



Registrant Workforce and Perceptions Survey 2024

Research Report

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Key findings

The survey

The annual Registrant Workforce and Perceptions Survey was conducted in March and April 2024, open to all individual GOC registrants. The survey aims to gain insight into registrants' experiences of working in clinical practice and their perceptions of the GOC. A 15% response rate was achieved (4,575 responses), providing a robust sample for confident statistical analysis.

The workforce is almost equally split between full and part time workers

The survey provides insights into the composition and capacity of the optical workforce, highlighting an average of 3.9 days worked per week, and an almost equal split between registrants working full-time (47%) and part-time (53%), in line with previous years. Dispensing opticians, those aged under 35, and male registrants were more likely to work full-time, whereas optometrists, those aged 55+, and female registrants were more likely to work part-time.

By scaling up the survey results, the estimated full-time equivalent (FTE) workforce size is approximately 14,040 optometrists and 5,617 dispensing opticians.

White male registrants are more likely to work in more senior roles

Half of respondents (51%) reported having no managerial responsibilities, which was more common amongst female registrants and those from ethnic minority groups. Smaller proportions indicated that their role included some management or supervision (26%), the running of a practice (10%) or working at director/CEO level (13%). Working at the highest level of director/CEO was more common amongst male registrants and those of White British/Irish ethnicity.

A quarter (23%) of optometrist respondents also reported that they worked as a supervisor for pre-registration trainee optometrists, which was more common amongst those who worked for a multiple.

Locums are more likely to be dissatisfied, less interested in development, and struggle to provide patients with the sufficient level of care

Just over one in five respondents (22%) reported working as locums, which has remained static over the last three years. The survey presents some interesting insights into the profile of locums who, for example, are more likely to have been registered for over six years. They report higher levels of job dissatisfaction and show less interest in pursuing additional qualifications. A significant proportion of locums indicate difficulty in providing patients with the sufficient level of care over the last 12 months, and feel less comfortable raising patient safety concerns.

By far the most common reason for choosing to work as a locum was to have more flexibility and control over working hours (80%), which was a more common response from younger respondents aged under 35.



An increase in job dissatisfaction, but job satisfaction is improved by greater responsibility

Whilst the majority of registrants (58%) continue to indicate that they are satisfied in their role, there has been a noticeable increase in the proportion of registrants who are dissatisfied (+5 percentage points since 2023). As found in previous years, key factors contributing to dissatisfaction include not feeling valued, high workloads, poor salaries, limited career progression opportunities, and commercial pressures that can detract from patient care quality. Registrants who reported finding it difficult to provide patients with a sufficient level of care in the last 12 months were more likely to be dissatisfied.

However, those involved in delivering enhanced care and with additional GOC-approved qualifications report higher levels of satisfaction. These registrants indicated that they find their work more interesting, engaging, and rewarding, which contributes to their overall job satisfaction.

Experience of poor working conditions can negatively impact patient care and the size of the optical workforce

As found in previous years, significant proportions of respondents report sometimes or regularly experiencing poor working conditions, including working beyond their hours (67%), feeling unable to cope with their workload (54%), and finding it difficult to provide patients with a sufficient level of care in the last 12 months (31%). The results highlight that optometrists are more likely to experience these negative working conditions compared to dispensing opticians, particularly the ability to provide a sufficient level of care and feeling unable to cope with their workload.

Feedback suggests that these negative working conditions and experiences not only affect personal wellbeing but also hinder the ability of registrants to provide high quality patient care. Registrants experiencing poor working conditions are also more likely to consider leaving the professions.

Continued high levels of harassment, bullying, abuse, and discrimination reported

Reports of harassment, bullying or abuse and discrimination from patients and service users continue to be high. These experiences are more common amongst female registrants and ethnic minorities. This is significantly higher than the latest national average, as 42% of respondents reported experience of harassment, bullying or abuse from patients/service users, compared with 28% in the latest NHS Staff Survey (2023), and 26% reported experience of discrimination from patients/service users, compared with 8% in the NHS Staff Survey.

Most of this behaviour is not reported by registrants, with 38% reporting experiences of harassment, bullying or abuse, and 24% reporting experiences of discrimination. In both cases, the main reason for not reporting was a lack of confidence in the reporting process that anything would be done about it.



Short testing times and high volumes of patients are barriers to delivering safe patient care

New insights from this year’s survey highlight several key workplace challenges that act as barriers to delivering safe patient care, such as short testing times, the volume of patients/overbooking/ghost clinics, understaffing and inexperienced/underqualified staff, and commercial pressures. Free-text feedback from registrants indicates that these issues create a high pressure environment where they struggle to balance patient care with the demands of their employers. They consider that commercial pressures often lead to a focus on sales and targets rather than patient wellbeing, and also contribute to job dissatisfaction. Registrants emphasise the strain these factors place on their professional practice and mental health.



Short testing times which can put an optometrist under pressure to manage time and adequate patient care.

Optometrist



Chains trying to cram in as many patients as possible by using ghost / maxi clinics.

Optometrist



Limited staff availability and/or limited qualified staff to deal with patients.

Dispensing optician

Positive attitudes to career development opportunities, but some groups report better access than others

Many registrants agree that their workplace provides opportunities to improve their knowledge and skills (73%), access to the right learning and development opportunities (61%), and opportunities for career development (55%). These results are generally in line with the most recent NHS Staff Survey. However, a smaller proportion agree that they feel supported to develop their potential (46%), a result lower than the NHS Staff Survey national average (57%).

Analysis of these results shows that optometrists, those working in hospitals and education/academia, and those based in Wales and Scotland were more likely to feel that they have opportunities to develop at their workplace. Those who worked as locums had a more negative view of development opportunities at work.

Although results in relation to career development opportunities are mostly positive, suggested barriers to career progression include financial constraints, lack of time, and lack of employer support.

Registrants’ future plans are consistent with recent years

This year’s survey results indicate that registrants’ plans for the future have changed little in the last three years. A significant portion of respondents expressed intentions to pursue further qualifications and develop new skills (41%), most notably qualifications in independent prescribing, medical retina, and glaucoma. Others plan to reduce their working hours (26%), often citing burnout, stress, and a desire to improve their work/life balance as primary reasons.



A significant proportion of registrants plan to leave the profession entirely over the next 12-24 months (16%), although this number has improved since the Covid pandemic when a quarter (26%) suggested this in 2021. Dispensing opticians, those aged under 35, locums, those with a disability, and those who worked for a multiple were more likely to plan to leave the profession. The results also highlight that registrants who are dissatisfied with their job/role or who have experienced negative working conditions such as working beyond their hours or feeling unable to cope with their workload are more likely to plan to leave the profession.

The primary reasons for wanting to leave the profession are disillusionment with the profession, stress, burnout and fatigue, and low salaries.

High workload and volume of patients pose challenges for newly qualified professionals

A new free-text question to newly qualified registrants (those who had joined the GOC register within the last two years) found that this group face several significant challenges as they transition into their professional roles. Key issues include managing high workloads and high volumes of patients (including overbooking) and being able to effectively manage their time given the short testing times. The sudden shift to full responsibility and clinical decision making can be overwhelming, requiring new professionals to quickly adapt and develop confidence in their abilities. Additionally, the pressure to meet sales targets and commercial goals often conflicts with their primary focus on patient care, adding an extra layer of stress.



Trying to keep up with workload. Clinics are designed entirely to maximise patient inflow with no time allowed to do paperwork or referrals, of which there is an increasing amount.

Optometrist



Transitioning from pre-reg to NQ. I left my pre-reg store so didn't feel I had anyone to go to for extra help.

Optometrist

Confidence at completing CPD activities is beginning to increase

This year's results highlight that slightly larger proportions of registrants feel confident at completing CPD activities during the CPD cycle, most notably participating in a peer review activity to reflect and discuss learning with peers (77% in 2023 to 81% in 2024). Confidence at completing self-directed CPD has also increased (41% in 2023 to 48% in 2024), particularly amongst optometrists, those working full-time, and those newer to the GOC register.

Some positive attitudes towards the GOC and its role, but a strong perception that registration fees are unreasonable

Overall, feedback on the GOC is mixed. Many registrants continue to agree that the GOC sets fair standards (80%), ensures the quality of optical education (71%), and promotes equality, diversity and inclusion in its work (64%). However, registrants were more likely to disagree that the GOC charges reasonable registration fees (56%), especially dispensing opticians (76%).



Disagreement that the GOC's fees are fair was also expressed by a larger proportion of those who plan to leave the profession in the next 12-24 months, and may explain the decrease in satisfaction levels amongst registrants since 2023.



The Research Programme

Introduction

The GOC is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public. The GOC currently registers approximately 31,000 optometrists, dispensing opticians, student optometrists, and student dispensing opticians (the GOC also registers approximately 3,000 optical businesses, but these are not included in this research).

To track registrants' experiences of working in clinical practice and their perceptions of the GOC, a regular survey of the registrant population is carried out. This year's survey focused on the following areas:

- Working status and hours worked
- Job satisfaction and future career plans
- Workplace challenges, including bullying, harassment, and discrimination
- Career development
- Perceptions of the GOC's role
- Speaking up and raising concerns
- Continuing Professional Development (CPD)

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

Methodology

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

The survey was promoted via personalised email invitation to all GOC registrants with a valid email address. In total, 30,970 registrants were invited to take part. Those who did not respond received up to four reminder emails encouraging them to take part.

The survey was also promoted by the GOC and stakeholder organisations via email newsletters and social media. Respondents who took part via this promotion were required to provide their GOC-registered email address to verify their registration and ensure no duplicate responses were received.

The survey was live between 19 March and 21 April 2024. During this time, **4,575 responses** were received, representing **a 15% response rate**. The table below shows the response rate for each UK nation and those based outside the UK.



Figure 1 – Survey response rate by location

Location	Registrant population	Number of responses	Response rate
England	24,813	3,402	14%
Wales	1,474	219	15%
Scotland	2,679	427	16%
Northern Ireland	906	145	16%
Outside the UK	612	129	21%

Interpretation of the findings

Weighting

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

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

Sampling confidence interval

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

Based on a total population of approximately 31,000 registrants and 4,575 survey responses, when interpreting the results to a question which all respondents answered, with a response of 50% there is a 95% chance that this result would not vary by more than +/- 1.3 percentage points (48.7% to 51.3%) had the result been obtained from the entire registrant population.

Subgroup analysis

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



analysis is presented in charts, tables, and commentary where statistically significant differences between subgroups have been found.

Interpretation of survey data

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

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

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

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

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

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



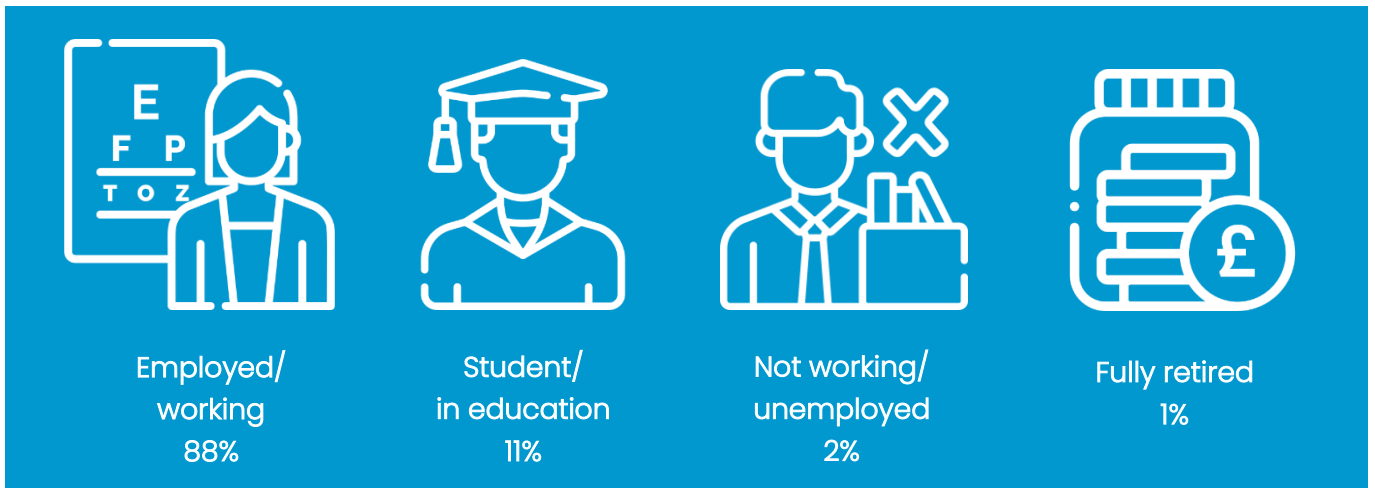
Workforce profile

Working status

The majority of respondents (88%) were working/in employment. Working status has remained static since 2022.

Figure 2 – Working status

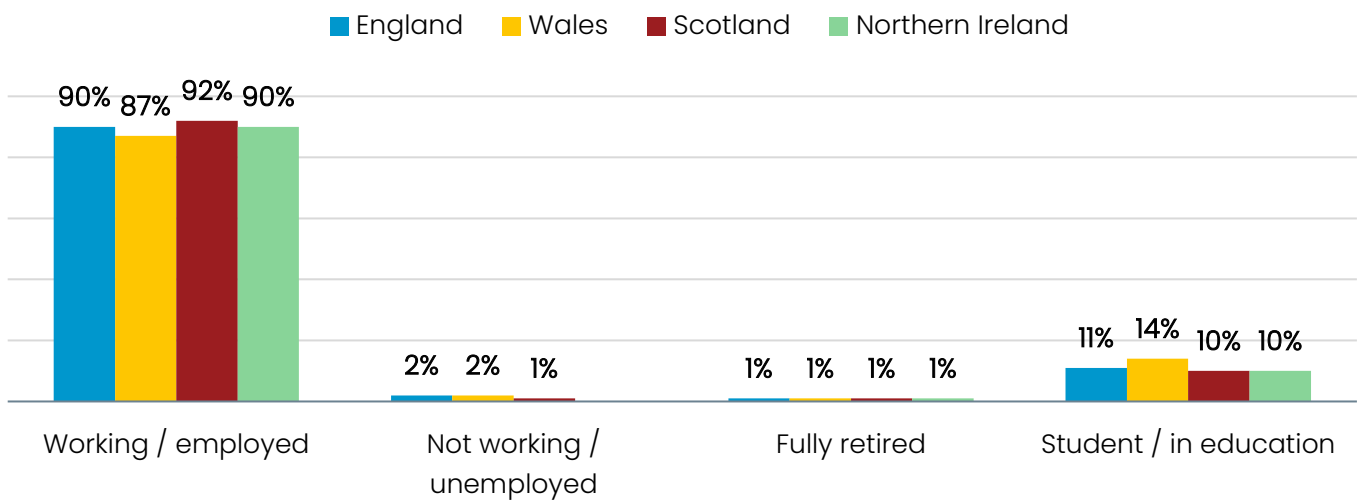
Base: All respondents (4,575)



Working status is generally consistent across the UK nations, with a slightly greater proportion of respondents from Wales in education.

Figure 3 – Working status by UK nation

Base: All respondents England (3,377); Wales (221); Scotland (419); Northern Ireland (147)



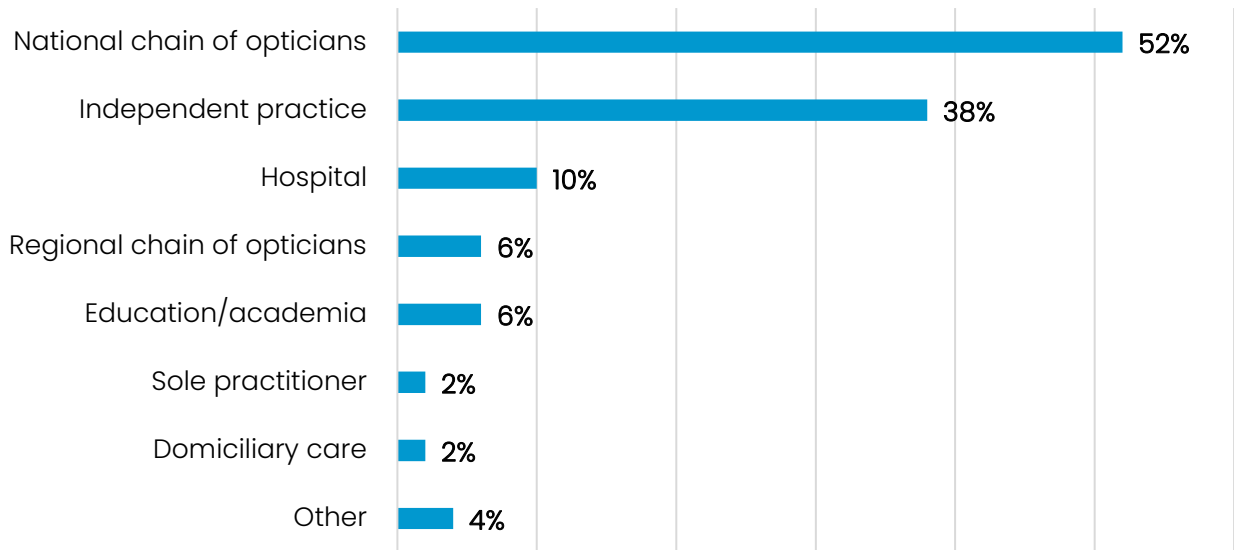
Workplace setting

Little change to where registrants work over the last four years

A combined total of 59% worked for either a national or regional chain of opticians (referred to as ‘multiple’ throughout this report), and a further 38% worked for an independent practice. These results almost mirror those collected in previous years, showing **very little change in the workforce in terms of workplace setting since 2021**.

