.	No revision proposed
<b>15. Maintain appropriate boundaries with others</b>	
15.1 Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.	Maintain <b>appropriate</b> boundaries with your patients, students, <b>colleagues and others with whom you have a professional relationship</b> and take special care when dealing with people in vulnerable circumstances. <b>Maintaining appropriate boundaries applies to your behaviours, actions and communications.</b>
15.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.	Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest. <b>Take particular care when dealing with people in vulnerable circumstances.</b>
This is a new proposed standard:	<b>You must not act in a sexual way towards patients, students, colleagues or others with whom you have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation or distress. Maintaining sexual boundaries applies to your behaviours, actions and communications.</b>
<b>16. Be honest and trustworthy</b>	
16.1 Act with honesty and integrity to maintain public trust and confidence in your profession.	No revision proposed
16.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.	No revision proposed

16.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient safety.	No revision proposed
16.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.	No revision proposed
16.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.	No revision proposed
16.6 Do not make misleading, confusing or unlawful statements within your advertising.	Do not make misleading, confusing or unlawful statements within your <b>communications</b> or advertising.
<b>17. Do not damage the reputation of your profession through your conduct</b>	
17.1 Ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.	No revision proposed
17.2 Ensure your conduct in the online environment, particularly in relation to social media, whether or not connected to your professional practice, does not damage public confidence in you or your profession.	No revision proposed
17.3 Be aware of and comply with the law and regulations that affect your practice, and all the requirements of the General Optical Council.	No revision proposed
<b>18. Respond to complaints effectively</b>	
18.1 Operate a complaints system or follow the system that your employer has in place, making patients aware of their opportunities to complain to yourself or your employer. At the appropriate stage in the process, the patient should also be informed of their rights to complain to the General Optical	No revision proposed

<p>Council or to seek mediation through the Optical Consumer Complaints Service.</p>	
<p>18.2 Respect a patient’s right to complain and ensure that the making of a complaint does not prejudice patient care.</p>	<p>No revision proposed</p>
<p>18.3 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.</p>	<p>No revision proposed</p>
<p>18.4 Provide any information that a complainant might need to progress a complaint, including your General Optical Council registration details and details of any registered specialty areas of practice.</p>	<p>No revision proposed</p>
<p><b>19. Be candid when things have gone wrong</b></p>	
<p>19.1 Be open and honest with your patients when you have identified that things have gone wrong with their treatment or care which has resulted in them suffering harm or distress or where there may be implications for future patient care. You must:</p> <ul style="list-style-type: none"> <li>19.1.1 Tell the patient or, where appropriate, the patient’s advocate, carer or family that something has gone wrong.</li> <li>19.1.2 Offer an apology.</li> <li>19.1.3 Offer appropriate remedy or support to put matters right (if possible).</li> <li>19.1.4 Explain fully and promptly what has happened and the likely short-term and long-term effects.</li> <li>19.1.5 Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.</li> </ul>	<p>No revision proposed</p>
<p>19.2 Be open and honest with your colleagues, employers and relevant organisations, and take part in reviews and investigations when requested, and with the General Optical Council, raising concerns where appropriate. Support and encourage your colleagues to be open and honest, and not stop someone from raising concerns.</p>	<p>No revision proposed</p>

19.3 Ensure that when things go wrong, you take account of your obligations to reflect and improve your practice as outlined in standard 5.	No revision proposed
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**Annex 2: Draft revised standards for optical students**

<u>Existing standard</u>	<u>Draft revision</u>
Introductory wording	
<p data-bbox="125 347 555 379"><u>Standards for optical students</u></p> <p data-bbox="125 379 1917 453">Our standards define the standards of behaviour and performance we expect of all registered student optometrists and student dispensing opticians.</p> <p data-bbox="125 475 533 507"><u>The General Optical Council</u></p> <p data-bbox="125 507 1861 580">The General Optical Council is the regulator for the optical professions with statutory responsibility for setting standards for optical students.</p> <p data-bbox="125 580 1917 654">This section sets out the eighteen standards that you must meet whilst training as an optical professional. These standards are not listed in order of priority and include standards relating to your behaviour and your supervised practice.</p> <p data-bbox="125 676 1839 750">You are professionally responsible for what you do or do not do. You must use your own professional judgement, with the support of your training provider or supervisor, to determine how to achieve these standards.</p> <p data-bbox="125 772 1951 845">To help you in doing so, we have provided additional information about what we expect of you under each standard. In relation to a small number of standards we may produce supplementary material where we feel that registrants need additional support.</p> <p data-bbox="125 868 510 900"><u>Your role as a professional</u></p> <p data-bbox="125 900 1917 973">As a student training to become a registered healthcare professional, you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards.</p> <p data-bbox="125 973 1861 1046">Throughout the course of your training you will develop the knowledge and skills needed to be able to exercise professional judgement and make decisions about the care of your patient.</p> <p data-bbox="125 1069 1895 1184">In the early stages of your training you will receive a greater level of support from your tutors and supervisors to assist your decision making. As you become more competent and experienced you will be required to take on increased responsibility for your decisions and professional judgements.</p> <p data-bbox="125 1206 994 1238"><u>Requirement to be registered throughout your period of study</u></p> <p data-bbox="125 1238 1917 1311">It is a requirement for all students enrolled on a General Optical Council-accredited course in optometry or dispensing optics to be registered throughout their period of training and to follow the standards outlined in this document.</p> <p data-bbox="125 1334 965 1366"><u>Consequences of not registering or following the standards</u></p>	

If someone raises concerns about your fitness to train, we will refer to these standards when deciding if we need to take any action.  
 You will need to demonstrate that your behaviour was in line with these standards and that you have acted professionally and in the best interests of your patients.

We will apply these standards in the context of the stage of training you have reached, taking into account the level of support and guidance you have received from those supervising your training.

Failure to register or follow these standards as a student, may affect your ability to register and practise as an optical professional when you qualify. In serious cases you may also be removed from your training course.

Making the care of your patients your first and overriding concern

The care, well-being and safety of patients are at the heart of being a professional. Patients will often have the same expectations of students as they would of qualified healthcare professionals and they must always be your first concern from the beginning of your study, through to your pre-registration training and beyond.

We have therefore produced these specific standards for optical students which can be applied in the context of your study, taking account of the fact that you will develop your knowledge, skills and judgement over the period of your training.

Once your training is complete and you register as a practising optical professional you will then be expected to meet the separate Standards of Practice for Optometrists and Dispensing Opticians.

<p>This is a new proposed statement to be added to the introductory wording under the heading 'Your role as a professional'</p>	<p><b>All registrants are expected to demonstrate leadership skills, attributes and behaviours, relevant to their scope of practice. Examples of when registrants could demonstrate leadership include, adopting a collaborative approach to practice and role modelling professional behaviours. Leadership skills, attributes and behaviours are embedded throughout the standards and should be applied to all aspects of your work.</b></p>
<p>This is a new proposed statement to be added to the introductory wording under the heading 'Your role as a professional'</p>	<p><b>You must comply with all legal requirements that apply to you, including but not limited to, health and safety, data protection and consumer protection. You may also have other requirements to adhere to, if you provide NHS</b></p>

	<b>services. If this is the case, you should ensure that they are met.</b>
This is a new proposed statement to be added to the introductory wording under the heading 'Making the care of your patients your first and overriding concern'	<b>You must exercise particular care when providing services to patients who, due to their personal circumstances, are in need of special care, support or protection or are at risk of abuse or neglect. Patients may be vulnerable for a range of reasons, including physical or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary between contexts, and change over time, so a patient's vulnerabilities should be considered as part of each consultation.</b>
<b>1 . Listen to patients and ensure that they are at the heart of the decisions made about their care.</b>	
1.1 Give patients your full attention and allow sufficient time to deal properly with their needs.	No revision proposed
1.2 Listen to patients and in conjunction with your tutor or supervisor take account of their views, preferences and concerns, responding honestly and appropriately to their questions or referring to your tutor or supervisor for advice.	No revision proposed
1.3 Assist patients in exercising their rights and making informed decisions about their care. Respect the choices they make.	No revision proposed
1.4 Treat patients as individuals and respect their dignity and privacy. This includes a patient's right to confidentiality.	No revision proposed
1.5 Where possible, in consultation with your tutor or supervisor, modify your care and treatment based on your patient's needs and preferences without compromising patient safety.	No revision proposed

1.6 Consider all information provided by your patients, including where they have undertaken research in advance of the consultation. Explain clearly if the information is not valid or relevant. Work in consultation with your tutor or supervisor to achieve this.	No revision proposed
1.7 Encourage patients to ask questions and take an active part in the decisions made about their treatment, prescription and aftercare.	No revision proposed
1.8 In conjunction with your tutor or supervisor, support patients in caring for themselves, including giving advice on the effects of life choices and lifestyle on their health and well-being and supporting them in making lifestyle changes where appropriate	No revision proposed
<b>2. Communicate effectively with your patients</b>	
2.1 Give patients information in a way they can understand. Work with your tutor to achieve this.	No revision proposed
2.2 Ensure your patients know in advance what to expect from the consultation, giving them the opportunity to ask questions or change their mind before proceeding.	Patients should know in advance what to expect from the consultation. <b>You should identify yourself and your role and advise patients who will provide their care.</b> Patients should have opportunity to ask questions or change their mind before proceeding
2.3 Be alert to unspoken signals which could indicate a patient's lack of understanding, discomfort or lack of consent.	No revision proposed
2.4 Develop and use appropriate communication skills to communicate effectively with patients and their carers, colleagues and others. Consult your tutor or supervisor when unsure of how to proceed.	No revision proposed
2.5 Ensure that patients or their carers have all the information they need to safely use, administer or look after optical devices, drugs or other treatment that has been prescribed or they have been directed to use in order to manage their eye conditions.	Ensure that patients or their carers have all the information they need to safely use, administer or look after <b>appliances</b> , drugs or other treatment that has been prescribed or they have been

This includes being actively shown how to use any of the above.	directed to use in order to manage their eye conditions. This includes being actively shown how to use any of the above.
2.6 Be sensitive and supportive when dealing with relatives or other people close to the patient.	No revision proposed
<b>3. Obtain valid consent</b>	
<p>3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:</p> <p>3.1.1 Voluntarily.</p> <p>3.1.2 By the patient or someone authorised to act on the patient's behalf.</p> <p>3.1.3 By a person with the capacity to consent.</p> <p>3.1.4 By an appropriately informed person. Informed means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, sale or supply of optical appliances or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.</p>	<p>3.1 Obtain valid consent before examining a patient, providing treatment or involving patients in teaching and research activities. For consent to be valid it must be given:</p> <p>3.1.1 Voluntarily.</p> <p>3.1.2 By the patient or someone authorised to act on the patient's behalf.</p> <p>3.1.3 By a person with the capacity to consent.</p> <p>3.1.4 By an appropriately informed person. <b>In this context, informing</b> means explaining what you are going to do and ensuring that patients are aware of any risks and options in terms of examination, treatment, <b>supply of appliances</b> or research they are participating in. This includes the right of the patient to refuse treatment or have a chaperone or interpreter present.</p>
3.2 Be aware of your legal obligations in relation to consent, including the differences in the provision of consent for children, young people and vulnerable adults. When in a nation of the UK, other than where you normally study or undertake supervised practice, be aware of any differences in consent law and apply these appropriately.	No revision proposed
3.3 Ensure that the patient's consent remains valid at each stage of the examination or treatment and during any research in which they are participating.	Ensure that the patient's consent remains valid at each stage of the examination or treatment, <b>when sharing patient data with others</b> and during any research in which they are participating.
<b>4. Show care and compassion for your patients</b>	

4.1 Treat others with dignity, and show empathy and respect.	No revision proposed
4.2 Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety.	Respond with humanity and kindness to circumstances where patients, their family or carers may experience pain, distress or anxiety, <b>including when communicating bad news.</b>
<b>5. Recognise, and work within, your limits of competence</b>	
5.1 Recognise the limits of your scope of training including your knowledge, skills and experience.	No revision proposed
5.2 Be able to identify when you need to refer to your tutor or supervisor for further advice and guidance.	No revision proposed
5.3 Understand and comply with the requirements of student registration with the General Optical Council and the legal obligations of undertaking any restricted functions.	Understand and comply with the requirements of registration with the General Optical Council and the legal obligations <b>of undertaking any functions restricted by law, e.g., sight testing and the supply of appliances.</b>
<b>6. Conduct appropriate assessments, examinations, treatments and referrals under supervision</b>	
6.1 Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.	Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs, cultural factors <b>or vulnerabilities.</b>
6.2 Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.	No revision proposed
6.3 Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.	Only prescribe <b>appliances</b> , drugs, or treatment when you have adequate knowledge of the patient's health.

6.4 Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.	No revision proposed.
6.5 Provide effective patient care and treatments based on current good practice.	No revision proposed
6.6 Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.	Only provide or recommend examinations, treatments, drugs or optical <b>appliances</b> if these are clinically justified and in the best interests of the patient. <b>Give patients information about all the options available to them, including declining further treatment or intervention, in a way they can understand.</b>
6.7 When in doubt, consult with your tutor or supervisor appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.	No revision proposed
This is a new proposed standard:	<b>Apply your professional judgement when utilising data generated by digital technologies to inform decision making.</b>
<b>7. Maintain adequate patient records</b>	
7.1 Maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient's care.	No revision proposed
7.2 As a minimum, record the following information: 7.2.1 The date of the consultation. 7.2.2 Your patient's personal details. 7.2.3 The reason for the consultation and any presenting condition. 7.2.4 The details and findings of any assessment or examination conducted.	No revision proposed

<p>7.2.5 The treatment, referral or advice you provided, including any drugs or optical device prescribed or a copy of the referral letter.</p> <p>7.2.6 Consent obtained for any examination or treatment.</p> <p>7.2.7 Details of all those involved in the optical consultation, including name and signature or other identification of the author. This includes details of your supervisor including name and GOC registration number.</p>	
<p>8. Ensure that supervision is undertaken appropriately and complies with the law</p>	
<p>8.1 You must only be supervised by someone who is approved by your employer or training provider.</p>	<p>No revision proposed</p>
<p>8.2 Ensure that your supervisor is on the premises, in a position to oversee the work you undertake and is ready to intervene if necessary in order to protect patients.</p>	<p>No revision proposed</p>
<p>8.3 Your supervisor retains clinical responsibility for the patient.</p>	<p>No revision proposed</p>
<p>8.4 Comply with all legal requirements governing the activity.</p>	<p>No revision proposed</p>
<p>9. Work collaboratively with your peers, tutors, supervisors or other colleagues in the interests of patients</p>	
<p>9.1 Work collaboratively with your peers, tutors, supervisors, other colleagues within the optical professions and other health and social care practitioners in the best interests of your patients, ensuring that your communication is clear and effective.</p>	<p>No revision proposed</p>
<p>9.2 Ensure that patient information is shared appropriately with others, and clinical records are accessible by all involved in the patient's care.</p>	<p>No revision proposed</p>

9.3 Where disagreements occur between yourself, your tutor, peers or other colleagues, ensure that these do not impact on patient care and aim to resolve these for the benefit of the patient.	No revision proposed
10. Protect and safeguard patients, colleagues and others from harm	
<p>10.1 Protect and safeguard children, young people and vulnerable adults from abuse. You must:</p> <p>10.1.1 Be alert to signs of abuse and denial of rights.</p> <p>10.1.2 Consider the needs and welfare of your patients.</p> <p>10.1.3 Report concerns to an appropriate person or organisation, whether this is your tutor, supervisor or training provider.</p> <p>10.1.4 Act quickly in order to prevent further risk of harm. Seek advice immediately if you are unsure of how to proceed.</p> <p>10.1.5 Keep adequate notes on what has happened and what actions you took.</p>	No revision proposed
10.2 Promptly raise concerns about your patients, peers, colleagues, tutor, supervisor, training provider or other organisation, if patient or public safety might be at risk and encourage others to do the same. Concerns should be raised with your supervisor, training provider or the General Optical Council as appropriate. This is sometimes referred to as 'whistle-blowing' and certain aspects of this are protected by law.	No revision proposed
10.3 If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter that may damage the reputation of your profession, do not participate in any further clinical training and seek advice from your training provider immediately.	If you have concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter <b>which may compromise patient safety</b> or damage the reputation of your profession, stop practising immediately and seek <b>appropriate</b> advice.

10.4 If patients are at risk because of inadequate premises, equipment, resources, employment policies or systems, put the matter right if that is possible and/or raise a concern with your training provider.	No revision proposed
10.5 Ensure that when reporting concerns, you take account of your obligations to maintain confidentiality as outlined in standard 13.	No revision proposed
<b>11. Ensure a safe environment for your patients</b>	
<p>11.1 Ensure that a safe environment is provided to deliver care to your patients, and take appropriate action if this is not the case (see standard 10), by raising your concerns with your training provider. In particular:</p> <ul style="list-style-type: none"> <li>11.1.1 Be aware of and comply with health and safety legislation.</li> <li>11.1.2 Ensure that the environment and equipment that you use is hygienic.</li> <li>11.1.3 Ensure that equipment that you use has been appropriately maintained.</li> <li>11.1.4 Follow the regulations on substances hazardous to health.</li> <li>11.1.5 Dispose of controlled, clinical and offensive materials in an appropriate manner.</li> <li>11.1.6 Minimise the risk of infection by following appropriate infection controls including hand hygiene.</li> </ul>	No revision proposed
<p>11.2 In an emergency, take appropriate action to provide care, taking into account your competence and other available options. You must:</p> <ul style="list-style-type: none"> <li>11.2.1 Use your professional judgement to assess the urgency of the situation.</li> <li>11.2.2 Provide any care that is within your scope of training which will provide benefit for the patient.</li> </ul>	No revision proposed

11.2.3 Make your best efforts to refer or signpost the patient to a healthcare professional or source of care where appropriate.	
<b>12. Show respect and fairness to others and do not discriminate</b>	
12.1 Respect a patient's dignity, showing politeness and consideration.	No revision proposed
12.2 Promote equality, value diversity and be inclusive in all your dealings. Do not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief.	Promote equality, value diversity and be inclusive in all your dealings <b>with patients, the public, colleagues, and others with whom you have a professional relationship.</b> Do not discriminate on the grounds of <b>protected characteristics.</b>
12.3 Ensure that your own religious, moral, political or personal beliefs and values do not prejudice patients' care. If these prevent you from providing a service, ensure that you consult with your tutor, supervisor or training provider to make alternative arrangements.	No revision proposed
12.4 Respect peers' and colleagues' skills and contributions and do not discriminate.  12.5 Refrain from making unnecessary or disparaging comments about your peers, tutors, supervisors, training provider or other colleagues which could make a patient doubt their competence, skills or fitness to practise, either in public or private. If you have concerns about a colleague's fitness to practise or the performance of your training provider or placement, then please refer to standard 10.	Propose standards merged are as follows;  <b>Respect peers' and colleagues' skills and contributions, and refrain from making unnecessary, or disparaging comments about your peers, tutors, supervisors, training provider or other colleagues, which could make a patient doubt their competence, skills, or fitness to practise. This applies to public, private, and online communications. If you have concerns about a colleague's fitness to practise or the performance of your training provider or placement, then please refer to standard 10.</b>

12.6 Consider and respond to the needs of disabled patients and make reasonable adjustments in conjunction with your tutor, supervisor or training provider to accommodate these and improve access to optical care.	Consider and respond to the needs of <b>patients with a disability, and patients in vulnerable circumstances</b> , and make reasonable adjustments to your practice to accommodate these and improve access to optical care.
12.7 Challenge your peers if their behaviour is discriminatory and be prepared to report behaviour that amounts to abuse or denial of a patient's or colleague's rights or patient safety.	No revision proposed
<b>13. Maintain confidentiality and respect your patients' privacy</b>	
13.1 Keep confidential all information about patients in compliance with the law, including information which is handwritten, digital, visual, audio or retained in your memory.	No revision proposed
13.2 Maintain confidentiality when communicating publicly, including speaking to or writing in the media, or writing online including on social media.	Maintain confidentiality when communicating publicly, including speaking to or writing in the media, when writing <b>and sharing images online</b> , including on social media.
13.3 Co-operate with formal inquiries and investigations and provide all relevant information that is requested in line with your obligations to patient confidentiality.	No revision proposed
13.4 Provide an appropriate level of privacy for your patients during consultation to ensure that the process of information gathering, examination and treatment remain confidential. Different patients will require different levels of privacy and their preferences must be taken into account.	No revision proposed
13.5 Only use the patient information you collect for the purposes it was given, or where you are required to share it by law.	Only use the patient information you collect for the purposes it was given, or where you are required to share it by law, <b>or in the public interest.</b>
13.6 Securely store and protect your patient records to prevent loss, theft and inappropriate disclosure, in	No revision proposed

accordance with data protection law as outlined in the policies of your training provider.	
13.7 Confidentially dispose of patient records when no longer required in line with data protection requirements.	No revision proposed
<b>14. Maintain appropriate boundaries with others</b>	
14.1 Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional training and take special care when dealing with vulnerable people.	Maintain <b>appropriate</b> boundaries with your patients, students, <b>colleagues</b> and others <b>with whom you have a professional relationship and</b> take special care when dealing with <b>people in vulnerable circumstances. Maintaining appropriate boundaries applies to your behaviours, actions and communications.</b>
14.2 Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.	Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest. <b>Take particular care when dealing with people in vulnerable circumstances</b>
This is a new proposed standard:	<b>You must not act in a sexual way towards patients, students, colleagues or others with whom you have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation or distress. Maintaining sexual boundaries applies to your behaviours, actions and communications.</b>
<b>15. Be honest and trustworthy</b>	
15.1 Act with honesty and integrity to maintain public trust and confidence in your profession.	No revision proposed

15.2 Avoid or manage any conflicts of interest which might affect your professional judgement. If appropriate, declare an interest, withdraw yourself from the conflict and decline gifts and hospitality.	No revision proposed
15.3 Ensure that incentives, targets and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient care.	No revision proposed
15.4 Ensure that you do not make false or misleading statements when describing your individual knowledge, experience, expertise and specialties, including by the use of titles.	No revision proposed
15.5 Be honest in your financial and commercial dealings and give patients clear information about the costs of your professional services and products before they commit to buying.	No revision proposed
15.6 Do not make misleading, confusing or unlawful statements within your advertising.	Do not make misleading, confusing or unlawful statements within your <b>communications</b> or advertising.
16. Do not damage the reputation of your profession through your conduct	
16.1 Ensure that your conduct, whether or not connected to your professional study does not damage public confidence in you or your profession.	No revision proposed
16.2 Ensure your conduct in the online environment particularly in relation to social media, whether or not connected to your professional study, does not damage public confidence in you or your profession.	No revision proposed
16.3 Be aware of and comply with the law and all the requirements of the General Optical Council.	No revision proposed
17. Respond to complaints effectively	

17.1 Follow the complaints system that your training provider has in place, making patients aware of their opportunities to complain to yourself or your training provider. At the appropriate stage in the process, the patient should also be informed of their rights to complain to the General Optical Council or to seek mediation through the Optical Consumer Complaints Service as appropriate.	No revision proposed
17.2 Respect a patient's right to complain and ensure that the making of a complaint does not prejudice patient care.	No revision proposed
17.3 Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.	No revision proposed
17.4 Provide any information that a complainant might need to progress a complaint including your General Optical Council registration details.	No revision proposed
<b>18. Be candid when things have gone wrong</b>	
<p>18.1 Be open and honest with your patients when you have identified that things have gone wrong with their treatment or care which has resulted in them suffering harm or distress or where there may be implications for future patient care, seeking advice from your tutor or supervisor on how to proceed. They will advise on whether further action is required such as:</p> <ul style="list-style-type: none"> <li>18.1.1 Telling the patient (or, where appropriate, the patient's advocate, carer or family) that something has gone wrong.</li> <li>18.1.2 Offering an apology.</li> <li>18.1.3 Offering appropriate remedy or support to put matters right (if possible).</li> <li>18.1.4 Explaining fully and promptly what has happened and the likely short-term and long-term effects.</li> </ul>	No revision proposed

18.1.5 Outlining what you will do, where possible, to prevent reoccurrence and improve future patient care.	
18.2 Be open and honest with your supervisor or training provider and take part in reviews and investigations when requested and with the General Optical Council, raising concerns where appropriate. Support and encourage your peers to be open and honest, and not stop someone from raising concerns.	No revision proposed
18.3 Ensure that when things go wrong, you reflect on what happened and use the experience to improve.	No revision proposed

**Annex 3: Draft revised standards for optical businesses**

Existing standard	Draft revision
1.1 Patients can expect to be safe in your care	
1.1.1 Understands its legal and professional responsibilities to safeguard patients from abuse and ensures that it and its staff are prepared and supported to do so;	No proposed revision
1.1.2 Has a process for staff to report any safeguarding concerns and encourages them to do so;	No proposed revision
1.1.3 Promptly addresses concerns about colleagues, businesses or other organisations if patient or public safety might be at risk. These concerns may be identified by you or your staff;	No proposed revision
1.1.4 Escalates or reports concerns affecting patient or public safety, where they cannot be addressed by your business, to an appropriate authority and encourages others to do the same;	No proposed revision
1.1.5 Makes staff aware that where they have raised concerns which have not been resolved within the business, they may escalate or report these to a higher authority such as a professional regulator (whistleblow) and certain aspects of this are protected by law;	No proposed revision
1.1.6 Ensures that when introducing technological interventions, including artificial intelligence (AI) and machine learning, they do not compromise patient care, and that professional standards continue to be met;	No proposed revision
1.1.7 Considers whether criminal record checks are necessary for its staff members depending on their particular roles and/or exposure to patients, particularly children and vulnerable adults. The process for undertaking such checks varies across the four nations of the UK;	No proposed revision

1.1.8 Is prepared to restrict trading in areas of concern if continuing to do so would adversely affect patient care;	No proposed revision
1.1.9 Takes appropriate steps to protect patients, the public and your employees if there is evidence to show that a staff member may not be fit to practise or work. This also applies to students who may not be fit to train;	Take appropriate steps to protect patients, the public and your employees, if there is evidence to show that a staff member <b>or student</b> may not be fit to practise, <b>train</b> or work.
1.1.10 Ensures that any operational or commercial targets do not have an adverse effect on patient care	No proposed revision
1.2 Patient care is delivered in a suitable environment	
1.2.1 Ensures that all appropriate staff have professional indemnity insurance in place to cover their activities, and considers whether any additional insurance is needed for the business;	No proposed revision
1.2.2 Provides an accessible patient care environment in line with current equalities legislation;	No proposed revision
1.2.3 Maintains an appropriate standard of hygiene and repair of the premises from which care is provided;	No proposed revision
1.2.4 Only provides, promotes and utilises equipment, medications and medical devices (including software and other technologies) that are fit for their intended use, hygienic and in a good state of repair;	No proposed revision
1.2.5 Ensures that staff utilising equipment, medications and medical devices (including software and other technologies) have undergone appropriate training in their use;	No proposed revision
1.2.6 Advises staff that they have the right to refuse to provide care if there is a serious risk to their own safety or that of others in doing so. This applies wherever care is being delivered, including in domiciliary settings;	No proposed revision
1.2.7 Is able to accommodate the need or wish of a patient to have a carer, chaperone or interpreter present, whether their own or provided by the practice;	No proposed revision

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1.2.8 Provides appropriate disposal facilities for all waste, including any controlled, clinical and offensive waste where applicable;	No proposed revision
1.2.9 Requires and enforces infection control protocols appropriate for your practice and ensures that all staff are in a position to follow them;	No proposed revision
1.2.10 Ensures that your business is prepared to deal with an emergency situation arising in practice, whether optical or otherwise;	No proposed revision
1.2.11 Ensures that unauthorised access to equipment, medications and medical devices (including software and other technologies) and restricted areas of the premises is prevented.	No proposed revision
<b>1.3 Communication is clear and effective</b>	
1.3.1 Provides information that is accessible to patients in a way they understand, taking into consideration individual needs and requirements. This could include what might be necessary in specific contexts such as requirements in the provision of NHS services; additional needs of the patient such as a learning disability; and any speech or communication difficulties;	No proposed revision
1.3.2 Ensures, so far as possible, that operational or commercial pressures do not inhibit staff from allowing patients the time they need to process any information given to them and the opportunity to change their mind;	No proposed revision
1.3.3 Provides, or makes available to staff, information for patients about any change to their prescribed products or appliances, to ensure that patients are able to decide about their own care;	No proposed revision
1.3.4 Communicates effectively with a variety of persons, including patients, carers, professional colleagues and others;	No proposed revision
1.3.5 Provides patients or carers with the information they need to be able to safely use, administer or look after medications or medical devices (including software and other technologies) that they have been prescribed or directed to use in order to manage their eye conditions;	No proposed revision
1.3.6 Delivers sensitive information with care and compassion.	No proposed revision
<b>1.4 Patients can give valid consent to treatment</b>	

1.4.1 Promotes the need for valid consent from patients;	No proposed revision
1.4.2 Makes information available to staff regarding the differences in obtaining valid consent in children, young people and vulnerable adults, and any legislation affecting the provision of consent in the nations of the UK in which they work;	No proposed revision
1.4.3 Supports staff in making an assessment of patient capacity where they are unsure, and encourages staff to document any advice they receive on making such an assessment;	No proposed revision
1.4.4 Recognises that implied consent may be given in relation to information-sharing with other healthcare professionals involved in a patient's care, and refers staff to GOC consent guidance for further information on this.	No proposed revision
<b>2.1 The services you provide are open and transparent</b>	
2.1.1 Fosters a culture of candour within the business by encouraging honesty and has a good knowledge of any contractual or statutory duties of candour that are applicable to your business, as well as the duty on your registered staff under the Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students;	No proposed revision
2.1.2 Fulfils its professional, contractual and statutory duties of candour when it is identified that things have gone wrong with a patient's treatment or care which has resulted in them suffering harm or distress, or where there may be implications for future patient care. This includes as a basis the need to: <ul style="list-style-type: none"> <li>2.1.2.1 Tell the patient or, where appropriate, the patient's advocate, carer or family, that something has gone wrong;</li> <li>2.1.2.2 Offer an apology;</li> <li>2.1.2.3 Offer appropriate remedy or support to put matters right (if possible);</li> <li>2.1.2.4 Explain fully and promptly what has happened and the likely short-term and long-term effects;</li> <li>2.1.2.5 Outline what you will do, where possible, to prevent reoccurrence and improve future patient care.</li> </ul>	No proposed revision

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2.1.3 Ensures that staff have roles appropriately assigned, with clear lines of accountability and, where staff interact with patients and the public, they identify themselves and their role(s) clearly;	No proposed revision
2.1.4 Establishes a clear complaints protocol and makes patients aware of their channels of complaint. These include the business, the Optical Consumer Complaints Service (OCCS), the GOC, the NHS or ombudsman services where relevant;	No proposed revision
2.1.5 Provides staff (including locums) with access to complaints policies and protocols, and any other internal protocols directly impacting patients, or access to another member of staff who can advise on these;	No proposed revision
2.1.6 Ensures that, where a patient makes a complaint, this does not impact on their care, which might require a patient to be referred to another practitioner or practice;	No proposed revision
2.1.7 Co-operates with formal investigations and inquiries in relation to your business or your staff, provides relevant information to appropriate authorities when requested and does not prevent staff from co-operating when this is necessary;	No proposed revision
2.1.8 Provides clear information to patients about costs of products and professional services;	No proposed revision
2.1.9 Encourages staff to declare any conflicts of interest, where they arise, and withdraw themselves from such conflicts. The joint regulatory conflicts of interest statement sets out what is expected.	No proposed revision
<b>2.2 You ensure compliance with relevant regulations</b>	
2.2.1 Advertises only in ways that are not misleading, confusing or unlawful;	No proposed revision
2.2.2 Acts on any instruction from a statutory authority requiring measures to be implemented to safeguard the welfare of patients and staff;	No proposed revision
2.2.3 Ensures that all data is obtained, processed, stored and destroyed in a manner compliant with the law;	No proposed revision
2.2.4 Takes reasonable steps to ensure that those individuals or organisations to which you refer patients are able to provide appropriate care;	No proposed revision

2.2.5 Promotes equality, values diversity and is inclusive in all dealings with staff, patients and others and does not discriminate on the grounds of gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief;	Promotes equality, values diversity and is inclusive in all dealings with staff, patients, and others and does not discriminate on the grounds of <b>protected characteristics</b> .
2.2.6 Provides staff with clear information in relation to all legislation relevant to their roles.	No proposed revision
<b>2.3 You have a system of clinical governance in place</b>	
2.3.1 Has a system, appropriate to your practice, which allows staff to review and reflect on their work and identify and share good practice or where improvements are necessary;	No proposed revision
2.3.2 Learns from mistakes made by your organisation and staff and, where it is possible to do so, puts mechanisms in place to prevent reoccurrence;	No proposed revision
2.3.3 Audits patient records to identify themes and issues, and addresses any concerns that arise to ensure consistency and quality of patient care. The approach taken should be appropriate and proportionate to your business.	No proposed revision
<b>2.4 Confidentiality is respected</b>	
2.4.1 Provides a system for the maintenance of patient records that is secure and accessible only to those who need to see it. This applies to both paper and electronic records;	No proposed revision
2.4.2 Is able to provide privacy for patient care when necessary;	No proposed revision
2.4.3 Stores information about staff and recruitment securely and confidentially;	No proposed revision
2.4.4 Appropriately updates storage systems (including paper and electronic record storage) to maintain security;	No proposed revision
2.4.5 Supports staff in overriding patient confidentiality where it is in the public interest to do so. This should include guidance for staff on how to disclose information to an appropriate authority and document such disclosures.	No proposed revision

<b>3.1 Your staff are able to exercise their professional judgement</b>	
3.1.1 Promotes awareness and understanding of the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses to staff;	No proposed revision
3.1.2 Supports its staff to have the confidence to make decisions appropriate to their role	No proposed revision
3.1.3 Makes sure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement	No proposed revision
3.1.4 Allows staff sufficient time, so far as possible, to accommodate patients' individual needs within the provision of care;	No proposed revision
3.1.5 Encourages staff to seek advice on making difficult decisions if they need to, and lets them know with whom they can do this;	No proposed revision
3.1.6 Ensures that any changes to prescribed products are clinically justified, and staff are able to apply professional judgement when deciding if a change to the prescribed product is right for individual patients.	No proposed revision
<b>3.2 Staff are suitably trained, qualified and registered</b>	
3.2.1 Requires that those working as optometrists and dispensing opticians (and student optometrists and student dispensing opticians) have up-to-date registration with the GOC and take reasonable steps to ensure that this is the case.	No proposed revision
3.2.2 Supports its staff to develop their communication skills and to treat patients with care and compassion.	No proposed revision
3.2.3 Encourages staff to undertake learning and development in professional decision-making, as appropriate to their role.	No proposed revision
3.2.4 Prepares new staff to understand how patient care is delivered in your specific business setting;	No proposed revision
3.2.5 Makes staff aware that they must only work within the limits of their competence, and takes appropriate action where they do not	No proposed revision
3.2.6 Provides a system for the monitoring of staff objectives and training needs, as appropriate	No proposed revision

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<p>3.2.7 Supports GOC registrants to meet their professional requirements, including Standards of Practice for Optometrist and Dispensing Opticians and Standards for Optical Students and continuing education and training (CET) requirements.</p>	<p>Supports GOC registrants to meet their professional requirements, including Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students and <b>Continuing Professional Development (CPD)</b> requirements</p>
<p><b>3.3 Staff are adequately supervised</b></p>	
<p>3.3.1 Ensures that only staff with sufficient levels of qualification and experience act as supervisors, and require them to be in a position to oversee the work undertaken and ready to intervene if necessary to protect patients;</p>	<p>No proposed revision</p>
<p>3.3.2 Ensures that all staff members involved in the delegation and supervision of clinical tasks are aware who retains overall clinical responsibility for the patient;</p>	<p>No proposed revision</p>
<p>3.3.3 Monitors progress of new staff in meeting the requirements of their role;</p>	<p>No proposed revision</p>
<p>3.3.4 Has appropriate systems in place to address and manage poor clinical and professional performance;</p>	<p>No proposed revision</p>
<p>3.3.5 Ensures that students have protected time for supervised learning, where the business has entered into an agreement to provide clinical training in practice as part of the education pathway;</p>	<p>No proposed revision</p>
<p>3.3.6 Provides students with information about who to speak to in the practice if they have an issue or query.</p>	<p>No proposed revision</p>
<p>This is a new proposed standard.</p>	<p>Provide support for staff who have experienced discrimination, bullying, <b>or</b> harassment in the workplace.</p> <p>We also propose the following update to the title of Standard 3.3:</p> <p>Staff are adequately supervised <b>and supported</b>.</p>

3.4 Staff collaborate with others, where appropriate	
3.4.1 Supports its staff in making referrals and ensures that they only make referrals when appropriate and clinically justified;	No proposed revision
3.4.2 Facilitates the sharing of appropriate and relevant information in a timely manner;	No proposed revision
3.4.3 Supports its staff in requesting further information from the patient, their carer(s) or any other healthcare professional when necessary;	No proposed revision
3.4.4 Encourages respectful communications with professional colleagues and refrains from making disparaging remarks about other professionals or businesses in public or in private;	No proposed revision
3.4.5 Supports its staff to keep patient records that are clear, legible, contemporaneous and sufficiently detailed to be accessible to another healthcare professional.	No proposed revision

**Annex 4: Draft consultation document**

**Consultation on revised Standards of Practice  
for Optometrists and Dispensing Opticians,  
Standards for Optical Students and Standards  
for Optical Businesses**

**[DATE]**

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[Contents page to be inserted]

## Overview

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### What we're doing

1. The General Optical Council (GOC) is the regulator for the optical professions in the UK. We currently register around 33,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. The groups on our register are called registrants. For more information, please visit our website: <https://www.optical.org/>
2. We have four core functions:
  - setting standards for optical education and training, performance, and conduct;
  - approving qualifications leading to registration;
  - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
  - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.
3. This consultation seeks views on changes to our Standards of Practice for Optometrists and Dispensing Opticians and our Standards for Optical Students. We are also seeking views on consequential amendments to our Standards for Optical Businesses, to make sure that they align with our other standards.
4. Section 2B of the Opticians Act 1989 states that in pursuit of our overarching objective of protection of the public, we have a sub-objective to promote and maintain proper professional standards and conduct for members of [the optical professions] and to promote and maintain proper standards and conduct for business registrants. Another relevant sub-objective is to promote and maintain public confidence in the professions. The standards are applicable to all dispensing opticians and optometrists, whether students or fully qualified, and those optical businesses we regulate, across all practise settings. They are an overarching set of standards setting minimum expectations, to which registrants must apply their professional judgement.
5. This consultation will be open from **INSERT** to **INSERT**, and you can respond either using our online consultation platform **INSERT** or by emailing [consultations@optical.org](mailto:consultations@optical.org)

### Why we're doing this now

6. We last consulted on our standards in 2015, with the standards coming into effect in 2016. Since then, the sector has evolved in response to changing patient expectations, enhanced clinical responsibilities and technological developments. Regular review of the standards is essential so that we can ensure that they are

relevant to current practice, continue to deliver effective public protection and confidence, and are understood by those who use them.

7. The purpose of the review is to:
  - make any necessary updates to the current standards that reflect changes to practice or changing patient expectations;
  - ensure that the current standards are fit for purpose; and
  - ensure that the standards reflect the current context within which registrants practise, students are trained, and businesses operate.

### **What will happen next?**

8. The public consultation will be open for 12 weeks.
9. Once the consultation has closed, we will analyse all the comments we have received and identify whether we need to make further changes to our standards. We will ask our Council to approve the final standards, along with a document summarising the responses we received to the consultation and the changes we are making in response.
10. We expect to publish our revised standards in late 2024, alongside information on any transition period needed to support the introduction of the new standards.

## Section 1: About the standards

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11. As the regulator for the optical professions in the UK, we have statutory responsibility for setting standards for optometrists, dispensing opticians, optical students, and optical businesses<sup>2</sup>. We set the following standards:
  - Standards of Practice for Optometrists and Dispensing Opticians
  - Standards for Optical Students
  - Standards for Optical Businesses
12. These standards are applicable to all optometrists and dispensing opticians, whether students or fully qualified, and wherever they practise. As a result, the standards must be overarching, and are not prescriptive about how registrants should meet the standards. Registrants need to use their professional judgement to decide how they will meet the standards. The introductory text provides further context to the standards; however, it is the standards themselves which registrants must meet.
13. All the standards set by the GOC must be set for reasons of protecting the public and promoting and maintaining public confidence in the optical professions, in line with our statutory objectives. There must therefore be a rational link between any standards set, public protection and public confidence. The standards we set must also represent the minimum action required from our registrants (rather than something aspirational), below which fitness to practise action may be needed if the registrant does not meet those standards. Further details on what is meant by 'fitness to practise' can be found here - [What is fitness to practise? | GeneralOpticalCouncil](#)
14. Registrants are professionally accountable and personally responsible for their practice and for what they do or do not do. Registrants must always be able to justify their decisions and actions.
15. The Standards for Optical Businesses apply to all businesses we register. As a healthcare provider, an optical business has a responsibility to ensure the care and safety of patients and the public, and to uphold professional standards. Business registrants are expected to apply their professional judgement and consider how to apply the standards within the context of their business.
16. Complying with the standards will enable businesses to assist, encourage and support individual optometrists, dispensing opticians, and students to comply with their individual professional standards, and in doing so, ensure they are providing good quality patient care and promoting professionalism.
17. We are only proposing consequential changes to the business standards and intend to begin a full review of these standards after this review is complete.

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<sup>2</sup> Opticians Act 1989, Part 1 (2B), [Opticians Act 1989 \(legislation.gov.uk\)](#)

## Section 2: Reviewing our standards

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18. We began the review of our standards in 2022 with desk-based research. We looked at our standards against those set by other healthcare regulators to identify potential gaps in our standards or areas where our standards could be improved. Following that analysis, we identified the following areas as being ones which required particular consideration:
- social media and online conduct;
  - supervision and delegation;
  - leadership and professionalism;
  - use of technology and artificial intelligence (AI); and
  - maintaining appropriate professional boundaries.
19. We know that stakeholders are essential to making sure that our standards are set appropriately to deliver safe patient care and reflect current practice. So that we could hear stakeholder views early in the process, we arranged a series of stakeholder conversations between May and July 2023 on each of these topics. We are grateful to all stakeholders who took part in these conversations.
20. To support our stakeholder conversations, we also looked at research, fitness to practise decisions and enquiries we had received about our standards. We reviewed information from our registrant survey and public perceptions survey, as well as submissions we received to our call for evidence on changes to the Opticians Act 1989. We spoke to education providers, continuing professional development (CPD) providers and members of our fitness to practise panels so that we could understand how our standards are being used and applied.
21. As a regulator focussed on public protection and upholding public confidence in the optical professions, we also wanted to hear the views of patients and the public on our standards, so we commissioned a piece of qualitative research. The 'Research on public perceptions of the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students' can be accessed via this link - [Public and Patient Research](#).
22. The stakeholder conversations, research and other engagement activities have given us extremely valuable insights into how the standards are used, as well as any potential gaps in our standards or places they could be strengthened. Our starting point is that the existing standards are generally considered to work well and therefore we are only proposing to make limited changes where necessary. Further, any proposed revisions are consistent with the broad, outcomes-focused design of the existing standards.

23. Below are the key themes arising from all the engagement:

- the importance of equality, diversity, and inclusion (EDI) in relation to both patients and registrants;
- the importance of effective communication with patients;
- confidentiality of patient data;
- leadership and professionalism;
- the use of technology and AI in delivering patient care;
- the importance of maintaining professional boundaries with patients and colleagues;
- the use of social media and appropriate online conduct;
- supervision of students and non-registered colleagues, and the use of delegation;
- how the optical professions can support patients in vulnerable circumstances;
- the need for guidance to help registrants understand and apply the standards;
- the balance between setting standards that can be applied in all settings and providing sufficient detail to enable registrants to interpret the standards; and
- the extent to which GOC's standards align with standards set by other healthcare regulators.

### Section 3: Proposed changes to our standards

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24. We have explained in detail below the reasons why we are making changes to our standards. Changes to our standards fall in the following key areas:
- leadership and professionalism;
  - care of patients in vulnerable circumstances;
  - effective communication;
  - use of technology and AI;
  - supervision and delegation;
  - equality, diversity, and inclusion;
  - social media, online conduct, and consent;
  - maintaining appropriate professional boundaries;
  - registrant health; and
  - a small number of minor changes.
25. We have provided summaries of the proposed changes to the standards separately, which can be accessed via this weblink: [\[INSERT LINK\]](#).

#### How we refer to our standards

26. Throughout this document we will refer to specific standards that have been revised using the standard number, for example, standard 6.1. We recognise that the numbering in the Standards of Practice for Optometrists and Dispensing Opticians differs from the numbering within the Standards for Optical Students.
27. To address this, we refer to the number within the Standards of Practice for Optometrists and Dispensing Opticians first, and then the number within the Standards for Optical Students in brackets afterwards. For example, we have proposed a revision to standard 6.1 (5.1).
28. When referring to the Standards for Optical Businesses we will simply refer to the relevant standard, for example, standard 1.1.4.

## General questions

29. Below we have set out some general questions for you to consider. More specific questions are set out under each of the sections below.

Q1. Do you think there should be any difference in our expectations of students and fully qualified registrants?

Yes

No

Not sure

If yes, please explain your reasoning.

Q2. Do you think any of the proposed changes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010?

Yes

No

Not sure

If yes, please explain how.

Q3. Do you think any of the proposed changes could affect any other individuals or groups, either positively or negatively?

Yes

No

Not sure

If yes, please explain how.

Q4. Will the proposed changes have effects, whether positive or negative, on:  
(a) opportunities for persons to use the Welsh language, and  
(b) treating the Welsh language, no less favourably than the English language?

Yes

No

Not sure

If yes, please explain your reasoning.

Q5. Could the proposed changes be revised so that they would have positive effects, or increased positive effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language, no less favourably than the English language?

Yes

No

Not sure

If yes, please explain how.

Q6. Could the proposed changes be revised so that they would not have negative effects, or so that they would have decreased negative effects, on:

- (a) opportunities for persons to use the Welsh language, and
- (b) treating the Welsh language, no less favourably than the English language?

Yes

No

Not sure

If yes, please explain your reasoning.

Q7. Is there anything else you think we should consider as part of the proposed changes?

Yes

No

Not sure

If yes, please explain your reasoning.

Q8. Do you think there should be a transition period of 3-6 months after the standards are published, and before they go “live”?

Yes

No

Not sure

If yes, please explain your reasoning.

## Leadership and professionalism

30. Our Standards for Optical Businesses set expectations around the leadership and management of businesses themselves, but not for the registrants working within the business, which creates a gap. Other healthcare regulators have produced guidance for leaders and managers, as well as standards on leadership, regardless of role.
31. We received feedback through our stakeholder conversations that the existing Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students, do include skills, attributes and behaviours associated with leadership, but that registrants may not recognise them as being “leadership” skills, attributes, and behaviours.
32. Stakeholders were of the view that expectations around leadership should also apply to optical students. We also heard views that leadership skills should include supporting the next generation of optical professionals.

