

**Fourth meeting in 2024 of the Council held in PUBLIC
on Wednesday 11 December 2024 at 10am via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	Welcome, apologies and Chair's introduction	Oral	Chair	-	10am-10.05am (5 mins)
2.	Declaration of interests	C45(24)	Chair	4-7	
3.	Minutes, actions and matters arising				
3.1	Minutes – 25 September 2024 For approval	C46(24)	Chair	8-12	10.05am-10.10am (5 mins)
3.2	Updated actions For noting	C47(24)		13	
3.3	Matters arising				
FOR DECISION					
4.	GOC Strategy 2025-2030 and EDI strategy 2025-2030 For decision	C48(24)	Chief Executive and Registrar	14-71	10.10am-11.10am (1 hour)
5.	Registrant fees 2025/2026 For decision	C49(24)	Director of Corporate Services	72-92	11.10am-11.30am (20 mins)
Tea/coffee break 11.30am - 11.45am (15mins)					
6.	Investment Policy For decision	C50(24)	Director of Corporate Services	93-103	11.45am-11.55am (10 mins)
7.	Appointment of a Senior Council Member and annual appointment of Council members to committees For decision	C51(24)	Head of Governance	104-113	11.55am-12.05pm (10 mins)
8.	Committee terms of reference: (Audit, Risk and Finance, Investment, Nominations and Remuneration Committees) For decision	C52(24)	Head of Governance	114-171	12.05pm-12.20pm (15 mins)
9.	Freedom to Speak Up policy For decision	C53(24)	Head of Governance	172-228	12.20pm-12.40pm (20 mins)

Lunch break 12.40pm – 1.30pm (50mins)					
10.	Corporate complaints policy and acceptable behaviour policy For decision	C54(24)	Head of Governance	229-283	1.30pm-1.50pm (20 mins)
11.	Education Quality Assurance handbook For decision	C55(24)	Head of Education	284-302	1.50pm-2.05pm (15 mins)
FOR DISCUSSION					
12.	H&S assurance report For discussion	C56(24)	Director of Corporate Services	303-332	2.05pm-2.15pm (10 mins)
13.	Council’s self-assessment against the Charity Governance Code For discussion	C57(24)	Head of Governance	333-371	2.15pm-2.35pm (20 mins)
14.	Financial performance report Q2 2024/25 / Q2 forecast For discussion	C58(24)	Chief Financial Officer	372-404	2.35pm-2.45pm (10 mins)
15.	Business performance dashboard Q1 2024/25 For discussion	C59(24)	Head of Governance	405-407	2.45pm-2.55pm (10 mins)
16.	Business Plan Assurance Report Q2 2024/25 For discussion	C60(24)	Head of Governance	408-412	2.55pm-3.05pm (10 mins)
Tea break 3.05pm - 3.20pm (15 mins)					
FOR NOTING					
17.	Advisory Panel Minutes - 18 October 2024 (Companies, Education, Registration and Standards Committees) For noting	C61(24)	Chair	413-423	3.20pm-3.25pm (5 mins)
18.	Chair’s report For noting	C62(24)	Chair	424-427	3.25pm-3.35pm (10 mins)
19.	Chief Executive and Registrar’s report For noting	C63(24)	Chief Executive and Registrar	428-441	3.35pm-3.45pm (10 mins)
20.	Council forward plan For noting	C64(24)	Head of Governance	442-444	3.45pm-3.50pm (5 mins)
21.	Any other business (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	3.50pm-3.55pm (5 mins)
Meeting Close – 3.55pm					

Date of next meeting – Wednesday 19 March 2025

GENERAL OPTICAL COUNCIL – COUNCIL MEMBER REGISTER OF INTERESTS (UPDATED December 2024)

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Kathryn FOREMAN Lay Member	<ul style="list-style-type: none"> Lay Member Assurance & Appointments Committee – General Pharmaceutical Council Investigations Panel Member – Architects Registration Board Non-Executive Director- Primary Care 24 (Merseyside) Ltd Lay Member Police Misconduct Panels – NW Police & Crime Commissioners 	<ul style="list-style-type: none"> Law Society (non- practising) 	<ul style="list-style-type: none"> Lay Member Health & Care Professionals Council (ended December 2023) Associate Midlands and Lancashire Commissioning Support Unit (2022-23) 	<ul style="list-style-type: none"> Lay Council Member Member: Advisory Panel – Registration Committee (from Dec 2024) Member, Audit, Risk and Finance Committee (from Dec 2024) 	<ul style="list-style-type: none"> None
Dr Josie FORTE Registrant (OO)	<ul style="list-style-type: none"> Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills) Consultant: Specsavers Optical Superstores Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University Lecturer (occasional, visiting): Plymouth University Lecturer (occasional, visiting): University of the West of England Vice chair (acting): Devon Local Eye Health Network Vice chair (acting): Cornwall Local Eye Health Network VisionForte Ltd (50% shareholding) 	<ul style="list-style-type: none"> Member: College of Optometrists Registered with the Optometrists and Dispensing Opticians Board of New Zealand Liveryman: Worshipful Company of Spectacle Makers Member: Clinical Committee at FODO Member: Royal College of Ophthalmologists 	<ul style="list-style-type: none"> Member: Devon Local Optical Committee (end May 2017) Optometrist: Specsavers Torquay (end Apr 2014) Optometrist: Lascelles Opticians Plymouth (end Jun 2006) Specsavers Plymouth Cornwall Street Ltd (ended April 2020) Specsavers Saltash Ltd (ended April 2020) Specsavers Devon2 Domiciliary (ended January 2020) Board trustee: Inspiring Schools Partnership, Plymouth Member: AOP⁶ Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022) 	<ul style="list-style-type: none"> Registrant Council Member Chair: Standards Committee Member: Remuneration Committee 	<ul style="list-style-type: none"> None
Mike GALVIN Lay Member	<ul style="list-style-type: none"> Advisor: ThinkRF 	<ul style="list-style-type: none"> Member: Institution of Engineering and Technology Fellow: Institute of Telecom Professionals. 	<ul style="list-style-type: none"> Non-executive Director: ThinkRF Director of Streetwave Ltd (a company registered in the UK) Non-executive Director: Martello 	<ul style="list-style-type: none"> Lay member: Council Chair: Education Committee Member: Audit, Risk and Finance Committee Council Lead: GOC Refresh 	<ul style="list-style-type: none"> None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			Technologies Group Inc		
Lisa GERSON Registrant (OO)	<ul style="list-style-type: none"> • Clinic Tutor: Cardiff University • Observer status: Regional Optical Committee (ROC) meetings across Wales • GOC representative to Optometry Wales 	<ul style="list-style-type: none"> • Member of AOP • Member of College of Optometry 	<ul style="list-style-type: none"> • Chair: Optometry Wales • Member: GOC Hearings Panel • Member/Acting Chair: GOC Investigation Panel • Member: GOC Education Visitor Panel • College Counsellor: College of Optometrists • Trustee: College of Optometrists • Trustee: AOP • Employee: Ronald Brown Group • Employee: Boots Optician • Primary Care Supervisor: Cardiff University 	<ul style="list-style-type: none"> • Registration Committee Chair • Nominations Committee Chair • Council lead for FtP 	<ul style="list-style-type: none"> • None
Ken GILL Lay Member	<ul style="list-style-type: none"> • Independent Management Board member of the Council of the Inns of Court (until 31 December 2024). • Main Board Non-Executive Member and Chair: Audit and Risk Assurance Committee at the Legal Aid Agency. • Honorary member: Study Portals 	<ul style="list-style-type: none"> • Chartered Accountant Member of the Chartered Institute of Public Finance and Accountancy. • Chartered Member of the Chartered Institute of Personnel and Development • Fellow of the Royal Society of Arts 	<ul style="list-style-type: none"> • Independent member of the Audit and Risk Committee of the General Medical Council • Independent member of the Audit and Risk Committee of the Royal College of Veterinary Surgeons. • Vice Chair of Board and Chair of Audit Committee at the Countess of Chester NHS Foundation Trust. • Client of FTP auditors 	<ul style="list-style-type: none"> • Member: Lay Council member • Chair: Audit, Risk & Finance Committee 	<ul style="list-style-type: none"> • None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			Weightmans Weightmans and Stewart Duffy (in role with Countess of Chester NHS Foundation Trust). <ul style="list-style-type: none"> UK Advisory Board member: Study Portals 		
Clare MINCHINGTON Lay Member	<ul style="list-style-type: none"> Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency Independent Member of the Nomination Committee for the Public Relations and Communications Association Independent Chair of the Audit and Risk Committee for the Institute of Physics. Independent member of the Audit Committee of the Nursing and Midwifery Council (from 1st April 2025). 	<ul style="list-style-type: none"> Fellow: Association of Chartered Certified Accountants 	<ul style="list-style-type: none"> Senior Independent Board Member for the College of Policing (until Dec 2021) Chair of Academic Council for BPP University (until Oct 2021) 	<ul style="list-style-type: none"> Lay Member: Senior Council Member Chair: Remuneration Committee 	<ul style="list-style-type: none"> None
Frank MUNRO Registrant (OO)	<ul style="list-style-type: none"> Director Munro Eyecare Limited (T/A Munro Optometrists) Clinical Adviser, Optometry Scotland Optometric Advisor, NHS Lanarkshire Lead Optometrist, Glasgow City Health & Social care Partnership Visiting Lecturer, Glasgow Caledonian University Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) Chair, NHS Lanarkshire Optometric Advisory Committee Member, Greater Glasgow & Clyde Prescribing Review Board 	<ul style="list-style-type: none"> Past President and Honorary Life Fellow, College of Optometrists Member, Association of Optometrists Member, Optometry Scotland Hon Fellow, Association of Dispensing Opticians Member, British Contact Lens Association 	<ul style="list-style-type: none"> Past President, College of Optometrists Past Chair, Optometry Scotland Past Chair, Scottish Committee of Optometrists Past Chair, NHS Education for Scotland Optometry Advisory Board 	<ul style="list-style-type: none"> Registrant Member: Council Member: Education Committee Member: Audit, Risk & Finance Committee 	<ul style="list-style-type: none"> None
Tim PARKINSON Lay Member	<ul style="list-style-type: none"> Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector) 	<ul style="list-style-type: none"> Fellow: Chartered Management Institute Membership of the Institute of Water 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Lay member: Council Chair: Investment Committee Chair: Companies Committee Council Lead: FTP 	<ul style="list-style-type: none"> None
Prof. Hema RADHAKRISHNAN Registrant (OO)	<ul style="list-style-type: none"> Professor and Member of the Board of Governors: University of Manchester- Member of Advisory Board: Zeiss Vision group 	<ul style="list-style-type: none"> Member: College of Optometrists- 	<ul style="list-style-type: none"> Editorial board member Optometry in 	<ul style="list-style-type: none"> Registrant member: Council 	<ul style="list-style-type: none"> None

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
	<ul style="list-style-type: none"> External examiner- Aston University Undergraduate and Masters Optometry programmes Research funding and collaboration with Optegra Eye Hospital group Associate Editor, Translational Vision Science and Technology, an Association of Research in Vision and Ophthalmology Journal. 		Practice, a College of Optometrists journal	<ul style="list-style-type: none"> Member: Advisory Panel – Education 	
Roshni SAMRA Registrant (OO)	<ul style="list-style-type: none"> Global Medical Advisor, Medical and Professional Affairs, at Essilor Luxottica. Locum optometrist (occasional): various high street or independent practices Student: City University (MSc in Clinical Optometry) 	<ul style="list-style-type: none"> Member of the College of Optometrists Member of AOP 	<ul style="list-style-type: none"> Professional Clinic Manager: City Sight, City University 	<ul style="list-style-type: none"> Member: Council Member: Registration Committee Council Lead: GOC Refresh (People Plan) 	<ul style="list-style-type: none"> Works with a current General Optical Council Case Examiner
William STOCKDALE Registrant (DO)	<ul style="list-style-type: none"> Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding. Own an organisation in the Optical Sector - Telford Opticians 50% Stake. 	<ul style="list-style-type: none"> Member of ABDO Member of FODO Member of ONI 	<ul style="list-style-type: none"> Chair: Optometry Northern Ireland Member of a consultative body in the Optical Sector Member BSO Ophthalmic Committee. Non-Executive Director FODO 	<ul style="list-style-type: none"> Member: Council Member Member: Nominations Committee Member: Advisory Panel – Standards Committee 	<ul style="list-style-type: none"> None
Dr Anne WRIGHT CBE Lay Chair	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Committee member: The Shaw Society Director of Circa management company 	<ul style="list-style-type: none"> Chair: Council 	<ul style="list-style-type: none"> None

**GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council
meeting held on Tuesday 24 September at 1.30pm restarting on Wednesday 25
September 2024 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Roshni Samra and William Stockdale. Jamie Douglas, Deepali Modha and Rupa Patel (Council Associates).
GOC attendees:	Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Rebecca Chamberlain (Standards Manager), Nicole Fitzgerald (Communications Manager), Yeslin Gearty (Director of Corporate Services), Philipsia Greenway (Director of Change), Kiran Gill (Chief Legal Officer), Angharad Jones (Policy Manager), Andy Mackay-Sim (Head of Governance), Leonie Milliner (Chief Executive Officer and Registrar), Jem Nash (EDI Manager), Ben Pearson (Education Manager), Ivon Sergey (Governance and Compliance Manager) (Minutes), Charlotte Urwin (Head of Strategy, Policy and Standards), Catherine Walker (Communications and Public Affairs Officer), Pauline Whitelaw (Policy Manager) and Manori Wickremasinghe (Chief Financial Officer).
External attendees	Siobhan Carson (PSA), David Hewlett (FODO), Daniel Hodgson (FODO), David Parkins, Selina Powell (OT), Poonam Sharma and Alan Tinger (FODO).
	Welcome and apologies
1.	The Chair welcomed those in attendance. Apologies were received from Desislava Pirkova (Council Associate).
	Declarations of interests C29(24)
2.	The register was noted and no new declarations were made.
	Minutes of the meeting held on 26 June 2024 C30(24)
3.	The minutes were approved as an accurate record of the meeting.
	Action points update C31(24)
4.	Council noted updates on previous actions.
	Matters arising
5.	There were no matters arising.
	Annual report and financial statements 2023/24 C32(24)
6.	The Chief Executive and Registrar presented the item. Council commented on the significant amount of work produced in the year. Council suggested minor amendments to the proposed design. It was confirmed that the appendix with design layouts was

	intended for demonstration purposes, and the feedback would be accommodated in the final design.
7.	Council noted that there was a post-balance sheet event for inclusion as a contingent liability. The detail of the discussion was covered under item SC27(24) of the strictly confidential agenda, and the Chief Financial Officer and Head of Governance would finalise the wording in consultation with the Chair of Council and external auditor. This would also require an amendment to the letter of representation.
8.	Council approved the annual report and accounts 2023-24; approved the letter of representation; and delegated any minor revisions to the Head of Governance (in consultation with the Chair of Council).
	Action: The Head of Governance to circulate the finalised wording regarding the contingent liability to the Chair of Audit, Risk and Finance Committee (ARC), Senior Council Member and Chair of Council prior to final approval. This amendment to be circulated to Council once finalised for information.
	Audit, Risk and Finance Committee annual report 2023/24 C33(24)
9.	The Chair of ARC presented the item. Council noted the significant work carried out by ARC on Council's behalf. Council noted the importance of succession planning arrangements, including training and development to ensure expertise was retained on the ARC membership.
10.	Council noted the ARC annual report 2023-24.
	Equality, Diversity and Inclusion (EDI) annual report 2023/24 / EDI action plan update C34(24)
11.	The Chief Executive and Registrar presented the item. Council commended all the activity carried out over the past year. Council suggested consideration be given to the granularity of reporting and adding strategic measures on the difference made. A realistic aim for gender-pay-gap as a small organisation and further plans for data analysis were suggested. Council commented it would welcome work with the Optical Consumer Complaints Service (OCCS) on EDI data trends and continued data sharing with other regulators to help improve EDI culture in the sector.
12.	Council approved the EDI annual report 2023-24; and delegated any minor revisions to the EDI Manager (in consultation with the Chair of Council).
	Financial performance report Q1 2024/25 C35(24)
13.	The Chief Financial Officer presented the item. Council discussed potential barriers in recruitment and retention, noting salary and benefits package were in line with benchmark data.
14.	Council

	<p>noted the financial performance for the three months ending 30 June 2024 in annex one; and</p> <p>noted the Q1 forecast for the current 2024-25 financial year in annex two.</p>
	Business performance dashboard Q1 2024/25 C36(24)
15.	<p>The Head of Governance presented the item. Council noted the low staff response rate of the pulse survey (at 66%).</p> <p>Council noted the report.</p>
	Corporate Scorecard Report Q1 2024/25 C37(24)
16.	<p>The Head of Governance presented the item. There were no additional comments.</p> <p>Council noted the report.</p>
	Chair's report C38(24)
17.	<p>The Chair presented the item. Council was advised Council member, Hema Radhakrishnan, would be giving a talk on being south Asian in the UK at the next staff Embrace Network and that Council colleagues were welcomed to attend.</p> <p>Council noted the report.</p>
	Chief Executive and Registrar's report C39(24)
18.	<p>The Chief Executive and Registrar presented key highlights. Council noted positive progress for registrants' completing the requirement for the CPD cycle. Council discussed the complexity in funding higher education across the devolved nations.</p>
	<i>The meeting adjourned at 3.20pm and restarted on 25 September at 1.30pm.</i>
	Business Regulation C41(24)
19.	<p>The Director of Regulatory Strategy introduced the item, and the policy managers presented the proposals. The results of the consultation would be brought to Council in June 2025. The team was formally thanked for their contributions.</p> <p>Scope of regulation and business structures Council was supportive of regulating all entities providing specified restricted functions, unless exempted, as well as the removal of the current legislative requirement for some categories of body corporates to have a majority of registrant directors. Council commented on challenges that may arise with technology, online businesses and those operating outside UK jurisdiction, including unregulated markets.</p> <p>Head of optical practice (HOP) Council was supportive, noting the need for clarity of responsibilities. Equality, diversity and inclusion consideration should be given to those who work flexibly. It was suggested reviewing question QX on P279 "To what extent do you agree or disagree that the head of optical practice should be an individual employed by the business?".</p> <p>Enforcement approach and sanctions Council was supportive of proportionality and consistency in approach, noting an uncapped fine would require clear guidelines.</p>

	<p>Consumer redress Council was supportive. There were high levels satisfaction with the OCCS. It was commented that compulsory engagement with the OCCS may create a more adversarial scheme.</p>
20.	<p>Council</p> <p>approved a public consultation on business regulation proposals; and delegated final approval of the consultation document (annex 1) to the Chief Executive and Registrar in consultation with the Chair of Council, if Council request minor changes to the documents at the meeting.</p>
	<p>Standards Review C42(24)</p>
21.	<p>The Director of Regulatory Strategy introduced the item. Standards Manager, Rebecca Chamberlain, and the team were thanked for their rigorous work in producing the new standards. Stakeholders had praised the GOC's extensive engagement. Council had also considered the advice from the Standards Committee. Council noted most of the existing standards remained the same and key changes would help to enhance public protection, deliver better care to patients in vulnerable circumstances and tackle a negative workplace culture. Clear expectations had been set out for registrants to use their professional judgment in applying the standards. Council was supportive of the implementation timing, noting changes were appropriate, adaptable and not restrictive, particularly as technology develops.</p>
22.	<p>Council</p> <p>approved the consultation response document; approved the proposed changes to the standards; approved the equality impact assessment; and approved the recommended implementation period</p>
	<p>Education Annual Monitoring Report C43(24)</p>
23.	<p>The Education Manager presented the findings of the annual sector report for 2022/23, which would be published on the GOC website in late October 2024. Council suggested the year on the name of the report change to 2024, for clarity. Council noted the progress on implementation of the Education Training Requirement (ETR) was positive. Council discussed the present risk of higher education funding across devolved nations. The GOC was working closely with the sector to advocate for funding.</p>
24.	<p>Council suggested further research may be needed to look at dropout rate of students across higher education against other courses. Council commented on the increase in female students, and asked for more benchmarking on attainment gap in ethnicity and gender. Council discussed independent prescribing move from secondary to primary care and part time work increase could impact on workforce.</p> <p>Council noted the update and considered the report (annex one).</p>
	<p>Registrant and public perception survey C44(24)</p>
25.	<p>The Policy Manager provided an overview of the survey results. Differences between results for the devolved nations were noted. Council commented CPD may provide</p>

	appropriate training for preventing bullying and harassment in the workplace. Council suggested providing more visibility on how registrant fees were spent. Council noted the findings from the surveys and the actions the GOC will take in response.
	Council forward plan C40(24)
26.	Council noted the Council forward plan.
	Any other business
27.	Sinead Burns was warmly thanked for her outstanding contribution to the GOC over her period of office as Council member. She had served as Chair of ARC and Investment Committee. Council and the executive wished her well for the future.
	Date of the next meeting
28.	Council noted the date of the next public meeting as Wednesday 11 December 2024.
	Close
29.	The meeting closed at 1.03pm.

COUNCIL

Actions arising from Public Council meetings

Meeting Date: 11 December 2024

Status: For noting

Lead Responsibility and Paper Author: Andy Mackay-Sim, Head of Governance

Purpose

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

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

Part 1: Action Points from the Council meeting held on 24/25 September 2024

Reference	By	Description	Deadline	Notes
Annual report and financial statements 2023/24 C32(24)	The Head of Governance	To circulate the finalised wording regarding the contingent liability to the Chair of Audit, Risk and Finance Committee (ARC), Senior Council Member and Chair of Council prior to final approval. This amendment to be circulated to Council once finalised for information.	Dec 2024	Complete – This wording was agreed and incorporated into the annual report.

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

Reference	By	Description	Deadline	Notes
NONE				

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
NONE				

2025-30 Corporate Strategy and Equality, Diversity and Inclusion Strategy

Meeting: 11 December 2024

Status: For decision

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Leonie Milliner, Chief Executive and Registrar,
Charlotte Urwin, Head of Strategy, Policy and Standards,
Jem Nash, EDI Manager

Council Lead(s): Clare Minchington

Purpose

1. To enable Council to review and approve the proposed GOC's 2025-30 corporate strategy following consultation, and the proposed Equality, Diversity and Inclusion (EDI) strategy; and note the consultation response document and the equality impact assessment.

Recommendations

2. Council is asked to:
 - **approve** the corporate strategy for 2025-30;
 - **approve** the Equality, Diversity and Inclusion strategy for 2025-30;
 - **delegate** to the Chief Executive and Registrar, in consultation with the Chair of Council, approval of any final drafting amendments; and
 - **note** the consultation response document and equality impact assessment.

Strategic objective

3. This work contributes towards the achievement of all three of the strategic objectives and lays the foundations for agreeing the strategic objectives for 2025-30.

Background

4. Council noted the approach to the development of the 2025-30 corporate strategy and Equality, Diversity and Inclusion (EDI) strategy at its public meeting in June 2023. Council has discussed the vision, mission and strategic objectives elements of the strategy at two separate Council strategy days in November 2023 and January 2024, as well as at private Council in December 2023, and discussed the associated people, finance, digital and EDI strategies at private Council in June 2024.
5. Council approved the draft strategy for public consultation at its meeting in March 2024. We consulted on the strategy for 12 weeks from 17 April to 10 July 2024. During the consultation we held three events with different groups of stakeholders. In addition to feedback at the events, we received 25 written consultation responses.

Analysis

6. We have carefully considered the feedback we received from stakeholders during the consultation. Most stakeholders were content with the proposed vision, mission and strategic objectives. They welcomed the emphasis on issues of equity both for patients and registrants and supported the proposals to put patients and the public at the heart of what we do. They also welcomed our increased focus on data and research.
7. Stakeholders called for more detail on our project plans and how we will measure success, more information on how we will finance the strategy, and a recognition in the strategy of the importance of collaboration with a range of partners in the sector to deliver the objectives.
8. In response to this feedback, we have amended the draft strategy to provide more information on how we intend to finance our strategic ambitions; report on performance and to strengthen the emphasis on cross-sector collaboration. The vision, mission and strategic objectives remain the same and we will provide more detail on our project plans in our annual business plans.
9. Council will consider in its private meeting on 10 December the supporting people, finance, and digital strategies, and recommendations for organisational alignment and investment in additional capabilities to ensure the successful realisation of the 2025-2030 corporate strategy.
10. Although our EDI ambitions are embedded within our corporate strategy Council is also asked to approve a more detailed EDI strategy for 2025-2030. This strategy describes our commitment to promoting equality of opportunity and eliminating discrimination as both as a regulator and as a responsible employer, and ensures we have clarity around our EDI objectives and how we intend to meet them. This is the only supporting strategy which will be published publicly and therefore requires additional consideration around language and content. The strategy includes actions around EDI relating to our role as an employer, as well as a regulator, and our responsibility to patients and the public.
11. The EDI strategy outlines our EDI achievements in 2020-25 and our principles and objectives for the next five years. It also explains how we intend to implement the strategy, considering our different roles, stakeholders, and our ambition to build a culture of confidence in EDI. It differs from other supporting strategies in listing specific actions and measures, committing ourselves to a suite of goals and measures of success.
12. In developing the EDI strategy, we have consulted Council and Council Associates and drew on the expertise of our staff internally, both in terms of their position as employees and the expertise they bring from their various work areas.

Finance

13. The 2024 Q2 five-year forecast (see elsewhere on the agenda) is the second iteration of the five-year forecast aligned to the proposed corporate strategy and builds upon the Q1 five-year forecast presented to Council September 2024.
14. The Q2 forecast was developed by aligning the ambitions described in the proposed corporate strategy to 2029 and the supporting EDI, finance, people and digital strategies to years 2-5 of the forecast. The forecast incorporates all known operational and project costs identified in both the corporate strategy and the supporting strategies to 2029 and builds on the assumptions and risks outlined in the Q1 five-year forecast presented to ARC in July 2024 and Council in September 2024. The 2024 Q2 five-year forecast was also reviewed by ARC at its meeting on 26 November 2024.
15. There is a further opportunity to test and refine income and expenditure assumptions in relation to the corporate strategy in the Q3 five-year reforecast planned for January 2025. The revised Q3 five year-forecast will inform the development of the 2025/26 budget and internal business plans which will be presented to ARC for review in February 2025, and Council for approval in March 2025.
16. Years two to five of the five-year forecast demonstrates that anticipated revenue-funded regulatory activity and service delivery, together with proposed investment from the strategic reserves for each financial year to March 2029 is sufficient to support the delivery of the draft strategy 'Safe and effective eye care for all,' and is in line with the proposed financial strategy and current reserve policy (which we plan to update in Q4 of 2024-25.)

Risks

17. There is a risk Council will not approve the corporate strategy, and/or the EDI strategy, with the consequential risks of entering the 2025/26 financial year without a strategy to inform the development of business plans; and failure to meet relevant PSA Standards for Good Regulation, including requirements specified in the PSA's Standard 3 evidence matrix. This risk has been mitigated by the early and frequent engagement of Council in strategy development and realisation, as described in paragraph five, above.
18. There is also the risk that the strategic objectives are too ambitious, are only achievable with cross-sector collaboration, and only affordable with significant additional investment by registrants in the GOC via the registration fee. The Q2 forecast to 2029 demonstrates that the successful realisation of the corporate strategy and supporting people, finance, digital and EDI strategies is affordable within the forecasted revenue budget, alongside modest by investment from the strategic reserve, subject to risks and volatility identified in the Q2 forecast. Successful

PUBLIC

realisation is dependent on stakeholder engagement and collaboration. We are grateful for feedback from stakeholders on this point, and the proposed corporate strategy was amended accordingly post consultation.

19. In addition, ongoing risk assessments, the development of business cases, and development of internal management controls will be carried out for work delivered under the new strategy, where necessary.

Equality Impacts

20. We consulted on a draft equality impact assessment as part of the consultation on the strategy. We have not identified any further impacts arising from our proposals after consultation. Ongoing equality impact assessments will be carried out for work delivered under the new strategy, where necessary.

Devolved nations

21. We engaged with stakeholders in each of the devolved nations as part of our work to develop the strategy.
22. The final version of the strategy will be published in Welsh, to ensure compliance with the Welsh Language Standards.

Communications

External communications

23. We will publicise the launch of the new strategy through a press release and information on social media.

Internal communications

24. We will publicise the launch of the new strategy to staff through a news story on our intranet.

Next steps

25. Subject to Council's agreement, we will make stakeholders aware of the approval of the strategy through the usual post-Council press release, and social media channels.
26. We will arrange for Welsh language translation of any necessary documents and layout and publication of the new strategy.
27. We will publish the consultation response report and equality impact assessment.

Attachments

Annex 1: Proposed 2025-30 corporate strategy

PUBLIC

- Annex 2: Proposed 2025-30 EDI strategy
- Annex 3: Consultation response document
- Annex 4: Equality Impact Assessment

Annex 1: 2025-2030 Corporate Strategy

Introduction

This strategy outlines our vision, mission and strategic objectives for 2025-2030, sustaining our success as a high performing regulator, building on our strengths and addressing the areas where we wish to improve. Our ambition remains to be a world-class regulator – agile, robust and effective in the deployment of our regulatory responsibilities, well regarded by stakeholders and continuing to meet all the Professional Standard Authority’s (PSA) Standards of Good Regulation.

The strategy is supported by the following documents:

- Equality, Diversity and Inclusion (EDI) strategy
- Financial strategy
- Digital strategy
- People plan
- Business performance reporting framework

We have described our strategic direction at a high level. We will provide more detailed information on how we will achieve each objective in our annual business plans and through our website.

We begin the strategy from a strong position, with positive stakeholder relationships, sound finances, including an appropriate level of reserves, and having delivered major investment in digital transformation that promises to improve our customer service.

We will continue to develop our internal capacity to deliver the ambition and shift in approach contained in this corporate strategy, by implementing supporting financial, people, digital and EDI strategies to support the achievement of our proposed mission, vision and strategic objectives by 2030.

The focus of this strategy is on areas of change, but we are committed to continuous improvement across our core statutory functions such as maintaining the registers, approving qualifications, and managing our fitness to practise operations. Also, the effective realisation of major reforms delivered in the current strategy period, such as in education and training, updated professional standards and digital transformation, will continue to be supported and adjustments made as necessary.

Vision, mission and strategic objectives

Our vision, mission and strategic objectives are illustrated below and outlined in the following pages. The objectives are intersecting and will naturally overlap. For example, the first objective rightly gives due prominence to our work, with others, to addressing inequalities, but progressing these issues will cut across all our work.

In identifying our three strategic objectives, we have considered both external and internal aspects of our work. The first two objectives are externally focused, and the third is more internally focused.

We recognise we are one of many stakeholders in a wider landscape of professionals and organisations working to improve eye care in all four nations of the United Kingdom for the benefit of patients and service-users. We will continue to actively work collaboratively with partners across the sector to achieve our collective vision for change.

GRAPHIC TO BE PROFESSIONALLY DESIGNED

Vision

Safe and effective eye care for all

Mission

To protect the public by upholding high standards in eye care services

Strategic objectives

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

Creating fairer and more inclusive eye care services

There is much to celebrate about the last five years. Despite the challenges of COVID-19, public trust in registrants and satisfaction with service remains high. More people are turning to registrants for eye issues as their first port of call instead of GPs. Registrants are acquiring new skills and taking on more clinical responsibilities, enabling patients to access a wider range of eye care services in their communities. The sector is well placed to take advantage of the Government's

stated plans for three shifts in the focus of healthcare: from hospital to community; analogue to digital; and sickness to prevention.

Even so, there remains significant preventable sight loss. And there is evidence to suggest that the successes of the last five years are not equally shared, with some groups of patients facing higher barriers to accessing services and getting worse outcomes. For example, our public perceptions survey shows that people from ethnic minorities are less likely to get their sight tested. Also, people with disabilities are more likely to report things going wrong during their visit and more generally that vulnerability has a significant impact on both access and experience. External surveys have highlighted the impact of the cost of living crisis as a barrier to accessing eye care. Availability of enhanced services differs both between nations and within nations.

While our equalities data shows the registrant base is more diverse than ever before, our registrant survey shows that experiences of working in the sector are unequal. Abusive behaviour, harassment and discrimination are higher in this sector than elsewhere in the NHS and more likely to be experienced by some population groups. We risk losing good professionals when demand for their services is rising, and the unsafe working environments these behaviours create puts patient safety at risk.

Such problems are not unique to this sector. Other healthcare regulators are giving these issues more attention, while the PSA is enhancing its scrutiny of healthcare regulators on EDI issues and encouraging greater involvement in addressing health inequalities. EDI will be embedded across our work and throughout the professional lifecycle from education and training through registration, setting standards and fitness to practise. However, while regulation can positively contribute to this arena, it cannot provide all the solutions. Since these issues are structural and multifaceted, addressing them will require a sector-wide effort with partnership and collaboration across many actors.

Priorities in 2025-30 under this theme will include:

- using research insight and data to highlight inequalities facing the public, patients and professionals;
- deploying our regulatory levers to help reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments; and
- monitoring for and addressing any disproportionate representation of groups with protected characteristics in the GOC's regulatory processes.

Supporting responsible innovation and protecting the public

Developments in technology, service delivery, business models, commissioning and registrants' working patterns are changing the face of eye care. These changes present both opportunities and challenges that regulation must respond to.

Unlike some other regulators, we do not approve products or services. This means we do not have a direct role to facilitate innovation. However, we will contribute to an innovation friendly environment by engaging with innovators to explain the regulatory framework, by making sure our standards of practice are clear and proportionate, and by ensuring that the qualifications we approve and our registrants' continuing education and professional development (CPD) better equips them to meet future patient needs. Legislative reform should create a stable framework that will enable all businesses to enjoy the benefits of regulation as well as support innovation and external investment. Lastly, we will monitor levels of innovation and barriers in our business registrant survey.

There are growing concerns about workforce shortages in some geographic areas. By realising the full benefits of our education and training reforms, thinking strategically about post-registration qualifications and delivering a more flexible system of CPD, we will use our regulatory levers to increase workforce capacity and support registrants to develop their roles to better meet patient eye care needs.

Striking the right balance between supporting responsible innovation, protecting the public and maintaining public confidence in the professions and businesses we regulate is likely to be a recurring theme during a period of potentially rapid change. Innovation has transformed eye care in recent decades and future developments promise to reduce barriers to access and deliver better outcomes. Balanced with this, as registrants undertake more complex clinical work, regulation must respond to a changing risk profile. Our focus will be on creating a flexible, agile regulatory framework that supports innovation while maintaining the necessary safeguards.

Reform of the Opticians Act will modernise our approach to business regulation and plug important gaps in public protection. Updating our business standards will be an early priority in the strategy period. Legislative reform will also give us freedom to make and amend our own rules, some of which are unchanged for many years, making us better able to support the sector to adapt to a changing environment.

Priorities in 2025-30 under this theme will include:

- supporting registrants to deliver more clinical eye care by realising the full benefits of our education and training reforms and taking a more strategic approach to post-registration qualifications;

- reforming our CPD system so that it focuses on the quality rather than quantity of professional development and supports the expanded clinical roles registrants will perform within service redesign; and
- extending regulation to all businesses carrying out restricted activities underpinned by updated standards for business registrants.

Preventing harm through agile regulation

Our style of regulation will evolve to meet modern expectations of regulators and face current challenges. As in healthcare, so in regulation, preventing harm before it arises is better than treating problems after the fact. This focus on prevention will cut across our work underpinned by strengthening our approach to data and insight and translating this into effective action. Linked to this, we will exercise proactive leadership on topical issues and collaborate on solutions to issues facing the sector.

We will exploit opportunities to share our registration and survey data to support commissioners to plan services better and for patients to locate and benefit from the wider range of services being delivered by registrants in their communities.

Inquiries into poor patient care often highlight a failure to listen to the concerns of patients or service users. The GOC exists to protect the public, so we intend to strengthen the user voice across our work, enabling us to put the interests of the public and patients at the heart of regulation. This includes better understanding the views and experiences of the public and patients through the research we commission, building our relationships with organisations representing these groups, and ensuring these interests are at the forefront in shaping the decisions we take.

We will continue to actively prepare for legislative reform to the Opticians Act, although the timing is unknown. Further, Charity Commission requirements, revised PSA standards and other external drivers, may require changes to our governance, financial management and operating model. While often invisible to stakeholders these arrangements provide the firm foundations underpinning all our activities.

Priorities in 2025-30 under this theme will include:

- putting the public and patients at the heart of our regulatory approach by investing more in our research activities, engaging better with patient groups and strengthening the user voice in our decision-making structures;
- shifting to a more anticipatory model of regulation that seeks to prevent harm based on a risk-based, data-driven approach that joins up our intelligence and insight, and translates this into effective action;

- supporting workforce planning and patient choice by collecting better data about registrants and improving how we publish and share this with others; and
- changing our governance arrangements and other internal processes in response to legislative reform, including through the creation of a unitary board and reviewing our advisory committee structure.

Financing our strategy

Effective financial management, the optimisation of our resources, and improving our financial resilience will enable the effective realisation of our strategy.

We expect the external financial environment to remain challenging and volatile. Our ambition, therefore, is to match delivery of our 2025-30 corporate strategy within the total resources available, underpinned by five financial objectives:

- financial sustainability and stability;
- transparency and accountability in financial management;
- maintain appropriate reserves for contingencies and strategic initiatives;
- deliver value for money; and
- maintain a low to moderate risk appetite in our financial management.

Our income will continue to be derived primarily from the fees we charge registrants to enter or remain on the register and we will not seek to develop new sources of income. We expect overall income levels to increase modestly, in line with inflation and register growth, although reform to business regulation may provide higher revenue levels.

Efficiencies achieved from initiatives including IT transformation and moving to smaller office accommodation will help us to minimise registrant fee increases.

We will review our approach to setting registrant fees, enhancing fairness, and delivering value for money, ensuring that the fees we set are sufficient to meet our operational costs and to maintain our reserves within agreed limits.

Measuring success

We will use a performance reporting framework to help us measure the success of the strategy. Our approach recognises that we are a single stakeholder in a wider system and that regulatory interventions alone will often be insufficient to bring change. There may be a significant lag between an intervention and observable change, and it will often not be possible to attribute cause and effect. Even so, it is

important to track the direction of travel in a structured way by using a range of measures to provide a rounded picture.

Our approach to performance reporting will include:

- continuing to report on key performance indicators on our operational performance and progress on delivery of business plan activities through public Council papers and in our annual report and accounts;
- returns to the PSA to support its assessment of our performance;
- embedding a benefits realisation approach in our project work; and
- a basket of indicators approach to measuring high-level outcomes evidenced through our surveys, internal data and reliable sources of external data;

The PSA plans to revise its Standards of Good Regulation during the lifetime of this strategy and we may need to make reporting changes to satisfy its requirements.

Annex 2: EDI Strategy 2025-2030

Equality, diversity and inclusion (EDI) is central to how we regulate, how we engage with stakeholders and all those who use our services, and our actions as a responsible employer. Our EDI ambitions are embedded within our overarching strategic objectives. Everyone needs access to safe and effective care, and eye care professionals need to be able to provide patient-centred care in a positive workplace culture where they are respected and treated fairly by employers, colleagues and patients.

What we have achieved

Our work promoting equality of opportunity and eliminating discrimination, as described in our EDI strategies and annual reports (covering the period from 2020 to 2025) has been delivered against a backdrop of considerable change. In this context, we have significantly improved our collection, analysis and use of EDI data, which means that we now better understand the diversity of our registrants, including optical students, and the diversity of our members and employees. We are using this data to identify and address unfair outcomes in Fitness to Practise (FtP) referrals; to identify and address barriers to differential student attainment; to ensure EDI is embedded in all our policies and procedures and in our regulatory functions; and to understand the impact of intersectionality. We have also used the research and data we collect to identify barriers for patients to accessing eye care services, and to understand more about the incidence of bullying, harassment and abuse, and discrimination in optical practice.

As an employer, we have worked hard to create a workplace culture where everyone can thrive and feel valued, regardless of their background, identity or circumstances. We have established strong staff networks to promote inclusivity and a culture where colleagues feel they can share their lived experiences. We have started to integrate the concept of structural discrimination into our management practices to better promote fairness and increase our confidence in identifying and tackling discrimination and inequality, as well as update all our people policies to ensure they are fair, inclusive and consistently applied.

Our EDI objectives to 2030

Our EDI objectives, which will enable us to effectively realise our strategy as an inclusive, trusted and fair regulator, are:

- Be active in addressing inequality and preventing discrimination
- Promote and reflect diversity;
- Foster inclusivity and accessibility; and
- Build a culture of confidence in EDI.

Implementing the strategy

This strategy reflects our role both as a regulator and as a responsible employer, and aims to integrate EDI into all our work, not only because we have a legal duty to

have due regard to promoting equality of opportunity and eliminating discrimination, but because it is the right thing to do, for patients, our registrants and our workforce.

EDI leadership

The successful execution of our EDI strategy will require us to be effective, informed and committed leaders, and we will continue to invest in developing our internal capability by ensuring there is appropriate EDI expertise within our Council and Council committees, and within our management and senior leadership teams. We will work hard to ensure our governance and leadership better represents the communities we serve, and we will use our convening role to listen to and work with our stakeholders to promote EDI within the professions and businesses we regulate. Our EDI Manager will continue to share their expertise to empower our managers and leaders to embed EDI in all that we do with ever-greater confidence. Our actions promoting EDI and in identifying and tackling discrimination and inequality will be evidence-based and informed by data, research and insight.

Public and patients

We will prioritise identifying and removing barriers that patients and the public may encounter when engaging with us and when seeking eye care services, particularly those barriers which affect some groups more than others. Our work will be informed by an accurate understanding of the diverse needs of patients and the public, and we will work hard to ensure the patient voice is heard within our decision-making. We will make sure that our regulatory processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion.

Our workforce

EDI is a shared responsibility, and we will continue to provide our members, employees, workers and contractors (our workforce) with regular EDI learning and development opportunities to ensure everyone has the skills and knowledge they need to embed EDI effectively in the delivery of our regulatory functions, with a particular focus on developing our current and prospective people managers. We value the diverse perspectives and backgrounds our workforce brings and we will continue to support our employee networks so that they are well-equipped to provide additional peer support and awareness raising, cultivating a culture that promotes diversity and builds employee confidence in fostering equality. A diverse workforce ensures greater creativity, stronger governance and accountability, and better decision-making, and we will continue to support the expert contributions of our members, employees, workers and contractors in our regulatory activity, and provide them with the learning and support to be inclusive in all they do.

Our registrants

Our registrants need to be able to provide patient-centred care in an environment which is free from bias, and where they are respected and treated fairly by

employers, colleagues and patients. We will continue to work with our stakeholders to combat bullying, harassment and abuse, and discrimination in optical practices and to better support registrants to meet their patients' needs, especially those in vulnerable circumstances. We will continue our work to ensure equitable access to eye care services and to identify and address unfair outcomes in Fitness to Practise (FtP) referrals.

Our data

We will continue to collect EDI data from our employees, workers and members, and from our registrants, and we will further develop our analysis and use of this data to identify trends, barriers to participation and other forms of potential marginalisation, as well as monitor our progress in achieving change. We will continue to publish our EDI data in our annual EDI and other reports and encourage use of our published data by our stakeholders. We also use qualitative data gathered through surveys, roundtables, and research examining lived experiences to assess our progress in terms of advancing equality of opportunity, fostering good relations and eliminating discrimination, harassment and victimisation.

Our culture

We intend to strengthen our cultural and EDI practices to ensure successful implementation of this strategy. This will include ensuring our policies are regularly reviewed and consistently applied. In the medium term we intend to improve how we undertake equality impact assessments, to ensure that when exercising our public functions and developing policy proposals, we fully consider the equality and diversity implications and impact of our proposed actions. We aim to ensure that our regulatory functions and policies work to positively support the different groups that interact with them.

Our ambition

Our EDI strategy is consciously aspirational, especially in setting our objectives. Advancing equality, promoting diversity and fostering inclusion is a long-term, multigenerational commitment and is entwined with the challenge of delivering public benefit within a structurally discriminatory society. Rightly, our objectives are stretching, and even though we know it might not be possible for us to deliver them all within the next five years, the act of setting objectives we might not achieve is beneficial, creating the cultural and practical momentum for the positive change we seek both as an employer and as a regulator.

Equality, diversity and inclusion to 2030: Actions and measures

1. Be a leader in addressing negative workplace culture in regulatory practice and supporting the sector to tackle barriers to accessing eye care services.

Measure: Improvements in workplace culture shown through Registrant Survey.

Measure: Improvements in access shown through Public Perceptions Survey.

Measure: We shall maintain a presence in cross-regulatory EDI work through attendance at forums such as the Institute of Regulation and Association of Chief Executives.

Measure: Continued engagement with patient groups and charities to monitor access issues and identify solutions and best practice.

2. Ensure our processes deliver fair outcomes for our workforce, registrants, and the public.

Measure: Monitor the EDI data of internal complaints and grievances to analyse trends in outcomes.

Measure: Monitor the EDI data of Fitness to Practice decisions to ensure fairness.

Measure: Our workforce is trained and confident in how to handle EDI issues and to support marginalised individuals.

3. EDI informs all our policy development and decision-making.

Measure: Demonstrable evidence of where our policies have been improved using our Equality Impact Assessment process.

Measure: All relevant employees and members trained on the use of Equality Impact Assessments.

Measure: Use staff and member surveys to monitor confidence and consistency of approach to implementing EDI initiatives.

4. Be a culturally safe organisation that welcomes challenge on EDI matters from all our people.

Measure: Training on cultural safety as part of annual employee training schedule.

Measure: Assess confidence level through the staff and member surveys.

Measure: Monitor the incidence of internal complaints and grievances and associated EDI data.

5. Use our understanding of structural discrimination and intersectionality to develop and ensure consistent application of all GOC policies and procedures.

Measure: Employee and member surveys to measure level of confidence in concepts of intersectionality and structural discrimination.

Measure: All people managers to be trained and confident in their understanding of structural discrimination and intersectionality and how this applies to their work.

Measures: Intersectionality included within Equality Impact Assessments and actively strengthening policy decisions.

6. Attract and retain diverse talent and improve representation of the diversity of the community at all levels of our workforce.

Measure: Monitoring of recruitment, hiring, and retention data and EDI monitoring data of our workforce.

Measure: Continually examine recruitment methods and ensure we are advertising to a broad range of groups.

Measure: Analysis of EDI monitoring data for our workforce over time to demonstrate increased representation of marginalised identities at all levels.

Measure: Achieve Disability Confident Level 3.

Measure: All hiring managers and members responsible for recruitment and selection decisions to undertake specific EDI training.

7. Close pay gaps in relation to gender, race, and disability.

Measure: Continue to publish pay gap data and use the data to identify causes of pay disparity, and to demonstrate where pay gaps are closing.

Annex 3: GOC response to our consultation on our corporate strategy for 2025-2030

December 2024

Contents

1. Executive summary	3
Findings from the consultation	3
Our response to the consultation and next steps	3
2. Introduction	4
Background to the consultation	4
Consultation process	4
Approach to producing this response	5
3. Findings and our response	6
3.1 The strategic context	6
3.2 Our vision	8
3.3 Our mission	10
3.4 Strategic objective ‘Creating fairer and more inclusive eye care services’	12
3.5 Strategic objective ‘Supporting responsible innovation and protecting the public’	14
3.6 Strategic objective ‘Preventing harm through agile regulation’	17
3.7 Impact on any individuals or groups with protected characteristics	19
3.8 Impact on any other groups or individuals	20
3.9 Welsh Language Impacts	21
3.10 Other comments	22
4. Next steps	25
Annex 1: Graphs	26

1. Executive summary

1. The General Optical Council (GOC)'s current strategy, 'Fit for the future' covers the period 1 April 2020 to 31 March 2025.¹ We sought stakeholder views on a new strategy, for the period 1 April 2025 to 31 March 2030.
2. We ran a consultation on our draft strategy from 17 April to 10 July 2024, available on our online consultation platform. We also carried out three stakeholder engagement events aimed at registrants, professional bodies and charities. This document summarises our analysis of the responses we received, both written and those at our events, and our response.

Findings from the consultation

3. Key findings from the consultation were:
 - broad support for our vision, mission and strategic objectives, including the strong emphasis on issues of equity;
 - support for our focus on putting patients and the public at the heart of what we do;
 - a call for more detail on our project plans, financing the strategy and how we will measure success; and
 - the importance of collaboration with a range of partners in the sector to deliver the strategy.

Our response to the consultation

4. Key actions we have taken in response to the consultation feedback, include:
 - confirming the vision, mission and strategic objectives as unchanged;
 - adding new sections to the strategy on financing and performance reporting. Annual business plans will contain detail on projects; and
 - strengthened text in the strategy to recognise GOC's role as one part of a wider system and underlining our commitment to collaborating with a range of partners to deliver the strategy.

2. Introduction

5. The GOC is one of a number of organisations in the UK known as health and social care regulators. These organisations oversee the health and social care professions by regulating individual professionals and some businesses/premises. We are the regulator for the optical professions in the UK. We currently register around 34,000 optometrists, dispensing opticians, student opticians and optical businesses.
6. We have four primary functions:
 - setting standards for optical education and training, performance and conduct;
 - approving qualifications leading to registration;
 - maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians; and
 - investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Background to the consultation

7. Our current strategy expires at the end of March 2025. In early 2023 we started developing our new strategy, for the period April 2025 – March 2030. We wanted to give ourselves enough time to engage with stakeholders and fully understand the context in which we are setting our new strategy.
8. We engaged with our Council, Advisory Panel, professional and representative bodies, charities that represent patients with eye care needs, and others. We are grateful to all those who provided their feedback and engaged with us during the process of developing our strategy. We supplemented those conversations by looking at research in the sector, news articles of relevance and reviewing other regulators' and sector bodies' strategies to see what we could learn.

Consultation process

9. We undertook a full public consultation on our draft strategy, which was open for 12 weeks from 17 April to 10 July 2024. We received 25 written consultation responses from a range of stakeholders including our registrants, charities and optical professional and representative

organisations. We also carried out three stakeholder engagement events aimed at registrants, professional bodies and charities.

10. The organisations who were willing to be named were:
- Association for Independent Optometrists and Dispensing Opticians
 - Association of British Dispensing Opticians
 - Association of Optometrists
 - Bailey Opticians
 - Bexley Bromley and Greenwich LOC
 - British Contact Lens Association
 - FODO - the Association for Eye Care Providers
 - LightAware
 - Optometry Scotland
 - Optometry Wales
 - Royal National Institute of Blind People (RNIB)
 - SeeAbility
 - The College of Optometrists
11. We are grateful for all the feedback we received and have taken this into account when deciding the next steps.

Approach to producing this response

12. We have reviewed every comment received. We encouraged respondents to provide comments to support their response to each question, but it was optional to do so and not all respondents provided commentary. Any comments that have been included are produced verbatim.
13. We have not quoted all the comments we received to this consultation but have included a summary of comments and quotes which reflect different opinions. We are unable to include individual responses to all comments within this report.
14. We did not record the conversation at the stakeholder events but took notes of key points. We have included feedback from those events in our analysis. Note that some topics, such as the impact of our strategy on individuals or groups with a protected characteristic, were only explored through our consultation and were not discussed at the events.

3. Findings and our response

3.1 The strategic context

15. We asked stakeholders whether any areas were missing from our analysis of the strategic context.

Feedback from stakeholder events

16. Most of the areas identified by stakeholders at the engagement events are also reflected in the consultation responses summarised below and are therefore not repeated here. However, stakeholders at the engagement events also highlighted the following:
- The need to reflect on the broader financial context in which we are setting our strategy, such as high inflation and concerns about the cost of living. Challenging financial circumstances might lead to members of the public delaying their sight test to save money or could force registrants to leave the workforce or change their working patterns.
 - Artificial intelligence will have a significant impact on healthcare and can be an enabler to support better patient care as well as a disrupter. The key challenge will be providing clarity on who is the decision-maker when it is used and being clear on where responsibility and accountability lie.
 - There will be increased fragmentation of healthcare between private and public providers, with the potential to increase gaps in service provision.

Consultation feedback

17. Respondents highlighted the need for us to consider the increasing complexity of conditions and comorbidities in the population, beyond just an ageing demographic. This included making sure that services are accessible for people at risk of missing out due to social factors or health conditions, as well as recognising that those accessing services may be more vulnerable. In addition, we should recognise the role that optometrists can play in primary and preventative healthcare. Some respondents argued that we needed to strengthen references to the changing delivery models of eye care in community settings and devolved nations.
18. Technological advancements, while beneficial, are also seen as potentially leading to workforce deskilling and difficulties in accessing services for those with complex needs or who are digitally excluded. Several respondents highlighted the negative effect of commercial pressures and low NHS funding on patient experience and professional practice.

19. Some respondents highlighted the continuing importance of education and training and workforce development, including the impact of the Education and Training Requirements (ETR). Others highlighted the increasing levels of stakeholder interest in understanding and developing the workforce through mapping and delivery of higher qualifications.
20. Respondents also called for greater consideration of the impact of legislative reform and changes to the Opticians Act. One respondent highlighted the possibility of changes in technology combining with updated legislation to allow Dispensing Opticians to refract under supervision. However, other respondents argued that we should ensure that any changes do not separate the interconnected elements of eye health and refraction in sight tests.
21. A sample of the comments we received in response to this question are in the box below.

“There are increasing numbers of people in the population with more complex conditions, disabilities and comorbidities (children and working age disabled adults) – i.e. more emphasis than “an ageing population” (SeeAbility)

“There should be a greater emphasis on identifying and seeking the views of people at risk of missing out on eye health services due to social factors or co-existing health conditions/disabilities. We would also like to see more alignment with organisations working with those most at risk of sight loss (EG Age UK/older people.” (Patient representative charity/organisation)

“There is also the fact that some stores have 20 minute testing and ghost clinics which can make practicing there unsafe for optometrists” (Optometrist)

“The impact of the Education and Training Review (ETR) on the workforce seems to be overlooked. (...). The ETR might reduce the number of pre-reg optometrists, negatively affecting the overall workforce and hindering the vision of safe and effective eye care for all.” (Optometry Scotland)

“Workforce mapping: It would be in the public’s interest as well as commissioners, businesses and individual optometrists to have an open access easily accessible mapping tool.” (Optometrist)

“We would wish the GOC to provide reassurance to the profession in Wales and confirm in its Strategy that it will not seek to propose any changes in the Opticians Act that has the potential to separate the refraction element of the sight test to the eye health element of the sight test.” (Optometry Wales).

Our response

22. We are grateful for the additional insights that stakeholders provided into the context in which we are setting our strategy. These insights will help us to ensure that we have a broad understanding of the challenges and opportunities facing the sector over the next five years.
23. When we publish our final version of the strategy, we do not intend to provide an updated strategic context. However, we will take those insights into account as we take forward our work under the new strategy.

3.2 Our vision

Feedback from stakeholder events

24. We received very few comments on our proposed vision of 'safe and effective eye care for all' at the consultation events. Stakeholders were supportive of putting patients and access at the heart of our strategy. However, some raised concerns about whether the vision would be possible for us to achieve, given that the problems we need to tackle were complex and required co-ordination of different organisations and individuals from across the sector. Others questioned how we would demonstrate success in achieving this vision and its supporting strategic objectives.

Consultation feedback

25. Respondents generally supported the vision as a guiding principle for our strategy. One respondent welcomed the use of 'eye care' rather than 'optical' as it reflected the wider range of activities undertaken by registrants. Respondents welcomed the focus on accessibility and equity in eye care, recognising the need to work in partnership with other stakeholders to overcome barriers to accessing eye health services.
26. However, there were concerns about the practicality and scope of this vision. One respondent questioned whether we have the necessary leverage over all actors involved in UK eyecare to achieve this goal and suggested that factors beyond our control, such as funding and technology, are also crucial to achieving that vision. Another respondent mentioned the need for us to define what "effective eye care" means.
27. A sample of the comments we received in response to this question are in the box on the next page.

“This vision aligns well with our goals and values at Optometry Scotland. Ensuring safe and effective eye care for all is essential and a goal we fully support.” (Optometry Scotland)

“Impossible to disagree with this vision as worded and is a laudable aim. (Association of Optometrists)”

“Many of the barriers to accessing eye health services may be beyond the control of the GOC & optical service providers and therefore effective partnership working with other stakeholders will be required.” (Patient representative charity/organisation)

“We welcome the use of ‘eye care’ rather than ‘optical’ as it reflects the wider range of activities that are undertaken by registrants. However, we would welcome more information from the GOC on how they will measure success in achieving its vision.” (The College of Optometrists)

“We share the desire for ‘safe and effective eye care for all’, but we question whether this an appropriate vision to guide the GOC’s work for the period until 2030. The GOC should be able to achieve its vision using the levers at its disposal and operating within the statutory framework created by the Opticians Act. The proposed vision does not meet this test.” (ABDO)

Our response

28. We welcome the broad support for the vision as set out in the strategy, particularly the increased focus on the public and accessing eye care. However, there are concerns about whether the scope of our strategy, particularly the vision, is too broad or may be impossible for us to achieve with the regulatory levers available to us.

29. Our overarching statutory objective is the protection of the public and is supported by secondary objectives including to protect, promote and maintain the health, safety and well-being of the public. Our next strategy is designed to be more externally focussed and aspirational than the current one, setting out what we want to achieve for the public in line with our statutory objectives. Our vision statement reflects this approach and recognises the full contribution that our registrants make to delivering eye care, beyond sight tests and the sale of optical appliances, using terminology which can be understood by lay audiences. It is consistent with the Government’s plans for

three big shifts in the focus of healthcare: from hospital to community; analogue to digital; and sickness to prevention.

30. Research shows that some groups of patients face barriers to accessing services or experience worse outcomes. We cannot achieve our statutory objectives without addressing those barriers and worse outcomes. We have a range of regulatory levers available to us to achieve those objectives, although we accept there is more that we can do to address differential experience of eye care services than tackle barriers to accessing eye care. Our standards, registration, education and continuing professional development (CPD) requirements and processes for handling concerns all contribute to achieving our vision. We will also utilise other levers, such as research and improved use of our data, to identify trends and issues.
31. We recognise that we cannot achieve our vision in isolation. We intend to use our powers as a convenor more in the next strategic period, bringing together stakeholders and interested parties to address the issues we have outlined under the relevant strategic objectives. We have strengthened this section of the strategy document in response to the feedback received.
32. A business reporting framework is being developed to measure our success in achieving our vision and this work is summarised in the final strategy.

3.3 Our mission

Feedback from stakeholder events

33. As with the vision, we received few comments on our proposed mission 'protect the public by upholding high standards in eye care services' at the engagement events. Stakeholders supported the emphasis on public protection, as a core part of our role. Some highlighted ongoing concerns that they felt damaged public protection, such as unregulated online sales or increasing delivery of care into the UK by unregulated international providers.

Consultation feedback

34. Respondents generally supported our mission, viewing patient safety and upholding standards as being fundamental roles of a regulator. Respondents highlighted the connection between the vision and mission, mentioning the need for inclusive and equitable access to services and the importance of our role in creating fairer services. One respondent argued that our mission

should be expanded to include not just standards but the importance of other regulatory functions such as guidance, CPD and fitness to practise.

35. However, some expressed concerns that the mission may be too broad as eye care services go beyond those delivered by our registrants and include aspects that we have no control over. Instead, the mission should be more aligned with our core functions and purpose.
36. A sample of the comments we received in response to this question are in the box below.

“We are very supportive of the GOC mission to protect the public by upholding high standards in eye care services, as this is a fundamental role of a regulator. It is important to note that eye care is more than clinical care, it also encompasses patient support.” (RNIB)

“We agree in principle but feel the draft mission statement focusses too much on the GOC’s standard setting and punitive role and not enough on its supportive role e.g. guidance, CPD, FtP. Although ‘upholding’ potentially includes ‘supporting’ (just as ‘effective’ includes ‘safe’ in the vision statement above) we feel the mission would be improved by bringing it out more viz ‘to protect the public by supporting and upholding high standards in eye care services’ “(FODO)

“The delivery of safe and effective eye care is not limited to optometrists, dispensing opticians, students and businesses, but it also involves other professions not regulated by the GOC. It is therefore not possible for the GOC to uphold high standards in all eye care services in the UK. The GOC sets standards for the performance and conduct of registrants to ensure the care and safety of their patients, but not standards in eye care services. (...) We suggest the GOC better aligns its mission with the scope of its core functions and better defines its mission.” (The College of Optometrists)

Our response

37. We welcome the broad support for our mission but note some stakeholders’ concerns about the scope of the mission being too broad, particularly as it encompasses professions and groups which we do not regulate. As these comments are similar to those we received about our vision, please refer to our response in the previous section.

38. We note concern that the use of the word 'upholding' in our mission does not sufficiently encompass the work we undertake to support registrants, such as producing guidance or setting requirements for education and CPD. We recognise the importance of those activities in supporting registrants to practise safely and effectively. Everything that we do as a regulator, not just issuing standards of practice, supports upholding professional standards.

3.4 Strategic objective 'Creating fairer and more inclusive eye care services'

Feedback from stakeholder events

39. Stakeholders welcomed the emphasis on patient experience, fairness and inclusion in the strategy. They highlighted the need to improve our understanding of areas where registrants may encounter those with vulnerabilities, such as in domiciliary care or children, and the increased need to protect those groups from poor practice. Stakeholders also highlighted the importance of public health messaging in getting people to seek care and raising awareness of the risks of accessing unregulated services, arguing that we had a role to play in educating the public on these issues.

Consultation feedback

40. Respondents emphasised the importance of creating fairer and more inclusive eye care services, with a focus on reducing barriers for underserved groups, including those with disabilities, and addressing health inequalities. The importance of tackling negative working environments was also noted, as it impacts service delivery and professional well-being.
41. There was consensus that data collection and research are crucial for highlighting and addressing inequalities. Respondents recommended that we use our regulatory levers to encourage service provision in non-urban and socio-economically deprived areas and consider how to support registrants working in these areas.
42. However, some respondents disagreed with the objective, feeling that the strategy's scope may be too broad and suggested a more focused approach, especially for vulnerable groups. There was also a call for clarity on what 'fairer' and 'more inclusive' means within the strategy, and a suggestion that our role in creating inclusive services may be limited.
43. A sample of the comments we received in response to this question are in the box on the next page.

“We are supportive of the GOCs strategic objective to create fairer and more inclusive eye care services as it’s crucial that optometry practices are more accessible and inclusive particularly for blind and partially sighted people. We welcome the GOC prioritising using research insight and data to highlight inequalities facing the public, patients and professionals. This will be crucial to reducing inequality. The insights and data the GOC gather should be used to develop meaningful metrics that can track progress towards achieving this objective as all too often inequality issues are only brought to light when patients complain, leaving many issues to go under the radar as not all patients will lodge a complaint.” (RNIB)

“Whilst we completely agree with the strategic objective, we would wish to see additional text within the objective to detail what exactly is meant by ‘fairer’ and ‘more inclusive’.” (Optometry Wales)

“We agree with this strategic objective but would recommend putting more emphasis on tackling negative working environments since the GOC Registrant Workforce and Perceptions Survey 2023 found high numbers of registrants experiencing bullying, harassment, abuse, or discrimination in the workplace. We also recommend adding more emphasis on regulation that facilitates more inclusive access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics, e.g. tackling the postcode lottery and ensuring every person in the UK has access to an optometrist.” (The College of Optometrists)

“A commitment in the strategy to working with the wider sector to reduce the inequalities highlighted is strongly recommended. The AOP would be keen to collaborate on future work in this area as complexity will grow exponentially with the widening societal health gap.” (Association of Optometrists)

“There are currently groups who are excluded from eyecare services, either because they cannot access opticians’ premises because of the severe reactions they have to the lighting used and the display screens installed, or because due to severe hypersensitivity to light arising from an underlying health condition they have reluctantly to decline the parts of the eye test involving shining lights directly in the eye, and have been therefore refused access to any part of the eye test.” (LightAware)

Our response

44. We welcome the broad support for our increased focus on patient experience, fairness and inclusion in the strategy. We focussed on this objective because our research shows that patients in vulnerable circumstances are less likely to have a sight test or be satisfied by their sight test. Since the consultation was issued, we have strengthened our standards of practice to support better care for patients in vulnerable circumstances and committed to producing guidance to help registrants apply the standards.
45. We are publishing a separate EDI strategy alongside the corporate strategy, which provides further guidance and details planned activities.
46. Our most recent registrant survey highlighted a continued need to address difficult working conditions and negative workplace culture, demonstrating a correlation with these issues and providing patients with sufficient care. Registrants experiencing these issues are much more likely to plan to leave the professions in the next two years, so this will be a priority area for us.
47. These are complex issues and not ones we can address in isolation. We recognise the need to work collaboratively with sector partners to address both poor patient experiences and challenging working conditions if we are to make eye care truly fair and inclusive.

3.5 Strategic objective 'Supporting responsible innovation and protecting the public'

Feedback from stakeholder events

48. Stakeholders were supportive of proposals to reform CPD requirements and take a more strategic approach to post-registration qualifications, recognising the important role that both play in supporting registrants to develop and strengthen their skills. Stakeholders agreed with supporting responsible innovation but asked what more we could do about 'irresponsible' innovation, including acting against unregulated services or making the public aware of the lower protections available when using these services. They also expressed support for plans to regulate all optical businesses providing specific restricted functions.

Consultation feedback

49. Respondents expressed support for education and training reforms, including updates to the CPD system in the context of the expansion of clinical roles.

There was consensus on the importance of innovation in eye care, with a call for regulation that supports safe innovation without stifling it. However, one respondent highlighted the need for regulation to be proportionate and not to overlook market forces or data protection concerns.

50. The extension of regulation to all businesses performing restricted activities was widely supported, with emphasis on ensuring patient safety and ensuring that the regulation was proportionate and targeted. The role of technology, including AI and remote eye care, was recognised as increasingly influential, and stakeholders wanted us to provide more detail on how we plan to support these advancements.
51. Concerns were raised about the administrative burden of CPD and the need for a more flexible approach that allows registrants to manage their professional development autonomously. There was also a desire for CPD to include non-optical skills such as management and leadership.
52. Additionally, there was a call for us to consider our approach to post-registration qualifications in light of workforce transformation and the need for a flexible regulatory framework. There was a push for optometrists to be supported in obtaining higher qualifications for enhanced services, and for maintaining a record of these qualifications on our register for public confidence and workforce planning reasons.
53. A sample of the comments we received in response to this question are in the box on the next page.

*“And consideration should be given as to how this objective can embrace innovation being offered from offshore, and the extent to which powers can be used to (for example) take down websites in need to protect the public.”
(Association for Independent Optometrists and Dispensing Opticians)*

*“Developments in technology and innovations in optics are increasingly influencing the delivery of eye care. However, there is little detail related to what the GOC plans to do in the priorities it has identified under this strategic objective. We would welcome more information on how the GOC plans to effectively support innovation and the use of new technologies, including AI.”
(The College of Optometrists)*

“Historically the GOC’s CPD system has tended to be a little infantilising and we would like to see greater trust and autonomy shown in registered clinicians to direct and manage their own CPD. In addition, reforming the CPD system must be done efficiently and in a cost-effective way so as not to increase costs to registrants, and not negatively impact patients.” (FODO)

“We suggest that in pursuing this objective, it would be useful for the GOC to explore the role that deliberative research could play in gaining views from patients and the public on the potential trade-offs between harnessing technology and public protection.” (ABDO)

Our response

54. Responsible innovation supported by an appropriately trained and developed workforce is a key enabler for achieving safe and effective eye care for all. We recognise that innovation will continue to shape eye care delivery in the future and will incorporate consideration of challenges and opportunities into work we deliver under our new strategy. We have added text to the strategy explaining how we will use our role as a regulator to support innovation.
55. Our Illegal Practice Protocol was updated in June 2022 following public consultation, while the list of restricted functions in the Opticians Act was considered in our call for evidence on legislative reform over 2022/23. Our core statutory functions relate to the regulation of our registrants. We do not have statutory powers in relation to the activities of non-registrants, and it is not practical or proportionate to act in response to every complaint of illegal practice. As stated in the Illegal Practice Protocol, the enforcement of our legislation relating to sales – bringing a private prosecution in the magistrates’

court – is not practicable for an organisation the size of the GOC or in relation to sales in a global online market.

56. We take a risk-focused approach when considering whether it is necessary to act to protect the public under our Illegal Practice Protocol, which includes considering criteria such as whether illegal activities are being carried out in relation to children or vulnerable adults, or whether there is potential for serious harm or there has been actual harm. Where a case does not meet our criteria for action, we may refer to and support other agencies, including Trading Standards.
57. Technology is evolving and models are developing where parts of the sight test are carried out remotely from the patient and sometimes different elements are carried out by different people in different places and/or at different times. We have recently commissioned research seeking clinical and regulatory expert advice to develop a risk-based framework to understand the risks of the different components of a sight test not being carried out at the same time, by the same person and/or in the same place. We will use the findings of this research to shape our future work in this area.
58. We acknowledge frustrations relating to some current CPD requirements. We plan to develop proposals for consultation that will result in a less prescriptive scheme which will further free up registrants to tailor learning to their needs. However, substantive change will require legislative reform. Similarly, our role in post-registration qualifications is limited by statute to prescribing categories and contact lens opticians, but we see value in taking a strategic look at this landscape and to consider what our future role should be.

3.6 Strategic objective 'Preventing harm through agile regulation'

Feedback from stakeholder events

59. Stakeholders strongly supported our focus on improved data sharing, both to support workforce planning and to understand more clearly inequalities and issues in service delivery and experience. Stakeholders welcomed our intention to strengthen the user voice in our work, but highlighted the importance of valuing that voice and making sure the voice is heard from the beginning of any project. Stakeholders also expressed an interest in how we would demonstrate success in this area.

Consultation feedback

60. Respondents generally supported our focus on proactive and agile regulation, emphasising the importance of preventing harm before it occurs and responding quickly to changes in the eye care sector. There was a call for clarity on what 'agile regulation' entails in practice, and some concern about the risks of new technology and external commercial factors.
61. There was support for our proposed shift to a data-driven model of regulation and the collection of better data about registrants to support workforce planning, with recommendations to continue engaging with UK-wide projects on workforce supply and demand. Respondents also supported involving patients and the public in decision-making processes.
62. A sample of the comments we received in response to this question are in the box below.

*“GOC are leading other regulators here we should keep raising the bar”
(Optometrist)*

“Needs to also analyse risk in eyecare provision. Also to consider the risk of new technology. Feel it is more realistic to say “future regulation” rather than “agile regulation” (Bexley Bromley and Greenwich LOC)

“It is important to put patients at the heart of what we do in order to ensure that we as a profession can learn from mistakes in care and put steps into place to ensure it doesn't happen again” (Optometrist)

“We recognise the positives of adopting an agile approach to regulation, especially in such a fluid healthcare culture. However, we question if agile regulation comes at the cost of true accountability? What kind of structure would this follow? How would this agile regulation prevent harm effectively? How will risk be addressed and/or mitigated? In terms of process, how flexible and adaptable will new regulations be to update? How will agile regulations fit into the GOC's priorities? Regulation should be proactive and have the necessary levels of flexibility built in. There are potential risks involved in decisions being made too quickly without all of the relevant information. (Association of Optometrists)

Our response

63. We recognise that our style of regulation will need to evolve to meet modern expectations of regulators and face current challenges. As in healthcare so in

regulation, preventing harm before it arises is better than treating problems after the fact. This focus on prevention will cut across our work underpinned by strengthening our approach to data and insight and translating this into effective action. This is agile regulation.

64. We note stakeholder support for us to do more with our data. We hold information about our registrants, about developments in eye care and about patient expectations but there are gaps in that data and more we can do with it. In the next five years we want to improve how we use that data and insight to address the strategic objectives. And we want to make that data more accessible to stakeholders and partners. This will be a key priority under the new strategy.

3.7 Impact on any individuals or groups with protected characteristics

65. In the consultation, we asked respondents whether any of our strategic themes could affect any individuals or groups with one or more of the protected characteristics defined in the Equality Act 2010. Most respondents did not provide comments in response to this question but those who did mostly believed that the proposed changes will have a positive impact on individuals receiving and delivering care, with a focus on improving access and equity in eye care. One respondent stated that the strategy could empower those less likely to seek help and ensure better care.
66. However, a handful of respondents raised concerns. For example, respondents raised concerns about the potential for technological advances and AI to isolate older individuals or those with a disability. A respondent also highlighted the importance of ensuring that all children have access to eye care services. There was also an emphasis on the importance of equitable implementation of the strategic themes to avoid any unintended deterioration in patient experience.
67. A sample of the comments we received in response to this question are in the box on the following page.

*“We do not foresee any negative impacts on these groups. In fact, the objective of providing safe and effective eye care for all is likely to positively affect individuals with protected characteristics by improving access and equity in eye care.”
(Optometry Scotland)*

“An ageing population will lead to increased needs for eye care, and we believe that older patients may be disproportionately impacted if regulation becomes a barrier to them accessing services. Similarly, regulation needs to enable all children to have full access to eye care services, especially with the rising rates of myopia.” (The College of Optometrists)

3.8 Impact on any other groups or individuals

68. In the consultation we also sought views on whether our proposals would have any impact on any other groups or individuals. Most respondents did not provide comments in response to this question but those who did appreciated the inclusive approach of our strategy, with a focus on addressing health inequalities and improving care for under-served patient populations. There was a consensus on the importance of patient-centred care, with suggestions to also support registrants through education and technology innovation to enhance patient outcomes. The strategy's themes were seen as beneficial for enhancing the quality and accessibility of eye care services, with a shift towards patient care rather than sales.
69. Equality, diversity, and inclusion were highlighted, with a call for awareness and practical steps to include marginalised groups such those with a disability and to ensure more inclusive and equal access to eye care services.
70. One respondent highlighted the potential impact of our strategy on other healthcare professionals within multidisciplinary eye health teams and recommended that we should consider these wider implications when developing our strategy.
71. A sample of the comments we received in response to this question are in the box on the next page.

“It would affect patients positively as it would move the profession away from a profession based on sales and more based on patient care” (Optometrist)

“We recommend the GOC includes more emphasis on the need to ensure more inclusive and equal access to eye care services across the UK, considering geographical disparities and wealth inequalities, in addition to groups with protected characteristics.” (The College of Optometrists)

“We welcome the increased focus on equality, diversity and inclusion. Light-sensitive and light-disabled people can be some of the most marginalised, excluded and socially isolated groups in society. Understanding and awareness of simple practical steps to enable their inclusion can make a huge difference.” (LightAware)

3.9 Welsh Language Impacts

72. Under the Welsh language standards, we are required to consider what effects, if any (whether positive or adverse), the policy decision would have on opportunities for persons to use the Welsh language, and treating the Welsh language no less favourably than the English language, whether those effects are positive or adverse. We asked respondents multiple choice questions about Welsh language impacts of our proposals. The breakdown of responses can be found in annex 1.

Our response

73. Given the limited feedback to the impact assessment and Welsh language questions, we are combining our response to each here.
74. We are pleased that some stakeholders consider that our strategy will have a positive impact on groups with protected characteristics and agree about the need to work together to address inequalities. Responsible innovation must ensure that it does not disadvantage some groups or worsen their access or experience of care. A separate EDI strategy 2025-30 setting out our activities in more detail will be published alongside the final corporate strategy.
75. We have not identified any effects from our strategy on either opportunities for persons to use the Welsh language or on treating the Welsh language no less favourably than the English language. We will assess Welsh language impacts for any policy decisions made under this strategy, as we develop those proposals.

3.10 Other comments

76. We asked respondents if there was anything else we should consider as we develop our strategy. Some respondents called for more detail on how the strategy would be implemented, for example on how technology can be safely integrated into eye care services or inequalities would be addressed. Several highlighted the need for us to work closely with registrants and stakeholders in developing and implementing the strategy, ensuring that it does not impose disproportionate impacts on the sector while maintaining patient safety.
77. Some respondents commented on the need to improve GOC engagement with optical businesses. For example, better communication and engagement with small, independent practices or increased oversight of larger practices through audits and spot checks.
78. Respondents highlighted other issues such as the importance of being aware of environmental impact and sustainability; concerns about wages for dispensing opticians; and a call for public education on the risks associated with unregulated suppliers of visual aids.
79. A sample of the comments we received in response to this question are in the box below and on the following page.