Figure 4 – Workplace setting

Base: Those currently working (4,090)



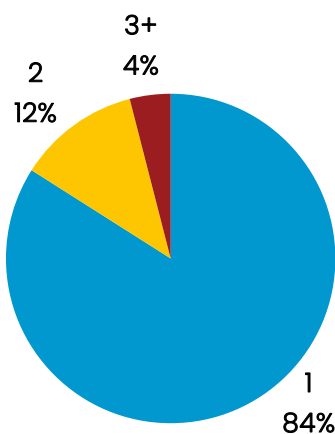
‘Other’ workplace settings mentioned included reflective surgery/clinics, charities, regulatory or professional bodies, and manufacturing/industry.

Most registrants work in a single workplace setting

The majority of working respondents worked in just one workplace setting, but 16% worked across multiple locations, most commonly two (12%). Optometrists were more likely to work across multiple workplace settings (22%) when compared with dispensing opticians (8%).

Figure 5 – Number of workplace settings

Base: Those currently working (4,090)



The most common combinations of multiple workplace settings were:

- Independent practice and national chain of opticians
- Independent practice and hospital



Workforce capacity

Average number of days worked per week

Working respondents provided the number of days per week on average they worked across each location. The table below presents the mean (average) number of days worked, split by registration type (please note that working student optometrists and dispensing opticians have been removed from these calculations), calculated as **3.9 days per week overall – 3.9 days for optometrists and 4.1 days for dispensing opticians**.

Figure 6 – Average number of days worked per week across workplace settings by registration type
Base: Those currently working who provided a response (3,686); Optometrists (2,686); Dispensing opticians (1,025)

Workplace setting	Number of responses	Total number of days	Optometrists	Dispensing opticians
Independent practice	1,492	3.3	3.1	3.9
Sole practitioner	92	2.3	2.5	1.4
National chain of opticians	1,740	3.7	3.6	4.0
Regional chain of opticians	265	3.1	2.9	3.6
Hospital	416	2.8	2.8	2.8
Domiciliary care	94	2.3	2.2	2.7
Education/academia	256	2.6	2.5	3.0
Other	184	2.7	2.4	3.8
Total/overall	3,686	3.9	3.9	4.1

There is slight variation in the average number of days worked per week across the UK nations, but the total across all settings is consistent.

Figure 7 – Average number of days worked per week across workplace settings by UK nation
Base: England (2,742); Wales (172); Scotland (354); Northern Ireland (127)

Workplace setting	England	Wales	Scotland	Northern Ireland
Independent practice	3.3	3.4	3.3	3.4
Sole practitioner	2.1	1.5	2.4	3.8
National chain of opticians	3.7	4.0	3.9	3.6
Regional chain of opticians	3.0	1.9	3.5	5.0
Hospital	2.8	1.7	2.3	3.4
Domiciliary care	2.4	1.8	1.6	2.5
Education/academia	2.4	2.6	2.8	3.4
Other	2.6	3.6	2.8	1.6
Total/overall	3.9	3.9	4.0	4.0

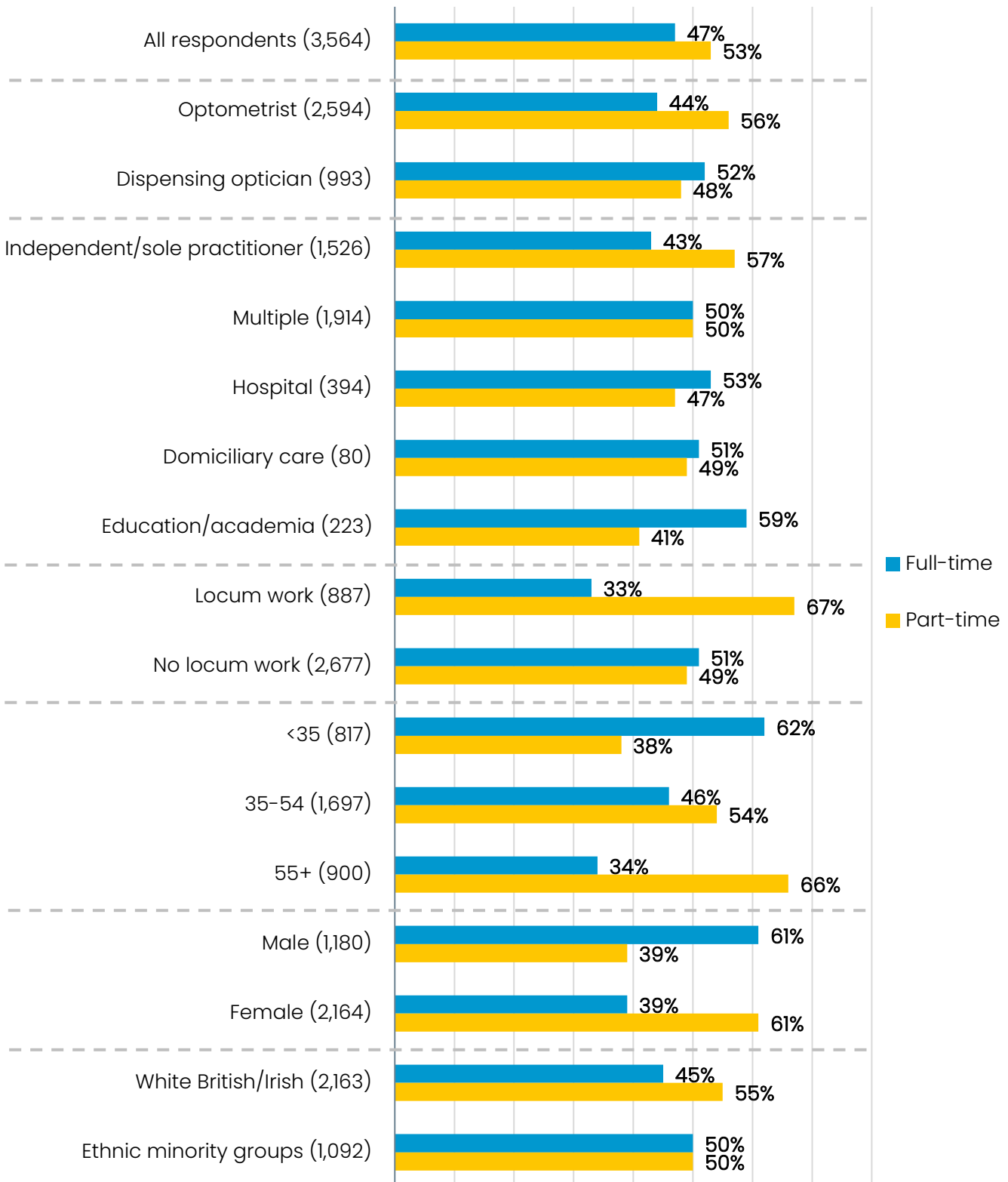


Almost an equal split between full-time and part-time working

Based on full-time work being five days or more per week, **47% of respondents worked full-time and 53% worked part-time**. The chart below presents this result split by a number of key subgroups, highlighting a range of differences.

Figure 8 – Full-time/part-time working by registration type, workplace setting, locum working, age group, gender, and ethnicity

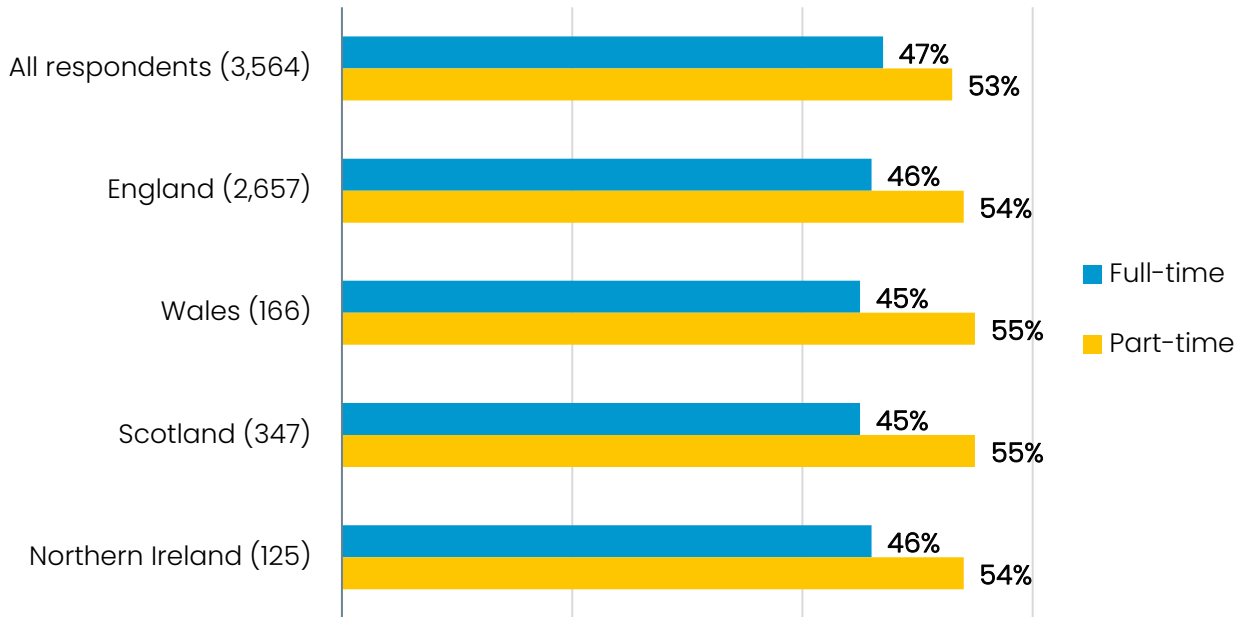
Base: Shown in chart (excluding working students)



The split between full and part-time working is consistent across the UK nations.

Figure 9 – Full-time/part-time working by UK nation

Base: Shown in chart (excluding working students)



Workforce capacity results scaled up

To help inform workforce planning, the number of working days has been scaled up based on the number of optometrists and dispensing opticians on the current GOC register to provide an informed estimate of the full time equivalent (FTE) number of registrants.

The average number of days and total approximate number of registrants have been multiplied and then divided by five (working days per week) to calculate the approximate workforce size in terms of FTE registrants.

The table below shows that **there are approximately 14,040 FTE optometrists and 5,617 FTE dispensing opticians.**

Figure 10 – Scaled up workforce size

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Optometrist	3.9	18,000	14,040
Dispensing optician	4.1	6,850	5,617
Total	3.9	24,850	19,657

The following tables show this calculation individually for optometrists and dispensing opticians split across different workplace settings, using the survey results to calculate the approximate number of FTE registrants working in each setting.



Figure 11 – Scaled up workforce size for optometrists by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Independent practice	3.1	7,560	4,687
Sole practitioner	2.5	540	270
National chain of opticians	3.6	8,640	6,221
Regional chain of opticians	2.9	1,260	731
Hospital	2.8	2,700	1,512
Domiciliary care	2.2	540	238
Education/academia	2.5	1,260	630

Figure 12 – Scaled up workforce size for dispensing opticians by workplace setting

Registration type	Average number of days	Total number of registrants	Number of FTE registrants
Independent practice	3.9	2,809	2,191
Sole practitioner	1.4	69	19
National chain of opticians	4.0	3,425	2,740
Regional chain of opticians	3.6	411	296
Hospital	2.8	137	77
Domiciliary care	2.7	69	37
Education/academia	3.0	274	164

The following tables show the scaled up approximate workforce size calculation for optometrists and dispensing opticians split by UK nation using the GOC's 2023 EDI Annual Report to calculate the approximate number of registrants working in each location.

Figure 13 – Scaled up workforce size for optometrists by UK nation

UK nation	Average number of days	Total number of registrants	Number of FTE registrants
England	3.9	14,328	11,176
Wales	3.8	882	670
Scotland	4.0	1,746	1,397
Northern Ireland	4.0	702	526



Figure 14 – Scaled up workforce size for dispensing opticians by UK nation

UK nation	Average number of days	Total number of registrants	Number of FTE registrants
England	4.0	5,912	4,729
Wales	4.2	315	265
Scotland	4.2	480	403
Northern Ireland	4.3	82	71



Specialties, additional qualifications and enhanced services

Most specialties are used frequently

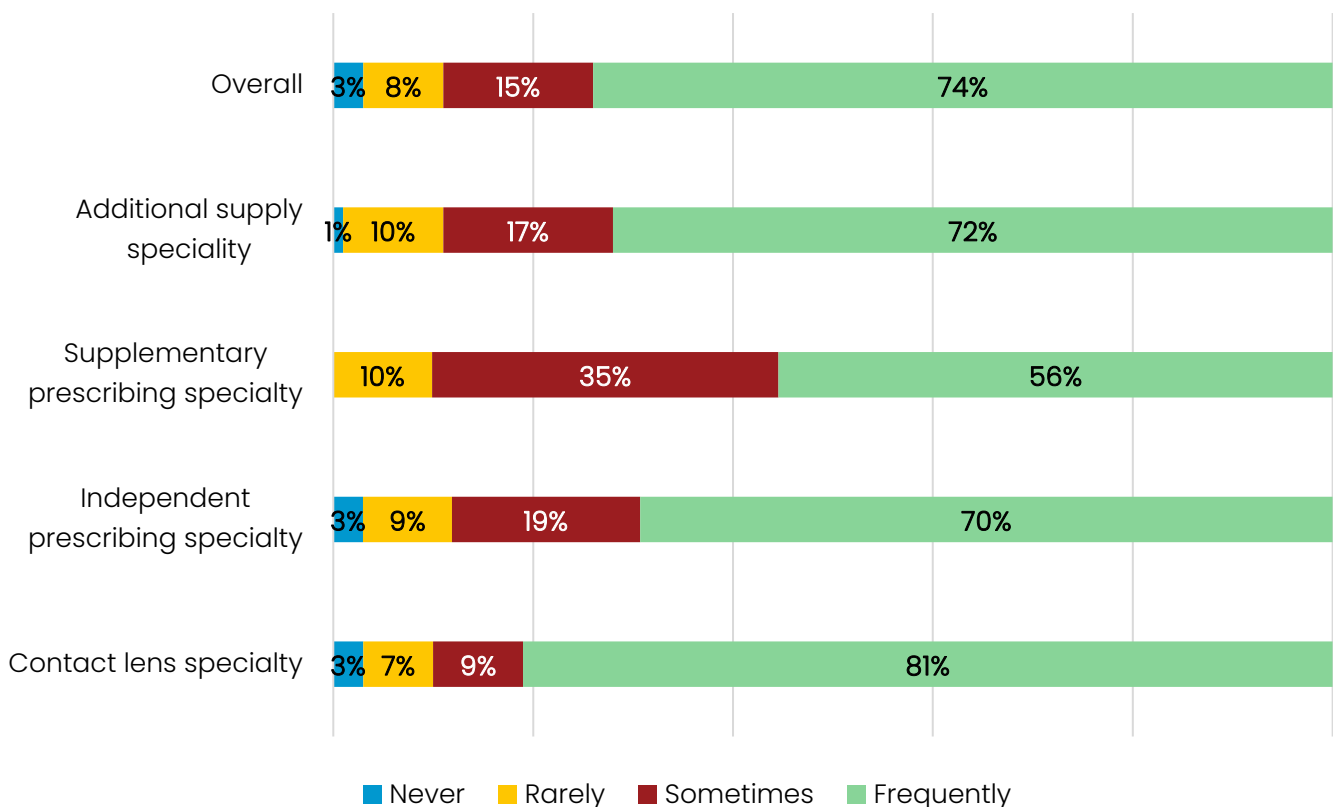
The GOC approves four post-registration qualifications leading to specialist entry on the GOC register. For optometrists, these are additional supply (AS), supplementary prescribing (SP) and independent prescribing (IP). For dispensing opticians, this is a qualification as a contact lens optician (CLO).

Three quarters (74%) of respondents with these specialties indicated that they had used them frequently in the last 12 months. This year’s results are broadly similar to those found in 2023.

Dispensing opticians with a contact lens speciality were more likely to use their speciality frequently when compared with other specialties.