- 33. We heard about the challenges in differentiating between leadership and professionalism. Stakeholders broadly agreed that professionalism relates to 'internal' behaviours, whereas leadership relates to 'external' behaviours.
- 34. Stakeholders advised that they were content with leadership skills, attributes and behaviours being interwoven throughout the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students, however, we need to be more explicit about our expectations.

**Proposed amendments**

- 35. We believe that it is important for all registrants - students and fully qualified - to demonstrate leadership skills, attributes, and behaviours in their practice. Demonstrating leadership means demonstrating skills, attributes and behaviours that are essential to protect the public, such as speaking up in situations where something has gone wrong, as well as role modelling professional behaviours.
- 36. To address the issues discussed at paragraph 31 and feedback at paragraphs 32 to 34, we have proposed that a statement is added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement would make clear that all registrants are expected to demonstrate leadership skills, attributes, and behaviours regardless of their role or seniority, and that leadership skills should be applied to all aspects of a registrant's work. We have given some non-exhaustive examples of when registrants can demonstrate leadership.
- 37. We recognise that business owners and employers have a role in creating a culture and environment in which registrants feel comfortable to "step up" and lead. The scope of this review is to make changes to the standards for individuals, with consequential changes made to the standards for businesses. We believe that a change to the standards for businesses on this point would be a substantive change, therefore we will seek to address this issue when we undertake a full review of the Standards for Optical Businesses.

Q9. To what extent do you agree that the proposed statement is clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q10. To what extent do you agree that the proposed statement sets appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Care of patients in vulnerable circumstances

38. Registrants are likely to interact with patients in vulnerable circumstances regularly as part of their practice. Vulnerability should not be restricted to considerations such as ill health or disability and nor does a person's level of vulnerability remain the same in all contexts. We can all be vulnerable at different points in our life, perhaps because we are in a moment of crisis or because we are handling a difficult set of life circumstances. Inherent features of markets and the actions of providers can also contribute to vulnerability.
39. In our latest public perceptions research, 7.9 per cent of ethnic minority respondents had never had their sight tested compared to 2.6 per cent of white respondents.<sup>3</sup> The data also suggests ethnic minority respondents are more likely to feel uncomfortable when visiting an opticians / optometrist practice than white respondents. The survey data indicates other markers of vulnerability, for example, respondents with a disability are less satisfied with the service they receive – this was also the case in the previous year's data.
40. The patient and public research commissioned to support the review of standards highlighted the importance of registrants maintaining appropriate boundaries, to avoid putting patients in a vulnerable position.<sup>4</sup> The research also found that

<sup>3</sup> Public perceptions research, 2023, [20189\\_summary-report\\_2023-report-v4-0.pdf \(optical.org\)](#)

<sup>4</sup> Research on public perception of the Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students, 2023, [Public and patient research](#)

vulnerable respondents did not generally view online consultations favourably, as the nature of their health conditions meant that personal interactions made them feel more comfortable.

### Proposed amendments

41. As registrants are likely to interact with patients in vulnerable circumstances regularly as part of their practice, it is vital that they can identify, support and treat these patients appropriately. Other regulators have developed their thinking on vulnerability, and it is important that we update our standards to follow best practice in this area.
42. We have proposed a statement to be added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement would set out our interpretation of 'vulnerability', and our overarching expectations of registrants when providing care to patients in vulnerable circumstances. Vulnerability can be visible or non-visible and relate to clinical and non-clinical factors. We expect registrants to be aware of the possibility that people may be vulnerable for a number of reasons, including difficult life events. Whereas we would expect registrants to proactively seek to identify relevant clinical factors, we recognise that not all patients will feel comfortable sharing other types of information and that signs of vulnerability may be less easy to spot. The statement therefore says that registrants should consider vulnerabilities as part of each consultation and our interpretation of the statement in practice will consider all these factors.

Q11. To what extent do you agree that the proposed statement is clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q12. To what extent do you agree that the proposed statement sets appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree  
Neither agree nor disagree  
Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

43. To further support this and address points raised in the patient and public research at paragraph 39, we have proposed revisions to standards 7.1 (6.1), 13.8 (12.6), 15.1 (14.1), and 15.2 (14.2) to include reference to 'patients in vulnerable circumstances'. These revisions would require registrants to take account of a patient's vulnerabilities when conducting an adequate clinical assessment, to respond to the needs of patients in vulnerable circumstances and adapt their practice accordingly. It will also remind them of the importance of maintaining appropriate boundaries and not using their position to influence patients or the public in vulnerable circumstances.

44.

Q13. To what extent do you agree that the revised standards are clear?  
Strongly agree  
Somewhat agree  
Neither agree nor disagree  
Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

Q14. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?  
Strongly agree  
Somewhat agree  
Neither agree nor disagree  
Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Effective communication

45. The proposed changes in this section cover three different aspects of effective communication: making patients aware who is providing their care; helping patients understand options available to them including declining treatment; and communications relating to use of digital technologies.
46. In relation to the first aspect, our stakeholder research, our research on refraction, and our standards queries, suggest that patients may be unaware of the different staff roles within optical practices, and don't always know who is providing their care.<sup>5</sup>
47. The joint regulatory statement<sup>6</sup> titled 'High level principles for good practice in remote consultations and prescribing' sets out the following key principle, "*Tell patients their name, role and (if online) professional registration details, establish a dialogue and make sure the patient understands how the remote consultation is going to work.*"
48. Our patient and public research found, "*Respondents felt that effective communication included letting patients know when the optometrist completing a patient's eye examinations would be a student or when a task had been delegated to another role.*"
49. In relation to the second aspect, the 'High level principles for good practice in remote consultations and prescribing' set out another key principle which we see merit in replicating in the standards: "*Give patients information about all the options available to them, including declining treatment, in a way they can understand.*" We heard through our stakeholder conversations that increased use of digital technologies could result in registrants identifying disease at an earlier stage, including non-eye related diseases. Registrants are therefore more likely to need to communicate bad news to patients in the future.
50. In relation to the third aspect, we heard through our stakeholder conversations that registrants should be able to understand and communicate the potential benefits and risks associated with the use of digital technologies, to allow patients to make informed decisions about their care.

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<sup>5</sup> Evans et al. (2023), *Clinical Research on Refraction in the Sight Test* ([optical.org](https://www.optical.org))

<sup>6</sup> Joint Regulatory Statement, 2019, [High level principles for good practice in remote consultations and prescribing \(optical.org\)](https://www.optical.org)

**Proposed amendments**

- 51. It is important that registrants can communicate effectively and empathetically with their patients, so that patients can give their informed consent, understand their treatment, and play an active role in maintaining their eye health.
- 52. To address the issues discussed at paragraphs 45 to 47, we have proposed an amendment to standard 2.2 that would require registrants to identify themselves and their role and advise patients who will be involved in providing their care.
- 53. To address the issues discussed at paragraphs 48 and 49, we have proposed an amendment to standard 7.6 (6.6) that mirrors the wording from the 'High level principles for good practice in remote consultations and prescribing' around giving patients information about all the options available to them, including declining treatment, in a way they can understand.
- 54. We have also proposed an amendment to standard 4.2 that reminds registrants of the need to demonstrate humanity and kindness when communicating bad news.

Q15. To what extent do you agree that the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q16. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## **Use of digital technologies including artificial intelligence (AI)**

55. Digital technologies are increasingly central to the delivery of patient care and assessment of clinical conditions. We recognise that digital technologies, including AI, are classified as medical devices, and are therefore regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).
56. Registrants must be able to apply their professional judgement to all aspects of their practice. Our role is to set standards in relation to the safe and effective use of digital technologies by registrants. They need to be competent in the use of digital technologies, understand their limitations and exercise professional judgement, for example, when interpreting data.
57. Digital technologies are one form of innovation in optical care. We focussed on digital technologies and AI because we believe that this is where change creates a need to revise our standards.
58. We heard that stakeholders are generally positive about the benefits that technology and AI could offer in terms of delivering patient care. However, there is a need to ensure that registrants can understand and use digital technologies safely and effectively.
59. Digital technologies are usually developed for specific purposes and are developed using data sets which may not be representative of the population. Registrants need to be aware of the limitations of digital technologies and apply their professional judgement, for example, when using data to inform decision-making.
60. We also heard about the important role that employers and business owners play in ensuring that digital technologies are procured, implemented and maintained appropriately, and that staff are suitably trained in their use.
61. Our patient and public research highlighted that patients expect registrants to be able to “step in” if machines break down, to offer patients a similar standard of care without relying on machines. It is likely that they would expect the same when registrants use digital technologies. The research also found that patients and the public felt that the standards may need adapting or extending, to explicitly cover the use of technology or remote consultations.

## **Proposed amendments**

62. Our starting point is to support responsible innovation while protecting patients. Our standards must support registrants to use technology effectively to support effective

patient care. This includes not just understanding technology and its uses, but also being able to help patients to understand how technology will be used when providing their care.

- 63. Standard 5.1 already requires registrants to be competent in all aspects of work, including their clinical practice. This would include the need to be competent in the use of digital technologies, appropriate to their scope of practice.
- 64. However, we believe it is important to address the concerns that registrants stay up to date with digital technologies and aware of their benefits and limitations. In response to the stakeholder feedback at paragraph 57 and feedback from the patient and public research at paragraph 60, we have proposed a revision to standard 5.3, to set clear expectations around keeping up to date with digital developments in practice and being competent in the use of digital technologies. Note: These amendments will apply to optometrists and dispensing opticians only. The Standards for Optical Students do not have a standard titled 'Keep your knowledge and skills up to date' as students are learning and developing their practice.
- 65. To address the issues raised and feedback received at paragraph 57, we have proposed an additional sub-standard under standard 7 (6), to set expectations around applying professional judgement when using data generated by digital technologies, to inform decision-making.
- 66. In response to the feedback at paragraph 59, we recognise that the Standards for Optical Businesses could be strengthened in this area. However, the scope of this review is to make changes to the standards for individuals, with consequential changes made to the standards for businesses. We believe that a change to the standards for businesses on this point would be a substantive change and will seek to address this when we undertake a full review of the Standards for Optical Businesses.

Q17. To what extent do you agree that the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q18. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Supervision and delegation

67. We received feedback through our stakeholder conversations that there is some confusion over the terms 'supervision' and 'delegation' and that registrants would like further clarity on the interpretation of 'in a position to intervene'.
68. We heard that registrants felt the requirement to be 'on the premises' should be retained, particularly in relation to supervising students, and that removing this from the standards could, in their view, present a patient safety risk.
69. We have received several standards queries on the issue of being 'on the premises' over the past 12 months, which may indicate that there is an appetite for this requirement to be reviewed.
70. On the issue of delegation, we heard that registrants feel it is appropriate for them to retain accountability for delegated tasks.
71. Our patient and public research found that, "*Respondents were comfortable with delegation – it was seen as timesaving, appropriate and helping to keep the optical practice running smoothly for themselves and optical professionals. However, they have mixed expectations around supervision and were particularly wary of remote supervision.*"
72. The research highlighted that "*Respondents had high expectations for supervision – expecting the supervisor to always be in the room or on the premises*" and "*In general, respondents were unable to imagine how remote supervision could be conducted effectively. They became particularly uncomfortable when considering the scenario of a student optometrist being supervised remotely.*"

## Proposed amendments

73. In 2022, we sought views, information, and factual evidence on the need for change to the Opticians Act 1989 (the legislation that underpins the regulatory work of the GOC, as well as defining some aspects of optometry and dispensing optics practice).<sup>7</sup>
74. Following this, we commissioned research into clinical advice on refraction, which included an analysis of how the sight test is delivered by commercial providers of optical services across the four nations of the UK and the possible impacts where the refraction, binocular vision and eye health checks are not carried out by the same person, or at the same time or in the same place. The research highlighted that there may be increased risks if sight test components were carried out by different professionals, at different times or at different places (in person or online). We have recently gone out to tender for additional research to develop a risk-based framework to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/or in the same place.
75. This research will touch on issues related to both supervision and delegation, including identifying the risks of supervising a sight test which takes place online. As a result, we have not proposed any amendments to the standards of supervision and delegation at present, so that we can ensure that any changes to our standards are in line with the evidence base gathered. We will await the findings of the planned research and review standard 9 (8) at a later date.

## **Equality, diversity, and inclusion (EDI)**

76. We identified three key areas that we should consider for the review of our standards in relation to EDI. These are discrimination, inclusion, and equity.

### **Discrimination**

77. The results of our 2023 registrant survey highlight that a quarter of respondents had experienced discrimination in their role at work or place of study in the last 12 months, most notably from patients, service users, their relatives, or other members of the public. Smaller but still significant proportions indicated that they had experienced discrimination from managers (11%), other colleagues (8%), or tutors/lecturers/supervisors (8%). Discrimination is more likely to be experienced by student registrants, registrants aged 35 and under, female registrants, those from ethnic minority backgrounds, and those with a disability.

### **Inclusion**

78. Inclusion is often used to mean the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or

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<sup>7</sup> Call for evidence on the Opticians Act and consultation on GOC policies, 2022, [Call for evidence on the Opticians Act and consultation on GOC policies | GeneralOpticalCouncil](#)

marginalised. People belonging to excluded or marginalised groups tend to have very poor health outcomes, often much worse than the general population, and a lower average age of death.

79. Our recent public perceptions survey highlights that some groups may find it more difficult to access eye care than others. In our latest data, 7.9% of ethnic minority respondents have never had their sight tested compared to 2.6% of white respondents. When we ask about factors that make people feel uncomfortable visiting an opticians or optometrist practice, 28.6% of ethnic minority respondents cite the cost of the sight test compared to 14.8% of white respondents. While the reasons for these differences may reflect many varied factors, there may be more that the sector can do to reduce barriers to access.

### **Equity of access**

80. Access to services is discussed above, in relation to inclusion. However, in healthcare the conversation about equity touches on the need to address health inequalities, which can include reducing geographical inequalities (variations) in health outcomes and provision, as well as inequalities relating to different groups within society. Our standards do not currently touch on the issue of health inequalities directly but do require registrants to listen to their patients and modify care based on the patient's needs (standard 1), which could include exploring and reflecting on the patient's health history.

### **Proposed amendments**

81. Delivering safe optical care to all patients means ensuring that there are no barriers to access, and that patients are not discriminated against. It is also important that we address concerns about registrants experiencing discrimination, so that they are supported to provide safe and effective care.
82. In response to the issues discussed at paragraph 76, we have proposed a revision to standard 13.2 (12.2) to make clear that registrants must promote equality, value diversity and be inclusive in their dealings with colleagues and others with whom they have a professional relationship, as well as with patients and the public. The existing standards do not explicitly reference behaviour between colleagues; while the absence of an explicit reference does not currently prevent GOC from bringing a fitness to practise case, the proposed revision would bring greater clarity. We have also updated the language used in relation to protected characteristics.
83. We have proposed a revision to standard 13.4 (12.4) that incorporates standard 13.6 (12.5) and makes clear that registrants should not make unnecessary or disparaging remarks about colleagues online.

84. We have proposed a consequential revision to standard 2.2.5 of the Standards for Optical Businesses, to update the language used in relation to protected characteristics.

85. To further address the issues discussed at paragraph 76, we have proposed an additional standard under standard 3.3 of the Standards for Optical Businesses. This would require businesses to provide support for staff who have experienced discrimination, bullying and/or harassment in the workplace. We also propose that the title of the standard is updated as follows, 'Staff are adequately supervised **and supported**'.

Q19. To what extent do you agree that the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q20. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q21. To what extent do you agree that the addition to the business standard is clear?

Strongly agree

Somewhat agree  
Neither agree nor disagree  
Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

Q22. To what extent do you agree that the addition to the business standards sets appropriate minimum expectations of business registrants?  
Strongly agree  
Somewhat agree  
Neither agree nor disagree  
Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

## Social media and online conduct and consent

86. Social media is used widely for personal and professional purposes, and while offering many benefits, may also present risks such as disclosure of confidential information (deliberately or inadvertently), boundary crossing, poor communication, and potential damage to the reputation of the profession.
87. Recently we have seen a slight increase in fitness to practise cases involving social media and online conduct, and we have also received a small number of standards queries in relation to registrants and/or businesses sharing allegedly inaccurate, misleading or false information online. The issue of sharing 'misinformation' was also raised during a stakeholder conversation with registrants.
88. Through our stakeholder conversations we heard that registrants are using social media for many purposes including but not limited to: business promotion, research, learning and development; peer to peer support; interacting with communities of practice; and sharing clinical advice. We heard that some registrants use WhatsApp

groups to share information, including patients' retinal images, for educational purposes and/or to seek peer advice and guidance. Some stakeholders felt that patient consent should be obtained before retinal images were shared, whereas other stakeholders felt it was not necessary to obtain consent if the image was anonymised.

89. Feedback from the GOC's Standards Committee questioned whether sharing retinal images via WhatsApp groups or similar was compliant with the General Data Protection Regulation (GDPR). The Committee also raised the issue of patient consent. It is our understanding that if the data is properly anonymised so that you cannot identify an individual from the image, then it would not be considered personal data and would not be subject to UK GDPR. The Standards Committee also suggested that we could include a positive duty for registrants to act where they see concerning behaviour by other registrants online. Having considered this, we feel the duty to report is adequately addressed by standard 11.3 (10.2), whilst acknowledging that further guidance could be used to make this explicit.
90. Our patient and public research highlighted that, *"Respondents felt that appropriate online behaviour was particularly necessary in public professions requiring public trust, with good online conduct seen as essential for protecting the reputation of the optical professionals and their practices. Many felt there should be a clear separation between what was posted on personal and professional social media accounts."* It also found that respondents, *"recognised that the degree of privacy of different platforms mattered here, with posting to a more public platform, such as Twitter, being seen as markedly different to private messages on a service like WhatsApp."*
91. On the specific issue of sharing retinal images via WhatsApp, our patient and public research found that there were mixed views. *"The majority felt WhatsApp was an unprofessional platform for this purpose, particularly as it would be via a mobile device. A practice's own system or e-mail were considered more professional and secure."* In relation to patient consent the research found that, *"Respondents largely felt patient consent should be obtained, to ensure they have a say. This was particularly key for those with eye conditions and vulnerable service users."* On the issue on anonymity, *"There were mixed perceptions of whether this activity involved identifying information. Some felt that if the retinal image didn't have other personal details, this was not identifying, whereas others felt the retinal image itself could be identifying."*

### **Proposed amendments**

92. In an increasingly online world, we know that registrants will increasingly use social media and engage online and that the boundaries between the private and the professional will continue to blur. Our standards must set clear expectations of registrants in this area.

- 93. In response to feedback received at paragraphs 87 and 88, we have proposed a revision to standard 14.3 (13.3) to clarify that patient confidentiality must be maintained when sharing patient images online or via social media.
- 94. In response to the issues raised at paragraph 86, we have proposed a revision to standard 16.6 (15.6) to clarify that registrants should not make misleading, confusing, or unlawful statements in their communications, as well as when advertising.
- 95. In response to the patient and public feedback at paragraph 90, we have proposed a revision to standard 3.3 to clarify that patients' consent must remain valid when sharing patient data with others.

**Other actions**

- 96. We heard that stakeholders would benefit from further guidance on the use of social media and online conduct, and we will consider publishing guidance on this topic after we finish the review of our standards.

Q23. To what extent do you agree the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q24. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Maintaining appropriate professional boundaries

97. Through our stakeholder conversations we heard that registrants were very clear on the need to maintain appropriate boundaries with patients, particularly patients in vulnerable circumstances, such as those receiving domiciliary care.
98. However, stakeholders felt that registrants are less clear on the need to maintain appropriate boundaries with colleagues. We also heard that maintaining boundaries relates to what is said, as well as behaviours and actions, that it applies to conduct both in and out of the workplace, and that social media can blur boundaries with colleagues.
99. In general, stakeholders felt that the standards could benefit from being more explicit about our expectations on maintaining boundaries with colleagues, and that registrants would also benefit from further guidance on this issue.
100. Stakeholders also fed back that sometimes patients can cross boundaries and this can be particularly challenging for registrants to deal with.
101. Our patient and public research found, *“...that the close and intimate nature of eye care may require particular sensitivity around maintaining appropriate boundaries. Respondents discussed how a compassionate, friendly, and respectful nature contributed towards a positive and less stressful experience, but that maintaining boundaries – both during and outside appointments – was still key for patient well-being.”*
102. The research highlighted that, *“Some boundaries (physical, sexual, or sensitive, and with colleagues) were seen as non-negotiable. However, others (conversation, relationship and commercial) were perhaps more flexible depending on the context and relationship with an optical professional.”*
103. Further detail on each boundary is listed below.
  - *“Physical: This was felt to be important due to the fairly intimate nature of eye examinations.”*
  - *“Sexual or sensitive: There was strong feeling that unwelcome personal interactions, in person or otherwise, crossed a boundary.”*
  - *“Colleagues: Respondents felt strongly about showing respect to colleagues.”*
  - *“Conversation: Some level of small talk was seen as appropriate, but overly personal topics should be avoided.”*
  - *“Relationship: Anything that may lead to one patient being treated more favourably to others was viewed as crossing a boundary.”*

- *“Commercial: Some [respondents] discussed the balance between the functions of patient care and sales.”*

104. Patients and the public felt that *“An area may be worth exploring is the balance between the commercial and patient-care functions of the optical professions.”*

### **Proposed amendments**

105. Maintaining appropriate boundaries with patients, colleagues and others is vital for protecting both the patient and the registrant. A failure to maintain boundaries can affect patient trust in the professional or can affect a professional’s ability to practise safely and effectively, or their desire to remain in the profession.

106. In response to the issues raised at paragraph 97, and the feedback received at paragraphs 98 and 99, we have proposed a revision to standard 15.1 (14.1) that a) sets clear expectations around maintaining boundaries with colleagues and others with whom registrants have a professional relationship, b) clarifies that maintaining appropriate boundaries applies to behaviours, actions and communications, and c) expresses the need to take special care when dealing with patients in vulnerable circumstances.

107. In response to the issues raised at paragraph 99, we recognise the difficulties faced by registrants when patients and the public cross boundaries, whilst acknowledging that our regulatory remit does not extend to patients and the public. Under the section titled ‘Equality, diversity and inclusion (EDI)’ we have proposed a consequential revision to the Standards for Optical Businesses that would require business owners and employers to provide support for staff who have experienced discrimination, bullying and/or harassment in the workplace. We would interpret this to include where boundaries have been crossed by patients or the public.

Q25. To what extent do you agree that the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q26. To what extent do you agree the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Preventing sexual harassment

108. Our scoping research identified that the issue of sexual misconduct has become a focus for regulators and the Professional Standards Authority (PSA) in recent years, and the number of fitness to practise cases received by regulators relating to sexual misconduct have increased. The research highlighted that numerous regulatory bodies have incorporated sexual misconduct into their professional standards and guidance.

### Proposed amendments

109. In response to the issues raised at paragraph 107, we have proposed an additional standard under standard 15, that is specific to sexual harassment. This would set clear expectations for the way in which registrants conduct themselves with patients, students, colleagues, and others with whom they have a professional relationship. The existing standards do not explicitly reference behaviour between colleagues; while the absence of an explicit reference does not currently prevent the GOC from bringing a fitness to practise case, the proposed new standard would bring greater clarity.

110. The new standard makes clear that registrants must not act in a sexual way towards patients, students, colleagues, or others with whom they have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation or distress. We have used the phrase 'effect or purpose of causing offence' because we want to set clear expectations of registrants that they must not act in this way. This mirrors the language used by the General Medical Council (GMC) which has recently strengthened its standards in this area. However, we recognise that some registrants are already in relationships with their colleagues or

others with whom they have a professional relationship, and the proposed revised standard would not prevent appropriate relationships.

Q27. To what extent do you agree with the inclusion of an additional standard that specifically addresses the issue of sexual harassment?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

Q28. To what extent do you agree that the additional standard is clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

### Other actions

111. We heard that stakeholders would benefit from further guidance on maintaining appropriate boundaries, and we will consider publishing guidance on this topic after we finish the review of the standards.
112. We recognise the challenges faced by optical professionals when balancing patient care and commercial interests. Standard 16.3 of the Standards for Optometrists and Dispensing Opticians says, “*Ensure that incentives, targets, and similar factors do not affect your professional judgement. Do not allow personal or commercial interests and gains to compromise patient safety.*” We believe that this adequately addresses the issues raised by the public and patients in relation to commercial and patient functions at an individual level.

113. Standard 1.1.10 of the Standards for Optical Businesses states that businesses must, “*Ensure that any operational or commercial targets do not have an adverse effect on patient care.*” We will look at this standard again when we review the business standards to consider whether the standards need to be strengthened in this area.

## Registrant health

### Managing the impact of health on fitness to practise

114. The Government has set out proposals to remove health as a specific ground of impairment. Instead, health issues will be dealt with under the two new grounds of impairment: ‘inability to provide care to a sufficient standard’ or ‘misconduct’. Part of being a professional is the ability to understand and manage the impact of a health condition on the ability to practise safely and effectively. In recognition of this, we have strengthened the standards in relation to health.

115. We note that in the recently revised Good Medical Practice<sup>8</sup> guidance, the GMC has included the following standard, “*You must consult a suitably qualified professional and follow their advice about any changes to your practice they consider necessary if a) you know or suspect that you have a **serious condition that you could pass on to patients** b) your judgement or performance could be affected by a condition or its treatment. You must not rely on your own assessment of the risk to patients.*”

116. We have proposed a revision to standard 11.4 that would require registrants to consider whether concerns relating to their fitness to practise could compromise patient safety, as well as whether they could damage the reputation of the profession.

Q29. To what extent do you agree that the revised standards are clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

<sup>8</sup> General Medical Council, Good medical practice 2024, [Draft Good medical practice 2024 \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/for-the-public/good-medical-practice-2024)

Q30. To what extent do you agree that the revised standards set appropriate minimum expectations of registrants?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

117. We have proposed an additional standard under standard 11 that would set out clear expectations of registrants who are carriers of, or have been exposed to, a serious communicable disease.
118. We consider an additional standard on the issue of serious communicable diseases is necessary to set clear expectations around the management of such situations, reflecting on learning from the COVID-19 pandemic.
119. We have not defined the term 'serious communicable disease' as this could change in response to emerging public health diseases. We looked at the Government's definition of High Consequence Infectious Disease<sup>9</sup> but consider this is not broad enough to capture all the diseases to which we would want this standard to apply. We propose that registrants follow public health guidance available at the time and apply their professional judgment in deciding whether their health condition meets the threshold for a 'serious communicable disease'. Where necessary, the GOC may issue supplementary or emergency guidance to address specific circumstances.

Q31. To what extent do you agree with the inclusion of an additional standard that specifically addresses the issue of serious communicable diseases?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

<sup>9</sup> UK Government, 2023, Guidance, [High consequence infectious diseases \(HCID\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid)

Please provide comments to explain your response.

Q32. To what extent do you agree that the additional standard is clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please provide comments to explain your response.

## Other changes and areas for consideration

### Compliance with legislation

120. The GOC's Advisory Panel<sup>10</sup> fed back that although there was reference to legislation in the existing standards, there was scope for its application in a clinical setting to be strengthened.
121. To address this, we have proposed that a statement is added to the introductory text of the Standards of Practice for Optometrists and Dispensing Opticians, and the Standards for Optical Students. The statement would make clear that all registrants are expected to comply with all legal requirements that apply to them and their practice, as well as other regulatory requirements, for example, relating to provision of NHS services.

Q33. To what extent do you agree that the proposed statement is clear?

Strongly agree

Somewhat agree

Neither agree nor disagree

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<sup>10</sup> The Advisory Panel is made up of four statutory committees (Companies, Education, Registration and Standards) who advise and assist the Council. Further information can be found here - [advisory-panel-terms-of-reference-june-2022.pdf](https://www.optical.org/advisory-panel/terms-of-reference-june-2022.pdf) (optical.org)

Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

Q34. To what extent do you agree that the proposed statement sets appropriate minimum expectations of registrants?  
Strongly agree  
Somewhat agree  
Neither agree nor disagree  
Somewhat disagree  
Strongly disagree

Please provide comments to explain your response.

### Continuing professional development

122. We have proposed a revision to standard 5.2 and standard 3.2.7 of the Standards for Optical Businesses to update wording from ‘continuing education and training (CET) requirements’ to ‘continuing professional development (CPD)’.

### Minor amendments

123. We have amended standard 14.6 “*Only use the patient information you collect for the purposes it was given, or where you are required to share it by law*” to incorporate situations where registrants are required to share information in the public interest. For example, if a registrant notifies the Driver and Vehicle Licensing Agency (DVLA) or Driver and Vehicle Agency (DVA) if a patient will continue to drive despite advice not to. We have made this change to the standard so that it aligns with our guidance for registrants on disclosing confidential information.<sup>11</sup>

124. We have made minor amendments to the standards to ensure that they are consistent with the Sale of Optical Appliances Order 1984 and to include zero

<sup>11</sup> [Disclosing confidential information | GeneralOpticalCouncil](#)

powered contact lenses. These changes are largely to update existing references to 'optical devices' to 'optical appliances' or 'appliances'.

Q35. Do you have any other comments about the proposed revisions or additions to the standards?

#### **Section 4: How to respond to the consultation**

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125. This consultation will be open from INSERT to INSERT.
126. We would be grateful if you could input your responses into our consultation hub so that we can collect information about you or your organisation and whether your response can be published.
127. However, if that is not possible, you can respond to the consultation by emailing [consultations@optical.org](mailto:consultations@optical.org)

## Annex 5: Draft equality impact assessment

### Impact Assessment Screening Tool

<b>Name of policy or process</b>	Standards Review
<b>Purpose of policy or process</b>	To review and update existing standards of practice
<b>Team/Department</b>	Policy & Standards
<b>Date</b>	13 <sup>th</sup> November 2023
<b>Screen undertaken by</b>	Rebecca Chamberlain
<b>Approved by</b>	Charlotte Urwin
<b>Date approved</b>	19 <sup>th</sup> November 2023
<b>Instructions:</b>	<ul style="list-style-type: none"> <li>• Circle or colour in the current status of the project or policy for each row.</li> <li>• <b>Do not miss out any rows.</b> If it is not applicable – put N/A, if you do not know put a question mark in that column.</li> <li>• This is a live tool, you will be able to update it further as you have completed more actions.</li> <li>• Make sure your selections are accurate at the time of completion.</li> <li>• Decide whether you think a <b>full</b> impact assessment is required to list the risks and the mitigating/strengthening actions.</li> <li>• If you think that a full impact assessment is <b>not</b> required, put your reasoning in the blank spaces under each section.</li> <li>• You can include comments in the boxes or in the space below.</li> <li>• Submit the completed form to the Compliance Manager for approval.</li> </ul>

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		<b>No impact on the reserves / not used</b>	
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)	<b>No budget is required OR budget has been allocated and it is unlikely more will be required</b>	
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	<b>Aware of all the legislation, it is included in the project/process, and we are compliant</b>	
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	<b>Legislation may be changed at some point in the near future</b>	There are no plans for legislation to be changed	
5. Reputation and media	This topic has high media focus at present or in last 12 months	<b>This topic has growing focus in the media in the last 12 months</b>	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people and equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	<b>Likely to complete with current resource</b>	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	<b>More than 5 people are aware of the process/project and it is clearly recorded centrally</b>	
	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	<b>NA</b>
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	<b>Both internal and external comms plan is in place and completed, owner and completion dates are identified</b>	
	Not sure if needs to be published in Welsh	<b>Must be published in Welsh;</b>		Does not need to be published in Welsh	

Please put commentary below about your impacts ratings above:

**Point 3:** The revisions include an introductory statement which makes clear that registrants must follow all relevant legislation.

**Point 4:** We are aware that there are new pieces of primary legislation in the pipeline, which may come into effect in the lifecycle of these standards, e.g., legislation on Artificial Intelligence. This has been addressed by inclusion of a generic statement which requires registrants to follow all relevant legislation.

**Point 5:** There has been some media attention on the Standards Review project since its official launch in April 2023. The proposed revisions to the standards and the subsequent consultation are likely to receive further media attention.

**Point 6:** The revisions to the standards remain on track in accordance with the project plan. We intend to take the final set of standards to Council in September rather than June, to ensure there is sufficient time to review and action the consultation responses.

**Point 8:** We have a communication plan for the consultation, which identifies key stakeholders, a timeline and specific engagement activities. The communications plan has been agreed between the Standards Team and the Communications Team. The consultation document will need to be translated into Welsh and the Comms Team are aware.

The risks identified in this section are mainly low, and the medium risks have been addressed as far as possible, therefore a full impact assessment is not necessary.

B) Information governance	High risk	Medium risk		Low risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	<b>Private / closed business data</b>	Confidential / open business data	
2. Will the data be anonymised?	<b>No</b>	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	<b>NA</b>
4. Is <b>all</b> of the data collected going to be used?	No, maybe in future	<b>Yes, but this is the first time we collect and use it</b>	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		<b>Less than 1,000 records</b>	
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	<b>NA</b>
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	<b>Yes – it is on retention schedule</b>	Yes – but it is not on the retention schedule	On retention schedule <b>and</b> 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)	<b>GOC shared drive; personal drive</b>	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	<b>Yes, but it has not been reviewed by IAO</b>	Yes, and has been reviewed by IAO <b>and</b> approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	<b>Yes, agreement in place</b>	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	<b>No</b>	
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	<b>None - no personal or identifiable data will be published</b>	

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

Please put commentary below about reasons for information governance ratings:

**Point 1:** Revisions to the standards may be considered private/closed business data, until such time as they are shared for public consultation, when they would become open business data.

**Point 2:** The revisions themselves do not relate to specific individuals so there is no requirement to anonymise the data.

**Point 4:** All the feedback received on the revised standards will be used, to inform further revisions.

**Point 7:** Retention schedule requires consultation documents to be retained for 6 years after the date created – the consultation document will contain copies of the revised standards.

**Point 9:** All documents relating to the Standards Review project are on the asset register.

**Point 10:** The draft revisions will be shared with stakeholders for review as part of the consultation.

**Point 13:** All project staff are scheduled to attend, or have attended, IG training in November 2023

The risks identified in this section are low or medium, and the medium risks have been addressed as far as possible, therefore a full impact assessment is not necessary.

<b>C) Human rights, equality and inclusion</b>	<b>High risk</b>	<b>Medium risk</b>		<b>Low risk</b>	<b>? or N/A</b>
1. Main audience/policy user	<b>Public</b>			<b>Registrants, employees or members</b>	
2. Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process			<b>No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process</b>	
3. The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases	<b>Yes, the decision is made by a representative panel (specifically selected) OR No, no decisions are required</b>	
	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	<b>There is clear decision criteria and a form to record the decision</b>	
	<b>There is no internal review or independent appeal process</b>	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	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
	The decision-makers have not received EDI and unconscious bias training, and there are no plans for this in the next 3 months	The decision-makers are due to receive EDI and unconscious bias training in the next 3 months, which is booked	The decision-makers are not involved before receiving EDI and unconscious bias training	<b>The decision-makers have received EDI and unconscious bias training within the last 12 months, which is recorded</b>	
4. Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		<b>Over 80% of those involved have received EDI training in the last 12 months, which is recorded</b>	
5. Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		<b>Alternative formats available and users can discuss and complete with the team</b>	
6. Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	<b>NA</b>
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	<b>NA</b>
7. Attendance	Short notice of dates/places to attend	Medium notice (5-14 days) of dates/places to attend		<b>Planned well in advance</b>	
	Change in arrangements is very often	Change in arrangements is quite often		<b>Change in arrangements is rare</b>	
	Only can attend in person	Mostly required to attend in person		<b>Able to attend remotely</b>	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed		<b>Attendance/involvement is equal, and monitored per attendee</b>	

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or 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	<b>Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates)</b>	
8. Associated costs	<b>Potential expenses are not included in our expenses policy</b>	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	<b>See EDI section</b>
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	<b>Consultation with policy users, employees, members and wider groups</b>	

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

**Point 3:** The revised standards will be reviewed and signed off by Council. Acceptance of the revised standards will be formally recorded in Council minutes. There is no internal GOC appeals process – Council’s decision is final, however revisions to the standards have been informed by significant stakeholder engagement. Council members undergo annual EDI training.

**Point 4:** This will be met pending completion of EDI training by members of the project team.

**Point 5:** The revised standards will be shared as part of the public consultation document. We will follow the ‘Making our consultations accessible’ guidance within the GOC Consultation Policy - [Consultation policy](#)

**Point 7:** The consultation will be live for 12 weeks, from January to April. Checked 2023 Global Equality and Diversity Calendar available to staff. We may wish to avoid scheduling consultation engagement events around Ramadan March 22 – April 21 and Easter April 9.

The risks identified in this section are mainly low, therefore a full impact assessment is not necessary.

**Point 10:** Evidence suggests that accessing an online consultation may be more challenging for some groups, e.g., those from lower socio-economic backgrounds, or those over 65 years of age. In recognition of this fact, we have deliberately sought the views of diverse groups of patients and public, including patients in vulnerable circumstances, to ensure their voice is heard. We will also contact patient groups and ask them to share details of the consultation with the individuals they represent.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	<p>The revised standards do not include any amendments or additions that would impact anyone specifically based on their age.</p> <p>The revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. Revisions to the business standard 3.3 will improve support for staff who have experienced bullying, discrimination or harassment in the workplace, which is more likely to affect younger registrants.</p>
Disability	Positive	<p>The only addition to the Standards which may impact those with a disability is the following requirement:</p> <p><b>“If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others.”</b></p> <p>Those with a disability that relates to having a compromised immune system will benefit from the practice of reducing the possibility of exposure to communicable diseases and find access to services safer.</p> <p>The following new standard in the Standards for Optical Businesses may also have a positive impact on those with a disability:</p> <p><b>“Provide support for staff who have experienced discrimination, bullying, or harassment in the workplace.”</b></p> <p>We know from our registrant research that registrants with a disability are more likely to experience discrimination, bullying and harassment, so the addition of this standard will contribute to improved support for those registrants.</p>

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.
Sex	Positive	<p>The revised standards do not include additions or amendments that should impact someone based on their sex/gender.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. The revisions to standard 15 deal specifically with the issue of sexual misconduct. Revisions to the business standard 3.3 will improve support for staff who have experienced bullying, discrimination or harassment in the workplace, which is more likely to affect females.</p>
Gender reassignment (trans and non-binary)	Positive	<p>The revised standards do not include additions or amendments that should impact someone based on their gender reassignment or trans status.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.</p>
Marriage and civil partnership	Positive	<p>The revised standards do not include additions or amendments that should impact someone because of their marital status, regardless of whether it is a same-sex marriage/civil partnership or an opposite-sex one.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.</p>

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Pregnancy/ maternity	Positive	<p>The only amendment or addition to the Standards which may impact those pregnant is the following requirement:</p> <p><b>“If you have a serious communicable disease, or have been exposed to a serious communicable disease, and believe you could be a carrier, you should not practise until you have sought appropriate medical advice. You must follow the medical advice received, which may include the need to suspend, or modify your practice and/or guidance on how to prevent transmission of the disease to others.”</b></p> <p>Pregnant people can experience periods of lower immunity throughout their pregnancy and will likely benefit from the practice of reducing the possibility of exposure to communicable diseases and find access to services safer.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.</p>
Race	Positive	<p>The revised standards do not include additions or amendments that should impact someone because of their race or ethnicity.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics. Revisions to the business standard 3.3 will improve support for staff who have experienced bullying, discrimination or harassment in the workplace, which is more likely to affect registrants from ethnic minority backgrounds.</p>
Religion/belief	Positive	<p>The revised standards do not include additions or amendments that should impact someone based on their religion or beliefs, including the absence of either.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.</p>

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Sexual orientation	Positive	<p>The revised standards do not include additions or amendments that should impact someone because of their sexual orientation.</p> <p>As above, the revisions to standard 13 relating to behaviour between colleagues should have a positive impact across all protected characteristics.</p>
Other groups (e.g. carers, people from different socio-economic groups)	Neutral	<p><b>Different socio-economic groups</b></p> <p>The revised standards do not include additions or amendments that should impact someone because of their socio-economic background.</p>

	Neutral	<p><b>Welsh language users</b></p> <p>The revised standards do not include additions or amendments that should impact someone because of their status as a Welsh language user.</p> <p>We recognise the Welsh language standards which are relevant to consultation (45-47) and are currently drafting consultation questions to test our compliance.</p>
	Positive	<p><b>Patients in vulnerable circumstances</b></p> <p>The revised standards include the following additions:</p> <p><b>“You must exercise particular care when providing services to patients who, due to their personal circumstances, are in need of special care, support or protection and/or are at risk of abuse or neglect. Patients may be vulnerable for a range of reasons, including physical and/or mental health conditions, capability in managing their health, or handling a difficult set of life events. Levels of vulnerability may vary</b></p>

**between contexts, and change over time, so a patient's vulnerabilities should be considered as part of each consultation."**

**"You must not act in a sexual way towards patients, students, colleagues or others with whom you have a professional relationship, with the effect or purpose of causing offence, embarrassment, humiliation or distress. Maintaining sexual boundaries applies to your behaviours, actions and communications."**

And the following revisions:

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

"Consider and respond to the needs of disabled patients, and **patients in vulnerable circumstances**, and make reasonable adjustments to your practice to accommodate these and improve access to optical care."

"Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest. **Take particular care when dealing with people in vulnerable circumstances.**"

As outlined in the first addition, vulnerable people may require specific care, regardless of their protected characteristic status, and may be more at risk of abuse. These additions and amendments will work to ensure vulnerable people are better protected and receive better care.

## Registrant Fees Rules and future fee strategy

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Meeting: 13 December 2023

Status: For decision

Lead responsibility and paper author: Yeslin Gearty (Director of Corporate Service)

### Purpose

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1. For Council to set the Registrant fee rules for 2024-25.

### Recommendations

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2. Council is asked to:
  - **agree** to increase the main registration fee and ancillary registration fees for 2024-25, whilst maintaining the low-income fee discount and non-UK fees at their current levels; and consider the approach of raising fees in line with inflation over the short term, in advance of agreeing a new financial strategy from 2025-30, including a new fees strategy.
  - **consider** and **approve** the draft fee rules, as set out in **annex one**.

### Strategic objective

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3. This work contributes towards the achievement of all the GOC's strategic objectives as fees are our primary form of income.

### Background

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4. Council is required to set a budget each year to adequately manage the resources to meet its statutory objectives, run the business and deliver its services in a sustainable way. At its meeting on 7 December 2022 (Paper ref C48(22)), Council approved the annual registration fees for 2023-24, with the main registration fee increasing from £360 to £380 (the last increase being from £350 to £360 in 2019 – 2020) and agreed that the approach to raising fees should be in line with inflation and the approach to considering linking fees to inflation should continue over the medium term.
5. In past years we have also said that in the medium-term, fee increases would be modest and consistent with previous increases (subject to annual review and approval). Last year, when presenting the fees rules to Council we said "In line with our aim of modest and consistent fees for future years, the indicative fee, based on possible increases in inflation, for 2023-24 will be between £370 (2.75%) and £380 (5.56%). This should remain subject to annual review". Council agreed the increase to

£380 and provided a steer that the following year's fees considerations should be closely linked to inflation to ensure sufficient resources to discharge our regulatory responsibilities.

6. In the previous seven years we have met the objective of modest and consistent increases for the main registration fee, amounting to a £10 increase per annum for the main registrant fee each year, (other than for 2023-24), with no increase at all between 2020 and 2023. The reduced revenue from not increasing fees between 2020 and 2023 is estimated at just over £0.5M. Other fees have remained at the same rates since 2019-20, when there was a £5 increase to student and ancillary fees.
7. Our objective from setting our fees should be to enable us to fund the costs of our regulatory operations and delivery of our statutory functions (business-as usual). We have now completed our quarter two budget review and re-forecast, (see separate finance papers). From this we conclude that our overall financial position of BAU activities for the current year shows a surplus before reserve expenditure. Our 2024-25 outlook for business-as-usual operations is continuously reviewed. Our view is that the proposed increase of £25 to the main registration renewal fee will achieve a balanced or better 2024/25 BAU budget, and that our forecasted reserves position over the next five years indicates that we will remain well within the agreed ranges (noting increased operational costs, and reduction in overall level of reserves, which is covered in more detail in the analysis section and the separate financial report).
8. Maintaining healthy reserves reflects Charity Commission guidance. Our reserves are designated separate amounts, which enable us to carry our future strategic projects and other non BAU activities. As set out in more detail in the separate Reserves Policy paper, we maintain five months BAU expenditure as our general reserve. This approach complies with Charity Commission guidelines and means that whilst we could consider a potential freeze on fees for the coming year, it would be prudent to seek an increase to allow for potential fluctuations in expenses, emergent risks, achieve a balanced or better business as usual (BAU) budget and most importantly, reduce the amount we may need to draw down from our investments, especially whilst markets remain volatile and present the risk of realising losses on investment values.
9. Our assumptions are based on a low likelihood of registrant renewals reducing, and new registrations remaining on track with previous years, although this is subject to risks as outlined later in this paper.
10. This approach follows Council's clear instruction in 2022-23 when agreeing fees, that future fees should be closely aligned to inflation. It also matches Council's financial risk appetite which seeks to ensure a balanced or better BAU budget. The revenue cost of not increasing fees alongside future impact on reserves has also been considered.

11. The recommendations contained in this paper are consistent with the assumptions underpinning our second quarter projections for 2023-24, 2024-25 and following years, all of which were considered by the Audit Risk and Finance Committee (ARC) on 23 November 2023.
12. At the 23 November meeting, ARC considered the fees proposal for 2024-25 and draft rules, and recommend their approval to Council, with a request that additional information is provided to Council of the potential negative impacts on delivery if a lower or no fee increase is agreed. Further information is provided in the analysis below.

## Analysis

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13. In recommending these fees, we have taken account of the following:
  - levels of inflation (including pay inflation);
  - the PSA's strong steer of ensuring that fees and fee increases are not unreasonable.
  - an expectation that we will deliver our core business within our income each year (breakeven or better).
  - relevant statutory requirements and wider public law considerations; and
  - legal advice in relation to the EU Directive to ensure that we are compliant in setting our fees for applicants wishing to apply from within the EEA or Switzerland. Whilst the UK has now left the EU and the transition period ended on 31 December 2021, the arrangements for Swiss nationals will be continued by four years. Fees for EEA based applicants will not change; they follow the process that previously existed for non-EEA based applicants and pay the same fees.
14. The proposal is to increase the main registration fee, maintain the discount applied to the low-income fee and to also increase all other fees in line with inflation (or by £5 whichever is the greater).
15. To follow previous increases and raise the main registration fee by between £10 and £20; from £380 to £390 or £400, would represent a 2.25% to 5.25% increase, or to increase by £30 to £410, an 8% increase, noting the rate of inflation. At the time of presenting proposals to ARC, the rate of CPI was 6.7% over the 12 months to September 2023 (since then CPI has reduced to 4.6% for the 12 months to October 2023). To raise fees close to the September rate of inflation by say £25 (6.6%), would be similar to the PSA who are consulting on an increase of their own fees by 5% for 2024-25. This reasoning includes consideration of the following:
  - The latest 5-year forecast shows a deficit of £27K in business-as-usual expenditure versus income for 2024-25 based on an increase of the main registration fee by £10. This indicates that an increase of £10 for 2024-25 will not be sufficient to meet our BAU costs.