“We recommend that the GOC provides more detailed information on how they will achieve each objective, and further consults with registrants and stakeholders, to ensure that any proposals and priorities do not impose disproportionate administrative or financial impacts on patients, registrants, and the sector, whilst retaining good patient safety and public protection.” (The College of Optometrists)

“Zero support for businesses and how business models develop, who ultimately provide the services and safe eyecare for the public. Greater detail on technology as a whole and how this can be provided whilst safeguarding the public e.g. data sharing and data protection” (Bexley Bromley and Greenwich LOC)

“Small independent practices can feel quite remote from the GOC who historically have been regarded as an organisation to be feared (...). For any strategy to be fully effective for the intended beneficiaries (the general public) it is very important that the registered community knows and understands what is expected of it. (...). We suggest that much thought is given as to how the strategy is communicated and made tangible for registrants, and more broadly their practices.” (Association for Independent Optometrists and Dispensing Opticians)

“There is no mention of the need for opticians and optical businesses to protect their patients though ensuring that their working environments meet basic standards of Sustainability (e.g. energy, waste , recycling etc)” (Dispensing Optician)

“Unregulated and illegal supply of visual aids continues to pose a risk for the public - particularly contact lenses (although spectacles can also be an issue of course). (...) Better education needs to be provided to the public about the legal aspects of purchasing contact lenses/spectacles and also the health risks of procurement from an unregulated supplier. Equally punitive measures and other regulatory aspects should continue to be explored.” (British Contact Lens Association)

“In our view the strategy does not sufficiently recognise that the GOC is also part of a system and that it is only by working with partners within that system that, without in any way compromising its independence and regulatory role, some of its strategic objectives can be realised. This goes further than just ‘positive stakeholder relationships’ It would be helpful therefore if this were more clearly recognised and set out in a clear objective to work with sector partners, registrants and other regulators to achieve ‘safe and effective eye care for all’.” (FODO)

“GOC needs to expand on the financial planning and resourcing of these objectives. Will this lead to another unwelcome increase in the GOC fee? This will obviously affect registrants and needs to be considered. (Association of Optometrists)

“We would urge GOC to undertake new research with patients using domiciliary eye care and understand if there are patients who are missing out. (...) Reflecting on the commercial tensions that can lead to poorer patient care, this review could also reflect on the oversight needed in the domiciliary eye care system where patients are inherently more vulnerable.” (SeeAbility)

“We encourage the GOC to think creatively about how it can protect patients and the public in relation to the risks posed by services that cannot be regulated using its formal powers, such as services provided by businesses based outside the UK. In our view, raising patient awareness of the risks, and enabling patients to make informed choices, should be an important part of the GOC’s toolkit as it is for regulators in many other sectors.” (ABDO)

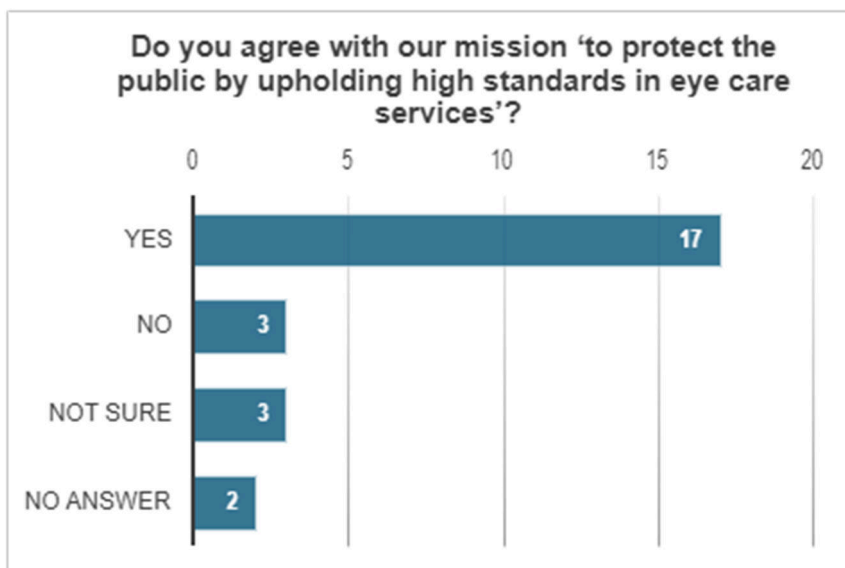
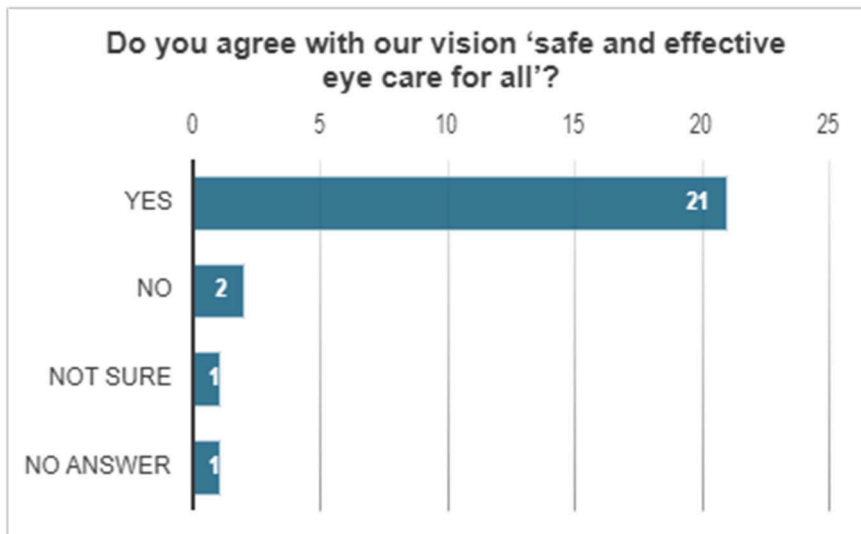
Our response

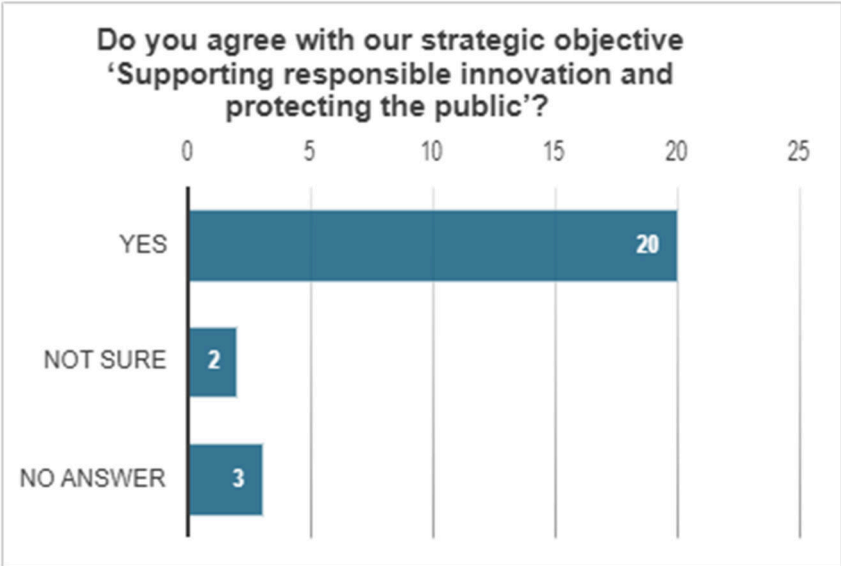
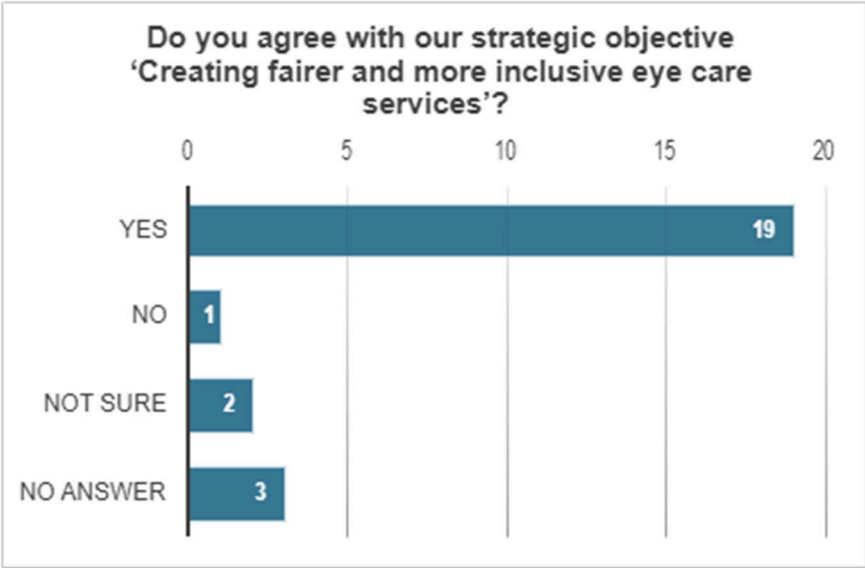
80. Many of the comments received in response to the consultation focussed on the delivery of programmes of work we included within the strategy or contained views on specific topics. We recognise that this strategy is written at a high level and will provide more detailed information on how we will achieve each objective in our annual business plans and through our website. We will take views on specific topics into account as we develop the work identified within the strategy and will consult with stakeholders where appropriate, in line with our consultation policy.
81. We note stakeholders' concerns about the potential costs of our proposals and the possible impact of these on registrant fees. We have developed a financial strategy to support the corporate strategy, setting out our approach in this area. A summary of this is included in the finalised corporate strategy.
82. We endorse remarks that GOC is one part of a wider system and the need to work with stakeholders to achieve the strategy. We hope that our approach to the Standards Review and business regulation is evidence of the more open and collaborative approach we are taking on our major external initiatives. Working effectively with a wide range of partners across the sector will be a cornerstone of our work over the next five years.

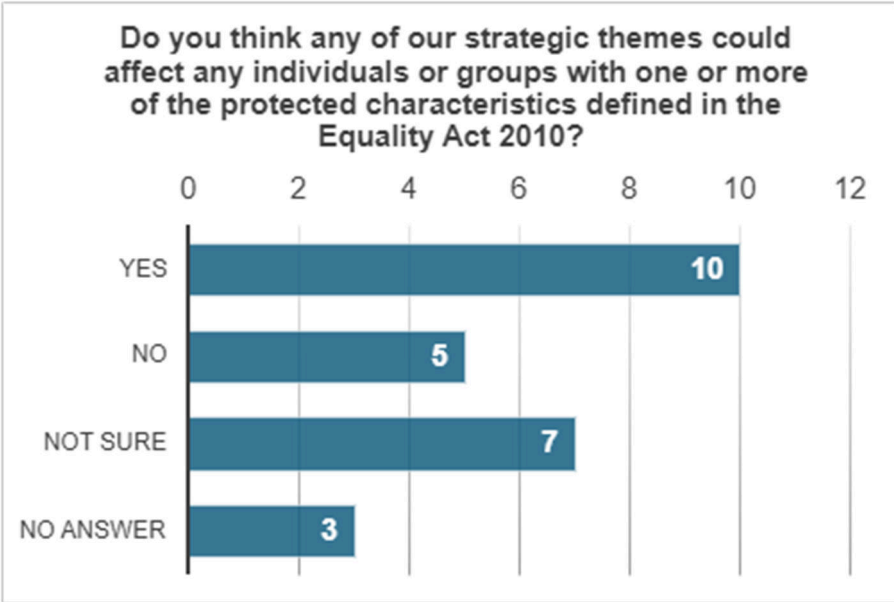
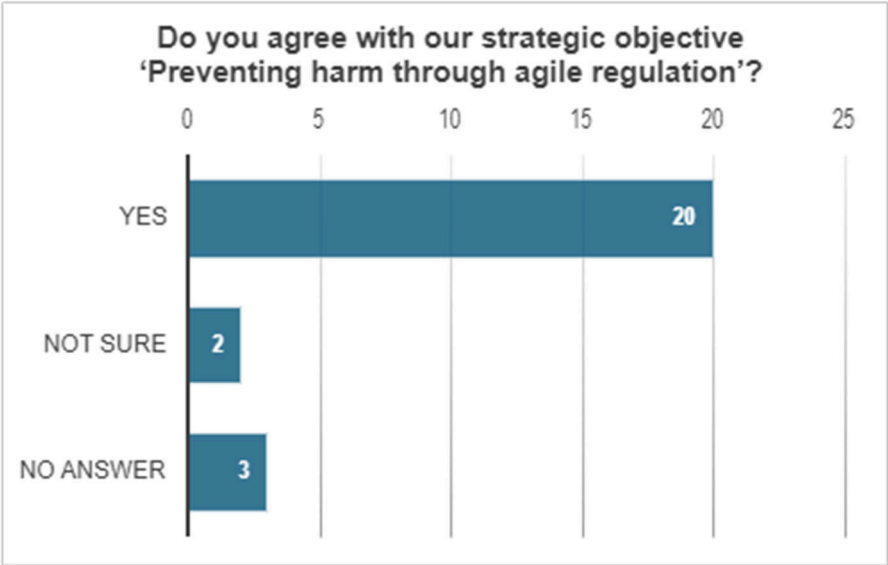
4. Next steps

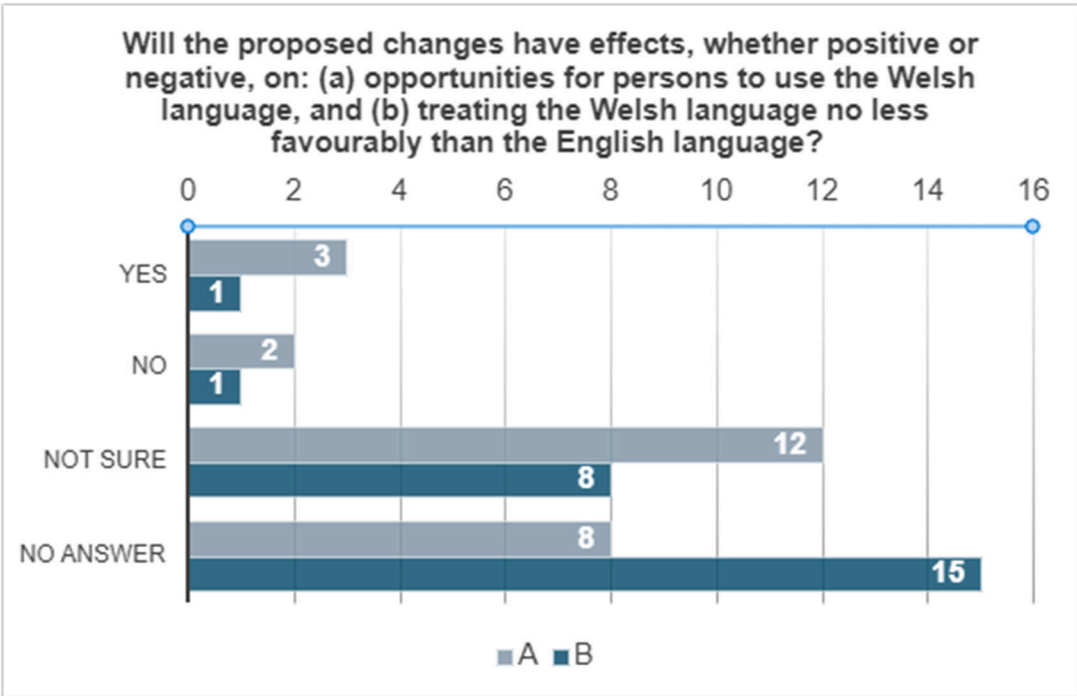
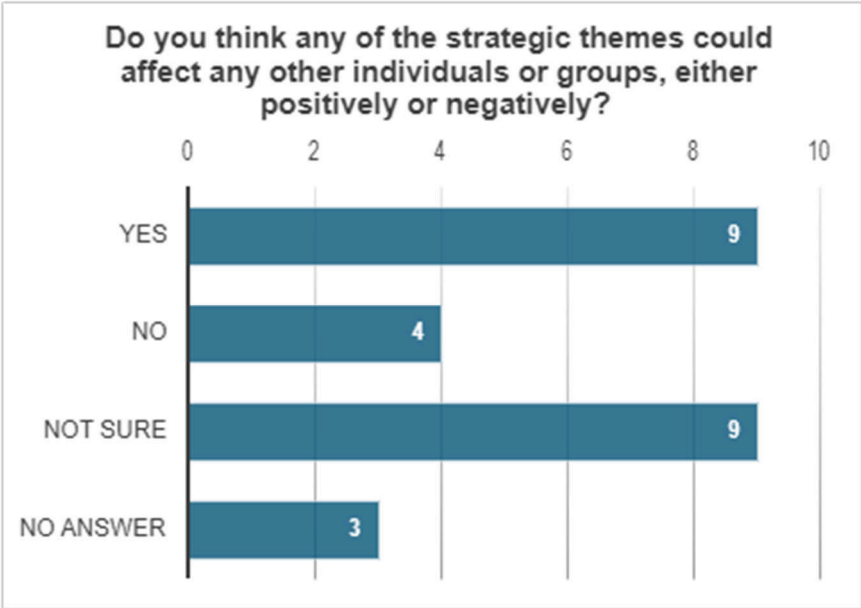
83. We will publish our strategy for 2025-30 in early 2025, before we begin the start of our new strategic period in April 2025. We will also continue to publish our annual external business plans each year.

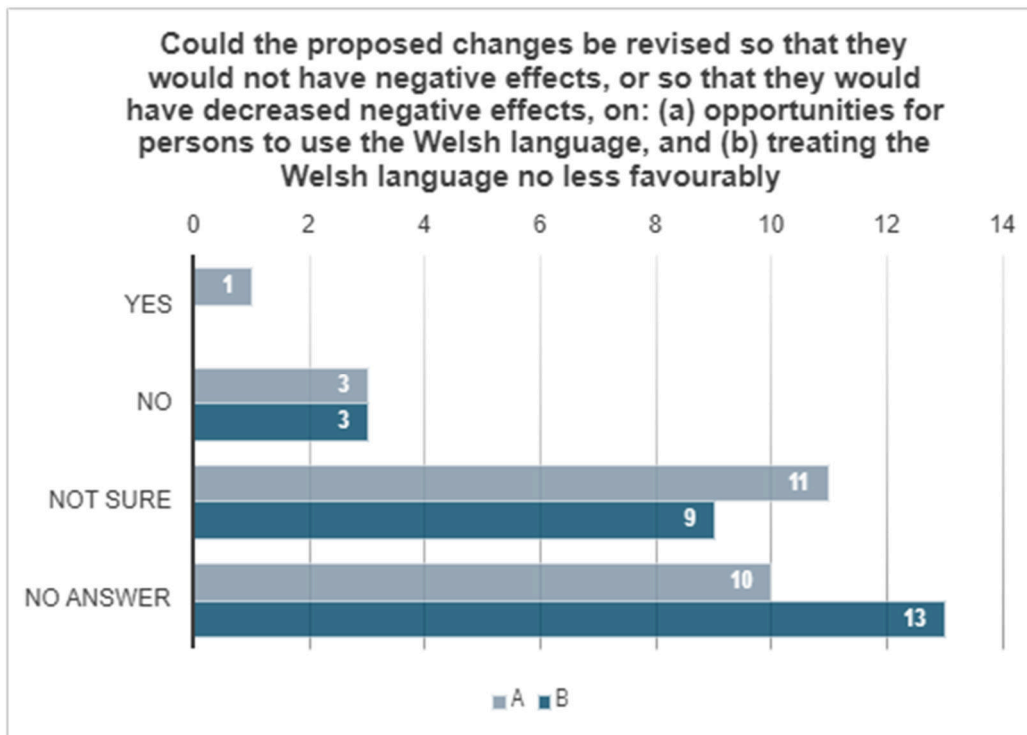
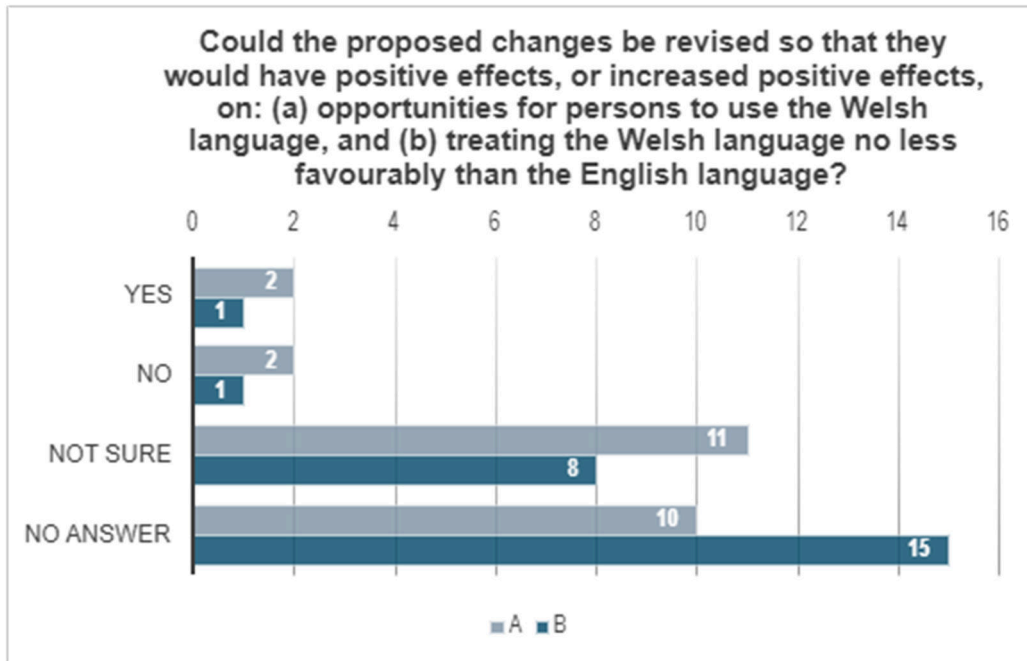
Annex 1: Graphs











Annex 4: Impact Assessment Screening Tool

Name of policy or process	GOC Corporate Strategy 2025 – 2030
Purpose of policy or process	To set out the GOC's strategic direction for the period 2025-2030 and identify key strategic themes within that period
Team/Department	Policy and Standards
Date	21/11/2024
Screen undertaken by	Charlotte Urwin
Approved by	Steve Brooker, Director of Regulatory Strategy
Date approved	29/11/2024
Instructions:	<ul style="list-style-type: none"> • Circle or colour in the current status of the project or policy for each row. • Do not miss out any rows. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is not required, put your reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

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

Please put commentary below about your impacts ratings above:

1 and 2. The new strategy will be supported by a financial strategy and reserves policy. We will also continue with our annual budgeting process and ongoing financial management. It is expected that some of the work undertaken under the new strategy, for example, improvements to MyGOC to support new CPD requirements, may need to be funded by drawing on our reserves.

3 and 4. We anticipate that the GOC's legislation will be updated within the period covered by the new strategy, as part of the Government's regulatory reform agenda.

6. Shifting to a more anticipatory model of regulation that seeks to prevent harm based on a risk-based, data-driven approach that joins up our intelligence and insight and translates this into effective action may well require additional resource to deliver this new model of regulation. This may be funded by savings elsewhere in the business, e.g. an office move.

8. We have a stakeholder engagement plan to support the strategy development and consultation. We translated the consultation document into Welsh and will publish the strategy in Welsh.

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

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

Please put commentary below about reasons for information governance ratings:

We will follow our standard approach to public consultations in line with our consultation policy and privacy notice.

Not applicable has been selected for this section because the impact assessment should focus on substantive policy issues rather than our standard consultation processes.

Information governance impacts will vary across the projects delivered under the strategy and will be assessed on a project-by-project basis as appropriate.

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

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

C) Human rights, equality and inclusion	High risk	Medium risk		Low risk	? or N/A
				expenses policy; freepost available	
9. Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	
10. Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups	

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

1 As a regulator focussed on public protection, the main audience/policy user is the public.

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Age	Positive	<p>The strategic theme of creating fairer and more inclusive eye care services will include work to highlight inequalities facing the public, patients and professionals as well as helping to reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments.</p> <p>Our annual registrant survey shows that younger registrants are more likely to experience bullying, harassment or discrimination. Addressing this issue will therefore have a positive effect on younger registrants.</p>
Disability	Positive	<p>The strategic theme of creating fairer and more inclusive eye care services will include work to highlight inequalities facing the public, patients and professionals as well as helping to reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments.</p> <p>Our annual registrant survey shows that registrants with a disability are more likely to experience bullying, harassment or discrimination. Addressing this issue will therefore have a positive effect on registrants.</p> <p>Our public perceptions research shows that people with a disability are less satisfied with the quality of the service they receive at an optometrists/opticians. A poor experience of eye care may discourage people with a disability from seeking further care, possibly leading to worse health outcomes. As such, addressing barriers and ensuring vulnerable people are supported to access care would have a positive impact on people with a disability.</p>
Sex	Positive	<p>The strategic theme of creating fairer and more inclusive eye care services will include work to highlight inequalities facing the public, patients and professionals as well as helping to reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments.</p> <p>Our annual registrant survey shows that female registrants are more likely to experience bullying, harassment or discrimination. Addressing this issue will therefore have a positive effect on female registrants.</p>

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
Gender reassignment (trans and non-binary)	Neutral	
Marriage and civil partnership	Neutral	
Pregnancy/ maternity	Neutral	
Race		<p>The strategic theme of creating fairer and more inclusive eye care services will include work to highlight inequalities facing the public, patients and professionals as well as helping to reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments.</p> <p>Our annual registrant survey shows that registrants from ethnic minority backgrounds are more likely to experience bullying, harassment or discrimination. Addressing this issue will therefore have a positive effect on registrants.</p> <p>Our public perceptions research shows that more ethnic minority respondents have never had their sight tested compared to white respondents. Ethnic minority respondents also are more likely to cite the cost of the sight test as the factor which makes them feel uncomfortable visiting an optometrists/optician's compared to white respondents. Reducing barriers to accessing services and continuing to highlight inequalities will have a positive impact on patients from minority ethnic backgrounds.</p>
Religion/belief	Neutral	<p>The strategic theme of creating fairer and more inclusive eye care services will include work to highlight inequalities facing the public, patients and professionals as well as helping to reduce barriers to people accessing services, support those in vulnerable circumstances to receive high quality care and tackle negative working environments.</p>

Protected characteristic	Type of potential impact: positive, neutral, negative?	Explanations (including examples or evidence/data used) and actions to address negative impact
		Our annual registrant survey shows that those of Muslim and Sikh belief were more likely to report experience of harassment, bullying or abuse. Addressing this issue will therefore have a positive effect on registrants.
Sexual orientation	Neutral	
Other groups (e.g. carers, people from different socio-economic groups)	Neutral	

Registrant Fees Rules and future fee strategy

Meeting: 11 December 2024

Status: For decision

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

Purpose

1. For Council to set the Registrant fee rules for 2025/26.

Recommendations

2. Council is asked to:
 - **agree** to increase the main registration fee and non-UK fees for 2025/26, whilst increasing the low-income fee discount and maintaining all other fees at their current levels; and consider the approach of raising fees in line with inflation over the short term, in advance of agreeing a new financial strategy from 2025-30, including a new fees strategy that the registration fees are increased for 2025-2026 by £10 (2.5%).
 - **consider** and **approve** the draft fee rules, as set out in annex one.

Strategic objective

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

Background

4. Council is required to set a budget each year in order to adequately manage its resources to sustainably deliver its regulatory responsibilities and services. The Financial Regulations gives Council responsibility for setting of fees and charges for registrants.
5. At its meeting on 13 December 2023 (Paper ref C53(23)) Council approved the annual registration fees for 2024-25, with the main registration fee increasing from £380 to £405. At this meeting Council agreed that in future years fees should be raised in line with inflation, and a new fees strategy should be developed and consulted upon as part of the 2025-30 strategy.
6. Council reviewed a discussion paper which outlined an approach to developing a new fees strategy at its strategy workshop on 30 October. That work is in progress and will consider a wide range of options, including potential for

differentiation of fees, such as by registrant type, enhanced concessions and potential for payments by instalments.

7. Between 2020 and 2023 all fees were frozen. In 2023-24 we raised the main fee by £20 and in 2024/25 by £25. These increases reflected the high underlying rates of inflation at the time. Ancillary fees have remained at the same rates between 2019/20 until 2023/24 when a £5 increase was applied. Student fees have remained the same since 2019/20, when there was a £5 increase.
8. The table below sets out the main registration fees for the last six years.

Proposed 2025/26	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
£415	£405	£380	£360	£360	£360	£350

9. In past years we have also said that in the medium-term, fee increases would be modest and consistent with previous increases (subject to annual review and approval). Last year, when presenting the fees rules to Council we said *“In line with our aim of modest and consistent fees for future years, the indicative fee, based on possible increases in inflation, for 2024-25 will be between £390 (2.25%) and £410 (8%). This should remain subject to annual review”*. Council agreed the increase to £405 and provided a steer that the following year’s fees considerations should again be closely linked to inflation, whilst agreeing that a new fees strategy would be developed as part of the new five-year strategy.
10. To assist with comparing fee increases since 2020-21, the Bank of England inflation calculator shows that goods or services costing £350 in 2020, when adjusted for inflation, would cost £432.01 in September 2024. The proposed new fee is comfortably below that amount.
11. In developing our recommendation, we have considered future forecasts against a stable position in relation to registrant retention and overall growth of the register in line with year on year upward trends, all of which influence the recommendation here. Our assumptions are based on a low likelihood of registrant renewals reducing, and new registrations remaining on track with previous years, although this is subject to risks as outlined later in this paper.
12. Our objective in setting our fees is to enable us to fund the costs of our operations and delivery of our statutory functions from revenue received.
13. We have now completed our Q2 budget review and reforecast, (see separate finance papers). From this we conclude that our overall financial position for the current year shows a surplus before reserve expenditure, and although our draft budget for the 2025-26, which includes the anticipated increase in registration fees of £10, models a deficit, including projected deficits which take

into account planned investment from reserves to fund strategic project expenditure, the surplus balances over the five-year lifespan of the new strategy.

14. In addition, our forecasted reserves position over five years indicates that we will remain within the agreed policy ranges. Maintaining healthy reserves reflects Charity Commission guidance. The new strategy anticipates investment from reserves to support the realisation of our strategy, and Council has previously expressed a preference to focus use of reserves for public protection and meeting our charitable objectives, whilst maintaining levels within the limits set within our reserves policy.
15. The latest financial forecast (see elsewhere on the agenda) provides further background the value of our investments and assumptions on the income generated.
16. The last 12 months has seen a positive environment for our investment portfolio and whilst we have seen a period of more stability and growth, we are mindful of the potential for volatility in performance and value. Our forecasted reserves position for 2025-26 indicates that we will need to utilise around £730k. The financial papers presented separately, cover reserves in more detail.
17. The impacts and risks of alternative approaches to fee increases, a potential reduction of fees, or 0% fee increase for the 2025/26 year are discussed in the 'analysis' section below.
18. We believe it is prudent to seek an increase in the main registration fee to allow for potential fluctuations in income (and unrealised investment gains or losses affecting reserve sizes); to achieve a balanced or better business as usual revenue budget over the lifetime of the 2025-30 strategy; and to reduce the amount we may need to draw down from our investments for use other than strategic investment, especially whilst volatility in markets remains a risk, presenting the potential of realising losses on investment values and in advance of launching our new five-year strategy.
19. The recommendation is also consistent with the assumptions underpinning our second quarter projections for the remainder of 2024/25 and 2025/26 and outer years. Our assumptions are based on a low likelihood of registrant renewals reducing, and new registrations remaining on track with previous years, although this is subject to risks as outlined later in this paper.
20. At the 26 November meeting, the Audit Risk and Finance Committee (ARC) considered the fees proposal for 2025-26 and draft rules, and recommend their approval to Council.

Analysis

21. In recommending changes to fees, we have taken account of the following:
 - the impact of inflation (including pay inflation) and the need to achieve value for money;
 - the PSA's strong steer of ensuring that fees and fee increases are not unreasonable;
 - an expectation that we will deliver our core business within our revenue income over the course of our new five-year strategy (break-even or better, subject to a tolerance of +/-5%), retaining reserves for designated additional 'non-core' expenditure; and
 - relevant statutory requirements and wider public law considerations.
22. The proposal is to increase the main registration fee to £415 (which represents a £10, or 2.5%, increase) and increase the discount applied to the low-income fee from £120 to £125 (meaning the low-income fee payable will be £290, a 1.75% cost increase on the previous year).
23. We also propose to freeze student and ancillary fees, with the consequence that student fees will have remained at the same level since 2019-20. We considered increasing ancillary fees by £5 but concluded the benefit of the additional income raised (about £6,500) would not justify the additional complications of managing these small fee increases. However, a small £5 increase to non-UK fees is proposed, to cover the increased costs of service provision due to higher volumes of applications and interest from overseas qualified professionals in UK registration.
24. The low-income discount fee was used by 895 registrants in 2023-24 at a cost of £107,400. Increasing the discount by £5 to £125 will reduce income by £5,000 based on the same number of applicants. This will ensure that beneficiaries of the concession will not have a proportionately higher fee increase compared to those paying the full fee. The impact of the recommendation to increase the low-income discount is discussed further in paragraphs 46-48.
25. Our approach is informed by an ambition to keep fee increases to a minimum, and to only apply an inflationary increase to the main registration fee and a small increase to non-UK fees, which meets our objective that fee increases are reasonable and in line with inflation (rounded up to the nearest £5 for ease of collection).
26. The past three years' fees alongside recommended changes highlighted in yellow for the 2025/26 financial year are illustrated in the table below.

Registrant Type	2022-23	2023-24	2024-25	2025-26
Fully Qualified & Body Corporate renewal fee	£360	£380	£405	£415
*Student renewal fee	£30	£30	£30	£30
Application for Initial Registration or Restoration (not on student register) fee	£75	£75	£80	£80
Application for Initial Registration (transfer from student register) fee	£40	£40	£45	£45
Low income discount	£100	£120	£120	£125

*Student application fees for initial registration and renewal last increased (by £5) in 2019-20.

27. We also propose a small (£5) increase for applications to join our register from those qualified overseas, to cover the increased costs of service provision given higher volumes of applications and interest from overseas qualified professionals, and an emerging trend for applicants to request a review of the assessor decisions. The current and proposed fee structure for applicants is described in the table below.

Fee type	Current fee (2024/25)	Proposed fee (2025/26)
Scrutiny fee	£125	£130
Assessment fee	£450	£455
Interview fee	£200	£205
Total	£775	£790

Inflationary and other external impacts

28. As ARC will be aware, CPI, the Government's primary measure of annual inflation, steadily increased from 3.1 to 11.1 per cent over the 12 months to October 2022 and has since gradually reduced since that peak level, to 2.3% in the 12 months to October 2024 (at the time of writing,). Our Investment Manager's advice is to expect inflation rates to slow over the coming year.
29. Wage inflation is currently 4.8% (year on year 3-month average - ONS), compared to 7.8% 12 months ago (which was the highest regular annual growth rate since comparable records began in 2001). Employee salary costs represent over 50% of the GOC's expenditure. Our Q2 forecast includes a provisional sum of 4.5% of payroll for inflation and pay progression salary increases from 1 April 2025) and an additional 1% of payroll for reward and recognition pay awards. SMT will decide, once detailed budgets for 2025/26 are approved by Council in

March 2025, the proportion of the % of payroll to be used to fund an inflationary cost of living pay increase and how much, if anything, will be provided for performance pay related increases.

30. Our Q3 forecast will fully assess the impact and costs of the increased employer National Insurance contributions set out in the Government's budget; likely additional cost is estimated to be about £100k pa.
31. In addition, the PSA are consulting on a 12.2% increase in the fees they will charge us from April 2025, which followed a 5% increase for 2024-25. The PSA levy a fee based on the number of registrants, including students. For 2023-24 the PSA fee was £86,941 and for 2024-25 was £88,865 (2025-26 figures to follow the consultation outcome). The fee equates to around £2.58 per registrant, including students.

Comparison to other healthcare regulators

32. Committee members may recall that a summary of other healthcare regulators' fees was completed in November 2023. An updated comparison has been included at annex four.
33. There have not been many significant changes since last year, as many of our peers have not increased fees for a number of years due to a variety of reasons, such as legislative constraints and/or the need to consult. The closest comparators are the GPhC who applied a 7.5% increase in 2024 fees, the GMC who raised their main fee by 5% in 2024, and GDC who have reduced their fees.

Delivery of our core business within our revenue income

34. The Q2 5-year forecast shows a deficit of £233k in business-as-usual expenditure versus income for the 2025-26 financial year, based on an increase of the main registration fee by £10. We also anticipate a small deficit in the 2026-27 financial year before returning to surpluses in the out-years.
35. The proposed financial strategy (see elsewhere on the agenda) includes a longer-term objective of achieving a balanced or better than break-even position over the five-year lifespan of the corporate strategy, as opposed to the current approach of achieving break even annually. This represents a slightly less risk averse approach and as the Q2 forecast illustrates, we can afford to manage our future budget with a £10 fee increase, although we are of course carefully considering all areas of expenditure for 2025-26 with a view to identifying further savings and efficiencies, including reduced costs associated with our new office, in order to achieve a balanced (or better) BAU budget over the next five years.

36. In addition, we have achieved a very modest business-as-usual surplus for the first two quarters of 2024.
37. Continued remote and agile working for our staff, members and workers have resulted in lower than forecast expenditure levels than in pre-pandemic years and savings from current ways of working, such as reduced in-person committee days and virtually hosted hearings are expected to continue.
38. Savings will be generated from a move to a new smaller office with lower rent and overheads plus greatly reduced dilapidations costs at the end of the five-year lease (we will have no liability for reinstating the premises at the term end, as the fit out and furniture will all be undertaken and owned by the landlord).

Impact on reserves

39. As shown in separate financial performance reports, we continue to maintain a healthy level of reserves within the tolerances agreed in our reserves policy, which we plan to update next year, in-line with our new financial strategy. The general reserve, which is the largest of our designated reserves, represents about 5 months expenditure, and is designed to respond to any emergent risks or contingencies. The dilapidation/ infrastructure reserve is forecast to be maintained, albeit it at a lower level, to facilitate a potential office move in 2030; and the complex legal cases reserve enables us to respond to unexpected and unbudgeted legal costs resulting from complex FtP cases or appeals, as determined by our complex case criteria. The strategic reserve is for Council's use to support the effective realisation of our new strategy.
40. Our review of reserves policy will ensure that our use of our reserves appropriately balances the ambition of our new five-year strategy, whilst providing financial resilience in any volatile financial environment in the future, and also setting clear parameters for utilisation. This may include the addition of a new designated reserve, targeted at supporting the additional costs of regulatory reform.
41. Our Q2 five-year forecast illustrates that although overall reserve levels will decrease over the life of the new five-year strategy, bringing the reserves down overall, we will continue to maintain an appropriate level of reserves within the tolerances agreed in our reserves policy. All spend from reserves will continue to require the approval of Council.

Alternative options

42. Alternatives to increasing the registration fee by 2.5% have been considered. These alternative options are:
- 0% fee increase, or potential reduction of fees; or
 - an increase the registration fee by £20; from £405 to £425, which would represent a 5% increase.
43. The impacts of these two options are discussed below.
44. A decision not to increase registration fees, or to seek a reduction in registration fees would either require a reduction in expenditure of approximately £280k pa, (or more, if the decision is a reduction in fees) with a consequential reduction of strategic ambition; headcount; and restrictions in service delivery, potentially resulting in failure to meet the PSA's Standards of Good regulation; or a requirement to fund the deficit of income over expenditure from reserves, which is not a long term or sustainable position.
45. An alternative option is to freeze or raise the main registration fee by different amounts. For every additional £5 charged there is a financial benefit of around £140,000. Our view is that the £10 increase is proportionate when considering risks to operational delivery and the need to maintain financial resilience.
46. To raise the fee above the rate of inflation by £20 (5% increase), whilst still considerably less than the PSA, who are consulting on an increase of their own fees by 12.2% for 2025-26, risks a negative reception from registrants and professional/ representative bodies for two reasons. First, given likely pressure on the sector due to increases in employer NI contributions and other economic headwinds; and second, the impact of increase of GOC registration fees on the ability of professional/ representative bodies to raise their fees, and remain economically viable and stable organisations, especially given their perception that our levels of reserves may be overly 'healthy' and should be utilised before above inflation fee increases are sought.
47. We have considered the impact of a fee increase on individual registrants and registered body corporates and have made assumptions about numbers of registrants in-line with trends for growth. We have also analysed responses from our business registrant survey, where a small number of businesses indicated that they were expecting to close (1%) or to be sold or merged (3%) in the next 12 months. While independent practices tend to be more pessimistic, overall, the sector is buoyant about growth prospects. The survey data suggests the overall picture on registrant business numbers is stable and in line with wider sector trends, but we are seeing merger and acquisition activity meaning that numbers are falling slightly. This appears consistent with the general economic picture and some smaller businesses are being taken over. Whilst we do not have available data on individual registrants paying renewal fees, we do know

that many fees are paid by employers. We do not consider the proposed increase will have an impact on registrant numbers or renewals.

Impact of increasing the fee

48. As shown in separate financial performance reports, we continue to maintain a high level of reserves. Our projections show that overall amounts will decrease, subject to Council approval for investment into strategic projects over the life of the new five-year strategy, bringing the reserves down overall, whilst maintaining levels within our reserves policy. We believe that by reducing reserves through investment into strategic projects and improvements represents a more appropriate use, compared to off-setting fee increases or reductions and will provide a stable platform for the five-year strategy that will follow in 2030 onwards.
49. Our reserves policy will be revised in-line with our new financial strategy in Q4 and presented to the Committee for review.
50. Our review of reserves policy will ensure that our reserves and management of them, appropriately balances the ambition of our new five-year strategy whilst providing financial resilience in any volatile financial environment in the future, whilst setting clear parameters for utilisation.

Low-income discount

51. The number of low-income registrants is assumed to remain stable if the threshold for qualifying remains at £16,000. Our proposal is to increase the low-income discount, to £125 and to consider the overall level or types of discounts as part of the future fee strategy. The discount was increased from £100 to £120 in 2023-24, to help off-set our first fee increases in four years. This means those registrants who successfully apply for the discounted fee will pay £290 per year (an increase of £5 or 1.75%), whilst noting the ongoing ability to apply to change to low-income at any point of the year. Based on the number of low-income fees paid last year, increasing the discount to £125 will have a total estimated cost of around £111,500 based on similar numbers of applications as last year.
52. If we assume that in increasing the low-income threshold from £16,000 to £20,000, the number of applications will increase in a trend to similar that observed in 2021-22, when the threshold was last increased, we might anticipate a further 600 applications, bringing the total to around 1,500. This has an estimated cost of £187,500 (a reduction in revenue of £77,500), which is not considered to be prudent at this point. We will though consider affordability of different types of concessions as we develop a new fees strategy.

	2024/25	2023/24	2022/23	2021/22	2020/21
Low-income successful applications	895	890	858	989	593

53. If we use an assumption that by increasing the low income threshold from £16,000 to £20,000, the number of applications increases in a similar fashion to the numbers from 2021-22, following the threshold increase then, we might anticipate a further 600 applications bringing the total to around 1,500, which would have an estimated cost of £187,500 (a reduction in revenue of £77,500), which is not considered to be prudent at this point. We will though consider affordability of different types of concessions as we develop a new fees strategy.
54. It is therefore recommended that we increase the main registration fee by £10. Any higher amount could risk stakeholder criticism and escalation to/intervention of the PSA. The freezing of other fees combined with increasing the concession for lower earners also demonstrates that we have been proportionate and considered in our approach.

Finance

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

Risks

56. The risks considered in preparing this recommendation which we considered include:
- De-regulation of one or more professions;
 - De-regulation of students;
 - Further shift toward multiples (risk to business registrant income);
 - Recession and downturn in UK economic outlook negatively impact the optical profession (registrants leave the profession, optical business fail with resulting drop in income etc.);
 - Contraction in demand for registrant services (risk to registrant income).
 - Government enforced cap on professional registration fees or removal of ability to set our own fees;
 - Critical infrastructure development (property and IT);
 - Forced merger with another regulator;
 - Legislative change that removes or reduces our ability to set fees annually or at all without consultation or Parliamentary approval; and
 - General economic volatility reducing reserves value and income.

57. We continue to consider the likelihood of these risks materialising in the next year and beyond. The committee has previously discussed future legislative changes resulting in inability to set our own fees, meaning we would not be able to assume any increases for some time, based on the experience of other regulators (e.g., HCPC) in having to consult and/or seek approval for fees rules through Privy Council and devolved administrations. We considered whether this risk should persuade us to raise fees by a higher amount, above inflationary levels, to ensure that we maintain a level of income that could off-set future difficulties in increases, a return to high levels of inflation and, or reduced registrant numbers, but have considered on balance, raising the fee by more than £10 was not justified by these risks.

58. Other risks include:

- The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively;
- There is an inherent risk in setting the fee level based on an outline budget as we are only seven months into the current financial year, as the full impact of trends and changes cannot be reflected fully in our financial performance for the year to date;
- There is risk in assuming investment income will provide a consistent annual return. This is in line with the remit of the Investment Manager but is based on long-term performance and could fluctuate year on year; and
- A new fees strategy may impact the way we charge registrants in future years, but this will require further detailed planning and consultation across stakeholders.

Equality Impacts.

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

Devolved nations

60. There are no implications for the devolved nations.

Communications

External communications

61. As covered in the Council strategy session on 30 October, we acknowledge the declining levels of satisfaction with renewal fees, and we will work to devise a new fees strategy as part of our overall new financial strategy. This will include measures to improve transparency and new indicators for measuring value for money, which will include developing and publishing a breakdown of how fees are spent, such as the example in annex three.

62. Following Council's decision, normal communications regarding fees will take place, including in our 'News from Council' and publication of the fees on the website.

Next steps

63. All business areas have begun the process of drafting the proposed business plan for 2025-26. The Chief Executive and Registrar, Director of Corporate Services and Chief Financial Officer have already had a series of meetings with SMT colleagues and will continue to meet with Directors and Heads of individual services over the coming months to review the five-year strategy and business plan alongside the budget and ensure that the proposals are financially robust. ARC will review the budget proposals in February, prior to final approval by the Council in March 2025. A timeline for budget and business planning is attached as Annex two.
64. Financial reporting will continue to be considered by both ARC and Council including relevant forecasts.

Attachments

- Annex one: Registration fee rules 2025-26
Annex two: Budget and business planning timetable
Annex three: 'Where your fees go'
Annex four: Healthcare regulator fees comparison
-

ANNEX ONE

THE REGISTRATION FEES RULES 2025-2026

Each application falling within a category set out in the table below shall be accompanied by the fee shown for the period 1 April 2025 – 31 March 2026:

Applications for annual renewal of registration	25/26 Fee
<u>Annual renewal fee</u> Application for annual renewal of registration in the register of: <ul style="list-style-type: none"> • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both for the year commencing on 1 April 2025 and ending on 31 March 2026 received on or before 31 March 2025	£415
<u>Low income earners annual renewal fee¹</u> Application for annual renewal of registration in the register of: <ul style="list-style-type: none"> • Optometrists • Dispensing opticians for the year commencing 1 April 2025 and ending on 31 March 2026 applications received on or before 31 March 2025.	£290
Application for annual renewal in the register of student optometrists or the register of student dispensing opticians for the year commencing 1 September 2025 and ending on 31 August 2026 received on or before 31 August 2025.	£30
Applications for annual renewal of registration when entering, transferring or restoring to the register	25/26 Fee
Annual renewal fee for the period 1 April 2025 and ending on 31 March 2026, pro rata rate based on date of entry to the register of: <ul style="list-style-type: none"> • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both 	£103.75 per quarter or part thereof
Applications for Registration	25/26 Fee
Initial application to be entered on the register of: <ul style="list-style-type: none"> • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both 	£80

¹ a low income earner is defined as an individual fully qualified applicant or registrant whose total individual income is estimated to be lower than £16,000 for the following year 1 April 2025 - 31 March 2026.

including low income earners.	
Application for registration in the register of student optometrists or the register of student dispensing opticians for all or part of the year commencing 1 September 2025 and ending on 31 August 2026. No annual renewal fee will be charged for the year in which they are applying for registration.	£30
Application for entry of a specialty in the register of optometrists or the register of dispensing opticians.	£45
Applications for transfer of registration	25/26 Fee
Application for transfer between full registers for all or part of the year commencing on 1 April 2025 and ending on 31 March 2026.	£45
Application for transfer from the register of student optometrists to the register of optometrists or from the register of student dispensing opticians upon completion of a GOC accredited route to registration.	£45
Applications for restoration of registration	25/26 Fee
Initial application to be restored on the register of: <ul style="list-style-type: none"> • Optometrists • Dispensing opticians • Bodies corporate carrying on business as an optometrist or dispensing optician or both including low-income earners. 	£80
Application for restoration to the register of student optometrists or the register of student dispensing opticians following removal or erasure from the registers for all or part of the year commencing on 1 September 2025 and ending on 31 August 2026. No annual renewal fee will be charged for the year in which they are applying for registration.	£30
Applications for Certificates of Current Professional Status	25/26 Fee
Application for a certificate of current professional status.	£30
Applications for assessment of qualifications gained from outside of the UK to gain entry to the register of dispensing opticians or optometrists	25/26 Fee
A scrutiny fee for processing documentation for applications for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£130
For those that have passed the scrutiny stage and require an equivalency assessment, a fee will be charged for: Assessment of equivalency of qualifications and experience for applicants qualified outside of the United Kingdom who wish to join either the register of optometrists or the register of dispensing opticians. A separate fee will be charged for each register applied to.	£455

An interview fee for non-EEA applicants (this is the cost of a telephone interview between the applicant and GOC assessors)	£205
---	------

Dr Anne Wright CBE
Chair of Council

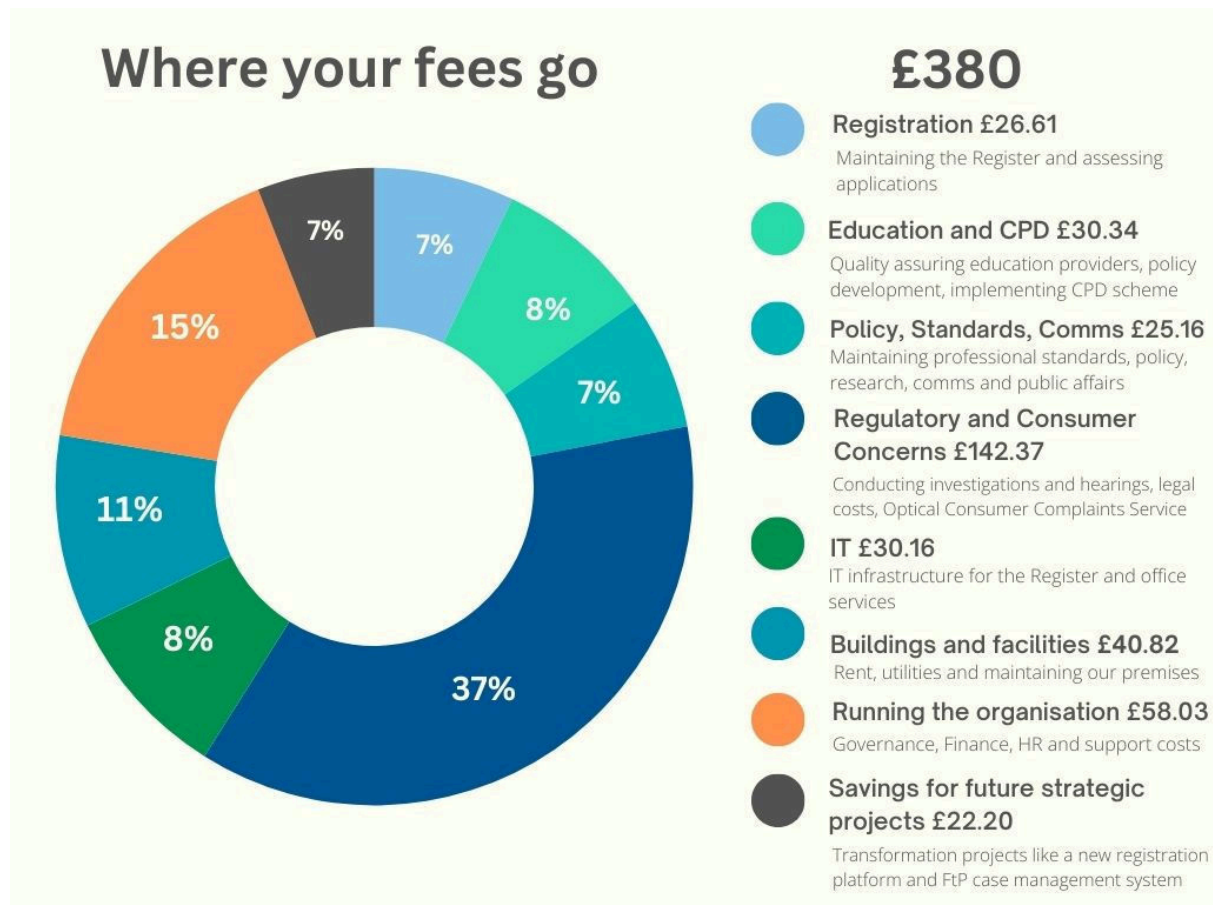
Leonie Milliner
Registrar

ANNEX TWO - Business Planning and Budget Timetable for 2025-26

Period	Activity	By
Wed 30 October 2024	Draft fee strategy discussion	Council
7 November 2024	Fee proposal review	SMT
Tue 05 Nov – Wed 11 Dec 2024	Work on draft business plan and budget. Budget holders meetings with directors and with Finance between 18 - 29 November for assistance and guidance.	Budget holders/ Directors/MW/ FK/AS/JH
Tue 26 Nov 2024	<u>ARC meeting</u> Proposed fees for review	ARC
Tue 03 Dec 2024	Proposed fee and outline budget report to Council	YG
Tue 10 Dec – Wed 11 Dec 2024	<u>Council meeting</u> Proposed fee and outline budget approval	Council
Wed 11 Dec 2024	Finalise draft budgets to Finance and draft business plan to Performance and Planning Must be agreed by Directors before submission.	Budget holders
Thu 12 Dec – Fri 13 Dec 2024	Budget consolidation and review by Finance	MW/FK
Thu 12 Dec – Fri 13 Dec 2024	Business plan consolidation and review by Performance and Planning	AS/JH
Wed 15 Jan 2025	Finalising any changes to the budget	Budget Holders
Thurs 23 Jan – Friday 24 Jan 2025	Final budget and business plan review by the CEO	MW/YG/LM
Tue 28 Jan – Wed 29 Jan 2025	Finalise budget	FK
Tue 28 Jan – Wed 29 Jan 2025	Finalise business plan	JH
Thu 30 Jan 2025	Full business plan and budget report completed and circulated to SMT	YG/AS/MW
Mon 03 Feb – Wed 05 Feb 2025	Preparation of budget reports for SMT	MW

Thu 06 Feb 2025	<u>SMT meeting</u> Review and recommendation of final business plan and budget	SMT
Tue 18 Feb 2025	Circulate full business plan and budget report to ARC	AS/MW
Tue 25 Feb 2025	<u>ARC meeting</u> Review of business plan and budget	ARC
Tue 04 Mar 2025	Circulate the business plan and budget to Council	YG/AS
Tue 18 Mar – Wed 19 Mar 2025	<u>Council meeting</u> Final Business Plan and Budget approval by Council	Council

ANNEX THREE



ANNEX THREE: Health care regulator Fees – high level responses

Regulator	Has increased fees recently?	Response												
General Osteopathic Council	No	<p>Have not increased registrant fees for ten years.</p> <p>Planning to review, though challenging at present due to the economic climate. Need to publicly consult on fee increases and requires Privy Council approval</p> <table border="0"> <tr> <td>Registration level</td> <td>Registration fee</td> </tr> <tr> <td>Year 1 (entry)</td> <td>£320</td> </tr> <tr> <td>Year 2 UK</td> <td>£430</td> </tr> <tr> <td>Year 2 reduced rate</td> <td>£215</td> </tr> <tr> <td>Year 3+ UK</td> <td>£570</td> </tr> <tr> <td>Year 3+ reduced rate</td> <td>£320</td> </tr> </table> <p>Approx 5.5k registrants</p>	Registration level	Registration fee	Year 1 (entry)	£320	Year 2 UK	£430	Year 2 reduced rate	£215	Year 3+ UK	£570	Year 3+ reduced rate	£320
Registration level	Registration fee													
Year 1 (entry)	£320													
Year 2 UK	£430													
Year 2 reduced rate	£215													
Year 3+ UK	£570													
Year 3+ reduced rate	£320													
General Pharmaceutical Council	Yes	<p>2024 fees increased by 7.5% effective from 1 April 2024.</p> <p>Pharmacist renewal fees increased by £19 from £257 to £276</p> <p>pharmacy technician renewal fees increased by £9 from £121 to £130</p> <p>pharmacy premises renewal fees increased by £27 from £365 to £392</p> <p>>62.5K pharmacists</p> <p>>23.3k technicians</p> <p>>13.8k premises</p>												
General Chiropractic Council	No	<p>Have not increased fees for many years and currently do not have plans to do so (at least the next couple of years).</p> <p>Fees</p> <p>In-practice registrants: £800</p> <p>Non-practising registrants: £100</p> <p>Approx. 3500 registrants</p>												
Nursing and Midwifery Council	No	<p>Need to consult and approve by parliament.</p> <p>Not increased since 2015. Not increasing in the coming year.</p> <p>Reluctant to increase currently.</p>												

		>826k nurses, midwives and nursing associates £120
Pharmaceutical Society of Northern Ireland	No	No increase for eight years Premises registration £113, retention £155 Registrants £398 <3k registrants inc premises
Social Work England	No	No fee increases for nine years 93.5k registrants £90 renewal fee
General Medical Council	Yes	For quite a few years have increased fees annually by CPI. The previous mechanism was to increase fees each April by the CPI figure from the previous September. This link was broken for 2023 fee increase as CPI was so high. April 2023 increase was 3.1% - the same as the previous year. April 2024 5% >374k registrants £455 renewal fee Operate a fixed term 50% discount on fees for income <£36k for newly qualified doctors for up to 4 years
Health and Care Professions Council	Yes	The HCPC has had 2 increases in fees since 2015, fee increased by c.20% from 2023 Fees increased from £98.12 to £116.36 HCPC need to publicly consult on fee increases and subject to Parliamentary approval process. 134k registrants Payable every 2 years (6 monthly direct debit possible) Reduced fee of 50% for first 2 years for newly qualified
General Dental Council	Yes	2015 fee increased. 2020 fee reduced. Fee changes are now set for three years. 2023 was +1.5%, Current renewal year - 2024 (runs from 1 Jan) the main fees are reduced by 10% to £621 fee for dentists and by 15.8% to £96

		dental care professionals with an intention to freeze fees for 2025 Approx 109k registrants
--	--	--

Fee/registrant summary

Regulator	Fees	Number of registrants
General Osteopathic Council	Registration level Registration fee Year 1 (entry) £320 Year 2 UK £430 Year 2 reduced rate £215 Year 3+ UK £570 Year 3+ reduced rate £320	Approx 5.5k
General Pharmaceutical Council	Proposed increases: Pharmacist renewal fees +£19 from £257 to £276 Pharmacy technician renewal fees +£9 from £121 to £130 Pharmacy premises renewal fees +£27 from £365 to £392	>62.5K pharmacists >23.3k technicians >13.8k premises
General Chiropractic Council	In-practice registrants: £800 Non-practising registrants: £100	Approx. 3500 registrants
Nursing and Midwifery Council	£120	>788k nurses and midwives
Pharmaceutical Society of Northern Ireland	Premises registration £113, retention £155 Registrants £398	<3k registrants including premises
Social Work England	£90 renewal fee	93.5k registrants
General Medical Council	£433 renewal fee	>374k registrants
Health and Care Professions Council	£117.74	134k registrants
General Dental Council	2024 rates: £621 fee for dentists £96 for dental care professionals	109k registrants

COUNCIL Investment Policy

Meeting: 11 December 2024

Status: For noting

Lead responsibility: Yeslin Gearty (Director of Corporate Services)

Paper authors: Yeslin Gearty (Director of Corporate Services)

Purpose

1. To present the revised Investment Policy for approval following review and recommendation to Council by the Investment Committee on 12 November 2024.

Recommendations

2. Council is asked to:
 - **approve** the updated Investment Policy
 - **provide** advice as appropriate.

Strategic objective

3. This work contributes towards the achievement of all strategic objectives.

Background

4. The Investment Committee is a non-statutory Committee. Its Terms of Reference require it to recommend to Council an Investment Policy, including risk appetite, ethical and sustainability considerations.
5. At the last meeting of the Investment Committee on 12 November 2024, the Committee considered a revised draft Investment Policy. The current policy was approved by Council and implemented on 22 March 2023. The policy was subject to minor amendments on 6 June 2024 (updating the investment objective (paragraph 8.6) in the current policy attached at Annex one.
6. The Committee agreed that the policy should continue to be reviewed on an annual basis, meaning that the policy is now due for its annual review and approval by Council.
7. The minutes of the November Investment Committee are shared with Council members as part of the 11 December 2024 Strictly Confidential papers pack. The minutes show that the draft policy was agreed by the Committee. The draft policy is therefore recommended for approval.
8. The Committee agreed that no significant changes were required to the revised draft policy. The main changes were around benchmarking which were adjusted to suit the investment environment. The Committee noted a presentation from our investment

managers Royal Bank of Canada (RBC) Brewin Dolphin, where simulations of various outcomes had been run to derive the most optimal structure for the portfolio.

Analysis

9. Last year, when reviewing the Investment Policy, the Committee agreed to again retain the approach of using RBC Brewin Dolphin risk category six, which has a lower exposure to fixed income securities and alternatives and higher exposure to equities and is considered to be the lowest risk category that will keep pace with inflation whilst providing income.
10. The Brewin Dolphin Risk Guide was revised as of 30 June and the updated version was reviewed by the Investment Committee. There was no substantive change to the description of risk category 6, although the asset allocation has been adjusted.
11. Upon taking the Investment Manager's advice and reviewing the risk guide, the committee agreed that the risk category remained appropriate and should be retained.
12. The revised Investment Policy is attached at Annex One and has two differences to the current version (marked in tracked changes). The first difference relates to changes to the asset allocations, which are reflected in the revised policy and shown in the table below for ease of reference. Please note that adoption of the new allocations begin from 1 January 2025 and RBC Brewin Dolphin will move to these positions in time, to take advantage of market conditions, the changes will not happen immediately.

2023/24 Asset and benchmark	2025 Asset and benchmark
Sovereign bonds 6.5%	Sovereign bonds 5.5%
Index linked bonds 2.0%	Index linked bonds 2.0%
Corporate bonds 8.5%	Corporate bonds 8.5%
UK equities 19%	UK equities 17%
Overseas equities 49.5%	Overseas equities 51.5%
Property 3.0%	Property 3.0%
Alternatives 9% (Gold 0%)	Alternatives 12.5% (includes below)
Cash 2.5%	Cash 2.5%
	Gold 3%

13. The wording in the policy under the table at 5.7 is retained in relation to the flexibility of management within those ranges. This ensures that the investment process enables RBC Brewin Dolphin to adjust the structure of the portfolio around the central optimised positions to take advantage of prevailing market conditions or specific requirements.
14. The second change to the policy is the investment objective for returns, which has been changed from 8.6% to 7.36%, reflecting market changes and relatively strong performance in the past 18 months or so. Essentially the investment manager's

rationale here is that the baseline performance over recent months is not sustainable and so there is a slight downwards adjustment to reflect this.

15. Detailed information on the definition of what each asset class contains within the ranges set out are provided by RBC Brewin Dolphin in their regular reports to the SMT, which are in turn shared with the Investment Committee.
16. RBC Brewin Dolphin have ten risk categories, ranging from one for investors *“completely averse to any investments that could put your capital at risk. You accept that, in light of inflation, this is highly likely to have the effect of eroding the purchasing power of your capital. This typically means that your money will be held in cash, building society accounts or national savings”* to ten, for investors who are *“prepared to make wholly speculative investments, fully aware of and accepting the possibility of losing all of your capital. This could typically be in the form of derivatives and contingent liability investments, which often include gearing which means you could lose more than your initial capital investment. You are totally insensitive to risk”*.
17. Since its inception, the Investment Committee has agreed that risk category six remains the most appropriate for the GOC’s investments, described as *“You are prepared to have a greater proportion of your investment held in equities with the aim of achieving a higher investment return over the long-term. The greater allocation to equities means the portfolio may experience heightened levels of volatility over the investment term. The portfolio will typically include two thirds of the assets invested in equities whilst the remainder will be split between cash, fixed income and alternatives. You are prepared to accept fluctuations in the value of the portfolio to achieve your investment goals.”*
18. Given that the risk guide retains the same description for risk category six and this position continues to align to our longer-term approach to management of our investment portfolio and proportionate needs for release of funds as analysed, forecasted, and managed through our regular financial performance exercises including cashflow projections and draw down plans, we did not see a compelling case for immediate change, which the Investment Committee agreed.
19. We will continue to monitor the suitability of category six, noting that we will separately present our new five-year strategy to Council which includes estimated costs and potential drawdown requirements. Assuming that the strategy is approved, and utilisation of some reserves is agreed for strategic projects and improvements, we will work with our investment managers to update them on drawdown requirements and continue to provide cashflow analysis and detailed financial forecasts, to ensure that the risk category and overall approach to investment remains suitable.
20. The development of our new five-year strategy for 2025-30 along with the new Financial sub-strategy, will see us revise our Investment Policy alongside our Reserves Policy whilst developing a new fees strategy. As well as these new policies,

we will revisit our risk management policy and risk appetite statement, all of which may impact our approach to investment. As that work progresses, we will work with the Investment Committee, ARC and Council to ensure that there is alignment and that our investment manager's advice is sought and shared as part of any changes.

21. The Committee also review RBC Brewin Dolphin's client advice and quarterly reports. Those reviews consider the services and investment solution provided and whether they remain suitable and on track to deliver the GOC's objectives. This process allows the investment managers and the Committee to explore the subject of risk in the context of the investment, the objectives of the GOC and any known or anticipated changes in the GOC's situation which may require a change to the service or investment solutions and to consider ethical investment restrictions. The objectives are recorded as *"You want to grow your capital over the investment period to maintain the real value of the assets while funding annual expenditure"* and *"You want to generate income to a sustainable and growing income stream over the long-term"*.
22. RBC Brewin Dolphin's advice is that the current risk category remains appropriate, and the majority of its Charity clients adopt this category.
23. After consideration of the above, the Investment Committee agreed to recommend to Council the approval of the revised Investment Policy. Council is therefore requested to:
 - Review and approve the revised draft policy.
 - Provide any further guidance.
24. The policy will continue to be reviewed for suitability on an annual basis. The Investment Committee will be responsible for the review and will report any changes to Council as appropriate.
25. Ethical investment restrictions relating to tobacco remain in place. The restriction will apply where more than 10% of a Company's turnover is derived from the production or distribution of tobacco, or support for the tobacco industry.
26. The Investment Committee also requested that we undertake an exercise to review the ongoing suitability of RBC Brewin Dolphin as our investment managers beyond 2025-26. This is partly due to the length of time we have used their services (10 years in 2025). We will therefore review the market and potentially undertake a procurement exercise. The committee also asked for consideration of whether use of a Common Investment Fund (CIF) or similar, may be a more appropriate vehicle for our investments in the future. We will consider this in more detail and potentially seek independent advice on use of CIFs as part of the work to review RBC Brewin Dolphin's suitability.

Finance

27. There are no immediate financial implications associated with this item. Assumptions of investment valuations and income are regularly reviewed and incorporated into our financial planning and performance analysis.

Risks

28. Unforeseen external events or environment cause financial volatility affecting workforce and registrants. Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget.

Equality Impacts

29. N/A

Devolved nations

30. N/A

Other Impacts

31. N/A

Communications

32. N/A

Next steps

33. Publication of the policy on the GOC website.

Attachments

Annex one: Draft Investment Policy

Investment policy

Status of document:	For approval
Version:	V1.0
Date of approval:	TBC
Effective from:	TBC
Owner:	Director of Corporate Services
Author:	Director of Corporate Services
Planned next review date:	Approval date + 3 years

1. Introduction

1.1 The General Optical Council is the regulator for the optical professions in the UK. The Council's statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among our registrants. The Council currently register around 33,000 optometrists, dispensing opticians, student opticians and optical businesses

1.2 This policy applies to the long-term investment of the Council reserves, and their investment by external advisors.¹

2. Investment powers

2.1 The trustees (our Council members) have wide powers of investment as outlined in the Trustee Act 2000. This also includes the power to delegate responsibilities to an investment manager. The current investment managers are RBC Brewin Dolphin.

2.2 The charity's governing document is the Opticians Act 1989 (as amended 2005).

3. Investment objectives

3.1 The broad objective of the invested funds is to provide income and capital appreciation which, when taken together with the registration income can provide sufficient money every year to enable the GOC to meet its statutory remit.

3.2 The primary investment objective is to enhance the value of the assets after taking account of inflation by investment in a diversified portfolio of equities, fixed income bonds, stocks and cash.

3.3 The secondary investment objective is to earn an attractive level of income from the invested portfolio which has the ability to grow over time.

3.4 The trustees have adopted an exclusionary screening policy as set out in paragraph eight.

4. Glossary of terms

4.1 **A1 by S&P or P1 by Moody's:** specific credit ratings for cash held. S&P and Moody's are both rating agencies.

4.2 **Accessible reserves:** those reserves that are readily realisable within a 'relatively short' time horizon. Typically, this excludes property and similar investments.

4.3 **Benchmark:** in investment markets, investment managers are required to show

the performance of a fund relative to a measure or benchmark. This can take different forms. RBC Brewin Dolphin favour composite benchmarks which are structured of a weighted index of widely recognised market indices. This tends to create a challenging liquid benchmark which is highly visible. Other alternatives can be put forward and particularly peer group benchmarks or benchmarks relative to inflation. Debt is generally of a better quality and therefore carries a lower speculative element.

4.4 Diversification: mixing assets with the aim of producing a better quality (smoother or less volatile) return.

4.5 Equities: another term for shares.

4.6 Ethical screening: this is an investment review policy to manage exposure to areas which conflict with the charity's aims and objectives.

4.7 Exclusionary screening policy: a screening policy involving avoiding certain defined areas. Sometimes also known as a negative screening policy.

4.8 Fixed income: borrowings, such as government bonds (in the UK, gilts), corporate borrowings (either investment grade or other).

4.9 Index: included to provide a comparator as to how the different sections within the fund might be performing.

4.10 Investment grade: fixed income investments are categorised according to the risk of default (missing either interest or capital repayments). One of the major divisions is between those deemed appropriate for investment (investment grade) and those that fall below this threshold.

4.11 Liabilities: the charity's or Council's committed expenditure.

4.12 Prohibited assets: investments perceived to be carrying a significantly higher level of risk than is available from more traditional asset classes.

4.13 Real assets: typically, these are assets providing a real return. Over the longer term, they tend to provide a better level of return, and have a good record of producing returns above the level of inflation but over the shorter term they can be volatile. Equities, property and certain alternatives are all classified as real assets.

4.14 Real value: the value after adjusting for the impact of inflation.

4.15 Risk: the variability of returns.

4.16 Trustees: as defined in the Trustee Act 2000. Members of the GOC's Council.

4.17 Volatility: this definition can be substituted for risk and refers to the

variability of returns.

4.18 **Wide powers of investment:** powers granted to RBC Brewin Dolphin.

5. Attitude to risk

5.1 The trustees rely on investments to help fund activities. The key risk to the long-term sustainability of the GOC is inflation, and the assets should be invested to mitigate this longer-term impact. The trustees understand that this is likely to mean investment will have an emphasis on real assets and that the capital value may fluctuate.

5.2 The trustees will tolerate volatility in the capital value of the portfolio, in line with the GOC risk appetite statement, as long as the charity is meeting its short-term commitments through either income and working capital or, if necessary, the liquidation of capital assets.

5.3 The trustees consider their appetite for risk in investing activities is moderate.

Assets

5.4 The GOC's assets can be invested widely and should be diversified by asset class, by manager and by security.

5.5 The portfolio may be invested in fixed interest, UK and overseas equities, property, private equity and any other asset that is deemed suitable.

5.6 The following asset types are prohibited:

- purchasing securities on margin.
- futures/commodity contracts.
- short sales.
- leveraged derivative securities.
- speculative derivatives; and
- other complex financial instruments.

5.7 The investment manager will be instructed to invest the funds with a "Moderate Risk" classification. For current arrangements, with RBC Brewin Dolphin acting as our investment managers, we will adopt RBC Brewin Dolphin's risk category 6 as a strategic allocation. RBC Brewin Dolphin's risk categories are optimised and their structure is adjusted periodically to reflect the prevailing investment environment.

As at January 2024 risk category 6 is structured as follows:

Asset	Benchmark %
Sovereign bonds	6.5% 5.5%
Index linked bonds	2.0%
Corporate bonds	8.5%

UK equities	19.0% 17%
Overseas equities	49.5% 51.5%
Property	3.0%
Alternatives including:	9.0% 12.5%
Cash	2.5%
Gold	3.0%

Some flexibility, within stipulated ranges, has been incorporated into the investment process to enable RBC Brewin Dolphin to adjust the structure of the portfolio around the central optimised positions to take advantage of prevailing market conditions or specific requirements.

Currency risk

5.8 The majority of the GOC's liabilities are in sterling.

5.9 The significant portion of the portfolio should be maintained in sterling assets.

Where other currency assets are included, the investment manager should consider currency issues.

5.10 Investment may be made in non-sterling assets.

Credit/counterparty exposure risk

5.11 A minimum of 70 per cent of the fixed interest investments should be of investment grade.

5.12 Credit of cash institutions should be rated at least A1 by S&P or P1 by Moody's.

5.13 No more than 10.0% of the portfolio value should be placed in any one stock, institution, or fund.

6. Liquidity requirements

6.1 The trustees wish to maintain a separate working capital reserve in-line with our Reserves Policy and Working Capital Statement, (see Reserves Policy for current figure).

6.2 Liquidity/income needs from the portfolio will be reviewed with the investment manager on a regular basis.

7. Time Horizon

7.1 This is a long-term investment portfolio. As part of its purpose is to support the GOC, any change in funding requirements may alter the investment objective and income requirement.

8. Ethical investment

8.1 The GOC's assets should be invested in line with its statutory remit.

8.2 The GOC operates an ethical screening policy and wishes to avoid direct investment in companies where a significant proportion of its turnover or profit comes from the sale or production of tobacco related products as sight loss can be directly attributable to smoking.

9. Delegation of Authority

9.1 The Director of Corporate Services is appointed as the designated investment officer with the authority to act as liaison between the GOC and the appointed investment manager.

10. Management, reporting and monitoring

10.1 The portfolio's performance will be reported through the RBC Brewin Dolphin Client Valuation and Asset Confirmation Report on a quarterly basis and commented upon in the GOC financial performance summary which is shared with the Senior management Team, Audit Risk and Finance Committee and Council. The Client Valuation and Asset Confirmation Report will also be shared with Investment Committee members outside of committee.

10.2 Meetings between the designated investment officer and the investment manager will take place at least four times each year (with other contact and discussion as required). The investment manager will also attend each Investment Committee meeting.

10.3 Performance will be monitored against agreed market benchmarks, and against the investment objective of ~~8.6~~ 7.36%% return over the long term.

10.4 The assets will be held in the charity nominee arrangements of the appointed investment manager.

11. Approval and review

11. It will be reviewed by the Investment Committee on an annual basis to ensure continuing appropriateness and revised every three years.

Council

Appointment of a Senior Council Member and appointment of Council members to committees

Meeting: 11 December 2024

Status: For decision.

Lead responsibility: Dr Anne Wright CBE, Chair of Council

Paper Author(s): Andy Mackay-Sim, Head of Governance

Purpose

1. To confirm the appointment of new Council members to committees.

Recommendations

Council is asked to:

- **appoint** Kathryn Foreman to Audit, Risk and Finance Committee and Registration Committee from 1 January 2025;
- **approve** the revised Senior Council Member role description; and
- **appoint** Tim Parkinson as Senior Council Member and Chair of Remuneration Committee for a two year term (1 April 2025 – 31 March 2027).

Strategic objective

2. This work contributes towards all three strategic objectives as it concerns the core governance functions of the Council. It is included in the business plan under 'member support' – managing Council and committee member appointments, reappointments, appraisals and development and evaluation of performance.