Figure 15 – Use of specialty in role over last 12 months

Base: Working respondents with a specialty (684); Additional supply (115); Supplementary prescribing (28); Independent prescribing (377); Contact lens specialty (209)



Frequent use of specialties was also more common amongst those who worked in a **hospital (82%)** when compared with independent practice/sole practitioners (70%) and multiples (70%). It was also more common amongst those in **Scotland (83%) and Wales (81%)** when compared with England (71%) and Northern Ireland (72%).

¹ Please note this is a very small base size and analysis should be treated with caution



Mixed reasons for not using speciality

Just 3% of respondents with a speciality said they had not used their speciality in the last 12 months (18 respondents). When asked to explain why, reasons included:

- **Lack of need**
 - Some specialties, like independent prescribing, are not needed frequently in certain practices
 - Over-the-counter solutions sufficing in place of prescribed medications
 - Current roles do not require use of their speciality (e.g. managerial roles)
- **Personal circumstances**
 - Maternity leave
 - Career changes to different roles or sectors
- **Systemic and administrative barriers:**
 - Lack of schemes or systems in place to support the use of their speciality
 - Regulatory or bureaucratic hurdles, e.g. needing additional registration or certification
- **Practice-specific limitations:**
 - Practices not performing specific procedures that would utilise the speciality
 - Limited demand for the speciality skills in the current practice setting
 - Lack of support or company policies, such as refusal to offer certain services
- **Experience and qualification issues:**
 - Newly qualified and have not yet had the opportunity to use their speciality
 - Long gaps since last working in the speciality, leading to a loss of practical application



I work in community practice, and my multiple does not have any additional schemes set up for independent prescribing. I work in England and the scope for using my independent prescribing in a regular practice is limited.
Optometrist with IP speciality



I work in a practice which rarely does MECS. It's all about filling my clinic with refractions. Plus the need has not arisen.
Optometrist with IP speciality



Company refuses to do contact lenses.
Dispensing optician with contact lens speciality



There has been no need to use my IP speciality because there are so few cases where topical steroid or antibiotic are required. I spend 50% of my working year busy in practice and these cases just don't present.
Optometrist with IP speciality



Need to get registered within the hospital board I work in before can use IP.
Optometrist with IP speciality



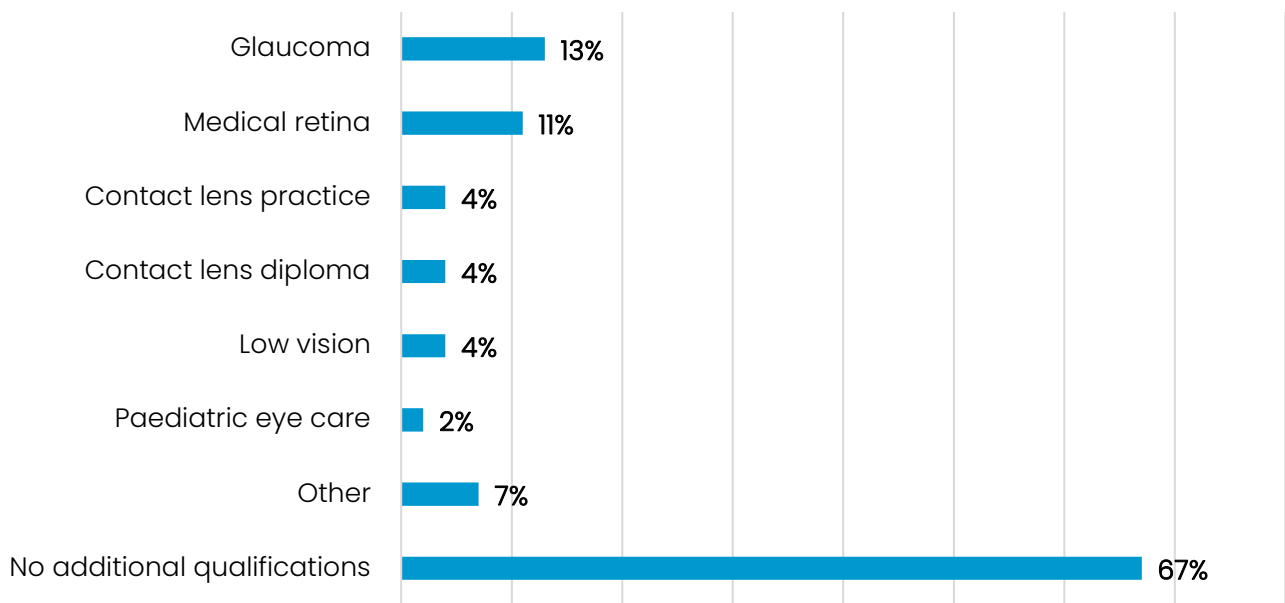
Glaucoma and medical retina are the most common additional qualifications

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

In total, a third (33%) of respondents indicated that they had additional qualifications, including 13% who had a glaucoma qualification and 11% who had a medical retina qualification.

Figure 16 – Additional qualifications

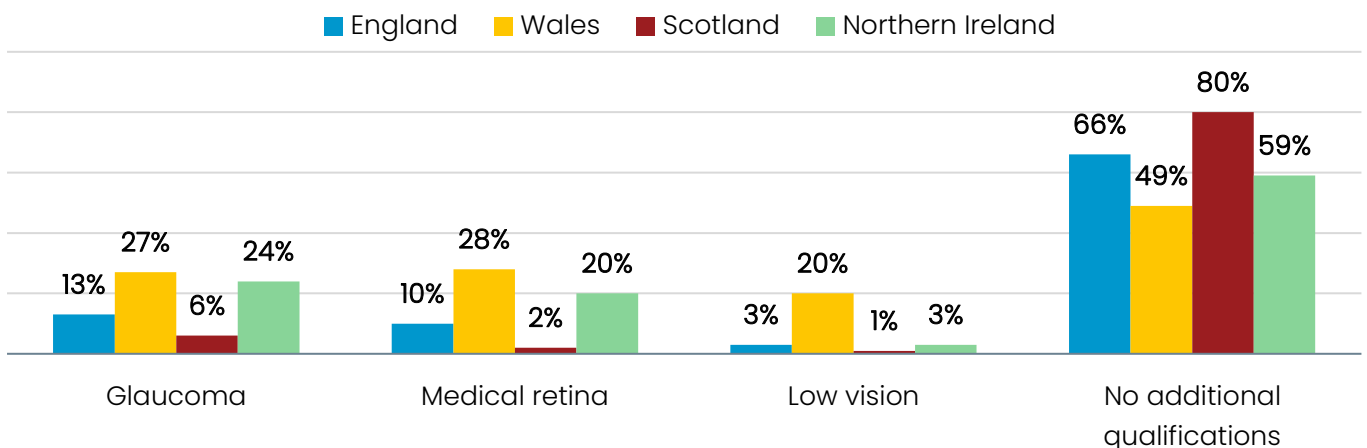
Base: All respondents excluding students (4,214)



The presence of glaucoma and medical retina qualifications was higher amongst respondents in Wales and Northern Ireland when compared with those in England and Scotland. Respondents in Wales were also more likely to have low vision qualifications when compared with all other UK nations. Having no additional qualifications was more common amongst those living in Scotland.

Figure 17 – Additional qualifications by UK nation

Base: All respondents excluding students England (3,124); Wales (199); Scotland (396); Northern Ireland (134)

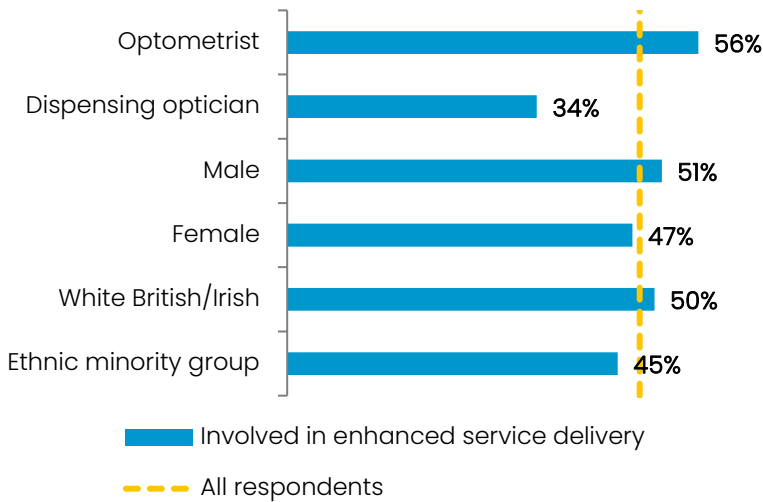


Involvement in enhanced eye care services has remained static

Almost half of respondents (48%) are involved in the delivery of enhanced eye care services. This level has remained static over the last three years.

Figure 18 – Involvement in enhanced eye care service delivery by registration type, gender and ethnicity

Base: Optometrists (2,594); Dispensing opticians (993); Male (1,285); Female (2,526); White British/Irish (2,328); Ethnic Minority Group (1,383)



A larger proportion of optometrists said they were involved in delivering enhanced eye care services when compared with dispensing opticians.

Analysis by demographics also highlights that male respondents and those of White British/Irish ethnicity were more likely to be involved in delivering enhanced eye care services when compared with female respondents and those from ethnic minority backgrounds.

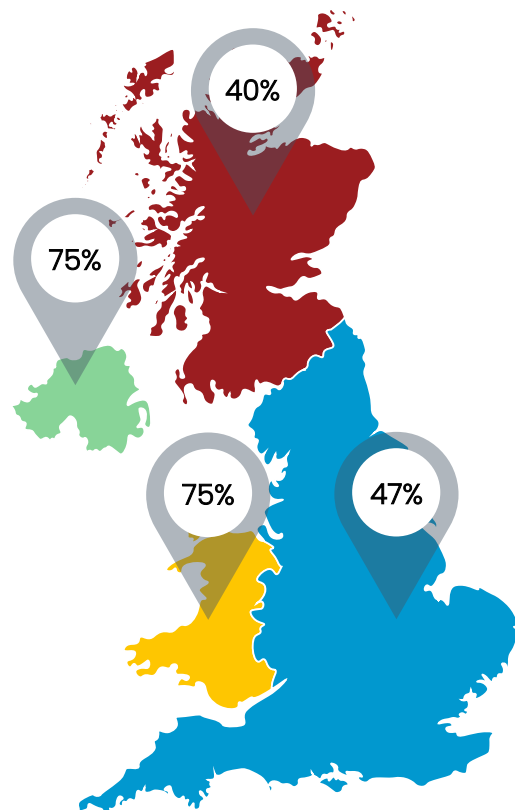
Delivery of enhanced eye care services is far more common in Wales and Northern Ireland

Respondents in Wales and Northern Ireland were far more likely to be involved in the delivery of enhanced eye care services when compared with those in England and Scotland.

Within England, a larger proportion of those based in the North (56%) were involved in the delivery of enhanced eye care services when compared with the rest of the country.

Figure 19 – Involved in the delivery of enhanced services by UK nation

Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)



Locum working

No increase in locum working

After an increase between 2021 and 2022, the proportion of locum working has remained static at 22% for the last three years.

This result may be unexpected due to anecdotal evidence that there continues to be an increase in registrants, particularly those more recently qualified, working as locums rather than taking on permanent full-time employment.

Instead, the opposite result is found in the results, with respondents who have been on the GOC register for over six years more likely to be working as locums when compared with newer registrants.

Figure 20 – Locum working 2021 to 2024

Base: Working respondents 2021 (4,880); 2022 (3,647); 2023 (3,468); 2024 (4,049)

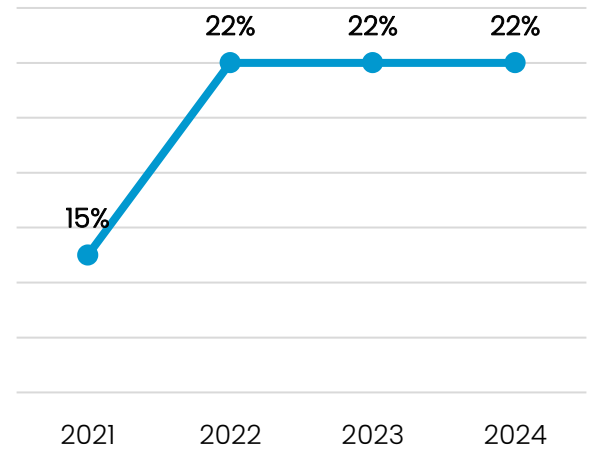
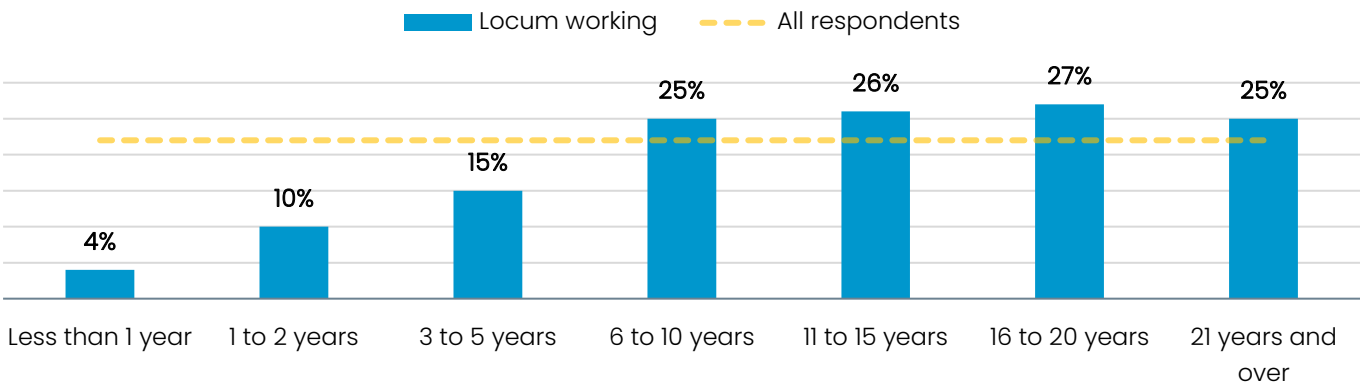


Figure 21 – Locum working by length of time on GOC register

Base: <1 year (201); 1-2 years (314); 3-5 years (456); 6-10 years (494); 11-15 years (465); 16-20 years (484); 21+ years (1,612)

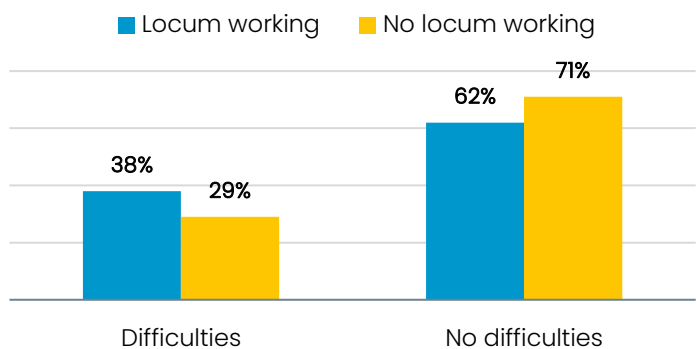


Impact of locum working on delivering sufficient patient care

Those who work as locums are more likely to indicate that they have found it difficult to provide patients with the sufficient level of care they need during the last 12 months.