- Increased operating costs are partly due to high levels of inflation across the year to date, increasing the costs of new or renewed contracts and overall supplier costs, in addition to inflationary pressures leading to wage inflation. Our new Reward and Recognition policy has matched our salary bands to market rates and ensured our approach to reward is closely aligned to the recruitment market and our peers, to mitigate against attraction and retention issues.
- We have also seen a significant increase in the number of hearing days required to complete Fitness to Practice matters, and associated legal costs in case progression both of which have significantly increased overall costs.
- Using a £25 increase in our projections, we anticipate a small surplus in 2024-25 and outer-years allowing us to preserve our reserves within policy limits.
- We have seen an increase in business-as-usual surplus for the first two quarters of 2023-24, the details of which are contained in the separate financial performance reports.
- We are of course carefully considering all areas of expenditure for 2024-25 with a view to identifying and maintaining savings and efficiencies to achieve a balanced (or better) BAU budget, whilst still delivering against our business plan, five-year strategy and working to maintain PSA standards.
- The costs of freezing fees between 2020 and 2023 is estimated at £514k in terms of reduced revenue. This of course also had an impact on our overall level of reserves.
- In-built efficiencies and lessons learned through remote working mean expenditure levels in some areas continue to be lower than previous years and some of these savings from new ways of working are expected to continue.
- As shown in separate financial performance reports, we continue to maintain a healthy level of reserves, despite overall amounts decreasing through planned investment into strategic projects and levels reducing through unrealised losses related to investment values fluctuating throughout 2022 and 2023. Our reserves policy has been revised to address these trends in-line with our re-forecasted budget in Q3 and is presented to the Committee separately for approval. There is further analysis of reserves at paragraph 25 of this paper.
- Our review of reserves policy seeks to ensure that our reserves and management of them appropriately reflects the need to provide additional financial resilience in the current (and anticipated future) volatile financial environment.
- CPI, the main Government measure of annual inflation, steadily increased from 3.1% to 11.1% over the 12 months to October 2022 and has since gradually reduced since that peak level to 4.6% (at the time of writing). The general consensus amongst economists is to expect inflation rates to continue to slowly decrease over the coming year.
- Wage inflation is currently running at 7.9% (year on year 3-month average – ONS). The most recent data available show that, from July to September 2023, annual growth in regular pay (excluding bonuses) was 7.7%; this is the highest regular annual growth rate since comparable records began in 2001. Salary

costs represent over 50% of the GOC's regular running costs. Our budget for next year has yet to be set. In the meantime, we have provisionally provided for an overall seven percent increase to payroll. A future management decision will be required for how much should be provided for an inflationary cost of living increase and how much, if anything, should be provided for performance related increases.

- The PSA are consulting on a 5% increase in their fees to us from April 2024 which followed a 3.9% increase for 2023-24. The PSA levy a fee based on the number of registrants including students. For 2022-23 this was £89,083.00 and for 2023-24, £86,941 (2024-25 figures to follow the consultation outcome). The fee equates to around £2.72 per registrant.
- The number of low-income registrants is assumed to remain stable. Our proposal is to maintain the low-income discount, at £120 and to consider the overall level of discount next year, with the possibility of reducing it back to the £100 difference that existed prior to 2023-24. The discount was increased to help temporarily off-set our first fee increase in four years. This will start to bring the reduction back into line with the discount applied in previous years. This means those registrants who successfully apply for the discounted fee will pay £285 per year (an increase of £25 or 9%) , whilst noting the ongoing ability to apply to change to low-income at any point of the year. Based on the number of low-income fees paid last year, maintaining the £120 discount will have a total estimated cost of around £110,000.
- The budget forecast includes assumptions on the above and this proposal being approved and implemented.

16. At the Strictly Confidential session of Council in June 2023, Council members considered a summary comparison of other healthcare regulators fees and their proposals for increasing fees. Many regulators have not increased fees for several years due to a variety of reasons, such as legislative constraints, or the need to consult. The closest comparators are the GPhC who are consulting on a 7.5% increase and the GMC and GDC. The GMC generally uses CPI as a mechanism to increase fees and the GDC the Bank of England base rate, although the GDC have recently announced a 10% decrease for their fees for next year, which we understand is planned due to an excess level of reserves. An updated summary of healthcare regulator fees and number of registrants per regulator is attached at annex three.

17. There are a number of risks that need to be considered when deciding on whether to increase fees, and if so, by how much, as described below. These risks include:
- De-regulation of one or more professions.
  - Further shift toward multiples (risk to business registrant income).
  - Recession and downturn in UK economic outlook negatively impact the optical profession (registrants leave the profession, optical business fail with resulting drop in income etc.).
  - Contraction in demand for registrant services (risk to registrant income).

- Government enforced cap on professional registration fees or removal of ability to set our own fees.
- Critical infrastructure development (property and IT).
- Forced merger with another regulator.
- Legislative change that removes or reduces our ability to set fees annually or at all without consultation or Parliamentary approval.
- Registrant and stakeholder concerns.

18. We continue to consider the likelihood of these risks materialising in the next year and beyond. Losing the ability to set our own fees could mean that we would not be able to assume any increases for some time, based on the experience of other regulators (e.g., HCPC) in passing fees rules through Privy Council and devolved administrations. We considered whether this risk should persuade us to raise fees by a higher amount, to ensure that we maintain a level of income that could off-set future difficulties in increases, on-going higher levels of inflation and reduced registrant numbers, but have considered on balance, raising the fee by more than £25 was not justified by this risk.
19. We would anticipate that given the proposed increase in fees for 2024/25, which following last year's below inflation increase of 5.5%, and was preceded by three years of fee freezes, will be recognised as reasonable by registrants and by their representative bodies acknowledging the inflationary pressures, continued economic uncertainties and increased operating costs facing us all and represents fair value, whilst allowing us to maintain a breakeven budget or better and provide a stable operating base, maintaining our reserves, in the event of future financial uncertainties.
20. Council's appetite for financial risk was discussed at the November 2025-30 strategy workshop. We will develop a five-year financial strategy in the coming months for Council approval. This will include a new fees strategy and consider whether this strategy should cover a longer period than the current annual review.
21. By way of reminder our current financial risk appetite statement is says "We are the custodian of registrant money and recognise the need to deliver value for money, so should be cautious about financial risk, whilst balancing priorities around delivery of our regulatory functions". The risk appetite scoring statement that supports this says we have a "Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward".
22. How this translates into our strategy for 2024-25 fees relates to value for money and delivery of regulatory functions. We know that over 50% of our costs are staff related. with a further significant amount committed to office accommodation and external contracted suppliers (OCCS, for example). Council have approved our approach to improving our approach to reward and recognition, to mitigate risks around attraction and retention of staff and enable us to continue to work towards of vision of being a world class regulator. We will soon be considering options for alternative

accommodation with a view to reducing related costs, with potential savings being released back into our budget.

23. A fundamental consideration on setting fees for next year relates to whether we utilise our reserves to subsidise any potential fee freeze, or below -inflation fee increase. The financial reports and reserve policy illustrate how overall reserves levels will reduce over the next three to five years through investment into our strategic projects (some of which are yet to be identified and will likely form part of the new five-year strategy). Total reserves are anticipated to reduce from £7.5M to £5.1M by year five. The modelling is based on a £25 fee increase this year and a smaller £10 increase in later years. The later increase of £10 is used only to assist with forecasting and does not indicate any intent. Our reserves are held in an investment portfolio, and we use a number of assumptions relating to volatility and performance in our forecasting. Our view is that it would not be appropriate at the moment to use reserves to off-set any fee freeze, or lower fee increases for 2024-25, because of the forecasted overall reduction in reserve levels and the additional negative impact that a fee freeze or lower increase would have on reserve levels and our drawdown plan.

24. When completing our financial analysis, we included models where fees were frozen or increased by different amounts. For every additional £5 charged there is a financial benefit of around £135,000. Our view is that the £25 increase is proportionate when considering all of the above and allows us to achieve a surplus BAU budget for 2023-24 based on our latest projections.

25. The tables below show the impact on reserves, comparing a £10, £20 and £25 increase in year one over a five-year period. The “impact on reserves” demonstrates the reduced overall forecasted reserves totals following a £10 or £20 increase in fees across the five year period.

	Year 1 2023-24 £'000	Year 2 2024-25 £'000	Year 3 2025-26 £'000	Year 4 2026-27 £'000	Year 5 2027-28 £'000
Loss of revenue if 24/25 fee only raised to £10 instead of £25	0	(405)	(405)	(405)	(405)
Reserve plan as per Q2 forecast	7,571	6,485	5,940	5,474	5,108
<b>Impact on reserves</b>	<b>7,571</b>	<b>6,080</b>	<b>5,130</b>	<b>4,259</b>	<b>3,488</b>

	Year 1 2023-24 £'000	Year 2 2024-25 £'000	Year 3 2025-26 £'000	Year 4 2026-27 £'000	Year 5 2027-28 £'000
Loss of revenue if 24/25 fee only raised to £20 instead of £25	0	(135)	(135)	(135)	(135)
Reserve plan as per Q2 forecast	7,571	6,485	5,940	5,474	5,108
<b>Impact on reserves</b>	<b>7,571</b>	<b>6,350</b>	<b>5,670</b>	<b>5,069</b>	<b>4,568</b>

26. The wider financial impact analysis for a £25 versus £10 or £20 fee increase in year two (2024/25) is shown in the tables below. This demonstrates a deficit BAU budget in every year from 2024-25.

	Year 1	Year 2	Year 3	Year 4	Year 5
	2023-24	2024-25	2025-26	2026-27	2027-28
	£'000	£'000	£'000	£'000	£'000
BAU surplus /(deficit) as per Q2 forecast	132	(27)	103	103	89
Loss of revenue if 24/25 fee only raised to £10 instead of £25	0	(405)	(405)	(405)	(405)
<b>New BAU surplus / (Deficit)</b>	<b>132</b>	<b>(432)</b>	<b>(302)</b>	<b>(302)</b>	<b>(316)</b>

	Year 1	Year 2	Year 3	Year 4	Year 5
	2023-24	2024-25	2025-26	2026-27	2027-28
	£'000	£'000	£'000	£'000	£'000
BAU surplus /(deficit) as per Q2 forecast	132	(27)	103	103	89
Loss of revenue if 24/25 fee only raised to £10 instead of £25	0	(135)	(135)	(135)	(135)
<b>New BAU surplus / (Deficit)</b>	<b>132</b>	<b>(162)</b>	<b>(32)</b>	<b>(32)</b>	<b>(46)</b>

27. The impact of not achieving a balanced BAU budget may negatively affect our ability to deliver core regulatory functions and/or influence decisions to invest into strategic projects, in order to maintain our reserves in-line with the reserves policy. The following tables demonstrate the impact on reserves overall. Line one shows the totals for the reserves lower limit should the new draft reserves policy be approved in-line with ARC's recommendation. Line two shows existing total reserves minimum range and line three the forecasted reserves remaining based on a £10 increase for year one for the first table and a £20 increase for the second. A £10 fee increase and the cumulative effect over the five years of reduced revenue would risk dropping below the minimum reserves level in year five. A £20 increase would result in a reduction of £540k in reserves. Our exposure to volatility in investment values (our reserves) in the short term means that we should work to preserve and maintain our reserves within the limits of the policy.

	Year 1	Year 2	Year 3	Year 4	Year 5
Reserves policy NEW lower limit	3900	3900	3900	3900	3900
Reserve plan as per Q2 forecast	7,571	6,485	5,940	5,474	5,108
NEW reserves	7,571	6,080	5,130	4,259	3,488

	Year 1	Year 2	Year 3	Year 4	Year 5
Reserves policy NEW lower limit	3900	3900	3900	3900	3900
Reserve plan as per Q2 forecast	7,571	6,485	5,940	5,474	5,108
NEW reserves	7,571	6,350	5,670	5,069	4,568

28. In financial reports across 2020-21 and 2021-22 we made a number of assumptions around fee income reducing due to the effects of Covid-19 on optical professionals and businesses and included scenarios covering a variety of outcomes. The pessimistic assumptions for 2020-21 and 2021-22 did not materialise and we have considered future forecasts based against a stable position in relation to registrant retention and overall growth of the register in line with year on year upward trends, all of which influence the recommendation here. The latest Financial Performance Report provides further background the value of our investments and assumptions on the income generated.

29. All business areas have begun the process of drafting the proposed GOC business plan and budget for 2024-25. The Chief Executive and Registrar, Director of Corporate Services and Head of Finance will meet with individual services over the next few months to review the business plan alongside the budget and ensure that the proposals are financially robust. ARC will have two opportunities to review the proposals in January and February 2024, prior to final approval by Council in March 2024. A timeline for budget and business planning is attached as Annex 2.

30. We will develop a future fee strategy as part of our overall 2025-30 financial strategy, which will sit within the “Shaping the Future” strategy. As part of our planning, we will need to consider the potential changes to business regulation and how that may completely change our operating model and overall fees regime and with it how we set longer-term objectives for setting fees.

31. It is therefore recommended that we increase the main registration fee by £25. Any higher amount could risk stakeholder criticism and escalation to/intervention of the PSA. The small increase to other fees for the first time since 2019 combined with maintaining the £120 concession for lower earners also demonstrates that we have been proportionate and considered in our approach. Setting a lower fee risks not achieving a balanced budget and the negative impacts which could follow including significant reductions in our overall reserves in future years.

32. We have also considered fees for applications to join our register from those qualified overseas. The current fee structure for applicants is as below. We have also recently introduced a further process, via an external provider (Qualification Check) which requires applicants to pay £30 directly to the company undertaking the check. Given that we have added a further £30 fee to be paid to an external service, we do not feel it is appropriate to increase these fees for the coming year, although we will of course keep a close eye on our administrative overheads.

Fee type	Amount
Scrutiny fee	£125
Assessment fee	£450

Interview fee	£200
Total	£775

33. With an inflationary increase to the main fee this year, the additional fee income generated by this proposal is anticipated as being sufficient to achieve our objective of a small surplus in the BAU budget, whilst preserving reserves in-line with our policy and help ensure that any future fee increases can continue to be moderate and in-line with our overall approach of being reasonable and either in line with inflation or below it. As always, our budgeting and business planning activities will include a comprehensive review of potential efficiencies and savings including prioritisation/phasing of project work, overall headcount and the annual staff pay award.

34. We will continue to refine our approach to forecasting, taking into account financial risk appetite and the need to achieve a balanced or better budget.

35. The past two year's fees alongside recommended changes are highlighted in the table below.

Registrant Type	2022-23	2023-24	2024-25
Fully Qualified & Body Corporate renewal fee	£360	£380	£405
*Student renewal fee	£30	£30	£30
Application for Initial Registration or Restoration (not on student register) fee	£75	£75	£80
Application for Initial Registration (transfer from student register) fee	£40	£40	£45
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£40	£40	£45
Low income discount	£100	£120	£120

\*Student application fees for initial registration and renewal were both increased by £5 in 2019-20.

## Finance

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

## Risks

37. The following risks are associated with the issue:

- The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively.

- There is an inherent risk in setting the fee level based on an outline budget as we are only seven months into the current financial year, as the full impact of trends and changes cannot be reflected fully in our financial performance for the year to date.
- There is risk in assuming investment income will provide a consistent annual return. This is in line with the remit of the Investment Manager but is based on long-term performance and could fluctuate year on year.
- Work around legislative reform, particularly business registration may impact the way we charge registrants in future years, but this will require further detailed planning and consultation across stakeholders.

### **Equality Impacts.**

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38. No equality impact has been undertaken as this is a continuation of current practice to raise fees broadly in line with inflation.

### **Devolved nations**

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39. There are no implications for the devolved nations.

### **Communications**

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#### **External communications**

40. Enhanced communications regarding fees will take place; including in our 'News from Council', communications from the Chief Executive and Registrar, and publication of the fees on the website.

### **Next steps**

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41. The business plan for 2024-25 will be presented for approval at the Council meeting in March 2024 and will reflect the decisions taken here.

42. Financial reporting will continue to be considered by both ARC and Council including relevant forecasts.

### **Attachments**

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Annex one: Registration fee rules 2024-25

Annex two: Budget and Business Planning timetable

Annex three: Regulator fee comparisons

**THE REGISTRATION FEES RULES 2024-2025**

Each application falling within a category set out in the table below shall be accompanied by the fee shown for the period 1 April 2024 – 31 March 2025:

<b>Applications for annual renewal of registration</b>	<b>24/25 Fee</b>
<u>Annual renewal fee</u> Application for annual renewal of registration in the register of: <ul style="list-style-type: none"> <li>• Optometrists</li> <li>• Dispensing opticians</li> <li>• Bodies corporate carrying on business as an optometrist or dispensing optician or both</li> </ul> for the year commencing on 1 April 2024 and ending on 31 March 2025 received on or before 31 March 2024	£405
<u>Low income earners annual renewal fee<sup>1</sup></u> Application for annual renewal of registration in the register of: <ul style="list-style-type: none"> <li>• Optometrists</li> <li>• Dispensing opticians</li> </ul> for the year commencing 1 April 2024 and ending on 31 March 2025 applications received on or before 31 March 2024.	£285
Application for annual renewal in the register of student optometrists or the register of student dispensing opticians for the year commencing 1 September 2024 and ending on 31 August 2025 received on or before 31 August 2024.	£30

<b>Applications for annual renewal of registration when entering, transferring or restoring to the register</b>	<b>24/25 Fee</b>
Annual renewal fee for the period 1 April 2024 and ending on 31 March 2025, pro rata rate based on date of entry to the register of: <ul style="list-style-type: none"> <li>• Optometrists</li> <li>• Dispensing opticians</li> <li>• Bodies corporate carrying on business as an optometrist or dispensing optician or both</li> </ul>	£101.25 per quarter or part thereof

<b>Applications for Registration</b>	<b>24/25 Fee</b>
Initial application to be entered on the register of: <ul style="list-style-type: none"> <li>• Optometrists</li> <li>• Dispensing opticians</li> <li>• Bodies corporate carrying on business as an optometrist or dispensing optician or both</li> </ul> including low income earners.	£80
Application for registration in the register of student optometrists or the register of student dispensing opticians for all or part of the year commencing 1 September 2024 and ending on 31 August 2025. No	£30

<sup>1</sup> a low income earner is defined as an individual fully qualified applicant or registrant whose total individual income is estimated to be lower than £16,000 for the following year 1 April 2024 - 31 March 2025.

annual renewal fee will be charged for the year in which they are applying for registration.	
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£45

<b>Applications for transfer of registration</b>	<b>24/25 Fee</b>
Application for transfer between full registers for all or part of the year commencing on 1 April 2024 and ending on 31 March 2025.	£45
Application for transfer from the register of student optometrists to the register of optometrists or from the register of student dispensing opticians upon completion of a GOC accredited route to registration.	£45

<b>Applications for restoration of registration</b>	<b>24/25 Fee</b>
Initial application to be restored on the register of: <ul style="list-style-type: none"> <li>• Optometrists</li> <li>• Dispensing opticians</li> <li>• Bodies corporate carrying on business as an optometrist or dispensing optician or both including low-income earners.</li> </ul>	£80
Application for restoration to the register of student optometrists or the register of student dispensing opticians following removal or erasure from the registers for all or part of the year commencing on 1 September 2024 and ending on 31 August 2025. No annual renewal fee will be charged for the year in which they are applying for registration.	£30

<b>Applications for Certificates of Current Professional Status</b>	<b>24/25 Fee</b>
Application for a certificate of current professional status.	£30

<b>Applications for assessment of qualifications gained from outside of the UK to gain entry to the register of dispensing opticians or optometrists</b>	<b>24/25 Fee</b>
A scrutiny fee for processing documentation for applications for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£125
For those that have passed the scrutiny stage and require an equivalency assessment, a fee will be charged for: Assessment of equivalency of qualifications and experience for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£450
An interview fee for non-EEA applicants (this is the cost of a telephone/video interview between the applicant and GOC assessors)	£200

**Dr Anne Wright CBE**  
**Chair of Council**

**Leonie Milliner**  
**Registrar**

## ANNEX TWO

Period	Activity	By
Mon 23 Oct – Tue 2 Nov 2023	Issue the business and budget templates, guidance, and instructions	MW/FK AS/JH
Mon 30 Oct 2023	Fee discussion	SMT
Tue 07 Nov – Wed 13 Dec 2023	Work on draft business plan and budget. Budget holders meetings with their directors and with Finance and Governance for assistance and guidance.	Budget holders/ Directors/MW/ FK/AS/JH
Tue 21 November 2023	<u>ARC meeting</u> Proposed fees for review	ARC
Tue 05 Dec 2023	Proposed fee and outline budget report to Council	YG
Tue 12 Dec – Wed 13 Dec 2023	<u>Council meeting</u> Proposed fee and outline budget approval	Council
Wed 13 Dec 2023	Return draft budgets to Finance and draft business plan to Performance and Planning <b>Must be agreed by Directors before submission.</b>	Budget holders
Thu 14 Dec – Fri 15 Dec 2023	Budget consolidation and review by Finance	MW/FK
Thu 14 Dec – Fri 15 Dec 2023	Business plan consolidation and review by Performance and Planning	AS/JH
Mon 08 Jan – Fri 12 Jan 2024	Finalising any changes to the budget	FK
25 – 26 January 2024	Directors and Heads of Service - final budget and business plan review by the CEO	MW/YG/LM
Thu 01 Feb – Fri 02 Feb 2024	Finalise budget and business plan	FK/JH
Mon 05 Feb – Fri 10 Feb 2024	Preparation of budget reports for SMT	MW
Friday 2 <sup>nd</sup> Feb 2024	Full business plan and budget report completed and circulated to SMT	YG/AS/MW

<b>Period</b>	<b>Activity</b>	<b>By</b>
Friday 9 <sup>th</sup> Feb	<u>SMT meeting</u> Review and recommendation of final business plan and budget	SMT
Tue 20 Feb 2024	Circulate full business plan and budget report to ARC	AS/MW
Tue 27 Feb 2024	<u>ARC meeting</u> Review of business plan and budget	ARC
Tue 05 Mar 2023	Circulate the business plan and budget to Council	YG/AS
Tue 12 Mar – Wed 13 Mar 2024	<u>Council meeting</u> Final Business Plan and Budget approval by Council	Council

### ANNEX THREE: Health care regulator Fees – high level responses

Regulator	Has increased fees recently?	Response												
General Osteopathic Council	No	<p>Have not increased registrant fees for nine years.</p> <p>Planning to review, though challenging at present due to the economic climate. Need to publicly consult on fee increases and requires Privy Council approval</p> <table border="0"> <tr> <td>Registration level</td> <td>Registration fee</td> </tr> <tr> <td>Year 1 (entry)</td> <td>£320</td> </tr> <tr> <td>Year 2 UK</td> <td>£430</td> </tr> <tr> <td>Year 2 reduced rate</td> <td>£215</td> </tr> <tr> <td>Year 3+ UK</td> <td>£570</td> </tr> <tr> <td>Year 3+ reduced rate</td> <td>£320</td> </tr> </table> <p>Approx 5.5k registrants</p>	Registration level	Registration fee	Year 1 (entry)	£320	Year 2 UK	£430	Year 2 reduced rate	£215	Year 3+ UK	£570	Year 3+ reduced rate	£320
Registration level	Registration fee													
Year 1 (entry)	£320													
Year 2 UK	£430													
Year 2 reduced rate	£215													
Year 3+ UK	£570													
Year 3+ reduced rate	£320													
General Pharmaceutical Council	No	<p>Currently have a live consultation to increase fees by 7.5% which would be effective from 1 April 2024. Have not increased fees for individual registrants since April 2019.</p> <p>The proposed change would mean:</p> <ul style="list-style-type: none"> <li>pharmacist renewal fees would increase by £19 from £257 to £276</li> <li>pharmacy technician renewal fees would increase by £9 from £121 to £130</li> <li>pharmacy premises renewal fees would increase by £27 from £365 to £392</li> </ul> <p>&gt;62.5K pharmacists &gt;23.3k technicians &gt;13.8k premises</p>												
General Chiropractic Council	No	<p>Have not increased fees for many years and currently do not have plans to do so (at least the next couple of years).</p> <p>Fees</p> <ul style="list-style-type: none"> <li>In-practice registrants: £800</li> <li>Non-practising registrants: £100</li> </ul> <p>Approx. 3500 registrants</p>												

Nursing and Midwifery Council	No	Need to consult and approve by parliament. Not increased since 2015. Not increasing in the coming year. Registrant numbers increased by 14% Oversees registrant numbers increased. Reluctant to increase currently. >788k nurses and midwives £120
Pharmaceutical Society of Northern Ireland	No	No increase for seven years Premises registration £113, retention £155 Registrants £398 <3k registrants inc premises
Social Work England	No	No fee increases for eight years (Currently reviewing a three-year strategy which will consider increased fees) 93.5k registrants £90 renewal fee
General Medical Council	Yes	For quite a few years have increased fees annually by CPI. The previous mechanism was to increase fees each April by the CPI figure from the previous September. This link was broken for 2023 fee increase as CPI was so high. April 2023 increase was 3.1% - the same as the previous year.  Currently thinking about approach to a 5% 2024 fee increase, (or whether to reinstate the link to CPI), but this decision will be driven by the CPI rate at that time. >374k registrants £433 renewal fee
Health and Care Professions Council	Yes	The HCPC has only had one increase in fees since 2015, which was due in 2020 but delayed to 2021 and the amount was also reduced, in part because of concerns about the impact on registrants of the COVID pandemic. Now essentially playing catch-up with fee increase proposal of 20% or £19.62. (Subject to Parliamentary approval) for 2023 Fees increased from £98.12 to £117.74

		HCPC need to publicly consult on fee increases and subject to Parliamentary approval process. 134k registrants
General Dental Council	Yes	2015 fee increased. 2020 fee reduced. Fee changes are now set for three years. 2023 was +1.5%, This coming renewal year - 2024 (runs from 1 Jan) the main fees are reduced by 10% to £621 fee for dentists and by 15.8% to £96 dental care professionals with an intention to freeze fees for 2025 Approx 109k registrants

#### Fee/registrant summary

Regulator	Fees	Number of registrants
General Osteopathic Council	Registration level Registration fee Year 1 (entry) £320 Year 2 UK £430 Year 2 reduced rate £215 Year 3+ UK £570 Year 3+ reduced rate £320	Approx 5.5k
General Pharmaceutical Council	Proposed increases: Pharmacist renewal fees +£19 from £257 to £276 Pharmacy technician renewal fees +£9 from £121 to £130 Pharmacy premises renewal fees +£27 from £365 to £392	>62.5K pharmacists >23.3k technicians >13.8k premises
General Chiropractic Council	In-practice registrants: £800 Non-practising registrants: £100	Approx. 3500 registrants
Nursing and Midwifery Council	£120	>788k nurses and midwives
Pharmaceutical Society of Northern Ireland	Premises registration £113, retention £155 Registrants £398	<3k registrants including premises
Social Work England	£90 renewal fee	93.5k registrants

General Medical Council	£433 renewal fee	>374k registrants
Health and Care Professions Council	£117.74	134k registrants
General Dental Council	2024 rates: £621 fee for dentists £96 for dental care professionals	109k registrants



## **COUNCIL**

### **Reserves Policy and Working Capital Statement**

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**Meeting:** December 2023

**Status:** for approval

**Lead responsibility:** Yeslin Gearty  
(Director of Corporate Services)

**Paper authors:** Manori Wickremasinghe  
(Chief Financial Officer)

#### **Purpose**

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1. To enable Council to review and approve the proposed, updated Reserves Policy and Working Capital Statement.

#### **Recommendations**

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2. Council is asked to:
  - **approve** the proposed, updated Reserves Policy and Working Capital Statement; and
  - **delegate** any minor revisions to the Chief Executive and Registrar.

#### **Strategic objective**

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3. This work contributes towards the achievement of all three of the strategic objectives, as it is a primary document to support the financial governance of the GOC. Revision of the policy is included in the business plan for 2023/24.

#### **Background**

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4. The Reserves Policy and Working Capital Statement are key documents with respect to the financial governance of the GOC. The organisation's statutory and non-statutory approval framework requires the Reserves Policy to be approved by Council.
5. The terms of reference of the Audit Risk and Finance Committee (ARC) require it to review the adequacy of and changes to the Reserves Policy by ensuring it is effective, consistent with Council's view and provides assurance as to appropriateness and robustness before recommending their approval by Council.
6. An draft was reviewed by SMT in November and subsequently by ARC on 21 November 2023, and was recommended for approval by Council, based on the adequacy of the proposed controls. ARC noted that the GOC had a healthy reserve level which was in accordance with Charity Commission guidance and enough for the organisation to pay a full year's worth of operational costs.

7. The policy ensures that there are prudent levels of reserves to provide for unexpected variations in spending or income patterns, to fund exceptional future spending, and to fund strategic projects.
8. The current Reserves Policy and Working Capital Statement (the policy) was approved in 2020 and scheduled for review in 2023. The policy will be reviewed and updated to align with the next five-year financial plan that will be developed alongside the next five-year strategic plan.

### Analysis

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9. The current proposal is a “light-touch” update to the policy, proposed designated categories, and target upper and lower reserves levels. The policy will be reviewed and updated alongside all the relevant finance policies for the next five-year strategic plan.
10. The main changes made to the policy are: removal of the Covid-19 reserve; broadening the use of costs related to the legal costs reserve; increasing the upper limit of the strategic reserve; and lowering the lower limit of the total reserve range.
11. The Covid-19 reserve was a contingency reserve created to mitigate the risk of falling income due to adverse effects of Covid pandemic. This category has been removed as it is no longer relevant.
12. The complex cases legal costs reserve has been broadened to enable us to fund any additional, unbudgeted expenses arising due to complex legal charges, covering the length of the case, through to a hearing outcome if required. There is a pre-determined, SMT approved criteria set for identifying complex cases, and expenditure from the complex legal cases reserve requires the approval of the Chief Executive and Registrar.
13. The infrastructure and dilapidation reserve will be reviewed within the next full policy review mentioned above. We have not yet completed full analysis of the benefits of a potential office move. Once this work is complete, we will determine the amount and period required for this reserve.
14. Charity commission advises maintaining reasonable reserve levels and highlights that zero level or inadequate reserves can create heightened financial risk from the possibility of unforeseen expenditure, sudden closure, trustee liability, a shortfall in income or a failure of internal controls. It also advises that a good reserves policy should give confidence to stakeholders that

the charity's finances are being properly managed and will also provide an indicator of future funding needs and its overall resilience.

15. GOC continues to maintain a five months BAU expenditure as our minimum in the general reserve.

## Finance

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

## Risks

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17. Inadequate reserve levels can lead to exposure to following risks:
  - create heightened financial risk from the possibility of unforeseen expenditure, sudden closure, trustee liability, a shortfall in income or a failure of internal controls.
  - we may not be able to carry our planned strategic projects.
18. Higher than necessary reserve levels may tie up money unnecessarily. Holding excessive reserves can unnecessarily limit the amount spent on furthering the charity's objectives through strategic investment and development projects.
19. The following risks are associated with finance, as identified in the corporate risk register:
  - The GOC fails to deliver value for money.

## Equality Impacts

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20. No equality impact has been undertaken

## Devolved nations

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21. There are no explicit impacts for devolved nations.

## Other Impacts

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22. No other impacts have been identified.

## Communications

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### External communications

23. No external communications are planned with respect to the development of the policy. The final policy will appear on the GOC website.

### Internal communications

24. The following communications will be made after the policy approval by the ARC.
- LT will be informed.
  - All staff will be informed, and the policy will be shared in the finance section of IRIS.

**Next steps**

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25. None.

**Attachments**

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Annex 1: Reserves Policy and Working Capital Statement, version 10.

### Reserves Policy and Working Capital Statement

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Status of document:	Live
Version:	10.0
Approved by:	Council
Date of approval:	November 2023
Effective from:	November 2023
Owner:	Director of Corporate Services
Author:	Head of Finance
Relevant legislation:	CC Guidelines
Linked policies:	Investment Policy
Impact Assessment:	n/a
Impact Assessment completion:	n/a
Impact Assessment review:	n/a
<b>Next policy review date:</b>	November 2025
Location - Website:	<a href="http://www.optical.org/en/about_us/our-governance/index.cfm#Financial_governance">www.optical.org/en/about_us/our-governance/index.cfm#Financial governance</a>
Updates made:	2023   Template and figures

**1. Policy Statement**

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- 1.1. Council is responsible for making judgements as to the appropriate level of reserves for the organisation to hold and for what purpose. This is to ensure that there are prudent levels of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending.
- 1.2. In addition, Charity Commission rules discourage the maintenance of large, unspecified general reserves.
- 1.3. This policy sets out the GOC's reserves policy and working capital statement. It also describes the purpose of each designated reserve category and the target upper and lower levels (range) in each category (annex 1).
- 1.4. All of GOC's reserves are unrestricted and designated for specific purposes, as follows:
  - a. General income and expenditure reserve
  - b. Complex cases legal costs reserve;
  - c. Strategic reserve; and
  - d. Infrastructure & dilapidations reserve.
- 1.5. Unrestricted reserves, whether or not they are designated, may be freely utilised for any purpose the Council determines, in accordance with its Scheme of Delegation for Financial Management.
- 1.6. Council will agree the target upper and lower levels (range) of reserves for each designated category in consultation with the Chair of the Finance, Audit & Risk Committee (ARC) in the context of longer-term planning, normally at the time of setting the budget for each financial year. These are described at annex 1.

**2. General income and expenditure reserve (general reserve)**

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- 2.1. This purpose of this reserve is to meet the general working capital needs of the organisation to enable it to meet its obligations, and to allow for any unexpected fluctuations in income or expenditure.
- 2.2. The Charity Commission advises that charities should pay attention to the relative risk associated with income streams and expenditure items in setting target reserve levels. The income stream for the organisation is normally regular and predictable, and therefore low risk. More significant economic shocks have the potential to raise this to medium risk. Most of the costs for the organisation relate to staffing and general overheads, are predictable and therefore low risk.
- 2.3. The only expenditure type that is less predictable and irregular, and therefore

a higher risk, are the legal costs associated with complex cases. A separate complex cases legal reserve provides for unbudgeted legal costs resulting from these complex cases.

- 2.4. The general reserve, defined as monthly payroll and business overheads plus 1/12 of all other expenditure excluding depreciation, will normally be held at a minimum of five months' regular expenditure.
- 2.5. Overall budget approval will be provided by Council as part of the annual budget-setting process, Operational expenditure from the general reserve will be authorised in accordance with the limits for budgetary approval as set out in the scheme of delegation for financial management.

### **3. Complex cases legal reserve**

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- 3.1. The purpose of the complex cases legal reserve is to provide for unbudgeted legal costs arising from complex cases.
- 3.2. The complex cases legal reserve will normally be held at a range that covers the cost of complex cases over two years. This is because here is a risk of high-value complex cases arising over and above planned levels. Such cases will generally span multiple years and require high levels of legal expenses.
- 3.3. A complex case is identified by pre-determined criteria approved by SMT, and expenditure from the complex legal costs reserve requires the approval of the Chief Executive and Registrar. Once approved the cost across the completion (except internal payroll cost) of the case will be funded by legal reserve.

### **4. Strategic reserve**

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- 4.1. The purpose of the strategic reserve is to support investment in strategic projects, research and/or initiatives to facilitate the effective realisation of the GOC's strategic plan.
- 4.2. The strategic reserve will normally be held at a range that covers the cost of potential projects, research and initiatives for the period of the GOC strategic plan and the anticipated need to draw upon this reserve for their funding, and at a minimum, should be adequate to fund a minimum two years of strategic projects.
- 4.3. Expenditure from the strategic reserve requires the approval of Council.
- 4.4. Following Council authorisation of expenditure from the strategic reserve for projects, research and/or initiatives, approval of business case and project initiation mandates will be in accordance with the Scheme of Delegation for Financial Management.

### **5. Infrastructure/dilapidations reserve**

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## **ARC63(23) ANNEX ONE**

### Reserves Policy V10.0

- 5.1. The purpose of the infrastructure/ dilapidations reserve is to support the costs of exiting our current premises (10 Old Bailey) including dilapidation and reinstatement costs in accordance with the obligations set out in the terms of our lease.
- 5.2. The infrastructure/ dilapidations reserve will normally be held at a range that covers the cost of equivalent to the funds spent in developing the office infrastructure.
- 5.3. Proposed expenditure from the infrastructure/ dilapidation reserve will need to be assessed to identify whether it qualifies as capital expenditure. Where it does qualify as capital expenditure, any decisions must be made in accordance with the scheme of delegation for financial management. Capital expenditure above the Public Contract Regulations 2015 (current thresholds for sub-central authorities is £213,477) require Council approval. Council may delegate the approval of capital expenditure above the Public Contract Regulations threshold to SMT where projects are considered lower risk. Dilapidation costs will be authorised in accordance with the limits for budgetary approval as set out in the scheme of delegation for financial management.

## **6. Compliance**

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- 6.1. As a registered charity, the Charity Commission guidance on the retention and use of reserves will be followed. The current reserves and this policy comply with Charity Commission guidance.
- 6.2. This policy will be reviewed every three years, taking into account new, or changes to, legislation and regulations as well as best practice.

## **7. Transparency**

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- 7.1. All records relating to reserves will be retained for the duration set out within our Retention Schedule, at which point they will be securely deleted.

## Annex 1

### Target upper and lower levels (range) of reserves for each designated category - 2023/24

Designated reserve category	Range	Current range	Actual at 30 September 2023
Legal costs	£350k- £700k	£350k- £700k	£700k
Strategic reserve	£1m - £3m	£1m - £2m	£2m
Infrastructure /dilapidations	£250k -£1.25m	£250k -£1.25m	£1.25m
Covid-19	Category removed	£900k -£1.8m	£900k
General	£2.3m - £4.3m	£2.3m - £4.8m	£4.0m
<b>Total</b>	<b>£3.9m - £9.25m</b>	<b>£4.8m - £9.55m</b>	<b>£8.9m</b>
Of which, a minimum cash reserve	£200k	£200k	£1.8m

#### **Working Capital Statement**

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##### Working Capital

- 1.1 Working capital is required for the normal day to day operation of an organisation. As a matter of prudent financial management, we must hold adequate reserves.
- 1.2 GOC has a low risk of revenue fluctuations and is in a relatively stable financial environment. Any unforeseen material fluctuations are covered by the general reserve.
- 1.3 The annual cash-flow forecast is computed using the approved budget and thereafter with quarterly forecasts, enabling assessment of the level of monthly working capital requirements.
- 1.4 Registrants pay their annual renewal fees in advance (February-March) before the accounting year. All surplus cash balances after planned cash outflows will be invested in approved investments institutions (as listed in 4.1 of this statement) to maximise investment earnings. The institutions must be UK based and subject to the Financial Conduct Authority (FCA) regulations.
- 1.5 Maturity dates of short-term investments are planned according to monthly working capital needs while maintaining a minimum cash reserve. Drawdowns from long-term investments invested through Brewin Dolphin are planned for the months when the short-term investments are all utilised. The drawdown schedule is shared with Brewin Dolphin in advance and may need updating after each quarterly forecast.
- 1.6 The cashflow forecast presented to ARC should have the investment movements marked clearly along with the actual cash reserve.
- 1.7 A minimum cash reserve (headroom) will be maintained to provide a cushion against the impact of unforeseen payments. The level of cash reserve should be set in the context of a relatively stable revenue stream and expenditure pattern. There are additional options for obtaining cash through the available overdraft facility, the cash account held by the investment management company, or advising to sell equity in an emergency or unforeseen situation. Such situations need to be raised with ARC as an exception to policy and are not considered good practice under normal circumstances.
- 1.8 GOC can also apply for loans to support working capital where the risk to income levels are due to exceptional circumstances if the cost of the loan represents good value for money, the repayment method is clear and is approved by ARC.
- 1.9 The minimum cash reserve at a given date is the immediately available cash in the GOC's name, that can be accessed without incurring costs. The overdraft facility does not constitute the minimum cash reserve.

- 1.10 Working capital will be managed by the Director of Corporate Resources and the Head of Finance. Whilst making cash available when required, they will seek optimum investments which will yield additional interest income, maintaining primary requirements for working capital funds, which are security and liquidity.

### Investment Objectives

- 2.1 Security  
The security of the principal is the foremost objective of all investments. Investments will be managed in a manner that seeks to ensure the security of capital.
- 2.2 Credit Risk  
The Council will minimise credit risk; the risk of loss due to the failure of the financial institution, by dealing only with financial institutions, brokers/dealers, intermediaries, and advisors who are regulated by the Financial Services Authority.
- 2.3 Interest Rate Risk  
The Council will minimise the risk of interest-bearing investment redemption penalties by planning the maturity of deposits so that they meet the cash flow requirements for day-to-day operations avoiding the need to cash in prior to maturity.
- 2.4 Currency Risk  
The Council will eliminate the risk of loss by only investing cash in the United Kingdom in sterling.
- 2.5 Liquidity  
The liquidity of investments will be organised to meet all operating requirements that may reasonably be anticipated. This will be accomplished by structuring the portfolio so that deposit maturity is linked to the cash needed to meet anticipated demands.

### Standards of Care

- 3.1 Investment  
Investments will be made with reference to an annual cash flow of projections based upon the most up to date budgets and forecasts. Investment commitments and maturities will be planned to match cash flow and working capital requirements.
- 3.2 Prudence  
Decisions will be made with judgement and care for investment and not for speculation and reflect the security of capital as well as the income expected. The Council recognises that no investment is totally free from risk. Any person with delegated responsibility from Council who acts in accordance with written procedures and agreed policies will be relieved of personal liability for the performance of these investments.
- 3.3 Ethics & Conflicts of Interest

## ARC63(23) ANNEX ONE

### Reserves Policy V10.0

Employees involved in the investment process must avoid any activity that might conflict with the proper execution and management of the investments, or that could impair their ability to make impartial decisions. Employees and investment officials must disclose any material interests in financial institutions with which they conduct business.

#### 3.4 Checks & Balances

The following guidelines have been established to enhance the integrity and transparency of the Council's internal procedures for investing the Council's funds and accounting for those investments.

- Any designated officer (currently the Director of Corporate Resources) acting as Investment Officer(s) will be authorised, under the Scheme of Delegation for Financial Management, to transact investment business on behalf of the Council. No person may engage in an investment transaction except as provided under the terms of this policy. The Director of Resources will be responsible for establishing controls to regulate the activities of other officials to whom this function is delegated by Council.
- All investment confirmations will be sent directly to the Head of Finance where transaction details will be compared and verified against internal records.
- The Head of Finance will review all investment transactions subsequent to execution.

#### Eligible Investment

- 4.1 The following list represents the current range of investments which are authorised for the investment of working capital:

##### Deposits

The Council may invest funds with UK banks to meet short-term liquidity needs in instant access saving accounts and in term-deposits. The maturity of these will vary to coincide with expected cash demands. This includes money market call accounts.

##### Bonds/UK Guilts

The Council may invest short-term working capital in Bonds which are issued by the UK government and purchased on the Stock Exchange or directly from the Treasury. Bonds may also be purchased through authorised dealers and banks. Since bonds carry a minimum maturity period of one year, such investment is only possible where funds in excess of the current year's requirement are available.

- 4.2 The investment of the Council's working capital funds will be subject to the following restrictions and prohibitions:

- Borrowing for investment purposes is prohibited.
- Investing in shares or other securities is prohibited.

- Investment in any instrument, which is commonly considered a "derivative" investment (e.g. options, futures, swaps, caps, floors, and collars), is prohibited.

## 5. Performance Review and Reporting

5.1 The Head of Finance will prepare an annual report for the Senior Management Team that will provide an analysis of working capital investments and transactions over the reporting period. The report will include a list of individual investments held at the end of the reporting period. The report will be presented to ARC annually.

## 6. Record Keeping and Safekeeping

The Head of Finance will be responsible for ensuring all investment transactions are recorded and for securing all documents relative to such transactions.

Linked Policy

Investment Policy approved 22 March 2023.

Council

**Annual reappointment of Council members to committees**

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**Meeting: 13 December 2023**

**Status:** For decision.

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

**Paper Author(s):** Andy Spragg, Head of Governance

**Purpose**

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

**Recommendations**

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Council is asked to:

- **appoint** the named Council members to the committees listed in annex one.

**Strategic objective**

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2. This work contributes towards the strategic objective of delivering world-class regulatory practice, as the work of the committees forms a critical component of the GOC's statutory functions as a regulator. It is included in the business plan under 'member support' – managing Council and committee member appointments, reappointments, appraisals and development and evaluation of performance.

**Background**

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3. The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process. Council member appointments to committees has been retained as a matter for Council to decide.
4. The current membership of the Companies, Education, Registration and Standards Committees is attached in **annex one**. These are commonly referred to as statutory committees, and collectively known as the Advisory Panel.
5. The current legislation requires that all statutory committee member appointments expire on 31 December each year. This is reflected in the terms of reference for the committees – under the following:
  - appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually; and
  - annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the [relevant] Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee

member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.

6. Our GOC Member Appointments Process states that reappointments of committee members should be based on consideration of:
  - their effectiveness in the role – including fulfilment of the role competencies,
  - completion of mandatory development and attendance;
  - the member’s written self-assessment;
  - third party feedback;
  - feedback from the reviewer based on observing the member performing the role;
  - confirmation that all relevant legislative provisions have been complied with, including: eligibility for reappointment in terms of length of tenure and other disqualification criteria; provisions relating to membership from Scotland, Wales and Northern Ireland provisions relating to lay and registrant membership and the GOC's equality duties; and
  - progress made with objectives.
7. The member review process was revised by the Nomination Committee in January 2023 as part of the ongoing governance review. This sets out that Council members are subject to an annual review with the Chair of Council.

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### **Analysis**

8. The Chair of Council has confirmed that member reviews have been undertaken and no proposed amendments to committee membership are required.

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### **Finance**

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

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### **Risks**

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

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### **Equality Impacts**

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

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### **Devolved nations**

12. There are no explicit impacts for devolved nations.

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### **Other Impacts**

19. There are no significant impacts identified.

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### **Communications**

**External communications**

20. No external communications are planned.

**Internal communications**

21. No internal communications are planned.

**Next steps**

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22. None.

