enventure research

General Optical Council

Registrant Workforce and Perceptions Survey 2023

Research Report

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Key findings

62% were **satisfied** with their role or job over the last 12 months, mostly due to it being **rewarding and interesting work.**

20% were **dissatisfied**, mostly due to **not feeling valued**

= *No change from 62% satisfied and 21% dissatisfied in 2022*

53% work **full-time** (35+ hours per week)

47% work **part-time** (>35 hours per week)

22% of respondents said that they worked as **locums**

40% plan to **gain additional qualifications**

= *No change from 40% in 2022*

26% plan to **reduce their working hours**

↓ *Decrease from 27% in 2022*

15% plan to **leave the profession**

= *No change from 15% in 2022*

10% plan to **retire**

= *No change from 10% in 2022*

52% reported **working beyond their hours**

↓ *Decrease from 57% in 2022*

37% reported feeling **unable to cope with their workload**

↓ *Decrease from 41% in 2022*

Reported experience of **harassment, bullying or abuse** from different groups at place of work or study **in the last 12 months** groups

41% patients / service users

18% managers

16% other colleagues

75% agreed that **CPD improves practice**

34% had **completed some self-directed CPD** as part of the current cycle

53% said they **did not feel confident** completing self-directed CPD

Reported experience of **discrimination** from different groups at place of work or study **in the last 12 months**

24% patients / service users

11% managers

8% other colleagues

The majority of registrants continue to be satisfied in their role
The majority of registrants reported that they have been satisfied in their role or job over the last 12 months. Satisfaction was recorded at exactly the same level as in 2022, following a small increase in satisfaction from 2021, suggesting that there has been little change over the last two years.

As also seen last year, satisfaction is higher amongst certain groups, including student dispensing opticians, those working in a hospital or in education/academia, and those working full-time. However, dissatisfaction was more likely amongst other groups, including those who worked as locums, those who worked for a multiple opticians or in domiciliary care, and those who were based in London or Northern Ireland.

Insight into drivers of satisfaction and dissatisfaction
The key drivers of job satisfaction are doing rewarding and interesting work, a good working environment, and a good work-life balance. Conversely the main reasons for job dissatisfaction are not feeling valued, a heavy workload, and a poor salary. Although there are some differences in these drivers by registration type and workplace setting, it appears that these are the main reasons influencing registrant perceptions formed by the majority of survey respondents.

Improved results in relation to negative working conditions
The 2022 survey found increases in negative working conditions, including registrants feeling unable to cope with their workload, finding it difficult to provide patients with the sufficient level of care they need, and taking a leave of absence due to stress. However, this year's results have seen reporting of these negative working conditions fall back to similar levels reported in 2021.

Despite these positive results, it is still important to note that over half of registrants report working beyond their hours, over a third feel unable to cope with their workload, and over a quarter find it difficult to provide patients with the sufficient level of care they need.

Significant reporting of harassment, bullying, or abuse at work from patients and service users
The survey results show that some registrants experience harassment, bullying and abuse at work, which was recorded at as high as 41% for harassment, bullying and abuse from patients, service users, their relatives, or other members of the public. When compared with national data collected via the NHS Staff Survey, we can see that experience of harassment, bullying and abuse at work from patients/service users is more likely amongst GOC registrants than it is amongst NHS staff, suggesting that this may be a particular problem within the environments in which optical professionals work. Experience of harassment, bullying and abuse at work from managers and other colleagues was less commonplace, but was still reported by significant minorities of respondents. The results also indicate that the majority of harassment, bullying or abuse at work goes unreported.

Experiences of discrimination at work highlighted
Significant proportions of registrants have experienced discrimination in their role at work or place of study in the last 12 months, again most notably from patients, service users, their relatives, or other members of the public. Exploration of this result highlights that discrimination is more likely to be experienced by student registrants, younger registrants aged 35 and under, female registrants, those from ethnic minority backgrounds, and those with a disability. This is in line with the most common forms of discrimination reported, which were racial, age, and sexual discrimination.

Stable reporting of future career plans
Survey results from 2021 found that large proportions of registrants planned to reduce their hours or leave the profession over the next 12-24 months, highlighting potential future staffing problems for the profession. However, the results collected in 2022 found that the proportion of registrants planning to reduce their hours or leave the profession had fallen, along with smaller proportions who planned to retire, switch to locum work, or take a career break, and the results collected this year have remained very consistent. This suggests that the 2021 results may have been affected by the Covid-19 pandemic when there was greater uncertainty.

However, as highlighted last year, although this appears to be a positive result, it is important to note that the combined total of those who plan to reduce their hours, leave the profession, and retire is still considerable. Key drivers such as disillusionment with the profession, stress, burnout and fatigue, lack of job satisfaction, too much focus on sales and commercial pressures, and improving work-life balance may need to be considered to change these future career plans.

Small improvements recorded in how comfortable registrants feel about speaking up
When comparing this year's results with 2021, small increases can be seen in terms of how comfortable registrants would feel if required to speak up about patient safety concerning an individual registrant or an employer to various authorities, including managers, employers, professional associations, and the GOC.

However, as in previous years, registrants are still considerably more likely to feel comfortable speaking up about these issues to their manager, their employer, or their professional association/representative body, rather than the GOC.

Awareness of the OCCS continues to be mixed
As found in 2021 and 2022, although the majority of registrants are aware of the OCCS, a large proportion indicated that they were unaware. This awareness varies across the subgroups, with student optometrists, those newer to the GOC register, and those who worked for a multiple opticians continuing to be less likely to be aware. To see any change in this result, additional promotion of the OCCS and its role may be required.

Mixed levels of confidence at completing new CPD activities
Levels of confidence at completing the new requirements of the CPD scheme are mixed. Confidence is highest amongst registrants in relation to participating in a peer review activity but is lower for completing a personal development plan (PDP) and a short written reflective statement after each CPD activity. Confidence is lowest in relation to completing a reflective exercise with a peer, where a greater proportion of registrants indicated that they were not confident than confident. These results indicate that, following its introduction in January 2022, there are still large proportions of registrants who may require more information about the CPD scheme to increase these confidence levels.

Generally positive perceptions of CPD and its benefits
Despite mixed levels of confidence at completing the requirements of the new CPD scheme, it is positive to note that the majority of registrants agree that completing CPD improves their practice. Further investigation of the ways that CPD improves practice shows that the key benefits are seen to be the ability to refresh and develop knowledge, skills and behaviours, more so than developing confidence to deliver good patient care and reflecting on professional practice.

Suggested topics for provider-led CPD
A small proportion of registrants feel that there are certain topics where it is hard to find provider-led CPD. The most commonly suggested topics were leadership, management and accountability, peer review, contact lenses, and binocular vision.

Confidence at completing self-directed CPD is low, but has scope to increase
A larger proportion of registrants do not feel confident in completing self-directed CPD than feel confident. However, those who had completed some self-directed CPD as part of the 2022-2024 cycle were more likely to feel confident, highlighting that once they attempt it, their confidence increases. As only a third of registrants had completed any self-directed CPD as part of the 2022-2024 cycle, this suggests that there is significant scope to increase these confidence levels by encouraging more registrants to undertake self-directed CPD.

The main reason provided for not having completed any self-directed CPD was a lack of understanding of what counts as self-directed CPD, indicating that increased awareness and understanding is needed.

Useful feedback from those who have completed some self-directed CPD
Those who had completed some self-directed CPD, which was more commonplace amongst those working in a hospital or in education/academia, provided some useful feedback on their experiences. The

majority of respondents agreed with positive statements about self-directed CPD, including that it gives them flexibility to tailor CPD to their scope of practice, that it enables them to develop in a wider range of topics, that they can learn from other professions, and that it enables them to reflect upon qualifications and courses not approved by the GOC.

The majority of respondents had not recorded all of their self-directed CPD, and a key reason provided was that it takes too long to record it onto the system, highlighting a potential area for improvement.

Perceptions towards the GOC's performance in line with its strategic objectives have returned to 2021 levels
After small decreases were recorded in 2022, this year's survey results show that the proportion of registrants who agree that the GOC is meeting the objectives set out in its Strategic Plan 2020-25 (delivering world-class regulatory practice, transforming customer service, and building a culture of continuous improvement) have returned to similar levels found in 2021.

However, as seen in previous years, rather than being more likely to disagree, larger proportions of registrants indicated that they did not know when asked to rate the GOC's performance in relation to its Strategic Plan 2020-25, again highlighting that awareness of what the GOC's strategic objectives are and what it is doing to meet them may be low.

Continued mixed perspectives of the GOC's roles and responsibilities
This year's survey results show consistency of registrant perspectives of the GOC's roles and responsibilities, which continue to be mixed. In terms of positive perspectives, the majority of registrants think that the GOC sets fair standards for the profession, ensures the quality of optical education, and promotes equality, diversity, and inclusion in its work. However, a large proportion of registrants continue to be unsure of the GOC's fairness to registrants when taking action via the fitness to practise process.

As seen in both the 2021 and 2022 surveys, the most critical perspective of the GOC was recorded for the charging of registration fees, where opinion was again equally divided between those who agreed they were reasonable and those who disagreed, the latter including a larger proportion of dispensing opticians.

The Research Programme

Introduction

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public. The GOC currently registers approximately 30,300 optometrists, dispensing opticians, student optometrists, and student dispensing opticians (the GOC also registers approximately 3,000 optical businesses, but these are not included in this research).

To help track registrants' views and perceptions of the GOC, and their experiences of working in clinical practice, a regular survey of registrants is carried out. This year's survey had the following aims:

- Gain greater insight into the optical workforce, including hours worked, job satisfaction, and future career plans
- Explore experiences and perceptions of Continuing Professional Development (CPD)
- Achieve a robust and representative response to the survey to provide a confident level of analysis
- Compare with results from the 2021 and 2022 surveys to help identify any trends and changes over time

Enventure Research, an independent research agency, was appointed to deliver this survey. This report details the findings of this research.

Methodology

Questionnaire design

A questionnaire was designed by the GOC and Enventure Research, including a mix of previously used questions to allow for benchmarking and new questions to cover new topics. The questionnaire took approximately 10-12 minutes for registrants to complete. For reference, a copy of the questionnaire can be found in **Appendix A**.

Promotion of the survey

The survey was securely hosted online and personalised invitations to take part were emailed to all GOC registrants with a valid email address. In total, 30,307 registrants were invited to take part. Those who did not respond received up to four reminder emails encouraging them to take part.

An open-access link to the survey was also promoted by the GOC and stakeholder organisations via email newsletters and social media. Respondents who took part via the open-access link were asked to provide their registration number to access the survey to verify their registration and ensure no duplicate responses were received.

Survey response

The survey was live between 21 March and 25 April 2023. During this time, 3,932 responses were received, representing a 13% response rate.

Interpretation of the findings

Weighting

As the survey was completed by a sample of GOC registrants, and not the entire population of registered optical professionals, the data has been weighted to ensure that certain subgroups are not over or under-represented and that the data is as close to the GOC registrant profile as possible. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population.

The sample has been weighted by registration type (optometrist, dispensing optician, student optometrist, student dispensing optician), based on an up to date version of the GOC register. All survey results presented within this report are based on the weighted data. This approach to weighting has been taken in previous years of the survey, allowing for comparability.

Sampling confidence interval

As the online survey was completed by a sample of GOC registrants and not the entire registrant population, all results are subject to sampling tolerances. However, as a large number of responses were received, the confidence interval for analysis (also known as the margin of error) is narrow.

Based on a total population of approximately 30,300 registrants and 3,932 survey responses, when interpreting the results to a question which all respondents answered, with a response of 50% there is a 95% chance that this result would not vary by more than +/- 1.5 percentage points (48.5% to 51.5%) had the result been obtained from the entire registrant population.

Subgroup analysis

Subgroup analysis has been undertaken to explore the results provided by different groups of GOC registrants, such as registration type, length of registration, workplace setting, location, and key demographics including gender, age group, ethnicity, and disability status. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create larger groups. This analysis is presented in charts, tables, and commentary where statistically significant differences between subgroups have been found.

Interpretation of survey data

This report contains various tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 0.4% will be shown as 0%

For the analysis of certain questions, response options have been grouped together to provide an overall level. For example, in some instances 'strongly agree' and 'agree' have been grouped and shown as 'total agree'. Where these combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.

For the analysis of open-ended (free-text) responses, verbatim comments were read in detail and a coding frame was developed for each question based on themes emerging. This then allowed for categorisation of the themes emerging in the comments, which are presented as analysis.

To provide the GOC with insight to inform future workforce planning, certain survey results have been scaled up to the number of optical professionals currently on the GOC's register, converting the results into approximate registrant numbers. Please note that the numbers presented in this report are only approximations, are subject to sampling confidence intervals, and are shown to provide a general idea of the number of GOC registrants who may have answered in a particular way, if everyone on the register had responded to the survey question.

Throughout this report, those who took part in the survey are referred to as 'respondents'.

Research Findings

Survey respondent profile

The following charts present the weighted profile of survey respondents, including their role, length of time on the GOC register, use of specialty, working status, number of hours worked, workplace setting, involvement in locum working and the delivery of enhanced eye care services, and location.

The full demographic profile of respondents can be found in **Appendix B**.

Registration

Respondents were able to select the role or roles that applied to them including any additional post registration qualification leading to specialist entry on the GOC register. A total of 57% were in optometrist roles, including optometrists (49%), optometrists with an additional supply specialty (3%), optometrists with a supplementary prescribing specialty (1%) and optometrists with an independent prescribing specialty (8%). Almost a quarter of respondents were registered as dispensing opticians (23%), including 18% who selected dispensing optician and 5% who had a contact lens specialty.

A total of 16% indicated that they were student optometrists and a further 4% were student dispensing opticians.
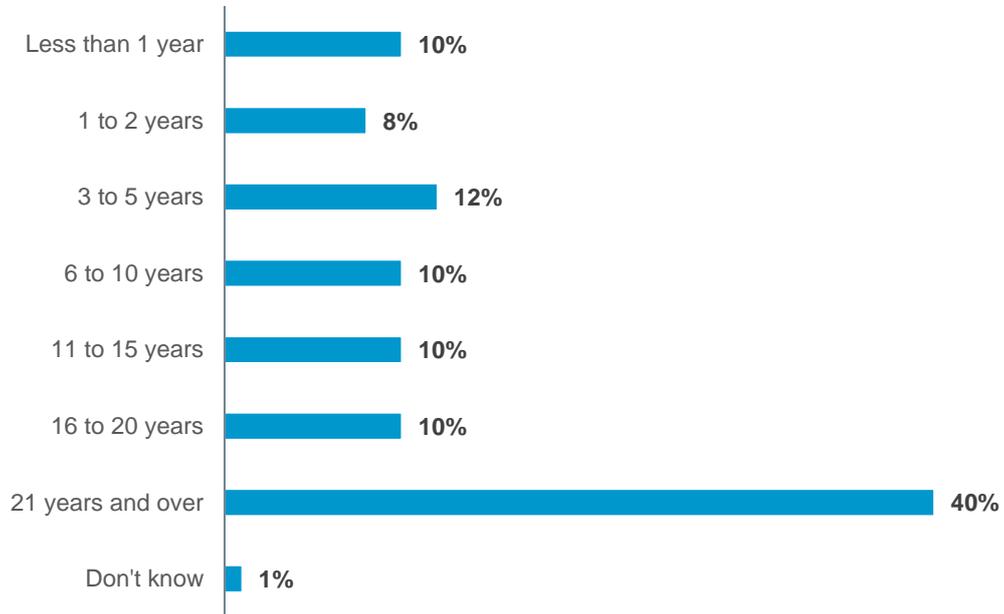
Figure 1 – Role
Base: All respondents (3,932)
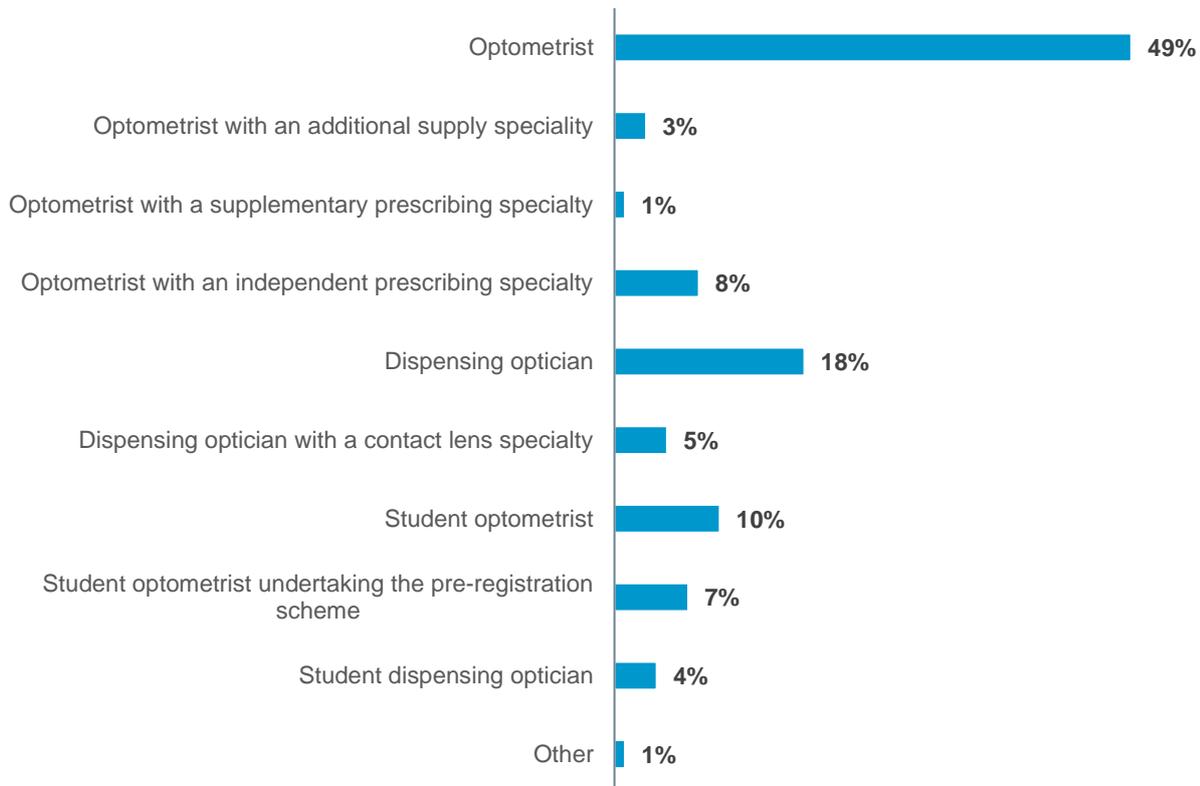
Although a mix of length of time on the GOC register was represented across survey respondents, the largest proportion had been registered for 21 years and over (40%).

Figure 2 – Approximately how long have you been on the GOC register?
Base: All respondents (3,932)

Less than 1 year	10%
1 to 2 years	8%
3 to 5 years	12%
6 to 10 years	10%
11 to 15 years	10%
16 to 20 years	10%
21 years and over	40%
Don't know	1%

Location

The map below shows where survey respondents were located across the UK. In total, 80% were in England, 9% in Scotland, 6% in Wales and 4% in Northern Ireland.

Figure 3 – Location by UK region
Base: All respondents (3,929)

Use of a GOC specialist qualification

The GOC approves four post-registration qualifications leading to specialist entry on the GOC register. For Optometrists, these are additional supply (AS), supplementary prescribing (SP) and independent prescribing (IP). For Dispensing Opticians, this is a qualification as a Contact Lens Optician (CLO).

Respondents with a GOC specialist qualification in additional supply, supplementary prescribing, and independent prescribing, or contact lens specialty were asked to indicate how often they had used their specialty in their role over the last 12 months.

Over three quarters said they had used their specialty *frequently* (77%), with much smaller proportions who said they had used it *sometimes* (12%), *rarely* (6%), or *never* (5%).

Dispensing opticians were more likely to indicate that they had used their specialty *frequently* (84%) when compared with optometrists (73%), as were those who worked in a hospital (85%) when compared with those who worked in an independent opticians/as a sole practitioner (73%) or multiple opticians (78%).

Figure 4 – How often have you used your specialty in your role over the last 12 months?
Base: Working respondents with a specialty (575); optometrist (388); dispensing optician (194); independent/sole practitioner (230); multiple (270); hospital (157)
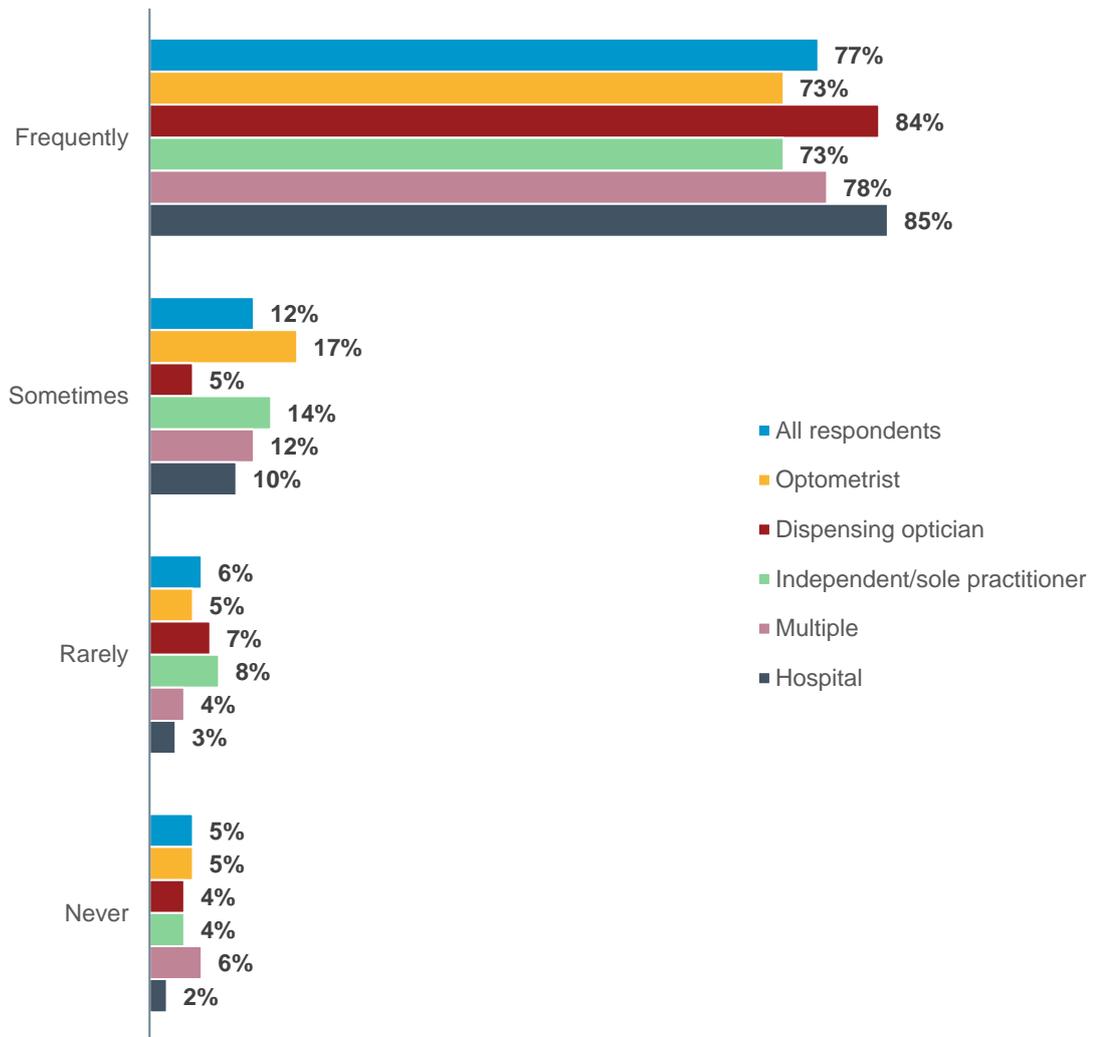
The table below presents the proportion of respondents with the independent prescribing qualification alongside the frequency of use, split by UK nation. Respondents in Scotland were more likely to have the independent prescribing qualification (22%) and were most likely to use it *frequently* (85%). Respondents with the independent prescribing qualification in England were more likely to use it *sometimes* when compared with other UK nations.

Figure 5 – Frequency of use of independent prescribing qualification by UK nation
Base: Shown in table

| UK nation	With independent prescribing qualification	Frequently	Sometimes	Rarely	Never
England	171 (6%)	68%	20%	6%	6%
Wales	21 (9%)	83%	4%	4%	9%
Scotland	77 (22%)	85%	7%	5%	2%
Northern Ireland	18 (13%)	89%	11%	-	-
UK	288 (8%)	75%	15%	5%	5%

Working status and number of hours worked

The majority of respondents were working (88%). A further 12% were students/in education, which was significantly more common amongst student opticians (63%). The majority of student dispensing opticians indicated that they were working/employed (94%), as did a large proportion of student optometrists (43%), likely those undertaking their pre-registration training.

Figure 6 – Which of these best describes your current working status?
Base: All respondents (3,932); optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)
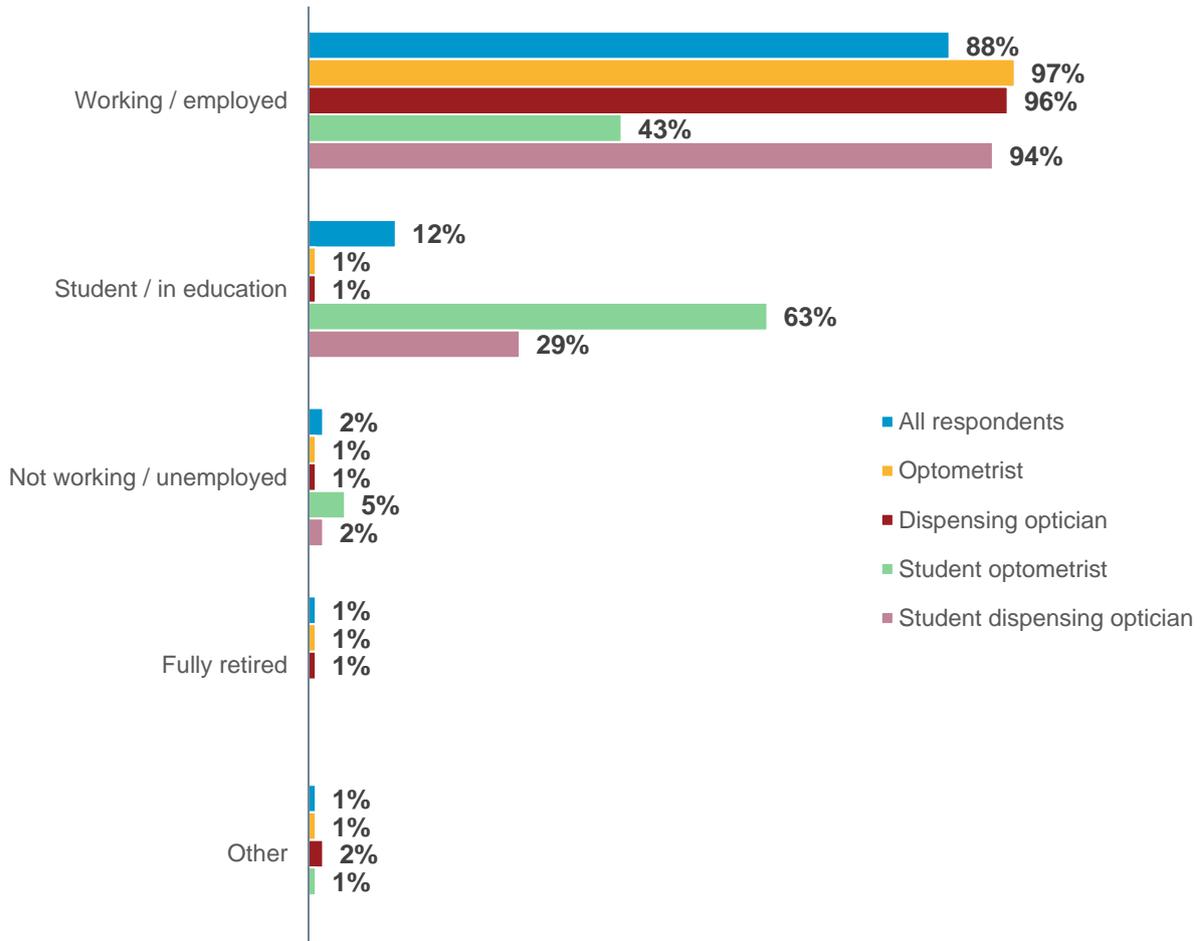
Those who were working were asked to indicate the number of hours they worked in a typical week to allow the proportions of full-time (35+ hours) and part-time (<35 hours) workers to be established. Overall, based on the number of hours provided, a slightly larger proportion of respondents worked full-time (53%) than part-time (47%). This represents a small increase in the proportion of respondents who worked full time (50% in 2022).

When scaling this result up to the total number of working registrants (approx. 26,700 based on 82% of the total 30,300 registrant population), this indicates that approximately 14,151 registrants worked full-time and 12,549 worked part-time.

Figure 7 – Working status scaled up to approximate registrant numbers
Base: Working registrants – Survey result (3,486); Registrant database (26,700)

Working status	Survey result	Scaled up number of registrants (approx.)
Full-time (35+ hours)	53%	14,151
Part-time (<35 hours)	47%	12,549

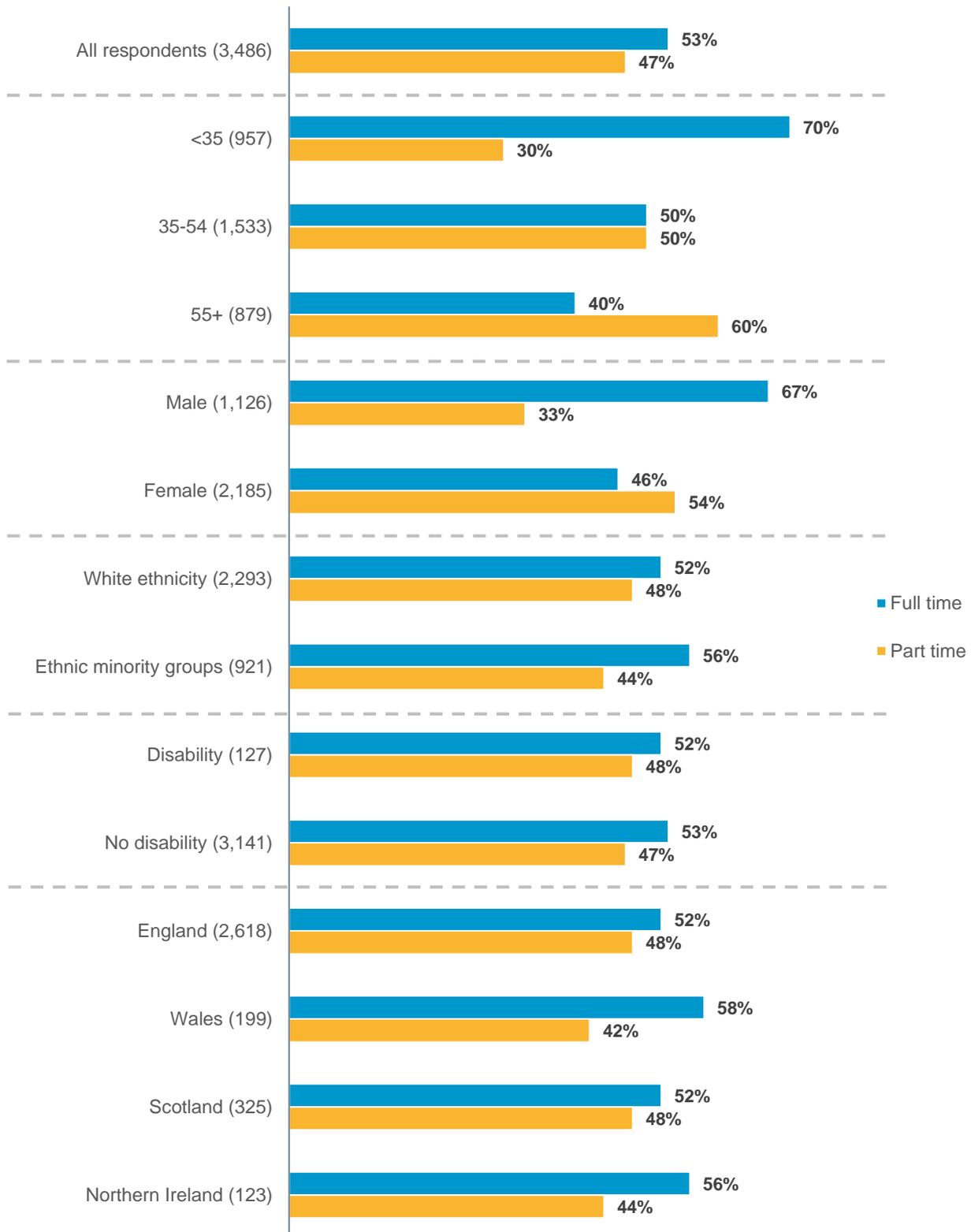The chart below shows this result split by registration type, workplace setting, and locum working.

Figure 8 – Full-time/part-time working by registration type, workplace setting, and locum working, age group, gender, ethnicity, and disability
Base: Shown in chart
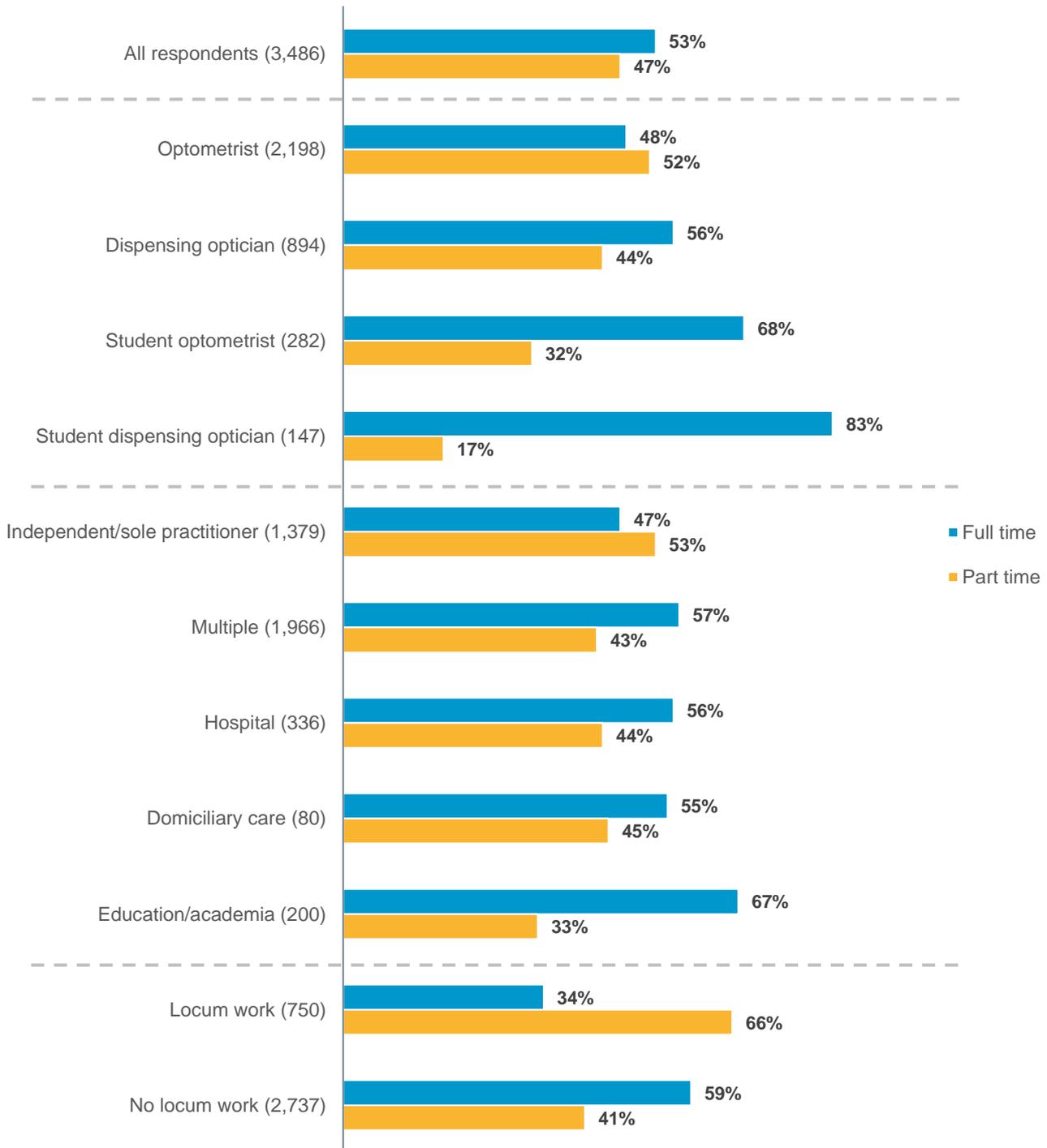
The chart below shows the split between full and part-time working by age group, gender, ethnicity, disability, and UK nation.

Figure 9 – Full-time/part-time working by age group, gender, ethnicity, and disability
Base: Shown in chart

Category	Full time	Part time
All respondents (3,486)	53%	47%
<35 (957)	70%	30%
35-54 (1,533)	50%	50%
55+ (879)	40%	60%
Male (1,126)	67%	33%
Female (2,185)	46%	54%
White ethnicity (2,293)	52%	48%
Ethnic minority groups (921)	56%	44%
Disability (127)	52%	48%
No disability (3,141)	53%	47%
England (2,618)	52%	48%
Wales (199)	58%	42%
Scotland (325)	52%	48%
Northern Ireland (123)	56%	44%

Respondents provided the approximate number of hours they worked in a typical week in each different workplace setting. The table below shows the mean (average) number of hours worked in each setting, calculated as 31.3 hours overall per week.

The table also shows the mean number of hours worked by optometrists and dispensing opticians in each workplace setting.

Figure 10 – Approximate number of hours worked in a typical week across workplace settings by registration type
Base: Those currently working who provided a response (3,486); optometrist (2,198); dispensing optician (894)

Workplace setting	Number of responses	Overall	Optometrist	Dispensing optician
Independent opticians/as a sole practitioner	1,379	26.2	24.4	30.6
National chain of opticians	1,785	29.1	27.6	29.3
Regional chain of opticians	235	22.5	20.5	24.6
Hospital	336	21.4	21.5	18.5
Domiciliary care	80	16.5	17.2	13.6
Education/academia	200	20.1	19.8	21.7
Other	144	21.6	18.8	32.2
Total	**3,486**	**31.3**	**30.8**	**31.8**

When compared with the number of hours worked reported in 2022, only small differences have been recorded, as shown in the table below. Overall, the average number of hours worked increased by 1.1 hours between 2022 and 2023, with the largest increase found for national chain of opticians (+2.6 hours).