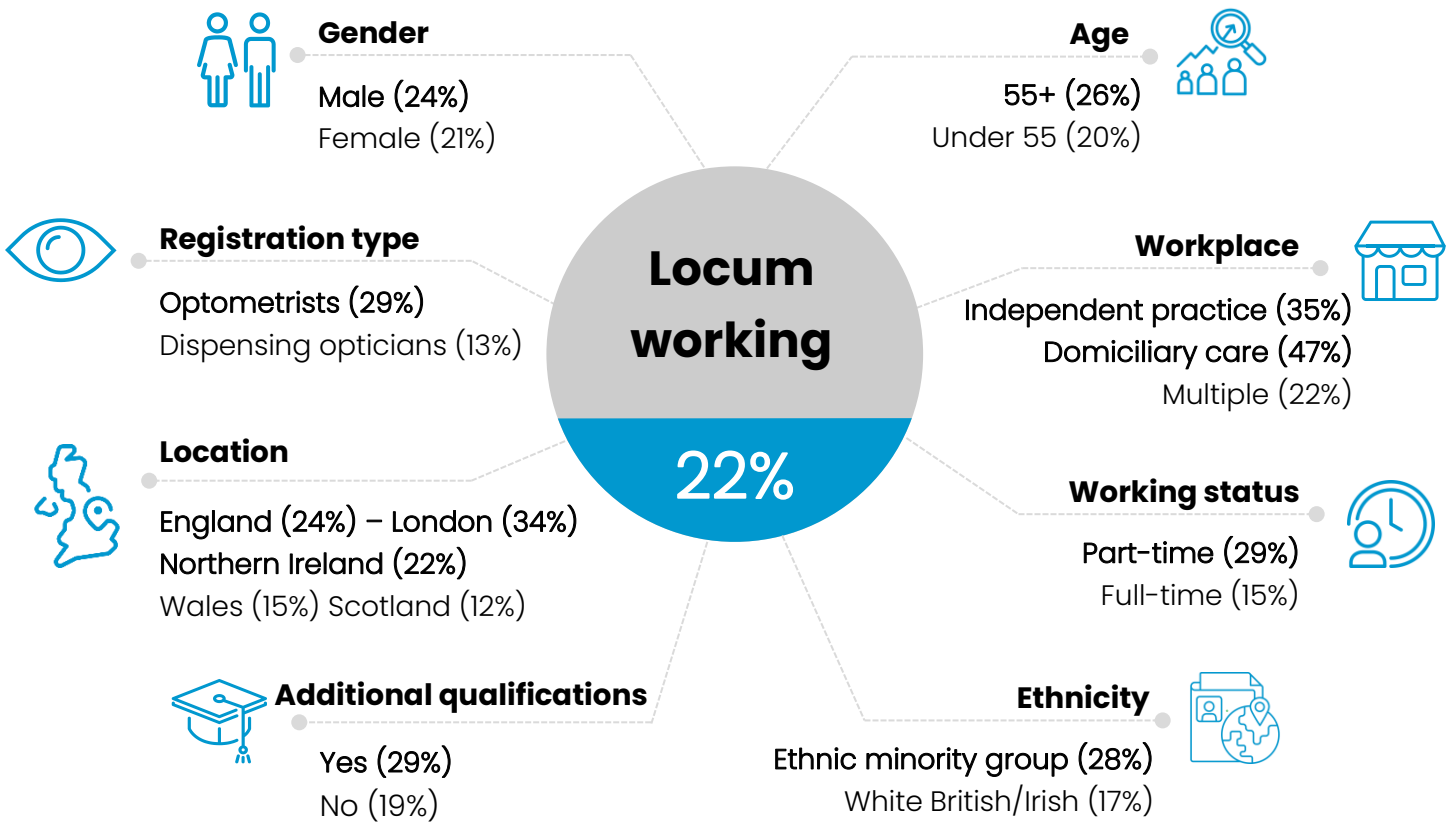
Figure 22 – Difficulties providing sufficient patient care by locum working

Base: Locum working (891); No locum working (3,158)



Profile of locum workers

The diagram below highlights which groups are more likely to undertake locum work.

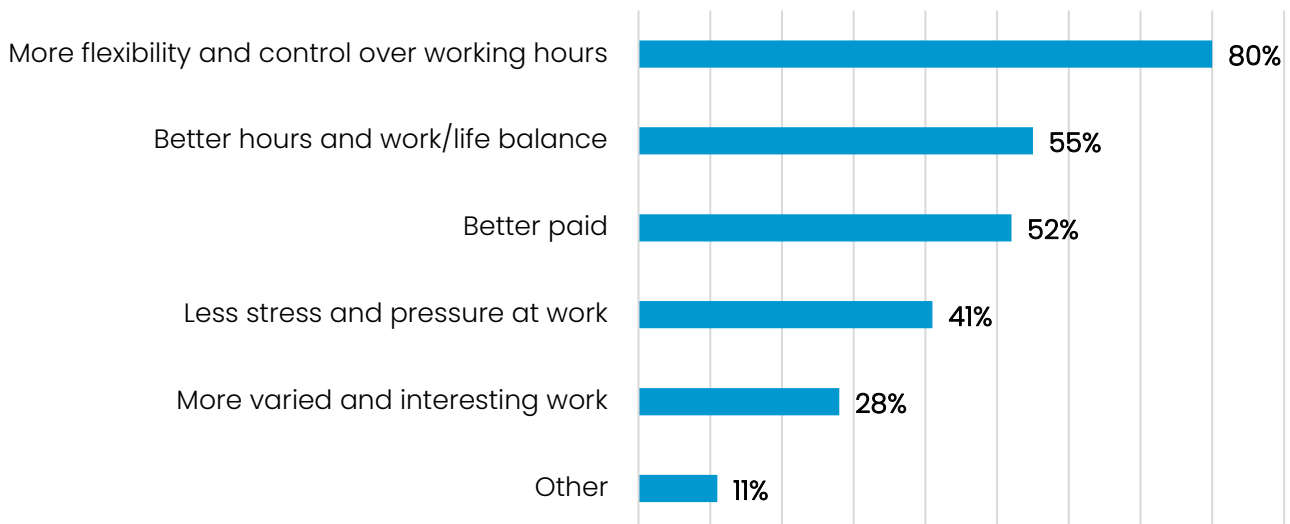


Choosing locum working for greater flexibility and control

By far the main reason provided for choosing to work as a locum was **more flexibility and control over working hours**. Over half of locum respondents also highlighted the reasons of **better hours and work/life balance** and being **better paid**.

Figure 23 – Reasons for working as a locum

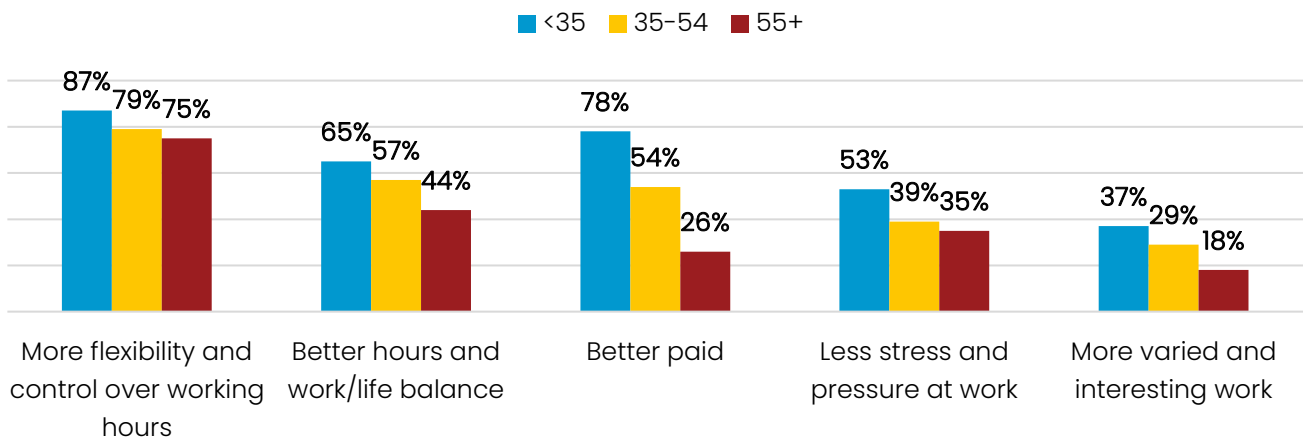
Base: Locums (891)



‘Other’ reasons suggested related to supplementing income, maintaining an income in retirement, keeping skills up to date and maintaining clinical exposure, difficulties finding full-time roles with satisfactory conditions or salary, avoiding stressful working environments, personal circumstances, and moving away from a focus on sales/retail.

Although locum working was more popular with older respondents aged 55+, those aged under 35 were more likely to select each reason for choosing to work as a locum, suggesting that **younger registrants perceive a greater range of benefits to locum working, especially the work being better paid.**

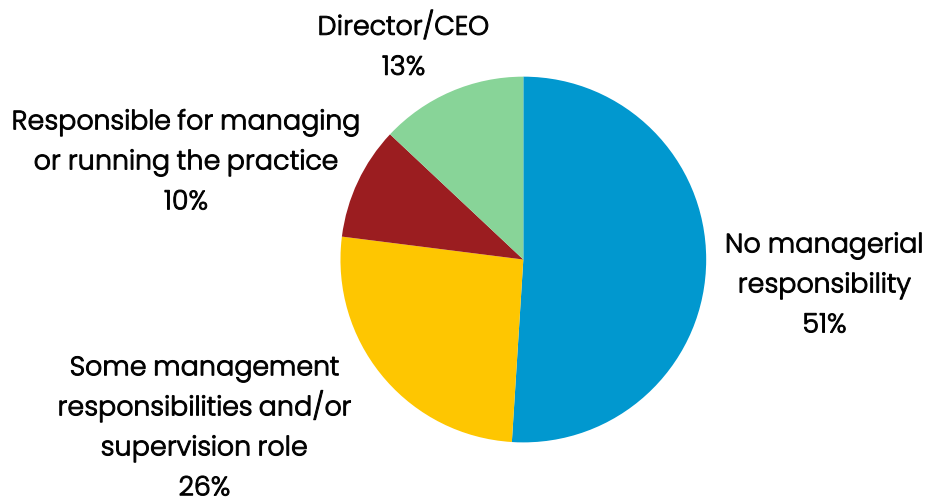
Figure 24 – Reasons for working as a locum
 Base: Locums aged <35 (201); 35-54 (405); 55+ (237)



Level of seniority

Half of respondents (51%) had no managerial responsibilities, but the remainder indicated that they had varying levels of responsibility from some management or supervision (26%) to director or CEO level (13%).

Figure 25 – Level of seniority in current role
 Base: All working respondents (4,049)

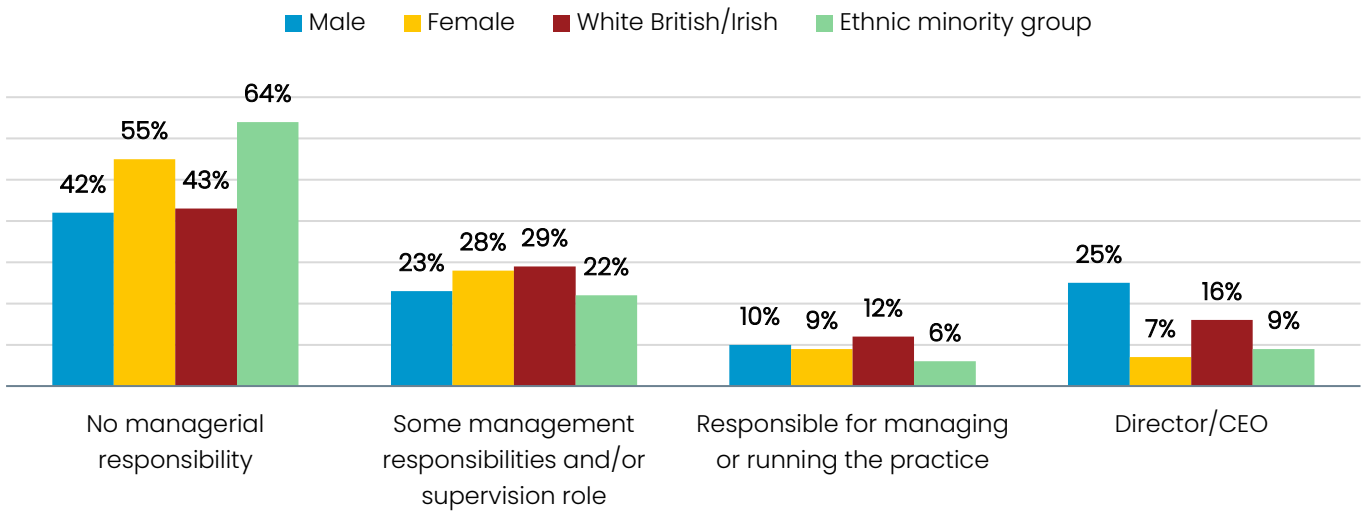


As could be expected, younger respondents aged under 35 were more likely to have no managerial responsibility, whereas those aged 35+ were more likely to report some form of management responsibility.

Differences in level of seniority were also recorded by gender and ethnicity. Female respondents and those from ethnic minority groups were more likely to report no managerial responsibilities when compared with male respondents and those of White British/Irish ethnicity. At the other end of the scale, male respondents and those of White British/Irish ethnicity were more likely to indicate that they were working at Director/CEO level when compared with female respondents and those from ethnic minority backgrounds.

Figure 26 – Level of seniority in current role by gender and ethnicity

Base: Male (1,285); Female (2,526); White British/Irish (2,328); Ethnic minority group (1,383)



Supervising and remote care

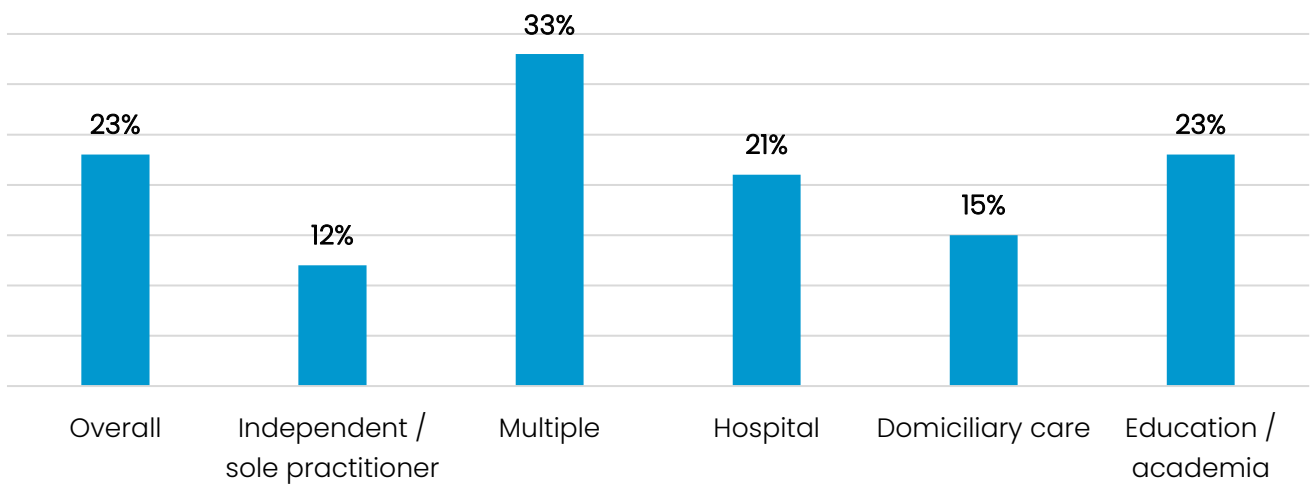
Almost a quarter (23%) of working optometrist respondents had worked as a supervisor for pre-registration trainee optometrists in the last 12 months.

Supervision is more commonplace in chain opticians

Working as a supervisor was **more common amongst those who worked for a multiple** when compared with other workplace settings.

Figure 27 – Working as a supervisor for pre-registration trainee optometrists by workplace setting

Base: Optometrists working in – Independent/sole practitioner (1,129); Multiple (1,363); Hospital (378); Domiciliary care (72); Education/academia (182)

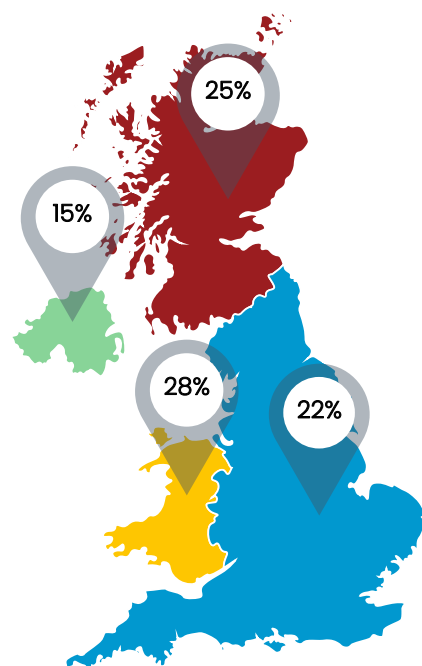


Levels of supervision vary across the UK

Respondents in Wales were more likely to have worked as a supervisor in the last 12 months, particularly when compared with those in Northern Ireland.

Figure 28 – Working as a supervisor for pre-registration trainee optometrists by UK nation

Base: Optometrists working in – England (1,897); Wales (119); Scotland (262); Northern Ireland (114)



A greater proportion of supervisors are male

A greater proportion of those who had worked as a supervisor in the last 12 months were male (25%) when compared with female respondents (21%).



Taking on a supervision role may negatively impact optometrists' workload

Respondents who indicated that they **sometimes or frequently feel unable to cope with their workload** were more likely to work as supervisors for pre-registration trainees when compared with those who never felt this way.

This suggests that this role may negatively impact the ability of optometrists to manage their workload alongside supervision responsibilities.

This result is also found when looking at level of seniority, where respondents with some managerial responsibilities and/or a supervision role were also more likely to answer that they sometimes or frequently felt unable to cope with their workload (58%) when compared with respondents with no managerial responsibilities (52%) or working at director/CEO level (50%).

Experiences of delivering remote care to patients

The majority of respondents (53%) had **no experience of delivering remote care to patients in the last 12 months** (e.g. care which is not delivered face to face). However, smaller proportions indicated that they had done this either rarely (28%), sometimes (14%), or frequently (5%).

Optometrists had more experience of delivering remote care sometimes or frequently (21%) when compared with dispensing opticians (17%).

