

**Second meeting in 2024 of the Council held in PUBLIC  
on Wednesday 26 June 2024 at 10am via Microsoft Teams**

**AGENDA**

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	<b>Welcome, apologies and Chair's introduction</b>	Oral	Chair	-	10am-10.05am
2.	<b>Declaration of interests</b>	C16(24)	Chair	3-6	(5mins)
3.	<b>Minutes, actions and matters arising</b>				
3.1	<b>Minutes – 13 March 2024</b> For approval	C17(24)	Chair	7-11	10.05am-10.10am (5mins)
3.2	<b>Updated actions</b> For noting	C18(24)		12	
3.3	<b>Matters arising</b>				
<b>FOR DISCUSSION</b>					
4.	<b>Business Registrant Survey</b> For approval	C19(24)	Director of Regulatory Strategy	13-98	10.10am-10.35am (25mins)
5.	<b>OCCS Annual Report</b> For discussion	C20(24)	Director of Regulatory Operations	99-131	10.35am-11.20am (45 mins)
<b>FOR DISCUSSION</b>					
6.	<b>Council – committee member appointments</b> For discussion	C21(24)	Head of Governance	132-136	11.20am-11.30am (10mins)
<b>Break- 11.30am - 11.40am (10 mins)</b>					
<b>FOR ASSURANCE</b>					
7.	<b>Q4 2023/24 Financial performance report</b> For noting	C22(24)	Chief Financial Officer	137-150	11.40am-11.50am (10 mins)
8.	<b>Q4 2023/24 Business performance dashboard</b> For noting	C23(24)	Head of Governance	151-154	11.50am-12pm (10 mins)
9.	<b>Q4 2023/24 Business plan assurance report</b> For noting	C24(24)	Head of Governance	155-162	12pm-12.10pm (10 mins)

<b>10.</b>	<b>Chair's report</b> For noting	C25(24)	Chair	163-166	12.10pm-12.20pm (10 mins)
<b>11.</b>	<b>Chief Executive and Registrar's report</b> For noting	C26(24)	Chief Executive and Registrar	167-179	12.20pm-12.40pm (20 mins)

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

<b>12.</b>	<b>Advisory Panel Minutes - 7 June 2024</b> For noting	C27(24)	Chair	180-191	12.40pm-12.45pm (5 mins)
<b>13.</b>	<b>Council forward plan</b> For noting	C28(24)	Head of Governance	192-194	12.45pm-12.50pm (5 mins)
<b>14.</b>	<b>Any other business</b> (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	12.50pm-12.55pm (5 mins)

**Meeting Close – 12.55pm**

**Date of next meeting – Wednesday 25 September 2024**

**Strictly Confidential meeting to resume at 1.30pm**

**COUNCIL MEMBER – REGISTER OF INTEREST (UPDATED 18 June 2024)**

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Sinead <b>BURNS</b> Lay Member	<ul style="list-style-type: none"> <li>Registered Psychologist: Health and Care Professions Council</li> <li>Registrant Member: Fitness to Practice Panel, Health and Care Professions Council</li> <li>Board Member with Public Appointments Service, Republic of Ireland</li> </ul>	<ul style="list-style-type: none"> <li>Registered Fellow: Chartered Institute of Personnel and Development</li> </ul>	<ul style="list-style-type: none"> <li>Former Vice President Pharmaceutical Society Northern Ireland</li> </ul>	<ul style="list-style-type: none"> <li>Lay Member: Council</li> <li>Chair: Audit, Risk and Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Dr Josie <b>FORTE</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills)</li> <li>Consultant: Specsavers Optical Superstores</li> <li>Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University</li> <li>Lecturer (occasional, visiting): Plymouth University</li> <li>Lecturer (occasional, visiting): University of the West of England</li> <li>Vice chair (acting): Devon Local Eye Health Network</li> <li>Vice chair (acting): Cornwall Local Eye Health Network</li> <li>VisionForte Ltd (50% shareholding)</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists</li> <li>Registered with the Optometrists and Dispensing Opticians Board of New Zealand</li> <li>Liveryman: Worshipful Company of Spectacle Makers</li> <li>Member: Clinical Committee at FODO</li> <li>Member: Royal College of Ophthalmologists</li> </ul>	<ul style="list-style-type: none"> <li>Member: Devon Local Optical Committee (end May 2017)</li> <li>Optometrist: Specsavers Torquay (end Apr 2014)</li> <li>Optometrist: Lascelles Opticians Plymouth (end Jun 2006)</li> <li>Specsavers Plymouth Cornwall Street Ltd (ended April 2020)</li> <li>Specsavers Saltash Ltd (ended April 2020)</li> <li>Specsavers Devon2 Domiciliary (ended January 2020)</li> <li>Board trustee: Inspiring Schools Partnership, Plymouth</li> <li>Member: AOP<sup>6</sup></li> <li>Board member: Federation of Ophthalmic and Dispensing Opticians (until 29th December 2022)</li> </ul>	<ul style="list-style-type: none"> <li>Registrant Council Member</li> <li>Chair: Standards Committee</li> <li>Member: Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Mike <b>GALVIN</b> Lay Member	<ul style="list-style-type: none"> <li>Advisor: ThinkRF</li> </ul>	<ul style="list-style-type: none"> <li>Member: Institution of Engineering and Technology</li> <li>Fellow: Institute of Telecom Professionals.</li> </ul>	<ul style="list-style-type: none"> <li>Non-executive Director: ThinkRF</li> <li>Director of Streetwave Ltd (a company registered in the UK)</li> <li>Non-executive Director: Martello Technologies Group Inc (until 31 May</li> </ul>	<ul style="list-style-type: none"> <li>Lay member: Council</li> <li>Chair: Education Committee</li> <li>Member: Audit, Risk and Finance Committee</li> <li>Council Lead: GOC Refresh</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

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

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			<ul style="list-style-type: none"> <li>Client of FTP auditors Weightmans Weightmans and Stewart Duffy (in role with Countess of Chester NHS Foundation Trust).</li> <li>UK Advisory Board member: Study Portals</li> </ul>		
Clare <b>MINCHINGTON</b> Lay Member	<ul style="list-style-type: none"> <li>Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency</li> <li>Independent Member of the Nomination Committee for the Public Relations and Communications Association</li> <li>Independent Chair of the Audit and Risk Committee for the Institute of Physics. Starting 1 March 2024</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: Association of Chartered Certified Accountants</li> </ul>	<ul style="list-style-type: none"> <li>Senior Independent Board Member for the College of Policing (until Dec 2021)</li> <li>Chair of Academic Council for BPP University (until Oct 2021)</li> </ul>	<ul style="list-style-type: none"> <li>Lay Member: Senior Council Member</li> <li>Chair: Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Frank <b>MUNRO</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Director Munro Eyecare Limited (T/A Munro Optometrists)</li> <li>Clinical Adviser, Optometry Scotland</li> <li>Optometric Advisor, NHS Lanarkshire</li> <li>Lead Optometrist, Glasgow City Health &amp; Social care Partnership</li> <li>Visiting Lecturer, Glasgow Caledonian University</li> <li>Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)</li> <li>Chair, NHS Lanarkshire Optometric Advisory Committee</li> <li>Member, Greater Glasgow &amp; Clyde Prescribing Review Board</li> </ul>	<ul style="list-style-type: none"> <li>Past President and Honorary Life Fellow, College of Optometrists</li> <li>Member, Association of Optometrists</li> <li>Member, Optometry Scotland</li> <li>Hon Fellow, Association of Dispensing Opticians</li> <li>Member, British Contact Lens Association</li> </ul>	<ul style="list-style-type: none"> <li>Past President, College of Optometrists</li> <li>Past Chair, Optometry Scotland</li> <li>Past Chair, Scottish Committee of Optometrists</li> <li>Past Chair, NHS Education for Scotland Optometry Advisory Board</li> </ul>	<ul style="list-style-type: none"> <li>Registrant Member: Council</li> <li>Member: Education Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Tim <b>PARKINSON</b> Lay Member	<ul style="list-style-type: none"> <li>Director: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: Chartered Management Institute</li> <li>Membership of the Institute of Water</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Lay member: Council</li> <li>Chair: Investment Committee</li> <li>Chair: Companies Committee</li> <li>Council Lead: FTP</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Hema <b>RADHAKRISHNAN</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Employee and Member of the Board of Governors: University of Manchester-</li> <li>Member of Advisory Board: Zeiss Vision group</li> <li>External examiner- Aston University Undergraduate and Masters Optometry programmes</li> <li>Research funding and collaboration with Optegra Eye Hospital group</li> <li>Associate Editor, Translational Vision Science and Technology, an Association of Research in Vision and Ophthalmology Journal.</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists-</li> </ul>	<ul style="list-style-type: none"> <li>Editorial board member Optometry in Practice, a College of Optometrists journal</li> </ul>	<ul style="list-style-type: none"> <li>Registrant member: Council</li> </ul>	
Roshni <b>SAMRA</b> Registrant (OO)	<ul style="list-style-type: none"> <li>Global Medical Advisor, Medical and Professional Affairs, at EssilorLuxottica.</li> <li>Locum optometrist (occasional): various high street or independent practices</li> <li>Student: City University (MSc in Clinical Optometry)</li> </ul>	<ul style="list-style-type: none"> <li>Member of the College of Optometrists</li> <li>Member of AOP</li> </ul>	<ul style="list-style-type: none"> <li>Professional Clinic Manager: City Sight, City University</li> </ul>	<ul style="list-style-type: none"> <li>Member: Council</li> <li>Member: Registration Committee</li> <li>Council Lead: GOC Refresh (People Plan)</li> </ul>	<ul style="list-style-type: none"> <li>Works with a current General Optical Council Case Examiner</li> </ul>
William <b>STOCKDALE</b> Registrant (DO)	<ul style="list-style-type: none"> <li>Own an organisation in the Optical Sector - Optomise Ltd 50% Shareholding.</li> <li>Own an organisation in the Optical Sector - Telford Opticians 50% Stake.</li> </ul>	<ul style="list-style-type: none"> <li>Member of ABDO</li> <li>Member of FODO</li> <li>Member of ONI</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Optometry Northern Ireland</li> <li>Member of a consultative body in the Optical Sector</li> <li>Member BSO Ophthalmic Committee.</li> <li>Non-Executive Director FODO</li> </ul>	<ul style="list-style-type: none"> <li>Member: Council Member</li> <li>Member: Nominations Committee</li> <li>Member: Advisory Panel – Standards Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Dr Anne <b>WRIGHT</b> CBE Lay Chair	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Committee member: The Shaw Society</li> <li>Director of Circa management company</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Council</li> <li>Chair: Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

**GENERAL OPTICAL COUNCIL  
DRAFT Minutes of the public Council  
meeting held on Wednesday 13 March 2024 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Josie Forte, Mike Galvin, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson, Roshni Samra and William Stockdale.  Jamie Douglas and Deepali Modha (Council Associates).
GOC attendees:	Kayleigh Allen (Head of Case Progression), Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Yeslin Gearty (Director of Corporate Services), Philipasia Greenway (Director of Change), Angharad Jones (Policy Manager), Leonie Milliner (Chief Executive Officer and Registrar), Jem Nash (EDI Manager), Andy Mackay-Sim (Head of Governance), Ivon Sergey (Governance and Compliance Manager) (Minutes), Charlotte Urwin (Head of Strategy, Policy and Standards), Catherine Walker (Communications and Public Affairs Officer) and Manori Wickremasinghe (Chief Financial Officer).
External attendees	Olivier Deneve (College of Optometry), Dan Hodgson (FODO), Emily McCormick (Optometry Today), Selina Powell (Optometry Today), Hema Radhakrishnan (GOC Council member from 14 March 2024) and Alan Tinger (FODO).
	<b>Welcome and apologies</b>
1.	The Chair welcomed those in attendance. A warm welcome was extended to newly appointed GOC Council member, Hema Radhakrishnan, commencing her role on 14 March 2024.
2.	There were no apologies.
	<b>Declarations of interests C49(23)</b>
3.	Updates were noted as follows: <ul style="list-style-type: none"> <li>It was noted all Council members would have a financial interest in the item on member fees. Setting member fees is set out within Council’s statutory powers, and therefore the conflict was unavoidable. To mitigate the risk of bias, the recommendation was prepared using benchmarking data across the sector, and then reviewed by Remuneration Committee with the input of Nigel Sully, independent member.</li> </ul>
	<b>Minutes of the meeting held on 13 December 2023 C02(24)</b>
4.	The minutes were approved as an accurate record of the meeting.
	<b>Action points update C03(24)</b>
5.	Council noted updates on previous actions.

	<b>Matters arising</b>
6.	It was noted a typo on the Chair's report – page 153, bullet 2 should read that David Parkins' term of office ends on 14th <i>March</i> .
	<b>GOC strategy 2025-30: proposed vision, mission, values and strategic objectives C04(24)</b>
7.	The Director of Regulatory Strategy introduced the item. It was reported that Council and key stakeholders, including patient organisations, had been engaged in developing the proposed strategy. The proposed strategy was more outward facing than the current strategy and anticipated changes to registrants' scope of practice within service and commissioning redesign, together with the development of professional capabilities to meet patient needs. Council was assured the methodology for maximising engagement during the consultation period included roundtable discussions with registrants, with professional and representative bodies, and charities and patient organisations.
8.	Council was assured there would be sufficient time to consider feedback from the consultation prior to Council's consideration of the strategy at its December 2024 meeting. Council noted that Council leads were supporting the development of the supporting EDI, people, digital and finance strategies.
9.	Council: <b>approved</b> the draft consultation and equality impact assessment on the GOC corporate strategy 2025-30; and <b>delegated</b> approval of the consultation document and equality impact assessment to the Chief Executive and Registrar in consultation with the Chair of Council, if Council requested minor changes to the documents at the meeting.
	<b>Member fees 2024/25 C05(24)</b>
10.	The Head of Governance presented the item. Member fees benchmark data had been considered by the Remuneration Committee at its meeting in February 2024 and had informed its recommendation to Council not to increase member fees for the 2024/25 financial year, apart from a small amendment to fees offered for induction, learning and development for members who do not receive an annual fee. Council supported the use of benchmarking data as the basis for the setting member fees in accordance with the member fee policy, noting the complexity of the member fee schedule.
11.	Council was advised member fees, including Hearing Panel reading fees which had been utilised infrequently in the last 12 months, would be reviewed as part of the member support review, and the five-year financial forecast had been adjusted accordingly. Council was assured that this review would also include consideration of the Senior Council member fee, and if the benchmark data for chair of Audit, Risk and Finance Committee (ARC) indicated, consideration if a specific fee for the chair of ARC was necessary to reflect both time commitment and additional responsibility.
12.	Council: <b>noted</b> that Remuneration Committee reviewed benchmark data at its meeting on 5 February 2024 and recommended: <ul style="list-style-type: none"> <li>• that no general increase in member fees is being proposed for 2024/25: and</li> <li>• that, for members who do not receive an annual fee, induction, learning and development activities are remunerated at day rate of £319, pro-rata for shorter periods of time, including for training that is less than two hours;</li> </ul>



	<b>approved</b> the member fee schedule for 24-25 (annex 2); and <b>approved</b> consequential amendments to the member fee policy (annex 1).
	<b>EDI action plan 2024-25 C06(24)</b>
13.	The Chief Executive and Registrar presented the item. It was commented how the landscape of EDI had changed since the 2019 EDI action plan. The proposed EDI action plan to March 2025 set out a roadmap that would foreground the development of the GOC's longer-term EDI strategy to 2030. Council commended achievements to date, noting it was important to avoid any form of tokenism, and to realise the next stage of the plan, it would be necessary to invest in external research.
14.	Council commented on the importance of demonstrating leadership in this area, as well working collaboratively across the sector and drawing on existing research. The Optical Consumer Complaints Service (OCCS) aligning with GOC strategic priorities and data standardisation would be important in informing insights such as access and barriers to care.
15.	Council discussed whether the proposed allocated spend should form part of business as usual spend. It was important that Council continued to invest in EDI, and noted many of the proposed actions were cross cutting, including those relating to culture and behaviours, and would be led by areas such as the People and Culture team, Education and CPD. Council noted the executive were at the early stages of scoping workstreams, and had set up a working group to look at unfair outcomes. The intention was to plan for any costs arising from the research to be included in future BAU budgets, once actions were identified. A further proposal would be brought to Council should the approved allocated funds be insufficient. Council suggested reporting back on impact of actions taken and a measure of progress.
16.	Council: <b>approved</b> the 2024-2025 EDI action plan (annex 1); <b>approved</b> the allocation of up to £20,000 from strategic reserves to meet the cost of external research into unfair outcomes, subject to the business case being approved; and <b>delegated</b> approval of the business case to the Chief Executive and Registrar.
	<b>External business plan and budget 2024/25 C07(24)</b>
17.	The Chief Financial Officer introduced the proposed 2024/25 business plan and budget. Council noted the proposed budget had been scrutinised by the Audit, Finance and Risk Committee (ARC). The proposal would ensure the internal business plan commitments were achieved within the current budget and aligned to the strategic plan. It was highlighted that no additional drawdowns had been required. Council noted registration income modelling and expenditure trends were reviewed quarterly. Council also noted the criteria for expenditure from the complex legal cases reserve had been updated. Financial commitments and risks that underpinned the next 5-year strategy were noted.
18.	Council: <b>approved</b> the proposed budget 2024/25; <b>approved</b> the proposed external business plan 2024/25; and <b>delegated</b> any minor corrections to the external business plan to the Chief Executive and Registrar, in consultation with the Chair of Council.

	<b>Consultation response - removing gender from the register C08(24)</b>
19.	The Director of Regulatory Strategy presented the item. The consultation results showed views on removing reference to gender from the public register were finely balanced. It was commented that no other information on protective characteristics were published on the GOC register. Council noted the GOC would continue to collect data on registrants' gender for EDI data monitoring and reporting purposes.
20.	Council: <b>approved</b> the proposed response to the consultation (annex 1); <b>approved</b> the updated Impact Screening Assessment (annex 2); and <b>noted</b> the proposed next steps.
	<b>PSA GOC performance review 2022/23 C09(24)</b>
21.	Council noted it was the second year running that the GOC had met all Professional Standards Authority (PSA) standards. Council congratulated the executive for sustaining a positive outcome, and noted the assurance provided by the report that GOC met the PSA standards for good regulation. Council noted actions to progress the recommendations in the report had been included in the business plan. Council also discussed adaptation to new PSA performance monitoring approach in relation to Standard three (EDI.)
22.	Council noted the graph on page 5 of the PSA monitoring report which showed an increase in median decision times in the final quarter of the review period and that it would be important to monitor the position once Q4 figures were available. The closure of older cases would also have driven up the median, even though it was positive that such cases were being closed. Further assurance would be brought to Council at its next meeting in the Business Performance dashboard.
23.	Council <b>noted</b> the PSA's assessment of GOC performance and work in engaging with the review process.
	<b>Q3 2023/24 Financial performance report C10(24)</b>
24.	The Chief Financial Officer presented the report. Council was advised references to the year 2024 should read 2023 in the paper heading and in paragraph 4. Council noted a rapid review had been commissioned to identify more opportunities for cost and time efficiencies in Hearings, which would be reported to Council in due course.
25.	Council: <b>noted</b> the financial performance for the nine months ending 31 December 2023 in annex one
	<b>Q3 2023/24 Business performance dashboard C11(24)</b>
26.	The Head of Governance presented the item. The dashboard now included additional measures for CPD, as per previous Council recommendations. Council noted this would be a significant area of focus for the remainder of the year. Council was advised there was ongoing communication with registrants to encourage completion and uploading of Personal Development Plans (PDPs) and uploading of CPD points. Alternative and complementary communication approaches were also being explored. Council discussed the culture shift that may take a further CPD cycle to achieve, before registrants had greater confidence in planning, reflecting upon and recording their CPD without the scaffold of a highly prescriptive point-based system. Council was also

	assured there was a programme of audits to look at the quality and compliance of CPD recorded.
27.	<p>Council noted prior Case Progression vacancies had now been filled. Casework Operations team staff resources would be required for user testing of CMS and any potential impact was being mitigated. Council noted individual officers' caseloads were high and this was impacting case progression. Customer satisfaction progress continued.</p> <p>Council <b>noted</b> the report.</p>
	<b>Q3 2023/24 Business plan assurance report C12(24)</b>
28.	<p>The Head of Governance presented the item. Council noted MyGOC procurement had been completed and final contracts were being reviewed.</p> <p>Council <b>noted</b> the report.</p>
	<b>Chair's report C13(24)</b>
29.	<p>The Chair of Council presented the report, expressing appreciation and thanks to outgoing Council member David Parkins for his tremendous contributions made over the last eight years and wished him all the best in his future endeavours. Council noted new member appointments were under way and progressing well.</p> <p>Council <b>noted</b> the report.</p>
	<b>Chief Executive and Registrar's report C14(24)</b>
30.	<p>The Chief Executive and Registrar presented the report. Council applauded all the recent achievements, including compliance with Welsh language standards. Council noted there were no further developments on regulatory reform for the GOC but there was continued progress with the GMC, with an order now enacted. Council was advised staff turnover was slightly above average due to a competitive recruitment marketplace, but it was anticipated that enhanced reward and recognition benefits from May 2024 may aid retention.</p> <p>Council <b>noted</b> the report.</p>
	<b>Council forward plan C64(23)</b>
31.	Council <b>noted</b> the Council forward plan.
	<b>Any other business</b>
32.	The Chair of Council thanked all for attending. A huge thanks was extended to staff for their contributions and production of an excellent set of meeting papers.
	<b>Date of the next meeting</b>
33.	Council noted the date of the next public meeting as <b>Wednesday 26 June 2024</b> .
	<b>Close</b>
34.	The meeting closed at 2.23pm.

**COUNCIL**

**Actions arising from Public Council meetings**

**Meeting Date:** 26 June 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 13 March 2024**

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

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

Reference	By	Description	Deadline	Notes
<b>Advisory Panel minutes – 6 November 2023 C63(23)</b>	Head of Governance	Head of Governance to meet with Advisory Panel chair and Chair of Council to discuss how feedback from the Panel to Council can be formalised.	June 2024	<b>Ongoing</b> – to be considered as part of the review of committees and Panel terms of reference
<b>Q2 2023/24 Business performance dashboard C59(23)</b>	Head of Governance	Head of Governance to consider updates to the customer satisfaction measures.	June 2024	<b>Ongoing</b> – due for revision in 2024/25.

**Part 3: Action points previously outstanding but now completed.**

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

**Business registrant survey 2024**

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**Meeting:** 26 June 2024**Status:** For noting**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)**Paper Author:** Angharad Jones (Policy Manager)**Council Lead(s):** There is no Council lead for this work.**Purpose**

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1. To enable Council to discuss the key findings from our [business registrant survey](#) (annex one and [infographics](#) annex two).

**Recommendations**

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2. Council is asked to note the findings from the surveys.

**Strategic objective**

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3. This work contributes towards the achievement of the following strategic objective: Transforming customer service. This work is included in our 2023/24 Business Plan.

**Background**

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4. This is the first time we have carried out a survey exclusively with GOC business registrants. It is increasingly important for us to engage with our business registrants particularly as we are likely to see rapid changes within the sector. We need to understand business registrants' views and experiences and any challenges they may face. Our new draft Strategic Plan 2025-30 puts business registrants very much at the heart of what we want to achieve, for example, creating more inclusive eye care services for patients and supporting responsible innovation in the sector. We are also in the process of reviewing our model of business regulation, so it is important we understand the sector to help inform our policy approach.
5. We commissioned Impact Health to carry out the research and we hope to repeat it annually. The aims of the survey were to:
  - build a picture of the size and characteristics of registered businesses;
  - help to understand current issues facing business registrants;
  - identify levels of innovation and technology adoption across business registrants;
  - explore the role of businesses in training the next generation of eye care professionals, as well as;
  - understand perceptions of newly qualified professionals;
  - understand perceptions of regulation; and
  - inform policy development linked to regulation of optical businesses.

6. The online survey was sent to all business registrants (2,891) to complete between 7 December 2023 and 31 January 2024. To note, the GOC does not currently regulate all optical businesses, but only those bodies corporate that meet certain eligibility requirements (including around its directors' registration and the nature of its activities).<sup>1</sup>
7. The survey was promoted by the GOC and stakeholder organisations via email newsletters and social media, including support from multiples who helped to promote the survey to joint ventures and franchises in their group. FODO assisted with the questionnaire design. In total 214 responded, representing a 7% response rate. The response rate amongst independent practices was 8% (142 completes from 1,697 businesses), whereas the response rate for multiples was 6% (72 completes from 1,194 businesses). The data was weighted by business type i.e. independent practice and multiples. Please refer to the technical appendix in the [report](#) for information on the confidence interval as this is dependent and will vary on the base size for each question.
8. Response rates were below target but not atypical of business surveys. We hope that promotion of the research findings will build support for greater engagement in future waves, while we will also review survey length and consider other approaches to achieve higher response rates next time.

## **Analysis**

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9. In this section we have provided a brief overview of the key findings and an outline of the policy implications for the GOC and wider sector.

### There are strong levels of innovation in the sector

10. There appears to be strong evidence of innovation and appetite to play their part in the transformation of optical services.
  - 73% of respondents introduced a new or improved clinical service to patients over the last three years and of these:
  - 79% introduced a service that was only new to their business; and
  - 28% introduced a service that was new to the market.
11. The drivers for innovating were patient centric with 99% of respondents saying that improving customer experience was a reason behind their decision to innovate, and 92% citing patient demand for new services as a reason.

### Adoption of technology and artificial intelligence (AI) is set to grow

12. 89% of respondents had a website and 74% used social media.

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<sup>1</sup> S.9 Opticians Act 1989

13. Over the next two years the largest anticipated increases in tech and AI adoption are the use of live chat/virtual assistants set to increase from 11% to 26%; websites with interactive features from 58% to 77%; and the use of AI from 5% to 27%.

There is an appetite to expand the scope of services available to patients

14. Currently 33% of respondents said they offered glaucoma monitoring and 20% said they offered independent prescribing, but within the next two years this is due to increase to 68% and 53% respectively.

Recruitment of optometrists and dispensing opticians can be a challenge

15. 63% of respondents disagreed that they can easily recruit optometrists, and 51% said the same for dispensing opticians.
16. Three quarters of respondents (76%) said that they had used locums over the last 12 months, and of these 42% said that they were forced to use them due to difficulties recruiting or retaining permanent staff.

Most businesses are confident in the skills of newly qualified optometrists and dispensing opticians

17. Roughly a third of respondents (36%) said they had employed a newly qualified optical professional in the last two years. Most respondents (72%) agreed that newly qualified optometrists (72%) and dispensing opticians (86%) could perform most tasks within their scope of practice when they first started. Leadership and management is an area that both could improve upon.

Growth trends are positive but there are challenges

18. 51% of respondents said their business had grown over the last 12 months, with 40% saying it had remained stable and 9% saying it had declined. Growth is predicted to continue over the next 12 months.
19. The top three challenges to businesses are financial, with the majority rating government funding of sight tests / eye examinations (62%), rising costs due to economic conditions (58%), and increasing wage pressures (57%) as very challenging.

Optimism about the future is mixed

20. 60% of respondents said they were positive about the future of their business but under half (40%) expressed agreement that they are optimistic for the future of primary eye care.

Independent businesses may face greater challenges

21. Independents appear worse off across a range of measures – less innovation, slower technology adoption, greater reliance on NHS sight tests, anticipate less growth.

### Views on GOC are mixed

22. 48% of respondents disagreed that GOC registration fees were reasonable and 52% disagreed that annual compliance costs are reasonable, although the compliance costs mostly likely to be considered unreasonable were those related to the NHS or wider governmental legislation.
23. 61% of respondents agreed that the GOC's standards for optical businesses help to ensure quality of patient care and around half expressed agreement that they are easy to comply with (54%) and easy to understand (46%).

### Policy implications

24. The research we have conducted has allowed us to have a better understanding of the opportunities and challenges facing our business registrants. This is vital as the sector is likely to go through a period of rapid change over the next few years. As the research indicates, optical businesses are already open to change with strong levels of innovation, a desire to expand clinical services and a willingness to use tech and AI. These developments have the potential to improve patient outcomes by facilitating access and providing patients with the best quality care. As the regulator we need to be agile in our approach to supporting responsible innovation whilst at the same time protecting patients from risk of harm, and this commitment is outlined as one of our key objectives in our next draft Strategic Plan 2025-30.
25. We also need to ensure that the optical workforce have the right skills and knowledge to help deliver the changes that optical businesses want to offer patients and the public. Overall, there is positive feedback on the skills and knowledge of newly qualified optometrists and dispensing opticians which is an encouraging sign for the sector. However, we must continue to think strategically about how we can support registrants to develop their skills throughout the duration of their career, for example, by gaining additional post-registration qualifications and ensuring the system of Continuing Professional Development (CPD) supports them to expand their scope of practice. These are key priorities in our new draft Strategic Plan 2025-30. We have also asked a range of questions about learning and development opportunities for registrants in this year's individual registrant survey, and we will share the findings with Council at their meeting in September.
26. In terms of challenges, the research highlights the difficulties that businesses face in recruiting and retaining staff which is resulting in an increase in the use of locums. There are concerns across the healthcare sector about the increasing use of locums and the impact this may have on delivering safe and effective patient care. Overall, the sector should be mindful of workforce challenges, and this year's GOC individual registrant survey will provide more information about why registrants are moving into locum work along with estimates of the number of full and part-time workers.
27. We will use the findings to help inform our approach to business regulation and further down the line our review of business standards. In relation to business



regulation, the Professional Standards Authority highlighted in their report [Safer care for all](#) the challenges that regulators face in regulating businesses and it is important that we have a comprehensive understanding of this registrant base via regular research activities.

## **Finance**

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28. The policy and standards budget includes the costs of commissioning this survey.

## **Risks**

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29. There is a risk that we do not understand the views of GOC business registrants, and this could have negative implications for our role of protecting and promoting the public's health and safety. To mitigate these risks, we will repeat this survey annually to ensure we regularly understand the challenges and risks faced by business registrants.

## **Equality Impacts**

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30. We have not carried out an equality impact assessment as the survey is not a new or amended policy.

## **Devolved nations**

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31. The survey was sent to all GOC registered businesses across the UK. Of the businesses surveyed, the vast majority operated in England (83%), with a minority operating in Wales (8%), Scotland (7%) and Northern Ireland (4%). Due to insufficient base sizes for regions outside of England, statistical comparisons on this basis have not been made in the research report.

## **Communications**

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### **External communications**

32. The [report](#), infographics and data tables have been published on the GOC's website and disseminated to external stakeholders, including the optical sector policy forum. There has been coverage of the survey in the trade press, including an article in Optician on innovation. This shows how the survey can usefully stimulate conversations in the sector.

### **Internal communications**

33. The findings will be discussed by the Companies Committee and have already been communicated to relevant internal colleagues.

## **Next steps**

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34. The report, infographics and data tables have already been published on the GOC's website, and we will continue to use the findings to inform our work.

## Attachments

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Annex one: [GOC Business Registrant survey 2024](#)

Annex two: [Infographics](#)

# IMPACT

FROM INSIGHT TO INFLUENCE

General Optical Council

## Business Registrant Survey 2024

Research report

Prepared for General Optical Council (GOC)

Prepared by Impact Health

March 2024

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All projects are carried out in compliance with GDPR and the ISO 20252 international standard for market, opinion, and social research. All Impact Health team members are also registered with the British Healthcare Business Intelligence Association (BHBIA)



# Key findings

## 1 Key findings

Below are the key findings for research which was collected between 7<sup>th</sup> December 2023 through to 31<sup>st</sup> January 2024 for businesses registered with the GOC. The findings are based on completes from 214 registered businesses, representing 7% of the overall registered business population. Findings therefore should be considered directional and may not be applicable to the registered business population in its entirety, and may also be inapplicable to businesses unregistered with the GOC. These key findings summarise some of the information from the research, and the questions asked and data collected can be explored in more depth in *section 3*.

### Services provided

- **Multiples** are more likely than **independent practices** to offer a combination of optical and non-optical services. Although some services are offered by almost all registered businesses, namely sight tests / eye examinations, the sale of prescription spectacles, the fitting and sale of contact lenses, and pre- and post-operative cataract services, the provision levels of other services vary considerably across the industry.
- The services most expected to increase in provision over the next two years are **glaucoma monitoring** and **independent prescribing**, both of which are expected to double in adoption until they are offered by at least half of registered businesses.
- However, many services are anticipated to continue to be used only by a minority of registered businesses, namely **laser eye surgery, orthoptics, domiciliary services, the sale of zero-powered contact lenses, diabetic screening, and visual stress / colorimetry tests**.
- Although almost all registered businesses have contracts with NHSE/Health Boards, there are large differences between how many of their sight tests / eye examinations over the last year were publicly funded. **Independent practices were over twice as likely** as multiples to have had over 70% of their sight tests funded by the NHS.

### Innovation

- **Innovation has been common across registered businesses:** in the last three years, 3 in 4 businesses have introduced a new or significantly improved clinical service to patients, and 1 in 4 claim to have introduced a service that was **entirely new to the market**.
- **Most registered businesses who have innovated have seen increases in revenue as a result**, both from bringing in new patients and increasing revenue from existing patients. However, only a minority have seen increased market share from bringing in new services. Those businesses that

have brought in a service new to the market have been more likely to see a variety of benefits, both **financially** and in terms of **added value for patients**.

- Drivers of innovation have been primarily **patient-centric**, aiming to improve their experience and meet their demands. **National regulation** has also been a strong driver, specifically concerning changes in NHS/government commissioning and GOC regulations, showing the impact of top-down changes in driving innovation. The innovation of many registered businesses appears also to have been facilitated by the increasing availability of new technology.
- The primary barriers to innovation over the last three years have been mostly **economic** and **financial**. The **lack of NHS connectivity to ophthalmology** has also constrained innovation, as well as a lack of qualified personnel, and both were experienced particularly strongly by multiples. Businesses with annual turnovers under £250k were also somewhat likely to mention the rise of unregistered online sellers as a key barrier through open-end responses.

## Use of technology

- Although most registered businesses currently use a website, this was significantly less common amongst franchises. Despite the prevalent usage of websites, most registered businesses **do not publish the price of sight tests or eye examinations on them**. **Independent practices** are substantially less likely to publish the price of sight tests / eye examinations on their websites than **multiples**.
- Most registered businesses are also using social media, and those who use social media are more likely to have introduced new or improved clinical services to patients as well as to use PMS/electronic patient records, which points to an association between digital engagement and innovation.
- Optical coherence tomography and PMS/electronic patient records are currently the most widely used technologies, being used by over 3 in 4 registered businesses. Over the next two years, there is expected to be **increasing uptake of online technologies**, with artificial intelligence and LiveChat / virtual assistants planning to be used by over a quarter of registered businesses. Of the diagnostic tools, OptoMap is expected to gain the most adoption, doubling its usage from today.

## Placements for optical students

- Around a quarter of registered businesses currently have arrangements with universities or the College of Optometrists to offer placements to optical students, with this being **much more prevalent among multiples** than independent practices. Most have found the number of placements offered over the last 12 months to be consistent with previous years.
- The primary perceived benefits to offering placements are **future-facing**, through supporting a new generation of optical professionals and increasing the pipeline of future employees, rather than immediate benefits to the workforce at the time of placement. **All benefits were expressed much more strongly by multiples** than by independent practices.

- The most common barriers to offering placements are **time constraints** and **a lack of available consulting rooms**, but many registered businesses also report that there are regulatory, financial, and resource-based barriers.
- The reduced numbers of placements offered by independent practices appears largely to be due to **a lack of perceived benefits** in comparison to multiples, rather than due to them experiencing more barriers to offering them. Nevertheless, **independent practices** were slightly more likely to cite time constraints, lack of available consulting rooms and financial factors as reasons not to offer placements.

## Newly qualified professionals

- Around a third of registered businesses have employed a newly qualified optical professional in the last two years, and as with student placements, this was **much more common amongst multiples** than **independent practices**.
- Although the majority of registered businesses feel newly qualified optometrists and dispensing opticians meet most expected outcomes and performance criteria, **dispensing opticians** were usually seen as being **more capable at the point of beginning employment**.
  - For newly qualified optometrists, most believe the areas in need of improvement are their **leadership and management**, their **confidence within their scope of practice**, and the **gaps in their knowledge, skills and behaviours**.
  - For newly qualified dispensing opticians, most suggest improvement is needed in their **leadership and management**.
- Registered businesses also reported substantial **improvements in performance** for newly qualified professionals now compared to the time they started working at the business, particularly for **newly qualified optometrists**.

## Perceptions of fees and annual compliance costs, adherence to standards

- Most registered businesses **disagree that GOC registration fees are reasonable**. They are also more likely to **disagree that annual compliance costs are reasonable**, with this being expressed **more strongly amongst independent practices** than  **multiples**.
  - The ongoing compliance costs most likely to be considered unreasonable are NHS commissioning requirements, data protection requirements, professional indemnity insurance, environmental and sustainability laws/regulations/standards, CPD undertaken by employees and health and safety.
- Although a majority of registered businesses agree that the GOC's standards for optical businesses are easy to comply with and help to ensure the quality of patient care, there is greater uncertainty around whether they are easy to understand. Overall, there appears to be an opportunity to improve the **comprehensibility** of the standards, as well as **engagement** with and **awareness** of them, as many registered businesses did not have an opinion towards them.
- Awareness of the Optical Consumer Complaints Service (OCCS) is currently high amongst registered businesses. 10% of registered businesses have had an OCCS complaint considered against them in the last 12 months, with the number being substantially **higher amongst multiples** than **independent practices**.



## Ability to recruit new optical professionals and use of locums

- **Being able to recruit new optical professionals appears to be a key challenge** for many businesses registered with the GOC, particularly optometrists.
- **The majority of registered businesses have had to use locums** at least occasionally in the last 12 months, with their usage being **more common amongst multiples** than **independent practices**. **Multiples** are much more likely to use them due to **staffing difficulties**, whereas **independent practices** are more likely to use them as a positive choice to fit their business model. Outside of these approaches, a frequent reason given for using locums was specifically to cover holidays, sickness and maternity leave. There were also a few open-end responses which suggested that there was an emerging culture of optometrists preferring to locum, which may force businesses into using them.

## Business performance and challenges faced

- Overall, **growth trends for most registered businesses are positive**, with most having seen growth in the last 12 months and in the last three years, as well as anticipating further growth in the next 12 months. **Multiples are more likely to have experienced** and to **expect to experience growth** over all timeframes compared to **independent practices**. Businesses who have introduced an innovation in the last three years that was new to the market, as opposed to only their business, were also more likely to see growth over the last 12 months.
- **The biggest challenges faced by registered businesses are financial**, encompassing the **government funding of sight tests / eye examinations**, rising costs due to economic conditions, and increasing wage pressures. Beyond that, there are also challenges from **difficulties recruiting staff**, the impact of the **cost-of-living crisis on patients**, and **competition from online businesses**, the latter of which is experienced particularly strongly by **smaller businesses** (annual turnovers of less than £250k).
- Despite these challenges, most registered businesses are optimistic for their own future. Nevertheless, there remains a level of uncertainty about the future of primary eye care, with most agreeing that they expect difficult times ahead for the industry.
- Although the [2023 Mapping of Optical Businesses](#) suggested COVID was an important factor in declining business numbers from 2019 up to 2022, this research suggests it is no longer a key challenge for registered businesses; however, there now appear to be growing financial challenges from the current economic climate and the cost of living.

## 2 Research introduction

The GOC (General Optical Council) is the regulator for optical professions in the UK. Its mission is to protect the public by upholding high standards in the optical professions. The GOC commissioned Impact Health to run an inaugural wave of quantitative research on its approximately 3,000 registered businesses (as of 2023), building on previous research in the [2023 Mapping of Optical Businesses](#) to help support objectives outlined in the [Fit for the Future 2020-2025 Strategic Plan](#).

The research covers a range of topics, with aims to:

- build a picture of the size and characteristics of registered businesses;
- help to understand current issues facing business registrants;
- identify levels of innovation and technology adoption across business registrants;
- explore the role of businesses in training the next generation of eye care professionals, as well as their perceptions of newly qualified professionals;
- understand perceptions of regulation; and
- inform policy development linked to regulation of optical businesses.

The information in this report was collected via an online survey which registered businesses were able to complete between 7<sup>th</sup> December 2023 through to 31<sup>st</sup> January 2024. The findings are based on completes from 214 registered businesses, representing 7% of the overall registered business population. Findings therefore should be considered directional and may not be applicable to the registered business population in its entirety. As the survey for the following research was sent only to businesses registered with the GOC, findings may also not be applicable to unregistered businesses.

For more information on how the data was collected and analysed for this report, as well as the reporting standards used within it, see the technical appendix in *section 4.1*.

### 3 Research findings

#### 3.1 Business demographics

The following section presents the weighted demographic data collected for all businesses that completed the survey, outlining:

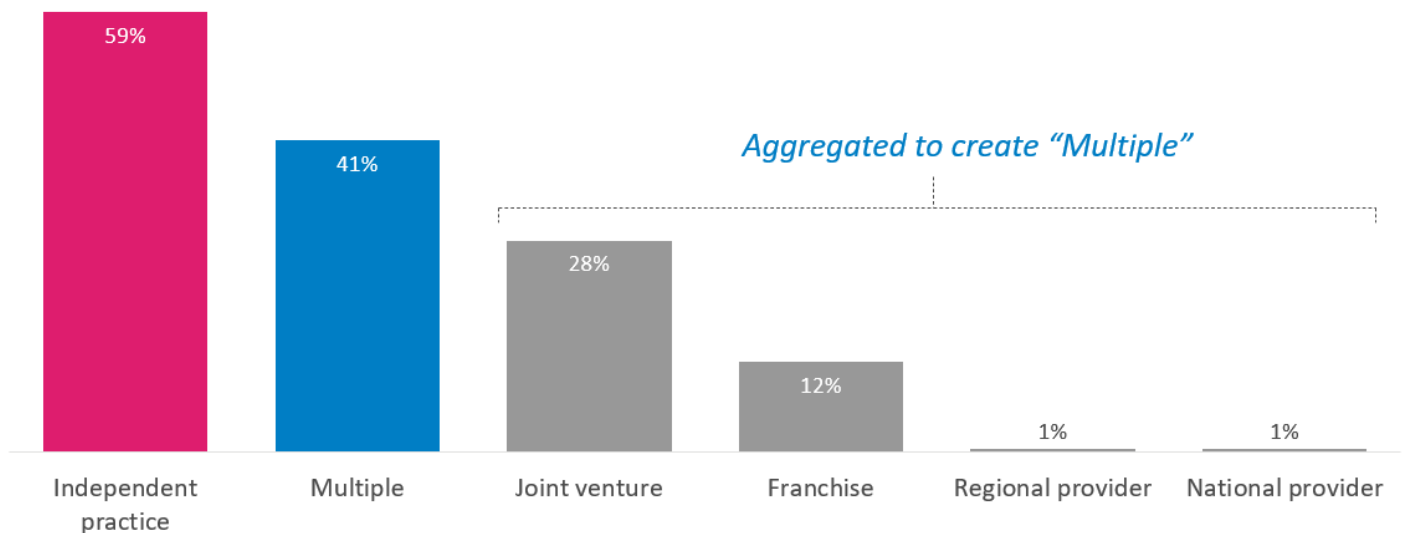
- their business structure, i.e., independent practice or multiple (with multiple comprising joint venture, franchise, regional or national provider);
- which countries within the UK they operate in;
- whether they serve patients in city, town, rural, or other (e.g. mobile) locations;
- how long ago they were established;
- how many staff they employ;
- their approximate annual turnover in the last year;
- the number of practices and sites they operate; and
- their ownership and management structure.

It will also delineate any significant associations that exist between these factors, and whether each one was used as a subgroup to investigate potential differences between business types throughout the report.

##### 3.1.1 Business structure

Data was collected to understand how many of the surveyed businesses were independent practices, joint ventures, franchises, regional providers, and national providers, which is illustrated in *figure 1*.

**Figure 1 – Business structure**



*Which of the following best describes your business structure? (base: all; n=214)*

All data in the report is adjusted using weights based on the proportion of independent practices and multiples in the GOC database, as outlined in the technical appendix (*section 4.1*). Of the weighted sample, 59% were **independent practices** and 41% were **multiples**. The **multiples** group was formed through aggregating data across **joint ventures, franchises, and regional/national providers**, to provide sufficient

base size for comparisons against **independent practices**. Differences unique to **joint ventures** and **franchises** are also reported where relevant and statistically significant.

### 3.1.2 National breakdown

Figure 2 presents data for which parts of the UK the surveyed businesses serve, as well as which have operations outside of the UK.

**Figure 2 – National breakdown**



*Where does your business operate? (please tick all that apply) (base: all; n=214)*

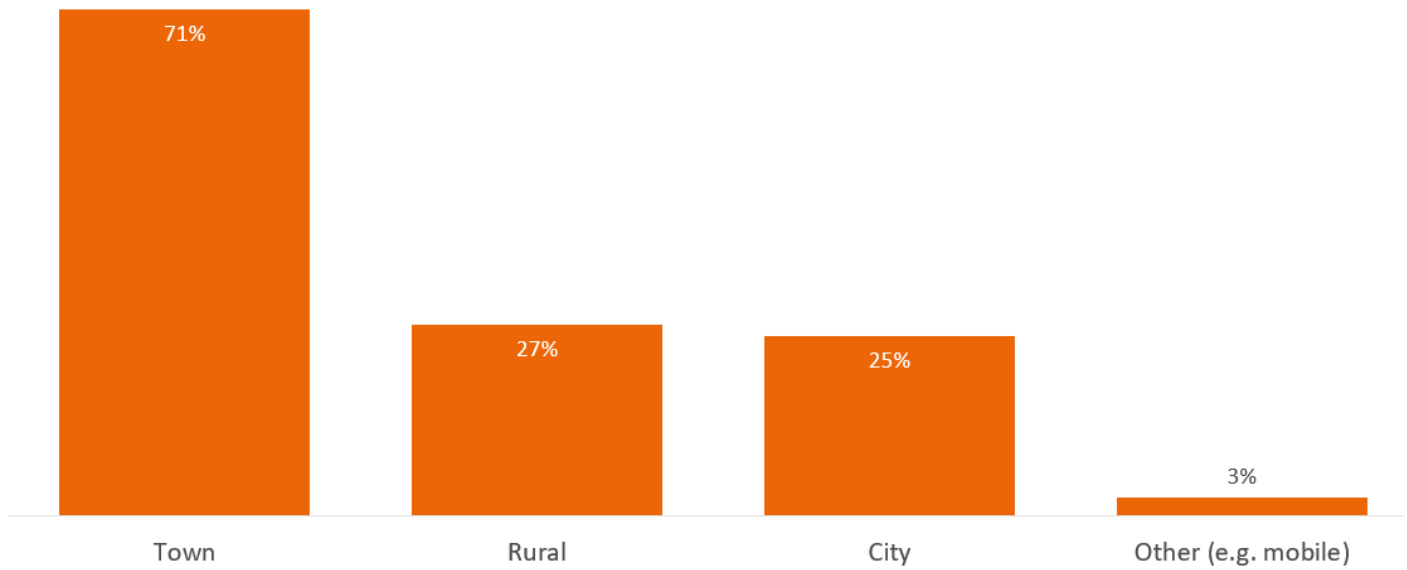
Of businesses surveyed, the vast majority operated in **England** (83%), with a minority operating in **Wales** (8%), **Scotland** (7%), **Northern Ireland** (4%) and **outside of the UK** (1%). The only business operating outside of the UK was a large independent portfolio brand that served the whole of the UK as well as the Republic of Ireland. These figures are in line with those from previous research done in the [2023 Mapping of Optical Businesses](#) (England: 80%; Wales: 5%; Scotland: 11%; Northern Ireland: 4%).

Due to insufficient base sizes for regions outside of England, statistical comparisons on this basis have not been made in this report.

### 3.1.3 Types of location where patients served

Data was collected to understand which businesses served patients in **city**, **town**, **rural** and **other (e.g. mobile)** locations, which *figure 3* presents.