Figure 11 – Approximate number of hours worked in a typical week across workplace settings – 2022 to 2023 comparison
Base: 2022 (3,164); 2023 (3,486)

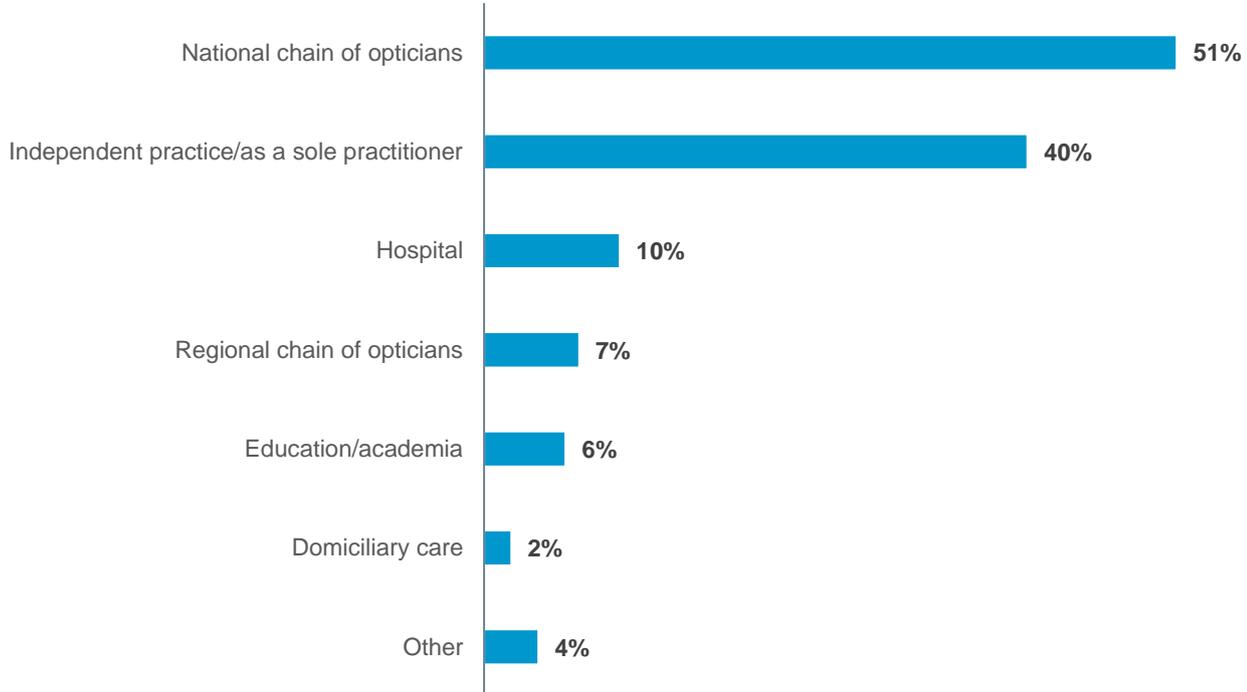| Workplace setting	2022	2023	Difference
Independent opticians/as a sole practitioner	26.5	26.2	-0.3
National chain of opticians	26.5	29.1	+2.6
Regional chain of opticians	22.2	22.5	+0.3
Hospital	20.2	21.4	+1.2
Domiciliary care	17.7	16.5	-1.2
Education/academia	20.3	20.1	-0.2
Other	19.9	21.6	1.7
Total	**30.2**	**31.3**	**+1.1**

Workplace setting, locum working, and enhanced eye care services

Half of working respondents worked for a *national chain optician* (51%), closely followed by 40% who worked for an *independent practice/as a sole practitioner*.

Figure 12 – Where do you currently work?
*Base: Those currently working (3,486)*

National chain of opticians **51%**
Independent practice/as a sole practitioner **40%**
Hospital **10%**
Regional chain of opticians **7%**
Education/academia **6%**
Domiciliary care **2%**
Other **4%**

Just over one in five working respondents said they worked as a locum (22%). This is the same result found in the 2022 survey, after an increase from 15% in 2021 to 22% in 2022 (+7 percentage points).

As shown in the chart below, locum working was more commonplace in all other workplace settings when compared with multiple opticians, particularly within domiciliary care.

Figure 13 – Locum work by workplace setting
Base: Those currently working (3,486); Independent/sole practitioner (1,379); multiple (1,966); hospital (336); domiciliary care (80); education/academia (200)

All respondents **22%**
Independent/sole practitioner **34%**
Multiple **22%**
Hospital **27%**
Domiciliary care **52%**
Education/academia **31%**
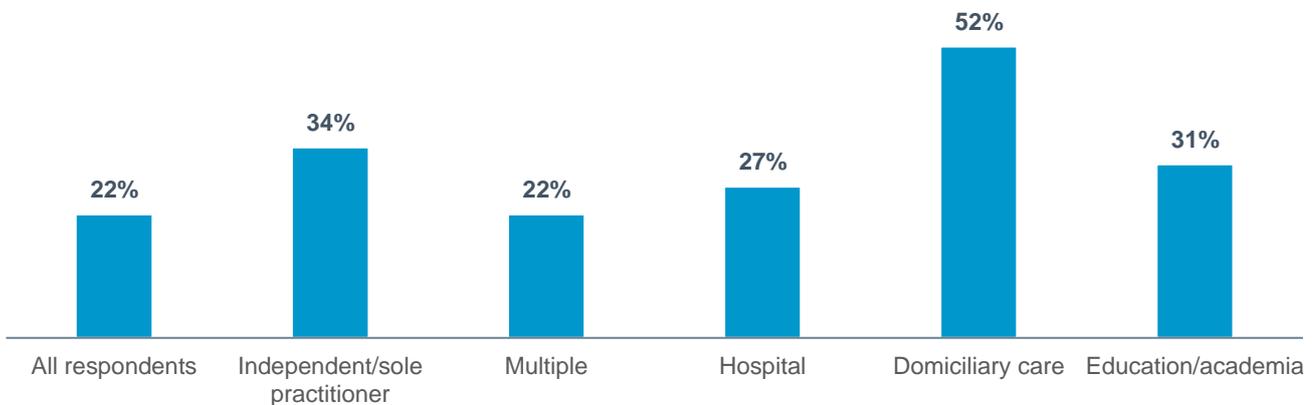
Locum working was also more commonplace amongst respondents in England (24%) when compared with those in Scotland (10%), Wales (16%) and Northern Ireland (15%).

Additional qualifications and delivery of enhanced eye care services

Respondents were asked if they had obtained any additional qualifications, other than the post-registration qualifications approved by the GOC (additional supply speciality; supplementary prescribing speciality; independent prescribing speciality; and contact lens specialty).

In total, over a third of responses indicated that they had additional qualifications (34%), including 13% who had a glaucoma qualification and 9% who had a medical retina qualification.

Figure 14 – Do you have any of the following additional qualifications?
Base: All respondents excluding students (3,590)
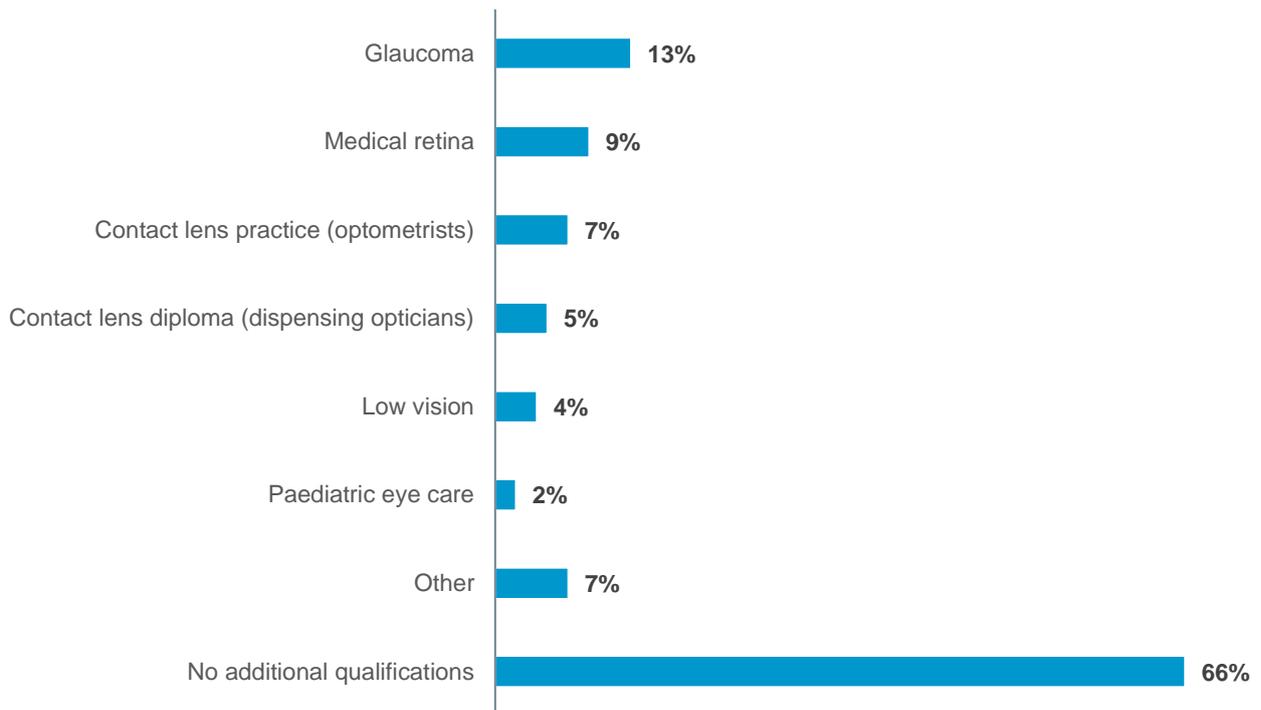
The most common *other* qualifications (8%) mentioned included Minor Eye Conditions Service (MECS) (54 responses), cataracts (36 responses), diabetic screening/diabetes (30 responses), PhD/doctorates (27 responses), and Wales Optometry Postgraduate Education Centre (WOPEC) (16 responses).

The table below shows this result scaled up to the total number of registrants excluding students (approx. 27,600 based on 91% of the total 30,300 registrant population).

Figure 15 – Additional qualifications scaled up to approximate registrant numbers
*Base: All excluding students – Survey result (3,590); Registrant database (27,600)*

Additional qualification	Survey result	Scaled up number of registrants (approx.)
Glaucoma	13%	3600
Medical retina	9%	2500
Contact lens practice (optometrists)	7%	1900
Contact lens diploma (dispensing opticians)	5%	1400
Low vision	4%	1100
Paediatric eye care	2%	550
Other	7%	1900
No additional qualifications	66%	18200

Almost half of respondents were involved in delivering enhanced eye care services (48%). This was more common amongst optometrists (58%) than dispensing opticians (30%).

Figure 16 – Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS) or Low Vision Service Wales (LVSW))?
Base: Those currently working (3,468)
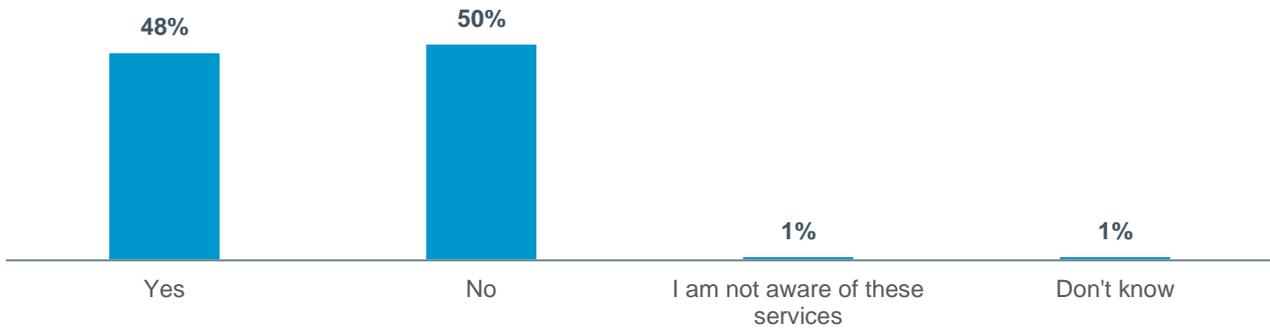
Delivering enhanced eye care services was more commonplace amongst respondents in Wales (77%) and Northern Ireland (74%) when compared with those in England (46%) and Scotland (38%).

Job satisfaction

In total, 62% of respondents indicated that they were satisfied with their role or job over the last 12 months, including 43% who were *quite satisfied* and 20% who were *very satisfied*. One in five respondents, however, were dissatisfied (20%), and a further 17% were *neither satisfied nor dissatisfied*.

Figure 17 – Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?
Base: Those currently working excluding 'not applicable' responses 2023 (3,468); 2022 (3,628); 2021 (4,378)
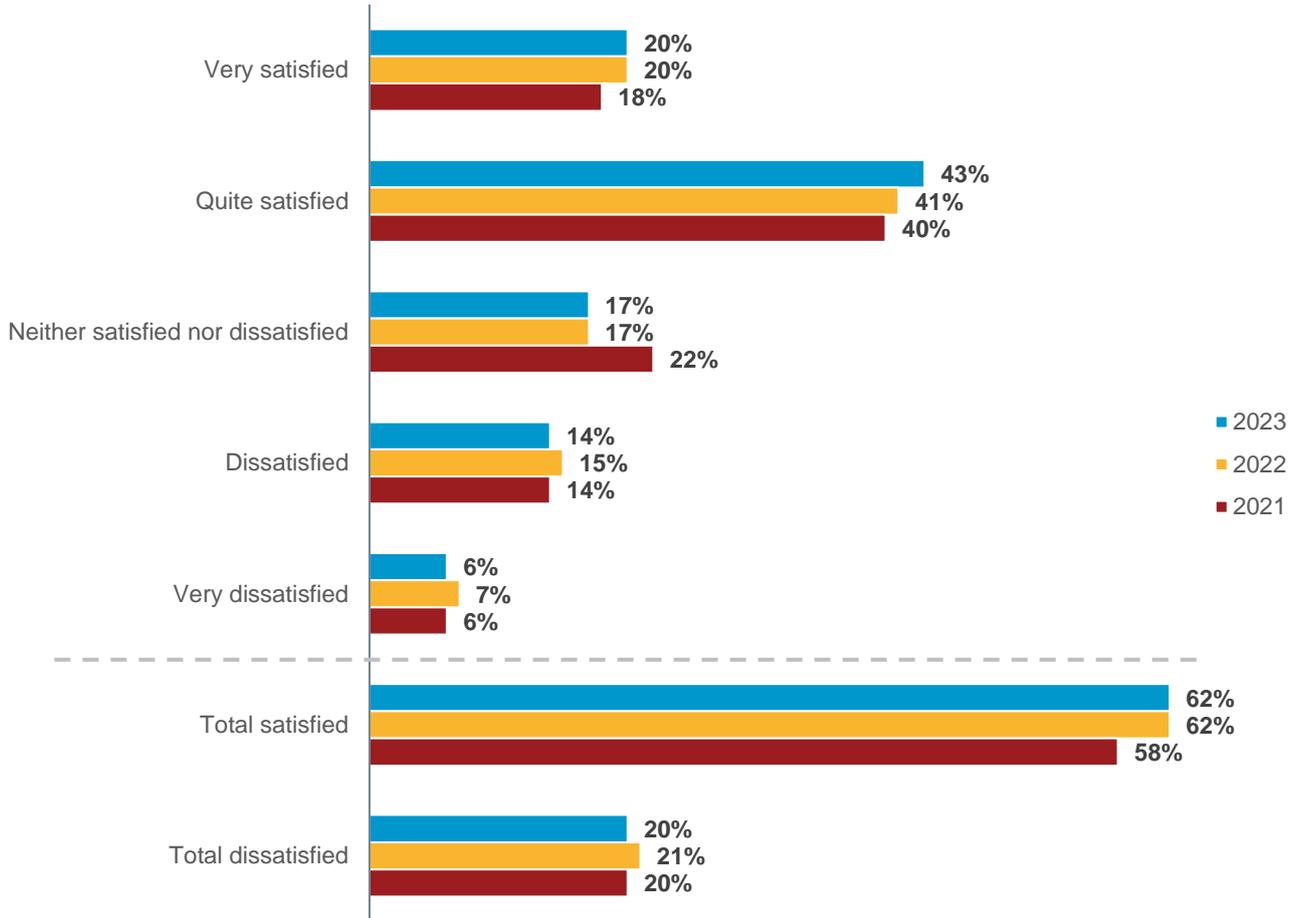
2021 to 2023 comparison

Compared with results from previous years, after a small increase in overall satisfaction from 58% in 2021 to 62% in 2022 (+4 percentage points), satisfaction has remained stable between 2022 and 2023.

When scaling this result up to the total number of registrants (approx. 30,300), this indicates that approximately 18,800 registrants felt satisfied with their role or job over the last 12 months, and around 6,100 felt dissatisfied.

Figure 18 – Job satisfaction scaled up to approximate registrant numbers
*Base: Survey result (3,468); Registrant database (30,300)*

Level of satisfaction with role/job over last 12 months	Survey result	Scaled up number of registrants (approx.)
Total satisfied	62%	18,800
Neither satisfied nor dissatisfied	17%	5,200
Total dissatisfied	20%	6,100

Analysis by registration type shows very similar levels of job satisfaction between optometrists, dispensing opticians, and student optometrists, but higher levels of satisfaction amongst student dispensing opticians.

***Figure 19 – Job satisfaction by registration type***
Base: Optometrist (2,194); dispensing optician (890); student optometrist (272); student dispensing optician (147)
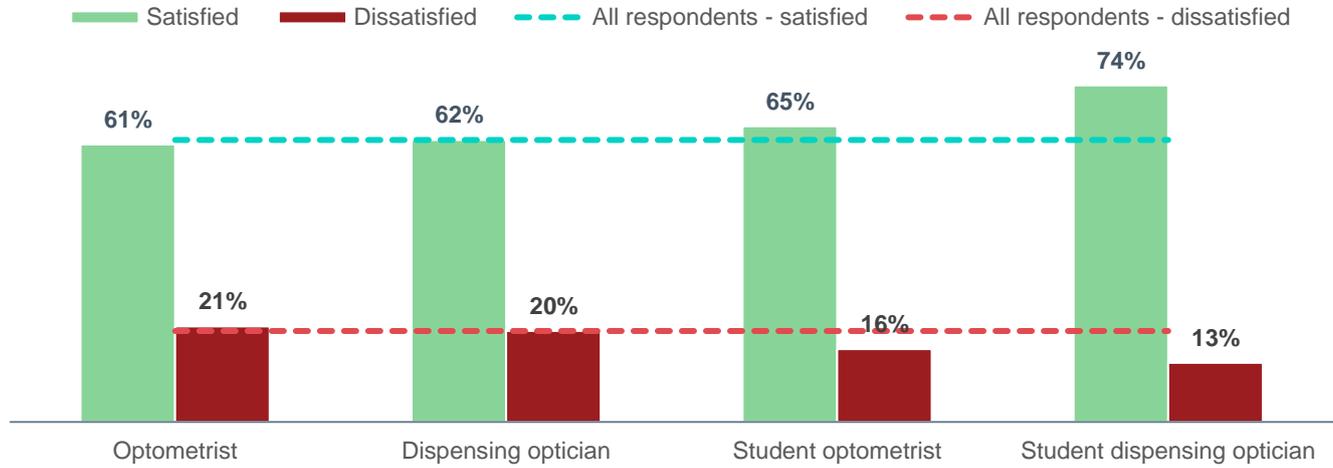
Analysis by workplace setting highlights that those who worked in a hospital or in education/academia were more likely to be satisfied with their role or job when compared with those working for a multiple opticians. The highest levels of dissatisfaction were recorded for those working for a multiple opticians or in domiciliary care.

***Figure 20 – Job satisfaction by workplace setting***
Base: Independent/sole practitioner (1,375); multiple (1,954); hospital (336); domiciliary care (80); education/academia (200)
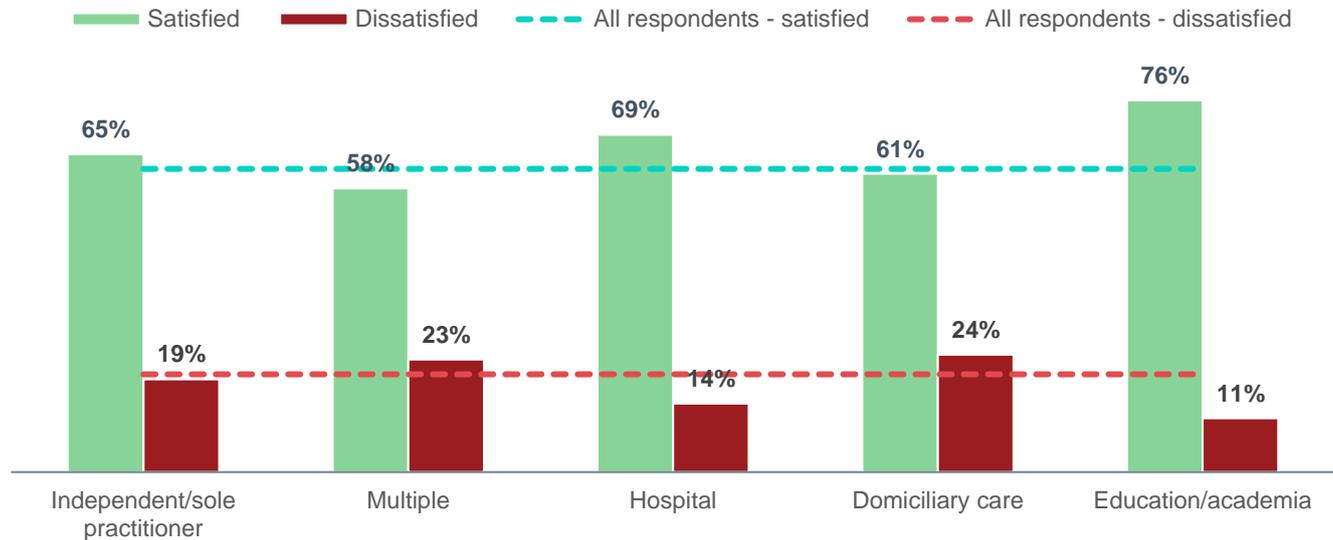
Analysis by working status shows similar levels of satisfaction between those who worked full-time and those who worked part-time. However, those who worked as locums were more likely to be dissatisfied when compared with those who did no locum work.

*Figure 21 – Job satisfaction by working status and locum working*
Base: Full-time (1,851); part-time (1,617); locum work (750); no locum work (2,718)
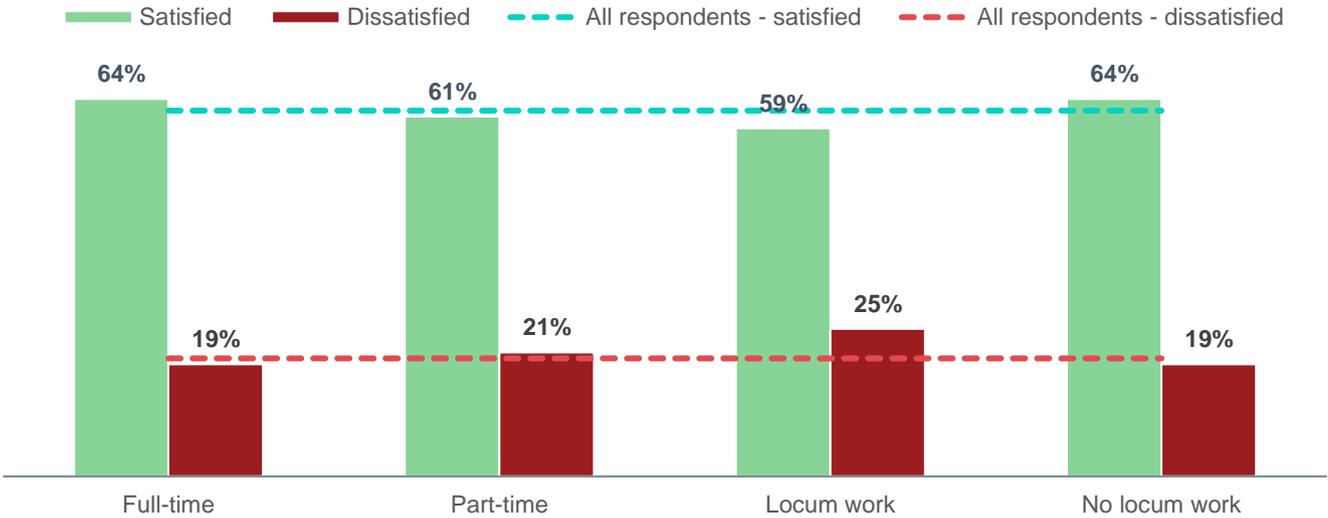
Analysis by location shows similar levels of job satisfaction across the four UK nations, but that dissatisfaction was higher in Northern Ireland when compared with the other UK nations. In terms of English regions, satisfaction was lower amongst respondents in London and dissatisfaction was higher.

Figure 22 – Job satisfaction by location
Base: North (735); Midlands and East (688); London (353); South (830); England (2,607); Wales (199); Scotland (323); Northern Ireland (123)
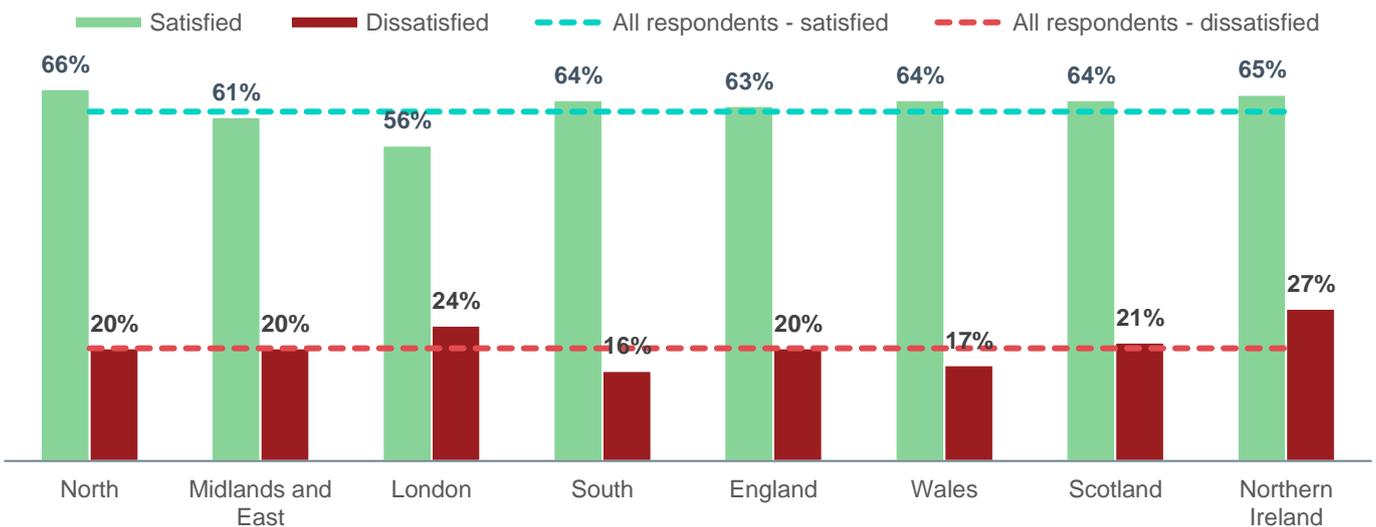
As found in 2022, **analysis by demographics and protected characteristics** highlights some difference in satisfaction. Those from ethnic minority groups were less likely to be satisfied when compared with those of White ethnicity, in particular those from Asian or Asian British backgrounds (57% satisfied). Those with a disability were more likely to be dissatisfied when compared with those who did not have a disability. Older respondents aged 55+ were also more likely to be satisfied when compared with younger respondents aged <55 (61%). Those who perform the role of a carer were more likely to be dissatisfied (26%) when compared with those who did not (19%).

Figure 23 – Job satisfaction by location
Base: White ethnicity (2,400); ethnic minority groups (861); disability (92); no disability (3,268); aged <55 (2,475); aged 55+ (878); carer role (401); no carer role (2,851)
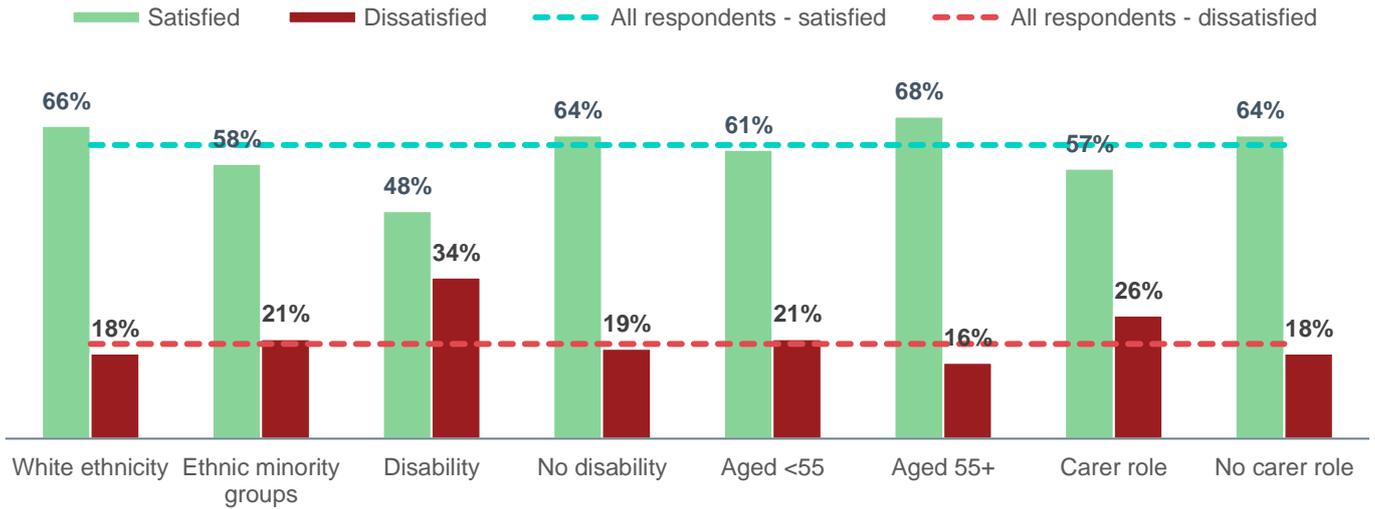
Exploring job satisfaction

To gain more insight into job satisfaction, respondents were asked to select reasons for being either satisfied or dissatisfied with their role/job over the last 12 months. Multi-choice lists were included in the survey based on analysis of free-text responses from last year's survey, where the most common reasons for satisfaction and dissatisfaction had been drawn out.

Reasons for being satisfied
The most common reasons for job satisfaction, selected by over half of those who were satisfied, were that *work is rewarding and interesting* (69%), *good working environment* (60%), and *good work-life balance* (53%). Under half said they were satisfied because they *feel valued* (46%) or have a *supportive employer* (43%). A third of respondents selected *manageable workload* (34%) and *good salary* (33%).

Figure 24 – Why have you felt satisfied with your role/job over the last 12 months?
Base: Those very/quite satisfied with job/role (2,166)
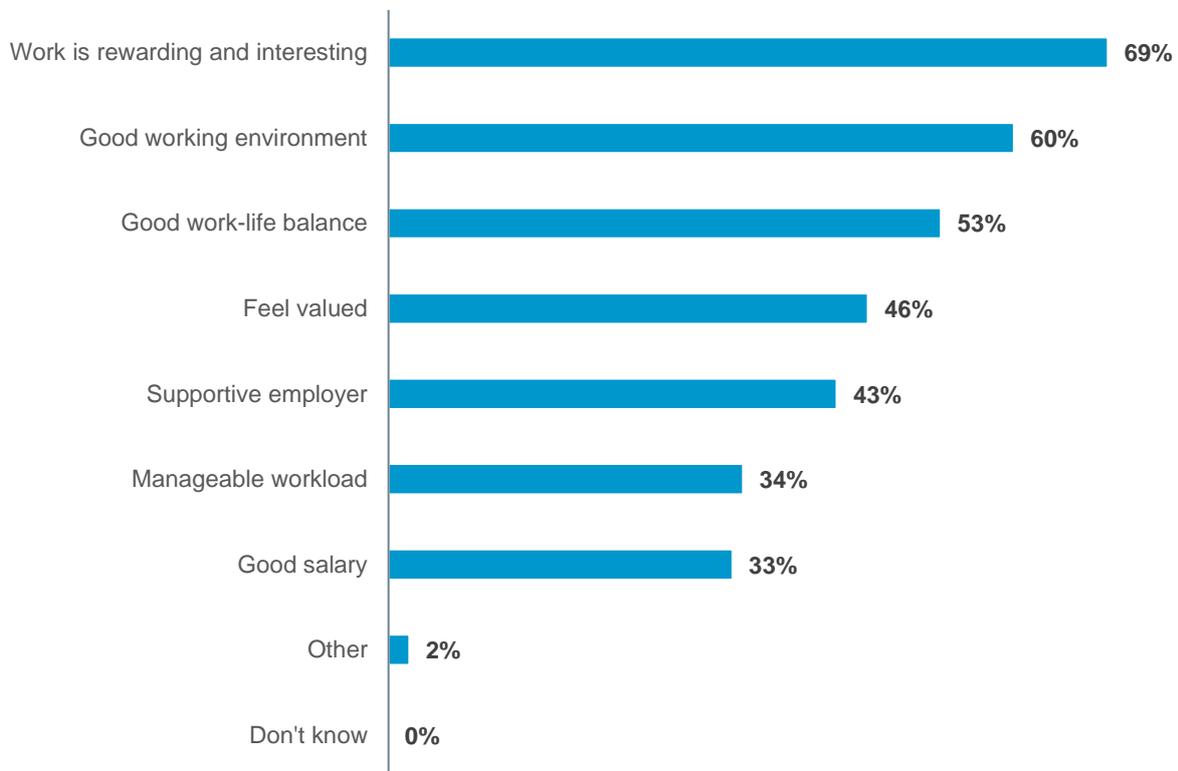
Analysis by registration type highlights that optometrists were more likely to be satisfied because *work is rewarding and interesting* (70%) and due to a *good salary* (38%) when compared with dispensing opticians (64% and 32% respectively). Dispensing opticians, however, were more likely to be satisfied because of a *supportive employer* (48%) when compared with optometrists (39%).

Analysis by working status finds that those who worked part-time hours were more likely to select *good work-life balance* (68%) and *manageable workload* (42%) as reasons for being satisfied when compared with those who worked full-time hours (39% and 27% respectively).

Analysis by locum status finds a similar result, where those who worked as locums were also more likely to select *good work-life balance* (65%) and *manageable workload* (40%) when compared with those who did no locum work (49% and 32% respectively). Locums were also more likely to select *good salary* (41%) when compared with those who did no locum work (31%).

Analysis by involvement in enhanced services shows that respondents who were involved were more likely to select *work is rewarding and interesting* (72%) when compared with those who were not involved (65%).

Analysis by workplace setting highlights a number of differences in reasons for job satisfaction, as presented in the chart below. Those who worked for a multiple opticians were less likely to select *work is rewarding and interesting* when compared with all other workplace settings, whereas those who worked for an independent opticians/as a sole practitioner were more likely to select *good working environment* when compared with those working in all other workplace settings.

Good work-life balance was selected by smaller proportions of those who worked in a hospital and in education/academia when compared with those who worked for an independent opticians/as a sole practitioner.

Those who worked for a multiple opticians were more likely to select *supportive employer* when compared with those who worked for an independent opticians/as a sole practitioner, whereas those who worked for an independent opticians/as a sole practitioner were more likely to select *manageable workload* when compared with all other workplace settings.

Those who worked in a hospital were less likely to select *good salary* when compared with those who worked for an independent or multiple opticians.

No significant differences were seen by workplace setting for those who selected *feel valued*.

Figure 25 – Reasons for job satisfaction by workplace setting
Base: Independent/sole practitioner (894); multiple (1,133); hospital (232); education/academia (151)
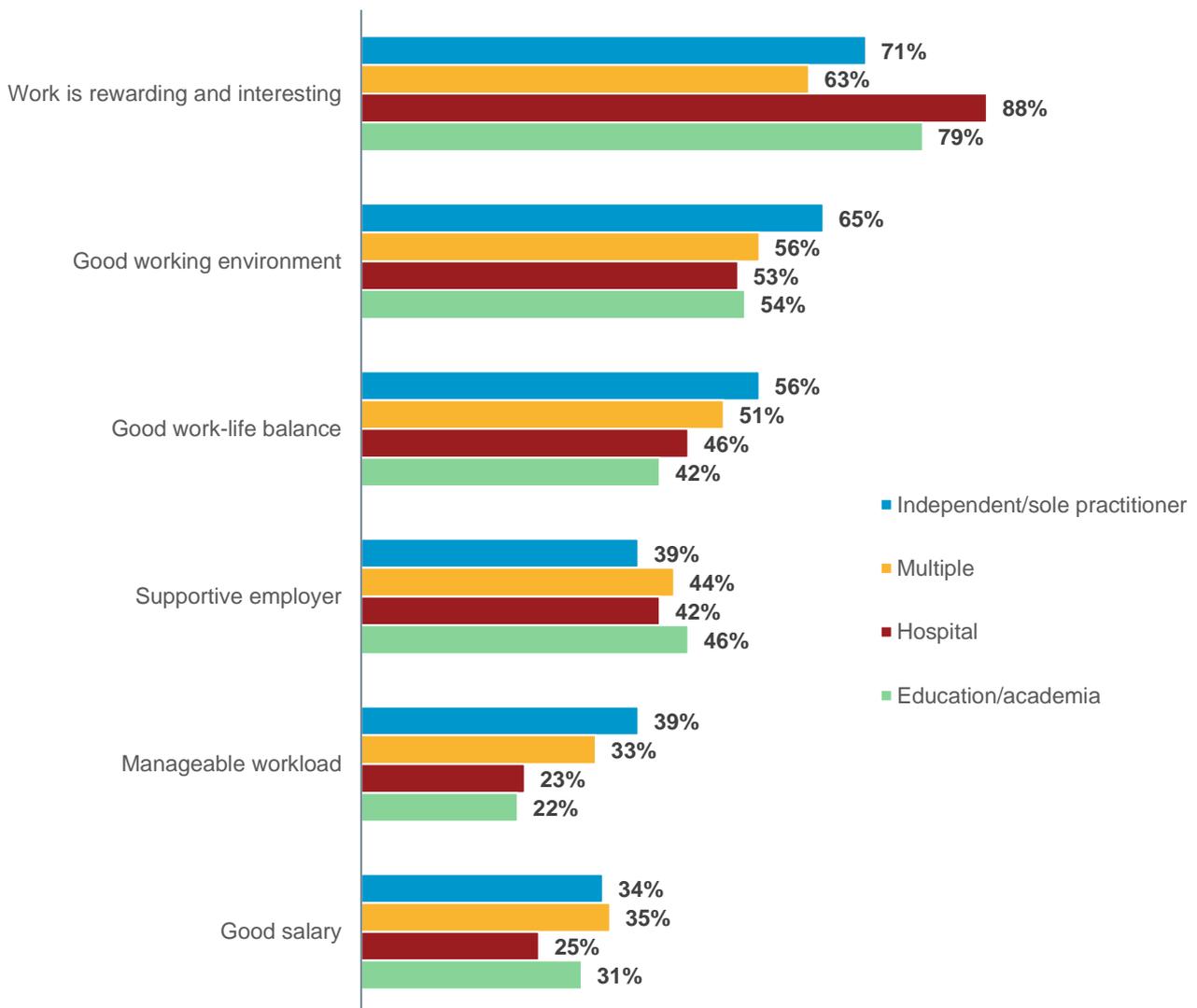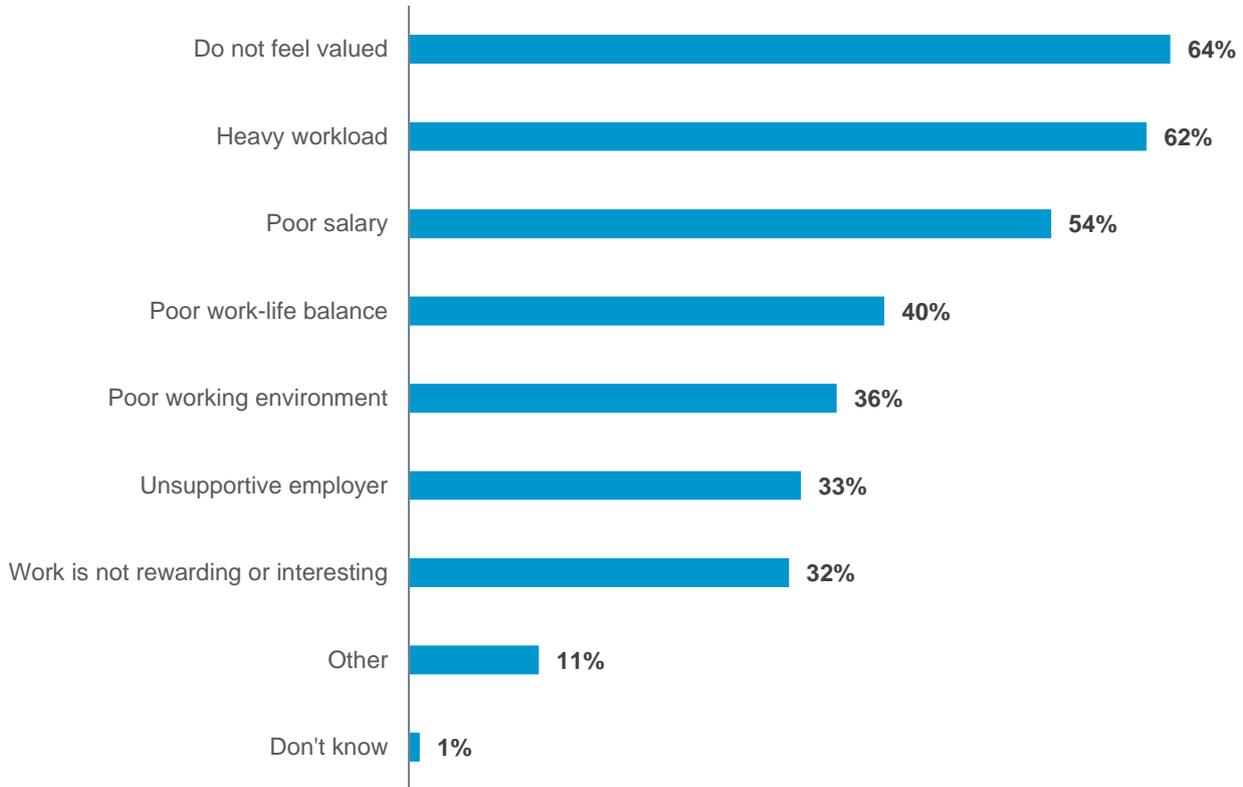
Reasons for being dissatisfied

The most common reasons suggested for feeling dissatisfied were *do not feel valued* (64%), *heavy workload* (62%), and *poor salary* (54%). Large proportions also indicated issues such as *poor work-life balance* (40%), *poor working environment* (36%), *unsupportive employer* (33%), and *work is not rewarding or interesting* (32%).