Figure 30 – Experience of delivering remote care to patients

Base: Those currently working (4,049); Optometrists (2,594); Dispensing opticians (993)

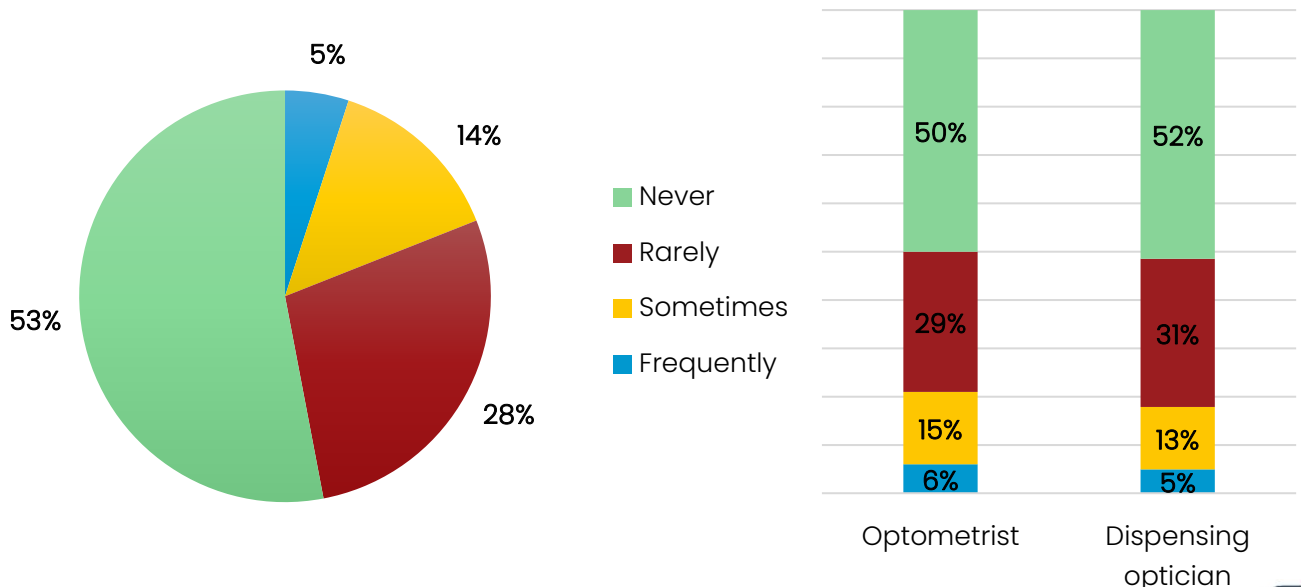
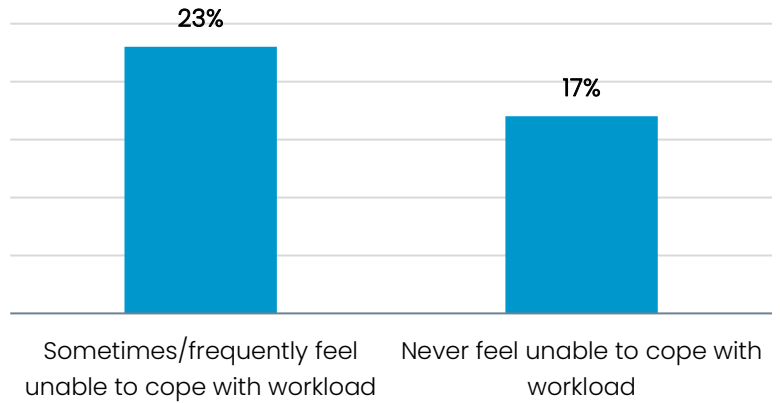


Figure 29 – Working as a supervisor for pre-registration trainee optometrists by experience of feeling unable to cope with workload

Base: Sometimes/frequently feel unable to cope with workload (1,453); Never feel unable to cope with workload (1,453)

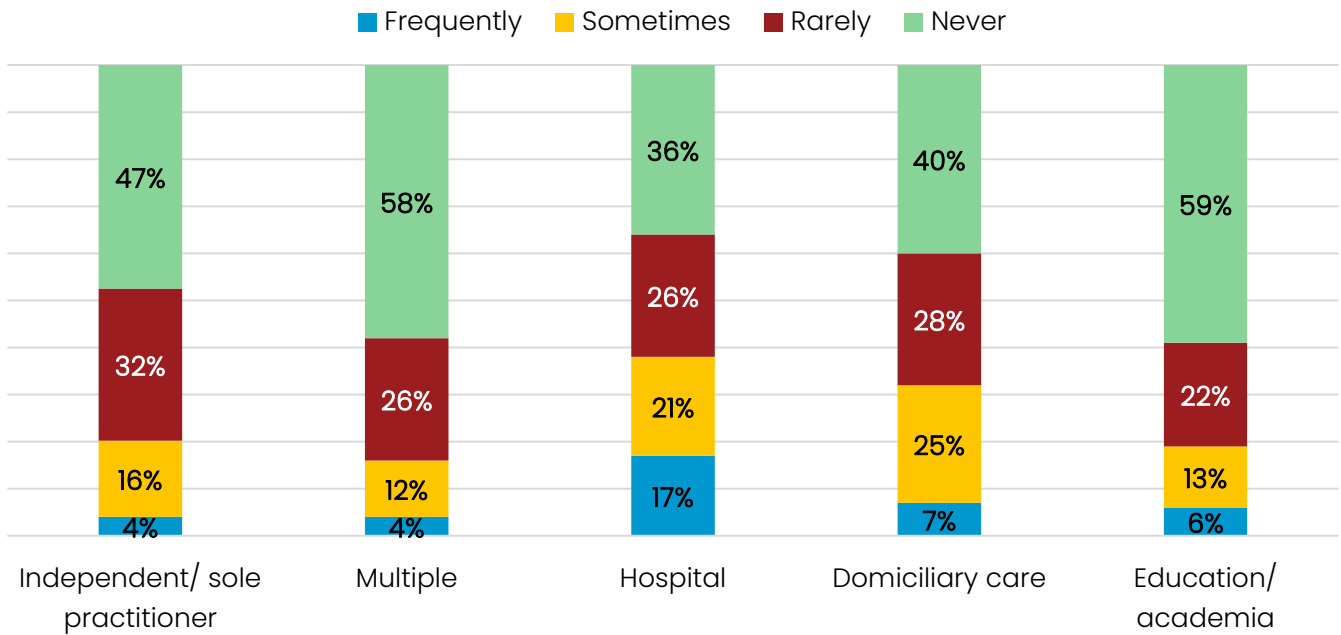


Delivering remote care is more frequent amongst those working in a hospital setting and those working in Scotland and Northern Ireland

Analysis by workplace setting shows that delivering remote care to patients is more commonplace in hospital and domiciliary care when compared with other workplace settings.

Figure 31 – Experience of delivering remote care to patients by workplace setting

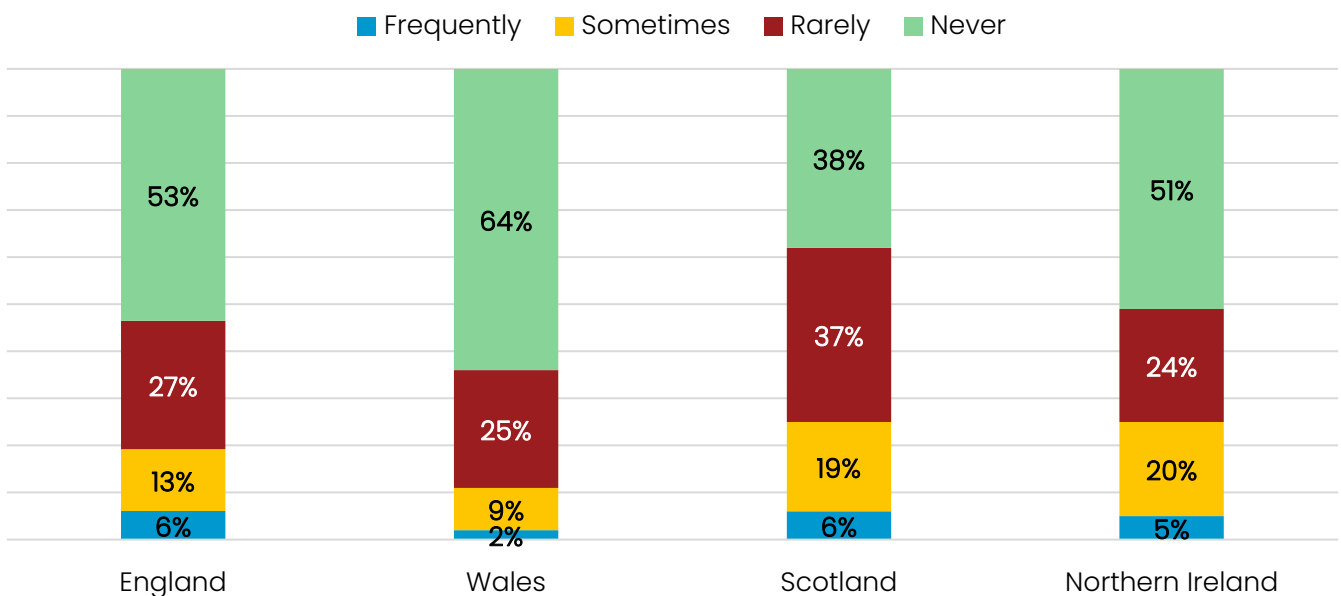
Base: Those working in Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domiciliary care (80); Education/academia (226)



Registrants in Scotland and Northern Ireland are significantly more likely to have delivered remote care to patients in the last 12 months when compared with those in England and Wales.

Figure 32 – Experience of delivering remote care to patients by UK nation

Base: Those working in England (3,026); Wales (193); Scotland (387); Northern Ireland (132)



Job satisfaction

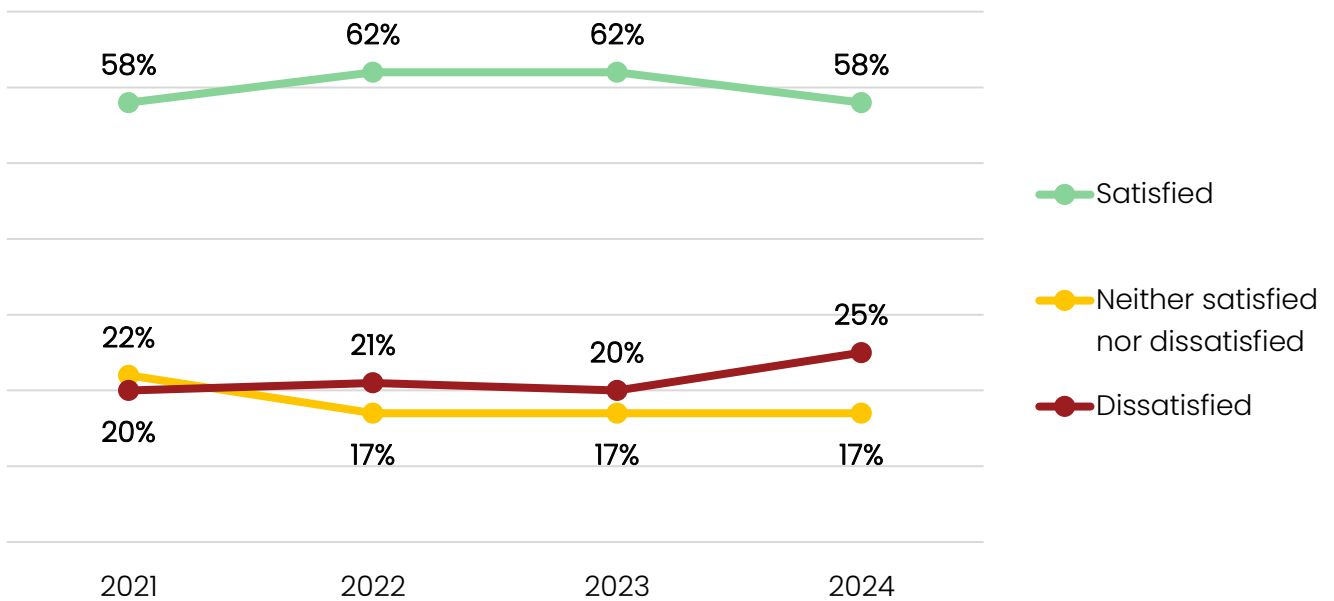
Dissatisfaction has increased

Almost three in five respondents (58%) indicated they were satisfied in their job/role over the last 12 months.

After a small increase in satisfaction in 2022 and 2023, satisfaction has returned to the same level recorded in 2021, and dissatisfaction has increased to 25%.

Figure 33 – Job/role satisfaction 2021 to 2024

Base: Working respondents excluding 'not applicable' 2021 (4,378); 2022 (3,628); 2023 (3,468); 2024 (4,043)



Satisfaction levels were generally similar across registration types, but other groups within the sample were more likely to express higher or lower levels of satisfaction, covered later in this chapter.



Exploring job satisfaction

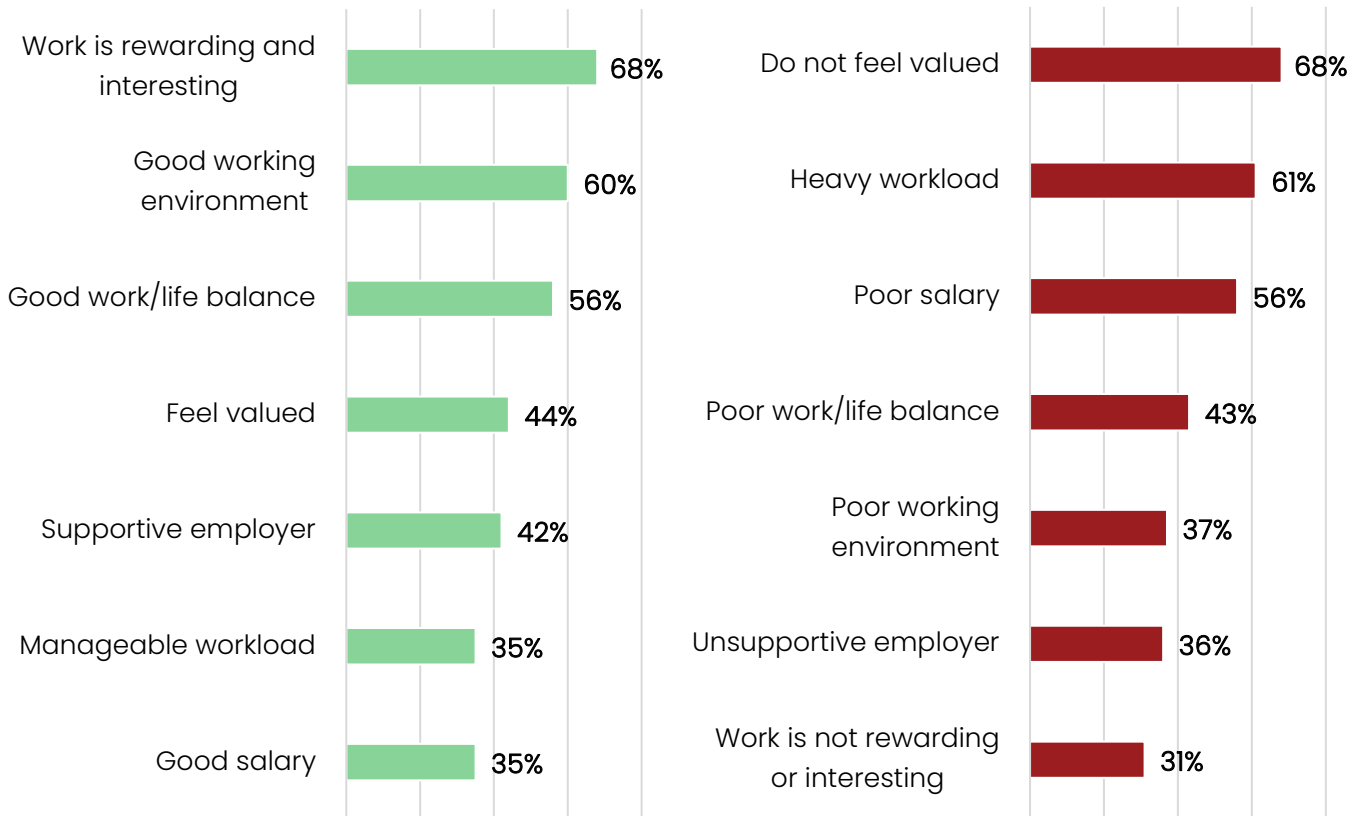
Respondents’ primary reasons for feeling satisfied in their job related to their **work being rewarding and interesting**, a **good working environment**, and a **good work/life balance**.

Those who were dissatisfied cited **not feeling valued**, a **heavy workload**, and **poor salary**.

Reasons for both job satisfaction and dissatisfaction are very similar to those found in 2023.