**Figure 3 – Types of location where businesses serve patients**



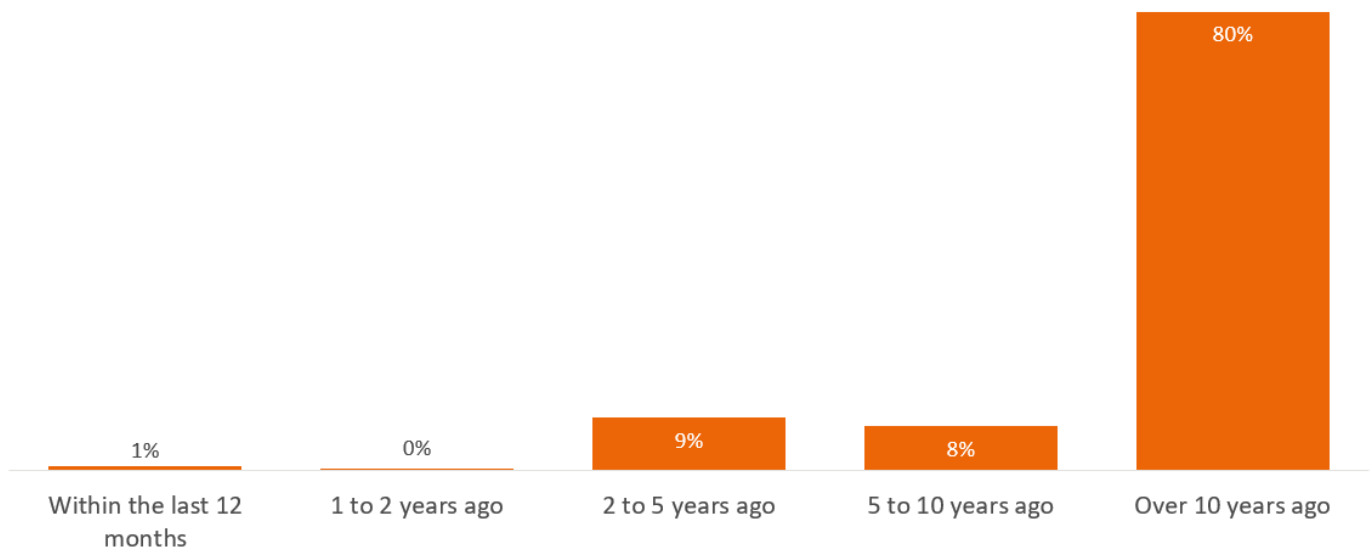
*In which type of locations does your business serve patients? (please tick all that apply) (base: all; n=214)*

The majority of businesses served patients in **town** locations (71%), with around a quarter serving them in **rural** (27%) and **city** (25%) locations, and each of these groups had sufficient base size to be included in statistical analysis in the report. Although very few selected **other (e.g. mobile)** (3%), this group had sufficiently differentiated responses for some questions to be considered for statistical analysis.

### 3.1.4 Business age

Figure 4 illustrates the age of businesses surveyed, broken out into those established within the last 12 months, one to two years ago, two to five years ago, five to ten years ago, and over ten years ago.

**Figure 4 – When businesses were established**



*How long ago was your business established? (please tick all that apply) (base: all; n=214)*

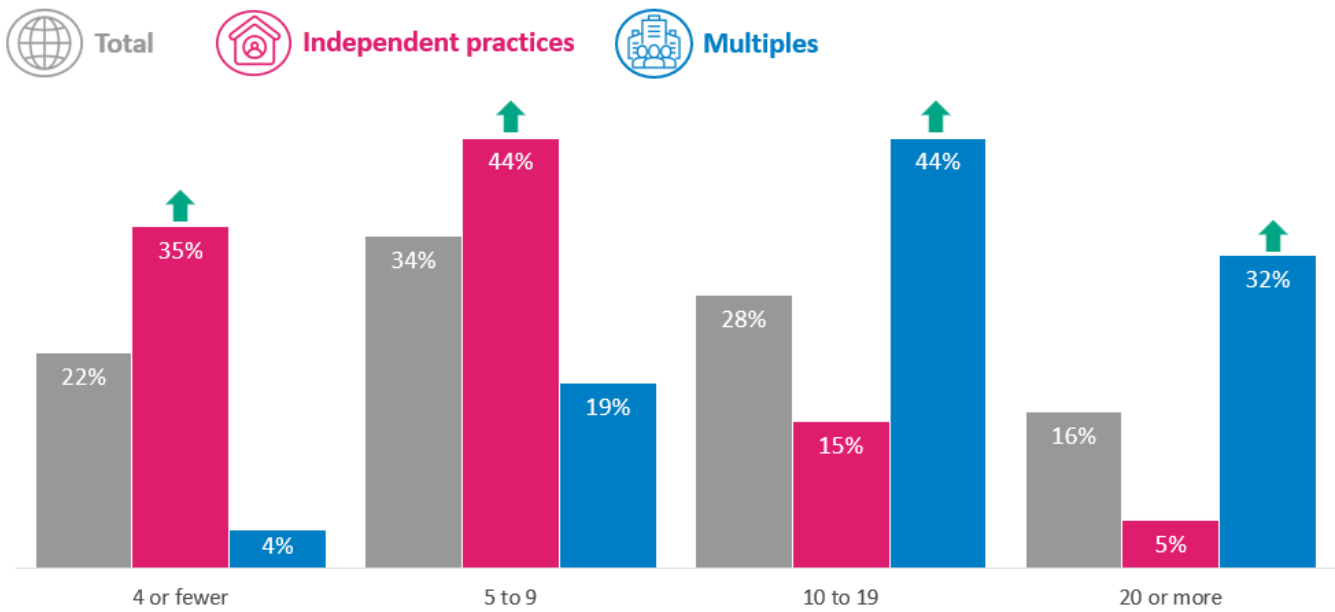
The majority of businesses were established over ten years ago (80%), with a minority being established five to ten years ago (8%), two to five years ago (9%), one to two years ago (0%; n=1), or within the last 12 months (1%). A couple of businesses also indicated that they did not know when their business was established (1%).

To provide sufficient base size for statistical analysis, all businesses established within the last 10 years were grouped into a category of those established **less than ten years ago** (19%), and significant differences between these and those established **over ten years ago** have been described in this report.

### 3.1.5 Size of staff and annual turnover

Businesses were also asked to report how many people they currently employ (*figure 5*) and their estimated annual turnover over the last 12 months (*figure 6*).

**Figure 5 – Size of staff**

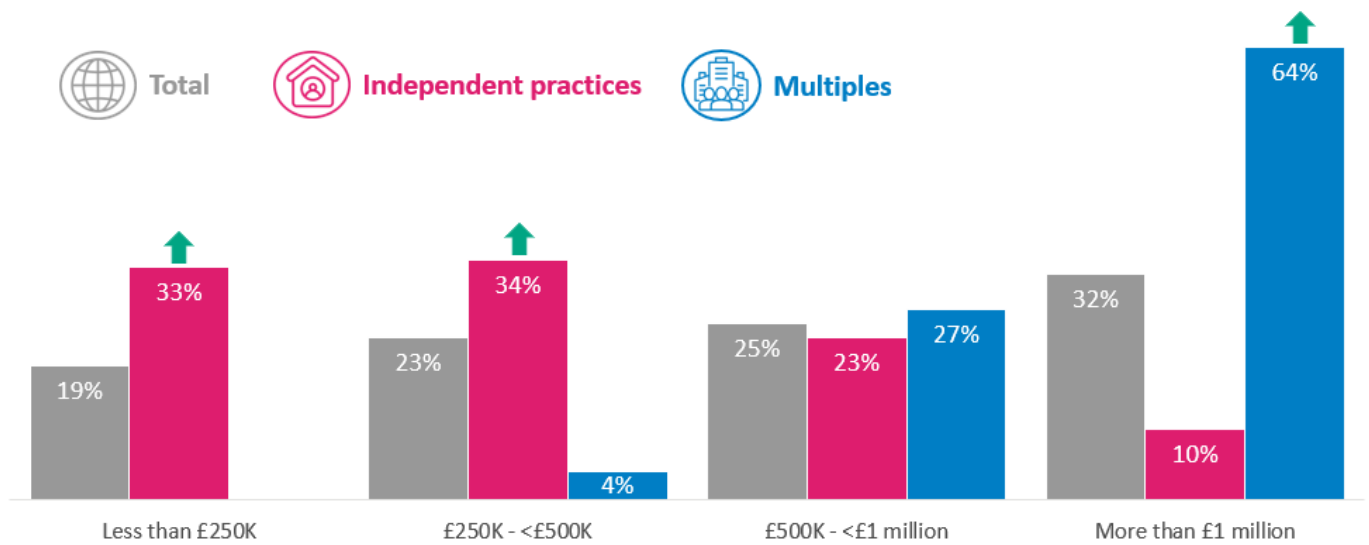


*How many people in total are currently employed in your business? As a reminder, please answer the question based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company). (base: all; n=214; Independent practices base: n=134; multiples base: n=72). Green arrows represent significant increase over other business structures (p<0.05)*

When considering the total, there was a roughly even split between those with **4 or fewer** (22%), **5-9** (34%), **10-19** (28%) and **20 or more** (16%) staff.

Staff size was also significantly associated with business structure. **Independent practices** were significantly more likely to have 9 or fewer staff (79%), whereas **multiples** were more likely to have 10 or more (76%). To avoid redundancy, significant differences based on staff size in this report have only been described where those differences are not also explained by business structure.

**Figure 6 – Annual turnover over the last 12 months**



Please indicate below the approximate turnover of your business in the most recent completed financial year. All figures below indicate yearly turnover in £. Note: Turnover refers to the market sales of goods and services, including all taxes except VAT. (base: all; n=214; Independent practices base: n=134; multiples base: n=72). Green arrows represent significant increase over other business structures (p<0.05)

There was also a roughly even split between those with an annual turnover in last 12 months **less than £250k** (19%), **£250k to <£500k** (23%), **£500k to <£1m** (25%), and **over £1m** (32%). As with staff size, annual turnover was associated with business structure, with **independent practices** being significantly more likely to have an annual turnover of less than £500k (76%), and **multiples** being more likely to have a turnover of **over £500k** (92%), meaning differences in turnover have only been described in this report where they do not also exist based on business structure.

### 3.1.6 Number of practices and sites

Businesses were asked to indicate how many practices or sites they currently operate, which was grouped into those who operate one site (78%) and those who operate multiple sites (22%). Number of sites was not found to statistically influence any other questions asked in the survey, meaning no significant differences have been reported.

### 3.1.7 Ownership and management structure

Data was collected to understand the ownership and management structure of businesses surveyed, separated into those who are:

- owned and managed by GOC registered practitioner(s) (91%);
- owned by GOC registered practitioner(s) but managed by “lay” employees (7%);
- owned by lay individual(s) but managed by GOC registered practitioner(s) (2%); and
- those owned and managed by “lay” individual(s) (0%, n=1).



Due to insufficient base size in all groups except for those owned and managed by GOC registered practitioner(s), no significant differences have been explored based on this question.

## 3.2 Service provision, innovation and technology adoption

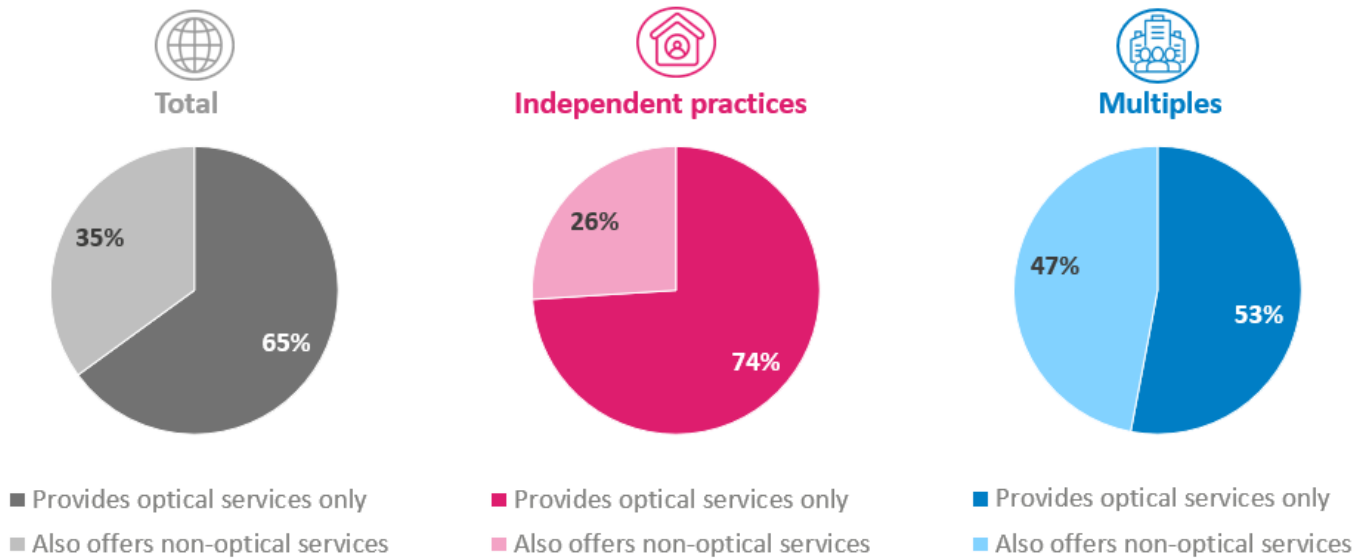
The following section covers a range of questions that were asked to registered businesses to understand which services are being provided, how they are funded, where innovation is happening, as well as what is driving innovation and what is constraining it. The section will accordingly be split into the following subsections:

- **Services provided:** what is currently offered by businesses and what they plan to offer within the next two years
- **NHS funding of services:** how many registered businesses currently either hold contracts with the NHS or are on the Health Boards Ophthalmic lists in Wales, Scotland and Northern Ireland, as well as what proportion of sight tests / eye examinations offered by businesses in the last 12 months have been funded by the NHS
- **Innovation in clinical services:** how many businesses have introduced a new or significantly improved clinical service to patients over the last three years, whether these innovations have been new to the market or just to the business, and what benefits have been seen as a result of these innovations
- **Drivers of innovation:** which factors have driven innovation for those businesses that have introduced a new or significantly improved clinical service to patients over the last three years
- **Barriers to innovation:** which factors have constrained innovation activities for all businesses over the last three years
- **Innovation in technology:** the current use of websites, including how many businesses publish the prices of sight tests / eye examinations on them, the prevalence of social media, as well as the current and predicted use for a range of digital and diagnostic technologies

### 3.2.1 Services provided

In order to understand the level of service provision across the industry, all registered businesses were asked to confirm which services they offer. Of those surveyed, 65% provide optical services only, whereas 35% provide both optical and non-optical services, and **multiples** were more likely to provide both optical and non-optical services (47%) vs **independent practices** (26%). These figures are outlined in *figure 7*.

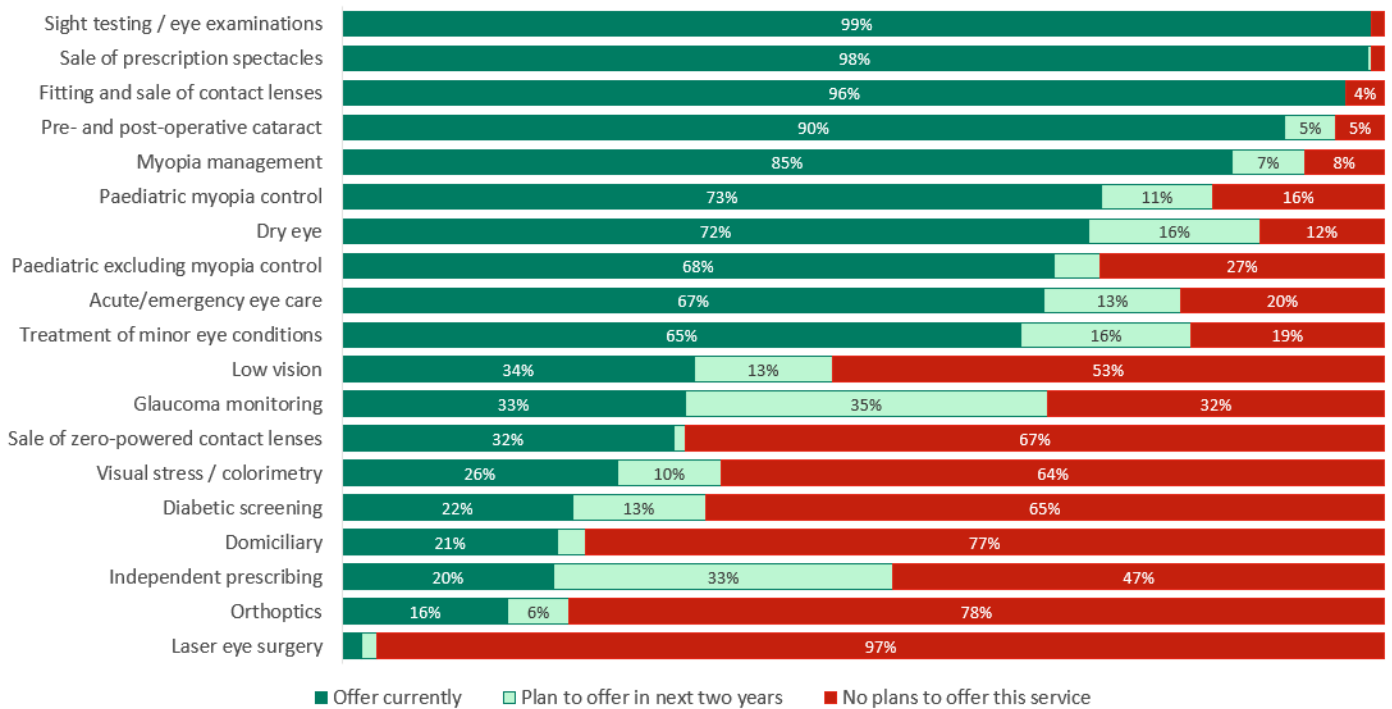
**Figure 7 – Optical vs. non-optical services provided**



**Which of the following best describes your business?** (base: all, n=214; Independent practices base: n=134; multiples base: n=72)

Figure 8 shows which services businesses currently offer, plan to offer in the next two years, or have no plans to offer.

**Figure 8 – Services currently offered or planning to be offered by businesses**



**Which of the following services does your business currently provide, or plans to offer in the future?** (base: all; n=214)

The extent to which each service is offered varies considerably. Currently, the provision of sight tests / eye examinations (99%), sale of prescription spectacles (98%), the fitting and sale of contact lenses (96%), pre- and post-operative cataract services (90%), and myopia management services (85%) is widely prevalent across registered businesses.

Glaucoma monitoring and independent prescribing – currently offered by only 33% and 20% of businesses respectively – are expected to see the largest increases in provision, with each forecast to be offered by over half of businesses within the next two years. Conversely, there are several services which over half of registered businesses have no plans to adopt. The services which most businesses are not planning to offer are laser eye surgery (97%), orthoptics (78%), domiciliary services (77%), the sale of zero-powered contact lenses (67%), diabetic screening (65%), and visual stress / colorimetry tests (64%).

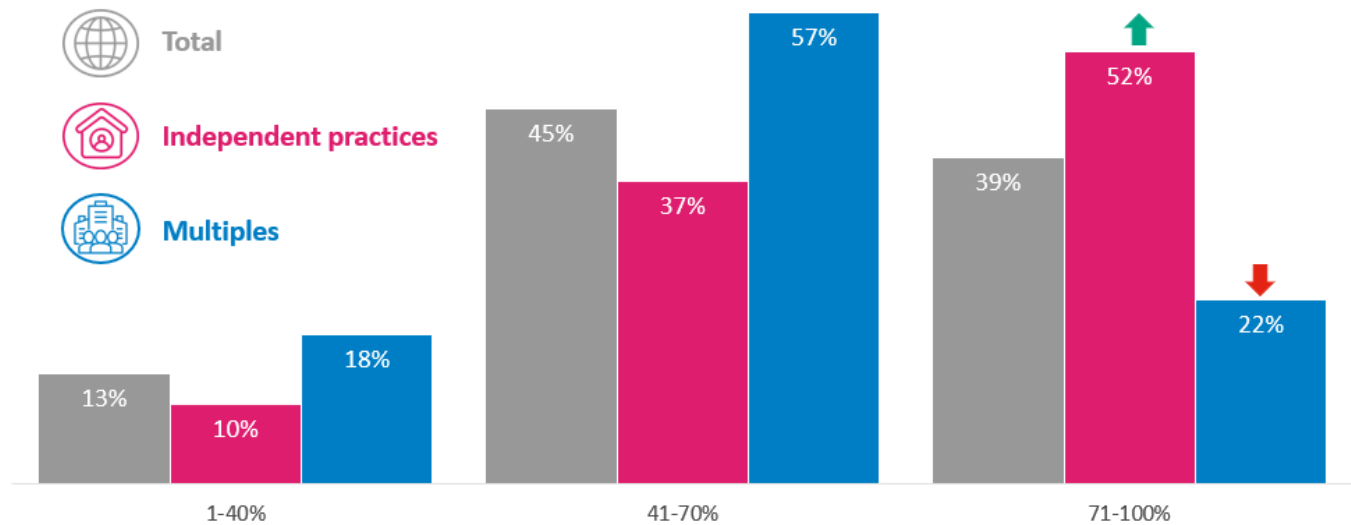
When considering which services businesses have no plans to offer in the next two years, there were several significant differences between business structures. **Multiples** were significantly more likely to have no plans to offer **visual stress / colorimetry services** (78%) compared to **independent practices** (54%). Businesses located in a **town** (99%) or **rural** (96%) environment were also significantly more likely to have no plans to offer laser eye surgery compared to those in a **city** (86%), and those with **annual turnovers under £250k** were significantly more likely to have no plans to offer myopia management (33%).

### 3.2.2 NHS funding of services

The vast majority of business registrants surveyed either hold contracts with NHS England or are on the Health Boards Ophthalmic lists in Wales, Scotland and Northern Ireland (97%). The only group significantly less likely to hold these contracts were those who indicated “**Other (e.g. mobile)**” (69%) for where they serve patients.

*Figure 9* shows what proportion of sight tests / eye examinations carried out by businesses over the last 12 months were NHS-funded, broken out into **total sample**, **independent practices**, and **multiples**.

**Figure 9 – Proportion of sight tests / eye examinations carried out by businesses over the last 12 months that were NHS-funded**



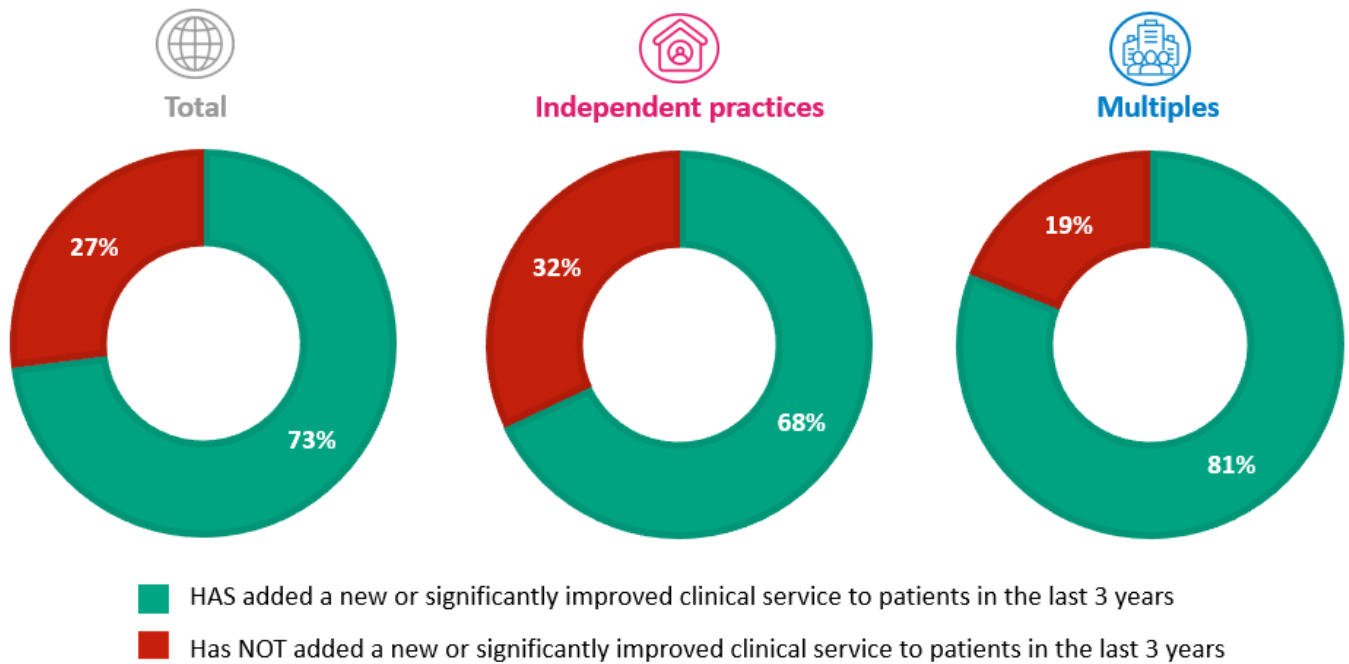
*Thinking about the last 12 months, approximately what percentage of sight tests / eye examinations carried out by your business were NHS-funded? (base: all, n=214; Independent practices base: n=134; multiples base: n=72). Green arrow represents significant increase over figure with red arrow ( $p < 0.05$ )*

Proportion of NHS fundings of sight tests / eye examinations carried out by businesses over the last 12 months was categorised into low (1-40%), medium (41-70%), and high (71-100%). When considering the total sample, there was a roughly even split between the number of businesses that had high levels of NHS-funded sight tests / eye examinations (39%) and medium levels (45%), with only a minority having low levels over the last 12 months (13%). **Independent practices** were more likely to have a greater proportion of their sight tests / eye examinations funded by the NHS over the last year, being significantly more likely to have high levels (52%) when compared to **multiples** (22%).

### 3.2.3 Innovation in clinical services

Over the last three years, the majority (73%) of businesses have introduced a new or significantly improved clinical service to patients, with this number being slightly higher amongst **multiples** (81%) than **independent practices** (68%), although this difference was not found to be significant. This data is presented in *figure 10*.

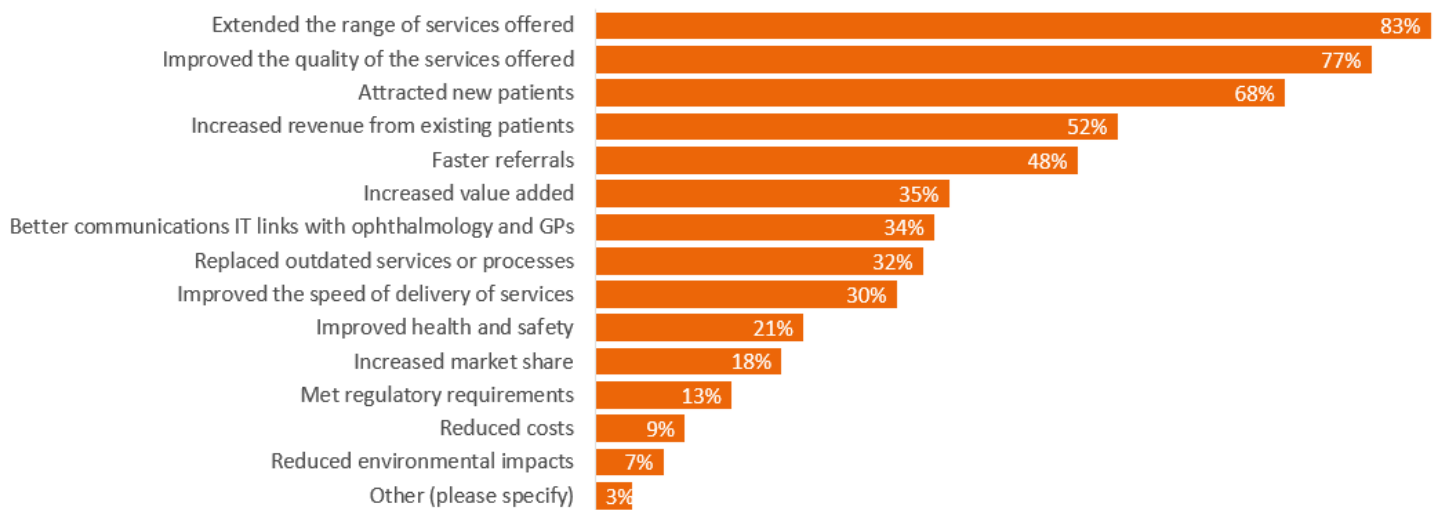
**Figure 10 – Introduction of new or significantly improved clinical services**



*Over the last three years, have you introduced any new or significantly improved clinical services to patients? (base: all, n=214; Independent practices base: n=134; multiples base: n=72)*

Of those that have introduced a new service in that period, the majority (79%) had introduced a service that was new only to their business, whereas around a quarter (28%) had introduced a service that was new to the market. *Figure 11* outlines the benefits reported by businesses as a result of their new service development activities.

**Figure 11 – Benefits seen by businesses who have introduced a new or significantly improved clinical service in the last 3 years**



■ % businesses who have introduced a new or improved clinical service to patients in last 3 years

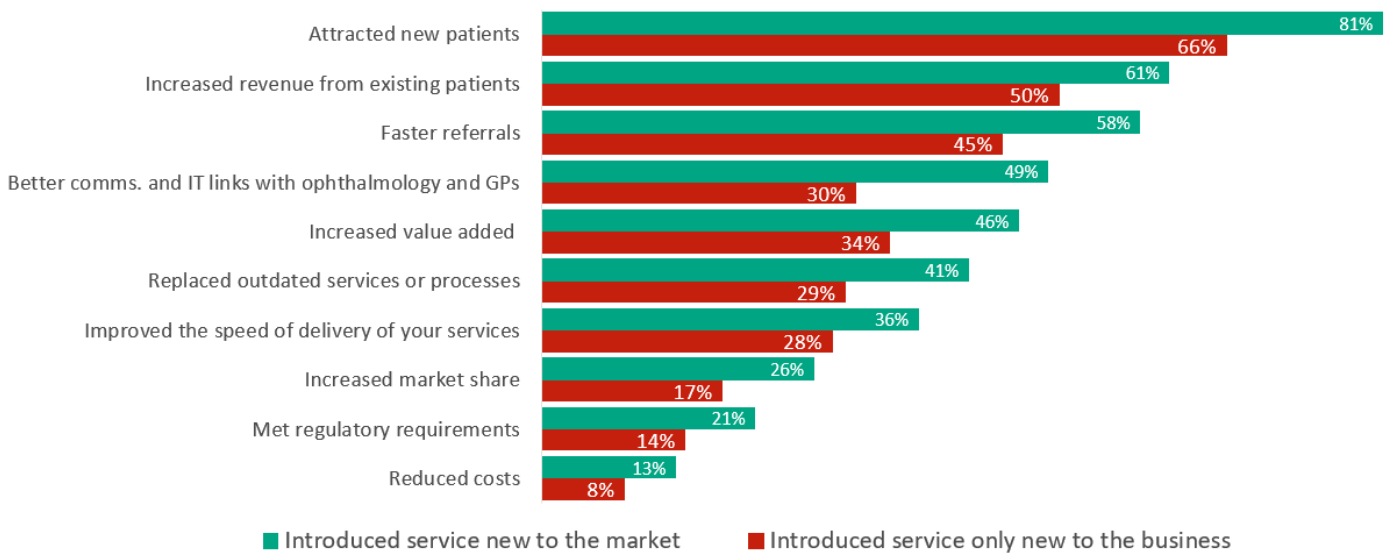
**What have been the benefits of this new service development activity? (please tick as many that apply)**  
 (base: businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years, n=154)

Beyond improving the range and quality of services offered, most businesses who have introduced new clinical services have seen increased business activity as a result, both from attracting new patients (68%) as well as from increased revenue from existing patients (52%). Several have also reported efficiency benefits, including faster referrals (48%), better communications IT links with other healthcare sectors (34%) and improved speed of delivery of services (30%).

Of the 3% that selected other, when asked to specify, the most common benefit reported was a better quality of referrals (n=2). There were also singular mentions of raising the business’ profile which subsequently brought differentiation in the market, as well as taking unnecessary services out of hospitals, which patients reportedly preferred.

To understand the impact of innovating within the market, the above benefits were also investigated to compare differences for those **who have introduced a service new to the market** against those who have **only introduced a service only new to their business**. *Figure 12* illustrates those findings, presenting only the benefits where greatest differentiation was seen.

**Figure 12 – Benefits seen by businesses who have introduced a new or significantly improved clinical service in the last 3 years (new to the market vs new to the business only)**



**What have been the benefits of this new service development activity? (please tick as many that apply)**  
 (base for businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years that was new to the market: n=43; base for businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years that was new only to their business: n=121)

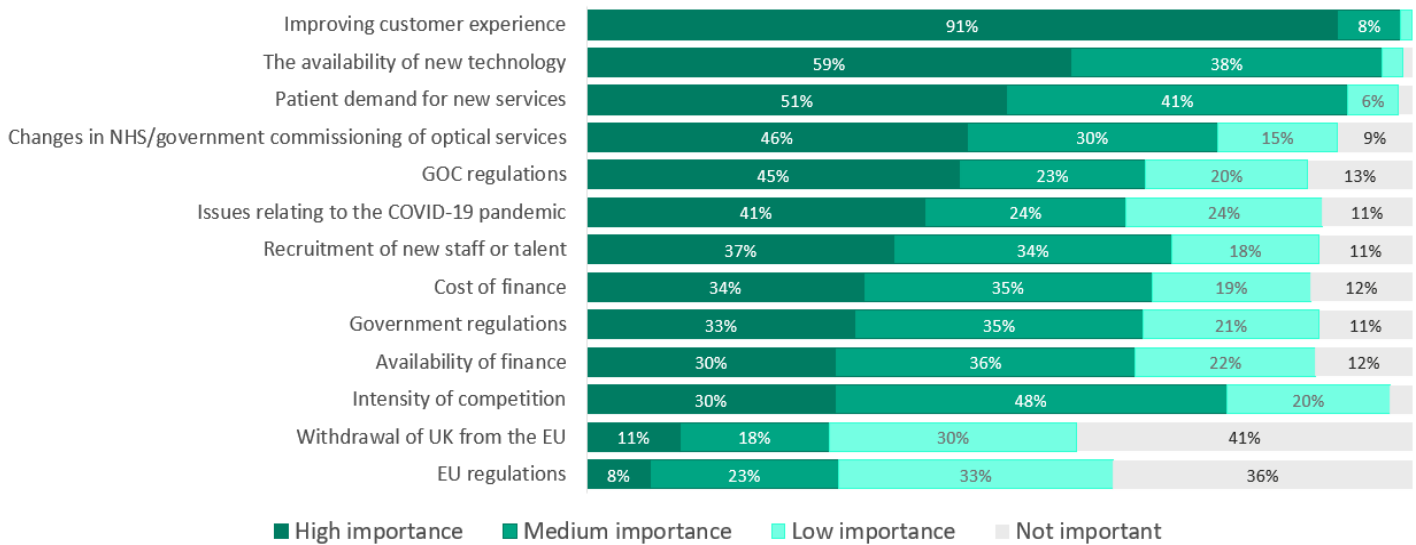
Although base sizes prohibit significance testing, there was a trend that businesses who had **introduced an innovation new to the market** were more likely to see benefits across a range of metrics compared to those who had **only introduced an innovation new to their business**. When comparing the two groups, there appears to be a financial benefit from innovating in the market, highlighted by the increases seen by this group for attracting new patients (81%), increasing revenue from existing patients (61%), and increasing market share (26%). This group was also more likely to see benefits for patients with increases to faster referrals (58%) and improved speed of delivery (36%). Finally, there was a large increase to better communications and IT links with other healthcare sectors (49%).

### 3.2.4 Drivers of innovation

Businesses who have introduced a new or improved clinical service in the last three years were asked to outline how important a range of factors were in their decision to innovate, which is outlined in *figure 13*.



**Figure 13 – Driving factors in business’ decisions to innovate over the last three years**



*Again, thinking about the last three years, how important were each of the following factors in your decision to innovate? (base: those who have introduced a new or significantly improved clinical services to patients in the last 3 years, n=154)*

Drivers of innovation over the last three years have been strongly customer- or patient-centric, with almost all businesses that have innovated reporting improving the customer experience as either high or medium importance (99%), and many reporting this for patient demand for new services (92%). This has been facilitated by the availability of the new technology, which almost all (97%) ranked as a factor of high or medium importance.

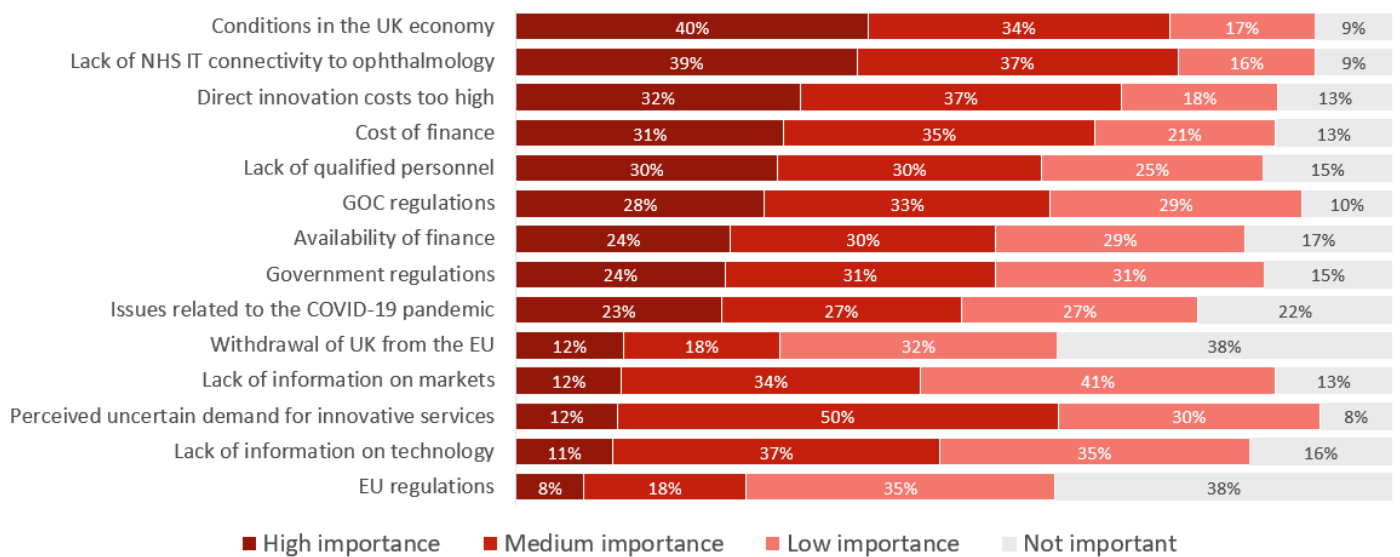
In terms of administrative factors that have driven innovation, most have been driven by regulation on the national level, with the majority ranking changes in NHS or government commissioning (76%) or GOC regulations (68%) as high or medium importance. Conversely, international factors have been comparatively less influential, with approximately a third of businesses reporting EU regulations (31%) and the UK’s withdrawal from the EU (29%) in this way.

6% of businesses that have innovated also reported other factors that have been highly important in their decisions to do so. When asked to specify, notable singular mentions included the rise of unregulated online selling and increases to the real living wage.

### 3.2.5 Barriers to innovation

All businesses were asked to rate potential barriers in terms of how much they have constrained new service activity over the last three years, as outlined in figure 14.

**Figure 14 – Barriers constraining innovation activities over the last three years**



Below is a list of possible barriers that may have constrained your new service development over the last three years. How important were the following factors in constraining innovation activities? (base: all, n=214)

As shown in figure 14, financial factors have constrained innovation for many businesses, with the majority reporting conditions in the UK economy (74%), the direct cost of innovation (69%) and the cost (66%) and availability (54%) of finance as barriers of high or medium importance.

The other key barrier to innovation has been the lack of NHS IT connectivity to ophthalmology, which was reported particularly strongly amongst multiples (85% medium/high importance) compared to independent practices (69% medium/high importance). Multiples have also found a lack of qualified personnel to be more of a barrier (68% medium/high importance) when compared to independent practices (54% medium/high importance).

Regulation has been another barrier to innovation across businesses, with the majority reporting GOC regulations (61%) and government regulations (55%) as medium or high importance barriers. Similarly to the drivers of innovation, international factors have been comparatively less influential, with a minority finding the UK’s withdrawal from the EU (31%) or existing EU regulations (26%) to be barriers of medium or high importance.

7% of businesses also suggested other barriers were highly important in constraining innovation. Of these, there were multiple mentions of online contact lens sales and sales from unregistered sellers, all from businesses with annual turnovers <£250k (n=3), as well as singular mentions for other financial barriers, namely the GOS fee, NHS fees, and the financial system of a local ICB.

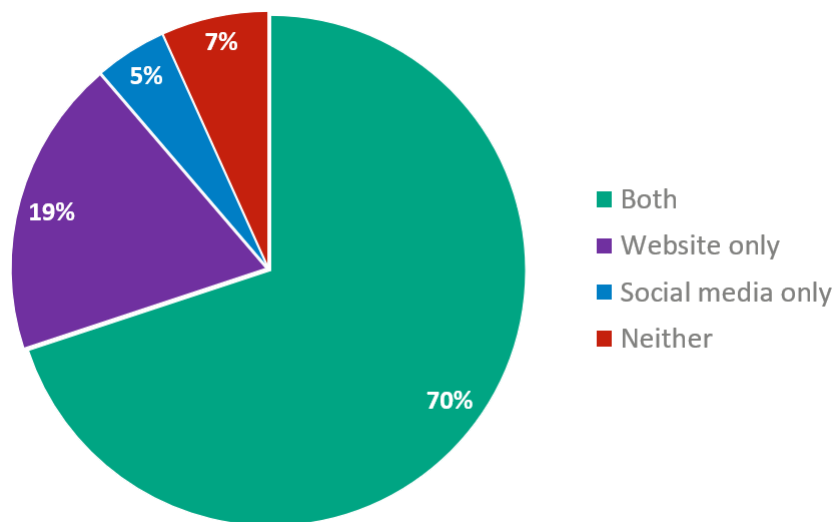
### 3.2.6 Innovation in technology

Businesses surveyed were asked a number of questions to understand their levels of adoption of different types of technology, including websites, social media, and optical services.

The majority of businesses reported having a website (89%), although this was significantly lower amongst **franchises** (57%) compared to other business structures, likely due to their parent company instead having a website. Of the businesses that **do have a website**, less than half (44%) reported publishing the price of a sight test / eye examination on it, with this number being significantly lower amongst **independent practices** (35%) than **multiples** (57%).

Most businesses also used social media (74%), and those who **did not use social media** were significantly more likely to not have a website (60%). Furthermore, businesses who **used social media** were significantly more likely to have introduced new or significantly improved clinical services to patients in the last 3 years (80%; 59% for who did not use social media), showing a potential correlation between adopting an online presence and innovation in clinical service provision. *Figure 15* shows the breakdown of businesses that use both a website and social media, those who use only a website, those who use only social media, and those who use neither.

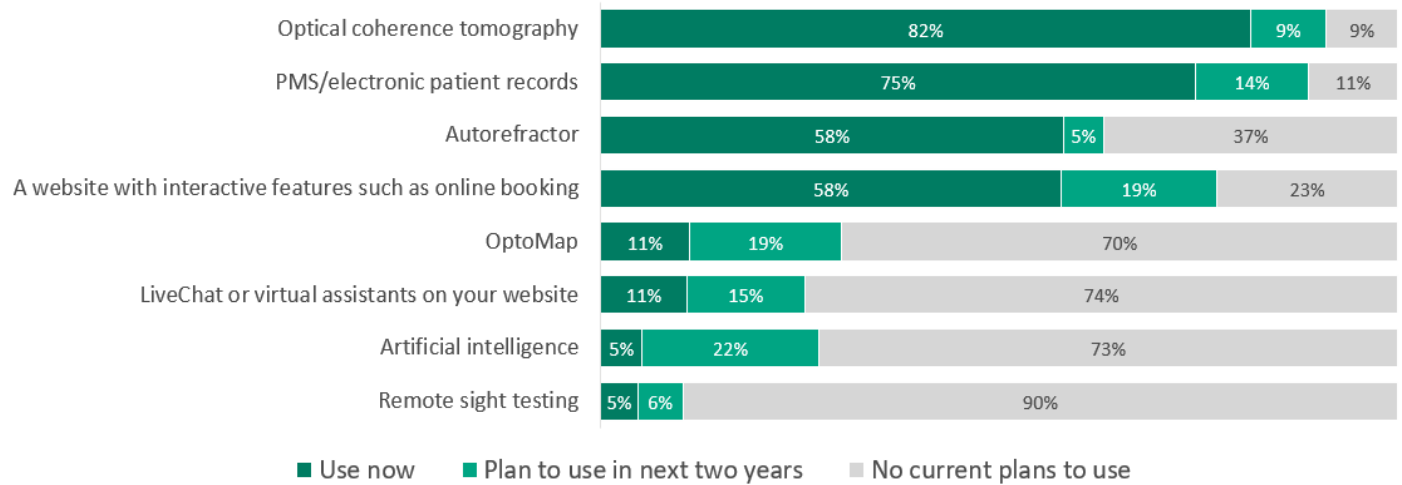
**Figure 15 – Breakdown of businesses that use both a website and social media, only a website, only social media, and neither**



*Does your business have a website? (base: all, n=214); Does your business use social media to engage with patients and the public? (base: all, n=214)*

*Figure 16* below shows a breakdown of other types of technology that businesses either currently use or plan to use in the next two years.

**Figure 16 – Types of technology that businesses currently use, plan to use, or have no current plans to use over the next two years**



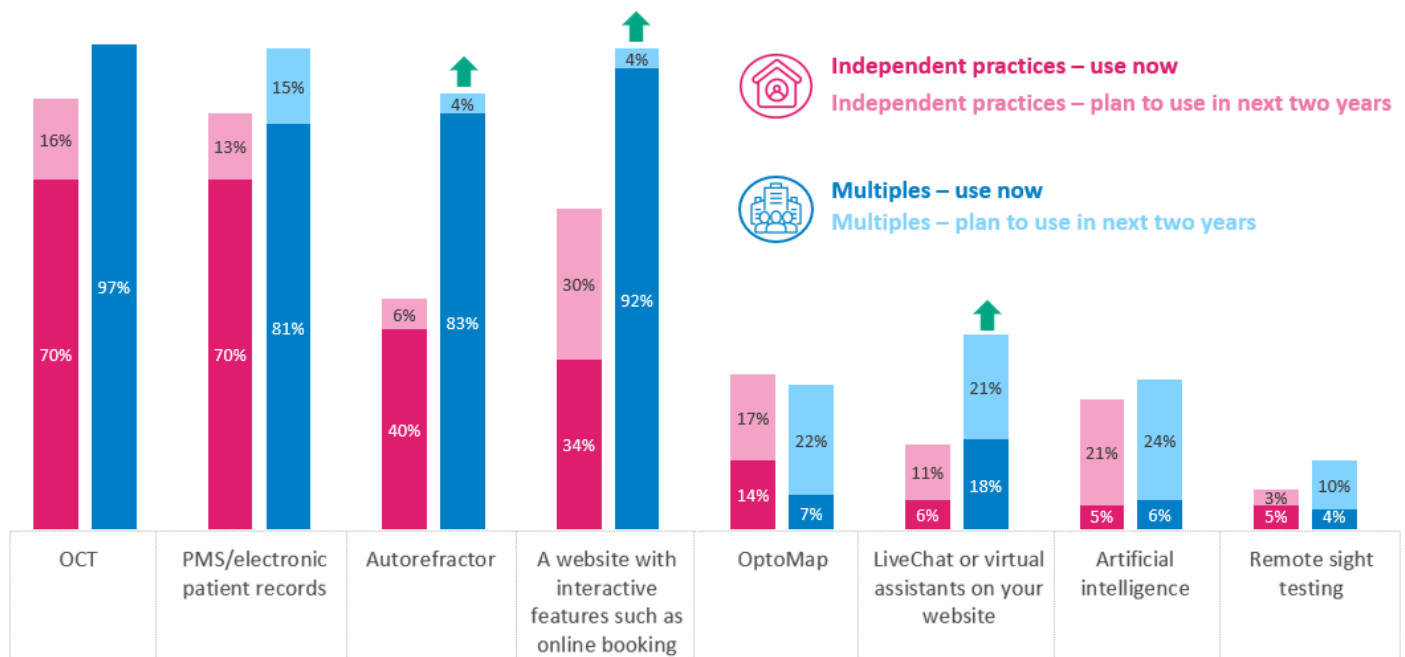
*Does your business use, or plan to use in the next two years, the following types of technology? (base: all, n=214)*

Optical coherence tomography (OCT) and PMS/electronic patient records have the widest levels of adoption, with most businesses using them currently (OCT: 82%; PMS/electronic patient records: 75%). Autorefractors (58%) and websites with interactive features (58%) are also presently used by the majority of businesses.