Figure 26 – Why have you felt dissatisfied with your role/job over the last 12 months?
Base: Those very/quite dissatisfied with job/role (701)

'Other' reasons suggested for feeling dissatisfied included increasing responsibilities/tasks (12 responses), demanding patients/patient attitudes (10 responses), time pressures (10 responses), NHS fees/underfunding (9 responses), and stress/burnout/anxiety (8 responses).

Analysis by registration type highlights that optometrists were more likely to be dissatisfied because of a *heavy workload* (65%) when compared with dispensing opticians (50%), whereas dispensing opticians were more likely to be dissatisfied because of a *poor salary* (67%) when compared with optometrists (47%).

In contrast with reasons for being satisfied, **analysis by working status** finds that those who worked full-time hours were more likely to select *heavy workload* (66%) and *poor work-life balance* (53%) as reasons for being dissatisfied when compared with those who worked part-time hours (57% and 27% respectively).

Analysis by locum status finds that, although those who worked as locums were less likely to select *poor work-life balance* (28%) when compared with those who did no locum work (45%), larger proportions of locums selected *poor working environment* (44%) and *work is not rewarding or interesting* (39%) when compared with those who did no locum work (33% and 30% respectively).

Analysis by involvement in enhanced services shows that respondents who were involved were more likely to select *heavy workload* (66%) and *poor work-life balance* (46%) when compared with those who were not involved (58% and 35% respectively).

As shown in the chart below, **analysis by workplace setting** highlights that those who worked for a multiple opticians were more likely to be dissatisfied because they *do not feel valued*, due to a *heavy workload, poor work-life balance, poor working environment*, and an *unsupportive employer* when compared with those who worked for an independent opticians/as a sole practitioner.

Analysis of those working in other workplace settings is not included due to small base sizes in response to this question.

Figure 27 – Reasons for job dissatisfaction by workplace setting
*Base: Independent/sole practitioner (260); multiple (443)*
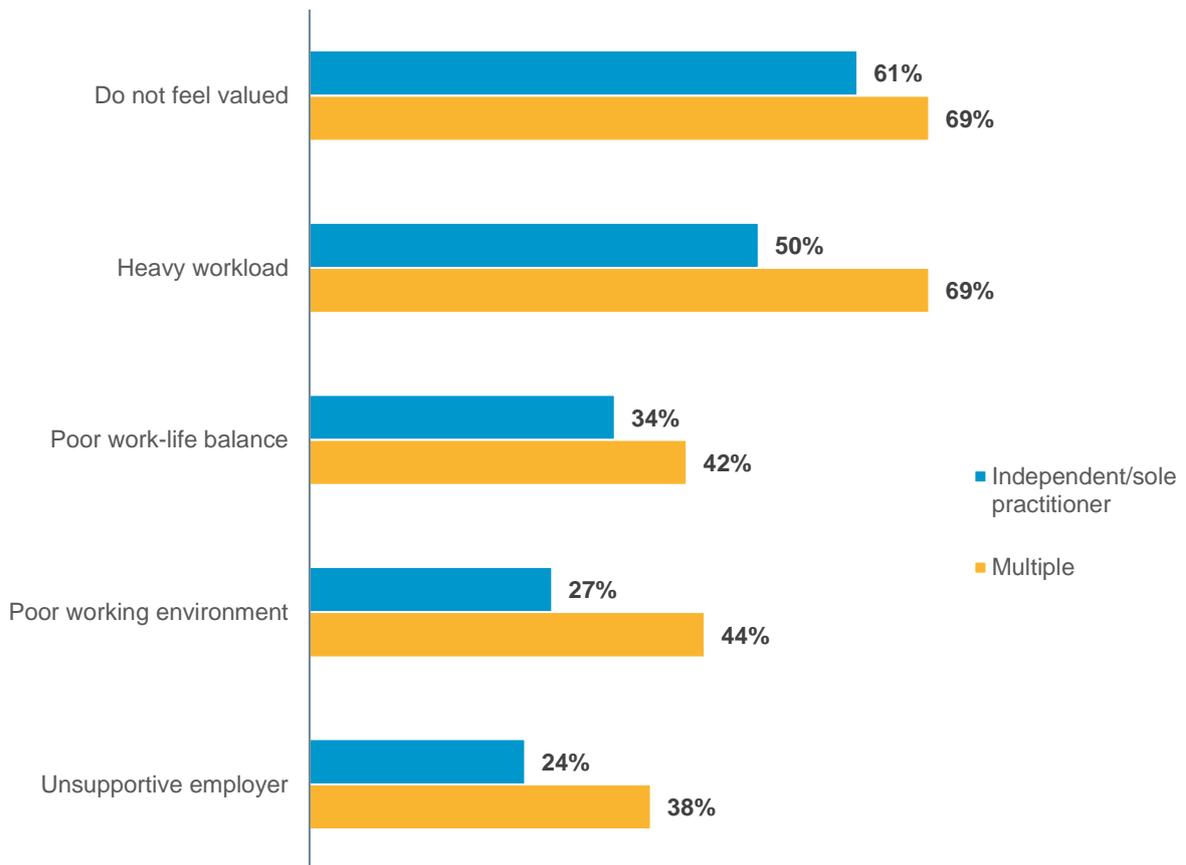
Working conditions

Experience of negative working conditions

Just over half of respondents said that they had experienced *working beyond their hours* in the last 12 months (52%). Large proportions also said they had felt *unable to cope with their workload* (37%) or had found it *difficult to provide patients with the sufficient level of care they need* (27%). A small proportion of respondents said they had *taken a leave of absence due to stress* in the last 12 months (8%).

Figure 28 – In the last 12 months, have you experienced any of the following?
Base: Those currently working 2023 (3,486); 2022 (3,647); 2021 (4,479)
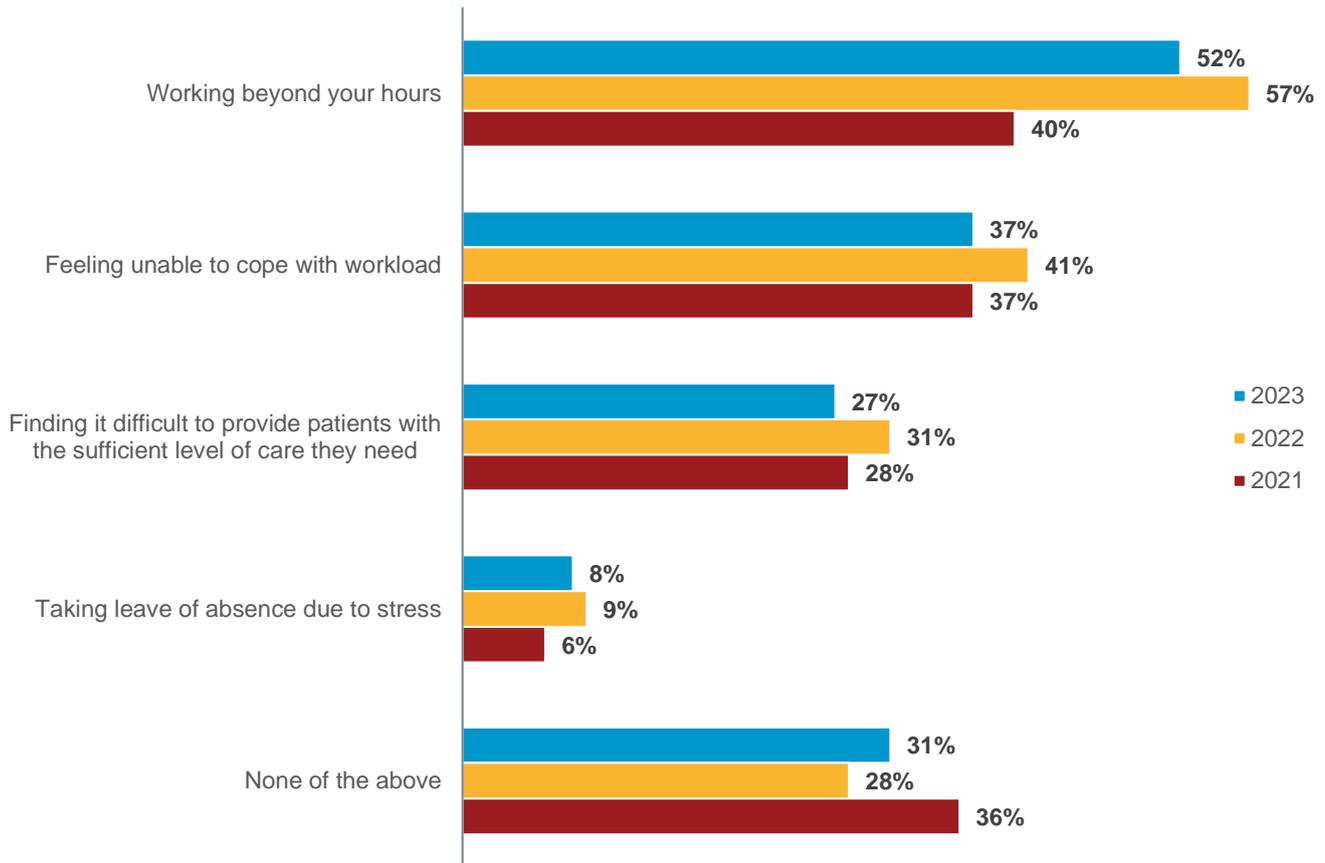

2021 to 2023 comparison

After increases were seen in the proportion of respondents reporting negative impacts on their working conditions between 2021 and 2022, most notably for those who said they were *working beyond their hours* (+17 percentage points), this year's results show decreases across the board.

Analysis by registration type shows that optometrists were more likely to indicate that they were *working beyond their hours* or were *finding it difficult to provide patients with the sufficient level of care they need* when compared with other registration types. Optometrists and student optometrists were more likely to indicate that they were *feeling unable to cope with their workload* when compared with dispensing opticians, and student optometrists were also more likely to state that they had *taken a leave of absence due to stress.*

Figure 29 – Working conditions by registration type
Base: Optometrist (2,198); dispensing optician (894); student optometrist (282); student dispensing optician (147)
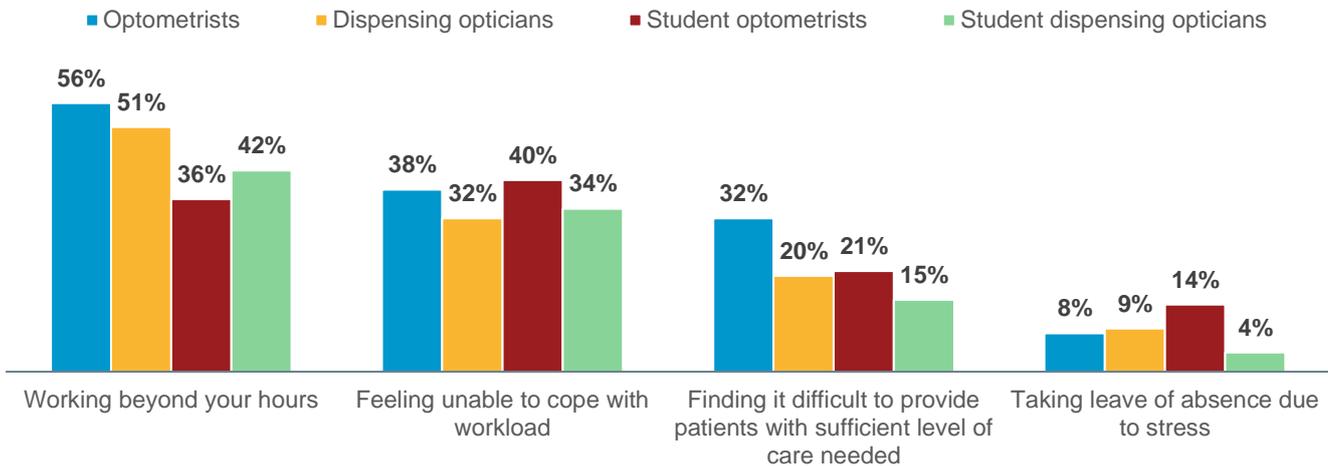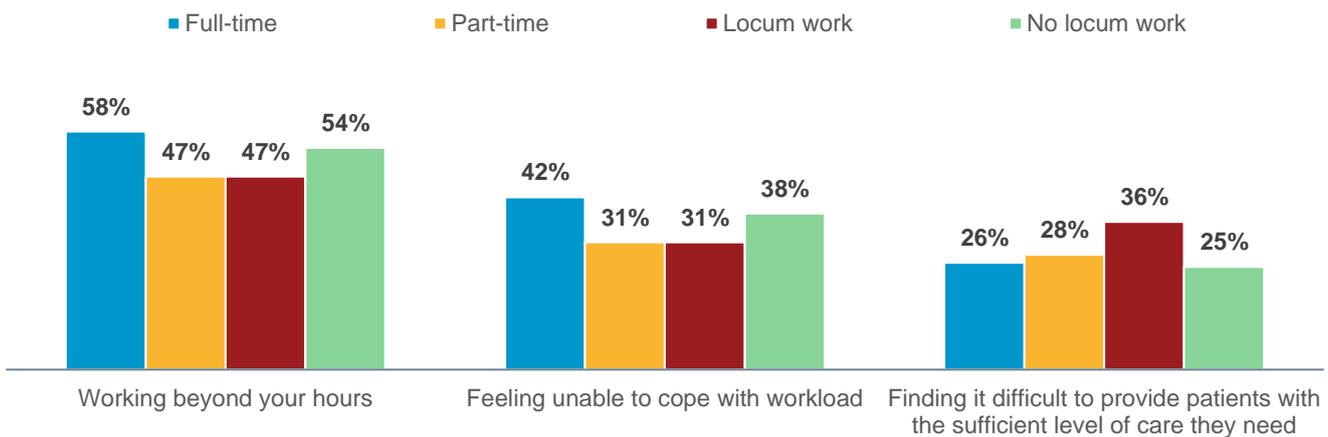

Analysis by working status shows that those who worked full-time were more likely to state that they had experienced *working beyond their hours* or had felt *unable to cope with their workload* when compared with those who worked part-time.

Analysis by locum working indicates that those who did not work as locums were more likely to report that they were *working beyond their* hours and *feeling unable to cope with their workload* when compared with locum workers, whereas locum workers were more likely to state that they found it *difficult to provide patients with the sufficient level of care they need* when compared with those who did not work as locums.

Figure 30 – Working conditions by working status and locum working
Base: Full-time (1,864); part-time (1,622); locum work (750); no locum work (2,737)

Analysis by workplace setting highlights that those who worked in a hospital setting or in education/academia were more likely to indicate that they had been *working beyond their hours* when compared with those working in other settings.

Those who worked for a multiple opticians, in a hospital, or in education/academia were more likely to answer that they had felt *unable to cope with their workload* when compared with those working for an independent opticians/as a sole practitioner or in domiciliary care.

Larger proportions of those who worked for a multiple opticians or in a hospital said that they had found it *difficult to provide patients with the sufficient level of care they needed* when compared with those who worked in other settings.

***Figure 31 – Working conditions by workplace setting***
Base: Independent/sole practitioner (1,379); multiple (1,966); hospital (336); domiciliary care (80); education/academia (200)
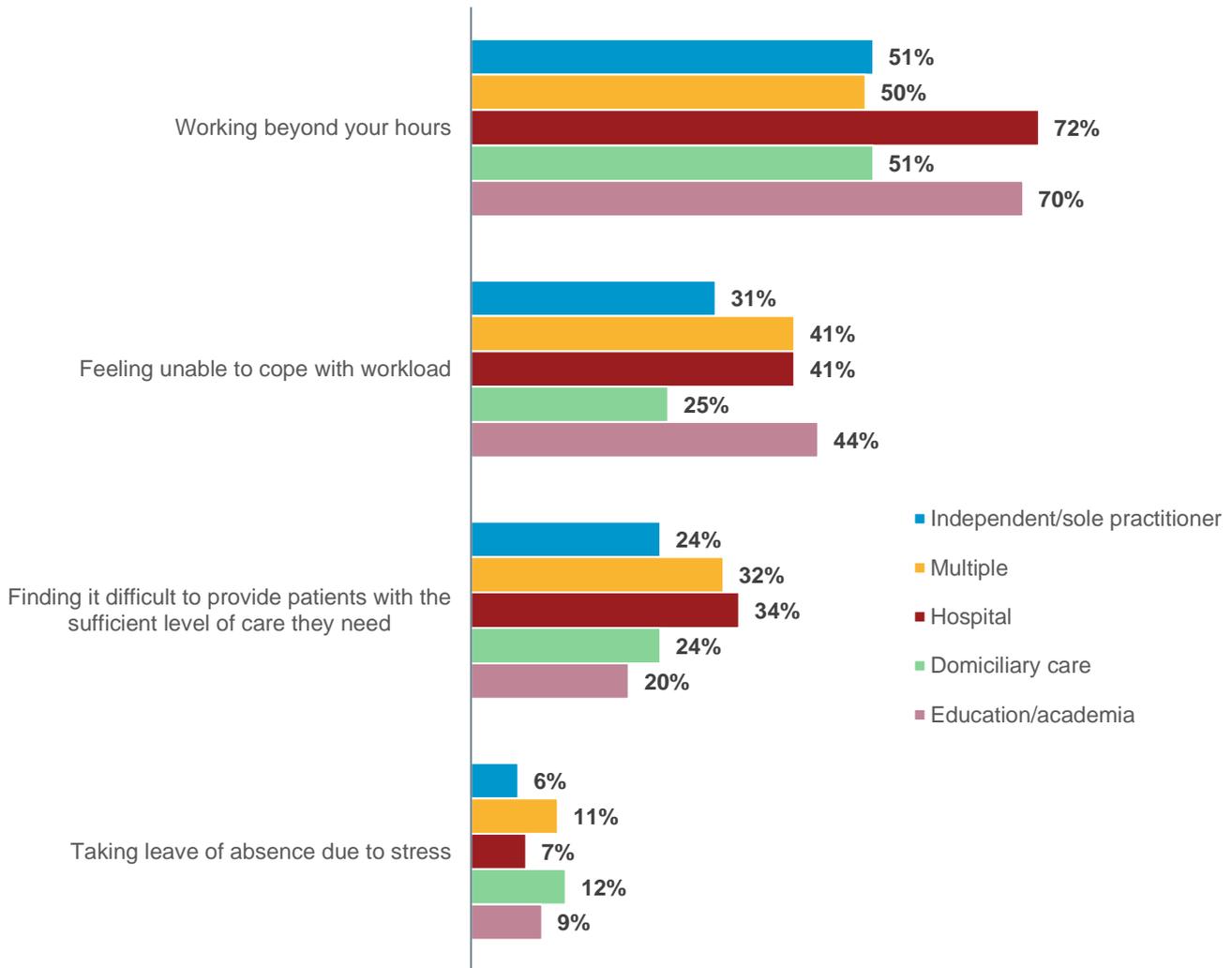
Analysis by gender and age group shows that female respondents and those aged under 35 were more likely to indicate that they were *feeling unable to cope with their workload* when compared with male respondents and those aged 55+. Female respondents were also more likely to select *finding it difficult to provide patients with the sufficient level of care they need* when compared with male respondents.

Figure 32 – Working conditions by gender
Base: Male (1,126); female (2,185); Aged <35 (957); 35-54 (1,533); 55+ (879)
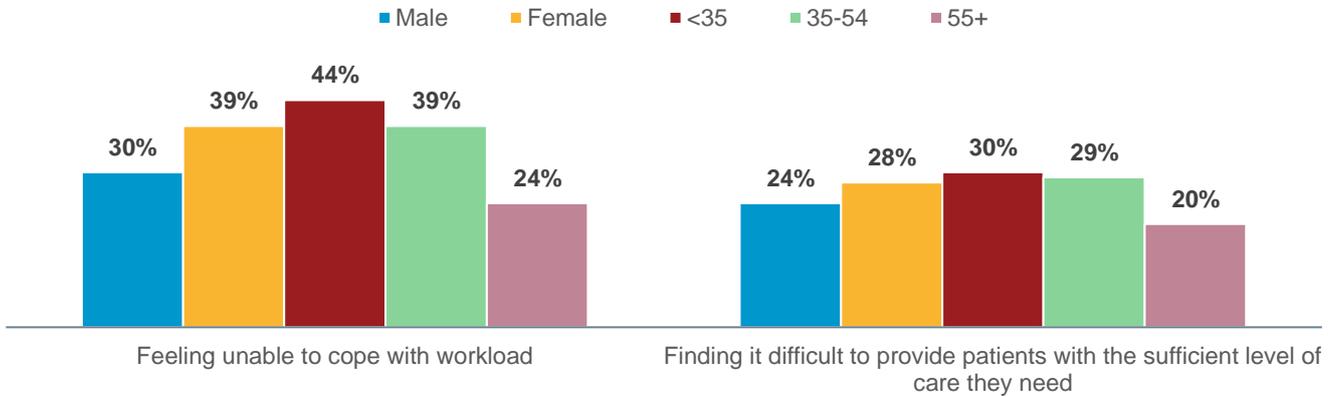
Analysis by disability shows that those who had a disability were more likely to indicate that they were *feeling unable to cope with their workload* (45%) or had *taken a leave of absence due to stress* (19%) when compared with those who did not have a disability (36% and 8% respectively).

Analysis by ethnicity highlights that those of White ethnicity were more likely to indicate that they were *working beyond their hours* (55%) when compared with those from ethnic minority groups (45%). Conversely, those from ethnic minority groups were more likely to report that they had *taken a leave of absence due to stress* (13%) when compared with those of White ethnicity (6%).
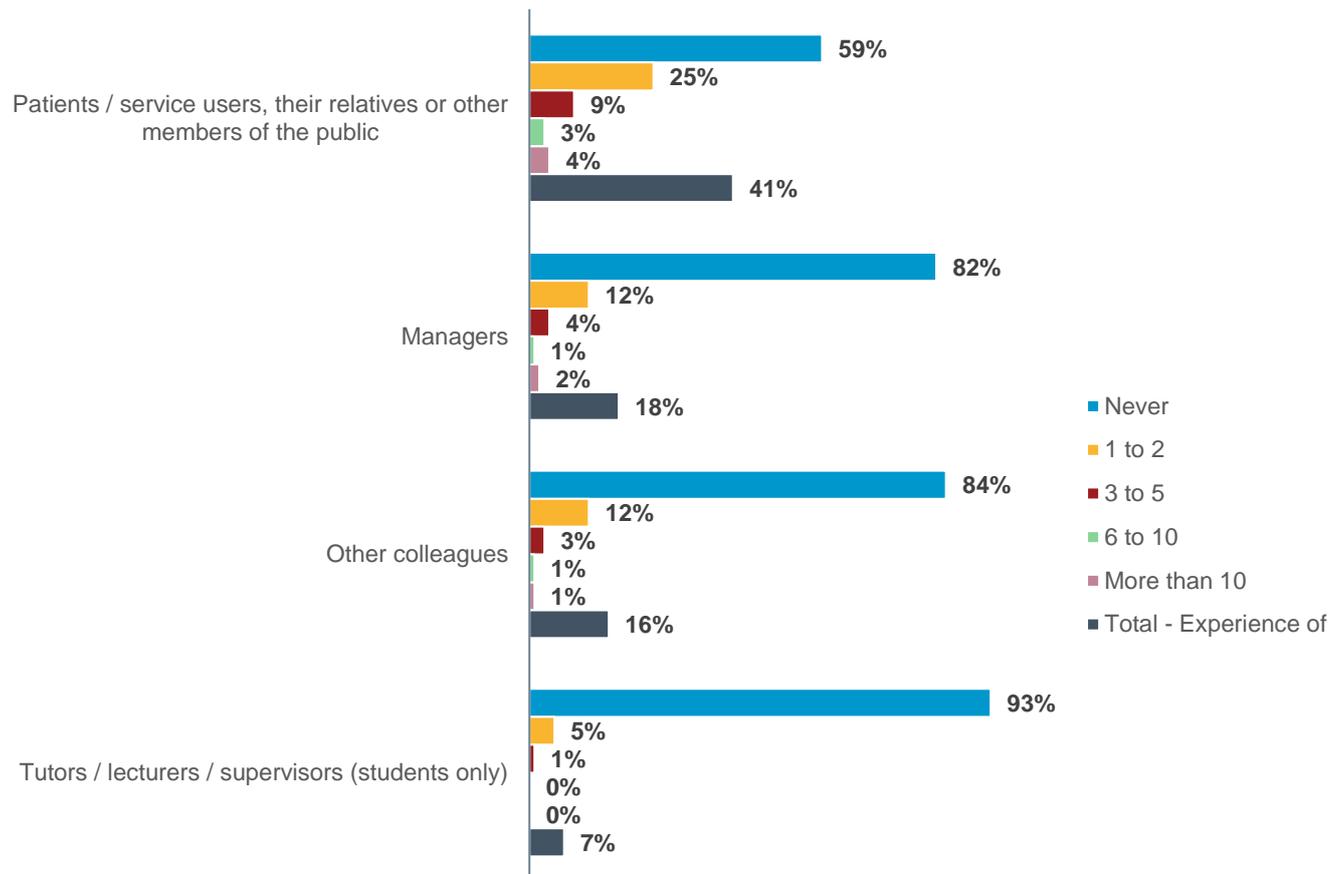
Harassment, bullying or abuse

Respondents were asked to indicate whether they had personally experienced harassment, bullying, or abuse at work (or place of study for those in education) from different sources in the last 12 months.

In total, two in five respondents indicated that they had some experience of harassment, bullying, or abuse from patients/service users, their relatives or other members of the public in the last 12 months (41%). Smaller proportions indicated that they had experienced this from managers (18%), other colleagues (16%), or tutors/lecturers/supervisors (7%).

Figure 33 – In the last 12 months, how many times have you personally experienced harassment, bullying, or abuse at work (or study) from…?
Base: All respondents excluding full-time students and retired (3,557); students (469)

This question is asked in the annual NHS Staff Survey[1], allowing for comparisons to be made as shown in the table overleaf. Although larger proportions of GOC registrants report having experienced harassment, bullying or abuse from patients/service users, their relatives, or other members of the public and from managers when compared with the NHS Staff Survey results, GOC registrants were less likely to report having experienced this behaviour from other colleagues.

Figure 34 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2022
Base: GOC survey respondents (3,557), NHS Staff Survey 2022 (607,636; 603,445; 600,906)

Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2022
Patients/service users/relatives, other members of the public	41%	28%
Managers	18%	11%
Other colleagues	16%	19%

[1] https://www.nhsstaffsurveys.com/results/national-results/

Subgroup analysis highlights that dispensing opticians and student dispensing opticians, those who worked in a hospital or multiple opticians, those in Scotland, younger respondents, female respondents, those with a disability, and those of non-heterosexual/straight sexual orientation were more likely to report experience of harassment, bullying or abuse from **patients, service users, their relatives, or other members of the public**. Additionally, those of Muslim and Sikh belief were more likely to report experience of this type of harassment, bullying or abuse (51% and 50% respectively) when compared with other religious beliefs, as were those of other White ethnicity not including White British (47%) when compared with those of White British (39%) and Black or Black British ethnicity (33%).

Figure 35 – Experience of harassment, bullying or abuse from patients, service users, their relatives or other members of the public by registration type, workplace setting, location, age group, gender, disability, and sexual orientation
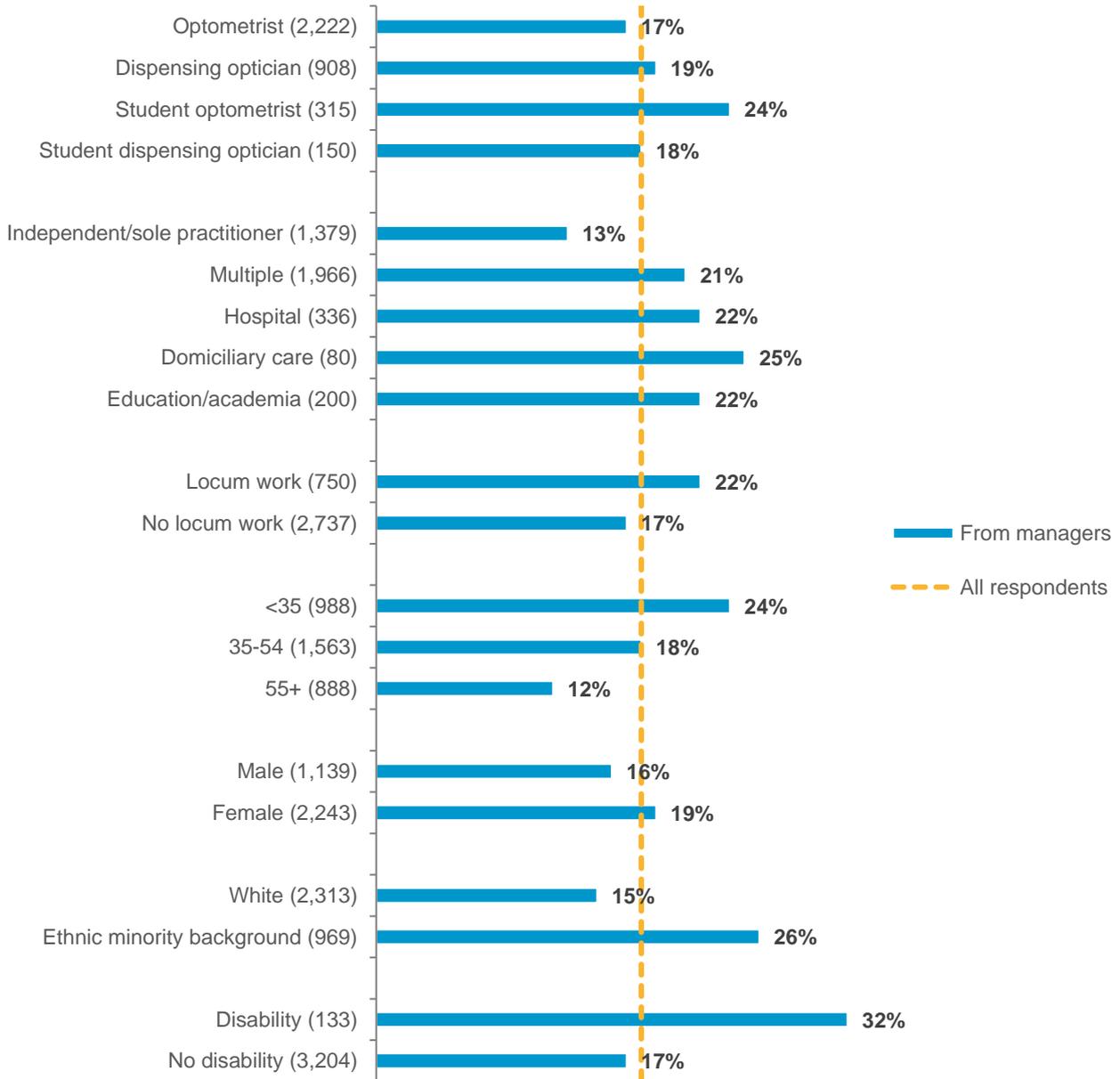*Base: shown in chart*
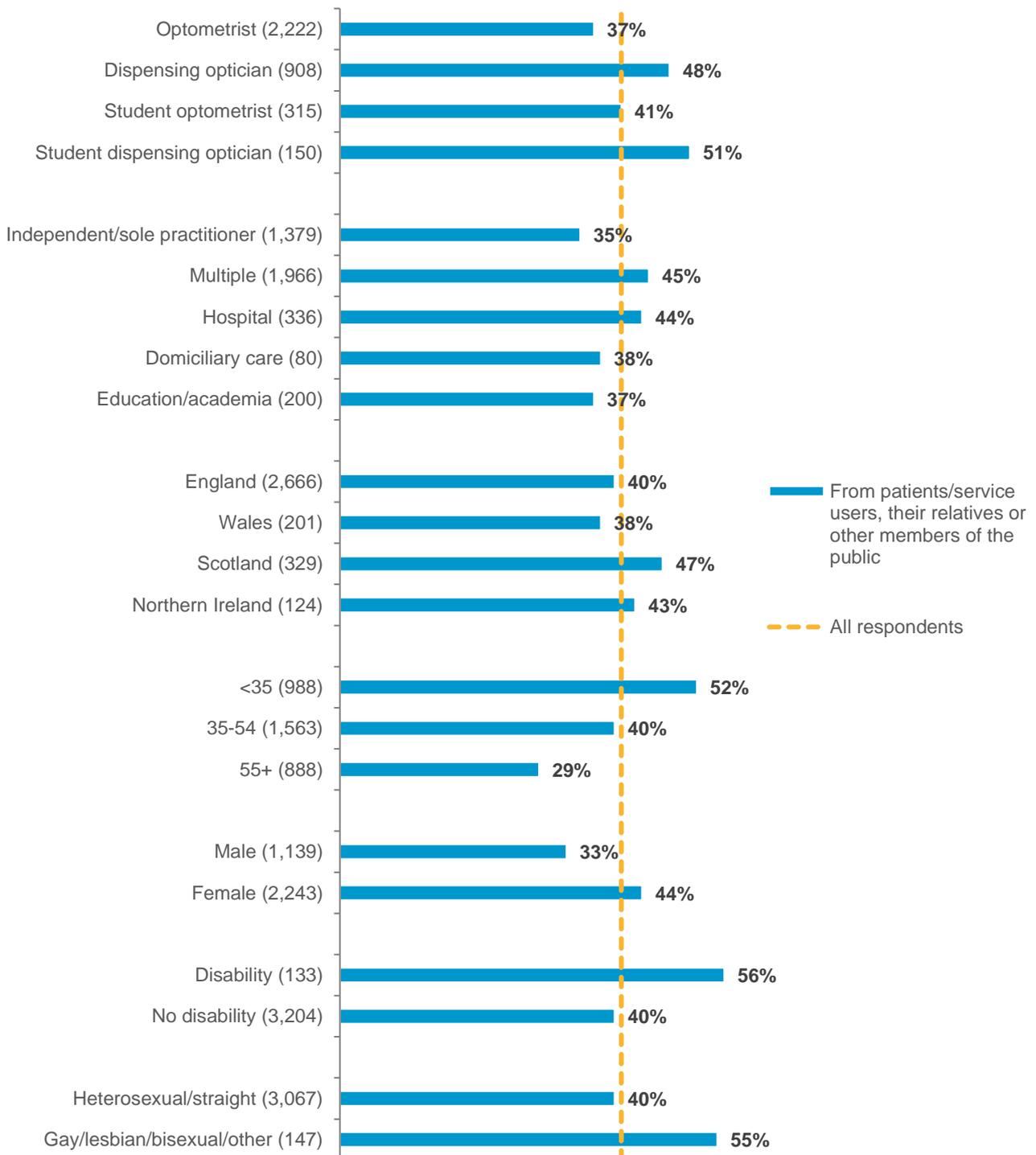
Subgroup analysis highlights that student optometrists, those who worked as locums, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of harassment, bullying or abuse from **managers**. Those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this type of harassment, bullying or abuse.

Again, those of Muslim and Sikh belief were more likely to report experience of this type of harassment, bullying or abuse (30% and 25% respectively) when compared with other religious beliefs.
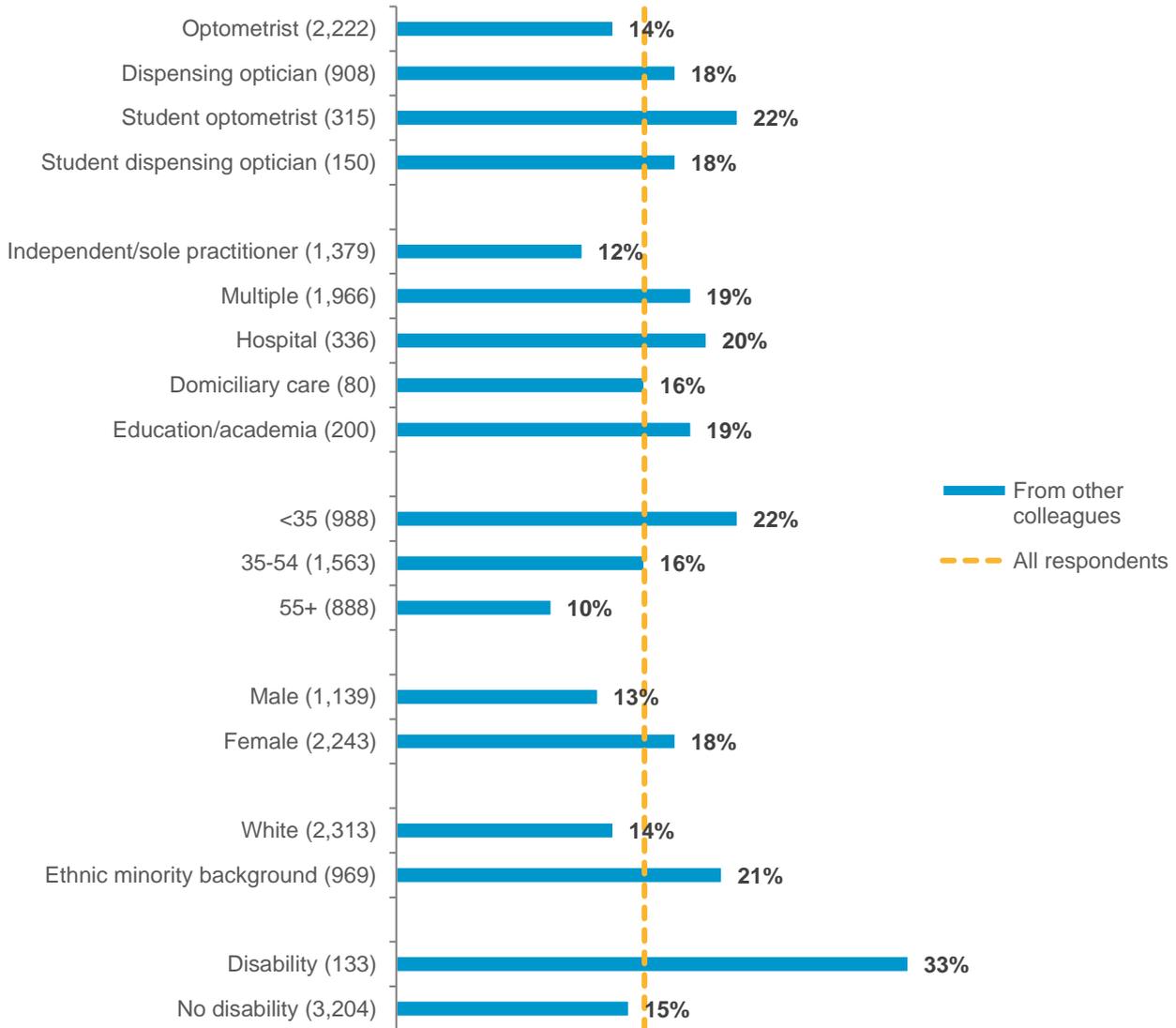
Figure 36 – Experience of harassment, bullying or abuse from managers by registration type, workplace setting, location, age group, gender, and disability
Base: shown in chart

Dispensing opticians and student optometrists, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of harassment, bullying or abuse from **other colleagues**. Again, those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this type of harassment, bullying or abuse.