Background

Committee appointments

3. The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process. Council member appointments to committees has been retained as a matter for Council to decide.
4. There are two groups of committees to which Council members can be appointed:
 - Statutory committees: Companies Committee; Education Committee; Registration Committee and Standards Committee (known collectively as the Advisory Panel)
 - Non-statutory committees: Audit, Risk and Finance Committee; Investment Committee; Nominations Committee and Remuneration Committee

5. The current legislation requires that all statutory committee member appointments expire on 31 December each year. This is reflected in the terms of reference for the committees:
 - appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually; and
 - annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the [relevant] Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.
6. There is no such restriction on the non-statutory committees, and Council may appoint members for as long as it determines, subject to that member remaining in office.
7. Council last considered appointments to committees at its public meeting on 26 June 2024. Council renewed the Advisory Panel appointments until 31 December 2025 at the time, so there is no decision required to extend these. However, Council is asked to consider two new appointments, as set out in the recommendation above and the attached annex.

Senior Council Member

8. The Senior Council Member role has been a longstanding arrangement for Council, and performs the following functions:
 - To act as a sounding board for the Chair of Council;
 - To serve as an intermediary for other Council members; and
 - To formally manage the appraisal of the Chair's performance annually.
9. The terms of reference for the Nominations Committee provides it with the following function: "To advise Council regarding the role description for the Senior Council Member". The role description was formalised by Council in November 2017. A revised version of the current role description is attached as annex 2. Nominations Committee reviewed this on 3 December 2024 and have recommended that Council approve it for a further three years.
10. The Chair of Council has indicated that she would like Nominations Committee to also take an active role in recommending a Senior Council Member. The revised terms of reference for the Committee have therefore been amended to reflect this and will be considered by the Council elsewhere on the meeting agenda. The Committee met on 3 December 2024 and agreed to recommend Tim Parkinson for the role.

Analysis

8. The Chair of Council has discussed committee membership preferences with the relevant Council members and committee chairs. The proposals are intended to ensure a breadth of skills and experience are distributed across the committees.

Finance

9. There is no financial impact for the appointment of Council members to the committees. Council member remuneration is described within the Member Fees policy, and there is no additional fee paid for committee attendance or responsibilities. The Senior Council Member role includes additional remuneration, though a decision to appoint in order to fill a vacancy has no budgetary implications.

Risks

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

Equality Impacts

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

Devolved nations

12. There are no explicit impacts for devolved nations.

Other Impacts

19. There are no significant impacts identified.

Communications

External communications

20. No external communications are planned.

Internal communications

21. No internal communications are planned.

Next steps

22. None.

Attachments

- Annex one – Council member committee appointments
Annex two – Senior Council Member role description (clean version)
Annex three – Senior Council Member role description (track change version)

Member	Maximum term/ renewal date	From 11 December 2024		From 1st April 2025	
		Committee Chair	Committee Member and/or Council lead	Committee Chair	Committee Member and/or Council lead
Clare Minchington	31 March 2025 (second term)	Remuneration Committee	Senior Council Member & strategy lead	-	-
Josie Forte	31 March 2025 (second term)	Standards Committee	Remuneration Committee	-	-
Mike Galvin	31 March 2025 (second term)	Education Committee	ARC & GOC Refresh	-	-
Roshni Samra	31 March 2025 (second term)		Registration Committee	-	-
Tim Parkinson	15 April 2028 (second term)	Investment & Companies Committee	Council lead FtP	Remuneration, Investment & Companies Committee	Senior Council Member Council lead FtP
Anne Wright	18 Feb 2029 (second term)	-	-		
Lisa Gerson	30 April 2025 (first term)	Registration & Nominations Committee	Council lead FtP	Nominations & Registration Committee	Council lead FtP
Frank Munro	4 July 2025 (first term)		Education, ARC & Investment committee	Education Committee	ARC & Investment committee
Ken Gill	31 December 2026 (first term)	Audit, Risk and Finance Committee	Council lead financial strategy	Audit, Risk and Finance Committee	Council Lead financial strategy
William Stockdale	31 December 2026 (first term)		Nominations & Standards Committee, Council lead member development	Standards Committee	Nominations Committee, Council lead member development
Hema Radhakrishnan	15 March 2028 (first term)		Education Committee		Education Committee
Kathryn Foreman	30 Sept 2028 (first term)		ARC & Registration Committee		

Appointments requiring Council approval are in red

Senior Council Member Role Profile

Status of document:	Draft
Version:	1
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Head of Governance
Planned next review date:	Date of approval + 3 years

1. Purpose

1.1 The Senior Council member's role is to:

- a. act as a sounding board for the Chair of Council;
- b. serve as an intermediary for other Council members;
- c. undertake the annual appraisal of the Chair's performance; and
- d. oversee the process for the appointment and reappointment of the Chair of Council.

2. Responsibilities

2.1 The Senior Council member will:

- a. act as sounding board for the Chair of Council in any matter which the Chair may determine appropriate;
- b. act as a trusted intermediary when necessary between the Chair and other Council members;
- c. be available to stakeholders if they have concerns which contact through the normal channels of Chair, Chief Executive and Registrar or the Executive has failed to resolve or for which such contact is inappropriate;
- d. convene and chair (once annually as a minimum) a meeting of Council members without the Chair present to facilitate the annual appraisal of the Chair and on such occasions as are deemed appropriate;
- e. act as a last resort internal contact point for whistleblowers who feel unable to raise concerns through such channels as are set out in the GOC Speaking Up Policy;
- f. in the absence of the Chair perform the functions of the non-executive Chair of Council as set out in the role description for the Chair; chair the Remuneration Committee (RemCo);
- g. consider stage two appeals with regard to complaints about members (as per the GOC Corporate Complaints policy);
- h. be kept informed as required under the GOC Significant and Serious Incident Management policy; and
- i. consider any appeal under the Acceptable Behaviour policy where the Chair of Council has made a decision to cease contact or restrict access.

3. Term of Office

- 3.1 The term of office will be two years with the possibility of renewal for a further two years subject to Council approval. The maximum term of office will be four years.
- 3.2 Appointment or removal from office is a decision reserved for Council.

Senior Council Member Role Profile

Status of document:	ApprovedDraft
Version:	1
Date of approval:	November 2017TBC
Effective from:	November 2017 TBC
Owner:	Head of GovernanceCouncil
Author:	Head of Governance
Planned next review date:	November 2023Date of approval + 3 years

1. Purpose

1.1 The Senior Council member's role is to:

~~1.1.11a.~~ act as a sounding board for the Chair of Council;

~~1.1.22~~

b. serve as an intermediary for other Council members; ~~and~~

c. ~~1.1.33~~ formally manage ~~undertake~~ the annual appraisal of the Chair's performance ~~annually;~~ and

d. ~~1.1.4~~ oversee the process for the appointment and reappointment of the Chair of Council.

Formatted: Indent: First line: 0 cm

Formatted: Indent: First line: 0 cm

Formatted: Normal, Indent: Left: 1 cm, Hanging: 1.54 cm

Formatted: Font color: Auto, English (United Kingdom)

2. Responsibilities

2.1 The Senior Council member will:

a. ~~2.1.1~~ act as sounding board for the Chair of Council in any matter which the Chair may determine appropriate;

b. ~~2.1.2~~ act as a trusted intermediary when necessary between the Chair and other Council members;

c. ~~2.1.3~~ be available to stakeholders if they have concerns which contact through the normal channels of Chair, Chief Executive and Registrar or the Executive has failed to resolve or for which such contact is inappropriate;

d. ~~2.1.4~~ convene and chair (once annually as a minimum) a meeting of Council members without the Chair present to facilitate the annual appraisal of the Chair and on such occasions as are deemed appropriate;

e. ~~2.1.5~~ act as a last resort internal contact point for whistleblowers who feel unable to raise concerns through such channels as are set out in the GOC Speaking Up Policy;

~~2.6f.~~ report to the Council annually on the fulfilment of the responsibilities of the SCM;

~~2.1.67~~ in the absence of the Chair perform the functions of the non-executive Chair of Council as set out in the role description for the Chair;

~~2.1.78~~ chair the Remuneration Committee (RemCo);

g. ~~2.9~~ have responsibility for agreeing any IT and other support needs for the Council Chair and members. IT and support needs for the SCM will be agreed by the Council Chair;

Formatted: Indent: Left: 1 cm, Hanging: 1.54 cm

Formatted: Indent: Left: 0 cm, First line: 1 cm

Formatted: Indent: Left: 1 cm, Hanging: 1.54 cm

Formatted: Indent: First line: 0 cm

~~2.1.80~~ consider stage two appeals with regard to complaints about members (as per the GOC Corporate Complaints policy);

Formatted: Indent: Left: 1 cm, Hanging: 1.54 cm

h. ~~2.1.91~~ be kept informed as required under the GOC ~~Complaints~~ Significant and Serious Incident Management policy; and

i. ~~2.121.10~~ consider any appeal under the Acceptable Behaviour policy where the Chair of Council has made a decision to cease contact or restrict access.

Formatted: Indent: Left: 0 cm, First line: 0 cm

3. Term of Office

3.1 ~~I~~the term of office will be two years with the possibility of renewal for a further two years subject to Council approval. The maximum term of office will be four years ~~;~~ and

3.2 ~~A~~appointment or removal from office is a decision reserved for Council.

Non-statutory Committee Terms of Reference

Meeting: 11 December 2024

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Mackay-Sim, Head of Governance

Purpose

1. To present the revised non-statutory committee terms of reference for Council approval.

Recommendations

Council is asked to:

- **approve** the terms of reference for the Audit, Finance and Risk Committee;
- **approve** the terms of reference for the Investment Committee;
- **approve** the terms of reference for the Nominations Committee;
- **approve** the terms of reference for the Remuneration Committee; and
- **delegate** any minor revisions to the Head of Governance (in consultation with the Chair of Council)

Strategic objective

2. The review is linked to the following strategic objective: "Building a culture of continuous improvement". The activity is included in the 2024/25 business plan for Governance.

Background

3. Council has delegated several of its responsibilities to committees, in accordance with good governance principles and practice. These committees are:
 - Audit, Risk and Finance Committee (ARC)
 - Investment Committee
 - Nominations Committee
 - Remuneration Committee
4. The committees are referred to collectively as the non-statutory committees; this is to distinguish them from the committees the Council is required to establish under its primary legislation.
5. Terms of reference are reviewed every three years. This ensures that the committee functions remain up to date and the mandate from Council is regularly renewed.
6. In order to support the Head of Governance with reviewing the committee terms of reference, a Council governing documents steering group was established. This was

set up with the endorsement of the Chair of Council and the Chief Executive and Registrar. The scope of the working group is attached as annex 1.

7. The group met throughout Q2 and Q3 2024/25 and was responsible for reviewing each terms of reference. Following this, each committee was asked to review the terms of reference and recommend it to Council.

Analysis

8. In considering the revisions, the Council governing documents steering group made reference to the following:
 - advice from the executive;
 - terms of reference of other regulators; and
 - guidance from the Charity Commission and other suitable authorities, such as the Chartered Governance Institute.
9. The proposed amendments have focussed on reflecting current practice and establishing clearer provisions in respect to the administration of the committees. There are minimal changes to the delegated functions of the committees, except where clarification was necessary.

Finance

10. The proposed amendments have no financial implications. The Chief Financial Officer was consulted on the proposed amendments where relevant and was content with the changes.

Risks

11. The key risks associated with reviewing the terms of reference are that it fails to enable the effective governance of the organisation. To mitigate this, the working group was asked to review similar committee terms of reference from other regulators (provided by the Head of Governance), the Charity Governance Code and related guidance. The Head of Governance also sought the input of the Chair of Council, Chief Executive and Registrar, Director of Corporate Services and Chief Financial Officer, while preparing the revisions. These actions serve to mitigate the risk and ensure the proposed amendments reflect good governance practice.

Equality Impacts

12. Each committee terms of reference includes a requirement “to ensure that all policies and work within the Committee’s remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.” The revised annual report requirement for each committee will create an opportunity to showcase how this responsibility is discharged.

Devolved nations

13. The report contains no specific implications for devolved nations.

Other Impacts

14. There are no significant impacts identified.

Communications

External communications

15. Subject to approval, the new terms of reference will be published on the GOC website.

Internal communications

16. Subject to approval, the new terms of reference will be circulated to relevant internal stakeholders, including the independent members that sit on each committee.

Next steps

17. The steering group will commence reviewing the standing orders and scheme of delegation in Q4 2024/25.

Attachments

Annex 1: Council governing documents steering group scope

Annex 2: Audit, Finance and Risk Committee terms of reference (clean)

Annex 3: Audit, Finance and Risk Committee terms of reference (track changes version)

Annex 4: Investment Committee terms of reference (clean)

Annex 5: Investment Committee terms of reference (track changes version)

Annex 6: Nominations Committee terms of reference (clean)

Annex 7: Nominations Committee terms of reference (track changes version)

Annex 8: Remuneration Committee terms of reference (clean)

Annex 9: Remuneration Committee terms of reference (track changes version)

Annex 1: Council governing documents steering group

Purpose – to act as an informal consultative body prior to committees and Council considering proposed updates to key governing documents.

Background –

The terms of reference for Council’s non-statutory committees were last approved in September 2021. The terms of reference require that the committees review terms of reference and recommend any changes considered necessary to Council at least every three years.

The standing orders for Council were last approved in September 2021. These are also required to be reviewed in 2024.

It is proposed that a steering group will support the revisions, prior to consideration by the relevant committees in autumn 2024. Final recommendations will be considered by Council in December 2024.

Membership –

Ken Gill, lay Council member, Chair of Audit, Risk and Finance Committee (ARC) as of September 2024

Andy Mackay-Sim, Head of Governance

Tim Parkinson, lay Council member, Chair of Investment Committee

Hema Radhakrishnan, registrant Council member

Functions

To consider amendments to the terms of reference for:

- ARC
- Investment Committee
- Nominations Committee
- Remuneration Committee

To consider amendments to the standing orders for Council

The steering group will support the Head of Governance and Chair of Council by providing a sounding board for proposed changes.

The steering group will review documents and identify any suggested amendments, prior to these being considered by the relevant committee.

The steering group can opt to do its reviews over email or via remote meetings, as best suits the group’s preferences.

In scope –

Committee terms of reference

Council standing orders

Out of scope –

Scheme of delegation and statutory/non-statutory approvals (to be revised 2025/26)

Appointments to the committee or appointment processes

Frequency of meetings

Anything that would directly contravene the GOC's statutory framework, Charity

Commission guidance or compliance with the Charity Code of Governance

Advisory panel + other statutory committees

Audit, Finance and Risk Committee (ARC) - Terms of Reference

Status of document:	Draft
Version:	V2
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Head of Governance
Planned next review date:	Approval date + three years

1. Purpose

- 1.1 Council has established an Audit, Finance and Risk Committee (ARC), with the following delegated authority:
- a. To provide Council with assurances relating to:
 - management of GOC finances;
 - management of risk;
 - the internal control environment; and
 - corporate and charity governance.
 - b. To appoint, reappoint and remove the external supplier of internal audit services and associated fees
 - c. To approve the internal audit plan;
 - d. To approve policies relating to the following:
 - financial regulations;
 - working capital;
 - risk management;
 - contracts and procurement;
 - information governance;
 - anti-financial crime;
 - working capital; and
 - credit cards.
 - e. To advise Council on:
 - the annual report, accounts and financial statements of the organisation;
 - the suitability of the proposed annual budget
 - matters of note in the financial performance reports;
 - the appointment, reappointment and removal of the external auditors;
 - the external audit fee and other fees for audit and non-audit services;
 - the Reserves Policy;
 - the Risk Appetite statement.
 - f. To approve the external audit terms of engagement;
 - g. To approve the external audit annual plan;
 - h. To approve the statements to be included in the annual report concerning internal controls and risk management; and
 - i. To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

2. Membership, Chair, Secretary and Quorum

- 2.1 The Committee will have at least four members, including one independent member¹. The membership will include at least one lay Council member and one registrant Council member. At least one member of the Committee will sit on both the Investment Committee and Audit, Finance and Risk Committee (ARC). The quorum necessary for the transaction of business will be three members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2 The Chair will be appointed by Council for up to four years, extendable by one further reappointment for up to four years. Council members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.
- 2.3 The independent member will be appointed by the Nominations Committee for a fixed period of four years, followed by one further reappointment of four years.
- 2.4 The Chair and the independent member should have appropriate audit, governance or risk management experience.
- 2.5 The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. The internal auditor and external auditor are permitted to attend any meeting upon request, except where the Chair of the Committee determines that there is an unmanageable conflict of interest. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

- 3.1 The Committee will meet at least four times during each financial year.
- 3.2 Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.
- 3.3 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.

4. Minutes of Meetings

- 4.1 A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.
- 4.3 The draft minutes of the Committee will be referred to the next strictly confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

5. Accountability & Reporting Responsibilities

- 5.1 The Committee is accountable to Council.
- 5.2 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report to Council to be considered at a public meeting.
- 5.3 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

6. Authority

- 6.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.

Appendix 1: Duties of the Audit, Risk & Finance Committee

1. Financial Management and Reporting

The Committee will:

- 1.1 provide assurance to Council that there is a suitable mechanism in place for budget setting for each financial year;
- 1.2 review the statutory annual report and financial statements prior to their submission to Council for approval, focusing particularly on:
 - a. the Governance Statement;
 - b. compliance with relevant accounting policies and practice;
 - c. unadjusted mis-statements;
 - d. major judgmental areas;
 - e. level of error identified;
 - f. significant adjustments resulting from the audit; and
 - g. management letters of representation;

and advise Council accordingly on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the company's position and performance, business model and strategy;

- 1.3 review and challenge as appropriate:
 - a. the consistency of accounting policies;
 - b. the methods used to account for significant or unusual transactions;
 - c. whether appropriate accounting standards have been followed and appropriate estimates and judgements have been made, taking into account the views of the external auditor;
- 1.4 review and challenge as appropriate the proposed budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council;
- 1.5 review and challenge as appropriate the quarterly financial performance reports prior to presentation to Council; provide assurance to Council as to their content; and advise Council as to any issues of which it should be aware and any action required;
- 1.6 review the adequacy of and approve any changes to the following finance related policies and procedures

- a. Annual accounting
- b. Anti-financial crime
- c. Contracts and procurement
- d. Credit cards
- e. Financial regulations
- f. Scheme of Delegation for Financial Management
- g. Working Capital

ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each.

1.7.1 review the adequacy of and changes to the following finance related policies and procedures before recommending their approval to Council:

- a. Reserves policy

ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each before recommending their approval by Council.

2. Internal Audit

The Committee will:

- 2.1 approve the appointment, re-appointment and removal of the external provider of the internal audit function;
- 2.2 oversee the selection process for an external provider to provide the internal audit function and, if such provider resigns, investigate the issues leading to this and decide whether any action is required and advise Council;
- 2.3 monitor and review the effectiveness of the internal audit function, including an external quality assessment of the internal audit function conducted by an independent, qualified assessor or assessment team. This may include:
 - a. Collaborating with SMT and the internal audit function to determine the scope and frequency of the external quality assessment.
 - b. Consider the responsibilities and regulatory requirements of the internal audit function, as described in the internal audit charter, when defining the scope of the external quality assessment.
 - c. Review and approve the internal audit function's plan for the performance of an external quality assessment. Such approval should cover, at a minimum:
 - The scope and frequency of assessments.
 - The competencies and independence of the external assessor or assessment team
 - The rationale for choosing to conduct a self-assessment with independent validation instead of an external quality assessment

- d. Require receipt of the complete results of the external quality assessment or self-assessment with independent validation directly from the assessor.
 - e. Review and approve the internal audit function's action plans to address identified deficiencies and opportunities for improvement, if applicable.
 - f. Approve a timeline for completion of the action plans and monitor the internal audit function's progress.
- 2.4 establish, approve, and support the mandate of the internal audit function;
 - 2.4 ensure that the internal audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
 - 2.5 review and approve the annual internal audit plan to ensure it is aligned with the key risks of the GOC;
 - 2.6 approve the internal audit annual fee;
 - 2.7 oversee the co-ordination of activities with the external audit function to ensure effective operation and to avoid duplication;
 - 2.8 receive reports of internal audit work, review and monitor the Executive's response to the findings and recommendations of the internal auditor (priority one recommendations in detail at each meeting, with a particular focus on recommendations that have been deferred or are on hold, and other recommendations in detail annually), form a view on how well they reflect the organisation's risk exposure and provide assurance to Council focusing on the highest priority items;
 - 2.9 meet with the head of internal audit at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from audits and progress with recommendations; and
 - 2.10 ensure that the head of internal audit has unrestricted access to the Chair of Council and the Chair of the Committee.

3. External Audit

The Committee will:

- 3.1 oversee the relationship with the external auditor including (but not limited to):
 - a. make recommendations to Council on the appointment, re-appointment and removal of the GOC external auditors;
 - b. oversee the tendering process for an external audit provider ensuring that all tendering firms have access as is necessary to relevant information and individuals for the duration of the tendering process;
 - c. investigate the issues leading to the resignation of an external audit provider, decide whether any action is required and advise Council;

- d. negotiate the external audit fee and make recommendations to Council on such remuneration;
 - e. negotiate other fees for audit or non-audit services and make recommendations to Council;
 - f. approve their terms of engagement, including the content of any engagement letter issued at the start of each audit and the scope of the audit;
 - g. review and approve the annual audit plan and ensure consistency with the scope of the audit engagement;
 - h. annually assess their independence, effectiveness and objectivity taking into account relevant UK law, professional and regulatory requirements and the Ethical Standard;
 - i. satisfy itself that there are no relationships (family, employment, investment, financial or business) between the auditor and the General Optical Council (other than in the ordinary course of business);
 - k. ensure that the external audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 3.2 monitor and review the effectiveness of the external audit function as appointed by Council and the relationship with the auditor as a whole;
- 3.3 meet with the external auditor at the planning stage before the audit and once after the audit at the reporting stage;
- 3.4 oversee the co-ordination of activities with the internal audit function to ensure effective operation and to avoid duplication;
- 3.5 meet with the external auditor at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from the audit and progress with recommendations;
- 3.6 review the findings of the audit with the external auditor which will include (but is not limited to) a discussion of any major issues which arose during the audit, any accounting and audit judgments, levels of error identified during the audit and the effectiveness of the audit and advise Council on the assurances provided by the audit;
- 3.7 review any representation letter(s) requested by the external auditors before they are signed by the Executive and/or Council;
- 3.8 review the external audit findings report and the Executive's response to the auditors findings and recommendations and action plan;
- 3.9 ensure that the head of external audit has unrestricted access to the Chair of Council and the Chair of the Committee; and

- 3.10 review the external audit report on 'decisions of the Investigation committee and Fitness to Practise committee' and highlight any learning points or areas of concern to Council.

4. Governance

The Committee will:

- 4.1 review on an annual basis:
- a. patterns and trends in corporate complaints and where the Acceptable Behaviour policy has been implemented in order to provide assurance to Council that processes are operating effectively;
 - b. information governance in order to provide assurance to Council that work in this area is compliant with GDPR and associated legal powers and duties (including review of completed and planned actions, effectiveness of the GOC information governance framework, completion of mandatory training and data on freedom of information and subject access requests;
- 4.2 report annually to Council on the work the Committee has undertaken during the previous year;
- 4.3 review the adequacy and robustness of key performance measures being used to report performance to Council;
- 4.4 review the adequacy of and approve any changes to the Information governance framework;
- 4.5 annually review the GOC Register of Interests and Register of Gifts and Hospitality.

5. Risk Management and the Control Environment

The Committee will:

- 5.1 review the Corporate Risk Register on a quarterly basis, focusing on the highest risk areas, and advise Council on any current risk exposures (identified and potential), changes to risk scores and the adequacy of proposed action or mitigations in order to provide assurance to Council that the risk register is operating effectively and in line with Council's expressed risk appetite and tolerance;
- 5.2 review the Departmental Risk Registers on an annual rolling basis, until such time as the Committee considers there to be an effective risk management system in place and fully embedded, focusing on the highest risk areas, and advise Council on any material changes to risk scores, concerns in relation to proposed actions or mitigations in order to provide assurance to Council that the Directorate Risk Registers are operating effectively;

- 5.3 advise Council as to which risk areas it should explore in depth;
- 5.4 review the adequacy of the guidance provided to employees on how to populate the risk registers (corporate and directorate), including scoring, mitigations and planned actions in order to provide assurance to Council that the system is working effectively;
- 5.5 obtain assurance from the internal auditors that the control environment arrangements in place are effective;
- 5.6 review and approve the statements to be included in the annual report concerning internal controls and risk management;
- 5.7 review and critically challenge the adequacy and effectiveness of internal financial controls and internal control and risk management systems in order to provide assurance to Council that the arrangements in place are robust and actively working;
- 5.8 review the adequacy of and approve any changes to the following internal control related policies:
 - risk management policy; and
 - anti-financial crime.
- 5.9 review the adequacy of and approve any changes to the Risk Appetite statement before approval by Council;
- 5.10 review the adequacy and robustness of the Business Continuity Plan, ensuring it is effective, consistent with Council's view and provides the necessary assurances;
- 5.11 review the annual Health & Safety compliance report;
- 5.12 receive a quarterly exceptions report, which will include matters requiring reporting to the Charity Commission as 'serious incidents', covering:
 - 5.12.1 breaches of or exceptions to any of the policies that are approved by Council or its committees;
 - 5.12.2 material changes to policies approved by the Executive;
 - 5.12.3 non-financial theft or loss which has created or may create a significant risk;
 - 5.12.4 security incidents which have created or may create a significant risk;
 - 5.12.5 data breaches requiring reporting to the Information Commissioner's Office;

- 5.12.6 incidents requiring reporting to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- 5.12.7 new or intended litigation;
- 5.12.8 waiver of standing orders;
- 5.12.9 exceptional financial actions such as losses being written off or special payments being made;
- 5.12.10 financial crimes such as fraud, theft or money laundering;
- 5.12.11 significant financial loss;
- 5.12.12 large donations from an unknown or unverifiable source or suspicious financial activity using the charity's funds;
- 5.12.13 new insurance claims;
- 5.12.14 links to terrorism or extremism, including proscribed organisations or individuals subject to an asset freeze; and
- 5.12.15 other serious or significant incidents such as disqualified trustees; insolvency; forced withdrawal of banking services; suspicions, allegations or incidents of abuse; or actual/suspected criminal activity.

6. Advise Council on any other areas of its work which the Committee believes is part of its role.

ⁱ a person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.



Audit, Risk & Finance and Risk
Committee (ARC) - Terms of Reference

Status of document:	<u>Final Draft</u>
Version:	<u>V1V2</u>
Date of approval:	<u>June 2022TBC</u>
Effective from:	<u>June 2022TBC</u>
Owner:	<u>Head of GovernanceCouncil</u>
Author:	Head of Governance
Planned next review date:	<u>June 2025 Approval date + three years</u>

Style Definition: Heading 2, Title Subheader: Font: 14 pt, Font color: Custom Color(RGB(0,86,148)), Border: Bottom: (Single solid line, Auto, 0.75 pt Line width)

1. Purpose

1.1 Council has established an Audit, ~~Finance and Risk and Finance~~ Committee (ARC), ~~with the following delegated authority; under delegated powers from Council, with the remit set out below:~~

Formatted: Font: (Default) Arial, 12 pt

a. ~~1.1.1~~ To provide Council with assurances relating to:

Formatted: Indent: First line: 1.27 cm

- ~~• management of GOC finances;~~
- ~~•~~
- ~~• management of risk;~~
- ~~•~~
- ~~• the internal control environment; and~~
- ~~•~~
- ~~• corporate and charity governance;~~
- ~~•~~

Formatted: Indent: First line: 1.27 cm

Formatted: Bulleted + Level: 1 + Aligned at: 2.54 cm + Indent at: 3.17 cm

Formatted: Bulleted + Level: 1 + Aligned at: 2.54 cm + Indent at: 3.17 cm

Formatted: Bulleted + Level: 1 + Aligned at: 2.54 cm + Indent at: 3.17 cm

Formatted: Bulleted + Level: 1 + Aligned at: 2.54 cm + Indent at: 3.17 cm

Formatted: Indent: Left: 3.17 cm

b. ~~1.1.2~~ To appoint, reappoint and remove the external supplier of internal audit services and associated fees;

Formatted: Font: (Default) Arial, 12 pt

Formatted: No Spacing, Indent: Left: 3.17 cm, First line: 0 cm

c. ~~1.1.3~~ To approve the internal audit plan;

Formatted: Indent: Left: 0 cm, First line: 1.27 cm

~~d. 1.1.4~~ To approve policies relating to the following:

Formatted: Font: (Default) Arial, 12 pt

- ~~• financial regulations;~~
- ~~• working capital;~~
- ~~• risk management;~~
- ~~• contracts and procurement;~~
- ~~• information governance;~~
- ~~• anti-financial crime;~~
- ~~• working capital; and~~
- ~~• credit cards.~~

~~•~~

~~• Financial regulations~~

Formatted: Indent: Left: 1.27 cm

Formatted: Font: (Default) Arial, 12 pt

~~• e. Working Capital~~

Formatted: Normal, Indent: Left: 1.27 cm, No bullets or numbering

- ~~• Annual accounting~~
- ~~• Risk management~~
- ~~• Contracts and procurement~~
- ~~• Information Governance~~
- ~~• Anti-financial crime~~
- ~~• Credit cards~~

Formatted: Indent: Left: 0.63 cm

~~1.1.5~~ To advise Council on:

- ~~• the annual report, accounts and financial statements of the organisation;~~

Formatted: Font: (Default) Arial, 12 pt

- the suitability of the proposed annual budget
- matters of note in the financial performance reports;
- the appointment, reappointment and removal of the external auditors;
- the external audit fee and other fees for audit and non-audit services;
- the Reserves Policy;
- the Risk Appetite statement.

~~▪ the accounts/financial statements and the annual report, accounts and financial statements of the organisation;~~

- ~~the suitability of the proposed annual budget and~~
- ~~▪ matters of note in the financial performance reports;~~
- ~~▪ the appointment, reappointment and removal of the external auditors;~~
- ~~▪ the external audit fee and other fees for audit and non-audit services;~~
- ~~▪ the Reserves Policy;~~
- ~~▪ the Risk Appetite statement.~~

f. ~~1.1.6~~—To approve the external audit terms of engagement;

g. ~~1.1.7~~—To approve the external audit annual plan;

h. ~~1.1.8~~—To approve the statements to be included in the annual report concerning internal controls and risk management; and

i. ~~1.1.9~~—To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

← -- **Formatted:** Indent: First line: 0 cm

← -- **Formatted:** No bullets or numbering

← -- **Formatted:** Indent: Left: 3.17 cm, No bullets or numbering

← -- **Formatted:** Indent: Left: 3.17 cm

← -- **Formatted:** Indent: First line: 0 cm

2. Membership, Chair, Secretary and Quorum

2.1 The Committee will have ~~at least four members, up to five members,~~ including ~~four Council members and~~ one independent member¹. ~~The membership will include at least one lay Council member and one registrant Council member. At least one member of the Committee will sit on both the Investment Committee and Audit, Finance and Risk Committee (ARC).~~ The quorum necessary for the transaction of business will be three members. In the instance of a tied vote, the Chair will have the casting vote.

Formatted: Indent: Left: 0 cm, Hanging: 1 cm

~~2.2 The Chair and the independent member should have appropriate audit, governance or risk management experience.~~

2.23 The Chair will be appointed by Council for ~~a fixed period of up to~~ four years, extendable by one further reappointment for up to four years. ~~Council members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies. Remaining Council members will be appointed by Council, in consultation with the Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.~~

2.34 The independent member will be appointed by the Nominations Committee for a fixed period of four years, followed by one further reappointment of four years.

~~2.4 The Chair and the independent member should have appropriate audit, governance or risk management experience.~~

2.5 ~~The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. The internal auditor and external auditor are permitted to attend any meeting upon request, except where the Chair of the Committee determines that there is an unmanageable conflict of interest. Others may be called upon to attend and speak at the invitation of the Chair.~~

Formatted: Font: (Default) Arial, 12 pt

3. Frequency and Notice of Meetings

3.1 The Committee will meet at least four times during each financial year.

Formatted: Indent: Left: 0 cm, Hanging: 1 cm

3.2 ~~Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.~~

3.3 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar.

Formatted: Indent: Left: 0 cm, Hanging: 1 cm

Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.

Formatted: Border: Bottom: (No border)

4. Minutes of Meetings

4.1 A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.

Formatted: Font: (Default) Arial, 12 pt

4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.

4.3 The draft minutes of the Committee will be referred to the next strictly confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

~~4.1 The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm

~~4.2 Draft minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Committee Chair and formally approved at the following meeting.~~

Formatted: Border: Bottom: (No border)

5. Accountability & Reporting Responsibilities

~~5.1 The Committee is accountable to Council.~~

~~5.2 The draft minutes of meetings will be circulated to the next Strictly Confidential Council meeting.~~

5.2 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report to Council to be considered at a public meeting.

Formatted: Font: (Default) Arial, 12 pt

5.3 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

6. Other

~~6.1—The Committee will fully review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.~~

~~6.2—The Committee will review its terms of reference and recommend any changes it considers necessary to Council at least every three years.~~

67. Authority

~~67.1—The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.~~

Appendix 1: Duties of the Audit, Risk & Finance Committee

1. Financial Management and Reporting

The Committee will:

- 1.1 provide assurance to Council that there is a suitable mechanism in place for budget setting for each financial year;
- 1.2 review the statutory annual report and financial statements prior to their submission to Council for approval, focusing particularly on:

- a. ~~1.2.1~~ the Governance ~~Statement;~~ ~~changes in and~~
- b. ~~1.2.2~~ compliance with relevant accounting policies and ~~practice;~~
- ~~1.2.3~~ c. ~~unadjusted mis-statements;~~
- ~~1.2.4~~ d. ~~major judgmental areas;~~
- ~~1.2.5~~ e. ~~level of error~~ ~~identified;~~
- ~~1.2.6~~ f. ~~significant adjustments resulting from the audit; and~~
- ~~1.2.7~~ g. ~~and managements~~ ~~letters of representation;~~

and advise Council accordingly ~~on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the company's position and performance, business model and strategy; as to whether, when taken as a whole, they are a fair, balanced and understandable and provide the necessary information to assess performance;~~

- 1.3 review and challenge ~~as appropriate (if/where necessary):~~

- a. ~~1.3.1~~ the consistency of accounting policies;
- b. ~~1.3.2~~ the methods used to account for significant or unusual transactions;
- * c. ~~1.3.3~~ whether appropriate accounting standards have been followed and appropriate estimates and judgements have been made, taking into account the views of the external auditor;

- 1.4 review and challenge as appropriate the proposed budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council;
- 1.5 review and challenge as appropriate the quarterly financial performance reports prior to presentation to Council; provide assurance to Council as to their content; and advise Council as to any issues of which it should be aware and any action required;
- 1.6 review the adequacy of and approve any changes to the following finance related policies and procedures ~~by ensuring each is effective, consistent with~~

Formatted: Font: (Default) Rockwell, 14 pt

Formatted: Heading 2, Title Subheader

Formatted: Indent: First line: 0 cm

Formatted: Indent: Left: 1.27 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Indent: First line: 1.25 cm

Formatted: Indent: Left: 1.25 cm, Hanging: 1.25 cm, No bullets or numbering

Council's view and provides assurance as to the appropriateness and robustness of each:

a. 1.6.1 Contracts and Procurement; Annual accounting

b. Anti-financial crime

c. Contracts and procurement

d. Credit cards

e. Financial regulations

f. Scheme of Delegation for Financial Management

g. Working Capital

• Credit Cards (use of); and

• Working Capital.

ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each.

Formatted: Indent: Left: 1.25 cm, Hanging: 1.25 cm, No bullets or numbering

Formatted: Indent: Left: 1.25 cm, Hanging: 1.25 cm, No bullets or numbering

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 2 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Indent: Left: 1.25 cm

1.7.1 1.7 review the adequacy of and changes to the following finance related policies and procedures before recommending their approval to Council:

a. Reserves policy

a.

by ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each before recommending their approval by Council:

• Reserves policy

Formatted: Font: (Default) Arial, 12 pt

Formatted: List Paragraph, Outline numbered + Level: 3 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0 cm + Indent at: 1.27 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Indent: Left: 1.9 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: List Paragraph, Indent: Left: 0.93 cm

Formatted: Indent: Left: 1.75 cm, First line: 0 cm, Outline numbered + Level: 3 + Numbering Style: 1, 2, 3, ... + Start at: 2 + Alignment: Left + Aligned at: 0 cm + Indent at: 1.27 cm

2. Internal Audit

The Committee will

- 2.1 approve the appointment, re-appointment and removal of the external provider of the internal audit function;
- 2.2 oversee the selection process for an external provider to provide the internal audit function and, if such provider resigns, investigate the issues leading to this and decide whether any action is required and advise Council;
- 2.3 monitor and review the effectiveness of the internal audit function, including an external quality assessment of the internal audit function conducted by an independent, qualified assessor or assessment team. This may include:

a. Collaborating with SMT and the internal audit function to determine the scope and frequency of the external quality assessment.

b. Consider the responsibilities and regulatory requirements of the internal audit function, as described in the internal audit charter, when defining the scope of the external quality assessment.

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Indent: Left: 0.63 cm, First line: 1.27 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

- Review and approve the internal audit function's plan for the performance of an external quality assessment. Such approval should cover, at a minimum:
 - The scope and frequency of assessments.
 - The competencies and independence of the external assessor or assessment team.
- c. The rationale for choosing to conduct a self-assessment with independent validation
 - instead of an external quality assessment. The scope and frequency of assessments.
 - The competencies and independence of the external assessor or assessment team
 - The rationale for choosing to conduct a self-assessment with independent validation instead of an external quality assessment
- d. Require receipt of the complete results of the external quality assessment or self-assessment with independent validation directly from the assessor.
 - Review and approve the internal audit function's action plans to address identified deficiencies and opportunities for improvement, if applicable.
- e. *
- f. Approve a timeline for completion of the action plans and monitor the internal audit function's progress.

Formatted: Indent: Left: 0.63 cm, First line: 1.27 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Bulleted + Level: 1 + Aligned at: 2.54 cm + Indent at: 3.17 cm

Formatted: Bulleted + Level: 1 + Aligned at: 1.9 cm + Indent at: 2.54 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

2.4 establish, approve, and support the mandate of the internal audit function;

- 2.4 ensure that the internal audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 2.5 review and approve the annual internal audit plan to ensure it is aligned with the key risks of the GOC;
- 2.6 approve the internal audit annual fee;
- 2.7 oversee the co-ordination of activities with the external audit function to ensure effective operation and to avoid duplication;
- 2.8 receive reports of internal audit work, review and monitor the Executive's response to the findings and recommendations of the internal auditor (priority one recommendations in detail at each meeting, with a particular focus on recommendations that have been deferred or are on hold, and other recommendations in detail annually), form a view on how well they reflect the organisation's risk exposure and provide assurance to Council focusing on the highest priority items;

- 2.9 meet with the head of internal audit at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from audits and progress with recommendations; and
- 2.10 ensure that the head of internal audit has direct-unrestricted access to the Chairs of _____ Council and the Chair of the Committee.

3. External Audit

The Committee will:

3.1 oversee the relationship with the external auditor including (but not limited to):

- a. _____
~~3.1.1~~ make recommendations to Council on the appointment, re-appointment and removal of the GOC external auditors;
- _____ ~~3.1.2~~ oversee the tendering process for an external audit provider ensuring _____ that all tendering firms have access as is necessary to relevant _____ information and individuals for the duration of the tendering process;
- b. _____
~~c.3.1.3~~ investigate the issues leading to the resignation of an external audit provider, decide whether any action is required and advise Council;
- d. _____
~~3.1.4~~ negotiate the external audit fee and make recommendations to Council on such remuneration;
- e. _____ ~~3.1.5~~ negotiate other fees for audit or non-audit services and make -recommendations to Council;
- f. _____ ~~3.1.6~~ approve their terms of engagement, including the content of any engagement letter issued at the start of each audit and the scope of the audit;
- b. _____ ~~3.1.7~~ review and approve the annual audit plan and ensure consistency with _____ the scope of the audit engagement;
- g. _____
~~3.1.8~~ annually assess their independence, effectiveness and objectivity _____ taking into account relevant UK law, professional and regulatory _____ requirements and the Ethical Standard;
- h. _____
~~3.1.9~~ satisfy itself that there are no relationships (family, employment, _____ investment, financial or business) between the auditor and the General _____ Optical Council (other than in the ordinary course of business);
- i. _____

Formatted: Indent: First line: 1.27 cm

Formatted: Indent: First line: 1.27 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

- k.3.1.10 ensure that the external audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 3.2 monitor and review the effectiveness of the external audit function as appointed by Council and the relationship with the auditor as a whole;
- 3.3 meet with the external auditor at the planning stage before the audit and once after the audit at the reporting stage;
- 3.4 oversee the co-ordination of activities with the internal audit function to ensure effective operation and to avoid duplication;
- 3.5 meet with the external auditor at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from the audit and progress with recommendations;
- 3.6 review the findings of the audit with the external auditor which will include (but is not limited to) a discussion of any major issues which arose during the audit, any accounting and audit judgments, levels of error identified during the audit and the effectiveness of the audit and advise Council on the assurances provided by the audit;
- 3.7 review any representation letter(s) requested by the external auditors before they are signed by the Executive and/or Council;
- 3.8 review the external audit findings report and the Executive's response to the auditors findings and recommendations and action plan;
- 3.9 ensure that the head of external audit has ~~direct unrestricted~~ access to the Chairs of _____ Council and the Chair of the Committee; and
- 3.10 review the external audit report on 'decisions of the Investigation committee and Fitness to Practise committee' and highlight any learning points or areas of concern to Council.

4. Governance

The Committee will:

- 4.1 review on an annual basis:
 - a. _____ 4.1.1 patterns and trends in corporate complaints which includes instances and _____ where the Acceptable Behaviour policy has been implemented in order _____ to provide assurance to Council that processes are operating _____ effectively;

Formatted: Indent: First line: 1.27 cm
 Formatted: Indent: Left: 1.27 cm, Hanging: 1.27 cm

~~b. 4.1.2 the GOC Policy Log in order to provide assurance to Council that work in this area is progressing;~~

~~4.1.3 information governance in order to provide assurance to Council that work in this area is progressing-compliant with GDPR and associated legal powers and duties (including review of completed and planned actions, effectiveness of the GOC information governance framework, completion of mandatory training and data on freedom of information and subject access requests;~~

Formatted: Indent: Left: 1.27 cm, Hanging: 1.27 cm

- 4.2 report annually to Council on the work the Committee has undertaken during the previous year;
- 4.3 review the adequacy and robustness of key performance measures being used to report performance to Council;
- 4.4 review the adequacy of and approve any changes to the Information governance framework;
- 4.5 annually review the GOC Register of Interests and Register of Gifts and Hospitality.

5. Risk Management and the Control Environment

The Committee will:

- 5.1 review the Corporate Risk Register on a quarterly basis, focusing on the highest risk areas, and advise Council on any current risk exposures (identified and potential), changes to risk scores and the adequacy of proposed action ~~or~~ mitigations in order to provide assurance to Council that the risk register is operating effectively and in line with Council's expressed risk appetite and tolerance;
- 5.2 review the Departmental Risk Registers on an annual rolling basis, until such time as the Committee considers there to be an effective risk management system in place and fully embedded, focusing on the highest risk areas, and advise Council on any material changes to risk scores, concerns in relation to proposed actions ~~or~~ mitigations in order to provide assurance to Council that the Directorate Risk Registers are operating effectively;
- 5.3 advise Council as to which risk areas it should explore in depth;
- 5.4 review the adequacy of the guidance provided to employees on how to populate the risk registers (corporate and directorate), including scoring, mitigations and planned actions in order to provide assurance to Council that the system is working effectively;

- 5.5 obtain assurance from the internal auditors that the control environment arrangements in place are effective;
- 5.6 review and approve the statements to be included in the annual report concerning internal controls and risk management;
- 5.7 review and critically challenge the adequacy and effectiveness of internal financial controls and internal control and risk management systems in order to provide assurance to Council that the arrangements in place are robust and actively working;
- 5.8 review the adequacy of and approve any changes to the following internal control related policies:
 - risk management policy; and
 - anti-financial crime.
- 5.9 review the adequacy of and approve any changes to the Risk Appetite statement before approval by Council;
- 5.10 review the adequacy and robustness of the Business Continuity Plan, ensuring it is effective, consistent with Council's view and provides the necessary assurances;
- 5.11 review the annual Health & Safety compliance report;
- 5.12 receive a quarterly exceptions report, which will include matters requiring reporting to the Charity Commission as 'serious incidents', covering:
 - 5.12.1 breaches of or exceptions to any of the policies that are approved by Council or its committees;
 - 5.12.2 material changes to policies approved by the Executive;
 - 5.12.3 non-financial theft or loss which has created or may create a significant risk;
 - 5.12.4 security incidents which have created or may create a significant risk;
 - 5.12.5 data breaches requiring reporting to the Information Commissioner's Office;
 - 5.12.6 incidents requiring reporting to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
 - 5.12.7 new or intended litigation;
 - 5.12.8 waiver of standing orders;

Formatted: Bulleted + Level: 1 + Aligned at: 1.27 cm +
Indent at: 1.9 cm

- 5.12.9 exceptional financial actions such as losses being written off or special payments being made;
- 5.12.10 financial crimes such as fraud, theft or money laundering;
- 5.12.11 significant financial loss;
- 5.12.12 large donations from an unknown or unverifiable source or suspicious financial activity using the charity's funds;
- 5.12.13 new insurance claims;
- 5.12.14 links to terrorism or extremism, including proscribed organisations or individuals subject to an asset freeze; and
- 5.12.15 other serious or significant incidents such as disqualified trustees; ~~insolvency~~; forced withdrawal of banking services; suspicions, allegations or incidents of abuse; or actual/suspected criminal activity.

6. Advise Council on any other areas of its work which the Committee believes is part of its role.

a person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

Formatted: Font: (Default) Arial, 10 pt

Formatted: Font: (Default) Arial, 10 pt

Formatted: Font: (Default) Arial

Investment Committee – Terms of Reference

Status of document:	DRAFT
Version:	2
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Head of Governance
Planned next review date:	Date of approval + 3 years

1. Purpose

1.1 Council has established an Investment Committee with the following delegated authority:

- To ensure that the Investment Policy, any associated guidelines and instructions to investment managers are consistent with the GOC's charitable purpose, governing document and Charity Commission guidance on investing charity funds;
- To recommend to Council an Investment Policy, including risk appetite, fiduciary ethical, social and governance (ESG) considerations;
- To recommend to Council the appointment and removal of investment managers;
- To approve the fees and terms of engagement of investment managers;
- To ensure that any investment of assets are in line with the Investment Policy;
- To monitor:
 - the performance of the GOC's assets;
 - the performance of the investment managers, including their performance on returns using industry-recognised benchmarks (such as target benchmarks, comparator benchmarks and point of reference benchmarks);
 - the investment manager compliance with the GOC's risk appetite
 - the appropriateness and adequacy of the investment information presented to the Committee and Council; and
 - external risk factors, including climate change and economic shocks;
- To maintain oversight of operational governance arrangements regarding investments;
- To assure Council that long-term financial forecasts, reserves and anticipated draw-down needs are reflected in the instructions to the investment managers;
- To keep the Investment Policy and any associated guidelines under review;
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

2. Membership, Chair, Secretary and Quorum

- 2.1 The Committee will have at least three members. This will include at least one lay Council member and one registrant Council member. At least one member of the Committee will sit on both the Investment Committee and Audit, Risk and Finance Committee (ARC). The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2 Members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

- 2.3 The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

- 3.1 The Committee will meet at least once during each financial year. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.
- 3.2 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.
- 3.3 In the event of a significant financial event that impacts the overall value or return of investments, the Director of Corporate Services has the authority and duty to convene a meeting of the Committee. This meeting can take place without the required notice period.

4. Minutes of Meetings

- 4.1 A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.
- 4.3 The draft minutes of the Committee will be referred to the next strictly confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

5. Accountability & Reporting Responsibilities

- 5.1 The Committee is accountable to Council.

6. Other

- 6.1 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report to Council to be considered at a public meeting.
- 6.2 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

7. Authority

- 7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.

Investment Committee – Terms of Reference

Status of document:	Final DRAFT
Version:	1.2
Date of approval:	2024 TBC
Effective from:	2024 TBC
Owner:	Head of Governance Council
Author:	Governance and Compliance Manager Head of Governance
Planned next review date:	2024 Date of approval + 3 years

1. Purpose

- 1.1 Council has established an Investment Committee, ~~under delegated powers from the Council, with the remit set out below with the following delegated authority:~~
- ~~To ensure that the Investment Policy, any associated guidelines and instructions to investment managers are consistent with the GOC's charitable purpose, governing document and Charity Commission guidance on investing charity funds;~~
 - To recommend to Council an Investment Policy, including risk appetite, ~~fiduciary ethical, ethical, and sustainability~~ social and governance (ESG) considerations;
 - To recommend to Council the appointment and removal of investment managers;
 - To approve the fees and terms of engagement of investment managers;
 - To ensure that any investment of assets ~~is~~ are in line with the Investment Policy;
 - To monitor:
 - the performance of the GOC's assets;
 - ~~the performance of the investment managers, including their performance on returns using industry-recognised benchmarks (such as target benchmarks, comparator benchmarks and point of reference benchmarks);~~ the investment manager compliance with the GOC's risk appetite;
 - the appropriateness and adequacy of the investment information presented to the Committee and Council; and
 - external risk factors, including climate change and economic shocks;
 - To maintain oversight of operational governance arrangements regarding investments;
 - To assure Council that ~~that~~ long-term financial forecasts, reserves and anticipated draw-down needs are reflected in the instructions to the investment managers;
 - To keep the Investment Policy and any associated guidelines under review;
 - To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

2. Membership, Chair, Secretary and Quorum

- 2.1 The Committee will have ~~up to at least~~ at least three members. ~~This will include at least one lay Council member and one registrant Council member. At least one member of the Committee will sit on both the Investment Committee and Audit, Risk and Finance Committee (ARC).~~ The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2 ~~Members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies. The Chair will be appointed by Council for a fixed period of four years, extendable by one further reappointment for up to four years. Remaining members will be appointed by Council, in consultation with the~~

~~Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.~~

- 2.3 ~~The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. Others may be called upon to attend and speak at the invitation of the Chair. The Chair of Council and members of the Senior Management Team[†] may attend and speak at meetings of the Committee. Others may be called upon to attend and speak at the invitation of the Chair of the Committee.~~

3. Frequency and Notice of Meetings

- 3.1 ~~The Committee will meet at least once during each financial year. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.~~

- ~~3.2~~ 3.2 ~~Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.~~

- 3.3 ~~In the event of a significant financial event that impacts the overall value or return of investments, the Director of Corporate Services has the authority and duty to convene a meeting of the Committee. This meeting can take place without the required notice period. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.~~

4. Minutes of Meetings

- 4.1 ~~The secretary~~ A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2 ~~Minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Committee Chair and formally approved at the following meeting.~~ 4.2 Draft minutes of Committee meetings will be circulated to all

[†]All Directors reporting to the Chief Executive and Registrar

members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.

4.3 The draft minutes of the Committee will be referred to the next strictly confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

5. Accountability & Reporting Responsibilities

5.1 The Committee is accountable to Council.

~~5.2 The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential meeting.~~

6. Other

6.1 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report ~~the results~~ to Council to be considered at a public meeting.

6.2 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

7. Authority

7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Normal

Nominations Committee - Terms of Reference

Status of document:	Draft
Version:	V2
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Head of Governance
Planned next review date:	Approval date + 3 years

1. Purpose

- 1.1 Council has established a Nominations Committee under delegated powers from Council, with the remit set out below:
- a. To ensure that all member appointments and reappointments are conducted in a manner that is consistent with the guidance issued by the Professional Standards Authority(PSA) and GOC values;
 - b. To approve all member¹ appointment, review and reappointment processes;
 - c. To approve plans for Council member appointments;
 - d. To approve plans for committee member appointments;
 - e. To approve plans for member development (including induction and training);
 - f. To approve the re-appointment of members (excluding Council members) in line with the Council and committee re-appointment process;
 - g. To approve member (excluding Council members) extensions and emergency appointments; and
 - h. To approve matters relating to the continuation in office of any member (excluding Council members) including the retraction of resignation, disqualification, suspension and removal from office;
 - i. To advise Council regarding:
 - i The role profile and competences required of Council members, following an evaluation of vacancy requirements;
 - ii The re-appointment of Council members (in line with the Council and committee appointment process);
 - iii The role description for the Senior Council Member;
 - iv Council member extensions and emergency appointments;
 - v Matters relating to the continuation in office of any Council member including the disqualification, suspension and removal from office of the Chair and Council members;
 - j. To approve a statement in the annual report about its membership, role and remit for the preceding year;
 - k. To approve the annual process for Council evaluation;
-

¹ A member is an associate of the GOC who is appointed as a member of a committee or Council.

- I. To ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.
- 1.2 The Committee will approve the membership of Appointment Panels and delegate authority to carry out appointment campaigns (in line with the Member Appointment Process). It will be for the Appointment Panel to make recommendations to the Privy Council in relation to Council appointments, and to make appointments in relation to all other member vacancies.

2. Membership, Chair, Secretary and Quorum

- 2.1 The Committee will have at least four members, including one independent member. The membership will include at least one lay Council member and one registrant Council member. The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2 The Chair will be appointed by Council for up to four years, extendable by one further reappointment for up to four years. Council members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies..
- 2.4 Members must excuse themselves from any part of any meeting considering their own appointment, reappointment or plans for the appointment of a successor.
- 2.5 The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

- 3.1 Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.
- 3.2 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.

4. Minutes of Meetings

- 4.1 A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.
- 4.3 The draft minutes of the Committee will be referred to the next Strictly Confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

5. Accountability & Reporting Responsibilities

- 5.1 The Committee is accountable to Council.
- 5.2 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report to Council to be considered at a public meeting.
- 5.3 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

6. Authority

- 6.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.

Nominations Committee - Terms of Reference

Status of document:	Final Draft
Version:	V1 V2
Date of approval:	23 September 2023 23 September 2024TBC
Effective from:	23 September 2023 23 September 2024TBC
Owner:	Head of GovernanceCouncil
Author:	Head of Governance
Planned next review date:	23 September 2023 Approval date + 3 years

1. Purpose

1.1 Council has established a Nominations Committee under delegated powers from Council, with the remit set out below:

- a. ~~1.1.1~~ 1.1.1 To ensure that all member appointments and reappointments are conducted in a manner that is consistent with the guidance issued by the Professional Standards Authority(PSA) and GOC values; Formatted: Indent: Left: 1.27 cm, Hanging: 1.27 cm
- b. ~~1.1.2~~ To approve ~~the~~all member¹ appointment, review and reappointment processes; Formatted: Indent: First line: 1.27 cm
- c. ~~1.1.32~~ To approve plans for Council member appointments ~~following a review by Council of the vacancy requirements~~; Formatted: Indent: Left: 0 cm, First line: 1.27 cm
- d. ~~1.1.43~~ To approve plans for ~~statutory~~ committee member appointments; Formatted: Indent: First line: 1.27 cm
- e. ~~1.1.54~~ To approve plans for member development (including induction and training);
- f. ~~1.1.65~~ To approve the re-appointment of members (excluding Council members) in line with the Council and committee re-appointment process; Formatted: Indent: Left: 1.27 cm, Hanging: 1.27 cm
- g. ~~1.1.76~~ To approve member (excluding Council members) extensions and emergency appointments; and
- h. ~~1.1.87~~ To approve matters relating to the continuation in office of any member (excluding Council members) including the retraction of resignation, disqualification, suspension and removal from office;
- i. ~~1.1.98~~ To advise Council regarding: Formatted: Indent: First line: 1.27 cm
 - ~~1.8.1.9i~~ The role profile and competences required of Council members, following an evaluation of vacancy requirements; Formatted: Indent: Left: 2.54 cm
 - ~~1.1.98ii-2~~ The re-appointment of Council members (in line with the Council and committee appointment process);
 - ~~1.1.9iii8-3~~ The role description for the Senior Council Member; Formatted: Indent: Left: 1.27 cm
 - ~~1.1.98-iv4~~ Council member extensions and emergency appointments;
 - ~~1.1.98-5v~~ Matters relating to the continuation in office of any Council member including the disqualification, suspension and removal from office of the Chair and Council members; Formatted: Indent: Left: 2.54 cm

¹ ~~All associates of the GOC who are neither employees, workers nor contractors.~~ A member is an associate of the GOC who is appointed as a member of a committee or Council.

~~4.9 To appoint independent members to non-statutory committees;~~

Formatted: Indent: Left: 1.27 cm

~~j. 4.1.10 To approve a statement in the annual report about its membership, role and remit for the preceding year;~~

Formatted: Indent: Left: 1.27 cm

~~k. 4.1.11 To approve the annual process for Council evaluation;~~

Formatted: Indent: Left: 1.27 cm

~~l. 4.1.12 To ensure that all policies and work within the Ceommittee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.~~

Formatted: Indent: Left: 1.27 cm

1.2 ~~The Committee members may also act as members~~ will approve the membership of Appointment Panels and delegate authority to ~~of Appointments Panels to~~ carry out appointment campaigns (in line with the Member Appointment Process). It will be for the Appointment Panel to make recommendations to the Privy Council in relation to Council appointments, and to make appointments in relation to all other member vacancies.

Formatted: Normal, Indent: Left: 0 cm, Hanging: 1.27 cm

2. Membership, Chair, Secretary and Quorum

2.1 ~~The Committee will have at least four members, including one independent member. The membership will include at least one lay Council member and one registrant Council member. The Committee will have up to four members including the Council Chair, two Council members and one fully independent member².~~ The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote.

2.2 ~~The Chair will be appointed by Council for up to four years, extendable by one further reappointment for up to four years. Council members will be appointed by the Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies. Meetings will be chaired by the Council Chair, except when the committee is dealing with the matter of succession to the chairmanship. In the absence of the Chair, the remaining members present will elect one of their number to chair the meeting.~~

~~2.3 Members will be appointed by Council, in consultation with the Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.~~

²A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

2.4 Members must excuse themselves from any part of any meeting considering their own appointment or, reappointment or plans for the appointment of a successor.

2.5 The Chair of Council, the Chief Executive and members of the Senior Management Team (SMT) may attend and speak at meetings of the Committee. Members of the Senior Management Team³ may attend and speak at meetings of the committee.
Others may be called upon to attend and speak at the invitation of the Chair.

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

3. Frequency and Notice of Meetings

3.1

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

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

3.3 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or Director of Corporate Services. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee. The Committee will meet at least once during each financial year.

~~3.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.~~

Formatted: Font: Arial, 12 pt, Font color: Auto

4. Minutes of Meetings

4.1 A member of the Governance team will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.

³All Directors reporting to the Chief Executive and Registrar.

4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have a casting vote.

4.3 The draft minutes of the Committee will be referred to the next Strictly Confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration. ~~The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.~~

~~4.2~~ Minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Chair and formally approved at the following meeting.

Formatted: Font: Rockwell, 14 pt, Font color: Text 2

Formatted: Border: Bottom: (Single solid line, Auto, 0.75 pt Line width, From text: 18 pt Border spacing:)

5. Accountability & Reporting Responsibilities

Formatted: Font color: Text 2

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm, Border: Bottom: (Single solid line, Auto, 0.75 pt Line width, From text: 18 pt Border spacing:)

~~5.1~~ The Committee is accountable to Council.

~~5.2~~ The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential meeting.

6. Other

5.1 The Committee is accountable to Council.

5.2 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and provide an annual report to Council to be considered at a public meeting.

5.3 The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.~~6.1~~ The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.

~~6.2~~ The Committee will review its terms of reference every three years and recommend any changes it considers necessary to Council for approval.

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

6.7. Authority

6.7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.

Remuneration Committee – Terms of reference

Status of document:	Final
Version:	V1
Date of approval:	TBC
Effective from:	TBC
Owner:	Council
Author:	Head of Governance
Planned next review date:	TBC + 3 years

1. Purpose

- 1.1 Council has established a Remuneration Committee with the following delegated authority:
- To advise Council on the payment of fees to members¹;
 - To advise Council on the process to appoint or remove the Chief Executive and Registrar (or Chief Executive or Registrar if these functions are fulfilled by two different office-holders);
 - To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management, and that these are in line with the GOC's values and principles;
 - To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team (SMT)²;
 - To approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT;
 - To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
 - To approve a statement in the annual report about its membership, role and remit for the preceding year;
 - To advise the Chief Executive and Registrar on the staff expenses policy; and
 - To ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.

2. Membership and Quorum

- 2.1 The Committee will have up to three members including the Senior Council Member (Chair), one other Council member and an independent³ member. The Council members will include one lay and one registrant member. The quorum necessary for the transaction of business will be two members. The independent member must be present and entitled to vote for any decision pertaining to the remuneration of members or the executive, except where it might constitute a significant conflict of interest. There will be no casting vote in the event of a tied vote. If a tied vote arises, the Committee can request more information from the executive and reconvene to reconsider the decision at a later date. Alternatively, it can refer the matter to Council for consideration.
- 2.2 Members will be appointed by Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the Committee in advance of the meeting in the event the Chair has given their apologies.
- 2.3 The Chair of Council, the Chief Executive and members of the SMT may attend and speak at meetings of the Committee. The Chief Executive and members of SMT must not be

¹ Associates of the GOC who are appointed to a Committee, Panel or Council. This does not include employees or contractors.

² All Directors reporting to the Chief Executive and Registrar.

³ A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair.

3. Frequency and Notice of Meetings

- 3.1 The Committee will meet at least once during each financial year. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.
- 3.2 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or the Director responsible for People and Culture. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee.

4. Minutes of Meetings

- 4.1 A member of the Governance team shall minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those present and in attendance. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will continue to take minutes. Where decisions are of a confidential or sensitive nature, the Head of People and Culture will be responsible for making a record of the Committee's deliberations and decision. This will be maintained as a confidential annex to the minutes for audit purposes and retained by the People and Culture team for future reference.
- 4.2 Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.
- 4.3 The approved minutes of the Committee will be circulated to the next strictly confidential Council meeting. The Chair may choose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.

5. Accountability & Reporting Responsibilities

- 5.1 The Committee is accountable to Council. The Committee should report its decisions to Council without disclosing the remuneration of any member of staff other than the Chief Executive and Registrar.

6. Other

- 6.1 The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council. This will comprise of its statement within the GOC annual report and accounts.
- 6.2 The Committee will review its terms of reference and recommend any changes it considers necessary to Council every three years.

7. Authority

- 7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.
- 7.2 The Committee is authorised to appoint remuneration consultants, in consultation with the Director with responsibility for People and Culture. to advise the Committee.

Remuneration Committee – Terms of reference

Status of document:	Final
Version:	V1
Date of approval:	23 September 2024 TBC
Effective from:	23 September 2024 TBC
Owner:	Head of Governance Council
Author:	Head of Governance
Planned next review date:	September 2023 TBC + 3 years

1. Purpose

1.1 Council has established a Remuneration Committee with the remit, under delegated powers from the Council and within the Council's policies, set out below following delegated authority:

- To advise Council on the payment of fees to members¹⁴;
- To advise Council on the process to appoint or remove the Chief Executive and Registrar (or Chief Executive or Registrar if these functions are fulfilled by two different office-holders);
- To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management, which and that these are in line with the GOC's values and principles;
- To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team (SMT)²²;
- To approve the process of appraisal for the Chief Executive and Registrar and other members of the Senior Management Team SMT;
- To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
- To approve a statement in the annual report about its membership, role and remit for the preceding year;
- To advise the Chief Executive and Registrar on the staff expenses policy; and
- To ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion.

Formatted: Underline

2. Membership and Quorum

2.1 ~~2.1~~ The Committee will have up to three members including the Senior Council Member (Chair), one other Council member and an independent³³ member. The Council members will include one lay and one registrant member. The quorum necessary for the transaction of business will be two members. In the instance of a tied vote, the Chair will have the casting vote. The independent member must be present and entitled to vote for any decision pertaining to the remuneration of members or the executive, except where it might constitute a significant conflict of interest. There will be no casting vote in the event of a tied vote. If a tied vote arises, the Committee can request more information from the executive and reconvene to reconsider the decision at a later date. Alternatively, it can refer the matter to Council for consideration.

Formatted: List Paragraph, Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 2 + Aligned at: 1.9 cm + Indent at: 2.54 cm

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

¹ Associates of the GOC who are appointed to a Committee, Panel or Council. This does not include employees or contractors.

² All Directors reporting to the Chief Executive and Registrar.

³ A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

Formatted: No Spacing

Formatted: Font: 8 pt

2.2 Members will be appointed by Council, in consultation with the Committee Chair. The maximum term for any appointment to the Committee will be eight years. A Chair may be elected by the members of the Committee in advance of the meeting in the event the Chair has given their apologies. , for a fixed period of four years, extendable by one further reappointment for up to four years.

Formatted: Expanded by 2.9 pt

2.3 The Chair of Council, the Chief Executive and members of the SMT may attend and speak at meetings of the Committee. The Chief Executive and members of SMT must not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair.

Formatted: Not Expanded by / Condensed by

Formatted: Expanded by 1.85 pt

~~¹All associates/Associates of the GOC who are appointed to a Committee, Panel or Council. This does not include neither employees, workers nor contractors.~~

~~²All Directors reporting to the Chief Executive and Registrar.~~

~~³A person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.~~

~~2.3 The Chair of Council and members of the Senior Management Team may attend and speak at meetings of the Committee, except that they will not. Individual members of SMT must not be present during discussions relating directly to their own positions. Others may be called upon to attend and speak at the invitation of the Chair.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm

3. Frequency and Notice of Meetings

3.1 The Committee will meet at least once during each financial year. Meetings will be held electronically (online via MS Teams or similar) unless otherwise notified. A notice of the meeting confirming the venue, time and date will be issued to all Committee members and participants electronically. This will be accompanied by the agenda and supporting papers. This will be issued no later than five working days before the date of the meeting, unless otherwise agreed by the Chair of the Committee.

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

3.2 Meetings of the Committee shall be called by the secretary of the Committee, who is normally a member of the Governance team, according to the annual calendar. Additional meetings can be organised at the request of the Committee Chair, Chair of Council, Chief Executive and Registrar or the Director responsible for People and Culture. For a meeting to proceed, the secretary of the Committee must be present. If it is necessary for the secretary of the Committee to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will act as secretary of the Committee. When discussions may turn to confidential matters and require the secretary of the Committee to vacate the meeting, the Chief Executive and Registrar or another nominated representative may take on the secretarial role. A Chair may be elected by the members of the committee in advance of the meeting in the event the Chair has given their apologies.

~~3.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.~~

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

4. Minutes of Meetings

4.1 4.1 A member of the Governance team shall minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those present and in attendance. If it is necessary for the secretary of the Committee Committee secretary to leave the meeting due to confidential matters, the Chief Executive and Registrar or their nominated representative will continue to take minutes. Where decisions are of a confidential or sensitive nature, the Head of People and Culture will be responsible for making a record of the Committee's deliberations and decision. This will be maintained as a confidential annex to the minutes for audit purposes and retained by the People and Culture team for future reference.

Formatted: English (United States)

~~4.2 4.2—Draft minutes of Committee meetings will be circulated to all members of the Committee once they have been agreed to by the Committee Chair. Draft minutes will be considered and approved by the Committee at its next meeting. In the event of a dispute, the Chair will have casting vote.~~

~~4.3 4.5—The approved minutes of the Committee will be circulated to the next strictly confidential Council meeting. The Chair may chose to submit a report from the Committee highlighting any issues for Council's discussion or consideration.~~

~~The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.~~

~~4.2—Minutes of Committee meetings will be circulated promptly to all members of the _____ Committee once agreed by the Chair and formally approved at the following _____ meeting.~~

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

5. Accountability & Reporting Responsibilities

~~5.1 5.1—The Committee is accountable to Council. The Committee should report its decisions to _____ Council without disclosing the remuneration of any member of staff other than the Chief _____ Executive and Registrar.~~

~~5.2—The draft minutes of the Committee meeting will be circulated to the next Strictly Confidential Council meeting, except where the committee believes that all or part of its minutes should be kept confidential to itself and its Secretariat.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm

6. Other

~~6.1 6.1—The Committee will review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council. This will comprise of its statement within the GOC annual report and accounts.~~

~~6.2 6.2—The Committee will review its terms of reference and recommend any changes _____ it considers necessary to Council every three years.~~

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

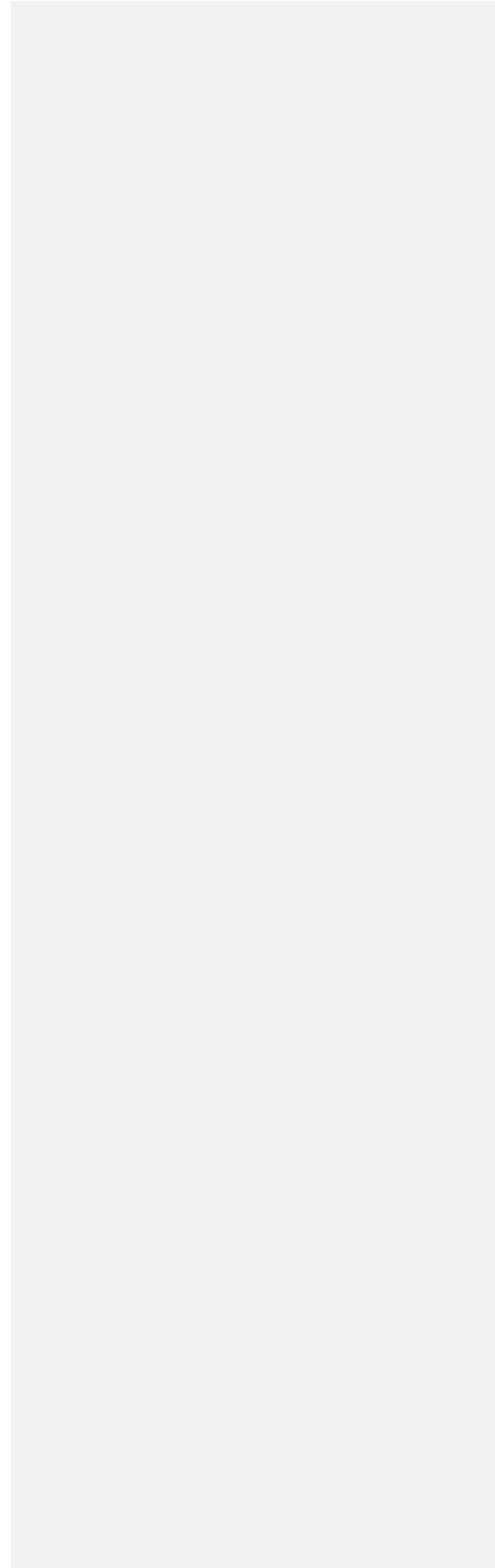
Formatted: No Spacing

7. Authority

~~7.1 7.1—The Committee is authorised by Council to seek such information as it may _____ reasonably require from any employee or member of Council to fulfil its remit. Individual members of the Committee can request information via the Chair of the Committee and the Chair of Council. Such requests must outline the purpose for which the information is requested, and any information made available will be circulated to the Committee as a whole. The Chief Executive and Registrar, with the agreement of the Chair of Council, can refuse an information request where it is reasonably believed that disclosure is not in the interests of the GOC, its regulatory purpose or the pursuit of its charitable objectives.~~

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

7.2 The Committee is authorised to appoint remuneration consultants, [in consultation with the Director with responsibility for People and Culture](#), ~~as required,~~ to — advise the Committee, ~~considering any relevant GOC policies~~.



Freedom to speak up policy for GOC employees, members, workers and contractors

Meeting: 11 December 2024

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Mackay-Sim, Head of Governance

Purpose

1. To present the revised freedom to speak up policy for Council approval.

Recommendations

Council is asked to:

- **approve** the freedom to speak up policy (annex 1); and
- **delegate** any minor revisions to the Head of Governance (in consultation with the Chair of Council)

Strategic objective

2. The policy is linked to the following strategic objective: “Building a culture of continuous improvement”. The activity is included in the 2024/25 business plan for Governance.

Background

3. The GOC currently operates a Speaking Up policy for staff. Creating this policy was a recommendation from the Equality, Diversity and Inclusion review undertaken in 2019, and the policy was approved by Council in 2021. The Head of Governance is the organisation’s named Speaking Up champion, and the primary point of contact for any whistleblowing referrals.
4. The policy is due for review in 2024/25. It is proposed that a new Freedom to Speak Up policy will replace the Speaking Up policy for staff. This replicates the requirements of the National Guardian’s Office freedom to speak up model.
5. The National Guardian’s Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC’s report “The Freedom to Speak Up” (2015). The National Guardian’s Office is joint funded by NHS England and the Care Quality Commission, and reports annually to both.
6. The Francis report found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. Recommendations were made to identify learning and support improvement of the speaking up culture of the healthcare sector.

7. Several other regulators have adopted a freedom to speak up model and the Head of Governance has met with colleagues at the GMC to understand the practical implications.
8. The proposed policy has been reviewed by SMT and the Policy Review Group. Feedback has been incorporated into a final policy, and it is now presented in annex 1 for approval by Council.

Analysis

9. A robust speaking up policy is an important internal control to support service improvement and ensure channels are available for whistleblowing disclosures. It is a critical governance document, and it is on this basis that Council has been designated owner of the policy.
10. Council, as a board of charitable trustees, has a key role in ensuring that there are effective arrangements in place, including lines of assurance. This is managed through regular reporting on the number of speaking up referrals received, including thematic analysis where appropriate. This reporting occurs on a quarterly basis to Audit, Risk and Finance Committee (ARC) and a narrative summary of issues raised has also been included in the annual report since 2023-24.

Rationale for change

11. The staff survey for 2023 identified that 47% of respondents thought the “whistleblowing policy” was fair, and 50% of respondents thought it was applied fairly. The more detailed breakdown of responses indicated that most respondents who responded otherwise did not know the policy or felt neutral towards it. The Speaking Up policy, while not explicitly named “whistleblowing”, retained much of the language and tone of a conventional whistleblowing policy. The new policy, and accompanying National Guardian’s Office training, is aimed at moving away from an organisational culture where speaking up is seen as an exception to the norm.
12. The internal EDI review, undertaken in autumn 2023, was supportive of the proposals to shift the current policy towards a freedom to speak up model.
13. The revised policy is adapted from the template published by NHS England. The template is described as “the minimum standard for local freedom to speak up policies across the NHS”. Minor amendments have been made to ensure that the policy reflects the nature of the GOC as a regulator and charity. The guidance provided for NHS leaders is attached as annex 2 to provide additional context.

Freedom to Speak Up Guardian

14. The policy realigns the role of the **Speaking Up Champion** to become the strategic lead for Freedom to Speak Up and the designated contact for whistleblowing disclosures. There is a new requirement for a **Freedom to Speak Up Guardian**. The

National Guardian's Office advocates for this guardian to be selected via an open and transparent recruitment process, which is open to all staff. The size and nature of the GOC means that the responsibilities of the Guardian could be managed alongside a substantive role, without the need to create an additional post. The Head of People and Culture has been asked to consider whether there will be an Additional Responsibility Allowance attached, and details are being finalised. Subject to Council approval of the policy, the process for recruiting a Freedom to Speak Up Guardian will commence in January 2025.

Training requirements

15. The policy provides clear guidance to managers, staff and senior leaders in the organisation. It sets expectations on everyone who works for the GOC in respect to speaking up. Council will be required to undertake a training session delivered by the Head of Governance.
16. To support the above, the policy imposes new training requirements for all GOC staff. It is intended that these will form part of the induction process for new staff, with annual refresher training being delivered. Three modules will be mandatory:
 - Speak Up: core training for all employees
 - Listen Up: for managers at all levels (in addition to the above)
 - Follow Up: for Leadership Team and SMT (in addition to the above)
17. These short training modules are free to access via the learning platforms used by the NHS and carry no additional cost for the GOC.

Whistleblowing and protected disclosures

18. Compared to its predecessor, the new policy has improved wording around whistleblowing and protected disclosures. This has been drawn from the Department for Business, Energy & Industrial Strategy code of practice for whistleblowing. It makes it explicit that staff should seek independent advice if they believe that they have been detrimentally impacted as the result of making a protected disclosure.

Finance

19. The proposed amendments have no financial implications. The Chief Financial Officer was consulted on the proposed amendments where relevant and was content with the changes.

Risks

20. The proposed policy is one of the GOC's defined internal controls. It is intended to provide adequate safeguards for those wishing to make a protected disclosure, and therefore is a key element of our fraud prevention framework. It also provides a control in respect to improper conduct by a senior member of staff or manager.