The largest increases in adoption over the next two years are mostly expected to be for online technologies, with artificial intelligence (22%), websites with interactive features (19%), LiveChat / virtual assistants (15%) and PMS/electronic records (14%) all expected to increase in uptake over that period. OptoMap is the only diagnostic tool that is expected to have similarly high levels of increased adoption (19%).

There were also several significant differences between sub-groups in terms of the adoption of these technologies. Those who currently **use social media** were significantly more likely to currently use PMS/electronic patient records (82%) in comparison to those who did not (52%), highlighting further differences between those who use and do not use online platforms. Additionally, those who serve patients in **cities** were more likely to either use or plan to use remote sight testing (23%), in comparison to those in **towns** (8%). The greatest differentiation between subgroups was between **independent practices** and **multiples**, as outlined in *figure 17*.

**Figure 17 – Types of technology that businesses use, plan to use, or have no current plans to use over the next two years (independent practices vs multiples)**



*Does your business use, or plan to use in the next two years, the following types of technology? (Independent practices base: n=142; Multiples base: n=72). Green arrows represent significant increase over other business structures when considering current and planned usage together ( $p < 0.05$ )*

**Multiples** are currently significantly more likely to use a number of technologies than **independent practices**, namely OCT, autorefractors, and websites with online booking. When considering both current and planned use over the next two years, **multiples** are still significantly more likely to have adopted websites with interactive features (96%) and autorefractors (88%), as well as LiveChat or virtual assistants (39%), when compared to **independent practices**.

As being a **multiple** is positively associated with having a larger staff and higher turnover, most significant differences in technology uptake between groups on these metrics can be explained by business structure. The only difference in technology uptake which is impacted by staff size or annual turnover which is not also explained by business structure is for uptake of PMS/electronic records, which those with **4 or fewer staff** (24%) or an **annual turnover less than £250k** (28%) were significantly more likely to have no plans to adopt in comparison to those with larger teams and higher annual turnover.

### 3.3 Training, regulation, and industry standards

Questions were also asked to registered businesses to explore the education and training landscape for students and newly qualified optical professionals, as well as business perceptions of costs of regulation and industry standards. The following section addresses key questions in these areas, split into:

- **Placements for optical students:** which businesses offer them or have plans to offer them, how numbers of placements are changing between years, and what the perceived benefits and barriers are to businesses offering placements
- **Newly qualified optical professionals:** how many businesses have employed optometrists and dispensing opticians over the last two years, the extent to which they have met the GOC's seven educational requirements, and their performance levels at the point of starting employment compared to now
- **Perceptions of costs of regulation:** how businesses perceive GOC registration fees and annual and ongoing compliance costs
- **Perceptions of and compliance with industry standards:** how many businesses are aware of the OCCS and how many have had an OCCS complaint considered against them over the last year, as well as perceptions of the GOC's standards for optical businesses

#### 3.3.1 Placements for optical students

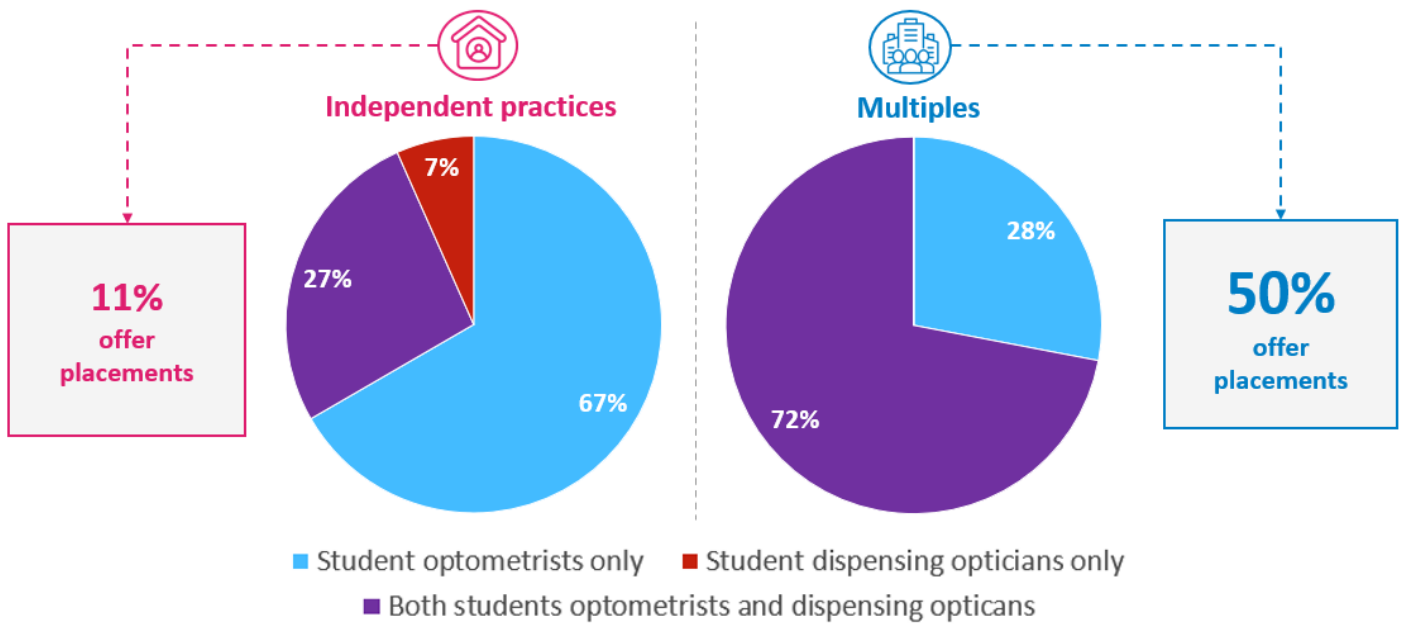
Roughly a quarter (27%) of businesses surveyed currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies. This was significantly more common amongst **multiples** (50%) than **independent practices** (11%).

Of the businesses that do not currently offer placements to optical students, roughly a quarter (27%) plan to offer them in the next two years, with the figure again being higher amongst **multiples** (47%) than **independent practices** (19%).

Of the businesses that do offer placements, a majority have found the number of placements this year to be consistent with previous years (51%), compared to a minority believing they are increasing (20%) and another minority believing they are decreasing (18%). The remainder (11%) indicated that they did not know.

Amongst the businesses that currently offer placements, **independent practices** are more likely to offer them only to student optometrists (67%), whereas **multiples** are more likely to offer them to both student optometrists and student dispensing opticians (72%), as shown in *figure 18*.

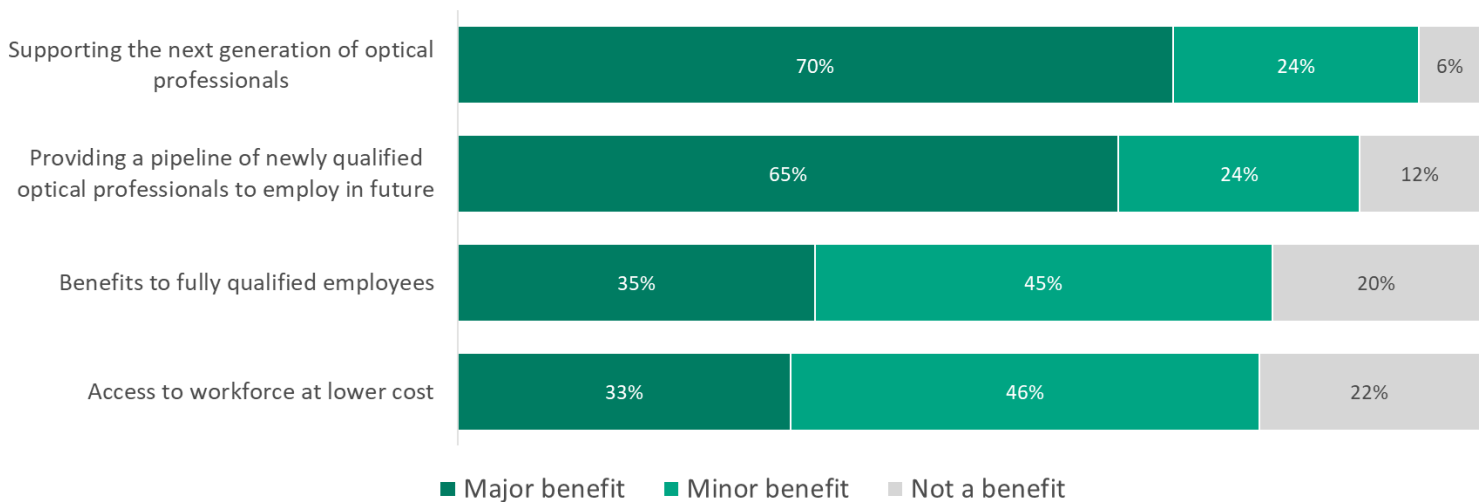
**Figure 18 – Breakdown of placement roles offered by independent practices and multiples**



*Does your business currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies? (base all: n=214); Are the placements for...? (those who offer placements to optical students base: n=51)*

Registered businesses were also surveyed to understand the perceived benefits of offering placements to optical students, as illustrated in figure 19.

**Figure 19 – Perceived benefits of offering placements to optical students**



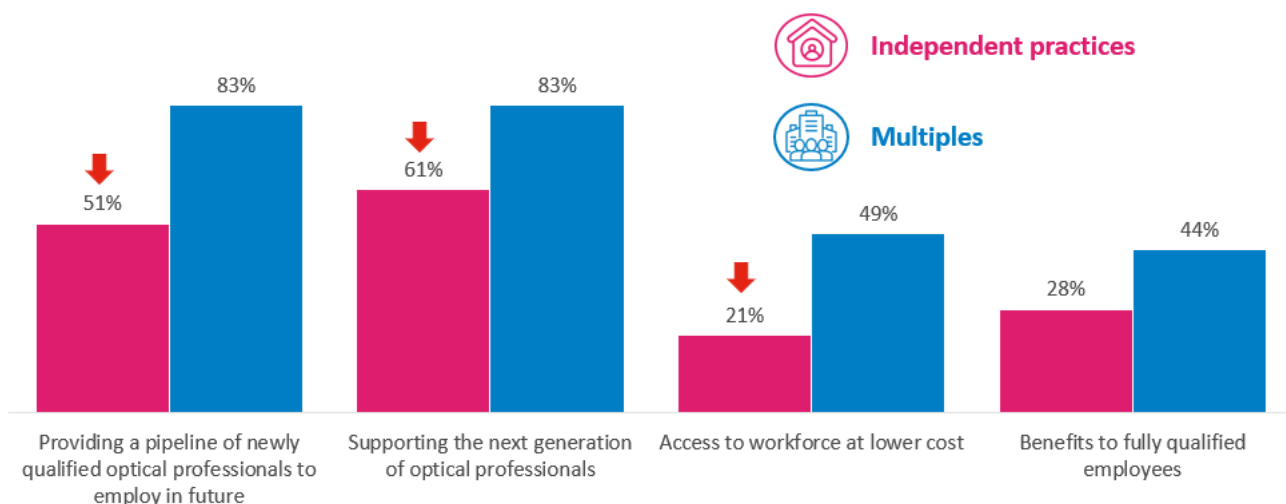
*What do you see as the main benefits of offering placements to optical students? (base all: n=214)*

The primary benefits to offering placements to optical students were future-facing, with the majority seeing a major benefit in supporting the next generation of optical professionals (70%) and providing a future pipeline of newly qualified optical professionals (65%). More immediate benefits were expressed to a lesser extent, with some seeing a major benefit to their fully qualified employees (35%) and accessing a workforce at a lower cost (33%).

Businesses surveyed were also given the opportunity to provide other reasons for offering placements to optical students, where a few provided other reasons that it is a major benefit (3%) and some provided reasons why it is not a benefit (10%). Notable reasons suggested as a major benefit were the rewarding and enjoyable nature of training students (n=2), as well as a professional responsibility to do so (n=1), whereas the primary reason for not seeing a benefit was due to perceived lack of funding and associated costs in time and resource (n=3).

There were also a number of differences between **independent practices** and **multiples** in terms of which benefits they perceive to offering placements, with *figure 20* below outlining the perceived major benefits of doing so between these two groups.

**Figure 20 – Perceived major benefits of offering placements to optical students (independent practices vs multiples)**



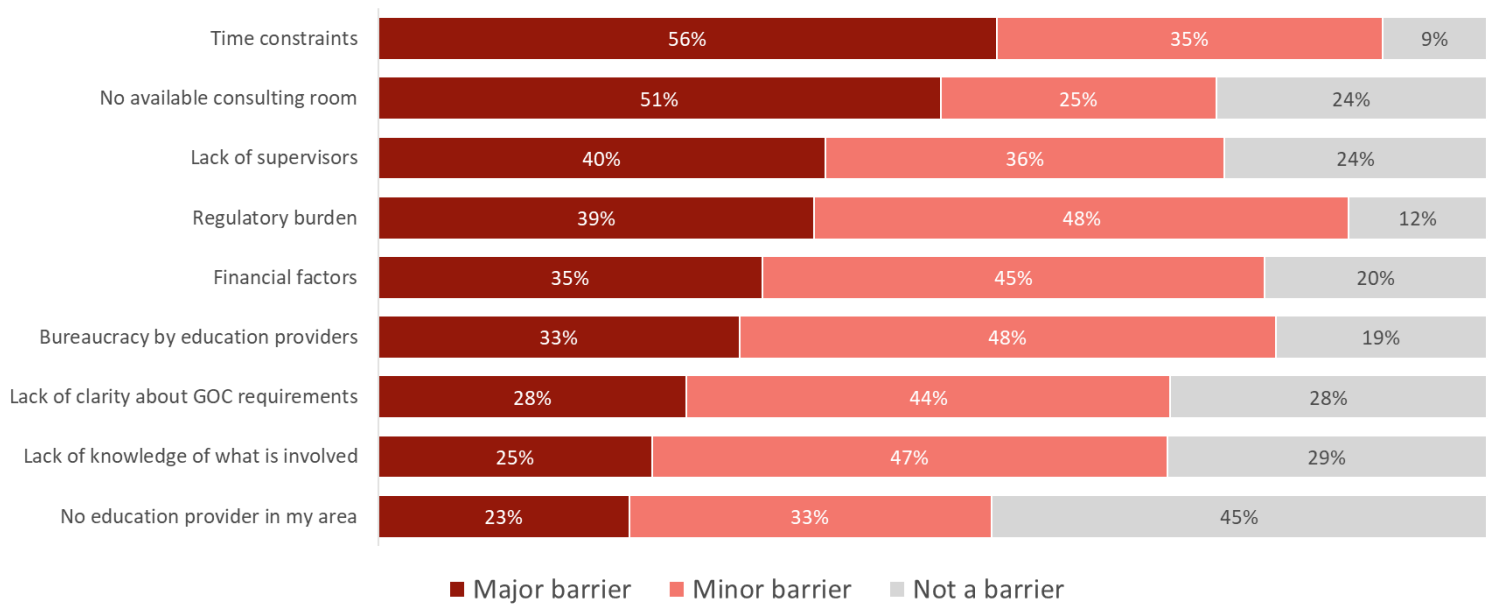
*What do you see as the main benefits of offering placements to optical students? (independent practices base: n=142; multiples base: n=72). Red arrows represent significant decrease compared to other business structures (p<0.05)*

Overall, **independent practices** were less likely to perceive major benefits to employing optical students than **multiples**, with **independent practices** being significantly less likely to see major benefits in providing a pipeline of newly qualified optical professionals (51%), supporting the next generation of optical professionals (61%), and the opportunity to access workforce at a lower cost (21%). **Independent practices** may be less likely to identify perceived current and long-term benefits because they both offer fewer student placements and employ fewer newly qualified professionals when compared to **multiples**.

Data was collected to understand the perceived barriers to offering optical students placements, which *figure 21* presents.



**Figure 21 – Perceived barriers to offering placements to optical students**



*What do you see as the main barriers to offering placements to optical students? (base all: n=214)*

The most prevalent major barriers to offering placements to optical students were time constraints (56%) and the lack of available consulting rooms (51%). In general, there was seen to be a wide variety of financial, resource-related and regulatory barriers to offering placements to optical students, with almost all reasons in the survey selected as a major or minor barrier by at least 60% of the sample. The only exception was a lack of education providers in the area, which was selected as a major or minor barrier by just under half of businesses (46%).

Although no differences were statistically significant, there were some indications of which barriers may be contributing to the reduced numbers of placements offered by **independent practices** when compared to **multiples**. When considering perceived major barriers, these were time constraints (**independents**: 62%; **multiples**: 47%), lack of available consulting rooms (**independents**: 59%; **multiples**: 39%), the regulatory burden (**independents**: 44%; **multiples**: 33%), and financial factors (**independents**: 42%; **multiples**: 25%). However, it appears that the lack of placements offered by **independent practices** is driven more by a lack of perceived benefits than by greater barriers encountered.

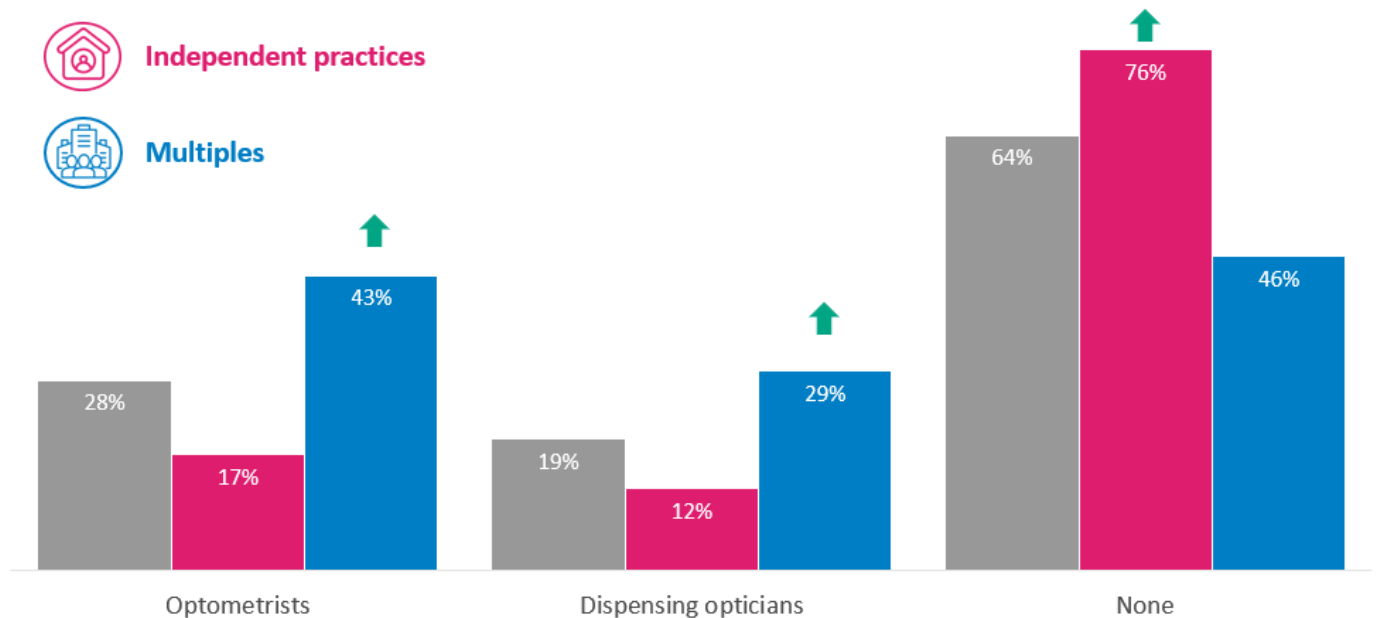
Surveyed businesses were also given the opportunity to suggest other barriers to offering optical student placements, of which a few (6%) identified further major barriers. Of these, notable barriers included students not being willing to travel to or to work in remote regions (n=2), current schemes being unsuitable or not encompassing domiciliary services (n=2), a perceived detriment to patient satisfaction (n=1), a lack of business to justify employing more staff (n=1), the perceived professional quality of students (n=1), and dissatisfaction at unspecified upcoming changes to the pre-registration training programme (n=1).

There were no significant differences reported between groups in terms of perceived barriers, suggesting barriers are experienced equally amongst business types.

### 3.3.2 Newly qualified optical professionals

Registered businesses were asked whether they had employed optometrists or dispensing opticians who have joined the GOC register in the last two years. *Figure 22* outlines the findings, showing the figures for the overall sample alongside those of **independent practices** and **multiples** separately.

**Figure 22 – Businesses that have employed optometrists and dispensing opticians that have joined the GOC register in the last two years**



*Has your business employed optical professionals who have joined the GOC register (not including pre-registration students) in the last two years? (base all: n=214; independent practices base: n=142; multiples base: n=72). Green arrows represent significant increase over other business structures (p<0.05)*

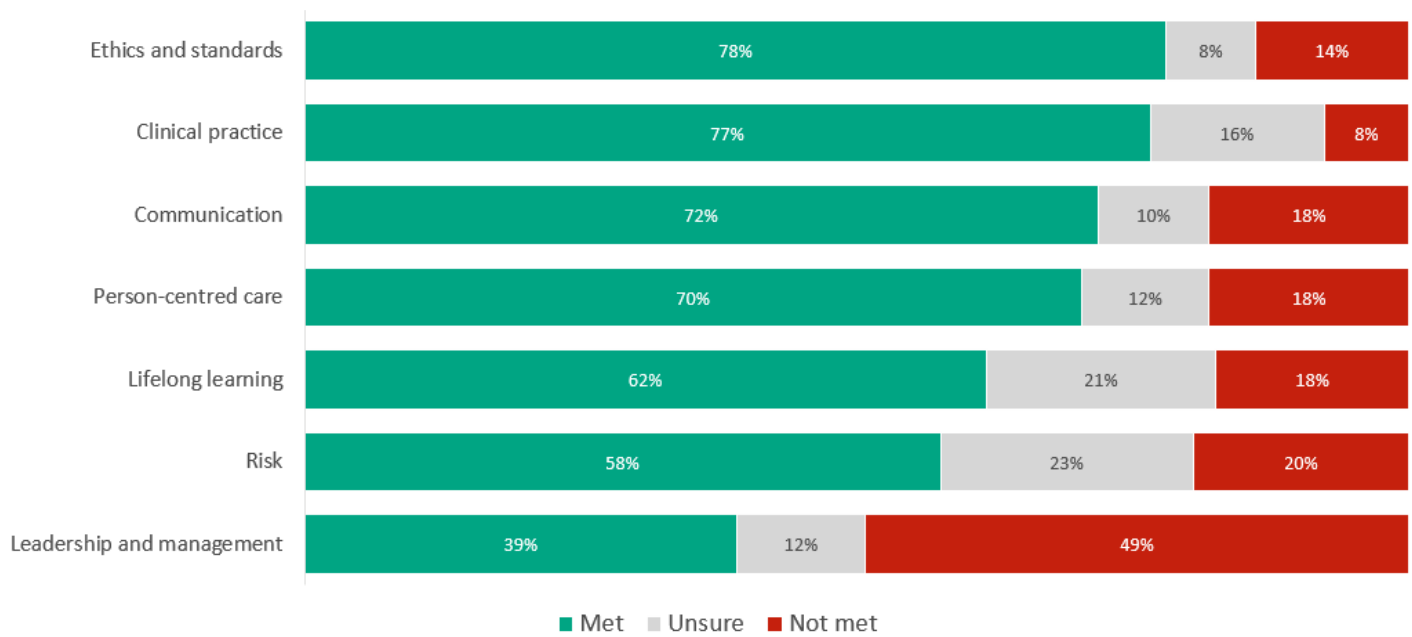
Roughly a third of all businesses have employed a newly qualified optical professional in the last two years (36%), although the figure was significantly larger for **multiples** (54%) than **independent practices** (24%), and this significant difference was maintained when considering optometrists and dispensing opticians separately. The data also indicates that more businesses have employed newly qualified optometrists than newly qualified dispensing opticians.

Registered businesses who had employed at least one of these optical professional types were then asked a series of questions to assess the collective performance of each type respectively, which are outlined in the following two subsections.

#### 3.3.2.1 Newly qualified optometrists

Businesses who had employed a newly qualified **optometrist** were asked whether the optometrists had met each of seven categories in the GOC's new education and training requirements (ETR), the findings for which are illustrated in *figure 23*.

**Figure 23 – Degree to which newly qualified optometrists met the GOC’s seven educational requirements**

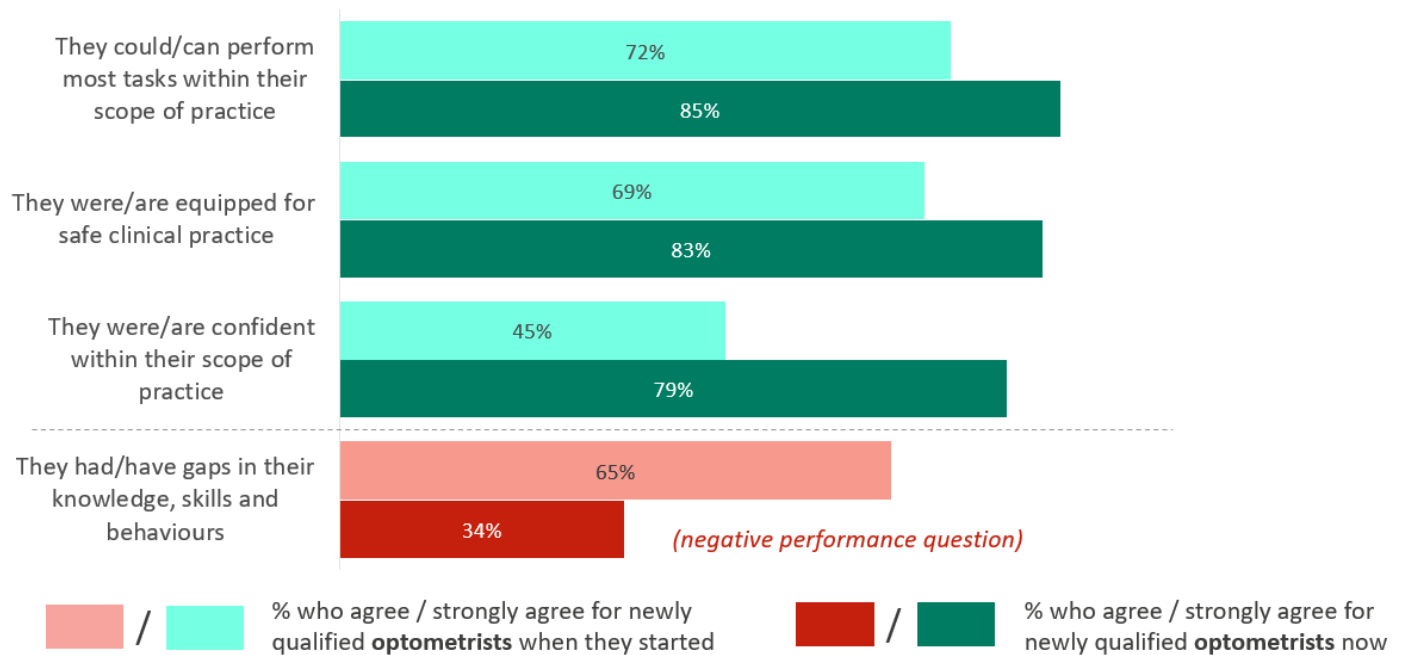


*Thinking about the newly qualified optometrists you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified optometrist base: n=55)*

At least two-thirds of businesses expressed that newly qualified optometrists had met the outcomes in ethics and standards (78%), clinical practice (77%), communication (72%) and person-centred care (70%), and over half felt they had met outcomes in lifelong learning (62%) and risk (58%). The outcome showing the most need for improvement was leadership and management, with more businesses believing they had not met outcomes (49%) than met them (39%).

Figure 24 outlines to what extent businesses agreed four performance questions applied to newly qualified optometrists, both at the point of their starting at the business and now.

**Figure 24 – Performance of newly qualified optometrists at the point of starting at the business compared to now**



*Thinking about the newly qualified optometrists you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified optometrist base: n=55)*

Most businesses surveyed expressed agreement (“strongly agree” or “agree”) that newly qualified optometrists could perform most tasks within their scope of practice (72%) and were equipped for safe clinical practice (69%) at the point of starting at the business, and under half agreed they were confident in the scope of practice (45%). However, the majority agreed with the negative performance statement that they started with gaps in their knowledge, skills and behaviours (65%).

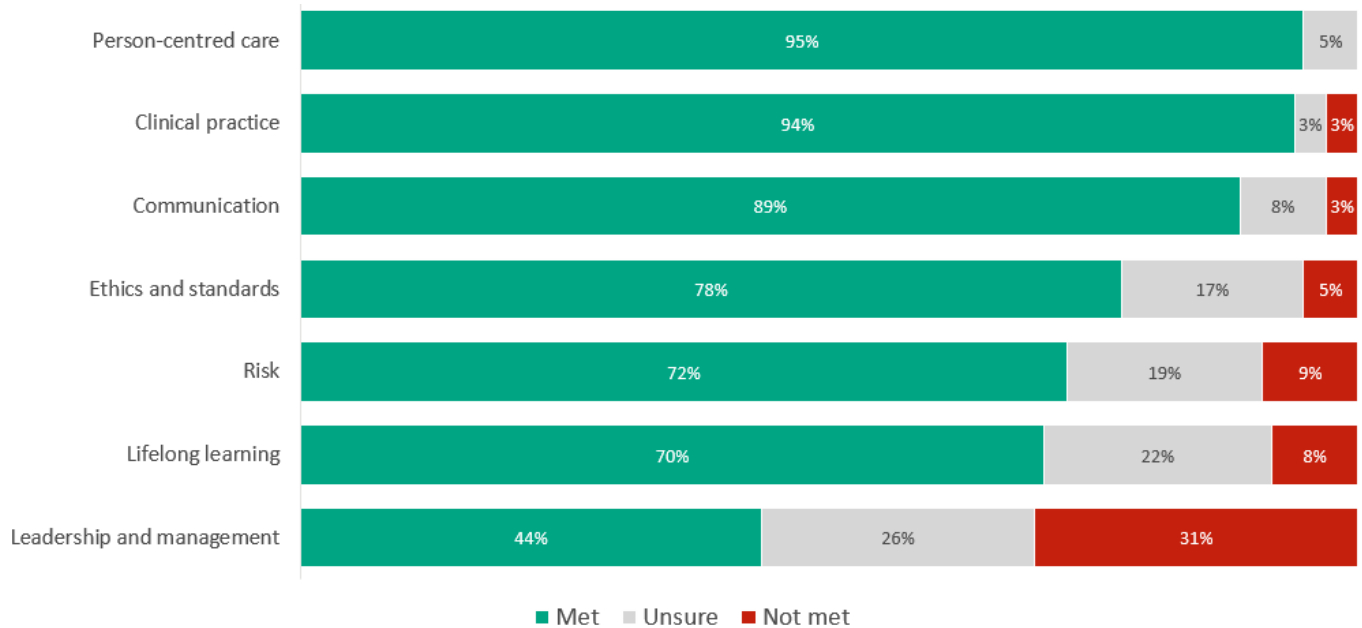
Improvements were seen across all metrics when considering their current performance, with most agreeing that they are now able to perform most tasks within their scope of practice (85%), are equipped for safe clinical practice (83%), and are confident within their scope of practice (79%), which saw the largest increase. A large improvement is also seen in the gaps they have in their knowledge, skills and behaviours, with roughly a third (34%) agreeing it applies to their performance currently.

Overall, there remains room for improvement in the performance of newly qualified optometrists, with the most notable aspects being their leadership and management, their confidence within their scope of practice, and perceived gaps in their knowledge, skills and behaviours.

### 3.3.2.2 Newly qualified dispensing opticians

Businesses who had employed a newly qualified **dispensing optician** were asked whether they had met each of seven of the GOC’s education requirements, the findings for which are illustrated in *figure 25*.

**Figure 25 – Degree to which newly qualified dispensing opticians have met the GOC’s seven educational requirements**

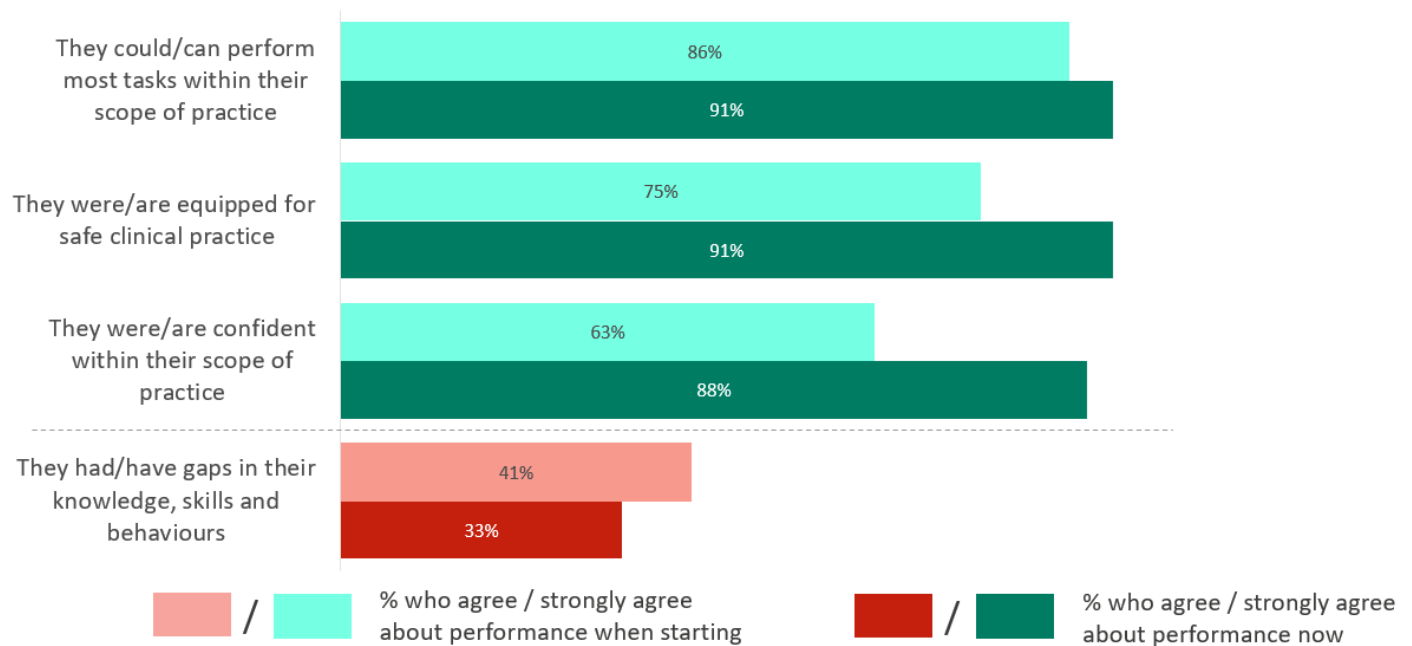


*Thinking about the newly qualified dispensing opticians you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified dispensing optician base: n=38)*

A large majority of businesses agreed that newly qualified dispensing opticians met outcomes for person-centred care (95%), clinical practice (94%) and communication (89%), with a smaller majority also indicating they met outcomes for ethics and standards (78%), risk (72%), and lifelong learning (70%). Similarly to newly qualified optometrists, the biggest weakness was in leadership and management, which less than half (44%) agreed they had met outcomes for.

Figure 26 outlines to what extent businesses agreed four performance questions applied to newly qualified dispensing opticians, both at the point of their starting at the business and now.

**Figure 26 – Performance of newly qualified dispensing opticians at the point of starting at the business compared to now**



*Thinking about the newly qualified dispensing opticians you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified dispensing optician base: n=38)*

Newly qualified dispensing opticians were widely agreed (“strongly agree” or “agree”) to be able to perform most tasks within their scope of practice at the point of starting at the business (86%). Most businesses surveyed also agreed that they were equipped for safe clinical practice (75%) and were confident within their scope of practice (63%). The majority also disagreed with the negative performance statement that they had gaps in their knowledge, skills and behaviours (41%).

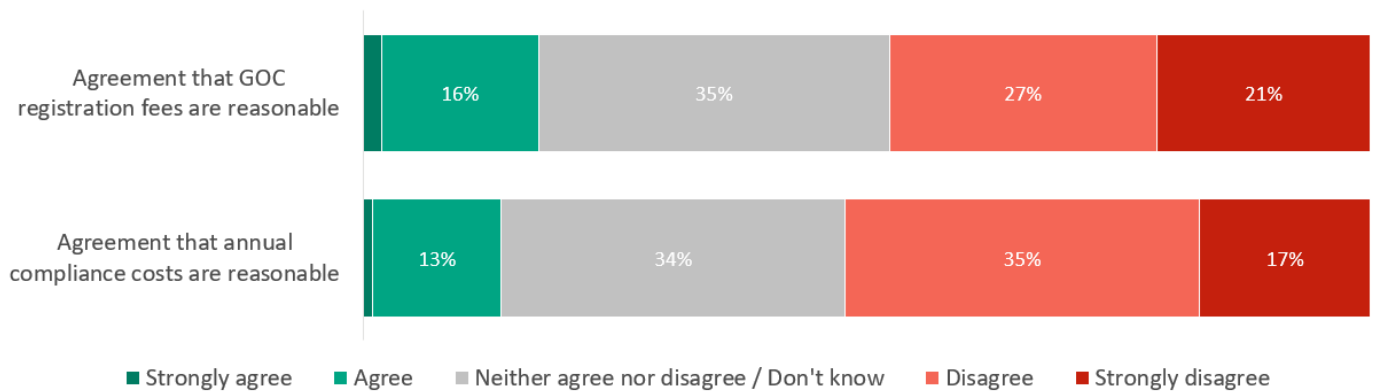
Improvements were seen across all metrics when considering their current performance, with the largest increase being in agreement that they were confident within the scope of practice (88%), followed by their being equipped for safe clinical practice (91%).

Overall, the primary area for improvement for newly qualified dispensing opticians is in their leadership and management skills. Although base sizes prohibit statistically significant differences between these groups, there is an emerging trend that dispensing opticians score more highly across outcomes than optometrists at the point of being newly qualified.

### 3.3.3 Perceptions of costs of regulation

Businesses were asked to what extent they agreed that GOC registration fees and annual compliance costs are reasonable, which is illustrated in figure 27.

**Figure 27 – Perceptions of GOC registration fees and annual compliance costs**

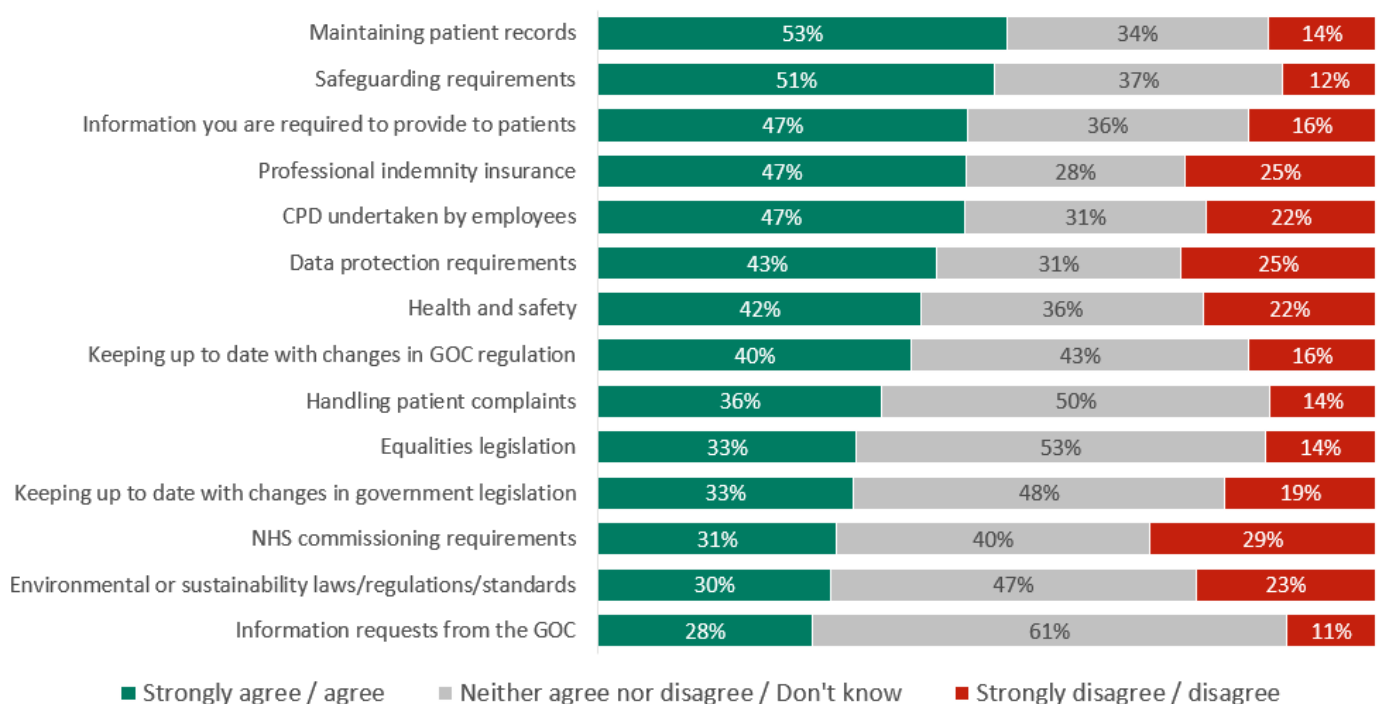


Please indicate to what extent you agree or disagree that the GOC registration fees are reasonable. (base all: n=214); Please indicate to what extent you agree or disagree that the annual compliance costs your business faces are reasonable. (base all: n=214)

More businesses expressed disagreement (“disagree” or “strongly disagree”) that GOC registration fees are reasonable (48%) and that annual compliance costs are reasonable (52%), in comparison to those that expressed agreement (“agree” or “strongly agree”). While perceptions of GOC registration fees were consistent across groups, **independent practices** had stronger negative feelings towards annual compliance costs, with the majority (61%) expressing disagreement about them being reasonable (**multiples**: 40% disagreement), and a small minority of **independent practices** (8%) expressing agreement (**multiples**: 22%).

Businesses then indicated to what extent they agreed or disagreed that the ongoing compliance costs across various types of regulation were reasonable, as illustrated in figure 28.

**Figure 28 – Breakdown of perceptions of various ongoing compliance costs**



*Please indicate to what extent you agree or disagree that the cost of ongoing compliance for the following types of regulation is reasonable: (base all: n=214)*

Surveyed businesses were most likely to express agreement (“agree” or “strongly agree”) that the compliance costs for maintaining patient records (53%), safeguarding requirements (51%), information required to be provided to patients (47%), professional indemnity insurance (47%), CPD undertaken by employees (47%), data protection requirements (43%) and health and safety (42%) are reasonable, as opposed to disagreeing.

For all other compliance costs, the most prevalent responses were “neither agree nor disagree” / “don’t know”, although around a quarter disagreed that costs for NHS commissioning requirements (29%), data protection requirements (25%), professional indemnity insurance (25%), environmental and sustainability laws/regulations/standards (23%), CPD undertaken by employees (22%) and health and safety (22%) are reasonable. In general, the compliance costs mostly likely to be considered unreasonable were those related to the NHS or wider governmental legislation.

Although no significant differences were found between groups, there is evidence that **independent practices** are more likely to express disagreement with some costs being reasonable as compared to **multiples**. These included NHS commissioning requirements (**independents**: 36%; **multiples**: 19%), data protection requirements (**independents**: 31%; **multiples**: 17%), keeping up to date with changes in government legislation (**independents**: 28%; **multiples**: 7%), and keeping up to date with changes in GOC regulation (**independents**: 24%; **multiples**: 6%).

### 3.3.4 Perceptions of and compliance with industry standards

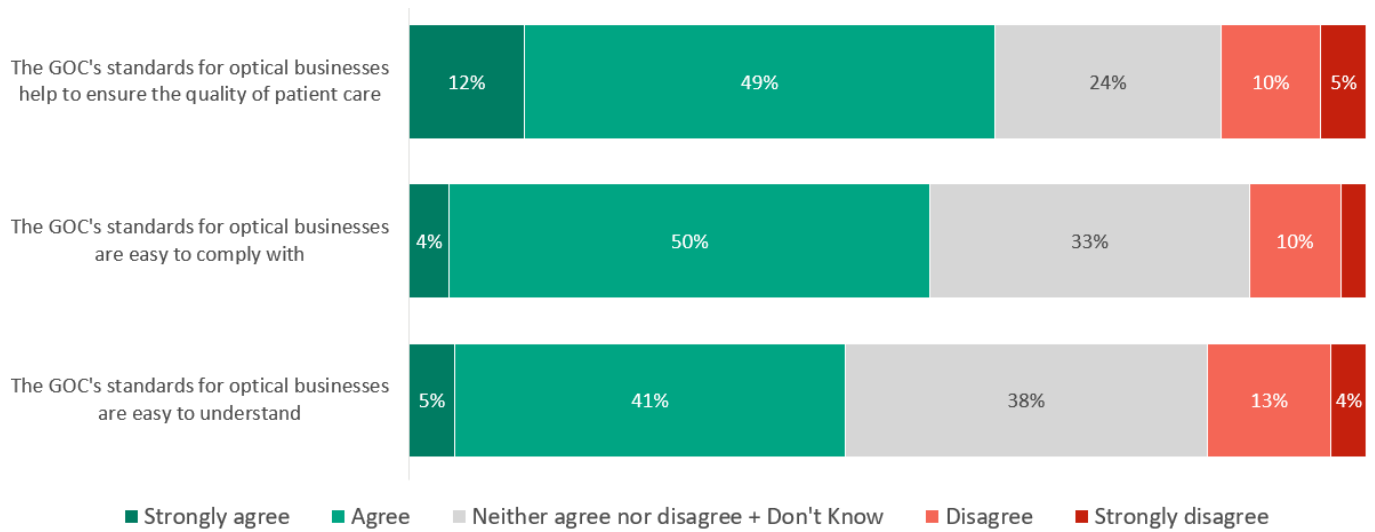
Awareness of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints was high overall, with around a third (37%) of registered businesses surveyed being very aware of it and a further half (47%) being quite aware of it.

10% of surveyed businesses have had an OCCS complaint considered about their businesses in the last 12 months. This figure was significantly higher amongst **multiples** (18%) than **independent practices** (4%).

Business’ perceptions of the GOC’s standards for optical businesses were also explored, with the responses illustrated in *figure 29*.



**Figure 29 – Perceptions of the GOC’s standards for optical businesses**



*Please indicate the extent to which you agree or disagree that...: (base all: n=214)*

The majority of businesses surveyed expressed agreement (“agree” or “strongly agree”) that the GOC’s standards for optical businesses help to ensure quality of patient care (61%), and around half expressed agreement that they are easy to comply with (54%) and easy to understand (46%). There were no significant differences found between subgroups regarding perceptions of the standards.

Although perceptions of the standards are positive overall, there are many businesses who are uncertain of their perspective towards them. This may mean that more can still be done to improve perceptions, particularly in ensuring they are easy to comply with and easy to understand.