Those of Muslim belief were also more likely to report experience of this type of harassment, bullying or abuse (24%) when compared with other religious beliefs.
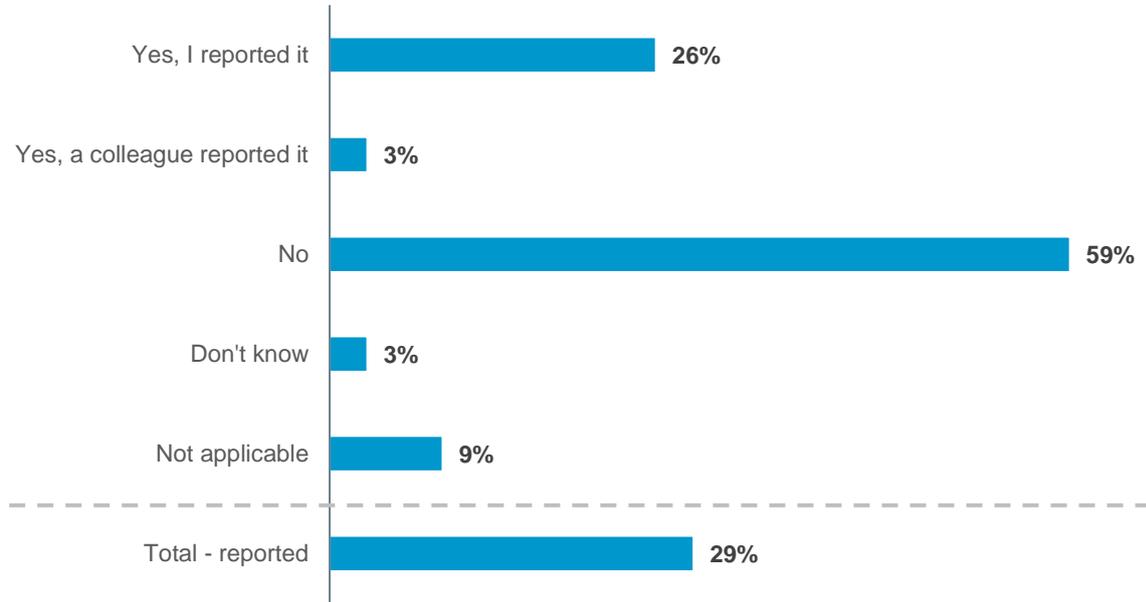
Figure 37 – Experience of harassment, bullying or abuse from other colleagues by registration type, workplace setting, location, age group, gender, and disability
Base: shown in chart

Those who had experienced some form of harassment, bullying or abuse at work in the last 12 months were asked whether this had been reported the last time they had experienced it. In total, 29% said it had been reported, including 26% who had reported it themselves and 3% who said a colleague had reported it.

Figure 38 – The last time you experienced harassment, bullying or abuse at work (or study), did you or a colleague report it?
Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months (1,746)

The following subgroups were more likely to indicate that they had not reported their experience of harassment, bullying or abuse (59% overall):

- Optometrists (63%) and student optometrists (61%) vs dispensing opticians (52%) and student dispensing opticians (44%)
- Those who worked as locums (65%) vs those who did not (57%)
- Male respondents (64%) vs female respondents (56%)

Discrimination

Respondents were asked to indicate whether they had personally experienced any discrimination in their role at work (or place of study for those in education) from different sources in the last 12 months.

A quarter of respondents indicated that they had some experience of discrimination from patients/service users, their relatives or other members of the public in the last 12 months (24%). As with harassment, bullying and abuse, smaller proportions indicated that they had experienced discrimination from managers (11%), other colleagues (8%), or tutors/lecturers/supervisors (8%).

Figure 39 – In the last 12 months, how many times have you personally experienced discrimination in your role at work (or study) from…?
Base: All respondents excluding full-time students and retired (3,557); students (468)
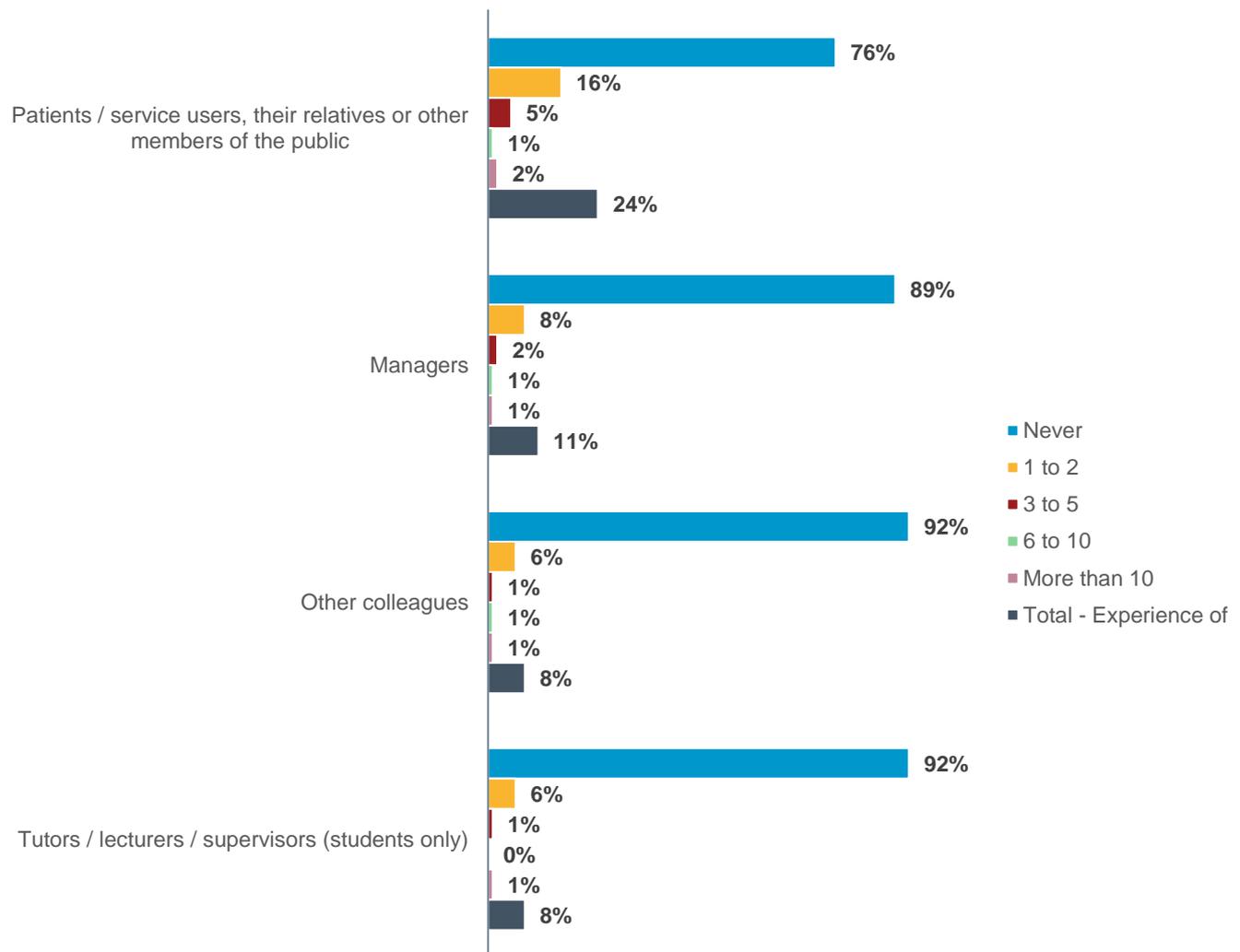
2021 to 2023 comparison

A similar question was asked to GOC registrants in 2021 and found that 10% of respondents had experienced some form of discrimination in their role at work or study in the previous 12 months[2]. A direct comparison with this result suggests that experience of discrimination has increased over the last two years.

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[2] GOC Registrant Survey 2021 – https://optical.org/en/publications/policy-and-research/registrant-survey/goc-registrant-survey-2021/
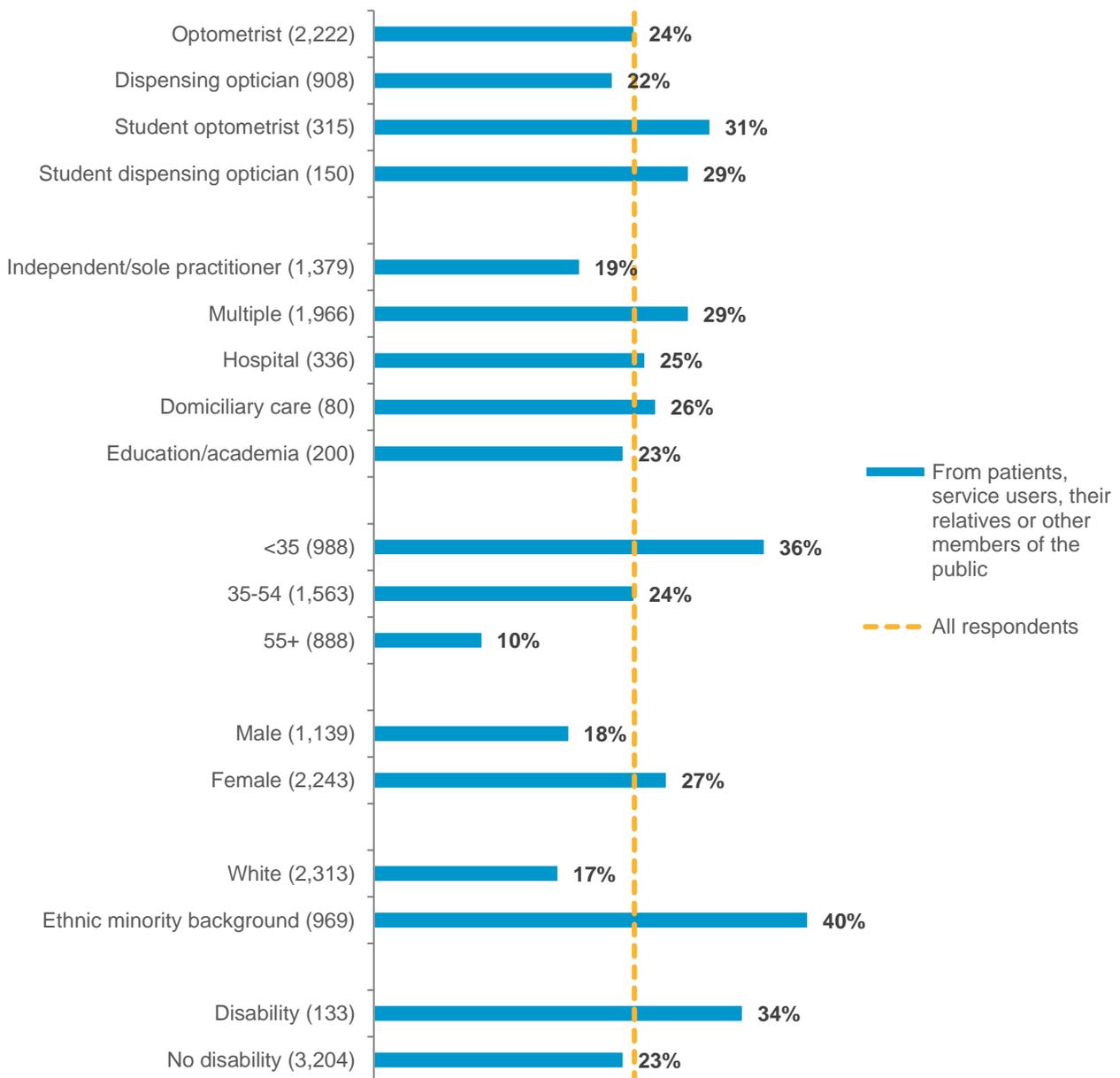
Analysis shows that student optometrists, younger respondents, female respondents, and those with a disability were more likely to report experience of discrimination from **patients, service users, their relatives, or other members of the public**. Those from ethnic minority backgrounds were also more likely to have experienced this form of discrimination when compared with those of White ethnicity, in particular those from Asian or Asian British (40%), Black or Black British (36%) or Mixed backgrounds (52%).

In terms of workplace setting, those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this form of discrimination when compared with those who worked for a multiple opticians or in a hospital.

Additionally, those of Hindu, Muslim and Sikh belief were more likely to report experience of this type of discrimination (33%, 42% and 41% respectively) when compared with other religious beliefs, as were those who were pregnant or on/returning from maternity leave (34%) when compared with those who were not (24%).

Figure 40 – Experience of discrimination from patients, service users, their relatives or other members of the public by registration type, workplace setting, age group, gender, disability, and ethnicity
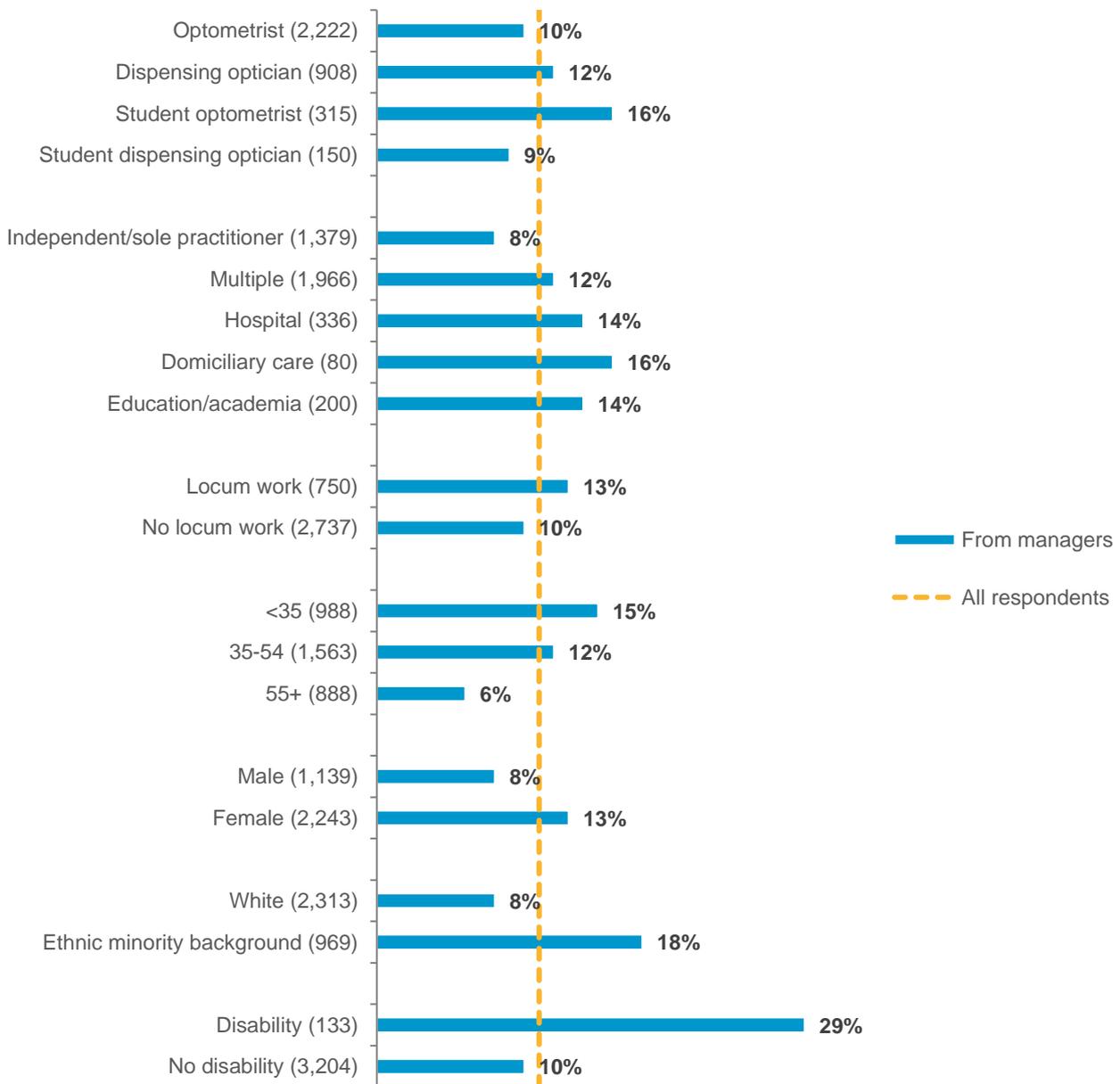*Base: shown in chart*

Analysis highlights that student optometrists, those who worked as locums, younger respondents, female respondents, those from ethnic minority backgrounds, and those with a disability were more likely to report experience of discrimination from **managers**. Again, analysis by workplace setting shows that those who worked for an independent opticians/as a sole practitioner were less likely to have experienced this form of discrimination when compared with all other workplace settings.

Analysis of ethnicity in more detail highlights that those from Black or Black British (22%) and Asian or Asian British backgrounds (17%) were more likely to report experience of this type of discrimination, as were those of Muslim and Sikh belief (20% and 22% respectively). Additionally, those who were pregnant or on/returning from maternity leave and those who performed the role of a carer were also more likely to report experience of this type of discrimination (21% and 19%) when compared with those who were not (11% and 10%).

Figure 41 – Experience of discrimination from managers by registration type, workplace setting, age group, gender, disability, and ethnicity
*Base: shown in chart*

Student optometrists, those who worked in a hospital, younger respondents, female respondents, respondents from ethnic minority backgrounds, and those with a disability were more likely to report experience of discrimination from **other colleagues**.

Respondents of Muslim and Sikh belief were more likely to report experience of this type of discrimination (14% and 17% respectively), as were those from Black or Black British and Asian or Asian British backgrounds (20 and 14% respectively). Again, those who were pregnant or on/returning from maternity leave and those who performed the role of a carer were also more likely to report experience of this type of discrimination (14% and 15%) when compared with those who were not (8% and 7%).

Figure 42 – Experience of discrimination from other colleagues by registration type, workplace setting, location, age group, gender, and disability
*Base: shown in chart*
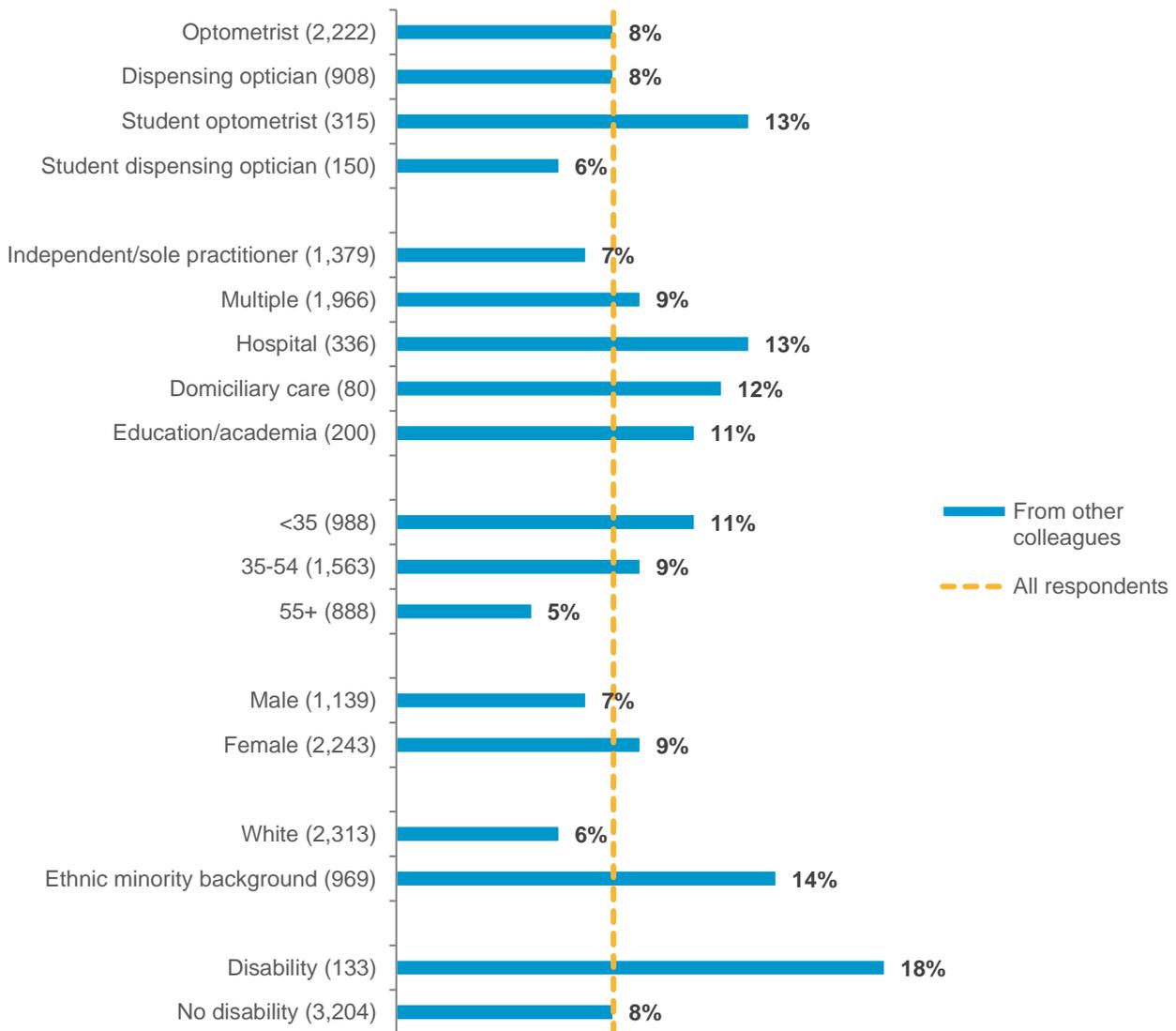
Those who had experienced discrimination at work or study in the last 12 months were asked to specify what type of discrimination this was. Just over two in five respondents said that they had experienced discrimination related to race (44%). A third had experienced discrimination related to age or sex (both at 32%), and one in five had experienced discrimination related to religion or belief (20%).

The most common 'other' responses (13%) focused on discrimination related to nationality and being a parent/childcare.

Figure 43 – What type of discrimination have you experienced?
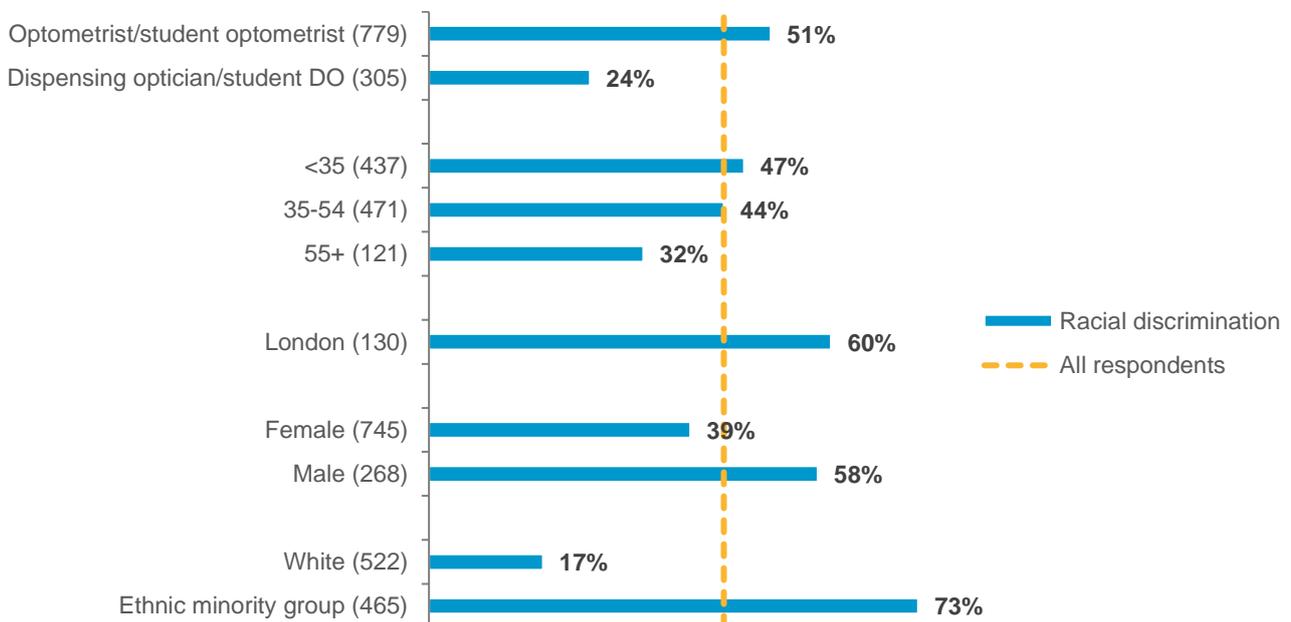*Base: Those who had experience of discrimination in their role at work (or study) in the last 12 months (1,073)*
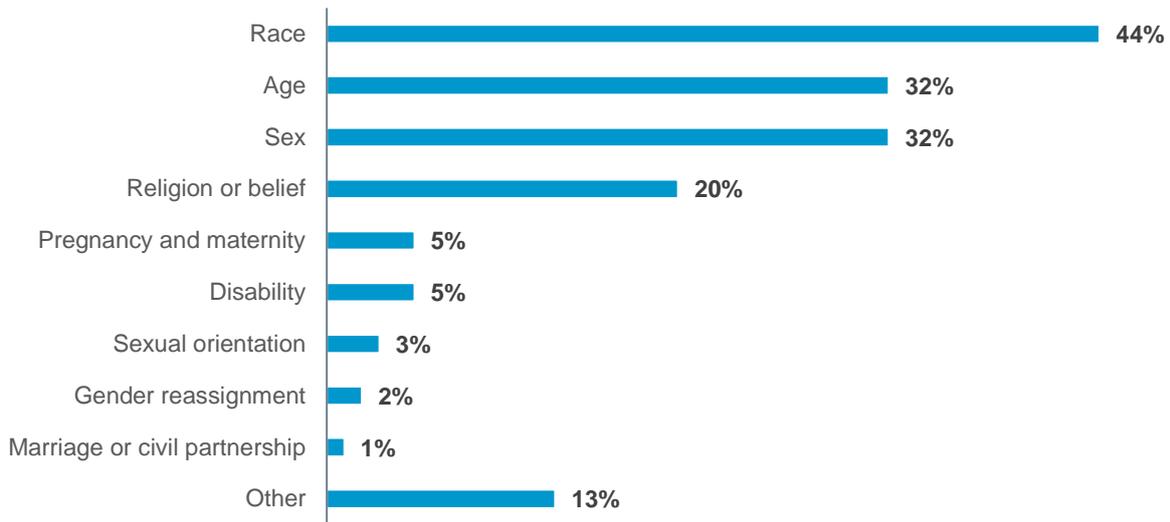
A number of subgroups were more likely to indicate that they had experienced **racial discrimination** in their role in the last 12 months, most commonly those from ethnic minority groups when compared with those of White ethnicity. In particular, those of Black or Black British and Asian or Asian British background were more likely to report experiences of racial discrimination (90% and 71% respectively). This type of discrimination was more prevalent amongst optometrists and student optometrists, younger respondents, those based in London, and male respondents, as well as those of Hindu, Muslim, and Sikh belief (76%, 64% and 81% respectively).

Figure 44 – Experience of racial discrimination in the last 12 months by registration type, age group, location, gender, and ethnicity
*Base: shown in chart*

Subgroups more likely to indicate that they had experienced **sexual discrimination** in their role in the last 12 months included dispensing opticians and student dispensing opticians (who were more likely to be female), those based in Wales and Scotland, female respondents, and respondents of White ethnicity.

Figure 45 – Experience of sexual discrimination in the last 12 months by registration type, location, gender, and ethnicity
Base: shown in chart
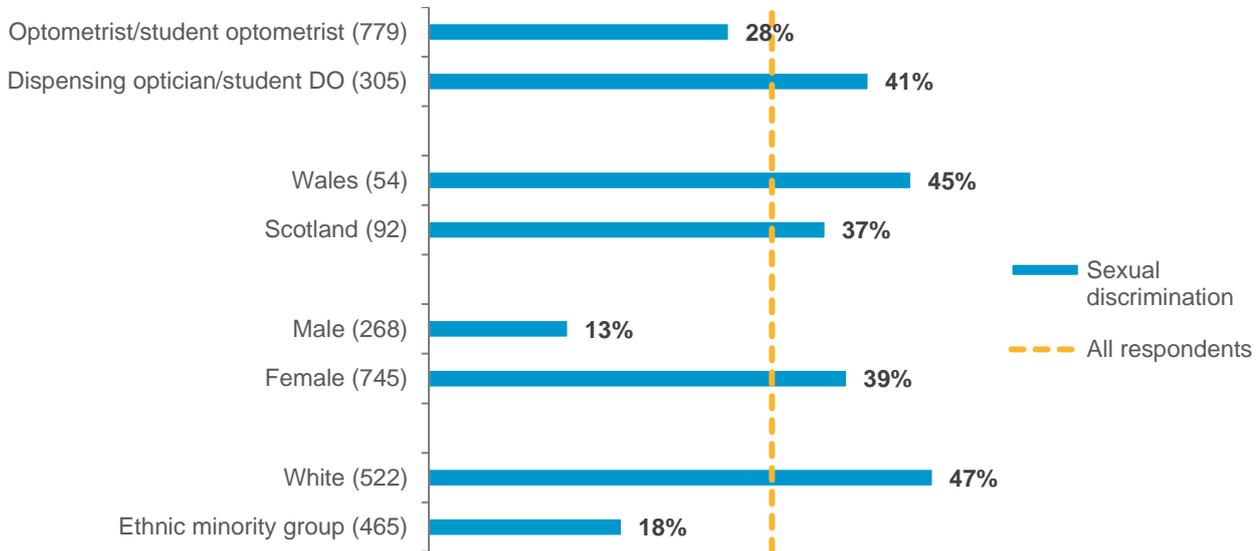
Age discrimination was reported by larger proportions of both younger and older respondents. For example, 45% of those aged under 25 and 43% of those aged 55 and above indicated that they had experienced age discrimination in their role in the last 12 months, compared with just 19% for those aged 35 to 44.

Figure 46 – Experience of age discrimination in the last 12 months by age group
Base: Under 25 (121); 25-34 (316); 35-44 (289); 45-54 (182); 55+ (121)
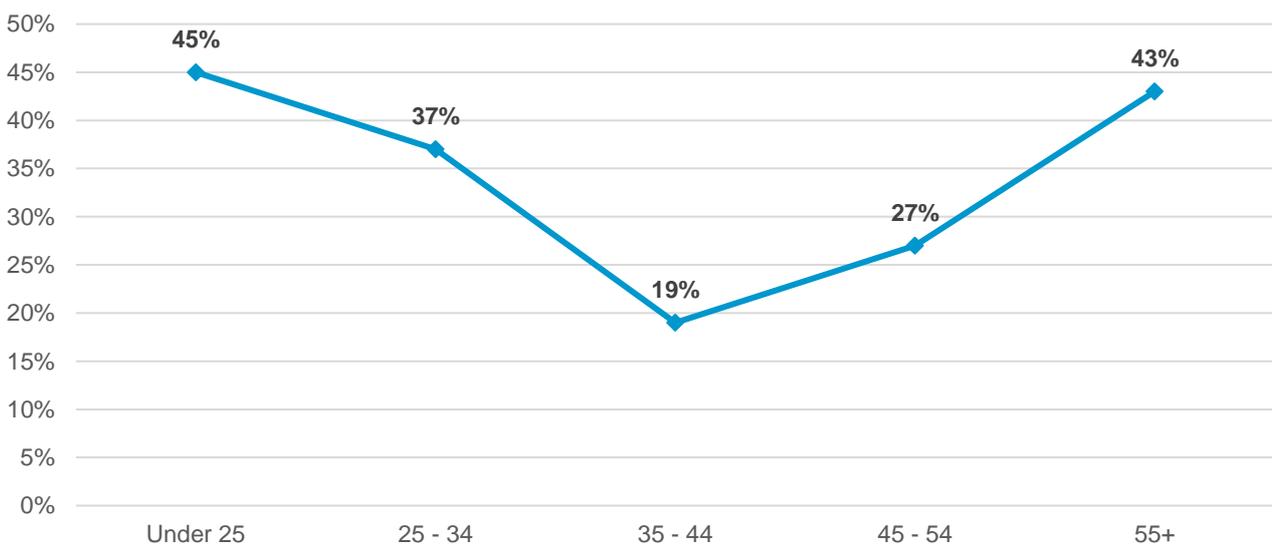
Religious discrimination was reported by a larger proportion of those of Muslim belief (62%) when compared with other religions or beliefs.

Plans for the future

When asked about their career plans over the next 12 to 24 months, the largest proportion of respondents said that they planned to *gain additional qualifications or skills* (40%), followed by 26% who planned to *reduce their hours*. One in seven respondents said that they planned to *leave the profession* (14%), and smaller proportions indicated they planned to *retire* (10%), *switch to locum work* (9%) or *take a career break* (6%).
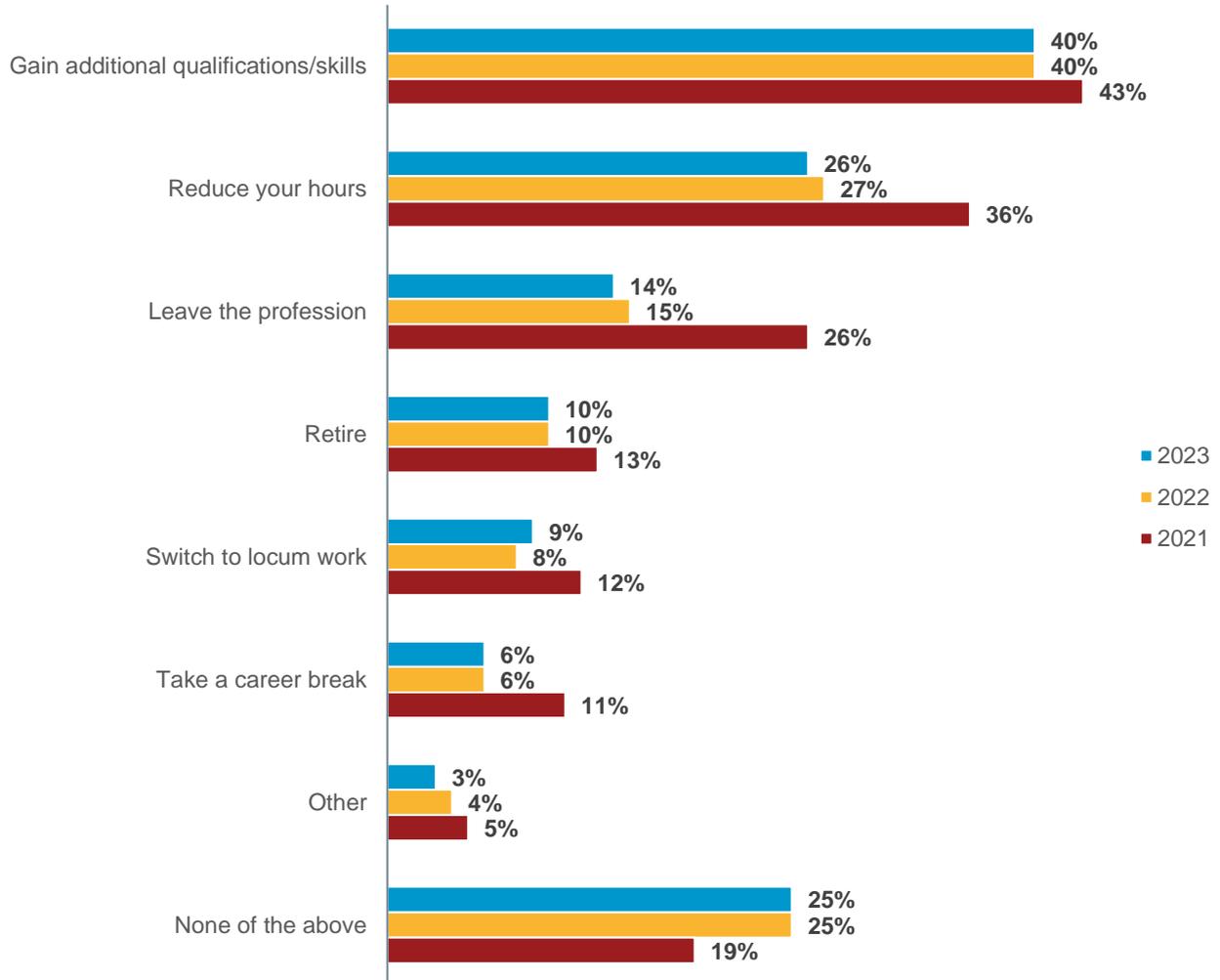
Figure 47 – Are you considering making any of the following changes to your career over the next 12-24 months?
Base: Those currently working 2023 (3,486); 2022 (3,647); 2021 (4,479)

	2023	2022	2021
Gain additional qualifications/skills	40%	40%	43%
Reduce your hours	26%	27%	36%
Leave the profession	14%	15%	26%
Retire	10%	10%	13%
Switch to locum work	9%	8%	12%
Take a career break	6%	6%	11%
Other	3%	4%	5%
None of the above	25%	25%	19%

2021 to 2023 comparison

This year's results are almost identical to those collected in 2022, highlighting very little change. This is in contrast to the way results changed between 2021 and 2022, as shown in the chart above, which may have been a temporary impact on attitudes that can be attributed to the Covid-19 pandemic.

The table below presents this result scaled up to the total approximate number of registrants, based on a total population of approximately 30,300. This shows that approximately 12,100 registrants plan to *gain additional qualifications or skills* over the next 12 to 24 months. However, it also highlights that approximately 7,900 registrants plan to *reduce their hours*, and that 4,200 plan to *leave the profession*. Please note that, as this survey question was multiple-choice, the scaled up total number of registrants will exceed 30,300.