Equality Impacts

21. EDI action plan for 2024-25 included the following action: “References to bias and discrimination included in revised Speaking Up guidance and the Raising Concerns pages.” The amendment to the policy will address this action in full.
22. Seven speaking up referrals were made by staff (or regarding staff, two were made about staff from anonymous sources) over the life of the previous policy. All referenced some form of discrimination, harassment or bullying. Six referenced racism. The majority were connected to employee relations issues that had either concluded or were ongoing at the time of referral.

Devolved nations

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

Other Impacts

24. There are no significant impacts identified.

Communications

External communications

25. Once approved, it will be published on the GOC website. The Freedom to Speak Up Champion will have their details registered with the National Guardian’s Office once appointed.

Internal communications

26. The final policy will be circulated to all staff and the training requirements launched at an all staff meeting in early 2025.

Next steps

27. Subject to any changes proposed by Council, the final policy will be published.

Attachments

Annex 1: Freedom to speak up policy for GOC employees, members, workers and contractors

Annex 2: Freedom to Speak Up: A guide for leaders in the NHS and organisations delivering NHS services

Freedom to speak up policy for GOC employees, members, workers and contractors

Status of document: DRAFT
Version: 0.1
Date of approval:
Effective from:
Owner: Council
Author: Andy Mackay-Sim, Head of Governance
Planned next review date: Approval date + 3 years

1. Equalities statement

- 1.1 Promoting equality, reducing inequalities and addressing discrimination are at the heart of our freedom to speak up commitments as an organisation.
- 1.2 Throughout the development of this policy and the processes that support it, we have:
 - Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
 - Given regard to the need to reduce inequalities, bias and unfair outcomes.

2. Purpose

- 2.1 Our freedom to speak up policy applies to all those who are engaged by GOC, as members, workers, contractors or employees, and describes how to speak up and what will happen when you do so. It is designed to be inclusive and support resolution by managers wherever possible. This policy is based on freedom to speak up policies drawn from NHS organisations and others providing NHS healthcare services in primary and secondary care in England, which has the aim of normalising speaking up for the benefit of patients and workers.
- 2.2 The aim of this policy is to ensure all matters raised are captured and considered appropriately. The GOC is committed to freedom to speak up, in line with its organisational values:
 - We act with integrity
 - We pursue excellence
 - We respect other people and ideas
 - We show empathy
 - We behave fairly
 - We are agile and responsive to change

3. Speak up – we will listen

- 3.1 We welcome speaking up and we will listen when someone does. By speaking up at work you will play a vital role in helping us improve the working environment for our employees, members, contractors and workers, and the services we provide for the public and our registrants.
- 3.2 This policy is for all who are engaged by the GOC. It includes contractors, employees, members and workers. We agree with the following commitment in the [NHS People Promise](#): “that we each have a voice that counts, that we all feel safe and confident to speak up, and take the time to really listen to understand the hopes and fears that lie behind the words.”

- 3.3 We want to hear about any concerns you have, whichever part of the GOC you work in. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. This policy applies to you whether you be a worker, apprentice, temporary member of staff, contractor, or Council associate. We also know that those with disabilities, or from a global majority background or the LGBTQ+ community do not always feel able to speak up. We want to encourage people to speak up, and we can achieve this by ensuring we have a transparent, fair policy and process for their concerns.
- 3.5 We ask all who work with us to complete the training on speaking up as part of their induction. For employees, this will be an online training module. There is a module on listening up specifically for managers to complete and a module on following up for senior leaders to complete. If you work in another capacity for the GOC, for example as a member or contractor, we will ensure that training is delivered when you join us.
- 3.6 You can find out more about what Freedom to Speak Up (FTSU) is in [these videos](#).

4. What can I speak up about?

- 4.1 You can speak up about anything that affects public protection or impacts your working life. That could be something which doesn't feel right to you, for example:
- a way of working or a process that isn't being followed;
 - you feel you are being discriminated against; or
 - you feel the behaviour of others is affecting your wellbeing, or that of your colleagues, the public or registrants.

Speaking up is about all these things.

- 4.2 Speaking up, therefore, captures a range of issues, some of which may be more appropriately addressed by other existing processes. That's fine. As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

5. We want you to feel safe to speak up

- 5.1 You speaking up to us helps us identify opportunities for improvement that we might not otherwise know about.
- 5.2 We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.

6. Who can speak up?

- 6.1 Anyone who works for the GOC, including contractors, employees, members, workers and others. This encompasses any directors, heads of department, managers, officers, assistants, contractors, members, volunteers, students,

student or work experience placements, trainees, Council associates and agency workers, as well as former contractors, employees, members and workers.

7. Who can I speak up to?

Speaking up internally

7.1 Most speaking up happens through conversations with line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

7.2 However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you and depending on the size of the team and directorate you work in:

- A manager, head of department or director with responsibility for the subject matter you are speaking up about.
- Our Freedom to Speak Up Guardian, X (who you can contact in confidence at speakingup@optical.org). The guardian can support you to speak up if you feel unable to do so by other routes. The guardian will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role [here](#).
- If you have concerns about public protection or the fitness to practise of a registrant, then you can refer this to speakingup@optical.org
- Our People and Culture team: peopleteam@optical.org
- Our senior lead responsible for Freedom to Speak Up and whistleblowing, Andy Mackay-Sim (who you can contact in confidence at whistleblowing@optical.org) - they provide senior support for our speaking up guardian and are responsible for reviewing the effectiveness of our FTSU arrangements. They will also be responsible for supporting any serious whistle blowing concerns, including:
 - criminal offences (this may include, for example, types of financial impropriety such as fraud)
 - failure to comply with an obligation set out in law
 - miscarriages of justice
 - endangering of someone's health and safety
 - damage to the environment
- covering up wrongdoing in the above categories
- Our Senior Council Member responsible for Freedom to Speak Up [insert name and contact details] – this role is specific to organisations with boards, like the GOC, and can provide more independent support for the guardian; provide a fresh pair of eyes to ensure that investigations are conducted with rigor; and help escalate issues, where needed.

Speaking up externally

7.3 If you do not want to speak up to someone within your organisation, you can speak up externally to:

- The Charity Commission: The Charity Commission regulates charities in England and Wales. The GOC is a registered charity. Visit: www.charitycommission.gov.uk
- The Professional Standards Authority (PSA): The PSA oversees ten health and care regulators (including the GOC) who regulate health and care professionals to make sure they are protecting patients and service users properly. They complete performance reviews, as well as special reviews, if there are serious concerns raised with them. <https://www.professionalstandards.org.uk/share-your-experience/share-your-experience-of-regulators>

7.4 Please note that neither the PSA nor the Charity Commission can get involved in individual employment or fitness to practise matters.

8. How should I speak up?

8.1 You can speak up to any of the people or organisations listed above in person, by phone, over Microsoft Teams or in writing (including email).

Confidentiality

8.2 The most important aspect of your speaking up is the information you can provide, not your identity.

8.3 You have a choice about how you speak up:

- Openly: you are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.
- Confidentially: you are happy to reveal your identity to the person you choose to speak up to on the condition that they will not share this without your consent.
- Anonymously: you do not want to reveal your identity to anyone. This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act to resolve the issue. It also means that you might not be able to access any extra support you need and receive any feedback on the outcome.

8.4 In all circumstances, please be ready to explain as fully as you can the information and circumstances that prompted you to speak up.

9 Advice and support

9.1 Your staff networks ([Staff Networks \(sharepoint.com\)](https://sharepoint.com)) can be a valuable source of support.

9.2 You can access a range of health and wellbeing support, including the Mental Health First Aiders and the Employee Assistance Programme, via the following pages on IRIS: [Mental Health and Wellbeing \(sharepoint.com\)](#)

9.3 You can also contact the following organisations:

- [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.
- The charity [Protect](#) provides confidential and legal advice on speaking up.
- The [Trades Union Congress](#) provides information on how to join a trade union.
- The [Advisory, Conciliation and Arbitration Service](#) (ACAS) gives advice and assistance, including on early conciliation regarding employment disputes. They have a free helpline which is also available over text relay and interpreters (including BSL) can also be provided.
- The [Law Society](#) may be able to point you to other sources of advice and support.

10. What will we do?

10.1 The matter you are speaking up about may be best considered under a specific existing policy/process, for example, our processes for dealing with bullying and harassment. If so, we will discuss this with you. If you speak up about something that does not fall into an HR or another process, this policy ensures that the matter is still addressed.

Resolution and investigation

10.3 We support our managers to listen to any issues you raise and take action to resolve them wherever possible. In most cases, it's important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.

10.4 Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside the GOC or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

10.5 Any employment issues that have implications for you and/or your capability or conduct identified during the investigation will be considered separately.

Communicating with you

10.6 We will treat you with respect at all times and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report

with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

How we learn from your speaking up

10.7 We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made and work effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Review

10.8 We will seek feedback from those involved about their experience of speaking up. We will review the policy on a three-year cycle, looking at the outcomes of referrals to make changes as appropriate.

Senior leaders' oversight

10.9 Our Senior Management Team (SMT) and Council will receive a report at least annually providing a thematic overview of speaking up by our employees, members, workers and contractors to our FTSU guardian(s). The broad themes from our speaking up referrals will be reported in our annual report. SMT and Council are committed to considering where themes are arising in speaking up referrals, and what action could be taken to address people's concerns.

11. Whistleblowing and making a protected disclosure

11.1 Speaking up is about anything which gets in the way of public protection or the well-being of our people.

11.2 Whistleblowing is a form of speaking up, although it has a specific status in law under the Public Interest Disclosure Act 1998. The Department for Business and Trade has a [code of practice for employers](#), which the GOC is committed to.

11.3 Whistleblowing is the term used when a worker passes on information concerning wrongdoing. It can also be called "making a disclosure" or "blowing the whistle". The wrongdoing will typically (although not necessarily) be something they have witnessed at work.

11.4 When an employee or worker who makes a disclosure that would be covered by whistleblowing, they must reasonably believe two things:

- The first is that they are acting in the public interest. This means in particular that personal grievances and complaints are not usually covered by whistleblowing law.
- The second thing is that the disclosure tends to show past, present or likely future wrongdoing falling into one or more of the following categories:

- criminal offences (this may include, for example, types of financial impropriety such as fraud)
- failure to comply with an obligation set out in law
- miscarriages of justice
- endangering of someone's health and safety
- damage to the environment
- covering up wrongdoing in the above categories

11.5 Whistleblowing law is found in the Employment Rights Act 1996 (as amended by the Public Interest Disclosure Act 1998). It provides the right for employees and some categories of worker to take a case to an employment tribunal if they have been victimised at work or have lost their job because they have “blown the whistle”.

11.6 A protected disclosure is defined in the Public Interest Disclosure Act 1998. This legislation allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. The legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from [Protect](#) or a legal representative.

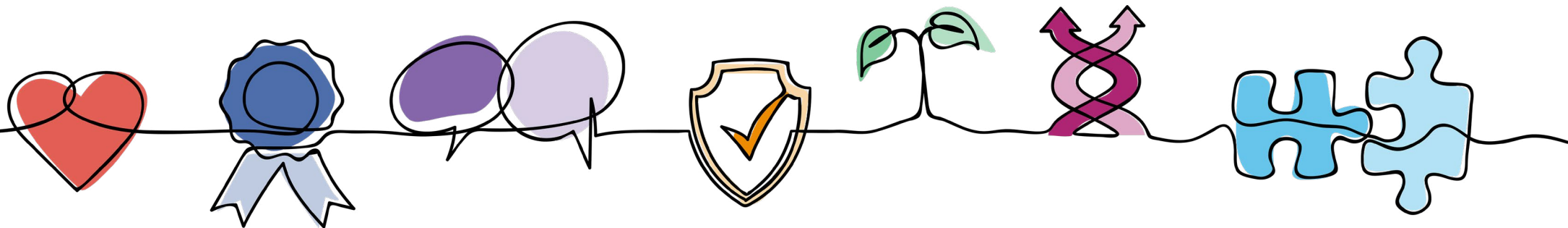
11.7 The term ‘whistleblowing’ can have negative connotations which may be a barrier to speaking up. Some people associate ‘whistleblowing’ with a formal process, or a matter that is escalated outside an organisation.

11.8 It may not be clear to you whether what you are doing is whistleblowing or speaking up. This should not discourage you from saying something, as we will always support those at the GOC who speak up when they have concerns. You can contact our senior lead responsible for Freedom to Speak Up and whistleblowing, Andy Mackay-Sim, and have a discussion in confidence at whistle-blowing@optical.org



Freedom to Speak Up:

A guide for leaders in the NHS and
organisations delivering NHS services



Contents

Introduction	3	Responding to speaking up	16	Continually improving speaking-up culture	30
Why speaking up matters	3	National Guardian's Office training	16	Writing your improvement strategy	30
How to use the guide	4	Support managers	16	The improvement and delivery plan	31
Principles for leaders and managers	6	Learning from speaking up	18	Continuous improvement	31
Guidance for leaders	7	Triangulate data to identify wider issues	18	Indicators of concern	32
Valuing speaking up	8	Learn for improvement	20	Assurance	33
Understanding the value of speaking up	8	Supporting Freedom to Speak Up guardians	21	Ways to gather assurance	33
The senior lead responsible for Freedom to Speak Up	9	The guardian role	22	The guardian report	34
The non-executive director responsible for Freedom to Speak Up	9	Guardian models	22	Building widespread cultural change	36
The person responsible for people and organisational development	9	Recruiting guardians	23	Carry out wider cultural improvement	37
Investing in a Freedom to Speak Up guardian	9	Evaluating ringfenced time	24	Compassionate, inclusive leadership	38
Contingency planning	9	Line managing the guardian	25	Just and learning culture	40
Role-modelling speaking up	10	Case-handling procedures	25	Worker voice	41
Setting the tone for culture	10	Speaking-up data	25	Equality, diversity and inclusion	42
Reflecting on leadership behaviour	12	Tackling barriers to speaking up	26	Civility and respect	43
Communicating about speaking up	14	Identify barriers to speaking up	26	Health and wellbeing	44
Write your speaking-up policy	14	Groups that may face barriers	27		
Develop strong communication	14	Tackling barriers	27		
		Appoint speaking-up champions	28		
		Tackle detriment	29		

This guide is a collaboration between NHS England/National Guardians Office 2022.

An online version is available at:

www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs

Introduction

We want to make the NHS the best place to work.

We want our workers to feel valued and respected at work and to know that their views are welcomed. By meeting their needs, we also enable them to deliver the best possible care.

To do that, we need to provide the best possible working environment – one where speaking up is not only welcomed, but valued as an opportunity to learn and improve.

We each have a voice that counts

Ensuring that all our workers – permanent employees, agency staff, students, volunteers – have a voice that counts is a key part of the NHS People Promise:

We all feel safe and confident to speak up.

And we take the time to really listen to understand the hopes and fears that lie behind the words.

NHS People Promise

Why speaking up matters

When people speak up, everyone benefits. Building a more open culture, in which leadership encourages learning and improvement, leads to safer care and treatment and improved patient experience.

People are the eyes and ears of an organisation. Their views, improvement ideas and concerns can act as a valuable early warning system that a policy, process or decision is not playing out as anticipated or could be improved.

A speaking-up culture benefits staff satisfaction and performance, too. When people feel that their opinions matter and are valued and acted on, they become more committed – and performance and retention improve.

When people feel that speaking up about poor behaviour is welcomed and encouraged, and that it will be addressed at an early stage, organisations become less entrenched in formal employee relations processes. These can be costly and damage relationships.

So, people's voices play a vital role in informing and driving improvement. However, speaking up is not always easy – especially in organisations where leaders do not welcome challenge or change. That is why putting in place effective, person-centred speaking-up processes will support people to speak up and protect them in doing so. That way, more people should feel able to do so – to the benefit of your organisation and workers.

Who this guide is for

This guide is designed to be used by any senior team, owner or board in any organisation that delivers NHS commissioned services. This includes all aspects of primary care; secondary care; and independent providers. This audience has been chosen because it is the behaviour of senior leaders that has the biggest impact on organisational culture and behaviours.

Using this guide, and the accompanying self-reflection tool, will help you:

- build a culture and behaviours that is responsive to feedback from workers
- ensure that your organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- improve staff survey scores and other worker experience metrics
- demonstrate to regulators or inspectors the work you are doing to develop your speaking-up arrangements.

How to use this guide

This guide provides ideas for how your organisation might adhere with the Principles for leaders and managers ([see page 6](#)), with detailed information on key topics and recommendations for further reading. The accompanying reflection and planning tool, available at www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs, is designed to help you identify strengths in yourself, your team and your organisation – and any gaps needing work.

This resource is made up of:

Part 1 is the main guidance, with each section covering the Principles for leaders and managers ([see page 7](#) - the transactional information you need to develop your speaking-up process).

Part 2 shows how speaking up sits within the wider context of a compassionate and inclusive culture, how all elements of such a culture are closely linked to Freedom To Speak Up (FTSU), and must be implemented alongside it ([see page 36](#) - the transformational information you need for culture and behavioural change).

Use this guide alongside the reflection and planning tool as follows:

Step 1: Read the guide.

Step 2: Use the first stage of the reflection and planning tool to evaluate your existing arrangements or to reflect on which principles you want to focus on embedding.

Step 3: Use the second stage of the reflection and planning tool to plan your next steps.

Step 4: Share your plan with your workers, senior team or board, for their feedback or oversight.

Every organisation has its own set of strengths and challenges, and some will be at a more advanced stage in developing speaking-up arrangements than others. This is particularly the case for primary care and integrated care systems. Through 2022/23 NHS England and the National Guardian's Office are working to understand more about how speaking up can be embedded in these organisations and systems.

For this reason, this guide does not give instructions that must be followed from start to end. Instead, it offers guidance within different themes, leaving you free to work on the priorities most relevant to your organisation. The accompanying self-reflection tool will help you ascertain what those are.

A mechanical, tick-box approach to the self-reflection tool is unlikely to lead to a better culture and behaviours. Fundamentally, speaking up involves having a conversation. To be effective, this conversation requires trust and respect. So, improving speaking-up arrangements should begin with honest reflection on how you and your colleagues respond when people do speak up to you.

Terms used in this guide

Organisations	Integrated care boards, NHS trusts, NHS foundation trusts, primary care networks, GP confederations, GP practices, community pharmacies, dentists, optical businesses, independent providers, community interest companies
The leadership	In a trust or integrated care board, the board; in smaller or less complex organisations, a senior leadership group or contract holder
Senior leader	In a trust or integrated care board, executive directors; in primary care, GP partners, principal dentists, superintendent pharmacists, or directors or responsible officers for an optical business
Senior leader for Freedom to Speak Up	In a trust or integrated care board, the executive director responsible for Freedom to Speak Up; in primary care, a member of the senior leadership team
Speaking up	Encompasses matters often referred to as raising concerns, making suggestions for improvement, whistleblowing and protected or qualifying disclosures
Worker	An employee, secondee, contractor, student, volunteer, agency or temporary staff member, locum or governor delivering NHS care

The fundamentals of a healthy speaking-up culture

The principles below are the fundamental requirements for an environment where people feel safe to speak up with confidence.

Principles for leaders and managers

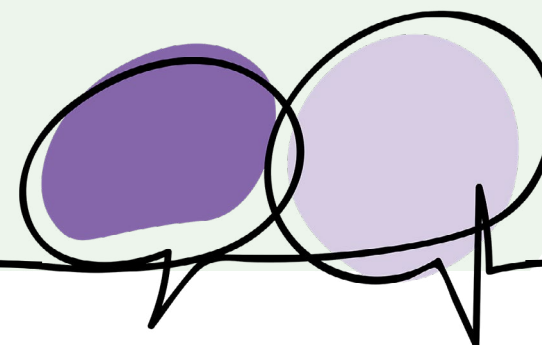
- ① Value speaking up.
- ② Role-model speaking up and set a healthy Freedom to Speak Up culture.
- ③ Make sure workers know how to speak up and feel safe and encouraged to do so.
- ④ When someone speaks up, thank them, listen up and follow up.
- ⑤ Use speaking up as an opportunity to learn and improve.
- ⑥ Support Freedom to Speak Up guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements alike.
- ⑦ Identify and tackle barriers to speaking up.
- ⑧ Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Part 1

Guidance for leaders

Part 1 sets out the transactional information that you need to carry out the Freedom to Speak Up process.

You can work through the sections from start to finish or focus on areas of highest need for your organisation.



Valuing speaking up

Principle 1: Value speaking up.

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top. This section sets out the ways you can demonstrate that commitment.

Understanding the value of speaking up

Before an organisation's leaders can begin to effectively implement their speaking-up arrangements, they need to understand what speaking up is and the value it brings to the organisation.

A culture in which workers feel safe and can confidently share their voice and speak up plays a critical role in organisational effectiveness. Organisations where workers can highlight issues, challenge the status quo or question the norm are better able to innovate, perform well and provide ever safer, more effective care.

Your organisation will not successfully embed this cultural change without the absolute commitment of the people at the top. If you sense any hesitancy or resistance at this level to embedding speaking-up culture across your organisation, you need to invest the necessary time and resource to explore any fears. This may include providing development and coaching to ensure that the value of speaking up is embraced wholeheartedly.

Find out more

A good starting point to understand the importance of speaking up is Sir Robert Francis' [Freedom to Speak Up Review report](#) and the National Guardian's [website](#).



The senior lead responsible for Freedom to Speak Up

Having a senior person to champion Freedom To Speak Up (FTSU) and support your Freedom to Speak Up guardian helps demonstrate to your organisation your commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The senior lead should be accountable for these aspects of the FTSU guardian role:

- fair, inclusive recruitment ([see page 23](#))
- capacity ([see page 24](#))
- evaluating speaking-up arrangements ([see page 30 - 33](#)).

They should also be able to explain to oversight bodies the rationale for decisions around:

- ringfenced time, as well as the checks and balances put in place to show this time is sufficient and effective
- how the guardian was appointed
- how the organisation reviews its speaking-up arrangements.

The non-executive director responsible for Freedom to Speak Up

This non-executive director (NED) role is a senior, independent lead role specific to organisations with boards. In this context, the NED is predominantly a support for the guardian: a fresh pair of eyes to ensure that investigations are conducted with rigor and to help escalate issues, where needed.

They should have an in-depth knowledge of FTSU and be able to readily articulate:

- why a healthy speaking-up culture is vital ([see page 8](#))
- the indicators of a healthy speaking-up culture ([see page 4](#) and [page 11](#))
- the indicators that there is sufficient support for speaking up and wider culture transformation ([see page 24](#))
- the red flags that should trigger concern ([see page 11](#) and [page 32](#)).

The NED is also there to challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.

Organisations without boards – especially those sharing a guardian across a partnership or network – are likely to benefit from having an equivalent role.

The person responsible for people and organisational development

If your organisation has a dedicated person responsible for organisational development, they have a crucial role in promoting a speaking-up culture and behaviours – especially in ensuring that this permeates throughout the organisation. This requires work in a range of interconnected areas, set out in detail in Part 3: Communicating about speaking up ([page 36](#)).

Investing in a Freedom to Speak Up guardian

The Freedom to Speak Up guardian role is a complex and challenging one. Those in the role need both practical and emotional support.

All guardians should have ringfenced time to fulfil workers' needs. When you are calculating the amount of ringfenced time required for the role, consider the activities set out in the universal job description and the guidance from the National Guardian's Office. Also, factor in time for them to attend network events, supporting other guardians and for training and development in the role.

Contingency planning

It is important that you have contingency plans in place in case a FTSU guardian is unable to work. The plan should ensure:

- timely and helpful communications are sent explaining interim arrangements
- continuity of support for workers
- both the confidentiality agreed and the security of information shared with the Freedom to Speak Up guardian are maintained

Role-modelling speaking up

Principle 2: Role-model speaking up and set a healthy Freedom to Speak Up culture.

Role-modelling by leaders is essential to set the cultural tone of the organisation. This section sets out the ways you can role-model behaviour that leads to a healthy speaking-up culture.

Setting the tone for culture

The cultural tone of the organisation is set at the top. Leadership has the biggest impact on how workers behave – and actions speak louder than words. Workers take their cues on how to behave from the behaviour, decisions and communication style of their leadership. So, as a leader, it is essential that you embody the culture and behaviours you want to see.

To meet the challenges that face health and care, workers need to be curious, innovative, and challenge when they think something is not right. For this to happen, you need to demonstrate that you welcome people speaking up about ideas, issues, problems, challenges, opportunities and innovations.

You also need to show that everyone's voice matters. This involves identifying the barriers to speaking up that your people encounter and working with them to overcome them. Finally, you need to show that you value what you are told, by thanking people and sharing updates on the actions you have taken.



Speaking-up behaviours for leaders: do's and don'ts

DO...

- ✓ Ask workers for their opinions.
- ✓ Speak up yourself.
- ✓ Measure the impact of change.
- ✓ Show how you value speaking up as an opportunity to improve.
- ✓ Tell stories about the change that has occurred from speaking up stories.
- ✓ Encourage others to speak up and constructively challenge one another.
- ✓ Acknowledge that people face barriers to speaking up, understand where they exist, who they affect and develop actions to reduce them.
- ✓ Be visible and approachable and welcome approaches from workers.
- ✓ Listen with gratitude and respond with curiosity rather than defensiveness.
- ✓ When someone speaks up, listen, thank them, act, provide feedback and ask for feedback yourself.
- ✓ Take a 'learn, not blame' approach to dealing with issues and be willing to embrace new ways of working.
- ✓ Publicly acknowledge any mistakes.
- ✓ Accept your guardian's constructive challenge – they are there to help your organisation be the best it can be.

DON'T...

- ✗ Seek out those who have spoken up.
- ✗ Blame people for things that have gone wrong; instead, learn how to improve processes or behaviours.
- ✗ Focus on the person who has spoken up; focus on the issue.
- ✗ Warn people against speaking up 'outside' the organisation.
- ✗ Take a narrow approach to looking into speaking-up matters. Instead, try to get as much learning as possible.
- ✗ Be defensive and immediately start explaining away rather than listening and acknowledging a person's experience.
- ✗ Be too busy to listen.
- ✗ Talk about how to 'limit the damage' of speaking up. Instead, acknowledge mistakes and embrace the opportunity to learn and improve.

Reflecting on leadership behaviour

Given the significant impact of leaders' behaviour, it is vital that you and each of your senior colleagues reflect on your ability to shape culture and, specifically, whether your behaviour encourages or inhibits speaking up.

Ask colleagues to critique your behaviour. Receiving this feedback can be difficult – especially if it is critical – but it offers invaluable opportunities to reflect, learn and develop, so must always be welcomed.

Questions to reflect on

- ① Why and how are outcomes different when you are listening in order to learn, rather than to instruct, correct or win?
- ② How have you widened or changed who you listen to in the last year?
- ③ Who are you instinctively biased towards and against (even if you wish you weren't)?
- ④ Where is the best place to meet people so that they'll feel comfortable speaking up to you?
- ⑤ Do people have a choice about where they can talk to you?
- ⑥ Where do you feel most ready and able to hear what people say?
- ⑦ Where in your diary is there space for spontaneous conversation?
- ⑧ Do normal meetings incorporate enough slack for others to reflect, inquire, challenge and offer new ideas?
- ⑨ What's your reaction to being challenged?
- ⑩ What do you do to make others feel important, comfortable and significant?
- ⑪ How do you phrase your questions in ways that help other people to open up?



Further reading

Edmonson AC (2018). *The Fearless Organization: Creating psychological safety in the workplace for learning, innovation, and growth*. Wiley

Kline N (2002). *Time to Think*. Cassell.

Reitz M, Higgins J (2019). *Speak Up: Say what needs to be said and hear what needs to be heard*. FT Publishing International

Sinek S (2018). [How to change your company's culture with just a pen and paper](#) (video)

West M (2016). If it's about culture, it's about leadership (blog). London: The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2016/01/if-it%E2%80%99s-about-culture-it%E2%80%99s-about-leadership>

West MA (2021). *Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care*. The Swirling Leaf Press

West R, Eckert R, Stewart K, Pasmore B (2014). [Developing collective leadership for healthcare](#) (blog). London: The King's Fund.

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf](#) (horizonsnhs.com)

Cole M, Higgins, J (2021) [Stuck in the middle – and feeling the pinch](#) (blog)

Cole M (2021) [Questioning power](#) (blog)

Communicating about speaking up

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so.

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality. This section sets out how to develop a communication strategy and the key messages you can use.

Write your speaking-up policy

The first step is to write your speaking-up policy, drawing on the National [Speaking Up policy template](#). Its aim is to encourage speaking up by providing people with information about how to do this and what will happen when they do. Make sure it is well publicised and easily accessible to everyone and that the information it contains is accurate. Update changes, especially to named contacts, as soon as required.

The policy should include options for workers to speak up internally but also externally, if they feel this is preferable.

Top tip: Reaching diverse communities

The best way to reach someone will depend on a range of factors, including their role, their hours, whether they are desk based and any individual access issues, such as language, literacy, disability or health needs. The people who face the greatest barriers to speaking up may be the very people with the greatest need to do so.



Develop strong communication

To create a speaking-up culture, workers need to know that it is right to speak up. They also need to know how to do so and who they can speak to. To embed this understanding, they need to receive regular messages and clear information. This is best managed through a communications strategy.

Your communications strategy should include the following key messages, which you should regularly and consistently share:

- Speaking up is the right thing to do.
- Senior leaders welcome speaking up.
- Leaders want to hear from anyone who has a matter to raise, including ancillary staff, clerical staff, volunteers and temporary staff.
- Speaking up helps keep patients and service users safe and creates a more positive working environment.
- The leadership will take seriously any instances of staff being bullied, discriminated against, harassed or victimised for speaking up.

It should also include:

- clear information about how to speak up – with clear explanations of procedures and examples of different approaches, emphasising that people can speak up informally through day-to-day conversations
- examples, stories and data showing the impact of speaking up, the improvements made and learning generated as a result
- ways to communicate with different groups of workers about speaking up.

Alongside the communications strategy, build in measures to assess the impact of your communications. This enables you to:

- know if you are reaching the whole workforce. This is important, as by identifying who you are not reaching you can determine what other communication channels you should be using
- know which channel, messages or presenter has the biggest impact so that you can exploit that approach when needed
- provide assurance that all workers know how to speak up and have heard that speaking up is welcomed.

Tips:

Things to consider when planning a communication

- Who is the audience (or audiences)?
- What do you want the audience to think, do, say and feel as a result of the communication?
- What are the needs or preferences of each stakeholder group?
- What angle and approach will work best? For example, you might focus on injustice, a 'feel-good' story or someone's personal experience.
- Be persuasive by focusing on the 'why' before the 'how' and the 'what'.



Further reading

[Communications Planning: Getting the right message across in the right way](#). MindTools

Firstup (2019). [How to Improve Internal Communications: Goals & KPIs](#)

Sas C, Schmidt N, Patel A (2001). [A Systems Approach to Communication Process: Case study within an online community](#). Department of Computer Science, University College Dublin.

Sinek S (2011). Start with why: How great leaders inspire everyone to take action. London: Penguin

Timms H, Heimans J (2019). New power: how anyone can persuade, mobilize, and succeed in our chaotic, connected age. New York: Knopf Doubleday Publishing Group

Wheatley M, Frieze D (2006). [Using emergence to take social innovation to scale](#).



Find out more

The National Guardian's Office has produced a [policy review framework](#) that you can use as a tool to assess your policy.



Responding to speaking up

Principle 4: When someone speaks up, thank them, listen up and follow up.

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved. This may require managers to embed new behaviours and to have the training needed to enable this.

National Guardian's Office training

The National Guardian's Office has published guidance for delivering speaking-up training for health and care workers: [National Guidelines on Freedom to Speak Up Training](#).

The office has also worked with Health Education England to produce online learning for anyone working in health and care. [The Freedom to Speak Up in Healthcare in England programme](#) is designed to help workers understand their vital role in building a healthy speaking-up culture that protects patients and service users and enhances worker experience.

Module 1: Speak up is for all workers, including volunteers, students and trainees. Its aim is to help everyone to understand what speaking up is, how to speak up and what to expect when they do.

Module 2: Listen up is for managers at all levels and focuses on listening and understanding the barriers to speaking up.

Module 3: Follow up is aimed at all senior leaders, to help clarify their role in setting the tone around speaking-up culture and behaviours and how speaking up can promote organisational learning and improvement.

Support managers

Managers play a vital role in supporting senior leaders to set the right cultural tone for speaking up and for handling speaking-up matters effectively. Like you, and your senior colleagues, your managers will have influence over how their teams and colleagues behave. Leaders at every level need to role-model the speaking-up principles. It helps workers feel safe, valued and confident to speak up and workers are likely to emulate the values and behaviours they see in their more senior colleagues.

Make sure managers receive the support they need to handle speaking-up concerns. This could include training on listening and providing emotional and psychological support.

For some, it may also require training on how to carry out investigations where appropriate. It can be helpful to produce support material for managers, to help them create healthy, business as usual, speaking-up cultures.

The tips below are for you, as a leader, to share with your managers.

Tips: Guidance for managers

- Encourage workers to speak up in daily working life, including team meetings, supervisions and informal chats. Remind them that speaking up does not have to involve a formal process.
 - Thank workers who speak up and give them feedback if necessary.
 - If you have concerns of your own, be a positive role-model by speaking up yourself.
 - Familiarise yourself with your organisation's speaking-up arrangements.
 - Encourage curiosity about – and, where you think appropriate – challenge the status quo.
 - Work hard to shift the focus from who has spoken up to what is being said, and from blaming to asking what can be learnt.
- Be aware of the barriers that may prevent workers from speaking up. These include perceptions that speaking up is not acted on, barriers that differing levels of seniority may introduce, or negative responses that make workers feel speaking up is unwelcome.
 - Work hard to understand the barriers that colleagues from minority ethnic communities or people who have been recruited from abroad might face. Other groups of workers may face particular barriers to speaking up, as well – gain an understanding of these too.
 - Accept that not everyone will feel comfortable speaking up to their line manager. This is not necessarily a reflection on the manager's abilities – it could be for many reasons. Make sure your workers know who they can speak to other than you and share contact details for the organisation's guardian in case they need them.



Learning from speaking up

Principle 5: Use speaking up as an opportunity to learn and improve.

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers. The information gleaned through speaking up is a precious resource that can help boost understanding and performance.

Triangulate data to identify wider issues

To help the board or leadership team identify patterns, trends and potential areas of concern, it is helpful to compare the themes in speaking-up cases with other data and information. You can use this intelligence to identify 'hotspots' where speaking up may be happening more or less often than expected, and to identify what aspects of patient safety and quality, worker well-being and culture need attention.

Below is a list of the types of data that could be used. The size of your organisation will determine how much of this you have available. At a minimum, a smaller organisation could triangulate speaking-up matters with indicators of the quality and safety of patient care (such as patient complaints) and indicators of work well-being (such as sickness rates).

Questions to ask of your data

- Why do some departments and staff groups have no issues?
- Who are the outliers, and why?
- Which departments and staff groups have consistently occurring issues?
- How have some departments been able to reduce their number of issues or increase the levels of speaking-up matters raised?
- What is the cause of unexpected spikes?
- Are any issues concentrated in one department or directorate, or do all types appear across different teams or parts of the organisation?

Data you could compare

Patient safety	Worker experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal numbers and claims
Safeguarding issues	Exit interview themes
Patient safety incidents	Sickness rates
Near misses	Retention figures
Never events	National Staff Survey results, including response rates
Patient experience dashboard data	The National Quarterly Pulse Survey
Friends and Family Test data	Polls or pulse surveys
	Workforce Race Equality Standard, Workforce Disability Equality Standard, Stonewall Equality Index data
	Levels of suspension
	Use of settlement agreements
	Leadership behaviours survey
	Thematic reviews
	Use of suggestion and similar schemes
	Engagement in worker reward and recognition schemes

Tip: Working with data

Make sure your guardian has support from experts to interpret statistical information and that they are able to present all data and other intelligence in a way that maintains confidentiality.



Learn for improvement

The process of building a speaking-up culture requires an organisation to learn over time. As well as putting training in place ([see page 16](#)), it is helpful to learn from other organisations going through similar changes or facing similar issues to your own, and sharing good practice. The steps below show how to apply this learning to your organisation.

Step 1: Identify good practice This may be in a number of places including (but not limited to):

- National Guardian's Office case or speaking-up reviews
- NHS England bulletins
- National Guardian's Office monthly newsletters, blogs and case studies published on its website
- FTSU guardian regional and national networks
- FTSU support groups operating in integrated care systems or primary care networks
- your organisation's public information on speaking up – for example, on your website or in board papers or improvement plans.

Step 2: Carry out a gap analysis Complete a simple self-assessment or gap analysis against the good practice. Consider which aspects of the good practice are relevant to your organisation. If, at first, some appear irrelevant, could you adjust them to your organisational circumstances?

Step 3: Update your plan If you identify any improvement actions, add them to your annual improvement plan, to give your senior team or board an overview of the continuous improvement work you are doing.

Step 4: Share the good practice you have seen or generated, following the communications advice in Section 3.



Supporting Freedom to Speak Up guardians

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements.

The guardian role is a wide-ranging and complex one. Not only does it involve responding to workers who speak up and supporting them – it also involves:

- gaining a deep understanding of the organisation's speaking-up culture
- working extensively across the organisation to enable all speaking-up process to work well
- working in partnership and challenging senior leadership
- acting as a point of triangulation where quality of services and worker experience meet.

The role is expected to operate with a high degree of independence. However, this must be achieved without creating a sense of isolation or at the expense of co-operation. Guardians deal with complex, often distressing situations, supporting workers who may be in crisis. So, in addition to practical support, they need time and access to support mechanisms for themselves.

Find out more

The guardian job description must follow the [universal job description](#) drawn up by the National Guardian.

The guardian must follow the guidance produced by the [National Guardian's Office](#).

Guardian development must follow the [National Guardian's education and training pack](#).

The National Guardian's Office provides [guardian training](#) and maintains a [guardian database](#).



The guardian role

The guardian role is designed to meet several important outcomes. To achieve them, the role involves:

- **Reactive elements** Responding to workers who want to speak up and managing each case, including the initial conversation, by accurately recording, following up and feeding back
- **Proactive elements** Specifically:
 - looking at barriers to speaking up and working in partnership to help reduce them
 - communicating the role and making sure there is appropriate training on speaking up
 - supporting and challenging senior leaders, including through producing regular reports for the senior team or board
- **National requirements** Fulfilling the expectations of the National Guardian's Office, including:
 - providing information and regular data returns such as details of the cases they handle
 - reading and carrying out gap analyses based on case review or [speaking-up review reports](#)
 - playing an active part in guardian networks, including attending regional and national meetings, training and other events
 - making sure their knowledge and skills are current, including taking part in National Guardian Office training, keeping abreast of and implementing national guidance, and taking part in other activities such as webinars and conferences
- **Other elements** Including self-development, taking part in supervision or mentoring where needed, and supporting their own emotional and psychological well-being.

Guardian models

If the workers in your organisation do not already have access to a guardian, decide whether you want to appoint one to support your own organisation or to share guardian support with a partner organisation.

For smaller organisations, there are pros and cons for each option:

- **Guardians who work within the organisation they support** are close to where care is delivered and the people who deliver it. They understand local culture and can build trust. However, managing confidentiality and real or perceived conflicts of interest can be challenging. Guardians may be too close to the issues that workers wish to speak up about and risk losing essential impartiality.
- **Guardians who work outside the organisations they support** may be seen as more independent, but their distance from the organisation could affect their visibility, relationship building and capacity for proactive culture-building activities.

Further reading

National Guardian's Office (2021). [Exploring Freedom to Speak Up](#). [For primary care and integrated settings.] London: NGO

Sharif N (2020). [Inclusive Recruitment Toolkit](#). London: NHS England

Zapantis E (2021). [Recruiting for Inclusion](#). Blog. NHS Confederation



Recruiting guardians

Appointments to guardian roles – whether paid or voluntary – must be based on fair, open and inclusive competition. This is important for three reasons:

- It reassures workers that their guardian will operate independently, impartially and objectively (as they are required to).
- It gives workers more assurance they will be supported and listened to when they speak up.
- It provides opportunities for a diverse pool of candidates who can bring a wide range of skills, experience and values to the role.

Despite this, in 2020 62% of respondents to the National Guardian's 2020 Survey report revealed they had been recruited without open competition. This presents a risk for their organisations: if workers do not trust that their guardian is independent and impartial, they may not speak up.



Tips: Appointing a guardian

- Given the importance of being able to encourage minority ethnic workers and other groups of people to speak up, make sure the selection process includes an assessment of the candidates' ability to:
 - understand unconscious bias
 - sensitively ask probing questions to draw out discrimination
 - appreciate the factors that may prevent minority ethnic people from speaking up
 - understand people's different cultures and behaviours.
- Once the guardian is recruited, they need to undertake training from the National Guardian's Office and register on the Guardian Directory. Your guardian cannot begin to publicise their role or handle cases until they have been trained and registered.

Evaluating ringfenced time

However much ringfenced time is currently allocated to the guardian, you must have measures in place to evaluate whether they, and those who support them, have enough time.

Tips:

Questions to help evaluate the adequacy of ringfenced time

- Does the guardian have time to carry out both the reactive and the proactive parts of the role as well as satisfying development needs?
- How long do workers wait between approaching the guardian and the initial conversation, to better understand the matter they are speaking up about?
- How far are champions satisfied with the amount and quality of leadership and training they receive to support them in their role?
- What does feedback highlight about workers' experience of the speaking-up guardian when they have spoken up?
- Has the guardian completed all their actions on the speaking-up improvement action plans - on time and to a high standard?



Factors to include in your calculations

- **The number of workers in your organisation** - The larger your workforce the more time your guardian will need to help them speak up.
- **The number of organisations your guardian supports** - Irrespective of the number of staff, the more organisations your guardian supports, the more time they will need to engage with different senior leadership teams, work in partnership with others and properly understand and address barriers to speaking up.
- **Geographical spread and the number of sites** - In spread-out organisations, guardians may need to spend more time to connect with people, developing digital communications and engagement, or providing leadership to champions.
- **Progress against indicators** - The greater the need for improvement highlighted by tools like the [NHS Workplace Race Equality Standard \(WRES\)](#) and [Workplace Disability Equality Standard \(WDES\)](#), the more likely it is your workers need to speak out. It is also more likely that the issues they do speak out about will be complex and will take more time to talk through, understand and resolve.
- **Improvement initiatives** - Any widescale work that seeks to address cultural issues may increase people's awareness of, and willingness to speak up about, related matters.
- **The wider context** - The general environment in which your organisation is operating has an impact on workers. So, at times of change – such as mergers, organisational or operational restructuring, changes in Care Quality Commission (CQC) rating or entering special measures – guardians may see increased workloads.

Line managing the guardian

Unless the guardian has the skills, resources and support to provide a positive speaking-up experience, workers may lack the confidence to speak up – or, if they do, may not want to repeat the experience. So, as with any other role, the guardian will benefit from the support of a line manager as well as senior people to escalate matters to.

They also need to meet their organisations' wider expectations around line management – for example, supporting guardians to evaluate and address any development needs and to assess their performance appropriately.

Line managing a guardian is similar to line managing any other role. The main differences relate to the risks of breaching confidentiality or impinging on the guardian's independence. The guardian and their line manager need to address and clarify those issues early in their relationship, to make sure expectations are clear.

Find out more

Line managers will find the National Guardian Office's [universal job description](#) and guardian's [education and training guide](#) useful, as well as other [guidance](#).



Troubleshooting

The level of speaking up in an organisation, and the support that a guardian will need to provide, will fluctuate over time. Periods of significant change, incidents that identify poor quality, and external factors that might affect the workforce may all indicate that the available level of guardian support should be reassessed.

Case-handling procedures

It is important to have clear procedures in place around how cases are managed and handled. This helps with transparency and enabling everyone to understand the role they play. Having clarity on roles will help you swiftly escalate serious safety issues. Ideally, develop these procedures in partnership with managers, as they play a key part in looking into the concerns brought to the guardian.

Speaking-up data

The guardian is required to provide data to the National Guardian's Office each quarter. This enables learning and gives confidence to workers about the commitment of the organisation to building an open culture. Please support your guardian in this regard.

Tackling barriers to speaking up

Principle 7: Identify and tackle barriers to speaking up.

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether across the entire organisation or in small pockets. Finding and addressing them is an ongoing process.

Identify barriers to speaking up

Barriers are likely to shift over time, depending on how safe and confident workers feel at work (their internal, psychological wellbeing) and on external factors, such as changes in others' behaviour, financial security, difficulties at home or colleagues gossiping.

It is vital that the leadership team has a deep understanding of their workforce and empathy for those who are least heard. Freedom To Speak Up (FTSU) guardians play an important role in helping leaders identify the groups of people facing barriers and in helping deliver actions to bring about change.



Examples of barriers to speaking up

- Perceptions that nothing will happen as a result
- Fear of being viewed as a troublemaker
- Fear of judgement about raising a matter
- Fear of reprisals from colleagues, peers, managers
- Fear of impact on career
- Fear of jeopardising employment or residency status
- Language and cultural barriers
- Lack of confidence in the process
- Lack of trust in the FTSU guardian
- Lack of confidence the senior team will take the concern seriously
- Lack of positive experience about the benefits of speaking up
- Lack of time or not knowing how to speak up
- No response from the senior team after speaking up before
- Dissatisfaction with the investigation into, or response to, a previous speaking-up matter
- Communications about speaking up being delivered in a narrow or formulaic way

Groups that may face barriers

Anyone may feel vulnerable or encounter barriers to speaking up at any time. However, the [2020 Guardian Survey](#) highlighted the following people as facing particular barriers to speaking up:

- members of minority ethnic groups
- people identifying as LGBTQ+
- people living with disabilities or long-term health conditions
- people who have spoken up previously
- people without regular access to IT
- people on the lower pay bands
- students
- junior doctors on rotation, part-time workers, night-shift workers and community-based workers
- very senior workers who are concerned about career progression
- people who have been recruited from abroad and are working in England on a visa
- people who trained abroad
- people who had previously lived or worked in a culture in which concerns were not raised.

Tackling barriers

The best way to identify the barriers and assess how prevalent they are is to talk to people: through one-to-ones, focus groups, discussions with networks, forums, polls, surveys, digital message boards and social media.

Staff networks provide a place for people to come together and share their experiences. They may be somewhere those who are least often heard feel safe and included. So, it is crucial that Guardians build strong connections with all staff networks as part of their work to understand the barriers some people face to speaking up. The very purpose of staff networks is to make a difference, so working with them to co-create solutions would be sensible, and may give proposed changes more traction.

Barriers break down gradually as trust grows – and this happens when people's actions match their words. Most of the work to break down barriers involves ensuring clear and consistent messaging, role-modelling the behaviour you ask of others and following through on your commitments.

Appoint speaking-up champions

Only FTSU guardians can handle cases, but to promote speaking up and build trust with people who experience barriers to speaking up, many organisations also use a network of champions. This approach has been particularly effective in organisations with a large geographical spread and multiple sites, or where a guardian works across a partnership or networks of organisations.

It is important that the champion role is well understood – by the champions themselves and by the workers they are supporting.



Find out more

National Guardian's Office (2021). [Guidance on Champion and Ambassador Networks: Guidance for Freedom to Speak Up guardians](#). London: NGO



Tips: Building trust

- Demonstrate that when people speak up, leaders and managers listen and follow up.
- Communicate through a variety of traditional, digital and social-media channels and enlist the help of community influencers.
- Include speaking up in all local induction programmes – not just the corporate one.
- Repeatedly emphasise to groups most likely to face barriers that you value the voice and experience of all your workers.
- Repeatedly send messages to the whole organisation that you, and other senior leaders, will not tolerate people victimising those who speak up.
- Raise awareness of the importance of civility, respect, diversity and inclusion.
- Talk to people about their fears and ask what would help them speak up, making sure you respond compassionately and empathetically and thank them for sharing their experiences.
- Implement a 'just culture' approach across the whole organisation to ensure that the emphasis is on improvement, not blame.
- Understand your own biases.
- Understand the pressures workers face, and their fears – particularly in those from under-represented groups or those that have faced exclusion or discrimination.
- Show you will take time to listen well and take issues around bias and discrimination seriously.

Tackle detriment

Speaking up is often associated with retaliation or detriment.

- **Retaliation** is intended harm to the person who has spoken up.
- **Detriment** is the harm experienced by the person who has spoken up, even if this harm was not intended.

Retaliation and detriment can impact on the person's health and well-being and may lead them to leave the team or organisation. Some people who have spoken up say that even though they felt that speaking up led to a positive outcome, they found the process stressful and believe that this stress had a negative impact on their performance.

Examples of detriment

- Being dismissed, a contract not being renewed or being made redundant
- Receiving a negative performance appraisal or disciplinary action
- Being moved to less-desirable duties or locations, or being demoted or suspended
- Being denied the information or resources to do the job properly
- Being overlooked or denied access to promotion or training
- Being criticised for speaking up
- Being refused support to manage the stress associated with speaking up
- Being bullied, excluded or treated negatively
- Being perceived as a troublemaker

If a worker feels they have experienced detriment as a result of speaking up, the matter should be looked into by their manager or someone more independent, or through your formal grievance procedure. You may also consider signposting the worker to NHS England's [Speaking Up Support Scheme](#). Your organisation's process should be set out in your speaking-up policy.

Ideally, a senior speaking-up lead, such as the non-executive director (NED), should have sight of any grievances that involve allegations of detriment.

You and your senior colleagues need to communicate that detriment will not be tolerated. When it does occur, it is important that you act – and are seen to act.

It is one thing to respond to detriment when it happens. It is another to proactively try and prevent it occurring. So, it is important that guardians share themes and learning from the work they do around allegations of detriment to enable individuals and teams responsible for organisational development to think through how to prevent it.

Continually improving speaking-up culture

Principle 8: Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Writing your improvement strategy

You will want to develop a Freedom To Speak Up (FTSU) improvement strategy, but it does not matter what you call it as long as it incorporates goals that are well thought out, measurable and have been signed off by the senior team or board.

The strategy should set out clearly how speaking up fits in with the organisation's overall strategy and how it supports the delivery of related strategies. So, it should highlight the benefits of developing your speaking-up culture alongside other work to develop a healthy culture and behaviours, compassionate leadership and an inclusive workplace, and to increase civility and respect. Part 3 of this guide ([page 36](#)) shows how working on Freedom to Speak Up has a positive knock-on effect on many other important aspects of your culture and improvement work.

The strategy needs full buy-in from managers because its success depends on their willingness and ability to look into whatever matters are raised through the guardian.



Tips: Writing the improvement strategy

- Articulate a clear and ambitious vision about what you want speaking up to look like in your organisation.
- Set out ambitions and aims, based on a diagnosis of any speaking-up issues or areas for improvement that the organisation is currently facing. This should draw on learning from the National Guardian's case-review recommendations and best practice from others (for example, peer networks).
- Highlight any groups of people, geographical locations or service areas needing focus.
- Include clear objectives, measures and targets to monitor improvement.
- At the planning stage, think about what the values, behaviours, skills or knowledge you need to underpin your strategy.
- Co-producing the strategy with a diverse range of relevant stakeholders, including managers, will ensure there is a shared vision for speaking up.
- It should be signed off by the senior team or board, with planned periodic updates.
- Make sure the objectives include a focus on developing leadership values, behaviours, skills and knowledge that will help deliver the speaking-up vision.

The improvement and delivery plan

An improvement and delivery plan will help you deliver the strategy and attain the goals it sets out.

At first, the plan may focus on delivering your strategy, but over time it may evolve to include further actions in response to ad hoc gap analysis from best practice or recommendations from the National Guardian's [guidance or case reviews](#).

A good plan will contain success measures and information about how you will measure whether you have achieved your improvement goals.

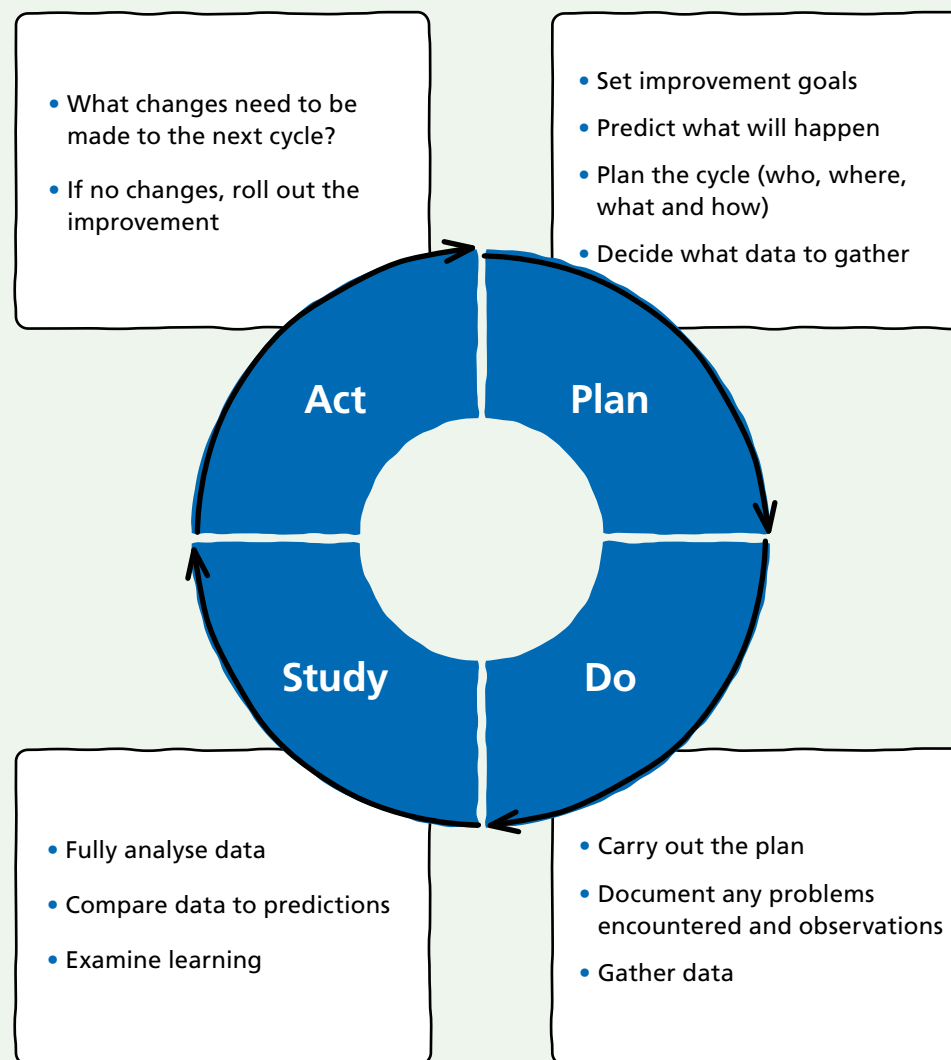
Sharing the updated plan and a progress report with your workers, senior team and board, if you have one, will demonstrate that you value speaking up.

Continuous improvement

Implementing a speaking-up culture is not a linear process. It takes time, and discovering which activities make the most difference to your organisation involves trial and error. Once you have implemented your improvement action plan (see above), you need to measure its impact to assess whether it is genuinely leading to positive change. The best way to do this is through a quality improvement approach to measuring and assessing for improvement.

A common model used in quality improvement is plan, do, study, act (PDSA) – also known as small cycles of change. This model (shown in Figure 2) shows an ongoing process of implementing, testing and changing, to create incremental improvements rather than a single, radical transformation, with each cycle of change building on previous learning.

Figure 2: The plan, do, study, act model



Find out more

Plenty of resources are available to help you develop your understanding of quality improvement and build skills. NHS England provide several useful resources:

- [Improvement Fundamentals](#) is a free course providing an introduction to improvement.
- [The Sustainable Impact Framework](#) is a tool that systematically captures the impact of widescale change programmes, tailored to support improvement work in complex systems.
- [Making Data Count](#) is a suite of practical guides and tools to help in using data to measure progress over time in system and service improvement. The resource includes simple tools and guidance on run charts and statistical process control charts.
- [The Statistical Process Control Tool](#) is free and easy to use. Paste in your data and it will generate a chart and flag anything needing investigation.



Indicators of concern

- Low numbers of cases (or none at all) are being raised with guardians.
- A high proportion of the cases raised are anonymous.
- A high proportion of the cases raised include an element of detriment for speaking up.
- The guardian does not have enough time to complete the activities set out in the universal job description, follow the guidance from the National Guardian's Office, attend network events and develop in the role.
- Guardians express frustration at the lack of support or action from their board or senior leaders.
- A guardian has been recruited through a process that was not fair and open.
- The annual staff survey (if your organisation has one) has a low participation rate.
- Your organisation scores poorly in response to Question 18f in the NHS Staff Survey or has a high overall score but certain groups score negatively.
- There is a low reporting rate for serious incidents and never events.
- There are lengthy delays in looking into speaking-up cases.
- Little change or learning is identified from speaking-up cases.
- There is high staff turnover overall, or in specific areas.
- Levels of worker satisfaction indicated by the staff survey, or within specific groups of people, are low overall.

Assurance

An important part of a speaking-up culture is having assurance that certain factors are working well. You and your senior colleagues or board need to seek ongoing assurance that the following are taking place:

- workers speak up with confidence and are treated well
- if there is evidence that a worker has been victimised as a result of speaking up, action is taken to address this
- workers who have suffered victimisation as a result of speaking up receive appropriate support and redress
- barriers to speaking up are identified and tackled
- all leaders and managers role-model speaking up and set a positive tone for speaking up
- learning is identified and shared across the organisation
- improvement actions are monitored and evaluated to ensure they lead to improvements.

Ways to gather assurance

Seeking assurance requires a proactive approach as the factors above may not be immediately apparent without some investigation, using a number of different approaches to gather information. For example:

- **Listen to workers** - Gather people's experience through walkabouts, conversations with governors, speaking-up cases, guardian user feedback, grievance themes, exit interviews, worker experience stories, polls and surveys, social-media comments, culture and behaviour reviews, staff networks and trade union representatives. What are workers telling you about the speaking-up culture and what needs improving?
- **Request a report from your guardian** - You should receive this at least twice a year.
- **Identify and audit the 'problem areas'** - Go out and actively seek problems, hold listening interventions and identify issues and themes, compare data from different sources to get a bigger picture, and do deep dives to identify what aspects of your speaking-up culture need to improve.
- **Assess governance** - If you have a NED, ask them to assess the effectiveness of your organisation's processes to ensure that the board, senior team and managers get to hear about risks and issues.
- **Learn from others** - Complete a gap analysis against what other organisations are doing, new national guidance, Model Hospital data, National Guardian Office case reviews ([summary doc](#)) or CQC thematic reports, to identify what about your speaking-up culture needs improving. Most of the analysis will be completed by your guardian. However, this does not preclude the senior lead for FTSU or the senior team or board forming their own views on areas for improvement.

The guardian report

The guardian writes and presents this report. The senior lead may support the guardian in this to ensure their report reflects internal house style, but the ideas, themes or issues they present must not be distorted. The report should not simply consist of a list of data, themes or activities carried out. It has to contain a detailed assessment – the ‘so what?’.

Further reading

National Guardian’s Office (year). [Recording Cases and Reporting Data: Guidance for Freedom To Speak Up guardians](#). London: NGO



The guardian report should have three parts.

Part 1 (assessment of cases) should provide assurance that matters being spoken up about are quickly evaluated, escalated and responded to. It should also observe whether change has occurred as a result and what assurance the Guardian has received from the relevant manager that any change will address the issues highlighted and prevent them from arising again.

Part 2 (action taken) focuses on:

- providing assurance that FTSU arrangements are continually evaluated and improvements identified
- illustrating the barriers that exist in your organisation and what the plan is to remove them
- providing information on the level of detriment for speaking up and any issues underlying this
- offering assurance that there are good processes for dealing with this, that the processes are used and there is an action plan for improvement (no matter how good or bad things are)
- assurance that the speaking-up arrangements are continually improving as a result of user feedback, audit and gap analysis against good practice.

In Part 3, the report makes recommendations.

Full detail of the contents is shown on the next page.

What the guardian report should include

Part 1. Assessment of cases

- The number and types of cases being handled by the guardian(s)
- Analysis of trends, including whether the number of cases is increasing or decreasing, any themes in the matters being raised (such as types of issue, particular groups of workers who speak up or areas of the organisation in which matters are being raised more or less frequently than might be expected), and information on which groups of workers are, or are not, speaking up
- What has been learnt and what improvements have been made as a result of workers speaking up
- Potential patient-safety or worker-experience issues
- How speaking-up matters fit into a wider patient safety or worker experience context, to help build a broader picture of the speaking-up culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve.

Part 2. Action taken to improve speaking-up culture

- Actions taken to increase the guardian's visibility and promote all speaking-up channels
- Actions taken to support any workers who are unaware of the speaking-up process or who find it difficult to speak up
- Assessments of the effectiveness of the speaking-up process and individual case handling, including user feedback, pulse surveys and learning from case reviews
- Potential improvements following reports of workers feeling they have suffered detriment for speaking up
- Actions taken to improve the skills, knowledge and capability of workers to speak up, to support others to do so, and to respond to the issues they raise effectively.

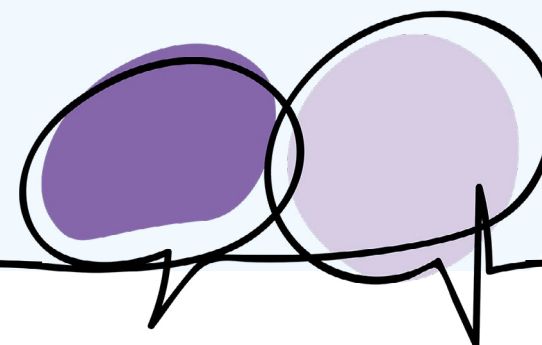
Part 3. Recommendations

Recommendations for any required action, with data and other intelligence presented in a way that maintains confidentiality.

Part 2

Building widespread cultural change

Part 2 sets out other transformational work that you could carry out alongside work on Freedom to Speak Up.



Carry out wider cultural improvement

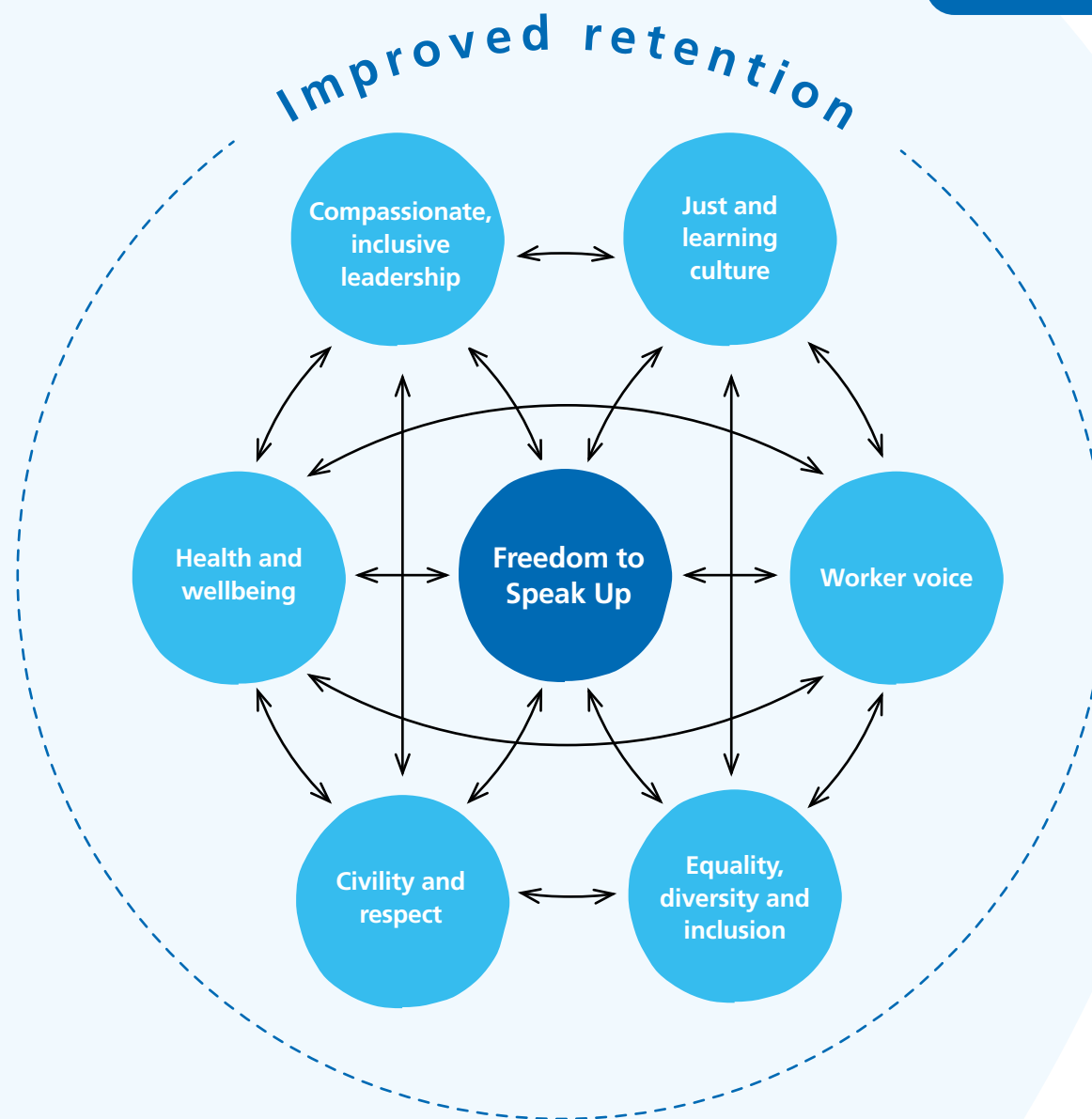
Ideally, improving your speaking-up culture should form part of wider culture improvement work because a healthy speaking-up culture is also one where people feel safe and confident to:

- share their thoughts, experiences and improvement ideas
- participate in health and wellbeing conversations
- call out incivility, discrimination or bullying.

Compassionate and inclusive working environments have a positive impact on staff engagement, too. If people feel comfortable doing all these things, this increases the likelihood they will stay working within the NHS.

For detailed information on how to retain staff read the [Improving staff retention: a guide for line managers and employers](#).

This part of the guide highlights the powerful links between Freedom to Speak Up (FTSU) and other elements of a compassionate and inclusive culture. The individual sections provide an overview of the relevant elements. They are not presented in priority order.



Compassionate, inclusive leadership

Compassionate and inclusive leadership has a profound impact on health and care at every level, from the experience of patients, service users and workers to the effectiveness of teams, organisations and systems. This approach to leadership is a key component of positive worker experience and wellbeing. Research has shown that the experience of staff supported by compassionate leaders is strongly associated with good quality of care for patients and service users.

It is also a powerful facilitator for innovation. Compassionate leaders support the creative and problem-solving process by giving time to every individual, understanding their challenges, empathising with them, and having the motivation to help each person to whom they offer leadership.

It involves being present for all and helping all those they lead. To nurture a culture of compassion, organisations require their leaders to be the 'carriers of culture' – to embody compassion in their leadership.

How it links with speaking up

When leaders set a tone of psychological safety in an organisation, people feel more able to speak up about the things that concern them. Creating a compassionate, inclusive culture ensures that every voice really matters and that every concern or issue raised will be treated respectfully. This supports staff wellbeing as well as retention.

Leaders are key to creating an environment that enables psychological safety, through:

- paying attention to those around them and seeing for themselves the challenges that colleagues face
- listening carefully and getting alongside colleagues who feel there are concerns within the organisation
- seeking to truly understand and empathise with those who want to improve care by raising issues
- taking action to determine how, together, colleagues can make the changes they wish to see.

Find out more



NHS England's [Culture and Leadership programme](#) is a modular which provides organisations the opportunity to understand more about their own culture using evidence based tools to help them develop compassionate, inclusive and collective leadership that will bring about culture change.

Further reading



Catlin K (2021). *Better Allies – Everyday actions to create inclusive, engaging workplaces*, 2nd edn. Better Allies Press.

NHS England. [The Culture and Leadership programme](#) links to a host of resources including guidance, case studies and wider reading, in particular:

- Changing healthcare cultures – through collective leadership
- What does compassionate and inclusive leadership mean to us?
- Trauma Informed Compassionate Leadership – Helping NHS leaders, teams and individuals to recover from the trauma of COVID-19, a compassionate approach

West MA (2021). *Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care*. The Swirling Leaf Press.

Wise T (2020). *Fieldnotes on Allyship: Achieving equality together*. Our Human Family Inc.

Just and learning culture

'Just culture' is a concept adopted from systems thinking. It holds that mistakes usually result from organisational issues rather than individual fault. 'Learning culture' is a related approach in which the senior teams or board commit to ongoing learning. In health and care, a just and learning culture helps workers feel confident to speak up when things go wrong, rather than fearing blame if they do so. Supporting workers to be open about their mistakes allows valuable lessons to be learnt so that organisations can prevent the same errors from being repeated.

How it links with speaking up

A just and learning culture creates an environment where Freedom To Speak Up can thrive – because speaking up when things go wrong becomes normal, everyday practice. Both approaches focus on learning when things go wrong and improving as a result, rather than finger-pointing or seeking blame (sometimes expressed as 'what was responsible, not who is responsible').

This does not equate to an uncritical, overly tolerant culture where 'anything goes': it means everyone being accountable but also feeling supported by their organisation.



Further reading

NHS England. [A Just Culture Guide](#).

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf \(horizonsnhs.com\)](#).



Find out more

[Principles and Practice of Restorative Just Culture](#). Four-day course. Mersey Care NHS Foundation Trust in partnership with Northumbria University.

Worker voice

Worker voice (also known as staff voice or employee voice) is the means by which people communicate their views at work and influence matters that affect them. A person's level of psychological safety strongly affects how they feel about sharing thoughts with others in the workplace, so this provides a bedrock for voice.

Effective voice contributes to multiple positive outcomes, not only for individuals but also for organisations and systems, as it supports innovation, productivity, increased job satisfaction, employee engagement and wellbeing and, ultimately, staff retention. When workers can speak out about their experience, this enables organisations to create a great work environment. This, in turn, helps organisations provide the best possible care, attract and retain staff, and improve staff health and wellbeing.

Like other areas of cultural improvement, building effective voice within an organisation has to be done through multiple initiatives – designing and developing approaches to communications and line management that nurture trust, which, in turn, enables workers to use their voice. It also involves looking at other factors that impact on worker experience, such as wellbeing, employer brand and communication. To be effective, this work must be championed by leaders.

How it links with speaking up

This guide focuses on speaking up as a means of reporting an area of concern. However, speaking up also encompasses completing the national NHS Staff Survey, the new quarterly pulse survey, sharing thoughts with a senior leader on a board walkabout or using social media to share an opinion. All of these are ways for workers to share their voice.

Find out more

NHS England. [We each have a voice that counts](#). Includes links to multiple resources including webinars, books, case studies, articles and training.

In April 22 the Staff Engagement Team in NHS England published a Listening Strategy. The document is designed to consolidate existing information about the national tools available to listen to staff and how each provides a complementary view of worker behaviour and sentiment to support improving employee experience and in tandem – patient experience. It also proposes several ways that NHS Trusts could expand on their approach to listening. The document will be available via [Employee Experience and Engagement - FutureNHS Collaboration Platform](#).

For NHS organisations three listening tools are available: the [NHS Staff Survey](#), the [National Quarterly Pulse Survey](#) and [the monthly Pulse Survey](#), as well as the accompanying free [People Pulse Diagnostic Tool](#).

A short animation describing how the Staff Survey links to the People Promise <https://youtu.be/UT2Qwj8nqvc>



Equality, diversity and inclusion

Equality, diversity and inclusion (EDI) has been described as the golden thread that runs through everything that happens in health and care. It informs behaviour, planning, policy, practice, process, operations and strategy and – above all – care. Applying the EDI lens to our work means consciously and actively advancing equality and producing evidence for continuous improvement, to keep workers, patients and service users physically and psychologically safe. This is not just our duty as care providers: it is a moral imperative.

Inclusion through speaking up can further be reinforced by enabling an 'effective ally' workforce. This involves workers effectively intervening, reporting incidents and speaking up on behalf of others. An effective ally can help de-escalate or even stop wrongdoing and put a halt to bad behaviours.

This is in contrast to a bystander culture within workplaces where, despite witnessing wrongdoing to others, people do not speak up. This can have detrimental effects on workplace experience and, ultimately, patient care.

How it links with speaking up

The most vulnerable workers need to feel that it is safe to speak up. By collecting and analysing data to identify any differences in the workplace experiences of different groups, colleagues with a focus on EDI and speaking up can work together to make sure everyone has equal access to speaking up and no one feels that speaking up is not for 'someone like them'.

As a relational exercise, speaking up is effective only if 'listening up' occurs too. This can happen only in psychologically safe spaces where equality and inclusion are the norm and where people across organisations (including line managers and guardians) are familiar with EDI principles. So, it is important that organisations support the growth of staff networks and encourage people's engagement with them. Guardians should reach out to the workforce via the staff networks.



Further reading

British Medical Association (2018). [Bullying and harassment: how to address it and create a supportive and inclusive culture](#)

Kline R (2019). [Leadership in the NHS](#). BMJ Leader 3(4).

Kline K, Somra G (2021). [Difference matters: the impact of ethnicity on speaking up](#). National Guardian's Office.

NHS England. [NHS Workforce Race Equality Standard](#).

West E, Nayar S, Taskila T (2017). The progress and outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process. London: University of Greenwich/NMC.

NHS England - [Equality, Diversity and Inclusion resources on FutureNHS](#)

Civility and respect

Civility and respect sit behind a positive workplace culture – they are the way people should treat each other. ‘Civility’ describes a behaviour: treating someone politely or with courtesy. ‘Respect’ involves valuing other people’s experience and feelings. The two are closely linked, as people show their respect for someone by acting with civility.

In health and care, civility and respect involve supporting, valuing and respecting workers for what they do and showing kindness, compassion and professionalism towards workers, patients and service users.

This means addressing behaviours such as unconscious bias, micro-aggressions and micro-behaviours, gossiping, undermining or excluding individuals, along with more obviously visible examples of bullying or harassment, such as rude or unkind behaviour, using a harsh tone of voice, raising one’s voice, rolling one’s eyes, making sharp comments or being overtly critical.

It also means ensuring that people are civil in their digital communication, avoiding making sharp, harsh or insulting comments on email or social media.

Working in an environment where these behaviours take place can have a debilitating impact on people’s health and wellbeing, as well as their performance. Supporting our workers to demonstrate civility and respect, and resolving conflict effectively and informally, is likely to help reduce sickness absence, turnover, presenteeism and low morale, as well as addressing poor communication skills that may lead to allegations of bullying and harassment.

How it links with speaking up

People need to feel confident that if they call out poor behaviour, they will not experience detriment or retaliation ([see page 30](#)). Creating and promoting psychologically safe spaces by promoting positive working relationships helps make staff feel secure, supported and confident to speak up, providing a healthier outlook for all. A speaking-up culture – whether speaking to line managers or guardians – plays a crucial role in developing a culture of civility and respect.

Further reading

NHS Employers (2019). [Professionalism and Cultural Transformation Toolkit](#). NHS Employers.

Porath C (2016). [Mastering Civility: A manifesto for the workplace](#). New York: Grand Central Publishing

Turner C. [When rudeness turns deadly](#). TED talk about incivility by UK emergency medicine consultant.

Find out more

[The Civility and Respect Toolkit and Framework](#) offers a practical, evidence-based overview on thinking and action, to understand what employees are experiencing and how this is contributing to workplace stressors and, ultimately, the cultural feel of the organisation. (Section 6 of the toolkit provides links to further resources.)

[civilitysaveslives.com](#) is the website of a group of UK health professionals who aim to raise awareness of the power of civility in medicine.

Health and wellbeing

For health and care organisations to provide high quality patient care, and to retain a happy and healthy workforce, colleagues need to feel supported at work and able to talk about wellbeing when they need to. Leaders, teams and employers should be offering their workforce access to support that helps them stay well at work. Support should always be available, and at a range of levels – including across teams, organisations, and sectors.

Before COVID-19, the NHS had started to put increasing emphasis on the health and wellbeing of its workers. The NHS People Plan and People Promise make key commitments to create and sustain cultures of wellbeing across the NHS and build on learning gained during the pandemic. This includes leaders thinking about wellbeing in a holistic manner and the many ways someone's wellbeing can be affected, as well as considering the impact of every experience, from a workplace induction to having access to breaks and safe spaces or to the relationship with their line manager.