### 3.4 Business performance and challenges

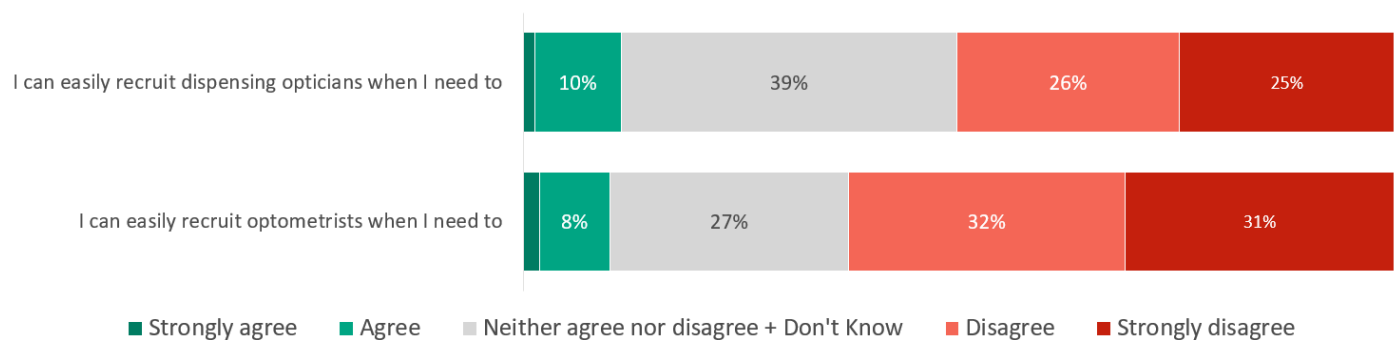
Several questions were asked to registered businesses to understand their performance, current challenges – including their experience recruiting optical professionals – and their outlook for the future. This section explores these topics and is separated into:

- **Ability to recruit new optical professionals:** how easy businesses are finding it to recruit optometrists and dispensing opticians when needed
- **Use of locums:** how many businesses are using locums, and their reasons for doing so
- **Business performance:** the levels of growth for businesses in the last year and last three years, as well as their expected growth for the forthcoming year
- **Challenges for the business:** which challenges are most impacting businesses currently
- **Perceptions of the future:** how optimistic businesses currently feel for their own business, as well as for primary eye care and optical businesses as a whole

#### 3.4.1 Ability to recruit new optical professionals

Businesses were asked to what extent they agreed that they can easily recruit optometrists and dispensing opticians when they need to, the data for which is presented in *figure 30*.

**Figure 30 – Ability to recruit dispensing opticians and optometrists when needed**



*Please indicate the extent to which you agree or disagree that... (base all: n=214)*

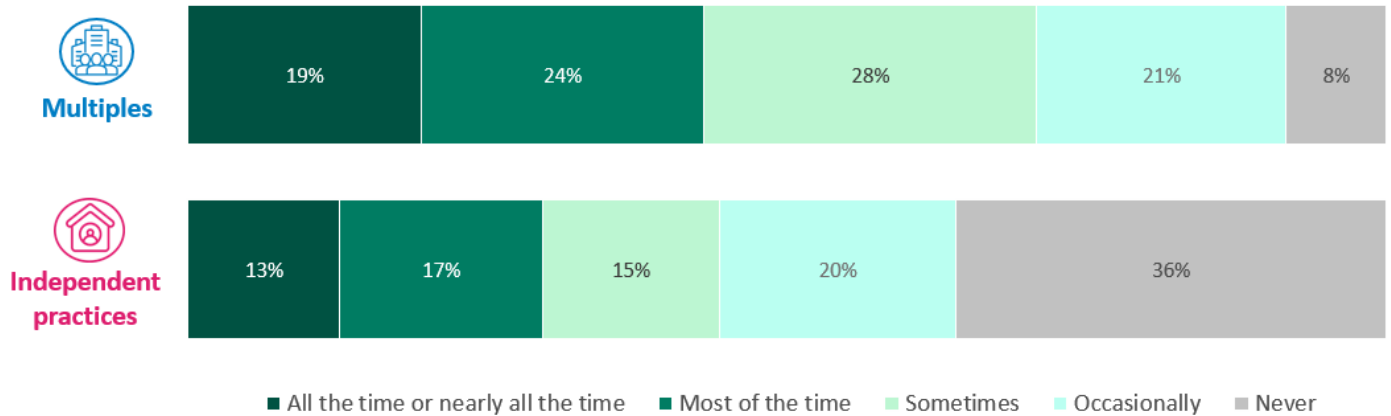
Registered businesses identified substantial difficulties in recruiting optical professionals, with the majority disagreeing or strongly disagreeing that they can easily recruit optometrists (63%) and dispensing opticians (51%) when needed.

When comparing subgroups, the only significant difference found was for businesses of **four staff members or fewer**, who found it comparatively easier to recruit optometrists when needed, being significantly less likely to disagree or strongly disagree (39%) with the associated statement.

### 3.4.2 Use of locums

Businesses were surveyed to understand their use of locums, with the majority (76%) of all businesses having used them at least occasionally in the last 12 months. This has been more prevalent amongst **multiples** than **independent practices**, as illustrated in *figure 31*.

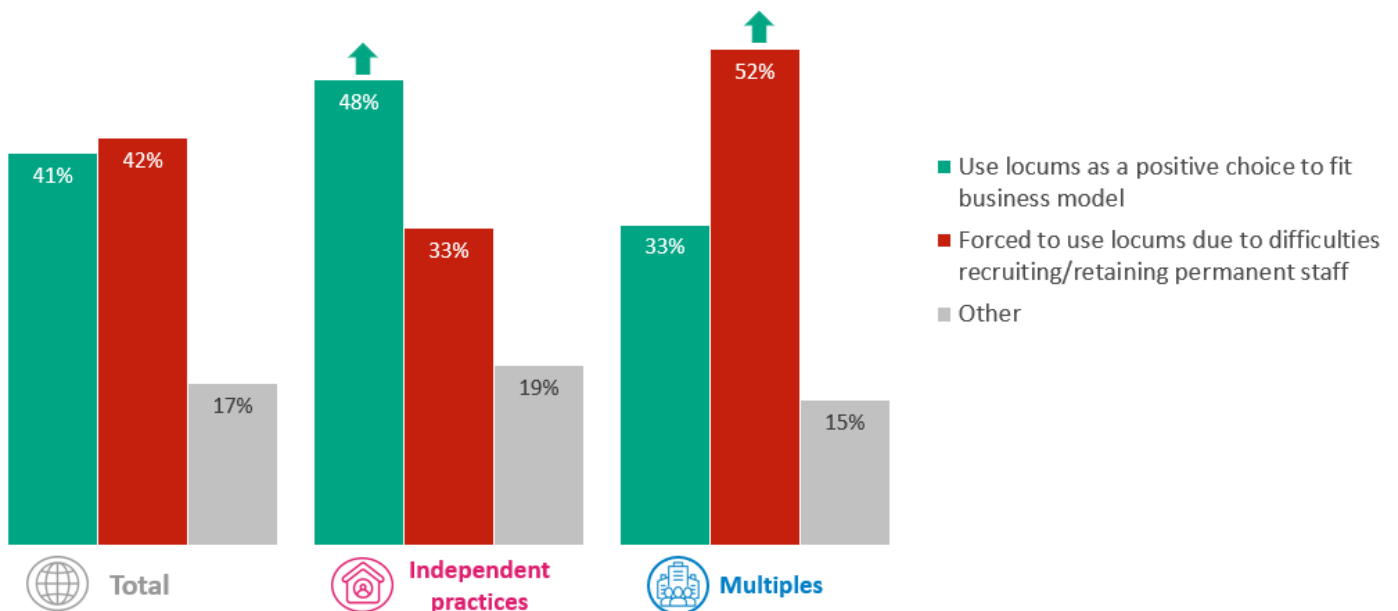
**Figure 31 – Use of locums within the last 12 months**



*To what extent has your business used locums in the last 12 months? (base all: n=214)*

**Multiples** reported having used locums more in the last 12 months across all frequency levels compared to **independent practices**, with a small minority of **multiples** having never used them in that period (8%), compared to around a third of **independent practices** (36%). Businesses were then asked to indicate why they use locums, which is explored in *figure 32*.

**Figure 32 – Primary reasons for using locums**



*Which of the following best represents the reasons why you use locums? (those who have used locums in the last 12 months base: n=157; independent practices who have used locums in the last 12 months base: n=157)*

*n=91; multiples who have used locums in the last 12 months base: n=66), Green arrows represent significant increase over other business structures (p<0.05)*

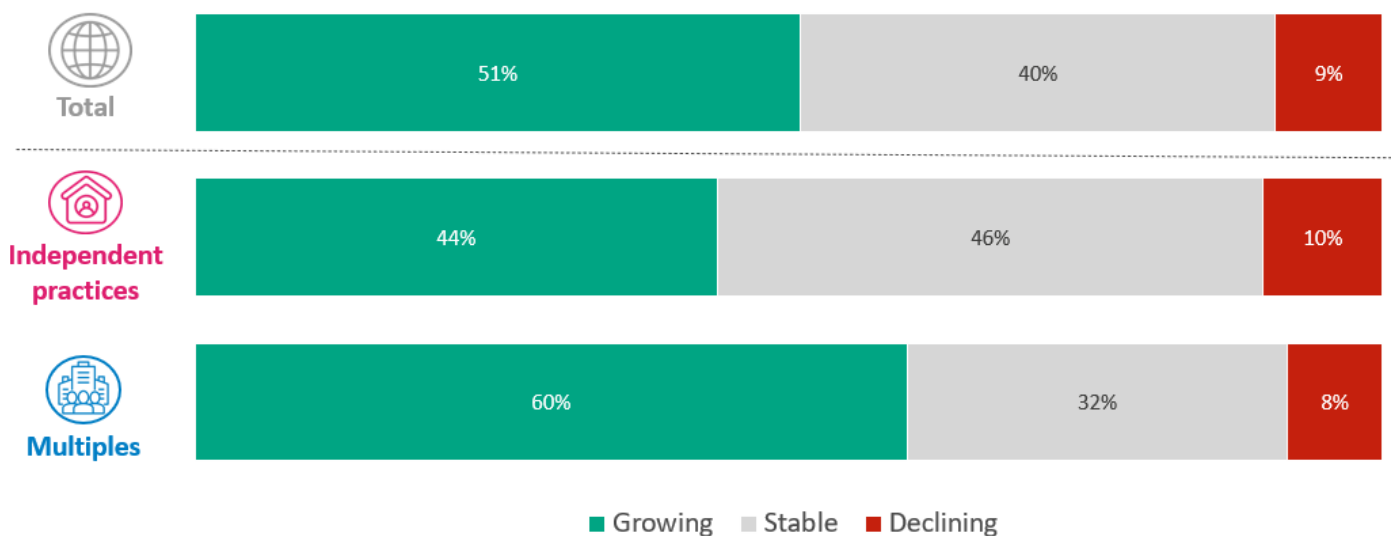
When considering surveyed businesses altogether, there is a roughly even split between those who mostly use locums as a positive choice to fit their business model (41%) and those who are forced to use locums due to difficulties recruiting or retaining permanent staff (42%). When examining the differences by business structure, however, **independent practices** are significantly more likely to use them as a positive choice to fit their business model (48%), whereas **multiples** are more likely to be forced to use them due to staffing challenges (52%).

A number of businesses surveyed (17%) opted to select “other” as opposed to either of the above reasons. Of these, the large majority indicated they use them only to cover holidays, sickness and maternity leave (n=19). Beyond this, several indicated that it was caused by an emerging culture in which optometrists prefer to locum (n=3), and a couple indicated that despite using them in the last 12 months, they had recently decided to stop using them (n=2).

### 3.4.3 Business performance

Businesses were asked several questions to understand perceptions of performance over the recent past and upcoming future. Data was initially collected to understand how registered businesses have performed over the last 12 months, which is illustrated in *figure 33*.

**Figure 33 – Business performance over the last 12 months**



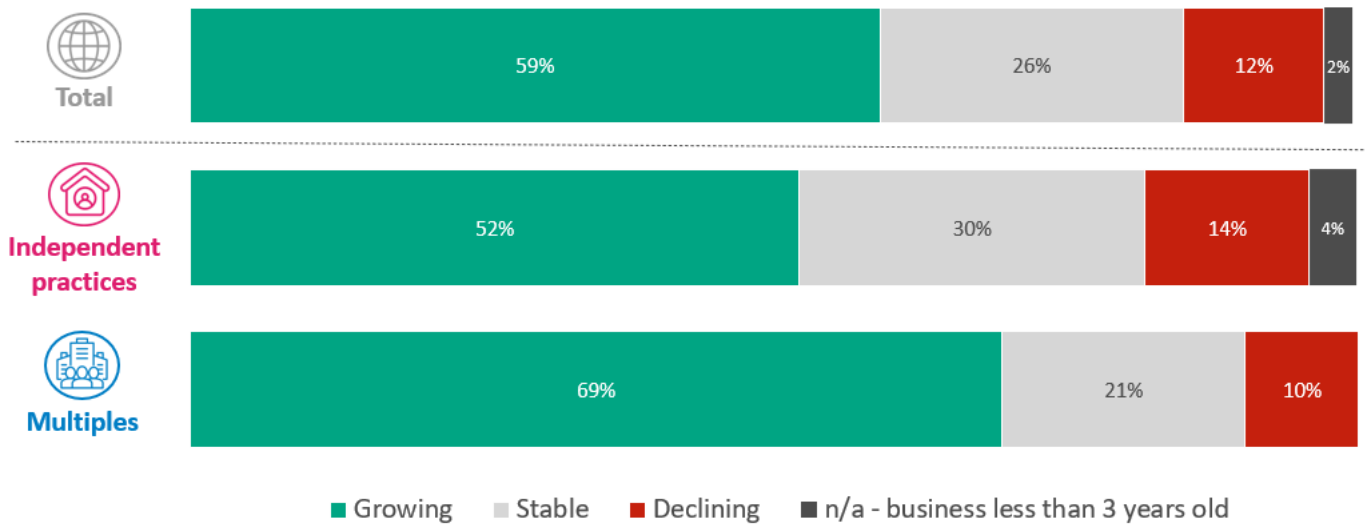
*Reflecting on the last 12 months, which of the following best describes how your business has performed overall? (total base: n=214; independent practices base: n=142; multiples base: n=72)*

A slim majority of businesses overall described their business as growing over the last 12 months (51%), with a small minority (9%) describing it as declining. When broken out into business type, however, it is apparent that more of the growth is found within **multiples** (60%) than **independent practices** (44%), with **independent practices** being more likely to instead describe their business as stable over the last 12 months (46%).

When exploring the impact of innovation on growth, those who had **introduced a new or clinically improved service that was new to the market over the last three years** were more likely to experience growth over the last year (64%) than those who had **introduced an innovation only new to their business** (49%) and those who had **introduced no new or clinically improved clinical services** (46%).

Businesses were also asked to compare their performance now compared to three years ago, as outlined in *figure 34*.

**Figure 34 – Business performance now compared to 3 years ago**

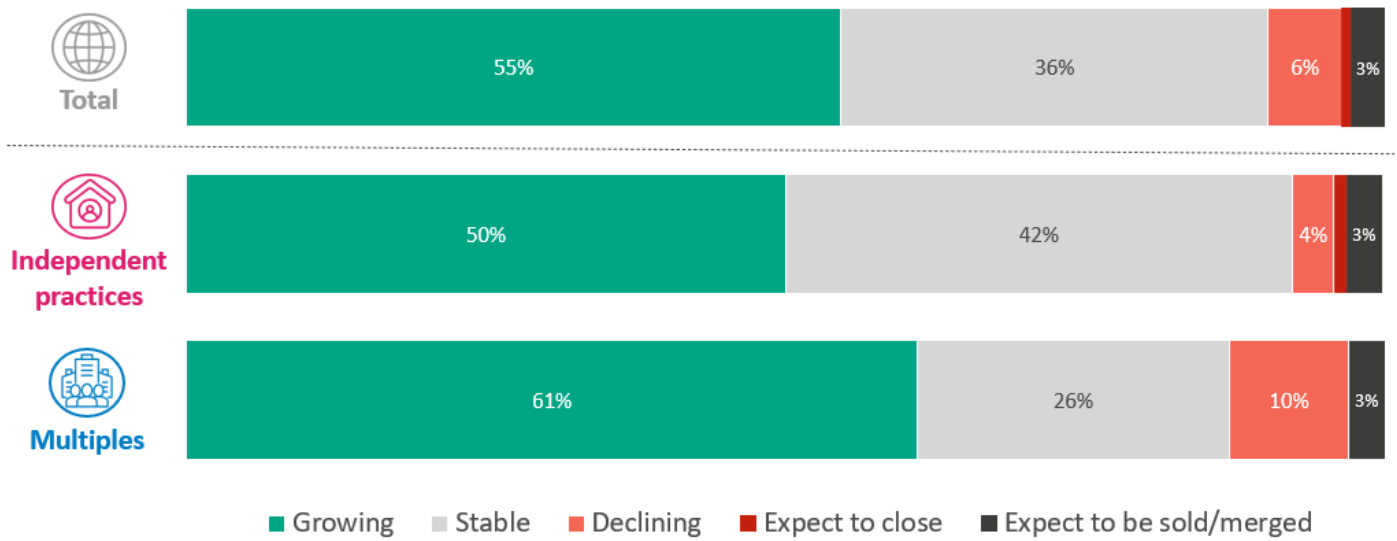


*Thinking about the performance of your business now compared to 3 years ago, would you say that the business is...* (total base: n=214; independent practices base: n=142; multiples base: n=72)

These three-year figures portray a similar theme to those over the last 12 months, with **multiples** being more likely to be growing (69%) than **independent practices** (52%). Both groups are also slightly more likely to see growth over the last three years than the last year, showing a general long-term trend of growth for registered businesses since 2021.

Finally, businesses were asked to describe the outlook for their business over the next 12 months, which is illustrated in *figure 35*.

**Figure 35 – Business outlook over the next 12 months**



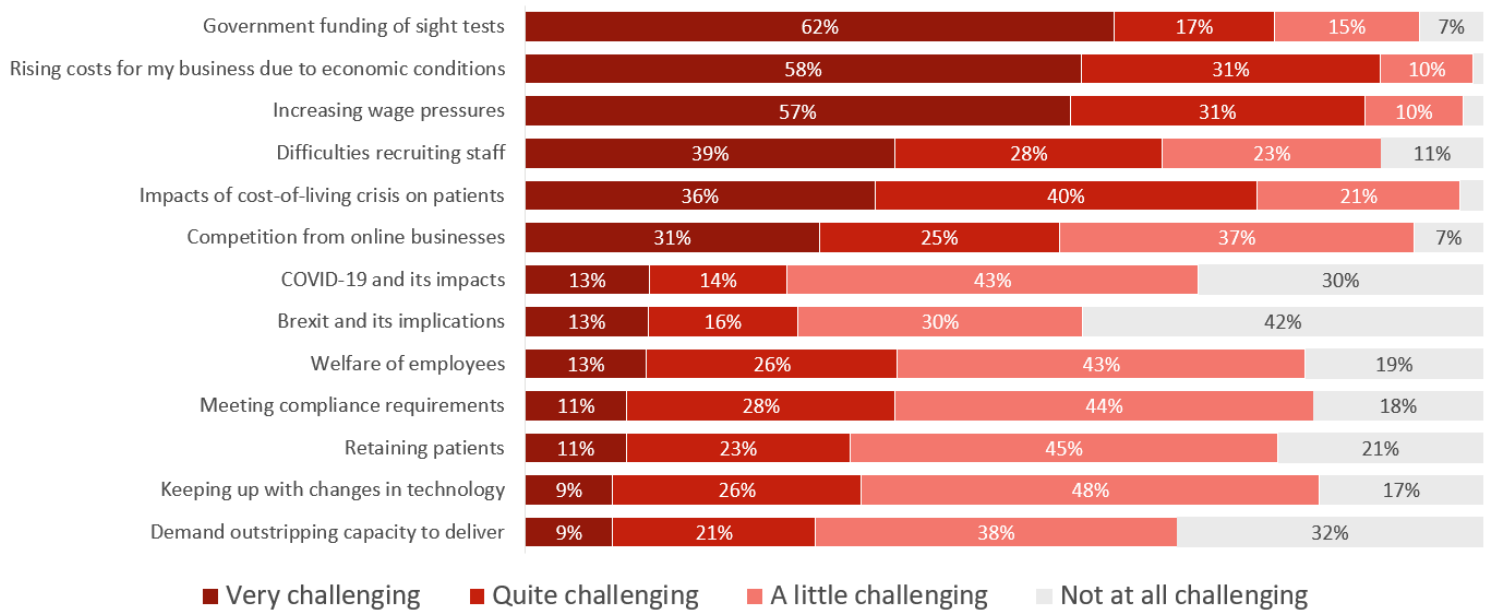
*Thinking about the next 12 months, what is the outlook for your business?... (total base: n=214; independent practices base: n=142; multiples base: n=72)*

Business’ outlooks for the next 12 months mirror their experience over the last 12 months, with the majority anticipating growth, and the figures being higher amongst **multiples** (61%) than **independent practices** (50%). A small number of businesses also indicated that they were expecting to close (1%) or to be sold or merged (3%) in the next 12 months.

### 3.4.4 Challenges for businesses

Businesses were asked to rate how challenging a variety of factors that may be facing their business were, as illustrated in *figure 36*.

**Figure 36 – Perceptions of potential challenges to businesses**



Please rate the following challenges that might be facing your business. (base all: n=214)

The top three challenges to businesses are financial, with the majority rating government funding of sight tests / eye examinations (62%), rising costs due to economic conditions (58%), and increasing wage pressures (57%) as very challenging. Beyond that, another key challenge was difficulties recruiting staff (39% “very challenging”). Potential loss of business was also a common concern, with the majority rating the cost-of-living crisis on patients as either quite or very challenging (76%) and over half indicating this for competition from online businesses (56%), whereas less than a third (30%) indicated this for the prospect of demand outstripping capacity to deliver. It is also noteworthy that COVID-19 and its impacts were seen as quite or very challenging by only a minority of businesses (27%).

When exploring subgroups, businesses with **annual turnovers of under £250k** were significantly more likely to find competition from online businesses (81%) as well as keeping up with changes in technology (60%) to be either quite challenging or very challenging. Businesses serving patients in **cities** were also significantly more likely to see the implications of Brexit as quite challenging or very challenging (49%), compared to those serving other locations.

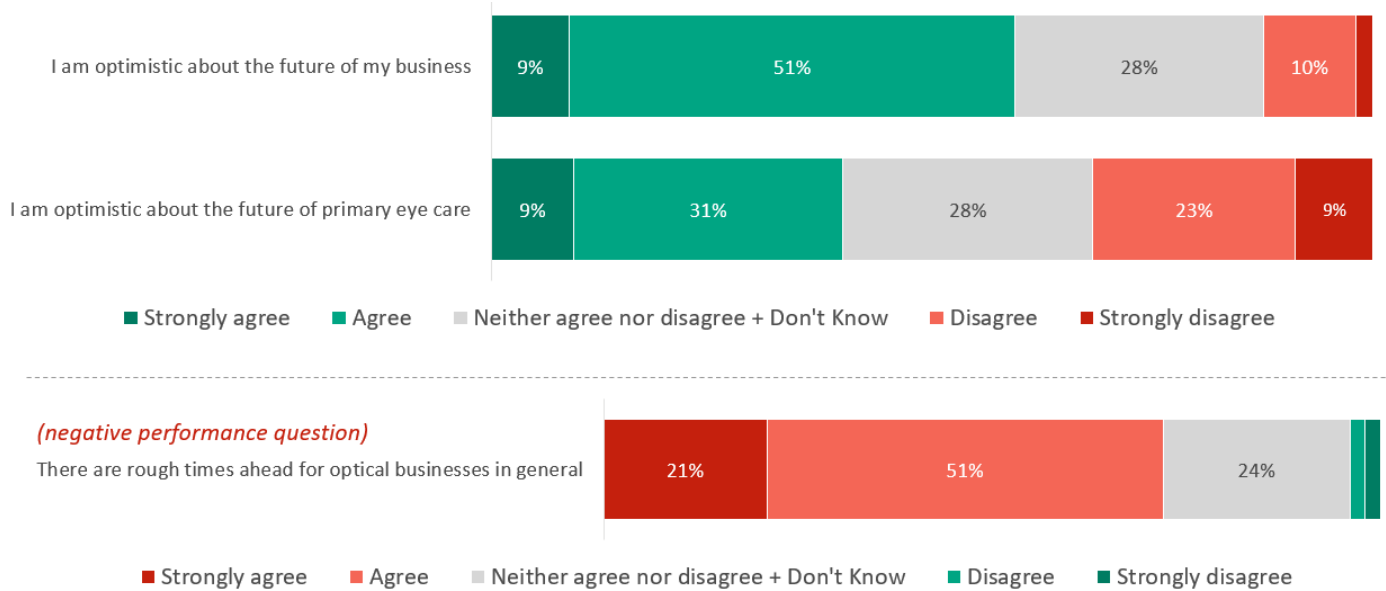
Although the differences were not significant,  **multiples**  seemed more likely to find the welfare of employees (50%) and demand outstripping capacity to deliver (40%) either challenging or very challenging, when compared to  **independent practices**  (31% and 23% respectively).

Of the surveyed businesses, a few (4%) also suggested other factors that are very challenging to their business. When prompted to specify, notable challenges mentioned included NHS sight tests necessitating paying locums to increase availability (n=1), competition from multiples offering free eye exams (n=1), illegal activity in the optical sector (n=1), and uncertainty over the plans for future pre-registration students concerning what training they will receive at universities (n=1).

### 3.4.5 Perceptions of the future

Businesses were asked to what extent they agreed with statements regarding their outlook for the future of their business and for primary eye care, which is illustrated in *figure 37*.

**Figure 37 – Optimism for the future**



*Please indicate the extent to which you agree or disagree that...* (base all: n=214)

Businesses overall are positive about the future of their company, with most (60%) expressing agreement (“agree” or “strongly agree”) with the associated statement.

Despite a general trend of optimism and growth reported by businesses, there was more uncertainty when the optical industry was considered as a whole. Under half (40%) expressed agreement that they are optimistic for the future of primary eye care, and around a third (32%) disagreed or strongly disagreed with the statement. Furthermore, the majority (72%) of businesses agreed or strongly agreed with the statement that “There are rough times ahead for optical businesses in general”.

There were no statistically significant differences found between subgroups for any of the statements.



## 4 Appendices

### 4.1 Technical appendix

#### 4.1.1 Methodology

##### 4.1.1.1 Questionnaire

A questionnaire was designed by the GOC and Impact Health, with prior input from FODO (Federation of Optometrists and Dispensing Opticians), which can be found in its entirety in *section 4.2*. The median amount of time it took businesses to complete the survey was 17 minutes.

##### 4.1.1.2 Promotion of the survey

The survey was securely hosted online, with registered businesses invited to complete it via a link. Two types of links were used to gain responses for the survey: a personalised link for independent businesses with unique emails tied to their practice, and a generic link for businesses who did not have unique emails, such as multiples and businesses operating under the Hakim Group.

The personalised link was sent to 1,365 business registrants, who were each contacted a total of four times to maximise response rate.

The generic, open-access link was promoted by the GOC and stakeholder organisations via email newsletters and social media, including support from multiples who helped to promote the survey to joint ventures and franchises in their group. In the link, businesses were asked to provide their GOC registration number to verify their registration and to ensure no duplicate responses were collected for each business. If the GOC number was not known, businesses who were sent a generic link were instead permitted to give their business' name, which was then checked during analysis to remove any duplicate responses for individual service providers.

As an incentive, a £250 Amazon voucher was offered to one of the businesses who completed the survey, selected at random by an independent third party.

##### 4.1.1.3 Validating responses

In the survey, businesses were asked to confirm that they were registered with the GOC and that the individual responding had sufficient responsibility to answer for their business, either by owning the business, being a practice or other senior manager of the business, or being authorised on behalf of one to complete the survey, as well as ensuring they had access to information about the business structure and operations necessary for the survey. All businesses were also asked to give responses only for the business they own and manage, as opposed to any parent company they operate under.

For the purposes of weighting and assessing response rates, independent practices who had completed via a personalised link and multiples who had completed via a generic link were handled separately. For more information on how business structure was used to inform weighting, see *section 4.1.2.1*.

##### 4.1.1.4 Survey responses

The survey was live from 7<sup>th</sup> December 2023 through to 31<sup>st</sup> January 2024, over which period 214 unique registered businesses completed the survey, representing an overall response rate of 7% from the GOC database of 2,891 registered businesses. The response rate amongst independent practices was 8% (142

completes from 1,697 businesses), whereas the response rate for multiples was 6% (72 completes from 1194 businesses).

## 4.1.2 Interpreting the findings

### 4.1.2.1 Weighting

As the survey was completed by a sample of businesses and not the entire population of businesses registered with the GOC, weighting was applied to ensure that findings are as representative as possible of all businesses registered with the GOC. Due to unequal response rates between independent practices and multiples, as outlined in *section 4.1.1.4*, business structure was considered the most appropriate metric by which to weight on. As independent practices comprise around 59% of registered businesses in the GOC database but contributed to 66% of the sample in this research, they have been weighted down by a factor of 0.88, and the data of multiples has been weighted up by a factor of 1.23 as they comprise around 41% of the database but contributed to only 34% of the sample.

### 4.1.2.2 Sampling confidence interval

As the survey was completed by a sample of registered GOC businesses rather than the entire registered business population, all results are subject to sampling tolerances. The confidence interval for analysis indicates, for a given answer, what the range is that the results would be 95% likely to fall within if the result had been instead obtained from the entire population. *Table 1* below shows a range of sampling tolerances according to the sample size for the question and the answer given for that question. For example, if a mean of 50% was acquired for a sample of n=200, the data is 95% likely to fall within the range of 43.1% to 56.9% (+/- 6.9%). As shown, the confidence interval (sampling error) increases for samples that are smaller or for answers closer to 50%.

***Table 1: Approximate sampling tolerances applicable to percentages at/near select levels, broken out by sample size (95% confidence interval)***

Size of Sample	10% or 90%±	30% or 70%±	50%
250	3.7	5.7	6.2
200	4.2	6.4	6.9
150	4.8	7.3	8
100	5.9	9.0	9.8

Source: Impact Research Ltd.

### 4.1.2.3 Subgroup analysis

A combination of SPSS and Q Research software was used for data analysis. Q Research conducts several tests of statistical significance on tables, such as independent t-tests and Chi-square tests, and statistical differences between subgroups within the data have been reported where relevant. Multiple comparisons correction was applied where appropriate, and a p-value of 0.05 was used to test significance.

#### 4.1.2.4 Presentation of the data

Many charts and data visualisations are found in this report. In some instances, responses may not total to 100%, which may be due to any of the following reasons:

- The chart may present only the most relevant data points from a question
- Surveyed businesses may have been allowed to give more than one answer for the question
- The rounding of figures.

All figures were rounded to the nearest whole number. Where figures of 0% are referenced in text and the figure has been rounded down to 0%, an n= figure has also been given to indicate the discrete number of business registrants that selected that option.

Where appropriate, significant differences between subgroups have been described in-text, supported by green or red arrows in the figures. Relevant subgroups used in analysis have also been stylised in **bold** to aid comprehensibility. As there were many differences found between independent practices and multiples, a colour scheme was implemented to help distinguish these groups. **Independent practices** have been described in **pink** and **multiples** in **blue**, both in the text and in figures relevant to the groups.

Registered businesses were also given several opportunities to provide open-ended responses at various points in the survey, which allowed them to enter text freely. For these questions, responses have been grouped in terms of common themes and described in text, alongside a description of how many businesses gave a response within that category (e.g., “singular mentions of”, or an n= figure).

## 4.2 Questionnaire

### INTRODUCTION

Thank you for expressing interest in this survey.

This study has been commissioned by the General Optical Council (GOC) to understand more about the businesses it regulates and current issues facing optical businesses. Your opinion and perceptions are very important to us.

The survey should take approximately 15 minutes to complete, depending on your answers, and for your time, you will be entered into a **free prize draw with the chance to win a £250 Amazon e-gift card**.

By clicking the [INSERT NEXT>>], you confirm that you agree to participate in this survey. You can withdraw your consent at any time. [FOR UNIQUE LINKS: You may leave and return to the questions using the same link you used to enter this survey].

If you require any further information about how we store and use the data you provide, please see our privacy policy on our website: <https://www.impactmr.com/privacy-statement-research>

Alternatively, you can contact us or find out more about this study via the contact details below:

Impact Research Ltd, 3 The Quintet, Churchfield Road, Walton-on-Thames, Surrey, KT12 2TZ

Office: +44 (0) 1932 226 793, email: [info@impacthealthmr.com](mailto:info@impacthealthmr.com)

### SCREENER

We want to ensure those completing the study have the necessary seniority and access to information or knowledge about their business structure and operations to answer the questions sufficiently.

The next few questions are designed to determine your eligibility for this study.

#### SINGLE CODE

**S1.** Is your business registered with the General Optical Council?

1. Yes [CONTINUE]
2. No [SHOW "Unfortunately, we are only looking for opinions of those associated with businesses registered with the General Optical Council"]

#### SINGLE CODE, ASK ALL

**S2.** What is your position in the business?

1. Owner [CONTINUE]
2. Practice Manager or other Senior Manager [CONTINUE]
3. Other [PLEASE SPECIFY] [CONTINUE]

#### SINGLE CODE, ASK IF 'OTHER' SELECTED @S2

**S3.** Please confirm that you are authorised by the business owners or managers to complete the survey, and that you have access to information about your business's structure and operations.

1. Yes **[CONTINUE]**
2. No **[SHOW “Unfortunately, we are looking for individuals that have the necessary authority and knowledge of their business’s structure and operations to answer the remaining questions. You may forward this survey link <<INSERT GENERIC LINK>> to a more appropriate person in the business.” DO NOT ALLOW TO CONTINUE.**

**SINGLE CODE, ASK ALL**

**DP1.** On occasion, we may need to re-contact respondents to perform standard quality checks or ask for further information about the answers you have provided. Are you happy for us to contact the email address used for this survey to re-contact you for these purposes in the next 6 months?

1. Yes, to both verify data and recontact about information provided in this study
2. Yes, to verify data only
3. Yes, to recontact for further information about the answers provided in this study
4. No

**NUMERIC CODE, FOR GENERIC LINK ONLY**

**G1.** Please enter your unique General Optical Council (GOC) reference for your business.

<b>C</b>	<b>O</b>	<b>-</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>
----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

**NUMERIC INPUT ONLY**

*Note this is for processing purposes only and all information will be aggregated with others, ensuring no individuals or specific businesses can be identified in the results.*

**[EXCLUSIVE CODE]** I do not know the GOC number.

**OPEN END, GENERIC LINK ONLY**

**G2.** Please enter the name of your business.

*Note this is for processing purposes only and all information will be aggregated with others, ensuring no individuals or specific businesses can be identified in the results.*

**SECTION A – ABOUT YOUR BUSINESS**

The first section of the survey is designed to discover background information about your business. Please answer the following questions based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company).

**SINGLE CODE, ASK ALL**

**Q1.** How long ago was your business established?

1. Within the last 12 months
2. Over 1, up to 2 years ago
3. Over 2, up to 5 years ago
4. Over 5, up to 10 years ago
5. Over 10 years ago
6. Don't know **EXCLUSIVE CODE**

**NUMERIC CODE PER ROW, ASK ALL**

**Q2.** How many people in total are currently employed in your business?

As a reminder, please answer the question based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company).

Category	Number
Optometrists	<<NUMBER ONLY>>
Dispensing optician	<<NUMBER ONLY>>
Contact lens optician	<<NUMBER ONLY>>
Optical assistants	<<NUMBER ONLY>>
Other	<<NUMBER ONLY>>
Total	<<AUTOMATED CALCULATION>>

IF NO NUMBER ENTERED, AUTOPUNCH '0' IN DATA. TOTAL MUST EQUAL MORE THAN ONE TO ALLOW CONTINUE

**SINGLE CODE, ASK ALL**

**Q3.** Which of the following best describes your business structure?

1. Independent practice
2. Joint Venture
3. Franchise
4. Regional provider
5. National provider

**SINGLE CODE, ASK ALL**

**Q4.** Which of the following best describes your ownership and management structure?

1. Owned and managed by GOC registered practitioner(s)
2. Owned by GOC registered practitioner(s) but managed by "lay" employee(s)
3. Owned by lay individual(s) but managed by GOC registered practitioner(s)
4. Owned and managed by "lay" individual(s)

**MULTICODE, ASK ALL**

**Q5.** Where does your business operate? *(please tick all that apply)*

1. England
2. Scotland
3. Wales
4. Northern Ireland
5. Outside of the UK

**MULTICODE, ASK ALL**

**Q6.** In which type of locations does your business serve patients? *(please tick all that apply)*

1. City
2. Town
3. Rural
4. Other (e.g. mobile)

**NUMERIC CODE, ASK ALL**

**Q7.** How many practices/sites does your business currently operate?

---



---

RANGE FROM 1-999

**SINGLE CODE, ASK ALL**

**Q8.** Please indicate below the approximate turnover of your business in the most recent completed financial year. All figures below indicate yearly turnover in £.

*Note: Turnover refers to the market sales of goods and services, including all taxes except VAT.*

1. 0 - <50k
2. 50k - <100k
3. 100k - <250k
4. 250k - <500k
5. 500k - <1 million
6. 1 million - <2 million
7. 2 million - <5 million
8. 5 million - <10 million
9. 10 million - <50million
10. 50 million - <100million
11. 100 million+

**SECTION B - SERVICES**

**SINGLE CODE, ASK ALL**

**Q9.** Which of the following best describes your business?

1. Provides optical services only
2. Provides a combination of optical and non-optical services

**SINGLE CODE PER ROW, ASK ALL**

**Q10.** Which of the following services does your business currently provide, or plans to offer in the future? *(please answer for all services)*

Service <b>ROTATE CODES BELOW</b>	Offer currently	Plan to offer in next two years	No plans to offer this service
Sight testing / eye examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of prescription spectacles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitting and sale of contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of zero-powered contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domiciliary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric excluding myopia control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric myopia control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Orthoptics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual stress / colorimetry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of minor eye conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute/emergency eye care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetic screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myopia management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre- and post-operative cataract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laser eye surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### SINGLE CODE, ASK ALL

**Q11.** Does your business hold a contract with NHS England and/or is it on the Health Boards Ophthalmic lists (in Wales, Scotland and Northern Ireland)?

1. Yes
2. No

#### SINGLE CODE, ASK ONLY IF YES CODE 1 @Q11

**Q12.** Thinking about the last 12 months, approximately what percentage of sight tests / eye examinations carried out by your business were NHS-funded?

1. None – fully private
2. 1-10%
3. 11-20%
4. 21-30%
5. 31-40%
6. 41-50%
7. 51-60%
8. 61-70%
9. 71-80%
10. 81-90%
11. 91-100%
12. Don't know

### SECTION C – INNOVATION AND TECHNOLOGY

#### SINGLE CODE, ASK ALL

**Q13.** Over the last three years, have you introduced any new or significantly improved clinical services to patients?

1. Yes
2. No

#### MULTICODE, ASK IF YES @ Q13

**Q14.** Thinking again about the new service development activity that you've undertaken, were any of these services... *(please tick all that apply)*



1. New to the market (i.e., you introduced them before other businesses)?
2. Only new to your business (i.e., new services that were essentially the same as a service already available from other businesses)?

**MULTICODE, ASK IF YES @ Q13**

**Q15.** What have been the benefits of this new service development activity? *(please tick as many that apply)*

**ROTATE ATTRIBUTES WHILE KEEPING 'OTHER' ANCHORED LAST**

1. Extended the range of services you offer
2. Improved the speed of delivery of your services
3. Increased value added *(this refers to increasing the difference between the price of a product or service and the cost of producing it)*
4. Reduced costs
5. Improved the quality of the services you offer
6. Attracted new patients
7. Increased revenue from existing patients
8. Increased market share
9. Reduced environmental impacts
10. Replaced outdated services or processes
11. Improved health and safety
12. Met regulatory requirements
13. Faster referrals
14. Better communications IT links with ophthalmology and GPs
15. Other (please specify) \_\_\_\_\_ **ANCHORED, IF SELECTED FORCE TEXT INPUT**

**SINGLE CODE PER ROW, ASK IF YES @ Q13**

**Q16.** Again, thinking about the last three years, how important were each of the following factors in your decision to innovate?

<<ROTATE ORDER, 'OTHER' ALWAYS LAST>>	Not important	Low importance	Medium importance	High importance
Patient demand for new services				
Improving customer experience				
Changes in NHS or government commissioning of optical services				
Intensity of competition				
Availability of finance				
Cost of finance				
Recruitment of new staff or talent				
The availability of new technology				
Government regulations				
GOC regulations				

EU regulations				
Withdrawal of UK from the EU				
Issues relating to the COVID-19 pandemic				
OTHER (PLEASE SPECIFY) _____				

**SINGLE CODE PER ROW, ASK ALL**

**Q17.** Below is a list of possible barriers that may have constrained your new service development over the last three years. How important were the following factors in constraining innovation activities?

<<ROTATE ORDER, OTHER ALWAYS LAST>>	Not important	Low importance	Medium importance	High importance
Conditions in the UK economy				
Direct innovation costs too high				
Cost of finance				
Availability of finance				
Lack of qualified personnel				
Lack of information on technology				
Lack of information on markets				
Perceived uncertain demand for innovative services				
Lack of NHS IT connectivity to ophthalmology				
GOC regulations				
Government regulations				
EU regulations				
Withdrawal of UK from the EU				
Issues related to the COVID-19 pandemic				
Other (PLEASE SPECIFY) _____				

**SINGLE CODE, ASK ALL**

**Q18.** Does your business have a website?

1. Yes
2. No

**SINGLE CODE, ASK IF YES @ Q18**

**Q19.** Does your business publish the price of a sight test/eye examination on its website?

1. Yes
2. No

**SINGLE CODE, ASK ALL**

**Q20.** Does your business use social media to engage with patients and the public?

- 1. Yes
- 2. No

**SINGLE CODE PER ROW, ASK ALL**

**Q21.** Does your business use, or plan to use in the next two years, the following types of technology?

Type of technology <<ENSURE RESPONSE FOR EACH ROW>> <<ROTATE FACTORS BELOW>>	Use now	Plan to use in next two years	No current plans to use
Autorefractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OptoMap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A website with interactive features such as online booking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LiveChat or virtual assistants on your website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote sight testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PMS/electronic patient records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SECTION D – OPTICAL STUDENTS AND NEWLY QUALIFIED PROFESSIONALS**

**SINGLE CODE, ASK ALL**

**Q22.** Does your business currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies?

- 1. Yes
- 2. No

**SINGLE CODE, ASK IF YES @ Q22**

**Q23a.** Are the placements for...?

- 1. Student optometrists only
- 2. Student dispensing opticians only
- 3. Both of the above

**SINGLE CODE, ASK IF YES @ Q22**

**Q23b.** Are the number of placements decreasing, staying the same, or increasing overall vs. previous years?

- 1. Decreasing
- 2. Staying the same
- 3. Increasing
- 4. Don't know

**SINGLE CODE, ASK IF NO @ Q22**

**Q24.** Do you plan to offer placements to optical students within the next two years?

1. Yes
2. No

**SINGLE CODE PER ROW, ASK ALL**

**Q25.** What do you see as the main benefits of offering placements to optical students?

<<ROTATE FACTORS, OTHER ALWAYS LAST >> <<ENSURE RESPONSE FOR EACH ROW >>>	Not a benefit	Minor benefit	Major benefit
Providing a pipeline of newly qualified optical professionals to employ in future			
Supporting the next generation of optical professionals			
Access to workforce at lower cost			
Benefits to fully qualified employees			
Other (PLEASE SPECIFY) _____ ANCHOR OPTION			

**SINGLE CODE PER ROW, ASK ALL**

**Q26.** What do you see as the main barriers to offering placements to optical students?

<<ROTATE FACTORS, OTHER ALWAYS LAST >> <<ENSURE RESPONSE FOR EACH ROW >>>	Not a barrier	Minor barrier	Major barrier
Financial factors			
Time constraints			
No education provider in my area			
No available consulting room			
Lack of supervisors			
Regulatory burden			
Lack of clarity about GOC requirements			
Bureaucracy by education providers			
Lack of knowledge of what is involved			
Other (PLEASE SPECIFY) _____			

**MULTICODE, ASK ALL**

**Q27.** Has your business employed optical professionals who have joined the GOC register (not including pre-registration students) in the last two years? *(please answer as many as apply)*

1. Yes – optometrists
2. Yes – dispensing opticians
3. No - **EXCLUSIVE, ROUTE TO SECTION E (Q34)**

**SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27**

**Q28.** The GOC’s education requirements are designed to ensure that newly qualified professionals meet outcomes in the seven areas below, at the point they qualify and enter the register.

Thinking about the newly qualified **optometrists** you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they **started** working for you?:

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Not met	Met	Unsure
Person-centred care			
Communication			
Clinical practice			
Ethics and standards			
Risk			
Leadership and management			
Lifelong learning			

**SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27 – KEEP DON’T KNOW AS EXCLUSIVE TICK BOX**

**Q29.** Again, thinking collectively about the newly qualified **optometrists** at the point they **started** with your business, please indicate the extent to which you agree or disagree that...

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They were equipped for safe clinical practice						<input type="radio"/>
There were gaps in their knowledge, skills and behaviours						<input type="radio"/>
They could perform most tasks within their scope of practice						<input type="radio"/>
They were confident within their scope of practice						<input type="radio"/>

**SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27 – KEEP DON’T KNOW AS EXCLUSIVE TICK BOX**

**Q30.** And how would you rate their performance **now**?

<<KEEP SAME ORDER AS PREVIOUS QUESTION>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They are equipped for safe clinical practice						<input type="radio"/>

There are gaps in their knowledge, skills and behaviours						<input type="radio"/>
They can perform most tasks within their scope of practice						<input type="radio"/>
They are confident within their scope of practice						<input type="radio"/>

**SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27**

**Q31.** The GOC’s education requirements are designed to ensure that newly qualified professionals meet outcomes in the seven areas below at the point they qualify and enter the register.

Thinking about the newly qualified **dispensing opticians** you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they **started** working for you?:

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Not met	Met	Unsure
Person-centred care			
Communication			
Clinical practice			
Ethics and standards			
Risk			
Leadership and management			
Lifelong learning			

**SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27 –KEEP DON’T KNOW AS EXCLUSIVE TICK BOX**

**Q32.** Again, thinking collectively about the newly qualified **dispensing opticians** at the point they **started** with your business, please indicate the extent to which you agree or disagree that...

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They were equipped for safe clinical practice						<input type="radio"/>
There were gaps in their knowledge, skills and behaviours						<input type="radio"/>
They could perform most tasks within their scope of practice						<input type="radio"/>
They were confident within their scope of practice						<input type="radio"/>

**SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27 –KEEP DON’T KNOW AS EXCLUSIVE TICK BOX**

**Q33.** And how would you rate their performance **now**?

<<KEEP SAME ORDER AS PREVIOUS QUESTION>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
They are equipped for safe clinical practice						<input type="radio"/>
There are gaps in their knowledge, skills and behaviours						<input type="radio"/>
They can perform most tasks within their scope of practice						<input type="radio"/>
They are confident within their scope of practice						<input type="radio"/>

## SECTION E – OPERATING CONDITIONS

### SINGLE CODE, ASK ALL

**Q34.** Reflecting on the last 12 months, which of the following best describes how your business has performed overall?

1. Declining
2. Stable
3. Growing

### SINGLE CODE, ASK ALL

**Q35.** Thinking about the performance of your business now compared to 3 years ago, would you say that the business is...