Figure 48 – Future career changes over the next 12-24 months scaled up to approximate registrant numbers
Base: Survey result - All respondents excluding those fully retired and 'not applicable' responses (3,486); Registrant database (30,300)

Future career change over next 12-24 months	Survey result	Scaled up number of registrants (approx.)
Gain additional qualifications/skills	40%	12,100
Reduce your hours	26%	7,900
Leave the profession	14%	4,200
Retire	10%	3,000
Switch to locum work	9%	2,700
Take a career break	6%	1,800
Other	3%	900
None of the above	25%	7,600

Plans to gain additional qualifications/skills

The chart below presents subgroup analysis for those who planned to gain additional qualifications or skills over the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 49 – Plans to gain additional qualifications/skills by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart
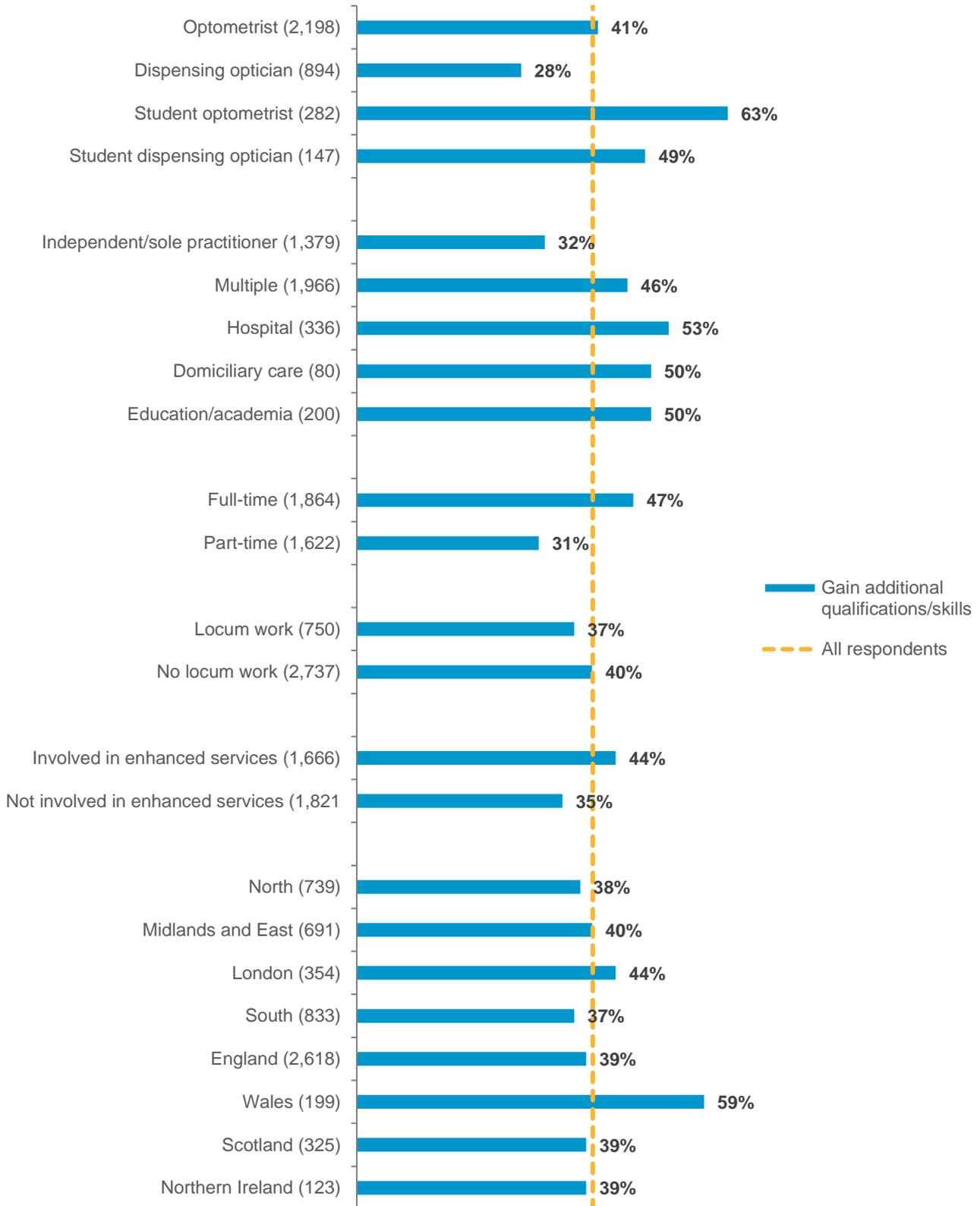
Subgroups more likely to indicate that they planned to gain additional qualifications or skills included those who:

- Were student optometrists (63%) and student dispensing opticians (49%) when compared with optometrists (41%) and dispensing opticians (28%)
- Worked in a hospital (53%), domiciliary care (50%) or in education/academia (50%) when compared with those who worked for an independent opticians/as a sole practitioner (32%)
- Worked full-time (47%) when compared with those who worked part-time (31%)
- Were involved in the delivery of enhanced eye care services (44%) when compared with those who were not (35%)
- Lived in Wales (59%) when compared with all other locations

Topics/areas

Respondents were asked to specify the areas in which they were interested in gaining additional qualifications/skills, choosing from a list provided. The most commonly selected areas were *medical retina* (38%), *independent prescribing* (38%), and *glaucoma* (35%).
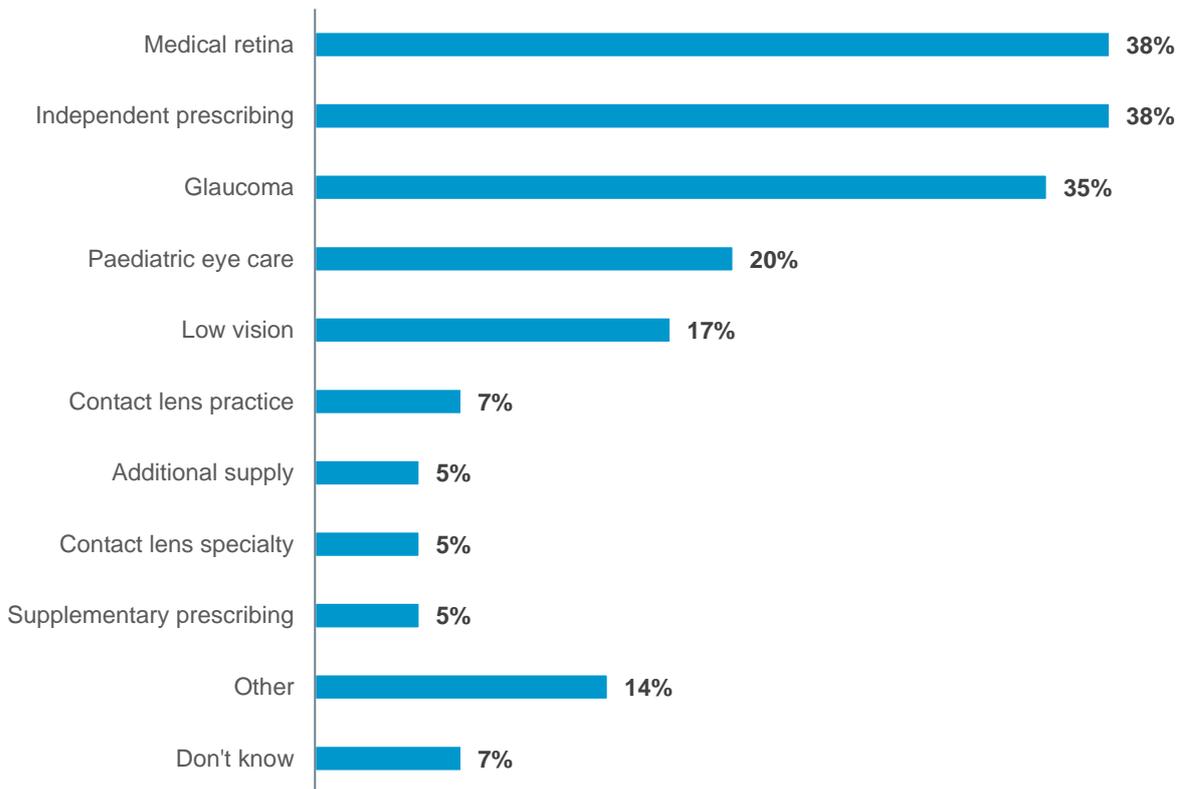
Figure 50 – In what areas are you interested in gaining additional qualifications/skills?
Base: Those who plan to gain additional qualifications/skills in the next 12-24 months (1,377)

'Other' suggested areas (14%) included MECS (28 responses), leadership/management (27 responses), optometry (26 responses), contact lenses (16 responses), and education/teaching/training/ assessing (14 responses).
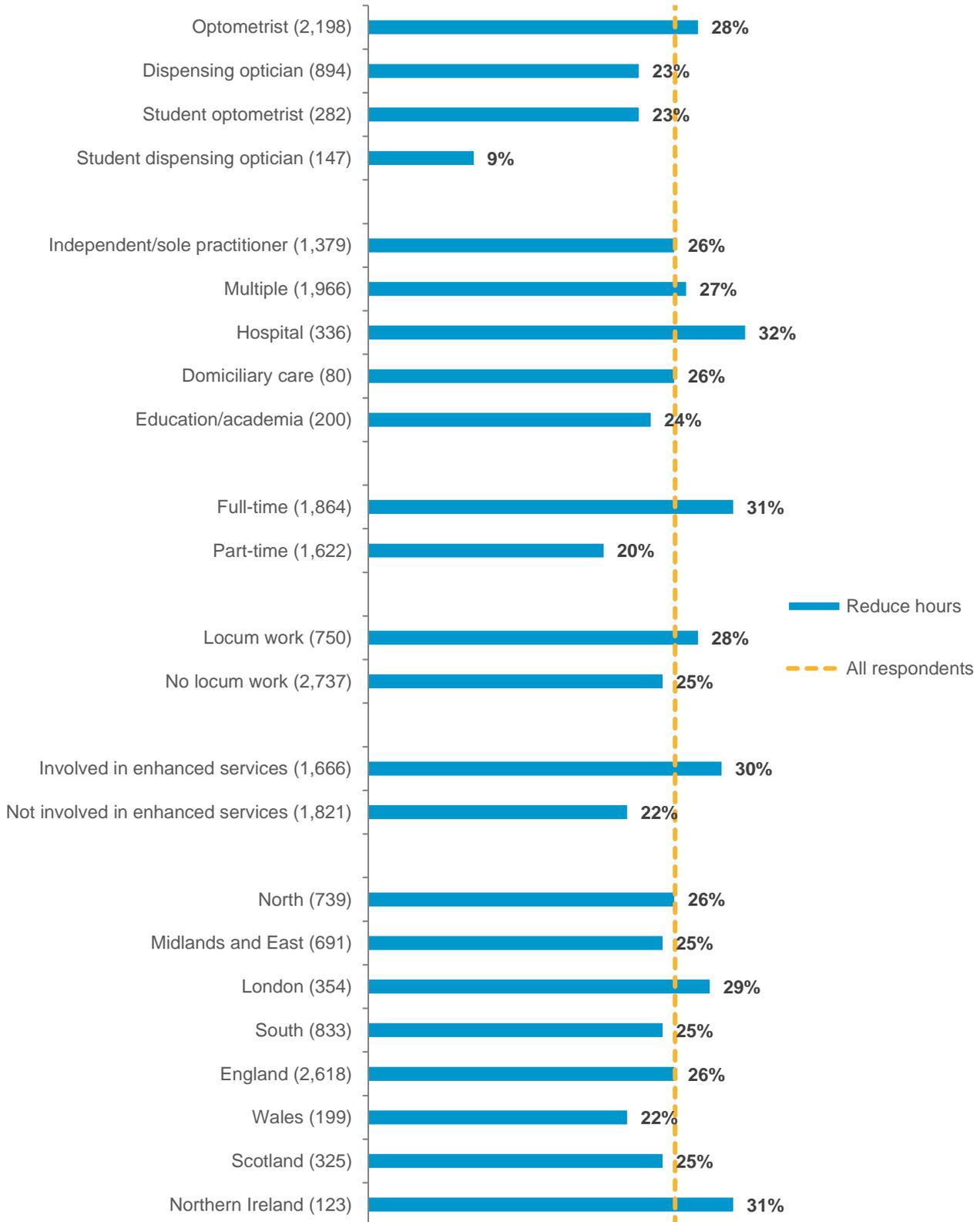
Plans to reduce hours

The chart below presents subgroup analysis of those who planned to reduce their hours over the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 51 – Plans to reduce hours by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart

Subgroup	Reduce hours
Optometrist (2,198)	28%
Dispensing optician (894)	23%
Student optometrist (282)	23%
Student dispensing optician (147)	9%
Independent/sole practitioner (1,379)	26%
Multiple (1,966)	27%
Hospital (336)	32%
Domiciliary care (80)	26%
Education/academia (200)	24%
Full-time (1,864)	31%
Part-time (1,622)	20%
Locum work (750)	28%
No locum work (2,737)	25%
Involved in enhanced services (1,666)	30%
Not involved in enhanced services (1,821)	22%
North (739)	26%
Midlands and East (691)	25%
London (354)	29%
South (833)	25%
England (2,618)	26%
Wales (199)	22%
Scotland (325)	25%
Northern Ireland (123)	31%

Legend: Reduce hours; All respondents

Subgroups more likely to indicate that they planned to reduce their hours included those who:
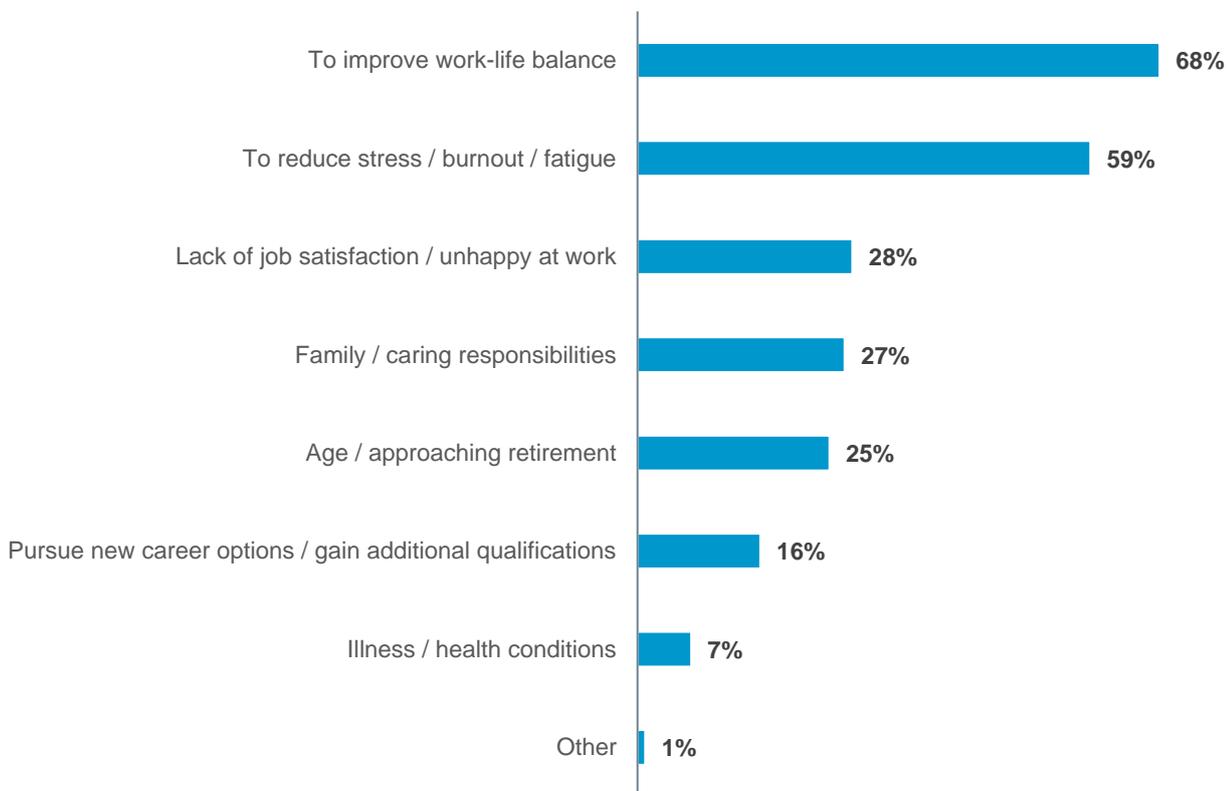
- Were optometrists (28%) when compared with dispensing opticians (23%)
- Worked in a hospital (32%) when compared with other settings
- Worked full-time (31%) when compared with those who worked part-time (20%)
- Were involved in the delivery of enhanced eye care services (30%) when compared with those who were not (22%)

Explanations provided

Respondents were asked to explain why they planned to reduce their hours, selecting from a list provided. The majority of respondents said they planned to do so *to improve work-life balance* (68%) or *to reduce stress/burnout/fatigue* (59%).

Figure 52 – Why do you plan to reduce your hours?
Base: Those who plan to reduce their hours in the next 12-24 months (901)

| Category	Percentage
To improve work-life balance	68%
To reduce stress / burnout / fatigue	59%
Lack of job satisfaction / unhappy at work	28%
Family / caring responsibilities	27%
Age / approaching retirement	25%
Pursue new career options / gain additional qualifications	16%
Illness / health conditions	7%
Other	1%

Plans to leave the profession

The chart below presents subgroup analysis of those who planned to leave the profession during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 53 – Plans to leave the profession by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart
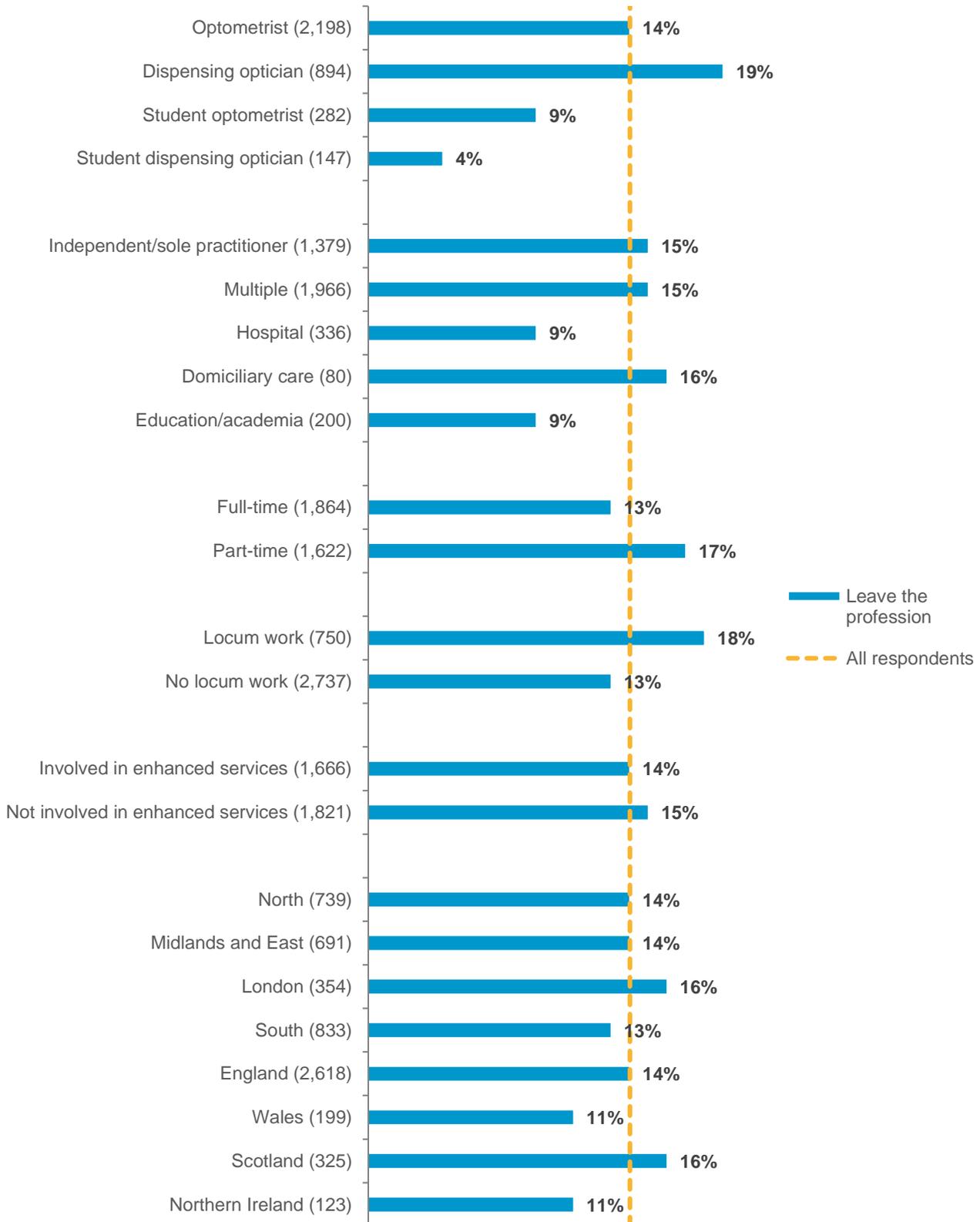
Subgroups more likely to indicate that they planned to leave the profession included those who:
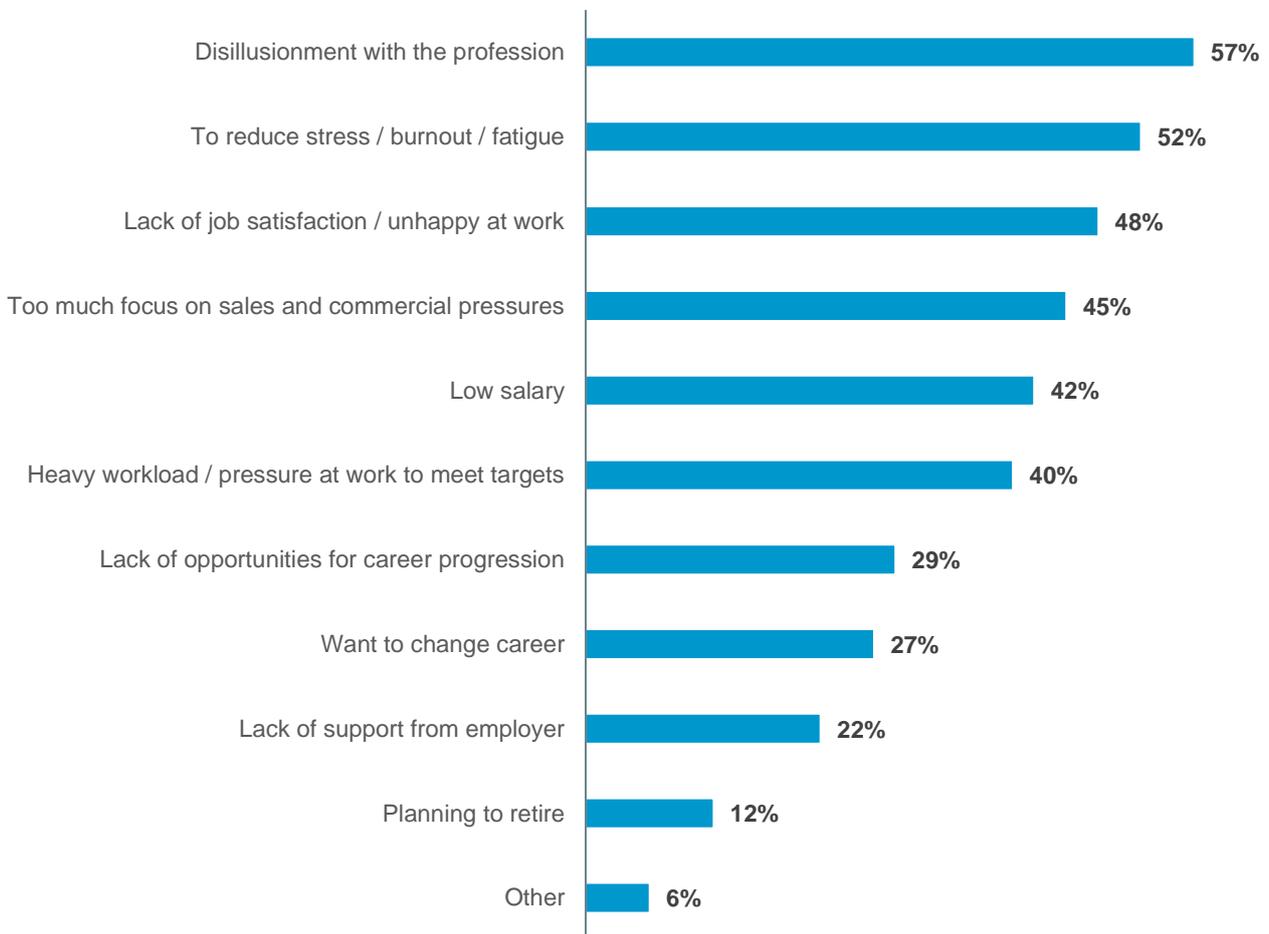
- Were dispensing opticians (19%) when compared with optometrists (14%)
- Worked for an independent opticians/as a sole practitioner (15%), multiple opticians (15%), or in domiciliary care (16%) when compared with those who worked in a hospital (9%) or in education/academia (9%)
- Worked part-time (17%) when compared with those who worked full-time (13%)
- Worked as a locum (18%) when compared with those who did not (13%)

Explanations provided

Respondents were asked to explain why they planned to leave the profession, selecting from a list provided. The most common responses included *disillusionment with the profession* (57%), *to reduce stress/burnout/fatigue* (52%), *lack of job satisfaction/unhappy at work* (48%), and *too much focus on sales and commercial pressures* (45%).

Figure 54 – Why do you plan to leave the profession?
Base: Those who plan to leave the profession in the next 12-24 months (500)

| Reason	Percentage
Disillusionment with the profession	57%
To reduce stress / burnout / fatigue	52%
Lack of job satisfaction / unhappy at work	48%
Too much focus on sales and commercial pressures	45%
Low salary	42%
Heavy workload / pressure at work to meet targets	40%
Lack of opportunities for career progression	29%
Want to change career	27%
Lack of support from employer	22%
Planning to retire	12%
Other	6%

Plans to retire

The chart below presents analysis of those who planned to retire during the next 12 to 24 months by workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 55 – Plans to retire by workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart
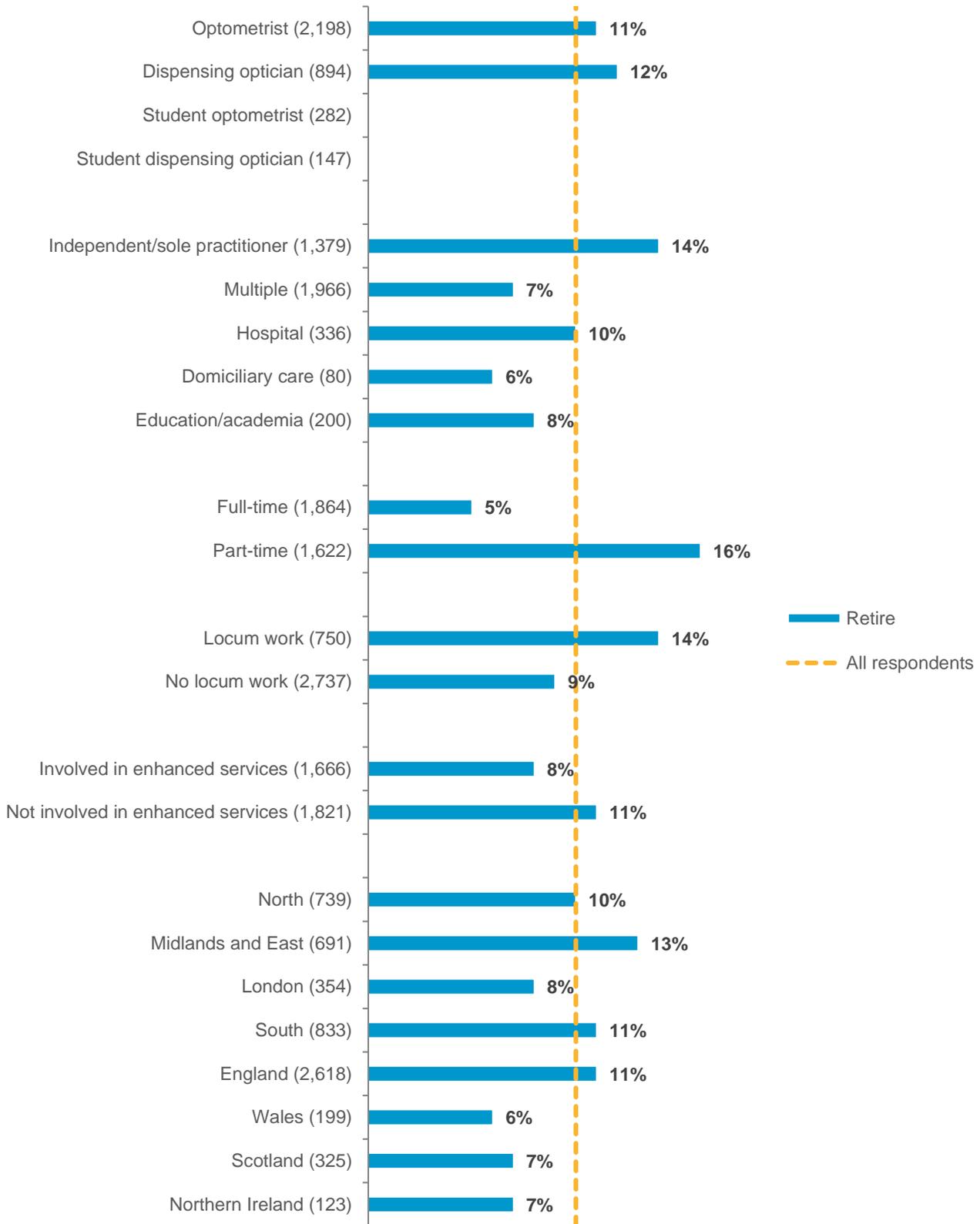
Subgroups more likely to indicate that they planned to retire included those who:

- Worked for an independent opticians/as a sole practitioner (14%) when compared with those who worked for a multiple opticians (7%) or in education/academia (8%)
- Worked part-time (16%) when compared with those who worked full-time (5%)
- Worked as a locum (14%) when compared with those who did not (9%)
- Were not involved in enhanced services (11%) when compared with those who were (8%)

Almost equal proportions of optometrists and dispensing opticians indicated that they planned to retire (11% and 12% respectively).
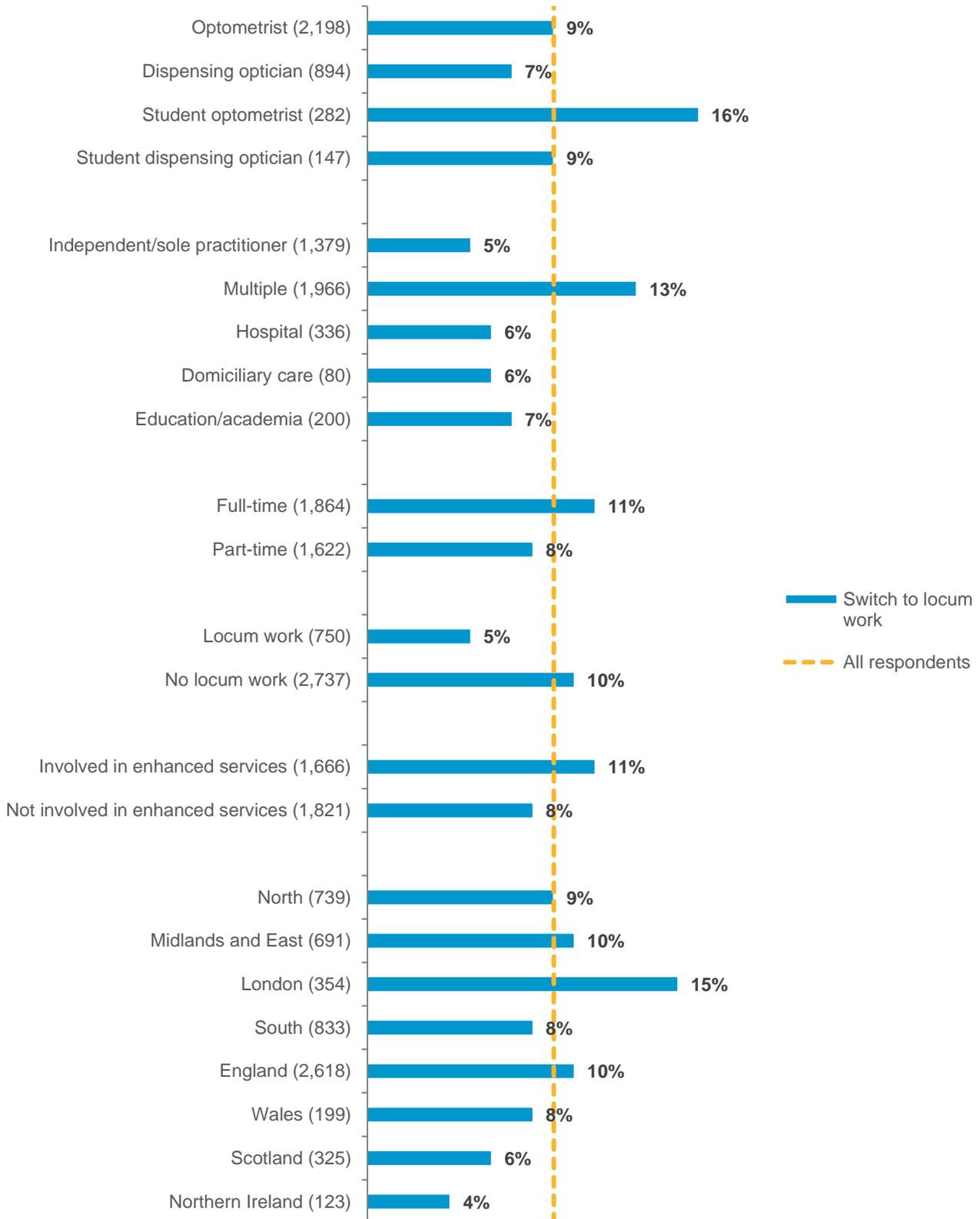
Plans to switch to locum work

The chart below presents subgroup analysis of those who planned to switch to locum work during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 56 – Plans to switch to locum work by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart

Subgroups more likely to indicate that they planned to switch to locum work included those who:

- Were student optometrists (16%) when compared with optometrists (9%) and dispensing opticians (7%)
- Worked for a multiple opticians (13%) when compared with all other workplace settings
- Worked full-time (11%) when compared with those who worked part-time (8%)
- Lived in London (15%) when compared with other locations, particularly Northern Ireland (4%) and Scotland (6%)

Explanations provided

Respondents were asked to explain why they planned to switch to locum work, selecting from a list provided. By far the most common responses selected were being *better paid* (78%) and having *more flexibility and control over working hours* (76%). Just over three in ten respondents also selected *better hours and work-life balance* (62%).

Figure 57 – Why do you plan to switch to locum work?
Base: Those who plan to switch to locum work in the next 12-24 months (325)
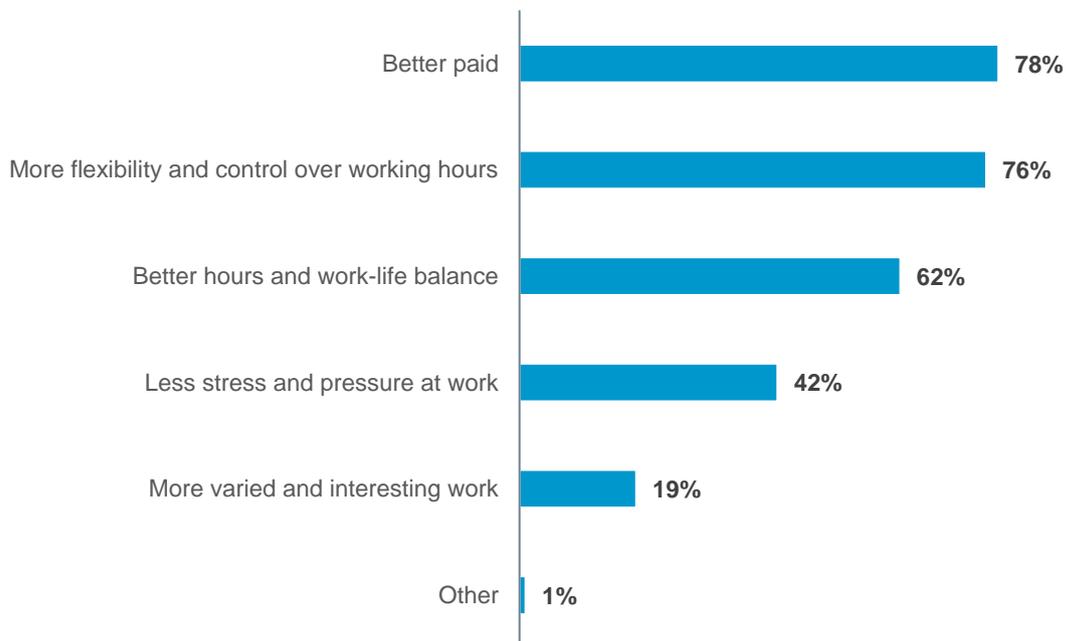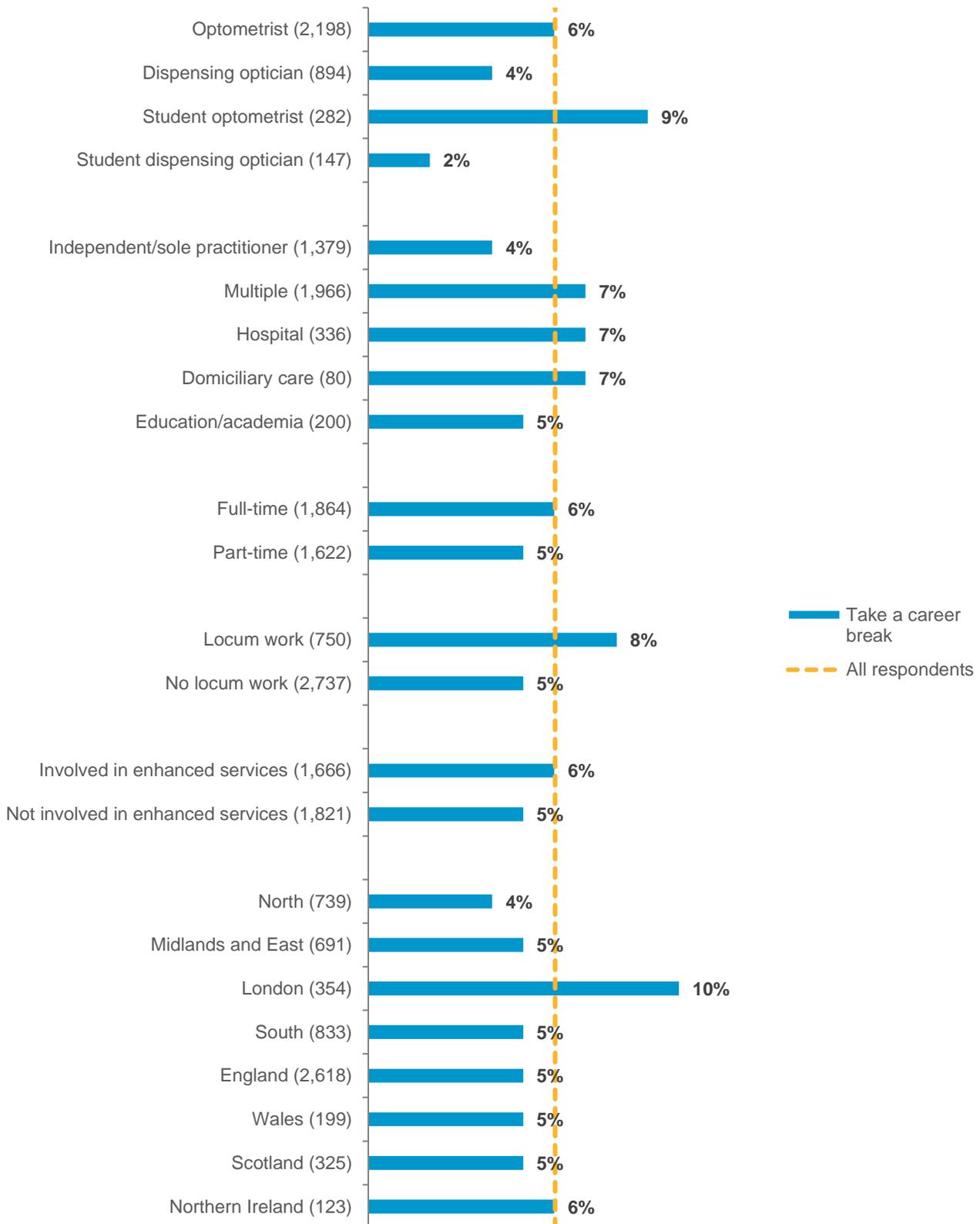
Plans to take a career break

The chart below presents subgroup analysis of those who planned to take a career break during the next 12 to 24 months by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location.