Figure 34 – Reasons for feeling satisfied or dissatisfied with job/role in last 12 months

Base: Those very/quite satisfied with job/role (2,344); Those very/quite dissatisfied with job/role (1,002);



Who and what is driving satisfaction?

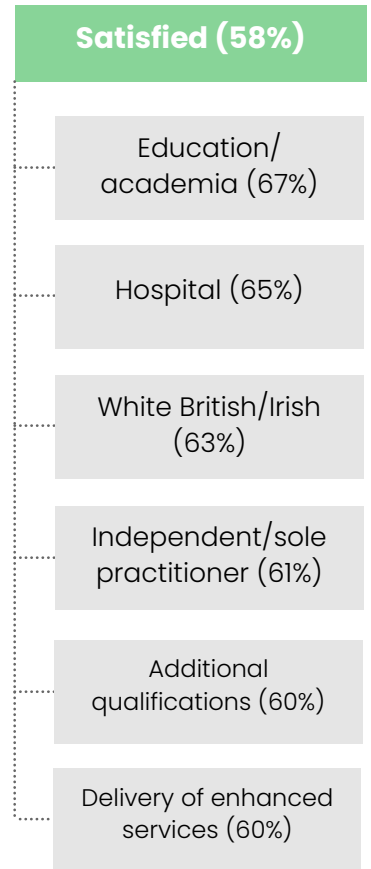
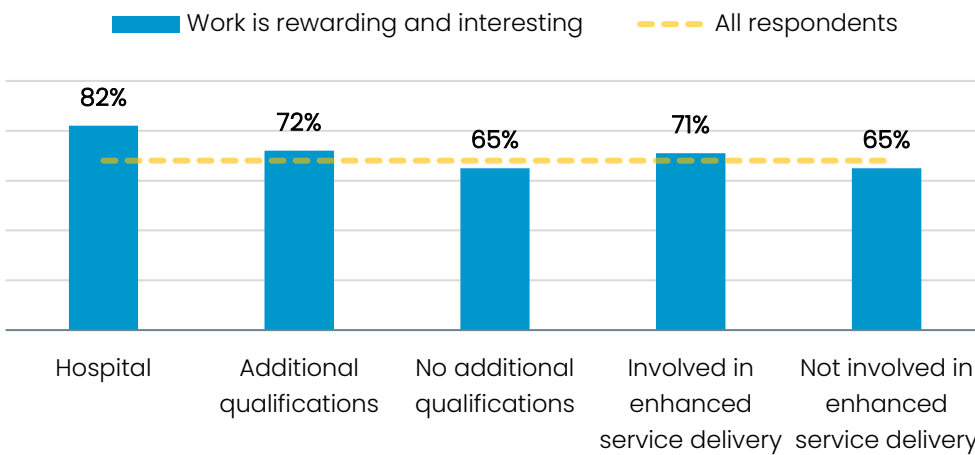
A number of subgroups were more likely to be satisfied based on their workplace setting, ethnicity, level of qualification, and involvement in enhanced services (shown on the right).

Delivering rewarding and interesting work

Satisfaction was higher amongst respondents with **additional qualifications** and those **involved in the delivery of enhanced services**. Both these groups, as well as those who worked in a hospital setting, were more likely to indicate that they felt satisfied because their **work is rewarding and interesting**.

Figure 35 – Satisfied due to work being rewarding/interesting

Base: Those working in hospital (269); Additional qualifications (817); No additional qualifications (1,527); Involved in enhanced service delivery (1,167); Not involved (1,141)



Workplace setting

Satisfaction was higher amongst those working in **independent practice/as a sole practitioner**, **hospital**, and **education/academia**, particularly when compared with those who worked for a multiple.

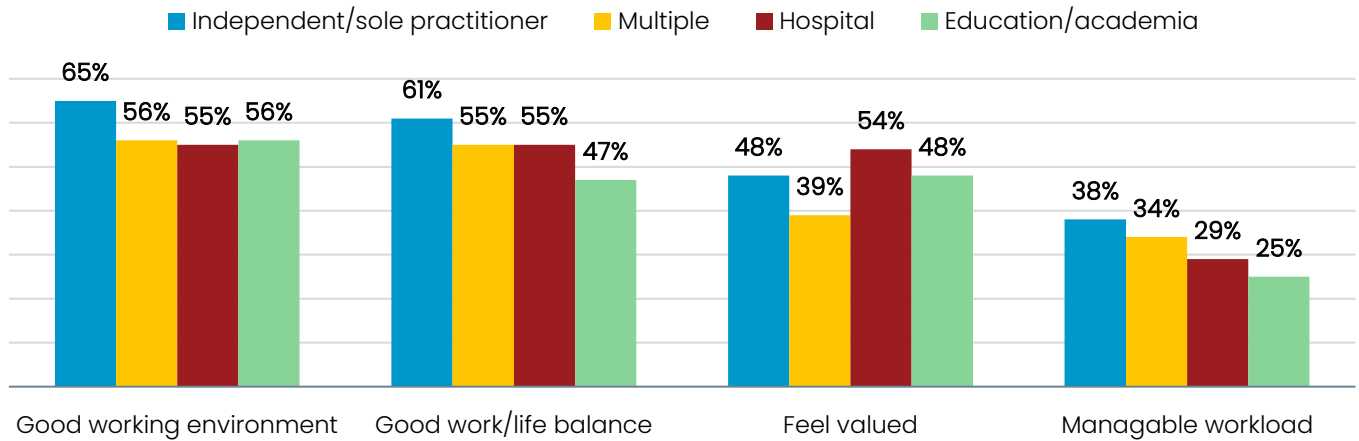
The combination of a **good working environment**, **good work/life balance** and a **manageable workload** are **drivers of satisfaction** for those who worked for an **independent/as a sole practitioner**.

Feeling valued is a clear driver of satisfaction for those who worked in a hospital, education/academia, or an independent practice/as a sole practitioner.



Figure 36 – Reasons for satisfaction by workplace setting

Base: Independent/sole practitioner (981); Multiple (1,230); Hospital (269); Education/academia (152)



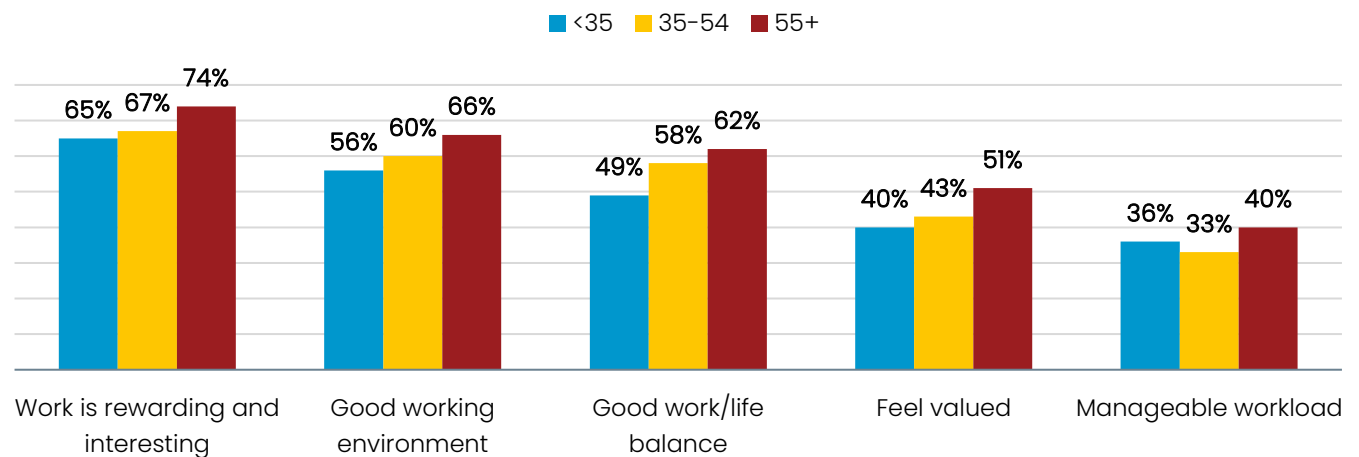
Older registrants select more reasons for being satisfied

Analysis by age group highlights that those aged 55+ were more likely to be satisfied when compared with respondents from younger age groups.

This age group were more likely to select a range of reasons for being satisfied, particularly when compared with those aged under 35.

Figure 37 – Reasons for satisfaction by age group

Base: <35 (661); 35-54 (1,032); 55+ (587)



Who and what is driving dissatisfaction?

Key subgroups more likely to answer that they were dissatisfied in their job/role over the last 12 months included those working as locums, working for a multiple, living in London, and those with a disability. This closely reflects the results found in 2023.

Those who found it difficult to provide patients with the sufficient level of care they need were much more likely to be dissatisfied.

Analysis by demographics also highlights that male respondents were more likely to be dissatisfied (27%) when compared with female respondents, and those from ethnic minority backgrounds were also more likely to be dissatisfied (25%) when compared to White British/Irish respondents (22%).

Unclear reasons for dissatisfaction amongst locums

Although **locums were more likely to be dissatisfied**, there is little difference in reasons for dissatisfaction when comparing those who worked as locums and those who did not.

Locums were only slightly more likely to indicate that they did not find work interesting or rewarding when compared with non-locums. Instead, locums were less likely to select that they had a poor work/life balance, meaning that **no clear reasons for their increased level of dissatisfaction have emerged** in response to this question.

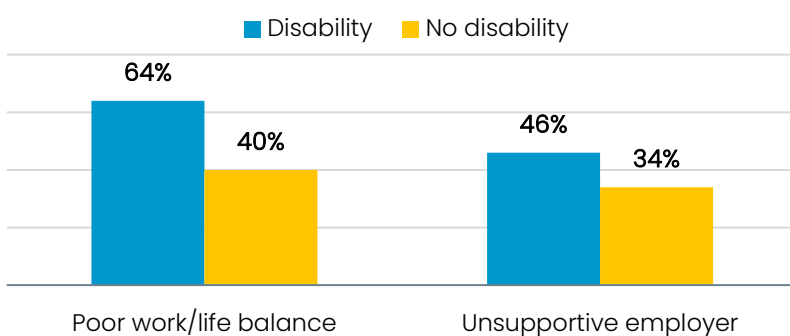
London-based registrants do not find work rewarding or interesting

The higher rate of dissatisfaction amongst respondents who lived in London is driven by **not finding work rewarding or interesting**, selected by a larger proportion of London-based respondents (49%) when compared with other areas of England and the UK.

Disabled registrants report a poor work/life balance and do not feel supported by their employers

Figure 38 – Reasons for dissatisfaction by disability status

Base: Disability (105); No disability (788)



Respondents with a disability, who were more likely to be dissatisfied in their role, were more likely to select a **poor work/life balance** and an **unsupportive employer** as reasons for this when compared to those with no disability.



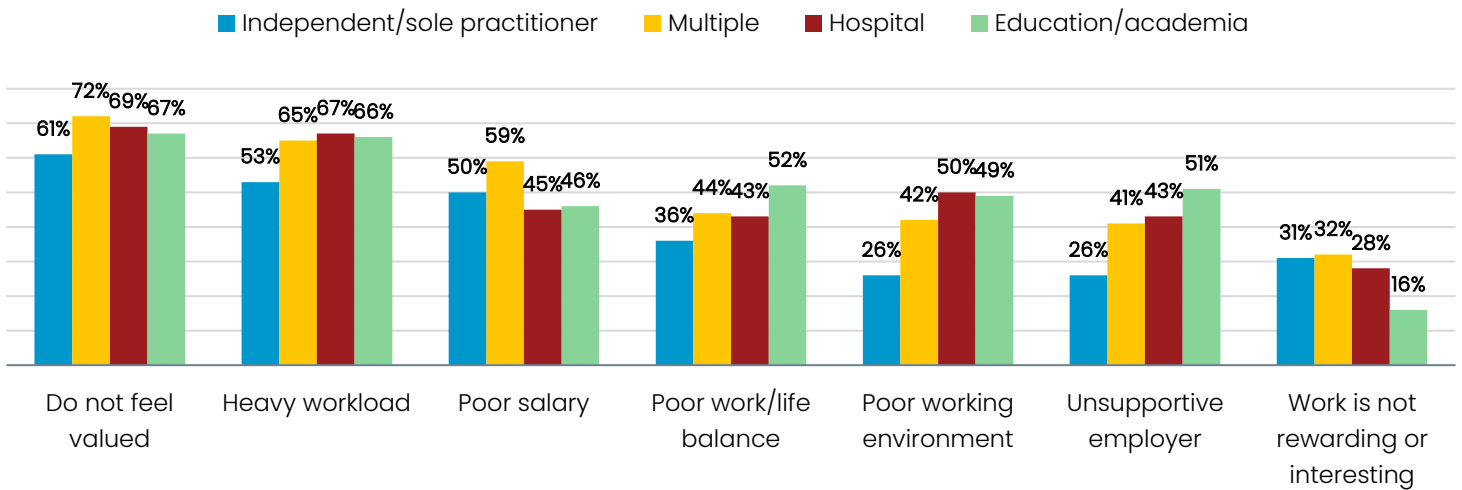
Contrast between experiences in multiple and independent practice

In line with previous years’ results, **respondents working for a multiple were significantly more dissatisfied in their job/role**. Analysis of reasons for dissatisfaction highlights that those who worked in a multiple were more likely to select every reason listed when compared with those who worked in independent practice/as a sole practitioner, suggesting that there are a variety of reasons for dissatisfaction in this setting.

Analysis by workplace setting also shows that the issues of heavy workload, poor work/life balance, poor working environment, and unsupportive employers also affect those who work in hospitals and education/academia.

Figure 39 – Reasons for dissatisfaction by workplace setting

Base: Independent/sole practitioner (345); Multiple (658); Hospital (67); Education/academia (42)



Experiencing difficulties providing sufficient patient care is a key driver of dissatisfaction

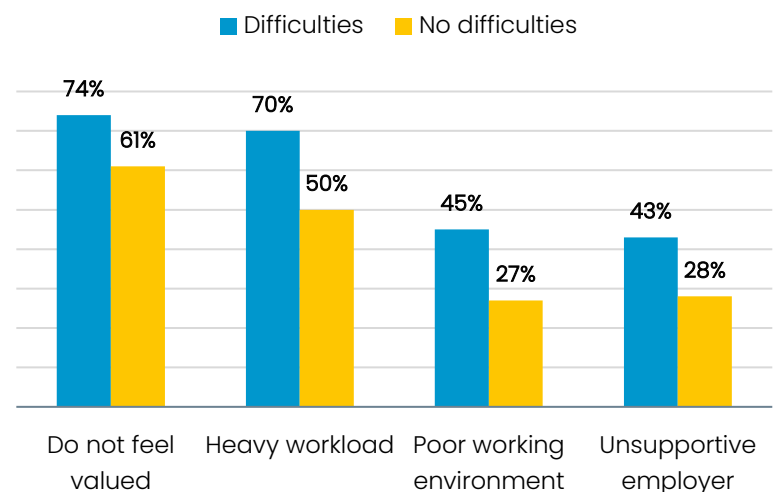
Respondents who indicated that they had experience of difficulties providing patients with the sufficient level of care they need were significantly more likely to be dissatisfied in their job/role.

Four reasons for dissatisfaction were driving this result, including:

- Not feeling valued
- A heavy workload
- A poor working environment
- An unsupportive employer.

Figure 40 – Reasons for dissatisfaction by experience of difficulties providing sufficient patient care

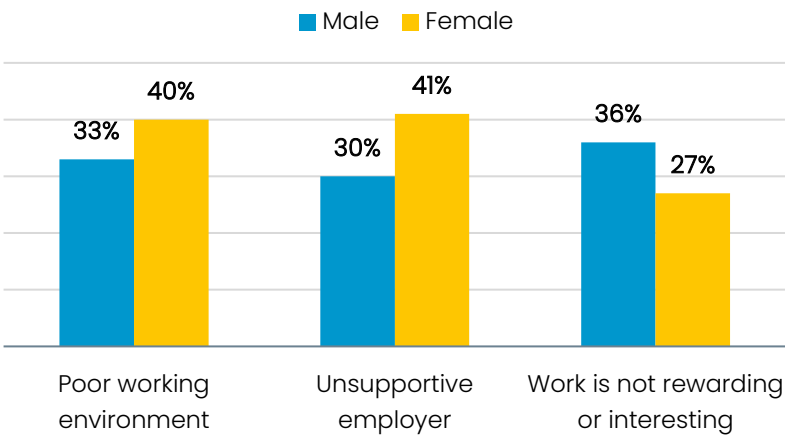
Base: Difficulties (547); No difficulties (455)



Different reasons for dissatisfaction between men and women

Figure 41 – Reasons for dissatisfaction by gender

Base: Male (347); Female (559)



Analysis by gender highlights that whilst a greater proportion of female respondents are dissatisfied due to a poor working environment and unsupportive employer, male respondents are more likely to report dissatisfaction because their work is not rewarding or interesting.