1. Declining
2. Stable
3. Growing
4. n/a - business is less than 3 years old

### SINGLE CODE, ASK ALL

**Q36.** Thinking about the next 12 months, what is the outlook for your business?

1. Declining
2. Stable
3. Growing
4. Expect to close
5. Expect to be sold/merged with another business

### SINGLE CODE PER ROW, ASK ALL

**Q37.** Please rate the following challenges that might be facing your business.

<<ROTATE FACTORS BELOW, OTHER ALWAYS LAST>>	Not at all challenging	A little challenging	Quite challenging	Very Challenging
Rising costs for my business due to economic conditions				
Impacts of cost-of-living crisis on patients				

Welfare of employees				
Brexit and its implications				
COVID-19 and its impacts				
Difficulties recruiting staff				
Increasing wage pressures				
Government funding of sight tests				
Retaining patients				
Keeping up with changes in technology				
Meeting compliance requirements				
Competition from online businesses				
Demand outstripping capacity to deliver				
Other (PLEASE SPECIFY) _____				

**SINGLE CODE PER ROW, ASK ALL –KEEP DON'T KNOW AS EXCLUSIVE TICK BOX**

**Q38.** Please indicate the extent to which you agree or disagree that...

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
I am optimistic about the future of primary eye care						
I am optimistic about the future of my business						
There are rough times ahead for optical businesses in general						
I can easily recruit optometrists when I need to						
I can easily recruit dispensing opticians when I need to						

**SINGLE CODE, ASK ALL**

**Q39.** To what extent has your business used locums in the last 12 months?

1. Never
2. Occasionally
3. Sometimes
4. Most of the time
5. All the time or nearly all the time

**SINGLE CODE, ASK IF 2-5 SELECTED @ Q39**

**Q40.** Which of the following best represents the reasons why you use locums?



1. We use locums as a positive choice that fits our business model
2. We are forced to use locums due to difficulties recruiting/retaining permanent staff
3. Other (Please Specify) \_\_\_\_\_

**SECTION F – PERCEPTIONS OF REGULATION**

**SINGLE CODE, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX**

**Q41.** Please indicate to what extent you agree or disagree that the GOC registration fees are reasonable.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
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**SINGLE CODE, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX**

**Q42.** Please indicate to what extent you agree or disagree that the annual compliance costs your business faces are reasonable.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
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**SINGLE CODE PER ROW, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX**

**Q43.** Please indicate to what extent you agree or disagree that the cost of ongoing compliance for the following types of regulation is reasonable:

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
Information requests from the GOC						
Keeping up to date with changes in government legislation						
Keeping up to date with changes in GOC regulation						
NHS commissioning requirements						
Safeguarding requirements						
Health and safety						
Equalities legislation						
Environmental or sustainability laws/regulations/standards						
Information you are required to provide to patients						
Maintaining patient records						
Data protection requirements						

Handling patient complaints						
Professional indemnity insurance						
CPD undertaken by employees						

**SINGLE CODE, ASK ALL**

**Q44.** How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?

- 1. Not at all aware
- 2. Not very aware
- 3. Quite aware
- 4. Very aware
- 5. Don't know

**SINGLE CODE, ASK ALL**

**Q45.** In the last 12 months, has the OCCS considered a complaint about your business?

- 1. Yes
- 2. No
- 3. Don't know

**SINGLE CODE PER ROW, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX**

**Q46.** Please indicate the extent to which you agree or disagree that...

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
I find the GOC's standards for optical businesses easy to understand						
I find the GOC's standards for optical businesses easy to comply with						
The GOC's standards for optical businesses help to ensure the quality of patient care						

**CLOSING SECTION**

**SINGLE CODE, ASK ALL**

**G1.** Please indicate if you would like be entered in the price draw to win a £250 Amazon e-gift voucher.

I would like to be included in the free prize draw to win a £250 Amazon e-gift voucher	<input type="radio"/>
I DO NOT wish to be included in the free prize draw	<input type="radio"/>

**IF CODE 1@G1 SELECTED:**

Please indicate the best email address to contact you on to send the e-gift voucher if you win the free prize draw.

Email address	
Confirm email address	

**ENSURE EMAIL ADDRESS CONFORMS TO STANDARD MAIL ADDRESS AND THAT SAME EMAIL IS IN BOTH FIELDS; OTHERWISE, SHOW ERROR**

Thank you very much for your help today. We are very interested in hearing your views on our survey design.

**SINGLE CODE PER ROW, ASK ALL**

**Z1.** Using the rating below, please let us know how you would rate each of the following:

	1 Very Bad	2	3	4	5 Very Good
Length of survey					
Ease of completion					
Ability to express my true opinion					
Overall experience					

**SINGLE CODE, ASK ALL**

**Z2.** Have you experienced any *technical difficulties* while taking the survey?

1. No
2. Yes (Please specify)

**OPEN END, ASK ALL**

**Z3.** If you have any additional feedback, please enter your comments here:

**DO NOT FORCE ANSWER, ALLOW TO PROCEED TO NEXT PAGE**

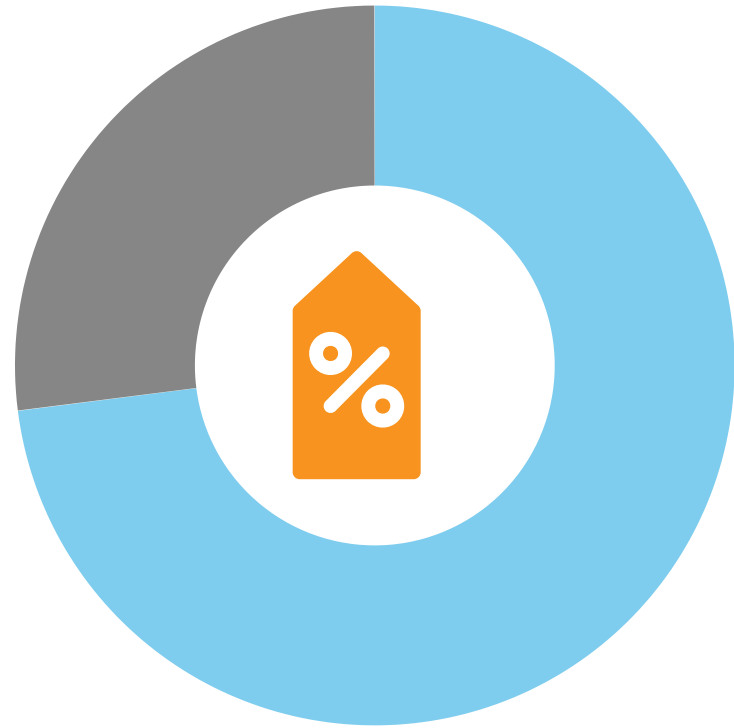
**CLOSING REMARK**

Thank you, you have reached the end of this questionnaire, your feedback has been greatly appreciated! <<RETURN BROWSER TO GOC WEB HOME PAGE>>

General Optical Council

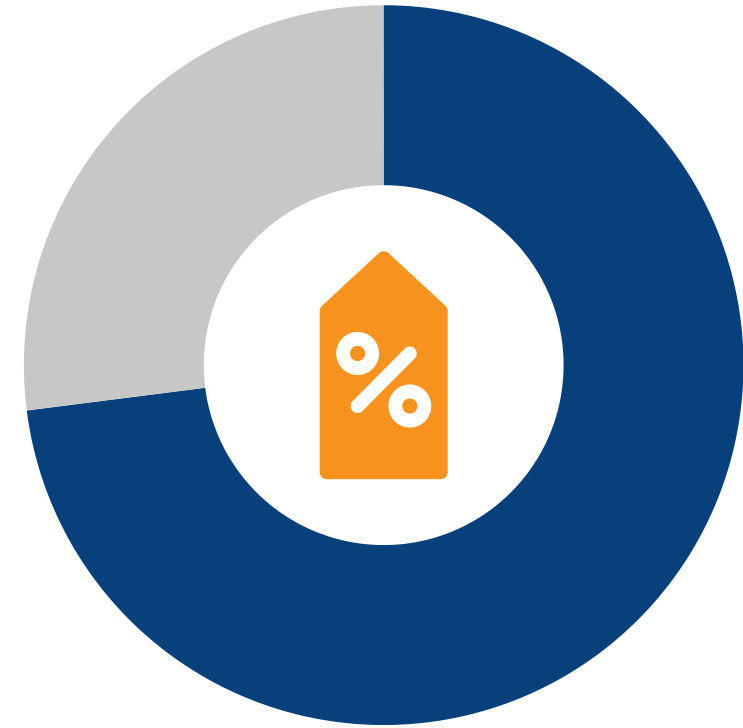
# BUSINESS PERFORMANCE AND CHALLENGES

Business registrants research 2024



**51%**

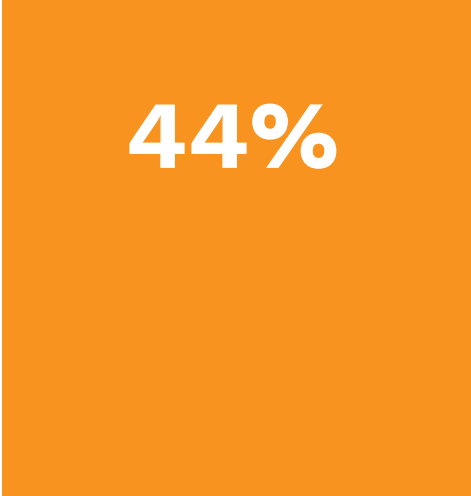
Of businesses **experienced growth** last year (*9% decline*)



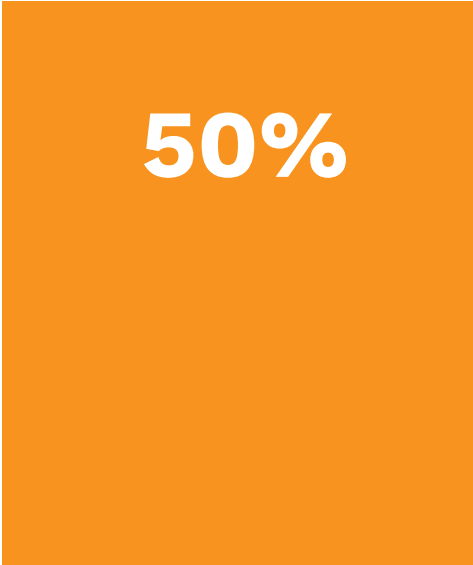
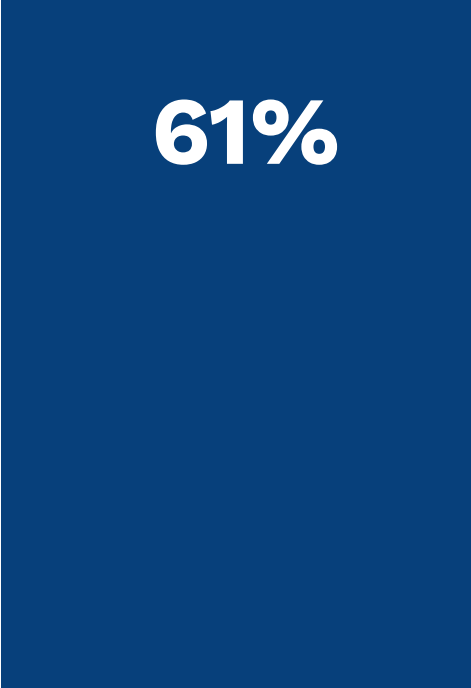
**55%**

Of businesses **expect growth** for the upcoming year (*7% decline/closure*)

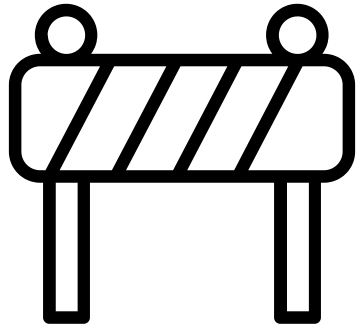
**Multiples** are more likely than **independent practices** to have experienced and to expect growth...



% of businesses that have grown over the last 12 months



% of businesses that are expecting growth over the next 12 months



## Businesses find the greatest challenges to be... (% quite/very challenging)



**89%**

Rising costs due to economic conditions

**88%**

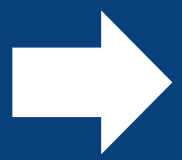
Increasing wage pressures

**79%**

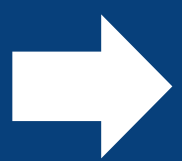
Government funding of sight tests

**67%**

Difficulties recruiting staff



**63% Disagree** that they can easily recruit **optometrists**



**51% Disagree** that they can easily recruit **dispensing opticians**



**76%**

Impact of cost-of-living crisis on patients

**56%**

Competition from online businesses



**76%**

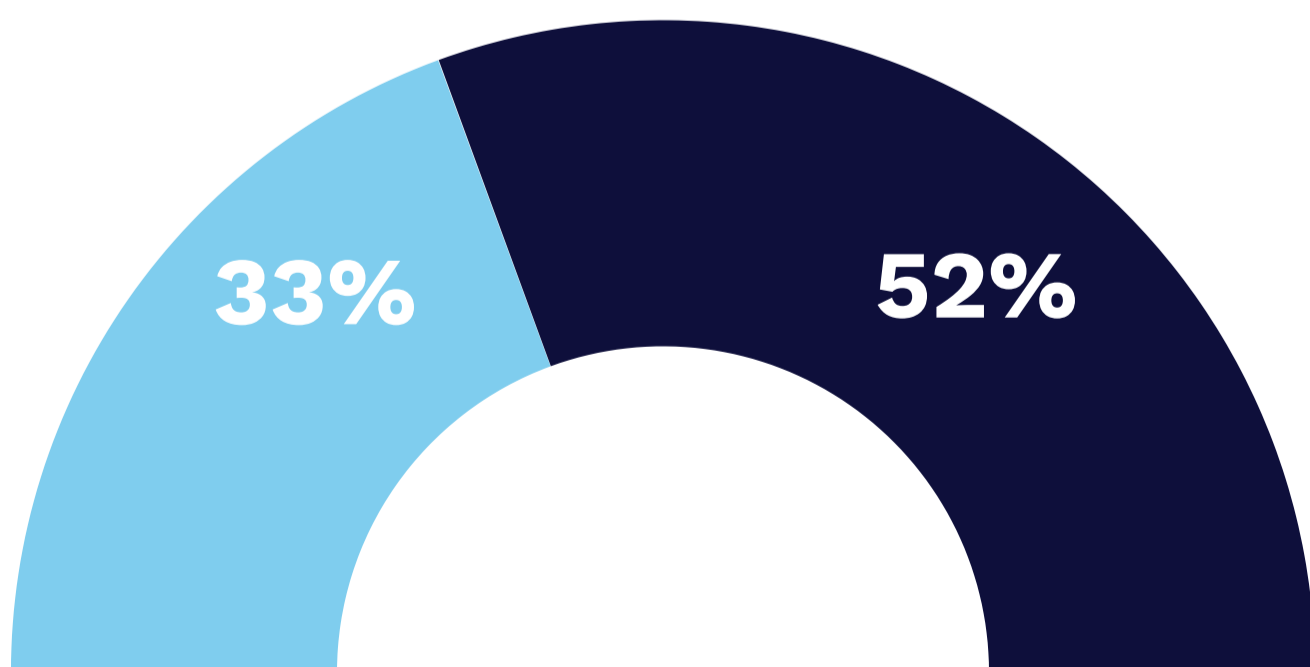
Of businesses have **used locums** at least **occasionally** over last year

**35%**

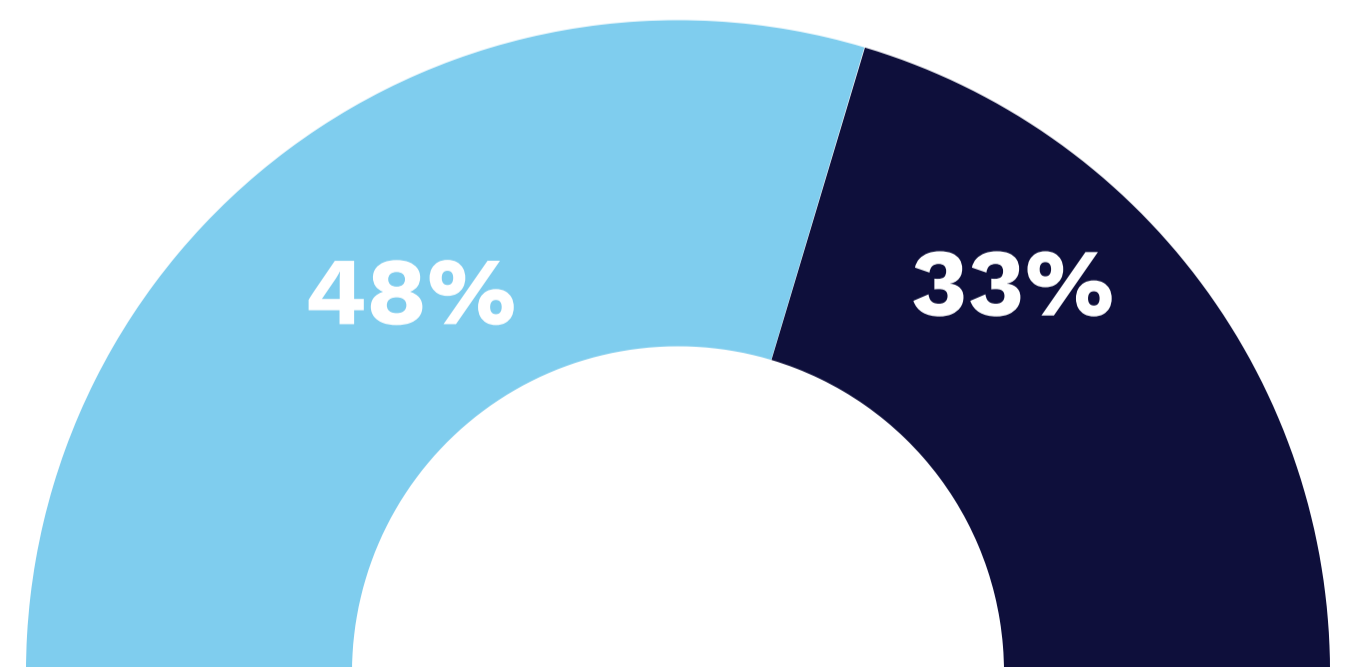
Have used them “**most**” or “**all of the time**”

## Reasons for using locums vary by business structure...

### Multiples



### Independent practices

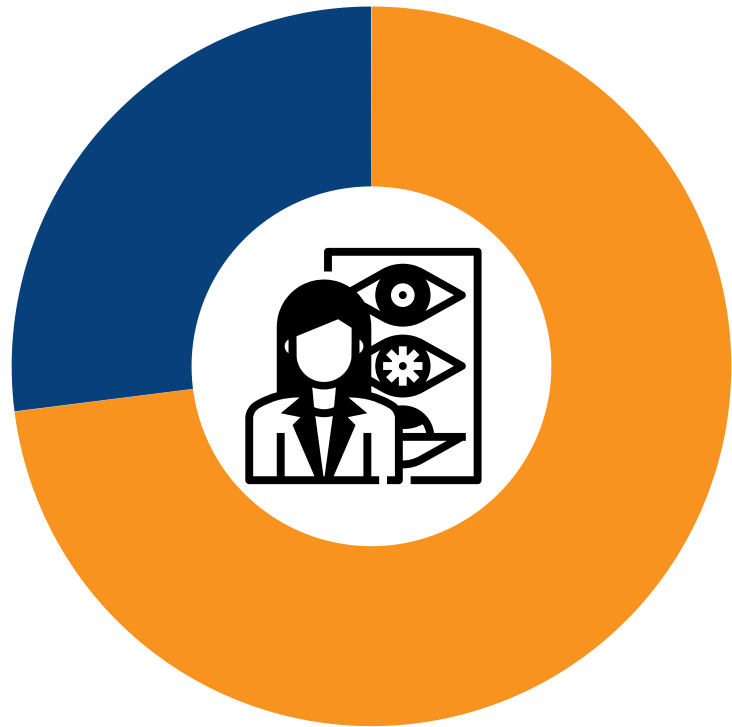


- As a positive choice to fit the business model
- Due to difficulties recruiting / retaining staff



# INNOVATION

Business registrants research 2024



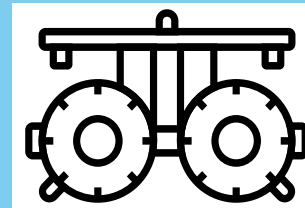
**73%**

Of businesses have **introduced a new or improved clinical service** to patients over the last three years

Of these:



**79%** introduced a service that was **only new to their business**



**28%** introduced a service that was **new to the market**

Innovating businesses have found the greatest benefits to be...



**68%** have attracted **new patients**



**52%** have had **increased revenue** from existing patients



**48%** have had **faster referrals**



**34%** have had **better IT comms** with ophthalmology and GPs



Businesses with innovations new to the market were **more likely to see all benefits** than those whose innovations were new only to their business



## Most highly ranked **DRIVERS** of innovation



**99%**

Improving customer experience

**92%**

Patient demand

**97%**

Availability of new technology



**76%**

NHS / government commissioning

**68%**

GOC regulations





## Most highly ranked **BARRIERS** of innovation

---



**74%** UK economy conditions

**69%** cost of innovation

**66%** cost of finance

**76%**

Lack of NHS IT connectivity to ophthalmology



**61%** GOC regulations

**55%** Government regulations



General Optical Council

# SERVICES AND TECHNOLOGY

Business registrants research 2024



**74%**

of businesses  
use social media



**89%**

of businesses  
have a website

**X**

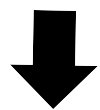
only **44%** of those that have a website publish  
prices for sight tests / eye examinations on them



Glaucoma monitoring

**33%**

Current usage



**68%**

Planned usage

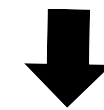
**Patient services expected to increase the most over the next two years**



Independent prescribing

**20%**

Current usage

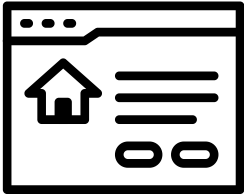


**53%**

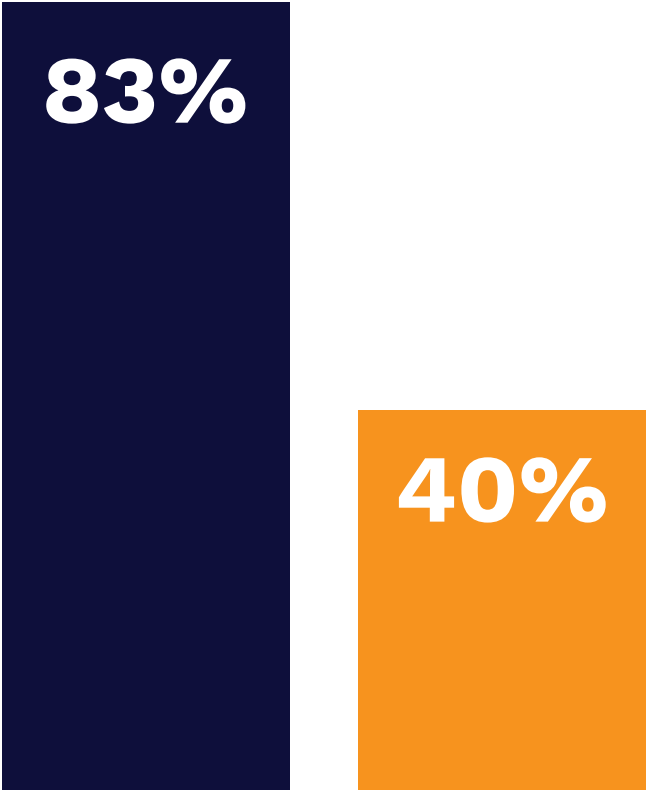
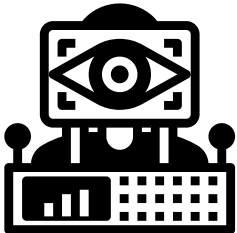
Planned usage



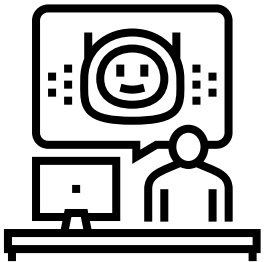
**Multiples** are more likely than **independent practices** to use certain technologies...



Interactive websites (e.g. online booking)



Autorefractors



LiveChat / virtual assistants

In the next two years, **digital technologies** and **diagnostic technologies** are expected to see increases in uptake:



Artificial intelligence

**5%** >> **27%**



Websites with interactive features

**58%** >> **77%**



LiveChat / virtual assistants

**11%** >> **26%**



PMS / electronic patient records

**75%** >> **89%**



OptoMap

**11%** >> **30%**



OCT

**82%** >> **91%**



Remote sight testing

**5%** >> **11%**



Autorefractor

**58%** >> **63%**

**COUNCIL**

**Optical Consumer Complaints Service (OCCS) Annual Report 2023-2024 'The OCCS: Agile and Effective Complaint Resolution'**

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**Meeting: 26 June 2024**

**Status:** For noting

**Lead responsibility:** Carole Auchterlonie (Director of Regulatory Operations)

**Paper Author(s):** Carole Auchterlonie (Director of Regulatory Operations)

**Council Lead(s):** Tim Parkinson and Lisa Gerson for Fitness to Practise

**Purpose**

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1. For Council to receive and discuss the 2023-2024 OCCS annual report.

**Recommendations**

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2. Council is asked to note the OCCS annual report.

**Strategic objective**

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3. This report contributes towards the achievement of the following strategic objective: excellence in customer service. It is included in our 2023-2024 business plan.

**Background**

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4. The GOC commissions the OCCS as an impartial mediation service for consumers and optical practices. Following a competitive tender exercise, Nockolds Resolution were appointed as the OCCS provider earlier this year. The current contract runs until 31 March 2027 with a contract value of approximately £840,000 over three years.
5. Nockolds Resolution has provided the Optical Consumer Complaints Service (OCCS) since 2014. Each year, the OCCS are invited to present their annual report to Council. The attached report provides a summary of activity for 2023-24.

**Analysis**

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6. The OCCS report demonstrates that almost a fifth (16%) of our 2023-2024 receipts have been successfully diverted to the OCCS for a mediated resolution.
7. There was an increase of 3 per cent in the volume of complaints received by the OCCS this year (1757 in 2023-24 with 1705 received in 2022-23), and 95

## **STRICTLY CONFIDENTIAL**

per cent of those were within remit for the OCCS to assist and resolve through effective mediation.

8. An upward trend in complaints about the provision of goods and services continued, with a further 10 per cent increase against the previous year. This year however, there has been a far greater expectation from consumers for a financial resolution to their complaint. In the context of an increased focus on financial resolutions and societal pressures, the OCCS has maintained strong resolution rates in 2023-24, with the number of unsuccessful mediations reducing from 92 in 2022-23, to 73 this year.
9. Last year, two areas of particular interest arose – complaints in the domiciliary space and the increased volume of successful outcomes in the refractive surgery space. For domiciliary care, these remain low in overall volume but have doubled in number from 42 in 2022-23 to 98 in 2023-24. The OCCS is concerned about the potential barriers to complaining for patients, who may be more vulnerable due to their personal situation or circumstances, and this year will seek to improve accessibility for these patients. In terms of the GOC response, domiciliary care is a candidate for a thematic review under the 2025-30 strategy.
10. Refractive surgery complaints have remained steady in volume but continue to take longer to resolve. Overall, there has been an increase in the resolution rate (i.e. mediated settlements), while the overall proportion of complaints resolved in 45 days is 51% this year. For concerns involving refractive surgery, this drops to 33% within 45 days and a median of 66 days, reflecting the greater complexity of that practice.
11. The report notes the continued increase in CPD events delivered by the OCCS to share insight with registrants, deliver improved customer service, and improve front line complaint management. The majority of these CPD events are held in person which provides far more engagement and visual interaction. The OCCS continue to utilise opportunities to enhance engagement with the service through a series of effective collaborations, blogs and increased social media presence.

### **Risks**

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12. There are no identified risks associated with the completion of this report.

### **Impacts**

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13. No equality impact assessment was necessary for the report.

### **Devolved nations**

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## **STRICTLY CONFIDENTIAL**

14. There are no direct implications for the devolved nations and the report shows a proportionate spread consistent with population data.

### **Communications**

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15. The report will be uploaded to the OCCS and GOC websites and communicated via the social network platforms for each organisation.

### **Attachments**

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Annex one: OCCS Annual Report 2023-2024 'Agile and Effective Complaint Resolution'



**Optical Consumer  
Complaints Service**

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**Agile and Effective Complaint  
Resolution**

Annual Report 2023-24



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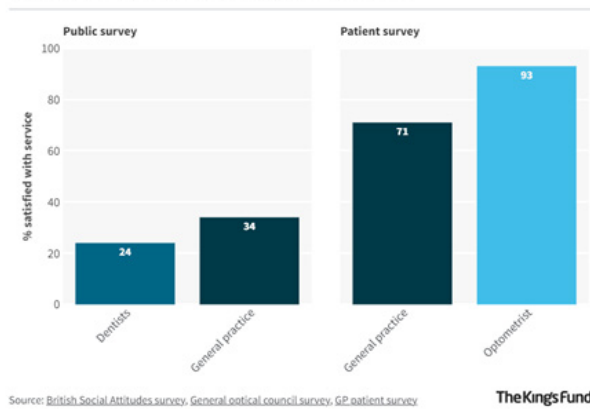
# Introduction

Evidence that we aren't quite out of the woods yet, 2023-4 proved to be another challenging year across all industries and sectors. What was once the preserve of the business pages became the focus of the front pages, with daily headlines forecasting economic uncertainty and pressures. With financial pressure and insecurity affecting both practitioners and customers, it's clear that the uncertainty and societal pressures remain potent forces across the United Kingdom. Issuing significant implications on the optical sector, the latest data reveals how both consumer and practitioner behaviour is changing in the face of such pressures. Despite these challenges and changes in consumer behaviour, 2023 research indicates that patient satisfaction with optical professionals remains at a high level (93%), far exceeding satisfaction with other primary care services and an overall trend of decreased satisfaction with NHS services generally. By assessing the data and extracting trends, the latest Optical Consumer Complaint Service ("OCCS") Annual Report provides a comprehensive view of how the sector has been affected over the past year, what the current state of play looks like, and where it's going next.

**Jennie Jones,**  
**Head of OCCS**  
**Partner at Nockolds Resolution**

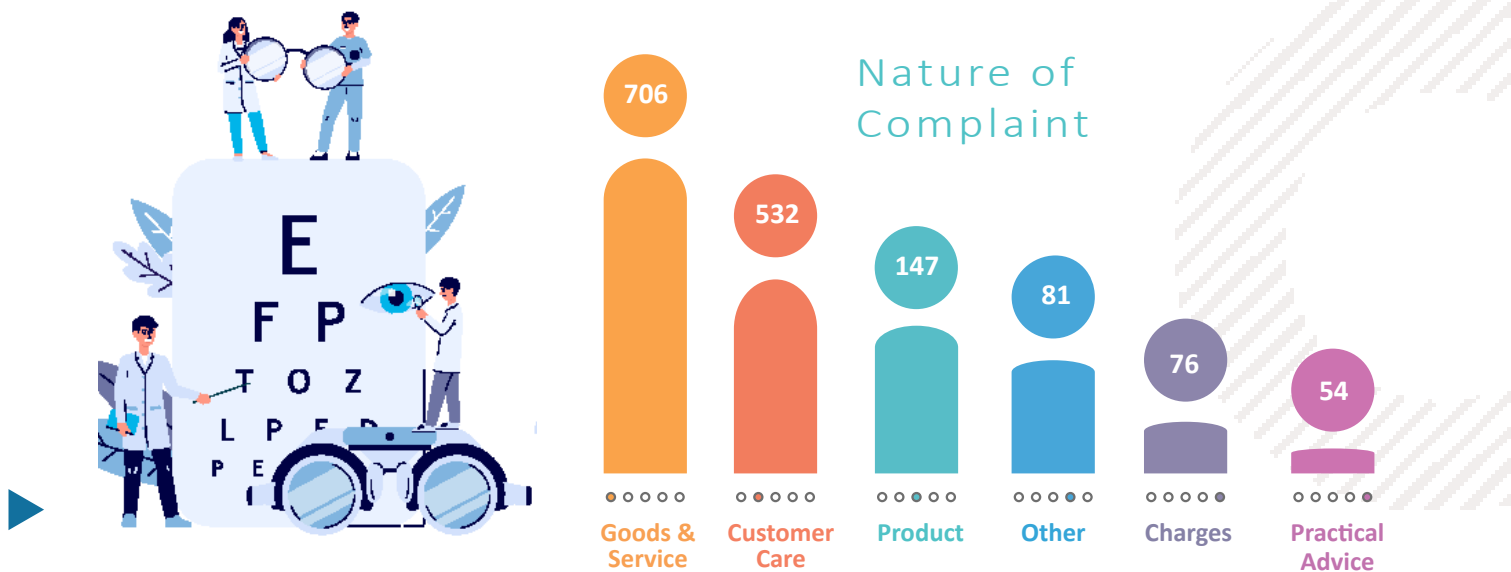
## Public satisfaction with some primary care services was low in 2023

Patient and public satisfaction with primary care services in 2023





# Executive Summary



## Highlights:

<p>✓</p> <p>During 2023-24, the OCCS concluded more complaints, than were opened in the 12 month period.</p>	<p>✓</p> <p>Strong resolution rates mean the OCCS saw a 21% reduction complaints concluding without a resolution.</p>
<p>✓</p> <p>Complaints where allegation of misdiagnosis is the substantive concern continue to fall - now almost half the level of 2021/2022.</p>	<p>✓</p> <p>Record level of CPD delivery with 62 sessions and 3 articles in journals during the year.</p>

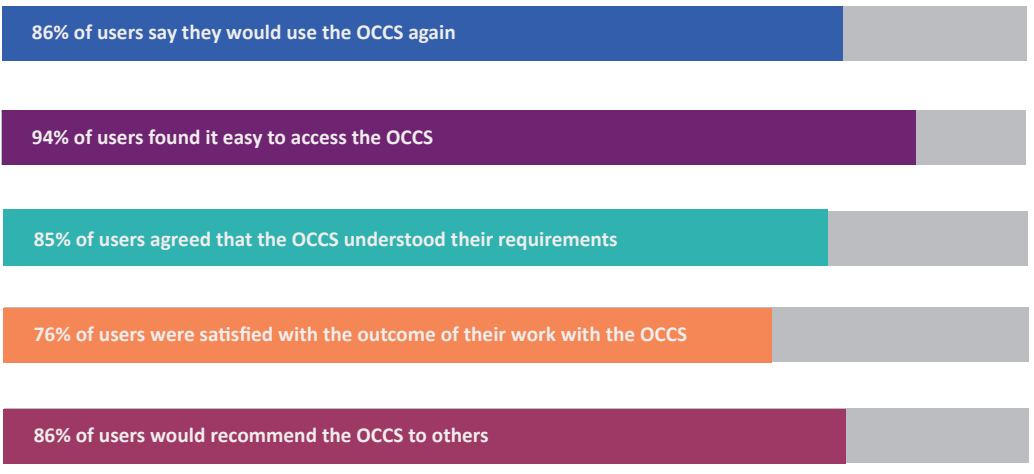
The **working relationship** between the **GOC FtP process and the OCCS** continues to be **effective. 81 concerns were referred to the OCCS by the GOC team** in 2023-24. These account for 20% of the concerns received by the GOC during that period.

Complaints relating to **domiciliary services** significantly **increased (statistically) from 42 to 98**





# FEEDBACK



**User feedback** to the OCCS **remains highly positive**, with the above statistics **illustrating the high quality of service** experienced by users.

## ACCESS TO THE OCCS

63% of complaints received were made by those finding the OCCS online. Other accessed ways were:



Citizens Advice Bureau

33



Practices

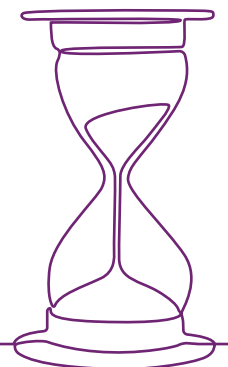
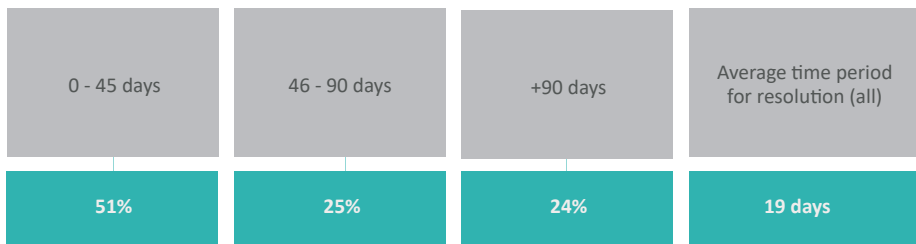
157



Professional Events

42

## TIMESCALES



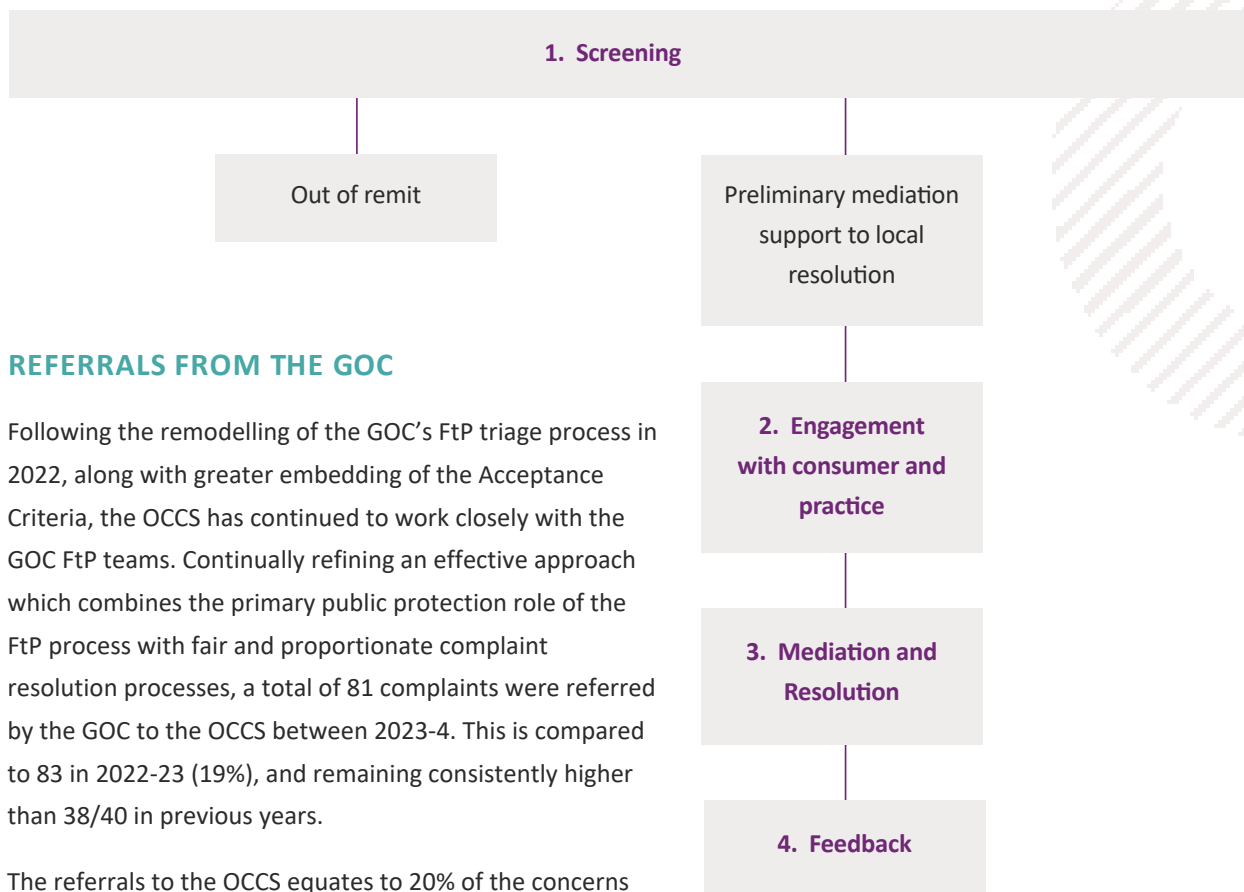


# Accessing the OCCS

Between 1st April 2023 and 31st March 2024, the OCCS received a total of 1757 complaints, 93% of which fell into remit. This is a 3% increase on complaints received compared with 2022-23.

It's crucial to note, too, this continues to reflect an ongoing trend of increased complaint activity across all sectors, and particularly healthcare in recent years. Demonstrating the ongoing efficacy - as well as the growing visibility and accessibility of the service - it is clear that the OCCS remains at the forefront of the minds of consumers and practitioners seeking to resolve complaints proportionately in increasingly challenging times.

## OCCS PROCESS



## REFERRALS FROM THE GOC

Following the remodelling of the GOC's FtP triage process in 2022, along with greater embedding of the Acceptance Criteria, the OCCS has continued to work closely with the GOC FtP teams. Continually refining an effective approach which combines the primary public protection role of the FtP process with fair and proportionate complaint resolution processes, a total of 81 complaints were referred by the GOC to the OCCS between 2023-4. This is compared to 83 in 2022-23 (19%), and remaining consistently higher than 38/40 in previous years.

The referrals to the OCCS equates to 20% of the concerns received by the GOC (405) and demonstrates that the collaborative work between the two teams remains a dependable route to resolving concerns proportionately. 75% of those referred then proceed with the OCCS process (61 OCCS enquiries).

While the number of enquiries received by the GOC has remained consistent since 2016 (405-425), the number of investigations opened by the GOC has reduced from 293 to 132. When analysing the enquiries not entering the FtP process, nearly half (47%, 81) are referred to the OCCS for





resolution showing the positive impact of the remodelling of the GOC triage process and the OCCS input. The ability to refer to the OCCS has assisted the GOC FtP team in developing a time effective process which triages and refers complainants swiftly, to a proportionate, alternative resolution pathway with high satisfaction to a service. This is underpinned by the reassurance that the OCCS will refer back the concern if FtP allegations are subsequently identified within the mediation process.

Six cases were referred from the OCCS to the GOC during the year where an issue that necessitated FtP review emerged during OCCS involvement. This includes concerns where the complainant felt they needed the GOC to consider their complaint, but was not considered by the OCCS to potentially amount to an FtP allegation.

It is also crucial to acknowledge that in addition to direct referrals by the FtP team and those complainants given details of the OCCS, there are also complainants who will self triage via the GOC or the OCCS websites. There is ongoing collaboration between the OCCS and the GOC team to improve this pathway and ensure that complaints are more efficiently triaged for faster turnaround times.

The excellent work the GOC are now doing with their employer forum along with increasing profile in CPD arena should give the public and the profession great confidence that complaints are being managed in a proportionate and pragmatic manner.

## DIRECT ACCESS

Of all complaints received between 2023-4, 63% were made by those finding the OCCS online, either by way of a search engine or social media platform. Consistent with last year's data - there was only a negligible decrease in consumers seeking details of the OCCS directly. There are other data points which should be considered when analysing how users of the OCCS initially access the service. These include:



### Citizens Advice Bureau

The Citizens Advice Bureau referred 33 users to the OCCS; which is consistent with 2022-23 as a % of enquiries received.



### Practices

Practices referring a total of 157 users to the OCCS; a significant increase of 47% when compared to the previous year, being 93 from the practice responding to the complaint, and 64 from another practice who shares contact details for the OCCS.



### Professional Events

Professional events also enabled the OCCS to extend the reach of its service, with 42 disputes making their way to the OCCS via this source; consistent when compared year-on-year.





Altogether, the access routes into the OCCS reveal that consumers are able to easily locate the service online, whilst public bodies like the Citizens Advice Bureau and professional practices place a growing trust and confidence in the OCCS. This data alone is compelling when determining the reputation of the OCCS in the optical sector.

There is always more work to be done to ensure consumers are aware of the OCCS when they can escalate an optical consumer complaint. The OCCS also continues to raise the profile of the service with practices and optical professionals in terms of resolution activity, insight sharing and CPD.

## CONSUMER COMPLAINTS REMIT

92% of all enquiries received between 2023-4 fell within remit of the OCCS, with 125 complaints involving issues or parties that sit outside the OCCS remit or being forwarded to alternative organisations. This is consistent with the number of out of remit complaints when compared with the previous year. Of the complaints which fell outside of the OCCS' remit:

- a) Complaints involving claims for compensation arising from clinical negligence – 26 (41 in 2022-23)
- b) Complainant bringing the concern to the GOC FtP team - 6 (5 in 2022-23)
- c) Complaint relates to a practice not registered with GOC or non UK business 60 (44 in 2022-23)
- d) Complaint involves other non-consumer issues – 33. These included private financial disputes between an optical practice and an individual (not a consumer), employment disputes, national advertising campaigns (referred to Advertising Standards Authority and GOC), complaints relating to matters which occurred more than 12 months ago.

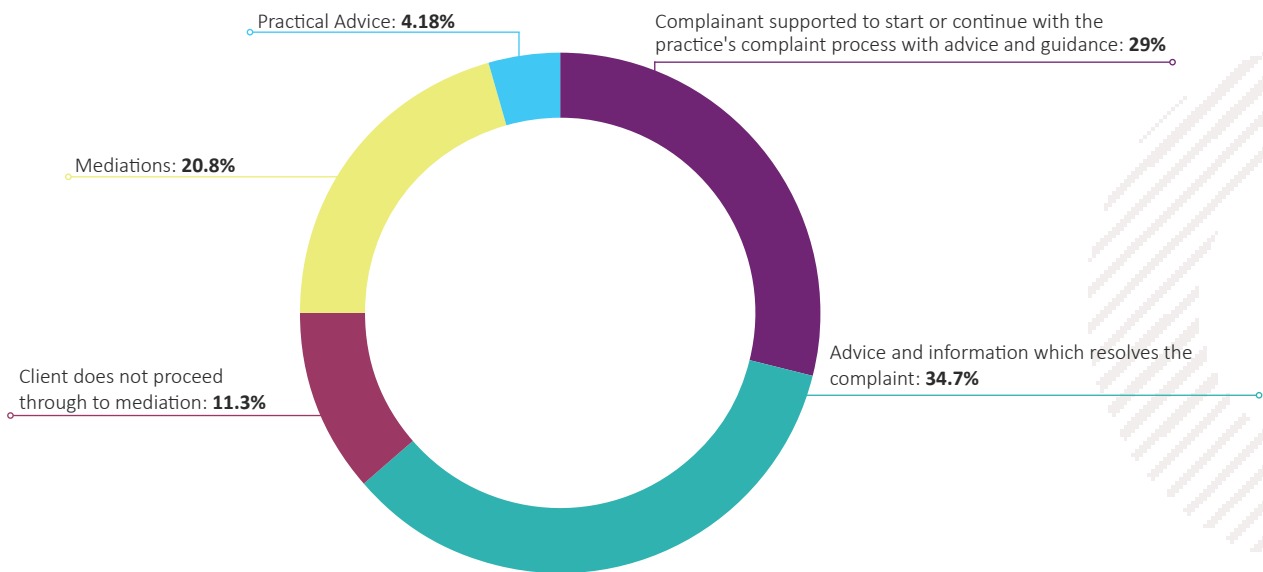




# OCCS Complaint Resolution

Between 1 April 2023 to 31 March 2024, the OCCS concluded 1800 enquiries. This is an increase of 12% compared with 2022-23.

Reviewing the 1675 complaints that fell inside of the remit of the OCCS, these are the following outcomes:



Full data available at Appendix 1.

## SUPPORTING LOCAL RESOLUTION

During 2023-24, the OCCS saw an increase of 27% in the number of enquiries handled at the Phase A stage of the OCCS process (1064, compared with 840 in 2022-23). The increase was mainly seen in enquiries concluded with advice at that stage and no further escalating action by the consumer.

This may be linked to increase propensity to complain and potentially a consequence of greater financial pressures on household incomes which lead consumers to look to recover money where they are less than satisfied with a service or product. This analysis is informed by the increase in 'OCCS advice' category which can include consumers seeking a 'steer' on whether the situation or position of the practice is acceptable. In order to meet this demand effectively and maintain pace in mediations, we have invested more resource in Phase A.

Just under two thirds of OCCS enquiries in 2023-24 were still within the practice's complaint process, and are therefore considered "open", with a possibility of being resolved at a local level. The OCCS team provides early resolution input and support, which engages the consumer in the local resolution process whilst also seeking to calm, de-escalate and enable the complaint to progress constructively. In some cases, the consumer has started the complaint process but is disappointed that pace of the process does





not meet their expectation. In other cases, the complaint has not yet been raised with the practice, and consumers are seeking input. Complaints being referred to the OCCS at this stage have remained the dominant category over the past three years.

This input supports effective local resolution in helping the complaint to be progressed at that local level in a de-escalated, more informed and focused way. This increases the likelihood of resolution, improve consumer confidence in the practice and the profession generally, and providing a commercial, economic and staff wellbeing benefit for practices.