Figure 58 – Plans to take a career break by registration type, workplace setting, working status, locum working, involvement in enhanced services, and location
Base: shown in chart

Subgroups more likely to indicate that they planned to take a career break included those who:

- Were optometrists (6%) or student optometrists (9%) when compared with dispensing opticians (4%) and student dispensing opticians (2%)
- Worked for a multiple opticians (7%) or in a hospital (7%) when compared with those who worked for an independent opticians/as a sole practitioner (4%)
- Worked as a locum (8%) when compared with those who did not (5%)
- Lived in London (10%) when compared with all other locations

Explanations provided

Respondents were asked to explain why they planned to take a career break, selecting from a list provided. Two thirds of respondents selected *stress/burnout/fatigue* (66%), closely followed by 59% who selected *want to improve work-life balance.* Just under half also selected *heavy workload/pressure at work to meet targets* (47%) and *too much focus on sales and commercial pressures* (45%).

Figure 59 – Why do you plan to switch to take a career break?
*Base: Those who plan to take a career break in the next 12-24 months (196)*

Analysing future plans by job satisfaction

As found in 2022, respondents' satisfaction or dissatisfaction with their current role or job over the last 12 months has an impact on their future career plans for the next 12-24 months. As shown in the chart below, those who were satisfied with their role/job were more likely to plan to *gain additional qualifications/skills* when compared with those who were dissatisfied.

Conversely, those who were dissatisfied were significantly more likely to plan to *leave the profession* when compared with those who were satisfied and were also more likely to plan to *reduce their hours*, *switch to locum work*, and *take a career break*, when compared with those who were satisfied.

Figure 60 – Future plans by role/job satisfaction
*Base: Satisfied (2,166); dissatisfied (701)*
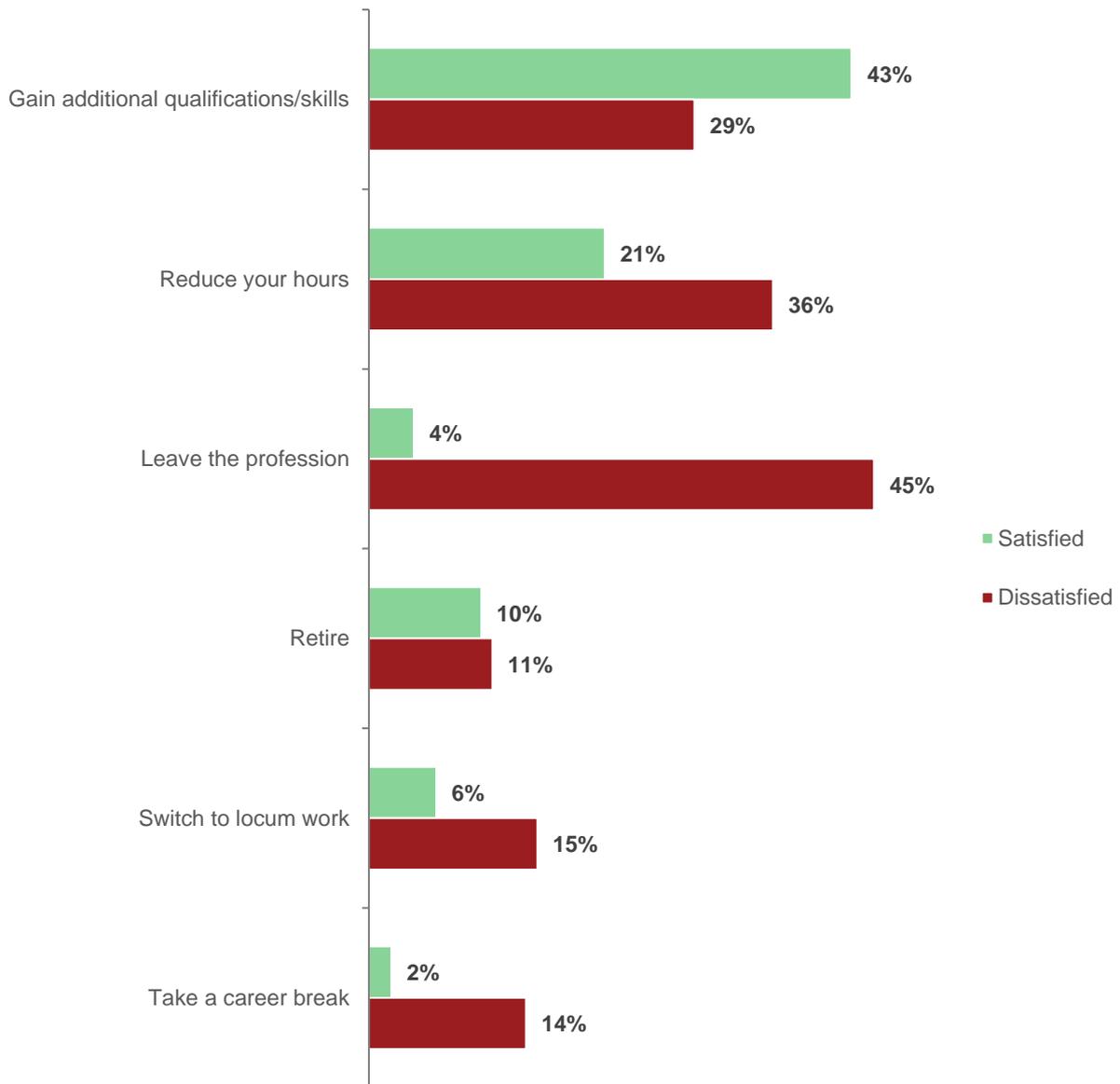
Analysing future plans by demographics

Analysis by gender highlights that a larger proportion of female respondents planned to *gain additional qualifications/skills* than male respondents, whereas a larger proportion of male respondents planned to *reduce their hours* or *retire* than female respondents.

Analysis by ethnicity highlights that respondents from ethnic minority groups were more likely to indicate that they planned to *gain additional qualifications/skills*, *reduce their hours*, *switch to locum work*, and *take a career break* when compared with those of White ethnicity. These results are driven in particular by those from Black or Black British and Asian or Asian British backgrounds. A larger proportion of those of White ethnicity said they planned to *retire* when compared with those from ethnic minority groups. No difference by ethnicity was recorded for those who planned to *leave the profession*.

Figure 61 – Future plans by ethnicity
*Base: White (2,293); ethnic minority groups (921)*
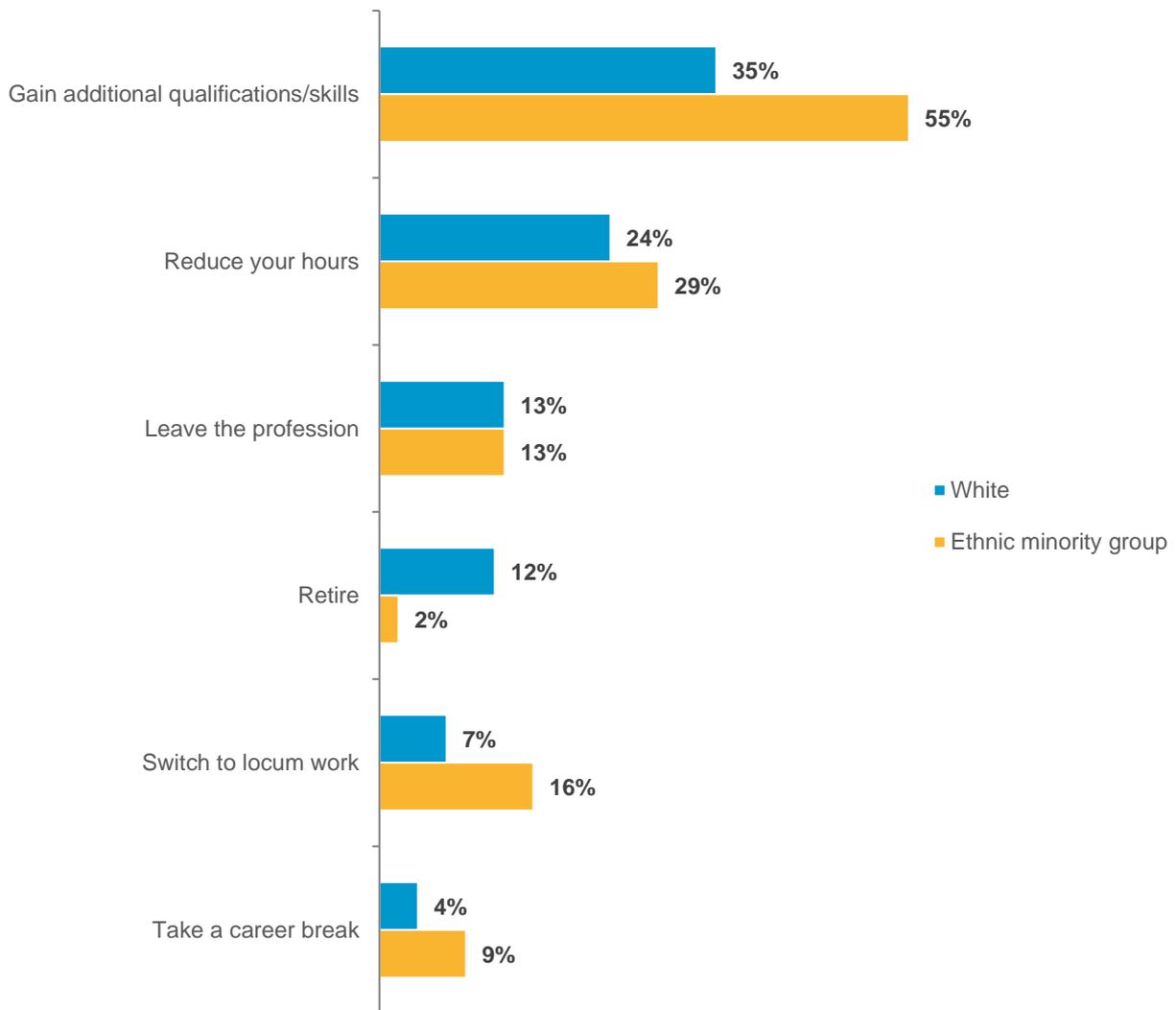
Analysis by age group highlights that respondents aged under 35 and 35-54 were more likely to indicate that they planned to *gain additional qualifications/skills* when compared to those aged 55+. Those aged under 35 were also more likely to state that they planned to *switch to locum work* and *take a career break* when compared with older respondents.

Respondents aged 35-54 were slightly more likely to answer that they planned to *leave the profession* when compared with younger and older respondents.

As could be expected, larger proportions of those aged 55+ said they planned to *retire* or *reduce their hours* than younger respondents.

Figure 62 – Future plans by age group
*Base: Aged <35 (957); 35-54 (1,533); 55+ (879)*
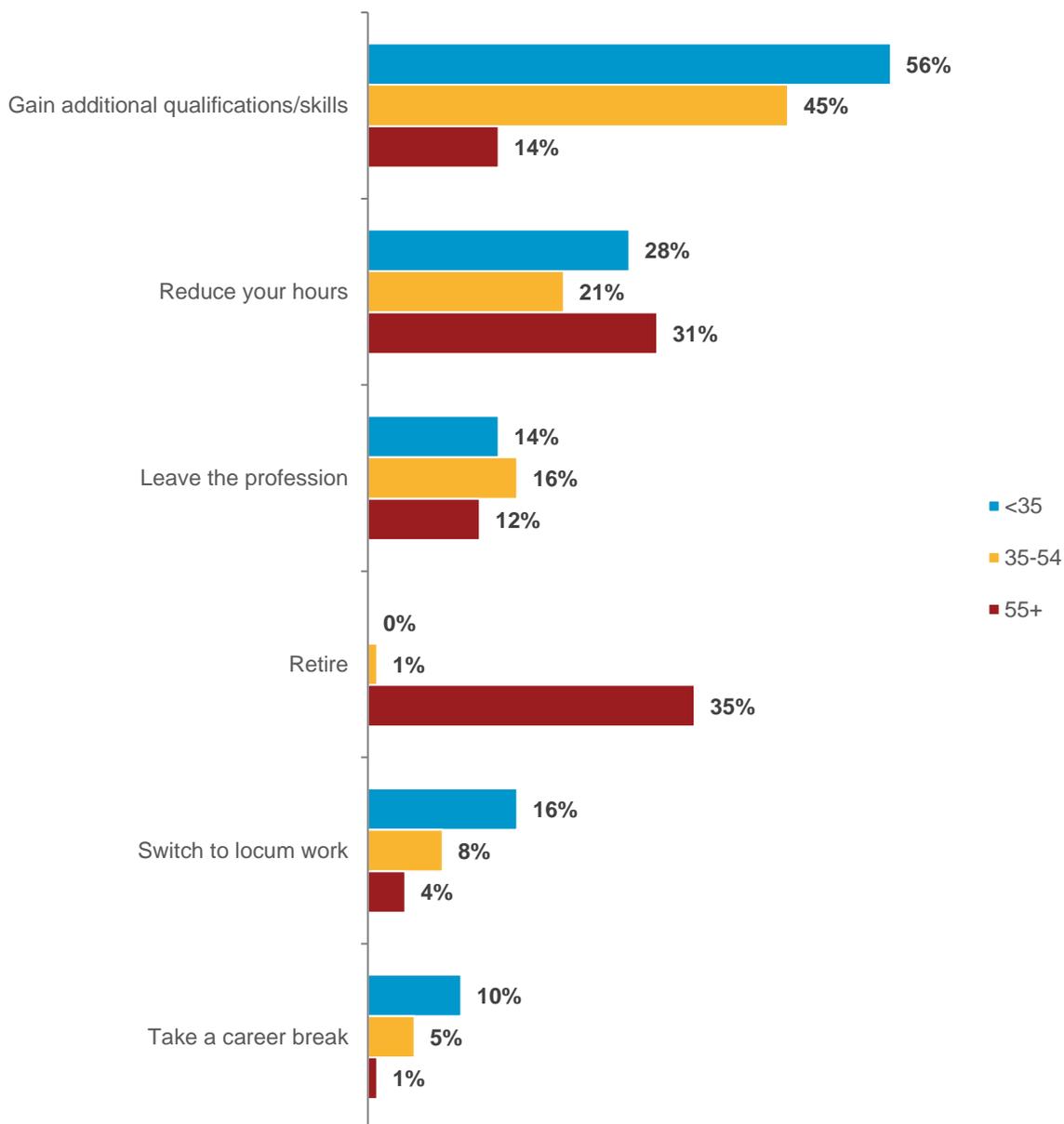
Speaking up

Patient safety concerning an individual GOC registrant

Respondents were asked how comfortable they would feel speaking up about patient safety **concerning an individual GOC registrant** with different authorities. Respondents would feel most comfortable speaking up to their manager or tutor if they were a student (73%), followed by their employer or education provider (70%) and their professional association or representative body (64%).

In contrast, a smaller proportion of respondents said they would feel comfortable speaking up about patient safety to the GOC (48%), with almost the same proportion indicating that they would not feel comfortable (42%).

Figure 63 – How comfortable would you feel speaking up about patient safety concerning <u>an individual GOC registrant</u> with the following…?
Base: All respondents excluding retired and all 'not applicable' responses – Your manager/tutor (3,580); Your employer/education provider (3,604); Your professional association/representative body (3,825); the GOC (3,850)


■ Very comfortable ■ Quite comfortable ■ Not very comfortable ■ Not comfortable at all ■ Don't know
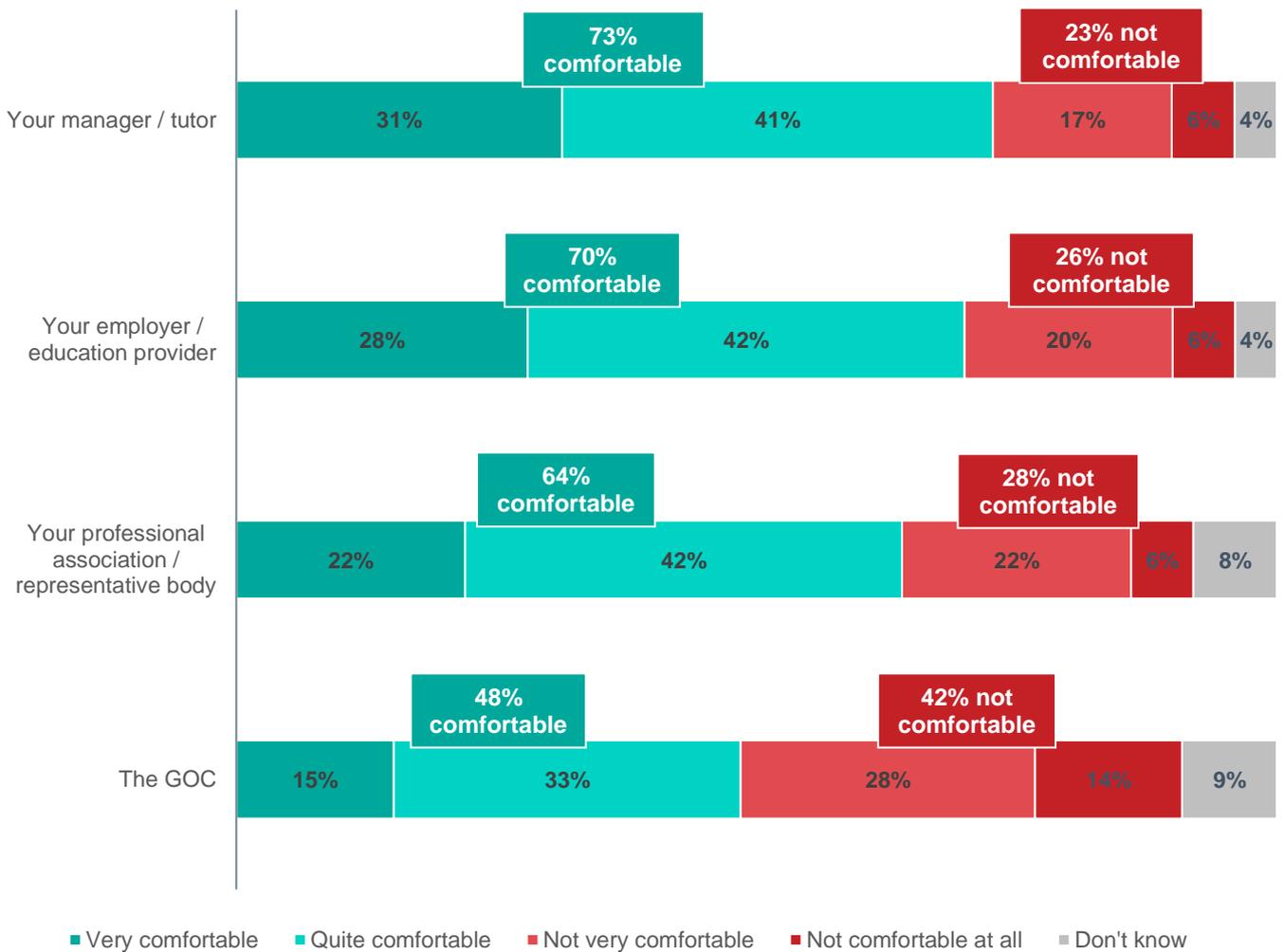
2021 to 2023 comparison

When comparing these results with the two previous years, the proportion of respondents who would feel comfortable speaking up about patient safety concerning an individual GOC registrant has increased for all types of authority, with the largest increases recorded between 2022 and 2023.

Figure 64 – Speaking up about patient safety concerning an individual GOC registrant – 2021 to 2023 comparison (% comfortable)
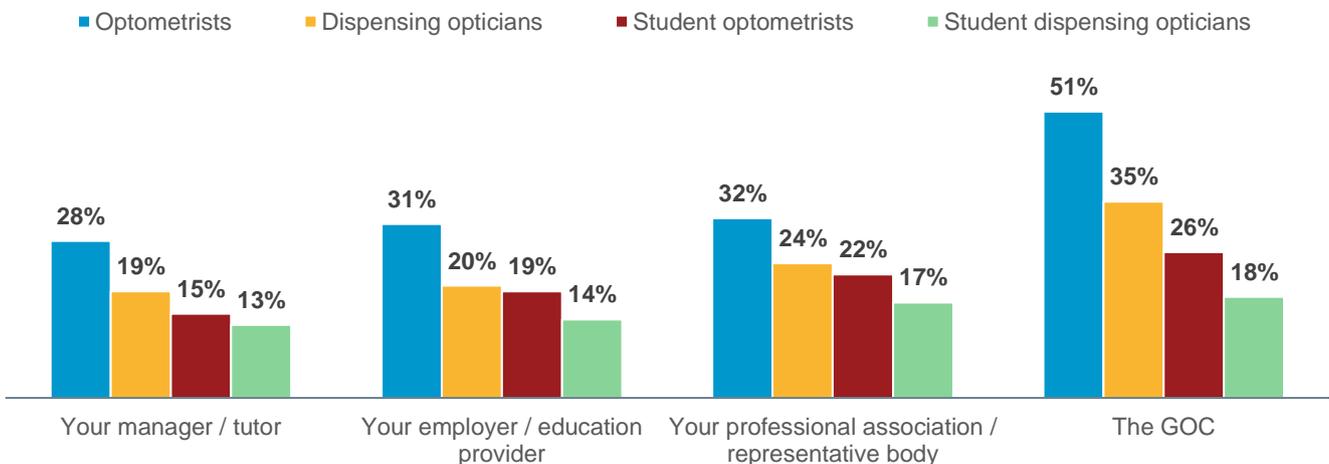*Base: All respondents excluding 'not applicable' responses (varies)*
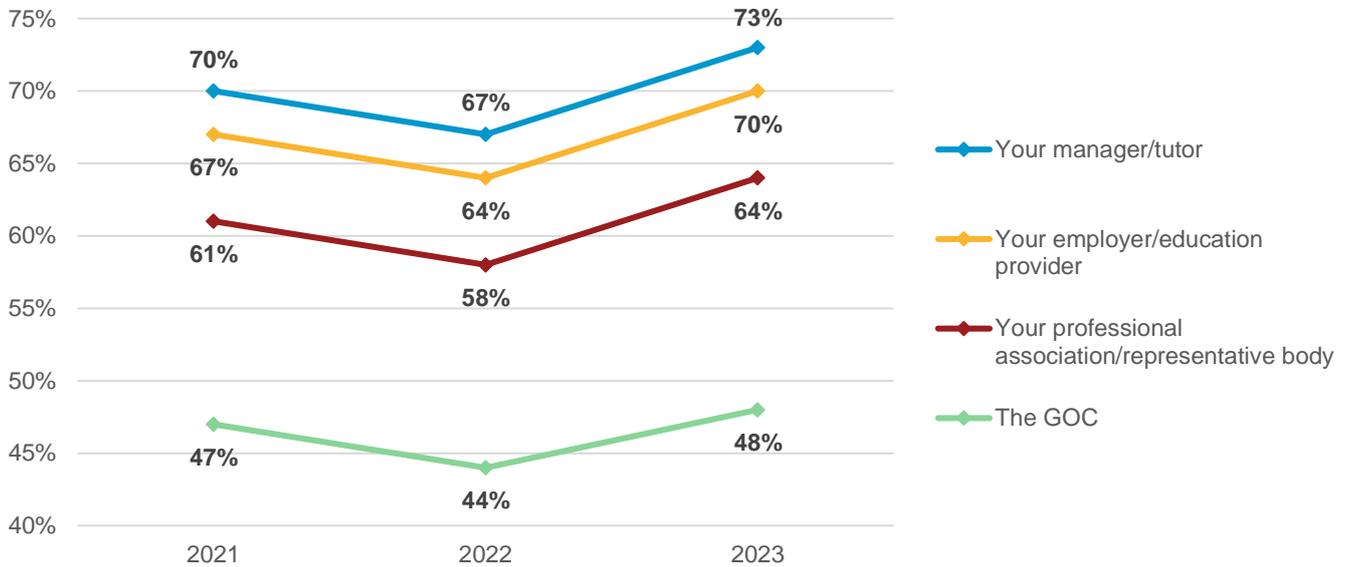
As found in 2022, **analysis by registration type** shows that optometrists were more likely to not feel comfortable speaking up about patient safety concerning individual GOC registrants to all authorities when compared with dispensing opticians. In particular, 51% of optometrists said they would not feel comfortable speaking up to the GOC, compared with 35% of dispensing opticians.

In comparison to both optometrists and dispensing opticians, smaller proportions of student optometrists and student dispensing opticians said they did not feel comfortable about speaking up about patient safety concerning individual GOC registrants.

Figure 65 – Discomfort if speaking up about patient safety concerning an individual GOC registrant by registration type (% not comfortable)
*Base: All respondents excluding 'not applicable' responses (various)*

Again, as found in 2022, **analysis by workplace setting** shows that those who worked in a hospital setting were more likely to not feel comfortable about speaking up about patient safety concerning an individual GOC registrant to their *professional association/representative body* and to *the GOC* when compared with other workplace settings.

Figure 66 – Discomfort if speaking up about patient safety concerning an individual GOC registrant by workplace setting (% not comfortable)
Base: All respondents excluding 'not applicable' responses (various)
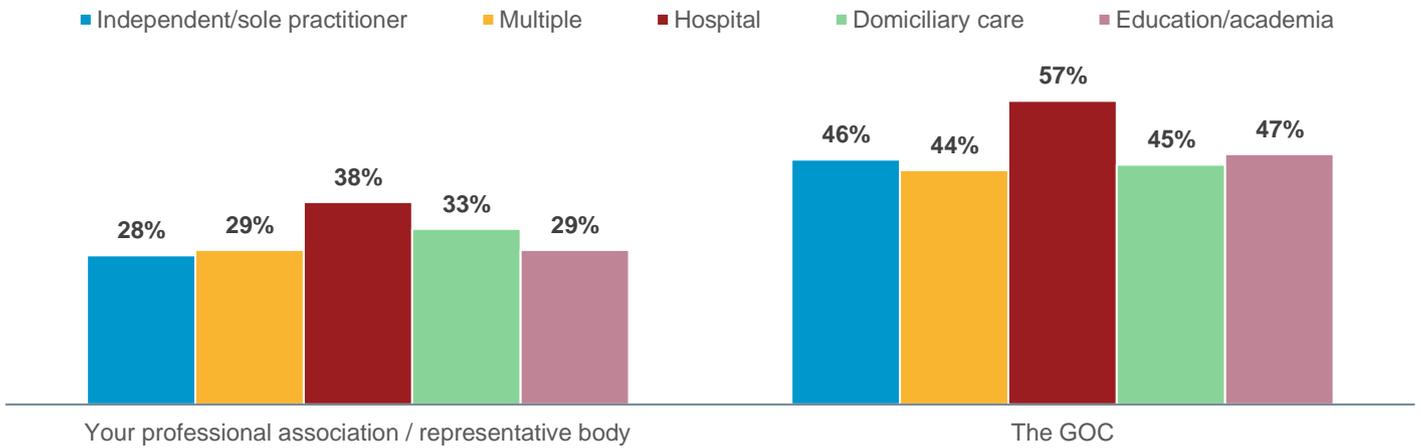
The following groups of respondents were also more likely to indicate that they would feel uncomfortable speaking up about patient safety concerning individual GOC registrants **to the GOC** (42% overall):

- Those who worked as locums (53%) vs those who did not (42%)
- Those aged 35+ (40%) vs those aged under 35 (35%)
- Those of White ethnicity (44%) vs those from ethnic minority groups (34%)
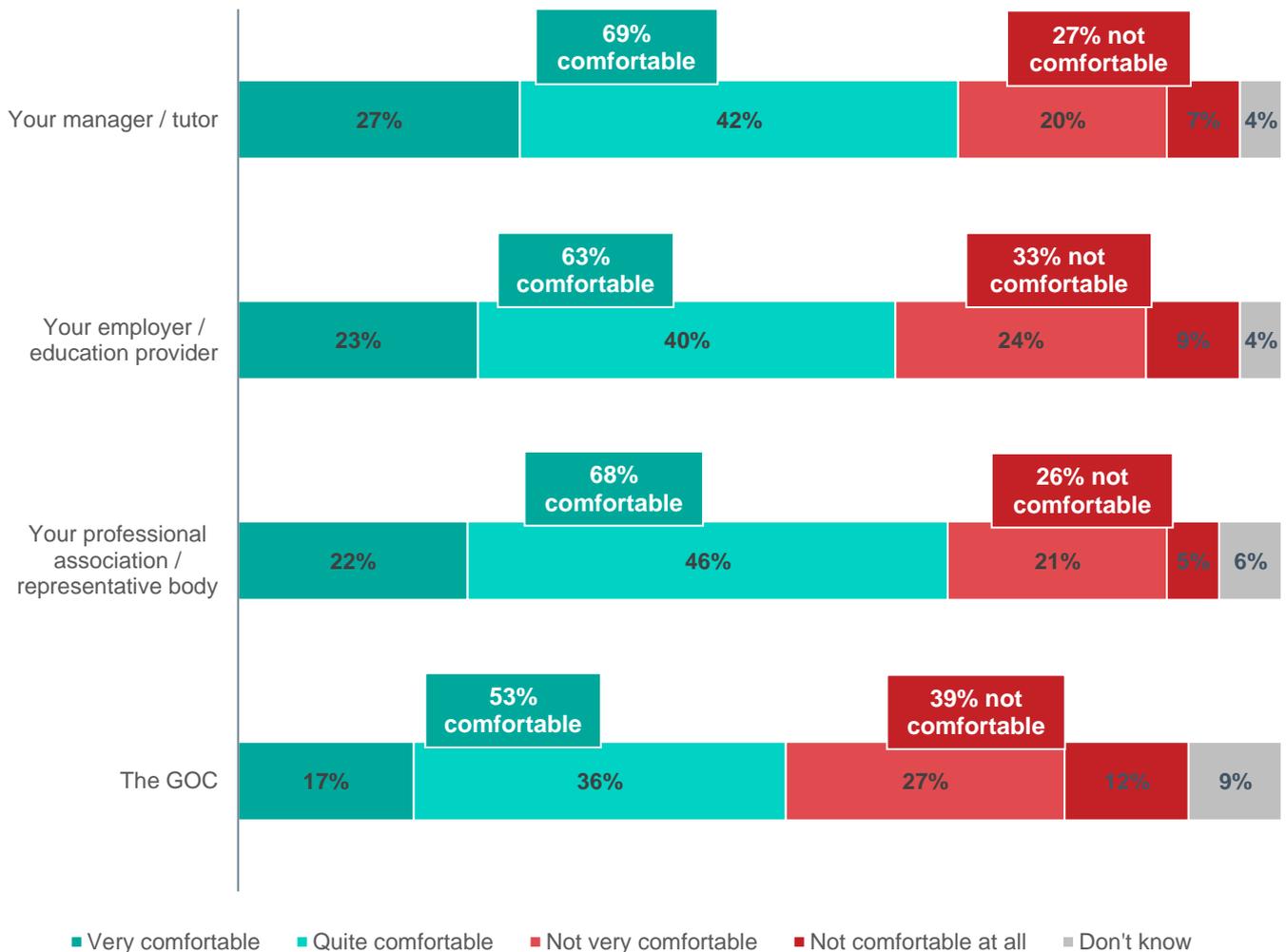
Patient safety concerning an employer

Respondents were also asked how comfortable they would feel speaking up about patient safety **concerning their employer**. As with speaking up about an individual GOC registrant, respondents would feel most comfortable speaking up to their *manager or tutor* (69%) or their *professional association or representative body* (68%).

A smaller proportion said they would feel comfortable speaking up to *the GOC* about patient safety concerning their employer (53%), but this represents a larger proportion when compared with the previous question about speaking up about a registrant. Respondents were also less likely to feel comfortable speaking up about their employer to their *employer or education provider* (63%) when compared with the previous question.

Figure 67 – How comfortable would you feel speaking up about patient safety concerning your employer with the following...?
Base: All respondents excluding retired and all 'not applicable' responses – Your manager/tutor (3,483); Your employer/education provider (3,565); Your professional association/representative body (3,723); the GOC (3,741)

2021 to 2023 comparison

This year's results show the highest recorded levels of respondents who would feel comfortable speaking up about patient safety concerning an employer in the last three years for each type of authority. It is positive to note that, for the first time in three years, the majority of respondents indicated that they would feel comfortable speaking up about an employer to the GOC (53%).

Figure 68 – Speaking up about patient safety concerning an employer – 2021 to 2023 comparison (% comfortable)
*Base: All respondents excluding 'not applicable' responses (varies)*
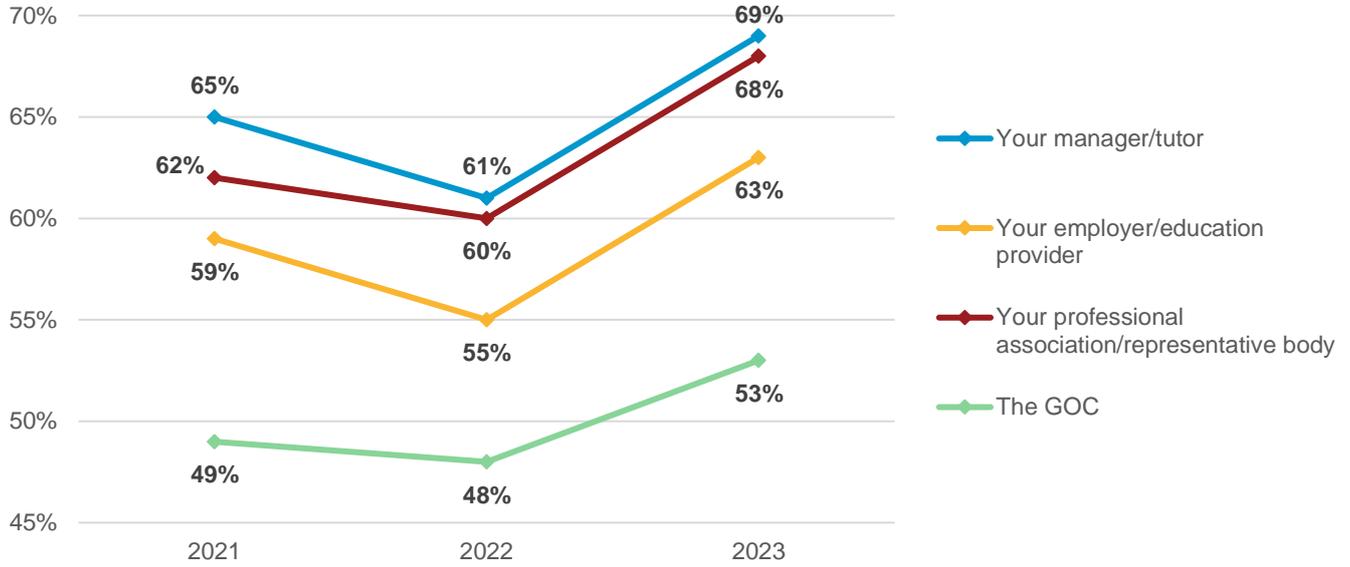
As seen in relation to speaking up about an individual GOC registrant, and as seen in 2022, **analysis by registration type highlights** that optometrists are more likely to not feel comfortable about speaking up about patient safety concerning their employer to all authorities when compared with dispensing opticians. For example, 47% of optometrists said they would not feel comfortable speaking up to *the GOC*, compared with 33% of dispensing opticians.

This analysis again also highlights that smaller proportions of student optometrists and student dispensing opticians felt uncomfortable about speaking up about patient safety concerning their employer.

Figure 69 – Discomfort if speaking up about patient safety concerning an employer by registration type (% not comfortable)
Base: All respondents excluding 'not applicable' responses (various)
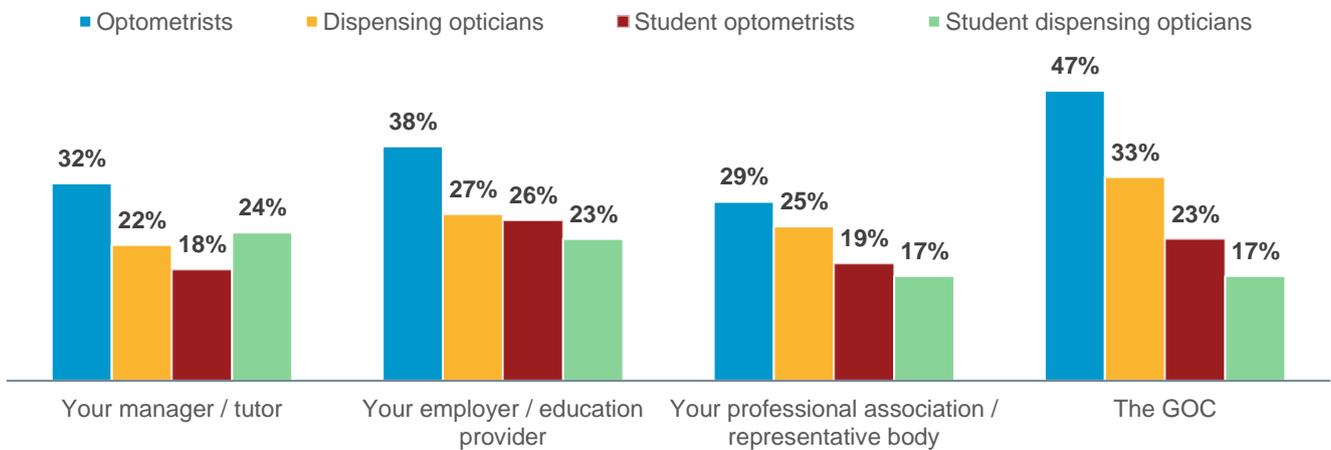
Analysis by ethnicity shows that those of White ethnicity were more likely to not feel comfortable when speaking up about patient safety concerning an employer to all authorities when compared with those from ethnic minority groups.

Analysis by workplace setting highlights that respondents who worked for an independent opticians/as a sole practitioner or in a hospital were more likely to not feel comfortable about speaking up about patient safety concerning their employer *to the GOC* (43% and 51%) when compared with other workplace settings, particularly those who worked for a multiple opticians (39%).

The following groups of respondents were more likely to indicate that they would not feel comfortable speaking up about patient safety concerning an employer **to the GOC** (39% overall):

- Those who worked for an independent opticians/as a sole practitioner or in a hospital (43% and 51%) vs those who worked for a multiple opticians (39%)
- Those who worked as locums (50%) vs those who did not (38%)
- Those aged 35+ (41%) vs those aged under 35 (32%)
- Those with a disability (46%) vs those who did not have a disability (37%)

The Optical Consumer Complaints Service (OCCS)

Whilst the majority of respondents were aware of the OCCS (57%), a large proportion were unaware (40%). The survey results show that awareness of the OCCS has remained consistent over the last three years.