Organisations are encouraged to promote and support the health and wellbeing of their workforce, not take the traditional approach of acting only when someone is unwell. This includes actively supporting colleagues to access occupational health and wellbeing when needed, and proactively checking in with colleagues to ask how they are. Creating an environment where people are happy and healthy, and supported to achieve their individual ambitions while delivering the highest levels of care, will help retain them in the NHS.

How it links with speaking up

For workers to speak up, they need to feel safe, respected and included, and assured that they will not be discriminated against. But they also need to feel they will be supported, looked after and cared for.

At the same time, developing a culture where workers feel safe to speak up and that, if they do, action will be taken, will help them feel more able to be open and honest during conversations about their health and wellbeing.



Find out more

The [NHS health and wellbeing framework and diagnostic tool](#) sets out the standards organisations need to meet for their workers to feel well, healthy and happy at work.

Three initiatives are being rolled out in the NHS:

- **Wellbeing guardians** are new roles, designed to provide oversight on speaking up at board level.
- **Health and wellbeing champions** are being appointed at all levels, to promote, identify and signpost ways to support wellbeing to colleagues.
- **Health and wellbeing conversations** are one-to-one meetings focus on the health and wellbeing every worker, revised at least annually. These conversations are designed to support the above two roles. Organisations can use this guidance on how to approach a conversation about wellbeing.

Find out more about [health and wellbeing champions](#).

NHS England
Wellington House
133-155 Waterloo Road
South Bank
London
SE1 8UG

This publication can be made available in a number of other formats on request.

© NHS England 2022

Publication approval reference: PAR1524_ii

Policy updates: Complaints and Feedback About the GOC; and Acceptable Behaviour When Communicating with GOC**Meeting: 11 December 2024****Status:** For decision.**Lead responsibility:** Leonie Milliner, Chief Executive and Registrar**Paper Author(s):** Andy Mackay-Sim, Head of Governance**Purpose**

1. To approve the updated complaints and acceptable behaviour policies.

Recommendations

Council is asked to:

- **approve** the Complaints and Feedback About the GOC policy, as set out in annex one;
- **approve** the Acceptable Behaviour When Communicating With the GOC policy, as set out in annex three; and
- **delegate** any minor amendments prior to publication to the Head of Governance (in consultation with the Chair of Council).

Strategic objective

2. This work contributes towards all three strategic objectives. It is included in the internal business plan for Governance for 2024/25.

Background

3. The GOC has two corporate policies connected to its corporate complaints and feedback function. These are the 'Complaints and Feedback About the General Optical Council' policy (annex one) and 'Acceptable Behaviour When Communicating with the General Optical Council' policy (annex two). These policies require Council approval and are reviewed on a three-year cycle.
4. The complaints policy was due review in 2023. However, this review was deferred to incorporate any feedback from the Customer Service Excellence (CSE) accreditation assessment. Accreditation was achieved in 2023-24.
5. The acceptable behaviour policy was last reviewed in August 2015. The co-dependent nature of these policies creates a rationale for reviewing them at the same time. The policies have been reviewed by SMT, Leadership Team and the Policy Review Group. The proposed changes are shown in the annexes.

Analysis

8. The proposed changes reflect feedback from multiple parties, including the CSE accreditor and PSA. The policy wording has also been adjusted to reflect some common issues with managing corporate complaints. The changes include:
 - Updating terminology where needed and referencing common best practice, such as the Parliamentary Health and Social Care Ombudsman (PHSO) principles of good administration.
 - Additional guidance about the collection of EDI data in relation to complaints.
 - Clearer guidance on the role of the PSA as an oversight body.
 - Inclusion of the possible outcomes of a member recruitment complaint.
 - Removal of the flow chart, as this does not follow GOC branding or reflect that the process could have several possible outcomes (e.g. upheld; partially upheld or not upheld).
 - Removal of “stage one” and replacing this with an informal resolution stage – this is intended to reflect that complaints will often be dealt with informally, and that there will frequently be an ambiguity about the difference between whether the initial point of contact qualifies as a query and a complaint.
9. Following the award of CSE accreditation, the Customer Service Excellence Group has developed organisation-wide service level agreements and a Customer Care Charter. These were approved by SMT and published in summer 2024. The Customer Care Charter details how we promise to work with our customers, and it provides a complement to the two policies.
10. If Council approves the proposed policies, Audit, Risk and Finance Committee (ARC) will continue to monitor the number of complaints received and compliance with the policies through regular reporting. A summary of complaint trends and themes are included in the annual report and accounts.

Finance

11. There are no additional financial implications associated with the proposed amendments. The Governance team is responsible for managing the corporate complaints process. All activities are delivered within the current budgets set by Council.

Risks

12. There are reputational, legal and financial risks associated with failure to properly consider and respond to complaints. Ensuring there are robust policies in place, and that staff are familiar with them, is a critical internal control to reduce such risks.

Equality Impacts

13. The collection of EDI data related to complaints commenced in Q1 24/25. This complies with recommended practice in Standard 3 of the PSA’s Standards of Good Regulation. The volume of complaints being referred via the policy is low, so it is

difficult to draw any general conclusions at this time, though a thematic analysis will be conducted when more data is available.

Devolved nations

14. The policies will be translated in the Welsh Language in order to comply with our responsibilities in respect to the Welsh Language Standards. There are no explicit impacts for the other devolved nations.

Other Impacts

15. There are no significant impacts identified.

Communications

External communications

16. Subject to Council approval, we will publish the policies on the website and publicise them through our regular communications to registrants.

Internal communications

17. Subject to Council approval, the policy will be circulated to all staff. Training will be provided to teams from Q4 24/25 to support awareness and compliance.

Next steps

18. See paragraph 16 and 17 above.

Attachments

Annex one – Complaints and Feedback About the GOC Policy

Annex two – Complaints and Feedback About the GOC Policy (track changes version)

Annex three – Acceptable Behaviour When Communicating with GOC Policy

Annex four – Acceptable Behaviour When Communicating with GOC Policy
(track changes version)

Complaints and Feedback about the General Optical Council

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

1. Purpose

- 1.1 This policy outlines how you can raise a complaint or provide feedback about the service we have provided to you. It explains how we will handle your complaint and what to expect during the process.
- 1.2 You may complain or provide feedback about GOC employees, members, workers and the Optical Consumer Complaints Service (OCCS).

2. Policy statement

- 2.1 We are committed to responding to complaints about our service in a manner consistent with the Parliamentary Health and Social Care Ombudsman (PHSO) principles of good administration:
 - Getting it right;
 - Being customer focused;
 - Being open and accountable;
 - Acting fairly and proportionately;
 - Putting things right; and
 - Seeking continuous improvement.
- 2.2 We view complaints as an important and useful source of feedback about how we have performed and how we can improve in future. When things go wrong, we will acknowledge our mistakes and try to put things right. We promise that we will not treat you unfairly because you have raised a complaint with us.
- 2.3 We also welcome your feedback about things that have gone well, which we use to develop our processes and practices to continually improve.
- 2.4 Most people who contact us are responsible and display acceptable behaviour, however on rare occasions this is not the case. We accept that when contacting us to raise an issue, individuals may be distressed, frustrated or angry, however we expect to be treated in a respectful manner. We will:
 - be impartial and non-adversarial;
 - treat you politely, respectfully and considerately;
 - respect your dignity and privacy;
 - listen and respect your views;
 - always try to provide information in a way that can be understood;
 - where possible, make reasonable adjustments to our service to help you have your opinion heard; and
 - consider how your complaint or feedback can improve the GOC processes.
- 2.5 If necessary, we will use our policy, [Acceptable Behaviour When Communicating with the GOC](#), to respond to unacceptable behaviour [INCLUDE LINK].

3. Scope

- 3.1 Anyone who comes into contact with our service and is unhappy or dissatisfied can complain to us.
- 3.2 A complaint is defined as “an expression of dissatisfaction however made, about actions taken or a lack of action”.
- 3.3 You may complain or provide feedback about:
- GOC employees;
 - GOC members (e.g. Council members, members of advisory committees, fitness to practise hearing members);
 - GOC workers (e.g. education visitor panel members, optometric advisers);
 - GOC contractors (e.g. external lawyers presenting hearings on our behalf); and
 - the Optical Consumer Complaints Service.
- 3.4 This policy is for raising complaints or giving feedback about:
- something that we may have done, or should have done;
 - our policies or processes (including those linked to our statutory functions and recruitment); and
 - how well we have treated you.
- 3.5 This policy is not for complaints about:
- individual registrants or optical businesses¹;
 - your glasses, contact lenses or refunds²;
 - changes to the law, government standards or guidance which we have no direct control over;
 - outcomes of fitness to practise hearings or other legal decisions³
 - Council policy or current consultations. If you have a comment about our policies, then we would be happy to receive this by email and it will be considered as part of policy development.
 - If your complaint is about the Optical Consumer Complaints Service you should firstly raise the matter with them before raising it to us, unless there is a reason that you cannot do this.
- 3.7 If your complaint is about an education provider delivering GOC approved qualifications you should first raise your concerns with your education provider using their formal complaints process. We won't normally consider complaints about education providers unless you have exhausted the provider's complaints

¹ [Raising concerns about an optician | GeneralOpticalCouncil](#)

² <https://www.opticalcomplaints.co.uk/>

³ [What is fitness to practise? | GeneralOpticalCouncil](#)

process prior to approaching us, except if the issue is so serious as to merit immediate referral. Complaints or concerns about a GOC-approved qualification are considered in accordance with the protocol 'Raising concerns about an education programme' described [here](#) on our website.

- 3.8 If you are not sure whether your complaint is within the scope of this policy, please tell us your concern and we will either direct you to the most appropriate team or let you know which organisations are better placed to look into your complaint.
- 3.9 If we consider your complaint to be of a very serious nature⁴, we may decide to open an internal investigation in accordance with our Investigations policy.
- 3.10 This policy is not for employees, workers or members to raise their concerns – they should use the grievance or speaking up policies.

4. How do I complain and who do I complain to?

- 4.1 You can raise your complaint to us verbally or in writing, in English or in Welsh, using the contact details at the end of this policy. We may be able to accept your complaint in a different language - please contact us to discuss your specific accessibility requirements.
- 4.2 We encourage you to raise your complaint with us as soon as possible after the incident occurring or from when you became aware of the problem. If there is a long delay between when you are aware of the problem and when you raise it, we will consider investigating it if there is good reason for the delay and it is still possible to complete a fair and effective investigation into the matter.
- 4.4 If your complaint is about our member recruitment processes, it must be submitted within 48 hours of the outcome of the application being issued so it can be investigated prior to the appointment being finalised. Please refer to annex 3 for more details.
- 4.6 At any stage, you can send your complaint to us, as follows:

By letter: Corporate Complaints, General Optical Council, 10 Old Bailey, London EC4M 7NG;

By e-mail: corporatecomplaints@optical.org

By phone: 020 7307 3451

⁴ As defined within our Investigations policy, 'serious nature' normally includes, but is not limited to: allegations of misconduct; allegations of bullying or harassment; employee or member grievances; and employee or member capability or on-going performance matters.

- 4.7 Our office opening hours are: Monday-Thursday 09:00-17:00 (9am-5pm) and Friday 09:00-16:45 (9am-4.45pm). We are closed between Christmas and New Year.
- 4.8 When you submit your complaint it is important that you give as much detail as possible, to help with the investigation. This can include:
- dates of relevant events;
 - any relevant background information which may help us understand and investigate your complaint (such as names of people you have been in contact with);
 - what you think has gone wrong; and
 - what you think we should do to put things right.
- 4.9 If a complaint is made anonymously, we will consider if we are able to investigate based on the information available and will try to respond where possible.
- 4.10 If you have already submitted the same or similar complaint and exhausted all of our processes, we will not reconsider it without substantial new information being provided.

5. Can someone else complain on my behalf?

- 5.1 We can receive comments and complaints through someone acting on your behalf. We will ask you for confirmation that person has authority to act for you, and we will deal with them directly until we have completed the investigation into your complaint. If someone is acting on your behalf using a power of attorney, we may ask for proof that they are the attorney.
- 5.2 You can tell us at any stage if you no longer want the person to represent you.
- 5.3 If we need to obtain information held by a third party relating to your complaint, we will ask you for your permission.
- 5.4 If you need any help to make a complaint, please see annex 2 for a list of advocacy and support services.

6. How we will manage your complaint

- 6.1 We have a three-stage process for managing complaints about us:

Informal resolution by the person or department responsible for the service you are making the complaint about;

Stage one – resolution by the manager or relevant member responsible for the service you are making the complaint about; and

Stage two – if you disagree with the resolution offered at Stage one, a further review (appeal) by a manager or relevant member from elsewhere in the GOC, who is not responsible for the service you are making the complaint about.

- 6.2 At the informal resolution, and stage one and stage two, we will acknowledge your complaint within three working days. If you have contacted us by phone, we will acknowledge your complaint by phone if that is your preference. Alternatively, we will acknowledge your complaint in writing by email (preferred) or by post.
- 6.3 We may need to ask you for more information before we can look into it further. If you have a preference for how you are contacted, please let us know.
- 6.5 All our responses to complaints will explain what has happened, what has been or is being done to address the matter and when the matter should be fully resolved.
- 6.6 If you are unhappy with the response you receive, you have the option of taking your complaint to the next stage. You must raise your complaint to the next stage within 20 working days of our response. Where a complaint is upheld, we will seek to agree an appropriate remedy with you; this might involve an apology or steps we can take to put things right.
- 6.7 If at any point we cannot meet the time scales we have set out in this policy, we will:
- agree new time limits with you; and
 - send you details of the new deadline and explain the delay.
- 6.8 Our Governance team, who responsible for our management of complaints and oversee the process, can provide more information – you can contact them in any of the ways listed in paragraph 5.6

7. Informal resolution – try to resolve with the person/department you are in contact with

- 7.1 When a complaint is received, we will acknowledge your complaint within three working days. We may send you a summary of your complaint to check our understanding of all the points you raise. We will also tell you when you might expect a response, and we may ask you for further information, to help our review of your complaint.
- 7.2 We will generally ask the person or department responsible for the service you are making the complaint about to resolve your complaint. If the person or department is able to offer a resolution to your complaint, they will contact you either in writing (by email or letter) or by phone, according to your preference. If they are unable to resolve your complaint, you will be given an explanation.

- 7.3 The person or department responsible for the service you are making the complaint about may decide that it is more appropriate to refer your complaint to stage one, and may escalate your complaint to our Governance team who will allocate it to an appropriate manager for review. They will let you know if they do this.

8. Stage one – try to resolve with the relevant manager

- 8.1 Your complaint may have already been referred to this stage by the person or department you are in contact with, or by our Governance team. If not, you can ask for your complaint to be looked at by a more senior manager.
- 8.2 Complaints addressed directly to the manager or relevant member responsible for the service you are making the complaint will be allocated by our Governance team to the most appropriate manager. Where possible, we will try to ensure the person reviewing your complaint has not been directly involved in the informal resolution stage. This is to enable them to approach this with an independent view.
- 8.3 Complaints about our members will always be referred to this stage and will be considered by a Council member or independent person, as appropriate.
- 8.4 The relevant manager or member will complete a review. This may include a formal investigation, depending on the circumstances. They will aim to respond to your complaint within 20 working days from referral to this stage and will keep you updated if there is a delay.

9. Stage two – if you still disagree (appeal)

- 9.1 Stage two is the final step of our complaints procedure. If you are dissatisfied with a stage one response, you can request a review (appeal) and ask for your complaint to be reviewed by a senior manager (or Senior Council member, Chair of Council or an independent person for complaints about members). This must be submitted within 20 working days after the date of our response to you at stage one.
- 9.2 You will receive a final response within 10 working days from the day after receipt of your appeal. If your complaint requires longer than 10 working days to investigate, then we will keep you informed and set a new deadline.
- 9.3 There is no further internal appeal mechanism after this stage.
- 9.4 If you disagree with the final response, you could seek independent legal advice.

10. What could the outcome of my complaint be?

- 10.1 Once we have looked into your complaint, we will contact you to explain our findings. We will let you know what happened and if we have made any

mistakes, we will acknowledge them, let you know how the situation has been or will be addressed, and the likely timescale, where appropriate.

10.2 Outcomes of a complaint could be:

- upholding the complaint, in whole or in part; or
- dismissing the complaint, in whole or in part.

10.3 If the complaint is upheld, we will apologise and a decision will be made on the appropriate action to resolve the complaint.

10.4 If the complaint is dismissed, we will explain the reasons why and what other appropriate courses of action may be available to you.

10.4 Where necessary, we will make changes to the GOC's systems or procedures to prevent similar issues in the future. Even if your complaint is not upheld, we will look at whether there is room to improve based on your feedback and make any necessary changes.

11. Complaints about members

11.1 In the case of complaints about a member, the Head of Governance will first establish whether the complaint passes a threshold for an investigation.

Complaints will not meet the threshold for investigation if:

- The subject of the complaint is no longer a member, or was not a member at the time of the alleged conduct and the issue has already been considered as part of their appointment;
- The complaint is made anonymously, unless there is a clear public interest in doing so and the Head of Governance considers a fair investigation can be carried out;
- The same, or substantially the same, alleged conduct has been the subject of a previous allegation and there is nothing further to be gained;
- The complaint is essentially against the action of the Council or a committee as a whole and cannot properly be directed against an individual member;
- The complaint is a service complaint;
- The complaint is about conduct which is the subject of legal proceedings against the Council involving the complainant (for the avoidance of doubt in this context legal proceedings means actual or contemplated legal proceedings or matters subject to mediation in which the GOC is involved as a claimant, defendant or interested party).
- Where a complaint identifies potential criminal conduct, the Head of Governance will refer the complaint to the police or such other regulatory agencies as may be appropriate. In most cases, the Head of Governance will take no further action until any related criminal or regulatory investigation,

proceedings or processes have been concluded. There may be grounds to progress an investigation, subject to the agreement of the police or other relevant agency, and the Head of Governance will consult with them as required.

- 11.2 If the complaint does not meet the threshold, then no further action will be taken and the complainant will be informed accordingly along with the reason. The Head of Governance will signpost the appropriate routes for complainants in the case of service complaints.
- 11.3 Where a complaint does meet the threshold, it will be referred to stage one of the process described above, and a Council member or independent person will review the complaint.
- 11.4 An annual report of any complaints received, including those that have not met this threshold, will be provided to the Nominations Committee.

12. Lessons learnt and compliance

- 12.1 We take concerns and complaints seriously and try to learn from any mistakes that we have made. Where there is a need for change or improvement, we will develop an action plan setting out what we will do and by when. We include lessons learnt in our training for employees.
- 12.2 Every quarter we report on complaints received to the Senior Management Team, the Audit, Risk and Finance Committee, and Council. We monitor timescales, outcomes, lessons learnt and action updates.
- 12.3 It is important for us to monitor that our decisions under this policy are fair and do not discriminate including on the basis of protected characteristics. If your complaint is referred to stage one of the process, the Governance team will contact you to collect information about you for this purpose. The information will be stored separately to your complaint file and will not be shared with anyone involved in investigating your complaint. Providing this information to us is optional but we encourage you to do so.
- 12.4 As part of our commitment to transparency we include summary statistics on complaints and outcomes in our annual report and accounts [INCLUDE LINK].

13. Positive experiences

- 13.1 Whilst it is important to learn from mistakes, we also learn from when things go well and recognise the contributions of our people in delivering a high-quality service.
- 13.2 If you have had a good experience of our service, our employees, members, workers, contractors, or the Optical Consumer Complaints Service, we would be very grateful to hear your feedback. We use this to give recognition to individuals and teams, and to share best practice internally to further improve our services.

13.3 Please send any positive feedback using the contact details below, and we will ensure that it is passed to the appropriate manager(s).

14. Reasonable adjustments

14.1 Should you require any reasonable adjustments to use this policy, please contact us to discuss your requirements.

14.2 Information will be provided in the requested format, where possible, which can include different languages.

14.3 Special consideration will be given for those requesting information in a more accessible form (for example, large print or Braille).

15. Protecting your data

15.1 Any information you supply will be stored and processed by us in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Our privacy statement can be found [here](#) INSET LINK.

15.2 All of your complaint correspondence and supporting documents will be scanned and saved securely on our computer system.

15.3 Your complaint file will be retained in accordance with our retention schedule, after which it will be confidentially destroyed. Should you wish for your personal information related to the complaint to be deleted prior to this, please contact IG@optical.org.

Contacting us

At any stage, you can contact us, by one of the following:

By letter: Corporate Complaints, General Optical Council, 10 Old Bailey, London EC4M 7NG;

By e-mail: corporatecomplaints@optical.org

By phone: 020 7307 3451

Annex 1: Advocacy and Support Services

Advocacy Services

For further information about advocacy services available in the UK please see: <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/advocacy-services.aspx>

Civil Legal Aid

A free, confidential and impartial advice service paid for by legal aid - for information on where to find your local face-to-face legal advice provider.

[Civil Legal Advice \(CLA\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Citizens Advice

A free, confidential and impartial advice service with lots of online information as well as a face-to-face service.

<https://www.citizensadvice.org.uk>

Samaritans

The Samaritans provide a free and confidential listening service, 24 hours a day, 365 days a year. They do not provide advice nor do they report your concerns onwards, but sometimes just having someone to talk to that isn't family or friends can be a tremendous help. For more information of what to expect when you contact the Samaritans, visit: <http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us>

Contact the Samaritans on: jo@samaritans.org

Phone: 116 123 (UK)

Professional Standards Authority for Health and Social Care (PSA)

The body responsible for overseeing the health and care regulators (including the GOC) who regulate health and care professionals to make sure they are protecting patients and service users properly.

<https://www.professionalstandards.org.uk/share-your-experience>

Annex 2: Complaints about member recruitment

1. We work hard to ensure that our member recruitment processes are fair, transparent and based on merit. However, if you are concerned about the process used in our recruitment campaigns, you can submit a complaint within 48 hours of receiving an outcome notification.
2. Complaints about member recruitment must be processed quickly in order to confirm the appointment.
3. Complaints about our member recruitment processes are managed in accordance with stage one of this policy.
4. Your complaint will be reviewed by a member who is independent from the specific recruitment campaign.
5. You will receive a response within five working days from the date after receipt of your complaint. The possible outcomes are:
 - a. Your complaint is upheld: there was a flaw with the appointment process and it will be necessary to rectify this.
 - b. Your complaint is partially upheld: there was an issue with the information you received, or the way your application was considered. However, this would not have impacted the outcome of the appointment decision. We will proceed with the decision, take learning from this situation and set out what we will do differently in the future when providing our response to you.
 - c. Your complaint is not upheld: the matter was dealt with in a manner consistent with the policies and processes of the GOC.
6. There is no stage two appeal process for recruitment complaints. If you disagree with the stage one response, you should seek independent legal advice.
7. The appointment(s) will be officially approved only after the complaint process is completed, in case there were any findings which mean that the appointment process needs to be repeated.

Complaints and Feedback about the General Optical Council

Status of document: FinalDraft
Version: 23
Date of approval: June 2021TBC
Effective from: January 2017TBC
Owner: Head of SecretariatCouncil
Author: Head of GovernanceGovernance and Compliance Manager
Planned next review date: March 2023Approval date + 3 years

12. Purpose

~~12.1 This policy outlines how you can raise a complaint or provide feedback about the service we have provided to you. It explains how we will handle your complaint and what to expect during the process. our policies, processes, employees, members, workers or others working for us. You can also use this policy to let us know how an Optical Education or CET course provider or the OCCS (Optical Consumer Complaints Service) have handled a complaint you have raised with them.~~

~~12.2 This policy You may complain or provide feedback about GOC employees, members, workers and the Optical Consumer Complaints Service (OCCS). explains how we will handle your complaint and what to expect during the process.~~

21. Policy Statement

~~21.1 We are committed to responding to complaints about our service in a timely and open manner, ensuring that we look at the matters raised impartially, consistently and quickly in a manner consistent with the Parliamentary Health and Social Care Ombudsman (PHSO) principles of good administration:~~

- ~~• 2.1.1 Getting it right;~~
- ~~• 2.1.2 Being customer focused;~~
- ~~• 2.1.3 Being open and accountable;~~
- ~~• 2.1.4 Acting fairly and proportionately;~~
- ~~• 2.1.5 Putting things right; and~~
- ~~• 2.1.6 Seeking continuous improvement.~~

~~21.2 We view complaints as an important and useful source of feedback about how we have performed and how we can improve in future. When things go wrong, we will acknowledge our mistakes and try to put things right. We promise that we will not treat you unfairly because you have raised a complaint with us.~~

~~21.3 We also welcome your feedback about things that have gone well, which we use to develop our processes and practices to continually improve.~~

~~21.4 Most people who contact us are responsible and display acceptable behaviour, however on rare occasions this is not the case. We accept that when contacting us to raise an issue, individuals may be distressed, frustrated or angry, however we expect to be treated as we would treat others in a respectful manner. We will:~~

- ~~• 21.4.1 be impartial and non-adversarial;~~

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1 cm + Indent at: 1.63 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1 cm + Indent at: 1.63 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1 cm + Indent at: 1.63 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1 cm + Indent at: 1.63 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1 cm + Indent at: 1.63 cm

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

- ~~21.4.2~~ treat you politely, respectfully and considerately;
- ~~21.4.3~~ respect your dignity and privacy;
- ~~21.4.4~~ listen and respect your views;
- ~~21.4.5~~ always try to provide information in a way that can be understood;
- ~~21.4.6~~ where possible, make reasonable adjustments to our service to help you have your opinion heard; and
- ~~21.4.7~~ consider how your complaint or feedback can improve the GOC processes.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

~~2.5~~ If necessary, we will use our policy, Acceptable Behaviour When Communicating with the GOC, to respond to unacceptable behaviour ~~[INCLUDE LINK]~~.

- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: (Default) Arial, 12 pt
- Formatted: Font: (Default) Arial, 12 pt

~~2. Purpose~~

- ~~2.1~~ This policy outlines how you can raise a complaint or provide feedback about our policies, processes, employees, members, workers or others working for us. You can also use this policy to let us know how an Optical Education or GET course provider or the OCGS (Optical Consumer Complaints Service) have handled a complaint you have raised with them.
- ~~2.2~~ This policy explains how we will handle your complaint and what to expect during the process.

~~3. Scope~~

- ~~3.1~~ Anyone who comes into contact with our service and is unhappy or dissatisfied can complain to us.

~~4. The Difference Between a Concern and a Complaint~~

- ~~4.1~~ A concern is “an expression of worry or doubt over an issue considered to be important for which reassurances are sought”. Concerns will be resolved through day to day communication as far as possible.
- ~~3.4.2~~ A complaint is defined as “an expression of dissatisfaction however made, about actions taken or a lack of action”.
- ~~3.3~~ You may complain or provide feedback about:

- ~~3.3.1~~ GOC employees;
- ~~3.3.2~~ GOC members (e.g. Council members, members of advisory committees, fitness to practise hearing members);

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

- [3.3.3](#) — GOC workers (e.g. education visitor panel members, independent optometric advisers);
- [3.3.4](#) — GOC contractors (e.g. external lawyers presenting hearings on our behalf); and
- [3.3.45](#) — the Optical Consumer Complaints Service.

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

4.3 — Both of these are important to us.

34.4 This policy is for raising complaints or giving feedback about:

- [34.4.1](#) — something that we may have done, or should have done;
- [34.4.2](#) — our policies or processes (including those linked to our statutory functions and recruitment); and
- [34.4.3](#) — how well ~~our employees, members, workers or others working on our behalf we~~ have treated you.

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Space After: Auto, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

34.5 This policy is not for complaints about:

- [34.5.1](#) — individual registrants or optical businesses¹;
- [34.5.2](#) — your glasses, contact lenses or refunds²;
- [34.5.3](#) — changes to the law, government standards or guidance ~~for~~ which we have no direct control over; ~~or~~
- [34.5.4](#) — outcomes of FTP fitness to practise hearings or other legal decisions³
- [3.5.5](#) — Council policy or current consultations. If you have a comment about our policies, then we would be happy to receive this by email and it will be considered as part of policy development.
- [34.6](#) — If your complaint is about an Education provider, a CET course or CET provider, or the OCGS (Optical Consumer Complaints Service) you should firstly raise the matter with them before raising it to us, unless there is a reason that you cannot do this.

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Indent: Left: 1 cm, Hanging: 1 cm, Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

34.7 If your complaint You may not complain about an education providers delivering GOC approved qualifications you should first raise your concerns with your education provider using their formal complaints process. We won't normally consider complaints about education providers unless you have exhausted the provider's complaints process prior to approaching us, except if the issue is so serious as to merit immediate referral. Complaints or concerns about a GOC-approved qualification are considered in accordance with the protocol 'Raising concerns about an education programmed' described here on our website or GOC approved CPD providers since these are independent organisations. You can help us to protect the public by sharing information with us and we may investigate these concerns and take appropriate action.

¹ [Raising concerns about an optician | GeneralOpticalCouncil](#)

² <https://www.opticalcomplaints.co.uk/Raising-concerns-GeneralOpticalCouncil>

³ [What is fitness to practise? | GeneralOpticalCouncil](#)

~~3.8~~ If you are not sure ~~which policy to use~~ whether your complaint is within the scope of this policy, please tell us your concern and we will either direct you to the most appropriate team or let you know which organisations are better placed to look into your complaint. ~~You can also speak to the Secretariat Governance Teams about this.~~

~~34.98~~ If we consider your complaint to be of a very serious nature⁴, we may decide to open an ~~i~~internal ~~i~~investigation in accordance with our Investigations policy.

~~34.109~~ This policy is not for employees, workers or members to raise their concerns – they should use the grievance or speaking up policies.

~~54.~~ How do I ~~C~~complain and ~~W~~who ~~D~~do I ~~C~~complain to?

~~54.1~~ You can raise your complaint to us verbally or in writing, in English or in Welsh, using the contact details at the end of this policy. ~~We may be able to accept your complaint in a different language – please contact us to~~ use our Interpretation and Translation service-discuss your specific accessibility requirements.

~~54.2~~ We encourage you to raise your complaint with us as soon as possible after the incident occurring or from when you became aware of the problem. If there is a long delay between when you are aware of the problem and when you raise it, we will consider investigating it if there is good reason for the delay and it is still possible to complete a fair and effective investigation into the matter.

~~The person you are in contact with or the relevant department will always try to resolve your complaint. This is often the quickest way to resolve your complaint.~~

~~5.3~~ We encourage you to raise your complaint to with us as soon as possible from after the incident occurring or from when you were became aware of the problem. If there is a long delay between when you are aware of the problem and when you choose to raise it, we will consider investigating it if there is good reason for the delay and it is still possible to complete a fair and effective investigation into the matter.

~~54.4~~ If your complaint is about our member recruitment processes, it must be submitted within 48 hours of the outcome of the application being issued so it can be investigated prior to the appointment being finalised. Please refer to annex 3 for more details.

~~54.5~~ The GOC will aim to give support you the opportunity to complete the complaints procedure in full. To support this, we will ensure we publicise the

⁴ As defined within our Investigations policy, 'serious nature' normally includes, but is not limited to: allegations of misconduct; allegations of bullying or harassment; employee or member grievances; and employee or member capability or on-going performance matters.

Formatted: Indent: Left: 0 cm, First line: 0 cm

~~existence of this policy and make it the policy will be published available on the GOC website.~~

54.6 At any stage, you can send your complaint to us, ~~by one of the following as follows:~~

Formatted: Space After: Auto

~~**By 5.6.1 letter:** to Corporate Complaints, General Optical Council, 10 Old Bailey, London EC4M 7NG;~~

Formatted: Font: Bold

~~**5.6.2 By e-mail:** corporatecomplaints@optical.org~~

Formatted: Font: Bold

~~**By 5.6.3 phone:** 020 7307 3451~~

Formatted: Font: Bold

54.7 Our office opening hours are: Monday-Thursday 09:00-17:00 (9:00am-5:00pm) and Friday 09:00-16:45 (9:00am-4:45pm). ~~We are closed between Christmas and New Year.~~

54.8 When you submit your complaint it is important that you give as much detail as possible, to help with the investigation. This can include:

- ~~5.8.1~~ — dates of relevant events;
- ~~5.8.2~~ — any relevant background information which may help us understand and investigate your complaint (such as names of people you have been in contact with);
- ~~5.8.3~~ — what you think has gone wrong; and
- ~~5.8.4~~ — what you think we should do to put things right.

Formatted: Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

~~5.9 If you need any help to make a complaint, please see annex 2 for a list of advocacy and support services.~~

~~54.10.9~~ If a complaint is made anonymously, we will consider if we are able to investigate based on the information available and will try to respond where possible.

~~54.11.10~~ If you have already submitted the same or similar complaint and exhausted all of our processes, we will not reconsider it without substantial new information being provided.

Formatted: Space Before: Auto

~~115. Can someone else complain on my behalf of someone else?~~

~~115.1 We are happy to can receive comments and complaints through someone acting on your behalf. We will ask you for confirmation in writing that you are happy for that person has authority to act for you, and we will deal with them~~

directly until we have completed the investigation into your complaint. If someone is acting on your behalf using your power of attorney, we may ask for proof that they are the attorney.

445.2 You can tell us at any stage if you no longer want the person to represent you.

445.3 If we need to obtain information held by a third party relating to your complaint, we will ask you for your written permission.

5.94 If you need any help to make a complaint, please see annex 2 for a list of advocacy and support services.

6. How we will manage your complaint

6.1 We have a three-stage process for managing complaints about us:

~~6.1.1~~ **Stage one** ~~informal stage~~ **resolution by** —the person or department you are already in contact with responsible for the service you are making the complaint about;

~~6.1.2~~ **Stage two** **one** – resolution by the relevant manager or relevant member responsible for the service you are making the complaint about; or member; and

~~6.1.3~~ **Stage three** **two** – if you still disagree with the resolution offered at Stage one, a further review (appeal) by a manager or relevant member from elsewhere in the GOC, who is not responsible for the service you are making the complaint about (appeal).

6.2 At the informal resolution, and ~~s~~Stage one and ~~s~~Stage two all stages, we will acknowledge your complaint within three working days. If you have contacted us by phone, we will acknowledge your complaint by phone if that is your preference. Alternatively, we will acknowledge your complaint in writing by email (preferred) or by post.

6.3 We may need to ask you for more information before we can look into it further. If you have a preference for how you are contacted, please let us know. Your complaint will be allocated to the most appropriate person to investigate by the Secretariat Team Governance team.

~~6.4~~ We may need to ask you for more information before we can look into it further. If you have a preference with for how you are contacted, please let us know.

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Font: Bold

Formatted: Font: Not Bold

Formatted: Font: Bold

Formatted: Font: Bold

6.5 All our responses to complaints will explain what has happened, what has been or is being done to address the matter and when the matter should be fully resolved.

6.6 If you are unhappy with the response you receive ~~at any stage~~, you have the option of taking your complaint to the next stage. You must raise your complaint to the next stage within 20 working days of ~~the our~~ response. Where a complaint is upheld, we will seek to agree an appropriate remedy with you; this might involve an apology or steps we can take to put things right.

6.7 If at any point we cannot meet the time scales we have set out in this policy, we will:

- ~~6.7.1~~ Set ~~Agree~~ new time limits with you; and

- ~~6.7.2~~

- Ssend you details of the new deadline and explain the delay.

6.8 Our Secretariat Team Governance team, who responsible for our management of complaints and oversee the process, can provide more information – you can contact them in any of the ways listed in paragraph ~~4.5.6~~. Alternatively, please see annex 1 for a flowchart of this process. We will always try to resolve concerns or complaints by informal means wherever possible. Where this is not always possible, formal procedures will be followed.

Formatted: Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Space Before: Auto

7. Stage One Informal stage resolution – Try to Resolve with the Person/Department You Are in Contact With

7.1 When a complaint is received, we will acknowledge your complaint within ~~five~~three working days. We may send you a summary of your complaint to check our understanding of all the points you raise. We will also tell you when you might expect a response, and we may ask you for further information, to help our review of your complaint.

~~When you raise your complaint to the person or department you are in contact with, our employees will see whether they can resolve your complaint. If they can, they will respond within five working days of acknowledgment.~~

7.2 We will generally ask the person or department responsible for the service you are making the complaint about to resolve your complaint. If the person or department is able to offer a resolution to your complaint, they will contact you either in writing (by email or letter) or by phone, according to your preference. If they are unable to resolve your complaint ~~over the phone~~, you will be sent given an explanation overview of the complaint in writing to check we have noted all the points of complaint, whilst they are looking into the matters you have raised.

7.3 The person or department responsible for the service you are making the complaint about ~~employee~~ may decide that it is more appropriate to refer your complaint to stage two-one, and may escalate your complaint to our Secretariat Team Governance team who will allocate it to an appropriate manager for review. They will let you know if they do this.

Formatted: Space Before: Auto

8. Stage ~~Two One~~ – ~~Try to Resolve~~ with the ~~Relevant Manager~~

- 8.1 Your complaint may have already been referred to this stage by the person or department you are in contact with, or by our Governance team. If not, you can ask for your complaint to be looked at by a more senior manager.
- 8.2 Complaints addressed directly ~~to a the manager or relevant member responsible for the service you are making the complaint~~ ~~senior manager~~ will be allocated by our Secretariat Team Governance team to the most appropriate manager ~~at this stage~~. Where possible, we will try to ensure the person reviewing your complaint has not been directly involved in the informal resolution stage. This is to enable them to approach this with an independent view.
- 8.3 Complaints about our members will always be referred to this stage and will be considered by a Committee Chair ~~or~~ Council member or independent person, as appropriate.
- 8.4 The relevant manager or member will complete an investigation review. This may include a formal investigation, depending on the circumstances. They will aim to respond to your complaint within 20 working days from referral to this stage and will keep you updated if there ~~will be~~ is a delay.

~~8.5 If the complaint is very serious (see paragraph 43.8), the manager or member may refer it for investigation under our Internal Investigations policy.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Space Before: Auto

9. Stage ~~Three Two~~ – ~~If You Still Disagree~~ (Appeal)

- 9.1 Stage ~~three-two~~ is the final step of our complaints procedure. If you are dissatisfied with a stage two-one response, you can request a review (appeal) and ask for ~~it your to~~ complaint to be reviewed by a senior manager (or Senior Council member, ~~or~~ Chair of Council or an independent person for complaints about members). This must be submitted within 20 working days after the date of our response to you at the stage two-one response.
- 9.2 You will receive a final response within 10 working days from the day after receipt of your appeal. If your complaint requires longer than 10 working days to investigate, then we will keep you informed and set a new deadline.

9.3 There is no further internal appeal mechanism after this stage.

9.4 If you disagree with the final response, ~~you can raise your concerns with the Professional Standards Authority for Health and Social Care (PSA) who regulate oversee our activity. Alternatively, you should could~~ seek independent legal advice.

Formatted: Space Before: Auto

10. ~~What Can~~ ~~could~~ ~~the~~ ~~Outcome~~ ~~of~~ ~~My~~ ~~Complaint~~ ~~Be~~?

10.1 Once we have looked into your complaint, we will ~~write contact yto~~ you to explain ~~the our~~ findings ~~and outcomes at all stages~~. We will let you know what happened and if we ~~found have made any~~ mistakes, we will acknowledge them, let you know how the situation has been or will be addressed, and the likely timescale, where appropriate.

10.2 ~~_~~ Outcomes of a complaint could be:

- ~~• 10.2.1~~ upholding the complaint, in whole or in part; ~~or~~
- ~~• 10.2.2~~ dismissing ~~ing~~ the complaint, in whole or in part.;

Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

~~10.3 10.2.3~~ if the complaint is upheld, ~~we will apologise and~~ a decision will be made on the appropriate action to resolve the complaint; ~~and~~.

Formatted: Indent: Left: 0 cm

~~10.4~~ ~~If the complaint is dismissed, we will explain the reasons why and what other appropriate courses of action may be available to you.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm

~~10.2.4~~ ~~where Where appropriate necessary, we will make recommend~~ changes to the GOC's systems or procedures to prevent similar issues in the future. ~~Even if your complaint is not upheld, we will look at whether there is room to improve based on your feedback, and feedback and make any necessary changes.~~

~~10.3~~ ~~The GOC will inform those involved of the decision in writing within five working days.~~

Formatted: Indent: Left: 0 cm, First line: 0 cm, Space Before: Auto, After: Auto

11. ~~Can I Complain of Behalf of Someone Else?~~

~~11.1~~ ~~We are happy to receive comments and complaints through someone acting on your behalf. We will ask you to confirm in writing that you are happy for that person to act for you and we will deal with them directly until we have completed the investigation into your complaint.~~

~~11.2~~ ~~You can tell us at any stage if you no longer want the person to represent you.~~

~~11.3~~ ~~If we need to obtain information held by a third party relating to your complaint, we will ask you for your written permission.~~

11. Complaints about members

11.1 In the case of complaints about a member, the Head of Governance will first establish whether the complaint passes a threshold for an investigation. Complaints will not meet the threshold for investigation if:

- The subject of the complaint is no longer a member, or was not a member at the time of the alleged conduct and the issue has already been considered as part of their appointment;
- The complaint is made anonymously, unless there is a clear public interest in doing so and the Head of Governance considers a fair investigation can be carried out;
- The same, or substantially the same, alleged conduct has been the subject of a previous allegation and there is nothing further to be gained;
- The complaint is essentially against the action of the Council or a committee as a whole and cannot properly be directed against an individual member;
- The complaint is a service complaint;
- The complaint is about conduct which is the subject of legal proceedings against the Council involving the complainant (for the avoidance of doubt in this context legal proceedings means actual or contemplated legal proceedings or matters subject to mediation in which the GOC is involved as a claimant, defendant or interested party).
- Where a complaint identifies potential criminal conduct, the Head of Governance will refer the complaint to the police or such other regulatory agencies as may be appropriate. In most cases, the Head of Governance will take no further action until any related criminal or regulatory investigation, proceedings or processes have been concluded. There may be grounds to progress an investigation, subject to the agreement of the police or other relevant agency, and the Head of Governance will consult with them as required.

11.2 If the complaint does not meet the threshold, then no further action will be taken and the complainant will be informed accordingly along with the reason. The Head of Governance will signpost the appropriate routes for complainants in the case of service complaints.

11.3 Where a complaint does meet the threshold, it will be referred to stage one of the process described above, and a Council member or independent person will review the complaint.

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Border: Bottom: (No border)

Formatted: Font color: Auto

Formatted: Font color: Auto

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm

11401.4 An annual report of any complaints received, including those that have not met this threshold, will be provided to the Nominations Committee.

Formatted: Font color: Auto

12. Lessons Learnt and Compliance

Formatted: Font: Arial, 12 pt, Font color: Auto

Formatted: Indent: Left: 0 cm, Hanging: 1.27 cm, Border: Bottom: (No border)

Formatted: Border: Bottom: (No border)

12.1 We take concerns and complaints seriously and try to learn from any mistakes that we have made. Where there is a need for change or improvement, we will develop an action plan setting out what we will do and by when. We include lessons learnt in our training for employees.

12.2 Every quarter we report on our complaints received to the Senior Management Team, the Audit, Risk and Finance Committee, and Council. We monitor timescales, outcomes, lessons learnt and action updates.

122.3 It is important for us to monitor that our decisions under this policy are fair and do not discriminate including against on the basis of persons with protected characteristics. If your complaint is referred to stage one of the process, the Secretariat team Governance team will contact you separately to collect information about you for this purpose. The information will be stored separately to your complaint file and will not be shared with anyone involved in investigating your complaint. Providing this information to us is optional but we encourage you to do so.

1224.4 As part of our commitment to transparency we include summary statistics on complaints and outcomes in our Annual Report and Accounts [\[INCLUDE LINK\]](#).

Formatted: Space Before: Auto

Formatted: Indent: Left: 0 cm, First line: 0 cm

13. Positive Experiences

13.1 Whilst it is important to learn from mistakes, we also learn from when things go well and recognise the contributions of our employees and members people to deliver in delivering a high-quality high-quality service.

13.2 If you have had a good experience of our service, our employees, or our workers, members, workers, contractors, or the OCGS Optical Consumer Complaints Service, we would be very grateful to hear your feedback. We use this to give recognition to individuals and teams, and also to share best practice internally to further improve our services.

13.3 Please send any positive feedback using the contact details below, via any one of the channels listed in section 5.6 and we will ensure that it is passed to the appropriate manager(s).

14. Reasonable Adjustments

14.1 Should you require any reasonable adjustments to use this policy, please contact ~~us the Secretariat Team Governance team~~ to further discuss your requirements. ~~You can contact the team via:~~

14.1.1 phone: 020-7307-8851

14.1.2 email: edi@optical.org

14.1.3 post: Secretariat Team

General Optical Council

40 Old Bailey

London, EC4M 7NG

14.2 Information will be provided in the requested format, where possible, which can include different languages.

14.3 Special consideration will be given for those requesting information in a more accessible form (for example, large print or Braille).

15. Transparency Protecting your data

15.1 Any information you supply will be stored and processed by us in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Our privacy statement can be found [here](#) [INSET LINK](#).

15.2 All of your complaint correspondence and supporting documents will be scanned and saved securely on our computer system.

15.3 Your complaint file will be retained in accordance with our retention schedule, after which it will be confidentially destroyed. Should you wish for your personal information related to the complaint to be deleted prior to this, please contact JGfei@optical.org.

Contacting us

At any stage, you can contact us, by one of the following:

Formatted: Space Before: Auto

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Indent: Hanging: 1 cm

Formatted: Indent: Left: 0 cm, Hanging: 1 cm

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Highlight

Field Code Changed

Formatted: Font: Bold

By letter: [Corporate Complaints, General Optical Council, 10 Old Bailey, London EC4M 7NG;](#)

By e-mail: corporatecomplaints@optical.org

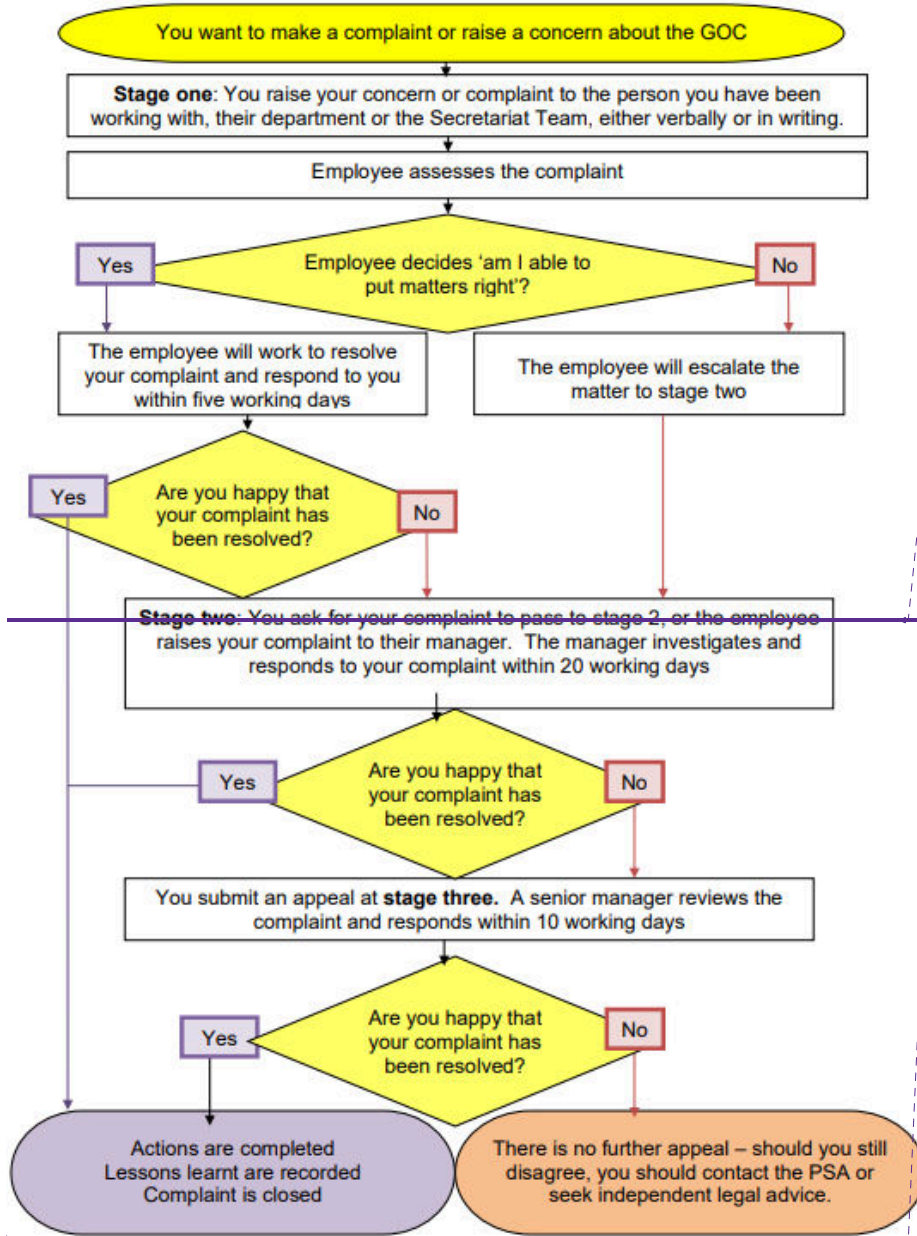
By phone: [020 7307 3451](tel:02073073451)

Formatted: Indent: Left: 0 cm, First line: 0 cm

A

Formatted: Indent: Left: 0 cm, First line: 0 cm

Annex 1: Complaints Process Flowchart



Commented [SB1]: Stage 2 in the flowchart says the employee's manager will investigate but the policy is that an appropriate manager will be allocated.

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Left

Formatted: Font: (Default) Arial, 12 pt, Bold

Annex 12: Advocacy and Support Services

Advocacy Services

For further information about advocacy services available in the UK please see:
<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/advocacy-services.aspx>

Civil Legal Aid

~~(a) free, confidential and impartial advice service paid for by legal aid - for information on where to find your local face-to-face legal advice provider.)~~

~~Civil Legal Advice (CLA) - GOV.UK (www.gov.uk)~~

~~Telephone: 0845 345 4 345~~

~~Minicom: 0345 609 6677~~

Citizen's Advice Bureau

~~(a) free, confidential and impartial advice service with lots of online information as well as a face-to-face service.)~~

~~<https://www.citizensadvice.org.uk>~~

Samaritans

The Samaritans provide a free and confidential listening service, 24 hours a day, 365 days a year. They do not provide advice nor do they report your concerns onwards, but sometimes just having someone to talk to that isn't family or friends can be a tremendous help. For more information of what to expect when you contact the Samaritans, visit: <http://www.samaritans.org/how-we-can-help-you/what-happens-when-you-contact-us>

Contact the Samaritans on: jo@samaritans.org

Phone: 116 123 (UK)

~~Our Regulator~~ — Professional Standards Authority for Health and Social Care (PSA)

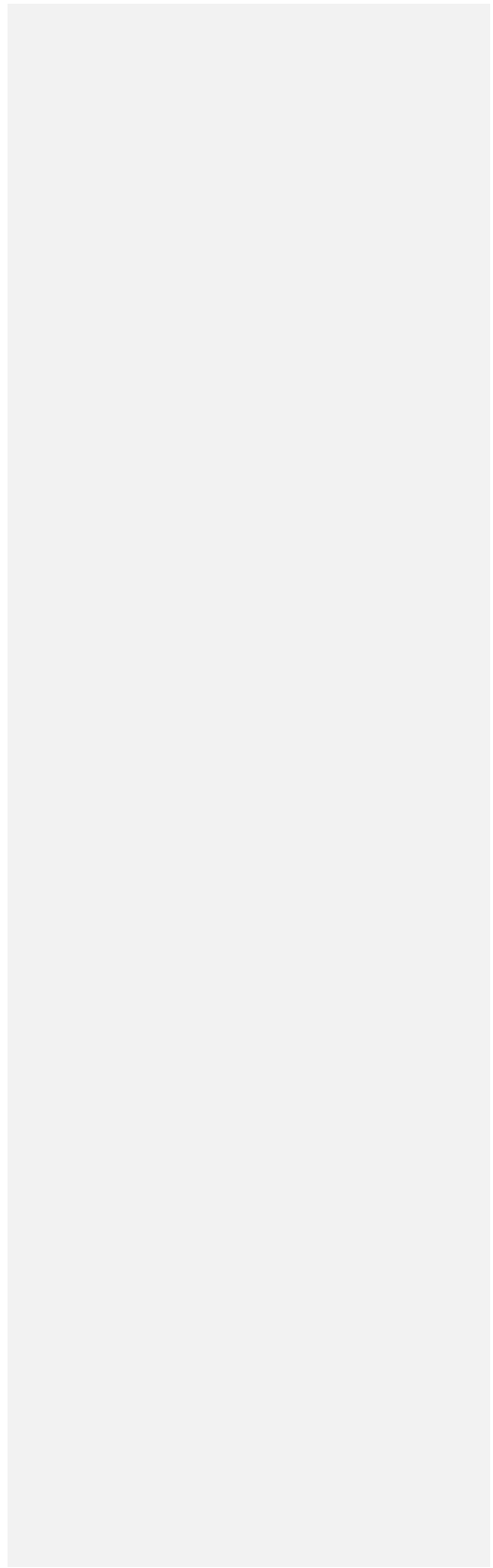
The body responsible for overseeing ~~nine the~~ health and care regulators (including the GOC) who regulate health and care professionals to make sure they are protecting patients and service users properly.

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

~~<https://www.professionalstandards.org.uk/share-your-experience>~~

Formatted: Font: (Default) Arial, 12 pt

|



Annex 23: Complaints about member recruitment

1. We work hard to ensure that our member recruitment processes are fair, transparent and based on merit. However, if you are concerned about the process used in our recruitment campaigns, you can submit a complaint within 48 hours of receiving an outcome notification.
2. Complaints about member recruitment must be processed quickly in order to confirm the appointment.
3. Complaints about our member recruitment processes are managed ~~only at~~ in accordance with stage ~~two~~ one of this policy.
4. Your complaint will be ~~investigated~~ reviewed by a ~~senior~~ member who is independent from the specific recruitment campaign.
5. You will receive a response within five working days from the date after receipt of your complaint. The possible outcomes are:
 - a. Your complaint is upheld: there was a flaw with the appointment process and it will be necessary to rectify this.
 - b. Your complaint is partially upheld: there was an issue with the information you received, or the way your application was considered. However, this would not have impacted the outcome of the appointment decision. We will proceed with the decision, take learning from this situation and set out what we will do differently in the future when providing our response to you.
 - a-c. Your complaint is not upheld: the matter was dealt with in a manner consistent with the policies and processes of the GOC.
- 5-6. There is no stage ~~three~~ two appeal process for recruitment complaints. If you disagree with the stage ~~two~~ one response, you should seek independent legal advice.
- 6-7. The appointment(s) will be officially approved only after the complaint process is completed, in case there were any findings which mean that the appointment process needs to be ~~re-done~~ repeated.

Formatted

Acceptable Behaviour When Communicating with the General Optical Council

Status of document: Draft
Version: 4
Date of approval: TBC
Effective from: YBC
Owner: Council
Author: Head of Governance
Planned next review date: Approval date + 3 years

1. Policy statement

- 1.1 We are committed to providing a high quality service for those who contact us and are committed to resolving all complaints in a satisfactory manner. We will: be impartial and non-adversarial;
- treat you politely, respectfully and considerately;
 - respect your dignity and privacy;
 - listen and respect your views;
 - always try to provide information in a way that can be understood;
 - where possible, make reasonable adjustments to our service to help you have your opinion heard; and consider how your complaint or feedback can improve the GOC processes.
- 1.2 Most people who contact us are responsible and display acceptable behaviour; this policy is concerned with those rare occasions when this is not the case. We accept that when contacting us to raise an issue, individuals may be distressed, frustrated or angry, however we expect to be treated in a respectful manner.
- 1.3 Our employees, workers, members and those working on our behalf will not tolerate unacceptable or unreasonable behaviour which could compromise their human rights, personal dignity and security. We will not permit unacceptable behaviour to impact on its core functions or what it considers in the public interest, this includes the protection of the public,

2. Purpose

- 2.1 The purpose of this policy is to provide guidance on:
- what we mean by unacceptable and unreasonable behaviour;
 - how we will manage such behaviour;
 - the options available to us to restrict or cease contact with those who behave unacceptably or unreasonably should the need arise; and
 - the appeal process.
- 2.2 In addition, the end of the document provides some useful contacts where further information or additional support can be found.

3. Scope

- 3.1 The policy covers anyone who demonstrates unacceptable or unreasonable behaviour when contacting employees, workers, members and those working on behalf of the GOC.
- 3.2 If the person demonstrating unacceptable or unreasonable behaviour is a GOC registrant, we will need to consider if the behaviour is in breach of our standards of practice [INCLUDE LINK] and requires further consideration under our fitness to practise function.

- 3.3 No action will be taken under this policy which might allow concerns affecting patient safety or wider public interest to go uninvestigated.
- 3.4 Everyone at the GOC is expected to behave in an acceptable manner consistent with this policy when contacting registrants, members of the public and other stakeholders. If someone has behaved in an unacceptable or unreasonable way this will be dealt with in accordance with our Complaints and Feedback about the General Optical Council policy [INCLUDE LINK].policy.
- 3.5 This policy does not include freedom of information requests as they are specifically covered by guidance from the Information Commissioner's Office "Dealing with vexatious requests (section 14)" [INCLUDE LINK].

4. Unacceptable and unreasonable behaviour

- 4.1 Unacceptable behaviour (both oral and written, including posts on social media or websites) that may potentially cause anyone working on our behalf to feel threatened, abused, personally attacked or intimidated and could compromise their human rights, personal dignity and security. We will not tolerate such behaviour.
- 4.2 Examples of the types of behaviour which we consider to be unacceptable include, but are not limited to:
- swearing and foul language;
 - abusive or aggressive language or tone;
 - threats of physical violence; and/or
 - bullying, harassment or discrimination.
- 4.3 We will take steps to protect our employees, workers, members and contractors from unacceptable and unreasonable behaviour by limiting the way we communicate with you.

5. Managing unacceptable and unreasonable behaviour in a telephone or face-to-face conversation

- 5.1 If we consider that an individual's behaviour is unacceptable or unreasonable during a telephone conversation or at an in-person or online meeting they will:
- explain why they consider the behaviour unacceptable or unreasonable
 - provide the individual with an opportunity to modify or stop their behaviour;
 - If the behaviour continues, refer the individual to this policy (providing them with a copy);
 - explain that if the unacceptable or unreasonable behaviour continues then it could result in the conversation/meeting being terminated and the GOC having to restrict access (as outlined in section 8); and/or

- 5.1.5 if the unacceptable or unreasonable behaviour continues and the individual has been given a fair hearing, the call/meeting will be terminated and a record of the event completed. The record will be held on file and a copy provided to the Governance team.

6. Managing unacceptable and unreasonable behaviour in emails and letters

- 6.1 If we considers that the behaviour of an individual is unacceptable or unreasonable via letters or emails they will:
- respond in writing and explain why they consider the behaviour to be unacceptable or unreasonable and provide the individual with a copy of this policy;
 - provide the individual with an opportunity to modify or stop the unacceptable or unreasonable behaviour;
 - explain that if the unacceptable or unreasonable behaviour continues then it could result in the GOC having to restrict access; and/or
 - all correspondence will be logged and the individual's line manager and the Head of Governance informed;
 - if the unacceptable or unreasonable behaviour continues and the individual has been given a fair hearing, the emails/letters will be archived and a record of the incident will be completed. The record will be held on file and a copy provided to the Governance team.

7. Managing Contact with our members

- 7.1 We use the term members to refer to anyone who has been appointed to perform the role of a member as described within our legislation. This will generally refer to a member of a committee or Council. Our members remain independent of our operational work. Some members have specific roles in relation to considering FtP cases, corporate complaints or other appeals and therefore must remain independent of the issues being considered. It is important that individuals do not correspond directly with our members when raising issues with us (including in telephone conversations, letters, emails and social media).
- 7.2 If individuals contact a member via phone or face to face, the member will politely advise them to contact the GOC directly to raise their issues via the proper processes. A record will be completed and passed to the Governance team to ensure it is logged with the appropriate team for a response.
- 7.3 If individuals contact a member via written correspondence this should be passed to the Governance team to ensure it is logged with the appropriate team and managed by an employee via the proper processes.

8. Restricting Access to the GOC

- 8.1 We are committed to providing a high-quality service for those who contact us and wish to resolve all complaints in a satisfactory manner. However, if an individual behaves in an unacceptable or unreasonable manner, we will consider imposing access restrictions. We will make two requests (either oral or written) asking an individual to modify or stop their unacceptable or unreasonable behaviour. Following this, if their behaviour remains unacceptable or unreasonable, we will impose access restrictions.
- 8.2 If an individual does not modify or stop their behaviour, we will consider taking one or more of the following actions to restrict access without further warning:
- requiring contact only in writing or other specified means;
 - requiring contact be limited to a named person or specific mailbox;
 - restricting telephone calls to specified days and times;
 - requesting that they sign an agreement which will set out the behaviours we expect;
 - limiting direct contact until the standards of their behaviour improve;
 - prohibiting visits to the GOC offices which have not been agreed in advance;
 - apply a 'read only' approach to correspondence; and/or
 - in extreme cases, notify the police, refer the individual (if a registrant) for investigation relating to their fitness to practise or take legal action.
- 8.3 A decision to restrict access can be made only by a Director, the Chief Executive and Registrar or the Chair of Council. In taking this decision we will take into account any reasonable adjustments which are required and ensure that such action will not restrict us from fulfilling our regulatory functions. We will also take into account other considerations such as whether the individual has received a fair hearing, whether the issue has been dealt with appropriately and a full response given, whether the individual has been communicated with appropriately, the individual's circumstances and that sufficient opportunities have been provided for the behaviour to be amended.
- 8.4 If we decide to restrict access we will:
- write to the individual to inform them why we have restricted access;
 - advise what restrictions we have imposed;
 - state how long the restrictions will apply for;
 - explain the consequences of non-compliance with the restrictions; and
 - provide details of the appeal mechanism available.
- 8.5 The restrictions placed will apply as soon as the correspondence has been sent and will also apply for the duration of any appeal.

- 8.6 In exceptional circumstances, where someone at the GOC may be victimised or harassed by an individual, correspondence with the individual may be signed anonymously.

9. Failure to Comply with Access Restrictions

- 9.1 If the individual does not agree to the restrictions placed on them, or they breach the restrictions we will automatically cease direct contact, until they are prepared to modify their behaviour to a standard which we consider acceptable or are willing to comply with the access restrictions.
- 9.2 A decision to cease direct contact until their behaviour improves can be made only by a Director, the Chief Executive and Registrar or the Chair of Council. In taking this decision we will take into account any reasonable adjustments which are required and ensure that such action will not restrict us from fulfilling our regulatory functions. We will also take into account other considerations such as whether the issue has been dealt with appropriately, whether the individual has been communicated with appropriately, the individual's circumstances and that sufficient opportunities have been provided for the behaviour to be amended.
- 9.3 If we decide to cease direct contact we will:
- write to inform the individual why we have ceased direct contact;
 - identify the third party through whom we will accept contact;
 - advise the individual what actions they need to take in order for us to engage with them directly, such as modifying behaviour or signing an undertaking; and
 - provide details of the appeal mechanism available.
 -

10. Appeals

- 10.1 Individuals may appeal the decision to have their access restricted, or direct contact stopped, within fifteen working days from being notified of the restriction or stoppage.
- 10.2 They should write to the Head of Governance (Andy Mackay-Sim amackaysim@optical.org) detailing why the restriction should be cancelled or varied.
- 10.3 We will acknowledge receipt of the appeal within two working days.
- 10.4 In order for us to ensure that our decision-making is fair and robust we will ensure that the appeal is not considered by the same person(s) who requested that the restrictions be put in place, as follows:

Decision to restrict access or cease contact with you made by:	Appeal will be considered by:
Director	Another Director or Chief Executive and Registrar
Chief Executive and Registrar	Chair of Council
Chair of Council	Senior Council Member

10.5 We will notify the individual of the outcome of their appeal within fifteen working days. Following an appeal, the decision to cancel, vary or maintain the restrictions will be final. There is no further appeal.

11. Reviewing Access Restrictions

11.1 All access restrictions will have a time limit. Prior to the restriction expiring the GOC employee who originally made the decision to apply the access restriction or in the case of appeal the person who considered the restriction should remain in place, will consider whether the restriction should be:

- modified, for example if more than one restriction is in place some could be removed or if the behaviour has not changed more restrictions could be imposed;
- extended, for example if the removal of a restriction is likely to result in the unacceptable or persistent behaviour resuming; or
- lifted, for example, where the individual has satisfactorily modified or stopped their behaviour and therefore the restriction is no longer required.

11.2 If something changes, we will write to the individual before the restriction expires, notifying them of the outcome. The letter will:

- advise whether the restrictions have been modified, extended or lifted and explain the reasoning for the decision;
- state how long the restriction will apply for (where a restriction has been modified or extended);
- explain the consequences of non-compliance with the restriction; and
- provide details of the appeal mechanism available.

11.3 All access restrictions may be reviewed sooner should the need arise.

11.4 If the individual wishes to appeal the decision they should follow the process set out in paragraph ten of this policy.

12. Managing Further Communications

12.1 Further communications received from individuals whose behaviour has previously been deemed unacceptable or unreasonable or where there are access restrictions in place, will be treated on their merits. Restrictions imposed in respect of earlier correspondence will not automatically apply to a new matter

but may be taken into account if a new decision to restrict access due to further unacceptable and unreasonable behaviour is being made.

12.2 All further communications (concerning matters previously raised and concluded) will be read but will not be acknowledged unless substantially new issues are raised relevant to the GOC's remit.

12.3 New relevant issues will be passed to the appropriate team for acknowledgement and action, when appropriate.

12.4 Other correspondence, which does not require acknowledgement or action, will be filed.

13. Access to Additional Support and Further Information

13.1 We accept that there will be times when individuals remain unhappy about a decision we have made, where we cannot provide them with the information or outcome they are seeking or where they may need additional support that we are unable to provide. Below are some suggested services who may be able to provide support and information:

Professional Standards Authority	www.professionalstandards.org.uk
<i>Responsible for overseeing the UK's health and social care professional regulatory bodies, including the GOC.</i>	
Optical Consumer Complaints Service	www.opticalcomplaints.co.uk
<i>An independent and free mediation service for consumers (patients) of optical care and the professionals providing that care.</i>	
Citizens Advice	www.citizensadvice.org.uk
<i>Provision of free, independent, confidential and impartial advice to everyone on their rights and responsibilities.</i>	
Information Commissioner's Office	www.ico.org.uk
<i>Independent advice and guidance about the Freedom of Information (Fol) and Data Protection (DP) Acts.</i>	

14. Monitoring and Review

14.1 All restrictions applied under this policy will be reported to the Audit and Risk and Finance Committee as part of routine complaint reporting.

14.2 The Governance team will be responsible for reviewing this policy every three years, taking into account new or changes to legislation and regulations as well as best practice.

15. Protecting your data

- 15.1 Any information you supply will be stored and processed by us in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. Our privacy statement can be found here [INSERT LINK].
- 15.2 All records relating to access restrictions will be retained by the GOC for a period of five years from the date the restriction was lifted, at which point they will be deleted.

Acceptable Behaviour When Communicating with the General Optical Council

Status of document: LiveDraft
Version: 34
Date of approval: August 2015 TBC
Effective from: September 2015 YBC
Owner: Head of Secretariat Council
Author: Head of Secretariat Head of Governance
Planned next review date: June 2024 Approval date + 3 years

1. Policy Statement

1.1 We are committed to providing a high quality service for those who contact us and are committed to resolving all complaints in a satisfactory manner. We will:

- 1.1.1 ~~treat them politely and considerately;~~
- 1.1.2 ~~respect their dignity and privacy;~~
- 1.1.3 ~~listen and respect their views;~~
- 1.1.4 ~~ensure that they are treated fairly and consistently and are provided with equality of opportunity regardless of protected characteristic (<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>);~~
- 1.1.5 ~~always try to provide information in a way that can be understood;~~
- 1.1.6 ~~always give a fair hearing before a cobe impartial and non-adversarial;~~

- ~~1.1.1 treat you politely, respectfully and considerately;~~
- ~~1.1.2 respect your dignity and privacy;~~
- ~~1.1.3 listen and respect your views;~~
- ~~1.1.4 always try to provide information in a way that can be understood;~~
- ~~1.1.5 where possible, make reasonable adjustments to our service to help you have your opinion heard; and~~
- ~~1.1.6 consider how your complaint or feedback can improve the GOC processes. nsidering invoking this policy; and~~

~~1.1.7 where possible, make reasonable adjustments to our service.~~

1.2 Most people who contact us are responsible and display acceptable behaviour; this policy is concerned with those rare occasions when this is not the case. We accept that when contacting us to raise an issue, individuals may be distressed, frustrated or angry, however we expect to be treated as we would treat others in a respectful manner.

1.3 Our employees, workers, and members and those working on our behalf of the GOC will not tolerate unacceptable or unreasonable behaviour which could compromise their human rights, personal dignity and security. ~~Nor will our employees, workers or members allow our capacity to offer an acceptable level of service to stakeholders in the public interest to be hindered by such behaviour. The GOC~~ We will not permit unacceptable behaviour to impact on its core functions or what it considers in the public interest, this includes the protection of the public.

~~1.4 We are committed to ensuring that our customer service approach is consistent with our values.~~

Formatted: Indent: Left: 1 cm, First line: 0 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Indent: Left: 2.27 cm

Formatted: Indent: Left: 0 cm

Formatted: Indent: Left: 0 cm, Hanging: 1 cm

2. Purpose

2.1 The purpose of this policy is to provide guidance on:

- ~~2.1.1~~ what we mean by unacceptable and unreasonable behaviour;
- ~~2.1.2~~ how we will manage such behaviour;
- ~~2.1.3~~ the options available to us to restrict or cease contact with those who behave unacceptably or unreasonably should the need arise; and
- ~~2.1.4~~ the appeal process.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

2.2 ~~This policy outlines how we will deal with unreasonable or unacceptable behaviour and will be provided to individuals who display unacceptable or unreasonable behaviour.~~ In addition, the end of the document provides some useful contacts where further information or additional support can be found.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Indent: Left: 2.27 cm

3. Scope

Formatted: Indent: Left: 0 cm, First line: 0 cm

- 3.1 The policy covers anyone who demonstrates unacceptable or unreasonable behaviour when contacting employees, ~~workers and members~~ workers, members and those working on behalf of the GOC.¹
- 3.2 If the person demonstrating unacceptable or unreasonable behaviour is a GOC registrant, we will need to consider if the behaviour is in breach of our ~~Standards and/or standards of practice [INCLUDE LINK]~~ and requires further consideration under our fitness to practise function.
- 3.3 No action will be taken under this policy which might allow concerns affecting patient safety or wider public interest to go un-investigated.
- 3.4 ~~All employees and members are~~ Everyone at the GOC is expected to behave in an acceptable manner consistent with this policy when contacting registrants, ~~or members of the public and other employees and members~~ other stakeholders. If ~~an employee~~ someone has behaved in an unacceptable or unreasonable way ~~with registrants or members of the public~~ this will be dealt with in accordance with our Complaints and Feedback about the General Optical Council policy [INCLUDE LINK], ~~corporate complaints~~ policy. ~~Employees who demonstrate unacceptable or unreasonable behaviour when contacting other employees of the GOC will be dealt with in accordance with our human resources policies.~~
- 3.5 This policy does not include freedom of information requests as they are specifically covered by guidance from the Information Commissioner's Office "Dealing with vexatious requests (section 14)²" [INCLUDE LINK].

¹'Employees, ~~workers and members~~' include: employees (permanent and temporary), Council and Committee members and workers, and will be referred to collectively in this policy as "employees and members".

²Dealing with vexatious requests (section 14) | ICO

4. Unacceptable and unreasonable behaviour

4.1 Unacceptable behaviour (both oral and written, including posts on social media or websites) ~~that~~ may potentially cause ~~our employees, workers and members any-one working on our behalf of the GOC~~ to feel threatened, abused, personally attacked or intimidated and could compromise their human rights, personal dignity and security. We will not tolerate such behaviour ~~towards our employees and members which is considered to be unacceptable.~~

4.2 Examples of the types of behaviour which we consider to be unacceptable include, but are not limited to:

- ~~4.2.1~~ —swearing and foul language;
- ~~4.2.2~~ —abusive or aggressive language or tone;
- ~~4.2.3~~ —threats of physical violence; and/or,
- ~~4.2.4~~ —emotional bullying, harassment or discrimination.;

4.3 We will take steps to protect our employees, workers, members and contractors from unacceptable and unreasonable behaviour by limiting the way we communicate with you.

5. Managing unacceptable and unreasonable behaviour in a telephone or face-to-face conversation with Employees

5.1 If ~~someone at GOC~~ we ~~an employee~~ considers that ~~the~~ an individual's behaviour ~~of an individual~~ is unacceptable or unreasonable during a telephone conversation or at an in-person or online meeting they will:

- ~~5.1.1~~ —explain why they consider the behaviour to be unacceptable or unreasonable ~~and refer the individual to this policy (providing them with a copy)~~;
- ~~5.1.2~~ —provide the individual with an opportunity to modify or stop their behaviour;

- ~~5.1.3~~ —If the behaviour continues, refer the individual to this policy (providing them with a copy);

- ~~5.1.4~~ —explain that if the unacceptable or unreasonable behaviour continues then it could result in the conversation/meeting being terminated and the GOC having to restrict access (as outlined in section 8); and/or

5.1.5 4 if the unacceptable or unreasonable behaviour continues and the individual has been given a fair hearing, the call/meeting will be terminated and a 'termination log' log record of the event will be completed. The log record will be held on ~~the individual's~~ file and a

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Indent: Left: 2.27 cm

Formatted: Indent: Left: 0 cm

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

copy provided to ~~GOC management~~ the Governance team. ~~their employee's line manager.~~

6. Managing unacceptable and unreasonable behaviour in emails and letters with Employees

- 6.1 If ~~an employee~~ someone at GOC we considers that the behaviour of an individual is unacceptable or unreasonable via letters or emails they will:
- ~~6.1.1~~ respond in writing and explain why they consider the behaviour to be unacceptable or unreasonable and provide the individual with a copy of this policy;
 - ~~6.1.2~~ provide the individual with an opportunity to modify or stop the unacceptable or unreasonable behaviour;
 - ~~6.1.3~~ explain that if the unacceptable or unreasonable behaviour continues then it could result in the GOC having to restrict access; and/or
 - ~~6.1.4~~ all correspondence will be logged and the employee's individual's line manager ~~and the Head of Governance~~ informed;
 - ~~6.1.5~~ if the unacceptable or unreasonable behaviour continues and the individual has been given a fair hearing, the emails/letters will be deleted-archived and a log record of the incident -deletion log- will be completed. The log record will be held on the individual's file and a copy provided to their employee's line manager the Governance team.

7. Managing Contact with ~~Our our Members~~ members

- 7.1 We use the term members to refer to anyone who has been appointed to perform the role of a member as described within our legislation. This will generally refer to a member of a committee or Council. Our members remain independent of ~~the our~~ operational work ~~undertaken by the GOC, so in order that they are able to hold the the organization Executive to account for operational performance and make strategic decisions.~~ Some members have specific roles in relation to considering FITP cases, corporate complaints or other appeals and therefore must remain independent of the issues being considered. It is therefore important that individuals do not correspond directly with our members when raising issues with us (including in telephone conversations, letters, emails and social media). ~~whilst we are investigating those issues.~~
- 7.2 If individuals contact a member via phone or face to face, the member will politely advise them to contact the GOC directly to raise their issues via the proper processes. A record will be completed and passed to the Governance ~~and Compliance Manager~~ Team to ensure it is logged with the appropriate team for a response.

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: Indent: Left: 0 cm, First line: 0 cm

7.3 If individuals contact a member via written correspondence this ~~will~~should be passed to the Governance ~~and Compliance Manager~~Team to ensure it is logged with the appropriate team and managed by an employee via the proper processes.

8. Restricting Access to the GOC

8.1 We are committed to providing a ~~high quality~~high-quality service for those who contact us and wish to resolve all complaints in a satisfactory manner. However, if an individual behaves in an unacceptable or unreasonable manner, we will consider imposing access restrictions. We will make two ~~attempts~~requests (either oral or written) ~~to get~~asking an individual to modify or stop their unacceptable or unreasonable behaviour. Following this, if their behaviour ~~remains unacceptable or unreasonable, continues,~~ we will impose access restrictions.