Consumers are informed that they can revert to the OCCS if the complaint is resolved by the practice locally. Complainants returning to the OCCS for mediation following early local resolution support account for less than 3.5% of enquiries, demonstrating the commitment of optical practices to resolve consumer concerns and the effectiveness of the OCCS support in this phase.

## PRACTICE ADVICE

OCCS receives contact from optical practices seeking assistance and support with local resolution of complaints. In 2023-4, 4% of enquiries were received from optical practices seeking input and guidance. This is consistent with the previous 2 years (70, 68 and 67 respectively).

## CONSUMER NOT PROCEEDING WITH MEDIATION

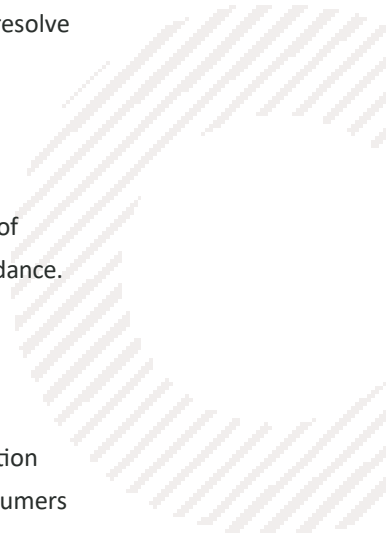
As consumers choose to contact the OCCS, the overwhelming majority proceed with the mediation process when attempts at local complaint resolution have been exhausted. Around 10% of consumers may choose not to progress their complaint through the OCCS process. In 2023-24, 190 consumers did not progress with mediation. This represents an encouraging 24% decrease when compared with the previous year's data. Whilst the OCCS does not proactively explore or quantify the reasons why a consumer does not proceed with mediation, there are a number of potential reasons:

- The opportunity to discuss their complaint with an impartial third party is sufficient to bring closure for the consumer.
- The consumer seeks an adjudication based process and does not consider mediation to be the avenue for their complaint.
- The consumer reflects and decides to accept a previous resolution offered by the practice.
- There is a greater willingness to accept the advice provided by the OCCS, and whilst consumers are seeking financial resolutions, they appreciate the legal principles that determine whether a refund is due and owing.

Closely following this trend in the coming months and years will help to identify broader consumer sentiment.

## MEDIATIONS AND RESOLUTION

Where local resolution does not address and conclude a complaint, the OCCS will engage with the consumer and the practice to mediate and help the parties agree a resolution.



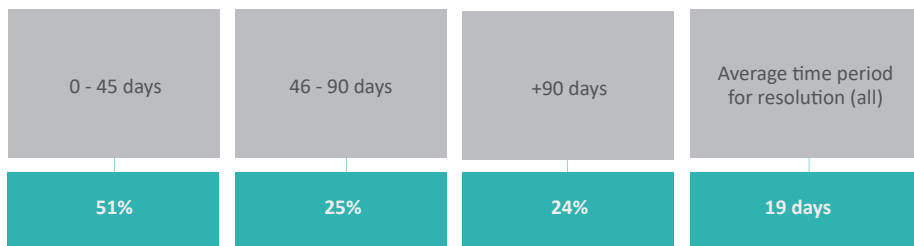


The OCCS mediated 348 complaints which is 7% more mediations than were conducted in 2022-23, with 275 concluding with a resolution.

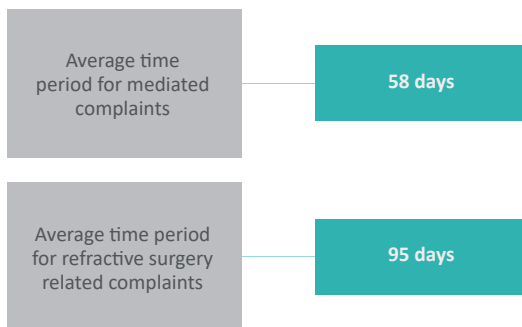
The number of mediations concluding without a resolution decreased by 21% to 70 during 2023-24.

In feedback from consumers at the conclusion of mediation, 57% of responders indicated they would return to the practice following resolution of their complaint through OCCS mediation. This is an increase from 44% in previous years. This data illustrates the benefits of an effective resolution process that seeks to rebuild trust and the relationship between complainant and the practice, supporting trust and confidence in the profession as a whole.

## TIMESCALES

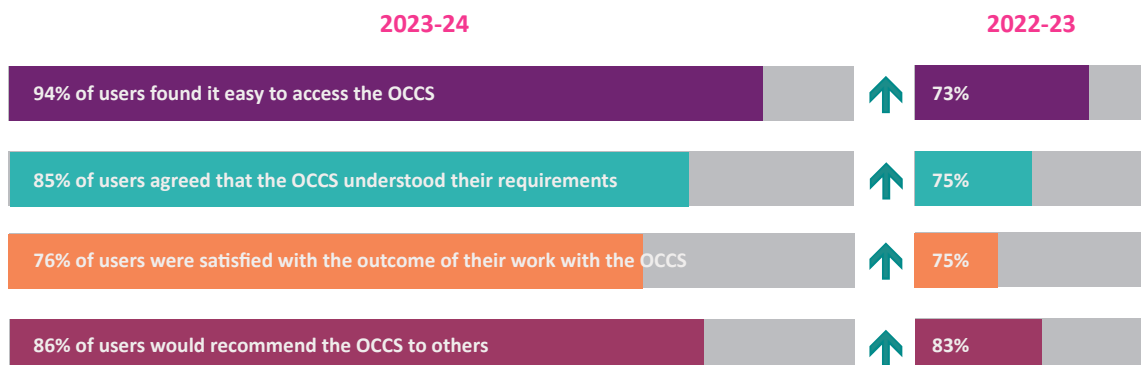


This is indicative of parties with more entrenched positions which means while the team has maintained higher resolution rates, it has taken longer to reach a successful resolution through mediation.



## FEEDBACK

User feedback to the OCCS remains highly positive, with the following statistics illustrating the high quality of service experienced by users. The response rate to requests for feedback is at 14% which is strong for a feedback process, which cannot offer give-aways or promotional incentives.







*“The OCCS team go above and beyond to ensure that they work in a supportive role with practices to ensure that the concerns and needs of the patient are met. Their approach is also to inform, educate and coach on the themes of issues that they see coming through so that our group of practices can learn and continually improve their practice and service to patients”*

Hakim Group – Claire Slade, Head of Professional Advancement and Governance

*“ASDA Opticians have been really pleased with the relationship we have built with the OCCS, which has allowed us to work together with them to resolve any patient concerns quickly and fairly. They are always professional, knowledgeable and pragmatic when working with us. We will often signpost our patients to OCCS if they wish to have a second opinion on a concern or support and we have found that this approach has helped with patient satisfaction with concern resolution. The benefit of OCCS both to the patient, performers & businesses I believe is significant & is down to their skills & expertise of mediation & the industry.”*

Sarah Joyce, Head of Optical & Superintendent Optometrist, Asda Opticians

*“We have always found all the team at Nockolds a delight, approachable and highly pragmatic to deal with which makes things so much easier when dealing with the challenges in this area; and having fostered such a good relationship it makes reaching the right outcome for the customer straightforward.”*

Optical Practice, engaged in OCCS mediation

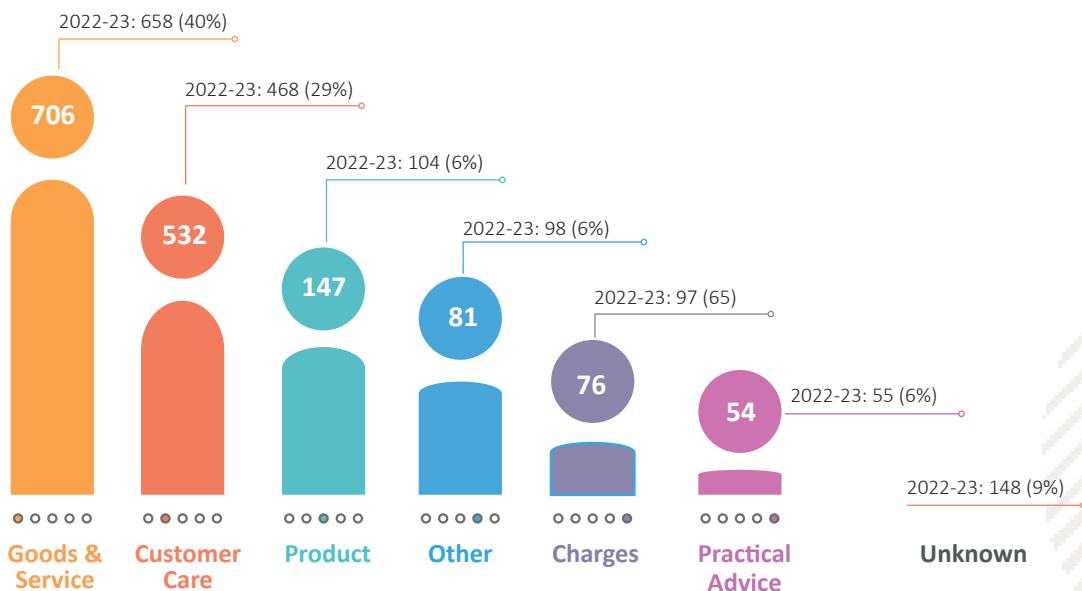
In addition to these quantitative outputs, qualitative feedback also revealed how members of the OCCS were recognised for their professional approach to complaints and went to extra lengths to ensure that the needs of different users were satisfactorily met.

Whilst highly positive and encouraging in many respects, the OCCS is committed to doing as much as possible to improve the metrics by which it measures user satisfaction. Accomplished by designing and delivering a continuous improvement plan, the improvement on previous user response data is clear evidence that this approach is effective.



# Complaint Insights

## NATURE OF COMPLAINT



The OCCS annual report shares an overview of the complaint insight captured during the year. This is based on qualitative and quantitative insight and year on year comparisons.

Full data sets can be found in the appendices.

## BUSINESS TYPE AND REGION

Independent (%)	21%
Multiple (%)	79%

Nearly 80% complaint enquiries received involve practices within a group (corporate, JVP and franchises), and 20% relate to practices owned independently. Industry data suggests this reflects market share proportions.

When analysing the complaints received, the nature of complaints are consistent across both business types.

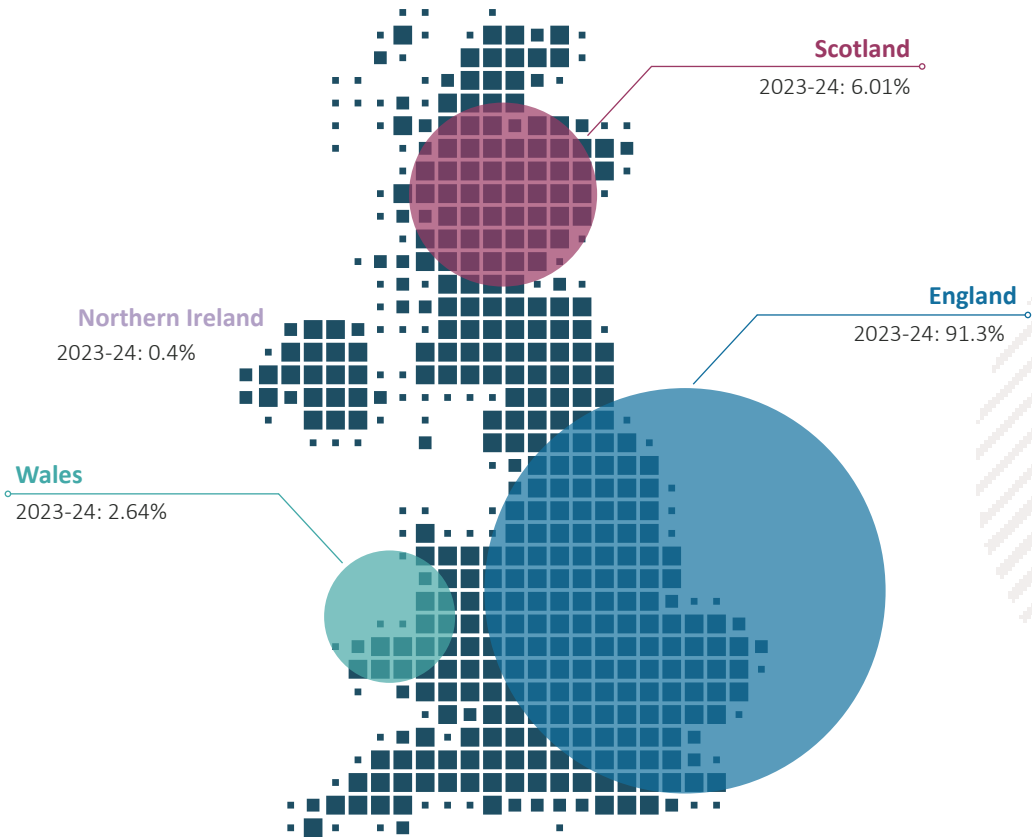
A higher proportion of practice advice contacts are received from independent practices, which is to be expected as practices within multiple groups have access to support services within their organisations.

In terms of outcomes, interestingly the OCCS has handled more complaints, involving practices from within a Multiple, in the local resolution phase (Phase A) compared with complaints concerning independent practices. In previous years, the proportion of complaints handled in Phase A was higher for independent practices. This was expected given the availability of central office customer care teams.



This year's variance may be linked to increased consumer societal tensions and propensity or willingness to seek resolution from a corporate body or entity, more complaints being concluded by those groups at this stage in the process or other factors that may be influencing behaviour. The OCCS will continue to keep this under review and share insight through the year with the GOC.

## REGION



## CONSUMER DEMOGRAPHIC INSIGHT

Details of the EDI analysis are published in Appendix 4.

## SUMMARY OF COMPLAINT MEDIATION INSIGHT

- Complaints relating to domiciliary services more than doubled this year from 42 to 98.
- Triage collaboration continues to be effective conduit to get concerns to the appropriate channel for resolution. This year, the GOC triaged 81 complaints over to OCCS from total of 405 going into FtP, and of those, 61 proceeded with the OCCS mediation process.
- Complaints where allegation of misdiagnosis is the substantive concern continue to fall -now almost half the level of 21/22.
- Record level of CPD delivery with 62 sessions and 3 articles in journals during the year.





### Analysis - consumer cites prescription error as primary concern up from 183 to 230

Figures in brackets are 2022-23

	Return to practice with advice	Out of Remit	Advice only/ resolved early stage	Mediation successful	Mediation unsuccessful	Live	Total
Quality of Examination	16 (21)	11 (8)	7 (24)	16 (7)	7 (6)	1 (3)	<b>52 (50)</b>
Optometrist customer care	20 (19)	12 (12)	12 (9)	7 (7)	1 (2)	4 (3)	<b>57 (52)</b>
Rx Error	78 (70)	33 (9)	69 (23)	29 (32)	8 (14)	13 (15)	<b>230 (163)</b>
							<b>339 (285)</b>

The most significant insight this year has been the ability of the OCCS team to address more prescription error concerns through advice or early stage mediation up from 23 to 69. This increase broadly covers the uplift in total complaints in this area (183 to 230) and reflects the team commitment to pacy proportionate resolution. All other data points remarkably consistent year on year.

### Analysis - consumer cites misdiagnosis as primary concern have almost halved in two years

	Return to practice with advice	Out of Remit	Advice only	Mediation successful	Mediation unsuccessful	Live	Total
Cataract	1 (4)	2 (1)	1 (1)	2 (1)	0 (3)	1 (2)	7 (12)
Glaucoma	3 (1)	0 (1)	1 (4)	(1)	--	(2)	4 (9)
Ret Det/PVD	2 (0)	--	4 (2)	2	--	1	9 (2)
ARMD	1 (4)	--	1 (1)	(1)	--	--	3 (7)
Misc	5 (2)	5 (2)	2 (4)	1 (4)	0 (1)	--	14 (14)
	9 (11)	4 (4)	6 (14)	4 (7)	0 (4)	2 (4)	33 (44)

We have seen a significant reduction in complaints relating to potential misdiagnosis over the past two years from an outlier peak of 63 cases in 21/22 to just 33 this year. In the 2021-22 year, the OCCS saw a significant statistical increase in complaints relating to cataracts (possibly a post pandemic bounceback of elderly patients returning to practices) this seems to have fallen back to a historical run rate.

Given our high level of CPD activity in the area of Age-related Macular Degeneration (AMD) complaint management since 2020 we are pleased to see another significant drop in AMD complaints.

We continue to address the majority of these complaints through referral to practice with preliminary mediation, advice and local resolution support. This approach reflects the increasing capability and confidence of OCCS Resolution Managers in this arena underpinned by the clarity of the GOC Acceptance Criteria concerning single clinical issue and our close working relationship with GOC FtP triage team .





The complaints falling outside of remit were a combination of consumers wanting to refer the matter to the GOC or to adamant they wanted to pursue legal avenues for redress. These were signposted accordingly.

**Analysis - complaints involving refractive surgery – Significant increase in successful mediations**

	Return to provider with advice	Out of Remit	Client chose not to pursue	Advice only	Fully/partially successful mediation	Unsuccessful Mediation	Live	Total
Charges & Refunds	2 (3)		(1)	1 (1)	5 (0)			9 (5)
Outcome of Surgery LASIK/LASEK	13 (6)	3 (6)	4 (7)	21 (15)	12 (14)	5 (9)	4 (8)	67 (65)
Aftercare	1 (3)	2 (0)	--	8 (1)	5 (0)	--	--	15 (4)
Complaint Mgt	(1)	--	<b>1 (0)</b>	1 (6)	2 (1)	0 (3)	--	4 (11)
Attitudinal	1 (2)	0 (1)	--	--	--	--	--	2 (3)
Misc	0 (1)	--	--	0 (1)	--	--	--	0 (3)
<b>Total</b>	<b>17 (16)</b>	<b>5 (8)</b>	<b>5 (8)</b>	<b>24 (24)</b>	<b>25 (15)</b>	<b>6 (12)</b>	<b>9 (8)</b>	<b>97 (91)</b>

The standout data in this area is the significant increase in the success rate up of mediations up from 56% to 80%. Empirical data showing an increase in the number of successful mediations from 15 to 25 demonstrates this percentage increase is not skewed by a ‘picking winners’ approach. Given the nature of many of these outcomes they are subject to NDA agreements between the provider and patient.

This has been underpinned by building effective and robust working relationships with the surgery provider.

Many cases relate to a disappointment in the refractive outcome and we would encourage any potential patients to be vigilant and cognisant of the detailed consent process in the area of elective surgery.

**OVERALL INSIGHTS**

**Communication in Clinical Complaints**

The root cause and primary issue in clinical related complaints has consistently been communication and misaligned understanding of the risk, need for treatment or referral and counselling consumers to aid understanding and the clinical progression of the condition. This once again demonstrates the need and benefits of developing professional confidence and expertise in this area which minimises unnecessary patient anxiety and professional resilience-a cornerstone of OCCS CPD provision.

One area to note is the emerging trend of complaints relating to interpretation of OCT scans. It is essential that registrants keep their skills up to date in this area of clinical practice. This is particularly important for mobile or locum practitioners who may use different models of OCT on a regular basis. It is a registrants accountability to makes sure they are competent in the analysis of their OCT scans.





### **Domiciliary - Domiciliary complaints have more than doubled this year from 42 to 98**

In recent years, the OCCS has identified the importance of accessibility to eye healthcare and to complaint pathways for vulnerable consumer groups. The OCCS has previously highlighted the need for transparent and effective customer care in domiciliary settings. These concerns around potentially vulnerable patients illustrate why this sector must be vigilant in all areas of practice and conduct. A doubling of complaints should be alarming for all who work in this important area of practice.

This year the most significant sub sector within domiciliary complaints relates to delay in supply or more concerning non supply. We are currently dealing with one provider with multiple issues around non supply and keeping the GOC informed of our progress in this matter.

Data suggests consumers complaining of pressure to buy is more prevalent in this area of the sector with allegations of overselling being the substantive issue in three cases ( OCCS only recorded 23 for entire industry). Domiciliary complaints represent just 2.6% of total complaints but 13% of the allegations of overselling. Given the vulnerable nature of the patient base and our work in raising awareness in the domiciliary sector, this is of continued frustration to the OCCS. Whilst this is an empirically low number, the sense or perception of overselling is an undertone in many of the domiciliary concerns we deal with.

From the appearance of domiciliary providers 'doorstepping' consumers to have an eye examination, through a perception of overselling expensive product, delayed or non supply to the reluctance to refund when problems occur it is easy to see why families raise concerns in this arena. Whilst there is no doubt the majority of practitioners in this area are committed to delivering great, and essential, service there remains a significant risk that some outliers create a negative impression to society. The OCCS continues to work closely with the key stakeholders in this area and continue to provide CPD to this sector to try and raise awareness and standards.

### **Expectation of a financial resolution**

Anecdotal Resolution Manager insight and reflections indicate that financial pressures and the cost-of-living crisis have played a part in the complaints mediated by the OCCS. Consumers seeking and pursuing a financial resolution has been more prevalent this year. It is notable that practices, although facing commercial pressures themselves, continue to be open to exploring the reasons for the consumer's dissatisfaction within the mediation process and consider appropriate ways to resolve the issues raised.





# OCCS Impact

## STAKEHOLDER ENGAGEMENT

The OCCS continue to invest in stakeholder relationships to:

- Support trust in the service by the optical professions and consumer representatives;
- Aid insight sharing across the 4 nations;
- Contribute OCCS insight into stakeholder strategic plans and policies;
- Collaborate with stakeholder upstreaming.

## CPD ACTIVITY

Over the past year, there was a record level of CPD delivery with 62 sessions delivered, clinical articles, and a wide range of articles, blogs and insight sharing published in journals across 2023-4.

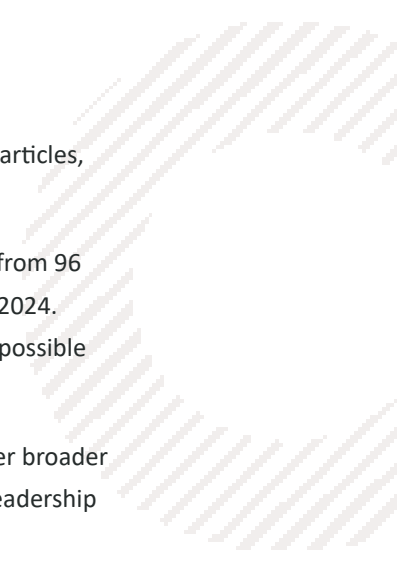
Working with thousands of registrants, the OCCS received consistently high feedback (ranging from 96 to 100%) and is expected to deliver a consistently high volume of sessions in the remainder of 2024. Identifying a shift from online sessions to in-person events, the latest CPD events also reveal a possible return to “the previous normal”.

Developments in the CPD arena include a transition from CET to CPD, allowing the OCCS to offer broader CPD content beyond the clinical and complaint handling topics to include coaching as well as leadership content as part of its offering.

The OCCS continues to deliver CPD content at national industry conferences such as 100% Optical, National Optometric Conference & Association of Opticians events. In addition to these conferences, the OCCS is also well represented at large corporate sector events, sustaining and building its profile as a knowledgeable partner when it comes to the subject of FTP change and improvement.

In recent years, in order to improve its reach and impact, the OCCS has formed strategic partnerships with organisations such as The Macular Society, Topcon & Coopervision to create & deliver new CPD content collaboratively with their own clinical teams. This year, the OCCS has also started to co-create and deliver CPD content with the FtP team to disseminate insights, themes and trends from historical FtP cases to frontline practitioners.

In 2023, the OCCS developed new streams of activity to leverage complaint insights to feed into the UK optometry education system. By collaborating with WOPEC, the service has successfully delivered its first complaint insight webinar for the Post Graduate Paediatric Optometry Programme. Following very positive feedback, the OCCS is scheduled to repeat this for the next cohort. In addition to this success, the OCCS has also created a Year Two customer care/complaint management/communication skills module with a UK Optometry Undergraduate Programme which will roll out later on in 2024. As part of its commitment to raising standards, the OCCS would welcome the opportunity to work collaboratively with any academic programme in the sector to replicate this module and integrate it into their undergraduate syllabus.





Ultimately, the CPD activity from the OCCS continues at pace and continues to grow in significant areas.

## SOCIAL MEDIA ACTIVITY/ENGAGEMENT

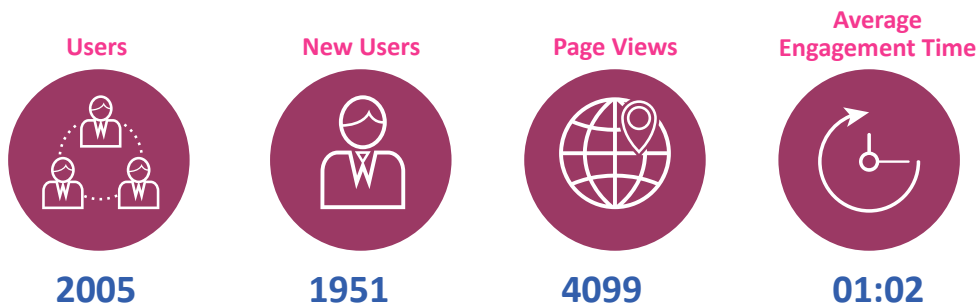
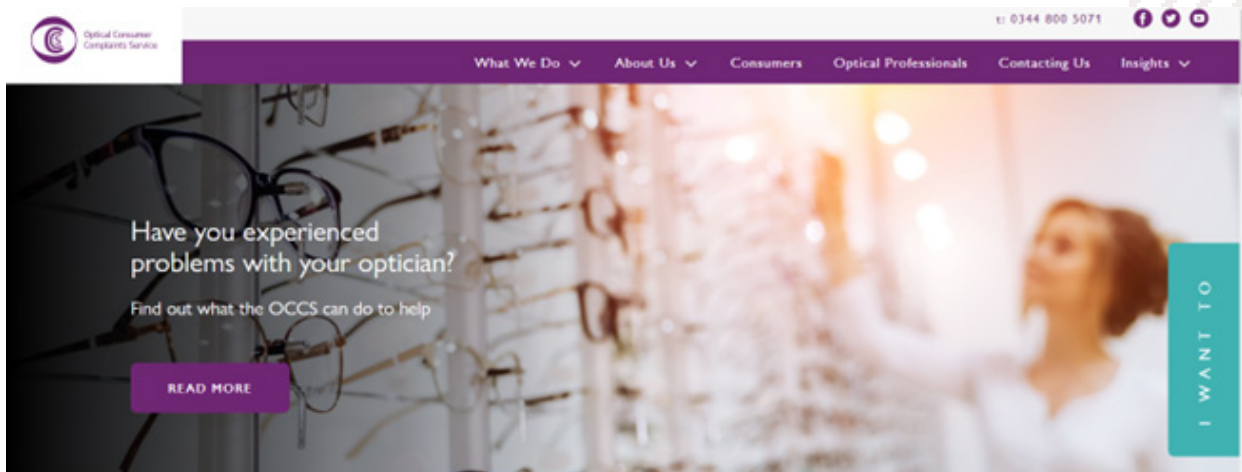
Remaining highly active across a range of social media platforms, the OCCS has continued to raise awareness of the service and its various offerings through the creation and sharing of informative blogs on timely subjects. Similarly, by recognising and promoting a series of key awareness days, it has been possible to grow a following of highly relevant and engaged professionals.

This strategy has been strengthened by building effective relationships with the likes of the Local Optical Committee Support Unit (LOSCU). By partnering on webinars which highlight the work of the OCCS, as well as working collaboratively on CPD masterclasses, it has been possible to create a range of compelling content which has been well-received and shared across social media.

Similarly, the OCCS has worked closely with the GOC to identify and cover popular topics in the sector, leveraging their following to increase the overall reach that the OCCS receives across social media. Other ongoing partnerships also include ABDO and publications such as the Optical Press which regularly share OCCS contributions in their work.

Bringing all of this work together, a quarterly newsletter is sent to a high quality and relevant audience which has enabled the OCCS to grow its social media following as well as effectively distributing its activity to an ever-increasing number of professionals.

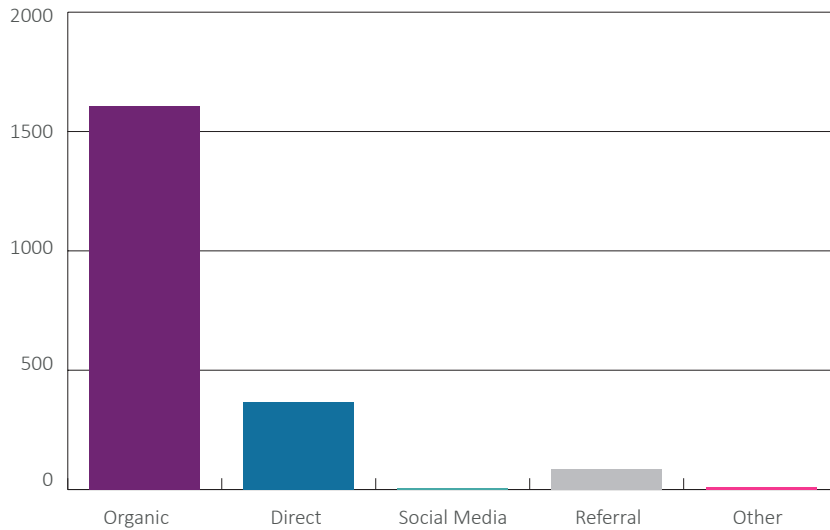
## THE OCCS WEBSITE







Website Visitors (Average 2023-24)

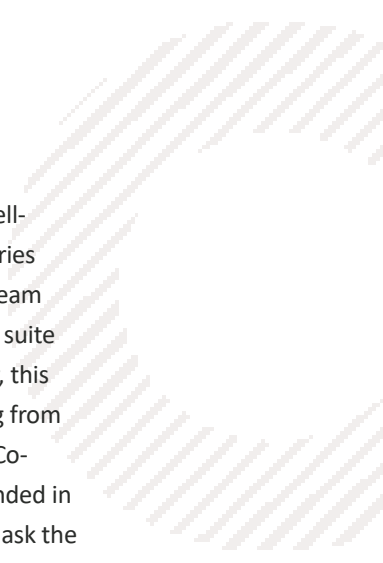


## CUSTOMER SERVICE STRATEGY

In terms of EDI access, the OCCS has responded to the current climate to ensure that teams are well-equipped and supported when dealing with complaints. To this end, the OCCS has carried out a series of training sessions that have enabled teams to enlarge their areas of expertise. In particular, the team undertook a course in Managing Difficult and Distressing Conversations that provided them with a suite of skills to hone their skills and approaches to managing the diverse needs of OCCS users. Similarly, this training empowers teams to meaningfully listen and respond to complaints with empathy, drawing from a toolkit of questions and responses which enable the OCCS Resolution Managers and Mediation Coordinators to adapt the skills and experience, offering agility and a person centered approach, founded in empathy and compassionate curiosity. The team will be able to provide the correct responses and ask the correct questions. Additionally, this course provided the team with the knowledge necessary to respond effectively in an emergency and engage in difficult conversations with confidence. Ultimately, this course provided the OCCS with the skills that distressing situations and customers with mental health challenges require. With the ability to engage empathetically, the training focussed on active listening and how to best support colleagues and customers who are involved in a complaint.

The team is also supported by the EDI and neurodiversity champions who assist the team in delivering an effective and accessible service to all service user groups.

The OCCS has also been attentive to the needs of neurodivergent colleagues and consumers and is working hard to broaden the toolkit to enable teams to engage effectively. In particular, awareness has recently been growing in terms of understanding the prevalence of neurodiversity in society and the impact that it can have on the daily lives of those who process information differently. An estimated one in seven people in the UK and 15-20% worldwide are neurodivergent, with numbers on the rise. Statistics therefore suggest that those with neurodivergent conditions make up a substantial proportion of our workforces and customer bases. By focussing on this particular issue, the OCCS has built a robust toolkit for when teams are adapting the process and approach to enable access and also to support all service users in participating in mediation.





# Next Chapter

## 2024-25 OBJECTIVES

1	Share insight and analysis from OCCS activity to support a culture of continuous improvement across the sector, and further develop channels of communication with the GOC in order to leverage OCCS insights for increasingly agile regulation and to prevent harm.
2	Support the FtP team to further develop ways of working that will support the GOC to deal with cases as quickly as is consistent with a fair and proportionate outcome, and maintain the required performance standards assessed by the PSA.
3	Improve accessibility for vulnerable service users which includes, but is not limited to consumers and optical professionals who are neurodiverse, consider themselves to have a disability and those who are vulnerable by virtue of the situation or environment, to support access to and the effectiveness of mediation for optical consumers and professionals.
4	Proactively engage in the development and implementation of the GOC new 5 year Strategic Plan with particular focus on the business standards review to aid practice and consumer understanding and the role of regulation and standards in complaint management.



# Appendix 1: Outcomes

## Outcomes (All)

	2023-24	2022-23	%
Out Of Remit	125	121	6.9%
Phase A - Supporting local resolution	1067	840	59.3%
Referred To Practice	485	518	26.9%
Concluded with Advice	582	322	32.3%
Client Not To Pursue	190	249	10.5%
Resolved on mediation	275	233	15.3%
Mediation unsuccessful	73	92	4.1%
Practice Advice	70	68	3.9%
<b>Grand Total Closed Complaints</b>	<b>1800</b>	<b>1603</b>	<b>100.00%</b>

## Outcomes (GOC Referrals)

	Outcome
Phase A: Supporting local resolution	53.5%
Referred to Practice	27.6%
Concluded with Advice	25.8%
Client Not to Pursue	25.8%
Resolved on Mediation	17.2%
Mediation Unsuccessful	3.4%
<b>Grand Total</b>	<b>100%</b>

# Appendix 2: Complaint Nature

## Nature of Complaint

	2023-24	2023-24 %
Charges	76	4%
Customer Care	532	30%
Goods & Service	706	40%
Other	81	5%
Practice Advice	54	3%
Product	147	8%
Unknown	160	9%
<b>Grand Total of Received Complaints</b>	<b>1756</b>	<b>100%</b>

	2023-24	2022-23	2021-22
<b>Goods &amp; Service</b>	<b>706</b>	<b>658</b>	<b>796</b>
Cataract	7	2	4
Concerns with the examination	45	42	84
Dispense of varifocal	76	112	84
Dispensing	142	118	162
Error with prescription	213	184	222
Eye Test	6	7	2
Missed diagnosis	34	44	66
Outcome of Laser eye surgery	42	40	89
Outcome of lens replacement surgery	37	25	
Prescription prescribed in one practice and dispensed in another	73	44	66
Reglaze - issue with consumers own frame	8	13	16
Unknown	23	27	1
<b>Customer Care</b>	<b>532</b>	<b>468</b>	<b>540</b>
After care	23	20	16
Alleged inappropriate selling	21	19	28
Attitude	60	68	106
Complaint handling	59	58	66



	2023-24	2022-23	2021-22
Consumer change of mind	22	23	25
Delay in supply	94	53	98
Dispensing Optician Customer Care	4	2	
Excluded from store	2	6	13
Failure to deal with concerns/complaint	137	92	60
Laser surgery - complaint handling	8	9	3
NHS Voucher query	15	26	37
No prescription provided	18	17	28
Non qualified staff issues	3	4	4
Optom customer care	48	52	43
Pupillary Distance - entitlement	2	2	13
Unknown	16	17	
<b>Product</b>	<b>147</b>	<b>104</b>	<b>117</b>
Contact lenses	8	5	5
Product - frames	97	68	79
Product - lense coating	19	19	23
Product - lenses	20	8	10
Unknown	1	1	0
Varifocals - quality	2	3	0
<b>Other</b>	<b>81</b>	<b>98</b>	<b>128</b>
Miscellaneous	74	92	122
Practitioner query	1	1	2
Prescription - content	1	-	-
Unknown	5	5	4
<b>Charges</b>	<b>76</b>	<b>97</b>	<b>73</b>
Charges and offer	74	94	71
Unknown	2	3	2
<b>Practice Advice</b>	<b>54</b>	<b>55</b>	<b>66</b>
Unknown	54	55	66
<b>Unknown</b>	<b>160</b>	<b>148</b>	<b>14</b>
<b>Grand Total</b>	<b>1756</b>	<b>1628</b>	<b>1734</b>



# Appendix 3: Business Types

## Business Types - Nature of Received Complaint

	Multiple	Independent
Charges	4.2%	5.8%
Customer Care	34.6%	31.9%
Goods & Service	43.5%	40.6%
Other	2.4%	3.3%
Practice Advice	1.1%	7.9%
Product	9.2%	9.1%
Unknown	4.9%	1.2%

## Multiple Practices (Closed Complaints)

	Outcome
<b>Out Of Remit</b>	<b>5%</b>
<b>Phase A: Supporting local resolution</b>	<b>58%</b>
Referred to Practice - Local Resolution	29%
Concluded with Advice	29%
<b>Client Not to Pursue</b>	<b>8%</b>
<b>Resolved on Mediation</b>	<b>21%</b>
<b>Mediation Unsuccessful</b>	<b>5%</b>
<b>Practice Advice</b>	<b>3%</b>



### Independent Practices (Closed Complaints)

	Outcome
<b>Out Of Remit</b>	<b>5%</b>
<b>Phase A: Supporting local resolution</b>	<b>49%</b>
Referred to Practice	28%
Concluded with Advice	21%
<b>Client Not to Pursue</b>	<b>10%</b>
<b>Resolved on Mediation</b>	<b>22%</b>
<b>Mediation Unsuccessful</b>	<b>6%</b>
<b>Practice Advice</b>	<b>8%</b>





# Appendix 4: EDI Data

The OCCS requests EDI data from consumers accessing the service. The data below is compared against national data from ONS and other government sources.

Full details of the national data sources are available on request.

## Age Range

	Age Range 2023-24	Comparison with National Data
16-24	2%	11.7%
25-34	7%	13.5%
35-44	13%	13%
45-54	20%	13.3%
55-64	28%	12.6%
65 or over	29%	18.5%
Under 16	1%	20.8%

## Gender

	Gender 2023-24	Comparison with National Data
Female	60%	50.4%
Male	40%	49.2%
Non-binary	0%	0.4%

## Disability Under Equality Act

	Disability 2023-24	Comparison with National Data
No	76%	82.2%
Yes	24%	17.8%







### Ethnicity

	Ethnicity 2023-24	Comparison with National Data
Asian	14%	9.3%
Black	4%	4.0%
Mixed	3%	2.9%
Other	4%	2.1%
White	75%	81.7%

### Sexual Orientation

	Sexual Orientation 2023-24	Comparison with National Data
Bisexual	2%	2%
Gay	2%	2.7%
Heterosexual	94%	93.6%
Other	2%	1.7%

### Relationship Status

	Relationship Status 2023-24	Comparison with National Data
Married	51%	40.7%
Single	26%	47.5%
Divorced	9%	6.6%
Widowed	6%	0.1%
Prefer Not To Say	4%	
Civil Partnership	2%	4.9%
Separated	2%	Not a category in ONS Census





## Religion

	Religion 2023-24	Comparison with National Data
Buddhist	0%	0.5%
Christian	48%	46.2%
Hindu	4%	1.7%
Muslim	8%	6.5%
None	29%	37.2%
Other	4%	0.6%
Prefer Not To Say	6%	6.0%
Sikh	1%	0.9%
Jewish	0%	0.5%

	Region 2023-24	Comparison with National Data
<b>Wales</b>	<b>3%</b>	<b>5%</b>
<b>Scotland</b>	<b>6%</b>	<b>8%</b>
<b>England</b>	<b>91%</b>	<b>84%</b>
<b>N.Ireland</b>	<b>0%</b>	<b>3%</b>

Complaints arising from consumers based in Northern Ireland have been low in number (7) during 2023-24 which statistically results in a '0%'.





# Appendix 5: Feedback

	2023-24
	Client feedback
Response rate %	14%
/10	
How well did we understand your concerns	8.8/10
How satisfied were you with the outcome	7.6/10
How satisfied were you with the process	7.6/10
Easy to contact VCMS	9.4/10
How would you rate your overall experience	8.7/10
%	
Would recommend OCCS to others	87%
Would use OCCS again	86%
Would use ADR again	86%
Consider OCCS to be:	
Fair	67%
Helpful & efficient	90%
Productive	76%



Council

## Appointment of Council members to committees

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**Meeting: 26 June 2024**

**Status:** For decision.

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

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

### Purpose

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1. To confirm the annual reappointment of Council members to the Council's committees, and make further appointments to committees as it deems necessary.

### Recommendations

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Council is asked to:

- **appoint or reappoint** the named Council members to the committees listed in paragraph eight, below;
- **approve** the following terms of appointment:
  - Council committees – from 1 January 2025 to 31 December 2025, subject to individual members' terms of office;
  - non-statutory committees – until such time as Council decides or the Council member term of office expires.

### Strategic objective

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

### Background

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3. The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process.' Council member appointments to committees has been retained as a matter for Council to decide.
4. Council members can be appointed to the following committees:
  - Audit, Risk and Finance Committee (ARC), Nominations Committee and Remuneration Committee – these are commonly referred to as non-statutory committees; and
  - Companies, Education, Registration and Standards Committees – these are commonly referred to as Council's committees, and collectively known as the Advisory Panel.

## Annual reappointments

5. The current legislation requires that all Council committee member appointments expire on 31 December each year. This is reflected in the terms of reference for the committees – under the following:
  - appointments for the Committee will expire on 31 December each year and as per the requirements of the General Optical Council (Committee Constitution) Rules 2005, all (non-Council) members of the Committee are subject to formal reappointment annually; and
  - annual reappointment is subject to evidence of satisfactory performance. Appointments and reappointments will be made by the Nominations Committee, in consultation with the [relevant] Committee Chair. Repeated reappointments are permitted to promote continuity and develop committee member understanding, and the expiration of reappointments, where possible, will be staggered to assist with this.
6. Our GOC Member Appointments Process states that reappointments of committee members should be based on consideration of:
  - their effectiveness in the role – including fulfilment of the role competencies;
  - completion of mandatory development and attendance;
  - the member's written self-assessment;
  - third party feedback;
  - feedback from the reviewer based on observing the member performing the role;
  - confirmation that all relevant legislative provisions have been complied with, including: eligibility for reappointment in terms of length of tenure and other disqualification criteria; provisions relating to membership from Scotland, Wales and Northern Ireland provisions relating to lay and registrant membership and the GOC's equality duties; and
  - progress made with objectives.
7. The member review process was revised by the Nomination Committee in January 2023 as part of the ongoing governance review. This sets out that Council members are subject to an annual review with the Chair of Council. These reviews are now underway, and no changes material to this report as a result of Council member review are anticipated.
8. Council is asked to appoint/reappoint the following Council members to its committees as follows (as described in annex one):

### *Appointments to non-statutory committees*

- **Ken Gill** to be appointed as Chair of ARC from 1 October 2024;
- **Frank Munro** to be appointed as a member of ARC and Investment Committee from 26 June 2024; and
- **Lisa Gerson** to be appointed as Chair of Nominations Committee from 1 September 2024.

### *Appointments and reappointments to Council's committees*

- **Hema Radhakrishnan** – to be appointed as a member of Education Committee from 26 June 2024

- **Frank Munro** to be reappointed as a member of Education Committee from 1 January 2025, and appointed as Chair of Education Committee from 1 April 2025;
- **William Stockdale** to be reappointed as a member of Standards Committee from 1 January 2025 and to be appointed as chair of Standards Committee from 1 April 2025;
- **Josie Forte** to be reappointed as Chair of Standards Committee from 1 Jan 2025 to 31 March 2025;
- **Mike Galvin** to be reappointed as Chair of Education Committee from 1 Jan 2025 to 31 March 2025;
- **Lisa Gerson** to be reappointed as Chair of Registration Committee from 1 Jan 2025; and
- **Tim Parkinson** to be reappointed as Chair of Companies Committee from 1 January 2025.

9. The proposed adjustments to committee memberships to reflect these recommendations are set out in annex 1.

## Analysis

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9. The terms of appointment are limited by statute for the Advisory Panel committees. The terms of appointment are not defined for the non-statutory committees. The recommendations have been drafted to reflect this.

## Finance

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10. 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.

## Risks

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11. The number of Council members retiring from Council, together with planned reappointments, presents a risk in terms of continuity of knowledge and expertise at a key point of transition as we commence our new strategy. These risks are being mitigated as follows:
- Recruitment for five Council member vacancies occurring between September 2024 and April 2025 is on track, as is Chair reappointment (for Feb 2025), and plans are progressing in relation to the two Council member reappointments due in February and April 2025;
  - The Chair of Council discusses regularly the longer-term options in respect to succession planning and Council member deployment to committees and other roles with the Senior Council Member, individual Council members, the Chief Executive and Registrar and other members of the executive. The proposed adjustments to committee memberships to reflect these discussions are set out in annex 1;
  - Plans for new Council member induction are progressing, and will be informed by advice from the Council lead for member development, William Stockdale. Retiring and current Council members will be asked to provide

mentoring and support and assist with knowledge transfer in a 'teach-in' day with new Council members appointees in Q1, 2025 (date to be agreed). In addition, an in-person Council meeting is planned in June 2025;

- SMT reviewed the risks and plans for Council member transition at its meeting on 6 June; and
- The risks associated with securing a smooth and effective transition arrangements and succession planning are captured in the Governance risk register and regularly reviewed.

### **Equality Impacts**

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

### **Devolved nations**

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13. There are no explicit impacts for devolved nations.

### **Other Impacts**

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14. There are no significant impacts identified.

### **Communications**

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#### **External communications**

15. No external communications are planned.

#### **Internal communications**

16. No internal communications are planned.

### **Next steps**

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17. None.

### **Attachments**

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Annex one – Council member committee appointments

Annex one – Council member committee appointments (proposed appointments are marked in red; reappointments in green)

Member	Maximum term/ renewal date	From 1 April 2024		From 30 September 2024	
		Committee Chair	Committee Member and/or Council lead	Committee Chair	Committee Member and/or Council lead
Sinead Burns	30 September 2024 (second term)	Audit, Risk and Finance Committee (ARC)	Council lead for People strategy	N/A	N/A
Clare Minchington	31 March 2025 (second term)	Remuneration Committee	Senior Council Member and lead for Corporate strategy	Remuneration Committee	Senior Council Member and Corporate strategy lead
Josie Forte	31 March 2025 (second term)	Standards Committee	Remuneration Committee	Standards Committee	Remuneration Committee
Mike Galvin	31 March 2025 (second term)	Education Committee	ARC and Council lead for Refresh and Digital strategy	Education Committee	ARC and Council lead for Refresh and digital
Roshni Samra	31 March 2025 (second term)	-	Registration Committee	-	Registration Committee
Tim Parkinson	15 April 2028 (second term)	Investment Committee Companies Committee	Council lead FtP	Investment Committee Companies Committee	Council lead FtP
Anne Wright	18 Feb 2025 (first term)	Nominations Committee			
Lisa Gerson	30 April 2025 (first term)	Registration Committee	Nominations Committee	Nominations Committee Registration Committee	Council lead FtP
Frank Munro	4 July 2025 (first term)	-	Education Committee, ARC and Investment Committee	-	Education, ARC and Investment Committee
Ken Gill	31 December 2026 (first term)	-	ARC and Council lead for financial strategy	ARC	Council lead for financial strategy
William Stockdale	31 December 2026 (first term)	-	Nominations Committee; Standards Committee and Council lead for member development	-	Nominations Committee, Standards Committee and Council lead for member development
Hema Radhakrishnan	(to 15 March 2028) (first term)				Education Committee



**Council**

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**Financial performance report for the year ending 31 March 2024**

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**Meeting:** 26 June 2024

**Status:** for noting

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

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

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**Purpose**

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1. To provide a summary of the financial reports for the year ending 31 March 2024. The detailed report will be presented to ARC at its meeting on 3 July 2024.

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**Recommendations**

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2. Council is asked to:
  - **note** the financial performance for the year ending 31 March 2024 in annex one

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**Strategic objective**

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

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**Background**

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4. The financial performance report of 31 March 2024 relates to year 4 of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

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**Analysis**

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5. The results of the 31 March 2024 financial performance report (FPR) (Annex one) continue to show surplus for both BAU and for strategic reserves expenditure. BAU net deficit of £216k before unrealised portfolio gains/losses show positive variances to both budget and the Q3 forecast. The report includes highlights, key performance indicators, risks, and future impacts. The financial performance for the year is achieved within the KPI levels set by the Council when compared to the forecast, but the +12.67% KPI compared to the budget fell out of the acceptable range of +/-10%.
6. The report highlights the continued difficulties in forecasting business operations with external operational interface (such as legal costs), leading to high volatility, whilst providing assurance that internally focussed departments are managed within smaller variances. The results after the unrealised gains

## **PUBLIC**

for the year was a surplus of £407k, exceeding both the budget and forecast expectations. Part of the surplus has been utilised for final accounting adjustments for the external audit, bringing the operating lease period from 15 to 10 years, and the remainder was used to enhance the strategic reserve to support the next strategic period of 2025-2030.