Figure 70 – How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?
Base: All respondents 2023 (3,932); 2022 (4,102); 2021 (4,880)
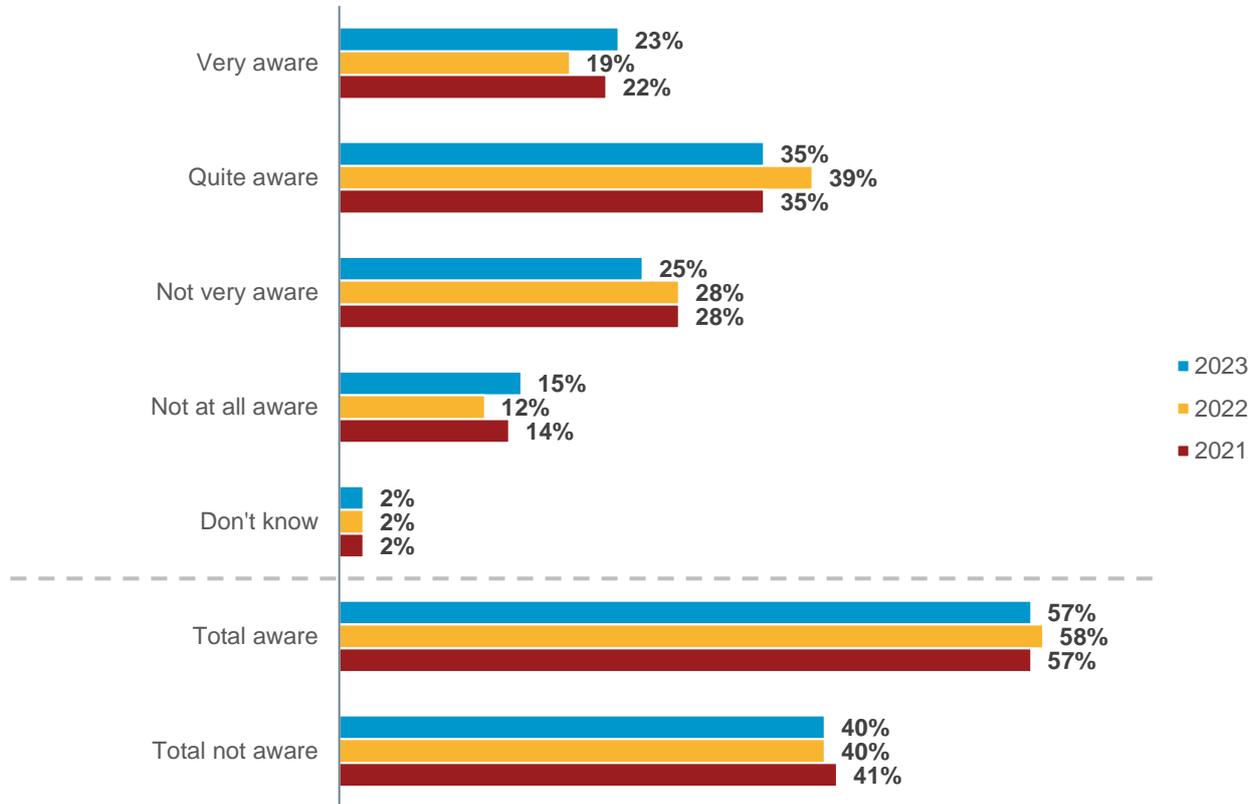
Analysis by registration type highlights that student optometrists were much more likely to answer that they were *not aware* of the OCCS (69%) when compared with optometrists (36%), dispensing opticians (31%), and student dispensing opticians (34%).

Analysis by workplace setting finds that those who worked for a multiple opticians were most likely to be unaware of the OCCS when compared with those who worked in other settings.

Figure 71 – Awareness of the OCCS by workplace setting (% unaware)
Base: Independent/sole practitioner (1,467); multiple (2,037); hospital (328); domiciliary care (81); education/academia (204)
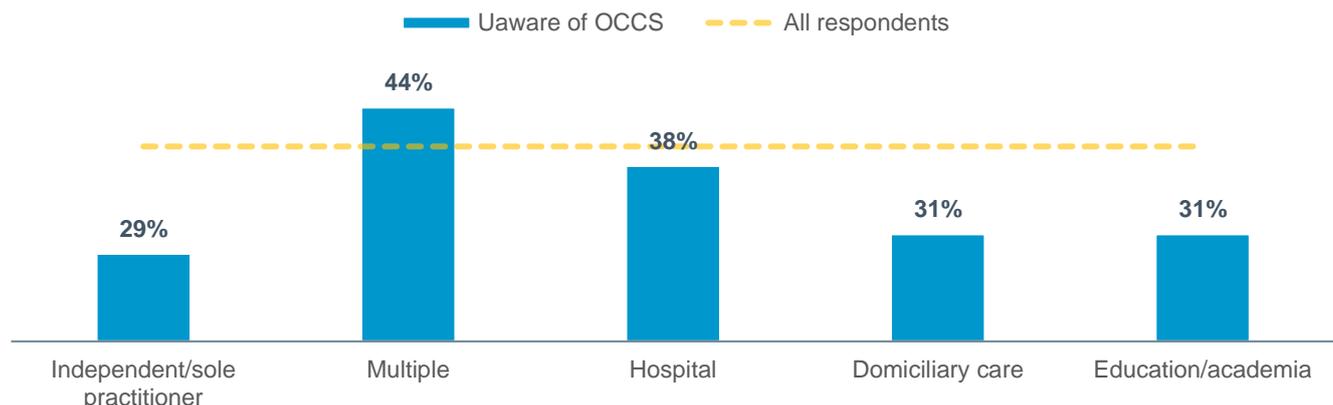
Analysis by length of time on the register clearly shows that awareness of the OCCS increases in line with length of time on the GOC register. Just a third of respondents with less than a year on the register were aware of the OCCS, increasing to three quarters for those who have been on the register for 21 years and over. **Analysis by age group** finds a very similar pattern, with awareness of the OCCS increasing with age.

Figure 72 – Awareness of the OCCS by length of time on the register
Base: <2 year (682); 3-5 years (460); 6-10 years (392); 11-15 years (411); 16-20 years (390); 21+ years (1,570)
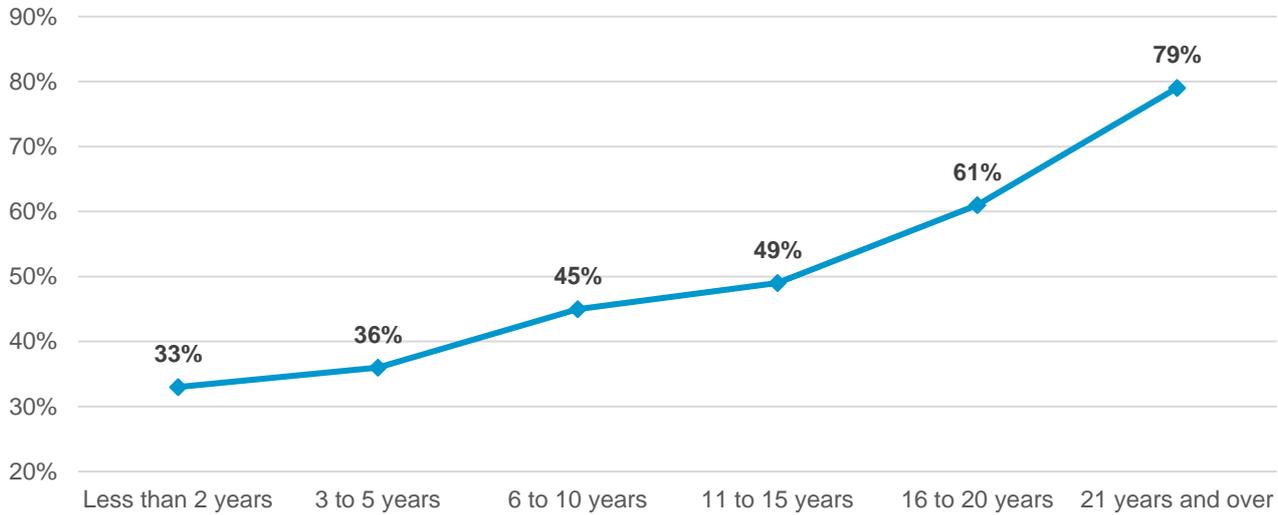

Analysis by ethnicity highlights that those from ethnic minority groups were more likely to answer that they were not aware of the OCCS (58%) when compared with those of White ethnicity (32%).

Analysis by gender finds that female respondents were more likely to be unaware of the OCCS (46%) than male respondents (31%).

Continuing Professional Development (CPD)

Confidence in completing CPD scheme activities

On 1 January 2022, the GOC changed to a system of Continuing Professional Development (CPD), with some new requirements for registrants. Respondents were asked to state how confident or otherwise they felt about undertaking key CPD activities. Confidence was highest overall for *participating in a peer review activity* at 77%, split between 26% who said they felt 'very confident' and 51% who felt 'quite confident'.

Although still representing the majority, confidence levels were lower for the activities *completing your personal development plan (PDP)* (59%) and *completing a short written reflective statement after each CPD activity* (58%), as large proportions of respondents said they did not feel confident.

Confidence was lowest for the activity *completing a reflective exercise with a peer*, where a larger proportion of respondents said they were not confident (51%) than were confident (43%).

Figure 73 – How confident or otherwise are you in completing the following CPD activities?
Base: All respondents excluding students (3,167)

Legend: ■ Very confident ■ Quite confident ■ Not very confident ■ Not confident at all ■ Don't know
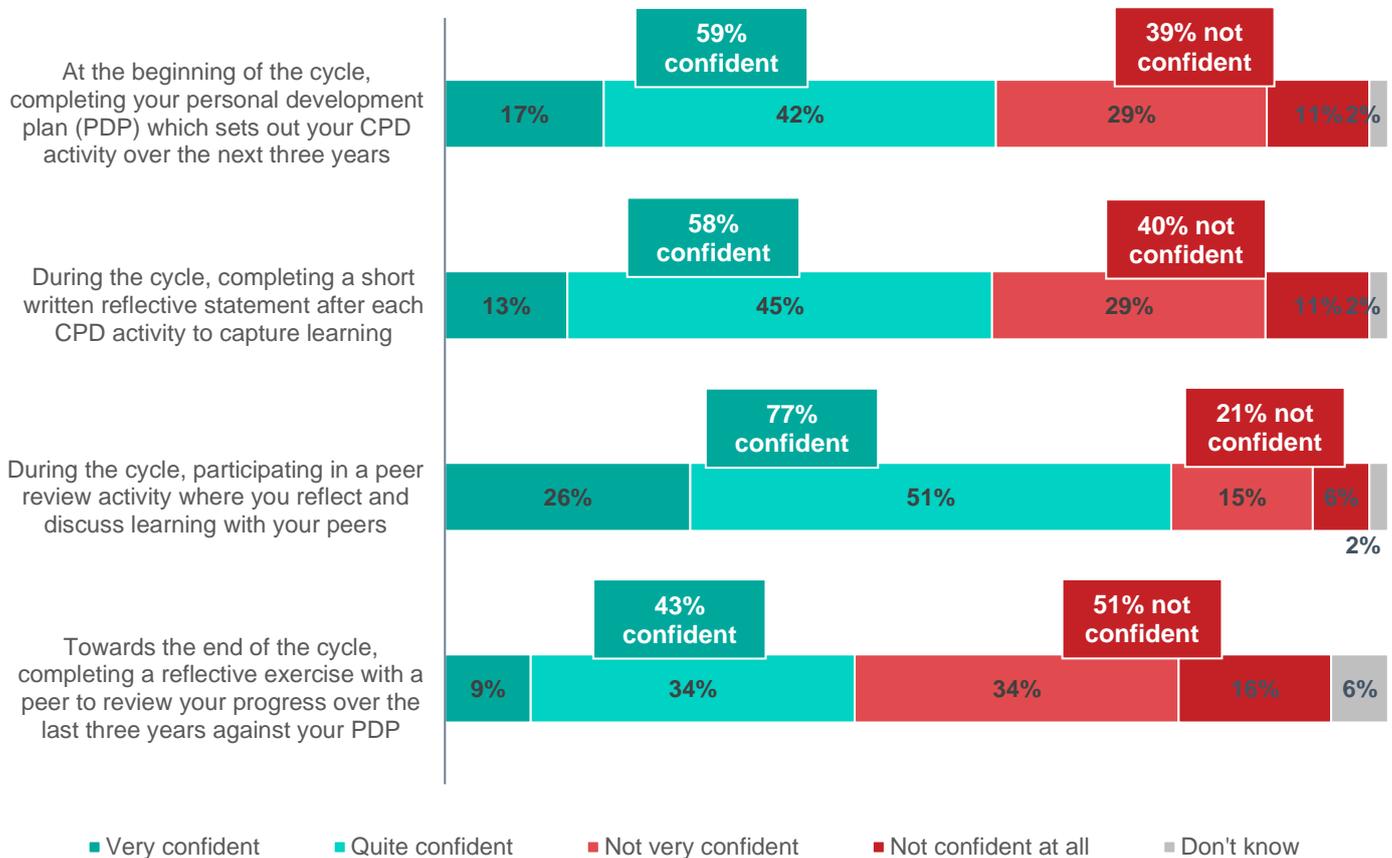
Analysis by registration type highlights that the only difference in confidence between optometrists and dispensing opticians was found for the activity *participating in a peer review activity*, where dispensing opticians were more likely to state that they did not feel confident (30%) when compared with optometrists (17%).

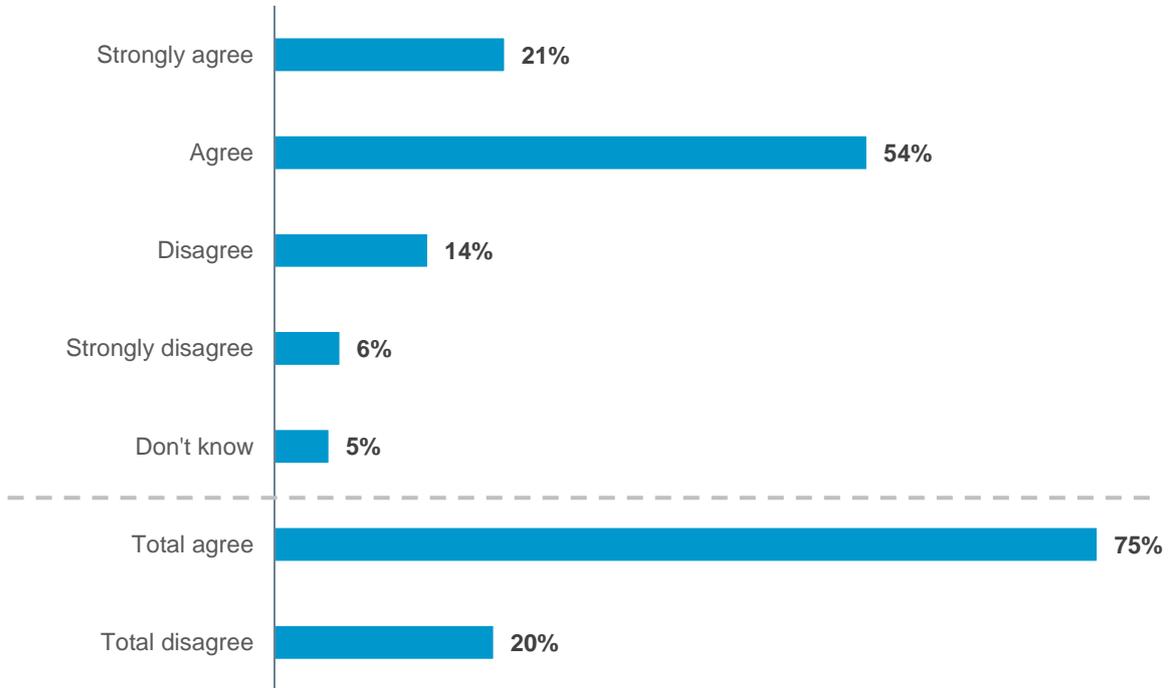**Analysis by length of time on the GOC register** highlights that those with less than five years on the register were also more likely to indicate that they did not feel confident *participating in a peer review activity* (29%) when compared to those who had been registered for six years or more (20%). A similar result is found when comparing younger respondents aged under 35 (25%) with older respondents aged 35+ (20%).

Perceptions of the CPD scheme

Three quarters of respondents agreed that completing CPD improves their practice (75%), including 54% who agreed and 21% who strongly agreed.

Figure 74 – To what extent do you agree or disagree that completing CPD improves your practice?
Base: All respondents excluding students (3,167)

Strongly agree	21%
Agree	54%
Disagree	14%
Strongly disagree	6%
Don't know	5%
Total agree	75%
Total disagree	20%

Analysis by registration type shows that optometrists were more likely to agree that completing CPD improves their practice when compared with dispensing opticians. **Analysis by location** finds that respondents in Wales and Northern Ireland were also more likely to agree that completing CPD improves their practice when compared with those in England and Scotland.

Figure 75 – Agreement that completing CPD improves practice by registration type and location (% agree)
Base: Optometrist (2,260); dispensing optician (917); England (2,371); Wales (186); Scotland (285); Northern Ireland (117)

	Optometrist	Dispensing optician	England	Wales	Scotland	Northern Ireland
Total agree	79%	67%	76%	82%	75%	84%
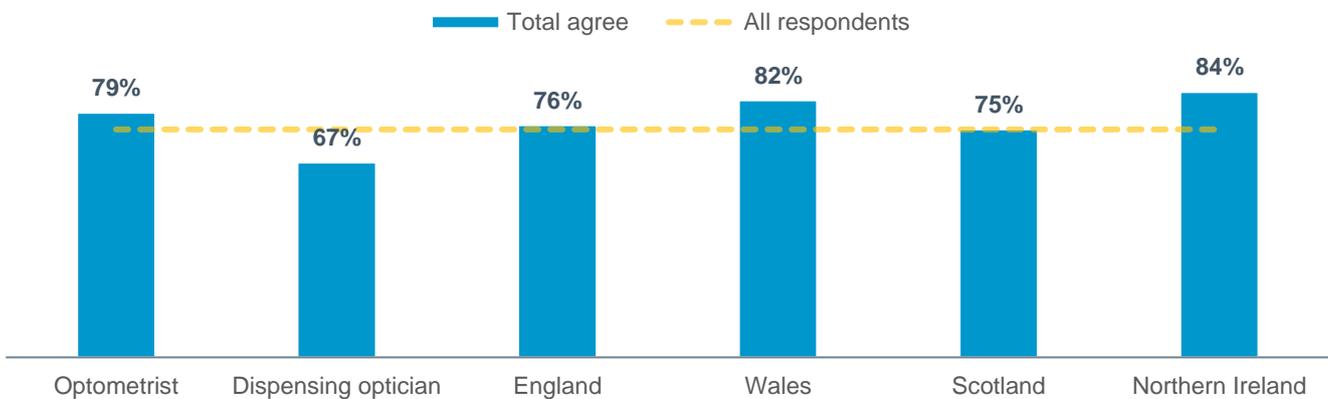
Respondents were asked to rank four ways that CPD can improve their practice on a scale of 1 to 4, where 1 was 'most improves'. A lower score (closer to 1) represents something which is seen as improving practice in comparison to a higher score (closer to 4).

Refresh my knowledge, skills and behaviours was the most highly ranked option with a mean score of 1.7 and was therefore seen as the way that CPD most improves practice. This was closely followed by *developing my knowledge, skills and behaviours* with a mean score of 2.1.

The options of *develop my confidence to deliver good patient care* and *reflect on my professional practice* recorded mean scores of 2.9 and 3.3 respectively and were therefore not as highly ranked as ways in which CPD improves practice.

Figure 76 – How does CPD improve your practice? Options ranked from 1 to 4 (mean scores)
Base: Those who agreed that completing CPD improves their practice (2,383)

The survey data shows very little variation in the mean scores recorded across the various subgroups, suggesting that the ranking of how CPD improves practice is applicable for the vast majority of respondents.
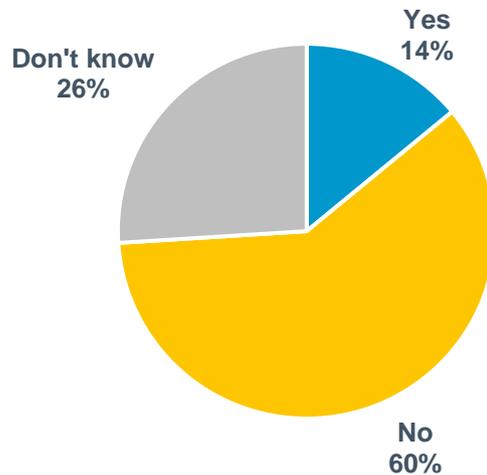
Provider-led CPD

One in seven respondents indicated that there were certain topics where they had found it hard to find provider-led CPD (14%).

Figure 77 – Are there any topics where you have found it hard to find provider-led CPD?
Base: All respondents excluding students (3,167)

Respondents were asked to specify which topics they had found it hard to find provider-led CPD, providing a free-text response. The table below presents the coded responses, highlighting that the most common topic suggested was *leadership/management/accountability*, followed by *peer review, contact lenses/fitting/products* and *binocular vision.*

Figure 78 – Specific topics suggested where it is hard to find provider-led CPD
Base: Those who provided an answer (434)

Topic	Number	Percentage
Leadership/management/accountability	113	26%
Peer review	50	11%
Contact lenses/CL fitting/CL products	44	10%
Binocular vision	38	9%
IP/independent prescribing/prescribing	31	7%
Other pathology/eye conditions	28	6%
Paediatric care	25	6%
Professionalism	24	5%
Role specific CPD	23	5%
Dispensing	21	5%
Low vision	19	4%
OCT/OCT interpretation	19	4%
Interactive points	17	4%
Complaint/other comment about CPD	13	3%
Practical skills/refraction techniques	11	3%
Specialties/specialty points	9	2%
Glaucoma	8	2%
New technology/equipment/treatments	7	2%
Myopia management	7	2%

Topic	Number	Percentage
Hospital optometry/HES	7	2%
Legal/regulatory issues	6	1%
MECS	4	1%
Communication	4	1%
Therapeutics	4	1%
Orthoptics	4	1%
Visual stress/colorimetry	4	1%
Safety/sports eyewear	4	1%
Health/wellbeing/mental health	3	1%
Visual fields	3	1%
Domiciliary care	3	1%
Other	13	3%

Self-directed CPD

A third of respondents had completed some self-directed CPD as part of the 2022-2024 CPD cycle (34%).

Figure 79 – To date, have you completed any self-directed CPD as part of the 2022-2024 CPD cycle?
*Base: All respondents excluding students (3,167)*
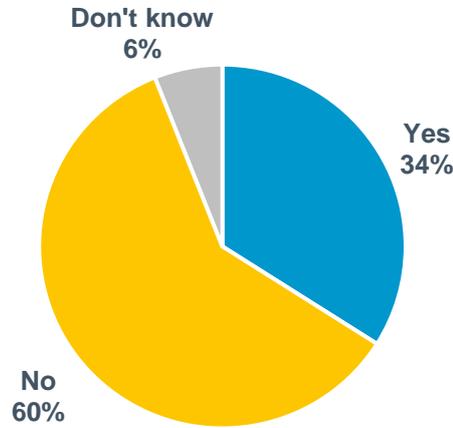
Analysis by registration type highlights that optometrists were more likely to have completed self-directed CPD when compared with dispensing opticians, and **analysis by working status** shows that those who worked full-time were more likely to have completed self-directed CPD when compared with those who worked part-time.

Analysis by workplace setting shows that much larger proportions of those who worked in a hospital or in education/academia had completed self-directed CPD when compared with other settings.

Figure 80 – Completion of self-directed CPD 2022-2024 by registration type, working status, and workplace setting
*Base: Optometrist (2,260); dispensing optician (917); full-time (1,555); part-time (1,521); independent/sole practitioner (1,324); multiple (1,615); hospital (329); domiciliary care (80); education/academia (199)*
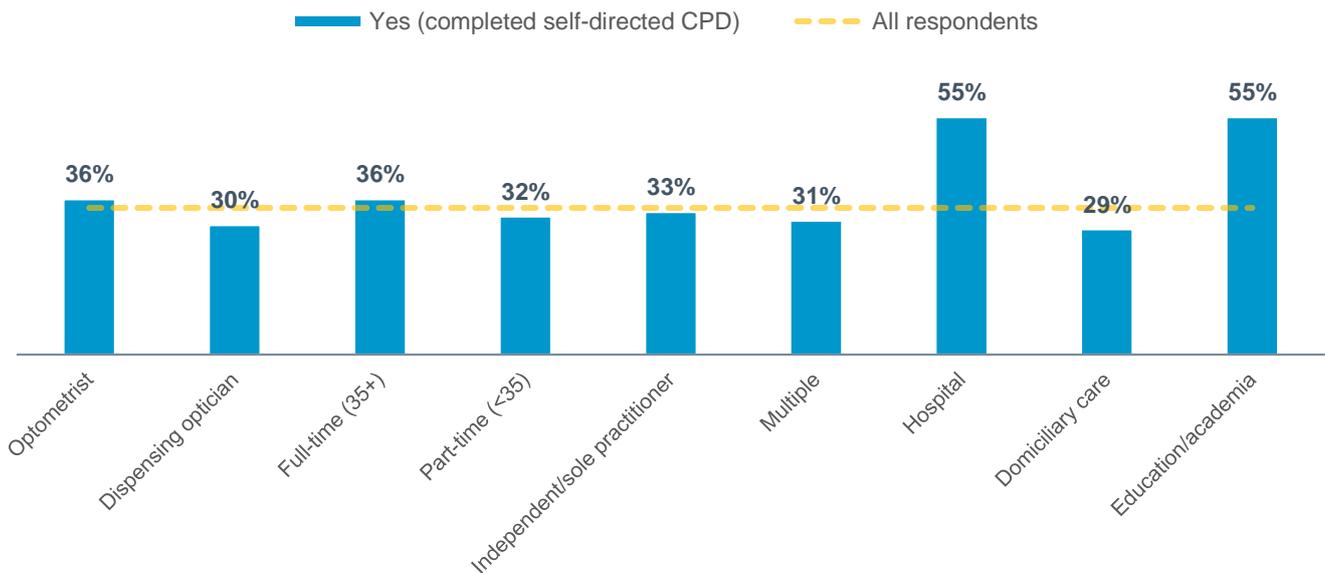
The majority of respondents said they were not confident in completing self-directed CPD (53%). As could be expected, respondents who indicated that they had completed some self-directed CPD as part of the 2022-2024 cycle were more likely to answer that they were confident when compared with those who had not completed any.

Figure 81 – How confident are you in completing self-directed CPD?
Base: All respondents excluding students (3,167); completed some self-directed CPD (1,076); not completed any self-directed CPD (184)
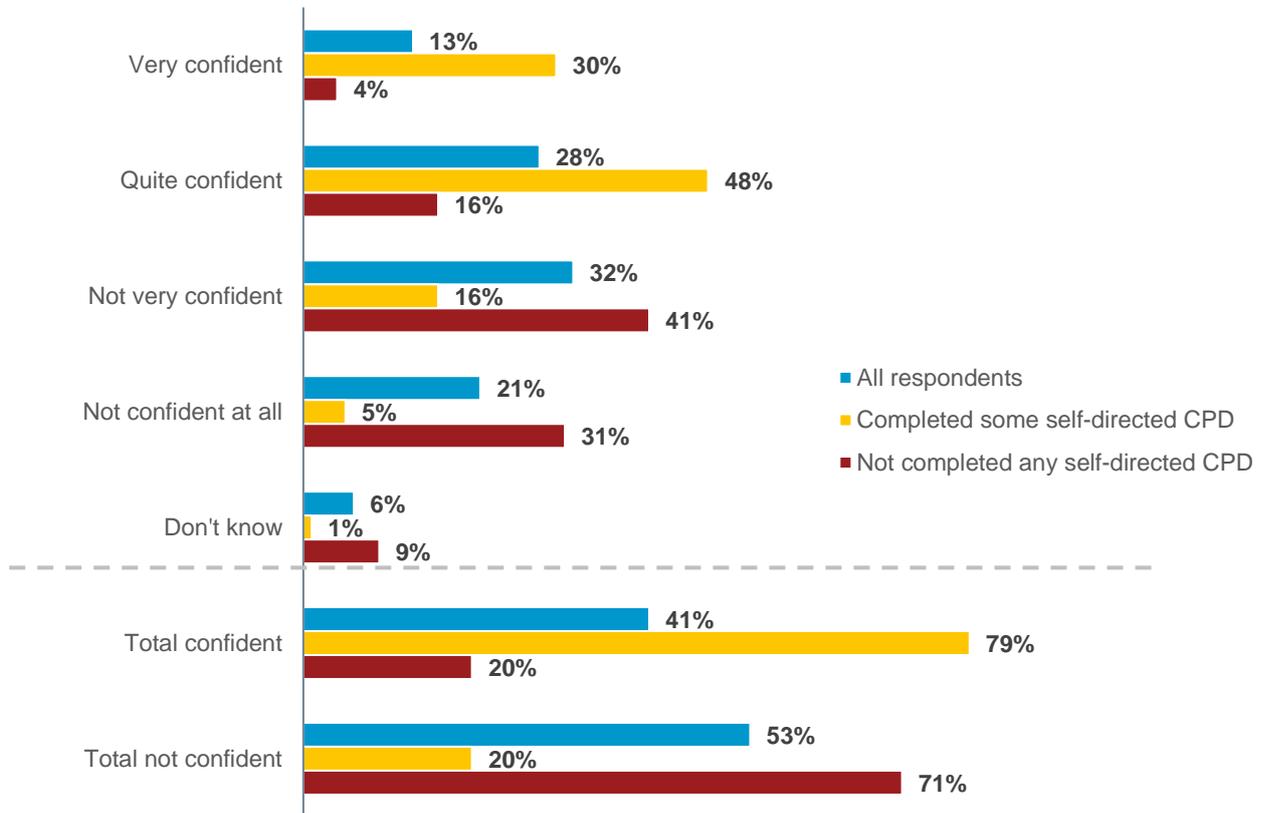

Of those who had completed self-directed CPD as part of the 2022-2024 cycle, over a third indicated that they had recorded *all of it* on MyCPD (37%). One in five said they had recorded *most of it* on MyCPD (19%), but another third said they had recorded just *some of it* (34%) and a further 10% *none of it.*

Analysis by registration type shows that dispensing opticians were more likely to state that they had recorded *all of it* on MyCPD when compared with optometrists, who were more likely to have recorded *some of it* on MyCPD.

Figure 82 – How much of your self-directed CPD have you recorded on MyCPD?
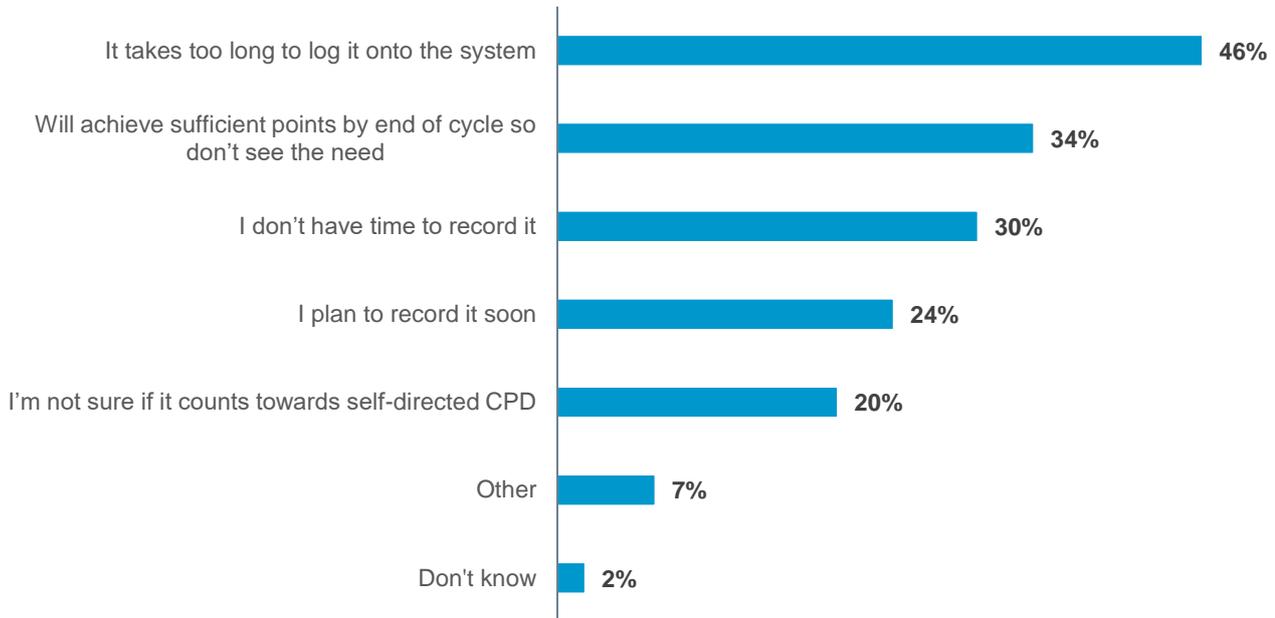*Base: Those who had completed some self-directed CPD 2022-2024 (1,076); optometrists (811); dispensing opticians (276)*
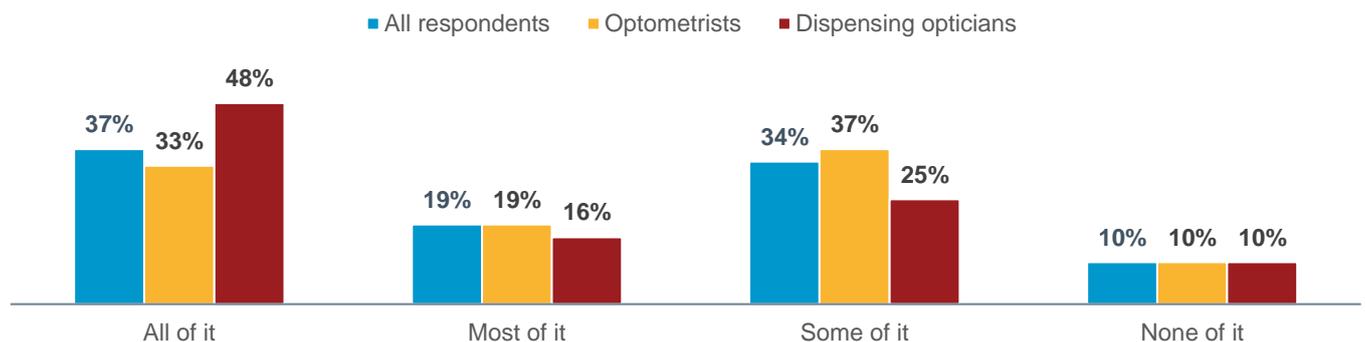
Those who indicated that they had not recorded all of their self-directed CPD on MyCPD were asked to explain why. The most common reason, selected by almost half of these respondents, was that *it takes too long to log it onto the system* (46%), followed by a third who said they *will achieve sufficient points by the end of the cycle so don't see the need* (34%), and three in ten who said *I don't have time to record it* (30%).

Figure 83 – Why haven't you recorded all of your self-directed CPD on MyCPD?
Base: Those who had not recorded all of their self-directed CPD on MyCPD (679)

Reason	Percentage
It takes too long to log it onto the system	46%
Will achieve sufficient points by end of cycle so don't see the need	34%
I don't have time to record it	30%
I plan to record it soon	24%
I'm not sure if it counts towards self-directed CPD	20%
Other	7%
Don't know	2%

Analysis by registration type finds that optometrists were more likely to answer that *it takes too long to log it onto the system* (49%) and that *I don't have time to record it* (31%) when compared with dispensing opticians (32% and 22% respectively).

Analysis by workplace setting shows that those who worked in a hospital were also more likely to answer that *I don't have time to record it* (41%), and that they *will achieve sufficient points by the end of the cycle* (44%) when compared with those working in other settings.

Respondents who had completed some self-directed CPD as part of the 2022-2024 cycle were asked to indicate the extent to which they agreed or disagreed with a series of statements about this type of CPD.

Just over four in five agreed that *it gives me flexibility to tailor CPD to my scope of practice* (82%) and a further 78% agreed that *it enables me to develop knowledge or skills in a wider range of topics than those available in provider-led CPD.* Three quarters agreed *I can learn from other professions and apply that to my practice* (76%) and seven in ten agreed *it enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD* (70%).

Figure 84 – To what extent do you agree or disagree with the following statements about self-directed CPD?
Base: Those who had completed some self-directed CPD 2022-2024 (1,076)

Analysis by workplace setting highlights that those who worked in a hospital or in education/academia were more likely to agree that self-directed CPD *enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD* (both at 79%) when compared with other workplace settings.

Those who indicated that they had not completed any self-directed CPD as part of the 2022-2024 cycle were asked to explain why. Over two in five respondents answered *I don't understand what counts as self-directed CPD* (44%), which was the most commonly selected response. A quarter said *I don't think self-directed CPD is a good use of my time* (24%), and 22% said *it's more difficult to find suitable CPD activities*.

It is encouraging to note that 14% indicated that they *plan to do some soon.*

Figure 85 – Why have you not yet completed any self-directed CPD?
Base: Those who had not completed any self-directed CPD 2022-24 (1,907)
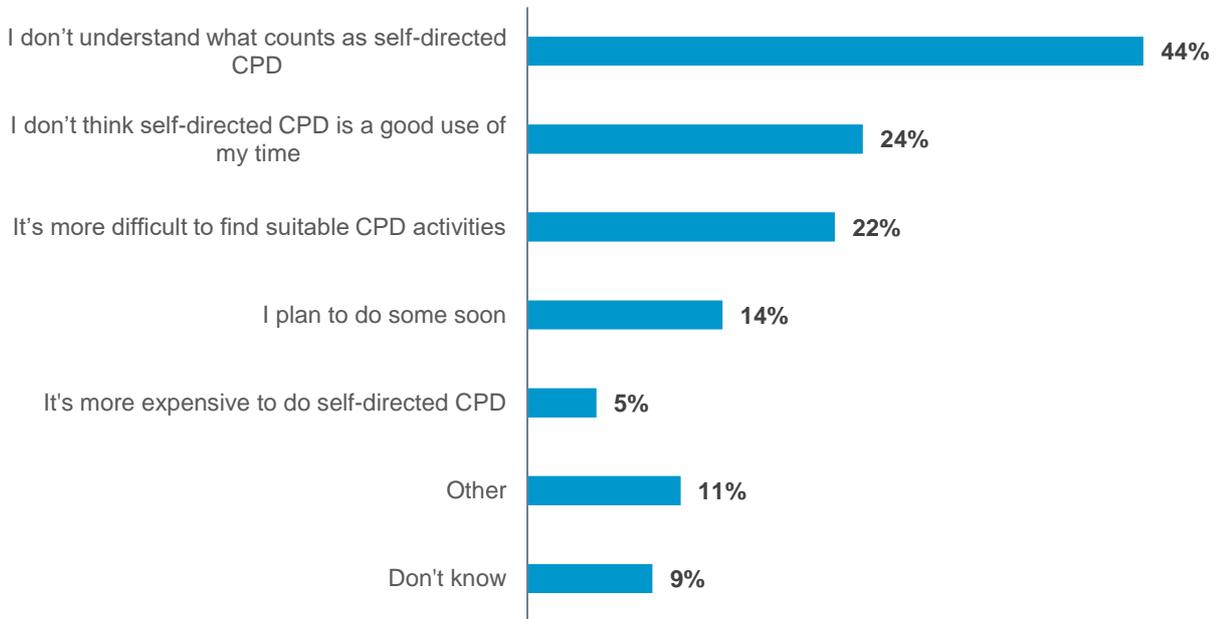
The most commonly suggested 'other' responses received (11%) included:

- Difficult/time-consuming to log (53 responses)
- Enough provider-led CPD/not needed to fulfil points (53 responses)
- Lack of time/too busy (27 responses)
- Already do self-directed CPD but don't record it (25 responses)
- Concerned it will be rejected/difficult to evidence (21 responses)
- Retired/retiring/leaving the profession (17 responses)
- Easier/more convenient to do provider-led CPD (17 responses)

Analysis by workplace setting shows that those who worked for a multiple opticians were more likely to answer *I don't know what counts as self-directed CPD* (50%) when compared with those who worked for an independent opticians/as a sole practitioner (40%).