Working conditions

Experiences of negative working conditions

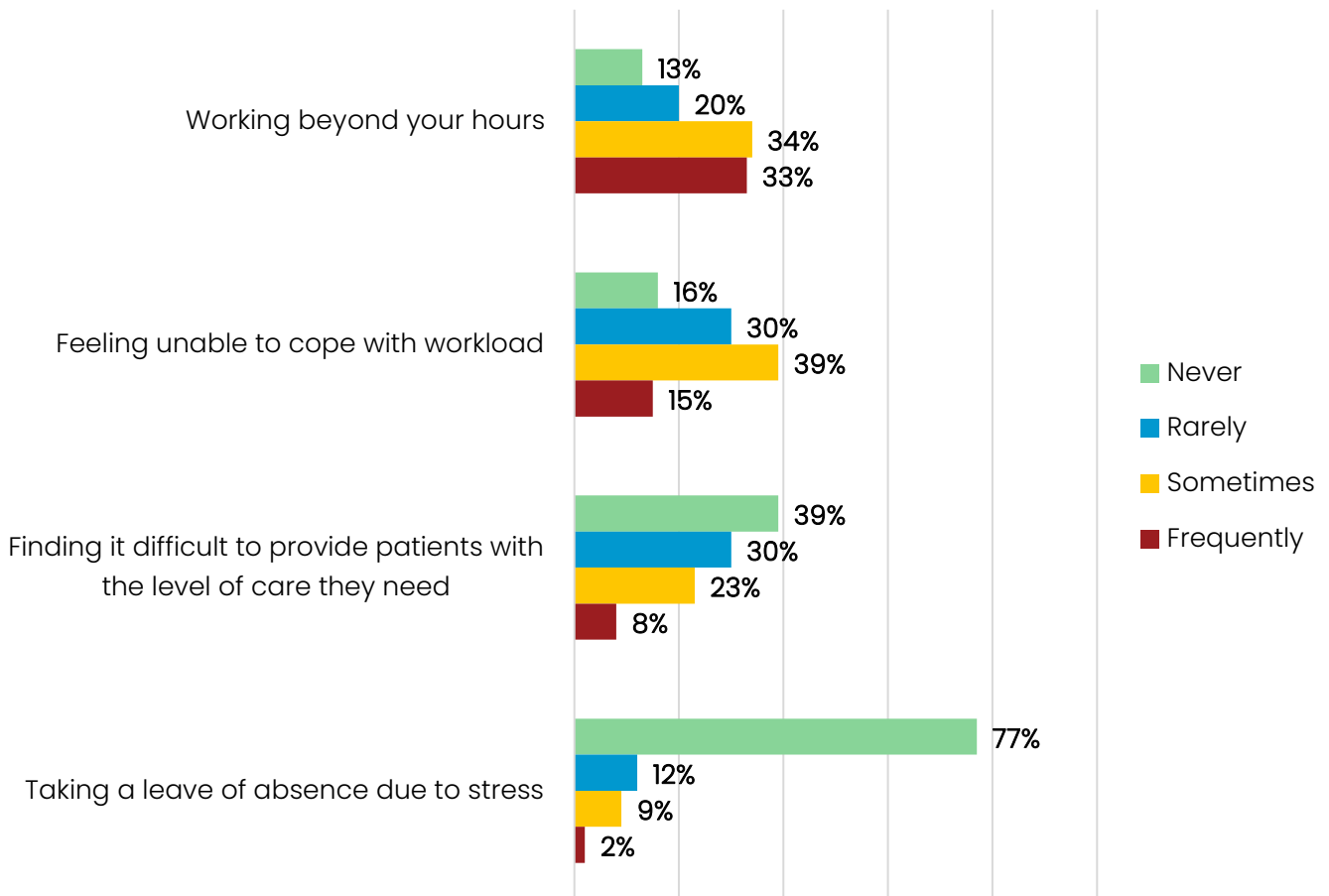
The majority of respondents experience working beyond their hours and feeling unable to cope with their workload

Working beyond hours was the most widely experienced negative working condition, with two thirds (67%) of respondents indicating this happened *sometimes* or *frequently*. Over half (54%) also highlighted that they had **felt unable to cope with their workload** either *sometimes* or *frequently*. Three in ten (31%) had experienced **difficulties providing patients with the level of care they need** either *sometimes* or *frequently*

However, the majority (77%) reported never **taking a leave of absence due to stress**.

Figure 42 – Experience of negative working conditions in the last 12 months

Base: Those currently working/employed (4,049)



Indirect comparison with previous years’ survey results (where the question was asked in a different format) highlights that **the proportion of registrants working beyond their hours and feeling unable to cope with their workload may be increasing.**



Workplace setting, level of responsibility, and disability influence negative working conditions

A number of factors influence the likelihood of experiencing negative working conditions. Those working in a hospital or education/academia were more likely to report working beyond their hours and feeling unable to cope with their workload. A larger proportion of those who worked for a multiple also reported feeling unable to cope with their workload.

Those with greater responsibility, such as practice managers/directors or those in more senior roles, those with additional qualifications, and those involved in the delivery of enhanced services were also more likely to report working beyond their hours or feeling unable to cope.

Respondents who indicated that they had a disability were significantly more likely to report working beyond their hours and feeling unable to cope with their workload when compared with those with no disability.

Figure 43 – Impact of workplace setting, level of seniority, additional qualifications, and disability status on working beyond hours

Base: Hospital (412); Education/academia (226); Practice manager/director or above (933); Additional qualifications (1,356); Disability (255)

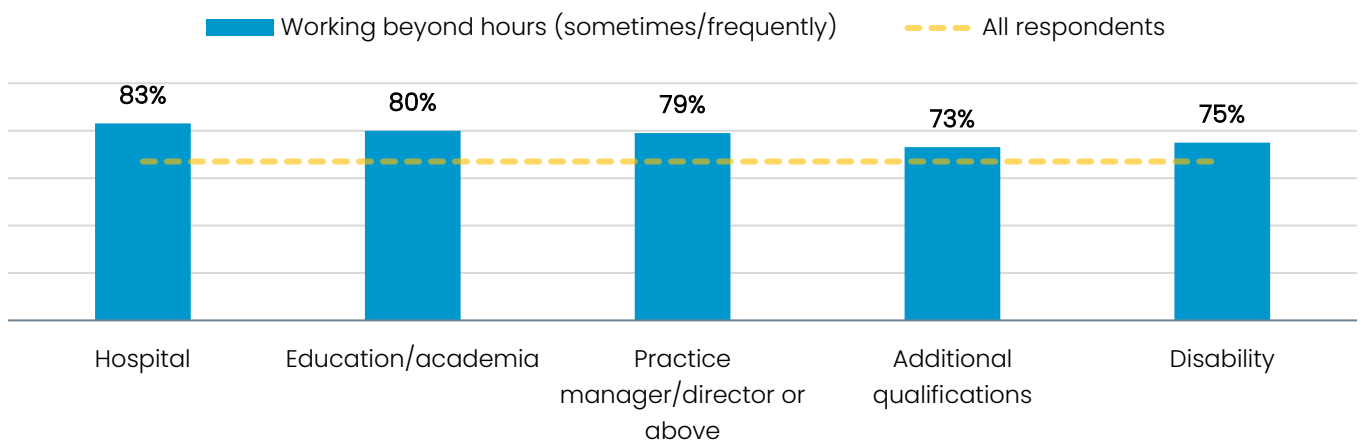
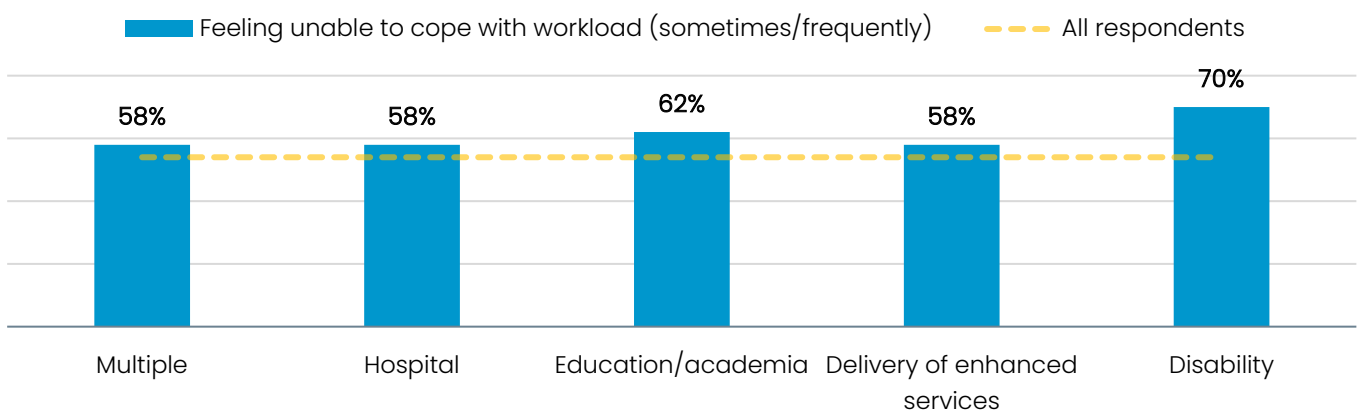


Figure 44 – Impact of workplace setting, delivery of enhanced services and disability status on feeling unable to cope with workload

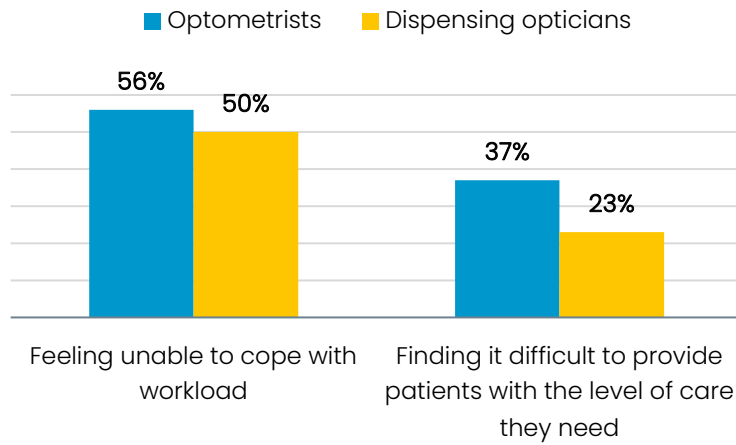
Base: Multiple (2,307); Hospital (412); Education/academia (226); Delivery of enhanced services (1,950); Disability (255)



Optometrists more likely to experience some negative working conditions

Figure 45 – Experience of negative working conditions in the last 12 months by registration type

Base: Optometrists (2,594); Dispensing opticians (993)



Optometrists were more likely have experience of feeling unable to cope with their workload and finding it difficult to provide patients with the level of care they need in the last 12 months when compared with dispensing opticians.

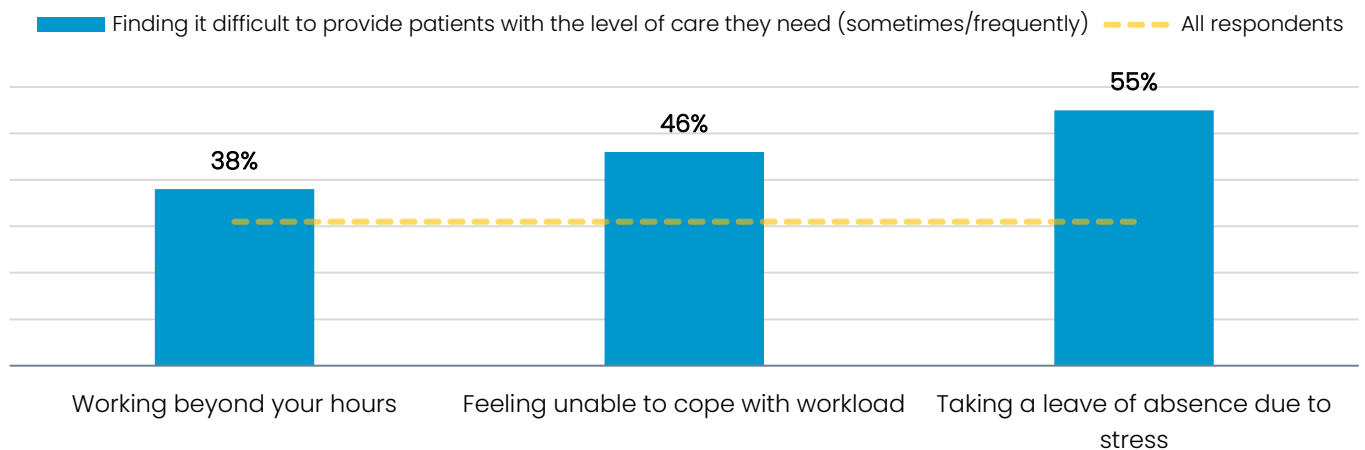
Analysis by registration type also highlights that a larger proportion of student optometrists indicated that they had taken a leave of absence due to stress in the last 12 months (18%) when compared with all other registration types.

Experiencing negative working conditions correlates with difficulties providing patients with sufficient care

If respondents had experience of working beyond their hours, feeling unable to cope with their workload, or taking a leave of absence due to stress, they were also **more likely to report difficulties providing patients with the level of care they need.**

Figure 46 – Impact of negative working conditions on providing sufficient patient care

Base: Working beyond hours (2,715); Feeling unable to cope with workload (2,183); Taking a leave of absence due to stress (446)



Barriers to delivering safe care

All working respondents were asked to specify what barriers, if any, they could identify to delivering safe care for their patients.

Time pressures and short testing times

By far the most common barrier identified was time pressures and short testing times. Respondents often mentioned that the time they were allocated for a sight test was insufficient to provide safe patient care, and many mentioned that they ran behind and worked additional hours as a result.



Too short test times. Need to be at least 25 minutes appointments to deliver safe care.

Optometrist



Short testing times which can put an optometrist under pressure to manage time and adequate patient care.

Optometrist



Time pressures on testing time, limited time to create effective notes on patient encounters.

Optometrist

Volume of patients/overbooking/ghost clinics

Another frequent barrier mentioned was the sheer volume of patients they were required to see, caused by overbooking and “ghost clinics”, where companies double book patients to clinics to mitigate potential lost appointments if customers do not turn up.



Chains trying to cram in as many patients as possible by using ghost / maxi clinics.

Optometrist



Store I work for only cares about the numbers and not about the patients.

Dispensing optician



Over booked clinics and having to see extra patients.

Optometrist

Understaffing and inexperienced/underqualified staff

The barrier of understaffing and reliance on inexperienced and underqualified staff was highlighted by some participants as a barrier to safe patient care.



Limited staff availability and/or limited qualified staff to deal with patients.

Dispensing optician



Lack of support staff and low skilled support staff, due to workforce constraints.

Dispensing optician



In hospital environment, insufficient staffing levels to provide safe care.

Optometrist



Sales/commercial pressures/targets

Some respondents explained that they found the focus of their employer on sales targets and profit posed a significant barrier to safe patient care.



Commercial interests making anything more than a straight forward routine exam where I may need to perform additional tests leaving me to have to constantly justify my clinical decisions

Optometrist



Too much emphasis now on making profit since practice joined large co-ownership group means patient care less easy to deliver.

Dispensing optician

The analysis of free-text comments to show the frequency of mentions is presented in the table below.

Figure 47 – Barriers identified to delivering safe patient care (coded free-text, 50+ mentions)

Top themes in free-text responses	Frequency
Time pressures/short testing times	978
Volume of patients/overbooking/ghost clinics	318
Understaffing/inexperienced/underqualified staff	280
Sales/commercial pressures/targets	274
NHS pressures/waiting lists/delays to care	219
Insufficient NHS fees/GOS contract	212
Management pressures/interference	167
High/unrealistic workload	116
Funding/budget constraints	114
Time needed for complex patients/ageing population	102
Poor communication/lack of joined up working	95
Outdated/limited equipment/products available	93
Demand for services/lack of capacity	89
Late patients/walk ins/emergency presentations	86
Patient attitudes/expectations/demands	80
Admin level/lack of admin time	75
Poorly managed service	66
Stress/burnout	57
Complex/inefficient referral systems	55
None/NA/no barriers	302



Harassment, bullying or abuse

In total, half of respondents (50%) had personally experienced some form of harassment, bullying, or abuse at work (or study for those in education) in the last 12 months.