7. Further analysis is included in the report (annexe one).

### **Finance**

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

### **Risks**

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

### **Equality Impacts**

---

11. No equality impact has been undertaken.

### **Devolved nations**

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12. There are no implications for the devolved nations.

### **Communications**

---

#### **External communications**

13. None planned.

#### **Internal communications**

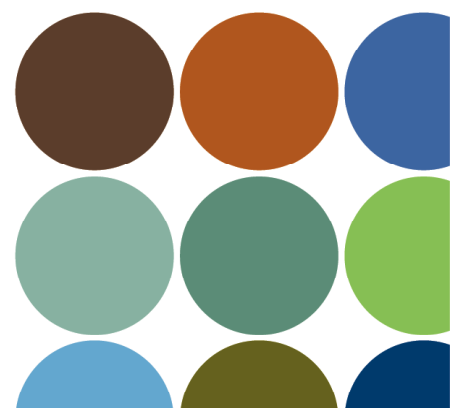
14. The financial report and the forecast are shared with the Leadership Team and SMT as part of the regular financial reporting process.

### **Attachments**

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Annex one: Financial performance report for the year ending 31 March 2024.

# Financial Performance Report for the Year ending 31 March 2024



# General Optical Council

## Financial Performance Report for the year ending 31 March 2024

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# General Optical Council

## Financial Performance Report for the year ending 31 March 2024

### Summary P & L to 31 Mar 2024

	Actual £000's	Budget £000's	Variance £000's	Q3 Forecast £000's	Variance £000's
Registrant Income	10,800	10,727	73	10,788	12
Other Income	436	283	153	353	83
Expenses - BAU	(10,455)	(10,953)	498	(10,738)	283
<b>Surplus / (Deficit) -BAU</b>	<b>781</b>	<b>57</b>	<b>724</b>	<b>403</b>	<b>378</b>
Project expenditure	(997)	(1,664)	667	(1,125)	128
Surplus / (Deficit) -before portfolio gains/losses	(216)	(1,607)	1,390	(722)	506

KPI	Actual	Budget	Variance*	Forecast	Variance*
Net Profit Margin	-1.92%	-14.60%	12.67%	-6.48%	4.56%

\* acceptable KPI = +/-10%

### **Highlights**

The results before unrealised portfolio gains/losses for the year ending 31 January 2024 show a positive variance of £1,390k against the budget and £506k against the Q3 forecast. The business as usual (BAU) results before strategic projects show a positive variance of 724k against the budget and £378k against the forecast.

The total registrant income of £10,800k is £73k favourable to the budget and £12k against the forecast. The total expenditure (including projects) of £11,452k is £1,165k favourable to the budget and £411k against the forecast.

### **Key drivers of the improved financial performance**

The reasons for key drivers for positive variance resulted mainly through expenses. A combination of delayed expenses and savings contributed to the positive variance. (ref. Tables 3-4 – page 8)

The income variances are due to continued good market conditions, an increase in non-UK applications, combined with a forecast error in fixed deposit income.

The BAU operations had both savings and delays. The delays are captured in the 2024/25 budget and Q1 reforecast. This is the final year of the IT strategic project, which has resulted in a large surplus due to cost efficiencies. The surplus will increase the reserve levels. Staff vacancies and vacancy gaps during Q4 contributed to £52k of savings.

### **Risks for achieving the forecast.**

At the year-end, the financial impact of delays identified have been captured either in the 2024/25 budget and/or Q1 reforecast. The departmental re-structure within Regulatory Operations and the introduction new legal support model is intended to provide more budgetary control.

# General Optical Council

## Financial Performance Report for the year ending 31 March 2024

### Future Impacts (So what?)

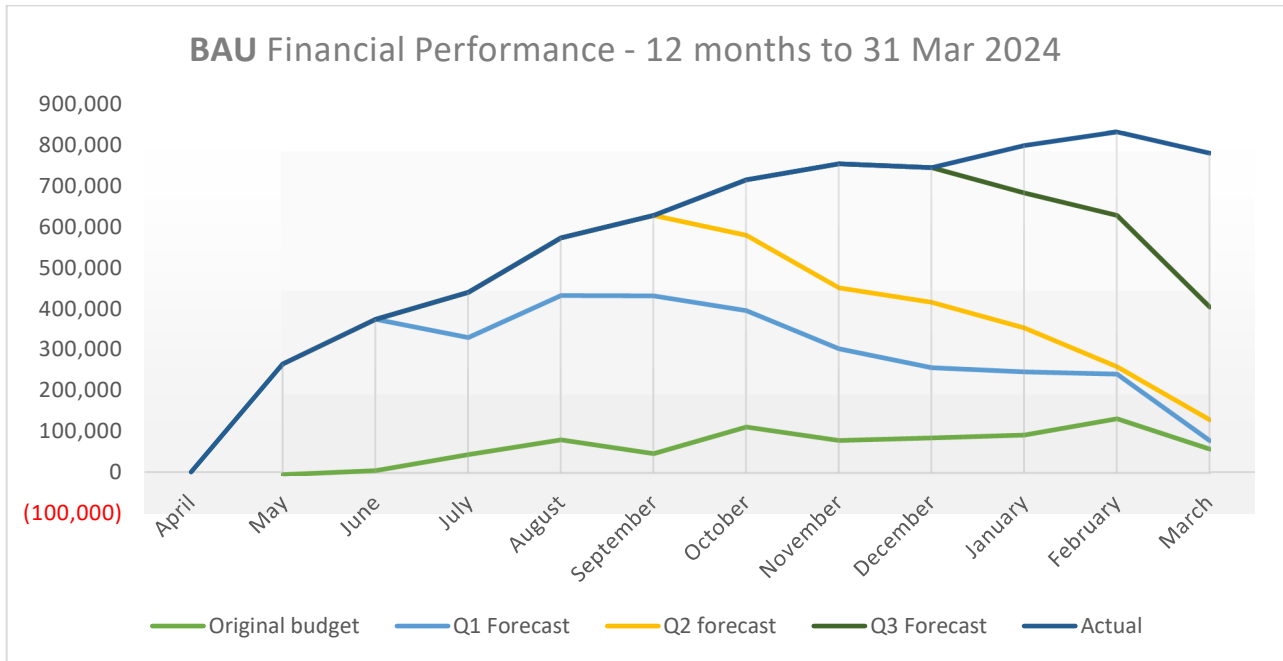
We expect that the departmental re-structure within Regulatory Operations and the introduction new legal support model, plus the introduction of our new Case Management System (CMS) will resolve the issue of volatility in legal costs in the medium term, although the short-term expenditure will increase.

The net savings identified in Q4 will increase the reserves by c.£246k. Majority of this increase was allocated to strategic reserve to enable continued investment in strategic projects for 2025-2030 new strategic period.

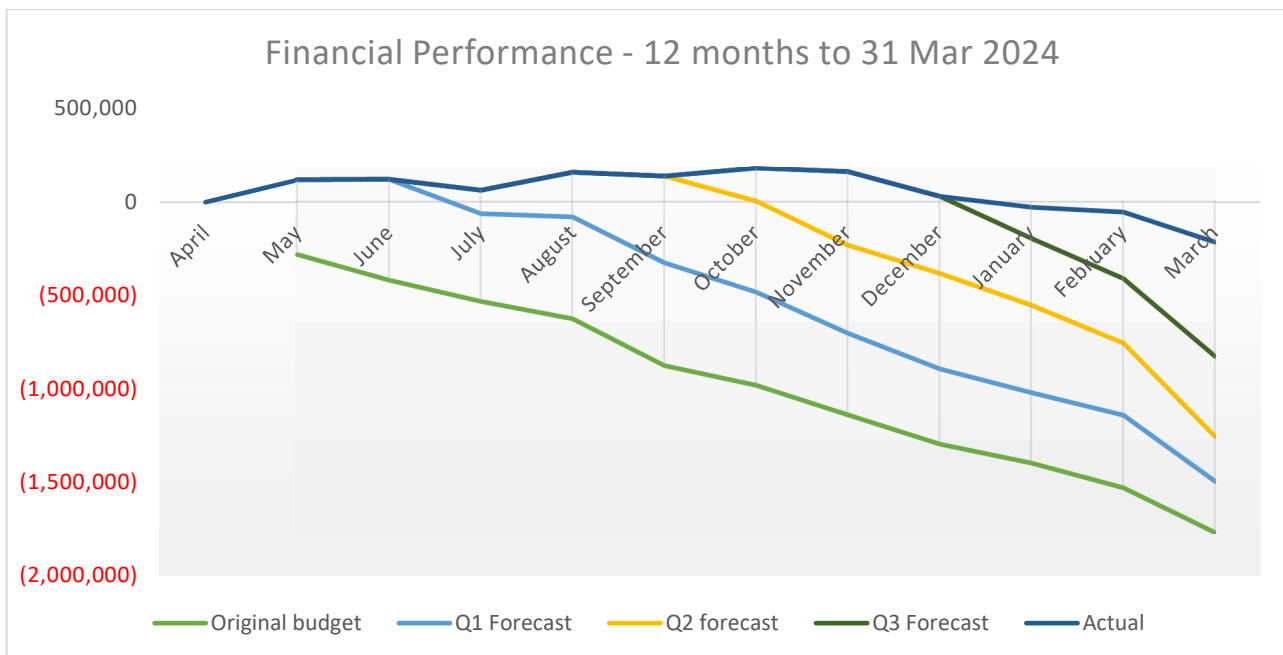
The staffing resources currently cost 55% of the total expenditure. Any material staffing vacancies impact achieving our current business plan. (ref. chart 1, page 6). We are a small organisation with dependencies on small teams/ individuals in several key areas. Vacancy gaps/staff turnover can negatively impact delivery and cause the loss of important knowledge. Our new Reward and Recognition policy, benchmarked pay bands, enhanced benefits, and flexible/agile working is designed to address this issue.

# General Optical Council Financial Performance Report for the year ending 31 March 2024

## Graphical analysis on Financial Performance and Variance



Graph 1



Graph 2

### Analysis of Expenditure

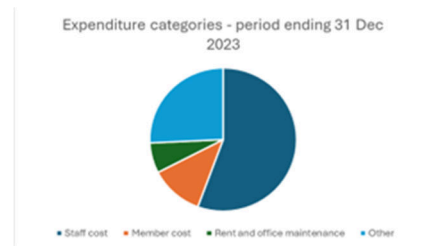
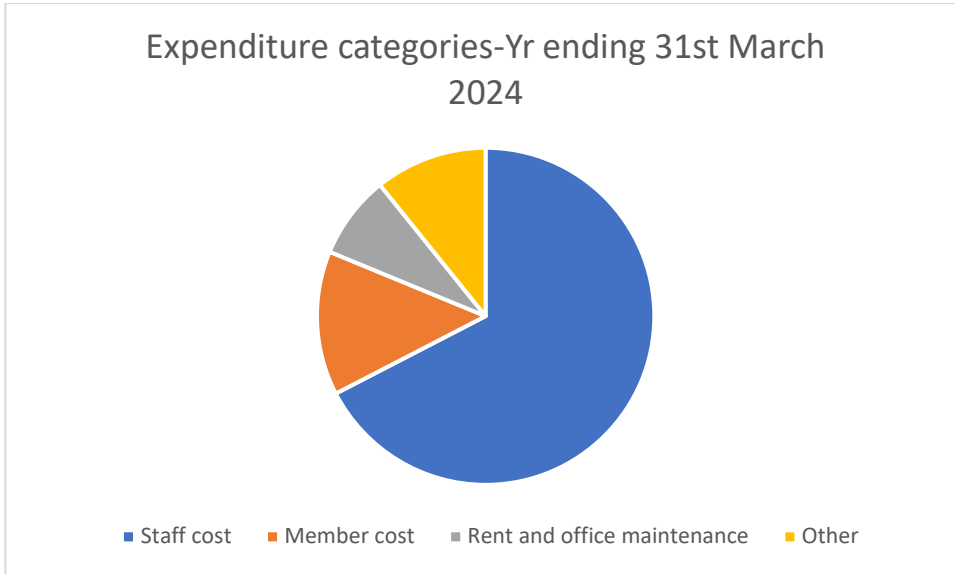


Chart 1

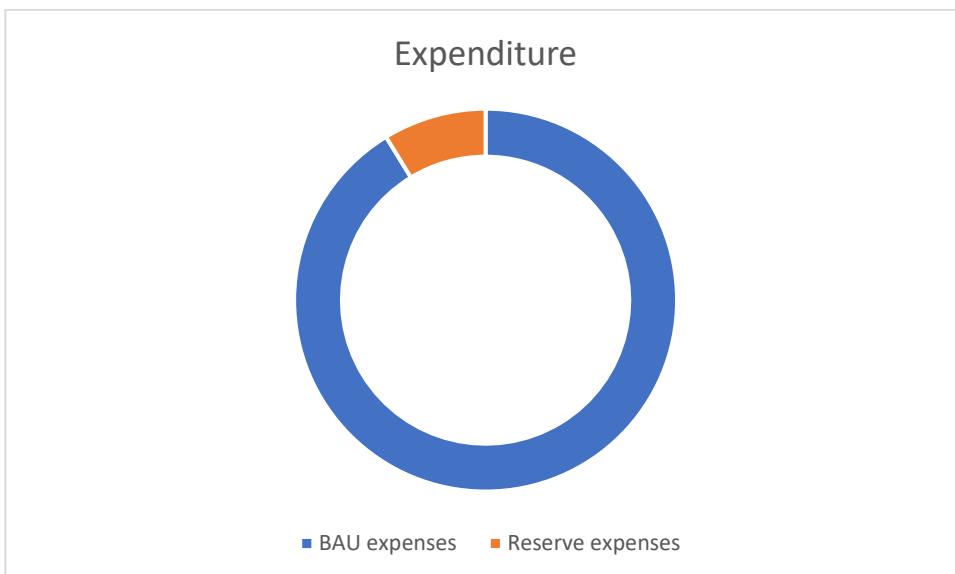
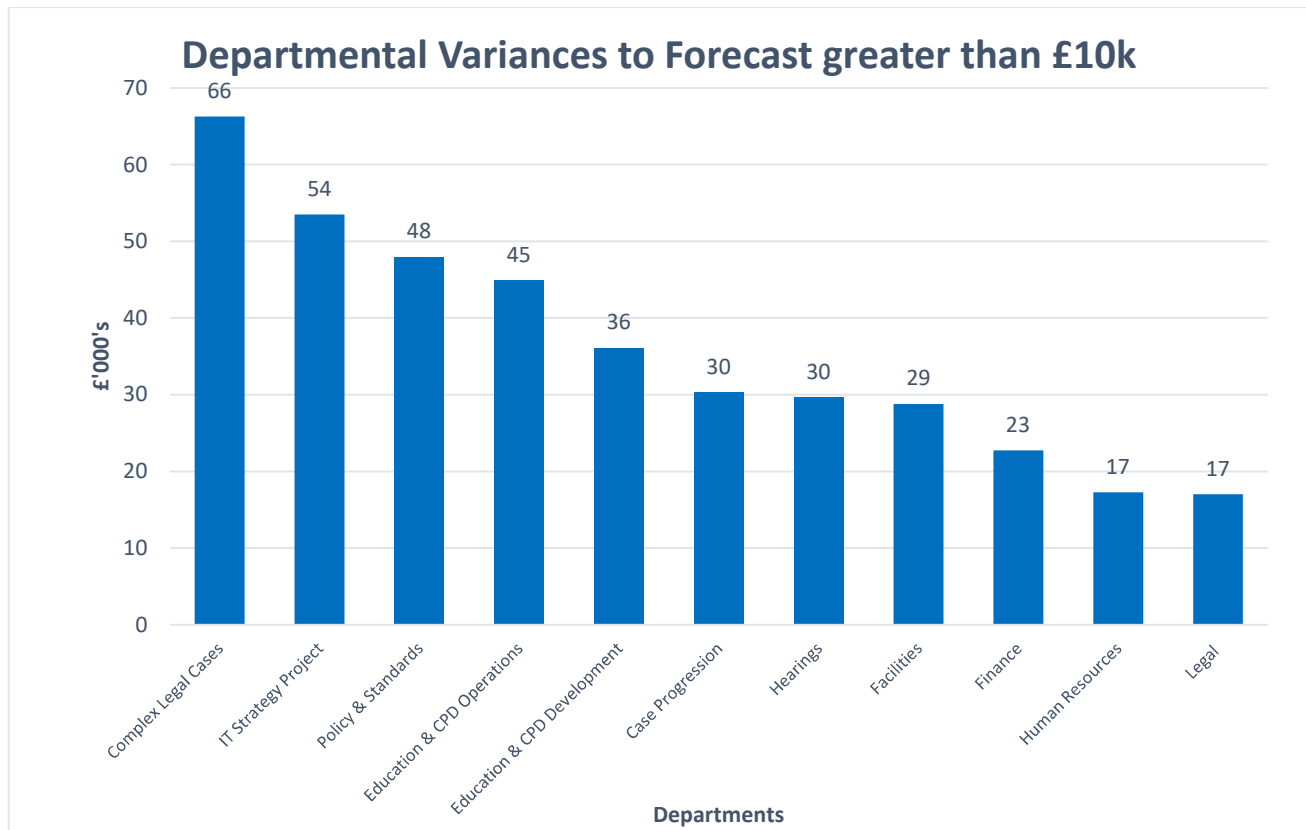


Chart 2



# General Optical Council Financial Performance Report for the year ending 31 March 2024



Graph 3

## Cash and Cash Equivalent Summary - 31 Mar 2024

	Actual £'000	Budget £'000	Variance £'000	Q3 Forecast £'000	Variance £'000
Cash at Bank	3,132	870	2,262	567	2,565
Short term Investments	7,450	7,400	50	10,050	(2,600)
<b>Working Capital</b>	<b>10,582</b>	<b>8,270</b>	<b>2,312</b>	<b>10,617</b>	<b>(35)</b>
Investments	9,273	8,749	524	8,996	277
<b>Total</b>	<b>19,855</b>	<b>17,019</b>	<b>2,836</b>	<b>19,613</b>	<b>242</b>

Table 1

## Headcount Mar 2024 (F T E's)

	Actual FTC* Mar-24	Actual Perm. Mar-24	Actual Total Mar-24	Budget Mar-24	Q3 Forecast Mar-24
Chief Executive Office	-	9.0	9.0	9.0	9.0
Regulatory Strategy	-	21.8	21.8	24.9	23.6
Regulatory Operations	6.0	28.8	34.8	38.0	38.0
Corporate Services	3.0	16.4	19.4	19.4	25.4
Change	5.8	7.4	13.2	15.0	15.0
<b>Total Headcount</b>	<b>14.8</b>	<b>83.4</b>	<b>98.2</b>	<b>106.3</b>	<b>111.0</b>

\* including Agency temp staff

Table 2

**General Optical Council  
Financial Performance Report for the year ending 31 March 2024**

<b>Analysis of BAU expense variance March</b>	
<b>Savings</b>	<b>£'000</b>
Efficiency	4
Savings	275
Staff vacancy gaps (excluding efficiency measures)	52
Delays to 2024/25	59
Forecast errors	6
<b>Additional expenses</b>	<b>396</b>
Additions	(85)
Others	28
<b>Total Expense Variance</b>	<b>339</b>

Table 3

<b>Analysis of net savings over past quarters (BAU exp.)</b>					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	9	-	8	4	21
Savings	158	90	152	275	675
Staff vacancy gaps	67	52	60	52	231
Additions	(180)	(104)	(26)	(85)	(395)
<b>Net savings/(overspent) from approved budget</b>	<b>54</b>	<b>38</b>	<b>194</b>	<b>246</b>	<b>532</b>

Table 4

**General Optical Council**  
**Financial Performance Report for the year ending 31 March 2024**

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

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	10,800	10,727	73	10,800	10,788	12
Dividend Income	245	263	(18)	245	238	7
Bank & Deposit Interest	176	10	166	176	101	75
Other Income	15	10	5	15	14	1
<b>Total Income</b>	<b>11,236</b>	<b>11,010</b>	<b>226</b>	<b>11,236</b>	<b>11,140</b>	<b>96</b>
<b>Expenditure</b>						
<b>Executive Office</b>						
CEO's Office	239	331	91	239	245	6
Governance	633	706	73	633	632	(1)
<b>Total Executive</b>	<b>872</b>	<b>1,036</b>	<b>164</b>	<b>872</b>	<b>877</b>	<b>5</b>
<b>Regulatory Strategy</b>						
Director of Regulatory Strategy	117	113	(4)	117	117	(0)
Policy	404	471	67	404	452	48
Communications	266	298	32	266	264	(2)
Education & CPD Operations	614	765	151	614	658	45
Education & CPD Development	180	275	95	180	216	36
<b>Total Regulatory Strategy</b>	<b>1,581</b>	<b>1,922</b>	<b>341</b>	<b>1,581</b>	<b>1,707</b>	<b>127</b>
<b>Regulatory Operations</b>						
Director of Regulatory Operations	213	132	(81)	213	204	(9)
Case Progression	2,212	2,221	9	2,212	2,242	30
Legal	185	213	27	185	202	17
Hearings	1,472	1,338	(134)	1,472	1,502	30
<b>Total Regulatory Operations</b>	<b>4,082</b>	<b>3,903</b>	<b>(178)</b>	<b>4,082</b>	<b>4,150</b>	<b>68</b>
<b>Corporate Services</b>						
Director of Corporate Services	126	122	(4)	126	126	0
Facilities	1,099	1,135	37	1,099	1,127	29
Human Resources	467	511	44	467	485	17
Finance	517	505	(12)	517	539	23
Registration	712	614	(98)	712	723	11
<b>Total Corporate Services</b>	<b>2,921</b>	<b>2,887</b>	<b>(34)</b>	<b>2,921</b>	<b>3,001</b>	<b>80</b>

**General Optical Council**  
**Financial Performance Report for the year ending 31 March 2024**

**Table A (Contd.)**

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	870	1,062	192	870	877	7
Depreciation	130	143	14	130	126	(4)
<b>Total Expenditure</b>	<b>10,455</b>	<b>10,953</b>	<b>498</b>	<b>10,455</b>	<b>10,738</b>	<b>283</b>
<b>Surplus / (Deficit) before project expenditure</b>	<b>781</b>	<b>57</b>	<b>724</b>	<b>781</b>	<b>403</b>	<b>379</b>
<b>Project Expenditure</b>						
Education Strategic Review project	246	372	125	246	254	7
IT Strategy Project	87	419	333	87	140	54
Change	520	572	52	520	517	(3)
Complex Legal Cases	82	200	118	82	149	66
Call for Evidence Research Potential Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	31	101	70	31	32	2
Case Management Project	0	0	0	0	0	0
Future Office Fit	31	0	(31)	31	33	1
<b>Total Project expenditure</b>	<b>997</b>	<b>1,664</b>	<b>666</b>	<b>997</b>	<b>1,125</b>	<b>127</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>(216)</b>	<b>(1,607)</b>	<b>1,391</b>	<b>(216)</b>	<b>(722)</b>	<b>506</b>
Investment gains	623	275	348	623	351	273
<b>Surplus / Deficit</b>	<b>407</b>	<b>(1,332)</b>	<b>1,739</b>	<b>407</b>	<b>(371)</b>	<b>779</b>

**General Optical Council**  
**Financial Performance Report for the year ending 31 March 2024**

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

	April - March			April - March		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
<b>Income</b>						
Registration	10,800	10,727	73	10,800	10,788	12
Dividend Income	245	263	(18)	245	238	7
Bank & Deposit Interest	176	10	166	176	101	75
Other Income	15	10	5	15	14	1
<b>Total Income</b>	<b>11,236</b>	<b>11,010</b>	<b>226</b>	<b>11,236</b>	<b>11,140</b>	<b>96</b>
<b>Expenditure</b>						
Staff Salaries Costs	5,985	6,199	215	5,985	6,024	40
Other Staff Costs	266	238	(28)	266	301	35
Staff Benefits	110	126	16	110	111	1
Members Costs	1,304	1,336	33	1,304	1,411	107
Professional Fees	525	690	165	525	599	74
Finance Costs	113	110	(3)	113	112	(1)
Case Progression	937	994	57	937	1,001	64
Hearings	323	286	(37)	323	320	(2)
CPD & Standards	95	78	(17)	95	95	0
Communication	29	54	25	29	27	(1)
Registration	16	19	3	16	12	(4)
IT Costs	569	1,039	470	569	632	63
Office Services	951	1,010	59	951	983	32
Other Costs	69	192	123	69	74	5
Depreciation & Amortisation	160	244	84	160	158	(2)
<b>Total Expenditure</b>	<b>11,452</b>	<b>12,617</b>	<b>1,165</b>	<b>11,452</b>	<b>11,862</b>	<b>410</b>
<b>Surplus / Deficit</b>	<b>(216)</b>	<b>(1,607)</b>	<b>1,391</b>	<b>(216)</b>	<b>(722)</b>	<b>506</b>
Unrealised Investment gains	623	275	348	623	351	273
<b>Surplus / (Deficit)</b>	<b>407</b>	<b>(1,332)</b>	<b>1,739</b>	<b>407</b>	<b>(371)</b>	<b>779</b>
<b>Staff cost to total expenditure ratio</b>	56%	52%		56%	54%	

**General Optical Council**  
**Financial Performance Report for the year ending 31 March 2024**

**Balance Sheet as at 31 March 2024**

	<b>2023-24</b>	<b>2022-23</b>	<b>Variance</b>
	<b>31 March 2024</b>	<b>31-Mar-23</b>	<b>£'000</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Fixed Assets</b>			
Refurbishment	443	517	(74)
Furniture & Equipment	56	87	(31)
IT Hardware	131	65	66
IT software	18	42	(24)
Capital Work in Progress	33	65	32
<b>Total Tangible Fixed Assets</b>	<b>681</b>	<b>712</b>	<b>(31)</b>
Investment	9,273	8,694	579
<b>Total Fixed Assets</b>	<b>9,954</b>	<b>9,406</b>	<b>548</b>
<b>Current Assets</b>			
Debtors, Prepayments & Other Receivable	513	433	80
Short term deposits	7,450	8,950	(1,500)
Cash and monies at Bank	3,132	1,253	1,879
<b>Total Current assets</b>	<b>11,095</b>	<b>10,637</b>	<b>458</b>
<b>Current Liabilities</b>			
Creditors & Accruals	1,030	1,138	(108)
Income received in advance	10,755	10,078	677
<b>Total Current Liabilities</b>	<b>11,786</b>	<b>11,216</b>	<b>570</b>
<b>Current Assets less Current Liabilities</b>	<b>(691)</b>	<b>(579)</b>	<b>(112)</b>
<b>Total Assets less Current Liabilities</b>	<b>9,263</b>	<b>8,827</b>	<b>436</b>
Long Term Liabilities	0	0	0
<b>Total Assets less Total Liabilities</b>	<b>9,263</b>	<b>8,827</b>	<b>436</b>
<b>Reserves</b>			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	0	900	(900)
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	5,313	4,007	1,306
<b>Total</b>	<b>9,263</b>	<b>8,857</b>	<b>406</b>

# Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2023 - 31 March 2024

Q4 report (1 January 2024 - 31 March 202)		Q1	Q2	Q3	Q4	Measure	Q4 (22/23)
<b>Finance</b>							
1.1	BAU budget; operate within budget	+18%	+8%	+4.5%	+4.5%	Tolerance is ±10%	+6%
1.2	Reserves; operate within reserves policy	0%	0%	0%	0%	Tolerance is ±10%	0%
1.3	Change team; operate within budget	+15%	+12%	-0.5%	-0.5%	Tolerance is ±10%	+1%
<b>People</b>							
2.1	Planned L&D events realised	100%	100%	100%	100%	Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)	6.0%	9.3%	15%	11.4%	Target is ≤17%	8.6%
2.3	Staff engagement (pulse survey):	37%	33%	82%*	**	N/A	37%
	a. % of staff who respond	81.00%	73.52%	71.00%*	**	Target is ≥70%	81.00%
<b>Customer</b>							
3.1	FOI requests resolved	100%	100%	100%	100%	Target is ≥100% in 20 working days	98%
3.2	Corporate complaints (stage 2):	1	2	2	3	N/A	1
	a. received						
	b. resolved within the timescale	100%	100%	100%	100%	Target is ≥90% in 20 working days	100%
3.3	Customer satisfaction (TBC)	N/A	N/A	N/A	N/A	Target is ≥80% positive (TBC)	N/A
<b>Regulatory functions</b>							
4.1	Registration applications completed	98%	98%	99%	98%	Target is ≥95% forms completed	98%
4.2	Registration accuracy	99%	98%	99%	98%	Target is ≥95%	98%
4.3	Approved qualifications meeting new ETR	31%	32%	32%	32%	Target is 100% by Sep 2025 ex. CoO	13%
4.4	Quality of GOC approved providers' CPD	95%	94%	96%	96%	Target is ≥85% good or excellent	93%
4.5	Customers receiving an FtP update	95%	89%	85%	86%	Target is ≥90% every 12 weeks	93%
4.6	FtP cases resolved (rolling median)	50%	60%	61%	52%	Target is ≥60% within 78 weeks	54%
4.7	Hearings concluded first time	87%	70%	87%	88%	Target is ≥90%	82%
4.8	Hearings dates utilised	87%	91%	87%	78%	Target is ≥90%	89%
4.9	New investigations at representations	80%	82%	75%	69%	Target is 80% within 40 weeks	87%

\* For Q3, there was no pulse survey – instead, the staff survey results were used.

\*\*No pulse survey ran in Q4; the P&C team were prioritising other work.

Q4 report (1 January 2024 - 31 March 2024)		Q1	Q2	Q3	Q4
<b>Regulatory functions</b>					
<b>Registrant engagement with CPD</b>					
4.10	Number of fully-qualified registrants	24045	24638	24641	24269
4.11	Number yet to log a PDP – OO/IP	3387	3336	2599	2317
4.12	Number yet to log a PDP – DO/CLO	1278	1235	1034	846
4.13	Number of registrants yet to complete their SOP	641	927	351	264
4.14	Number yet to access the platform at all	213	155	77	51
4.15	General total points on or above target – OO/IP	43%	46%	52%	53%
4.16	General total points on or above target – DO/CLO	44%	48%	52%	53%
4.17	Specialist total points on or above target – IP	34%	35%	41%	46%
4.18	Specialist total points on or above target – CLO	35%	34%	40%	43%
<b>Registrant progress against final CPD requirements - % of registrants who have achieved their:</b>					
4.19	entire general points requirement	8%	13%	18%	27%
4.20	entire specialist points requirement	6%	10%	16%	28%
4.21	provider-led requirement	41%	53%	69%	76%
4.22	interactive points requirement	23%	33%	45%	53%
4.23	core domains requirement	59%	66%	78%	81%
4.24	peer review requirement	50%	57%	66%	71%
4.25	overall cycle requirements	5%	8%	13%	20%



KPI	Current RAG status (why it's amber/red; when/how we will get it to green)	Budget implications	Risks
<p>Customers receiving an FtP update – <b>86%</b></p> <p>Target is ≥90% every 12 weeks</p>	<p>The Case Progression team has ongoing resource challenges due to staff turnover; since September 2023, five Officer caseloads have had to be reallocated and absorbed by others in recent months. Higher individual caseloads have impacted Officers' capacity to provide updates within the target timescale.</p> <p>Most but not all the vacancies have been filled and further recruitment is ongoing. Once a full team is up and running, the team should be able to meet this target going forward, but it is likely to take a few months to reach this point.</p>	N/A	This will have an impact on customer satisfaction.
<p>FtP cases resolved (rolling median) – <b>52%</b></p> <p>Target is ≥60% within 78 weeks</p>	<p>The Case Progression team has ongoing resource challenges due to staff turnover; since September 2023, five Officer caseloads have had to be reallocated and absorbed by others in recent months. Higher individual caseloads have impacted Officers' capacity to progress and resolve cases within the target timescale.</p> <p>Most but not all the vacancies have been filled and further recruitment is ongoing. Once a full team is up and running, the team should be able to meet this target going forward, but it is likely to take a few months to reach this point.</p>	N/A	This will have an impact on end-to-end timeliness.
<p>Hearings concluded first time – <b>88%</b></p> <p>Target is ≥90%</p>	<p>We had 17 hearings that proceeded to a hearing and 2 of those hearings went part heard – one is listed to conclude in May and the other is currently subject to a judicial review.</p>	<p>We need 2 additional hearing days, although in one hearing the committee agreed no transcript was necessary as they went part heard after determining impairment, so the</p>	<p>This will impact end-to-end timeliness for both cases.</p>

		determination, as it stands, will suffice.	
		The other hearing is awaiting the outcome of a JR application.	
Hearings dates utilised – <b>78%</b>  Target is ≥90%	<p>As 13 hearings concluded early, we had 32 under-utilised days, which equates to 78% for the quarter.</p> <p>For 23/24, the utilisation rate was 86%.</p> <p>We are taking forward actions following the recent review of hearings operations to ensure our listing is more accurate and delivers a more efficient rate of utilisation.</p>	We are pay member fees for cancellation in accordance with the member fees policy.	<p>If we have too many days listed for hearings, we decrease the risk of going part heard but increase the fees paid out for lost days.</p> <p>If we have too few days listed for hearings, we increase the risk of going part heard – this impacts our ability to have cases conclude first time.</p>
New investigations at representations – <b>69%</b>  Target is ≥80% within 40 weeks	<p>The Case Progression team has ongoing resource challenges due to staff turnover; since September 2023, five Officer caseloads have had to be reallocated and absorbed by others in recent months. Higher individual caseloads have impacted Officers' capacity to progress and resolve cases within the target timescale.</p> <p>Most but not all the vacancies have been filled and further recruitment is ongoing. Once a full team is up and running, the team should be able to meet this target going forward, but it is likely to take a few months to reach this point.</p>	N/A	This will have an impact on end-to-end timeliness.



**GOC internal business plan - 2023/24**  
Exceptions Report – Q4 update

All CRITICAL and ESSENTIAL Q1-Q4 activities are ON TRACK or COMPLETE for the following business areas:

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

The following slides describe CRITICAL and ESSENTIAL Q1-Q4 activities that are OFF TRACK (amber) or DEADLINE MISSED (red) with commentary

## CPD

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Provisional provider applications	BAU	Q1-Q4	● Essential	Provider applications reviewed within 10 working days		<p><b>Why amber/red:</b> This timeline has not been met in the last quarter due to a lack of resources and a high workload.</p> <p><b>How we will get back to green:</b> Additional resources brought in from May to get back on track.</p>
Development of CPD cycle 2025-27	Continuous Improvement Project	Q1-Q4	● Essential	Clear business rules in place by March 2024		<p><b>Why amber/red:</b> There is a delay on the business rules being finalised due to other priorities.</p> <p><b>How we will get back to green:</b> Work is ongoing in the project advisory group and across departments to ensure business rules are agreed and finalised for the end of the current cycle. This work is at an advanced stage.</p>
Review software requirements for the recording of CPD for 2025-27 CPD cycle	Continuous Improvement Project	Q1-Q4	● Essential	Internal discussion in Q3 including paper to be taken to SMT		<p><b>Why amber/red:</b> This has been delayed due to ongoing internal discussions on preferred approach to procurement.</p> <p><b>How we will get back to green:</b> Procurement proposal taken to the Chief Executive and Registrar to agree (as per contract and procurement policy) in Q1 24/25.</p>

## Education

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Review current QA policies and processes	Continuous Improvement Project	Q1-Q4	<ul style="list-style-type: none"> <li>• Critical</li> </ul>	<p>This may include flexibility against the current handbooks. Timelines and process for QAEM arrangements to be finalised by Q4, with QA activity for adapted quals commencing in 2024/25</p>		<p><b>Why amber/red:</b> Timelines and process for QAEM arrangements not finalised due to prioritising managing notification of adaptations from providers.</p> <p><b>How we will get back to green:</b> Currently reviewing resource planning for 2024/25 to support the business needs. An Education and CPD specialist has joined in April on a 12mth FTC to focus on QAEM.</p>

## Facilities

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Archiving Project	Continuous Improvement Project	Q1-Q4	<div style="text-align: center;"> <span style="color: red;">•</span>                      Essential                 </div>	All archived records reviewed in-line with retention policy and relevant legislation (GDPR etc) and re-archived or destroyed		<p><b>Why amber/red:</b> Project paused due to end of archivist's fixed term contract. Recruitment for a replacement is underway. Delays due to complexity of records archived, initial uncertainty on retention times (FTP, Hearings, Finance and P&amp;C) and time to allocate from colleagues to review their files/boxes. Of the 800 boxes to review at the beginning of the project, around 350 remain.</p> <p><b>How we will get back to green:</b> Recruitment of new archivist (anticipated May/June). Cooperation from across GOC teams which may involve them checking some records (Resources: staff and time).</p>

# HR

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
<p>Review of HR Policies to ensure legal compliance and fit for a world class regulator</p> <p>(1) Family Support Policies, annual leave and Special Leave Policies all out for employee consultation launched by 1 April 2023.</p> <p>(2) 3 new policies: Flexible Working, Probationary Policy, and Equality Diversity &amp; Inclusion Policy progress through PRG and employee consultation by 31 March 2024.</p> <p>(3) Progress Reward and Recognition Policy to PRG and employee consultation for implement by 30 June 2023.</p>	Strategic Project	Q4	<ul style="list-style-type: none"> <li>• Critical</li> </ul>	<p>Launch of all policies noted (1) as live mentioned by 1 April 2023. Complete policies at (2) by 31 March 2024 and (3) Reward and Recognition by 30 June 2023</p>		<p><b>Why amber/red:</b> Objectives under 1 and 3 are complete. For 2, Flexible Working, Probationary &amp; Equality Diversity and Inclusion Policy have slipped due to resourcing issues within the People Team.</p> <p><b>How we will get back to green:</b> re-prioritisation of work and additional resourcing along with a 2-year policy review plan to ensure compliance in 2024/25</p>
<p>People Plan strand two - Learning &amp; Development</p>	Strategic Project	Q4	<ul style="list-style-type: none"> <li>• Essential</li> </ul>	<p>Paper discussed by SMT Dec 2022 and training strategy agreed - have ≥50% of training courses from course catalogue enacted.</p>		<p><b>Why amber/red:</b> Some outcomes of L&amp;D project delivered, and others are work in progress nearing completion.</p> <p><b>How we will get back to green:</b> Revised project plan in place. L&amp;D Calendar to be published end of May. New L&amp;D timetable for 24/25 to be drafted and to be quality assured re content and approach and transition into BAU.</p>

## Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
<p><u>Digital transformation</u> -</p> <ul style="list-style-type: none"> <li>-Case Management System (CMS)</li> <li>- MyGOC platform</li> <li>- Audio Visual meeting room upgrade</li> <li>- Telephony, HR, and payroll systems</li> </ul>	Strategic Project	Q1-Q4	<ul style="list-style-type: none"> <li>• Essential</li> </ul>	<p>Digital transformation projects delivered to time, cost and quality measures agreed by SCB:</p> <ul style="list-style-type: none"> <li>- CMS Phase one by Sept 2023; phase two by Sept 2024</li> <li>- CRM client requirements fully scoped by Q1; commissioned by Q3</li> <li>- Other IT projects delivered as per project plans</li> </ul>		<p><b>Why amber/red:</b> Whilst some projects have been delivered or near completion, there are delays to MyGOC.</p> <p><b>How we will get back to green:</b> Revised timelines for completion during final year of delivery of Fit for Future. There are plans to combine the programme boards of digital and people plan moving forward</p>
<p><u>People plan</u></p> <ul style="list-style-type: none"> <li>- Pay and Reward (Reward and Recognition)</li> <li>- Development of Knowledge Skills and Behaviours (KSB) Framework</li> <li>- Implementation of learning and development strategy</li> <li>- New office/ office move (prep for March 2025 onwards)</li> </ul>	Strategic Project	Q1-Q4	<ul style="list-style-type: none"> <li>• Essential</li> </ul>	<p>People plan projects delivered to time, cost and quality measure agreed by SCB:</p> <ul style="list-style-type: none"> <li>- Reward &amp; Recognition policy implemented and consistently applied (measure - 2023 staff survey)</li> <li>- People plan published and implemented</li> <li>- KSB framework scoped, tested and delivered by Q4</li> <li>- New office/ office move costed and approach agreed</li> </ul>		<p><b>Why amber/red:</b> Whilst some projects have been delivered or near completion, there are delays to KSB Framework and L&amp;D strategy.</p> <p><b>How we will get back to green:</b> Revised timelines for completion during final year of delivery of Fit for Future. There are also plans to combine the programme boards of digital and people plan moving forward</p>



# IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
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.		<b>Why amber/red:</b> The interview of the supplier in budget demonstrated that their solutions did not meet our requirements, so we could not proceed.  <b>How we will get back to green:</b> New opportunities for improvement have been identified with our existing supplier (CIPHR) and discussions are underway to evaluate these options. If this process does not deliver the promised benefits a new procurement exercise will take place.
Laptop refresh of oldest 50% of laptops (not Case Examiners)	Department Project (minor scale)	Q2-Q4	● Essential	Q2 - Tendering for new laptops Q3 - Batch 1 of new laptops delivered, setup and in place Q4 - Batch 2 of new laptops delivered, setup and in place		<b>Why amber/red:</b> The setup installations with Windows 11 and Autopilot were resolved so a procurement process took place in Q4. This involved providing our requirements to Crown for one of their 'aggregation' exercises and undertaking a direct tender via our website and Contract Finder.  <b>How we will get back to green:</b> The direct procurement offered much more economic routes and the final evaluation process has taken place. Procurement/setup and distribution will take place in Q1 2024-2025.
Annual DR Test of IT Systems & Backup	BAU	Q3	● Essential	The report notes more positive practices than remediation measures.		<b>Why amber/red:</b> Originally Rock were due to go live in April but actually went live in June, so the planned Disaster Recovery Test has been delayed.  <b>How we will get back to green:</b> It will take place in Q1 2024-2025 which is within the first year of the contract (as planned).
Improved Cyber & Email Security including email archiving	BAU	Q2-Q4	● Essential	Review Alternatives Q2-Q3. New Solution in place Q4.	N/A	Activity moved to 24-25 due to reduction in IT resources & confidence of existing cyber security defence. Main benefit of project is email-archiving

# Governance

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Compliance with GDPR requirements	BAU	Q1-Q4	<ul style="list-style-type: none"> <li>• Critical</li> </ul>	<p>All GDPR processes are managed in line with the policies and required timeframes</p> <p>Performance is consistently measured and reported to SIRO; no major data breaches require a report to the ICO</p>		<p><b>Why amber/red:</b> ICO referral in Q4 – confirmed closed with no further actions.</p> <p><b>How we will get back to green:</b> Lessons learnt considered by SMT and fed back to relevant services for implementation.</p>

**COUNCIL**

**Report from the Chair of Council**

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**Meeting:** 26 June 2024

**Status:** For noting

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

**Introduction**

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1. This report covers my principal activities since the last Public Council meeting on 13 March 2024.
2. On 8 April 2024, we were delighted to welcome our two new Council Associates, Rupa Patel and Desislava Pirkova.
3. Rupa works as a Specialist Optometrist at Moorfields Eye Hospital in London and as a locum optometrist in community practice. Rupa gained her optometry degree in 2015 at Aston University before moving into a full-time hospital optometry role at the Royal Liverpool University Hospital on qualification in 2016 until 2021. She is currently undertaking a master's degree with University College London (UCL) in Advanced Clinical Practice in Optometry and Ophthalmology.
4. Desislava earned a degree in International Economics and Trade from Coventry University. Her journey in optometry began with a qualification as a Dispensing Optician from ABDO College in 2021, followed by her current pursuit of an Optometry degree at Aston University. Desislava's role extends beyond academia; she manages a network of small practices in Birmingham and owns a practice in the Leicester area.
5. I would also like to welcome our four new Independent Appointment Panel Members (IPM), Deirdre Toner, Ann Brown, Marie Pye, and Amanda Orchard, whose appointments commenced on 15 April 2024.

## Management

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6. I have had weekly catch-up meetings with the Chief Executive and Registrar (CE&R) and the Head of Governance. On 22 April 2024, I completed with Leonie Milliner, CE&R, her 2023-2024 end-of-year appraisal. I have had pre-briefing meetings and received briefings from members of the Communications Team, Governance and Regulatory Strategy Departments on a range of priorities.
7. I have held quarterly 1:1 meetings with individual SMT Members as well as other meetings on specific priorities and issues.
8. On 4 April 2024, I joined the media training preparations meeting with Head of Communications & Engagement and participated with the CE&R and SMT in the training session itself conducted by external trainer Dominic Green on 10 April 2024.
9. On 20 March 2024 I joined the 'Spotlighting Influential Muslim Women' session organised by our Information Governance Officer. As March was also Ramadan, this was an appropriate time than to highlight some of the top influential Muslim women around the world.
10. This month is Pride month, and I was able to view the presentation for the LGBTea, an all-staff tea break organised by our Chief Legal Officer.
11. On 20 June 2024, I will join the 'Guide Dog Awareness' event, organised by our Administrative Assistant where Bhavini and her guide dog Colin spoke about experiences as a guide dog user.

## Council and Committees

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12. On 21 March 2024, I had an introductory meeting with Hema Radhakrishnan, Registrant Council Member and on 9 May 2024 an introductory meeting with Rupa Patel and Desislava Pirkova, Council Associates.
13. I chaired an Independent Appointment Panel Member recruitment shortlisting teleconference on 25 March 2024 and the Independent Member recruitment interviews on 08 and 09 April 2024.
14. Recruitment for two Lay Council Members is under way, with the recruitment campaign resulting in a very strong response with 135 applications. On 25 April 2024 I chaired a pre-meet for the appointment panel in preparation for the Lay Council Member shortlisting informal meeting on 3 May 2024. I chaired the two Lay Council Member pre sift teleconferences on 13 May 2024 and on 23 May 2024, and the Council Lay Member shortlisting teleconference itself. The final interviews for shortlisted candidates were scheduled for the end of June and early July.
15. I attended the Remuneration Committee meeting on 30 April 2024 chaired by Clare Minchington and the Investment Committee meeting chaired by Tim Parkinson on 8 May 2024. I attended the Audit, Risk and Finance Committee (ARC) meeting on 14 May 2024. I am grateful to Lisa Gerson for chairing the Nominations Committee meeting on 21 May 2024 in my absence. On 7 June 2024, I joined the Advisory Panel meeting chaired by Mike Galvin, which was followed by meetings of the Companies Committee, Standards Committee, and Registration Committee. I attended the Standards Committee chaired by Josie Forte.
16. I have held fortnightly meetings with Clare Minchington, our Senior Council Member (SCM). I have chaired regular informal Council Catch Up sessions including the session held on 16 April 2024. I hosted the Council Members' virtual coffee morning on 6 June 2024. I have conducted individual Council Member 2023-2024 end of year reviews and Council Associate 2023-2024 end of year catch up meetings with Council Members and Council Associates during

early/mid-June 2024. I also completed my Council Chair 2023-2024 end of year review with Clare Minchington, SCM, on 21 June 2024.

### **Stakeholders**

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17. 18 March 2024: Introductory meeting with Kathryn Burton, Partner at Haysmacintyre.
18. 19 March 2024: GOC standards open event for all GOC registrants organised by our Standards Officer, with the relevant stakeholders in attendance.
19. 19 March 2024: Catch up meeting with Professor Dame Carrie MacEwen, Chair at General Medical Council (GMC).
20. 02 April 2024: Consent meeting at the King's fund organised by Christine Elliott, HCPC with Alex Crowe, NHS Resolution, Henrietta Hughes, Patient Safety Commissioner, Carrie MacEwen, GMC, Rachel Power, Patients Association, and David Warren, NMC in attendance.
21. 10 April 2024: Media training with trainer, Dominic Green, who is also a journalist/producer for the BBC.
22. 15 April 2024: Department of Health & Social Care (DHSC) quarterly catch-up meeting with Phil Harper, Deputy Director, Professional Regulation at DHSC.
23. 23 April 2024: Introductory meeting with Jo Clift, Chair at General Osteopathic Council (GOsC).