**Attachments**

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Annex one – Advisory Panel appointments

**Annex 1 – Advisory Panel appointments (appointments requiring Council approval marked in blue)**

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

**Companies Committee: Membership**

Member Name	Type	Term Dates	Term
Tim Parkinson	Lay Member (Council)	16/04/2020 - 15/04/2024	1
Gordon Ilett	Business Representative	01/01/2022 - 31/12/2025	2
Wayne Lewis	Registered Medical Practitioner	01/03/2018 - 28/02/2022	1
Deirdre McAree	Registrant (DO)	01/01/2021 - 31/12/2024	2
Sinead Burns	Lay Member	01/10/2020 - 30/09/2024	2
Imran Hakim	Business Representative	01/08/2022 - 31/07/2026	1
Sarah Joyce	Business Representative	01/08/2022 - 31/07/2026	1
Dan McGhee	Business Representative	01/08/2022 - 31/07/2026	1
Amit Sharma	Business Representative	13/02/2023 - 12/02/2027	1
Giles Edmonds	Business Representative	13/02/2023 - 12/02/2027	1
Gordon Dingwall	Business Representative	13/02/2023 - 12/02/2027	1

**Registration Committee**

Member Name	Type	Term Dates	Term
Peter Black	Registrant - DO	01/01/2021 - 31/12/2024	2
Anthony Harvey	Registrant - DO	01/01/2021 - 31/12/2024	1
Catherine Viner	Registrant - OO	01/01/2021 - 31/12/2024	2
Louise Gow	Registrant - OO	01/01/2021 - 31/12/2024	2
Lisa Gerson	Registrant – OO (Council)	01/05/2021 - 30/04/2025	1

Lynn	Emslie	Lay member	01/10/2021 - 30/09/2025	2
Alison	Sansome	Lay member	01/10/2021 - 30/09/2025	2
Roshni	Samra	Registrant - OO	01/04/2021 - 31/03/2025	2
Geraldine	Birks	Lay member	01/08/2022 - 31/07/2026	1

### Standards Committee

Member Name		Type	Term Dates	Term
Josie	Forte	Registrant – OO (Council)	01/04/2021 - 31/03/2025	2
Nigel	Best	Registrant - OO	01/01/2021 - 31/12/2024	2
Joy	Myint	Registrant - OO	01/01/2021 - 31/12/2024	2
Marcus	Weaver	Registrant - DO	01/01/2021 - 31/12/2024	2
William	Stockdale	Registrant – DO (new committee appointment)	01/01/2023 - 31/12/2027	1
Haseena	Lockhat	Lay	01/08/2022 - 31/07/2026	1
Nilla	Varsani	Lay	01/08/2022 - 31/07/2026	1
Kay	Bagshaw	DO	01/08/2022 - 31/07/2026	1
Chloe	Robson	RMP	01/08/2022 - 31/07/2026	1

## Education Committee: Membership

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Member Name		Type	Term Dates	Term
Mike	Galvin	Lay Member (Council)	01/04/2021 - 31/03/2025	2
Alicia	Thompson	Registrant - DO	01/07/2021 - 30/06/2025	2
Vacant		Registered Medical Practitioner		
Andrew	Logan	Registrant - OO	01/01/2021 - 31/12/2024	2
Neil	Retallic	Registrant - OO	01/01/2021 - 31/12/2024	2
Mary	Wright	Registrant - OO	01/01/2021 - 31/12/2024	2
Dean	Dunning	Registrant - DO	01/08/2022 - 31/07/2026	1
Jacqui	Adams	Lay	01/08/2022 - 31/07/2026	1
Sally	Gosling	Lay	01/08/2022 - 31/07/2026	1
Frank	Munro	Registrant - OO	05/07/2021 - 04/07/2025	1

**C56(23)  
COUNCIL**

**Health and Safety Update**

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**Meeting: 13 December 2023**

**Status:** For noting

**Lead responsibility:** Yeslin Gearty (Director of Corporate Services)

**Paper Author(s):** Yeslin Gearty and Jacob Sanchez (Facilities Manager)

**Council Lead(s):** There is no Council lead for this work

**Purpose**

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1. To enable Council to note the updated Health and Safety (H&S) compliance report and internal audit.

**Recommendations**

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2. Council is asked to:
  - Note the contents of the reports.

**Strategic objective**

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3. This work is included in our 2023/24 Business Plan.
4. This work forms part of Business as Usual whilst also contributing towards the achievement of the following strategic objective:
  - Building a culture of continuous improvement

**Background**

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5. The annual audit by our external consultants Stallard Kane was undertaken on 25 May 2023 reviewing the existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices.
6. This year the visit was conducted in-situ observing all guidance recommended by the UK Government and measures implemented in line with that guidance, for the safety of all parties involved.
7. Regular compliance reports on H&S are provided to SMT and the Audit Risk and Finance Committee (ARC).

**Analysis**

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8. A full, independent, health and safety audit was carried by Stallard Kane Associated Ltd. on 25 May 2023. The objective of the audit was:
  - to review the organisation's existing health & safety management system and its effectiveness;
  - identify the hazards and risks to the organisation, its employees and any third parties; and

- make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.
9. The overall rating of the audit was positive and increased by over 3.5 points on the previous year from 96.23% to 100%, achieving a gold standard. In the executive summary it was mentioned: *“The overall health and safety management system managed by Jacob is excellent and very good to see”*. There no actions identified.
10. The report includes a section on driving risk management. Whilst the GOC does not require employees to drive for work purposes, we acknowledge that some workers may occasionally drive whilst undertaking work on the GOC’s behalf. We have therefore begun work on a draft driving policy, which we will consult on with those likely to be affected in the New Year. We will ask our H&S consultants to provide input into the draft and once implemented this will form part of the annual audit.
11. The full report is set out at Annex one.
12. A compilation of the H&S compliance report returns for ARC is below:

<p><b>Activities Quarter One</b></p> <ul style="list-style-type: none"> <li>• Hybrid inductions continue to take place for new starters.</li> <li>• DSE external consultant assessed 3 staff members that reported discomfort at their homework stations and recommended equipment and/or furniture supplied to them.</li> <li>• No RIDDOR reports.</li> <li>• No near misses reported.</li> <li>• No breaches in H&amp;S policy.</li> </ul>
<p><b>Activities Quarter Two</b></p> <ul style="list-style-type: none"> <li>• Portable Appliance Test (PAT) took place in June.</li> <li>• Annual Emergency Lighting Test took place in June.</li> <li>• Hybrid inductions continue to take place for new starters.</li> <li>• DSE external consultant assessed two staff members that reported discomfort at their homework stations and recommended equipment and/or furniture.</li> <li>• No RIDDOR reports.</li> <li>• No near misses reported.</li> <li>• No breaches in H&amp;S policy.</li> </ul>
<p><b>Next Priorities Quarter Three</b></p> <ul style="list-style-type: none"> <li>• Continue DSE &amp; home risk and refer to external consultant when appropriate.</li> <li>• Archive project commenced end of September.</li> </ul>

- Continue to assist as part of the board on the Future Accommodation Project.
- Assist IT and Consultants on the new AV project for meeting rooms in November.

**Finance**

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13. The budget has been reviewed and approved for the associated costs.

**Risks**

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14. No additional or imminent risks were identified but recommendations were made to strengthen the current measures in place.

**Equality Impacts**

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15. No adverse effects were identified but additional driving checks may help to identify staff that may require additional assistance.

**Devolved nations**

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16. N/A

**Other Impacts**

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17. N/A

**Communications**

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**External communications**

18. None required in this instance.

**Internal communications**

19. The Health and Safety page on IRIS is up to date and contains the current H&S Policy, GOC H&S statement of intent, H&S booklet as well as relevant forms for staff to easily access.

**Next steps**

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N/A

**Attachments**

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**Annex one:** The General Optical Council - H&S Compliance Survey May 2023



# Compliance Survey

The General Optical Council



May 2023



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one of the team

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## Executive Summary

This audit was undertaken at the company's site at 1st Floor, London, EC4M 7NG on 25/05/2023, in order to carry out a full review of the organisations existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices. For example; HSG65 - Managing for Health & Safety.

The objective of the audit was to review the company's entire Health & Safety Management System. Also, to identify hazards and risks to the organisation as well as its employees, visitors etc. make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.

The overall health and safety management system managed by Jacob is excellent and very good to see.

Throughout the premises health and safety is maintained to a high standard. There are multiple first aid stations which are checked monthly, fire extinguishers in suitable locations and serviced annually, signage displayed throughout with fire plans, first aiders and fire wardens identified. The overall housekeeping and general tidiness throughout the office and welfare areas are also to a high standard.

The documentation and procedures are in great order. The General Optical Council have a number of employees who operate with a hybrid role, being between the office and working from home, or working from home full time. The intranet system that is used is updated regularly and maintained by Jacob, who ensures that all employees have constant access to the health and safety documents, including the policy and booklets.

Folders were also available for the contractors who complete maintenance and cleaning work at the premises. These folders show their competence through their held the insurance documents, SSIP certificates, risk assessments, safe systems of work, COSHH, and the servicing records for the premises.

Recommendations for improvement have been identified, many of which require only a commitment of time and effort. Recommendations are detailed in the "Hazard Identifiers and Action list" on the following page. The actions requiring attention have been categorised in separate Action Plans, following a RAG System (Red, Amber, Green, with a final table of "Goodwill Advice" – each having guided timescales for completion, based on the level of priority.

This allows you to easily identify the higher priority actions which require urgent attention.

Following the Action Plans is the main body of the report detailing all findings and recommendations as a result of the Audit.

Your overall score for this Health & Safety Compliance Audit is 100% which is a Gold standard.

Luke Thomas Tech IOSH  
Health and Safety Advisor

Stallard Kane Limited

## Hazard Identifiers & Action List

<b>HIGH PRIORITY</b>	Deficiencies should be addressed within 1 month or time specified
<b>MEDIUM PRIORITY</b>	Deficiencies should be addressed within 3 months
<b>LOW PRIORITY</b>	Deficiencies should be addressed within 6 months
<b>GOODWILL ADVICE</b>	Recommendations should be considered

### Action Plan - High Priority

Item No.	Section	Action to eliminate or reduce risk	Target date	Completion date	Completion signature

### Action Plan - Medium Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature

### Action Plan - Low Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature

## Action Plan - Goodwill Advice

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature

*Note that completion of any of the above requirements does not necessarily imply compliance with current Building, Local Authority, Fire, Environmental, Health and Safety or other Legislation. It is your duty to ensure that you comply with all aspects of current legislation.*

## Health & Safety Compliance Survey

<b>Name of Client:</b> The General Optical Council	<b>Name and Position of Person Seen:</b> Jacob Sanchez, Facilities Manager	<b>Number of Employees:</b> 108	<b>Date of Survey:</b> 25/05/2023
<b>Name of Surveyor:</b> Luke Thomas	<b>Marking Guide:</b> <ul style="list-style-type: none"> <li>• N/A - Not Applicable</li> <li>• 0 - Non-Compliant</li> <li>• 1 - Working Towards Compliance</li> <li>• 2 - Compliant</li> </ul>		

Section	Remarks	Score	Action Recommended	Compliant?
<b>Safety Policy Management</b>				
Does the company have a health and safety policy?	There is a signed and dated health and safety policy available.	2	Ensure that the latest health and safety policy is reviewed, signed, and made available for all employees.	Yes
Is there a health and safety statement of intent in place?	There is a signed and dated health and safety statement of intent available and displayed in a prominent position.	2	Ensure the latest version of the health and safety statement of intent is reviewed, signed, and displayed in a prominent position in the workplace.	Yes
Does the company issue health and safety booklets?	Health and safety booklets are issued to employees who acknowledge the receipt.	2	Continue to ensure that the latest version of the health and safety booklet is reviewed and issued to all employees who should acknowledge their receipt and understanding.	Yes
Is an in date, company liability insurance certificate displayed?	Yes, the insurance documents are displayed in a prominent position and are in date.	2	Continue with good practice.	Yes
What insurance company does the company use?	The company use Hiscox UK as their employer's liability insurance provider.	N/A	No further actions are required.	N/A

<b>Safety Policy Management</b>				
Which insurance broker do you use?	The company use Hiscox Underwriting as their insurance broker.	N/A	No further actions are required.	N/A
<b>Specific Risk Management</b>				
Are risk assessments in place for workers under the age of 18?	Young workers are not employed, however on occasion some young workers from work experience attend the premises once a week for a period of time. These are risk assessed as required.	2	Continue with good practice.	Yes
Does the company employ anyone with a disability?	There are employees with disabilities that could potentially affect their work and risk assessments have been undertaken and communicated. Arrangements have been made to aid with their day to day working activities.	2	Continue with good practice.	Yes
Does the company employ any new or expectant mothers?	There are new or expectant mothers in the company and risk assessments have been undertaken.	2	Continue with good practice.	Yes
Does the company employ non-English-speaking employees?	At present there are no non-English speaking employees working in the company.	N/A	No further actions are required at present.	N/A
Does the company have any employees who carry out lone work?	Yes, the company does have lone workers. Lone work is risk assessed and a procedure for maintaining communication has been established.	2	Continue with good practice.	Yes

<b>Risk Assessments</b>				
Have suitable and sufficient risk assessments been carried out for all hazardous tasks and activities carried out on the company's premises?	Risk assessments are in place to cover all hazardous tasks and activities. Examples were seen which included generic risk assessments for office working and for specific persons who may be attending the premises.	2	Continue to ensure that all hazardous tasks and activities carried out on the company premises are risk assessed. The risk assessments should be reviewed periodically.	Yes
Does the company carry out site-based work, and if so, are risk assessments in place for those activities?	No site-based work is undertaken.	N/A	No further actions are required.	N/A
Are risk assessments communicated to relevant employees?	Risk assessments are communicated to all relevant employees who acknowledge their receipt and understanding. This is achieved by use of an intranet and employees signing to acknowledge understanding.	2	Continue to ensure that all risk assessments are communicated to relevant employees.	Yes
<b>Safe Systems of Work</b>				
Does the company have documented safe systems of work (SSOW) in place for hazardous tasks and activities carried out on the company's premises? This could also be in the form of safe operating procedures (SOPs), safe working practices (SWPs) etc.	The type of work carried out by the company does not require SSOW to be developed.	N/A	No further actions are required.	N/A
Does the company carry out site-based work, and if so, are method statements undertaken for those activities?	No site-based work is undertaken.	N/A	No further actions are required.	N/A
Have all SSOW been communicated to relevant employees?	The type of work carried out by the company does not require SSOW to be developed.	N/A	No further actions are required.	N/A

<b>Machinery and Equipment</b>				
Are statutory inspections in place for all machinery and lifting appliances?	The company do not own or hire work equipment or machinery requiring statutory inspections.	N/A	No further actions are required.	N/A
Is all machinery and equipment sufficiently guarded and does the company recognise that they need to have the correct guarding in place before every use?	The company does not have any machinery or equipment of this nature.	N/A	No Further actions required	N/A
Are routine checks carried out and recorded on machinery and equipment?	There is no machinery or equipment used that would warrant documented checks of this nature.	N/A	No further actions are required.	N/A
Is a documented planned maintenance scheme in operation?	There is no machinery or equipment used by the company that requires such maintenance.	N/A	No further actions are required.	N/A
If maintenance on machinery and equipment is carried out in house, do you have a procedure in place to ensure that all items are safely isolated?	No maintenance on machinery and equipment is carried out in house.	N/A	No further actions are required.	N/A
Is there a program of portable appliance testing (PAT) in place?	A schedule is in place for PAT. Records were seen which showed the last test to be in August 2022.	2	Continue with good practice.	Yes
Does the company use compressors and pressure systems, and if so, are they inspected in line with a written scheme of examination?	There are no compressors and/or pressure systems used.	N/A	No further actions are required.	N/A
Are employees trained in the safe use of all machinery and equipment?	The company does not use any machinery or equipment that requires documented training.	N/A	No further actions are required.	N/A

<b>Machinery and Equipment</b>				
Does the company use abrasive wheels as part of their activities, and if so, are relevant employees trained in their use and maintenance?	No abrasive wheels are used by the company.	N/A	No further actions are required.	N/A
Does the company have racking, and if so, are suitable inspections undertaken?	No racking is owned or used by the company.	N/A	No further actions are required.	N/A
Does the company have roller shutter doors on their premises, and if so, are they serviced and maintained?	No roller shutter doors are in place on site at present.	N/A	No further actions are required.	N/A
<b>Working at Height</b>				
Is work at height undertaken by the company, and if so, are all work at height activities risk assessed?	The company does not carry out any work at height.	N/A	No further actions are required.	N/A
Are ladders, steps and other access equipment placed in a register and inspected?	No access equipment is used within the company.	N/A	No further actions are required at present.	N/A
Have employees who undertake work at height been trained to the correct standard e.g., PASMA, IPAF etc.?	No work at height is carried out throughout the company.	N/A	No further actions are required at present.	N/A
<b>Manual Handling</b>				
Have manual handling risk assessments been carried out?	There is no requirement for a specific manual handling risk assessment	N/A	No further actions are required.	N/A
Have employees been trained in manual handling?	There is no requirement for formal manual handling training at present.	N/A	No further actions are required.	N/A

<b>Health and Safety Communication and Training</b>				
Has the nominated person or responsible person for health and safety had any health and safety management training?	Yes, the nominated person and/or the responsible person for health and safety have undertaken NEBOSH General Certificate.	2	Continue with good practice.	Yes
Is induction training undertaken for new employees?	A documented induction is carried out for all new starters. It is filed in the employee's personnel file.	2	Continue with good practice.	Yes
Is an up-to-date training matrix in place throughout the company?	There is no requirement for a full training matrix at present.	N/A	No further actions are required.	N/A
Is health and safety awareness raised throughout the company via toolbox talks or safety briefings?	At present there is no requirement for toolbox talks or safety briefings due to the nature of the work being undertaken.	N/A	No further actions are required.	N/A
How does the company manage HR issues?	HR is managed in house.	N/A	No further actions are required.	N/A
<b>Mains Supply Services and Gases</b>				
Has the company had their fixed electrical installation inspected by a competent person?	Yes, an in-date inspection has been carried out by a competent person and an electrical installation condition report has been obtained, it is dated 2020 and due for re-inspection in 2025.	2	Continue with good practice.	Yes
Are mains gas appliances serviced annually?	There are no mains gas appliances used.	N/A	No further actions are required.	N/A

<b>Mains Supply Services and Gases</b>				
Does the company use liquid petroleum gas (LPG) and other bottled gas?	There is no LPG, or any other cylinder/bottled gas used.	N/A	No further actions are required	N/A
Is there bulk oil or fuel storage on site?	There is no bulk oil or fuel storage on site.	N/A	No further actions required.	N/A
<b>Contractors and Sub-Contractors</b>				
Has a formal process of approving contractors/sub-contractors been adopted?	A formal, documented method of approving a contractor's/sub-contractor's competency is in place. Contractor folders are held at the premises for the maintenance and cleaning companies used. These folders include the training and insurance documents, along with risk assessments, safe systems of work and COSHH.	2	Continue with good practice.	Yes
Is the health and safety performance of contractors audited?	Contractors are brought in to carry out maintenance works, including fire extinguisher servicing, fixed wiring inspections, PAT testing etc. therefore auditing is not deemed necessary.	N/A	No further actions are required.	N/A
<b>Accident and Incident Management</b>				
Does the company have an accident book or other means of recording accident information?	There is a means for recording accidents available, all accident entries are removed and kept secure.	2	Continue with good practice.	Yes

<b>Accident and Incident Management</b>				
Do significant accidents and incidents get investigated?	Yes, documented investigations are undertaken as and when required. The findings are reviewed and communicated to relevant personnel.	2	Continue with good practice. SKA can offer guidance and support for such investigations.	Yes
Are accidents reviewed by management and trends analysed?	Accident entries are reviewed by management where required. Where trends have been spotted, they have been acted upon.	2	Continue with good practice.	Yes
Does the company have a near miss reporting procedure in place?	Near misses are recorded, reviewed and actions taken where necessary. This is achieved through use of the accident/incident book.	2	Continue with good practice.	Yes
Has the company had any enforcement actions over the last year?	The company has not been issued with any enforcement action in the past year.	N/A	No further actions are required.	N/A
Have accidents been recorded and reported, where necessary to the enforcing authority, in accordance with RIDDOR in the last 12 months?	The company are fully aware of the requirements for reporting accidents and incidents under RIDDOR but there has been no requirement to do so.	N/A	No further actions are required.	N/A
<b>Occupational Health</b>				
Are medical questionnaires issued upon employment and periodically thereafter?	Medical questionnaires are issued upon employment are periodically thereafter.	2	Continue with good practice.	Yes

<b>Occupational Health</b>				
Is a program of occupational health surveillance in place for employees who are exposed to work related hazards e.g., dust, fumes, noise, and vibration?	The company does not expose employees to any occupational health hazards as part of their activities.	N/A	No further actions are required.	N/A
Is first aid provision suitable throughout the company?	A suitable number of first aiders have been trained and appointed. 4 first aid stations are available and first aider signage is displayed in multiple locations at the premises.	2	Continue with good practice.	Yes
Is mental health first aid provision suitable throughout the company?	A suitable number of mental health first aiders have been appointed.	2	Continue with good practice.	Yes
Are notices displayed indicating locations of first aiders and the first aid boxes?	Suitable signage is in place detailing the location of both first aiders and first aid equipment.	2	Continue with good practice.	Yes
Are first aid boxes available and inspected once a month to replace any used or out of date items?	First aid boxes undergo a documented inspection once per month. Items are replaced and replenished as and when required.	2	Continue with good practice.	Yes
<b>Noise Management</b>				
Has a noise risk assessment survey been undertaken?	Noise exposure is not deemed an issue throughout the company.	N/A	No further actions are required.	N/A
If required, is hearing protection available?	Noise exposure is not deemed an issue throughout the company.	N/A	No further actions are required.	N/A

<b>Vibration Management</b>				
Has a risk assessment been completed to determine whether hand-arm vibration (HAV) and whole-body vibration (WBV) exposure is a potential issue?	No employees are exposed to vibration.	N/A	No further actions are required.	N/A
Where HAV and WBV is a potential issue is individual vibration monitoring completed?	No employees are exposed to vibration.	N/A	No further actions are required.	N/A
<b>Dust and Fume Management</b>				
Are there activities carried out at the company premises that result in dust or fumes being emitted, if so, have steps been taken to reduce this at source e.g. local exhaust ventilation (LEV)?	No activities of this nature are undertaken at the company premises.	N/A	No further actions are required.	N/A
Where used, are LEVs subject to thorough inspections by competent persons?	There are no LEV systems installed at the premises.	N/A	No further actions are required.	N/A
Are there activities carried out on transient sites that result in dust and fumes being omitted, and if so, have steps been taken to reduce this at source e.g. suppression, on-tool extraction?	The company does not carry out any dust or fume omitting processes on transient sites.	N/A	No further actions are required.	N/A
Where dust exposure results in respiratory protective equipment (RPE) being required, are relevant employees face fit tested?	It is not deemed a requirement for employees to wear RPE as part of their role.	N/A	No further actions are required.	N/A
Where a compressed air fed RPE system is used, does the company carry out 3 monthly air quality inspections of the system?	The company does not have any air fed RPE systems in operation.	N/A	No further actions are required.	N/A

<b>Dust and Fume Management</b>				
Where reusable RPE is used, does the company ensure that monthly recorded maintenance inspections are carried out by a competent person and records kept for five years?	No reusable RPE is required by the company.	N/A	No further actions are required.	N/A
<b>Personal Protective Equipment (PPE)</b>				
Have any PPE assessments been undertaken?	Yes, PPE requirements are clearly detailed in the relevant risk assessments.	2	Continue with good practice.	Yes
Have employees been trained in the correct use, storage, and replacement procedure for PPE?	There is no PPE required for the activities undertaken by the company.	N/A	No further actions are required.	N/A
Is PPE issued and recorded?	Yes, fire wardens are issued orange hi-vis vests in case of emergency.	2	Continue with good practice.	Yes
<b>Display Screen Equipment</b>				
Have DSE assessments been carried out?	All DSE users have completed workplace assessments any issues raised are actioned.	2	Continue with good practice.	Yes

<b>Audits and Inspections</b>				
Are audits and inspections undertaken on the company premises?	Yes, the company carries out documented audits and inspections on the company premises. These include a monthly visual inspection within the first week of the month. This includes inspections of the fire extinguishers, first aid kits and general check of the workstations and housekeeping.	2	Continue with good practice.	Yes
Does the company carried out site-based work, and if so, are documented site inspections carried out periodically?	No site-based work is undertaken by the company.	N/A	No further actions are required.	N/A
<b>Fire Management</b>				
Has a fire risk assessment been carried out?	A suitable and sufficient fire risk assessment is in place and is reviewed at least annually.	2	Continue with good practice.	Yes
Are fire procedures in place and have they been adequately communicated?	Fire procedures have been completed and communicated. This is achieved by signage being displayed in multiple locations.	2	Continue with good practice.	Yes
Are emergency shut down procedures in place for machinery, equipment or services that could increase the risk of a fire?	At present there is no machinery, equipment, or services of this nature.	N/A	No further actions are required.	N/A
Are fire plans available for the premise?	Fire plans have been created for the site and are displayed in suitable locations.	2	Continue with good practice.	Yes

<b>Fire Management</b>				
Where the site is occupied by more than one company, have emergency fire procedures been shared between all parties?	Yes, there are other occupants within the premises but not on the same level as General Optical Council. All parties have communicated their procedures effectively.	2	Continue with good practice. Ensure that you are recommunicating your procedures upon any review.	Yes
Are escape routes and assembly points adequately signed?	At the time of the audit all escape routes were clearly identified with directional and exit signage.	2	Continue with good practice.	Yes
Are fire evacuations carried out at least annually?	Fire evacuations are carried out at least once a year and recorded. The next scheduled fire drill is 20th June.	2	Continue with good practice.	Yes
Have fire wardens been appointed and trained?	A suitable number of fire wardens have been appointed and trained. They are all aware of their specific duties.	2	Continue with good practice.	Yes
Do all employees receive suitable fire safety awareness training periodically?	Suitable fire awareness training is carried out for all employees periodically.	2	Continue with good practice.	Yes
Are alarms tested on a weekly basis and the results recorded?	A different call point is tested each week and the results are documented.	2	Continue with good practice.	Yes
Are emergency lights tested monthly and the results documented?	All emergency lights are tested on a monthly basis with the results documented.	2	Continue with good practice.	Yes

<b>Fire Management</b>				
Are all fire alarms, emergency lights, and other fire protection systems maintained by competent engineers at appropriate intervals?	All fire safety systems are inspected at suitable intervals by a competent person. Certification is obtained and recommendations addressed. Inspections and services include fire system and extinguisher servicing.	2	Continue with good practice.	Yes
Is firefighting equipment available and inspected?	Firefighting equipment is available throughout site and is inspected on an annual basis by a competent person.	2	Continue with good practice.	Yes
Are all employees familiar with fire extinguishers and the types of fire they are used to extinguish?	Employees are given suitable information, instruction and training on the use and type of firefighting equipment. This is delivered in the form of signage being displayed, fire warden training and booklets being issued.	2	Continue with good practice.	Yes
Is smoking adequately managed on site?	Smoking is prohibited on site.	2	Continue with good practice.	Yes
Does the company use or create substances that could potentially result in an explosive atmosphere, and if so, has a DSEAR assessment been carried out by a competent person?	The company do not use or create any substances that could result in an explosive atmosphere.	N/A	No further actions are required.	N/A

<b>Control of Hazardous Substances (COSHH)</b>				
Are COSHH assessments available for all hazardous substances used, created, or produced by the company?	COSHH assessments are available for all products used, created, or produced by the company that are hazardous to health. Examples were seen which included the cleaning substances which are used.	2	Continue with good practice. Ensure that the assessments are reviewed periodically or upon any significant change.	Yes
Is the storage of hazardous substances suitable throughout the site?	Yes, all substances appeared to be well managed within a cleaners cupboard.	2	Continue with good practice.	Yes
Are biological test on metalworking fluids carried out (dip slide tests)?	The company does not use water-based coolants or metalworking fluids.	N/A	No further actions are required.	N/A
Have all relevant employees been given suitable and sufficient training in relation to COSHH?	COSHH related training is not required for employees. However, the contractor completing the works hold suitable COSHH related training.	N/A	No further actions are required.	N/A
<b>Safety Signage</b>				
Is a copy of the latest health and safety law poster displayed and contact details completed?	Yes, the poster is displayed in a suitable position and contact details have been completed.	2	Continue with good practice.	Yes
Is health and safety signage adequate throughout the premises?	Adequate signage is in place throughout the site in suitable locations.	2	Continue with good practice.	Yes
<b>Welfare and Housekeeping</b>				
Are suitable rest and welfare facilities available to employees?	Welfare facilities are suitable and sufficient.	2	Continue with good practice.	Yes

<b>Welfare and Housekeeping</b>				
Is heating, ventilation and lighting adequate for the workforce inside and out?	Heating, ventilation and lighting provision throughout site is adequate.	2	Continue with good practice.	Yes
Was housekeeping suitable throughout the site at the time of the audit?	Housekeeping was suitable at the time of the audit.	2	Continue with good practice.	Yes
Are access routes and work areas free and clear of slip and trip hazards?	Access routes were free from slip and trip hazards at the time of the audit.	2	Continue with good practice.	Yes
Are lighting levels sufficient both internally, and externally throughout the site?	Lighting provisions appeared suitable at the time of the audit.	2	Continue with good practice.	Yes
Does the company carry out any site-based work, and if so, are arrangements in place to ensure that suitable welfare facilities are provided for those employees?	The company does not carry out any site-based work.	N/A	No further actions are required.	N/A
<b>Asbestos Management in Non-Domestic Premises</b>				
Has an asbestos survey been conducted to determine the possible location, type and condition of asbestos containing materials (ACM) on or within the premises?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions are required.	N/A
Have ACMs been confirmed on site, and if so, has an asbestos management plan been created?	There are no ACMs present.	N/A	No further actions are required.	N/A

<b>Asbestos Management in Non-Domestic Premises</b>				
Does the company undertake work that could result in the discovery of ACMs, and if so, have relevant employees sat a UKATA approved asbestos awareness course within the last 12 months?	The company does not carry out any work that could result in the discovery of asbestos.	N/A	No further actions are required.	N/A
Does the company undertake non-licensable or licensable work on ACMs, and if so, has appropriate training been undertaken for relevant employees within the last 12 months?	The company does not undertake any work of this nature.	N/A	No further actions are required.	N/A
Does the company carry out any intrusive site-based work, and if so, are refurbishment and demolition (R&D) surveys commissioned beforehand?	The company does not carry out any work of this nature.	N/A	No further actions are required.	N/A
<b>Driving Risk Management</b>				
Do employees drive company vehicles, and if so, are documented inspections carried out on the vehicles?	Employees do not drive company vehicles.	N/A	No further actions are required.	N/A
Are employee driving licence checks completed periodically?	Employees do not drive company vehicles.	N/A	No further actions are required.	N/A
Does the company have a driving policy?	The company does not have any vehicles.	N/A	No further actions are required.	N/A
<b>Traffic Management</b>				
Are vehicles and mobile plant suitably segregated from pedestrians throughout the site?	The company does not operate any vehicles or mobile plant on site.	N/A	No further actions are required.	N/A

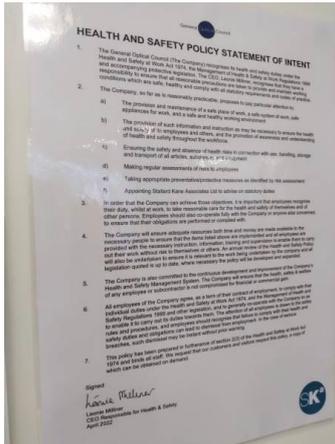
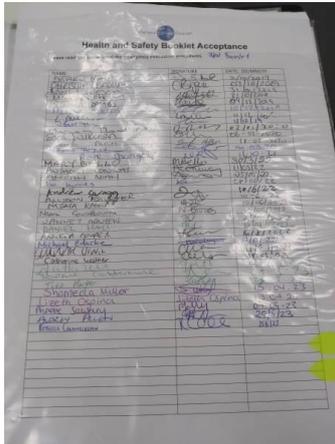
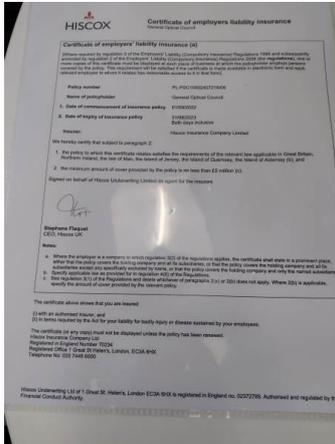
<b>Traffic Management</b>				
Does the company have a documented traffic management plan in place?	There is no requirement for a traffic management plan at present.	N/A	No further actions are required.	N/A
<b>Environmental Management</b>				
Does the company have an environmental policy statement?	There is a signed and dated environmental policy statement available and displayed in a prominent position.	2	Ensure the latest version of the environmental policy statement is reviewed, signed, and displayed in a prominent position in the workplace.	Yes
Are waste transfer notes available?	Waste is collected by a reputable company and waste transfer notes are obtained.	2	Continue with good practice.	Yes
Is the company a hazardous waste producer?	No, the company is not classed as a hazardous waste producer.	N/A	No further actions are required at present.	N/A
Does the company have a current waste carrier licence?	The company does not transfer any waste. However, the cleaning contractor used does hold a waste carrier licence and the record is held.	N/A	No further actions are required.	N/A
Does the company have a spills kit available?	The company do not use any hazardous substances that require a spill kit.	N/A	No further actions are required.	N/A
Have relevant personnel throughout the company received suitable environmental training?	Due to the scope of works undertaken by the company, environmental training is not deemed, as necessary.	N/A	No further actions are required.	N/A

<b>Legionella Management</b>				
Has a legionella risk assessment been completed for buildings containing water systems?	Yes, a risk assessment has been carried out and it reviewed on an ongoing basis.	2	Continue with good practice.	Yes
Where the risk assessment has deemed it necessary, has a written scheme of control been created and implemented?	There is no requirement for a written scheme of control at present.	N/A	No further actions are required.	N/A

**Additional Comments:**

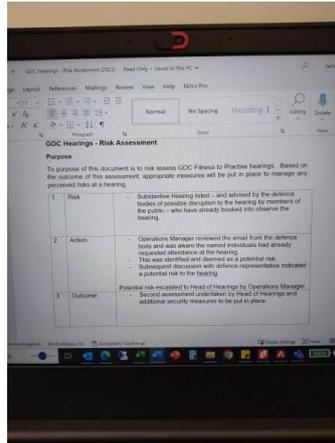
<b>Overall Mark</b>	
<b>Possible Score:</b>	108
<b>Actual Score:</b>	108
<b>Percentage:</b>	100%

# Appendix One - Photographs

Section	Evidence
<p><b>Section:</b> Safety Policy Management</p> <p><b>Question:</b> Is there a health and safety statement of intent in place?</p>	 <p style="text-align: center;">Statement of intent displayed.</p>
<p><b>Section:</b> Safety Policy Management</p> <p><b>Question:</b> Does the company issue health and safety booklets?</p>	 <p style="text-align: center;">Booklet acceptance sign off sheet.</p>
<p><b>Section:</b> Safety Policy Management</p> <p><b>Question:</b> Is an in date, company liability insurance certificate displayed?</p>	 <p style="text-align: center;">Latest insurance document available and displayed.</p>

Section	Evidence
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**Section: Risk Assessments**  
**Question: Have suitable and sufficient risk assessments been carried out for all hazardous tasks and activities carried out on the company's premises?**

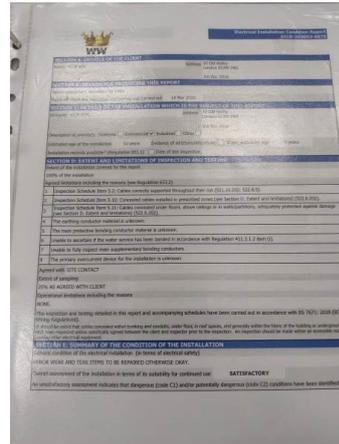
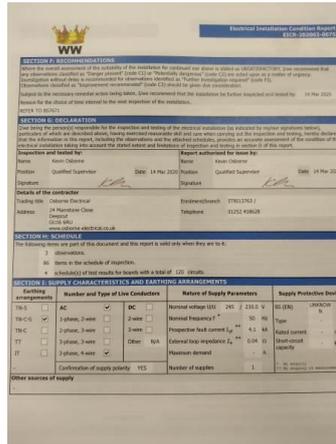


**Section: Machinery and Equipment**  
**Question: Is there a program of portable appliance testing (PAT) in place?**

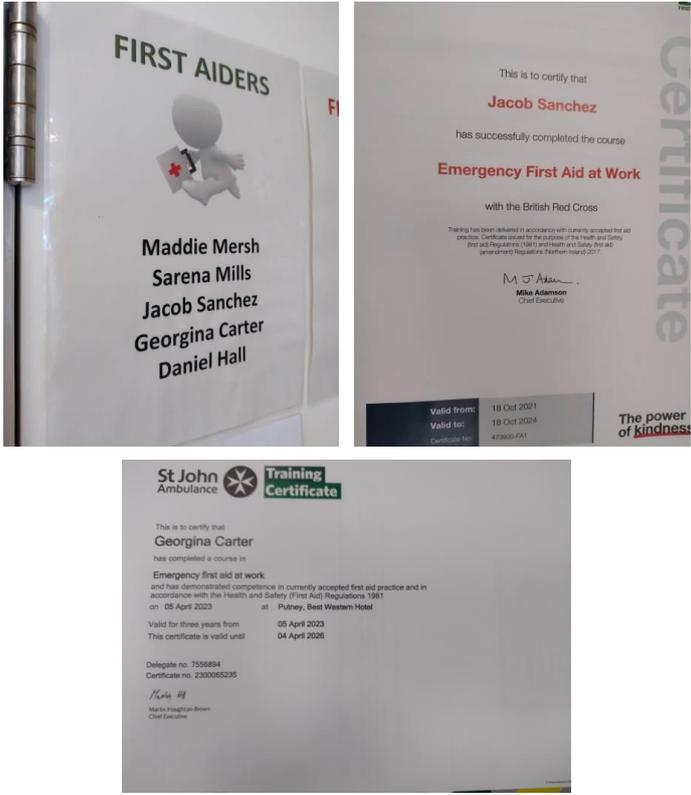


Certificate of PAT being completed in August 2022.

**Section: Mains Supply Services and Gases**  
**Question: Has the company had their fixed electrical installation inspected by a competent person?**

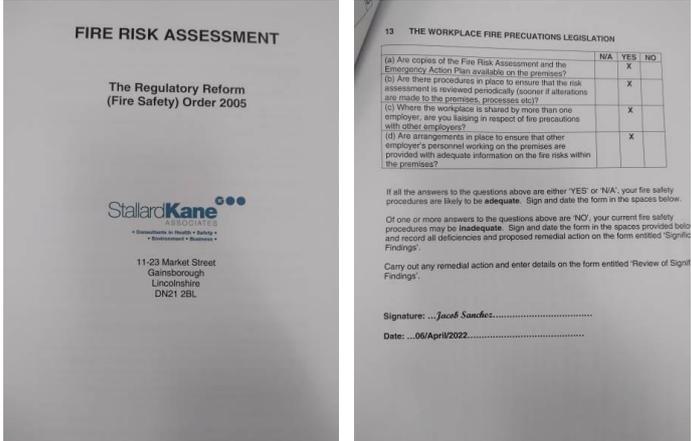


Fixed wire inspection.

Section	Evidence
<p><b>Section:</b> Occupational Health</p> <p><b>Question:</b> Is first aid provision suitable throughout the company?</p>	 <p>The evidence consists of three items: a white sign listing first aiders, a British Red Cross certificate for Jacob Sanchez, and a St John Ambulance certificate for Georgina Carter.</p> <p><b>First Aiders Signage:</b></p> <p>FIRST AIDERS</p> <p>Maddie Mersh Sarena Mills Jacob Sanchez Georgina Carter Daniel Hall</p> <p><b>British Red Cross Certificate:</b></p> <p>This is to certify that <b>Jacob Sanchez</b> has successfully completed the course <b>Emergency First Aid at Work</b> with the British Red Cross</p> <p>Training has been delivered in accordance with currently accepted first aid practice. Certificate issued for the purposes of the Health and Safety First Aid Regulations (1981) and Health and Safety (First Aid) (General) Regulations (2001).</p> <p>M J Adamson Mike Adamson Chief Executive</p> <p>Valid from: 18 Oct 2021 Valid to: 18 Oct 2024 Certificate No: 473000-FA1</p> <p>The power of kindness</p> <p><b>St John Ambulance Training Certificate:</b></p> <p>This is to certify that <b>Georgina Carter</b> has completed a course in <b>Emergency first aid at work</b> and has demonstrated competence in currently accepted first aid practice and in accordance with the Health and Safety (First Aid) Regulations 1981 on 05 April 2023 at Putney, Best Western Hotel</p> <p>Valid for three years from 05 April 2023 This certificate is valid until 04 April 2026</p> <p>Delegate no. 7556894 Certificate no. 2300065235</p> <p>Martin Brown Martin Houghton Brown Chief Executive</p>
<p><b>Section:</b> Occupational Health</p> <p><b>Question:</b> Is mental health first aid provision suitable throughout the company?</p>	 <p>The evidence is a white sign for Mental Health First Aiders, featuring a stylized tree logo and a list of names.</p> <p><b>MENTAL HEALTH FIRST AIDERS</b></p> <p>Kayleigh Allen, Allie Stewart Hollie Winter, Kate Pentol Joy Bolt, Abigale Miller Jacob Sanchez, Dionne Spence Tom Henery, Roma Malik Sophie Bowen, Shaun de Riggs Ella Polbee, Dean Taylor Abigale Strong-Parkin</p>

First aider signage and certificates held on file.

Mental health first aiders at the premises.

Section	Evidence																																							
<p><b>Section:</b> Occupational Health</p> <p><b>Question:</b> Are first aid boxes available and inspected once a month to replace any used or out of date items?</p>	 <p>The evidence consists of three photographs. The top-left photo shows a green sign that reads 'REGULATIONS, ENSURE THIS LABEL IS ON YOUR KIT LID OR CABINET DOOR' and a logbook with the following data:</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Dated Checked</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>03/01/23</td> <td>Jacob</td> </tr> <tr> <td>February</td> <td>2/02/23</td> <td>Jacob</td> </tr> <tr> <td>March</td> <td>6/03/23</td> <td>Jacob</td> </tr> <tr> <td>April</td> <td>5/04/23</td> <td>Jacob</td> </tr> <tr> <td>May</td> <td>4/05/23</td> <td>Jacob</td> </tr> <tr> <td>June</td> <td></td> <td></td> </tr> <tr> <td>July</td> <td></td> <td></td> </tr> <tr> <td>August</td> <td></td> <td></td> </tr> <tr> <td>September</td> <td></td> <td></td> </tr> <tr> <td>October</td> <td></td> <td></td> </tr> <tr> <td>November</td> <td></td> <td></td> </tr> <tr> <td>December</td> <td></td> <td></td> </tr> </tbody> </table> <p>The top-right photo shows a first aid kit containing various supplies, including a 'ValueAid FOIL BLANKET' (Size: 140cm x 210cm, Silver/Silver). The bottom photo is a close-up of the foil blanket packaging, which includes the following text: 'ValueAid FOIL BLANKET Size: 140cm x 210cm Silver/Silver To reorder call 0800 542 0323 Latex Free &amp; Hypoallergenic Registered Name: First Aid Blanket'. It also features safety icons and manufacturer information: 'Fengyi (China) Co., Ltd. Panyu District, Taishan Town, Taishan City, Guangdong Province, 529900, P.R.China. Phone: +86 759 22007 Munich, Germany. LOT: 108473 2022-09 2027-05'.</p> <p>First aid kit inspected and well stocked with in date provisions.</p>	Month	Dated Checked	By	January	03/01/23	Jacob	February	2/02/23	Jacob	March	6/03/23	Jacob	April	5/04/23	Jacob	May	4/05/23	Jacob	June			July			August			September			October			November			December		
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December																																								
<p><b>Section:</b> Fire Management</p> <p><b>Question:</b> Has a fire risk assessment been carried out?</p>	 <p>The evidence consists of two photographs of a fire risk assessment document. The left photo shows the cover page titled 'FIRE RISK ASSESSMENT' for 'The Regulatory Reform (Fire Safety) Order 2005', prepared by 'StallardKane ASSOCIATES'. The right photo shows a section of the document titled '13 THE WORKPLACE FIRE PRECAUTIONS LEGISLATION' with a table of questions and answers:</p> <table border="1"> <thead> <tr> <th></th> <th>N/A</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>(a) Are copies of the Fire Risk Assessment and the Emergency Action Plans available on the premises?</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>(b) Are there procedures in place to ensure that the risk assessment is reviewed periodically (cover if alterations are made to the premises, processes etc)?</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>(c) Where the workplace is shared by more than one employer, are you keeping in respect of the provisions with other employers?</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>(d) Are arrangements in place to ensure that other employer's personnel working on the premises are provided with adequate information on the fire risks within the premises?</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table> <p>The document also includes a signature line: 'Signature: ...Jacob Sanchez...' and a date: 'Date: ...06/April/2022...'. The bottom of the document states: 'If all the answers to the questions above are either 'YES' or 'N/A', your fire safety procedures are likely to be adequate. Sign and date the form in the spaces below. If one or more answers to the questions above are 'NO', your current fire safety procedures may be inadequate. Sign and date the form in the spaces provided below and record all deficiencies and proposed remedial action on the form entitled 'Significant Findings'. Carry out any remedial action and enter details on the form entitled 'Review of Significant Findings'.'</p> <p>Fire risk assessment completed and reviewed annually.</p>		N/A	YES	NO	(a) Are copies of the Fire Risk Assessment and the Emergency Action Plans available on the premises?		X		(b) Are there procedures in place to ensure that the risk assessment is reviewed periodically (cover if alterations are made to the premises, processes etc)?		X		(c) Where the workplace is shared by more than one employer, are you keeping in respect of the provisions with other employers?		X		(d) Are arrangements in place to ensure that other employer's personnel working on the premises are provided with adequate information on the fire risks within the premises?		X																				
	N/A	YES	NO																																					
(a) Are copies of the Fire Risk Assessment and the Emergency Action Plans available on the premises?		X																																						
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Section	Evidence
<p><b>Section:</b> Fire Management</p> <p><b>Question:</b> Are fire procedures in place and have they been adequately communicated?</p>	<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">Signage displayed throughout.</p>
<p><b>Section:</b> Fire Management</p> <p><b>Question:</b> Are fire plans available for the premise?</p>	 <p style="text-align: center;">Fire evacuation plans displayed.</p>
<p><b>Section:</b> Fire Management</p> <p><b>Question:</b> Have fire wardens been appointed and trained?</p>	<div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">Fire warden signage and training certificates available.</p>

Section	Evidence
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**Section: Fire Management**  
**Question: Have fire wardens been appointed and trained?**

**Continued**



**Section: Fire Management**  
**Question: Are emergency lights tested monthly and the results documented?**

Emergency lighting test records.