8.2 If an individual does not modify or stop their behaviour, we will consider taking one or more of the following actions to restrict access without further warning:

- ~~8.2.1~~ requiring contact only in writing or other specified means;
- ~~8.2.2~~ requiring contact be limited to a named person or specific mailbox;
- ~~8.2.3~~ restricting telephone calls to specified days and times;
- ~~8.2.4~~ requesting that they sign an ~~undertaking agreement~~ which will set out the behaviours we expect;
- ~~8.2.5~~ limiting direct contact until the standards of their behaviour improve;
- ~~8.2.6~~ prohibiting ~~personal~~ visits to the GOC offices which have not been agreed in advance;
- ~~8.2.7~~ apply a 'read only' approach to correspondence; and/or
- ~~8.2.8~~ in extreme cases, notify the police, refer the individual (if a registrant) for investigation relating to their fitness to practise or take legal action.

8.3 A decision to restrict access can be made only by a Director, the Chief Executive and Registrar or the Chair of Council. In taking this decision we will take into account any reasonable adjustments which are required and ensure that such action will not restrict us from fulfilling our regulatory functions. We will also take into account other considerations such as whether the individual has received a fair hearing, whether the issue has been dealt with appropriately and a full response given, whether the individual has been communicated with appropriately, the individual's circumstances and that sufficient opportunities have been provided for the behaviour to be amended.

8.4 If we decide to restrict access we will:

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(RGB(17,17,17))

- 8.4.1 write to the individual to inform them why we have restricted access;
- 8.4.2 advise what restrictions we have imposed;
- 8.4.3 state how long the restrictions will apply for;
- 8.4.4 explain the consequences of non-compliance with the restrictions; and
- 8.4.5 provide details of the appeal mechanism available.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(17,17,17)

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

8.5 The restrictions placed will apply as soon as the letter correspondence has been sent and will also apply for the duration of any appeal.

8.6 In exceptional circumstances, where someone at the GOC employees may be victimised or harassed by an individual, correspondence with the individual may be signed anonymously.

9. Failure to Comply with Access Restrictions

9.1 If the individual does not agree to the restrictions placed on them, or they breach the restrictions we will automatically cease direct contact, until they are prepared to modify their behaviour to a standard which we consider acceptable or are willing to comply with the access restrictions.

9.2 A decision to cease direct contact until their behaviour improves can be made only by a Director, the Chief Executive and Registrar or the Chair of Council. In taking this decision we will take into account any reasonable adjustments which are required and ensure that such action will not restrict us from fulfilling our regulatory functions. We will also take into account other considerations such as whether the issue has been dealt with appropriately, whether the individual has been communicated with appropriately, the individual's circumstances and that sufficient opportunities have been provided for the behaviour to be amended.

9.3 If we decide to cease direct contact we will:

- 9.3.1 write to inform the individual why we have ceased direct contact;
- 9.3.2 identify the third party through whom we will accept contact;
- 9.3.3 advise the individual what actions they need to take in order for us to engage with them directly, such as modifying behaviour or signing an undertaking; and
- 9.3.4 provide details of the appeal mechanism available.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(17,17,17)

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

Formatted: Indent: Left: 0 cm, First line: 0 cm

10. Appeals

10.1 Individuals may appeal the decision to have their access restricted, or direct contact stopped, within fifteen working days from being notified of the restriction or stoppage.

10.2 They should write to the Head of ~~Secretariat~~Governance ([Andy Mackay-Sim amackaysim@optical.org](mailto:amackaysim@optical.org))³ detailing why the restriction should be cancelled or varied.

10.3 We will acknowledge receipt of the appeal within two working days.

10.4 In order for us to ensure that our decision-making is fair and robust we will ensure that the appeal is not considered by the same person(s) who requested that the restrictions be put in place, as follows:

Decision to restrict access or cease contact with you made by:	Appeal will be considered by:
Director	Another Director or Chief Executive and Registrar t
Chief Executive and Registrar	Chair of Council
Chair of Council	Senior Council Member

10.5 We will notify the individual of the outcome of their appeal within fifteen working days. Following an appeal, the decision to cancel, vary or maintain the restrictions will be final. There is no further appeal.

11. Reviewing Access Restrictions

11.1 All access restrictions will have a time limit. Prior to the restriction expiring the GOC employee who originally made the decision to apply the access restriction or in the case of appeal the person who considered the restriction should remain in place, will consider whether the restriction should be:

- ~~11.1.1~~ modified, for example if more than one restriction is in place some could be removed or if the behaviour has not changed more restrictions could be imposed;
- ~~11.1.2~~ extended, for example if the removal of a restriction is likely to result in the unacceptable or persistent behaviour resuming; or
- ~~11.1.3~~ lifted, for example, where the individual has satisfactorily modified or stopped their behaviour and therefore the restriction is no longer required.

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(17,17,17)

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

11.2 If something changes, we will write to the individual before the restriction expires, notifying them of the outcome. The letter will:

- ~~11.2.1~~ advise whether the restrictions have been modified, extended or~~t~~ lifted and explain the reasoning for the decision;
- ~~11.2.2~~ state how long the restriction will apply for (where a restriction has been modified or extended);
- ~~11.2.3~~ explain the consequences of non-compliance with the restriction; and

Formatted: Font: (Default) Arial, 12 pt, Font color: Custom Color(17,17,17)

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 1.63 cm + Indent at: 2.27 cm

³ Please address your written correspondence to the Head of ~~Governance~~Secretariat, General Optical Council, 10 Old Bailey, London, EC4M 7NG or email governance@optical.org

- ~~11.2.4~~ provide details of the appeal mechanism available.

11.3 All access restrictions may be reviewed sooner should the need arise.

11.4 If the individual wishes to appeal the decision they should follow the process set out in paragraph ten of this policy.

12. Managing Further Communications

12.1 Further communications received from individuals whose behaviour has previously been deemed unacceptable or unreasonable or where there are access restrictions in place, will be treated on their merits. Restrictions imposed in respect of earlier correspondence will not automatically apply to a new ~~matter, but~~ **matter but** may be taken into account if a new decision to restrict access due to further unacceptable and unreasonable behaviour is being made.

12.2 All further communications (concerning matters previously raised and concluded) will be read but will not be acknowledged unless substantially new issues are raised relevant to the GOC's remit.

12.3 New relevant issues will be passed to the appropriate team for acknowledgement and action, when appropriate.

12.4 Other correspondence, which does not require acknowledgement or action, will be filed.

13. Access to Additional Support and Further Information

13.1 We accept that there will be times when individuals remain unhappy about a decision we have made, where we cannot provide them with the information or outcome they are seeking or where they may need additional support that we are unable to provide. Below are some suggested services who may be able to provide support and information:

Professional Standards Authority	www.professionalstandards.org.uk
<i>Responsible for overseeing the UK's nine health and social care professional regulatory bodies, including the GOC.</i>	
Parliamentary and Health Service Ombudsman	www.ombudsman.org.uk
<i>Responsible for investigating complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.</i>	
Optical Consumer Complaints Service	www.opticalcomplaints.co.uk
<i>An independent and free mediation service for consumers (patients) of optical care and the professionals providing that care.</i>	

Formatted: Indent: Left: 0 cm, First line: 0 cm

Formatted: Indent: Left: 0 cm, First line: 0 cm

Citizens Advice Bureau	www.citizensadvice.org.uk
<i>Provision of free, independent, confidential and impartial advice to everyone on their rights and responsibilities.</i>	
Support Empower Advocate Promote (SEAP)	www.seap.org.uk
<i>Providers of independent advocacy services to help resolve issues or concerns you may have about your health and well-being or your health and social care services.</i>	
Information Commissioner's Office	www.ico.org.uk
<i>Independent advice and guidance about the Freedom of Information (FoI) and Data Protection (DP) Acts.</i>	

Formatted: Indent: Left: 0 cm, First line: 0 cm

14. Monitoring and Review

- 14.1 All restrictions applied under this policy will be reported to the Audit and Risk and Finance Committee as part of routine complaint reporting.
- 14.2 The Governance Secretariat Team will be responsible for reviewing this policy every three years, taking into account new or changes to legislation and regulations as well as best practice.

Formatted: Space Before: Auto

15. Transparency Protecting your data

- 15.1 Any information you supply will be stored and processed by us in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. Our privacy statement can be found here [INSERT LINK].
- 15.2 All records relating to access restrictions will be retained by the GOC for a period of five years from the date the restriction was lifted, at which point they will be deleted.

Annex 1 - Unacceptable Behaviour Process Flowchart

Key:			
	Unrestricted access		Review of restrictions
	Medium level restrictions in place		Individual's behaviour
	High level restrictions in place		Opportunity for appeal



Formatted: Indent: Left: 0 cm, First line: 0 cm

COUNCIL**Arrangements for Education Handbooks**

Meeting: 11 December 2024**Status:** For decision**Lead responsibility:** Samara Morgan (Head of Education and CPD)**Paper Author(s):** Richard Calver (Education and CPD Specialist)**Council Lead(s):** There is no Council lead for this work.**Purpose**

1. To enable Council to approve two proposals to amend current handbook arrangements; the first proposal is in relation to quality assurance visits to education providers; the second to introduce flexibility for providers in relation to meeting handbook requirements.

Recommendations

2. Council is asked to:
 - **approve** the proposals described in paragraphs 14-22 below, for immediate implementation.
 - **note** the analysis of stakeholders' responses to our engagement exercise; and
 - **note** advice from Education Committee and Standards Committee.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: Delivering world-class regulatory performance. This work is included in our 2024/25 Business Plan.

Background

Current approval and quality assurance arrangements

4. As part of the Education Strategic Review (ESR) Council approved new Education and Training Requirements (referred to collectively as ETR) for qualifications in optometry and dispensing optics in February 2021, additional supply, supplementary prescribing and independent prescribing in December 2021, and for contact lens opticians in March 2022.
5. The ETR replaced a suite of quality assurance handbooks, lists of required core competencies, the numerical requirements for students' and trainees' practical experiences, education policies and guidance contained within the handbooks, and policies on supervision and recognition of prior learning, as follows:

- For approved qualifications in optometry; the ‘Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry’, approved in 2015);
- For approved qualifications in dispensing optics; ‘Guidelines for the Approval & Quality Assurance of: Routes to GOC Registration for Dispensing Opticians’ approved in 2011;
- For approved qualifications in independent prescribing; the ‘Handbook for Optometry Specialist Registration in Therapeutic Prescribing’ and ‘Competency Framework for Independent Prescribing’, published in 2008 and 2011 respectively;
- For approved qualifications as a contact lens optician; the ‘Visit handbook guidelines for the approval of training institutions and providers of schemes for registration for United Kingdom trained Contact Lens Opticians’ published July 2007, and the ‘Contact Lens Speciality Core Competencies’ published in 2011.

6. We refer to these documents collectively as the ‘quality assurance handbooks.’ Following decisions by Council in February 2021, December 2021, and March 2022, providers of GOC approved qualifications were invited to adapt their programmes to meet the new ETR, at providers’ own pace in accordance our quality assurance process. By September 2024, over 90% of students entering year one of GOC approved qualifications in optometry and dispensing optics were admitted into ETR compliant approved qualifications. It is anticipated that the remaining providers of optometry and dispensing optics qualifications will adapt to offer ETR compliant programmes from September 2025.
7. Following approval of the ETR, providers of GOC-approved qualifications were given the option to transfer all cohorts of students simultaneously onto the adapted ETR qualification, or to ‘teach out’ existing cohorts under existing the handbook requirements and admit new cohorts into year one of the ETR compliant qualification. So far, all qualification providers who have chosen to adapt to the ETR have chosen to teach out, resulting in providers who are simultaneously teaching out cohorts as they progress towards completion of their approved qualifications under the handbook requirements, whilst also teaching in new cohorts progressing on ETR compliant qualifications, thereby engaging in two parallel sets of quality assurance processes.
8. From the 19 August to 9 September 2024 in a targeted engagement we sought the views of education providers, our education visitor panellists (EVPs), and professional and representative bodies on proposals to amend handbook arrangements for the quality assurance of qualifications which are being ‘taught out’. No changes were being proposed to the quality assurance arrangements of adapted ETR qualifications, as set out in guidance previously approved by Council. Feedback from the targeted engagement is summarised in annex 1 to this paper and demonstrates a high level of support from stakeholders.

Previously approved temporary changes to handbook requirements

9. Council has previously approved amendments to the quality assurance handbooks.
10. In July 2020, Council considered proposed temporary changes to the optometry handbook and related supervision policy to support providers during the Covid-19 pandemic. This decision followed a short (2 week) stakeholder consultation with the final decision on temporary changes delegated by Council to a sub-group consisting of Gareth Hadley (then Chair of Council), Mike Galvin (Chair of Education Committee), and Lesley Longstone (then Chief Executive and Registrar).
11. As the pandemic progressed, Council agreed two further extensions via correspondence to the temporary arrangements and agreed to delegate any further temporary extensions to the handbook and supervision policy to the Chief Executive and Registrar, who approved an extension of the temporary changes to 2028, to better support the sector during the implementation of the ETR.

Analysis

Proposed approval and quality assurance arrangements

12. The quality assurance handbooks specify the arrangements for quality assurance visits. The handbooks describe that the purpose of the visit is to determine whether the programme meets the requirements set out in the relevant handbook. In the targeted engagement we proposed to streamline our approach to the visits described in the quality assurance handbook programmes, with the introduction of a desktop review of providers' documentation, and offering a site visit only if the desktop review indicated concerns with the approved qualification.
13. We anticipate continuing to quality assure qualifications using the handbook requirements until at least 2028/29, and possibly longer, as remaining cohorts are taught out, and we have committed to assuring all providers who continue to meet the handbook requirements until all providers have taught out handbook qualifications.

Proposal one – desktop reviews

14. In our targeted engagement we sought the views of education providers, our education visitor panellists (EVPs), and professional and representative bodies on proposals to amend handbook arrangements for the quality assurance of qualifications which are being taught out (see annex 1 for details and full analysis). The results of this engagement indicated a high level of support for the proposal. Almost all respondents agreed that streamlining visits would be appropriate and that the initial desktop review would be valuable, provided that measures are taken to ensure the rigour of this approach.

15. Respondents made some helpful suggestions regarding factors affecting the level of risk attached to some qualifications, and the need to confirm teaching-out arrangements for students, including those re-sitting assessments or interrupting their studies. They also commented on the consistency of the approach and the likely burden on providers.
16. In response to feedback received, we propose to:
 - Test providers' documentary evidence against the requirements defined by the education handbooks;
 - request details of the provider's teaching-out policy, including arrangements for assessments and re-sits, and for students who interrupt their studies. We propose to seek students' views on this matter as well as their views on the information given to them by their provider.
 - solicit the views of external examiners and students using surveys and external examiner reports, with online or onsite meetings being held to discuss matters of concern;
 - review all the evidence to assess areas of risk to the qualification and to decide on the next steps; and
 - continue to hold full onsite visits for provisionally approved qualifications.

Proposal two – amendments to approved qualifications

17. In our targeted engagement we also proposed providers should be given greater flexibility to make amendments to their handbook qualifications to ensure they more closely align with, and offer students and trainees the benefits of teaching, learning and assessment associated with, ETR qualifications. We proposed that providers may, if they wished, submit a change notification with clear rationale of proposed amendments to qualifications approved under the handbooks, so that they more closely resemble ETR qualifications. We stated in our engagement that we would manage such change notifications in the same way as all change notifications, with an officer and manager review, a review by an education visitor panel where required, with the final decision by the Head of Education and CPD.
18. Case studies illustrating the practical effect of this proposal can be found in annex two. The actions described in the case studies would breach current handbook requirements and although sensible, would not be permissible. Under the proposed, more flexible approach, a provider could submit a change notification, and new arrangements for qualification delivery and assessment would be considered.
19. This approach has the advantage of allowing change notifications to be considered on a case-by-case basis, and to be monitored as part of a provider's routine quality assurance engagements.
20. An alternative approach, to seek Council's approval for specific changes to handbook requirements, would require all providers of qualifications approved under

the handbooks to adapt to meet the new requirements and would limit providers' flexibility at local qualification level. We consider this a higher risk approach, as all providers would then need to meet these amended handbook requirements. There is also a risk that continuous change to the handbooks would be required until they are no longer in use (approximately to 2028/2029). We do not consider there to be significant risk associated with providers making changes to handbook qualifications that are more in line with the ETR. Change notification would require appropriate quality assurance and create alignment with ETR qualifications, ensuring a more consistent approach in delivery and assessment for both providers and students.

21. In our targeted engagement we received a high level of support for this proposal. Respondents agreed that the proposal was necessary, appropriate and beneficial to providers and students. Respondents involved in training optometrist independent prescribers particularly welcomed the proposals, stating that they would simplify supervisory arrangements for these candidates.
22. Respondents also made some helpful suggestions to ensure a rigorous approach. In response to these suggestions we intend to:
 - consider a provider's record of making previous changes when processing applications for further changes, to avoid cases where providers make several incremental changes and deliver a qualification very different from that which was previously approved;
 - ensure that providers advise the GOC of any intended changes before they make them, rather than submitting post hoc notifications, as some changes may be of high risk.

Advice from Education Committee and Standards Committee

23. Both proposals were discussed by the Education Committee and Standards Committee in October 2024, along with the results of our engagement exercise. These committees were in strong support of the proposals and recommended monitoring their impact to note key issues or trends.
24. We agree with the committees that monitoring will be necessary to maintain confidence in the rigour of our quality assurance of the handbook qualifications. We also note that it will be hard to develop useful metrics which will be used over such a short period of time. However, we intend to audit our processes to verify their rigour by:
 - monitoring the number of requirements met and unmet, and conditions set, following streamlined visits and comparing them with previous visits to handbook qualifications;
 - monitoring applications for changes to qualifications to understand the number and type of changes requested.

Finance

25. There is a limited financial impact as a result of these proposals. From a GOC perspective, the interim handbook quality assurance process may see a reduction in onsite visits, or shorter on-site visits, with a consequential reduction on expenditure, including on education visitors' fees, accommodation and travel. Quality assurance costs, including costs of management and academic time and overheads, especially if desktop reviews reduce the requirement for hosting onsite visits.
26. The Chief Financial Officer advises that:
- there are no material budgetary impacts from the process;
 - there may be some reduction in EVP costs with introduction of the new plans. The impact of the reduction in EVP costs will be reviewed and adjusted in the re-forecast following the approval of the proposals.

Risks

27. As some respondents noted, there is a risk that our recommended streamlined visit process would be perceived as less consistent and less rigorous than a conventional onsite visit. However, this risk is mitigated by our use of a standardised documentary submission and our documented process for reviewing providers' submissions against all relevant requirements (for example, handbook requirements for admissions will be unnecessary when no further students are admitted on to the qualification) and triangulating this with further evidence as required when assurance is not given. An alternative recommendation would be to continue with conventional onsite visits for all handbook qualifications, but this leads to a risk that time and financial resources would be delayed disproportionately at a time when the GOC is undertaking significant quality assurance activity in relation to ETR adaptations.
28. There is also a risk that our proposals for changes to handbook requirements will be perceived as allowing providers to dilute the standards of their approved qualifications. However, we believe this risk is low and mitigated by our established process for examining notifications for changes to approved qualifications. The alternative option, which is to prohibit such changes, would risk offering outdated handbook qualifications to current cohorts of students, especially when compared to ETR qualifications, with consequential risks to patients and the public.
29. Should Council not approve changes to the quality assurance processes, there is a risk of increased burden on providers to remain compliant with increasingly outdated quality assurance handbooks, particularly in relation to variation in supervision requirements outlined in the handbooks and ETR, and a risk to the GOC Education team, who may require additional resource to manage the risk of non-compliance.

Equality Impacts

30. Following our screening exercise, we have identified no impacts which would require an impact assessment. Our proposals relate to processes which do not use personal data.

Devolved nations

31. There are no implications.

Communications

External communications

32. We have used our engagement exercise to inform education providers and EVPs of our proposals, and we will confirm the proposals following Council's decision.
33. We will generate comprehensive details of our streamlined process following Council approval, and our Education Operations team will update stakeholders on these processes.

Internal communications

34. Internal communications will be generated following Council approval.

Next steps

35. We will update stakeholders and Education Committee of Council's decision and implement the relevant changes to our quality assurance systems.

Attachments

Annex 1: Details and analysis of engagement exercise
Annex 2: Case studies

Annex one

Analysis of stakeholder feedback

Engagement

We conducted an engagement exercise to seek stakeholders' opinions of our proposals. We contacted all members of our education visitor panel (EVPs), all education providers who deliver one of our approved qualifications, and other relevant stakeholders including examining bodies and representative bodies. The engagement took place between 16 August 2024 and 9 September 2024. We received 25 responses by the deadline: eight from providers, fifteen from EVPs (including those working at providers), and two from other stakeholders. One EVP offered a response to the proposal for handbook visits but not to the proposal for change notifications.

Handbook visits

The engagement exercise included the following question:

Do you agree with the above proposals to simplify quality assurance visits to handbook qualifications? Give reasons for your answer.

Almost all respondents agreed that streamlining visits would be appropriate and that the initial desktop review would be valuable, provided that measures are taken to ensure the rigour of this approach. Responses were as follows:

	Yes	No or uncertain	Total responses
EVPs	14	1	15
Providers	7	1	8
Others	2	0	2
Total	23	2	25

EVPs

EVPs believe that our proposals are proportionate, bearing in mind the limited lifespan of the handbook courses. For example, one EVP commented:

this seems to me to be a proportionate and risk-based approach. Undertaking the old "handbook methodology" with routine full visits in this period of transition seems wholly disproportionate and increasingly obsolete.

Feedback from EVPs who work as lecturers at providers also shows confidence in the GOC's risk-based approach. They were satisfied that the system would be proportionate and sufficiently rigorous. Comments included:

the approach is proportionate and reasonable for providers who are not subject to extensive conditions. In the case of extensive conditions I think this would be captured by the risk-based assessment performed by GOC staff, and in such cases it is detailed how the 'visit' could be extended to further online or in-person activities.

The same EVP also made the point that this approach would reduce burdens on providers:

as universities teach out the handbook qualifications alongside implementing their ETR qualifications they are unlikely to have the resource to make changes to the handbook qualifications unless absolutely necessary. It is therefore proportionate that the GOC simplify the QA process.

Another agreed, noting that the proposed approach generally carries a low risk:

a desk-based approach, requiring the same evidence and including views from stakeholders such as external examiners and students means that appropriate scrutiny and QA should be possible, with the option for meetings/ visits if required. As these are all existing approved qualifications, then risk should be relatively low.

Some EVPs suggest factors which might raise the level of risk associated with the qualification and which might influence the type of visit. These suggestions include that:

- closer scrutiny should be applied to provisionally approved qualifications;

- we should consider the date of the last visit and the length of time remaining for the course;
- conditions set at previous visits are also important as some carry a higher risk than others and should attract closer scrutiny.

Other EVPs suggested retaining certain aspects of traditional visits, for example retaining meetings with students, supervisors and external examiners rather than using a risk profile to decide whether such meetings are needed. Others agreed that we should seek student and external examiner views but think that student surveys could be used to canvas student views.

One EVP expressed some concern over a specific aspect of the process for visiting qualifications that are being taught out, cautioning that we should verify providers' arrangements for students' assessments (including resits and students interrupting their studies) throughout the teaching-out process. This respondent cited an example of students who had apparently received little information on this subject. We acknowledge the importance of this point for qualifications being taught out and we are confident that we can gain such assurance by surveying students' views of this matter. We have sometimes gathered students' views using surveys rather than onsite visits and are confident that we can use the same method as part of the proposed process. We will also request information on providers' teaching-out policies and their communications with students. This respondent was unique in thinking the desktop review to be 'passive'. We already use a desktop review of documentation for conventional visits and other EVPs recognise its value.

We intend to hold conventional onsite visits for provisionally approved qualifications. We also note the suggestion to solicit the views of external examiners and students: this may be achieved using surveys rather than conventional meetings.

Providers and other stakeholders

All educational institutions supported our proposal. One institution requested that the GOC should apply clear and consistent standards when requesting documentation (and any further information) from providers, suggesting that some providers believed that they had been scrutinised more closely than others during the ETR

adaptation process. We are confident that our processes are already applied consistently: we already request the same quality assurance documentation from all providers and will continue to do so when using the streamlined visit process. We will also explain why any further documentation or discussion is needed.

One provider seemed unconvinced by our proposals for streamlined quality assurance visits:

If some, but not all providers are subjected to a visit, this may lead to both differing levels of rigour in testing the standards of construction and delivery of the qualifications, and also differing external perceptions about the apparent quality of the provision.

We disagree with this interpretation: we intend to use a consistent process by requesting documentation from providers and reviewing it against the requirements set out in our education handbooks. The outcomes of the review may differ, but the process will not.

The same body also disputed our rationale for the proposal, arguing that compiling pre-visit documentation is more time-consuming than the actual visit. This body suggested that documentation could be simplified and based on previously submitted documentation with discussions of changes. A representative body and an EVP who is also a lecturer at a provider made the same suggestion. We disagree with this suggestion because, although we have allowed providers to merely point out changes to existing policies when adapting their qualifications to the ETR, such an approach is most appropriate to qualifications which have been recently visited. Quality assurance visits are periodic reviews of qualifications which may have been last visited up to five years earlier and have not received close scrutiny since then. We also note the risk of relying on documentation submitted several years earlier, as it may be incorrect or outdated. No other providers or EVPs made this suggestion, and responses from other EVPs who are also staff at providers generally agreed that our proposal will ease their administrative burden. We are confident that our documentary requirements are manageable, relying on basic academic information and quality metrics such as university policies, lists of modules, cohort sizes, pass rates and module survey scores: these should be readily available to providers.

All other stakeholders and other providers, including EVPs attached to providers, supported the proposal and believed that a streamlined approach would save time, bearing in mind that handbook courses are being taught out.

Change notifications

The engagement exercise included the following question:

Do you agree with the above proposals to permit changes to handbook qualifications? Give reasons for your answer.

We received 24 responses: one EVP did not offer a view on this proposal. Almost all EVPs, providers and other stakeholders also supported our proposals, agreeing that changes to handbook qualifications may be necessary and beneficial. Responses were as follows:

	Yes	No or uncertain	Total responses
EVPs	13	1	14
Providers	8	0	8
Others	2	0	2
Total	22	2	24

EVPs

Some EVPs noted that the ETR is more relevant to contemporary practice than the handbook requirements and therefore:

any changes made to handbook qualifications that meet ETR requirements would likely be improvements.

The same respondent also recognised the value of minimising providers' costs and workloads:

most providers will have very limited extra resource for the transition to ETR, so allowing providers to make changes that improve their efficiency is likely to benefit student learning and experience.

EVPs also reminded us that our proposals must remain rigorous. One EVP did not provide a 'yes' or 'no' response but suggested that a provider might create a very different qualification by making several changes:

I think we need to be careful about giving too much flexibility so that the programs become different from what has been previously quality assured. There needs to be a thorough process of review for changes to ensure public safety is maintained.

Another EVP made a similar point and recommended that the GOC should consider details of previous changes when processing new applications for further changes. We also note the suggestion that providers should advise the GOC of any intended changes before they make them, rather than submitting post hoc notifications, and that that the GOC should issue some guidance on the types of change that may be permitted and those that may not be permitted. For example, it was suggested that changes to competency delivery or assessment should not be allowed, but changes to the type of clinical experience might be acceptable.

Some EVPs commented on the process for reviewing such applications. Some suggested that EVPs should review applications, but others were happy to allow the GOC executive to review applications, seeking help from EVPs when needed. We are confident that the existing change notification process is sufficiently rigorous. For example, we already compare proposed changes with the requirements defined by the handbooks and consider the risks associated with the change. The GOC executive already uses EVPs for processing some change notifications when the GOC's education team believes that this is necessary.

Providers and other stakeholders

All providers supported these measures. Three respondents involved with training optometrist independent prescribers particularly welcomed these proposals, arguing that it would simplify supervisory arrangements for these candidates. Two respondents, however, suggested that we merely annotate the existing handbooks rather than considering changes requested by individual providers. We disagree with this suggestion: an annotated handbook would immediately affect all providers and

potentially result in some providers not meeting existing requirements. We also note that these respondents cited changes to supervision requirements as an example. The supervision requirements are certainly important, but it is possible that individual providers may seek specific changes to other handbook requirements. We cannot predict these changes and they must therefore be considered on a case-by-case basis.

Summary

Almost all respondents supported our proposals, and few had serious misgivings. Many respondents offered helpful observations to ensure the validity of the proposed processes, and we note in particular the need to be assured that providers are following teaching-out policies and that they communicated these to students. We also note that several suggestions are already established features of our existing processes and we can therefore be confident that these will support the rigour and robustness of our proposals.

Quality Assurance of Handbook Qualifications

Introduction

We are writing to providers of approved qualifications, education visitor panellists (EVPs) and other stakeholders with proposals to change how we quality assure qualifications delivered under the older handbooks over the next few years.

Most providers have now adapted their qualifications to the GOC's Education & Training Requirements (ETR). However, the older handbook qualifications will continue to run until they are taught out, and the GOC must still conduct quality assurance activities for these qualifications.

We have therefore developed proposals, including:

1. Interim measures for quality assurance visits for handbook qualifications while these qualifications are being taught out – these plans form the bulk of this document as they will be important until all handbook qualifications have been taught out.
2. Measures for allowing providers to make changes to handbook qualifications to align them with ETR qualifications.

We do not consider full public consultation is required but we would welcome your feedback by 5pm on 9 September 2024.

Interim arrangements for visiting handbook qualifications

Handbook qualifications will remain the sole source of new registrants until all handbook qualifications have been taught out. This will not be until the end of the 2027-28 academic year so we must continue to quality assure these qualifications while they are still running. However, we are aware that these qualifications are no longer admitting students and that the handbooks have now been superseded by the ETR, so we intend to simplify the system for visiting handbook qualifications.

We intend to replace the traditional site visits with a mainly desktop review of documentation submitted by providers. The review may identify areas needing more exploration – we may then request further information from providers, hold an online discussion with providers' staff, or schedule a site visit.

We intend to use the following process:

- The notional date for the visit will have been set at the previous visit.
- The GOC will identify any redundant requirements beforehand and request documentation before the notional visit date. This will normally be the same documentation as required for a conventional handbook visit, including the requirements list and evidence.
- We may also seek feedback from students through surveys, and external examiners.
- The GOC's education team and EVPs will review the documentation and identify whether the handbook requirements are met or potentially not met.
- If any requirements appear to be unmet, we may decide to seek further information, hold an online meeting with the provider's staff, or hold a site visit, to investigate the matter further.

Question

We would appreciate your response to the following question to help us refine our proposals:

- Do you agree with the above proposals to simplify quality assurance visits to handbook qualifications? Give reasons for your answer.

Changes to handbook qualifications requested by providers

Handbook qualifications and ETR qualifications are subject to different standards. Some providers may wish to make changes to their handbook qualifications to make them more efficient to run and align with the ETR qualification. This may mean that the handbook qualification technically breaches some of the handbook requirements even if it would meet the ETR requirements.

We intend to allow providers to make such changes to their handbook qualifications in the interests of efficiency. We propose to use our notification of change process for this purpose: we will triage applications and assess their suitability using the ETR requirements as benchmarks.

Question

We would appreciate your responses to the following question to help us refine our proposals:

- Do you agree with the above proposals to permit changes to handbook qualifications? Give reasons for your answer.

Next steps

Please respond to the above questions by **5pm on 9 September 2024**. Our proposals will require Council approval following advice from our Education Committee and Standards Committee. We will use your responses to submit a formal proposal to Council and we intend to use the above system as soon as possible after October 2024.

We will also provide more information on our plans for the new QAEM system, as outlined in the ETR, in the coming months.

Annex three: case studies

Case study one

Provider A delivers an optometry qualification and would like to remove the need for registrants to have two years full registration with the GOC before supervising optometry students in their university eye clinic. Some of the provider's PhD students have been registered as optometrists for less than two years.

The current handbook requirements and supervision policy state adequate supervision must be provided by a registrant who is a fully qualified statutorily registered health care professional with at least two years' continuous registration. Under the ETR, providers must ensure that supervisors are adequately trained and supported (S5.2 and S5.3) but it is not stipulated that supervisors must hold two years registration.

Case study two

Provider B would like to have a designated prescribing practitioner (DPP) as an IP optometrist who could sign off an IP trainee's logbook without consultant ophthalmology oversight.

Requirements 3.1 and 3.2 in the IP handbook state that the 12 days / 24 sessions of the Clinical Practice Placement must be under the supervision of a designated ophthalmologist.

To support the sector and still meet the handbook requirements, a change was previously agreed with the College of Optometrists in September 2021 allowing Clinical Placement Sessions to be signed off by a designated ophthalmic practitioner who is registered as an independent prescriber, with overall sign-off of the logbook remaining the responsibility of the designated ophthalmologist.

Providers are still highlighting issues with this approach and believe removing the need for a designated ophthalmologist would clear the backlog of trainees waiting to complete their IP qualification, and prevent the large numbers of trainees who have to drop out as they are unable to find an ophthalmologist to supervise.

Under the ETR, S2.6 states trainees must have a suitably experienced and qualified DPP to supervise the trainee's learning in practice, and that the supervisor must be a registered healthcare professional in Great Britain or Northern Ireland with independent prescribing rights. Guidance is also provided on the use of DPPs.

Case study three

Provider C delivers an optometry qualification and employs a mixture of registered optometrists, dispensing opticians and orthoptists, as well as some physicists and biologists. An optometrist is currently employed as course leader but is about to

stand down from this post and the provider would like to appoint an orthoptist as the next course leader. Requirement OP2.8 of the optometry handbook states that an optometry programme must be led by a GOC-registered optometrist. The provider argues that the staff member is ideally qualified for the role, being an experienced lecturer with expertise in academic quality assurance and staff management at a previous university. They are also registered by a regulatory body (the Health and Care Professions Council). Under S5.2 of the ETR, programmes must be led by an appropriately qualified and experienced programme leader, but it is not stipulated that an optometrist must hold this role.

**Council
C56(24)**

Health and Safety Update

Meeting: 11 December 2024

Status: For noting

Lead responsibility: Yeslin Gearty (Director of Corporate Services)

Paper Author(s): Yeslin Gearty and (Director of Corporate Services)

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

Purpose

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

Recommendations

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

Strategic objective

3. This work is included in our 2024/25 Business Plan.
4. This work forms part of Business as Usual whilst also contributing towards the achievement of the following strategic objective:
 - Building a culture of continuous improvement

Background

5. The annual audit by our external consultants Stallard Kane was undertaken on 10 September 2024 reviewing the existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices.
6. This year the visit was conducted in-situ observing all guidance recommended by the UK Government and measures implemented in line with that guidance, for the safety of all parties involved.
7. Regular compliance reports on H&S are provided to SMT and the Audit Risk and Finance committee (ARC). ARC reviewed the H&S audit on 26 November 2024.
8. Annual Display Screen Equipment (DSE) and home working assessments for all staff remain in place.

Analysis

9. A full, independent, health and safety audit was carried by Stallard Kane Associated Ltd. In September. The objective of the audit was:
 - to review the organisation’s existing health & safety management system and its effectiveness.
 - identify the hazards and risks to the organisation, its employees and any third parties; and
 - make recommendations for action required to improve the health, safety and welfare standards and levels of compliance with relevant legislation and industry standards.

10. The overall rating of the audit was positive resulting in a score of 96.21%, achieving a gold standard.

11. Prior to the audit, we completed a procurement exercise, to test the market for potential suppliers, given the length of time we have worked with the incumbent consultants. We also consulted our peers in other healthcare regulators. Given the differences between the organisations there was no interest in a shared procurement. There was limited interest in our tender and Stallard Kane were retained. Additional time taken in completing the procurement exercise meant that the audit was conducted in September, whereas we would usually do this around May each year.

12. We have previously commented on driving risk management, as the report includes a section covering this. Whilst the GOC does not require employees to drive for work purposes, we acknowledge that some employees may occasionally drive whilst undertaking work on the GOC’s behalf. We have therefore drafted a driving policy, which is currently awaiting review by the internal policy review group, after which we will consult on with those likely to be affected. We will ask our H&S consultants to provide input into the draft and once implemented this will form part of the annual audit.

13. At page eight, the report is incorrect and mistakenly states that the GOC does not employ anyone that is a new or expectant mother. We have asked the consultants to correct this and reflect the policies and guidance we have in place to cover this. An updated report will be provided when available.

14. The full report is set out at Annex one. There are three recommendations in total, two high priority and one medium priority, as follows:

Area/Section	Action	Management response	Implementation target date
Risk Assessments	All risk assessments should be effectively communicated to relevant employees who should acknowledge their receipt and understanding.	Updated Risk assessments are now available online and Results published on IRIS in the H&S Section. Communication of any important messages are	Complete

		distributed via the weekly CEO & Directors Newsletter.	
Fire Management	Ensure that a fire risk assessment is completed by a trained and competent person and that any actions raised are completed. We can provide a fire risk assessment service if required.	After reviewing the HSE and HM Government Fire Risk Assessment for Offices and Shops there is only requirement for a specialist to complete an assessment on more complex office environments (<i>More complex premises will probably need to be assessed by a person who has comprehensive training or experience in fire risk assessment</i>). Our landlord and their consultant have reviewed and accepted our current fire risk assessment (and previous versions). However, this year following our consultant's advice (despite our facilities manager having experience) we will arrange an independent assessment. Our facilities manager will obtain separate specialist training and gain appropriate qualification to conduct subsequent assessments.	Independent assessment completed 25 November 2024. Facilities manager training before March 2025 (before moving to new premises)
Audits and Inspections	Safety audits should be conducted at least monthly to provide a proactive, documented approach to health and safety. These audits could be done along with all the other fire related tests and inspections.	A new full office risk assessment has been created and will be reviewed monthly.	October 2024. Monthly after that.

15.A compilation of the H&S compliance report returns provided to ARC is below:

<p>Activities Quarter One</p> <ul style="list-style-type: none"> • No Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reports. • No near misses reported. • No breaches in H&S policy. • Hybrid inductions continue to take place for new starters. • No requests for advance DSE external consultants in this quarter. • Mental Health First Aid training for front desk staff. • Completion of repairs restoring suspended ceiling and power supply on affected areas.

<ul style="list-style-type: none"> • Fire Risk Assessments updated.
<p>Activities Quarter Two</p> <ul style="list-style-type: none"> • Portable appliance test (PAT) conducted • Appointment of H&S Consultants after tendering process • No RIDDOR reports. • No near misses reported. • No breaches in H&S policy. • Hybrid inductions continue to take place for new starters. • No requests for advance DSE external consultants in this quarter. • Legionella control and records provided to landlord.
<p>Next Priorities Quarter Three</p> <ul style="list-style-type: none"> • Annual H&S Review by independent consultants. • First Aid re-qualifications and/or training for Facilities staff and volunteers. • Continue evaluation new office on its H&S readiness and compliance (will be marked as ongoing until its occupation). • Renewal of all corporate insurances. • Update display of relevant documents on site and online. (Employer’s Liability Insurance, H&S Statement of Intent, and Environmental Policy Statement)

Finance

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

Risks

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

Equality Impacts

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

Devolved nations

19. N/A

Other Impacts

20. N/A

Communications

External communications

21. None required in this instance.

Internal communications

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

Next steps

N/A

Attachments

Annex one: The General Optical Council - H&S Compliance Survey September 2024



Office Compliance Survey

The General Optical Council



August 2024



9 LORD STREET, GAINSBOROUGH DN21 2DD T 01427 678 660
GAINSBOROUGH | LONDON | MANCHESTER | BIRMINGHAM | HULL

www.stallardkane.co.uk

one of the team

Contents

Executive Summary	3
Hazard Identifiers & Action List	4
Health & Safety Compliance Survey	8
Appendix One - Photographs	22

Executive Summary

This audit was undertaken at the company's site at 1st Floor, London, EC4M 7NG on 10/09/2024, in order to carry out a full review of the organisations existing Health & Safety Management System in line with a wide range of industry standard guidance on safe practices. For example; HSG65 - Managing for Health & Safety.

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

The General Optical Council is the regulator for the optical professions in the UK. The organisation's head office is located on the first floor of a concrete, steel and glazed constructed seven-storey multi-occupied partially serviced commercial building in the City of London. The premises consists of 1 large open plan office, meeting rooms, offices, storage room, IT/server room, a reception, toilets and staff kitchen area. At the time of the visit, there were a few employees in the office as most of the employees work from home. The health and safety standard in the organisation appeared satisfactory. However, actions have been raised below to further improve the health and safety standard in the organisation.

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

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

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

Your overall score for this Health & Safety Compliance Audit is **96.21%** which is a Gold standard.

Gideon Martins
Health and Safety Advisor

Stallard Kane Limited

Hazard Identifiers & Action List

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

Action Plan - High Priority

Item No.	Section	Action to eliminate or reduce risk	Target date	Completion date	Completion signature
H1	Risk Assessments	All risk assessments should be effectively communicated to relevant employees who should acknowledge their receipt and understanding.	11/10/2024		
H2	Fire Management	Ensure that a fire risk assessment is completed by a trained and competent person and that any actions raised are completed. We can provide a fire risk assessment service if required.	11/10/2024		

Action Plan - Medium Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
M1	Audits and Inspections	Safety audits should be conducted at least monthly to provide a proactive, documented approach to health and safety. Alan Sharman has sent you a copy of the periodic inspections checklists. The checklists is also available to download from the member's area, these audits could be done along with all the other fire related tests and inspections.	11/12/2024		

Action Plan - Low Priority

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
		There is no low priority task			

Action Plan - Goodwill Advice

Item No.	Section	Action to eliminate or reduce risk	Target Date	Completion Date	Completion Signature
		There is no Goodwill Advice			

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

Health & Safety Compliance Survey

Name of Client: The General Optical Council	Name and Position of Person Seen: Jacob Sanchez, Facilities Manager	Number of Employees: 110	Date of Survey: 10/09/2024
Name of Surveyor: Gideon Martins	Marking Guide: <ul style="list-style-type: none"> N/A - Not Applicable 0 - Fails to Meet Requirements 1 - Below Standard 2 - Satisfactory 		

Section	Remarks	Score	Action Recommended	Compliant?
Specific Risk Management				
Are risk assessments in place for workers under the age of 18 (young Workers)?	The company has completed a young person's risk assessment.	2	Continue with good practice	Yes
Does the company employ anyone with a disability?	The company does have a staff member with a disability. There is a suitable and sufficient risk assessment in place covering all their areas of work.	2	Ensure to update the risk assessment if the staff members line of work or activities change.	Yes
Does the company employ any new or expectant mothers?	The company does not currently have any new or expectant mothers.	N/A	No further action required	N/A
Does the company employ Non-English speaking employees?	All employees are English speaking, procedures are not required.	N/A	No further actions required.	N/A

Specific Risk Management				
Is lone working carried out in the company?	Lone working is carried out as part of some of the company activities. A method of communication is in place and documented, with high-risk activities avoided wherever possible.	2	Continue with good practice.	Yes
Liability Insurance				
Is an in date, company liability Insurance certificate displayed?	The employer's liability insurance certificate is in date/renewed. Jacob showed me an email from the insurance company indicating that the insurance is renewed. The new insurance certificate is available in the organisation's intranet.	2	Continue with good practice	Yes
What insurance company does the company use?	The company uses Hiscox as their insurer	N/A	No further actions required	N/A
Which insurance broker do you use?	The company use Packetts as their insurance broker.	N/A	No further actions are required.	N/A
Safety Policy Management				
Does the company have a Health and Safety Policy?	There is a signed and dated health and safety policy available	2	Continue with good practice	Yes
Is there a Health and Safety Statement of Intent in place?	There is a signed and dated health and safety statement of intent available and displayed in a prominent position.	2	Continue with good practice	Yes

Safety Policy Management				
Does the company issue Health and Safety Booklets?	Health and safety booklets have been issued to employees with the acknowledgment sheets signed.	2	Continue with good practice	Yes
Has the nominated person or director for health and safety had any formal training in H&S?	The director(s) and/or nominated person(s) for health and safety have undertaken NEBOSH General Safety and Fire Marshall training.	2	Good practice. Ensure that the training is refreshed in line with the course provider's recommendations.	Yes
Risk Assessments				
Have suitable and sufficient risk assessments been carried out for all tasks and activities?	Risk assessments are in place covering all hazardous tasks and activities the staff are likely to come across with in the workplace including DSE, manual handling, electrical, slips, trips and falls.	2	Ensure any new hazardous activities are risk assessed. All risk assessments should be reviewed annually.	Yes
Have DSE assessments been carried out with office staff?	All DSE users have completed workplace assessments any issues raised are actioned.	2	Continue with good practice	Yes
Have manual handling assessments been carried out for regular lifting activities carried out within the offices?	Manual handling risk assessments have been completed as part of the risk assessment process and are reviewed annually.	2	Continue with good practice. Ensure to update if procedures change.	Yes
Are risk assessments communicated to relevant employees?	Risk assessments are not communicated to relevant employees.	0	All risk assessments should be effectively communicated to relevant employees who should acknowledge their receipt and understanding.	No

General Safety				
Are aisles, doorways and corners free of obstructions to permit visibility and movement?	No obstruction to movement or visibility throughout the work premises.	2	Continue with good practice. Ensure to monitor the premises regularly to prevent this from happening.	Yes
Are chairs in safe condition and are caster, rungs and legs sturdy?	Chairs are in good condition and are more than safe to use.	2	Continue with good practice. Ensure to monitor the condition of the work equipment regularly.	Yes
Are all equipment and supplies in their proper places?	All equipment and supplies such as photocopy machines are adequately stored in a dedicated area.	2	Continue with good practice.	Yes
Is there adequate walking and egress clearance? i.e. along corridors, exit routes etc.	At the time of the inspection all corridors and exit routes were clear of obstructions.	2	Continue with good practice. Monitor these areas regularly to ensure there are no obstructions.	Yes
Are mechanical means e.g. trolleys etc. available for use in transporting heavy objects and boxes?	The Company does not require mechanical means of lifting due to its activities	N/A	No further action required	N/A
Is housekeeping being adequately maintained?	Housekeeping is maintained at a good standard	2	Continue with good practice. Ensure that you continually monitor the housekeeping throughout work areas periodically.	Yes
Are measures in place to warn of wet, slippery or faulty floor surfaces? Such as a warning sign is available in case of spills? Cleanup supplies are readily available? Non-slip mats are in entryways if needed?	The company has adequate measures in place in the event of a wet, slippery, or faulty floor surface. There are wet floor signage in the premises.	2	Continue with good practice.	Yes
Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams?	Carpeted areas are cleaned and in an adequate condition.	2	Continue with good practice.	Yes

General Safety				
Is any equipment or supplies protruding into walkways?	At the time of the audit all walkways were clear and easily accessible.	2	Continue with good practice.	Yes
Is adequate access equipment provided for employees to eliminate the need to use chairs to reach high objects? If so, are they subject to regular inspections?	No items are stored at height therefore there is no requirement for access equipment to be used in the work premises.	N/A	No further action required	N/A
Services				
Has the company had electrical fixed mains inspections carried out?	The Company has had a full fixed mains inspection carried out, the last inspections were carried out by VV Property Manage Services on the 14.03.2020.	2	Continue with good practice	Yes
Are mains gas appliances used in the company?	There are no mains gas appliances used.	N/A	No further action required	N/A
Does the company use Liquid Petroleum Gas (LPG) and other bottled gas?	There are no LPG, or any other cylinder/bottled gas used by the Company	N/A	No further actions required	N/A
Does the company use compressors and pressure systems?	The pressure systems used/coffee machines have been subjected to annual inspections and maintenance. Records are held on file.	2	Continue with good practice. Ensure this done annually.	Yes
Are plug sockets overloaded?	At the time of the audit the electrical sockets seen whilst carrying out the audit appeared to be managed well.	2	Continue with good practice.	Yes

Services				
Is the use of extension leads / multi sockets avoided where possible in favour of fixed power points / wiring?	Fixed power points used where necessary	2	Continue with good practice	No
Have portable appliances been appropriately tested by a competent person (PAT)?	PAT testing was completed by WW Property Service on the 27.07.2024.	2	Continue with good practice. Ensure to keep the portable appliance well maintained.	Yes
Are portable appliances, including cables and plugs are in good condition?	At the time of audit all cables and plugs appeared to be in good condition.	2	Continue with good practice	Yes
Are electrical cupboards / fuse boards free from storage and obstruction?	At the time of audit, the electrical fuse board was found to be correctly isolated and free of obstruction	2	Continue with good practice. Ensure this is always kept obstruction free.	Yes
Building Condition / Maintenance				
Are doors and locks in good working order?	At the time of audit, all doors appear to be in good condition and locks appear to be in good working order.	2	Continue with good practice	Yes
Are ceiling tiles intact, undamaged and in place?	Ceiling tiles in good condition	2	Continue with good practice. Monitor their condition checking for damage regularly.	Yes
Are floor surfaces firm and level without damage or defect? E.g. upturned floor tiles etc.	Floor surfaces in good condition	2	Continue with good practice. Monitor regularly to identify any damage	Yes
Stairways are in good repair with handrails and non-slip tread?	Stairways in good condition, fitted with suitable handrails and non-slip treads	2	Continue with good practice, ensure to monitor this regularly.	Yes

Building Condition / Maintenance				
Are all windows unbroken and free from any type of damage?	At the time of audit all windows appeared to be in good condition and where available opened and locked freely	2	Continue with good practice. Ensure to monitor regularly	Yes
Has Air-Conditioning been serviced in accordance with manufacturer's instructions?	Air-condition serviced regularly and service report available. The air-conditioning system in the building is controlled and maintained by the landlord. Maintenance reports are held in the landlord's file at the reception.	2	Continue with good practice	Yes
Does the exterior of the building present a safety concern? E.g. loose fittings and fixtures	Building in good condition, no external concerns.	2	Continue with good practice	Yes
Is the car park free of any safety concern? (i.e. overgrown landscaping, uneven pavement, traffic hazards)	No car park for the building	N/A	No further actions required.	N/A
Contractors and Sub-Contractors				
Does the company use contractors/sub-contractors and if so, has a formal process been adopted to ensure the competence of such contractors is assured?	Health and safety information is obtained formally from contractors / sub-contractors, held on record and an approved contractor / sub-contractor register is updated.	2	Continue with good practice.	Yes
Is the health and safety performance of contractors audited?	Contractor / sub-contractor performance is audited and recorded.	2	Continue with good practice	Yes

Accident and Incident Management				
Does the company have an accident book or other means of recording accident information?	There is a means for recording accidents available, all accident entries are kept separate in a secure location.	2	Continue with good practice. Ensure all staff are aware on the procedure in place to report an accident	Yes
Do accident trends and significant accidents get investigated?	Accident trends are reviewed periodically by management and all significant accidents are investigated by management.	2	Continue with good practice	Yes
Does the company have a near miss or incident reporting procedure in place?	There is a formal process in place for recording near misses, they are recorded, actioned and findings are communicated back to employees	2	Continue with good practice.	Yes
Has the company had any enforcement actions over the last year?	The company has not been issued with any enforcement action in the past year.	N/A	No further actions are required.	N/A
Have accidents been recorded and reported, where necessary to the enforcing authority, in accordance with RIDDOR in the last 12 months?	The company are fully aware of the requirements for reporting accidents and incidents under RIDDOR but there has been no requirement to do so because there has not been any reportable accident.	2	Continue with good practice	Yes
Occupational Health				
Has a first aid risk assessment been conducted and actioned?	A first aid risk assessment has been recorded and actioned. This covers physical and mental first aid.	2	Continue with good practice	Yes

Occupational Health				
Are adequate first aiders available?	There are an adequate number of trained first aiders available to cover all hours of operation of the business	2	Continue with good practice.	Yes
Are notices displayed indicating locations of first aiders and the first aid boxes?	There are notices/certificates to indicate the location of first aid boxes and names of first aiders.	2	Continue with good practice	Yes
Are first aid boxes available and inspected once a month to replace any used or out of date items?	There are first aid boxes available and recorded inspections are completed periodically.	2	Continue with good practice	Yes
Does the business have any mental health first aiders?	The business has an adequate number of trained mental health first aider(s)	2	Continue with good practice	Yes
Training				
Is induction training given to employees?	Induction training is given to all employees at the start of their employment. This is documented and kept on file.	2	Continue with good practice.	Yes
Is individual training carried out on machinery etc.?	Training is not necessary as there is no machinery on site at the time of my visit.	N/A	No further actions required.	N/A

Audits and Inspections				
Are office health and safety audits or inspections completed on a regular basis and recorded?	Documented safety audits are not completed or are very sporadic.	0	Safety audits should be conducted at least monthly to provide a proactive, documented approach to health and safety. Alan Sharman has sent you a copy of the periodic inspections checklists. The checklists is also available to download from the member's area, these audits could be done along with all the other fire related tests and inspections.	No
Fire Management				
Has a fire risk assessment been carried out for the premises?	A suitable and sufficient fire risk assessment is completed by Jacob Sanchez is at the time of the visit. However, I was unable to confirm if Jacob is a competent person to carry out a fire risk assessment.	1	Ensure that a fire risk assessment is completed by a trained and competent person and that any actions raised are completed. We can provide a fire risk assessment service if required.	No
Are fire plans available for the premise?	Fire plans are available and are displayed in prominent positions around the site. The fire plan is shared with the landlord.	2	Continue with good practice.	Yes
Are extinguishers provided in suitable locations, accessible and inspected?	A suitable amount of fire extinguishers are provided throughout the premises. They are regularly inspected and deemed suitable for use.	2	Continue with good practice.	Yes
Are fire procedures displayed in appropriate locations?	At the time of the audit fire procedures were displayed in various locations around the site	2	Continue with good practice. Ensure these are updated accordingly when required.	Yes
Have fire wardens been appointed and trained?	A suitable number of fire wardens have been trained.	2	Continue with good practice. Ensure training is refreshed when necessary	Yes

Fire Management				
Are escape routes and assembly points adequately signed (visible, and/or illuminated)?	Fire signage within the workplace is in good condition and fully visible.	2	Continue good practice. Ensure they are monitored regularly to check for damage or obstructions.	Yes
Are procedures in place to ensure stairways are not being used for storage?	The company have procedures in place to prevent and monitor this.	2	Continue with good practice.	Yes
Are exit doors closed and not propped open?	Exit doors closed throughout the building.	2	Continue with good practice. Ensure staff are aware they must stay closed.	Yes
Are fire evacuations carried out at least annually?	Documented fire evacuations are carried out on an annual basis.	2	Continue with good practice. Ensure to document these.	Yes
Are alarms activated weekly and recorded?	Alarms activated weekly and recorded by the landlord.	2	Continue with good practice.	Yes
Has emergency lighting been inspected, tested and recorded?	Emergency lighting inspected and recorded on a monthly basis by the landlord.	2	Continue with good practice.	Yes
Are all employees familiar with fire extinguishers and the types of fire they are used to extinguish?	All employees are familiar with the types of fire extinguisher around site and signage is in place. Training has been carried out.	2	Continue with good practice. Ensure all new staff are also trained.	Yes
Do all employees receive basic fire safety awareness training annually?	Employees received formal basic fire safety training which is refreshed annually by toolbox talks or safety briefings.	2	Continue with good practice. Ensure all any new staff also receive this training.	Yes
Where are premises occupied by more than one occupant have fire emergency procedures been shared between all occupants?	Fire emergency procedures have been shared between all occupants through the landlord.	2	Continue with good practice.	Yes

Fire Management				
Are all alarms, emergency lighting, and other fire protections systems maintained by competent engineers?	The fire alarm and the emergency lighting systems are the landlord's responsibilities. They are subjected to periodic maintenance and recorded by the landlord.	2	Continue with good practice	Yes
Control of Substances Hazardous to Health (COSHH)				
Are COSHH assessments available for all significant substances?	COSHH assessments are available for all products used within the company's cleaning contractors, these are updated on an annual basis by and communicated to all users.	2	Continue with good practice.	Yes
Are hazardous substances stored in suitable secure cabinet or store?	Yes, all substances are stored correctly and managed well.	2	Continue with good practice. Monitor regularly to check for leaks or damage.	Yes
Safety Signage				
Is a copy of the latest health and safety Law poster displayed and contact details completed?	The Law poster is displayed, contact details complete and is the most up to date poster.	N/A	No further actions are required.	N/A
Has health and safety signage been audited and deemed adequate throughout the premises?	Signage is in place and audited regularly to ensure missing signs are renewed or replaced and new hazards identified.	2	Continue with good practice.	Yes
Driving Risk Management				
Do employees drive company vehicles?	The company does not drive vehicles as part of their work activities.	N/A	No further actions required	N/A

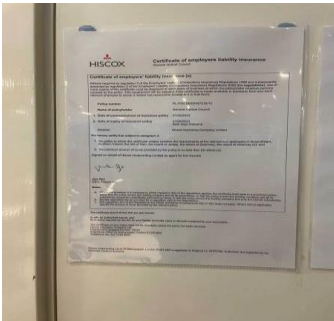
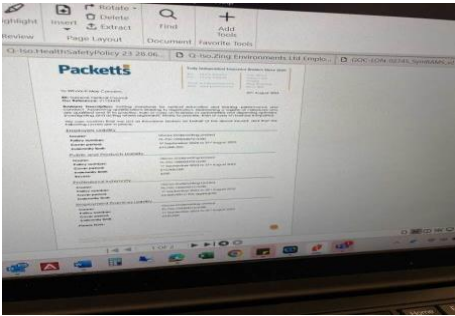
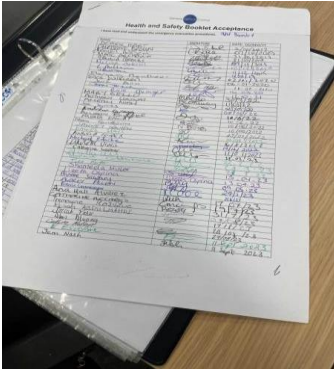
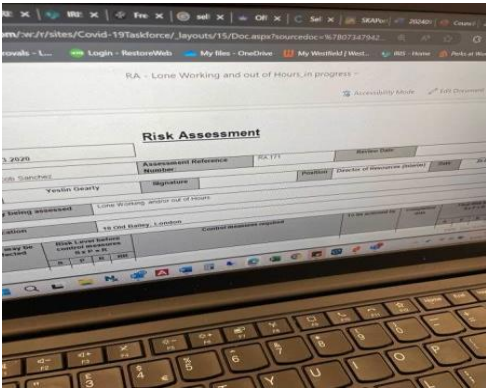
Driving Risk Management				
Are regular driving license checks completed?	Employees do not drive company vehicles.	N/A	No further action required	N/A
Does the company have a driving policy?	The Company does not have any vehicles.	N/A	No further actions required	N/A
Welfare Arrangements				
Is there suitable welfare provision available and appropriate to the working environment?	There is suitable and sufficient welfare provision in place which is cleaned on a regular basis.	2	Continue with good practice.	Yes
Is heating, ventilation and lighting adequate for the workforce inside and out?	Heating, ventilation and lighting provision throughout site is adequate.	2	Continue with good practice.	Yes
Is a clean supply of drinking water available?	Clean water facilities are available	2	Continue with good practice	Yes
Asbestos Management in Non-Domestic Premises				
Has an asbestos survey been conducted to determine the possible location, type and condition of asbestos containing materials (ACM) on or within the premises?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions required	N/A
Has an asbestos management plan for the premises been completed and actioned?	The building was constructed post 2000 therefore does not require an asbestos survey.	N/A	No further actions required	N/A
Where employees may potentially disturb or discover asbestos or ACM's, are they trained in asbestos awareness or none licensed asbestos work? Training should be UKATA approved?	Asbestos training is not required by the company.	N/A	No further actions required	N/A

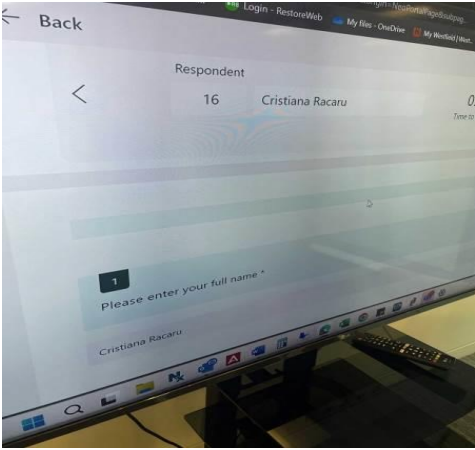

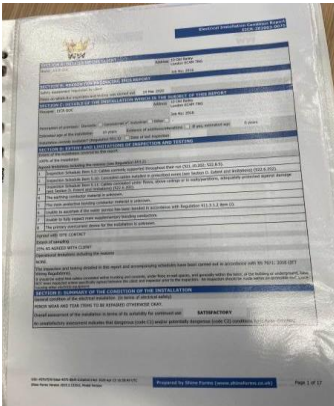

Asbestos Management in Non-Domestic Premises				
Where employees have been trained in asbestos awareness or none licensed work, have they had refresher training within the last 12 months?	N/A as the company do not carry out work associated with asbestos.	N/A	No further actions are required.	N/A
Additional Observations				
Is smoking in the workplace controlled and specific covered areas designated?	Smoking is not allowed anywhere on site.	N/A	No further actions required	N/A
Has a legionella or other biological risk assessment been conducted	There is no requirement for a legionella assessment.	N/A	No further actions required	N/A

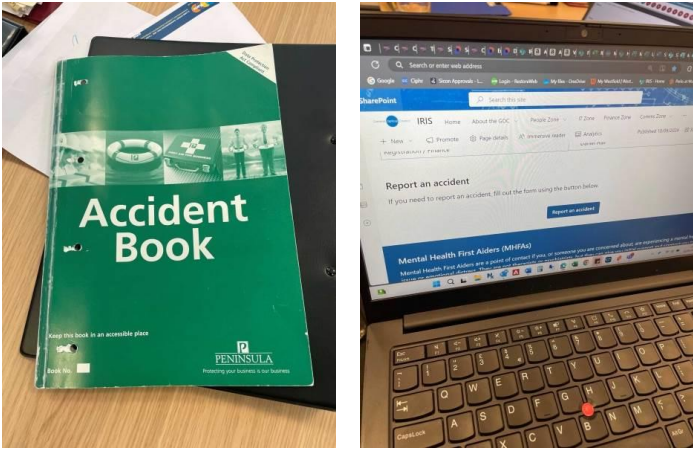
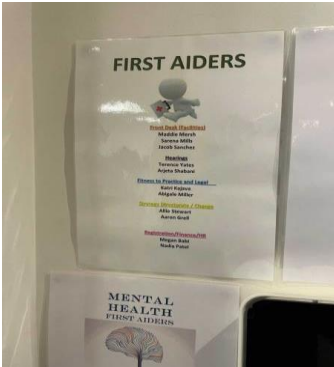


Additional Comments:




Overall Mark	
Possible Score:	132
Actual Score:	127
Percentage:	96.21%

Appendix One - Photographs

Section	Evidence
<p>Section: Liability Insurance</p> <p>Question: Is an in date, company liability Insurance certificate displayed?</p>	 <p style="text-align: center;">Previous Insurance Policy</p>
<p>Section: Liability Insurance</p> <p>Question: Which insurance broker do you use?</p>	 <p style="text-align: center;">Insurance Broker</p>
<p>Section: Safety Policy Management</p> <p>Question: Does the company issue Health and Safety Booklets?</p>	 <p style="text-align: center;">Signed sheet for the booklets</p>
<p>Section: Risk Assessments</p> <p>Question: Have suitable and sufficient risk assessments been carried out for all tasks and activities?</p>	 <p style="text-align: center;">General risk assessment template</p>

Section	Evidence
<p>Section: Risk Assessments</p> <p>Question: Have DSE assessments been carried out with office staff?</p>	 <p>Completed DSE assessment</p>
<p>Section: General Safety</p> <p>Question: Is there adequate walking and egress clearance? i.e. along corridors, exit routes etc.</p>	 <p>one of the fire exits</p>
<p>Section: Services</p> <p>Question: Has the company had electrical fixed mains inspections carried out?</p>	 <p>Electrical installation certificate</p>
<p>Section: Services</p> <p>Question: Have portable appliances been appropriately tested by a competent person (PAT)?</p>	 <p>Current PAT testing certificate</p>

Section	Evidence
<p>Section: Accident and Incident Management</p> <p>Question: Does the company have an accident book or other means of recording accident information?</p>	 <p>The image shows two pieces of evidence for accident recording. On the left is a green 'Accident Book' with the Peninsula logo and the text 'Keep this book in an accessible place'. On the right is a laptop screen displaying a web-based 'Report an accident' form with fields for name, email, and phone number, and a 'Report an accident' button.</p> <p>Accident recording system</p>
<p>Section: Occupational Health</p> <p>Question: Are adequate first aiders available?</p>	 <p>The image shows a printed list titled 'FIRST AIDERS' with columns for 'First Aid Qualified', 'Name', 'Department', and 'Phone Number'. Below it is another list titled 'MENTAL HEALTH FIRST AIDERS'.</p> <p>A list of first Aiders</p>
<p>Section: Occupational Health</p> <p>Question: Are first aid boxes available and inspected once a month to replace any used or out of date items?</p>	 <p>The image shows a green first aid box with a white cross symbol on top, placed on a white surface. The box is partially open, showing some contents inside.</p> <p>one of the first aid boxes in the office</p>
<p>Section: Fire Management</p> <p>Question: Are fire plans available for the premise?</p>	 <p>The image shows a fire evacuation routes plan displayed on a wall in an office setting. The plan includes a floor plan with red arrows indicating evacuation routes and exits.</p> <p>Premises fire plan</p>

Section	Evidence
<p>Section: Fire Management</p> <p>Question: Are extinguishers provided in suitable locations, accessible and inspected?</p>	<div style="display: flex; justify-content: space-around;">   </div> <p>Up to date fire extinguishers</p>
<p>Section: Safety Signage</p> <p>Question: Is a copy of the latest health and safety Law poster displayed and contact details completed?</p>	 <p>Safety law poster</p>

Charity governance code self-assessment

Meeting: 11 December 2024

Status: For decision.

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Mackay-Sim, Head of Governance

Purpose

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

Recommendations

Council is asked to:

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

Strategic objective

2. This work contributes towards all three strategic objectives. It is a key tool for Council to assess its compliance with the charity governance code. It is included in the internal business plan for Governance and will inform its business plan priorities for 2025/26.

Background

3. The charity governance code is a sector-produced code for charities registered in England and Wales. It provides a set of principles, rationale and outcomes for charity trustees to assess the organisation against. Further information on the code can be found here: <https://www.charitygovernancecode.org/>
4. The GOC has used the self-assessment tool since 2021 to assess its effectiveness in governance as a regulator and charity. It was last reviewed by Council in December 2023, as part of the governance review work commissioned by the Chair of Council.
5. The Nominations Committee has delegated responsibility "to approve the annual process for Council evaluation". It approved the use of the Charity Governance Code self-assessment as the proposed process for annual evaluation for Council for the life of the Fit for the Future Strategy (to 31 March 2025).
6. The latest self-assessment, which has been completed with input across the executive, is attached as **annex one**. The code is adopted on a "apply or explain" basis. The code is voluntary and avoids using the term "comply or explain" which is commonly applied when a governance code is a regulatory requirement.

Analysis

8. Council is invited to review the assessment and provide any comment or proposed amendments as required.
9. The internal auditors, TIAA, conducted an audit into the GOC's compliance with the governance code in summer 2023. The audit opinion was substantial assurance, with one recommendation: "To develop a clear action plan documenting actions developed to address areas for improvement; demonstrating clear assigned ownership for each action, a timescale for implementation, and cross-referencing to any strategies / programmes / initiatives within GOC where there is potential overlap."
10. The recommendation response was: "Partially accept – much of the activity described has already been captured in the organisation's internal business plan 2023-24. The Head of Governance will produce a governance review delivery plan tracker to capture where this work is reflected in the internal business plan, and any actions currently out of scope of 2023-24 (for example, developing a safeguarding policy). This will be monitored by the Chief Executive and Chair of Council, with an annual update to Council as part of its self-assessment activity."
11. A new governance review delivery plan will be developed in 2025, as part of implementing the new GOC strategy. Any recommendations or feedback from the Council discussion at this meeting will be incorporated as required.

Finance

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

Risks

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

Equality Impacts

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

Devolved nations

15. There are no explicit impacts for devolved nations.

Other Impacts

19. There are no significant impacts identified.

Communications

External communications

20. No external communications are planned.

Internal communications

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

Next steps

22. None.

Attachments

Annex one – GOC Charity Governance Code self-assessment: December 2024

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

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>In 2024, Council has launched a consultation on business regulation. This will inform how it proposes to amend its statutory functions for the future and ensure that its charitable objectives prioritise protection of the public.</p>	
<p>1.3.2 The board leads the development of, and agrees, a strategy or plan that aims to achieve the organisation’s charitable purposes and is clear about the desired outputs, outcomes and impacts.</p>	<p>Council approved a five-year strategy, which runs from 2020-2025.</p> <p>In 2024 it has consulted on its proposed strategy for 2025-30. It will consider its consultation response and final strategy in December 2024.</p> <p>Alongside the proposed corporate strategy are several supporting strategies: Digital, Financial, EDI and a People Plan. In March, Council will be asked to implement a new performance monitoring framework that will set out how outputs, outcomes and impacts are measured.</p> <p>Council was fully engaged with the planning to ensure the five-year strategy aligned to the GOC’s charitable purpose. The Council approves a budget and business plan on an annual basis.</p>	
<p>1.4 Achieving the purpose</p>		
<p>1.4.1 All trustees can explain the charity’s public benefit.</p>	<p>All Council members understand that the GOC is here to protect the public by raising standards in the optical professions and their four core functions are:</p> <ul style="list-style-type: none"> • Setting standards for the performance and conduct of our registrants. 	<p>Induction of new Council members in 2025 will include events to outline the GOC’s core statutory purpose and functions. This will be supported by a knowledge-transfer session, aimed at ensuring continuity as experienced</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<ul style="list-style-type: none"> • Approving qualifications leading to registration. • Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians. • Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired. <p>The quality of debate at Council meetings demonstrates all Council members have a critical understanding of this, and the areas of focus on the agenda reflect the Council members are focussed on these core areas for the GOC.</p> <p>Council member role profiles were reviewed by Nominations Committee and approved in March 2023. This requirement was covered in the updated Council member role profile.</p>	<p>Council members conclude their terms of office and new Council members are appointed.</p>
<p>1.4.2 The board evaluates the charity's impact by measuring and assessing results, outputs and outcomes.</p>	<p>Council measures performance via quarterly reports on its business plan and a business performance dashboard.</p> <p>The dashboard was an outcome of a performance reporting review in early 2023, engaging Audit, Finance and Risk Committee (ARC) prior to the new dashboard's implementation in 2023-24.</p>	<p>An additional set of key performance indicators are being developed to support Council in monitoring the impact of its 2025-30 strategy. This will bring an additional focus on the longer-term impact the strategy is having for the GOC's stakeholders, including greater emphasis on a public facing set of measures for the GOC.</p>
<p>1.5 Analysing the external environment and planning for sustainability</p>		

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>1.5.1 The board regularly reviews the sustainability of its income sources and business models and their impact on achieving charitable purposes in the short, medium and longer term.</p>	<p>Financial planning includes quarterly reports to ARC and Council on annual and five yearly forecasts. Investment Committee reviews a financial analysis of investments at least twice a year and more if the portfolio is affected by market fluctuations.</p> <p>A regular meeting is scheduled between the Chair of Council, the Chair of ARC, the Chair of Remuneration Committee and the Chair of Investment Committee to review GOC financial sustainability and any common concerns.</p>	<p>A review of our future fee strategy is planned for 2025/26, as is a review and updating of our reserves policy..</p>
<p>1.5.2 Trustees consider the benefits and risks of partnership working, merger or dissolution if other organisations are fulfilling similar charitable purposes more effectively and/or if the charity's viability is uncertain.</p>	<p>Partnership working occurs across all areas of the business via inter-regulatory collaboration. Good practice is shared, and benchmarking takes place with other regulators via a number of different forums. Updates on where this occurs are reported to Council via the regular Chair of Council and CEO reports.</p>	
<p>1.5.3 The board recognises its broader responsibilities towards communities, stakeholders, wider society and the environment, and acts on them in a manner consistent with the charity's purposes, values, and available resources.</p>	<p>Consultations with stakeholders regularly take place to gain feedback regarding major policy changes. Regular statements and notices are published via the website to stakeholders supporting the charitable purposes.</p> <p>Impact assessments are undertaken in respect to major policy proposals, and these will consider the impact in connection to a range of groups. The assessment will be consulted on as part of gathering feedback from stakeholders.</p>	<p>Amendments to the terms of reference for Investment Committee are being proposed for Council approval in December 2024. This includes an explicit reference to the Committee's role in monitoring how the GOC's investment managers consider and respond to environmental, social and governance factors.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	Investment Committee has considered the environmental, social and governance elements of the current Investment Policy and approach in May 2023.	