### **Council Member meetings with stakeholders**

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24. 22 May 2024: Clare Minchington, SCM, attended the GOC strategy consultation engagement roundtable for patients/charities, and open event for Registrants.

**COUNCIL**

**Chief Executive and Registrar's Report**

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**Meeting:** 26 June 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**

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

**Recommendations**

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

**Strategic objective**

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3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2024/2025 Business Plan.

**Background**

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4. The last report to Council was provided for its public meeting on 13 March 2024.

**Analysis**

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5. I start my report by expressing on behalf of Council my heartfelt condolences to Dr Graeme Kennedy's family, friends and colleagues, following Dr Kennedy's sad death last month. Dr Kennedy was Programme Lead at Glasgow Caledonian University, an examiner for the College of Optometrists and a GOC Education Visiting Panel Member. He will be greatly missed by the team here at the GOC, especially by colleagues in our Education team, and by the eye-care community in Scotland and across the UK.
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 and fortnightly SMT meetings, regular Council catch-up sessions, as well as attending monthly Risk Register meetings, chaired by our Director of Corporate Services and Leadership Team meetings (which has a rotational chair).
7. I attended the Remuneration Committee meeting on 30 April 2024; the Investment Committee meeting on 8 May 2024; the Audit, Finance, & Risk Committee (ARC) meeting on 14 May 2024; the Nominations Committee meeting on 21 May 2024; and the Advisory Panel Meeting, including the Registration Committee meeting on 7 June 2024.
8. On 19 April 2024 I had an introductory meeting with our new Council member, Hema Radhakrishnan.

9. Learning and development remains a key focus for the organisation. As part of our ongoing investment into leadership development, SMT, Leadership Team and selected managers completed an externally facilitated off-site two-day 'Leading with Impact' workshop in March, delivered by the Royal Academy of Dramatic Arts (RADA Business), focussing on developing our leadership, team-working and communication skills. This was the first time our senior leaders and people managers (30 people in total) had been together in person off-site since before the pandemic. It was a terrific opportunity to better equip colleagues with the skills and confidence to deliver a high level of performance as leaders, and also realise the potential success of working together as one team.
10. In addition, the SMT, together with the Chair of Council, participated in media training delivered by BBC journalist and producer Dominic Green, organised by our Head of Communications.
11. Following an open recruitment exercise, I am delighted to announce the appointment of four new Independent Panel Members (IPM) Deirdre Toner, Ann Brown, Marie Pye and Amanda Orchard. IPMs occupy an important role as part of our Council and member recruitment panels. I would like to express my thanks to our outgoing IPM, Ranjit Sondhi, who assisted in this recruitment process, and has very ably served on member recruitment selection panels since his appointment five years ago.

## Change

### *Change Management Office (CMO)*

12. The Case Management System (CMS) went live across Regulatory Operations on 1 May. Minor remedial work continues, but initial feedback from staff indicates the value being realised in our business operations. Both Keith Watts as project lead and the Regulatory Operations directorate received a Chief Executive's award at the recent All Staff Meeting for successful completion of phase one. The project now moves into planning for phase 2 development and delivery.
13. The MyGOC project continues to be delayed at contract stage, although it is expected to be resolved shortly. We intend to undertake a lessons learned exercise to help us reflect and become more proficient in the effective and timely procurement of goods and services.

### *Information Technology (IT)*

14. The IT team successfully achieved accreditation by Cyber Essentials and Cyber Essentials Plus in 2023. Both certificates require annual reaccreditation, and I am pleased to report that we have successfully achieved our Cyber Security reaccreditation following the submission of evidence regarding the security of our IT infrastructure. Later this year we will seek reaccreditation of Cyber Essentials Plus, which includes external testing of our IT infrastructure.
15. The IT team are also currently replacing 65 laptops across the organisation for the staff with the oldest laptops.

## Corporate Services

### *Facilities*

16. Our archiving project to review our paper records in storage has been on hold whilst we recruit a replacement archivist, and we anticipate the work will need a further six months to complete now the new team member is in place.



17. We continue to review our Health and Safety (H&S) procedures and risk assessments, with an on-going focus on staff home working arrangements and Display Screen Equipment assessments. Colleagues are supported with any additional needs identified through assessment, such as furniture or equipment, as recommended by specialist consultants.
18. We are currently undertaking a procurement exercise for specialist H&S consultants in line with our contracts and procurement policy, due to the length of time we have worked with our existing contractors. We expect to appoint a partner in July, in time for our annual H&S inspection and audit.

### *People and Culture*

19. In May we launched a Mental Health Awareness week, with short, online and in person events for all colleagues scheduled across the whole week, including wellness awareness, yoga and meditation sessions.
20. We have developed a learning and development programme for the year which includes mandatory training for all staff on areas such as GDPR, EDI and cyber security.
21. End of year performance reviews have been completed and outcomes notified to all staff.
22. We have recently appointed a specialist firm of consultants to work with us on developing a new Knowledge Skills and Behaviours (KSB) framework. This is the second phase in our project which saw a new Reward and Recognition policy implemented in 2023. The new KSB framework will replace our existing approach to staff appraisal and performance management and will be introduced for the 2025/26 reporting year.
23. We have also completed the improvements to staff benefits first outlined last year when we introduced our new Reward and Recognition policy. We have enhanced our overall benefits package including a new private medical insurance scheme for our staff.

### *Registration*

24. Annual renewal for fully qualified and body corporate registrants closed on 31 March. Renewal rates were in line with expectations, with 97.5% of fully qualified and 97.7% of body corporate registrants completing the process.
25. This year we introduced a new question around 'service of statutory notices by email,' this allows registrants to either opt in or opt out of receiving statutory notices by email only. We received a very positive response, with 85% of fully qualified and 92% of body corporates opting in to receive notices electronically in future. This will deliver some cost and efficiency savings, as all statutory letters are required to be sent by tracked mail.
26. Annual renewal for student registrants opened on 30 May and will run until the 31 August. It is still very early in the process, although numbers of students renewing so far are on trend with previous years. The question relating to electronic service of notices is also being asked of our student registrants.

### Regulatory Operations

27. Our new case management system went live successfully, and on budget, at the beginning of May. The system far exceeds the scope and capabilities of the previous CRM system. New features include: business process flows that provide control, prompts and challenges; automated tasks to improve control over cases for both cases officers and managers;

integrated email functionality; the online complaints form feeding automatically into the system; greater automation between the investigation and hearings functions; and automated FtP committee member availability requests. In time we will also have easier and more efficient management reporting. Once the immediate follow-up from phase one of the project is completed, we will focus on phase two, which is due to be completed by Q3.

28. It has been a busy period of recruitment in Regulatory Operations. The revised directorate leadership structure went live on 3 June with the new roles of Head of Investigations, Head of Case Progression and Head of FtP Legal. The Head of Hearings and Chief Legal Officer remain part of the revised structure.
29. We have filled investigation officer vacancies and are focusing on induction and training of new starters. We have appointed three temporary lead case officers internally to provide additional support while we back-fill two investigation manager vacancies. We're also interviewing for a permanent operations manager (hearings) and for in-house advocates to support more cost effective and efficient case progression as part of our revised legal support model. In line with our resourcing plans, we expect the more stable and resilient structure to be in place shortly.
30. We held a well-received directorate day in April, where we celebrated last year's achievements and discussed how we can improve staff engagement and take forward actions from the recently commissioned EDI review.
31. The rapid review of hearings by an external consultant has been completed and SMT has agreed the review's recommendations. An action plan has been developed, with implementation expected planned for the next eighteen months.
32. We engaged defence stakeholders on the Standards Review in March and used the feedback to inform the proposals in the public consultation. Our next Defence Stakeholder Group on 21 June will discuss our revised declarations guidance and the action plan to improve the cost effectiveness and efficiency of hearings operations.
33. We held our third annual meeting with business registrants on 6 June to discuss how we can better work with major optical businesses to ensure good practice in handling FtP concerns and to support a culture of openness and learning. The day also included a very helpful session on the Standards Review.

## Regulatory Strategy

### *Standards Review*

34. The public consultation on our Standards Review closed on 8th May and we received 39 written responses. As part of the consultation, we delivered four open consultation stakeholder events; presented the proposed changes to the Case Examiners and Fitness to Practise members, Defence Stakeholder Group and GOC staff; and published updates on the review via a third blog post and a press release.
35. We have begun analysing the data as part of producing a consultation response document and shared an initial analysis with Standards Committee on 7 June. Overall, stakeholders broadly agreed with the areas where we made changes to the standards, although many asked for the standards to be more detailed or prescriptive about how they will apply in practice, and we received drafting suggestions to provide greater clarity. Our intention remains to seek Council approval for the final set of standards and the consultation response document at the public meeting in September. At that meeting Council will also

be asked to agree if there needs to be an implementation period, and if so for how long.

### *Legislative Reform*

36. Work on business regulation reform has progressed. There are four workstreams: scope of regulation; models of regulatory assurance; enforcement approach and sanctions; and access to consumer redress. Policy papers on all four workstreams have been drafted and were considered by the Advisory Panel and Companies Committee on 7 June. By the time Council meets, SMT will also have considered all four papers. Our stakeholder reference group has considered the first two papers and will consider the final two papers in July. Council had an initial discussion at its strictly private and confidential meeting on 25 June. Our intention remains to seek Council approval for a public consultation on the business regulation proposals at its public meeting in September.
37. The 2024/25 business plan includes a project to update our 2013 statement on the testing of sight. This followed the call for evidence on legislative reform and associated policies which identified stakeholder concern that some sight test models which are separated by time, place or person may not adequately protect the public. The first procurement round did not identify a supplier, so we reopened the tender exercise with a revised specification, budget and timetable. This exercise has identified a suitable supplier (a consortium bid), and we await contract signature. We expect delivery of a report within six months.

### *Research Update*

38. The GOC's first business registrant survey was published and there is a paper elsewhere on the agenda. The findings were discussed by Companies Committee on 7 June.
39. We will be publishing the public perceptions survey 2024 in early July. This is our annual tracking survey of over 2,000 people across the UK. This year we commissioned DJS to carry out the survey for us. We continued to track data about satisfaction and trust in the professions, where to go in an emergency, complaints and consumer trends. We have undertaken additional analysis this year to provide greater insight into the experiences of more vulnerable groups.
40. We are in the process of finalising the registrant survey report for 2024. We commissioned Enventure Research to carry this out. Encouragingly we received 4,575 responses from optometrists, dispensing opticians and optical students; this represents a 15% response rate, up from 13% last year. We continue to track data on working patterns, including full and part time workers and those working as locums, satisfaction levels, challenges at work, and future career plans. We are asking more questions this year on opportunities for career development. Following our joint sector statement last year, we are continuing to track registrant experiences of bullying, harassment and abuse, and discrimination, with some additional questions this year following feedback from the sector.
41. As usual, Council will have opportunity to discuss both research reports at its public meeting in September.

### *Communications and Parliamentary Engagement*

42. We have increased public affairs monitoring following the announcement of a general election and will be writing to newly appointed ministers. Briefing was issued for Council and staff on appropriate public engagement, in line with Purdah guidance.
43. The Head of Communications represented GOC at the Optometry Tomorrow conference held in Telford in April. This is the College of Optometrists's flagship annual CPD

conference, hosted this year in collaboration with the British Contact Lens Association.

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

44. As previously reported, twelve GOC-approved qualifications have adapted to the new education and training requirements, all of which admitted students into year one from September/October 2023. We continue to work with providers to ensure we are aware of their proposed plans for adaptation, and to ensure we are sufficiently resourced to manage their notification to adapt. Since the last Council meeting the University of Huddersfield's optometry qualification has been noted. We anticipate most other qualifications completing the adaptation process in time for the next student intake in September/October 2024, leaving a small number remaining to adapt in 2025.
45. Between July and October 2023, we undertook a full public consultation on our proposal to update the process for managing applications for GOC registration from optical professionals who have qualified outside the UK under the ETR. 36 written responses were received, and we have published the consultation response document which you can read [here](#). In summary, following feedback, we have decided to develop two alternative routes to registration for applicants who have qualified outside the UK:
  - successfully completing a GOC approved qualification which meets the ETR (either in the UK or overseas) with admissions handled directly between provider and applicant and no GOC involvement in assessing applications; or
  - successfully completing a GOC managed direct assessment of the Outcomes for Registration, leading either to direct entry to the register or potential admission to a GOC approved qualification which meets the ETR.
46. To support both routes to registration, we will commission an analysis that maps potential equivalent qualifications in certain overseas countries against the ETR. This will aim to identify qualifications and/or qualification systems that potentially might match or exceed the ETR, and where subject to the necessary approvals, recognition of that qualification and/or qualification system could potentially offer direct entry to the GOC register.
47. We have recently conducted a recruitment campaign for new Education Visitors and are currently at the offer stage.
48. Our preparations continue for the end-of-cycle CPD arrangements. Since the last public Council meeting, we have published our [CPD exceptions policy](#) and a [template for the reflective exercise](#) which mirrors the form that will be made available on MyCPD from July.
49. At the end of May, 28% of registrants had met all their CPD requirements for the cycle. 55% of registrants were on or above their points target (81% of the total points required). As previously highlighted, this is likely to underrepresent the points obtained at this stage given the time taken between the CPD event and the registrant recording the event on MyCPD.

### *Infected Blood Inquiry*

50. In May, the final report of the Infected Blood Inquiry was published. The policy team reviews reports of major inquiries to identify learning points. From this report, points to note are:
  - The recommendation that external regulation of safety in healthcare be simplified. As a first step towards this, the report called for a UK-wide review by the four health departments of the systems of external regulation;
  - The need for a safety management system in the NHS learning from other sectors like

aviation and nuclear power;

- The focus on a coherent approach to data, which resonates with GOC's draft strategy with its emphasis on prevention and a data-driven approach;
- Commentary on speaking up, especially the responsibility of those in leadership positions to report concerns and holding leaders account for failing to act on concerns raised. This is relevant to our professional standards and developing proposals on business regulation; and
- The report comments on both the statutory and professional duties of candour (the latter is applicable to the GOC). We are satisfied that GOC's standards and guidance meet the points raised in the report.

## Governance

51. Member recruitment has accounted for a substantial proportion of the Governance team's activities over the last few months. Recruitment for lay Council members continues and the intention is to finalise a recommendation to the Privy Council in the coming month. A final decision will be pending while the Privy Council awaits the outcome of the General Election. There are multiple campaigns for member recruitment planned for the summer and autumn. This includes vacancies for Hearing Panel chairs and Advisory Panel.
52. The Governance team has supported multiple committee meetings in the past few months, including Advisory Panel, ARC, Nominations and Remuneration Committee. As mentioned in the previous report to Council, there is activity planned over the summer to review terms of reference for the non-statutory committees. A number of key corporate policies owned by the Governance team are also in the process of being revised, including the Speaking Up policy for GOC employees, members and workers.

## *Equality Diversity and Inclusion (EDI)*

53. Following approval of the EDI Action Plan 2024-2025 by Council in March, the Unfair Outcomes Working Group has been meeting monthly. The group is comprised of representatives from across the GOC, all of whom have operational oversight of decision-making in respect to our regulatory functions. Analysis of EDI monitoring data for registrants going through the different stages of Fitness to Practise has begun, and this will allow us to develop our policies and procedures to address any identified risks associated with unfair outcomes.
54. As another component of the EDI Action Plan, we are ensuring that all staff receive training on structural discrimination. We have prioritised staff with people management responsibility, all of which have now received externally commissioned training on structural discrimination from the Employer's Network for Equality and Inclusion (enei).
55. Our EDI Action Plan also has set a goal to examine and standardise how we collect, store, and use EDI data and ensure we are using this effectively. As part of this work, we have redesigned our standard EDI template to comply with best practice. This form has been used in several data-collection campaigns recently, including member recruitment, the annual member survey and corporate complaints. Work is being undertaken internally to incorporate the standardised form into our HR system, CIPHR, and our new CMS system.
56. We are delighted to have partnered with the Thomas Pocklington Trust (TPT,) a charity which supports blind and visually impaired people in accessing employment, to offer an internship opportunity. We have been delighted to welcome our first intern, Sam Adam, who joined us in April 2024 and who is working with us as an Administrative Assistant for the next nine months. Her responsibilities include supporting the EDI Manager and staff

networks with administrative tasks, assisting with our Facilities, People and Culture and Governance teams. As part of preparing for the internship, Sight Awareness training run by the TPT was made available to all staff.

57. Our staff networks continue to provide peer support and awareness raising within the GOC. As part of LGBT+ History Month in February, staff from across the GOC wrote IRIS articles about different people or moments from LGBT+ History; the Women's network organised numerous events for Women's History Month in March; and a joint network event celebrating multiple religious and social Spring Festivals was held in April. An additional network, the Social Mobility Group, launched earlier this year and will support all staff in better understanding social mobility and knowing how to champion colleagues from lower socio-economic backgrounds.

### External Stakeholder Engagement

58. Since the last public Council meeting on 13 March 2024, I have attended the following external meetings and engagements:
- 19 March 2024: GOC Standards Consultation; open event for GOC registrants : I attended the online consultation event open to all registrants, which sought feedback on our proposed new Standards.
  - 20 March 2024: I participated in a podcast panel discussion 'Is regulation a profession?' organised by the Institute for Regulation (IoR) chaired by Marcial Boo, IoR Chair (which you can listen to here - Episode 16: <https://ioregulation.org/podcast> )
  - 22 March 2024: I attended the Chief Executives of Health & Social Care Regulators Steering Group (CESG) meeting - Chaired and organised by Nick Jones, Chief Executive and Registrar at General Chiropractic Council (GCC) with the relevant regulators in attendance.
  - 28 March 2024: I had the great privilege of visiting three Birmingham-based optical supplies companies working across three sectors (lenses, software, and equipment/instruments) as part of our Optical Practices' Familiarisation Programme: Carl Zeiss Vision UK, Eyoto and Mainline Instruments.
  - 15 April 2024: Meeting with Phil Harper, Deputy Director, Professional Regulation at Department of Health & Social Care (DHSC), with Chair of Council, Dr Anne Wright, and Steve Brooker, Director of Regulatory Strategy.
  - 16 April 2024: I chaired the quarterly meeting of Chief Executives of optical sector professional and representative bodies, with the relevant sector bodies in attendance.
  - 17 April 2024: Introductory meeting with Kathryn Burton, Partner at Haysmacintyre.
  - 17 April 2024: I attended the online consultation event open to all GOC registrants, which sought feedback from registrants on our proposed new Standards.
  - 23 April 2024: I attended the Advisory Committee on Degree Awarding Powers (ACDAP) meeting organised by the Quality Assurance Agency (QAA) for Higher Education.
  - 26 April 2024: I attended the Chief Executives of Regulatory Bodies (CEORB) meeting - Chaired and organised by Nick Jones, Chief Executive and Registrar at GCC with the relevant regulators in attendance.
  - 1 May 2024: Introductory meeting with Judy Misra, new Chief Executive at Optometry Wales.
  - 16 May 2024: I attended a seminar organised by the Association of Chief Executives (ACE) 'Improving public trust through routine regulatory scrutiny' with Baroness Taylor of Bolton, Chair of the Industry and Regulators Committee, and Matthew Gill, Programme Director, Institute for Government.
  - 22 May 2024: I chaired a roundtable meeting of patient representative organisations and sight-loss charities to seek patient/ third sector views on the proposed GOC

strategy, organised by our Head of Strategy, Policy and Standards, with the relevant staff, members, and external guests in attendance.

- 22 May 2024: I chaired an open consultation event to seek registrant views on the proposed GOC strategy, organised by our Head of Strategy, Policy and Standards, with the relevant staff in attendance.
- 23 May 2024: I held an introductory meeting with Kyle Rowe, Managing Director, Boots Opticians (Nottingham), Kyla Black, Head of Professional Services and Sarah Gilbert, Director of Optical Development.
- 30 May 2024: I met Richard Ogden, consultant at Peoplenetics (Occupational Psychologists) to discuss the brief for our planned competency/behavioral framework development project (KBSF).
- 31 May 2024: I attended the Chief Executives of Regulatory Bodies (CEORB) meeting - Chaired and organised by Nick Jones, Chief Executive and Registrar at GCC with the relevant regulators in attendance.
- 21 June 2024: I met Andy Dzro, Research Executive at Shift Insight Ltd to share views on the General Medical Council (GMC) as part of the GMC's early strategy development.
- 24 June 2024: I attended a webinar organised RBC Brewin Dolphin 'Current Themes in Charity Investment 2024' designed to update charity trustees and executives on developments and best practice in charity investment.

59. A range of other engagements by Directors are listed in Annex 1.

## **Finance**

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

## **Risks**

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61. The Corporate Risk Register has been reviewed in the past quarter and discussed with ARC.

## **Equality Impacts**

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

## **Devolved Nations**

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

## **Other Impacts**

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64. No other impacts have been identified.

## **Communications**

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### **External communications**

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

### **Internal communications**

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

## **Next Steps**

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67. There are no further steps required.

**Attachment**

68. 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
26/03/24 – Meeting with IT supplier	05/03/24 meeting with Knight Frank commercial property agents	14-15/03/24 - RADA leadership training event	Periodic meetings with national optometric advisers
11/04/23 – Meeting with Ward Haddaway	05/03/24 meeting with Scale RE commercial property agents	20/03/24 meeting with cross-regulators group of Directors of Fitness to Practise	19/3/24 - Spoke at PSA Welsh Regulatory seminar
22/05/24 – Meeting with IT supplier	07/03/24 meeting with Avison Young commercial property agents	21/03/24 meeting with Defence Stakeholder Group	21/3/24 - Chaired Business Regulation Stakeholder Reference Group
03/06/24 Meeting with NHS Practitioner Health	07/03/23 meeting with Spring4 commercial property agents	03/04/24 meeting with FODO	28/3/24 - Optical Practices Familiarisation Programme tech visit to Birmingham – Mainline Instruments, Eyoto, Carl Zeiss
05/06/24 – Meeting with Jane Arthur- McGuire Consulting	08/03/24 meeting with Browne Jacobson solicitors – HR legal advisors	04/04/24 meeting with AOP	15/04/24 - DHSC quarterly catch-up meeting
11/06/24 – Meeting with IT supplier	19/03/24 Brewin Dolphin investment manager seminar	16/04/04 meeting with Chief Executives of optical sector	16/04/24 - Optical Sector CEOs meeting to discuss next corporate strategy
	21/03/24 meeting with Avison Young office accommodation meeting	07/05/24 meeting with Association of Chief Executives EDI forum	23/04/24 - DJS Research on public perceptions survey

<b>Philipsia Greenway - Director of Change</b>	<b>Yeslin Gearty - Director of Corporate Services</b>	<b>Carole Auchterlonie - Director of Regulatory Operations</b>	<b>Steve Brooker - Director of Regulatory Strategy</b>
	26/03/24 meeting with Blake Morgan solicitors – HR legal advisors	12/05/24 - Optical CPD Conference hosted by Leightons Opticians	23/04/24 - Presentation to Scottish Government team on the GOC's work
	16/04/24 meeting with Avison Young office accommodation meeting	22/05/24 GOC strategy consultation engagement round table with patient groups and charities	24/04/24 - Attended ABDO graduation ceremony at Canterbury Cathedral
	17/04/24 meeting with Employee Benefits Partnership – staff benefits	03/06/24 Meeting with NHS Practitioner Health	30/04/24 - Sightique on its teleoptometry model
	19/04/24 meeting with Blake Morgan solicitors – HR legal advisors	06/06/24 Hosted meeting with GOC business registrants	01/05/24 - Consultation event on Standards Review
	10/05/24 meeting with Brewin Dolphin investment managers		01/05/24 - introductory meeting with Judy Misra, Optometry Wales
	17/05/24 meeting with Institute of Regulation, Specialist Interest Group		01/05/24 - Alastair Bridge, ABDO on its degree apprenticeship application
	22/05/24 meeting with General Medical Council – risk management		09/05/24 - Enventure to discuss registrant survey
	23/05/24 meeting with Avison Young office accommodation meeting		10/05-24 – Chaired Optical Sector Policy Forum
	04/06/24 meeting with Peoplenetics – HR consultancy		23/05/24 - introductory meeting with Kyle Rowe, Boots Opticians and colleagues

Philipsia Greenway - Director of Change	Yeslin Gearty - Director of Corporate Services	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
	04/06/24 meeting with TIAA internal auditors		30/05/24 - meeting with FODO to discuss data request in support of workforce planning
	07/06/24 meeting with Haysmacintyre external auditors		30/05/24 - meeting with consultant to develop KSB framework for GOC
			04/06/24 - SPOKE regular review meeting

**DRAFT minutes of the meeting of the Advisory Panel held on  
Friday 7 June 2024 at 9.15am via MS Teams**

**Present:** Mike Galvin (Chair), Jacqui Adams, Kay Bagshaw, Peter Black, Gordon Dingwall, 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, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Neil Retallic, Chloe Robson, Amit Sharma, William Stockdale, Alicia Thompson, Nilla Varsani and Marcus Weaver.

**Apologies:** Nigel Best, Geraldine Birks, Dean Dunning, Dan McGhee, Alison Sansome, Roshni Samra and Catherine Viner.

**GOC Attendees:** Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Rebecca Chamberlain (Standards Manager), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Chief Legal Officer), Andy Mackay-Sim (Head of Governance), Leonie Milliner (Chief Executive and Registrar), Ivon Sergey (Governance and Compliance Manager) *minutes* and Charlotte Urwin (Head of Strategy, Policy and Standards) and Dr Anne Wright CBE (Chair of Council).

	<b>Welcome and Apologies</b>
1.	The Chair welcomed everyone to the meeting and noted apologies from Nigel Best, Geraldine Birks, Dean Dunning, Dan McGhee, Alison Sansome, Roshni Samra and Catherine Viner.
	<b>Declaration of Interests and confidentiality AP11(23)</b>
2.	The Panel noted the register of interests.  <b>Action: Governance Officer to update record for Council member, Peter Black. His roles with the Association of British Dispensing Opticians (ABDO) should now be listed under “past interests”.</b>
	<b>Minutes of the meeting held on 6 November 2023 AP12(23)</b>
3.	The minutes of the meeting were approved as an accurate record of the meeting.
	<b>Actions point updates AP13(23)</b>
4.	The actions were noted.
	<b>Matters Arising</b>
5.	There were no matters arising.
	<b>Business Regulation Proposals AP15(23)</b>
6.	The Policy Manager presented the item. The Panel noted the background and progress

	<p>made on the decision to extend regulation to all businesses providing restricted functions under the Opticians Act 1989. A draft public consultation document would be considered by Council at its public meeting in September 2024, before the consultation is published in October 2024.</p>
<p>7.</p>	<p>The Advisory Panel discussed the different aspects for consideration as follows:</p> <p><u>Majority registrant director requirements proposals and scope of regulation</u>  The Panel supported the proposal to extend business regulation across both private and public sector, including to optical charities and universities, ensuring consideration to mobility of patient groups and consistency across the devolved nations. Impact on locums' status of registration as individuals or as businesses should be considered. It would be important to note the difference between multiple and independent businesses, and responsible entity if things go wrong. It was noted the consultation could include a case study which might help illustrate the impact of the regulations upon different business types. It was noted a review of business standards was planned to commence next year. The Panel advised that that business registration was an important safeguard for all patients, and that the private, charity and public sectors should be treated equally.</p> <p><u>Head of Optical Practice proposals</u>  The Panel supported the proposal and suggested consideration be given to practicalities, such as how the role and responsibilities for a Head of Optical Practice are defined and what vulnerabilities and protection could be available for someone in the post when things go wrong. The Panel advised that the Head of Optical Practice should have visibility of all business operations. Expectations around remuneration and training would also need to be considered. The level of responsibility proposed would align with Care Quality Commission (CQC) responsible managers, which could be inform a model for structure and controls in place.</p> <p><u>Enforcement approach and sanctions</u>  The Panel supported the proposal and commented that the legislation currently stated a maximum penalty that could be applied as a sanction.</p> <p><u>Consumer redress</u>  The Panel commented that the proposal might impose unnecessary additional costs, management time and compliance burdens on businesses. It was suggested that a compulsory scheme may create hesitancy in businesses reporting all concerns raised, such as near misses and would impose considerable responsibilities and overheads on both the OCCS and the GOC, such that many of the positive aspects of the current voluntary model would be lost. The type of complaints going to the Optical Consumer Complaints Service (OCCS) currently were relatively low risk, and it was evident it worked well as meditation service.</p>
<p>8.</p>	<p>The Panel was broadly supportive of proposals, with the exception of the consumer redress aspect, where there was no clear consensus and concerns about cost,</p>

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	<p>overheads and complexity. The Panel was informed that Council would consider the advice it has provided at its meeting on 26 June 2024.</p> <p>The Advisory Panel <b>provided its advice to Council</b> on draft policy positions for the business regulation project.</p>
	<b>Date of Next meeting</b>
9.	The date of the next meeting was noted as <b>18 October 2024</b> . An interim meeting of the Education Committee was planned for September 2024.
	<b>Any Other Business</b>
10.	There was no other business.
	<p>It was noted that Rebecca Chamberlain (Standards Manager) was leaving the GOC to undertake a PhD at Cardiff Metropolitan University and was thanked for her significant contributions to the GOC during her time as Standards Manager and wished all the best in her new role.</p>
	<b>The meeting closed at 10:18am.</b>

**GENERAL OPTICAL COUNCIL**

**DRAFT Minutes of the meeting of the Companies Committee  
held on Monday 7 June 2024 at 10:40 hours via Microsoft Teams**

**NOTE: The Committee meeting commenced earlier than set out in the agenda and meeting notice. This was due to Advisory Panel concluding earlier than planned.**

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

Apologies: Dan McGhee.

GOC Attendees: Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Kiran Gill (Chief Legal Officer), and Andy Mackay-Sim (Head of Governance) (Minutes).

	<b>Welcome and apologies</b>
1.	The Chair welcomed those in attendance. Apologies were received from Dan McGhee. Deirdre McAree resigned as a member of the Committee on 6 November 2023.
	<b>Minutes from break out session held on 6 November 2023 COM01(24)</b>
2.	The minutes from the breakout session held on 6 November 2023 were approved as an accurate record.
	<b>Council discussions on topics relevant to optical businesses COM02(24)</b>
3.	The Chair provided a verbal summary of the report and recent Council discussions on matters relevant to optical businesses. The Committee discussed the likelihood of future changes to the structure of GOC fees for businesses and the risk of unintended consequences in the event the current model for registrant fees changed significantly, for example with businesses restructuring to avoid being impacted by substantial fee increases.  The Companies Committee <b>noted</b> the paper.
	<b>Business regulation reform deep dive: Head of Optical Practice and consumer redress</b>
4.	The Director of Regulatory Strategy introduced the item. The Committee proceeded to give feedback on the following areas.  <u>Scope of regulation</u>  The Committee supported a less complex model for regulatory scope. It said that charities and universities should not be considered exempt, noting that the patient groups treated in these settings were often more vulnerable than those in other settings. The Committee supported seeking a power for GOC to grant exemptions from regulation where it deemed it appropriate.

	<p><u>Enforcement and sanctions</u> The Committee considered that the proposal to have a power to inspect a business as part of the Fitness to Practise process was positive as it could look at culture and environment rather than solely relying on written information, but cautioned that the inspectors must be well trained and unbiased. The concept of spot fines was discussed, with some members expressing reservations about the principle and others feeling more detail was needed to inform an opinion.</p> <p><u>Head of Optical Practice</u> The Committee supported the proposals for a Head of Optical Practice, subject to some minor observations. The Committee discussed individual accountability and the extent to which breaches should be considered reportable to the GOC. Proportionality was considered a critical factor in both circumstances. It was noted that the existing models of accountability and corporate governance that existed in larger organisations should inform the design of the model to be described in legislation. The Committee expressed strong support for the Head of Optical Practice being a named individual registrant employed directly by the business.</p> <p><u>Consumer redress</u> The Committee expressed concerns about the net cost impact to registrants if the GOC mandated all registered businesses needed to engage with the Optical Consumer Complaints Service (OCCS). It was noted that a significant majority did engage with the OCCS on a voluntary basis and recognised the value of doing so. The Committee considered different models of funding the OCCS. The Committee did not obtain a consensus view on funding models for OCCS. It was commented that a pay per use model could have a detrimental impact. This was because it could discourage registered businesses from being transparent in the event there were complaints and concerns. However, this view was not supported by all members of the Committee.</p> <p>The Committee <b>recommended</b> that Council note its advice.</p>
	<p><b>Business Registrant Survey (COM03)24</b></p>
<p>5.</p>	<p>The Director of Regulatory Strategy introduced the item. The Committee discussed how to improve response rates. This included timing the survey around renewal, increasing the number of free text options, and finding examples of where the survey had made an impact. It was noted that this was the first year for gathering the information, so demonstrating impact was difficult. The Committee was informed that the survey data the GOC published was used by third parties such as researchers and commissioners.</p>
<p>6.</p>	<p>The Committee was informed that some emergent themes would be taken under consideration. This included how to make Continuing Professional Development (CPD) less prescriptive and ways to encourage independent practices to take on more trainee placements.</p> <p>The Companies Committee <b>noted</b> the paper.</p>
	<p><b>Any Other Business</b></p>
<p>9.</p>	<p>The next meeting of the Committee would take place on 18 October 2024</p>
	<p><b>Meeting Close</b></p>
<p>10.</p>	<p>The meeting closed at 12.37pm</p>



**GENERAL OPTICAL COUNCIL**  
**DRAFT Minutes of the Registration Committee Meeting held on**  
**Friday 7 June 2024 at 11.30am – 12.35pm via Microsoft Teams**

**NOTE: The Committee meeting commenced earlier than set out in the agenda and meeting notice. This was due to Advisory Panel concluding earlier than planned.**

Present: Peter Black, Lynn Emslie, Lisa Gerson (Chair), Louise Gow and Anthony Harvey

Apologies: Geraldine Birks, Roshni Samra, Ali Sansome and Catherine Viner

GOC Attendees: Yeslin Gearty (Director of Corporate Services), Leonie Milliner (Chief Executive & Registrar), Nadia Patel (Head of Registration) & Shareen Shah (Registration Operations Manager)

	<b>Welcome and Apologies</b>
1.	The Chair opened the meeting and welcomed all attendees
2.	It was noted Geraldine Birks, Roshni Samra, Ali Sansome and Catherine Viner sent their apologies.
	<b>Minutes from break out session held on 6 November 2023 - REG01(24)</b>
3.	The Committee approved the minutes to be an accurate account of the last meeting.
	<b>Action: The Chief Executive &amp; Registrar to follow up regarding the DBS checks and the Bailey review with the PSA.</b>
	<b>Annual renewal report paper with an update on service of statutory notices - REG02(24)</b>
4.	Before the Director of Corporate Services introduced the papers it was noted that the action to discuss profession indemnity insurance should be marked as closed.
5.	The Director of Corporate Services introduced the papers which reviewed the success of the 2024/25 annual renewal process. The following points were noted: <ul style="list-style-type: none"> <li>• Rates of registration renewal were on track</li> <li>• E services of statutory notices had come into effect which enabled some net savings in the team. Positive responses were received from students and qualified registrants.</li> <li>• Over 1000 courtesy calls were made to registrants, which proved to be effective when completing the process.</li> </ul>
5.	The Committee was pleased with the positive responses on the E service, as they anticipated to receive some resistance. The Director of Corporate Services noted that those who had opted out of the service could opt back in at any time. As time goes on there would be an increase in a higher level of acceptance.

6.	<p>The Committee highlighted that the level of Dispensing Opticians had declined by over a 100. The Chief Executive &amp; Registrar noted that during the pandemic Association of British Dispensing Opticians (ABDO) suspended its examination for at least 2 cycles and there was drop in the level of applications, which had resulted in a reduced number of Dispensing Opticians on the register. However, ABDO have noted that the numbers have now been recovered and were increasing.</p> <p><b>Action: Head of Registration to look into whether the increase in Optometry is proportionate to the new courses and provide an update to the panel.</b></p> <p><b>Action: Director of Corporate Service to circulate a revised list of the statistics on cohorts for optometrist, dispensing opticians, contact lenses opticians.</b></p>
8.	<p>The Registration Committee:</p> <ul style="list-style-type: none"> <li>Noted the contents of the paper.</li> </ul>
	<b>Low-income process - REG03(24)</b>
9.	<p>The Director of Corporate Services introduced the item and gave an overview on the application process registrant low-income fees. It was noted that it was a simple process for those earning below £16,000. There was no increase from last year and registrants could apply at any time, if their circumstances changed. The Committee discussed the fee was still high. The Director of Corporate Services noted that the discount was extended to £125. The fee would be considered further alongside the GOC strategic plan.</p>
	<b>Online declaration guidance - Verbal update</b>
10.	<p>The Head of Registration gave an update on the declaration guidance and noted it includes guidance tailored to students, fully qualified and body corporate. The guidance is currently being worked on to further simplify them with input from stakeholders. Final versions will be shared at the next meeting.</p>
	<b>Non-UK update - REG04(24)</b>
	<i>The Registration Operations Manager joined the meeting for this item only.</i>
11.	<p>The Registration Operations Manager presented slides and gave details on the annual figures on applications received over the period of year 2021- 2024. The Committee was informed on the improved process for applications from non-UK registrants.</p>
12.	<p>In January 2024, a new registration eligibility criteria was introduced, where qualifications were verified directly by the course provider to ensure validity. This resulted in a decline in applications initially however, it had increased the calibre of applicants.</p>
13.	<p>Status of immigration for potential applicants was discussed as a potential reason for a decline in applicants.</p>
	<b>Removal of gender from the public register- Council paper - REG05(24)</b>
14.	<p>The Director of Corporate Services introduced the papers and noted the papers were presented to Council on 13 March 2024 at the public meeting. It was confirmed that gender had been removed from the register.</p>

15.	<p>Council:</p> <ul style="list-style-type: none"> <li>• approved the proposed response to the consultation (annex 1);</li> <li>• approved the updated Impact Screening Assessment (annex 2); and</li> <li>• noted the proposed next steps.</li> </ul>
	<b>Any Other Business</b>
16.	The Chief Executive & Registrar noted that a Recruitment Campaign for the Advisory Panel, which includes registrant vacancies for the Registration, Education and Standards Committee would launch in the summer 2024. The Committee was encouraged to promote the vacancies within their networks.
	<b>Date of the next meeting</b>
17.	18 October 2024
	<b>Meeting Close</b>
18.	11:37am

**C27(24)**

**DRAFT Minutes of the meeting of the Standards Committee  
Meeting held on Friday 7<sup>th</sup> June 2024 at 10:40am via Microsoft Teams**

**Present:** Kay Bagshaw, Josie Forte (Chair), Haseena Lockhat, Chloe Robson, William Stockdale, Nilla Varsani and Marcus Weaver.

**Apologies:** Nigel Best

**GOC Attendees:** Rebecca Chamberlain (Standards Manager), Nadia Habib (Information Governance Officer) *minutes*, Elisha Lindsay (Standards Officer), Hema Radhakrishnan (Observer) and Charlotte Urwin (Head of Strategy, Policy and Standards), Anne Wright CBE (Chair of Council).

	<b>Welcome and Apologies</b>
1.	The Chair opened the meeting and welcomed those present, including William Stockdale to his first Standards Committee meeting, and to newly appointed Council member, Hema Radhakrishnan, who was observing the meeting.
2.	It was noted that Nigel Best had sent his apologies.
	<b>Minutes from breakout session held on 06 November 2023</b>
3.	Minutes from the breakout session held on 06 November 2023 were <b>approved</b> as a true record of the proceedings, subject to the following amendment: Haseena Lockhat’s name spelling to be corrected.
	<b>Standards review: consultation feedback</b>
4.	<p>The Standards Manager presented the feedback from the consultation and sought the views of the Committee for any further revisions to the standards. Overall, stakeholders broadly agreed with the areas where changes had been made to the standards, although some stakeholders had asked for the standards to be more detailed or prescriptive about how they will apply in practice, with drafting suggestions to provide greater clarity.</p> <p><u>Leadership</u></p> <ul style="list-style-type: none"> <li>• The Committee were content with the approach taken and provided feedback on the drafting;</li> <li>• The Committee raised a concern about students being given the responsibility of role modelling leadership, particularly early on in their careers; and</li> <li>• The Committee discussed that what is meant by ‘leadership’ and suggested that Registrants would benefit from having more clarity on the distinction between leadership and management.</li> </ul> <p><u>Vulnerable Circumstances</u></p> <ul style="list-style-type: none"> <li>• The Committee discussed Registrants’ understanding of the definitions of “vulnerable” and “special care.” It was noted that the introductory statement included</li> </ul>

examples of what was meant by vulnerability to assist a Registrant's understanding of the definition;

- It was suggested incorporating a statement within the introductory text that captures the fact that anyone (including Registrants) could be vulnerable;
- The Committee commented that the Standards should clarify that the GOC's definition of "vulnerable" was broader than just protected characteristics within the Equality Act; and
- The Committee questioned whether we need to explicitly reference 'patients in vulnerable circumstances' throughout the standards as those references were not necessary.

#### Effective Communication

- The Committee expressed that having "all available options" may be excessive as it could take away from clinical judgment. It was noted that there needed to be a balance between the two and suggested the term 'appropriate judgment' instead.

#### Technology and AI

- The Committee suggested that the standards will influence how businesses utilise digital technologies;
- The Committee raised concerns that whilst Artificial Intelligence (AI) may be useful for businesses, as AI continues to evolve the emphasis of professional judgment should remain with the registrant;
- The Committee highlighted that a significant challenge in relation to digital technology, was an increase in overseas companies offering remote services into the United Kingdom (UK);
- The Committee highlighted Equality, Diversity and Inclusion (EDI) concerns and the use of technology, as often digital technologies may not be representative of patient populations; and
- The Committee felt that it was reasonable to expect registrants to keep up to date with practice in this area and to be responsible for their use of digital technologies.

#### Equality, Diversity and Inclusion

- The Committee questioned whether the wording should be changed to reinforce the idea that reporting concerns about a colleague which affected patient safety was a mandatory requirement, with reference to Standard 12.7;
- The Committee raised concerns about signposting registrants to legislation with regards to diversity as it was an area of rapid change and there was a risk of the Standards becoming outdated; and
- The Committee fed back that the terminology in the standards would benefit from further review, e.g. use of 'should' and 'must.'

#### Social Media

- The Committee agreed that consent should be sought from patients in most circumstances, prior to sharing images online, either on social media or via a messaging application (such as WhatsApp). It was noted that consideration would need to be given to whether a patient is identifiable in the data, to establish whether consent was required.

- The Committee discussed that the Standards should not be too restrictive in this area, as social media can be an important learning tool and registrants may need to use a messaging application to progress referrals. They suggested that the purposes of sharing images online needed to be made clear to patients and that they should be made aware that they could withdraw their consent at any time. It was noted that withdrawal of consent usually applies to participation in research.
- The Committee also questioned whether the Standards should take account of the potential introduction of electronic referrals in the future.

**Maintaining Professional Boundaries and Sexual Harassment**

- The Committee questioned use of the term “intent” in relation to the new proposed standard under Standard 15 as it may be difficult to prove the intent or purpose of any actions.
- They cited the General Medical Council (GMC)’s standards as they contain detailed guidance and asked whether the General Optical Council (GOC) could consider any learning from their standards.

**Implementation**

- The Committee generally supported a three-month implementation period. However, the Committee also highlighted that the changes to the Standards were relatively small and questioned whether there was any need for an implementation period at all.
- The Committee emphasised the importance of communicating the Standards in a manner that ensures it addressed gaps in issues such as diversity and consent.
- The Committee raised the question of how these Standards would apply in a Fitness to Practise (FtP) setting and if they would be applied retrospectively. It was clarified that the FtP department would consider which version of the Standards to apply, depending on the standards in place at the time the misconduct occurred.
- A suggestion was made to include a tick box on the annual re-registration portal, to ask registrants to confirm that they have read and understood the standards.
- The Committee flagged the need to consider EDI, e.g. that some people may need longer to read, digest and understand the standards, and some may need additional time after returning from a period off work.

**General Comments**

- The Committee accepted that the Standards would not be able to be as prescriptive as registrants may prefer and will require registrants to exercise their professional judgment.
- The Committee were happy that the Executive had identified the right areas for the review but highlighted that further consideration should be given to the drafting of changes to ensure that they are as clear as possible.

**Any Other Business**

5. The Chair thanked Rebecca Chamberlain for her work on the Standards Review and wished her well in her PhD.

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	There was no other business for the Committee to consider. However, the Chair noted that Kay Bagshaw did not receive papers ahead of this meeting.
	<b>Close</b>
6.	The meeting closed at 12:25pm.

<p><b>Council Meeting (Strictly Confidential) 25 June 2024</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Business regulation</li> <li>- Future Office Accommodation Project Update</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> <li>- GOC strategy 2025-30: proposed digital; EDI: financial; and people strategies</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 26 June 2024</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Council – committee member appointments</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Business Registrant Survey</li> <li>- OCCS Annual Report</li> <li>- Q4 financial and performance reports</li> <li>- Business performance dashboard Q4</li> <li>- Business Plan Assurance Report Q4</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair / CEO report</li> <li>- Advisory Panel minutes</li> </ul>
<p><b>Council Catch-up 2 July 2024</b></p>
<p><b>Council Meeting (Strictly Confidential) 24 September 2024</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- GOC strategy 2025-30</li> <li>- Future Office Accommodation – lease agreement</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<p><b>Council Meeting (Public) 25 September 2024</b></p> <p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Standards Review</li> <li>- Annual report and financial statements 2023/24</li> <li>- ARC annual report 2023/24</li> <li>- Equality, Diversity and Inclusion annual report 2023/24</li> <li>- Business Regulation</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Update on research on testing of sight</li> <li>- EDI Action Plan update</li> <li>- AMR</li> <li>- Registrant and public perception survey</li> <li>- GOC strategy 2025-30</li> <li>- Q1 Financial performance report/Q1 forecast</li> </ul>



<ul style="list-style-type: none"> <li>- Business performance dashboard Q1</li> <li>- Business Plan Assurance Report Q1</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Chair's report</li> <li>- Chief Executive and Registrar's report</li> </ul>
<b>Council Catch-up 8 October 2024</b>
-
<b>Council Strategy Day 30 October 2024 (online)</b>
-
<b>Council Catch-up 19 November 2024</b>
-
<b>Council Meeting (Strictly Confidential) 10 December 2024</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- GOC strategy 2025-30</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- Strategic risk discussion</li> <li>- GOC office / Old Bailey update</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- Corporate Policies</li> <li>- Governance Review Progress Report</li> <li>- Committee updates</li> <li>- Council papers for the public session</li> </ul>
<b>Council Meeting (Public) 11 December 2024</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- Registrant fees 2024/2025</li> <li>- Annual reappointment of Council members to committees</li> <li>- Governance review update</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- H&amp;S assurance report</li> <li>- FTP Update</li> <li>- Council's self-assessment against the Charity Governance Code</li> <li>- Q2 Financial performance report/Q2 forecast</li> <li>- Business performance dashboard Q2</li> <li>- Business Plan Assurance Report Q2</li> </ul> <p><b>For noting</b></p> <ul style="list-style-type: none"> <li>- CEO / Chair Report</li> <li>- Advisory Panel minutes</li> </ul>
<b>Council Catch-up 21 January 2025</b>
-
<b>Council Catch-up 4 March 2025</b>
-
<b>Council Meeting (Strictly Confidential) 18 March 2025</b>
<p><b>For decision</b></p> <ul style="list-style-type: none"> <li>- 2025-26 Budget, internal business plan and five year forecast</li> </ul> <p><b>For discussion</b></p> <ul style="list-style-type: none"> <li>- GOC office / Old Bailey update</li> </ul>

- Strategic risk discussion
- Legislative / Regulatory Reform

**For noting**

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

**Council Meeting (Public) 19 March 2025**

**For decision**

- Member fees 25/26
- Budget and business plan for 2025/26

**For discussion**

- Q3 Financial performance report
- Business performance dashboard Q3
- Business Plan Assurance Report Q3

**For noting**

- Chair / Chief Executive Report
- Committee updates