**Section: Fire Management**  
**Question: Is firefighting equipment available and inspected?**



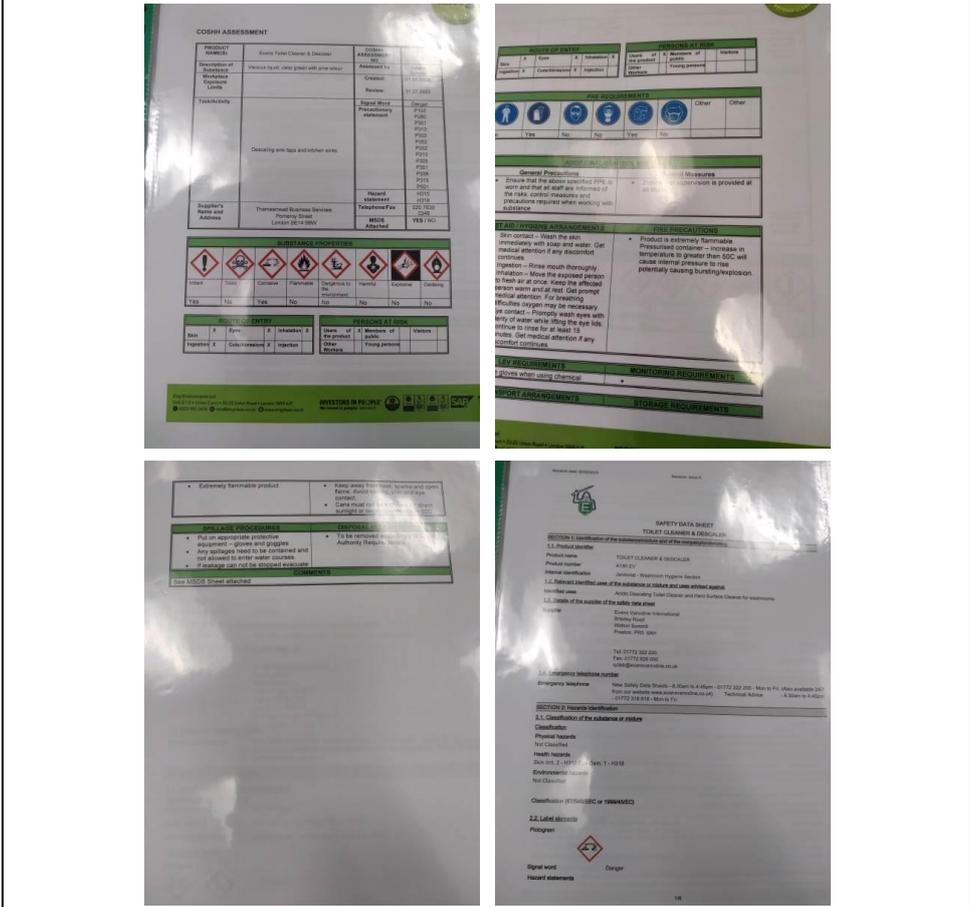


Section	Evidence
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**Section:** Control of Hazardous Substances (COSHH)

**Question:** Are COSHH assessments available for all hazardous substances used, created, or produced by the company?

Continued



COSHH and SDS for substances used by the cleaners.

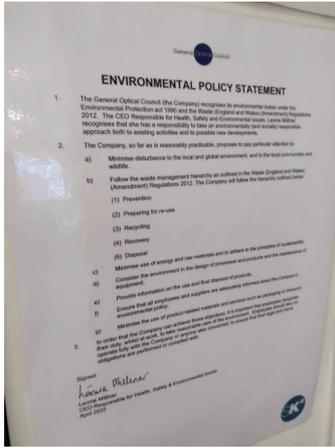
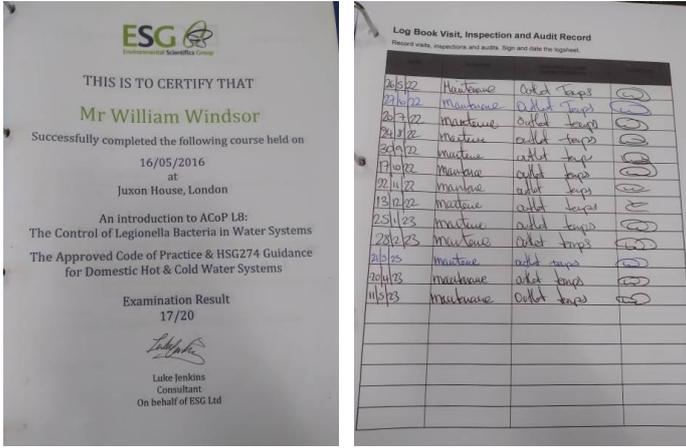
**Section:** Safety Signage

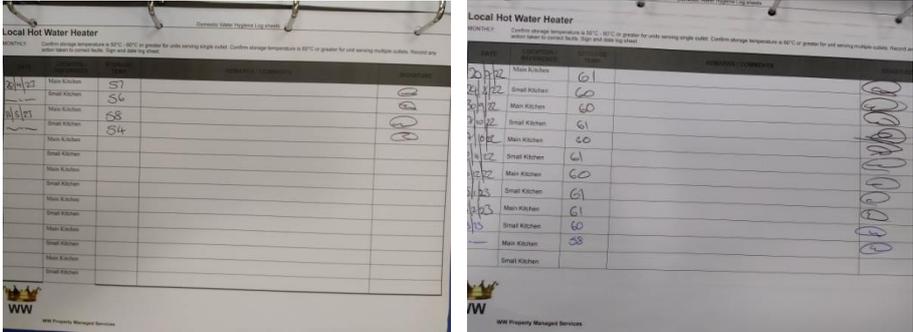
**Question:** Is a copy of the latest health and safety law poster displayed and contact details completed?



Completed health and safety law poster.

Section	Evidence
<p><b>Section:</b> Safety Signage</p> <p><b>Question:</b> Is health and safety signage adequate throughout the premises?</p>	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;">     </div> <p style="text-align: center;">Suitable signage displayed throughout.</p>
<p><b>Section:</b> Welfare and Housekeeping</p> <p><b>Question:</b> Was housekeeping suitable throughout the site at the time of the audit?</p>	 <p style="text-align: center;">Housekeeping to good standard throughout the premises.</p>

Section	Evidence
<p><b>Section:</b> Environmental Management</p> <p><b>Question:</b> Does the company have an environmental policy statement?</p>	 <p>Environmental policy statement displayed.</p>
<p><b>Section:</b> Environmental Management</p> <p><b>Question:</b> Does the company have a current waste carrier licence?</p>	 <p>Waste carrier licence for cleaning company used.</p>
<p><b>Section:</b> Legionella Management</p> <p><b>Question:</b> Has a legionella risk assessment been completed for buildings containing water systems?</p>	 <p>Legionella testing carried out at regular intervals.</p>

Section	Evidence
<p><b>Section:</b> Legionella Management</p> <p><b>Question:</b> Has a legionella risk assessment been completed for buildings containing water systems?</p> <p><b>Continued</b></p>	 <p style="text-align: center;">Legionella testing carried out at regular intervals.</p>

## Charity governance code self-assessment

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**Meeting:** 13 December 2023

**Status:** For decision.

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

**Paper Author(s):** Andy Spragg, Head of Governance

### Purpose

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1. To confirm the annual self-assessment for the GOC's compliance with the charity governance code.

### Recommendations

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Council is asked to:

- **approve** the self-assessment against the charity governance code, as set out in annex one.

### Strategic objective

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2. This work contributes towards all three strategic objectives. It is a key tool for Council to assess its compliance with the charity governance code. It is included in the internal business plan for Governance and will inform its business plan priorities for 2024/25.

### Background

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3. The charity governance code is a sector-produced code for charities registered in England and Wales. It provides a set of principles, rationale and outcomes for charity trustees to assess the organisation against. Further information on the code can be found here: <https://www.charitygovernancecode.org/>
4. The GOC has used the self-assessment tool since 2021 to assess its effectiveness in governance as a regulator and charity. It was last reviewed by Council in December 2022, as part of the governance review work commissioned by the Chair of Council.
5. The Nominations Committee has delegated responsibility "to approve the annual process for Council evaluation". It approved the use of the Charity Governance Code self-assessment as the proposed process for annual evaluation for Council for the life of the Fit for the Future Strategy (31 March 2025).
6. The latest self-assessment, which has been completed with input across the executive, is attached as **annex one**. The code is adopted on a "apply or explain" basis. The code is voluntary and avoids using the term "comply or explain" which is commonly applied when a governance code is a regulatory requirement.

## **Analysis**

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8. Council is invited to review the assessment and provide any comment or proposed amendments as required.
9. Internal audit conducted an audit into the GOC's compliance with the governance code in summer 2023. The audit opinion was substantial assurance, with one recommendation: "To develop a clear action plan documenting actions developed to address areas for improvement; demonstrating clear assigned ownership for each action, a timescale for implementation, and cross-referencing to any strategies / programmes / initiatives within GOC where there is potential overlap."
10. The recommendation response was: "Partially accept – much of the activity described has already been captured in the organisation's internal business plan 2023-24. The Head of Governance will produce a governance review delivery plan tracker to capture where this work is reflected in the internal business plan, and any actions currently out of scope of 2023-24 (for example, developing a safeguarding policy). This will be monitored by the Chief Executive and Chair of Council, with an annual update to Council as part of its self-assessment activity."
11. This governance review delivery plan is being developed for Q4 2023-24 to coincide with the conclusion of the member support review. This will be shared with Council members for information. Any recommendations or feedback from the Council discussion at this meeting will be incorporated as required.

## **Finance**

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12. There is no financial impact attached to the self-assessment. All activities are delivered within the current budgets set by Council. Any new activities would be assessed for financial implications as they were developed.

## **Risks**

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13. The self-assessment is a risk management tool, as it ensures that Council assesses itself against a key set of principles and best practices.

## **Equality Impacts**

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14. Section six of the self-assessment tool sets out how the Council aims to deliver the outcomes associated with equality, diversity and inclusion.

## **Devolved nations**

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15. There are no explicit impacts for devolved nations.

## **Other Impacts**

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19. There are no significant impacts identified.

## **Communications**

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### **External communications**

20. No external communications are planned.

### **Internal communications**

21. Once confirmed by Council, the self-assessment will be circulated to Leadership Team for information.

### **Next steps**

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22. None.

### **Attachments**

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Annex one – GOC charity Governance Code self-assessment December 2023

<b>Principle 1 – Organisational Purpose:</b> The board is clear about the charity’s aims and ensures that these are being delivered effectively and sustainably.	
<p><b>Rationale</b> Charities exist to fulfil their charitable purposes. Trustees have a responsibility to understand the environment in which the charity is operating and to lead the charity in fulfilling its purposes as effectively as possible with the resources available. To do otherwise would be failing beneficiaries, funders and supporters. The board’s core role is a focus on strategy, performance and assurance.</p>	<p><b>Key outcomes</b> <b>1.1</b> The board has a shared understanding of and commitment to the charity’s purposes and can articulate these clearly. <b>1.2</b> The board can demonstrate that the charity is effective in achieving its charitable purposes and agreed outcomes.</p>

<b>Recommended Practice</b>	<b>Evidence of application / explanation</b>	<b>Areas for improvement / implementation</b>
<b>1.3 Determining organisational purpose</b>		
<p><b>1.3.1</b> The board periodically reviews the organisation’s charitable purposes, and the external environment in which it works, to make sure that the charity, and its purposes, stay relevant and valid.</p>	<p>As a regulator the GOC’s purposes are embedded in statute. The GOC’s primary purpose to protect the public, by raising standards in the optical professions, is embedded throughout all strategic goals, which ensures the charity purposes stay relevant and valid. Regular reviews of regulatory functions by the PSA provides assurance.</p> <p>In 2023, the Council considered its call for evidence on legislative reform and approved a response document. The response document proposes a change to our statutory objectives in the future. The GOC has also been working with Department of Health and Social Care on the section 60 template that will apply across healthcare regulators, including the organisation’s statutory objectives.</p>	
<p><b>1.3.2</b> The board leads the development of, and agrees, a strategy or plan that aims to</p>	<p>Council approved a five-year strategy, which runs from 2020-2025 and incorporates high</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>achieve the organisation's charitable purposes and is clear about the desired outputs, outcomes and impacts.</p>	<p>level outcomes associated with success. Council was fully engaged with the planning to ensure the five-year strategy aligned to the GOC's charitable purpose. The Council approves an annual budget and business plan, along with an agreed set of performance measures to ensure it can monitor outputs, outcomes and impacts.</p> <p>In developing the next five-year strategy, Council has appointed lead members for each of the strategy areas, including people, finance and IT. The Senior Council Member is the key Council lead for the overarching five-year strategy.</p>	
<p><b>1.4 Achieving the purpose</b></p>		
<p><b>1.4.1</b> All trustees can explain the charity's public benefit.</p>	<p>All Council members understand that the GOC is here to protect the public by raising standards in the optical professions and their four core functions are:</p> <ul style="list-style-type: none"> <li>• Setting standards for the performance and conduct of our registrants.</li> <li>• Approving qualifications leading to registration.</li> <li>• Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.</li> <li>• Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.</li> </ul>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>The quality of debate at Council meetings demonstrates all Council members have a critical understanding of this, and the areas of focus on the agenda reflect the Council members are focussed on these core areas for the GOC.</p> <p>Council member role profiles were reviewed by Nominations Committee and approved in March 2023. This requirement was covered in the updated Council member role profile.</p>	
<p><b>1.4.2</b> The board evaluates the charity's impact by measuring and assessing results, outputs and outcomes.</p>	<p>Council measures performance via quarterly reports on its business plan and a business performance dashboard.</p> <p>The dashboard was an outcome of a performance reporting review in early 2023, engaging Audit, Finance and Risk Committee (ARC) prior to the new dashboard's implementation in 2023-24.</p>	
<p><b>1.5</b> Analysing the external environment and planning for sustainability</p>		
<p><b>1.5.1</b> The board regularly reviews the sustainability of its income sources and business models and their impact on achieving charitable purposes in the short, medium and longer term.</p>	<p>Financial planning includes quarterly reports to ARC and Council on annual and five yearly forecasts. Investment Committee reviews a financial analysis of investments at least twice a year and more if the portfolio is affected by market fluctuations.</p> <p>A regular meeting is scheduled between the Chair of Council, the Chair of ARC, the Chair of Remuneration Committee and the Chair of Investment Committee to review GOC financial sustainability and any common concerns.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>1.5.2</b> Trustees consider the benefits and risks of partnership working, merger or dissolution if other organisations are fulfilling similar charitable purposes more effectively and/or if the charity’s viability is uncertain.</p>	<p>Partnership working occurs across all areas of the business via inter-regulatory collaboration, where good practice is shared and benchmarking takes place. This will continue to develop and updates regarding progress are reported to Council via the regular Chair of Council and CEO Reports.</p>	
<p><b>1.5.3</b> The board recognises its broader responsibilities towards communities, stakeholders, wider society and the environment, and acts on them in a manner consistent with the charity’s purposes, values, and available resources.</p>	<p>Consultations with stakeholders regularly take place to gain feedback regarding major policy change. Regular statements and notices are published via the website to stakeholders supporting the charitable purposes.</p> <p>Impact assessments are undertaken in respect to major policy proposals, and these will consider the impact in connection to particular groups. The assessment will be consulted on as part of gathering feedback from stakeholders.</p> <p>Investment Committee has considered the Environmental, Social and Governance elements of the current Investment Policy and approach in May 2023. Regular discussions occur at Committee on responsible investments.</p>	

<p><b>Principle 2 – Leadership:</b> Every charity is headed by an effective board that provides strategic leadership in line with the charity’s aims and values.</p>	
<p><b>Rationale</b></p>	<p><b>Key outcomes</b></p>

<p>Strong and effective leadership helps the charity adopt an appropriate strategy for effectively delivering its aims. It also sets the tone for the charity, including its vision, values and reputation.</p>	<p><b>2.1</b> The board, as a whole, and trustees individually, accept collective responsibility for ensuring that the charity has a clear and relevant set of aims and an appropriate strategy for achieving them.</p> <p><b>2.2</b> The board agrees the charity’s vision, values and reputation and leads by example, requiring anyone representing the charity reflects its values positively.</p> <p><b>2.3</b> The board makes sure that the charity’s values are reflected in all of its work, and that the ethos and culture of the organisation underpin the delivery of all activities.</p>
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Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<b>2.4</b> Leading the charity		
<p><b>2.4.1</b> The board and individual trustees take collective responsibility for its decisions.</p>	<p>Council members have evidenced that they critically challenge, speak candidly, accept majority decisions, and take collective responsibility for its decisions, through their conduct during meetings.</p>	
<p><b>2.4.2</b> The chair provides leadership to the board with prime responsibility for ensuring it has agreed priorities, appropriate structures, processes and a productive culture and has trustees and senior staff who are able to govern well and therefore add value to the charity.</p>	<p>The annual business plan is signed off by Council each year. Forward planning by Council and its committees ensures that agreed priorities are programmed in within the appropriate timescales. The organisational structure is agreed by Council, most recently a restructure of the Senior Management Team (SMT) in 2021.</p>	
<p><b>2.4.3</b> In the case of the most senior member of staff (e.g. CEO) the board makes sure that there are proper arrangements for their appointment, supervision, support, appraisal, remuneration and, if necessary, dismissal.</p>	<p>The Chair sets objectives for the CEO and annually appraises the CEO’s performance, the outcome of which is reviewed by the Council’s Remuneration Committee. Additionally, the Chair supervises and supports the CEO through weekly meetings and more frequent informal discussions as the need arises. Remuneration of the CEO is overseen by the Remuneration Committee; appointment and dismissal are undertaken in</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	accordance with HR policies applicable to all staff.	
<b>2.4.4</b> The boards functions are formally recorded. There are role descriptions defining responsibilities for all trustees that clearly differentiate those of the chair and other officer positions and outline how these roles relate to staff.	There is an agreed scheme of delegation setting out the responsibilities of Council, its committees, and the Executive. Role descriptions for the Chair, Senior Council Member and Council Members are in place and clearly define responsibilities, which are distinct from the role of the Executive.	
<b>2.4.5</b> Where the board has agreed to establish a formally constituted subsidiary organisation/s, it is clear about the rationale, benefits and risks of these arrangements. The formal relationship between the parent charity and each of its subsidiaries is clearly recorded and the parent reviews, at appropriate intervals, whether these arrangements continue to best serve the organisation's charitable purposes.	N/A – no subsidiary arrangements exist.	
<b>2.5</b> Leading by example		
<b>2.5.1</b> The board agrees the values, consistent with the charity's purpose, that it wishes to promote and makes sure that these values underpin all its decisions and the charity's activities (see also Principle 1).	Council was involved in the development and subsequent agreement of revised values and underpinning behaviours as part of the 5-year Strategic Plan.  Council is engaged with the values which are published on the website, in the strategy, in the external business plan and in the annual report.	
<b>2.5.2</b> The board recognises, respects and welcomes diverse, different and, at times, conflicting trustee views.	Current Council members are respectful to one another and take the time to listen and debate, which is apparent within Council and Committee meetings. At the end of Council	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	meetings one member or Council Associate present feeds back on the conduct of the meeting including behaviours in accordance with GOC values.	
<p><b>2.5.3</b> The board provides oversight and direction to the charity and support and constructive challenge to the organisation, its staff and, in particular, the most senior member of staff.</p>	<p>Council sign-off major projects and are provided with regular updates against the strategic plan and business plan. SMT present papers and are regularly engaged in Council discussions through support and constructive challenge. The Chair and CEO have weekly discussions, and the Chair meets with SMT individually on a quarterly basis. The Chair regularly attends most committee meetings and meets with the members of the Executive regularly to discuss specific issues as these arise. Challenge is provided in committees as well in Council itself. Furthermore, there are good communication channels between the SMT and Council through the system of Council leads.</p>	
<p><b>2.5.4</b> The board through its relationship with the senior member of staff, creates the conditions in which the charity's staff are confident and enabled to provide the information, advice and feedback necessary to the board.</p>	<p>The Head of Governance, Chair of Council and Chief Executive regularly meet to consider feedback on Council and committee meetings. SMT are actively encouraged to provide reflections and feedback on meetings, and there are clear routes to raise concerns through the GOC Speaking Up policy. Council is active in considering the results of an annual staff survey and offer SMT constructive challenge about the results.</p>	
<p><b>2.6</b> Commitment</p>		

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>2.6.1</b> All trustees give sufficient time to the charity to carry out their responsibilities effectively. This includes preparing for meetings and sitting on board committees and other governance bodies where needed. The expected time commitment is made clear to trustees before nomination or appointment and again on acceptance of nomination or appointment.</p>	<p>Council members read their papers and come prepared to meetings with challenging and relevant questions that are evidenced in the minutes of Council and Committee meetings. Through the system of Council Leads, Council members are engaged outside of meetings and give generously of their time. The Member Fee Policy clearly articulates the expected time commitment for Council members, Senior Council Member and Chair of Council. This policy is reviewed and benchmarked against other regulators a minimum of every three years.</p>	
<p><b>2.6.2</b> Where individual board members are also involved in operational activities, for example as volunteers, they are clear about the capacity in which they are acting at any given time and understand what they are and are not authorised to do and to whom they report.</p>	<p>Council members are clear about the boundaries between strategic and operational duties and demonstrate this in their interactions at meetings and with project engagement. The interests of Council members are reported to every meeting of Council, and any concerns about potential conflicts are actively managed with the advice of the Governance team.</p>	

<p><b>Principle 3 – Integrity:</b> The board acts with integrity. It adopts values, applies ethical principles to decisions and creates a welcoming and supportive culture which helps achieve the charity’s purposes. The board is aware of the significance of the public’s confidence and trust in charities. It reflects the charity’s ethics and values in everything it does. Trustees undertake their duties with this in mind.</p>	
<p><b>Rationale</b>                  Delivering the charity’s purposes for public benefit should be at the heart of everything the board does. This is true even when a board’s decision might be unpopular. Everyone who comes into contact with a charity should be treated with dignity and respect and feel that they are in a safe and supportive environment. Charity leaders should show the highest levels of personal integrity and conduct.</p> <p>To achieve this, trustees should create a culture that supports the charity’s values, adopt behaviours and policies in line with the values and set aside any personal interests or loyalties. The board should understand and address any inappropriate power dynamics to avoid damaging the charity’s reputation, public support for its work and delivery of its aims.</p>	<p><b>Key outcomes</b></p> <p><b>3.1</b> The board acts in the best interests of the charity’s purposes and its beneficiaries, creating a safe, respectful and welcoming environment for those who come into contact with it.</p> <p><b>3.2</b> The board makes objective decisions about delivering the charity’s purposes. It is not unduly influenced by those who may have special or personal interests. This applies whether trustees are elected, nominated, or appointed. Collectively, the board is independent in its decision making.</p> <p><b>3.3</b> No one person or group has undue power or influence in the charity. The board recognises how individual or organisational power can affect dealings with others.</p> <p><b>3.4</b> The board safeguards and promotes the charity’s reputation by living its values and by extension promotes public confidence in the wider sector.</p> <p><b>3.5</b> Trustees and those working for or representing the charity are seen to act with honesty, trustworthiness and care, and support its values.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<b>3.6 Upholding the charity’s values</b>		
<b>3.6.1</b> The board ensures that all of its decisions and actions are consistent with the charity’s values.	Council work in a collective and respectful way in line with the GOC’s values. No complaints have been received regarding existing Council members and staff report positive interaction with Council Members.	
<b>3.6.2</b> Trustees regularly check whether there are inappropriate power imbalances in the board or charity. Where necessary, they address any potential abuse of power to	Council has appointed a Senior Council Member who is responsible for appraising the Chair, a mechanism that helps address any imbalances in power.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
uphold the charity's purpose, values and public benefit.		
<b>3.6.3</b> Trustees adopt and follow a suitable code of conduct that reflects the charity's values and sets out expected standards of ethics, probity and behaviour.	Council members adopted the newly reviewed Code of Conduct for Members in November 2020 and are fully aware of the content and abide by the requirements.	Review of Code of Conduct policy planned for 2024/25, with refresher training for Council and committee members.
<b>3.6.4</b> The board considers how the charity is seen by the people and organisations who are involved in its work and by the wider public. The board has policies and procedures to make sure that the charity works responsibly and ethically, has regard to the proper use of power and acts in line with its own aims and values.	<p>The GOC conducts an annual public perceptions survey to gather views and experiences of optical services. The 2022/23 business plan includes work to improve our approaches to public and patient engagement.</p> <p>Council makes objective decisions about delivering the GOC's purposes and is not unduly influenced by those who may have special or personal interests. This is supported by the Code of Conduct for Members policy, Gifts and Hospitality Policy, and a Management of Interests Policy.</p>	
<b>3.6.5</b> The board ensures that the charity follows the law. It also considers following non-binding rules, codes and standards, for example regulatory guidance, the 'Nolan Principles' <sup>1</sup> or <i>Charity Ethical Principles</i> <sup>2</sup> and other good practice initiatives that promote	The Members Code of Conduct is based on the Nolan Principles and the GOCs values. All Council Members are asked to sign a declaration adhering to the Code of Conduct on appointment. Charity regulation and good practice guidance is applied throughout	

<sup>1</sup> [www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2](http://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2)

<sup>2</sup> [www.ncvo.org.uk/images/documents/policy\\_and\\_research/ethics/Charity-Ethical-Principles.pdf](http://www.ncvo.org.uk/images/documents/policy_and_research/ethics/Charity-Ethical-Principles.pdf)

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
confidence in charities and create a supportive environment.	governance process and will be applied in any continuous improvements.	
<b>3.7 Ensuring the right to be safe</b>		
<b>3.7.1</b> Trustees understand their safeguarding responsibilities and meet the legal minimum to promote a culture in which everyone feels safe and respected.	<p>The GOC is responsible for safeguarding its staff, members, workers and others (eg registrants and FTP witnesses) with whom we deal - some of who may be or may become vulnerable. Our legislation makes specific reference to vulnerable witnesses at FTP hearings.</p> <p>We also have a statutory responsibility for providing guidance to our registrants, whose scope of practice includes caring for vulnerable people.</p>	
<p><b>3.7.2</b> Where appropriate:</p> <ul style="list-style-type: none"> <li>■ the board makes sure that there are appropriate and regularly reviewed safeguarding policies and procedures</li> <li>■ as part of a charity’s risk-management process, the board checks key safeguarding risks carefully and records how these are managed</li> <li>■ all trustees, staff, volunteers and people who work with the charity have information or training on the safeguarding policy, so they understand it, know how to speak up and feel comfortable raising concerns.</li> </ul>	The GOC does not presently have an explicit safeguarding policy, though safeguarding is reflected in the policies and procedures that underpin the GOC’s statutory responsibilities around protection of the public. The expectation would be that where safeguarding concerns arose, people would either refer complaints via the Corporate Complaints policy or the Speaking Up policy.	SMT is still to consider whether a safeguarding policy and training is required, including which staff, members and workers might require safeguarding training. A recommendation to Council will follow in 2024/25.
<b>3.8 Identifying, dealing with and recording conflicts of interest/loyalty</b>		
<b>3.8.1</b> The board understands how real and perceived conflicts of interests and conflicts	The Management of Interests Policy is actively referenced and used. For example, an item on legislative reform in September	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
of loyalty can affect a charity's performance and reputation.	2022 meant registrant members were asked to review their current professional interests with the Head of Governance. As result, several members took steps to manage a risk of a perceived conflict by exempting themselves from the discussion.	
<b>3.8.2</b> Trustees disclose any actual or potential conflicts to the board, and deals with these in line with the charity's governing document and a regularly reviewed conflicts of interest policy.	The registers of interest are updated and reviewed at every meeting. The conflicts of interest policy was last reviewed September 2021.	
<b>3.8.3</b> Registers of interests, hospitality and gifts are kept and made available to stakeholders in line with the charity's agreed policy on disclosure.	<p>The registers of interest are reviewed at every meeting and published on the GOC website. The register of gifts and hospitality is reviewed annually by ARC and published on the website.</p> <p>An updated Gifts and Hospitality Policy received Council approval in December 2022.</p>	
<b>3.8.4</b> Trustees keep their independence and tell the board if they feel influenced by any interest, or may be perceived as being influenced or to having a conflict.	Examples have arisen as a result of the GOC call for evidence. Council members have actively sought advice and disclosed their perceived interests at meetings (see Council September 2022 for details).	

<p><b>Principle 4 – Decision making, risk and control:</b> The board makes sure that its decision-making processes are informed, rigorous and timely, and that effective delegation, control and risk-assessment, and management systems are set up and monitored.</p>	
<p><b>Rationale</b></p> <p>The board is ultimately responsible for the decisions and actions of the charity but it cannot and should not do everything. The board may be required by statute or the charity’s governing document to make certain decisions but, beyond this, it needs to decide which other matters it will make decisions about and which it can and will delegate.</p> <p>Trustees delegate authority but not ultimate responsibility, so the board needs to implement suitable financial and related controls and reporting arrangements to make sure it oversees these delegated matters. Trustees must also identify and assess risks and opportunities for the organisation and decide how best to deal with them, including assessing whether they are manageable or worth taking.</p>	<p><b>Key outcomes</b></p> <p><b>4.1</b> The board is clear that its main focus is on strategy, performance and assurance, rather than operational matters, and reflects this in what it delegates.</p> <p><b>4.2</b> The board has a sound decision-making and monitoring framework which helps the organisation deliver its charitable purposes. It is aware of the range of financial and non-financial risks it needs to monitor and manage.</p> <p><b>4.3</b> The board promotes a culture of sound management of resources but also understands that being over-cautious and risk averse can itself be a risk and hinder innovation.</p> <p><b>4.4</b> Where aspects of the board’s role are delegated to committees, staff, volunteers or contractors, the board keeps responsibility and oversight.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>4.5</b> Delegation and control</p>		
<p><b>4.5.1</b> The board regularly reviews which matters are reserved to the board and which can be delegated. It collectively exercises the powers of delegation to senior managers, committees or individual trustees, staff or volunteers.</p>	<p>Scheme of delegation last reviewed September 2021. Scheme of financial delegation reviewed September 2022. Examples of delegating responsibility can be seen in respect to a number of decisions on a regular basis.</p>	
<p><b>4.5.2</b> The board describes its ‘delegations’ framework in a document which provides sufficient detail and clear boundaries so that the delegations can be clearly understood and carried out. Systems are in place to monitor and oversee how delegations are exercised.</p>	<p>The scheme of delegations are in place and available on the website here:  <a href="#">Meetings and decisions   GeneralOpticalCouncil</a>  <a href="#">Financial governance   GeneralOpticalCouncil</a></p> <p>These are subject to review at least every three years. The recently revised scheme of delegation for financial management will also</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	be reviewed after 12 months for any necessary revisions.	
<p><b>4.5.3</b> The board makes sure that its committees have suitable terms of reference and membership and that:</p> <ul style="list-style-type: none"> <li>■ the terms of reference are reviewed regularly</li> <li>■ the committee membership is refreshed regularly and does not rely too much on particular people.</li> </ul>	<p>Council Committee terms of reference reviewed June 2022. Non-statutory committee terms of reference reviewed September 2021. The membership of committees is subject to regular review, with the Chair of Council engaging through the Nominations Committee to consider medium and long-term succession planning.</p> <p>The Council members themselves are limited to an eight-year tenure (4+4) by legislation.</p>	
<p><b>4.5.4</b> Where a charity uses third party suppliers or services – for example for fundraising, data management or other purposes – the board assures itself that this work is carried out in the interests of the charity and in line with its values and the agreement between the charity and supplier. The board makes sure that such agreements are regularly reviewed to make sure they are still appropriate.</p>	<p>Contracts over £25,000 are regularly reviewed by ARC forming part of the Committee’s annual work planning.</p> <p>Any concerns or emerging contract issues would be included the regular significant incidents and exceptions report to ARC. There is also a separate contracts exceptions report to ARC.</p> <p>The Scheme of Financial Delegation sets limits for budget approval amounts related to contracts, and regular reporting of contract approvals.</p> <p>All other third-party suppliers or services will fall within the annual budget which is approved by Council.</p>	
<p><b>4.5.5</b> The board regularly reviews the charity’s key policies and procedures to ensure that they continue to support, and are</p>	<p>Key policies such as pay progression, risk management and reserves have been reviewed by Council and its committees.as</p>	<p>The current policy library is being worked through to identify the gaps where policies have not been reviewed in recent years, and</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>adequate for, the delivery of the charity’s aims. This includes: policies and procedures dealing with board strategies, functions and responsibilities, finances (including reserves), service or quality standards, good employment practices and encouraging and using volunteers, as well as key areas of activity such as fundraising and data protection.</p>	<p>well as policies related to its regulatory responsibilities e.g. Business standards.</p> <p>Policies requiring approval by Council and its committees are subject to review a minimum of every three years.</p> <p>The Chief Executive has delegated authority (in consultation with the Chair of Council) to approve any minor reviews of policies, for example an update of terms or responsibilities based on organisational changes.</p>	<p>a more systemic approach to policy review is being developed for implementation in 2024-25.</p>
<p><b>4.6 Managing and monitoring organisational performance</b></p>		
<p><b>4.6.1</b> Working with senior management, the board ensures that operational plans and budgets are in line with the charity’s purposes, agreed strategic aims and available resources.</p>	<p>Council approves the annual Business Plan, with an accompanying budget, which is set out in accordance with the overarching 5-year Strategic Plan. All of which is based on available resources and the monitoring of cash-flow.</p>	
<p><b>4.6.2</b> The board regularly monitors performance using a consistent framework and checks performance against the charity’s strategic aims, operational plans and budgets. It has structures in place to hold staff to account and support them in meeting these goals.</p>	<p>Performance is monitored by Council through the performance dashboard, quarterly business plan reporting, financial reports and specific project reports.</p>	
<p><b>4.6.3</b> The board agrees with senior management what information is needed to assess delivery against agreed plans, outcomes and timescales. Information should be timely, relevant, accurate and provided in an easy to understand format.</p>	<p>Council has agreed the content of a performance dashboard and a framework for reporting progress against the Business Plan, which can be evidenced in reporting to Council. This was also reviewed and endorsed by ARC.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>4.6.4</b> The board regularly considers information from other similar organisations to compare or benchmark the organisation’s performance.</p>	<p>The Chair and Chief Executive are involved in inter- regulatory forums where information is shared about approaches to common issues.</p> <p>PSA also conduct thematic reports which highlight good practice across regulators. Benchmarking in recent times has included pay and expenses paid by different regulators to individuals carrying out similar functions.</p>	
<p><b>4.7 Actively managing risks</b></p>		
<p><b>4.7.1</b> The board retains overall responsibility for risk management and discusses and decides the level of risk it is prepared to accept for specific and combined risks.</p>	<p>Council retain overall responsibility for risk and exercise this through ARC, who report to Council quarterly on any new or escalated risks.</p> <p>Council approved a revised Risk Management Policy and Risk Appetite statement in June 2022.</p>	
<p><b>4.7.2</b> The board regularly reviews the charity’s specific significant risks and the cumulative effect of these risks. It makes plans to mitigate and manage these risks appropriately.</p>	<p>ARC regularly reviews the corporate risk register, which includes target as well as current risk levels.</p> <p>Council also has a standing item on risk at its confidential meetings where it focuses on emergent risks and issues.</p>	
<p><b>4.7.3</b> The board puts in place and regularly reviews the charity’s process for identifying, prioritising, escalating and managing risks and, where applicable, the charity’s system of internal controls to manage these risks. The</p>	<p>The corporate risk register covers all the points listed and ARC considers the appropriateness of risk arrangements every year. Improvements made in recent years including the development of a risk appetite and a risk assurance framework.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
board reviews the effectiveness of the charity's approach to risk at least every year.		
<b>4.7.4</b> The board describes the charity's approach to risk in its annual report and in line with regulatory requirements.	This can be evidenced in the GOC annual report.	
<b>4.8</b> Appointing external examiners or auditors		
<b>4.8.1</b> The board agrees and oversees an effective process for appointing and reviewing auditors, taking advice from an audit committee if one exists.	ARC is tasked with reviewing auditors and making recommendations to Council concerning their appointment, remuneration, and termination. In the recent past they have had cause to terminate a contract early because of poor provision.	
<b>4.8.2</b> Where the charity has an audit committee, its chair has recent and relevant financial experience and the committee includes at least two trustees.	ARC has five members, including an independent member. They bring a range of financial and management expertise, and two members are Chartered Accountant Members of the Chartered Institute of Public Finance and Accountancy.  The new Chair of ARC (appointment commenced in January 2023) engaged in training and development in respect to taking on the role. They will continue to be supported by an experienced cohort of ARC members.	
<b>4.8.3</b> The board, or audit committee, has the opportunity to meet the auditors without paid staff present at least once a year.	Yes, this happens regularly and has been programmed into the forward plan.	
<b>4.8.4</b> Arrangements are in place for a body, such as the audit committee, to consider concerns raised in confidence about alleged improprieties, misconduct or wrongdoing. This includes concerns raised by 'whistle blowing'. Arrangements are also in place for	The current Speaking-up Policy complies with points listed in 4.8.4.  Whistleblowing is also included in the significant incidents quarterly report to ARC.	

<b>Recommended Practice</b>	<b>Evidence of application / explanation</b>	<b>Areas for improvement / implementation</b>
appropriate and independent investigation and follow-up action.		

<b>Principle 5 – Board effectiveness:</b> The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions.	
<p><b>Rationale</b></p> <p>The board has a key impact on whether a charity thrives. The tone the board sets through its leadership, behaviour, culture and overall performance is critical to the charity’s success. It is important to have a rigorous approach to trustee recruitment, performance and development, and to the board’s conduct. In an effective team, board members feel it is safe to suggest, question and challenge ideas and address, rather than avoid, difficult topics.</p>	<p><b>Key outcomes</b></p> <p><b>5.1</b> The board’s culture, behaviours and processes help it to be effective; this includes accepting and resolving challenges or different views.</p> <p><b>5.2</b> All trustees have appropriate skills and knowledge of the charity and can give enough time to be effective in their role.</p> <p><b>5.3</b> The chair enables the board to work as an effective team by developing strong working relationships between members of the board and creates a culture where differences are aired and resolved.</p> <p><b>5.4</b> The board takes decisions collectively and confidently. Once decisions are made the board unites behind them and accepts them as binding.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<b>5.5 Working as an effective team</b>		
<b>5.5.1</b> The board meets as often as it needs to be effective.	Council and Committee meetings are planned around financial, project and BAU reporting at least four times per year, excluding strategy and development days. This arrangement is proving effective.	
<b>5.5.2</b> The chair, working with board members and staff, plans the board’s work and its meetings, making sure trustees have the necessary information, time and space to explore key issues and reach well-considered decisions, so that board time is well-used.	<p>The Chair is very engaged and aware of day to day issues as well as strategic project work planning, enabling extra sessions with Council members to keep them fully informed – e.g. extra informal meetings to allow Council members to received updates on legislative reform and other critical topics.</p> <p>An informal forward plan has been developed for Council catch-ups.</p>	
<b>5.5.3</b> The board has a vice-chair or similar who provides a sounding board for the chair	This role is within the agreed terms of reference for the Senior Council Member.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
and serves as an intermediary for the other trustees if needed.	The current SCM is effective in her exercise of this responsibility: their role is well-understood by all Council members and they are able to provide a regular sounding board to the Chair of Council and the executive.	
<b>5.5.4</b> The board regularly discusses its effectiveness and its ability to work together as a team, including individuals' motivations and expectations about behaviours. Trustees take time to understand each other's motivations to build trust within the board and the chair asks for feedback on how to foster an environment where trustees can constructively challenge each other.	Annual reviews are carried out with Council members, led by the Chair (with the Senior Council Member undertaking the Chair's review). Feedback is provided by an observer after every Council meeting.  In February 2020 Council received training on Trustee duties. Council Members freely express their concerns and raise questions which indicates an environment where they constructively challenge the Executive.	
<b>5.5.5</b> Where significant differences of opinion arise, trustees take time to consider the range of perspectives and outcomes, respecting all viewpoints and the value of compromise in board discussions.	The quality of debate in Council and appreciation of different viewpoints is strong. A good example of this has been discussion related to the call for evidence on legislative reform and associated policies. Adhoc meetings have been called on occasion to work through significant areas of concern or difference and Council have subsequently been able to reach a common view.	
<b>5.5.6</b> The board collectively receives specialist in-house or external governance advice and support. The board can access independent professional advice, such as legal or financial advice, at the charity's expense if needed for the board to discharge its duties.	Governance provides specialist in-house advice and support on governance matters and the Legal team on legal matters. External and internal auditors are fully engaged at committee level and external legal advice is sought where needed, e.g. in relation to employment issues. Future advice will be gained where needed regarding	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	the Government's proposed regulatory changes, or where charity law requires.	
<b>5.6</b> Reviewing the board's composition		
<b>5.6.1</b> The board has, and regularly considers, the skills, knowledge and experience it needs to govern, lead and deliver the charity's purposes effectively. It reflects this mix in its trustee appointments, balancing the need for continuity with the need to refresh the board.	A skills audit was considered by the Nominations Committee in February 2022, and this was used to inform the desirable criteria for recruitment of lay and registrant Council members.	
<b>5.6.2</b> The board is big enough that the needs of the charity's work can be carried out and changes to the board's composition can be managed without too much disruption. A board of at least five but no more than twelve trustees is typically considered good practice.	12 members sit on Council. This composition is defined in statute and would only be subject to change in the event of regulatory reform.	
<b>5.7</b> Overseeing appointments		
<b>5.7.1</b> There is a formal, rigorous and transparent procedure to appoint new trustees to the board, which includes advertising vacancies widely.	<p>There is a formal, rigorous, and transparent process in place, which operates in accordance with PSA and Privy Council requirements.</p> <p>This was recently evidenced in the recent lay and registrant member recruitment campaigns where thought and consideration went in to ensuring a wide and diverse reach for candidates. Targeted webinars and advertising were used to support a good level of applications from appropriate candidates.</p>	
<b>5.7.2</b> The search for new trustees is carried out, and appointments or nominations for election are made, on merit against objective	Appointments are made on merit against objective criteria. The scrutiny provided by the	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
criteria and considering the benefits of diversity on the board. Regular skills audits inform the search process.	<p>PSA includes robust challenge in respect to the appointment processes.</p> <p>The introduction of Council Associates has supported the diversification of backgrounds and experience at Council. The Council Associates are regularly invited to participate in discussions and their insight is valued by the Council.</p>	
<b>5.7.3</b> The charity considers using a nominations committee to lead the board-appointment process and to make recommendations to the board.	The Nominations Committee has clear delegated authority to advise Council on planned recruitment. Appointments to Council are made by the Privy Council.	
<p><b>5.7.4</b> Trustees are appointed for an agreed length of time, subject to any applicable constitutional or statutory provisions relating to election and re-election. If a trustee has served for more than nine years, their reappointment is:</p> <ul style="list-style-type: none"> <li>■ subject to a particularly rigorous review and takes into account the need for progressive refreshing of the board</li> <li>■ explained in the trustees' annual report.</li> </ul>	Council members serve an initial term of four years, with the provision to be reappointed for a further four years. Statute provides that a Council member may only serve as such for eight years in any period of twenty.	
<b>5.7.5</b> If a charity's governing document provides for one or more trustees to be nominated and elected by a wider membership, or elected by a wider membership after nomination or recommendation by the board, the charity supports the members to play an informed role in these processes.	N/A	
<b>5.8</b> Developing the board		
<b>5.8.1</b> Trustees receive an appropriately resourced induction when they join the board.		