Principle 2 – Leadership: Every charity is headed by an effective board that provides strategic leadership in line with the charity’s aims and values.	
<p>Rationale Strong and effective leadership helps the charity adopt an appropriate strategy for effectively delivering its aims. It also sets the tone for the charity, including its vision, values and reputation.</p>	<p>Key outcomes 2.1 The board, as a whole, and trustees individually, accept collective responsibility for ensuring that the charity has a clear and relevant set of aims and an appropriate strategy for achieving them. 2.2 The board agrees the charity’s vision, values and reputation and leads by example, requiring anyone representing the charity reflects its values positively. 2.3 The board makes sure that the charity’s values are reflected in all of its work, and that the ethos and culture of the organisation underpin the delivery of all activities.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
2.4 Leading the charity		
<p>2.4.1 The board and individual trustees take collective responsibility for its decisions.</p>	Council members have evidenced that they critically challenge, speak candidly, accept majority decisions, and take collective responsibility for its decisions, through their conduct during meetings.	
<p>2.4.2 The chair provides leadership to the board with prime responsibility for ensuring it has agreed priorities, appropriate structures, processes and a productive culture and has trustees and senior staff who are able to</p>	The Chair of Council responsibilities are described within a role profile. This includes the annual review of Council members and the Chief Executive. The Chair of Council has an annual review undertaken by the Senior Council Member.	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>govern well and therefore add value to the charity.</p>	<p>Remuneration Committee has a delegated responsibility from Council to approve the process of appraisal for the Chief Executive and Registrar and other members of the Senior Management Team. It is responsible for providing assurance that there are adequate processes in place to determine executive remuneration, reward and performance management which are in line with the GOC's values and principles.</p>	
<p>2.4.3 In the case of the most senior member of staff (e.g. CEO) the board makes sure that there are proper arrangements for their appointment, supervision, support, appraisal, remuneration and, if necessary, dismissal.</p>	<p>The Chair sets objectives for the CEO and annually appraises the CEO's performance, the outcome of which is reviewed by the Council's Remuneration Committee. Additionally, the Chair coaches and supports the CEO through weekly meetings and more frequent informal discussions as the need arises. Remuneration of the CEO is overseen by the Remuneration Committee; appointment and dismissal are undertaken in accordance with HR policies applicable to all staff.</p>	<p>Amendments to the terms of reference for Remuneration Committee are being proposed for Council approval in December 2024. This includes an explicit reference to the Committee's role to advise Council on the process to appoint or remove the Chief Executive and Registrar (or Chief Executive or Registrar if these functions are fulfilled by two different office-holders).</p>
<p>2.4.4 The boards functions are formally recorded. There are role descriptions defining responsibilities for all trustees that clearly differentiate those of the chair and other officer positions and outline how these roles relate to staff.</p>	<p>There is an agreed scheme of delegation setting out the responsibilities of Council, its committees, and the Executive. Role descriptions for the Chair, Senior Council Member and Council Members are in place and clearly define responsibilities, which are distinct from the role of the Executive.</p>	<p>Work is underway to update the Chief Executive scheme of delegation.</p> <p>The Head of Governance has established a governing documents working group. This group is comprised of Council members and will support Council by acting as an informal consultee on any proposed amendments to the GOC's governing documents. A review of</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
		<p>the scheme of delegation for Council is planned for 2025-26.</p> <p>In December 2024, Council is being asked to consider revisions to the terms of reference for committees it has delegated functions to. These include Audit, Risk and Finance Committee (ARC), Investment Committee, Nominations Committee and Remuneration Committee.</p>
<p>2.4.5 Where the board has agreed to establish a formally constituted subsidiary organisation/s, it is clear about the rationale, benefits and risks of these arrangements. The formal relationship between the parent charity and each of its subsidiaries is clearly recorded and the parent reviews, at appropriate intervals, whether these arrangements continue to best serve the organisation’s charitable purposes.</p>	<p>N/A – no subsidiary arrangements exist.</p>	
<p>2.5 Leading by example</p>		
<p>2.5.1 The board agrees the values, consistent with the charity’s purpose, that it wishes to promote and makes sure that these values underpin all its decisions and the charity’s activities (see also Principle 1).</p>	<p>Council was involved in the development and subsequent agreement of revised values and underpinning behaviours as part of the 5-year Strategic Plan. The values are being renewed for 2025-2030 without amendment, and these are reflected in the proposed strategy documents that Council will consider in December 2024.</p> <p>Council is engaged with the values which are published on the website, in the strategy, in</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	the external business plan and in the annual report.	
<p>2.5.2 The board recognises, respects and welcomes diverse, different and, at times, conflicting trustee views.</p>	<p>Current Council members are respectful to one another and take the time to listen and debate, which is apparent within Council and Committee meetings. At the end of Council meetings one member or Council Associate present feeds back on the conduct of the meeting including behaviours in accordance with GOC values.</p>	
<p>2.5.3 The board provides oversight and direction to the charity and support and constructive challenge to the organisation, its staff and, in particular, the most senior member of staff.</p>	<p>Council approves major projects and are provided with regular updates against the strategic plan and business plan. SMT present papers and are regularly engaged in Council discussions through support and constructive challenge. The Chair and CEO have weekly discussions, and the Chair meets with SMT individually on a quarterly basis. The Chair regularly attends most committee meetings and meets with the members of the Executive regularly to discuss specific issues as these arise. Challenge is provided in committees as well in Council itself. Furthermore, there are good communication channels between the SMT and Council through the system of Council leads.</p>	
<p>2.5.4 The board through its relationship with the senior member of staff, creates the conditions in which the charity's staff are confident and enabled to provide the information, advice and feedback necessary to the board.</p>	<p>The Head of Governance, Chair of Council and Chief Executive regularly meet to consider feedback on Council and committee meetings. SMT is actively encouraged to provide reflections and feedback on meetings, and there are clear routes to raise concerns through the GOC Speaking Up</p>	

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

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

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>uphold the charity’s purpose, values and public benefit.</p>		
<p>3.6.3 Trustees adopt and follow a suitable code of conduct that reflects the charity’s values and sets out expected standards of ethics, probity and behaviour.</p>	<p>Council members adopted the newly reviewed Code of Conduct for Members in November 2020 and are fully aware of the content and abide by the requirements.</p>	<p>Review of Code of Conduct policy was planned for 2024/25, with refresher training for Council and committee members. However, due to the substantial turnover of Council members in 2024/25, this work will now be scheduled for 2025/26.</p>
<p>3.6.4 The board considers how the charity is seen by the people and organisations who are involved in its work and by the wider public. The board has policies and procedures to make sure that the charity works responsibly and ethically, has regard to the proper use of power and acts in line with its own aims and values.</p>	<p>One of the proposed priorities for the GOC strategy 2025-30 is putting the public and patients at the heart of our regulatory approach by investing more in our research activities, engaging better with patient groups and strengthening the user voice in our decision-making structures. This work will commence and develop across the life of the five-year strategy. At the present time, the GOC conducts a stakeholder survey every three years, with the last one undertaken in 2022. It undertakes an annual public perceptions and registrant survey to gather views and experiences of optical services.</p> <p>Council makes objective decisions about delivering the GOC’s purposes and is not unduly influenced by those who may have special or personal interests. This is supported by the Code of Conduct for Members policy, Gifts and Hospitality Policy, and a Management of Interests Policy.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>3.6.5 The board ensures that the charity follows the law. It also considers following non-binding rules, codes and standards, for example regulatory guidance, the ‘Nolan Principles’¹ or <i>Charity Ethical Principles</i>² and other good practice initiatives that promote confidence in charities and create a supportive environment.</p>	<p>The Members Code of Conduct is based on the Nolan Principles and the GOC’s values. All Council Members are asked to sign a declaration adhering to the Code of Conduct on appointment. Charity regulation and good practice guidance is applied throughout governance process and will be applied in any continuous improvements.</p>	
3.7 Ensuring the right to be safe		
<p>3.7.1 Trustees understand their safeguarding responsibilities and meet the legal minimum to promote a culture in which everyone feels safe and respected.</p>	<p>The GOC is responsible for safeguarding its staff, members, workers and others (eg registrants and FTP witnesses) with whom we deal - some of whom may be or may become vulnerable. Our legislation makes specific reference to vulnerable witnesses at FTP hearings.</p> <p>We also have a statutory responsibility for providing guidance to our registrants, whose scope of practice includes caring for vulnerable people.</p>	
<p>3.7.2 Where appropriate:</p> <ul style="list-style-type: none"> ■ the board makes sure that there are appropriate and regularly reviewed safeguarding policies and procedures ■ as part of a charity’s risk-management process, the board checks key safeguarding risks carefully and records how these are managed 	<p>The GOC does not presently have an explicit safeguarding policy, though safeguarding is reflected in the policies and procedures that underpin the GOC’s statutory responsibilities around protection of the public. The expectation would be that where safeguarding concerns arose, people would either refer complaints via the Corporate Complaints policy or the Speaking Up policy.</p>	<p>A safeguarding policy is in development with the support of the Director of Regulatory Operations. A recommendation to Council will follow in Q4 2024/25.</p>

¹ www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

² www.ncvo.org.uk/images/documents/policy_and_research/ethics/Charity-Ethical-Principles.pdf

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>■ all trustees, staff, volunteers and people who work with the charity have information or training on the safeguarding policy, so they understand it, know how to speak up and feel comfortable raising concerns.</p>	<p>Council regularly reviews the corporate risk register, including the key risks pertaining to protection of the public and staff wellbeing.</p> <p>Council is being asked to consider a revised Freedom to Speak Up policy in December 2024. This will be complemented by a range of training for staff, managers and senior leaders across the organisation.</p>	
3.8 Identifying, dealing with and recording conflicts of interest/loyalty		
<p>3.8.1 The board understands how real and perceived conflicts of interests and conflicts of loyalty can affect a charity’s performance and reputation.</p>	<p>The Management of Interests Policy is actively referenced and used. There are several examples of this policy being used in committees and Council, with conflicts, advice and any mitigating actions being recorded in the minutes. An example of this would include the annual decision regarding registrant fees.</p>	
<p>3.8.2 Trustees disclose any actual or potential conflicts to the board, and deals with these in line with the charity’s governing document and a regularly reviewed conflicts of interest policy.</p>	<p>The registers of interest are updated and reviewed at every meeting. The conflicts of interest policy was last reviewed September 2021.</p>	<p>It is proposed the conflicts of interest policy is reviewed in 2025/26 to ensure it remains current and consistent with the Council’s high ethical standards.</p>
<p>3.8.3 Registers of interests, hospitality and gifts are kept and made available to stakeholders in line with the charity’s agreed policy on disclosure.</p>	<p>The registers of interest are reviewed at every meeting and published on the GOC website. The register of gifts and hospitality is reviewed annually by ARC and published on the website.</p> <p>An updated Gifts and Hospitality Policy received Council approval in December 2022.</p>	
<p>3.8.4 Trustees keep their independence and tell the board if they feel influenced by any</p>	<p>As referenced above, there are multiple examples of Council members recording their</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
interest, or may be perceived as being influenced or to having a conflict.	interests at a meeting and taking appropriate action to manage conflicts as they arise. These are recorded in the minutes as a matter of practice.	

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>4.5 Delegation and control</p>		
<p>4.5.1 The board regularly reviews which matters are reserved to the board and which can be delegated. It collectively exercises the powers of delegation to senior managers, committees or individual trustees, staff or volunteers.</p>	<p>Scheme of delegation last reviewed September 2021. Scheme of financial delegation reviewed September 2022. Examples of delegating responsibility can be seen in respect to a number of decisions on a regular basis.</p>	<p>Council scheme of delegation reviewed in 2025/26. This will ensure it remains current and reflective of best practice in respect to governance.</p>
<p>4.5.2 The board describes its ‘delegations’ framework in a document which provides sufficient detail and clear boundaries so that the delegations can be clearly understood and carried out. Systems are in place to monitor and oversee how delegations are exercised.</p>	<p>The scheme of delegations are in place and available on the website here: Meetings and decisions GeneralOpticalCouncil Financial governance GeneralOpticalCouncil</p> <p>These are subject to review at least every three years.</p>	<p>See 4.5.1 above</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>4.5.3 The board makes sure that its committees have suitable terms of reference and membership and that:</p> <ul style="list-style-type: none"> ■ the terms of reference are reviewed regularly ■ the committee membership is refreshed regularly and does not rely too much on particular people. 	<p>Council Committee terms of reference reviewed June 2022. Non-statutory committee terms of reference have been reviewed in 2024/25 and Council is being asked to consider proposed amendments at its December 2024 meeting.</p> <p>The membership of committees is subject to regular review, with the Chair of Council engaging through the Nominations Committee to consider medium and long-term succession planning.</p> <p>The Council members themselves are limited to an eight-year tenure (4+4) by legislation.</p>	
<p>4.5.4 Where a charity uses third party suppliers or services – for example for fundraising, data management or other purposes – the board assures itself that this work is carried out in the interests of the charity and in line with its values and the agreement between the charity and supplier. The board makes sure that such agreements are regularly reviewed to make sure they are still appropriate.</p>	<p>Contracts over £25,000 are regularly reviewed by ARC forming part of the Committee’s annual work planning.</p> <p>Any concerns or emerging contract issues would be included the regular significant incidents and exceptions report to ARC. There is also a separate contracts exceptions report to ARC.</p> <p>The Scheme of Financial Delegation sets limits for budget approval amounts related to contracts, and regular reporting of contract approvals.</p> <p>All other third-party suppliers or services will fall within the annual budget which is approved by Council.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>4.5.5 The board regularly reviews the charity’s key policies and procedures to ensure that they continue to support, and are adequate for, the delivery of the charity’s aims. This includes: policies and procedures dealing with board strategies, functions and responsibilities, finances (including reserves), service or quality standards, good employment practices and encouraging and using volunteers, as well as key areas of activity such as fundraising and data protection.</p>	<p>Key policies by Council and its committees, as well as policies related to its regulatory responsibilities e.g. Business standards.</p> <p>The key corporate policies are set out in a statutory and non-statutory approvals document, which sets out which require the approval of Council and which policies are delegated elsewhere.</p> <p>The Chief Executive has delegated authority (in consultation with the Chair of Council) to approve any minor reviews of policies, for example an update of terms or responsibilities based on organisational changes.</p>	<p>The statutory and non-statutory approvals document will be consolidated into the Council scheme of delegation as part of the review in Q4 24/25. This will improve the visibility of these key governance documents for stakeholders.</p>
<p>4.6 Managing and monitoring organisational performance</p>		
<p>4.6.1 Working with senior management, the board ensures that operational plans and budgets are in line with the charity’s purposes, agreed strategic aims and available resources.</p>	<p>Council approves the annual Business Plan, with an accompanying budget, which is set out in accordance with the overarching 5-year Strategic Plan. Council and ARC receive regular budget and forecast reports to ensure that all activity is based on available resources and the monitoring of cash-flow.</p>	
<p>4.6.2 The board regularly monitors performance using a consistent framework and checks performance against the charity’s strategic aims, operational plans and budgets. It has structures in place to hold staff to account and support them in meeting these goals.</p>	<p>Performance is monitored by Council through the performance dashboard, quarterly business plan reporting, financial reports and specific project reports.</p>	<p>The new corporate strategy will be supported by a revised performance monitoring framework. This is scheduled for consideration at Council on 19 March 2025.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>4.6.3 The board agrees with senior management what information is needed to assess delivery against agreed plans, outcomes and timescales. Information should be timely, relevant, accurate and provided in an easy to understand format.</p>	<p>Council has agreed the content of a performance dashboard and a framework for reporting progress against the Business Plan, which can be evidenced in reporting to Council. This was also reviewed and endorsed by ARC.</p>	<p>See above.</p>
<p>4.6.4 The board regularly considers information from other similar organisations to compare or benchmark the organisation’s performance.</p>	<p>The Chair and Chief Executive are involved in inter- regulatory forums where information is shared about approaches to common issues.</p> <p>PSA conduct thematic reports which highlight good practice across regulators.</p> <p>Benchmarking includes member fees and registrant fees.</p>	
4.7 Actively managing risks		
<p>4.7.1 The board retains overall responsibility for risk management and discusses and decides the level of risk it is prepared to accept for specific and combined risks.</p>	<p>Council retains overall responsibility for risk and delegate regular monitoring and assurance through ARC, who report to Council quarterly on any new or escalated risks.</p> <p>Council last approved a revised Risk Management Policy and Risk Appetite statement in June 2022.</p>	
<p>4.7.2 The board regularly reviews the charity’s specific significant risks and the cumulative effect of these risks. It makes plans to mitigate and manage these risks appropriately.</p>	<p>ARC regularly reviews the corporate risk register, which includes target as well as current risk levels.</p> <p>Council also has a standing item on risk at its confidential meetings where it focuses on emergent risks and issues.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>4.7.3 The board puts in place and regularly reviews the charity’s process for identifying, prioritising, escalating and managing risks and, where applicable, the charity’s system of internal controls to manage these risks. The board reviews the effectiveness of the charity’s approach to risk at least every year.</p>	<p>The corporate risk register covers all the points listed and ARC considers the appropriateness of risk arrangements every year. Improvements made in recent years including the development of a risk appetite and a risk assurance framework.</p>	
<p>4.7.4 The board describes the charity’s approach to risk in its annual report and in line with regulatory requirements.</p>	<p>This can be evidenced in the GOC annual report.</p>	
<p>4.8 Appointing external examiners or auditors</p>		
<p>4.8.1 The board agrees and oversees an effective process for appointing and reviewing auditors, taking advice from an audit committee if one exists.</p>	<p>ARC is tasked with reviewing auditors and making recommendations to Council concerning their appointment, remuneration, and termination. The most recent procurement exercise for an external auditor was taken in 2023/24.</p>	
<p>4.8.2 Where the charity has an audit committee, its chair has recent and relevant financial experience and the committee includes at least two trustees.</p>	<p>ARC has five members, including an independent member. They bring a range of financial and management expertise, and two members are Chartered Accountant Members of the Chartered Institute of Public Finance and Accountancy.</p> <p>The new Chair of ARC (appointment commenced in January 2023) engaged in training and development in respect to taking on the role. They will continue to be supported by an experienced cohort of ARC members.</p>	
<p>4.8.3 The board, or audit committee, has the opportunity to meet the auditors without paid staff present at least once a year.</p>	<p>This is undertaken on an annual basis to coincide with the Committee considering the annual report and accounts. The Committee terms of reference stipulates that the Chair</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	has access without restriction to both the external and internal auditor.	
<p>4.8.4 Arrangements are in place for a body, such as the audit committee, to consider concerns raised in confidence about alleged improprieties, misconduct or wrongdoing. This includes concerns raised by ‘whistle blowing’. Arrangements are also in place for appropriate and independent investigation and follow-up action.</p>	<p>The current Speaking-up Policy complies with points listed in 4.8.4. Council is due to consider a revised Freedom to Speak Up policy in December 2024, which will also be compliant.</p> <p>Speaking up referrals are included in the significant incidents quarterly report to ARC. The annual report for 2023/24 included a thematic summary of speaking up referrals for the first time, and future annual reports will also include this information.</p> <p>The GOC has an investigation policy and several members of staff trained in undertaking investigations.</p>	

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

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>5.5.3 The board has a vice-chair or similar who provides a sounding board for the chair and serves as an intermediary for the other trustees if needed.</p>	<p>Council has approved a role description for a Senior Council Member. The current Senior Council Member is effective in her exercise of this responsibility: the role is well understood by all Council members, and the Senior Council Member is able to provide a regular sounding board to the Chair of Council and the executive.</p>	
<p>5.5.4 The board regularly discusses its effectiveness and its ability to work together as a team, including individuals' motivations and expectations about behaviours. Trustees take time to understand each other's motivations to build trust within the board and the chair asks for feedback on how to foster an environment where trustees can constructively challenge each other.</p>	<p>Annual reviews are carried out with Council members, led by the Chair (with the Senior Council Member undertaking the Chair's review). Feedback is provided by an observer after every Council meeting.</p> <p>In February 2020 Council received training on Trustee duties. Council members freely express their concerns and raise questions which indicates an environment where they constructively challenge the Executive.</p>	<p>Two development days are planned in 2025 to assist new Council members with induction and ensure a continuity of working styles as the membership changes.</p>
<p>5.5.5 Where significant differences of opinion arise, trustees take time to consider the range of perspectives and outcomes, respecting all viewpoints and the value of compromise in board discussions.</p>	<p>The quality of debate in Council and appreciation of different viewpoints is strong. A good example of this has been discussion related to the call for evidence on legislative reform and associated policies. Council takes time to work through significant areas of concern or difference and has subsequently been able to reach a common view.</p>	
<p>5.5.6 The board collectively receives specialist in-house or external governance advice and support. The board can access independent professional advice, such as legal or financial advice, at the charity's expense if needed for the board to discharge its duties.</p>	<p>Governance provides specialist in-house advice and support on governance matters and the Chief Legal Officer team on legal matters. External and internal auditors are fully engaged at committee level and external legal advice is sought where needed, e.g. in relation to employment issues. Future</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	advice will be gained where needed regarding the Government’s proposed regulatory changes, or where charity law requires.	
5.6 Reviewing the board’s composition		
<p>5.6.1 The board has, and regularly considers, the skills, knowledge and experience it needs to govern, lead and deliver the charity’s purposes effectively. It reflects this mix in its trustee appointments, balancing the need for continuity with the need to refresh the board.</p>	<p>The criteria for recruiting Council members is subject to review by Nominations Committee. This is done with every recruitment campaign to ensure any gaps in skills, knowledge and experience are addressed through recruitment.</p> <p>A skills audit was considered by the Nominations Committee in February 2022, and this was used to inform the desirable criteria for recruitment of lay and registrant Council members.</p>	
<p>5.6.2 The board is big enough that the needs of the charity’s work can be carried out and changes to the board ’s composition can be managed without too much disruption. A board of at least five but no more than twelve trustees is typically considered good practice.</p>	<p>12 members sit on Council. This composition is defined in statue and would only be subject to change in the event of regulatory reform.</p>	
5.7 Overseeing appointments		
<p>5.7.1 There is a formal, rigorous and transparent procedure to appoint new trustees to the board, which includes advertising vacancies widely.</p>	<p>There is a formal, rigorous, and transparent process in place, which operates in accordance with PSA and Privy Council requirements.</p> <p>This is evidenced in the recent lay and registrant member recruitment campaigns</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	where thought and consideration went in to ensuring a wide and diverse reach for candidates. Targeted webinars and advertising were used to support a good level of applications from appropriate candidates.	
<p>5.7.2 The search for new trustees is carried out, and appointments or nominations for election are made, on merit against objective criteria and considering the benefits of diversity on the board. Regular skills audits inform the search process.</p>	<p>Appointments are made on merit against objective criteria. The scrutiny provided by the PSA includes robust challenge in respect to the appointment processes.</p> <p>The introduction of Council Associates has supported the diversification of backgrounds and experience at Council. The Council Associates are regularly invited to participate in discussions and their insight is valued by the Council.</p>	
<p>5.7.3 The charity considers using a nominations committee to lead the board-appointment process and to make recommendations to the board.</p>	<p>The Nominations Committee has clear delegated authority to advise Council on planned recruitment. Appointments to Council are made by the Privy Council.</p>	
<p>5.7.4 Trustees are appointed for an agreed length of time, subject to any applicable constitutional or statutory provisions relating to election and re-election. If a trustee has served for more than nine years, their reappointment is:</p> <ul style="list-style-type: none"> ■ subject to a particularly rigorous review and takes into account the need for progressive refreshing of the board ■ explained in the trustees' annual report. 	<p>Council members serve an initial term of four years, with the provision to be reappointed for a further four years. Statute provides that a Council member may only serve as such for eight years in any period of twenty.</p>	
<p>5.7.5 If a charity's governing document provides for one or more trustees to be nominated and elected by a wider</p>	N/A	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>membership, or elected by a wider membership after nomination or recommendation by the board, the charity supports the members to play an informed role in these processes.</p>		
<p>5.8 Developing the board</p>		
<p>5.8.1 Trustees receive an appropriately resourced induction when they join the board. This includes meetings with senior management and covers all areas of the charity’s work. Trustees are given the opportunity to have ongoing learning and development.</p>	<p>A review of member support has been underway since 2023/24. Training requirements for members were approved by Nominations Committee in 2023/24. The induction process is thorough, including 1:1s with the Senior Management Team, Head of Governance and relevant key members of staff where relevant. Information governance, management of interests and EDI training is included as part of the induction.</p> <p>Newly appointed Council members are ‘buddied’ with an established member tasked with helping with their induction. New lay members are buddied a registrant member and vice versa.</p> <p>The Chair of Council is responsible for considering whether there are unmet development needs for individual Council members as part of the annual review process. Members can request training and development as the need arises. Members are also provided opportunities to join GOC staff on visits as part of the Optical Practices’ Familiarisation Programme.</p>	<p>Two induction and development days are planned for 2025, including a ‘teach-in’ day. This will support new members familiarise themselves with the work of the GOC, as well as the wider sector for eye care services.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>5.8.2 The board reviews its own performance and that of individual trustees, including the chair. This happens every year, with an external evaluation every three years. Such evaluation typically considers the board's balance of skills, experience and knowledge, its diversity in the widest sense, how the board works together and other factors relevant to its effectiveness.</p>	<p>Annual reviews of member performance are carried out by the Chair, and the Chair is appraised by the Senior Council Member.</p> <p>The GOC is subject to regular external evaluations by the PSA, and commissions external evaluations of Council as and when needed.</p> <p>There was a revision of the Council member review process in 2022/23 to include identification of training and development needs.</p>	
<p>5.8.3 The board explains how the charity reviews or evaluates the board in the governance statement in the trustees' annual report.</p>	<p>Effectiveness of Governance is included in section one of the Annual Report and Accounts. This sets out how the GOC has reviewed and evaluated itself in the previous year, as well as the planned areas for review in the following year.</p>	

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>6.4 Assessing understanding of systems and culture</p>		
<p>6.4.1 The board analyses and can define how equality, diversity and inclusion are important for the charity, its context and the delivery of its aims.</p>	<p>The Council receives a comprehensive EDI annual report that includes the annual EDI data monitoring report and an update on the EDI action plan. This outlines the work undertaken during the year and provides a progress report against the GOC’s EDI commitments.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>Council will be considering a new EDI strategy for 2025-2030 in December 2024, and EDI forms a key component of the GOC's corporate strategy for 2025-30. In March 2024, it approved a 12-month EDI action plan as a transitional arrangement. Progress against the action plan is reported regularly to Council.</p>	
<p>6.4.2 The board assesses its own understanding of equality, diversity and inclusion. It considers how this happens in the charity and identifies any gaps in understanding which could be filled by discussion, learning, research or information</p>	<p>Council receives regular updates on EDI activity within the organisation via the CEO report to Council. Furthermore, Council members receive training on current EDI trends and best practice as well as updates on how EDI is progressing against plans within the organisation.</p>	
<p>6.4.3 The board regularly assesses: 6.4.3.1 the charity's approach to equality, diversity and inclusion, using available data and, where applicable, lived experience 6.4.3.2 its own practice including: <ul style="list-style-type: none"> ■ the diversity of trustees' backgrounds and perspectives in its regular board skills audit to identify imbalances and gaps ■ any bias in trustee recruitment and selection ■ where applicable, how the communities and people that the charity serves are included and centred in decision making ■ how meetings and board information can be made more accessible and how to provide resources to support this </p>	<p>Council has regular opportunity to assess the organisations approach to EDI via updates and annual reporting.</p> <p>Council has examined the public perception and registrant survey results with reference to our EDI priorities. The GOC has commissioned lived experience research and this will be considered by Council at a future date.</p> <p>Alongside ongoing efforts to source and recruit from wider diverse backgrounds the Council introduced the Council Associates Scheme to expand diversity on the Council. Nominations Committee regularly review EDI</p>	<p>Council is in the process of developing its next five-year EDI strategy, and this will include plans to further support accessibility and remove barriers to participation in the information that is produced for our public Council meetings. In addition to this, Council is continuing to explore how it can develop its own diversity in terms of membership and the input it seeks from others. Nominations Committee will continue to review EDI data from recent campaigns, and consider whether there is scope to improve the accessibility of the recruitment process for member roles.</p>

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<ul style="list-style-type: none"> ■ how to create a meeting environment in which behaving inclusively is the norm, all voices are equal, and trustees can constructively challenge each other ■ how the board demonstrates inclusive behaviours in its decision making and how it engages with staff (where they exist), volunteers, members, service users and beneficiaries. 	<p>recruitment data and recommendations from the EDI manager about how best to ensure recruitment processes facilitate diversity and remove barriers.</p> <p>Where Council members, registrants and the public have identified accessibility needs, we have taken steps to support them.</p> <p>Council meetings provide a safe space for constructive challenge, and it is evident that members feel able to speak up about their views. However, this is always under review and as Council endeavours to become more diverse this will need to be monitored carefully. Feedback from Council members is actively encouraged in order to improve inclusivity.</p> <p>Council continues to receive interaction with staff, members, service users and stakeholders via opportunities in training, learning and awareness raising. EDI training was undertaken most recently in October 2024.</p>	
<p>6.4.4 The chair regularly asks for feedback on how meetings can be made more accessible and how to create an environment where trustees can constructively challenge each other and all voices are equally heard.</p>	<p>Freedom to speak honestly and openly with Council is encouraged and attendees at Council meetings are invited to give feedback on any concerns.</p>	<p>Requests for feedback on matters of accessibility could be made more explicit. Council could implement an internal commitment to encouraging constructive challenge and potentially undertake active bystander training.</p>
<p>6.5 Setting context specific and realistic plans and targets</p>		

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>6.5.1 The board sets a clear organisational approach to equality, diversity and inclusion in line with the charity’s aims, strategy, culture and values. This is supported by appropriate plans, policies, milestones, targets and timelines.</p>	<p>Council is responsible for the overall control of our organisation, including agreeing EDI strategy and holding the executive to account for its delivery. The EDI Annual Report provides an outline of the work undertaken during the year and provides narrative about progress against the actions in our EDI Strategy 2020-2024 and EDI action plan for 2024/25. As such, Council is sighted on relevant EDI plans, policies, milestones, targets and timelines.</p>	
<p>6.5.2 The board uses the findings from its assessments to make context-specific and regularly reviewed plans and targets for:</p> <ul style="list-style-type: none"> ■ equality, diversity and inclusion training for board members ■ inclusive boardroom culture, practices and behaviours ■ board evaluation or training to address any power imbalances between trustees ■ removing, reducing and preventing obstacles to people being trustees ■ attracting a diverse group of candidates for new trustee roles and providing an inclusive induction for new trustees ■ recruiting a diverse board that addresses imbalances and any gaps that have been found ■ promoting inclusive behaviours and cultures to the wider organisation 	<p>As covered above, Nominations Committee regularly reviews EDI practice around recruitment, including EDI data from recent campaigns. Council approved an EDI action plan for 2024/25 with clear targets to promote inclusive behaviour and culture, both in its own interactions and across the organisation. Council is supported with regular training and reflective discussions about its focus and progress in these areas.</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
6.6 Taking action and monitoring performance		
<p>6.6.1 The board ensures that there are appropriate arrangements and resources in place to monitor and achieve the organisation’s equality, diversity and inclusion plans and targets, including those relating to the board.</p>	<p>Progress against the EDI action plan has been reported to Council via the EDI annual report. The Council is asked to consider equalities implications as part of its decision making, and this will include key resource decisions. Council’s non-statutory committees have a responsibility to consider how all policies and work within the committees’ respective remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.</p>	
<p>6.6.2 The board creates and maintains inclusive cultures, practices and behaviours in all its decision making. It promotes and demonstrates inclusive behaviours and cultures to the wider organisation.</p>	<p>Council’s visible support for organisational EDI activities as well as increased visibility to staff demonstrates inclusive behaviours. Examples of this include Council speaking to staff regarding Black History Month, as well as occasional attendance and presentations at all staff meetings on matters of common interest. Council is being asked to consider a new Freedom to Speak Up policy in December 2024, which will be a critical component of how the GOC maintains an inclusive culture.</p>	
<p>6.6.3 The board regularly monitors and actively implements its plans and targets established under 6.5.2.</p>	<p>Council minutes evidence how the board addresses the EDI work undertaken during the year and provides commentary about feedback provided.</p>	
<p>6.6.4 The board leads the organisation’s progress towards achieving its equality, diversity and inclusion plans and targets. It receives regular updates from the</p>	<p>Council receives EDI updates via the CEO report, also there are opportunities for staff to present EDI activities or events, such as Black History Month</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
organisation including challenges, opportunities and new developments.		
<p>6.6.5 The board periodically takes part in learning and/or reflection about equality, diversity and inclusion and understands its responsibilities in this area. It acts on any gaps in its understanding and looks at how board practice, culture and behaviour are affected by these gaps</p>	<p>All appointment panels receive mandatory training on unconscious bias. Council has regular EDI training from both internal and external trainers. The most recent training was in October 2024.</p>	
<p>6.7 Publishing performance information and learning</p>		
<p>6.7.1 The board regularly publishes: 6.7.1.1 information on its progress towards achieving its equality, diversity and inclusion plans and targets, including challenges, opportunities and learning. This could include the:</p> <ul style="list-style-type: none"> ■ charity’s organisational approach to equality, diversity and inclusion in line with its aims, strategy, culture and values, ■ board’s culture, practices and behaviours ■ board’s composition and make-up <p>6.7.1.2 its plans to tackle any organisational or board inequalities and gaps that have been identified.</p>	<p>Council receives a comprehensive annual Equality, Diversity and Inclusion Annual Report that includes the annual EDI data monitoring report. This outlines the work undertaken during the year and provides a progress report against the actions in our EDI strategy and action plans.</p>	

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

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

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
<p>7.5.3 As part of this strategy, the board thinks about how best to communicate how the charity is governed, who the trustees are and the decisions they make.</p>	<p>Council is very prominent on the website, and, as Council meetings are held in public many stakeholder groups are aware of the governance mechanisms in place. Should members of the public need to find out more about the GOC's governance the website is very informative.</p>	<p>The Head of Governance intends to refresh the Governance and Council pages in 2025/26 to improve the visibility and accessibility of key governance documents, Council decisions and promote wider public and registrant engagement.</p>
<p>7.5.4 The board ensures that stakeholders have an opportunity to hold the board to account through agreed processes and routes, for example question and answer sessions.</p>	<p>There have not been any specific question and answer sessions with the Council and stakeholders.</p>	<p>Council to consider permitting one public question and answer session as a pilot at a future meeting.</p>
<p>7.5.5 The board makes sure there is suitable consultation with stakeholders about significant changes to the charity's services or policies.</p>	<p>We tendered for a new consultation platform in 2023-24 with increased functionality. This launched in early 2024. To date during the financial year 2024/25 we have published consultations on: revised Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standards for Optical Businesses (14 February to 8 May 2024); GOC strategy 2025-30 (17 April to 10 July 2024); and business regulation (23 October 2024 and 22 January 2025).</p> <p>In previous years, we used our website to publicly consult on our a) call for evidence on the Opticians Act and consultation on associated GOC policies, b) illegal practice strategy review, c) education and training requirements for entry to the GOC register as a contact lens optician, d) education and training requirements for specialist entry to the GOC register (additional supply,</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
	<p>supplementary prescribing and independent prescribing), e) remote hearings experience, f) hearings and indicative sanctions guidance, g) service of statutory notices by email policy, h) remote hearings protocol i) CET exceptions policy j) updating gender on the register (closed 20 March 2023) k) consultation on managing applications for GOC registration from optical professionals who have qualified outside the UK or Switzerland (closed 4 October 2023)</p> <p>l) statement on verification of contact lens specifications and definition of aftercare (closed 24 October 2023)</p>	
7.6 Developing a culture of openness within the charity		
<p>7.6.1 The board gets regular reports on the positive and negative feedback and complaints given to the charity. It demonstrates that it learns from mistakes and uses this learning to improve performance and internal decision making.</p>	<p>ARC receive a quarterly compliance report which includes the number and type of complaints that have been received. A summary is also included in the GOC annual report and accounts.</p>	
<p>7.6.2 The board makes sure that there is a transparent, well-publicised effective, and timely process for making and handling a complaint, and that any internal or external complaints are handled constructively, impartially and effectively.</p>	<p>Council is responsible for approving the organisation’s complaint policy. The revised policy is due to be considered in December 2024.</p> <p>Council is provided with assurance via ARC from quarterly reports. A summary of any substantial issues and trends emerging from complaints is included as part of this reporting.</p>	
<p>7.6.3 The board keeps a register of interests for trustees and agrees an approach for how</p>	<p>Registers of interest are kept for Council and its committee. These are published for each</p>	

Recommended Practice	Evidence of application / explanation	Areas for improvement / implementation
these are communicated publicly in line with Principle 3.	individual meeting and subject to regular review. Declarations of interest for all Council Members are published on the website:	
<p>7.6.4 Trustees publish the process for setting the remuneration of senior staff, and their remuneration levels, on the charity’s websites and in its annual report.</p>	<p>The levels of Senior Management Team remuneration are published in the annual report alongside the process for setting remuneration.</p> <p>During 23-24 the Remuneration Committee approved a new executive pay and reward framework which was approved.</p>	
7.7 Member engagement		
<p>7.7.1 In charities where trustees are appointed by an organisational membership wider than the trustees, the board makes sure that the charity:</p> <ul style="list-style-type: none"> ■ has clear policies on who can be a member of the charity ■ has clear, accurate and up-to-date membership records ■ tells members about the charity’s work ■ looks for, values and takes into account members’ views on key issues ■ is clear and open about the ways that members can participate in the charity’s governance, including, where applicable, serving on committees or being elected as trustees. 	N/A	

Council

Financial performance report for the period ending 30 September 2024 and Q2 forecast of 2024/25

Meeting: 11 December 2024

Status: for noting

Lead responsibility: Yeslin Gearty
(Director of Corporate Services)

Paper author: Manori Wickremasinghe
(Chief Financial Officer)

Purpose

1. To provide a summary of the financial reports and the latest forecast for the 2024/25 financial year presented to ARC at its meeting on 26 November 2024.

Recommendations

2. Council is asked to:
 - **note** the financial performance for the six months ending 30 September 2024 in annex one
 - **note** the Q2 forecast for the current 2024-25 financial year in annex two.

Strategic objective

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

Background

4. The forecast for 2024/25 relates to year 5 of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

Analysis

5. There are two financial reports for review at this meeting as listed below:
 - Six-month actual performance to 30 September 2024; annex one
 - Q2 forecast of 2024-25; annex two.
6. The results (actual) of the 30 September 2024 financial performance report (FPR) (summary P & L to 30 Sept 2024 annex one) show a surplus for both business as usual (BAU) and for strategic expenditure. The BAU surplus of £701k shows a positive variance of £589k against the budget and £184k against the Q1 forecast. The surplus before unrealised portfolio gains/losses of £118k shows a positive variance of £555k against the budget and £206k against the Q1 forecast.

PUBLIC

7. Registration income decreased compared to the budget, due to a modelling error which is not rectified, in order to maintain the baseline figures for comparison. An increase in fixed deposit income partly off-set the decrease in income. All income categories performed largely as per the forecast, with most of the income either received or determined.
8. Expenditure has variances due to delays, revised plans, savings and some efficiencies. The financial performance is monitored monthly by the finance department and their regular meetings with heads and directors, and by SMT. KPIs against both budget and Q1 forecast are within the recommended range of +/-10%. The report includes highlights, key performance indicators, risks, and recommendations.
9. The current 2024-25 year is the last under the current strategic plan. Our focus for the Q2 (2024/25) forecast (year one in the five-year forecast) is to continue to achieve financial stability (breakeven or better) in our revenue-funded business-as-usual (BAU) operations and utilise our healthy reserves to support planned strategic project expenditure, our future office accommodation project, and unexpected legal costs arising from complex FtP cases. The Q2 forecast has achieved this objective and shows that we can continue to invest from the strategic reserve for the next five-year period without replenishing reserves.
10. The forecast illustrates that we anticipate ending the 2024-25 financial year with a small BAU surplus while maintaining planned business activity, and there will be no requirement for investment drawdowns. The Q2 (24/25) forecast and five-year forecast marginally reduces the average investment return figures from 8.6% to 7.4%. Analysis of impact is in the reserves section of the annex 1.
11. The savings anticipated from the restructure of the case progression team, by bringing more in-house legal expertise to reduce over time external legal costs and volatility, has been delayed due to recruitment challenges in securing in-house legal expertise, as well as increased legal case numbers. The team are forecasting anticipated spend and assessing recruitment options. In-house lawyers, when recruited, will help in reducing external legal costs.
12. The future office accommodation project is underway as planned. The council approved in July 2024 the project funding from the designated dilapidation /infrastructure reserve.
13. Further analysis, assumptions, and risks are included in the reports (annexes one and two).

Finance

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

Risks

PUBLIC

15. The following risks are associated with finance, as identified in the finance risk register:
- The GOC fails to deliver value for money
 - The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively
 - Capability and resilience: Failure to retain staff and labour supply shortages causing delayed recruitment, increase the risk of being able to deliver core objectives and strategic improvements; and
 - Unforeseen external events or environment cause financial volatility affecting workforce and registrants. Risk of volatility in stock markets combined with rising inflation negatively impacts investment portfolio value and income, along with pressures on costs, including wage inflation, impacting ability to recruit or retain staff (or need to increase pay bill) and external impacts including significant reductions in registrant numbers and fee income, alongside the reduction in value of reserves and associated investment income, some or all of which lead to inability to meet our forecasted budget.
16. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks. The final risk is external, but high levels of reserves provide stability and the ability to offset any short to medium term impact on finances. Our planned budget is not dependent on dividend income and unrealised investment gains.

Equality Impacts

17. No equality impact has been undertaken.

Devolved nations

18. There are no implications for the devolved nations.

Communications

External communications

19. None planned.

Internal communications

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

Attachments

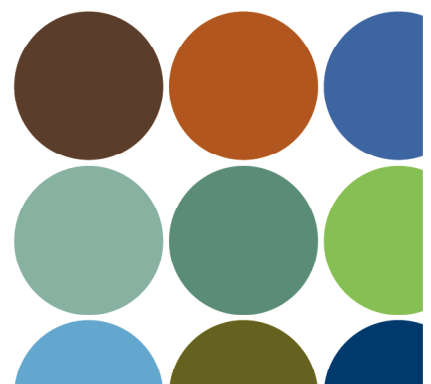
Annex one: Financial performance report for the period ending 30 September 2024.

PUBLIC

Annex two: Q2 Forecast for 2024-25.



Financial Performance Report for the Period ending 30 September 2024



General Optical Council
Financial performance report for 6 months ending 30 September 2024

Contents	Page
Highlights	3
Key Performances	3
Risks and Future Impacts	4
Graphs and Tables	5-8
Income and Expenditure Accounts (Table A)	9-10
Income and Expenditure Accounts incl. Project Expenditure (Table B)	11
Analysis of Income & Expenditure	12-13
Balance Sheet	14
Portfolio Overview (quarterly reporting)	15

General Optical Council

Financial performance report for 6 months ending 30 September 2024

GOC - Summary P & L to 30 Sept 2024

	Actual £000's	Budget £000's	Variance £000's	Q1 Forecast £000's	Variance £000's
Registrant Income	5,895	6,058	(163)	5,873	22
Other Income	339	213	125	332	6
Expenses - BAU	(5,533)	(6,159)	626	(5,689)	156
Surplus / (Deficit) -BAU	701	112	589	516	184
Project expenditure	(582)	(549)	(33)	(605)	22
Surplus / (Deficit) -before portfolio Gains/Losses	118	(437)	555	(88)	206

KPI	Actual	Budget	Variance*	Forecast	Variance*
Net Profit Margin	1.89%	-6.97%	8.86%	-1.42%	3.31%

* acceptable KPI = +/-10%

Highlights

The results before unrealised portfolio gains/losses for the period ending 30 September 2024, show a positive variance of £555k against the budget and £206k against the Q1 forecast. The business as usual (BAU) results before reserve expenses including strategic projects show a positive variance of £589k against the budget and £184k against the Q1 forecast.

The total registrant income of £5,895k is £163k less than the budget value, but £22k higher than the Q1 forecast. The total expenditure (including projects) of £6,115k is £593k favourable to the budget and £178k against the Q1 forecast.

Key drivers of the improved financial performance

Key drivers for the positive variance resulted both from income and expenses. The reasons are a combination of delays and revised plans that defer operations to a later date in the year, savings and some efficiencies that increased the revenue funds for operations, netted off with additional expenses. (ref. Tables 3-4 – page 8).

The surplus included savings made through staff vacancy gaps, saving £27k during the Q2. Staff recruitment increased by mid-September. (ref. Table 2, page 7). The savings were partly set off by additional costs incurred for external recruitment agents where additional help was required in recruiting candidates.

We are reviewing the staff vacancy gap percentage for the year (actual vs. approved budget) to ensure that our 2% vacancy gap proposed for 2025/26 is reasonable. For the reporting period of 6 months, the staff vacancy rate is at 6%, 4 percentage points higher than the 2% forecast that we've allocated in the year 2 forecast. The high vacancy rate is partly due to delays in the FtP legal support model restructuring.

General Optical Council

Financial performance report for 6 months ending 30 September 2024

Higher external legal costs incurred for external legal panels resulted from delays in recruiting lawyers for case progression. Q2 identified several complex legal cases that are funded through legal reserves. Rescheduling and early completion of hearings both delayed some costs and saved costs.

Risks for achieving the budget.

Restructuring of the FtP legal support model in the Regulatory Operations directorate is underway, and progress is being made albeit with some significant delays and challenges in recruiting in-house lawyers. One lawyer post, out of the original three, has now been redesigned to a legally qualified Interim Order manager role, to manage key risks in this area. The progress of restructuring and its impact over next five-years was analysed at Q2 forecast and will be further reviewed alongside development of the 2025/26 budget.

Delays in staff recruitment may negatively affect achieving the current year's business plan. Maintaining salary bands on par with market, responding to wage inflation and risks arising from attractive recruitment campaigns from bigger health regulators are some of the challenges.

Higher insurance excesses for legal cases means any new FtP legal cases (judicial reviews and appeal cases) may incur additional cost, up to the threshold of £25k per case.

There is a continuing risk of unrealised investment gains/losses due to high market volatility. We will continue regular meetings and updates with our investment manager Brewin Dolphin, during the year. The growth rate was slightly discounted at the latest meeting with Brewin Dolphin and we will reflect it in the Q2 forecast unrealised gains.

Future Impacts (So what?)

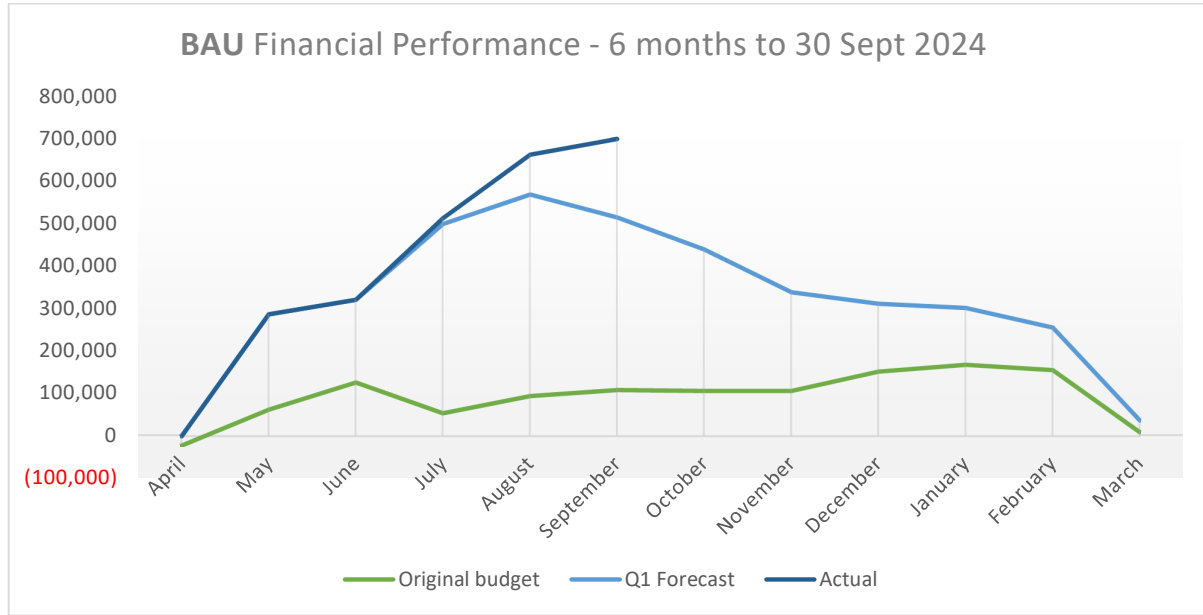
The delays in restructuring and lawyer recruitment of the regulatory operations directorate will increase the legal costs for external panels. All known assumptions are taken at Q2 forecasting, and reviews will continue at Q3 forecasting. It may take more time to accrue benefits from the restructuring, possibly by the end of 2025/26.

Leavers may cause delays in operations and increase costs. Recruitment campaigns from other health regulators could impact us and delay our operations, loss of internal knowledge, and increase costs. The KSBF/P&BF project and investment in staff training are designed to reduce these losses and increase staff retention.

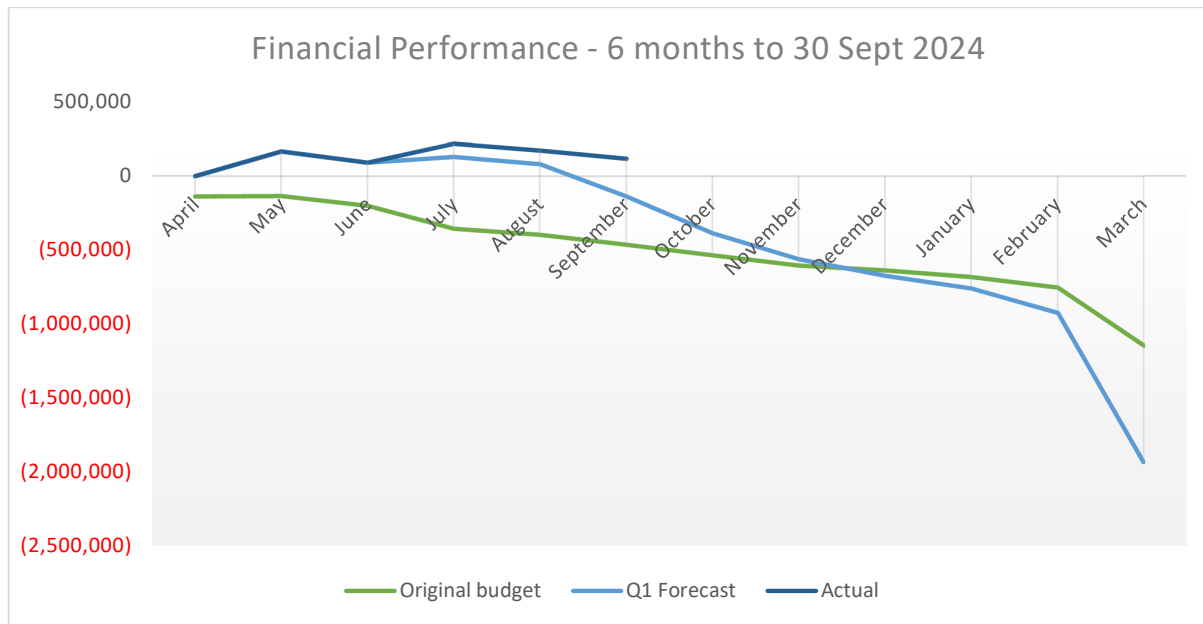
We have included a staff vacancy gap of 2% in the forecasts of future years. Current year may continue with staff vacancy savings, current saving against the budget being 6%. Any savings are used during next forecast calculations.

General Optical Council
Financial performance report for 6 months ending 30 September 2024

Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

Analysis of Expenditure

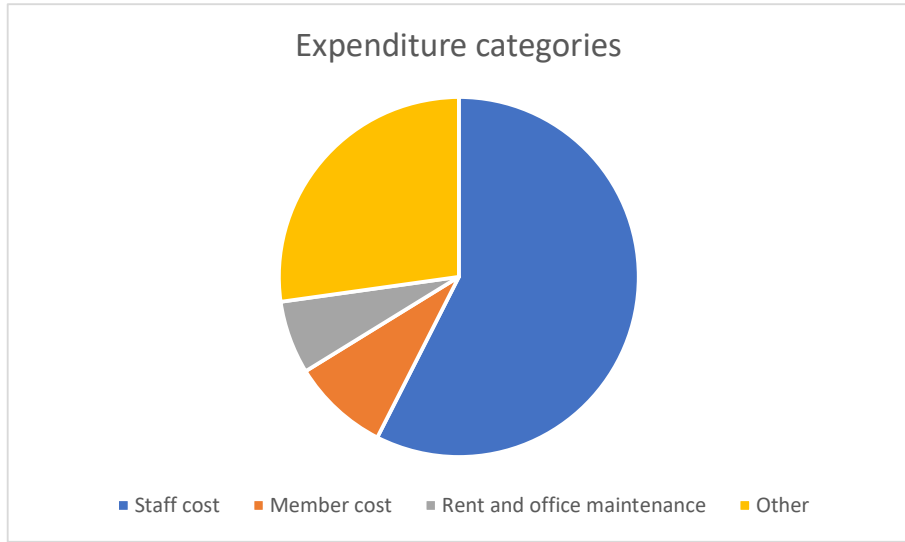


Chart 1

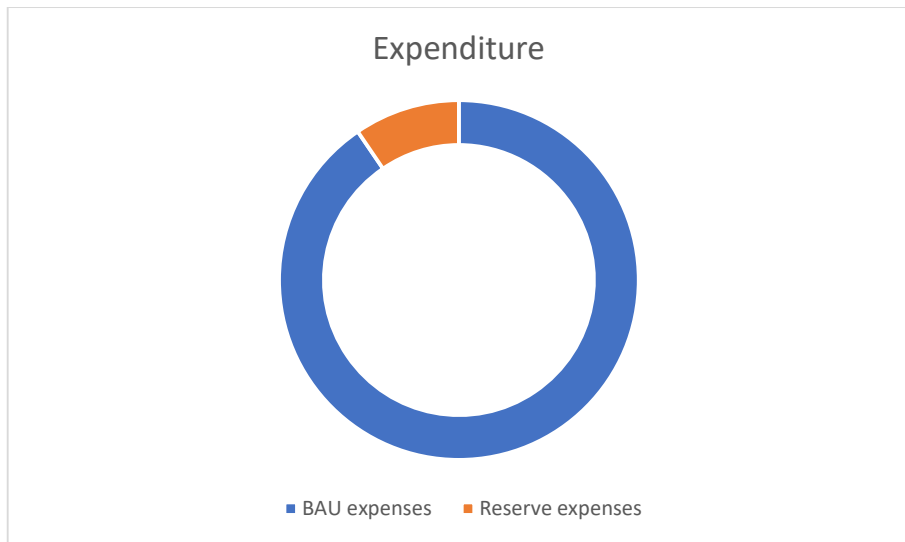
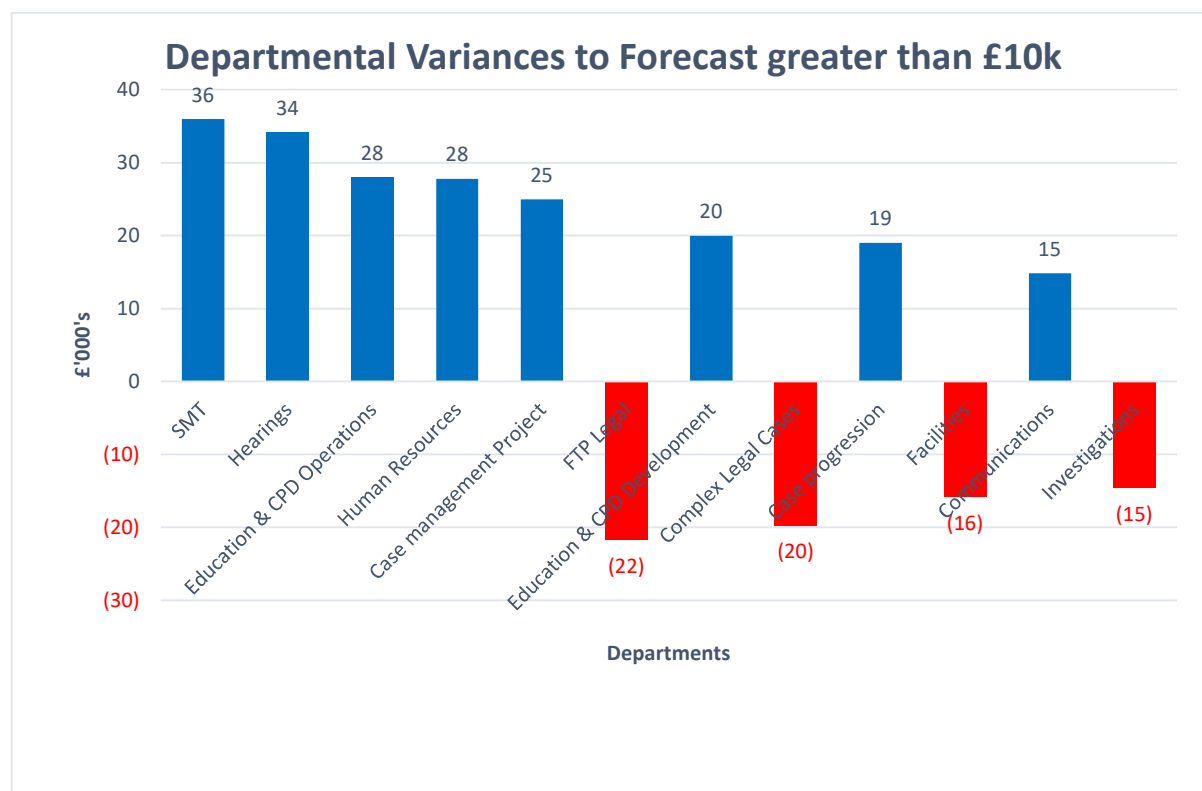


Chart 2

General Optical Council

Financial performance report for 6 months ending 30 September 2024



Graph 3

Cash and Cash Equivalent Summary - 30 Sept 2024

	Actual £'000	BUDGET £'000	Variance £'000	Q1 Forecast £'000	Variance £'000
Cash at Bank	772	372	400	457	315
Short term Investments	4,400	3,950	450	4,400	0
Working Capital	5,172	4,322	850	4,857	315
Investments	9,481	9,085	396	9,501	(20)
Total	14,653	13,407	1,246	14,358	295

Table 1

Headcount Sept 2024 (F T E's)

	Actual FTC* Sep-24	Actual Perm. Sep-24	Actual Total Sep-24	Q1 Forecast Sep-24	Budget Sep-24
Chief Executive Office	1.0	9.0	10.0	9.0	9.0
Regulatory Strategy	0.4	22.6	23.0	24.6	23.6
Regulatory Operations	4.0	34.8	38.8	42.0	40.0
Corporate Services	6.0	18.4	24.4	26.0	21.4
Change	5.0	7.4	12.4	12.0	14.0
Total Headcount	16.4	92.2	108.6	113.6	108.0

* including Agency temp staff

Table 2

General Optical Council

Financial performance report for 6 months ending 30 September 2024

The staff vacancy rate to date = 6% (vacancies compared with approved budget)

Analysis of BAU expense - variance from Q1 forecast	
Savings	£'000
Efficiency	16
Savings	97
Staff vacancy gaps (excluding efficiency measures)	27
Delays	101
Revised plans and timing(uncertain)	54
Others	3
Additional expenses	299
Additions	(144)
Total Expense Variance	155

Table 3

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-	16			16
Savings	42	97			139
Staff vacancy gaps	143	27			170
Additions	(71)	(144)			(215)
Net savings/(overspent) from approved budget	114	(4)	0	0	111

Table 4

Table A
Income and Expenditure Accounts

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	5,895	6,058	(163)	5,895	5,873	22
Dividend Income	136	132	3	136	140	(4)
Bank & Deposit Interest	188	76	112	188	178	9
Other Income	15	5	10	15	14	1
Total Income	6,234	6,271	(37)	6,234	6,205	29
Expenditure						
Executive Office						
CEO's Office	96	214	118	96	129	33
Governance	344	357	13	344	348	4
Total Executive	440	571	131	440	477	38
Regulatory Strategy						
Director of Regulatory Strategy	64	64	0	64	64	0
Policy	167	210	43	167	172	5
Communications	149	172	22	149	164	15
Education & CPD Operations	368	356	(12)	368	396	28
Education & CPD Development	230	279	48	230	250	20
Total Regulatory Strategy	978	1,081	103	978	1,046	68
Regulatory Operations						
Director of Regulatory Operations	84	72	(12)	84	85	1
Investigation	643	677	35	643	628	(15)
Case Progression	410	437	28	410	429	19
FTP Legal	151	141	(10)	151	129	(22)
Legal	102	118	16	102	110	7
Hearings	570	685	115	570	604	34
Total Regulatory Operations	1,959	2,131	172	1,959	1,985	25
Corporate Services						
Director of Corporate Services	78	76	(2)	78	79	1
Facilities	595	584	(11)	595	579	(16)
Human Resources	235	306	71	235	263	28
Finance	254	291	37	254	256	2
Registration	431	399	(33)	431	435	4
Total Corporate Services	1,594	1,657	62	1,594	1,613	19

General Optical Council

Financial performance report for 6 months ending 30 September 2024

Table A (Contd.)

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	493	634	142	493	498	5
Depreciation	70	86	16	70	70	0
Total Expenditure	5,533	6,159	626	5,533	5,689	155
Surplus / (Deficit) before project expenditure	700	112	589	700	517	184
Project Expenditure						
Education Strategic Review project	48	28	(20)	48	48	(0)
Change	209	224	15	209	210	1
Complex Legal Cases	87	116	29	87	67	(20)
Test of Sight	25	0	(25)	25	25	0
KSBF Framework	70	0	(70)	70	80	10
Future Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	59	68	9	59	58	(1)
Case Management Project	36	68	32	36	61	25
Future Office Fit	49	45	(4)	49	56	7
Total Project expenditure	582	549	(33)	582	605	22
Surplus / (Deficit) after project expenditure	118	(437)	555	118	(88)	206
Investment gains	238	111	127	238	337	(99)
Surplus / Deficit	356	(326)	683	356	249	107

General Optical Council
Financial performance report for 6 months ending 30 September 2024

Table B
Income and Expenditure Accounts Including Project Expenditure

	April - September			April - September		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	5,895	6,058	(163)	5,895	5,873	22
Dividend Income	136	132	3	136	140	(4)
Bank & Deposit Interest	188	76	112	188	178	9
Other Income	15	5	10	15	14	1
Total Income	6,234	6,271	(37)	6,234	6,205	29
Expenditure						
Staff Salaries Costs	3,201	3,416	215	3,201	3,290	89
Other Staff Costs	239	181	(58)	239	244	5
Staff Benefits	75	81	5	75	81	6
Members Costs	535	703	168	535	625	90
Professional Fees	241	288	47	241	268	26
Finance Costs	107	95	(12)	107	106	(1)
Case Progression	581	538	(43)	581	514	(68)
Hearings	124	145	21	124	122	(2)
CPD & Standards	59	40	(19)	59	59	0
Communication	28	49	21	28	44	16
Registration	10	8	(2)	10	8	(2)
IT Costs	274	386	112	274	278	4
Office Services	516	506	(10)	516	499	(17)
Other Costs	(3)	118	121	(3)	29	32
Depreciation & Amortisation	128	154	26	128	128	(0)
Total Expenditure	6,115	6,708	593	6,115	6,293	178
Surplus / Deficit	119	(437)	556	119	(88)	207
Unrealised Investment gains	238	111	127	238	337	(99)
Surplus / (Deficit)	356	(326)	682	356	249	108
Staff cost to total expenditure ratio	57%	55%		57%	57%	

General Optical Council

Financial performance report for 6 months ending 30 September 2024

Detailed analysis of 06 months results against the Q1 forecast

Revenue

Registration income increased by £22k with the latest forecast due to an increase in student registrations in September. This is expected to be phased out by October when more new students register.

Income from non-UK has reduced from the forecast values by £12k (13% of the forecast).

The dividend income decreased marginally (2%), but we expect it will phase out as forecasted. The fixed deposit and interest income continued to increase due to the additional fixed deposit placed in August and continued high interest for funds in the current account.

	Actual	Budget	Variance	Q1 Forecast	Variance
	£'000	£'000	£'000	£'000	£'000
Dividend income received	136	132	4	140	(4)
Unrealised investment gains/(losses)	238	111	127	337	(99)
Total Income from Investment	374	243	131	477	(103)
Total Investment Portfolio	9,481	9,085	396	9,501	(20)

The returns from investments increased during Q1, but marginally fell during Q2. We have now adjusted the growth rate from 8.6% to 7.36% as per latest advice from the investment managers Brewin Dolphin. We do not envisage any reductions in dividend income.

There is a high volatility of market value of the portfolio, but we expect these will be smoothed over the longer term.

Expenditure

Analysis of Table A – variance from the approved budget (Over £25k variances)

Department / project	Variance£'000	Remarks
CEO Office	118	The CEO office central budget for the performance related salary increase was used by various departments after the year-end performance assessment. £80k was vired to FtP Legal, P&C, and to policy departments to support new approved projects/ increased expenditure.
Policy	43	Research expenditure for Testing of Sight was revised as it received additional funds through strategic reserve. There is a £10k saving and others revised into other research during the year.

General Optical Council

Financial performance report for 6 months ending 30 September 2024

Investigations	35	Increased the variances since the department is under-going a restructure. Staff vacancies increased while external legal expenses increased.
Case Progression	28	Staff vacancies linked to the restructure.
Hearings	115	Early conclusions, cases postponing and Rule 16, resulted in some savings and delays. Some of the hearings savings were netted off due to adding more BAU cases as there were fewer complex cases than budgeted.
P&C	71	Revising timing of the staff training and development projects/operations.
Finance	37	Change in timing of consultancy costs, staff vacancy.
Registration	(33)	Additional FTC staff support required. Higher bank charges due to increased bank rates
IT	142	Temporary usage of consultancy for CRM instead of staffing. Reduction in value of some IT contracts renewed during the year. Some support costs delayed due to project delays.

General Optical Council

Financial performance report for 6 months ending 30 September 2024

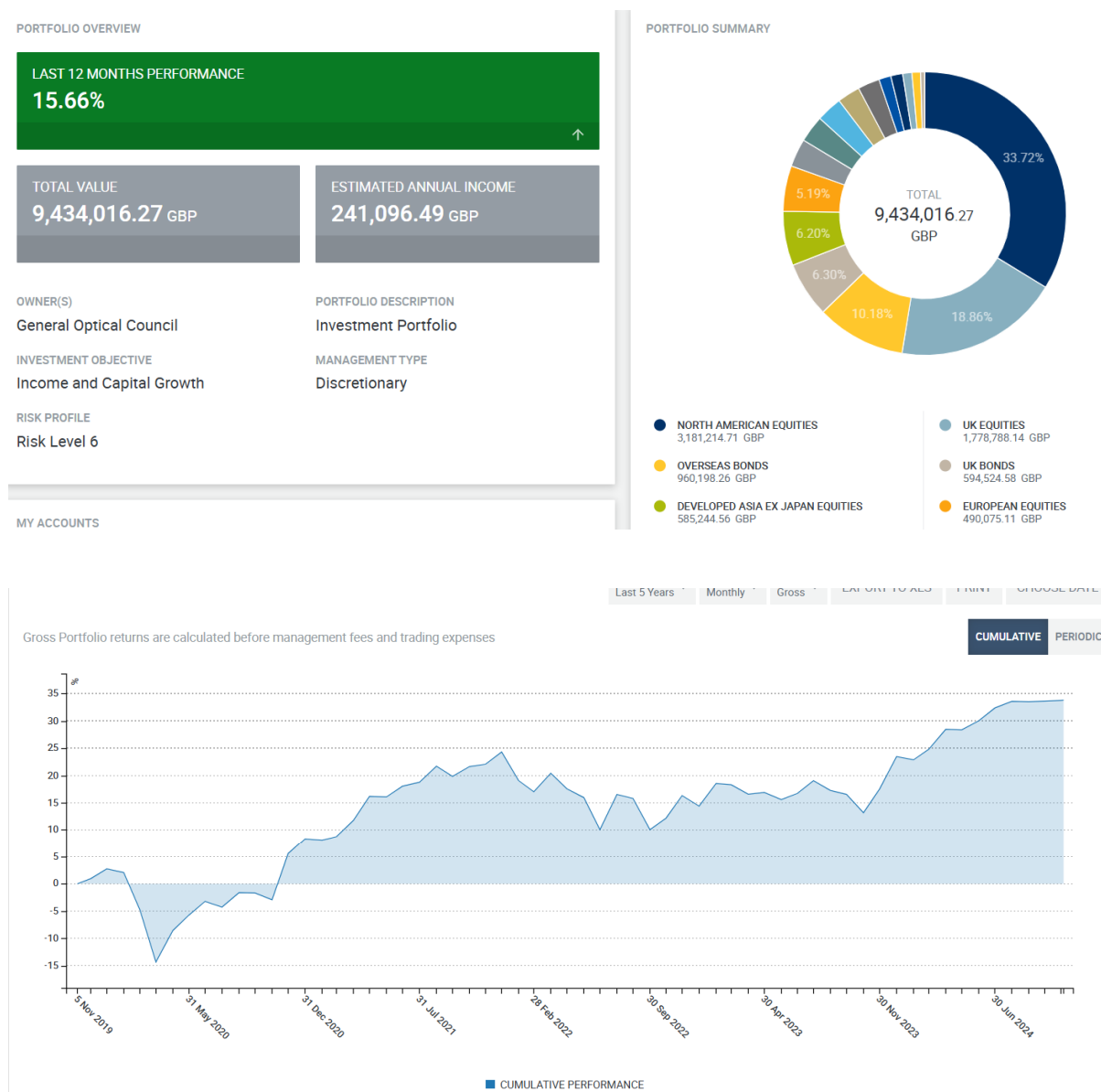
Balance Sheet as at 30 September 2024

	2024-25 30 September 2024 £'000	2023-24 31-Mar-24 £'000	Variance £'000
Fixed Assets			
Refurbishment	69	105	(36)
Furniture & Equipment	41	57	(16)
IT Hardware	193	131	62
IT software	6	18	(12)
Capital Work in Progress	262	33	229
Total Tangible Fixed Assets	534	344	227
Investment	9,481	9,266	215
Total Fixed Assets	10,015	9,610	405
Current Assets			
Debtors, Prepayments & Other Receivable	552	675	(123)
Short term deposits	4,400	7,450	(3,050)
Cash and monies at Bank	772	3,131	(2,359)
Total Current assets	5,724	11,256	(5,532)
Current Liabilities			
Creditors & Accruals	1,052	1,200	(148)
Income received in advance	5,595	10,931	(5,336)
Total Current Liabilities	6,647	12,131	(5,484)
Current Assets less Current Liabilities	(923)	(875)	(48)
Total Assets less Current Liabilities	9,092	8,735	357
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	9,091	8,735	356
Reserves			
Legal Costs Reserve	700	700	(0)
Strategic Reserve	2,596	2,596	(0)
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	4,545	4,189	356
Total	9,091	8,735	356

General Optical Council Financial performance report for 6 months ending 30 September 2024

Investment portfolio analysis

Details of investment portfolio – updated 05 November 2024

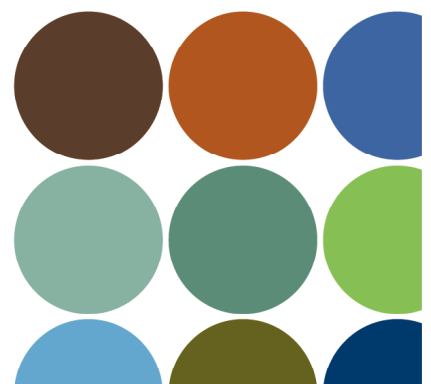


The last 12 months performance has increased from the reported value of 11.4% in the previous quarterly report to 15.66%. Total investment value has increased from £9.453m to £9.481m as of 30th September (£9.434m as at 5th Nov) highlighting the stagnant period in the graph above.

Investment values could be volatile in the short-term, although there was no significant impact due to unrest in middle east. Our investment managers think the US elections could result in higher impact.



Q2 Forecast for 2024-25



Contents	Page
Highlights	3
Key drivers	3
Risks and plans to mitigate	4
Q2 Forecast Income and Expenditure Accounts	5 –7
Reserves Analysis	8– 10
Headcount	10
Assumptions	10-13
Risks not covered	13
Drawdown plan	13
Cash-flow projections	14

Q2 Forecast 2024/25**GOC Summary I&E Q2 forecast 2024-25**

	Budget £'000	Q1 forecast £'000	Q2 forecast £'000	Variance to Budget £'000	Variance to Q1 Forecast £'000
Income	12,341	12,159	12,169	(172)	10
Expenditure (BAU)	12,325	12,121	12,125	200	(3)
Surplus / (Deficit) before reserve expenditure	16	38	44	28	7
Reserve Expenditure	1,181	1,972	1,927	(746)	45
Surplus / (Deficit) after project expenditure	(1,165)	(1,934)	(1,883)	(718)	51
Unrealised Investment gains	221	620	459	238	(161)
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(480)	(110)

Table 1

Highlights

The above table measures the Q2 forecast with the approved budget made in February'24 and the Q1 forecast made in July'24. This is the last year of the 2020-25 strategic plan.

The Q2 forecast shows that the surplus before reserve expenditure stays largely as previously forecasted. Annual income, mainly from registration fees, is spent on BAU operations. Reserve expenditures, which are strategic or contingent by nature, are designed to be spent from reserves (ref. movement in reserves—page 19).

Key drivers to the change of performance- 2024/25 Q2 Forecast

The registration income was reduced from the budgeted value due to internal error, but the high fixed deposit income recovered some of the loss. Both Q1 and Q2 forecasts incorporate these changes.

Our investment managers recently advised of a small decrease in average return from 8.6% to 7.4%, with the volatility at 9.5%. The average rate used for the budget was 5.2%. The main impact on this would be for market value, not the dividend income (not cash-based).

The main increases from the Q1 forecast were the external legal costs and related costs in the investigation department due to the delays recruiting in-house advocates and a higher number of cases, and the increase in insurance premiums impacting the FtP legal and facilities costs. There were also high recruitment fees where in-house recruiting methods were not successful. Some contracts were renewed above the inflation levels forecasted. There were savings in many areas, that netted off extra expenditure.

New areas added to the reserve expenditure since the Q1 forecast; Employment status project to resolve the impact of Sommerville effects, and unfair outcomes EDI research. The KSBF/PBF project cost was increased and included pre-approval. The related paper is included in the Council meeting for approval.

<u>Potential strategic project budget usage</u>	2024-25 £'000
Potential Strategic projects approved budget - 2024-25	150
<u>Usage</u>	
Employment Status £24k in 24/25 and balance in 25/26)	90
Unfair Outcomes EDI Research	20
	110
As per Q2 forecast	40

Table 1.1

Risks of not achieving 2024/25 Q2 Forecast.

The risks lie mainly in the expenditure section. Revenue is relatively low risk as the majority of income is received or agreed (e.g. fixed deposit income).

Any further delays in achieving the planned levels of restructuring in Regulatory Operations will increase external legal costs. All known delays are accounted for in the Q2 forecast. Any increases in legal case numbers, or hearing days, as per the BAU forecast would increase the costs over the forecasted levels. Currently, the Investigations department has seen a 35% increase in the stage 2 caseload.

Any increase in staff vacancies may impact achieving business plans as most of the work is carried out internally by the staff.

The unrealised gains/losses from the market value of the investments are expected to fluctuate in the short term. However, any high short-term volatility could impact the year-end reserve levels.

Plans to mitigate risks

The Performance and Behaviours Framework project is designed to improve the performance and skills of staff and aid retention. It is planned to be finalised by the end of the year and implemented for the start of the new reporting year.

The regular reviews of costs in the Investigations department at quarterly and monthly intervals enables us to ensure the progress as forecasted.

Short-term market volatility may reduce our reserves at any point. We receive regular advice from the investment manager, which helps improve our understanding of market conditions and in-turn any draw-down planning. We also plan to be agile in the usage of the strategic projects and cash drawdowns, maintaining good investment levels and benefitting from its long-term growth as in the past.

Income and Expenditure Accounts – Q2 2024-25 Forecast

	Year 1			
	(Strategic Yr 5 20-25)			
	2024/25			
	Budget	Q1 Forecast	Q2 Forecast	Variance (Budget-Q2)
	£'000	£'000	£'000	£'000
Income				
Registration	11,980	11,656	11,667	(313)
Dividend Income	265	276	266	1
Bank & Deposit Interest	86	213	222	136
Other Income	10	14	14	4
Total Income	12,341	12,159	12,169	(172)
Expenditure				
CEO's Office				
CEO	280	251	247	33
Governance	729	709	704	25
Total CEO's Office	1,009	960	952	57
Regulatory Strategy				
Director of Regulatory Strategy	129	129	128	0
Policy & Standards	499	504	490	9
Communications	309	298	297	12
Education & CPD Operations	810	806	778	32
Education & CPD Development	555	526	526	29
Total Regulatory Strategy	2,302	2,263	2,219	83
Regulatory Operations				
Director of Regulatory Operation	144	171	170	(25)
Investigation	1,369	1,262	1,367	2
Case Progression	926	938	927	(1)
FTP Legal	302	302	278	24
Legal	239	225	218	21
Hearings	1,341	1,358	1,340	1
Total Regulatory Operations	4,321	4,256	4,298	23
Corporate Services				
Director of Corporate Services	153	159	156	(3)
Facilities	1,144	1,157	1,198	(54)
Human Resources	623	617	628	(5)
Finance	628	619	598	30
Registration	705	784	775	(70)
Total Corporate Services	3,253	3,336	3,355	(101)

Income and Expenditure Accounts Q2 2024-25 Forecast (Contd.)

	Year 1			
	(Strategic Yr 5 20-25)			
	2024/25			
	Budget	Q1 Forecast	Q2 Forecast	Variance (Budget-Q2)
	£'000	£'000	£'000	£'000
IT (BAU)	1,268	1,166	1,138	131
Depreciation & Amortisation	172	140	163	9
Total Expenditure	12,325	12,121	12,125	201
Surplus / (Deficit) before reserve expenditure	16	38	44	29
Reserve Expenditure				
Education Strategic Review project	62	81	81	(20)
Change	399	402	396	3
Research on the Testing of Sight	50	50	50	0
KSBF project ¹	0	114	144	(144)
Employment Status ²	0	0	24	(24)
Unfair Outcomes EDI Research ²	0	0	20	(20)
Potential Projects ²	150	150	40	110
Project Depreciation & Amortisation	136	121	121	15
Case Management System	107	93	87	20
Total Strategic Reserve Expenditure	904	1,011	964	(60)
Complex cases legal reserve expenditure				
Complex Legal Cases	232	197	199	33
Infrastructure/delap reserve expenditure				
Future Office Project	45	764	764	(719)
Total Reserve expenditure	1,181	1,972	1,927	(746)
Surplus / (Deficit) after reserve expenditure	(1,165)	(1,934)	(1,883)	(718)
Unrealised Investment gains	221	620	459	238
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(480)

1. £90k approved for KSBF used funds from potential projects 24/25. The project starts in 24/25, but will complete in 25/26.
2. Potential Projects – allocation of this year funds in table 1.1(page 4). £300k p.a. allocated for future years with Thematic review ear-marked from those funds.