Analysis by age group highlights that younger respondents aged under 35 were more likely to answer *I don't know what counts as self-directed CPD* (56%) when compared with older respondents aged 35-54 (46%) or 55+ (34%). Conversely, older respondents aged 55+ were more likely to answer *I don't think self-directed CPD is a good use of my time* (30%) when compared with younger respondents aged under 35 (19%) or 35-55 (21%).

Perspectives of the General Optical Council

Meeting strategic objectives

Respondents were asked to what extent they agreed or disagreed that the GOC is meeting its three strategic objectives set out in its Strategic Plan 2020-25.

Two thirds agreed that the GOC is *building a culture of continuous development* (66%), closely followed by almost two thirds who agreed that the GOC is *delivering world-class regulatory practice* (64%). Less than half of respondents agreed that the GOC is *transforming customer service* (45%).

Large proportions of respondents indicated that they did not know whether the GOC was meeting the strategic objectives of *transforming customer service* (25%) and *delivering world-class regulatory practice* (13%), which may explain why agreement with these objectives is lower.

Figure 86 – For each of the aims below, to what extent do you agree or disagree that the GOC is meeting its three strategic objectives outlined in its Strategic Plan 2020-25?
Base: All respondents (3,932)

2021 to 2023 comparison

When compared with survey results from the previous two years, this year's results represent small increases in agreement with the positive statements about the GOC, returning to similar levels recorded in 2021 after small decreases found in 2022.

*Figure 87 – Perspectives of the GOC – 2021 to 2023 comparison (% agree)*
Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932)
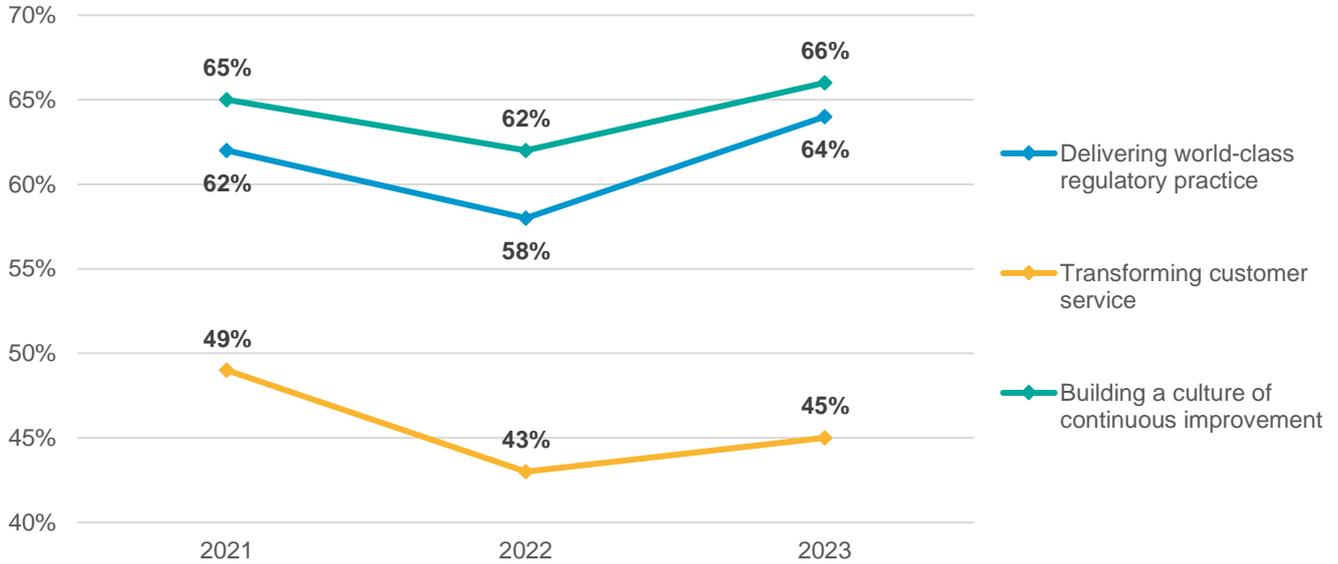
Analysis by registration type highlights that student optometrists and student dispensing opticians were more likely to agree that the GOC is meeting all three of its strategic objectives when compared with optometrists and dispensing opticians. Dispensing opticians were also more likely to agree that the GOC is *transforming customer service* and *building a culture of continuous improvement* when compared with optometrists.

Figure 88 – Agreement that the GOC is meeting its strategic objectives by registration type
Base: Optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)
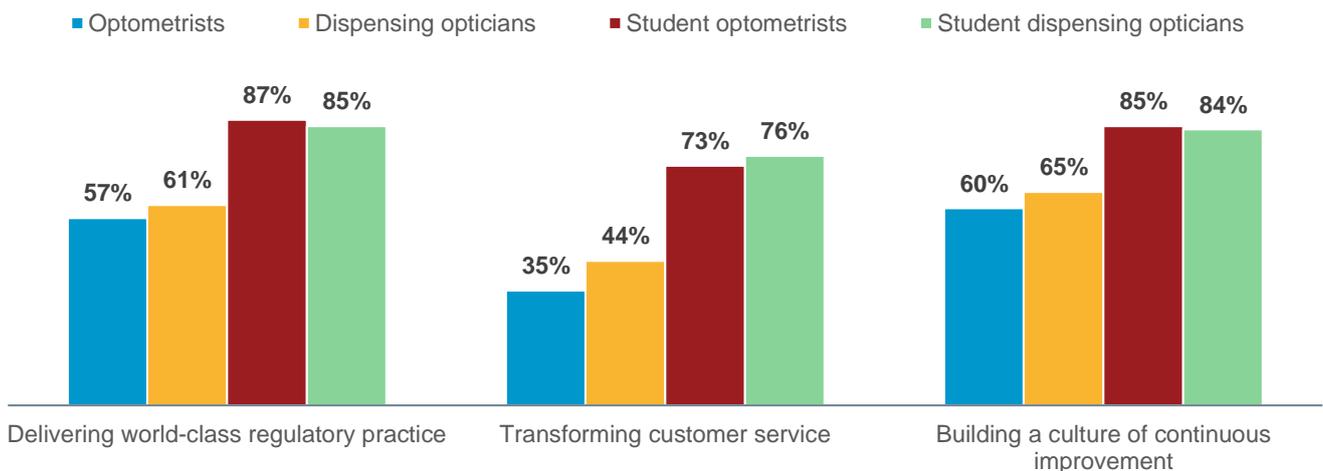

Linked to registration type, a similar pattern can be seen when looking at **age and length of time on the GOC register**, where younger respondents (<35) and those who had been on the register for a shorter length of time (<5 years) were more likely to agree that the GOC is meeting its strategic objectives.

Analysis by gender highlights that female respondents were more likely to agree that the GOC is meeting its strategic objectives when compared with male respondents.

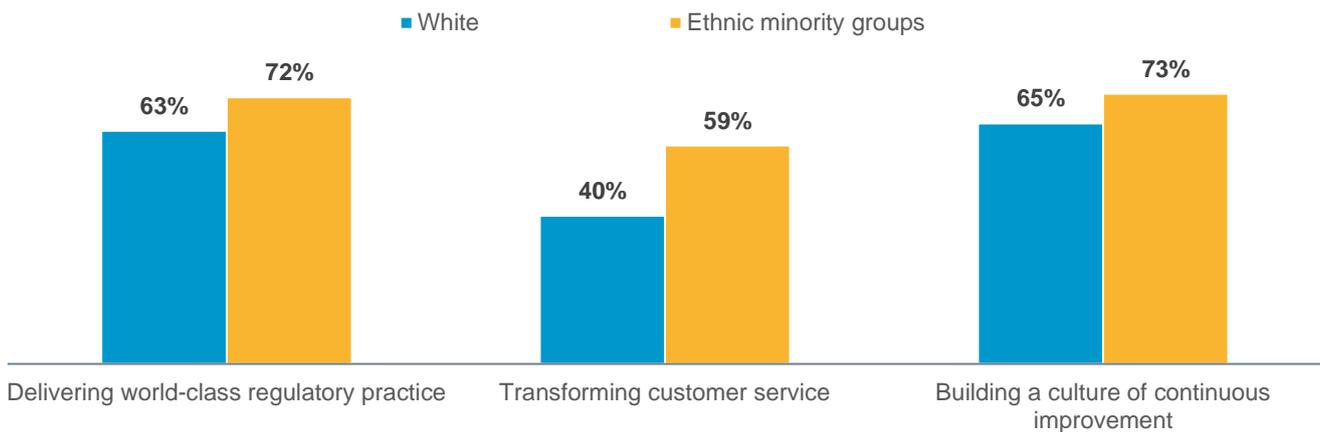*Figure 89 – Agreement that the GOC is meeting its strategic objectives by gender*
Base: Male (1,265); female (2,485)
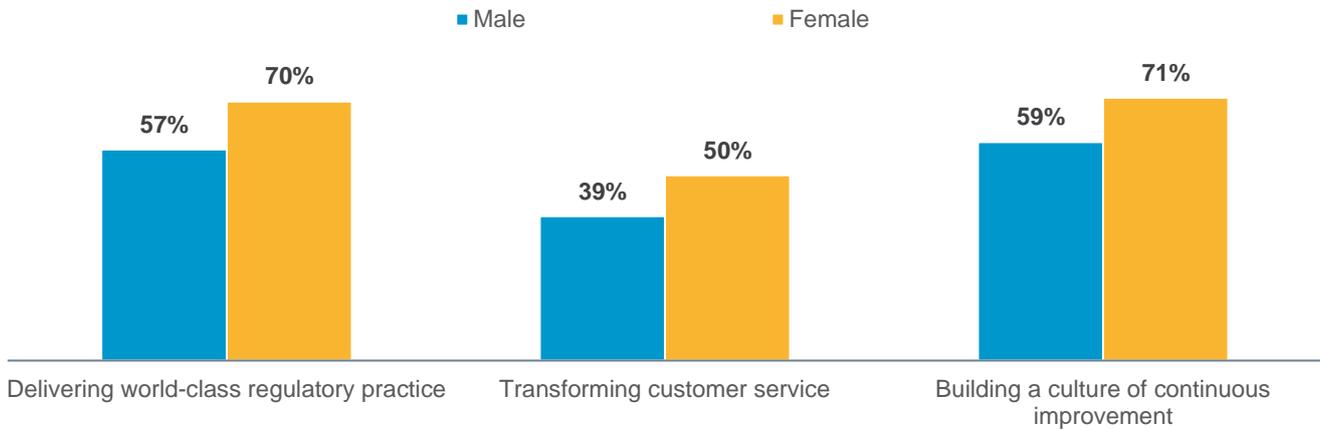
Analysis by ethnicity highlights that those from ethnic minority groups were more likely to agree that the GOC is meeting its strategic objectives when compared with those of White ethnicity.

Figure 90 – Agreement that the GOC is meeting its strategic objectives by ethnicity
Base: White (2,390); ethnic minority groups (1,254)

Analysis by disability highlights that those with a disability were more likely to disagree that the GOC is meeting its strategic objectives when compared with those with no disability.

Figure 91 – Disagreement that the GOC is meeting its strategic objectives by disability
Base: Disability (142); no disability (3,559)

The roles and responsibilities of the GOC

Respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about the GOC. The largest level of agreement was recorded in response to the statement *the GOC sets fair standards for the profession* (79%), followed by 75% who agreed that *the GOC ensures the quality of optical education.*

Two thirds of respondents agreed that *the GOC promotes equality, diversity and inclusion in its work* (67%), but a large proportion answered 'don't know' (26%).

Agreement was much lower for the statement *the GOC charges registration fees which are reasonable* (46%), to which almost the same proportion disagreed (45%).

Whilst only 42% agreed that *the GOC is fair to registrants when taking action through fitness to practise*, the same proportion answered that they did not know in response to this statement (42%), a much larger proportion when compared with the other statements.

Figure 92 – For each of the following statements please say to what extent you agree or disagree
*Base: All respondents (3,932)*

2021 to 2023 comparison

There is mostly consistency when comparing this year's results with those collected in 2021 and 2022. Between 2022 and 2023, small positive increases in agreement can be seen for the statements *the GOC sets fair standards for the profession* (+3 percentage points) and *the GOC ensures the quality of optical education* (+4 percentage points). Also, between 2022 and 2023, a small negative decrease in agreement with the statement *the GOC charges registration fees which are reasonable* (-3 percentage points) has been recorded.

Figure 93 – Perspectives of the GOC's roles and responsibilities – 2021 to 2023 comparison (% agree)
*Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932)*
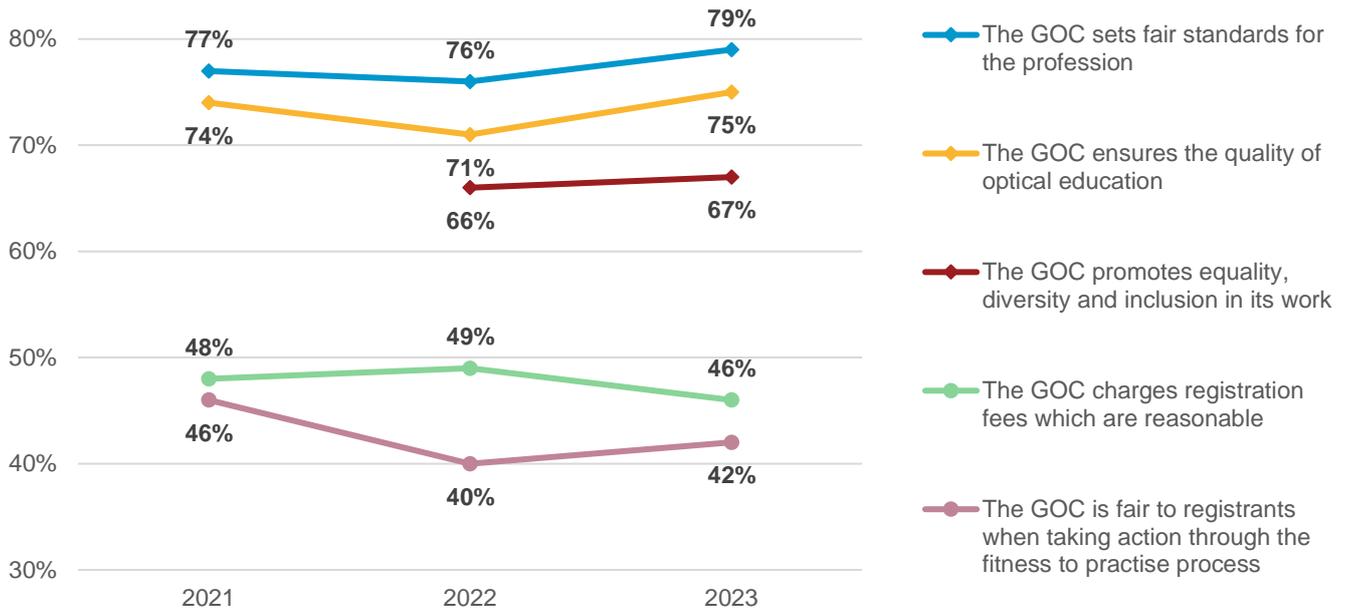
Analysis by registration type finds that dispensing opticians were much more likely to disagree that *the GOC charges registration fees which are reasonable* when compared with all other registration types. Optometrists were more likely to disagree that *the GOC is fair to registrants when taking action through the fitness to practise process*, particularly when compared with student optometrists and student dispensing opticians. Student optometrists and student dispensing opticians were more likely to agree with all statements about the GOC's role and responsibilities when compared with optometrists and dispensing opticians.

Figure 94 – Disagreement that the GOC charges registration fees which are reasonable / is fair to registrants when taking action through the fitness to practise process by registration type (% disagree)
Base: Optometrist (2,260); dispensing optician (917); student optometrist (641); student dispensing optician (157)
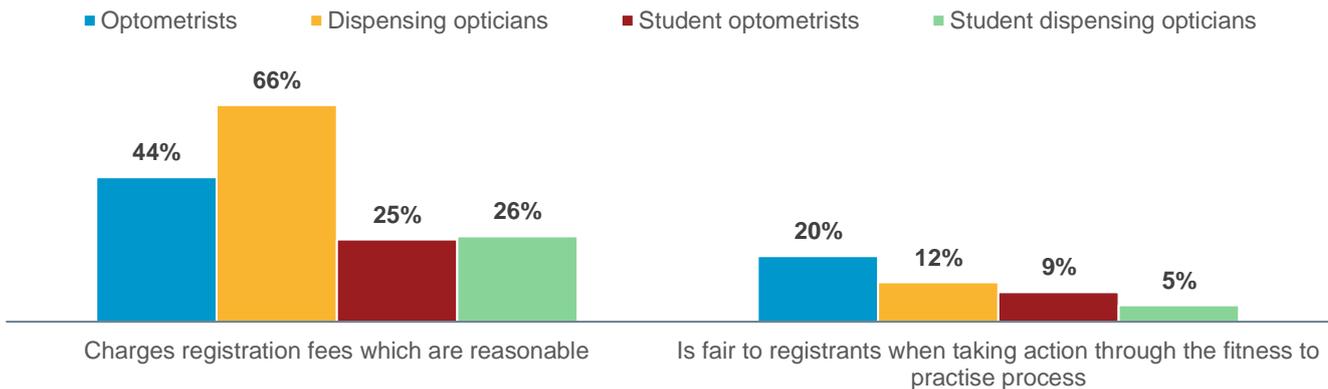
Analysis by demographics highlights that younger respondents aged under 35, female respondents, and those from ethnic minority backgrounds were more likely to agree that *the GOC promotes equality, diversity and inclusion in its work* when compared with those aged 35+, male respondents, and those of White ethnicity. Further analysis by ethnicity finds that those of Asian or Asian British and Black or Black British background were more likely to agree with this statement (74% and 72% respectively).

Figure 95 – Agreement that the GOC promotes equality, diversity and inclusion by age, gender, and ethnicity (% agree)
Base: Aged <35 (1,297); aged 35+ (2,513); male (1,265); female (2485); white ethnicity (2,390); ethnic minority groups (1,254)

Appendix A – Questionnaire
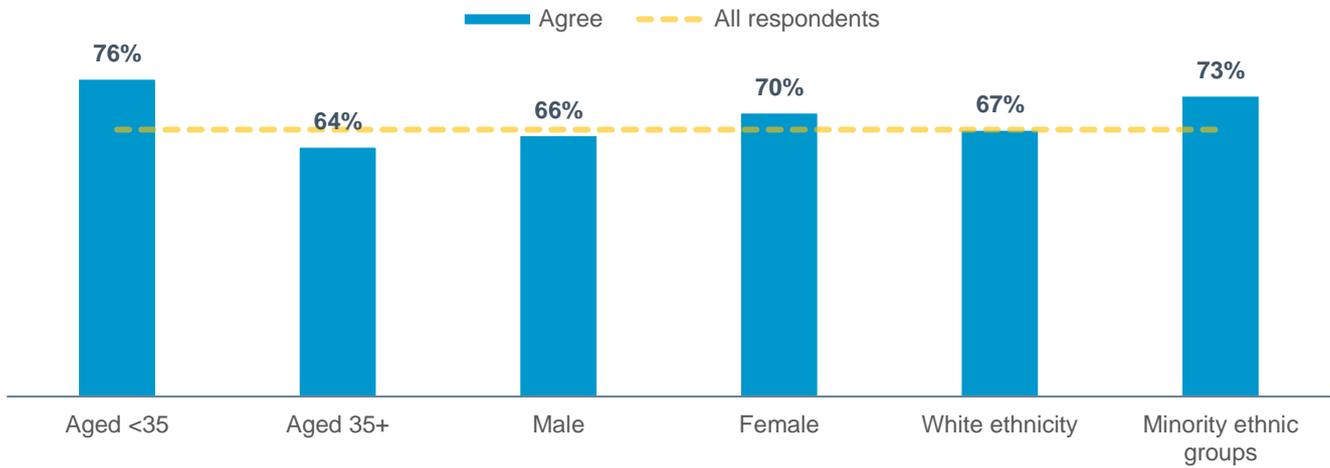
General Optical Council

Registrant Workforce & Perceptions Survey 2023

Welcome to the General Optical Council (GOC)'s Registrant Workforce and Perceptions Survey 2023.

This important regular survey will help the GOC better understand registrants in terms of their current working situation, future career plans, attitudes towards the GOC, and experiences and understanding of the CPD scheme.

It should only take around **10-12 minutes** to complete. By taking part, you can be entered into a prize draw to win a **£100 online gift card**. The winner will be randomly selected once the survey is closed.

Completing the survey

To navigate through this questionnaire, use the arrow buttons at the bottom of each page. DO NOT use the back/forward options in your browser. To remove your answers to a question, click the reset button.

If you do not have time to complete the survey in one sitting, your progress will be automatically saved and you can return to where you left off at any point by clicking on the survey link again.

How Enventure Research will use your information

The GOC has invited an independent organisation, Enventure Research, to conduct this survey so that your responses remain confidential. The GOC will receive a report on the findings and anonymised data from the survey.

If you received an email invitation, your name and email address were securely passed to Enventure Research by the GOC. They will only be used by Enventure Research for the purposes of carrying out this survey and will not be disclosed to any third parties.

For more information about your rights and who to contact please read our privacy policies:

Enventure Research's privacy policy can be found here.
The GOC's privacy policy can be found here.

Questions or help

If you have any questions about this survey, please call the Enventure Research survey helpline on 0800 0092 117 or email helpline@enventure.co.uk

Please click the arrow button below to begin.

Your role

The first set of questions are about your role and where you work.

Q1 **Please tell us which of the following roles apply to you (if you are retired, please select the most appropriate role before you retired)** *Please select as many as apply*

- [ ] Optometrist
- [ ] Optometrist with an additional supply speciality
- [ ] Optometrist with a supplementary prescribing specialty
- [ ] Optometrist with an independent prescribing specialty
- [ ] Dispensing optician
- [ ] Dispensing optician with a contact lens specialty
- [ ] Student optometrist
- [ ] Student optometrist undertaking the pre-registration scheme
- [ ] Student dispensing optician
- [ ] Other

Other *Please specify*

[   ]

Q2 **Which of these best describes your current working status?** *Please select as many as apply*

- [ ] Working / employed (including full/part-time and locum work, and temporarily away from work e.g. parental leave/extended sick leave etc.)
- [ ] Not working / unemployed
- [ ] Fully retired
- [ ] Student / in education
- [ ] Other

Other *Please specify*

[   ]

Q3 **How often have you used your specialty in your role over the last 12 months?**

- ( ) Frequently
- ( ) Sometimes
- ( ) Rarely
- ( ) Never

Q4 **Do you work as a locum?**

○ Yes
○ No

Q5 **Where do you currently work?** *Please select as many as apply*

☐ Independent practice/sole practitioner
☐ National chain of opticians (e.g. UK-wide chain of opticians)
☐ Regional chain of opticians (e.g. chain of opticians working within one region in the UK)
☐ Hospital
☐ Domiciliary care
☐ Education/academia
☐ Other

Other *Please specify*

[   ]

Q6 **For each location selected, please state the approximate number of hours you work there in a typical week** *Please type in the boxes below - the total number of hours per week will be automatically calculated*

Independent opticians/sole practitioner [   ]

National chain of opticians [   ]

Regional chain of opticians [   ]

Hospital [   ]

Domiciliary care [   ]

Education/academia [   ]

Other [   ]

Total number of hours [   ]

Q7 **Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS) or Low Vision Service Wales (LVSW))?**

○ Yes
○ No
○ I am not aware of these services
○ Don't know

Q8 **Do you have any of the following additional qualifications?** *Please select all that apply*

- ☐ No additional qualifications
- ☐ Glaucoma
- ☐ Medical retina
- ☐ Paediatric eye care
- ☐ Low vision
- ☐ Contact lens practice (optometrists)
- ☐ Contact lens diploma (dispensing opticians)
- ☐ Other

Other *Please specify*

[   ]

Q9 **Approximately how long have you been on the GOC register?**

- ○ Less than 1 year
- ○ 1 to 2 years
- ○ 3 to 5 years
- ○ 6 to 10 years
- ○ 11 to 15 years
- ○ 16 to 20 years
- ○ 21 years and over
- ○ Don't know

Your career

The GOC would like to find out a bit more about satisfaction levels and career prospects in the professions.

Q10 **Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?**

- ○ Very satisfied
- ○ Quite satisfied
- ○ Neither satisfied or dissatisfied
- ○ Quite dissatisfied
- ○ Very dissatisfied
- ○ Not applicable

Q11 Why have you felt satisfied with your role/job over the last 12 months? *Please select all that apply*

- [ ] Work is rewarding and interesting
- [ ] Manageable workload
- [ ] Good salary
- [ ] Feel valued
- [ ] Good work-life balance
- [ ] Good working environment
- [ ] Supportive employer
- [ ] Other
- [ ] Don't know

Other *Please specify*

[   ]

Q12 Why have you felt dissatisfied with your role/job over the last 12 months? *Please select all that apply*

- [ ] Work is not rewarding or interesting
- [ ] Heavy workload
- [ ] Poor salary
- [ ] Do not feel valued
- [ ] Poor work-life balance
- [ ] Poor working environment
- [ ] Unsupportive employer
- [ ] Other
- [ ] Don't know

Other *Please specify*

[   ]

Q13 In the last 12 months, have you experienced any of the following? *Please select all that apply*

- [ ] Working beyond your hours
- [ ] Feeling unable to cope with workload
- [ ] Taking leave of absence due to stress
- [ ] Finding it difficult to provide patients with the sufficient level of care they need
- [ ] None of the above

Q14 Are you considering making any of the following changes to your career over the next 12-24 months? *Please select all that apply*

- [ ] Gain additional qualifications/skills
- [ ] Switch to locum work
- [ ] Reduce your hours
- [ ] Leave the profession
- [ ] Take a career break
- [ ] Retire
- [ ] Other
- [ ] None of the above

Other *Please specify*

[   ]

Q15 **In what areas are you interested in gaining additional qualifications/skills?** *Please select all that apply*

- [ ] Additional supply
- [ ] Independent prescribing
- [ ] Supplementary prescribing
- [ ] Contact lens specialty
- [ ] Glaucoma
- [ ] Medical retina

- [ ] Paediatric eye care
- [ ] Low vision
- [ ] Contact lens practice
- [ ] Other
- [ ] Don't know

Other *Please specify*

[   ]

Q16 **Why do you plan to switch to locum work?** *Please select all that apply*

- [ ] More flexibility and control over working hours
- [ ] Better hours and work-life balance
- [ ] Better paid

- [ ] Less stress and pressure at work
- [ ] More varied and interesting work
- [ ] Other

Other *Please specify*

[   ]

Q17 **Why do you plan to reduce your hours?** *Please select all that apply*

- [ ] Age / approaching retirement
- [ ] To improve work-life balance
- [ ] To reduce stress / burnout / fatigue
- [ ] Lack of job satisfaction / unhappy at work

- [ ] Pursue new career options / gain additional qualifications
- [ ] Family / caring responsibilities
- [ ] Illness / health conditions
- [ ] Other

Other *Please specify*

[   ]

Q18 **Why do you plan to leave the profession?** *Please select all that apply*

- [ ] Planning to retire
- [ ] Lack of job satisfaction / unhappy at work
- [ ] To reduce stress / burnout / fatigue
- [ ] Heavy workload / pressure at work to meet targets
- [ ] Too much focus on sales and commercial pressures

- [ ] Low salary
- [ ] Lack of opportunities for career progression
- [ ] Want to change career
- [ ] Disillusionment with the profession
- [ ] Lack of support from employer
- [ ] Other

Other *Please specify*

[   ]

Q19   **Why do you plan to take a career break?** *Please select all that apply*

☐ Stress / burnout / fatigue

☐ Heavy workload / pressure at work to meet targets

☐ Too much focus on sales and commercial pressures

☐ Poor working conditions

☐ Do not feel valued

☐ Low salary

☐ Want to improve work-life balance

☐ Disillusionment with the profession

☐ Assessing career / exploring new options

☐ Other

Other *Please specify*

[   ]

Your perspective of the GOC

The GOC would like to understand more about how its registrants view its role.

Q20   **For each of the aims below, to what extent do you agree or disagree that the GOC is meeting its three strategic objectives outlined in its Strategic Plan 2020-25?**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Delivering world-class regulatory practice	○	○	○	○	○
Transforming customer service	○	○	○	○	○
Building a culture of continuous improvement	○	○	○	○	○

Q21   **For each of the following statements please say to what extent you agree or disagree.**

The General Optical Council...

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Ensures the quality of optical education	○	○	○	○	○
Charges registration fees which are reasonable	○	○	○	○	○
Is fair to registrants when taking action through the fitness to practise process	○	○	○	○	○
Sets fair standards for the profession	○	○	○	○	○
Promotes equality, diversity and inclusion in its work	○	○	○	○	○

Speaking up

The GOC introduced 'Speaking up: guidance for registrants' in October 2021. The guidance helps registrants understand their professional requirement to speak up about, for example, concerns where patient or public safety are, or may be, at risk.

Q22 **How comfortable would you feel speaking up about patient safety concerning <u>an individual GOC registrant</u> with the following...**

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	○	○	○	○	○	○
Your employer / education provider?	○	○	○	○	○	○
Your professional association / representative body?	○	○	○	○	○	○
The GOC?	○	○	○	○	○	○

Q23 **How comfortable would you feel speaking up about patient safety concerning <u>your employer</u> with the following...**

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	○	○	○	○	○	○
Your employer / education provider?	○	○	○	○	○	○
Your professional association / representative body?	○	○	○	○	○	○
The GOC?	○	○	○	○	○	○

Harassment, bulling or abuse

Q24 **In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work{OrStudy} from...?**

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	○	○	○	○	○
Managers	○	○	○	○	○
Other colleagues	○	○	○	○	○
Tutors / lecturers / supervisors	○	○	○	○	○

Q25 **The last time you experienced harassment, bullying or abuse at work{OrStudy}, did you or a colleague report it?**

○ Yes, I reported it
○ Yes, a colleague reported it
○ No
○ Don't know
○ Not applicable

Discrimination

Q26 **In the last 12 months, how many times have you personally experienced any discrimination in your role at work {OrStudy} from...?**

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	○	○	○	○	○
Managers	○	○	○	○	○
Other colleagues	○	○	○	○	○
Tutors / lecturers / supervisors	○	○	○	○	○

Q27 **What type of discrimination have you experienced?** *Please select all that apply*

- ☐ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage or civil partnership
- ☐ Pregnancy and maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation
- ☐ Other

Other *Please specify*

[ ]

Consumer Complaints

Q28 **How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?**

- ○ Very aware
- ○ Quite aware
- ○ Not very aware
- ○ Not at all aware
- ○ Don't know

Understanding and perceptions of Continuing Professional Development (CPD) 2022-24

On 1 January 2022, the GOC changed to a system of Continuing Professional Development (CPD), with new requirements for registrants. The GOC would like to hear your views on the scheme.

Q29   **How confident or otherwise are you in completing the following CPD activities?**

	Very confident	Quite confident	Not very confident	Not confident at all	Don't know
At the beginning of the cycle, completing your personal development plan (PDP) which sets out your CPD activity over the next three years	○	○	○	○	○
During the cycle, completing a short written reflective statement after each CPD activity to capture learning	○	○	○	○	○
During the cycle, participating in a peer review activity where you reflect and discuss learning with your peers	○	○	○	○	○
Towards the end of the cycle, completing a reflective exercise with a peer to review your progress over the last three years against your PDP	○	○	○	○	○

Understanding and perceptions of Continuing Professional Development (CPD) 2022-24

Q30   **To what extent do you agree or disagree that completing CPD improves your practice?**

○ Strongly agree

○ Agree

○ Disagree

○ Strongly disagree

○ Don't know

Q31   **How does CPD improve your practice?** *Please rank the four options below on a scale of 1 to 4, where 1 is 'most improves', by selecting the options in the left hand box and dragging them into the right hand box in your preferred order*

	1	2	3	4
Refresh my knowledge, skills and behaviours	○	○	○	○
Develop my knowledge, skills and behaviours	○	○	○	○
Develop my confidence to deliver good patient care	○	○	○	○
Reflect on my professional practice	○	○	○	○

Provider-led CPD

Provider-led CPD refers to CPD that is delivered by organisations that have been approved by the GOC. One way to identify if the CPD is provider-led is that it has a C-reference number.

Q32 **Are there any specific topics where you have found it hard to find provider-led CPD?**

○ Yes

○ No

○ Don't know

Q33 **Please list below which specific topics you have found it hard to find provider-led CPD**

[text box]

Self-directed CPD

The ability to gain CPD points from completing self-directed CPD was introduced at the start of the new CPD cycle in January 2022. Self-directed CPD is learning from sources other than GOC-approved CPD providers. You do not have to complete self-directed CPD, but it allows you to count learning from wider sources towards your points total and gives you the chance to benefit from undertaking relevant learning with others outside of the sector.

Q35 **How confident are you in completing self-directed CPD?**

○ Very confident

○ Quite confident

○ Not very confident

○ Not confident at all

○ Don't know

Q36 **To date, have you completed any self-directed CPD as part of the 2022-2024 CPD cycle?**

○ Yes

○ No

○ Don't know

Q37 **How much of your self-directed CPD have you recorded on MyCPD?**

○ All of it

○ Most of it

○ Some of it

○ None of it

Q38   Why haven't you recorded all of your self-directed CPD on MyCPD? *Please select all that apply*

- ☐ I don't have time to record it
- ☐ It takes too long to log it onto the system
- ☐ I will achieve sufficient CPD points by the end of the cycle so I don't see the need to log it
- ☐ I'm not sure if it counts towards self-directed CPD
- ☐ I plan to record it soon
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

Q39   To what extent do you agree or disagree with the following statements about self-directed CPD?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
It enables me to develop knowledge or skills in a wider range of topics than those available in provider-led CPD	○	○	○	○	○
It gives me flexibility to tailor CPD to my scope of practice	○	○	○	○	○
I can learn from other professions and apply that to my practice	○	○	○	○	○
It enables me to reflect upon additional post-registration qualifications and courses not approved by the GOC as CPD	○	○	○	○	○

Q40   Why have you not yet completed any self-directed CPD? *Please select all that apply*

- ☐ I plan to do some soon
- ☐ I don't understand what counts as self-directed CPD
- ☐ It's more difficult to find suitable CPD activities
- ☐ It's more expensive to do self-directed CPD
- ☐ I don't think self-directed CPD is a good use of my time
- ☐ Other
- ☐ Don't know

Other *Please specify*

[   ]

About you

The GOC is committed to promoting equality, valuing diversity and being inclusive in all its work as a health professions regulator, and to making sure we meet our equality duties. The following questions relate to our equality and diversity work and add to our understanding of the diversity of the optical profession, so that we can make sure our services and events reflect this diversity. They will also allow any differences in results between different groups to be highlighted.

Please remember you will not be individually identified in your survey response.

Q41 Your age group:

- ◯ Under 25
- ◯ 25 - 34
- ◯ 35 - 44
- ◯ 45 - 54
- ◯ 55 - 64
- ◯ 65 +
- ◯ Prefer not to say

Q42 Your gender:

- ◯ Male
- ◯ Female
- ◯ Intersex
- ◯ Non-binary
- ◯ Prefer not to say

Q43 Is your gender identity different from the gender that you were assigned at birth?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Q44 Your sexual orientation:

- ◯ Heterosexual/Straight
- ◯ Gay/Lesbian
- ◯ Bisexual
- ◯ Other
- ◯ Prefer not to say

Q45 **Your marital status:**

- ◯ Civil partnership
- ◯ Divorced or civil partnership dissolved
- ◯ Married
- ◯ Separated
- ◯ Single
- ◯ Widowed
- ◯ Prefer not to say

Q46 **Your ethnicity:**

- ◯ White: English, Welsh, Scottish, Northern Irish, British
- ◯ White: Irish
- ◯ White: Gypsy or Irish Traveller
- ◯ Other White background
- ◯ Black or Black British - Caribbean
- ◯ Black or Black British - African
- ◯ Other Black background
- ◯ Asian or Asian British - Indian
- ◯ Asian or Asian British - Pakistani
- ◯ Asian or Asian British - Bangladeshi
- ◯ Asian or Asian British - Chinese
- ◯ Other Asian background
- ◯ Mixed - White and Black Caribbean
- ◯ Mixed - White and Black African
- ◯ Mixed - White and Asian
- ◯ Other mixed background
- ◯ Other - Arab
- ◯ Other ethnic group
- ◯ Prefer not to say

Other *Please specify*

[   ]

Q47 **Your religion or belief:**

- ◯ No religion or belief
- ◯ Buddhist
- ◯ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ◯ Hindu
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ Other
- ◯ Prefer not to say

Other *Please specify*

[   ]

Q48 **Do you consider yourself to have a disability?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Q49 **Are you pregnant, on maternity leave, or returning from maternity leave?**

○ Yes

○ No

○ Prefer not to say

Q50 **Do you perform the role of a carer?**

○ Yes

○ No

○ Prefer not to say

Q51 **In which of the following regions do you live?**

○ North East	○ South East
○ North West	○ South West
○ Yorkshire and Humber	○ Wales
○ East Midlands	○ Scotland
○ West Midlands	○ Northern Ireland
○ East of England	○ Outside the UK
○ London	○ Prefer not to say

Prize draw

As a thank you for your time today, we are offering you the opportunity to enter our prize draw to win a £100 gift card that can be used at a range of outlets. The winner will be randomly selected when the survey closes.

Q52 **Do you want to be entered into our prize draw?**
By answering yes you are agreeing to be contacted by Enventure Research via your GOC-registered email address if you are selected as the winner.

○ Yes

○ No

So that we can contact you if you are selected as the winner, please provide your name, contact number, and email address in the boxes below. *Any details you provide will only be used to contact you if you are selected as the winner of our prize draw. Your details will not be passed on to any third parties and will be kept separate from your survey answers, meaning that you will not be identified in any way. Your contact details will be kept securely for a maximum of three months, after which they will be confidentially deleted.*

Q53 **Name**

[   ]

Q54 **Contact number**

[   ]

Q55   **Email address**

Thank you for taking the time to take part in this survey. Your views are greatly appreciated.

Please click the tick button below to send your response.

Appendix B – Demographic profile

The table below shows the demographic makeup of survey respondents, where the sample has been weighted by registration type to accurately reflect the overall GOC registrant population.

Demographic profile of survey respondents
Base: All respondents (3,932)

Demographic	Number	Percentage
Gender		
Male	1,265	32%
Female	2,485	63%
Intersex	1	0%
Non-Binary	10	0%
Prefer not to say	172	4%
Age group		
Under 25	519	13%
25-34	779	20%
35-44	859	22%
45-54	736	19%
55-64	689	18%
65+	229	6%
Prefer not to say	122	3%
Ethnic group		
White British	2,137	54%
White other	253	6%
Black/Black British	194	5%
Mixed/Multiple	39	1%
Asian/Asian British	973	25%
Any other ethnic group	48	1%
Prefer not to say	289	7%
Sexuality		
Heterosexual/Straight	3,415	87%
Gay/Lesbian	70	2%
Bisexual	65	2%
Other	20	1%
Prefer not to say	326	9%
Marital status		
Civil partnership	128	3%
Divorced or civil partnership dissolved	148	4%
Married	2,114	54%
Separated	46	1%
Single	1,065	27%
Widowed	28	1%
Prefer not to say	402	10%
Religion or belief		
No religion or belief	1,140	29%
Buddhist	26	1%
Christian	1,388	35%
Hindu	219	6%
Jewish	52	1%
Muslim	532	14%
Sikh	100	3%
Other	60	2%

Demographic	Number	Percentage
Prefer not to say	415	11%
Do you consider yourself to have a disability?		
Yes	142	4%
No	3,559	91%
Prefer not to say	232	6%
Are you pregnant, on maternity leave, or returning from maternity leave?		
Yes	135	3%
No	3,592	91%
Prefer not to say	205	5%
Do you perform the role of a carer?		
Yes	448	11%
No	3,243	82%
Prefer not to say	241	6%