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>This includes meetings with senior management and covers all areas of the charity’s work. Trustees are given the opportunity to have ongoing learning and development.</p>	<p>The induction process is thorough, including 1:1s with the Senior Management Team, Head of Governance and relevant key members of staff where relevant, and mandatory EDI training is included.</p> <p>Newly appointed Council members are ‘buddied’ with an established member tasked with helping with their induction. New lay members are buddied a registrant member and vice versa.</p>	<p>A review of member support is underway in 2023/24. This will also draw on the GOC People Capability programme to identify where additional resources and training opportunities can be provided.</p>
<p><b>5.8.2</b> The board reviews its own performance and that of individual trustees, including the chair. This happens every year, with an external evaluation every three years. Such evaluation typically considers the board’s balance of skills, experience and knowledge, its diversity in the widest sense, how the board works together and other factors relevant to its effectiveness.</p>	<p>Annual reviews of member performance are carried out by the Chair, and the Chair is appraised by the Senior Council Member.</p> <p>Th GOC is subject to regular external evaluations by the PSA, and commissions external evaluations of Council as and when needed.</p> <p>There was e a revision of the Council member review process in 2022/23 to include identification of training and development needs.</p>	<p>Training tends to be organised on an ad hoc basis in response to individual Council members requests. The review of member support in 23/24 will remedy this.</p>
<p><b>5.8.3</b> The board explains how the charity reviews or evaluates the board in the governance statement in the trustees’ annual report.</p>	<p>Effectiveness of Governance is included in Section One of the Annual Report and Accounts. This sets out how the GOC has reviewed and evaluated itself in the previous year, as well as the planned areas for review in the following year.</p>	

<p><b>Principle 6 – Equality, Diversity and Inclusion:</b> The board has a clear, agreed and effective approach to supporting equality, diversity and inclusion throughout the organisation and in its own practice. This approach supports good governance and the delivery of the organisation’s charitable purposes.</p>	
<p><b>Rationale</b>          Addressing equality, diversity and inclusion helps a board to make better decisions. This requires commitment, but it means that a charity is more likely to stay relevant to those it serves and deliver its public benefit. Recognising and countering any imbalances in power, perspectives and opportunities in the charity, and in the attitudes and behaviour of trustees, staff and volunteers, help to make sure that a charity achieves its aims.          All trustees have the same responsibility for the charity, so they must have equality of opportunity to contribute to decision making. Board diversity, in the widest sense, is important because it creates more balanced decision making. Where appropriate, this includes and centres those communities and people the charity serves. This increases the charity’s legitimacy and impact. Equality and diversity are only effective and sustainable if the board works to be inclusive, ensuring that all trustees are welcomed, valued and able to contribute. Boards that commit to equality, diversity and inclusion are more likely to set a positive example and tone for the charity by following an appropriate strategy for delivering its purpose and setting inclusive values and culture.</p>	<p><b>Key outcomes</b>  <b>6.1</b> The principles of equality, diversity and inclusion are embedded in the organisation and help to deliver the charity’s public benefit.  <b>6.2</b> Obstacles to participation are reduced, with the organisation’s work designed and open for everyone included within its charitable purposes. This supports the charity to challenge inequality and achieve improved equality of outcomes.  <b>6.3</b> The board is more effective because it reflects different perspectives, experiences and skills, including, where applicable, from current and future beneficiaries</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>6.4</b> Assessing understanding of systems and culture</p>		
<p><b>6.4.1</b> The board analyses and can define how equality, diversity and inclusion are important for the charity, its context and the delivery of its aims.</p>	<p>The Council receives a comprehensive annual Equality, Diversity and Inclusion Annual Report that includes the annual EDI data monitoring report and the EDI action plan. This outlines the work undertaken during the year and provides a progress report against the actions in our EDI Strategy 2020-2024.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>The recent appointment of an EDI manager speaks to the appreciation and importance that EDI is held in the Council. Similarly, the Council have been kept informed as to EDI activities such as celebrating Black History Month and Disability History Month.</p>	
<p><b>6.4.2</b> The board assesses its own understanding of equality, diversity and inclusion. It considers how this happens in the charity and identifies any gaps in understanding which could be filled by discussion, learning, research or information</p>	<p>Council receives regular updates on EDI activity within the organisation via the CEO report to Council. Furthermore, Council members receive training on current EDI trends and best practice as well as updates on how EDI is progressing against plans within the organisation.</p>	
<p><b>6.4.3</b> The board regularly assesses:  <b>6.4.3.1</b> the charity’s approach to equality, diversity and inclusion, using available data and, where applicable, lived experience  <b>6.4.3.2</b> its own practice including:  <ul style="list-style-type: none"> <li>■ the diversity of trustees’ backgrounds and perspectives in its regular board skills audit to identify imbalances and gaps</li> <li>■ any bias in trustee recruitment and selection</li> <li>■ where applicable, how the communities and people that the charity serves are included and centred in decision making</li> <li>■ how meetings and board information can be made more accessible and how to provide resources to support this</li> <li>■ how to create a meeting environment in which behaving inclusively is the norm, all</li> </ul> </p>	<ul style="list-style-type: none"> <li>■ Council has regular opportunity to assess the organisations approach to EDI via updates and annual reporting.</li> <li>■ Alongside ongoing efforts to source and recruit from wider diverse backgrounds the Council introduced the Council Associates Scheme to expand diversity on the council</li> <li>■ Where Council members, registrants and the public have identified accessibility needs, we have taken steps to support them.</li> <li>■ Council meetings provide a safe space for constructive challenge, and it is evident that members feel able to speak up about their views. However, this is always under review and as Council endeavours to become more diverse this will need to be monitored</li> </ul>	<p>Council is in the process of developing its next five-year EDI strategy, and this will include plans to further support accessibility and remove barriers to participation in the information that is produced for our public Council meetings. In addition to this, Council is continuing to explore how it can develop its own diversity in terms of membership and the input it seeks from others.</p> <p>A review of member recruitment data is underway to identify areas for improvement in terms of recruitment practices to ensure accessibility for applicants and wider diversity of Council members.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>voices are equal, and trustees can constructively challenge each other</p> <ul style="list-style-type: none"> <li>■ how the board demonstrates inclusive behaviours in its decision making and how it engages with staff (where they exist), volunteers, members, service users and beneficiaries.</li> </ul>	<p>carefully. Feedback from Council members is actively encouraged in order to improve inclusivity.</p> <ul style="list-style-type: none"> <li>■ Council continues to receive interaction with staff, members, service users and stakeholders via opportunities in training, learning and awareness raising. EDI training was undertaken most recently in June 2023.</li> </ul>	
<p><b>6.4.4</b> The chair regularly asks for feedback on how meetings can be made more accessible and how to create an environment where trustees can constructively challenge each other and all voices are equally heard.</p>	<p>Freedom to speak honestly and openly with Council is encouraged and attendees at Council meetings are invited to give feedback on any concerns.</p>	<p>Requests for feedback on matters of accessibility could be made more explicit. Council could implement an internal commitment to encouraging constructive challenge and potentially undertake active bystander training.</p>
<p><b>6.5</b> Setting context specific and realistic plans and targets</p>		
<p><b>6.5.1</b> The board sets a clear organisational approach to equality, diversity and inclusion in line with the charity’s aims, strategy, culture and values. This is supported by appropriate plans, policies, milestones, targets and timelines.</p>	<p>Council is responsible for the overall control of our organisation, including agreeing EDI strategy and holding the executive to account for its delivery. To that end, the EDI Annual Report provides an outline of the work undertaken during the year and provides narrative about progress against the actions in our EDI Strategy 2020-2024. As such, Council is sighted on relevant EDI plans, policies, milestones, targets and timelines.</p>	
<p><b>6.5.2</b> The board uses the findings from its assessments to make context-specific and regularly reviewed plans and targets for:</p> <ul style="list-style-type: none"> <li>■ equality, diversity and inclusion training for board members</li> </ul>	<ul style="list-style-type: none"> <li>■ The Council Associate Scheme demonstrates the Council’s commitment to diversifying the membership</li> <li>■ Previously unconscious bias training has been provided to Council and new training on</li> </ul>	<p>Council will be asked to consider the new Equality, Diversity and Inclusion Policy in Q4 23/24 – this will be accompanied by a revised EDI action plan.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<ul style="list-style-type: none"> <li>■ inclusive boardroom culture, practices and behaviours</li> <li>■ board evaluation or training to address any power imbalances between trustees</li> <li>■ removing, reducing and preventing obstacles to people being trustees</li> <li>■ attracting a diverse group of candidates for new trustee roles and providing an inclusive induction for new trustees</li> <li>■ recruiting a diverse board that addresses imbalances and any gaps that have been found</li> <li>■ promoting inclusive behaviours and cultures to the wider organisation</li> </ul>	<p>Inclusion Essentials has been made available for all members</p>	
<b>6.6 Taking action and monitoring performance</b>		
<p><b>6.6.1</b> The board ensures that there are appropriate arrangements and resources in place to monitor and achieve the organisation’s equality, diversity and inclusion plans and targets, including those relating to the board.</p>	<p>Progress against the EDI action plan has been reported to Council via the EDI annual report. The Council is asked to consider equalities implications as part of its decision making, and this will include key resource decisions. Remuneration Committee has delegated responsibility to consider all policies and work within the committee’s remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.</p>	
<p><b>6.6.2</b> The board creates and maintains inclusive cultures, practices and behaviours in all its decision making. It promotes and</p>	<p>Council’s visible support for organisational EDI activities as well as increased visibility to staff demonstrates inclusive behaviours. Examples of this include Council speaking to</p>	<p>At the moment this tends to be anecdotal, so there is some work to do here to evidence that the membership promotes and demonstrates inclusive behaviours and</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
demonstrates inclusive behaviours and cultures to the wider organisation.	staff regarding Black History Month, as well as attendance at all staff meeting where an Optometrist spoke about their work.	cultures to the wider organisation. The new EDI strategy and action plan will support specific actions to develop this area in the 2025-30 strategy.
<b>6.6.3</b> The board regularly monitors and actively implements its plans and targets established under 6.5.2.	Council minutes evidence how the board addresses the EDI work undertaken during the year and provides commentary about feedback provided.	
<b>6.6.4</b> The board leads the organisation’s progress towards achieving its equality, diversity and inclusion plans and targets. It receives regular updates from the organisation including challenges, opportunities and new developments.	Council receives EDI updates via the CEO report, also there are opportunities for staff to present EDI activities or events, such as Black History Month	There is more to do in terms of identifying EDI trends and horizon scanning for Council and understanding/acting on the implications. The new EDI strategy and action plan will support specific actions to develop this area in the 2025-30 strategy.
<b>6.6.5</b> The board periodically takes part in learning and/or reflection about equality, diversity and inclusion and understands its responsibilities in this area. It acts on any gaps in its understanding and looks at how board practice, culture and behaviour are affected by these gaps	In previous years Council have received unconscious bias training and more recent EDI training.	Further work is needed in terms of identifying gaps and understanding/acting on the implications. The new EDI strategy and action plan will support specific actions to develop this area in the 2025-30 strategy.
<b>6.7 Publishing performance information and learning</b>		
<p><b>6.7.1</b> The board regularly publishes:</p> <p><b>6.7.1.1</b> information on its progress towards achieving its equality, diversity and inclusion plans and targets, including challenges, opportunities and learning. This could include the:</p> <ul style="list-style-type: none"> <li>■ charity’s organisational approach to equality, diversity and inclusion in line with its aims, strategy, culture and values,</li> <li>■ board’s culture, practices and behaviours</li> </ul>	The Council will receive a comprehensive annual Equality, Diversity and Inclusion Annual Report that includes the annual EDI data monitoring report, this outlines the work undertaken during the year and provides a progress against the actions in our EDI Strategy 2020-2024.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
■ board’s composition and make-up <b>6.7.1.2</b> its plans to tackle any organisational or board inequalities and gaps that have been identified.		

<b>Principle 7 – Openness and accountability:</b> The board leads the organisation in being transparent and accountable.	
<p><b>Rationale</b> The public’s trust that a charity is delivering public benefit is fundamental to its reputation and success, and by extension, the success of the wider sector. Making accountability real, through genuine and open two-way communication that celebrates successes and demonstrates willingness to learn from mistakes, helps to build this trust and confidence and earn legitimacy.</p>	<p><b>Key outcomes</b>  <b>7.1</b> The organisation’s work and impact are appreciated by all its stakeholders.  <b>7.2</b> The board ensures that the charity’s performance and interaction with its stakeholders are guided by the values, ethics and culture put in place by the board. Trustees make sure that the charity collaborates with stakeholders to promote ethical conduct.  <b>7.3</b> The charity takes seriously its responsibility for building public trust and confidence in its work.  <b>7.4</b> The charity is seen to have legitimacy in representing its beneficiaries and stakeholders.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<b>7.5</b> Communicating and consulting effectively with stakeholders		
<p><b>7.5.1</b> The board identifies the key stakeholders with an interest in the charity’s work. These might include users or beneficiaries, staff, volunteers, members, donors, suppliers, local communities and others.</p>	<p>Council makes use of statutory advisory committees to inform its decisions and undertakes a regular programme of bilateral and multilateral meetings with a wide range of stakeholders. The GOC pursues co-production approaches in policy development, consults on proposals and participates in external consultations led by others as required.</p>	
<p><b>7.5.2</b> The board makes sure that there is a strategy for regular and effective communication with these stakeholders about the charity’s purposes, values, work and achievements, including information that enables them to measure the charity’s success in achieving its purposes.</p>	<p>Council approved a new Communications and Public Affairs Strategy at its meeting on 22 March 2023. It is regularly updated with stakeholder engagement at Council meetings, through the CEO report and specific strategy updates. Relevant communications to stakeholders are copied to Council Members for their information keeping them up to date with progress.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p><b>7.5.3</b> As part of this strategy, the board thinks about how best to communicate how the charity is governed, who the trustees are and the decisions they make.</p>	<p>Council is very prominent on the website, and, as Council meetings are held in public many stakeholder groups are aware of the governance mechanisms in place. Should members of the public need to find out more about the GOC's governance the website is very informative.</p>	
<p><b>7.5.4</b> The board ensures that stakeholders have an opportunity to hold the board to account through agreed processes and routes, for example question and answer sessions.</p>	<p>There have not been any specific question and answer sessions with the Council and stakeholders.</p>	<p>Council to consider permitting one public question and answer session as a pilot at a future meeting.</p>
<p><b>7.5.5</b> The board makes sure there is suitable consultation with stakeholders about significant changes to the charity's services or policies.</p>	<p>We tendered for a new consultation platform in 2023-24 with increased functionality. This will launch in early 2024.</p> <p>In previous years, we used our website to publicly consult on our a) call for evidence on the Opticians Act and consultation on associated GOC policies, b) illegal practice strategy review, c) education and training requirements for entry to the GOC register as a contact lens optician, d) education and training requirements for specialist entry to the GOC register (additional supply, supplementary prescribing and independent prescribing), e) remote hearings experience, f) hearings and indicative sanctions guidance, g) service of statutory notices by email policy, h) remote hearings protocol i) CET exceptions policy j) updating gender on the register (closed 20 March 2023) k) consultation on managing applications for GOC registration from optical professionals who have qualified</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>outside the UK or Switzerland (closed 4 October 2023)</p> <p>l) statement on verification of contact lens specifications and definition of aftercare (closed 24 October 2023)</p>	
<b>7.6</b> Developing a culture of openness within the charity		
<p><b>7.6.1</b> The board gets regular reports on the positive and negative feedback and complaints given to the charity. It demonstrates that it learns from mistakes and uses this learning to improve performance and internal decision making.</p>	<p>ARC receive a quarterly compliance report which includes the number and type of complaints that have been received. Urgent complaints affecting reputation or finance are reported immediately to the Chair and Council informed, this would be for instance when it was necessary for the GOC to file a serious incident report with the Charity Commission and in these circumstances, Council has been fully informed.</p>	<p>Customer complaints policy due for review in Q4 23/24. Additional reporting information is being considered.</p>
<p><b>7.6.2</b> The board makes sure that there is a transparent, well-publicised effective, and timely process for making and handling a complaint, and that any internal or external complaints are handled constructively, impartially and effectively.</p>	<p>Council is provided with assurance via ARC from quarterly reports. ARC is tasked with approving the Complaints Policy which was reviewed in 2021-22</p>	
<p><b>7.6.3</b> The board keeps a register of interests for trustees and agrees an approach for how these are communicated publicly in line with Principle 3.</p>	<p>Registers of interest are kept for Council and Council Committees and published for each individual meeting on an ongoing basis so members can check their entries at least quarterly. Declarations of interest for all Council Members are published on the website:</p>	
<p><b>7.6.4</b> Trustees publish the process for setting the remuneration of senior staff, and their remuneration levels, on the charity's websites and in its annual report.</p>	<p>The levels of Senior Management Team remuneration are published in the annual report alongside the process.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	During 23-24 the Remuneration Committee approved a new executive pay and reward framework which was approved.	
<b>7.7 Member engagement</b>		
<p><b>7.7.1</b> In charities where trustees are appointed by an organisational membership wider than the trustees, the board makes sure that the charity:</p> <ul style="list-style-type: none"> <li>■ has clear policies on who can be a member of the charity</li> <li>■ has clear, accurate and up-to-date membership records</li> <li>■ tells members about the charity's work</li> <li>■ looks for, values and takes into account members' views on key issues</li> <li>■ is clear and open about the ways that members can participate in the charity's governance, including, where applicable, serving on committees or being elected as trustees.</li> </ul>	N/A	

**Council**

**Financial performance report for the period ending 30 September 2023 and Q2 forecast of 2023/24**

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**Meeting:** December 2023

**Status:** for noting

**Lead responsibility:** Yeslin Gearty  
(Director of Corporate Services)

**Paper author:** Manori Wickremasinghe  
(Chief Financial Officer)

**Purpose**

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1. To provide a summary of the financial reports and the latest forecast for the 2023/24 financial year presented to ARC at its meeting on 21 November 2023.

**Recommendations**

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2. Council is asked to:
  - **note** the financial performance for the six months ending 30 September 2023 in annex one
  - **note** the Q2 forecast for the current 2023-24 financial year in annex two.

**Strategic objective**

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

**Background**

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4. The forecast for 2023/24 relates to year 4 of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

**Analysis**

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5. There are two financial reports for review at this meeting as listed below:
  - Six-month actual performance to 30 September 2023; annex one
  - Q2 forecast including 5-year projections through to March 2028; annex two.
6. The results of the 30 September 2023 financial performance report (FPR) (annex one) show surplus for both BAU and for strategic expenditure. BAU surplus of £629k and the surplus before unrealised portfolio gains/losses show positive variances to both budget and the Q1 forecast. The report includes highlights, key performance indicators, risks, and recommendations.

## **PUBLIC**

7. The continued risks of increased costs in hearings and case progression related external legal costs are being reviewed in detail. Whilst the increased costs are captured in the Yrs. 1-2 of the forecast, detailed work is underway in reviewing causes, managing the risks, and finding suitable solutions.
8. The five-year forecast updated in October 2023 also analyses highlights, key performance indicators, risks, and assumptions for the five-year period. Our focus continues to remain financially stable (breakeven or better) for BAU operations over the period of the five-year financial forecast, in line with Council's financial risk appetite. This enables us to ensure our long-term financial stability, management or optimum reserve levels, and achievement of our strategic objectives.
9. The forecast forms part of a larger five-year forecast which enables us to make better decisions regarding authorisation and commissioning of new projects, working capital, cash flow, and reserves management.
10. Further analysis, assumptions, and risks are included in the reports (annexes one and two).

### **Finance**

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

### **Risks**

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12. The following risks are associated with finance, as identified in the finance risk register:
  - The GOC fails to deliver value for money
  - The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively
  - Capability and resilience: Small teams lead to over-reliance on particular individuals, causing burnout, errors and/or impacting organisational delivery if absent or on departure.
13. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

### **Equality Impacts**

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14. No equality impact has been undertaken.

### **Devolved nations**

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15. There are no implications for the devolved nations.

### **Communications**

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#### **External communications**

## **PUBLIC**

16. None planned.

### **Internal communications**

17. The financial report and the forecast are shared with the Leadership Team and SMT as part of the regular financial reporting process.

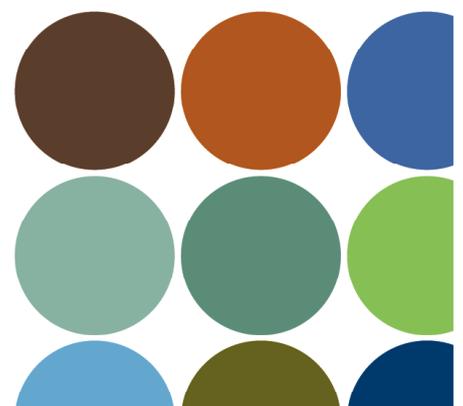
### **Attachments**

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Annex one: Financial performance report for the period ending 30 September 2023.

Annex two: Q2 Forecast for 2023-24.

# Financial Performance Report for the period ending 30 September 2023



## **C58(23) ANNEX ONE**

### **General Optical Council Financial performance report for 6 months ending 30 September 2023**

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Income and Expenditure Accounts incl. Project Expenditure (Table B)	12
Balance Sheet	13
Portfolio Overview	14

**G O C :- Summary P & L to 30 Sept 2023**

General Optical Council

Financial performance report for 6 months ending 30 September 2023

	Actual £000's	Budget £000's	Variance £000's	Q1 Forecast £000's	Variance £000's
Registrant Income	5,481	5,435	46	5,461	20
Other Income	234	142	92	228	6
Expenses - BAU	(5,086)	(5,530)	444	(5,255)	170
<b>Surplus / (Deficit) -BAU</b>	<b>629</b>	<b>47</b>	<b>582</b>	<b>433</b>	<b>196</b>
Project expenditure	(492)	(851)	359	(694)	202
<b>Surplus / (Deficit)-before portfolio Gains/Losses</b>	<b>137</b>	<b>(804)</b>	<b>941</b>	<b>(262)</b>	<b>398</b>

**Highlights**

The results before unrealised portfolio gains/losses for the period ending 30 September 2023, show a positive variance of £941k against the budget and £398k against the Q1 forecast. The business as usual (BAU) results before strategic projects show a positive variance of £582k against the budget and £196k against the forecast.

The total registrant income of £5,481k is £46k favourable to the budget and £20k against the forecast. The total expenditure (including projects) of £5,578k is £803k favourable to the budget and £372k against the forecast.

**Key drivers of the improved financial performance**

Key drivers for positive variance were a combination of delayed expenses, savings, staff vacancies, and errors in forecasting. There were additional expenses that reduced the surplus, but savings were higher than additions (ref. Tables 3-4 – page 8).

Many variances were due to unknown or uncertain costs and/or timings during the forecast stage. There were no common themes between areas of variances, but we have identified several broad categories. Some, such as forecast and purchase order errors, are already being addressed through discussions with relevant departments. In the main the variations to forecast across 11 different departmental budgets are relatively low. We continue to analyse the reasons for differences in forecasting and our overall approach which is aligned to our financial risk appetite.

**Risks for achieving the forecast**

The key risks in achieving the BAU forecast are associated with additional unplanned external legal costs within case progression and managing increased costs associated with a sharp increase in number of hearings days per case.

The costs of externally commissioned legal advice and advocacy within case progression have steadily increased since the approved budget. The approved budget relied upon increasing the use of direct access barristers secured through chambers; this plan has proved challenging given increases in chamber fees, and issues with their reliability, availability, and the negative impact of cancellations at short notice. This has resulted in case progression seeking legal advice and advocacy services from our more expensive panel firms. Delays, and not identifying complex legal cases early enough, may also have increased BAU external legal case costs in case progression.

### General Optical Council

### Financial performance report for 6 months ending 30 September 2023

Although hearing panel costs did not increase during the period, there is a high risk of volatility in this business area, and of future costs increasing over reforecast levels. The reforecast has increased considerably from the approved budget. The current period was not affected due to (1) a cancellation, (2) a delay of a large case, and (3) an inaccurate accrual impacting the current forecast.

The average number of hearing days to conclude a case has increased significantly from 2019-20. Currently, there is a difficulty in accurately forecasting the number of hearing days required per case as well as forecasting whether a hearing (or part of a hearing) might be conducted face-to-face or remotely.

The prompt scheduling of cases for hearings has been prioritised over reducing costs, as agreed by SMT and ARC at the Q1 report review, as otherwise, it will negatively impact on efficiency, our ability to meet PSA timeless requirements, and fair justice.

There is a long-term risk in not identifying solutions to address both case progression and hearings issues mentioned above.

#### **Future Impacts (So what?)**

The significant increase in the average number of hearing days to conclude a case number, the number of cases progressed to hearings and the impact of complex cases on the number of hearing days is being reviewed by the team, and plans include commissioning an external rapid review to better understand the underlying reasons and range of potential solutions.

Delays in operations would impact our cash drawdown plans. We will require cash drawdowns if the cost of activities shift towards the “cash-poor months” (Nov-Jan.). Reviewing the cash position (Ref. table 1 – page 7) this risk is minimal under the Q1 forecast.

Any delays costs or risks not managed on time will impact our objective of achieving a balanced BAU budget. Future Q3 re-forecasts will address such risks.

Although there are positive financial variances and delays highlighted in this financial report, they are not compared with business plans. This activity needs to be developed and will be a focus for 2024-25.

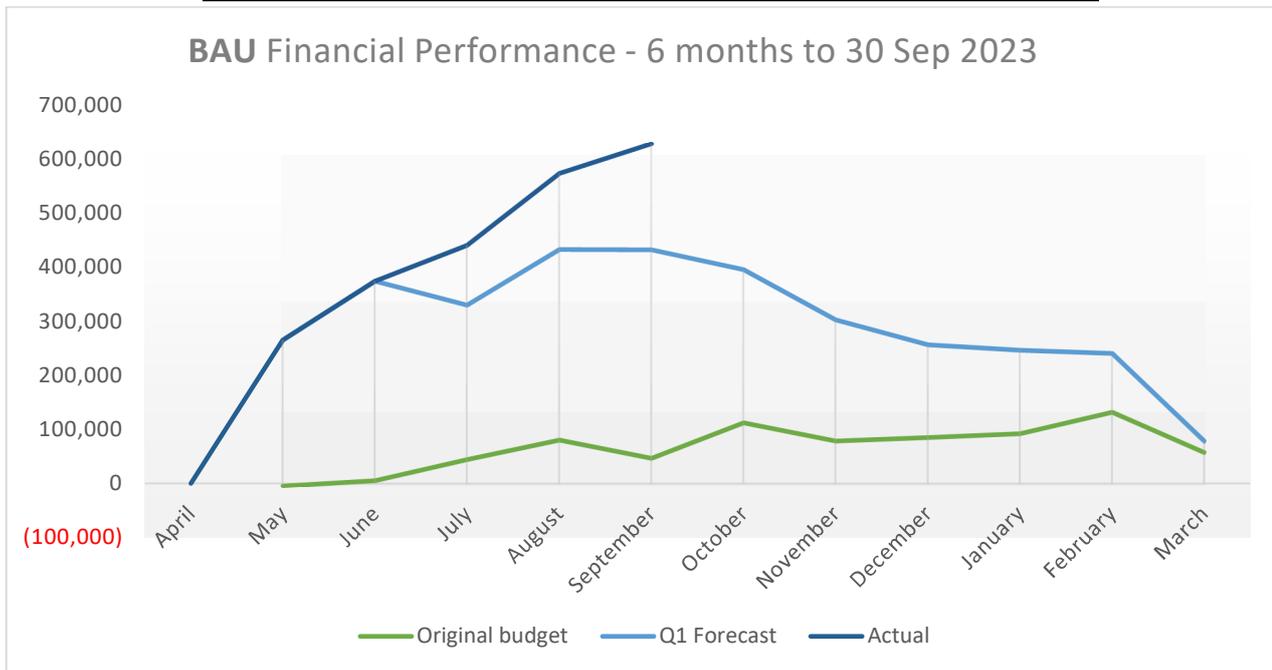
The staffing resources currently constitute 55% of the total expenditure (including strategic expenditure). Any material staffing vacancies will impact achieving our current business plan. We are a relatively small organisation and the realisation of our business plans

**General Optical Council  
Financial performance report for 6 months ending 30 September 2023**

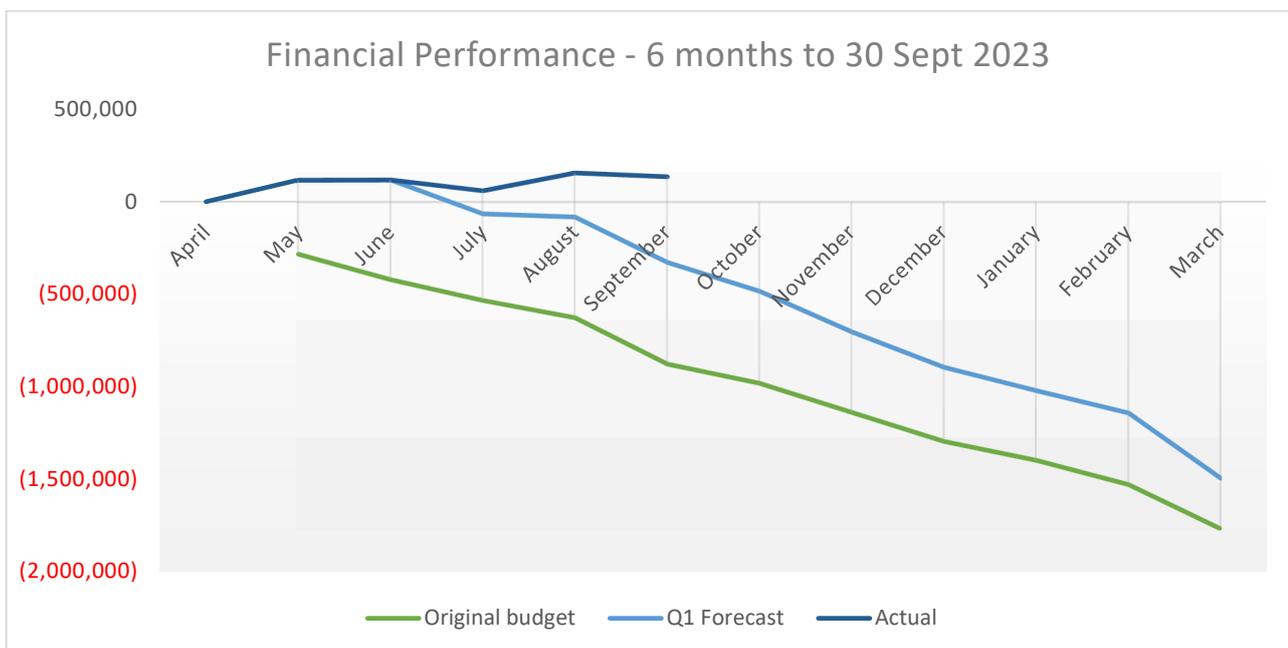
depends on small teams which are reliant on relatively few staff members in several key areas. The risk of vacancies can cause the loss of important knowledge and delays to projects of activity. The new pay and reward policy is in part designed to help mitigate against this risk.

The assumption is that all delayed operations will be re-planned at a later month in the current year; however some operations may slip to year 2.

**Graphical analysis on Financial Performance and Variance**



Graph 1



General Optical Council  
Financial performance report for 6 months ending 30 September 2023

Graph 2

Analysis of Expenditure

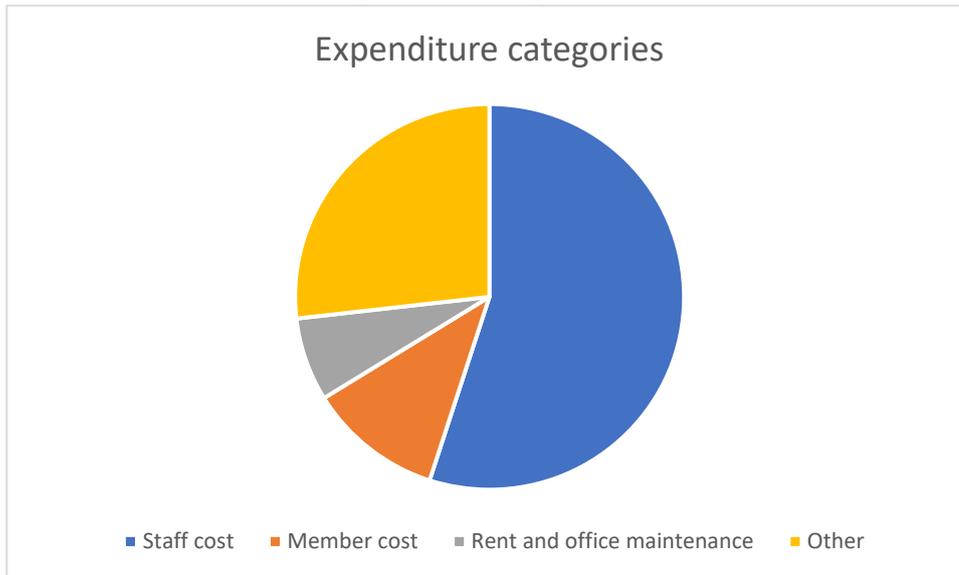


Chart 1

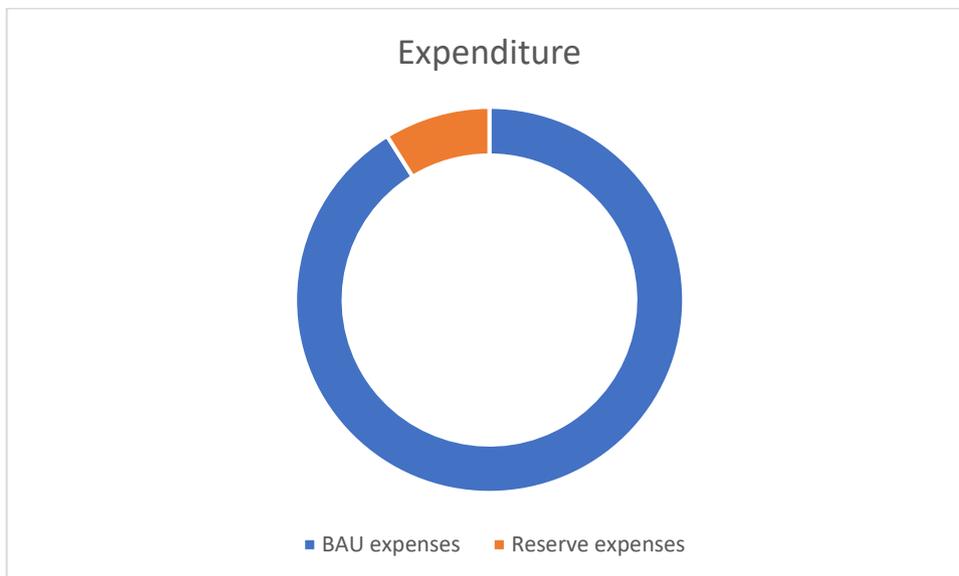
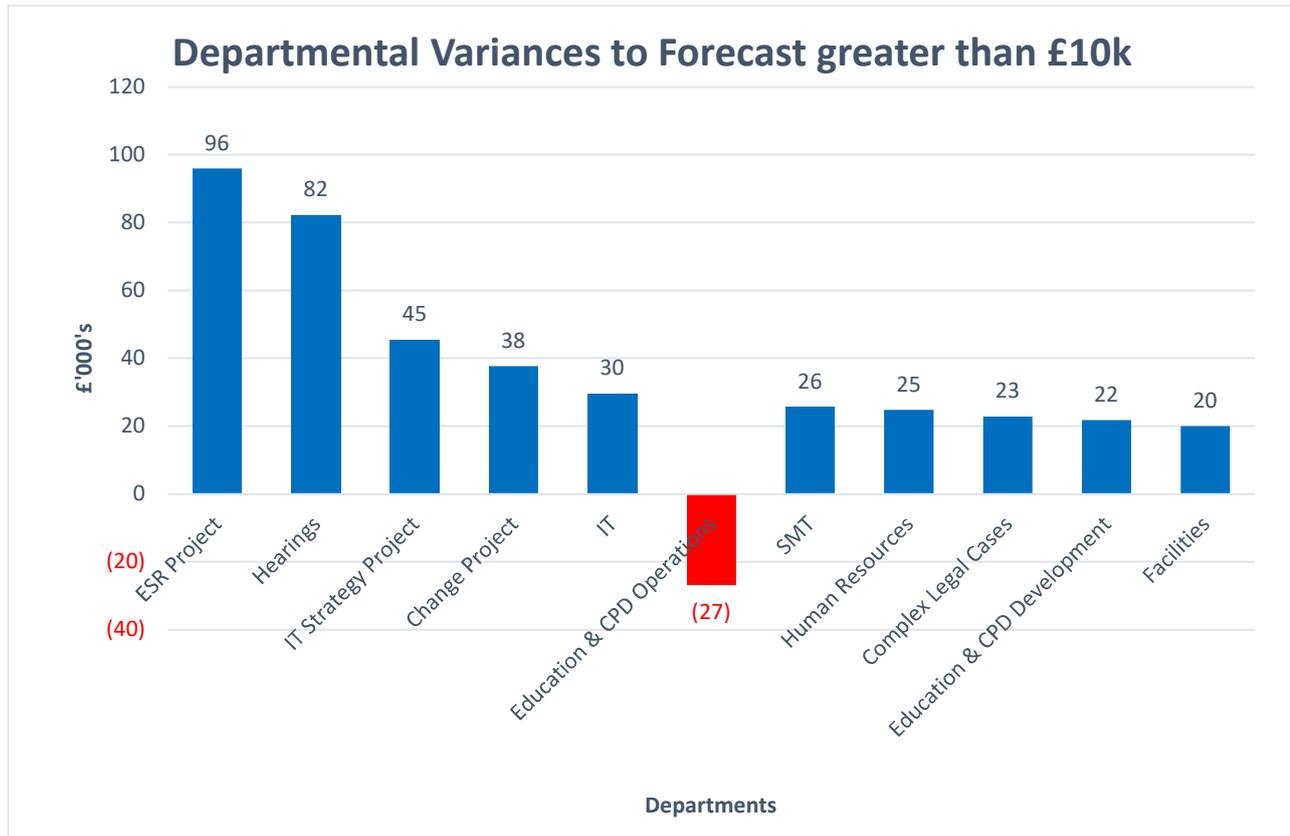


Chart 2

**General Optical Council  
Financial performance report for 6 months ending 30 September 2023**



Graph 3

**Cash and Cash Equivalent Summary - 30 Sept 2023**

	Actual £'000	Budget £'000	Variance £'000	Q1 Forecast £'000	Variance £'000
Cash at Bank	1,780	349	1,431	941	839
Short term Investments	3,500	3,500	0	3,500	0
<b>Working Capital</b>	<b>5,280</b>	<b>3,849</b>	<b>1,431</b>	<b>4,441</b>	<b>839</b>
Investments	8,543	8,712	(169)	8,695	(152)
<b>Total</b>	<b>13,823</b>	<b>12,561</b>	<b>1,262</b>	<b>13,136</b>	<b>687</b>

Table 1

**General Optical Council  
Financial performance report for 6 months ending 30 September 2023**

**Headcount Sept 2023 (F T E's)**

	Actual FTC* Sep-23	Actual Perm. Sep-23	Actual Total Sep-23	Budget Sep-23	Q1 Forecast Sep-23
Chief Executive Office	-	8.0	8.0	9.0	9.0
Regulatory Strategy	-	20.8	20.8	25.9	25.6
Regulatory Operations	5.0	31.8	36.8	39.0	40.0
Corporate Services	3.8	17.4	21.2	20.4	26.4
Change	6.0	7.4	13.4	17.0	15.0
<b>Total Headcount</b>	<b>14.8</b>	<b>85.4</b>	<b>100.2</b>	<b>111.3</b>	<b>116.0</b>

Table 2

**Analysis of BAU expense variance September**

Savings	£'000
Efficiency	0
Savings	90
Staff vacancy gaps (excluding efficiency measures)	52
Delays and timing (uncertain)	118
Forecast errors	17
Others	15
<b>Additional expenses</b>	<b>292</b>
Additions	(104)
Accounting, PO, coding errors	(18)
<b>Total Expense Variance</b>	<b>170</b>

Table 3

**Analysis of net savings over past quarters (BAU exp.)**

Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	9	-			9
Savings	158	90			248
Staff vacancy gaps	67	52			119
Additions	(180)	(104)			(284)
<b>Net savings/(overspend)</b>	<b>54</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>92</b>

Table 4

**General Optical Council**  
**Financial performance report for 6 months ending 30 September 2023**

**Table A**  
**Income and Expenditure Accounts**

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	5,481	5,435	46	5,481	5,461	20
Dividend Income	125	132	(6)	125	125	(0)
Bank & Deposit Interest	102	5	97	102	98	4
Other Income	7	5	2	7	5	2
<b>Total Income</b>	<b>5,715</b>	<b>5,577</b>	<b>138</b>	<b>5,715</b>	<b>5,688</b>	<b>26</b>
<b>Expenditure</b>						
<b>Executive Office</b>						
CEO's Office	85	165	80	85	110	26
Governance	306	357	51	306	312	7
<b>Total Executive</b>	<b>391</b>	<b>522</b>	<b>131</b>	<b>391</b>	<b>423</b>	<b>32</b>
<b>Regulatory Strategy</b>						
Director of Regulatory Strategy	56	56	1	56	56	0
Policy	179	271	92	179	184	4
Communications	130	145	15	130	126	(4)
Education & CPD Operations	311	371	60	311	284	(27)
Education & CPD Development	84	159	75	84	105	22
<b>Total Regulatory Strategy</b>	<b>759</b>	<b>1,001</b>	<b>242</b>	<b>759</b>	<b>755</b>	<b>(4)</b>
<b>Regulatory Operations</b>						
Director of Regulatory Operations	65	66	0	65	66	0
Case Progression	1,097	1,103	7	1,097	1,094	(3)
Legal	103	105	3	103	104	2
Hearings	737	691	(46)	737	819	82
<b>Total Regulatory Operations</b>	<b>2,001</b>	<b>1,965</b>	<b>(36)</b>	<b>2,001</b>	<b>2,083</b>	<b>82</b>
<b>Corporate Services</b>						
Director of Corporate Services	58	67	9	58	58	(0)
Facilities	547	566	19	547	567	20
Human Resources	181	256	74	181	206	25
Finance	237	223	(15)	237	227	(10)
Registration	391	349	(42)	391	386	(5)
<b>Total Corporate Services</b>	<b>1,415</b>	<b>1,460</b>	<b>45</b>	<b>1,415</b>	<b>1,445</b>	<b>30</b>

## General Optical Council

## Financial performance report for 6 months ending 30 September 2023

Table A (Contd.)

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	459	509	51	459	488	30
Depreciation	61	72	11	61	61	1
<b>Total Expenditure</b>	<b>5,086</b>	<b>5,530</b>	<b>444</b>	<b>5,086</b>	<b>5,255</b>	<b>170</b>
<b>Surplus / (Deficit) before project expenditure</b>	<b>629</b>	<b>47</b>	<b>582</b>	<b>629</b>	<b>433</b>	<b>196</b>
<b>Project Expenditure</b>						
Education Strategic Review project	131	238	107	131	227	96
IT Strategy Project	52	134	82	52	97	45
Change	270	320	51	270	307	38
Complex Legal Cases	28	108	81	28	51	23
Call for Evidence Research	0	0	0	0	0	0
Potential Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	12	50	39	12	12	0
Case Management Project	0	0	0	0	0	0
<b>Total Project expenditure</b>	<b>492</b>	<b>851</b>	<b>359</b>	<b>492</b>	<b>694</b>	<b>202</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>137</b>	<b>(804)</b>	<b>941</b>	<b>137</b>	<b>(262)</b>	<b>398</b>
Investment gains	(129)	138	(267)	(129)	(7)	(122)
<b>Surplus / Deficit</b>	<b>8</b>	<b>(666)</b>	<b>674</b>	<b>8</b>	<b>(268)</b>	<b>276</b>

## General Optical Council

## Financial performance report for 6 months ending 30 September 2023

**Table B**  
Income and Expenditure Accounts Including Project Expenditure

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	5,481	5,435	46	5,481	5,461	20
Dividend Income	125	132	(6)	125	125	(0)
Bank & Deposit Interest	102	5	97	102	98	4
Other Income	7	5	2	7	5	2
<b>Total Income</b>	<b>5,715</b>	<b>5,577</b>	<b>138</b>	<b>5,715</b>	<b>5,688</b>	<b>26</b>
<b>Expenditure</b>						
Staff Salaries Costs	2,954	3,165	210	2,954	3,039	84
Other Staff Costs	60	136	77	60	110	51
Staff Benefits	53	62	8	53	56	2
Members Costs	626	684	59	626	694	68
Professional Fees	236	402	166	236	301	65
Finance Costs	88	81	(6)	88	89	1
Case Progression	469	496	27	469	467	(2)
Hearings	146	143	(3)	146	155	8
CPD & Standards	56	39	(17)	56	38	(18)
Communication	14	30	16	14	14	0
Registration	6	9	2	6	9	3
IT Costs	306	414	109	306	382	77
Office Services	491	501	11	491	498	8
Other Costs	1	96	95	1	25	24
Depreciation & Amortisation	73	122	50	73	73	1
<b>Total Expenditure</b>	<b>5,578</b>	<b>6,381</b>	<b>803</b>	<b>5,578</b>	<b>5,950</b>	<b>372</b>
<b>Surplus / Deficit</b>	<b>137</b>	<b>(804)</b>	<b>941</b>	<b>137</b>	<b>(262)</b>	<b>398</b>
Unrealised Investment gains	(129)	138	(267)	(129)	(7)	(122)
<b>Surplus / (Deficit)</b>	<b>8</b>	<b>(666)</b>	<b>674</b>	<b>8</b>	<b>(268)</b>	<b>276</b>
<b>Staff cost to total expenditure ratio</b>	<b>55%</b>	<b>53%</b>		<b>55%</b>	<b>54%</b>	

## C58(23) ANNEX ONE

### General Optical Council Financial performance report for 6 months ending 30 September 2023

#### Balance Sheet as at 30 September 2023

	2022-23 30 September 2023 £'000	2021-22 31 March 2023 £'000	Variance £'000
<b>Fixed Assets</b>			
Refurbishment	480	517	(37)
Furniture & Equipment	71	87	(16)
IT Hardware	33	32	1
IT software	30	42	(12)
Capital Work in Progress	33	65	32
<b>Total Tangible Fixed Assets</b>	<b>647</b>	<b>742</b>	<b>(32)</b>
Investment	8,543	8,694	(151)
<b>Total Fixed Assets</b>	<b>9,189</b>	<b>9,436</b>	<b>(247)</b>
<b>Current Assets</b>			
Debtors, Prepayments & Other Receivable	488	433	55
Short term deposits	3,500	8,950	(5,450)
Cash and monies at Bank	1,780	1,253	527
<b>Total Current assets</b>	<b>5,768</b>	<b>10,637</b>	<b>(4,869)</b>
<b>Current Liabilities</b>			
Creditors & Accruals	942	1,138	(196)
Income received in advance	5,153	10,078	(4,925)
<b>Total Current Liabilities</b>	<b>6,094</b>	<b>11,216</b>	<b>(5,122)</b>
<b>Current Assets less Current Liabilities</b>	<b>(326)</b>	<b>(579)</b>	<b>253</b>
<b>Total Assets less Current Liabilities</b>	<b>8,863</b>	<b>8,857</b>	<b>6</b>
Long Term Liabilities	0	0	0
<b>Total Assets less Total Liabilities</b>	<b>8,863</b>	<b>8,857</b>	<b>6</b>
<b>Reserves</b>			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	900	900	0
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	4,013	4,007	6
<b>Total</b>	<b>8,863</b>	<b>8,857</b>	<b>6</b>

Investment portfolio analysis

## General Optical Council Financial performance report for 6 months ending 30 September 2023

PORTFOLIO P0000839075 VALUATION DATE 30 Oct 2023

### Portfolio Overview

LAST 12 MONTHS PERFORMANCE  
**1.01%** ↑

TOTAL VALUE  
**8,222,790.29 GBP**

ESTIMATED ANNUAL INCOME  
**242,700.42 GBP**

OWNER(S)  
General Optical Council

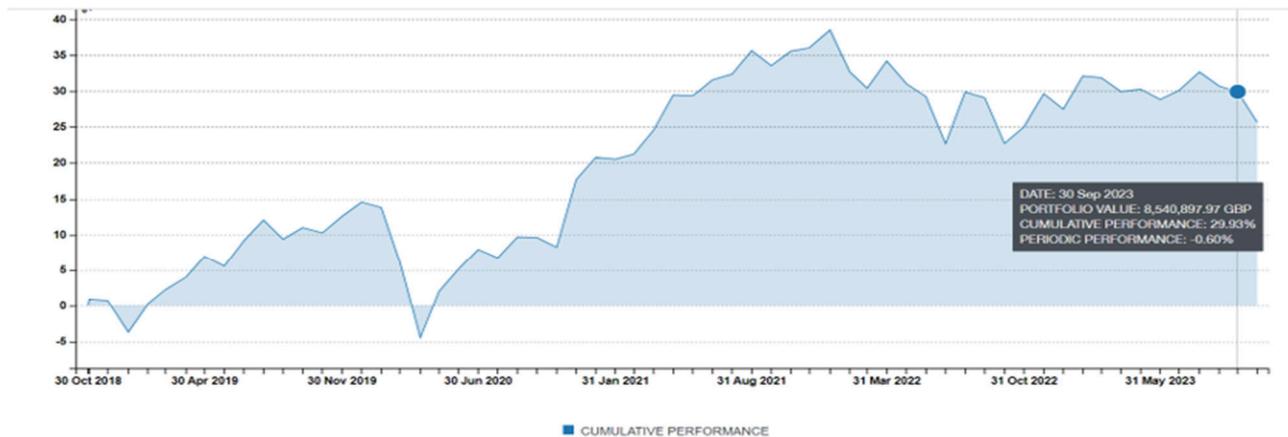
PORTFOLIO DESCRIPTION  
Investment Portfolio

INVESTMENT OBJECTIVE  
Income and Capital Growth

MANAGEMENT TYPE  
Discretionary

RISK PROFILE  
Risk Level 6

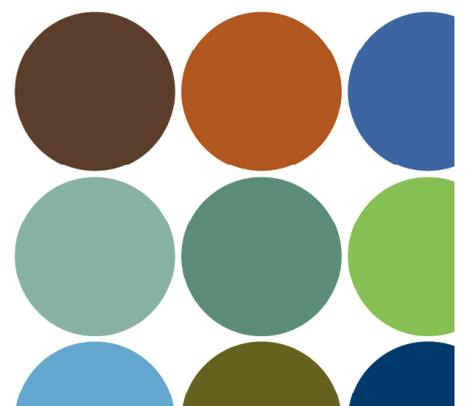
### Performance over the past five years



### Last 5 Years Performance

The portfolio has reduced from £8,541k to £8,223k by 28<sup>th</sup> October. Short-term volatility should be ignored in long-term investments. This only affects GOC if there is a large drawdown planned and the value decreases during the period.

# Q2 Forecast for 2023-24



<b>Contents</b>	<b>Page</b>
<b><u>Q2 Forecast – 2023-24</u></b>	
Highlights	3
Key drivers	3
Risks and plans to mitigate	4
Income and Expenditure	5 - 6
Reserves Analysis	8 – 9
Headcount	10
Assumptions	10-12
Risks not covered	12
Drawdown plan	12
Cash-flow projections	13

**Q2 Forecast 2023/24**

	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Variance to Budget £'000	Variance to Q1 Forecast £'000
Income	11,012	11,154	11,186	174	32
Expenditure (BAU)	10,952	11,077	11,054	(102)	23
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>60</b>	<b>77</b>	<b>132</b>	<b>72</b>	<b>55</b>
Reserve (Strategic & legal) Expenditure	1,814	1,571	1,383	431	188
Surplus / (Deficit) after project expenditure	(1,754)	(1,494)	(1,252)	503	243
Unrealised Investment gains	275	79	(34)	(309)	(113)
<b>Surplus / (Deficit)</b>	<b>(1,479)</b>	<b>(1,415)</b>	<b>(1,286)</b>	<b>194</b>	<b>130</b>

Net Profit Margin	-16%	-13%	-11%
Variance to Budget*	N/A	3%	5%

\* Approved tolerance level as per KPI reporting = +/- 10%

**Highlights**

The above table compares the Q2 forecast with the approved budget as well as previous forecast made in July '23. The latest Q2 forecast for 2023/24 has increased the surplus from BAU activities.