Income & Expenditure Forecast - by Category

2024-25				
(Strategic Yr 5 20-25)				
	Budget	Q1 Forecast	Q2 Forecast	Variance
	£'000	£'000	£'000	£'000
Income				
Registration	11,980	11,656	11,667	(313)
Dividend Income	265	276	266	1
Bank & Deposit Interest	86	213	222	136
Other Income	10	14	14	4
Total Income	12,341	12,159	12,169	(172)
Expenditure				
Staff Salaries Costs	6,650	6,776	6,764	(114)
Other Staff Costs	410	390	425	(15)
Staff Benefits	20	18	18	2
Members Costs	1,386	1,369	1,302	84
Professional Fees	777	739	932	(155)
Finance Costs	105	130	118	(13)
Case Progression	865	1,105	1,170	(305)
Hearings	581	235	213	368
CPD & Standards	115	214	169	(54)
Communications	74	68	61	13
Registration	13	12	14	(1)
IT Costs	784	708	685	99
Office Services	1,055	1,045	1,045	10
Other Costs	169	109	51	118
Depreciation & Amortisation	308	261	284	24
Potential Projects	150	150	40	110
Unplanned BAU expenses	0	0	-	0
Future Office Fit	45	764	764	(719)
Total Expenditure	13,506	14,093	14,052	(546)
Surplus / Deficit	(1,165)	(1,934)	(1,883)	(718)
Unrealised Investment gains	221	620	459	238
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(480)
Staff cost to total expenditure ratio	52%	51%	51%	

Movement in Reserves

	Year 1 2024-25 £'000	Year 2 2025-26 £'000	Year 3 2026-27 £'000	Year 4 2027-28 £'000	Year 5 2028-29 £'000	Target Range as per Reserves policy
Legal reserve	700	525	500	400	400	£350k- £700k
Strategic reserve	3,000	3,040	2,590	2,660	2,230	£1m - £3m
Infrastructure / dilapidations	486	486	486	486	800	£250k -£1.25m
General reserve	3,125	2,736	2,816	2,734	2,713	£2.3m - £4.3m
Total reserve	7,311	6,788	6,392	6,281	6,143	£3.9m - £9.25m

Table 5

The forecast brings the reserve levels comfortably to the mid-level of the target range as per reserves policy, with overall increased levels, compared to the previous forecast. The inclusion of a 2% vacancy rate, the assumption of continued non-UK fee income beyond 2025-26, removal of a possible FoA project in year 5, are some reasons for the increased reserves. Although the FoA project was removed in year 5, adequate funds are provided by increasing the infrastructure/dilapidation reserve in Year 5.

The reserves include all known project costs marked in the new sub-strategies for the next strategic period. A further £300k p.a. is allocated in the strategic reserve for as yet agreed potential projects.

The designated reserve levels are maintained towards the middle of the range to ensure there are adequate funds under the general reserves.

The reserves policy will be updated in Q4 of this year, aligning with the new strategy.

The majority of the reserves are in the form of an investment portfolio, that is invested for long-term returns and inherently bears high short-term volatility. It is a good practice to have a safety level maintained above the minimum target to allow the volatility of the portfolio in the uncertain economic circumstances in the immediate future.

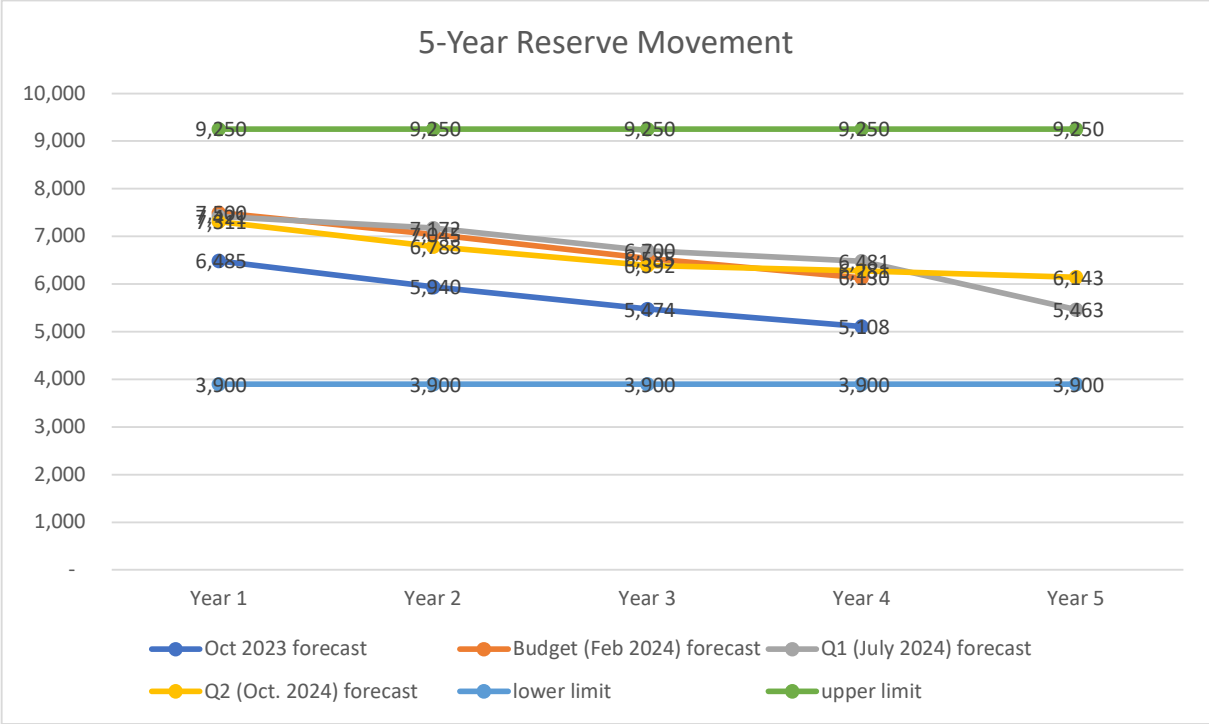
Since GOC's funds are invested mainly in equity markets, there will be a high negative impact if there is a drawdown needed on a year when investments are not performing well. The approach will be agile, considering the operational needs as well as the long-term impact of the investments.

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

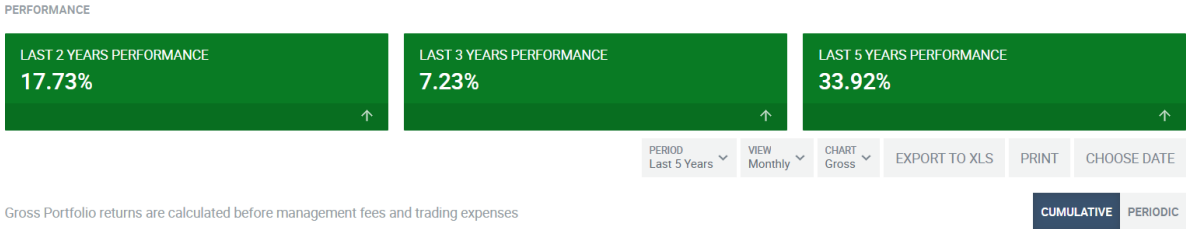
The graph below shows that all recent forecasts are made within the lower and upper limits of reserves policy, through the high levels of strategic spending and investment volatility.

	Year 1	Year 2	Year 3	Year 4	Year 5
Oct 2023 forecast	6,485	5,940	5,474	5,108	
Budget (Feb 2024) forecast	7,500	7,045	6,535	6,130	
Q1 (July 2024) forecast	7,421	7,172	6,700	6,481	5,463

Q2 (Oct. 2024) forecast	7,311	6,788	6,392	6,281	6,143
lower limit	3,900	3,900	3,900	3,900	3,900
upper limit	9,250	9,250	9,250	9,250	9,250



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



Our reserves can fluctuate in the short term due to market value movements in the investment portfolio. For risk level 6 (which is where GOC sits), Brewin Dolphin's central expectation is that the benchmark will produce an average return of 7.4% with volatility of 9.5% (At Q1 forecasted at – an avg. return of 8.6% with 10.4% volatility at budget at and 5.2% with a volatility of 9.3%).

Volatility is a measure of the variability of returns, and it is measured in standard deviations. It suggests that two-thirds of the time (one standard deviation) the return will be 7.4% +/- 9.5%. To put it another way, the return might be expected to be between - 2.1% and + 16.9% two-thirds of the time. When you look at extreme events you can see variations greater than this, but they happen with less frequency. E.g. market value dropped in early 2020 due to pandemic uncertainty.

Headcount change

Over fifty-five percent (ref. page 10) of our total expenditure is staff-related costs. The majority of operations are carried out by staff. Balancing the external work and staff costs is a delicate operation, optimising the quality of work, expertise, and affordability.

	<u>Headcount Projection (FTE's)</u>				
	Strategic Year 5 Forecast 2024-25	Strategic Year 1 Forecast 2025-26	Strategic Year 2 Forecast 2026-27	Strategic Year 3 Forecast 2027-28	Strategic Year 4 Forecast 2028-29
	<u>Mar-25</u>	<u>Mar-26</u>	<u>Mar-27</u>	<u>Mar-28</u>	<u>Mar-29</u>
Chief Executive Total	9	9	9	9	9
Strategy Total	25	25	25	25	25
Operations	42	39	39	39	39
Corporate Services	27	22	22	22	22
Change /IT/New directorate	12	12	12	12	12
Total Headcount	115	107	107	107	107
<i>Additions / (deductions) from previous headcount</i>	7	2	5	6	6

Assumptions

Income

- 80% of new registrants would be transfers and 20% would be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- Dividend income will generate a similar ratio to portfolio value in the past three years. Estimated average returns (dividend income + unrealised gains) will be 7.4%, (in Q1 it was 8.6%)
- There is a risk of volatility of 9.5% of investment valuation.

Expenditure - assumptions

- The dilapidations and office re-fits in the event of an office move will be covered by the dilapidation reserve.
- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.

- There will be no high-value fixed asset purchases over the forecast values.
- Flexible working will continue for staff, members, and panels.
- Governance
 - Committee meetings will be mainly held remotely, saving expenses.
 - Council meetings are held remotely, with one in person strategy day a year.
 - Member fees will not increase.
- Policy
 - Yr 1- 3 surveys (business, registrant and public perceptions). We expect to expand the research to include more lived experience research, registrant and public research (£35k each). Testing of sight research (mostly funded by strategic reserves). We are also exploring the possibility of commissioning some public research to support the business regulation consultation.
- Education Dev.
 - Yr 1 - £25k for approved work relating to international routes to registration
- Case Progression
 - New Ops Manager role created to oversee IOs - but will be utilising existing budget which was originally meant for 3rd in-house advocate from FtP legal budget - this will now come under case progression.
 - Focus for investigation to resolve more cases so this will have an impact on the number of CE decisions. Given this it is estimated that CE will do more decisions than 23-24 (23-24 saw 112 CE decisions but there was an impact on timeliness due to resources in investigations). CE fee also increased to £194.52
- Investigations
 - Vacancies will be filled as planned in Yr 1.
 - No second IHA (lawyer) recruited until end of Q4, delaying previous plans.
 - Caseload is 35% higher than original budget.
 - There will be expert use in the next 2 quarters whilst progressing cases through the system.
 - This is demand led, however current Stage 2 caseload is 35% higher than average therefore likely to see an increase in Expert usage in the next two quarters whilst progressing cases through the system.
 - 20 experts attending hearings up to three days in length to provide evidence - availability for 10 days
 - Complex legal cases -There is no accurate forecast around complex cases. However, it can be expected that we will receive 2-3 complex matters a year. The cost of these have ranged between £60,000-£120,000. If we take the average across these this circa £90,000 -- with 2-3 cases a year. The approximate estimate could be as high as £225,000.
- FtP Legal
 - Insurance thresholds for cases will stay at £25k with 1 new case per year.
- Hearings
 - Yr 1- Assumption we will run 378 hearing days, (Q1 forecast was 398) based on actual number of hearing days and proposed number of disclosures per month (4-5) until the end of the calendar year

- Yr 1-5– 15% of cases will be in-person. The in-person cases will not require a transcriber.
- P&C
 - people and culture will lead in driving responsible business practices, a widening remit on corporate social responsibility and areas like sustainability and organisational purpose and values.
 - Staff training – annual Training Needs Analysis to inform the business plan and develop future-fit skills, including managing virtual teams, digital skills, agility and autonomy, building expertise in organisational development and change. Build data and analytical skills in the people function.
 - There will be annual staff surveys.
 - Insurance and staff benefit costs will fluctuate according to the number of headcount.
 - There will be no material HR-related legal costs.
 - Assume there will be annual cost of consultancy for embedding future trends, such as digital transformation, corporate social responsibility etc.
- Finance
 - No. of contracts reviewed by the legal firm and policy development work will be as planned. This is a new contract and was difficult to forecast without trends.
 - There will not be a large number of unplanned member travel to the office, which will increase the tax costs.
 - Annual growth (capital and dividend income) of investment portfolio will be 7.46%.
 - The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Registration
 - Non-UK assessor cost has been based on average cost per application and average number of applications received per month plus inflation, currently budget has been retained as the non-UK direction has not been finalised.
 - Retention costs - Cost has been based on invoices received to date, assumption is it was reduced further following statutory notice question
 - Bank charges will remain high. There is a possibility that new MyGOc suppliers may offer lower rates, but this was not forecasted as not yet finalised.
 - The renewal cycle will remain annual.
 - Renewals will be on annual basis with one upfront payment.
- Facilities
 - Staff hybrid levels will stay at similar levels to present.
 - Archive work will end as planned.
- IT
 - Any approved IT strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
- Change

- The project will complete as planned, absorbing changes to BAU.
- Future Office Accommodation project
 - Project will complete within the cost allocated.
- MyGOC and CMS Projects
 - Both these are capital costs. Assume MyGOC will not be delayed any further as that will impact operations and finance projections.

Risks not covered in Q2+4yr Forecast

- Possible backdated pay cost (holiday pay, Employer NI and PAYE, pension) related to worker/member classification.
- Possibility of a wider group than the hearing panel, i.e. including all members.
- Additional holiday pay for hearing panel members. We've assumed that current fees include holiday pay. The project established to review this will ensure legal advice is sought.

Cash Drawdown Plan

In the event of us exhausting the annual renewal income before the next renewal cycle, we will draw down cash from investments. This will happen if and when there is a large expenditure planned during Q3 and early Q4 in a financial year, before the renewal cycles bring the next batch of funds.

At the end of each annual renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the funding for operations, while investing funds to obtain optimal interest income.

We will not require additional drawdown in the current year as fund requirements of future office accommodation aligns with the next renewal cycle period. The table below shows the history of drawdown plans. The plans/ forecasts get refined and more accurate with time.

The drawdown plan improved since the last forecast due to several factors. (1) inclusion of a 2% staff vacancy rate (2) new assumption of continued non-UK income after 2025/26 until the end of new strategic period (3) changes in the phasing of fund requirements, and (4) non-inclusion of a new FoA project in 2028-29.

Cash Drawdown plans of Previous Forecasts

	2024-25	2025-26	2026-27	2027-28	2028-29	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Oct'23 Forecast	750	700	1,100	500		3,050
Feb.'24 forecast	-	700	500	900		2,100
July'24 forecast	0	900	1250	820	1250	4,220
Oct.'24 Forecast*	0	730	700	530	530	2,490

* current forecast

2024-25 Cashflow Q2 October'24 forecast

Month ending	Q2 Forecast 2024-25													Year 1
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024-25 (Strategic Yr 5)	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q2 Forecast	Q1 Forecast	
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	
Opening Balance	3,109	919	734	667	994	305	765	991	413	605	350	419	3,109	
Income														
Registration	262	7	67	265	7	120	46	59	53	585	2,482	8,172	12,124	
Dividend income	28	24	17	30	17	6	40	22	22	22	22	23	273	
FD interest income	13	12	16	20	27	37	34	33	33	0	4	4	233	
Transfers from Deposit Account	1,000	900	1,000	1,000	900	1,300	1,100	1,100	1,450	300	0	0	10,050	
Transfers from Investment									0	0			0	
Total Cash Inflow	1,303	943	1,100	1,315	951	1,463	1,220	1,214	1,558	907	2,508	8,199	22,680	
Expenditure														
Staff payroll	302	351	315	317	317	338	335	341	340	353	349	364	4,023	
Council/Worker payroll	49	43	58	64	58	42	8	88	97	76	110	119	813	
HMRC	169	167	164	181	167	169	178	201	203	203	213	226	2,240	
Pension Contributions	64	68	71	73	147	0	76	111	78	80	80	83	930	
Rent and service charge	0	0	199	0	198	0	0		199			0	596	
Corporate credit cards	3	4	4	6	6	4	5	10	10	10	10	10	82	
Supplier payments	339	459	340	312	215	428	372	395	406	352	457	989	5,065	
Direct Debits	17	36	16	35	32	22	20	20	20	20	20	20	278	
Fixed assets	0	0	0	0	0	0	0	26	12	66	0	40	144	
Unplanned Future exp.													0	
Transfers to Deposit Account	2,550				500			600			1,200	6,300	11,150	
Total Cash outflow	3,493	1,128	1,167	988	1,640	1,003	994	1,792	1,365	1,161	2,439	8,151	25,322	
Net Cash in / (outflow)	(2,190)	(185)	(67)	327	(689)	460	226	(578)	192	(255)	68	49	(2,642)	
Closing Balance	919	734	667	994	305	765	991	413	605	350	419	467	467	
On Deposit														
Opening balance	7,450	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,800	1,350	1,050	2,250	7,450	
Deposited	2,550	0	0	0	500	0	0	600	0	0	1,200	6,300	11,150	
Withdrawn	(1,000)	(900)	(1,000)	(1,000)	(900)	(1,300)	(1,100)	(1,100)	(1,450)	(300)	0	0	(10,050)	
Closing Balance	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,800	1,350	1,050	2,250	8,550	8,550	
Brewin Dolphin Investment														
Opening balance	9,266	9,266	9,266	9,453	9,453	9,453	9,481	9,481	9,481	9,611	9,611	9,611	9,266	
Investment Gains	0	0	198	0	0	39	0	0	141	0	0	142	520	
BD charges			(11)			(11)			(11)			(11)	(44)	
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0	
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0	
Closing Balance	9,266	9,266	9,453	9,453	9,453	9,481	9,481	9,481	9,611	9,611	9,611	9,742	9,742	

Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2024 – 31 March 2025

Q1 report (1 April 2024 – 30 June 2024)		Q1	Q2	Q3	Q4	Measure	Q4 (23/24)
Finance							
1.1	BAU budget; operate within budget	+7.3%	+3.3%			Tolerance is ±10%	+4.5%
1.2	Reserves; operate within reserves policy	0%	0%			Tolerance is ±10%	0%
1.3	Change team; operate within budget	+0.2%	+0.5%			Tolerance is ±10%	-0.5%
People							
2.1	Planned L&D events realised	100%	100%			Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)	13.8%	17.3%			Target is ≤17%	11.4%
2.3	Staff engagement/ pulse survey: % response	71.5%*	73%			N/A	**
	Staff engagement/pulse survey: engagement score	3.08***	9.41			Employee Net Promoter Score (eNPS) Target is 50 Good=0, Excellent=50, Outstanding=70 (rare)	**
Customer							
3.1	FOI requests resolved	94.7%	100%			Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 2): received	2	1			N/A	3
	Corporate complaints (stage 2): resolved in KPI	100%	N/A****			Target is ≥90% in ≤20 working days	100%
3.3	Customer satisfaction (TBC)	TBC	TBC			Target is ≥80% positive (TBC)	N/A
Regulatory functions							
4.1	Registration applications completed	99%	99%			Target is ≥95% forms completed	98%
4.2	Registration accuracy	99%	99%			Target is ≥95%	98%
4.3	Approved qualifications meeting new ETR	43%	84%			Target is 100% by Sep 2025 ex. CoO	32%
4.4	Quality of GOC approved providers' CPD	96%	96%			Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update	82%	80%			Target is ≥90% every 12 weeks	86%
4.6	FtP cases resolved (rolling median)	59%	65%			Target is ≥60% within 78 weeks	52%
4.7	Hearings concluded first time	92%	93%			Target is ≥90%	88%
4.8	Hearings dates utilised	93%	79%			Target is ≥90%	78%
4.9	New investigations at representations	74%	59%			Target is 80% within 40 weeks	69%

* The pulse survey ran until July

** No pulse survey ran

*** Incorrect data was inserted last quarter

**** There was only one complaint, and it's currently being investigated

Q2 report (1 April 2024 – 30 September 2024)		Q1	Q2	Q3	Q4
Regulatory functions					
Registrant engagement with CPD					
4.10	Number of fully-qualified registrants	24,517	24,865		
4.11	Number yet to log a PDP – OO/IP	2,193	2,007		
4.12	Number yet to log a PDP – DO/CLO	755	689		
4.13	Number of registrants yet to complete their SOP	290	242		
4.14	Number yet to access the platform at all	48	35		
4.15	General total points on or above target – OO/IP	56%	61%		
4.16	General total points on or above target – DO/CLO	57%	61%		
4.17	Specialist total points on or above target – IP	52%	65%		
4.18	Specialist total points on or above target – CLO	53%	58%		
Registrant progress against final CPD requirements – % of registrants who have achieved their:					
4.19	entire general points requirement	39%	52%		
4.20	entire specialist points requirement	40%	59%		
4.21	provider-led requirement	81%	86%		
4.22	interactive points requirement	63%	72%		
4.23	core domains requirement	84%	87%		
4.24	peer review requirement	77%	84%		
4.25	overall cycle requirements	32%	46%		

KPI	Current RAG status (why it's amber/red; when/how we will get it to green)	Budget implications	Risks
<p>Staff engagement (pulse survey) – 9.41</p> <p>Employee Net Promoter Score (eNPS) – Good=0, Excellent=50, Outstanding=70 (rare) Target is 50</p>	<p>The Employee Net Promoter Score (eNPS) has improved since June from 3.08 to 9.41.</p> <p>It is stretching target, but our ambition is to achieve a score of 50, albeit this will be a long-term goal over several years.</p>	N/A	This will have an impact on employee satisfaction and engagement, a consequential risk being high staff turnover.
<p>Customers receiving an FtP update – 80%</p> <p>Target is ≥90% every 12 weeks</p>	<p>The Case Progression team have started to turn the corner following resource challenges earlier in the year. Q2 officer recruitment and inductions have been completed and the investigations management structure now in place will enable enhanced oversight in the coming months to ensure improvement.</p>	N/A	This will have an impact on customer satisfaction.
<p>Hearings dates utilised – 79%</p> <p>Target is ≥90%</p>	<p>The utilisation rate for Q2 has dropped due to cases finishing earlier than expected. Of 58 hearing days listed, only 45 were utilised, although 11 of these unused days were successfully utilised with hearings on the papers. The action plan following the rapid review is underway in order to improve the estimation process and enhance our ability to align scheduled hearing days with actual requirements. Only one substantive hearing went part heard in Q2.</p>	N/A	This will have an impact on end-to-end timeliness.
<p>New investigations at representations – 59%</p> <p>Target is ≥80% within 40 weeks</p>	<p>The continued focus on progressing older cases is negatively impacting this KPI. We have undertaken in-depth case reviews to provide clear direction and alternative investigative steps to prioritise these cases, while also ensuring direct referrals to the FtPC are moved forward.</p> <p>We will continue to monitor and adjust our approach to improve overall performance.</p>	N/A	This will have an impact on end-to-end timeliness.

GOC Internal Business Plan – 2024/25

Exceptions Report – Q2 update

All critical and essential Q1-Q2 activities are **ON TRACK** or **COMPLETE** for the following business areas: Hearings, Legal, Communications, CPD, Legislative Reform, Policy & Standards, Facilities, Finance, People & Culture, Registration, and Governance

The following slides describe, with commentary, critical and essential Q1-Q2 activities that are either **OFF TRACK** (amber) or **DEADLINE MISSED** (red)

Case Progression

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (Triage, Investigations)	BAU	Q4	<ul style="list-style-type: none"> • Critical 	<p>Improved timeliness in FTP:</p> <ul style="list-style-type: none"> • ≥60% of all concerns will have been resolved (by case examiner or FtPC) within 78 weeks of receipt • ≥80% of triage decisions will be made within six weeks • ≥50% of new investigations will be at representation stage within 30 weeks • ≥85% of new investigations will be at representation stage within 40 weeks • ≥40% reduction in cases open for longer than three years • ≥20% reduction in cases open for longer than two years 		<p>Why amber/red: The continued focus on progressing older cases is negatively impacting KPIs for new investigations.</p> <p>How we will get back to green: Q2 officer recruitment and inductions have been completed and the investigations management structure now in place will enable enhanced oversight in the coming months to ensure improvement.</p>

Education

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Annual Monitoring and Reporting: Complete and issue Annual Monitoring qualification reports	BAU	Q1-Q4	● Essential	<p>Measure against key milestones as part of the AMR process to ensure we are on track, this includes: initial triage and queries, urgent actions, report writing, consistency review, and sign off.</p> <p>The measures are: Q1 - initial triage and report drafting Q2 - Qualification reports distributed</p>		<p>Why amber/red: Resource constraints in Education Operations</p> <p>How will we get back to green: The reports are ready to be distributed in early Q3.</p>

Change Management Office

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
<p>2023/24 Digital Portfolio:</p> <ul style="list-style-type: none"> - Case Management System (CMS) - MyGOC platform (pending outcome of ITT) - HR & Payroll system - Telephony 	Strategic Project	Q1-Q4	● Essential	<p>Digital transformation projects delivered to time, cost and quality measures agreed by SCB:</p> <p>Updates and current position:</p> <ul style="list-style-type: none"> -CMS Phase 1 went live 1 May -CMS Phase 2 underway - MyGOC: contract signed with <i>Pix18</i> in Sept - MyGOC: project mobilised 04 Oct with kick off meeting with <i>Pix18</i>. As it stands discovery due to last 10-12 weeks. Project go live est Nov/Dec 2025 - HR Payroll: work underway to bridge variances in scope between HR and Payroll teams. In parallel, assessing supplier solutions (CiPHR, Sage & Microsoft) against GOC needs. - Telephony: supplier chosen (Opus) and comms to staff due to go out from IT Department re solution, training, etc 		<p>Why amber/red: 2023-24 Initial procurement process was not successful. Alternate procurement route followed which concluded in September 2024.</p> <p>How will we get back to green? Mobilisation of MyGoC started 4th Oct. The other projects are broadly in line with delivery path (See updates on left).</p>

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Support the business (Registration) to implement or retender the MyGOC portal	Strategic Project	Q1-Q4	● Essential	Q1-Q2 Project build complete and User Acceptance training. Q3 - Training for GOC staff on new environment. Q4 - New MyGOC goes live.		See Change Management Office Update
Support the business (HR & Finance) to select and implement a new HR & Payroll Environment.	Strategic Project	Q2-Q4	● Essential	Q2 - Production of specification for New HR & Payroll Systems Q3 - Tendering and implementation of new HR & Payroll Systems Q4 - New HR & Payroll Systems in place with no system downtime or service impact.		Why amber/red: Procurement was not successful. How we will get back to green: Exploring options to improve our CiPHR environment and integrate with Sage. Process has been slow due to business availability.
API Creation	BAU	Q1-Q4	● Essential	Q1 - Consultation with partners on requirements Q2-Q3 - Building of APIs Q4 - APIs in place ready for partner usage		Why amber/red: Capacity in IT. How we will get back to green: Will have to rephase and work with the business to deliver in 2025-2026.

**DRAFT minutes of the meeting of the Advisory Panel held on
Friday 18 October 2024 at 9.15am via MS Teams**

- Present:** Mike Galvin (Chair), Nigel Best, Geraldine Birks, Dean Dunning, Kay Bagshaw, Giles Edmonds, Lynn Emslie, Josie Forte, Lisa Gerson, Ken Gill, Sally Gosling, Louise Gow, Imran Hakim, Anthony Harvey, Gordon Ilett, Sarah Joyce, Wayne Lewis, Haseena Lockhat, Andrew Logan, Dan McGhee, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Neil Retallic, Chloe Robson, Roshni Samra, Alison Sansome, Amit Sharma, William Stockdale, Alicia Thompson, Nilla Varsani and Marcus Weaver.
- Apologies:** Jacqui Adams, Peter Black, Gordon Dingwall and Catherine Viner.
- GOC Attendees:** Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Nadia Denton (Governance Officer) *minutes*, Kate Furnis (Operations Manager (Education and CPD)), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Chief Legal Officer), Angharad Jones (Policy Manager), Andy Mackay-Sim (Head of Governance), Leonie Milliner (Chief Executive and Registrar), Ivon Sergey (Governance and Compliance Manager) and Dr Anne Wright CBE (Chair of Council).

	Welcome and Apologies
1.	The Chair welcomed everyone to the meeting and informed the Advisory Panel that apologies had been received from Jacqui Adams, Peter Black, Gordon Dingwall and Catherine Viner.
	Declaration of Interests and confidentiality AP00(24)
2.	The Panel noted the register of interests.
	Minutes of the meeting held on 7 June 2023 AP05(24)
3.	The minutes of the meeting were approved as an accurate record of the meeting.
	Actions point updates AP05(24)
4.	The actions were noted.
	Matters Arising
5.	There were no matters arising.
	Findings from the 2024 public perception research and registrant survey AP06(24)
6.	The Policy Manager presented the item. In discussion the Advisory Panel noted that: <ul style="list-style-type: none"> • Alternatives should be considered for those hard-to-reach groups that may not have online access to engage. • There should be a further breakdown for those groups aged 65+, as there may be differences within this group e.g. putting people who have just retired in an

	<p>older age group. People in Northern Ireland who were on universal credit did not have free access to eyecare.</p> <ul style="list-style-type: none"> • The GOC could consider communication to businesses about their duty under the new employment act to prevent discrimination, There was a need to explore reluctance from registrants to come forward based on the belief that nothing would be done to change bullying and harassment. • It needed to be made clear that the test times were more complex than just the sight test time that had been stated in the registrant survey i.e. testing times may vary depending on the patient so there isn't a standardised time as such and could be open to interpretation; • It was surprising that there were comments about low Optometrist salaries, given increases were in line with inflation in recent years; • There was a need to provide more granular information to support the data; • It was a concern that almost half of the sector workforce did not feel able to cope with their workload; • The role that stakeholders would play in addressing the issues flagged by the survey results would be important; • The survey results provided an opportunity for employers to engage with their staff and improve their recruitment and retention rates; • new research that the GOC was commissioning on lived experience would add qualitative information; • the executive would review whether it is feasible use telephone interviews in some instances for future research; • the age bracket used in the survey was standardised and it was unlikely that this could be changed; and • one of aims of the new GOC 5 year strategy included thematic reviews which could support future research methodologies.
7.	The Advisory Panel noted the findings from the surveys and the actions the GOC would take in response.
	Date of Next meeting
8.	The date of the next meeting was noted as 21 February 2025 .
	Any Other Business
9.	There Advisory Panel noted that this was the last meeting of Andrew Logan, (Education Committee), Neil Retallic (Education Committee), Anthony Harvey (Registration Committee), Catherine Viner (Registration Committee), Louise Gow, (Registration Committee), Peter Black (Registration Committee), Marcus Weaver (Standards Committee) and Nigel Best (Standards Committee), whose terms would come to an end on 31 December 2024. The Chair thanked the members for their contribution over their tenure on behalf of the Advisory Panel and were wished well for the future.
	The meeting closed at 10:18am.

GENERAL OPTICAL COUNCIL

**DRAFT Minutes of the meeting of the Companies Committee
held on Friday 18 October 2024 at 10:30 hours via Microsoft Teams.**

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

Apologies: Gordon Dingwall.

GOC Attendees: Carole Auchterlonie (Director of Regulatory Operations), Marie Bunby (Policy Manager), Richard Edwards (consultant, Optical Consumer Complaints Service (OCCS)) *for COM06(24) only*, Kiran Gill (Chief Legal Officer), Jennie Jones (Head of OCCS) *for COM06(24) only*, Andy Mackay-Sim (Head of Governance) (Minutes), Leonie Miliner (Chief Executive and Registrar) and Dr Anne Wright CBE.

	Welcome and apologies
1.	The Chair welcomed those in attendance. Apologies were received from Gordon Dingwall. Giles Edmonds resigned as a member of the Committee on 28 September 2024.
	Minutes from break out session held on 7 June 2024 COM04(24)
2.	The minutes from the breakout session held on 7 June 2024 were approved as an accurate record.
	Council discussions on topics relevant to optical businesses COM05(24)
3.	The Chair provided a verbal summary of the report and recent Council discussions on matters relevant to optical businesses. The Committee noted that the next business registrant survey would launch in February 2025, and that individual committee members' support in promoting engagement from the sector was welcome. The Committee noted the paper.
	Optical Consumer Complaints Service Presentation COM06(24)
4.	The OCCS provided a presentation on its 2023/24 annual report and insights. It was noted that there had been an increase in aggressive and escalated complaints. The Committee discussed changing public expectations, and the challenge some consumers faced in navigating complaints systems. The Committee commented that the trends the OCCS encountered in respect to earlier escalation of complaints were consistent with its own experience.
5.	The Committee discussed complaints related to domiciliary care. It highlighted the complex combination of vulnerable patients, registrants providing services in lone-working settings, record-keeping and familial disputes. The OCCS commented that this remained an area of concern in respect to emerging trends.

6.	The Committee discussed possible future trends. It was noted that there was a significant concern around myopia management, and the failure to understand how this could impact younger patients' eye-health in the long-term. The Committee discussed the risk of public knowledge and expectations on myopia management changing over time, and that this could lead to an increase in historic complaints. The Committee discussed the absence of NHS guidance on managing screen-time for young people. It was suggested that the GOC could advocate for a greater focus on myopia management by the Department of Health. Supporting registrants through an additional domain Continuing Professional Development (CPD) requirement around myopia management was also suggested.
7.	The Committee discussed the role OCCS and GOC played in supporting the large employers' forum, and the opportunities it provided to share learning with employers to improve registrant practice.
	Any Other Business
9.	The next meeting of the Committee would take place on 21 February 2025.
	Meeting Close
10.	The meeting closed at 12.37pm

**DRAFT minutes of the Education Committee held on
Friday 18 October 2024 at 10.30 am via MS Teams**

Present: Mike Galvin (Education Committee Chair), Kay Bagshaw, Dean Dunning, Hema Radhakrishnan, Sally Gosling, Andrew Logan, Frank Munro, Neil Retallic and Alicia Thompson.

Apologies: Jacqui Adams

GOC Attendees: Richad Calver (Education and CPD Specialist), Georgina Carter (Operations Manager - Education and CPD), Nadia Denton (Governance Officer – *Minutes*), Kate Furniss (Operations Manager - Education and CPD), Samara Morgan (Head of Education and CPD Development) and Ben Pearson (Education Policy Manager).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed everyone. It was noted that apologies had been received from Jacqui Adams.
	Declarations of interests and confidentiality
2.	There were no new declarations of interest.
3.	Minutes from break out session held on 6 November 2023 ED01(24)
	The minutes of the last meeting were approved as a true record.
	Handbook quality assurance arrangements ED02(24)
	<i>The Standards Committee joined the meeting for this item,</i>
4.	The Education and CPD Specialist introduced the item. The Education and Standards Committees noted that there were several disadvantages associated with updating the handbook including the fact that it would get out of date very quickly. It was suggested that it would be ideal to monitor the progress of the handbook over the subsequent period with key issues or trends being noted. The Education and Standards Committees were in strong support of the proposals, and suggested monitoring to review the impact of these.
5.	The Education and Standards Committees: <ul style="list-style-type: none"> • considered the proposals outlined in this paper; • considered the analysis of stakeholders’ responses to our engagement exercise; and • provided advice to Council for approval on the final recommendations.
	AMR sector report ED03(24)
6.	The Education Policy Manager introduced the paper. The Education Committee noted that:

	<ul style="list-style-type: none"> • Optometry degree programmes were considered a controlled subject by the Scottish government and through workforce planning the government would determine the number of university places; • Scottish university place optometry course numbers had not been set for 2025/26; • the vast majority of Dispensing Opticians were trained on a diploma whereas the AMR sector report referred to 'good degrees' which in this instance was not applicable; • the numbers of optometrists applying for Independent Prescribing courses was diminishing; • if women and ethnic minorities were dropping out of practice because of bullying and harassment (as indicated in the registrant survey) then they would be less likely to do higher qualifications; and • it would be worth removing Scotland from the equation and further granulating the data.
7.	<p>The Education Committee:</p> <ul style="list-style-type: none"> • noted the update and considered the report.
	Future of Education Knowledge Hubs ED04(24)
8.	<p>The Education Policy Manager introduced the item. The Committee considered the ongoing need for a Knowledge Hub alongside other delivery options for meeting the sector's needs and noted that:</p> <ul style="list-style-type: none"> • there was still a need for the Knowledge Hubs as providers were still at the early stages of offering qualifications adapted to the Education Training Requirements; • there was still much that could be done with the Knowledge Hubs which the executive would progress; and • it would be worth adding some EDI considerations into the framework given the concerns raised via the registrant survey.
	Continuous Professional Development (CPD) Stats Update
9.	<p>The Operations Manager (Education and CPD) presented the item. The Committee noted that:</p> <ul style="list-style-type: none"> • the executive was not concerned about current rates of completion; • feedback from Registrants indicated that they had completed their CPD but had not yet uploaded it onto the system; • there was likely to be a surge in CPD completion towards the deadline; and • there were no planned outages on MyGOC during December.
10.	<p>In discussion the Education Committee suggested that the executive should encourage registrants to complete their CPD sooner and that any insights gained from Registrants should be used to inform next steps in terms of CPD engagement.</p>
11.	<p>The Committee noted the update.</p>
	Any Other Business

12.	On behalf on the committee, the Chair thanked Andrew Logan and Neil Retallic, who would come to the end of their tenure on 31 December 2024 and wished well for the future.
	The meeting closed at 11.44am

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the Registration Committee Meeting held on
Friday 18 October 2024, 10.30am – 11.15am via MS Teams

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

GOC Attendees: Yeslin Gearty (Director of Corporate Services), Nadia Patel (Head of Registration) & Ivon Sergey (Governance & Compliance Manager).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed all attendees. Apologies were received from Peter Black.
	Minutes from break out session held on 7 June 2024 - REG06(24)
2.	The Committee approved the minutes as an accurate record of the last meeting.
	Student renewal
3.	The Director of Corporate Services introduced the item. The committee received assurance that student renewal registration was on track. The committee noted most students had opted to receive notices of removal via electronic service, which would result in cost savings over time. The committee discussed the GOC was the only healthcare regulator registering students, and changes were not likely in the near future.
	New student intake
9.	The Director of Corporate Services introduced the item. The committee noted levels of new student intake remained the same or higher than previous years. The committee discussed results were encouraging considering the financial pressures universities were facing. The committee was advised GOC carried out a reconciliation exercise on students entering university and then joining the GOC register.
	Qualification Checks (QC) updates - Verbal update
10.	The Head of Registration gave an update on the qualification checks process for international students. The additional checks meant less fraudulent applications. The committee was advised the cost of the qualification checks varied across countries. Registration fees had transitioned to a flat fee of £45. It was noted the level of interest in applying seemed to be higher than applications received.
	MyGOC update and plans
11.	The Director of Corporate Services introduced the item. A contract had now been signed with the new supplier and thorough testing was being carried out. The committee was advised the new system would reduce existing risks with manual data entry and safeguard the integrity of the register. The committee would receive updates on progress.
	Declaration guidance REG07(24)

14.	The Director of Corporate Services provided an overview of improvements made to the declaration guidance, as part of continuous improvement. Stakeholders had been engaged in the process. The committee supported the changes.
	Any Other Business
16.	Disclosure and Barring Service (DBS) checks The Director of Corporate Services confirmed DBS checks for registrants would continue to be considered following results from the Bailey report. Farewell to outgoing Registration Committee members Catherine Viner and Anthony Harvey were thanked for their contribution to the GOC as committee members and wished well for the future.
	Date of the next meeting
17.	Friday 21 February 2025.
	Meeting Close
18.	11.15am

DRAFT minutes of the meeting of the Standards Committee held on Friday 18th October 2024 at 10:30am via MS Teams

Present: Kay Bagshaw, Josie Forte (Chair), Haseena Lockhat, Chloe Robson, William Stockdale, Nilla Varsani and Marcus Weaver

Apologies: Nigel Best and Pauline Whitelaw

GOC Attendees: Steve Brooker (Director of Regulatory Strategy), Elisha Lindsay (Standards Officer), and Kiran Gill (Head of Legal).

1.	<p>Welcome and Apologies</p> <p>The Chair opened the meeting and welcomed those present.</p> <p>Apologies were received from Nigel Best and Pauline Whitelaw</p> <p>It was noted that there would be an item from the Education team on the agenda for the meeting to discuss proposals regarding quality assurance of qualifications that continue to be delivered against old education handbooks, and this would require discussion at the Education Committee breakout session.</p>
2.	<p>Minutes from meeting held on 7 June 2024</p> <p>Minutes from meeting held on 7 June 2024 were approved as a true record of the proceedings. Chair requests change to title of 'Break out session' to 'standards committee meeting'.</p>
3.	<p>Handbook quality assurance arrangements</p> <p><i>Please see Education team proposals at page 5-10 of the committee papers.</i></p> <p>Chair agrees proposals to handbook quality assurance arrangements on behalf of standards committee, concludes and committee returns to designated meeting.</p>
4.	<p>Implementing the outcome of the Standards Review</p> <p>The committee were asked to provide advice on the roll-out of the implementation plan and proposed communications, as well as the two new pieces of guidance relating to changes: <i>Maintaining appropriate sexual boundaries</i> and <i>Care of Patients in Vulnerable Circumstances</i>.</p> <p><u>Implementation and Communications Plan</u></p> <p>Director of Regulatory Strategy presents on the implementation plan.</p>

	<p>The committee proposed the following advice:</p> <ul style="list-style-type: none"> • A mandatory piece within the CPD requirements to complete reading and comprehension of the new standards within the first month to first 3 months of the CPD cycle with a ‘tick box’ feature to evidence completion. It was noted that this was being explored with the CPD team and the platform. • Requirement that registrants carry out CPD activities on the new standards of practice. The Director of regulatory strategy commented that this approach would require consultation and there is limited time to complete this before 1 January 2025. • The committee discussed the proposed video detailing the standards changes, which would be used for social media and on the standards section of the website to summarise key changes. It was agreed that audio and visual material will be useful to explain the changes and a video is a digestible format. It was suggested that communication material is developed into formats that are easy to understand, and the information is easy to retain by stakeholders. <ul style="list-style-type: none"> ○ Action – Standards team discuss with Kay Bagshaw how to develop the planned videos on the changes. • Chair emphasised the importance of capturing the new standards in a pragmatic, non-threatening way when communicating the changes. • It was noted that some registrants would not have actively been engaging in the standards review and so promotion of the changes are important to ensure that stakeholders are aware of the changes and the impact that these will have. It was recommended that a ‘tick box’ is added to the registration renewals on the GOC platform, with an outline of the changes. <ul style="list-style-type: none"> ○ Action- Standards team to liaise with registration and communications team to consider adding a tick box to confirm reading of the newly published standards. • The committee proposed other engagement methods including videos roleplaying a Q&A session, a ‘Frequently asked questions’ (FAQ) document and video explanations coupled with a quiz to ensure engagement. • It was highlighted that communication to patient groups would be a key part of the implementation plan, and it was suggested that a “Frequently Asked Questions” (FAQ) document be developed. <p>New Guidance</p> <ul style="list-style-type: none"> • The committee were presented with an overview of the two new pieces of proposed guidance: <i>Maintaining Appropriate Sexual Boundaries</i> and <i>Care of patients in vulnerable circumstances</i>. • It was agreed that an FAQ document would be useful alongside the implementation of the new guidance. • It was proposed that case studies and documents illustrating the changes with the current (2024) set of standards would be beneficial. • An FAQ document was suggested as a simple method updating communications, when necessary, inexpensively and quickly, especially for pieces on sexual misconduct and vulnerable patients.
	<p>Any Other Business</p>
<p>5.</p>	<p>No other business. The chair expressed thanks to Marcus Weaver who will no longer be returning to committee meetings and notes that diversity of opinion has been appreciated. Chair also expressed thanks to Nigel Best in his absence.</p>
<p>6.</p>	<p>The meeting closed at 11:31am.</p>

COUNCIL

Report from the Chair of Council

Meeting: 11 December 2024

Status: For noting

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

Introduction

1. This report covers my principal activities since the last Public Council meeting on 25 September 2024.
2. Today we welcome Kathryn Foreman, our new lay Council member, to her first public Council meeting. Kathryn's appointment start date was on 1 October 2024.
3. The campaign to recruit two further Council members with effect from April 2025 launched on 21 October 2024. We aim to recruit 1 lay member and 1 registrant member. The deadline for applications was on 17 November 2024. I am joined as Chair of the Appointment Panel by Council members, Tim Parkinson, and Hema Radhakrishnan, and the Independent Appointment Panel member, Ann Brown. Final interviews are scheduled during January 2025.
4. A further recruitment campaign is also taking place early December 2024 for 2 new registrant Council Associates (including at least one dispensing optician) to replace Deepali Modha and Jamie Douglas who will be due to come to the end of their time with GOC on 9 April 2025. The selection panel for these appointments will be comprised of Ken Gill, lay Council member and Panel Chair, Lisa Gerson, registrant Council member and Nick Yeo, lay Independent Member and the interviews will be scheduled for mid-March 2025.

Management

5. I have had weekly catch-up meetings with Leonie Milliner, our Chief Executive and Registrar (CE&R) and our Head of Governance, including Leonie Milliner's mid-year business performance review meeting on 29 October 2024.

6. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues. I also attended an introductory meeting with Emma Storer, our Head of People and Culture, on 1 October 2024.
7. I have attended several presentations and meetings of our network groups. On 26 September 2024 I attended a presentation on endometriosis myths and misconceptions. This Equality, Diversity and Inclusion (EDI) session was presented by Lake Shearing, an author, journalist and public speaker.
8. To continue our activities to celebrate South Asian Heritage Month and Black History Month, on 7 October 2024, I attended the open Embrace event which presented an inspiring talk led by Professor Hema Radhakrishnan, our Council member, based on her experiences as a South Asian woman in the UK.
9. I attended the open Shwmae Su'mae Day Celebration organised by our (EDI) team on 16 October 2024. Shwmae Su'mae Day is celebrated on the 15 October every year, mostly in Wales. Aled Jones, one of the directors of Cymen, our Welsh translator, spoke about the Welsh language and how it is used by Cymen. Lisa Gerson, our Council member also spoke about the opportunity to celebrate the Welsh language on Shwmae Su'mae Day.
10. On 23 October 2024, I attended the open joint session of the Anti-Racism Group (ARG) and Embrace which presented a session entitled 'Wanderers of Colour' with an external speaker, Ms Ife Akinroyeje, the Founder and Director of Wanderers of Colour. This organisation is a people of colour (POC) led grassroots collective based in the United Kingdom with members across the globe.
11. In light of Black History Month and South Asian Heritage Month, I attended an open session on 20 November 2024 with a talk led by Dr Ohene who shared some of the latest innovations in MRI research for dementia and discussed the importance of widening participation across communities in research studies.

12. On 21 November 2024, I attended the open 'Staff Wellbeing Engagement Group (SWEG) Coffee Break - A brief history of Hawaii' to which our Head of Strategy, Policy and Standards led this session reflecting on her recent trip to Hawaii.
13. On 22 November 2024, I attended the open EDI and LGBTQ+ group short presentation invite to mark Transgender Day of Remembrance.
14. On 2 and 9 December 2024, I attended the open Optical Practices Familiarisation Programme invites where Optometrist, Sat Singh Soomal gave a talk and an introduction to Primary Care in Optometry. The first session, focussed on eye care in the primary eye care sector. The second session dealt with Education and Training Requirements (ETR) and engagement with universities.

Council and Committees

15. I have held fortnightly meetings with Clare Minchington, our Senior Council Member (SCM) and held regular catch ups with Council members and Associates.
16. On 1 October 2024, I attended an introductory meeting with Kathryn Foreman, our new lay Council member and on 22 October 2024 I attended an initial introductory meeting with Ros Levenson, our new lay Council member.
17. I chaired our Council catch-up sessions on 8 October 2024 and on 19 November 2024. In addition, I joined our quarterly Council virtual coffee morning session on 24 October 2024, led by Registrant Council member, William Stockdale. On 30 October 2024, I also chaired our Council strategy/development session and our Financial Chairs meeting on 4 November 2024.
18. On 18 October 2024 I attended the Advisory Panel meeting followed by the Companies Committee meeting. I attended the Investment Committee meeting on 12 November 2024; the Audit, Finance and Risk Committee (ARC) meeting

on 26 November 2024 and the Nomination Committee meeting on 3 December 2024.

19. Vineeta Desai, our Head of Casework Operations organised the Hearing Panel Chair's farewell session on 6 December 2024, which I joined.

Stakeholders

20. 3 October 2024: Attended a catch-up meeting with Jonathan McShane, Chair of General Chiropractic Council (GCC).

21. On 15 November 2024, Leonie Milliner and I attended a joint meeting with the General Pharmaceutical Council (GPhC) Chair, Gisela Abbam, and GPhC CE&R, Duncan Rudkin.

22. 18 November 2024: Attended the Professional Standards Authority (PSA) Chairs Roundtable.

Council Member meetings with stakeholders

23. Senior Council Member, Clare Minchington and Lay Council Member Tim Parkinson both attended the Optical Practices Familiarisation Programme on the 2 and 9 December 2024.

COUNCIL

Chief Executive and Registrar's Report

Meeting: 11 December 2024

Status: For noting

Lead responsibility and paper author: Leonie Milliner, Chief Executive and Registrar

Council Lead(s): Dr Anne Wright CBE, Council Chair

Purpose

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

Recommendations

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

Strategic objective

3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2024/2025 Business Plan.

Background

4. The last report to Council was provided for its public meeting on 25 September 2024.

Analysis

5. Since Council last met, we have welcomed eight new members of staff: Nicola Davis, Operations Manager (Investigations); Andrea Moss, Operations Manager (Investigations); Kaylee Mitchell, Investigation Officer; Audrey Awosika, Administration Assistant Intern; David Sadeh, Lawyer; Zahra Jehangir, Student Work Experience; Luis Fernandes, Financial Accountant and Natasha Bance, Hearing and Scheduling Officer. I met all new starters monthly and met with new starters on 30 September 2024, 18 October 2024 and on 29 November 2024.

Internal engagement

6. I continue to hold weekly meetings with our Chair of Council, Head of Governance and with each member of our Senior Management Team (SMT). I chaired monthly all-staff meetings organised by our Communications team. I also chaired SMT fortnightly meetings and attended two Leadership Team (LT) meetings (which has a rotational chair). On 14 November 2024, I attended the monthly Corporate Risk Register meeting, chaired by our Director of Corporate Services. I participated in the Strategic Change Board (SCB) meeting (quarterly report and deep dive) organised by our Change team on 4 December 2024.
7. I joined the Anti-Racism Group (ARG) Committee meeting, organised by our Investigation Officer on the 26 September 2024.
8. I enjoy attending our weekly meditation sessions organised by our Staff Wellbeing and Engagement Group (SWEG) and hosted by our Chief Financial Officer. On 26 September 2024 I attended a presentation on endometriosis myths and misconceptions. This session was presented by Lake Shearing, an author, journalist and public speaker, who talked to us about endometriosis and their experiences accessing endometriosis healthcare.
9. On 16 October 2024, I joined the menopause awareness wellbeing webinar organised by our People and Culture team and Administrative Assistant. The talk regarding the impact of the menopause in the workplace was delivered by an external speaker, Michelle May, from Westfield Health.
10. I attended the open Shwmae Su'mae Day Celebration on 16 October 2024. Shwmae Su'mae Day is celebrated on the 15 October every year, mostly in Wales. The day aims to show that the Welsh language belongs to all its users, fluent speakers, learners, or those shy about their Welsh and is an opportunity for those who don't use Welsh to learn more about the language. Aled Jones, one of the directors of Cymen, our Welsh translator, spoke about the Welsh language and how it is used by Cymen. Lisa Gerson, registrant Council member also spoke about the opportunity to celebrate the Welsh language on Shwmae Su'mae Day.
11. I celebrated Black History Month and South Asian Heritage Month. On 6 November 2024, our Anti-Racism Group and Embrace presented a talk about NHS organ donation with an external speaker, Ms Prafulaben Shah, ambassador for the NHS organ donation campaign. Ms Shah has been an ambassador for the campaign since its implementation in 2019. As an organ donor herself, Ms Shah is an advocate for the encouragement of Asian and Afro-Caribbean donors.
12. I also attended a session with external speaker Dr Yolanda Ohene, a neuroimaging scientist at the University of Manchester, who presented a talk on 20 November 2024 about 'Breaking Barriers: Developing advanced MRI techniques for early detection of Alzheimer's in underrepresented groups'. Dr Ohene shared some of the latest innovations in MRI research for dementia and discussed the importance of widening participation across communities in research studies.

Council and Committee engagement

13. On 1 October 2024, I had an introductory meeting with Kathryn Foreman, our new lay Council member.
14. I joined two Council catch-up sessions on 8 October 2024 and on 19 November 2024. On 18 October 2024, I attended the Advisory Panel meeting followed by the Registration Committee, Standards Committee, Education Committee and Companies Committee meetings. We had our Council strategy development session on 30 October 2024 and a Financial Chairs' meeting on 4 November 2024.
15. I attended the Investment Committee meeting on 12 November 2024; Audit, Finance and Risk Committee (ARC) meeting on 26 November 2024 and the Nomination Committee meeting on 3 December 2024.
16. On 14 November 2024, our Hearings team hosted an online training session for our new cohort of 11 chairs for our Fitness to Practise Committee. I attended a session to meet our new chairs and provide them with an overview of the GOC, including our mission, values and strategic objectives. In addition, our Head of Hearings Operations also organised the Hearing Panel Chair's farewell session on 6 December 2024, which I spoke at.

Change

Change Management Office (CMO)

17. With the 5-year Fit for the Future strategy coming to an end on 31 March 2025, the Change Directorate approaches the final quarter of its 3-year tenure. In preparation for this, the Change Management Office (CMO) is focused on bringing existing projects to completion during this last quarter, whilst also identifying and making plans for projects that will bridge across into the new strategy period beginning in April 2025.
18. Key to this is ensuring that projects such as MyGOC, the drafting, implementation and embedding of our Performance and Behaviours Framework, and our Future Office Accommodation project can maintain momentum as they transition into 2025 and our new 'Safe and effective eye care for all' strategy.
19. Alongside this, the CMO is finalising the resource repository (templates, best practice, project closure and handover and benefits realization documents etc.), to ensure that the organisation not only has a legacy but continues to have access to documents and templates for future use and learning.

Information Technology (IT)

20. The team continues to deliver well against its business objectives whilst remaining flexible to the needs of the organisation. The security of our

infrastructure remains priority and currently there is a trial of cyber security software aimed at limiting the impact of a zero-day attack. Should the trial be successful, the plan is to implement in the next quarter.

21. IT are key partners in the Future Office Accommodation project. There are smaller projects underway for finalisation before the move (such as telephony phase 1) as well as work to enable the move such as procurement and implementation of technology for the new site.
22. Looking ahead, the development of the digital strategy for 2025 – 2030 continues and moves into identifying and planning in detail for the first year of the strategy.

Corporate Services

Facilities

23. During October 11 staff members completed Emergency at Work First Aid training. This is part of our ongoing commitment to ensure we have sufficient well-trained first aiders across the organisation.
24. Our annual Health and Safety (H&S) inspection was carried out by recently re-appointed external H&S Consultants. The report was received in early October, with another consecutive “Gold Standard” certificate, confirming we have maintained high standards in our management of H&S.
25. On 10 October, the building management at 10 Old Bailey concluded a major refurbishment to its reception and fit out to the floors below the GOC office, as well as upgrading some other systems. Whilst the work was noisy and caused some disruptions, it did not affect working conditions overall, as our Facilities team ensured staff were kept updated and worked closely with the building managers to ensure most noisy works were undertaken outside of office hours.
26. Our project to review archived documents continues, with over 600 boxes of paper records retrieved from storage, which have been assessed catalogued and retention times identified.
27. At the end of September, we participated in another meeting with “the Heart of the City”, consultants appointed by the City of London, assisting Small and Medium Enterprises to prepare their journey to Net Zero. On the same theme, we have also participated in meeting relating to “Corporate Social Responsibility” with regulatory colleagues on the subject of ‘sustainable healthcare influence on education and training standards’ in November, with over 20 representatives across the health regulatory sector and NHS.

People and Culture

28. Following the appointment of Emma Storer as our permanent Head of People and Culture and a change in team structure, the department is transitioning to a business partnering model that is strategic and collaborative. The aim of

moving to this new model is to enhance service delivery and provide more focused coaching and support to leaders and people managers

29. The Performance and Behaviours Framework, designed in partnership with external consultants (Peoplenetics), has been reviewed by SMT, the project working group and the Policy Review Group. The framework and Reward and Recognition Policy are being updated to reflect the feedback and align with the Pay Progression Model, designed with external consultants (3R Strategy). Once complete, staff engagement and consultation will commence.
30. The Chief Executive and Registrar has approved the business case to secure the people resource required to undertake a project to review the contracts and terms of engagement for our members. Exploration to identify the HR specialist resource has begun, along with confirmation of the project deliverables.
31. Mid-year reviews were carried out in October, adopting the same approach as last year with two performance ratings. A training needs analysis is in progress to identify the programme of training up to 31 March 2025, in line with business needs and budget.
32. September Pulse Survey results are very encouraging, with improved Employee Net Promoter Score of 9.41, from 3.08 in June. The results show that employees continue to find the feedback from managers to be useful and show improvements in all other areas of engagement surveyed. To avoid any confusion with the annual survey, the pulse survey results will be published as soon as possible after the annual survey closes.
33. The annual staff survey opened on 5 November and closes on 3 December. Results will be presented to and discussed with SMT in December and presented to a Council catch-up on 21 January.
34. A series of training workshops have taken place in September and October including the Foundation Management Training, Customer Care Training, Reasonable Adjustment Training and a Communications Workshop.

Registration

35. The new student intake commenced on 1 September 2024 and closed on 31 October; we registered 1,516 new students compared to 1,407 in 2023. We are preparing to start work on cross checking all students on the register against confirmed class lists from education providers, this work ensures students who are in study, training or sitting exams, remain on the register. This work contributes to the integrity of the register.
36. The new MyGOC project has commenced; several discovery meetings have taken place with the suppliers and the registration team. The development of the replacement system for the existing MyGOC platform will continue into quarter three of 2025/26. The system will be subject to extensive user testing and the project team will seek registrant input at various stages, as the solution progresses.

37. We have begun to prepare for the fully qualified renewal period; this commences in January 2025. As covered elsewhere, this year will be the end of the CPD cycle and the Registration and CPD teams will work together to send any required statutory notices including notices of removal for any CPD shortfalls.

Regulatory Operations

Case Management

38. The CMS phase one continues to be in day-to-day operation within Regulatory Operations. This is alongside the development of the phase 2 build, which has meant a staggered move from project phase into BAU. This does present some challenges, most noticeably that of full adaptation and ownership. The aim is for completion of phase 2 by end of January, which should allow the business area to have full ownership of CMS in its entirety with all fixes and improvements concluded.
39. The annual FtP audit by external law firm Weightmans was reported to the Audit and Risk Committee in November. The audit again demonstrated substantial compliance with our statutory obligations and own processes and guidance. We are using the learning points to feed into our continuous improvement work with staff, workers and panel members.
40. During November, we held an induction day for the newly appointed Fitness to Practise panel chairs as well as an engagement day for case examiners.
41. As part of our programme of engagement with stakeholders to improve understanding of the fitness to practise process and share learning from casework, we published the latest FtP Focus Bulletin in November with a focus on students.
42. We welcomed the first of our in-house advocates in October as part of the revised legal support model in fitness to practise. The remaining advocates have been recruited and are due to join us in Q4.

Regulatory Strategy

Standards Review

43. Council approved three sets of revised standards at its last meeting, with an implementation date of 1 January 2025. These are the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standard for Optical Businesses. The new standards are available on our [website](#) in English and Welsh. We are also currently updating our existing suite of guidance documents to reflect the changes to the standards, which will be available on our website before 1 January.
44. The launch of the standards will be accompanied by short videos for registrants

(both students and fully qualified) as well as events for education providers, CPD providers and employers.

Legislative Reform

45. On 23 October we launched our consultation on a new model of business regulation that would extend regulation to all businesses providing specified restricted functions. The consultation closes on 22 January 2025 and is available on our consultation [hub](#).

Research Update

46. We recently issued an invitation to tender for research to understand conduct qualitative research into the lived experiences of patient and GOC registrant groups and the difficulties they face in accessing, using, or delivering eye care. This research will build on the annual tracking (quantitative) research we currently carry out with patients and members of the public and GOC registrants. We want to delve more deeply into the 'lived experiences' of these groups, to provide us with greater insight and understanding.
47. We received 31 tenders in response, the highest number of tenders received recently for a piece of research. We are in the process of appointing the research agency and expect to bring the final report from the research to Council in June 2025.

10 Year Health Plan for England

48. We made a submission to help shape a new 10 Year Health Plan for England – the government's initiative for a national conversation on the future NHS. In the document, we described the role of regulation in achieving safe and effective eye care for all and how it can support the government's three 'big shifts': hospital to community, analogue to digital, sickness to prevention.
49. In terms of what the 10year plan should include, we identified how our education and training requirements are equipping registrants to deliver more clinical services in communities but that insufficient funding of higher education qualifications risks limiting workforce capacity. We highlighted plans to extend and modernise business regulation as part of a package of legislative reforms that would give us more flexibility to adapt regulation to the sector's future needs and underpin public confidence in registrants delivering more eye care in communities. We also highlighted the need to increase public awareness so that registrants truly become the first port of call for eye problems, using data from our annual public perceptions survey which indicates that England lags other UK nations.

Dash Review

50. Dr Penny Dash has been commissioned to undertake a [review](#) of patient safety in England following her initial report into the Care Quality Commission. Alongside a review focusing on six patient safety organisations, this review will

map all the organisations which undertake regulatory or non-regulatory activity with respect to quality (including safety), set standards in respect of quality (including safety) and handle quality (including safety) issues as part of their workload.

51. We attended a meeting between Dr Dash and the healthcare regulators and have submitted information on our role and remit to the review team. We will continue to engage with the review as its work develops.

Communications and Parliamentary Engagement

52. I attended the APPG on eye health in Parliament, the first meeting since the election of the new government. This meeting focused on the launch of new report 'Changing Attitudes, Changing Lives – Employer Attitudes and the Employment of Blind and Partially Sighted People' and included discussion of report findings and recommendations.
53. I also attended and spoke on a panel at the Professional Health and Social Care Regulatory Event in Glasgow themed around 'The Regulator's Role in the Workforce of the Future. Council member Frank Munro also attended, and we had a stand in the exhibition hall explaining the work of the GOC.
54. The Head of Communications commissioned and attended two photoshoots to get "real life" images of people and technology for our annual reports and brand Library. I extend my thanks to Depali Modha, Council Associate, for her support arranging this opportunity, and to the optical practices who hosted our photoshoot.

Education and Continuing Professional Development (CPD)

55. We are nearing the end of the three-year 2022-24 CPD cycle. We continued to send reminders and statutory notices to registrants who have not yet met their requirements.
56. As of 28 November, 6817 registrants had still not met their CPD requirements in order to stay on the GOC register.
57. As we look forward to the 2025-27 cycle, we are making minimal changes to the CPD scheme to support the sector as it continues to adapt to the broadscale changes introduced in January 2022. We look forward to evaluating the 2022-24 cycle and considering developments required ahead of the 2028-30 cycle.
58. We have been working on a change in the MyCPD portal for the 2025-27 cycle. This is to have the Personal Development Plan (PDP) embedded as an online form. We have seen difficulties with registrants uploading their own self-generated form to the portal this cycle. We have engaged with sector bodies ahead of making this change. This will be aligned to the online form used for the reflective exercise, with some reflections forming the basis of the PDP for the next cycle.

59. In September 2024, under powers delegated to me by Council, I approved the following qualification offered by the University of Highlands and Islands (UHI): BSc (Hons) Optometry. This approval was granted under the existing optometry handbook requirements. The University of Highlands and Islands will now work towards adapting its approved qualification to meet the new Education and Training Requirements.
60. Following publication of the 2024 annual monitoring report, templates have been issued to education providers as we prepare for the 2025 report. The templates have been updated to include qualifications delivered under both handbooks and the ETR for the first time. In line with PSA Standard 3, we are seeking more information on differential attainment.

Governance

61. The Governance team has been managing a recruitment campaign for one lay and one registrant Council member vacancies. This campaign has seen a substantial amount of interest, with over 92 applications for the lay member role and 38 for the registrant member role. In addition to this, the Governance team has been supporting the recruitment and appointment of new Advisory Panel members.
62. The team has delivered induction training for a number of new members, workers and employees, covering the management of interests, equalities and information governance.
63. The team has been working closely with the Council governing documents steering group to revise non-statutory committee terms of reference. The detail of this work is covered elsewhere in the agenda. In addition to this, work has commenced to update the Chief Executive and Registrar's scheme of delegation.

Equality Diversity and Inclusion (EDI)

64. The draft EDI Strategy 2025-2030 was reviewed by the Council Associates and their comments have contributed to the final draft which is elsewhere on this agenda.
65. The Unfair Outcomes Working Group has reached out to potential suppliers for quotes on the research proposal on identifying disproportionality in our fitness to practise process. This analysis will allow us to further investigate potential unfairness in FtP and is work that will contribute to us meeting the PSA's Standard 3.
66. A celebration event was held for Shwmae Su'mae Day, a Welsh language awareness day. Aled Jones, the founder of Cymen – the company we use for our Welsh translations – and our own Council member from Wales, Lisa

Gerson spoke about their experiences with the Welsh language, and other colleagues shared their experience as well. This was a demonstration of our commitment to EDI going above and beyond statutory requirements.

67. Our new Thomas Pocklington Trust intern, Audrey Awosika, joined us in October to begin her 9-month internship with us as an administrative assistant. The Trust is a charity which supports blind people and people with sight-loss in accessing work. We are delighted to have the opportunity to continue our collaboration and benefit from the skills, knowledge and experience the interns bring.
68. Training for all staff on structural discrimination has now taken place, and Council have received in-house training on structural discrimination and cultural safety. This was undertaken as one of our commitments in our EDI Action Plan 2024-25.
69. Our Staff Networks have been very busy, with EMBRACE and the Anti-Racism Group holding multiple events for South Asian Heritage Month and Black History Month. The Women's and LGBTQ+ Networks also organised speakers on the menopause and endometriosis to raise awareness amongst colleagues.
70. The EDI Manager attended the NHS England roundtable on developing an EDI strategy for primary care. They represented the optical sector at the meeting and shared learning on what constitutes an effective EDI strategy.

External Stakeholder Engagement

71. Since the last public Council meeting on 25 September 2024, I have attended the following external meetings and engagements:
 - 26 September 2024: Business Continuity Exercise Session with SMT and members of the IT and Governance team and external attendee, Amar Singh, CEO and Founder at Cyber Management Alliance.
 - 10 October 2024: Health and social care regulators forum organised by Charles Rendell, Strategy Manager at the Care Quality Commission (CQC) with other regulators in attendance.
 - 11 October 2024: Quarterly catch-up meeting with Phil Harper, Deputy Director at Department of Health and Social Care (DHSC) along with our Director of Regulatory Strategy.
 - 14 October 2024: All-Party Parliamentary Group (APPG) on Eye Health and Visual Impairment's 'Changing Attitudes, Changing Lives - Employer Attitudes and the Employment of Blind and Partially Sighted People' Report Launch, organised by Marsha De Cordova MP the Labour MP for Battersea.

- 28 October 2024: Fees consultation meeting with Alan Clamp, Chief Executive Officer (CEO) of the Professional Standards Authority (PSA).
- 28 October 2024: Independent House of Commons Event, Multidisciplinary and Multi Professional Healthcare Forum - Shaping the Future of the NHS, organised by Professor Mahendra G Patel, Director, at Centre for Research Equity in University of Oxford.
- 1 November 2024: Meeting with Neil Stevenson and CEOs - Scottish Government event organised by our Education Manager (Policy, Projects and Research).
- 5 November 2024: Meeting in Glasgow with Lesley Rousselet and Kathy Morrison, Associate Directors, Optometry NHS Education for Scotland, with Ben Pearson, Education Manager.
- 6 November 2024: Scottish Government Health and Social Care Regulatory Conference, Glasgow, where I spoke as part of a panel discussion on the topic of Regulation and workforce, chaired by Neil Stevenson and organised by Rebecca Wright, Senior Policy Manager at the Scottish Government.
- 12 November 2024: 2024 College of Optometrists (COO) Diploma Ceremony and lunch organised by Ian Humphreys, Chief Executive at the COO, at Central Westminster Hall.
- 15 November 2024: Chair's and Chief Executives joint meeting with Gisela Abbam, Chair of Council and Duncan Rudkin, CE&R at General Pharmaceutical Council (GPhC).
- 20 November 2024: Health Education and Improvement Wales (HEIW) and NHS Education for Scotland (NES) joint annual catch-up meeting with Dr Nik Sheen, Head of Optometry at HEIW and Dr Lesley Rousselet and Kathryn Morrison, Associate Directors, Optometry at NES, accompanied by our Head of Education and CPD Development.
- 22 November 2024: Chief Executives of Regulatory Bodies (CEORB) meeting organised by the General Chiropractic Council (GCC) with other regulatory bodies in attendance.
- 27 November 2024: Emerging Concerns Protocol (ECP) training provided by Chares Rendell from Care Quality Commission (External Trainer).
- 6 December 2024: Optical Suppliers Association (OSA) AGM and luncheon organised by the OSA at the Bloomsbury hotel.
- 9 December 2024: Sustainability Roundtable follow-up meeting organised by Louisa Wickham, National Clinical Director for Eye Care and Medical Director at Moorfields Eye Hospital NHS Foundation Trust.

72. A range of other engagements by Directors are listed in Annex 1.

Finance

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

Risks

74. The Corporate Risk Register has been reviewed in the past quarter and discussed with ARC.

Equality Impacts

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

Devolved Nations

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

Other Impacts

77. No other impacts have been identified.

Communications

External communications

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

Internal communications

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

Next Steps

80. There are no further steps required.

Attachment

Annex 1 - Directors' stakeholder and other meetings.

Annex 1 - Meetings/visits since last Council meeting

Philipsia Greenway - Director of Change	Yeslin Gearty - Director of Corporate Services	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
26.09.24 Cyber Management Alliance Business Continuity testing	23.09.25 Penningtons solicitors – lease discussion	2.10.24 - visit to the Outside Clinic	Periodic meetings with national optometric advisers
02.10.24 NMC counterpart discussion and planning	26.09.24 Cyber Management Alliance Business Continuity testing	16.10.24 - cross-regulators group of Directors of FtP	27.9.24 - Regulated Professions Advisory Forum – trade matters
04.10.24 Emergency First Aid at Work Training	30.09.24 Anna Rafferty HCPC – risk management meeting	22.10.24 - AOP legal and regulatory team	11.10.24 - Phil Harper, DHSC – legislative reform
08.10.24 ICO conference	02.10.24 - Survey Initiative – meeting with staff survey provider	1.11.24 - United Kingdom Regulators Network – exploring membership	14.10.24 - SPOKE – draft report on specialist qualifications
17.10.24 Meeting with Amy McCabe La Fosse	04.10.24 Penningtons solicitors – lease discussion	29.11.24 OCCS strategy session	22.10.24 - Seeability 225 th anniversary celebrations, House of Lords
01.11.24 Webinar Change Management lessons	18.10.24 Penningtons solicitors – lease discussion	2.12.24 - Sat Soomal – Optical Practices Familiarisation Programme	24.10.24 - SPOKE – quarterly catch-up
22.11.24 Chief Executives of Regulatory Bodies (CEORB) meeting	28.10.24 Survey Initiative – meeting with staff survey provider		24.10.24 - Chief Executives of Regulatory Bodies (CEORB) - various matters

Philipsia Greenway - Director of Change	Yeslin Gearty - Director of Corporate Services	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
28.11.24 Hart Square – AI considerations	01.11.24 Meeting with Brewin Dolphin – investment managers		1.11.24 - United Kingdom Regulators Network – exploring membership
02.12.24 Sat Soomal - Optical Practices Familiarisation Programme	15.11.24 - meeting with Pixl8 – IT supplier		26.11.24 - Business regulation stakeholder consultation event
	21.11.24 - meeting with Institute of Regulation – risk management		2.12.24 - Sat Soomal – Optical Practices Familiarisation Programme
	02.12.24 Sat Soomal - Optical Practices Familiarisation Programme		2.12.24 - Sat Soomal – Optical Practices Familiarisation Programme
	03.12.24 - - meeting with Pixl8 – IT supplier		

<p>Council Meeting (Strictly Confidential) 10 December 2024</p> <p>For discussion</p> <ul style="list-style-type: none"> - GOC Strategy 2025-2030 – EDI, Digital, Financial and People Strategies - Strategic risk discussion - Performance & Behaviours project funding - Strategic risk - GOC office / Old Bailey update <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
<p>Council Meeting (Public) 11 December 2024</p> <p>For decision</p> <ul style="list-style-type: none"> - GOC Strategy 2025-2030 - Registrant fees 2024/2025 - Investment Policy - Annual reappointment of Council members to committees - Audit, Risk and Finance Committee terms of reference - Investment Committee terms of reference - Nominations Committee terms of reference - Remuneration Committee terms of reference - Freedom to Speak Up policy - Corporate complaints policy and acceptable behaviour policy - Education handbook (Samara Morgan/Richard Calver) <p>For discussion</p> <ul style="list-style-type: none"> - H&S assurance report - Council’s self-assessment against the Charity Governance Code - Q2 Financial performance report/Q2 forecast - Business performance dashboard Q2 - Business Plan Assurance Report Q2 <p>For noting</p> <ul style="list-style-type: none"> - CEO / Chair Report - Advisory Panel minutes
<p>Council Catch-up 21 January 2025</p> <p>-</p>
<p>Council Catch-up 4 March 2025</p>
<p>Council Meeting (Strictly Confidential) 18 March 2025</p> <p>For decision</p> <ul style="list-style-type: none"> - Safeguarding policy (Head of Governance) <p>For discussion</p> <ul style="list-style-type: none"> - GOC office / Old Bailey update - Strategic risk discussion - Legislative / Regulatory Reform <p>For noting</p> <ul style="list-style-type: none"> - Corporate Policies

<ul style="list-style-type: none"> - Governance Review Progress Report - Committee updates - Council papers for the public session
Council Meeting (Public) 19 March 2025
<p>For decision</p> <ul style="list-style-type: none"> - 2025-26 Budget, internal business plan and five year forecast - Standing orders review - Member fees 25/26 <p>For discussion</p> <ul style="list-style-type: none"> - Q3 Financial performance report - Business performance dashboard Q3 - Business Plan Assurance Report Q3 <p>For noting</p> <ul style="list-style-type: none"> - Chair / Chief Executive Report - Committee updates
Council knowledge transfer/onboarding day 25 March 2025
Council Catch-up 15 April 2025
Council teach-in day 30 April 2025
Council Catch-up 22 May 2025
-
Council Catch-up 15 July 2025
-
Council Meeting (Strictly Confidential) 24 June 2025
<p>For decision</p> <ul style="list-style-type: none"> - <p>For discussion</p> <ul style="list-style-type: none"> - <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
Council Meeting (Public) 25 June 2025
<p>For decision</p> <ul style="list-style-type: none"> - <p>For discussion</p> <ul style="list-style-type: none"> - OCCS Annual Report - Q4 Financial performance report - Business performance dashboard Q4 - Business Plan Assurance Report Q4 <p>For noting</p> <ul style="list-style-type: none"> - Chair / Chief Executive Report - Committee updates

Council Catch-up 3 September 2025 (Tentative)
-
Council Meeting (Strictly Confidential) 24 September 2025
<p>For decision</p> <p>-</p> <p>For discussion</p> <ul style="list-style-type: none"> - Strategic risk discussion - Legislative / Regulatory Reform - Public perceptions survey - Registrant survey <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
Council Meeting (Public) 25 September 2025
<p>For decision</p> <ul style="list-style-type: none"> - Annual report and financial statements 2023/24 - ARC annual report 2023/24 - Equality, Diversity and Inclusion annual report 2023/24 <p>For discussion</p> <ul style="list-style-type: none"> - Registrant and public perception survey - Q1 Financial performance report - Business performance dashboard Q1 - Business Plan Assurance Report Q1 <p>For noting</p> <ul style="list-style-type: none"> - Chair / Chief Executive Report - Committee updates