Annual income, mainly registration, is used for BAU expenditure. The reserve expenditure which are strategic or contingent by nature, is designed to spend from the reserves (ref. movement in reserves – page 8).

In addition to the approved strategic projects, funds are earmarked for potential projects including IT projects from year 3. The risks not covered by the forecast are identified on page 12. We will continue to monitor these risks and add them to our future forecasts when suitable.

The forecast variance is within the +/-10% of the budget, which is the acceptable criteria as per performance measurements.

**Key drivers to the change of performance- 2023/24 Q2 Forecast**

High fixed deposit and current account interests enabled us to earn over £100k additional income since the budget. The non-UK application income continues to outperform the budget and forecasts.

Expenditure forecast increased from the approved budget due to high hearing costs expenditure and case progression related legal charges.

## **C58(23) ANNEX TWO**

The latest forecast includes savings and delays of operations that net off the high costs above. Savings were made in areas of policy, research, communications, education & CPD development. Changes in IT contracts, delays in completion of AV capital project, and some staff vacancies added to the savings.

Some cyber security expenses have been delayed to 2024/25. There are delays in ESR and the policy research for testing of sight to 2024/25. Change delays due to staffing will be reconfigured within the project, achieving the planned £1.5m spend.

£46k of hearing cost related to complex legal cases are now allocated as reserve expenses, reducing the BAU hearing expenditure.

### **Risks of not achieving 2023/24 Q2 Forecast.**

The increase hearings due to higher than anticipated number of days allocated to cases may continue, increasing hearing-related costs if not proactively planned.

The case progression legal costs may increase if there continues to be a high reliance on chambers and external panels.

Market volatility affect the unrealised investment gains and in turn the reserve levels. The market is more volatile short-term, but irons out the volatility over long-term.

### **Plans to mitigate risks**

Discussions and plans are underway to understand underlying causes and better planning in both hearings and case progression legal costs related issues.

Market volatility may reduce our reserves short-term. We plan to be agile in usage of strategic projects and cash drawdowns, maintaining good investment levels and benefitting from its long-term growth as in the past.

## Income and Expenditure Accounts – Q1 (2023/24) Forecast

	Year 1			
	2023-24			
	Budget	Q1 23-24 Forecast	Q2 23-24 Forecast	Variance - Budget and Q2
	£'000	£'000	£'000	£'000
<b>Income</b>				
Registration	10,729	10,770	10,802	73
Dividend Income	263	257	257	(6)
Bank & Deposit Interest	10	117	117	107
Other Income	10	10	10	0
<b>Total Income</b>	<b>11,012</b>	<b>11,154</b>	<b>11,186</b>	<b>174</b>
<b>Expenditure</b>				
<b>CEO's Office</b>				
CEO	331	248	245	86
Governance	706	658	642	64
<b>Total CEO's Office</b>	<b>1,036</b>	<b>906</b>	<b>887</b>	<b>149</b>
<b>Regulatory Strategy</b>				
Director of Regulatory Strategy	113	112	117	(4)
Policy & Standards	471	488	423	48
Communications	298	291	272	26
Education & CPD Operations	764	725	724	40
Education & CPD Development	275	252	237	38
<b>Total Regulatory Strategy</b>	<b>1,921</b>	<b>1,868</b>	<b>1,773</b>	<b>149</b>
<b>Regulatory Operations</b>				
Director of Regulatory Operations	132	132	202	(70)
Case Progression	2,221	2,279	2,357	(136)
Legal	213	209	221	(8)
Hearings	1,338	1,583	1,602	(264)
<b>Total regulatory Operations</b>	<b>3,904</b>	<b>4,202</b>	<b>4,382</b>	<b>(478)</b>
<b>Corporate Services</b>				
Director of Corporate Services	122	116	126	(4)
Facilities	1,135	1,138	1,131	4
Human Resources	511	463	476	35
Finance	505	542	543	(38)
Registration	614	699	733	(119)
<b>Total Corporate Services</b>	<b>2,887</b>	<b>2,959</b>	<b>3,008</b>	<b>(121)</b>

**Income and Expenditure Accounts Q1 (2023/24) Forecast (Contd.)**

	Year 1			
	2023-24			
	Budget	Q1 23-24 Forecast	Q2 23-24 Forecast	Variance - Budget and Q2
	£'000	£'000	£'000	£'000
IT (BAU)	1,062	996	872	190
Depreciation & Amortisation	143	147	132	11
<b>Total Expenditure</b>	<b>10,952</b>	<b>11,077</b>	<b>11,054</b>	<b>(101)</b>
<b>Surplus / (Deficit) before reserve expenditure</b>	<b>60</b>	<b>77</b>	<b>132</b>	<b>73</b>
<b>Reserve Expenditure</b>				
Education Strategic Review project	372	361	339	33
IT Strategy Project	419	253	194	226
Change	562	565	515	47
Strategic Projects	0	50	0	0
Potential Projects*	150	100	100	50
<b>Complex Legal Cases</b>	<b>200</b>	<b>151</b>	<b>149</b>	<b>51</b>
Project Depreciation & Amortisation	101	81	77	24
Case Management System	10	9	9	1
<b>Total Project expenditure</b>	<b>1,814</b>	<b>1,571</b>	<b>1,383</b>	<b>431</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>(1,754)</b>	<b>(1,493)</b>	<b>(1,252)</b>	<b>504</b>
Unrealised Investment gains	275	79	(34)	(309)
<b>Surplus / (Deficit)</b>	<b>(1,479)</b>	<b>(1,415)</b>	<b>(1,286)</b>	<b>195</b>

\* Potential Projects – Not yet planned.

C58(23) ANNEX TWO

Income & Expenditure Forecast - by Category

	2023-24			
	Budget	Q1 Forecast	Q2 Forecast	Variance - Budget and Q2
	£'000	£'000	£'000	£'000
<b>Income</b>				
Registration	10,729	10,770	10,802	73
Dividend Income	263	257	257	(6)
Bank & Deposit Interest	10	117	117	107
Other Income	10	10	10	0
<b>Total Income</b>	<b>11,012</b>	<b>11,154</b>	<b>11,186</b>	<b>174</b>
<b>Expenditure</b>				
Staff Salaries Costs	6,180	6,241	6,158	22
Other Staff Costs	318	295	289	29
Staff Benefits	49	23	21	28
Members Costs	1,315	1,471	1,541	(226)
Professional Fees	708	771	679	29
Finance Costs	94	101	98	(4)
Case Progression	994	1,024	1,117	(122)
Hearings	286	309	311	(26)
CPD & Standards	114	112	128	(14)
Communications	54	48	31	23
Registration	19	18	16	3
IT Costs	1,039	829	661	378
Office Services	1,040	1,001	1,000	39
Other Costs	162	77	78	84
Depreciation & Amortisation	244	228	209	35
Upcoming Projects	150	100	100	50
<b>Total Expenditure</b>	<b>12,766</b>	<b>12,648</b>	<b>12,438</b>	<b>329</b>
<b>Surplus / Deficit</b>	<b>(1,754)</b>	<b>(1,494)</b>	<b>(1,252)</b>	<b>504</b>
Unrealised Investment gains	275	79	(34)	(309)
<b>Surplus / (Deficit)</b>	<b>(1,479)</b>	<b>(1,415)</b>	<b>(1,286)</b>	<b>195</b>
Staff Cost to total Expenditure Ratio	51%	52%	52%	

## C58(23) ANNEX TWO

### Movement in reserves

	Year 1 2023-24 £'000	Year 2 2024-25 £'000	Year 3 2025-26 £'000	Year 4 2026-27 £'000	Year 5 2027-28 £'000	Target Range as per NEW Reserves policy
Legal reserve	700	700	700	700	700	£350k- £700k
Strategic reserve	2,000	2,000	1,446	1,000	1,000	£1m - £3m
Covid -19 reserve	-	-	-	-	-	Category removed
Infrastructure / dilapidations	1,250	1,250	1,250	1,250	1,250	£250k -£1.25m
General reserve	3,621	2,535	2,544	2,524	2,158	£2.3m - £4.3m
<b>Total reserve</b>	<b>7,571</b>	<b>6,485</b>	<b>5,940</b>	<b>5,474</b>	<b>5,108</b>	<b>£3.9m - £9.25m</b>

The latest five-year reserve projection is within the range of the reserve policy. Total reserves could withstand the high volatility of the current investment market due to having a healthy margin above the minimum £3.9m.

The above table compares the reserves to the NEW proposed reserve policy. The new policy is a light touch until development of five-year finance strategy. The main changes are (1) removing our Covid reserve (2) increasing the upper limit of strategic reserve, and (3) reducing the lower level of total reserve level from £4.8m to £3.9m.

In order to maintain minimum levels in general reserve, we had to stop topping-up the strategic reserve from year 3. The minimum level of general reserve is decided as a prudent 5 months of BAU expenditure, being cautious as per Charity Commission guidelines.

We will restructure the dilapidation reserve with next reserve policy change, to match the decisions of the property project. This should release more funds to other reserves after year 3.

Since GOC's funds are invested mainly in equity markets, there will be a high negative impact if there is a drawdown needed on a year when investments are not performing well. The approach will be agile, considering the operational needs as well as the long-term impact of the investments.

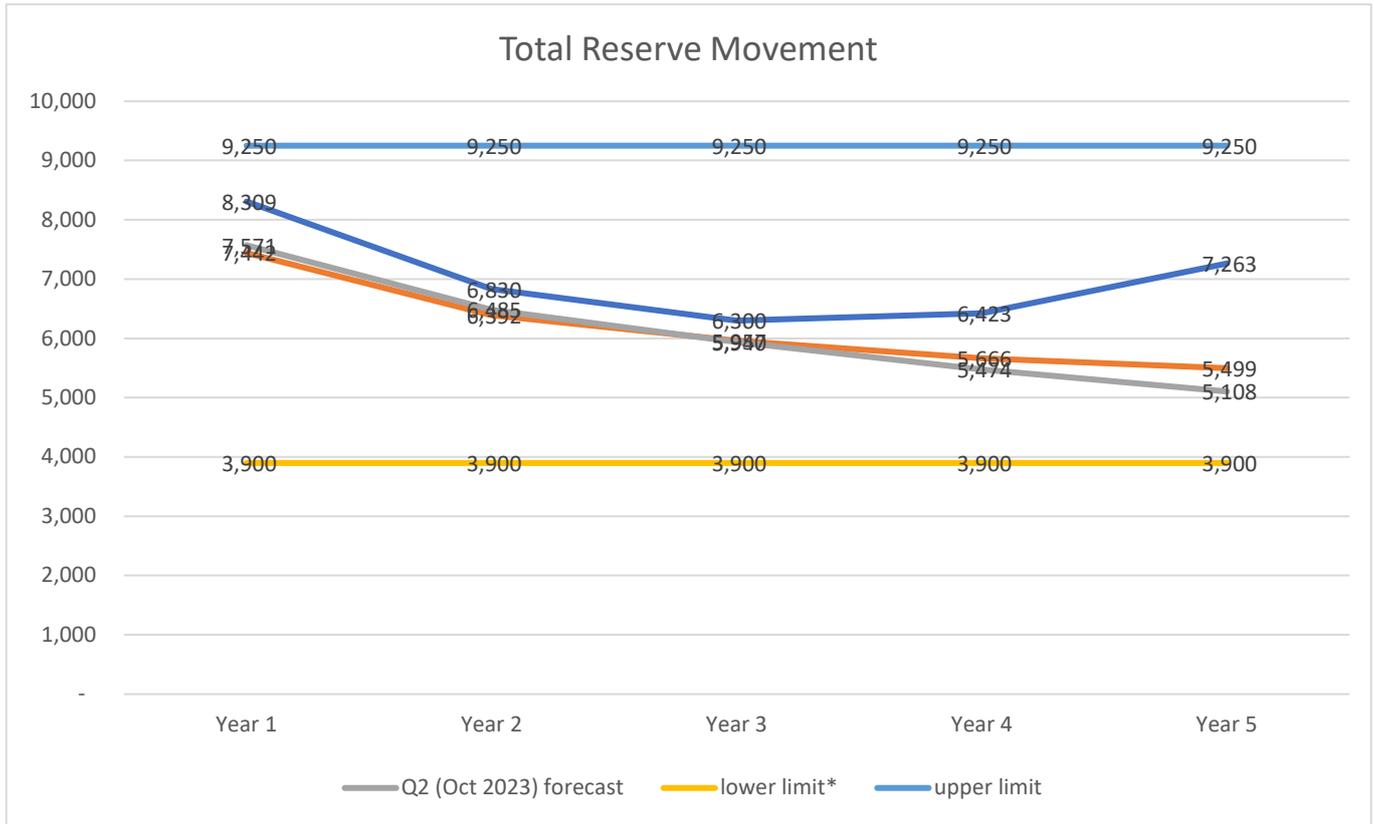
The recent past showed the high volatility for GOC reserves as the majority of it is in investments. The high volatility in the investment market in the last couple of years encourages us on planning in a more agile manner. Both future updates of reserve policy and the creation of a new finance strategy will take into account performing at optimal levels in volatile situations.

### Risk assessment on reserves- comparison with previous forecasts and reserve policy range.

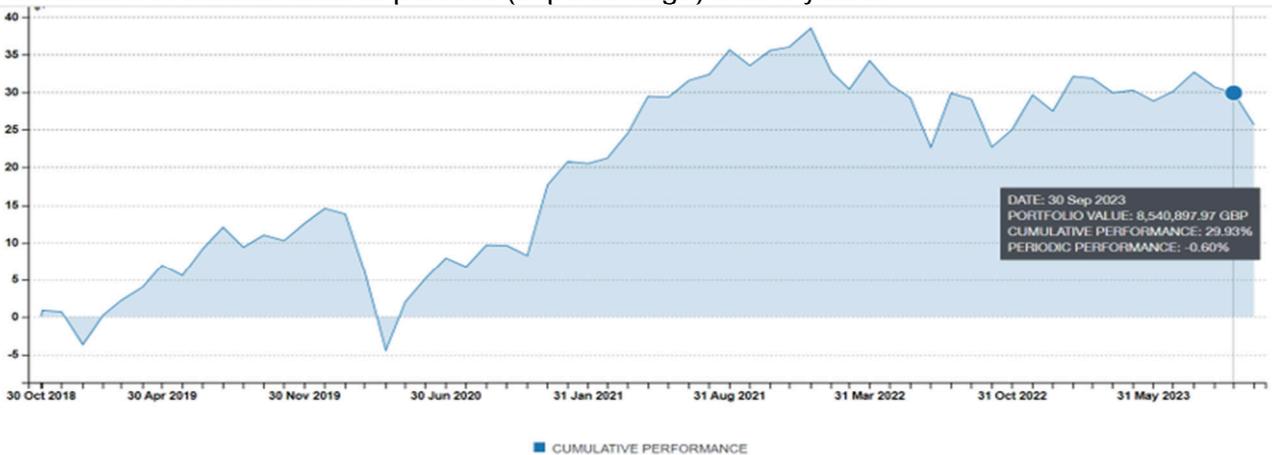
The graph below shows that all recent forecasts are made within the lower and upper limits of reserves policy, through the high levels of strategic spending and investment volatility.

	Year 1	Year 2	Year 3	Year 4	Year 5
Budget(Feb 2023) forecast	8,309	6,830	6,300	6,423	7,263
Q1 (July 2023) forecast	7,442	6,392	5,957	5,666	5,499
Q2 (Oct 2023) forecast	7,571	6,485	5,940	5,474	5,108
lower limit*	3,900	3,900	3,900	3,900	3,900
upper limit	9,250	9,250	9,250	9,250	9,250

\*reduced from £4.8m



The majority of our reserves are invested in a long-term investment portfolio. The graph below is the fluctuation of market value of portfolio (in percentage) over 5 years.



**Last 5 Years Performance**

Our reserves can fluctuate in the short term due to market value movements in the investment portfolio. For risk level 6 (which is where GOC sits), Brewin Dolphin’s central expectation is that the benchmark will produce a total return of 5.2% with a volatility of 9.3%.

Volatility is a measure of the variability of returns, and it is measured in standard deviations. In this case, it suggests that two-thirds of the time (one standard deviation) the return will be 5.2% +/- 9.3%. To put it another way, the return might be expected to be between - 4.1% and + 14.5% two-thirds of the time. When you look at extreme events you can see variations greater than this but they happen with less frequency. E.g. market value dropped in early 2020 due to pandemic uncertainty.

**Headcount change**

	<u>Headcount Projection (FTE's)</u>				
	Year 1 <u>Mar-24</u>	Year 2 <u>Mar-25</u>	Year 3 <u>Mar-26</u>	Year 4 <u>Mar-27</u>	Year 5 <u>Mar-28</u>
Chief Executive Total	9	9	10	10	10
Regulatory Strategy	23.6	23.6	23.6	23.6	23.6
Regulatory Operations	41	40	40	35	35
Corporate Services*	23.4	22.4	28.4	28.4	28.4
Change*	15	11	0	0	0
<b>Total Headcount</b>	<b>112</b>	<b>106</b>	<b>102</b>	<b>97</b>	<b>97</b>
<i>Movement from previous headcount</i>	<i>1</i>	<i>-2</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Movement from previous headcount- Excluding Change</i>	<i>0</i>	<i>-1</i>	<i>1</i>	<i>1</i>	<i>1</i>

\* IT department is included under the Change directorate in yrs 1 and 2, transferred to Corporate Services in Yrs 3-5

Over 55% percent (Q2 forecast 52%) of GOC's total expenditure (including strategic expenditure) is staff-related costs. Balancing the external work and staff costs is a delicate operation, optimising the quality of work, expertise, and affordability.

**Assumptions**

Income

- 80% of new registrants would be transfers and 20% would be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- There is a risk of volatility of 9.2% of investment valuation.
- We have assumed that the portfolio will not have high volatility levels.
- Dividend income will generate a similar ratio to portfolio value in the past three years.
- There is a risk of volatility of 9.2% of investment valuation.

Expenditure - assumptions

- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Flexible working will continue for staff, members, and panels.
- Governance
  - Committee meetings will be mainly held remotely, saving expenses.
  - Council meetings will be held remotely, with one face-to-face strategy session each year.
- Education
  - Assumed we will only post statutory letters at the end of the CPD cycle, not end of the year.
  - EVP and CPD auditor/reviewer training/workshop and other events may be face to face.

## C58(23) ANNEX TWO

- EVP member fees - Piloting of new QAEM methods and other development work requiring EVP input.
- Based on ongoing reviews of adaptations, and piloting of new QAEM methods. Slight variation due to updated calculation methods following refinement in processes.
- ESR project
  - It will be absorbed into BAU work at the end of 2023/24.
- Case Progression
  - The panel firms will be extended for one year and the panel firm costs will be at similar levels to forecasted.
  - Legal case volumes will stay as planned, with CE case levels around 160 in Yr 1.
  - External legal fees –
    - Yr 1 - spend in Q3 and Q4 will be on par with that completed in Q1 & Q2 of this financial year. At present this is the best estimate, whilst there is no in-house advocacy and matters are being instructed externally. A review is underway.
  - Audit fees and OCCS fees will be capped.
- Hearings
  - Q2 - Forecast under the assumption that hearing days will now increase to 469 hearing days (from 417 hearing days in Q1 forecast and up from 350 budget)
  - Hearing panel fees –
    - Yr 1- assumption that hearing days will increase based on actual number of days scheduled in Q3 & Q4. Reduction in number of cases scheduled in person.
  - Clinical adviser needed for 10% of hearing days.
  - Legal adviser costs - 20% of hearings will be completed by those not attached to a London based chamber.
- HR
  - There will be annual staff surveys.
  - Staff training - Assumption based on planned courses from performance review feedback and professional development.
  - Insurance and staff benefit costs will fluctuate according to the number of headcount.
  - There will be no material HR-related legal costs.
- Finance
  - No. of contracts reviewed by the legal firm will be as planned. This is a new contract and was difficult to forecast without trends.
  - There will not be a large number of unplanned member travel to the office, which will increase the tax costs.
  - Annual capital growth of investment portfolio will be 2.5% +2.5% in dividend income resulting in 5% total returns)
  - The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Facilities
  - Staff hybrid levels will stay at similar levels to present. This will affect the office utility and other admin costs.
- Change

## **C58(23) ANNEX TWO**

- All current recruitments will be made as planned, not delaying the project.
- Potential Projects
  - This includes potential IT projects. £50k was since allocated to Call for Evidence research.
- MyGOC and CMS Projects
  - Both these are capital costs. Assume these will not be delayed as that will impact operations and finance projections.

### **Risks not covered in Q2 Forecast**

Extra cost (holiday pay, Employer NI and PAYE, pension) related to Worker/member classification of the Hearings panel. This may cost about £73k p.a. We are observing the NMC case before deciding.

### **Cash Drawdown Plan**

In the event of us exhausting the annual renewal income received at the beginning of the year before the next renewal cycle, we will be drawing down cash from investments. These will happen if and when there is a large expenditure planned during Q3 and early Q4 before the renewal cycles bring the next batch of funds.

At the end of each renewal cycle, the HoF places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

As per the budget, we required £100k drawdown this year, which is a minimal amount, but both Q1 and Q2 forecasts doesn't require any additional investment drawdowns.

## 2023-24 Cashflow forecast - updated in October'23

Month ending	Cashflow forecast 2023-24													Year 1
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Q2	Q2	Q2	Q2	Q2	Q2	
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	
Opening Balance	1,228	1,034	954	774	970	1,351	1,770	1,793	761	400	645	1,298	1,228	
<b>Income</b>														
Registration	76	3	52	101	8	371	8	49	49	323	1,766	8,861	11,666	
Dividend income	21	21	23	21	21	17	29	21	21	21	21	18	257	
FD interest income	12	5	7	7	12	21	19	15	11	0	4	4	117	
Other	0	0	2	0	0	0	0	1	2	2	2	1	10	
Transfers from Deposit Account	400	800	1,000	900	1,250	1,100	800	1,000	950	900	0	0	9,100	
Transfers from Investment									0	0			0	
Total Cash Inflow	509	829	1,084	1,029	1,291	1,509	856	1,086	1,033	1,247	1,793	8,884	21,149	
<b>Expenditure</b>														
Staff payroll	298	292	295	296	288	289	343	320	322	322	326	327	3,719	
Council/Worker payroll	59	45	70	47	76	60	54	138	95	114	134	120	1,013	
HMRC	160	169	159	187	166	183	166	216	188	205	216	202	2,217	
Pension Contributions	1	62	60	64	131	63	7	55	55	55	56	56	665	
Rent and service charge			199			199			199			199	796	
Corporate credit cards	18	12	4	4	4	5	8	5	5	5	5	5	80	
Supplier payments	148	305	428	194	226	246	238	339	317	267	265	709	3,681	
Direct Debits	19	24	22	35	19	19	17	20	20	20	20	20	255	
Fixed assets	0	0	27	6	0	26	0	125	192	14	117	0	508	
Unplanned Future exp.													0	
Transfers to Deposit Account								900			0	7,900	8,800	
Total Cash outflow	703	909	1,264	833	910	1,090	833	2,118	1,394	1,002	1,140	9,538	21,734	
Net Cash in / (outflow)	(194)	(80)	(180)	196	381	419	23	(1,033)	(361)	245	653	(654)	(584)	
Closing Balance	1,034	954	774	970	1,351	1,770	1,793	761	400	645	1,298	644	644	
<b>On Deposit</b>														
Opening balance	8,950	8,550	7,750	6,750	5,850	4,600	3,500	2,700	2,600	1,650	750	750	8,950	
Deposited	0	0	0	0	0	0	0	900	0	0	0	7,900	8,800	
Withdrawn	(400)	(800)	(1,000)	(900)	(1,250)	(1,100)	(800)	(1,000)	(950)	(900)	0	0	(9,100)	
Closing Balance	8,550	7,750	6,750	5,850	4,600	3,500	2,700	2,600	1,650	750	750	8,650	8,650	
<b>Brewin Dolphin Investment</b>														
Opening balance	8,689	8,689	8,689	8,633	8,633	8,633	8,543	8,543	8,543	8,585	8,585	8,585	8,689	
Investment Gains	0	0	(49)	0	0	(80)	0	0	49	0	0	46	(34)	
BD charges			(7)			(10)			(7)			(7)	(31)	
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0	
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0	
Closing Balance	8,689	8,689	8,633	8,633	8,633	8,543	8,543	8,543	8,585	8,585	8,585	8,624	8,624	

# Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2023 - 31 March 2024

Q2 report (1 July 2023 - 30 September 2023)		Q1	Q2	Q3	Q4	Measure	Q4 (22/23)
<b>Finance</b>							
1.1	BAU budget; operate within budget	+18%	+8%			Tolerance is $\pm 10\%$	+6%
1.2	Reserves; operate within reserves policy	0%	0%			Tolerance is $\pm 10\%$	0%
1.3	Change team; operate within budget	+15%	+12%			Tolerance is $\pm 10\%$	+1%
<b>People</b>							
2.1	Planned L&D events realised	100%	100%			Target is $\geq 90\%$	100%
2.2	Staff turnover (excluding end of FTCs)	6.0%	9.3%			Target is $\leq 17\%$	8.6%
2.3	Staff engagement (pulse survey):	37%	33%				37%
	a. % of staff who respond b. engagement score	81.00%	73.52%			Target is $\geq 70\%$	81.00%
<b>Customer</b>							
3.1	FOI requests resolved	100%	100%			Target is $\geq 100\%$ in 20 working days	98%
3.2	Corporate complaints (stage 2):	1	2				1
	a. received b. resolved within the timescale	100%	100%			Target is $\geq 90\%$ in 20 working days	100%
3.3	Customer satisfaction (TBC)	N/A	N/A			Target is $\geq 80\%$ positive (TBC)	N/A
<b>Regulatory functions</b>							
4.1	Registration applications completed	98%	98%			Target is $\geq 95\%$ forms completed	98%
4.2	Registration accuracy	99%	98%			Target is $\geq 95\%$	98%
4.3	Approved qualifications meeting new ETR	31%	32%			Target is 100% by Sep 2025 ex. CoO	13%
4.4	Quality of GOC approved providers' CPD	95%	94%			Target is $\geq 85\%$ good or excellent	93%
4.5	Customers receiving an FtP update	95%	89%			Target is $\geq 90\%$ every 12 weeks	93%
4.6	FtP cases resolved (rolling median)	50%	60%			Target is $\geq 60\%$ within 78 weeks	54%
4.7	Hearings concluded first time	87%	70%			Target is $\geq 90\%$	82%
4.8	Hearings dates utilised	87%	91%			Target is $\geq 90\%$	89%
4.9	New investigations at representations	80%	82%			Target is 80% within 40 weeks	87%

KPI	Current RAG status (why amber/red; when/how green)	Budget implications	Risks
<p>Change team; operate within Q1 forecast – <b>+12%</b></p> <p>Tolerance is ±10%</p>	<p>Due to staff vacancies of the change team during Q2, there has been higher variance than the tolerance level.</p>	<p>There may be variances in 23/24 due to staff vacancies, but the Q1 forecast ensures that the approved budget for change programme will be met by the end of the programme.</p>	<p>None</p>
<p>Customers receiving an FtP update every 12 weeks – <b>89%</b></p> <p>Target is 90%</p>	<p>Customer service update figures for July/August were consistent with YTD performance at 92% and 94%. The September figure is an anomaly and a result of some unexpected staff absence in the month.</p> <p>These updates have since been provided, so no ongoing concerns in this area and next month/quarter is expected to reflect the continuing commitment to this objective.</p>	<p>N/A</p>	<p>None</p>
<p>Hearings concluded first time – <b>70%</b></p> <p>Target is ≥90%</p>	<p>We had 10 hearings that proceeded to a hearing and 3 of those hearings went part heard.</p> <p>We are looking at all cases on an individual basis to ensure they have the appropriate time listed going forward. We are also trying to ensure issues are resolved before hearings via case management meetings and procedurals if required.</p>	<p>We will need 3 more resuming hearings, plus transcripts.</p>	<p>This will impact end-to-end timeliness.</p>

**GOC Internal Business Plan – 2023/24**  
Exceptions Report – Q2 update

All CRITICAL and ESSENTIAL Q1-Q2 activities are ON TRACK for the following business areas:

**Case Progression, Hearings, Legal, Comms, CPD, Education, Legislative Reform, Policy & Standards, Facilities, Finance, HR, Registration, and Governance**

The following slides describe CRITICAL and ESSENTIAL Q1-Q2 activities that are OFF TRACK (amber) or DEADLINE MISSED (red) with commentary

# Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Implementation of customer care strategy and associated delivery (extends to 24/25)	Continuous Improvement Project	Q1-Q4	<p style="text-align: center;">●</p> Essential	<ul style="list-style-type: none"> <li>- Delivery of projects as described in agreed project plans</li> <li>- Implement whole organisation approach to excellent customer care, including improved customer analytics and performance data</li> <li>- Achieve external recognition (Customer Service Charter Mark) for enhanced customer service</li> </ul>		<p><b>Why amber/red:</b> Assessment successfully completed with GOC receiving the outcome of accreditation. Implementations yet to be completed.</p> <p><b>How we will get back to green:</b> Implementation for recommendations coming out of the accreditation exercise</p>

# IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Improved Cyber & Email Security including email archiving	BAU	Q2-Q4	● Essential	<ul style="list-style-type: none"><li>- Review alternatives – Q2-Q3</li><li>- New solution in place – Q4</li></ul>	<b>N/A</b>	Activity moved to 2024/25 due to reduction in IT resources & increased confidence of existing cyber security defence. Main benefit of project is email archiving.

## **PUBLIC COUNCIL**

### **Report from the Chair of Council**

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**Meeting:** 13 December 2023

**Status:** For noting

**Lead responsibility & paper author:** Dr Anne Wright (Chair of Council)

### **Introduction**

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1. This report covers my principal activities since the last Public Council meeting on 27 September 2023.
2. On behalf of the Council I warmly congratulate Council member Dr David Parkins on his well-deserved award of Life Fellowship of the College of Optometrists presented at a ceremony on 7 November 2023.
3. This will be the last Council meeting for Council Associates Rukaiya Anwar and Harry Singh Bhakar, whose development programme with the GOC comes to an end at the end of December. As the first cohort of Council Associates Harry and Rukaiya have made a significant contribution to the Council, both in their input to Council meetings and in helping to develop and strengthen the development programme. On behalf of all the Council I would like to thank them both for their positive impact during their time with the GOC and wish them every success in their future careers. Recruitment of new Council Associates to join Jamie Douglas and Deepali Modha will take place in due course.

### **Management**

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4. I have had weekly catch-up meetings with the Chief Executive and Registrar (CE&R) and the Head of Governance. I have had pre-briefing meetings and received briefings from members of the Communications and Governance Teams on a range of priorities.
5. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues. I had an introductory meeting with

Carole Auchterlonie, Acting Director of Regulatory Operations on 30 October 2023.

6. On 10 November 2023, I conducted Leonie Milliner's, the Chief Executive and Registrar's mid-year review appraisal.
7. I joined the end of year All-Staff meeting on 28 November 2023, where individual members of staff and teams were awarded monthly and end of year CE&R achievement and recognition awards from Leonie Milliner.
8. On 11 October 2023, I attended an Embrace staff network and Anti Racism Group (ARG) talk on Colourism, led by external speaker Shweta Aggarwal.
9. On 08 November 2023, ARG and Embrace held a session organised by Nkiruka Umeh. James O'Neill, (external speaker) a representative from the 'Friends Families and Travellers' charity organisation, talked about the Travellers Community and their background/history in the UK. I viewed the recording of the session.
10. I also joined the LGBTQ+ staff network presentation on 27 November 2023 'Being a Good Transgender Ally' session organised by the Equality, Diversity, and Inclusion (EDI) Manager.
11. I attended the ABLE staff network session on allyship and volunteering, linked to Disability History Month (16 November 2023 to 16 December 2023). The session on 04 December 2023, hosted by the EDI Manager, was organised by ABLE Co-Chair Alison Ella Ling who also gave a video presentation.
12. I joined the Hannukah Hangout session on 7 December organised by the EDI Manager, in which colleagues of Jewish heritage talked about the festival of Hannukah and its significance.

## **Council and Committees**

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13. Recruitment is under way for a new registrant Council member to succeed Dr David Parkins whose second term of office ends in March 2024. Applications closed on 19 November, and interviews for shortlisted candidates will be held in early January. I am the Chair of the Appointment Panel and am joined by two Council members and an Independent Member.
14. I chaired two full-day Council Strategy Days on 02-03 November 2023. These hybrid meetings were held at 10 Old Bailey with some participants joining online.
15. I attended the Remuneration Committee meeting on 10 October 2023, and the Advisory Panel meeting on 06 November 2023, with the Registration Committee meeting on the same day. I chaired the Nominations Committee meeting on 14 November 2023, in addition, I joined the Audit, Risk and Finance Committee (ARC) meeting on 21 November 2023 and the Investment Committee meeting on 23 November 2023.
16. I have held fortnightly meetings with our Senior Council Member (SCM), Clare Minchington. I have chaired regular informal Council Catch Up sessions including the sessions held on 03 October 2023 and on 14 November 2023. I hosted the Council Members' virtual coffee morning on 12 October, and have had individual catch-ups with Council Members and Council Associates.

## Stakeholders

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17. 02 October 2023: Quarterly meeting with Christine Elliott, Chair at Health, and Care Professions Council (HCPC).
18. 03 October 2023: General Optical Council (GOC) Stakeholder meeting organised by the Policy Manager with the relevant sector bodies in attendance.
19. 13 October 2023: Sector Strategic Implementation Steering Group (SSISG) meeting with the relevant sector bodies in attendance.

20. 30 October 2023: GOC Registrant Council Member Recruitment Information Webinar organised by Association of British Dispensing Opticians (ABDO) with Alistair Bridge, Chief Executive, accompanied by William Stockdale, Council Member and Leonie Milliner, Chief Executive and Registrar.
21. 30 November 2023: GOC Stakeholder Roundtables to discuss the future of optical care and regulation, as part of our work to develop the new corporate strategy 2025-30. I and several other Council members attended the meetings with the professional & representative bodies and the patient & third sector bodies which was chaired by Leonie Milliner, Chief Executive and Registrar.
22. 06 December 2023: GOC Stakeholder Roundtable for strategy with the National Optometric Professional Advisers in attendance with Leonie Milliner, Chief Executive and Registrar who chaired the third roundtable and accompanied by the relevant staff members.

**Council Member meetings with stakeholders**

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23. N/A

## **COUNCIL**

### **Chief Executive & Registrar's Report**

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**Meeting:** 13 December 2023

**Status:** For noting

**Lead responsibility & paper author:** Leonie Milliner (Chief Executive & Registrar)

**Council Lead(s):** Dr Anne Wright CBE

#### **Purpose**

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1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

#### **Recommendations**

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2. Council is asked to note the Chief Executive and Registrar's report.

#### **Strategic objective**

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3. This work contributes towards the achievement of all parts of our strategic plan and our 2023/2024 business plan.

#### **Background**

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4. The last report to Council was provided for its public meeting on 27 September 2023.

#### **Analysis**

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5. Since Council last met, I am delighted to welcome five new starters to the GOC: Carole Auchterlonie; Acting Director of Regulatory Operations; Katherine Furniss, Operations Manager, Education & CPD; Annabelle Weston, Project Manager/Change team;; and Amina Razak, Finance Officer.
6. I would like to thank the employees who have departed the GOC since the last report, including: Dionne Spence, Director of Regulatory Operations; Abei Aluong, Registration Administrator; Dean Taylor, Lawyer; Joseph Byrnes, ICT Apprentice; Anthony Conway, Head of Customer Experience Development; Abigail Strong-Perrin, Hearings and Scheduling Officer; and Sonia Mohindru, Operations Manager (Investigations). We wish them well for the future.

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**C62(23)**

7. I continue to hold weekly meetings with the Chair of Council, Head of Governance and with each member of the SMT. I also met with the SMT members and the Head of Governance individually to complete their mid-year review appraisal. In addition, I held briefing meetings with the Chair of Council on 10 November 2023 and on 7 December 2023. I attended HR monthly webinars organised by the HR Team; chaired three monthly all-staff meetings and fortnightly meetings of SMT, as well as attending monthly Risk Register meetings, chaired by the Director of Corporate Services and Leadership Team (LT) meeting (which has a rotational chair).
8. I chaired two finance Q2 forecast review meetings, on 31 October 2023 and on 6 November 2023, which included the Director of Corporate Services, Head of Finance, and relevant members of staff. On 21 November 2023, I joined one of the five all-staff Information Governance training sessions organised by the Information Governance Officer.
9. I met all newly appointed GOC employees, and on 17 November 2023 I attended an internal all-staff 'agile working - best practice guidelines' organised by Head of People & Culture, which facilitated discussion to support and develop best practise. Plans have been finalised for our staff Christmas lunch on 14 December 2023, which will be preceded by an in-person all-staff facilitated event at our offices in Old Bailey.
10. Since Council last met, I have held two catch-up meetings with Senior Council member Clare Minchington on 09 October 2023 and on 23 October 2023, and on the 12 October 2023 the Chair of Council also joined our meeting. I also held a catch-up meeting with Council member Sinead Burns on 13 October 2023.
11. I chaired two Council briefing sessions on 03 October 2023 and on 14 November 2023; and attended the Remuneration Committee meeting on 10 October 2023; the Advisory Panel meeting on 6 November 2023; the in-person Council strategy days on 2 and 3 November 2023; the Nominations Committee meeting on 14 November 2023; the Audit, Risk and Finance Committee (ARC) meeting on 21 November 2023; and the Investment Committee Meeting on 23 November 2023.
12. I attended the GOC Legal Adviser training on 28 September 2023 organised by the Operations Manager and with the Hearings Team in attendance. I gave a talk on the GOC's remit, mission, values, and current strategic objectives. I attended the Investigation Committee introductory meeting on 6 October 2023. I also attended the new Investigation Committee members' training day on 29 November 2023 where I provided an overview of the GOC's mission, purpose, and strategic objectives. I also attended our decision review group organised by the Operations Manager (Hearings) with the relevant staff members in attendance.

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13. I attended three Strategic Change Board (SCB) meetings organised by the Change Team on 09 August 2023, 29 September 2023 and on 8 December 2023.
14. I regularly attend the weekly Wednesday evening meditation sessions organised by the Staff Wellbeing & Engagement Group (SWEG) and hosted by the Head of Finance. All staff members were welcomed to mark Black History Month, along with the recent South Asian Heritage months. I participated in an Anti-Racism Group (ARG) Committee meeting on 29 September 2023 which was chaired by the Investigation Officer with the ARG Committee in attendance. On 11 October 2023 I joined a talk on colourism, led by Shweta Aggarwal (external speaker) organised by ARG and the Embrace staff network. Shweta delivered a talk to the GOC on colourism, which is a prejudice or discrimination against individuals with a dark skin tone, typically among people of the same ethnic or racial group. Shweta is an author, speaker and activist who also spoke about her own journey and subconscious bias.
15. On 8 November 2023, the ARG and Embrace staff network presented another event which I attended regarding public perceptions of the Travellers Community organised by the Investigation Officer with all staff members welcomed. James O'Neill, (external speaker) a representative from the 'Friends Families and Travellers' charity organisation, talked about the Travellers Community and their experiences in everyday life, and accessing healthcare, including eye-health services. I attended a HR wellbeing webinar which was organised by the Head of People & Culture, with all staff members welcomed, on 10 November 2023, where physical resilience and managing personal energy and fatigue was discussed. It is currently Disability History Month, from the 16 November 2023 to the 16 December 2023, and I joined an ABLE presentation on 4 December 2023, for a discussion concerning allyship and volunteering.
16. The ARG's theme this year is equality and diversity within winter sports, and the Head of Case Progression organised a special guest speaker on the subject. Tom Robertson was a previous winter Olympic board member and he discussed in an interesting session on 30 November 2023 equality and diversity initiatives within winter sports with the opportunity to ask questions.

Change Directorate

**Change Management Office (CMO)**

17. The CMO continues to deliver at pace its planned programme of strategic projects. We welcomed Annabelle Weston to the team, leading on the Future Office project. Annabelle joined us on 24th Oct on a 0.5wte basis for 3 months initially. She comes with experience of managing office projects including moves both nationally and globally and brings a wealth of experience with her. We are delighted she's joined us.

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18. I am delighted to report we achieved the Cabinet-office endorsed Customer Service Excellence accreditation on 25th October 2023. This is a public sector quality mark which formally tests in great depth areas of the business that are priority for customers. Of the fifty-seven elements the CSE assessed, the outcome was:
- Non – compliance: 0
  - Partial Compliance: 7
  - Compliant: 42
  - Compliance Plus: 8
19. In terms of next steps, consideration is underway on how the CSE recommendations are now integrated and embedded into our 23/24 Business Plan, as well as its 2025-30 Corporate Strategy to create and maintain an effective climate to embed customer care. To ensure continued compliance, given the role of Head of Customer Experience Development ended at the end of October, the Governance team will assume management of continued compliance. Elements of this include:
- a. Customer care focused learning and development: following extensive research, a customer care training recommendation package has been incorporated into the L&D work as part of P&C BAU.
- b. Service readiness: the Customer Experience Group continues to function and has been instrumental in delivering a programme of continuous improvement in relation to Customer Care across the organisation. There is currently a rolling programme of work covering the next financial year to embed performance, culture and metrics.

**IT**

20. The transition from Celerity to Rock continues to be managed by our IT team, with improved management reports now being produced.
21. I am pleased to report our first-ever apprentice, attached to the IT team, has successfully completed his program and has moved into another external role to continue his journey. Recruitment to a new apprentice role has just been completed, with the new incumbent starting in December.
22. With another team member on extended leave, this has had an impact on the team as they continue to enable the organisation to work effectively as well as support the strategic projects. This is being monitored and managed through ongoing re-prioritisation of activities.

Corporate Services

## **Facilities**

23. After extensive negotiations with the Valuation Office, we achieved a reduction on the Rateable Value of our offices at 1st Floor 10 Old Bailey, resulting in an annual saving.
24. We've also renewed our energy supply contracts, securing favourable fixed price electricity rates. The Facilities team are also supporting a number of projects:
  - Archiving project, which started at the end of September, which will review and update our records of documents in storage, to ensure compliance with data protection regulations as well as our own retention practices.
  - Future office accommodation project, preparatory work is underway including meetings and discussions with property consultants, our landlords, and other regulators.
  - Audio Visual Project, assisting in the organisation of the pre-installation requirements; ensuring contractors have appropriate access and comply with all requirements including health and safety considerations.
  - Display Screen Equipment (DSE) surveys are ongoing. Follow-up support to colleagues is provided, including arranging individual reviews with independent consultants where appropriate, ensuring recommendations are being followed and specialist equipment supplied if needed.
  - A new driving policy is being drafted which will be subject to consultation before implementation.

## **People and Culture**

25. On 1 September 2023 we launched our new Recognition Scheme following the launch of our new Reward and Recognition policy in July 2023. We also developed a new IRIS page so allow managers and employees to make nominations. We also developed a process for approval of nominations and letters for issue to successful nominees.
26. In early November 2023 we conducted a successful Winter Wellbeing Campaign for our employees and workers with a focus on agile working. We organised a series of training events specifically targeted for employees and managers. We also had facilitated discussions about best practice and the development of future guidance.
27. In October 2023 we began preparations for our annual staff survey, launched on 8 November 2023. Preliminary results are due mid to late December 2023.

## **Registration**

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28. The annual student registration period commenced on 1 September 2023 and closed on 31 October; all new first-year students are required to be registered during this period. We registered 1,474 students compared to 1,437 in 2022.
29. Levels of interest continue to remain high from applicants who qualified overseas. We are planning to introduce additional qualification checks in January and the process is currently being established. We are seeing a great benefit from taking on five additional assessors to support with the international applications, with resulting improvements in processing times.
30. At this time of year, we start preparing for the fully qualified renewal period which commences in January 2024. We are also preparing to start work on cross checking all the students on the register with the education providers; this work ensures students who are only in study, training or sitting exams remain on the register. This work contributes to the maintenance and integrity of the register.

Regulatory Operations

31. The annual FtP audit by an external law firm (Weightmans) demonstrated substantial compliance with our statutory obligations and own processes and guidance. This is a significant achievement given the pace and complexity of the casework we're managing. We're using the learning points to feed into our continuous improvement work with staff, workers and panel members.
32. Procurement to supply the Optical Consumer Complaints Service for three years from April 2024 is currently underway. The tender period closes on 10 January and a decision is expected to be announced at the March Council meeting.
33. We will shortly be seeking a supplier to conduct a rapid review of hearings operations to be completed in Q4. The purpose is to identify and make practical recommendations to ensure greater value for money and ensure cost effectiveness in this area, helping us to conclude cases more briskly and reduce the average number of hearing days per case and the cost per day of hearings.
34. The latest edition of FtP Focus was published in November and focused on erasures from the register. It explained how many erasures there are each year and why this rare outcome is necessary to protect the public and ensure confidence in the optical profession.
35. We have held training days for Fitness to Practice panel members (September) and case examiners (November).
36. The Regulatory Operations leadership structure is being reviewed and we will be recruiting to vacant and interim positions, putting the team on a more resilient

and stable footing to achieve the priorities set out in the GOC strategic plan and annual business plan.

### Regulatory Strategy

#### **Standards Review**

37. Since the last Council meeting we have reflected on what we have heard from the stakeholder conversations, other engagement events and the patient and public research, to inform our draft revisions to the standards. We have now published the [research](#) we commissioned from Shift Insight, to understand patient and public views of the Standards of Practice for Optometrists and Dispensing Opticians, and Standards for Optical Students.
38. Council will discuss the consultation document, including our proposed changes to the standards, at its December meeting. We expect to launch the public consultation on these changes in January 2024.

#### **Legislative reform**

##### *Call for evidence and associated policies – next steps*

39. At the Council meeting in June, Council agreed a plan for taking forward commitments made following our analysis of responses to the 2022 Call for Evidence. That paper identified six different work streams arising from those commitments. We have progressed the priority work streams since the last Council meeting, broadly in line with the timetable set out in that paper.
40. One work stream focuses on updating our 2013 statement on the testing of sight. There is stakeholder concern that some sight test models which are separated by time, place or person may not adequately protect the public. We issued a tender for an external agency to develop a risk-based framework that will explore the differing risks arising from separation of elements of the sight test by time, place or person on public protection or patient safety. A second element of the brief invited agencies to propose how the GOC might test the risk-based framework in a real-world setting.
41. Unfortunately, we did not receive any tenders. We are addressing this by engaging with universities which deliver optical programmes and advising them that we can put them in touch with research agencies interested in delivering this research, so that we can build a partnership approach. As a result, the timeframe for delivery of this research has slipped and we hope to bring the research to Council in June 2024, rather than March 2024.
42. We have also made progress in relation to other workstreams. As mentioned at the last meeting, we were unable to secure additional policy resource to support

our work on developing a new model of business regulation. We have made the decision to deliver this work within our existing resources and have therefore adjusted our timetable for delivery of this work, meaning that we now expect to go out to consult in Autumn 2024.

43. We have created a stakeholder reference group on business regulation to inform the executive's policy development work. The reference group includes representatives from each of the professional bodies. The first meeting of this group took place on 7 December, and it is anticipated that this group will meet quarterly as we move towards public consultation.
44. Our consultation on a draft statement on the verification of contact lens specifications and a definition of aftercare closed on 24 October. We received 39 written responses from a range of stakeholders including individual registrants and optical representative organisations. We are now analysing the responses.

### **Consultation platform**

45. The contract for our current [consultation hub](#) expires in February 2024. After a procurement exercise, we appointed a new consultation hub provider. The new platform offers increased functionality, including improvements to the process of building consultations on the platform as well as the ability to host online workshops or organise events through the platform. We hope that this increased functionality will give stakeholders a more joined up engagement experience. We will begin using the platform from January, with the launch of the consultation on standards.

### **Communications and Parliamentary Engagement**

46. I met with the special advisor to Marsha De Cordova MP to discuss how regulation could support their approach to the national eye health strategy. As a result of the meeting the GOC were invited to draft some Parliamentary questions, including one on the pace of regulatory reform, which De Cordova could ask as written questions to the DHSC.
47. I wrote to the Rt Hon Andrea Leadsom MP, newly appointed as Parliamentary Undersecretary for Health with responsibility for primary health, to welcome her to the post and explain about the GOC's work. We have offered to meet with her for further discussions if she requires.
48. I attended the APPG for eye health and visual impairment at the Houses of Parliament which discussed support needed for patients at each stage of the Eye Care Pathway, variations in eye care delivery and access across the UK, and insights from optometry, ophthalmology, rehabilitation, and patient perspectives. I

also attended the RNIB launch event of its new eyecare support pathway at the Royal College of Surgeons.

### **Education and Continuing Professional Education (CPD)**

49. Twelve GOC-approved qualifications have adapted to the new education and training requirements, with one adaptation received and in-progress. We understand a number of adaptations due to be submitted to us in early 2024, with an expectation that their adapted qualifications will be delivered from September 2024.
50. Following the last Council meeting in September 2023, the Annual Monitoring & Reporting (AMR) sector report for the academic year 2021/22 has been published on our website. Templates for the 2022/23 academic year have now been shared with providers, with a submission date in January 2024 set.
51. Quality assurance visits to education providers continue as planned. We continue to assess whether to hold visits virtually or on site, taking into account the purpose of the visit and an assessment of risk. Since 1 September 2023, we have undertaken four quality assurance visits, one of which was virtual due to train strikes and the remaining three were in-person.
52. As of 31 October 2023, 57 percent of registrants had completed their peer review requirement for the 2022-24 CPD cycle; 82 percent have uploaded a PDP, and 45 percent of registrants had recorded one CPD point per month on average (logging one point every month would achieve the minimum points total by end of cycle). In November, we engaged with registrants on the need to obtain and log CPD points steadily throughout the cycle, with additional targeted messaging sent to registrants who have not yet met their annual target of six CPD points per year (pro-rata for those joining mid-year). Looking ahead towards the end of the CPD cycle, a comprehensive communications plan has been developed to support registrants to meet the CPD requirements.
53. Registrant feedback indicates that the quality of CPD events attended and of the CPD providers hosting them is positive, with the majority (92% and 95% respectively) receiving excellent to good feedback (a rating of 85% or higher).
54. Plans are underway to host a CPD provider forum for provisionally approved CPD providers in February 2024. This agenda is expected to cover the end-to-end approval process, discussion of the main areas where providers struggle to meet our requirements as well as a Q&A.
55. A rapid review of the current CPD cycle was undertaken at the midway point, to evaluate how the CPD scheme has been received and if it is meeting its

objectives after 18 months. As a result of this review, one immediate change to the current scheme was made, and clarity provided on issue as follows:

- Registrants with a specialty, such as contact lens opticians and optometrists with prescribing rights, will now be able to obtain points in the specialty domain through self-directed CPD.
- Contact lens opticians will be able to participate in peer review with optometrists, in line with the CPD rules (2021). CPD guidance has been updated to provide clarity on this.

### Governance

56. Governance continues to support the organisation across a range of activities, including committee management, compliance customer complaints, information governance, management of interests and gifts and hospitality, member appointments and support, planning and performance and speaking up.
57. The team has delivered mandatory training to all staff in respect to information governance in November 2023. The information governance handbook, which covers all of our information governance policies, is being reviewed and will be considered by ARC in the new year.
58. The review of member support will report to Nominations Committee in January 2024. A survey has been issued to all members and the results will be considered as part of the report in January 2024.
59. Internal business plan guidance and templates have been issued for 2024/25 to all teams. This activity will accompany the budget planning for the next year, with final proposals being considered by Council in March 2024.

### **Equality Diversity and Inclusion (EDI)**

60. We welcomed our new EDI manager, Jem Nash, who sits within the Governance team and works across the GOC to ensure that equality, diversity, and inclusion principles run through all of the work we do.
61. To comply with the Welsh language standards compliance notice, our website can now be read in either Welsh or English, and we have developed new Welsh branding. A new Iris page has been developed to support staff complying with the standards. The relevant public facing documents and forms have been translated and uploaded to the website, our telephony systems now feature options in Welsh, and a plug-in has been added to the GOC website to allow it to be viewed in Welsh. All-staff training on the history and culture of the Welsh language, the Standards, and our responsibilities for ensuring we meet the Standards has been delivered.

62. We commissioned Derek Hooper, EDI consultant, to review our progress since his last report in 2019. His findings will feed into the revisions on our EDI strategy, policy and action plan.
63. Our consultation on removing reference to gender from the public register will close on 22 December 2023. We have already received over 70 responses and the findings from this will feed into our determination as to how to proceed on this issue.
64. Internal training and awareness training on EDI issues has continued with several learning sessions on topics including colourism, disability allyship, the experiences of Gypsy, Roma, and Traveller communities, and being a good trans ally.

#### External stakeholder engagement

65. Since the last public Council meeting on 28 June 2023, I have attended the following external meetings and engagements:
  - 29 September 2023: Chief Executives of Health & Social Care Regulators Steering Group (CESG) meeting. Chaired by the General Dental Council (GDC) with the relevant sector bodies in attendance.
  - 3 October 2023: General Optical Council (GOC) stakeholder meeting with the relevant sector bodies to discuss registrants' negative workplace experiences, including bullying, harassment and discrimination; following which a joint statement outlining the sectors' commitment to support registrants was published.
  - 4 October 2023: meeting with Graham Walton, Customer Service Excellence Assessment.
  - 6 October 2023: meeting with Vural Aglamaz, the Managing Partner from CY Executive Resourcing.
  - 10 October 2023: GOC Fees Consultation meeting with Alan Clamp, the Chief Executive of the Professional Standards Authority (PSA).
  - 11 October 2023: meeting with Lisa Hopkins, Chief Executive, Lisa Donaldson, Head of Eye Care and Vision and Donna O'Brien, Policy, Public Affairs and Research Manager from SeeAbility.
  - 13 October 2023: I chaired the Sector Strategic Implementation Steering Group (SSISG) meeting with the relevant sector bodies in attendance.
  - 13 October 2023: meeting with Rajiv Joshi, Partner and David Miles, HR Consultant at Blake Morgan.

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- 24 October 2023: Chief Executives of Regulatory Bodies (CEORB) meeting organised by General Dental Council (GDC) with the relevant sector bodies in attendance.
- 25 October 2023: Meeting with the special advisor to Marsha De Cordova Member of Parliament (MP), Labour MP for Battersea, at the Houses of Parliament.
- 26 October 2023: Equality, Diversity, and Inclusion (EDI) Review meeting with Derek Hooper, Equality Consultancy & Training at Derek Hooper Ltd.
- 30 October 2023: Evening webinar organised by Association of British Dispensing Opticians (ABDO) to discuss GOC Registrant Council member recruitment, accompanied by the Chair of Council, and William Stockdale, Council Member.
- 1 November 2023: GOC Leading Hybrid Teams training organised by Hemsley Fraser.
- 2 November 2023: meeting with Alistair Bridge, Chief Executive Officer of ABDO.
- 7 November 2023: Guest at the College of Optometrists (COO) Council lunch and Diploma Ceremony at Central Hall Westminster.
- 13 November 2023: meeting with Ian Humphreys, CEO at COO
- 14 November 2023: 2023 Professional Standards Authority (PSA) Research Conference, how can regulation research contribute to safer care for all?
- 15 November 2023: All Party Parliamentary Group (APPG) Conference, Eye Care Support Pathway Presentation, chaired by Marsha de Cordova MP at the Houses of Parliament.
- 16 November 2023: Collaborate for Good the Eye Care Support Pathway launch at the Royal College of Surgeons organised by the Royal National Institute of Blind People (RNIB).
- 22 November 2023: General Medical Council (GMC) 2023 Symposium, Barriers & Enablers to Implementing Good Medical Practice
- 28 November 2023: meeting with Vivian Bush, Chairman of the Benevolent Fund of the COO and the Association of Optometrists (AOP) and Dan Ehrlich, Fellow Trustee.
- 29 November 2023: Chief Executives of Regulatory Bodies (CEORB) meeting organised by General Chiropractic Council (GCC) with the relevant sector bodies in attendance. Please note that it was confirmed in mid-November 2023 by the GDC that Nick Jones (Chief Executive of the GCC) is the new Chair for both CEORB and CESG meetings moving forward.

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- 29 November 2023: Special guest at the British Contact Lens Association (BCLA) Presidential Address 2023 'Insights & Visions: A Practitioner's Perspective on the Future of the Contact Lens Industry in the UK' organised by BCLA at the Royal College of Physicians.
- 30 November 2023: I chaired two GOC Strategy Roundtables to discuss the future of optical care and regulation, as part of our work to develop our new corporate strategy with the relevant optical sector and third sector bodies in attendance.
- 1 December 2023: Optical Suppliers Association (OSA) Luncheon organised by OSA at the Bloomsbury Hotel.
- 5 December 2023: Parliamentary Reception on Equitable Access to Care chaired by Marsha de Cordova MP at House of Commons.
- 6 December 2023: 2023 Guest at the Optician Awards at the London Hilton Hotel, where I presented the domiciliary care award, organised by Chris Bennett, Editor Chief and Publisher, of Optician.
- 7 December 2023: Optical Sector CEO meeting with the relevant sector bodies in attendance.
- 7 December 2023: Equality, Diversity, and Inclusion (EDI) review meeting organised by the Head of Governance with Derek Hooper, Equality Consultancy & Training at Derek Hooper Ltd.

A. A range of other engagements by Directors are listed in annex one.

### **Finance**

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

### **Risks**

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

### **Equality Impacts**

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

### **Devolved nations**

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

### **Other Impacts**

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F. No other impacts have been identified.

## **Communications**

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### **External communications**

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

### **Internal communications**

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

### **Next steps**

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- I. There are no further steps required.

### **Attachment**

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Annex one - Directors' stakeholder meetings.

## Annex 1 - Meetings/visits since last Council meeting

<b>Philipsia Greenway Director of Change</b>	<b>Yeslin Gearty Director of Corporate Services</b>	<b>Carole Auchterlonie Acting Director of Regulatory Operations</b>	<b>Steve Brooker Director of Regulatory Strategy</b>
3 <sup>rd</sup> October 2023 ICO conference – Empowering through information	04 October 2023 Meeting with Graham Walton as part of Customer service excellence accreditation assessment	24 October 2023 Defence Stakeholder Group meeting	Periodic meetings with national optometric advisers
04 October 2023 Meeting with Graham Walton as part of Customer service excellence accreditation assessment	8 November – Institute of Regulation, Special Interest Group – risk management	15 December 2023 Defence Stakeholder Group meeting	29.9.23 - York Health Economics, workforce planning
5 <sup>th</sup> October 2023 Visit to GPhC offices for discussions on future office project, to walk around their new offices and learn from their experiences	13 November - Meeting with Derek Hooper as part of the GOC's EDI review		11.10.23 - NHS England, catch-up
19 <sup>th</sup> October 2023 Financial Times webinar on optimizing hybrid working strategies	17 November – meeting with Phillip Payne, Royal Bank of Canada Brewin Dolphin – regular meeting with Investment Manager		13.10.23 - SSISG, ETR

<p><b>Philipsia Greenway Director of Change</b></p>	<p><b>Yeslin Gearty Director of Corporate Services</b></p>	<p><b>Carole Auchterlonie Acting Director of Regulatory Operations</b></p>	<p><b>Steve Brooker Director of Regulatory Strategy</b></p>
<p>1<sup>st</sup> November 2023 Meeting with representative of the Brain Tumour Charity</p>			<p>16.10.23 - British and Irish Orthoptists Society – BIOS proposals for orthoptists to refract</p>
<p>2<sup>nd</sup> November 2023 Meeting with Derek Hooper as part of the GOC's EDI review</p>			<p>16.10.23 - DHSC, interpretation of sight testing regulations</p>
			<p>17.10.23 - College of Optometrists, presentation of draft workforce planning dashboard</p>
			<p>20.10.23 - InHealth Intelligence, 2013 statement project</p>
			<p>1.11.23 - Optometry Schools Council, various education related topics</p>
			<p>7.11.23 - Impact Health, business registrant survey</p>
			<p>16.11.23 - Optometry Schools Council, follow-up meeting</p>
			<p>17.11.23 - Optical Sector Policy Forum, sharing updates and talk on LASER therapeutic treatments</p>

<p><b>Philipsia Greenway Director of Change</b></p>	<p><b>Yeslin Gearty Director of Corporate Services</b></p>	<p><b>Carole Auchterlonie Acting Director of Regulatory Operations</b></p>	<p><b>Steve Brooker Director of Regulatory Strategy</b></p>
			<p>20.11.23 - TopCon, 2013 statement project</p>
			<p>22.11.23 - College of Optometrists, presentation of draft workforce planning dashboard</p>
			<p>28.11.23 - DJS, public perceptions survey</p>
			<p>28.11.23 - Optical Benevolent Fund, introductory meeting</p>
			<p>28.11.23 - FODO, College of Optometrists – role of professions in training the next generation</p>
			<p>5.12.23 - Regulated Professions Advisory Forum, trade matters</p>
			<p>7.12.23 - Business regulation stakeholder reference group</p>

**DRAFT minutes of the meeting of the Advisory Panel held on  
Monday 6 November 2023 at 9:15am via MS Teams**

**Present:** Jacqui Adams, Kay Bagshaw, Nigel Best, Geraldine Birks, Peter Black, Gordon Dingwall, Lynn Emslie, Josie Forte, Mike Galvin (Chair), Lisa Gerson, Sally Gosling, Louise Gow, Imran Hakim, Anthony Harvey, Gordon Ilett, Sarah Joyce, Wayne Lewis, Haseena Lockhat, Andrew Logan, Frank Munro, Tim Parkinson, Neil Retallic, Chloe Robson, Alison Sansome, Amit Sharma, William Stockdale, Alicia Thompson, Nilla Varsani, Catherine Viner, Marcus Weaver and Anne Wright (Chair of Council).

**Apologies:** Dean Dunning, Giles Edmonds, Deirdre McAree and Dan McGhee.

**Absent:** Imran Jawaid

**GOC Attendees:** Carole Auchterlonie Interim (Director Regulatory Operations), Steve Brooker (Director Regulatory Strategy), Marie Bunby (Policy Manager), Rebecca Chamberlain (Standards Manager), Nadia Denton (Governance Officer) *Minutes*, Kate Furniss (Operations Manager Education and CPD), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Head of Legal), Philippa Mendonsa (Head of Education and CPD Operations), Samara Morgan (Head of Education and CPD Dvelopment), Leonie Milliner (Chief Executive and Registrar), Jem Nash (EDI Manager), Ben Pearson (Education Policy Manager), Matthew Redmond (Operations Manager Education and CPD), and Charlotte Urwin (Head of Strategy, Policy and Standards).

	<b>Welcome and Apologies</b>
1.	The Chair opened the meeting, welcomed those present.
2.	It was noted that Deirdre McAree, Dan McGhee, Giles Edmonds and Dean Dunning had sent their apologies.
3.	It was noted that Mary Wright (Education Committee) and Joy Myint (Standards Committee) had stepped down since the last Advisory Panel meeting.
	<b>Declaration of Interests and confidentiality AP11(23)</b>
4.	<p>The Panel noted the register of interests and were informed of changes that included the fact that:</p> <ul style="list-style-type: none"> <li>• Tony Harvey had been appointed as a S.T.E.M Ambassador (East Midlands Region) and pre-registration Auditor at Anglia Ruskin University; and</li> <li>• Gordon Ilett had stepped down as chairman of Seeability, was no longer director of the Association of Optometrists and had been appointed senior Optometrist at University Hospitals Plymouth.</li> </ul>

	<b>Minutes of the meeting held on 12 June 2023 AP12(23)</b>
5.	The minutes of the meeting were <b>approved</b> as a true record of the proceedings.
	<b>Actions point updates AP13(23)</b>
6.	The actions were noted.
	<b>Matters Arising</b>
7.	There were no matters arising.
	<b>Standards Review AP15(23)</b>
8.	The Standards Manager presented the paper providing an update on the progress of the Standards Review. The Advisory Panel was informed that the review would go out for public consultation in January 2024 and that the item would come back to the Advisory Panel in June 2024. Advisory Panel advice was sought on whether there were any gaps within the standards.
9.	In discussion the Advisory Panel discussed the following points:  <u>Boundaries</u> <ul style="list-style-type: none"> <li>• the wording of ‘intent of causing offence’ could make it difficult to assess intention in Fitness to Practice cases and as such the advice was that the standards should avoid such terminology.</li> <li>• it was not clear what ‘appropriate’ meant in the context of boundary crossing, the wording should be more precise;</li> <li>• that sexual harassment would be judged from the perspective of the person experiencing it. The debate centred on the definition of sexual harassment. the guidance needs to be clear as to the parameters around personal relationships between colleagues in the workplace, improper emotional relationships (as opposed to sexual assault) could also be an issue;</li> <li>• it would be helpful to include reference to possible power imbalances within the workplace between students on placement and employers; There was major agreement that the new 3.3 standard for optical businesses would be strengthened by being more proactive than reactive. It would be good to have a stronger statement about prevention as the statements did not go far enough</li> </ul>
10.	<u>Vulnerability</u> <ul style="list-style-type: none"> <li>• The standards should define that vulnerability may also come from economic circumstances (poverty) as well as the stated causes.</li> </ul>
11.	<u>Leadership</u> <ul style="list-style-type: none"> <li>• the standards should support an open workplace culture which allows people to speak out or raise concerns;</li> <li>• the conceptualisation of leadership and professionalism should ideally be reflected within the standards;</li> <li>• leadership means different things in a variety of contexts, it could for instance include the fact of offering a complete range of optical services;</li> <li>• the standards should much be clearer about what is meant by leadership.</li> </ul>

12.	<p><u>Social media</u></p> <ul style="list-style-type: none"> <li>it would be ideal to link the standard to an example of a privacy statement so that registrants know what is expected of them;</li> <li>the standards should clarify the reference to ‘with others’;</li> <li>the guidance should not be such that it prevents registrants from sharing information with colleagues or stifles peer-to-peer discussion where it could be helpful for learning and development;</li> <li>the guidance needs to reflect that fact that new social platforms are arising all of the time and reflect the pace of change in social media.</li> </ul>
13.	<p><u>Technology and Artificial Intelligence (AI)</u></p> <ul style="list-style-type: none"> <li>the standards should refer to data storing and sharing, particularly in the context of cloud based systems;</li> <li>when exercising professional judgement, registrants may show a possible bias towards particular commercial products because they best meet patient needs;</li> <li>standard 7 could be more explicit to indicate that it refers to data generated by AI rather than ‘data’;</li> <li>it is worth considering if there should be a standard on procuring technology in the Standards for Optical Businesses;</li> </ul>
14.	<p><u>Other comments</u></p> <ul style="list-style-type: none"> <li>the standards should make reference to ‘other healthcare providers’ rather than ‘NHS services’; and</li> <li>consent was only valid if people understood what they were consenting to. The standards should ideally include reference to accessible format information.</li> </ul>
15.	<p>The Advisory panel:</p> <ul style="list-style-type: none"> <li><b>reviewed</b> the progress to date on the Standards Review; and</li> <li><b>advised</b> the project team on the proposed revisions and additions to the standards.</li> </ul>
<p><b>Development of the GOC strategy 2025-30 ‘Shaping the future’ AP14(23)</b></p>	
16.	<p>The Director of Regulatory Strategy introduced the paper. The Advisory Panel were informed that Council had agreed to a high-level approach in developing the documents and had also approved approach to stakeholder engagement. It was further explained that the emerging strategic themes included the creation of fairer and more inclusive optical services, support for responsible innovation and protecting the public, proactive leadership and the GOC regulatory model. It was noted that the focus of the strategy would be on how the organisation could make a difference to the public rather than being internally focused.</p>
17.	<p>In discussion the Panel noted that:</p> <ul style="list-style-type: none"> <li>education would continue to be an area of high focus applied across key areas of the strategy;</li> </ul>

	<ul style="list-style-type: none"> <li>the implementation of the Education Strategic Review would be an area of ongoing focus and tracked monitored very closely;</li> <li>there was no current specific GOC mandate on workforce challenges but it was an issue the executive would keep in sight as the UK approach to this aspect continues to evolve;</li> <li>sustainability actions would be in line with existing GOC statutory obligations;</li> <li>the tracking of technology and innovation was something that the organisation needed to develop; and</li> <li>the GOC supported sector wide groups who had made funding calls for the support of ESR implementation.</li> </ul>
18.	The Advisory Panel was informed that the advice would be presented at the Private Council meeting on 12 December 2023.
19.	<p>Advisory panel:</p> <ul style="list-style-type: none"> <li><b>reviewed and discussed</b> the summary of the Council’s discussion of the external drivers facing the GOC in the next five years; and</li> <li><b>reviewed and discussed</b> the early themes identified for the strategy.</li> </ul>
	<b>Date of Next meeting</b>
20.	The date of the next meeting was noted as Friday 7 June 2024.
	<b>Any Other Business</b>
21.	There was no other business.
	<b>The meeting closed at 11:14am.</b>



**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Companies Committee  
held on Monday 6 November 2023 at 11:30 hours via Microsoft Teams**

Present: Tim Parkinson (Chair), Gordon Dingwall, Imran Hakim, Gordon Ilett, Sarah Elizabeth Joyce, Wayne Lewis and Amit Sharma.

Apologies: Giles Edmonds, Deirdre McAree and Dan McGhee.

GOC Attendees: Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Kiran Gill (Head of Legal) and Ivon Sergey (Governance and Compliance Manager) (Minutes).

	<b>Welcome and Apologies</b>
1.	The Chair welcomed those in attendance and apologies were noted.
	<b>Minutes from break out session held on 10 March 2022 COM04(23)</b>
2.	The minutes from the breakout session held on 10 March 2023 were approved as an accurate record.
	<b>Council discussions on topics relevant to optical businesses COM05(23)</b>
3.	The Chair provided a summary of recent Council discussions on matters relevant to optical businesses. These included: Disclosure and Barring Service (DBS) checks, where Council had agreed to continue with the existing approach and reconsider the issue once the government and Public Standards Authority (PSA) policy direction were known; the Optical Consumer Complaints Service (OCCS) trends on the nature of complaints received; and the registrant and public perception survey findings along with GOC actions. Council papers on these matters were available on the GOC website.  The Companies Committee <b>noted</b> the paper.
	<b>Business regulation reform: the majority director requirements COM06(23)</b>
4.	The Director of Regulatory Strategy introduced the paper. Council had agreed the policy position that businesses carrying out restricted functions, regardless of their structure, must register with the GOC. Council had agreed to fund an extra post to lead on business regulation and recruitment for the post was ongoing. The Committee discussed how having majority director requirements could cause unintended consequences. It suggested the strongest argument in favour of the proposal to no longer maintain a majority director requirement was that a mix of skills and talents, including non-clinical and non-patient centric skills, was necessary to run a successful modern business. The duty of a director was to the welfare of the company, and having a role that would ensure compliance with GOC standards, with sufficient power to say no to a board, was good. In relation to the possibility of a Head of Optical Practice role it was confirmed that the GOC was looking at a range of models in other sectors, but proposals would need to address the unique needs of the optical services sector.  The Companies Committee <b>discussed</b> the paper.

	<b>Workplace shortage and the regulatory contribution COM07(23)</b>
5.	The Committee discussed whether there was a workforce shortage in optics and if there was any role the GOC could play. The Director of Regulatory Strategy suggested there seemed to be mixed messaging on the extent of a workforce issue.
6.	<p>The Committee discussed the many possible factors at play, including geographical challenges, changing career aspirations of the younger generation, increased demand in part time and locum work which could mean reduce care to patients, key differences between multiples and independent practices. It also discussed the value in gathering data on working hours from registrants to understand where there are shortfalls. This would be taken into consideration when preparing questions for the registrant survey, noting the GOC could only request information during the annual registrant renewal that was necessary to meet its statutory objectives, which posed some limitations.</p> <p>The Companies Committee <b>discussed</b> the paper.</p>
	<b>Registrant and public perceptions surveys 2023 COM08(23)</b>
7.	The Committee suggested the “support” term, that was proposed to strengthen GOC business standards, needed more clarity. Regarding the issue of harassment, it was felt the GOC needed to continue to set expectations, promote the right behaviours in the profession and use education tools and training tailored to registrant age groups. Existing NHS Education, diversity and inclusion training models could be useful. It was confirmed CPD requirements were mapped onto the standards for performance.
8.	<p>The Committee suggested more specific questions concerning workload, what working overtime meant, be asked in the next registrant survey. Another area could be on career expectations in optics since lack of understanding of the role could inform why registrants may choose to leave the profession. This data could inform trends and drive the right changes. The Committee noted questions used by other regulators were considered for surveys to allow comparisons, noting there were clear differences.</p> <p>The Companies Committee <b>discussed</b> the findings from the survey and noted the actions the GOC has taken in response.</p>
	<b>Any Other Business</b>
9.	The next meeting of the Committee would take place in March 2024.
	<b>Meeting Close</b>
10.	The meeting closed at 12.54pm

**DRAFT minutes of the Education Committee held on Monday 6 November 2023 at 11.30 am via MS Teams**

**Present:** Mike Galvin (Education Committee Chair), Jacqui Adams, Sally Gosling, Andrew Logan and Neil Retallic.

**Apologies:** Dean Dunning

**GOC Attendees:** Nadia Denton, (Governance Officer – Minutes), Allison Ella Ling (CPD Development Manager), Kate Furniss (Operations Manager Education and CPD), Philippa Mendonsa (Head of Education and CPD Operations), Leonie Milliner (Chief Executive and Registrar), Samara Morgan (Head of Education and CPD Development), Ben Pearson (Education Policy Manager), Matthew Redmond (Operations Manager Education and CPD) and Lisa Venables (Education Development Manager).

	<b>Welcome and Apologies</b>
1.	The Chair opened the meeting and welcomed everyone.
2.	It was noted that apologies had been received from Dean Dunning and that Mary Wright had resigned from the committee.
	<b>Declarations of interests and confidentiality</b>
3.	There were no new declarations of interest.
4.	<b>Minutes from break out session held on 12 June 2023 ED10(23)</b>
	The minutes of the last meeting were approved as a true record.
	<b>CPD audit and review findings ED08(23)</b>
	<i>The Education Committee merged with the Registration Committee for the next two agenda items.</i>
5.	The Head of Education and CPD Operations introduced the item. The Education and Registration Committees were informed that the executive wanted to ensure: <ul style="list-style-type: none"> <li>the outcomes were fair and that registrants/providers regarded the process as supportive;</li> <li>that registrants were clear about the expectations of the GOC and were able to meet their targets; and</li> <li>that previous Continuous Education and Training (CET) providers fulfilled the new Continuous Professional Development (CPD) requirements for providers.</li> </ul>
6.	In discussion the following points were noted: <ul style="list-style-type: none"> <li>that the executive was looking at restrictions with the CPD interface which limited the user ability to edit online records;</li> </ul>

	<ul style="list-style-type: none"> <li>• CPD providers should ideally be asked to include standard (distinguishing) information on their certificates such as registrant GOC numbers;</li> <li>• any audit of the CPD platform should enable it to cross check certificates with providers;</li> <li>• providers should be informed in advance of any audits so that they would have adequate time to upload outstanding documents;</li> <li>• the GOC should consider enabling providers to upload information onto the portal after the delivery of their training event; and</li> <li>• the GOC wanted to encourage registrants to take the lead with their learning and engagement on the CPD portal;</li> <li>• the executive planned to bolster communications to ensure that registrants were aware of what was expected of them;</li> <li>• the CPD system had been updated so as to be in line with that of other regulators.</li> </ul>
7.	<p>The Education and Registration Committees:</p> <ul style="list-style-type: none"> <li>• <b>noted</b> the outcomes from the first CPD registrant review and provider audits; and</li> <li>• <b>provided</b> advice regarding the expectations on providers.</li> </ul>
	<p><b>International registration – advice to Council ED09(23)</b></p>
8.	<p>The Education Policy Manager introduced the paper. The Education and Registration Committees were informed that GOC had undertaken public consultation over a 12-week period. They noted that the proposal would go back to Council in Spring 2024 and the planned implementation date was 2026.</p>
	<p><i>The Education Committee left the Registration Committee.</i></p>
9.	<p>The Education Committee discussed the outcomes of the consultation, and the following points were noted:</p> <ul style="list-style-type: none"> <li>• Protection of the public was paramount;</li> <li>• a one size fits all approach to the assessment of optical professionals who had qualified overseas and who wished to register with the GOC might not be appropriate, given the variation in overseas optical qualifications;</li> <li>• the GOC may need to consider the risks and benefits of maintaining a initial assessment alongside providers to maintain quality;</li> <li>• it would be a significant undertaking for providers to adequately review the supporting evidence submitted by international students and have a thorough knowledge of their educational experience;</li> <li>• putting the onus on applicants to demonstrate their comparative educational level might be more proportionate for providers' admissions decisions;</li> <li>• some applicants may require a test to determine their qualification level;</li> <li>• the creation of a centralised UK database where information about international registrants' qualifications would be ideal;</li> <li>• providers may find it difficult to resource a thorough mapping exercise;</li> <li>• qualifications change rapidly over time and locations and any mapping done could rapidly become out of date;</li> <li>• there should be consideration for the experience of the applicant who may have to apply across a number of providers;</li> <li>• the GOC should host a targeted session with providers to discuss expectations around international registrations further;</li> </ul>

	<ul style="list-style-type: none"> <li>the GOC should consider the approach of other regulators as part the final decision; and</li> <li>the public protection framework would need to be adhered to with whichever approach was adopted.</li> </ul>
10.	<p>The Education Committee:</p> <ul style="list-style-type: none"> <li><b>reviewed</b> the early draft analysis of consultation responses;</li> <li><b>reviewed</b> the summary of responses to the consultation;</li> <li><b>provided</b> feedback on the consultation results; and</li> <li><b>considered</b> next steps and advice to Council.</li> </ul>
	<b>Education Development and Operations Update</b>
11.	<p>The Head of Education and CPD Operations introduced the item. The Committee was introduced to the two new members of the Education team, Kate Furniss (Operations Manager Education and CPD) and Matthew Redmond (Operations Manager Education and CPD) who were present at the meeting.</p>
12.	<p>The Committee was informed by that:</p> <ul style="list-style-type: none"> <li>all education provider visits had been delivered as anticipated for 2023/24;</li> <li>a targeted visit to a qualification had been undertaken in response to complaints; and</li> <li>all adaptations that had been due to start in 2023 had been received and a further 11 adaptations were due to be received this academic year.</li> </ul>
13.	<p>The Committee was given an update on the progress of the Sector Strategic Implementation Steering Group (SSISG) and Knowledge hub by the Education Policy Manager and noted that:</p> <ul style="list-style-type: none"> <li>the next phase of Education Strategic Review communications work would be to highlight the key system changes via a series of infographics;</li> <li>a second two-day SPOKE network and collaborative writing event was planned for January 2024 in Warwick; and</li> <li>SPOKE published the outputs of its project looking at course admissions and recruitment and would shortly publish the outputs of its supervision guidance.</li> </ul>
14.	<p>The Committee was given an update on the headlines from the CPD cycle by the Head of Education and CPD Operations and noted that:</p> <ul style="list-style-type: none"> <li>18% of registrants had not logged their personal development plans;</li> <li>the executive would undertake a communications exercise with registrants outlining expectations about the completion of personal development plans;</li> <li>feedback from registrants indicated that CPD delivery was high and stable;</li> <li>provider audits would indicate other ideal areas of focus;</li> <li>the executive would review whether there was a need to update existing guidance on when registrants should complete their CPD;</li> <li>any changes taken forward would be brought back to the Committee for discussion.</li> </ul>
15.	<p>The Committee was given an update on the status of Rapid Review outcomes by the CPD Development Manager and noted that:</p>

	<ul style="list-style-type: none"><li>• two major changes that would be rolled out (a) registrants would be able to gain self-directed speciality points and (b) Contact Lens Opticians would be able to participate in peer reviews with optometrists; and</li><li>• the next steps would be the development of MyCPD and communication to registrants.</li></ul>
15.	The Committee <b>noted</b> the paper.
	<b>Any Other Business</b>
16.	There was no other business.
	<b>The meeting closed at 12.58pm</b>

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Registration Committee  
held on Monday 6 November 2023 at 11:30am via Microsoft Teams**

Present: Geraldine Birks, Peter Black, Lynn Emslie, Lisa Gerson (Chair), Louise Gow, Anthony Harvey, Roshni Samra, Ali Sansome and Catherine Viner.

Also in attendance: William Stockdale (Council member) and Anne Wright (Chair of Council)

Apologies: None.

GOC Attendees: Carole Auchterlonie (Acting Director of Regulatory Operations), Yeslin Gearty (Director of Corporate Services), Daniel Hall (Registration Manager), Jem Nash (EDI Manager), Ben Pearson (Education Manager), Andy Spragg (Head of Governance) *minutes*,  
  
Nadia Denton (Governance Officer) *Minutes*, and Nadia Patel (Head of Registration).

	<b>Welcome and Apologies</b>
1.	The Chair welcomed everyone to the meeting.
2.	There were no apologies. Daniel Hall (Registration Manager) was attending on behalf of Nadia Patel (Head of Registration)
	<b>CPD audit and review findings</b>
	<i>The Education Committee merged with the Registration Committee for the next two agenda items.</i>
3.	The Head of Education and CPD Operations introduced the item. The Education and Registration Committees were informed that the executive wanted to ensure: <ul style="list-style-type: none"> <li>the outcomes were fair and that registrants regarded the process as supportive;</li> <li>that registrants were clear about the expectations of the GOC and were able to meet their targets; and</li> <li>that previous Continuous Education and Training (CET) providers fulfilled the new Continuous Professional Development (CPD) requirements for providers.</li> </ul>
4.	In discussion, the following points were noted: <ul style="list-style-type: none"> <li>that the executive was looking at restrictions with the CPD interface which limited the user ability to edit online records;</li> <li>providers should ideally be asked to include standard (distinguishing) information on their certificates such as registrant GOC numbers;</li> <li>any audit of the CPD platform should enable it to cross check certificates with providers;</li> <li>providers should be informed in advance of any audits so that they would have adequate time to upload outstanding documents;</li> <li>the GOC should consider enabling providers to upload information onto the portal after the delivery of their training event; and</li> </ul>

	<ul style="list-style-type: none"> <li>the GOC wanted to encourage registrants to take the lead with their learning and engagement on the CPD portal;</li> <li>the executive planned to bolster communications to ensure that registrants were aware of what was expected of them;</li> <li>the CPD system had been updated so as to be in line with that of other regulators.</li> </ul>
5.	<p>The Education and Registration Committees:</p> <ul style="list-style-type: none"> <li><b>noted</b> the outcomes from the first CPD registrant review and provider audits; and</li> <li><b>provided</b> advice regarding the expectations on providers.</li> </ul>
	<b>International registration – advice to Council</b>
6.	The Education Policy Manager introduced the paper. The Education and Registration Committees were informed that GOC had undertaken public consultation over a 12-week period. They noted that the proposal would go back to Council in Spring 2024 and the planned implementation date was 2026.
	<i>The Education Committee left the Registration Committee.</i>
	<b>Minutes from break out session held on 12 June 2023</b>
7.	The minutes from the breakout session held on 12 June 2023 were approved as an accurate record of the meeting.
	<b>Update on student renewals</b>
8.	The Director of Corporate Services provided an update on student renewals. The Committee noted that demand was consistent with previous years.
	<b>Update on MyGOC</b>
9.	The Committee was given an outline of the procurement process for the MyGOC update. The Committee commented on the need to ensure that registrants had a positive user experience of any new system.
	<b>DBS checks</b>
10.	The Committee noted the outcome of the Council’s discussion, and expressed concern that the public assumed safeguarding checks were common practice in optical services. It was highlighted that Council had not ruled out a change of policy, though this would be contingent on the central Government response to the Bailey Review, alongside any guidance the Professional Standards Authority (PSA) issued.
11.	The Committee was informed that enhanced DBS checks included non-conviction information supplied by relevant police forces if it is deemed relevant. Any check imposed by the GOC would need to consider including a decision-making process or assessment as to whether this non-conviction information was relevant to a registrant’s fitness to practise.
	<b>Gender Consultation – advice to Council</b>
12.	The EDI Manager outlined the proposed consultation. It was highlighted that data on registrant sex and gender would still be collected and stored for monitoring and reporting purposes. EDI reporting would continue in terms of the registrant population, and trends and information would still be made available for Freedom of Information requests as appropriate.

	<b>Professional indemnity insurance and publication and maintenance of the register</b>
13.	The Director of Corporate Services gave an update. There were no comments or queries.
	<b>AOB</b>
14.	There was no other business to consider.
	<b>Meeting Close</b>
15.	The meeting closed at 1.02pm.

Strictly Confidential

**DRAFT minutes of the meeting of the Standards Committee held on  
Monday 6<sup>th</sup> November 2023 at 11:30am via MS Teams**

**Present:** Kay Bagshaw, Nigel Best, Josie Forte (Chair), Haseena Lockhart, Chloe Robson, Nilla Varsani and Marcus Weaver

**Apologies:** None

**GOC Attendees:** Kayliegh Allen (Head of Case Progression), Rebecca Chamberlain (Standards Manager), Kiran Gill (Head of Legal), Elisha Lindsay (Standards Officer) *minutes*, and Leonie Milliner (Chief Executive and Registrar) *for part of the item only* and Charlotte Urwin (Head of Strategy, Policy and Standards),

	<b>Welcome and apologies</b>
1.	The Chair opened the meeting and welcomed those present.
2.	No apologies were received.
	<b>Minutes from breakout session held on 12 June 2023</b>
3.	Minutes from break out session held on 12 June 2023 were <b>approved</b> as a true record of the proceedings.
	<b>Standards review: proposals</b>
4.	<p>The Standards Manager presented the proposed revisions to the standards and gave a summary of the key topics and next steps.</p> <p><u>Social media proposal:</u></p> <ul style="list-style-type: none"> <li>The Committee reviewed the wording of the proposed standard 16.6. The Committee discussed whether the reference to “research” in this standard would include the use of data to carry out internal audits. The Committee was informed that the existing wording had been in place since 2016 and that no concerns had been raised to date.</li> <li>No issues were raised in respect to proposed standard 3.3.</li> </ul> <p><u>Supervision and delegation:</u></p> <ul style="list-style-type: none"> <li>The Committee was told that a review on the statement of testing of sight was planned and would mean an update to other materials related to supervision and delegation at a future date. It was clarified that it would not be appropriate to issue further guidance on supervision and delegation until the research on the topic had been considered by Council.</li> </ul> <p><u>Leadership</u></p> <ul style="list-style-type: none"> <li>The Committee discussed the scope of leadership for registrants who worked across a range of different roles. It was suggested that inclusivity was one of the qualities relevant to leadership.</li> <li>The Committee expressed concern in respect to the expectations for student registrants in relation to leadership. It was clarified that the introductory text for</li> </ul>

	<p>the standards for student registrants was intended to set out background and would not be the benchmark applied to fitness to practise concerns.</p> <p><u>Technology:</u></p> <ul style="list-style-type: none"> <li>• The Committee discussed the level of detail in the proposed standard. It was noted that research had identified that a more explicit standard regarding digital technologies was required.</li> <li>• It was confirmed that remote supervision would be considered as part of any revisions to the supervision and delegation standards.</li> </ul> <p><u>Sexual boundaries</u></p> <ul style="list-style-type: none"> <li>• The Committee discussed wording, including the inclusion of intent. The GMC wording around this standard, including harm, effect and purpose, was highlighted as a good example of where this standard was used elsewhere.</li> <li>• The Committee raised a wider issue related to the treatment of family members, it was noted that there was limited evidence that a standard was required in this area.</li> </ul> <p><u>Vulnerable patients:</u></p> <ul style="list-style-type: none"> <li>• The Committee discussed the wording in respect to the assessment of vulnerability. The need for consistent terminology between standards was raised. It was suggested that not having English as a first language could make a patient more vulnerable in some circumstances.</li> </ul> <p><u>Equality Diversity and Inclusion (EDI):</u></p> <ul style="list-style-type: none"> <li>• It was suggested that ‘unconscious bias’ could be referenced in the guidance.</li> </ul> <p><u>Communication</u></p> <ul style="list-style-type: none"> <li>• The Committee discussed what additional tools and support should be referenced in the standard. It was noted that the guidance could include examples, such as the use of interpreters.</li> </ul> <p><u>Compliance with legislation:</u></p> <ul style="list-style-type: none"> <li>• The Committee expressed support for the proposed standard. An amendment to wording was proposed to extend the requirements for the NHS to other services.</li> </ul> <p>The Committee:  <b>reviewed</b> the progress to date on the Standards Review; and  <b>advised</b> the project team on the proposed revisions and additions to the standards.</p>
	<p><b>Any Other Business</b></p>
<p>5.</p>	<p>There was no other business for the Committee to consider.</p>
<p>6.</p>	<p><b>The meeting closed at 1.03pm</b></p>

**Council Meeting (Strictly Confidential) 12 December 2023**

**For decision**

- Data breach investigation - outcome and action plan (Andy Spragg)
- Appointment of Clinical Advisers and Legal Advisers

**For discussion**

- Strategic risk discussion
- GOC strategy 2025-30: key emerging themes/ strategic choices; potential presentations/ discussions with stakeholder groups
- GOC office / Old Bailey update

**For noting**

- Corporate Policies
- Governance Review Progress Report
- Committee updates
- Council papers for the public session

**Council Meeting (Public) 13 December 2023**

**For decision**

- Standard Review
- Registrant fees 2024/2025
- Reserves policy
- Committee appointments for Council members
- Governance review update: member support review and Council member role profile
- Data breach investigation - outcome and action plan (Andy Spragg)

**For discussion**

- H&S assurance report
- FTP Update
- Council's self-assessment against the Charity Governance Code
- Q2 Financial performance report/Q2 forecast
- Business performance dashboard Q2
- Business Plan Assurance Report Q2

**For noting**

- CEO / Chair Report
- Advisory Panel minutes

**Council Catch-up 9 January 2024**

- EDI
- Change programme update

**Council strategy day January 2024 (final date TBC)**

- GOC strategy 2025-30: workshops to consider draft vision, mission, values and strategic objectives; EDI strategy; early draft financial, people and digital strategy.

**Council Catch-up 20 February 2024**

- Staff survey results

**Council Meeting (Strictly Confidential) 12 March 2024**

**For decision**

**For discussion**

- Strategic risk discussion
- Legislative / Regulatory Reform

<p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Corporate Policies</li> <li>- Governance Review Progress Report</li> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 13 March 2024</b></p>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Member fees 24/25</li> <li>- GOC strategy 2025-30: proposed vision, mission, values and strategic objectives; and EDI strategy for 2025-2030, in advance of public consultation.</li> <li>- Budget and business plan for 2023/24</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- <b>Q3 Financial performance report/Q1 forecast</b></li> <li>- <b>Business performance dashboard Q3</b></li> <li>- Business Plan Assurance Report Q3</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / Chief Executive Report</li> <li>- Committee updates</li> </ul>

**Previous meetings**

<p><b>Council Meeting (Strictly Confidential) 27 June 2023</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- MyGOC: Outline Business Case</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> <li>- GOC strategy 2025-30: shaping the future</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 28 June 2023</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- GOC strategy 2025-30: laying the foundations</li> <li>- Legislative Reform</li> <li>- Internal investigation Policy</li> <li>- Member fees 23/24</li> <li>- Advice from Registration Committee: DBS checks for registrants</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- OCCS Annual Report</li> <li>- Approved qualifications: AMR report</li> <li>- PSA performance review</li> <li>- Q4 financial and performance reports</li> <li>- Balanced Scorecard</li> <li>- Business Plan Assurance Report Q4</li> </ul> <p><b>For noting</b></p>

<ul style="list-style-type: none"> <li>- Chair / CEO report</li> <li>- Advisory Panel minutes</li> </ul>
<b>Council Catch-up 11 July 2023</b>
<ul style="list-style-type: none"> <li>- Education funding across the devolved nations</li> <li>- PSA symposium on collaboration - feedback</li> </ul>
<b>Council Catch-up 5 September 2023</b>
<ul style="list-style-type: none"> <li>- <b>Developing the GOC strategy 2025-30: stakeholder engagement</b></li> <li>- <b>Regulation and workforce planning</b></li> <li>- Welsh language compliance update</li> </ul>
<b>Council Meeting (Strictly Confidential) 26 September 2023</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- GOC strategy 2025-30: approach to stakeholder engagement</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> <li>- Legislative / Regulatory Reform</li> <li>- Public perceptions survey</li> <li>- Registrant survey</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 27 September 2023</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Annual report and financial statements 2022/23</li> <li>- ARC annual report 2022/23</li> <li>- Equality, Diversity and Inclusion annual report 2022/23</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- <b>Update on research on testing of sight</b></li> <li>- <b>Registrant and public perception survey</b></li> <li>- <b>GOC strategy 2025-30: stakeholder engagement</b></li> <li>- <b>Q1 Financial performance report/Q1 forecast</b></li> <li>- <b>Business performance dashboard Q1</b></li> <li>- <b>Business Plan Assurance Report Q1</b></li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair's report</li> <li>- Chief Executive and Registrar's report</li> </ul>
<b>Council Catch-up 3 October 2023</b>
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<b>Council Strategy Day – 2 and 3 November 2023</b>
<ul style="list-style-type: none"> <li>- GOC strategy 2025-30: workshops to include: SWOT analysis; values and behaviours; mission and vision; horizon scanning and state of the nation; financial and digital strategy.</li> </ul>
<b>Council Catch-up 14 November 2023</b>
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