Most incidences of harassment, bullying or abuse come from patients/service users

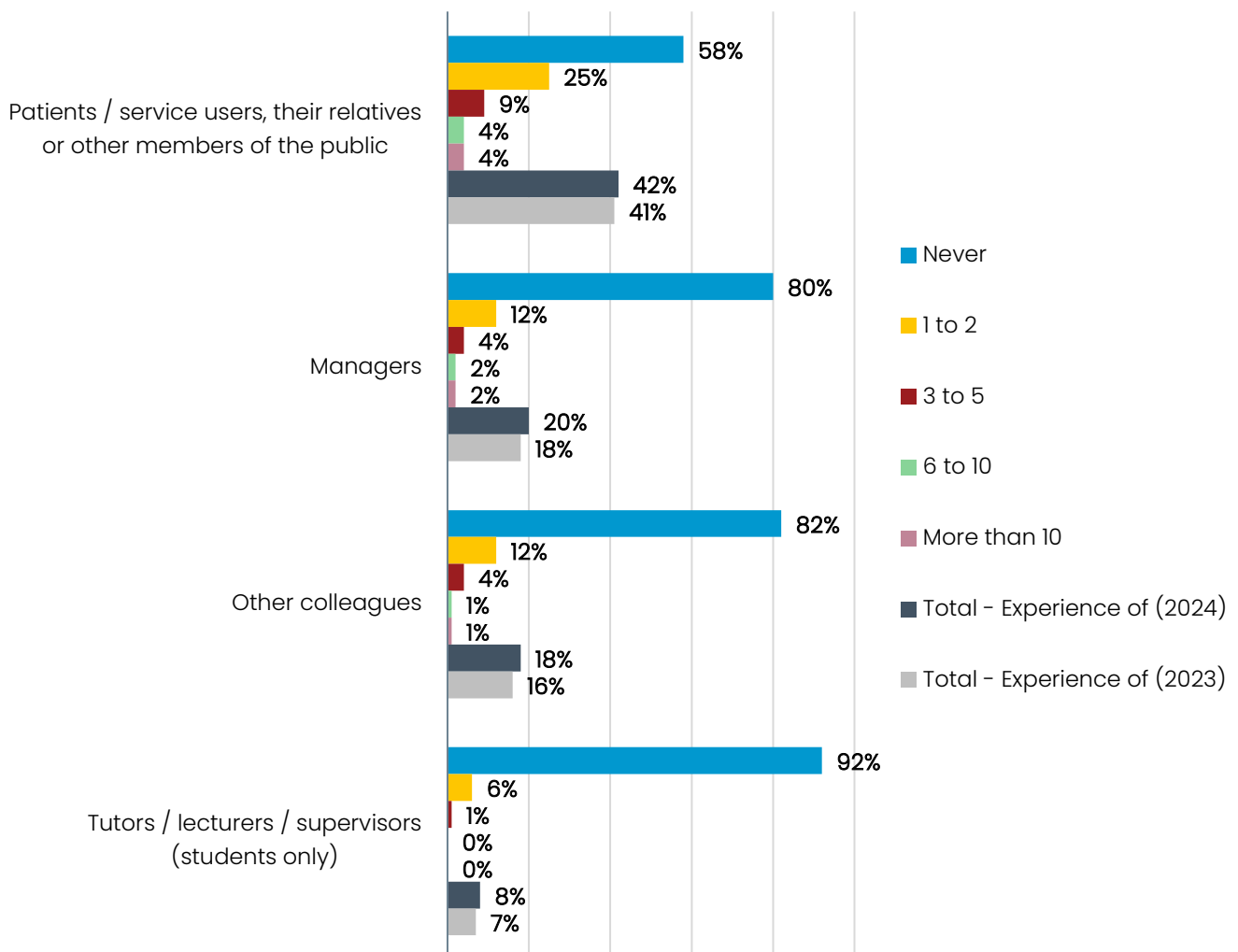
The primary source of harassment, bullying or abuse comes from patients and service users, their relatives or other members of the public, with 42% of respondents having at least one experience of this in the last 12 months.

In contrast, experiences of harassment, bullying or abuse from managers, other colleagues, or tutors/lecturers/supervisors is less frequent.

As can be seen in the chart below, this year’s results are very similar to those found in 2023, with very small increases in experience reported from each source.

Figure 48 – In the last 12 months, how many times have you personally experienced harassment, bullying, or abuse at work (or study) from...?

Base: All respondents excluding full-time students and retired 2024 (4,521); 2023 (3,557); Students 2024 (509); 2023 (469)



GOC registrants are more likely to experience this behaviour from patients or the public and managers when compared with the national NHS average

This question is asked in the annual NHS Staff Survey, highlighting that experience of harassment, bullying or abuse from patients/service users, their relatives, or other members of the public is much more common amongst GOC registrants. GOC registrants are also more likely have experience of this behaviour from managers, but are in line with the national NHS average in relation to harassment, bullying or abuse from other colleagues.

Figure 49 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2023

Base: GOC survey respondents (4,521), NHS Staff Survey 2023 (c.670k)

Source of harassment, bullying or abuse	This survey	NHS Staff Survey 2023
Patients/service users/relatives, other members of the public	42%	28%
Managers	20%	10%
Other colleagues	18%	18%

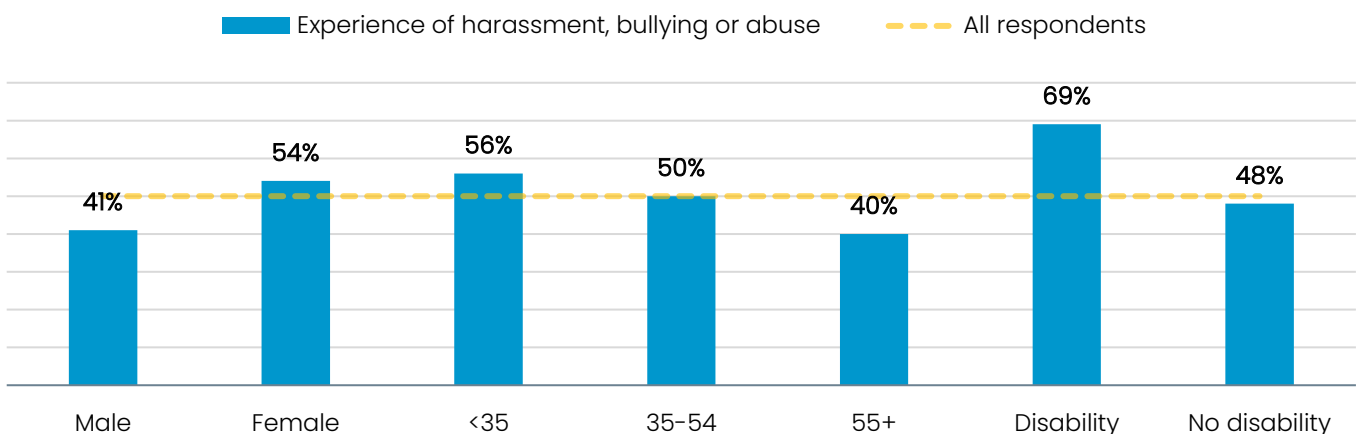
Experiences are more common amongst women, younger respondents, those with a disability, and those from ethnic minority backgrounds

Female respondents were more likely to have experienced harassment, bullying or abuse from all sources when compared with male respondents. Similarly, younger respondents aged under 35 and those aged 35–54 were more likely to have experienced harassment, bullying or abuse when compared with those aged 55+.

Respondents with a disability were also more likely to have experienced bullying, harassment or abuse when compared with those with no disability.

Figure 50 – Experience of harassment, bullying, or abuse at work by gender, age group, and disability

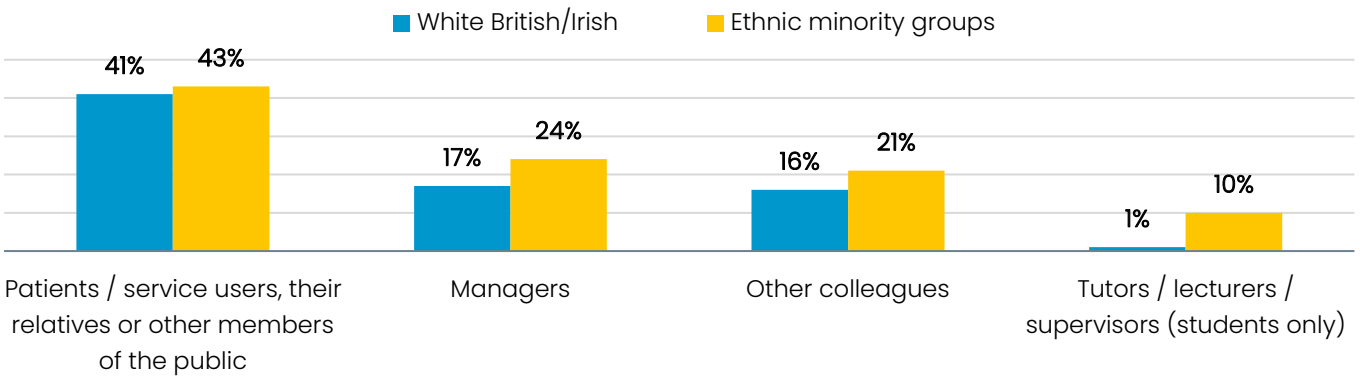
Base: Male (1,439); Female (2,832); <35 (1,521); 35–54 (1,914); 55+ (917); Disability (284); No disability (3,947)



Respondents from ethnic minority backgrounds were more likely to have experienced harassment, bullying or abuse specifically from managers, other colleagues, and tutors, lecturers or supervisors, when compared with those of White British/Irish ethnicity. However, no significant difference in ethnicity was found in relation to harassment, bullying or abuse from patients and service users.

Figure 51 – Experience of harassment, bullying, or abuse at work by ethnicity

Base: White British/Irish (2,429); Ethnic minority groups (1,729)

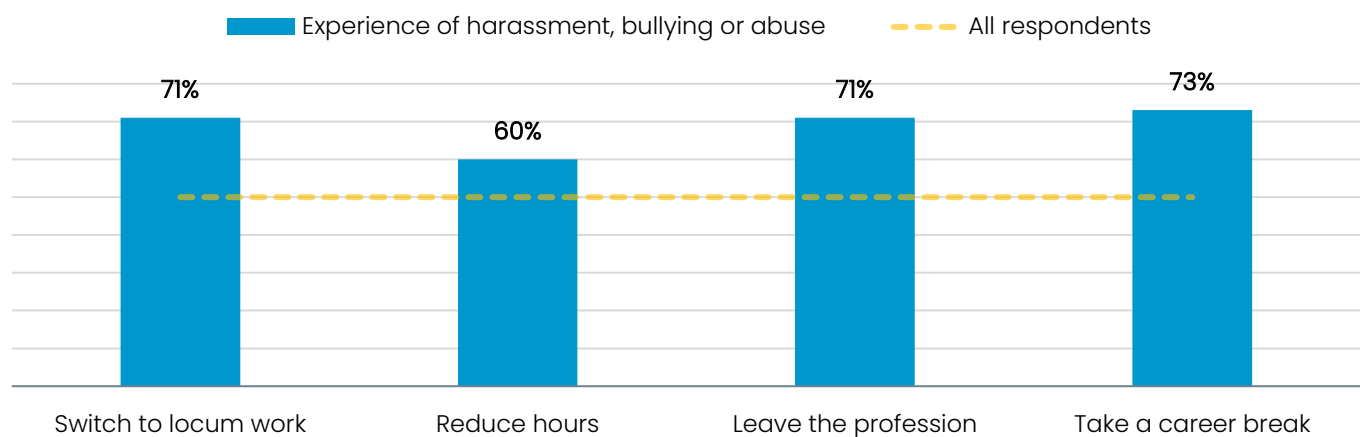


Negative influence on future career plans

Respondents who reported that they planned to switch to locum work, reduce their hours, take a career break, or leave the profession were more likely to have had experience of harassment, bullying or abuse at work, suggesting that these experiences may be influencing their future career plans.

Figure 52 – Experience of harassment, bullying, or abuse at work by future career plans

Base: Switch to locum work (373); Reduce hours (1,061); Leave the profession (628); Take a career break (221)



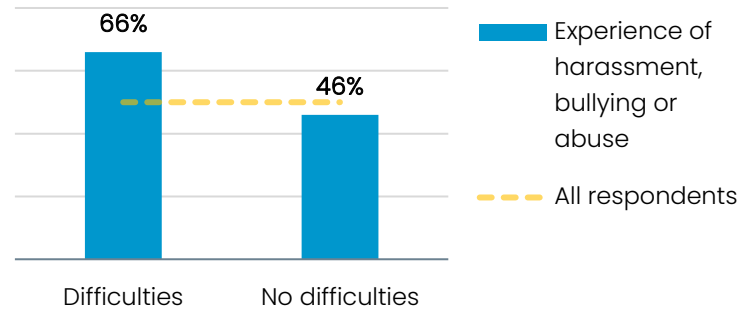
Influence on the ability to deliver sufficient care for patients

Respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced harassment, bullying or abuse at work.

This highlights a potential link between this negative experience and the ability to deliver safe patient care.

Figure 53 – Experience of harassment, bullying, or abuse at work by experience of difficulties providing sufficient patient care

Base: Difficulties (1,264); No difficulties (2,784)



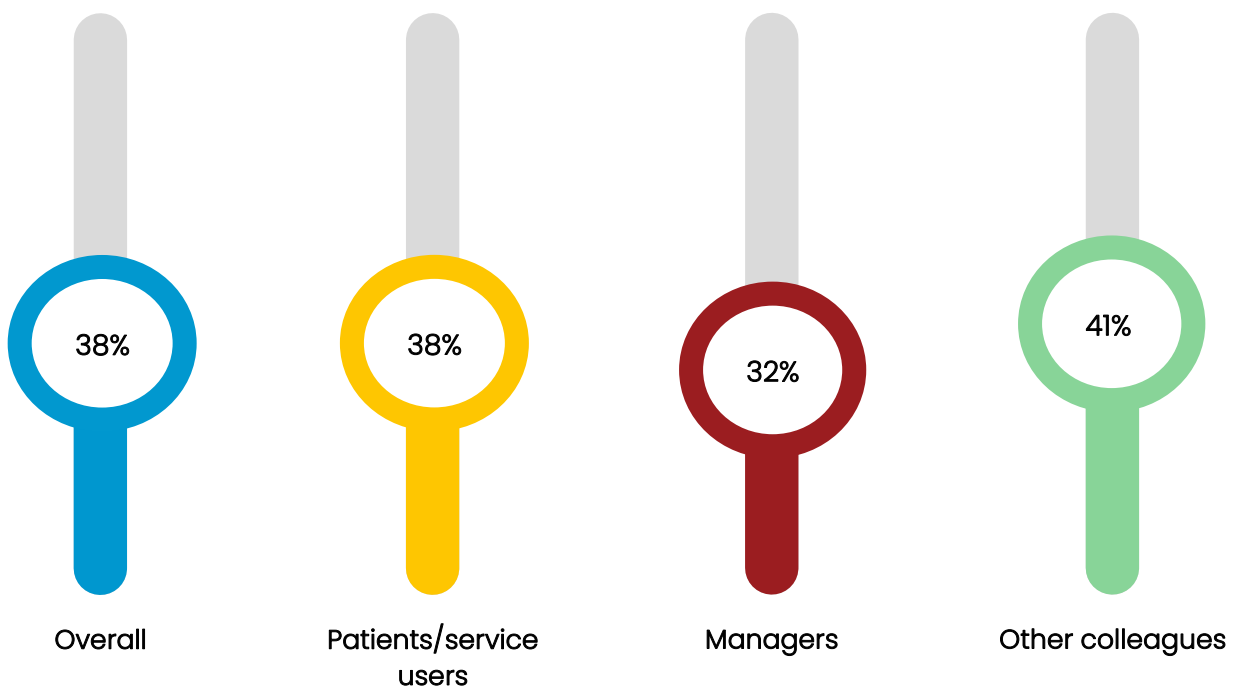
Increased reporting levels, but registrants are less likely to report harassment, bullying or abuse from managers

Almost two in five respondents (38%) who had experienced harassment, bullying or abuse in the last 12 months said they or a colleague had reported it. This represents a small increase from 2023, where a third (33%) had reported it.

Reporting was more likely in the case of harassment, bullying or abuse from patients/service users and other colleagues when compared with managers.

Figure 54 – Reporting harassment, bullying or abuse at work (they or a colleague reported)

Base: Those who had experience of harassment, bullying or abuse at work in the last 12 months excluding ‘don’t know’ and ‘not applicable’ responses (1,980)



GOC registrants are less likely to report harassment, bullying or abuse than the national NHS average

Although this year’s results represent a small increase in the proportion of GOC registrants reporting bullying, harassment or abuse, this is significantly lower than the national average found in the 2023 NHS Staff Survey. It is interesting to note that GOC registrants are at the same time both more likely to experience harassment, bullying or abuse, but less likely to report it.

Figure 55 – Experience of harassment, bullying or abuse in the last 12 months – Comparison with NHS Staff Survey 2023

Base: GOC survey respondents (1,746), NHS Staff Survey 2023 (c.222k)

Harassment, bullying or abuse reported	This survey	NHS Staff Survey 2023
Yes (they or a colleague reported)	38%	52%

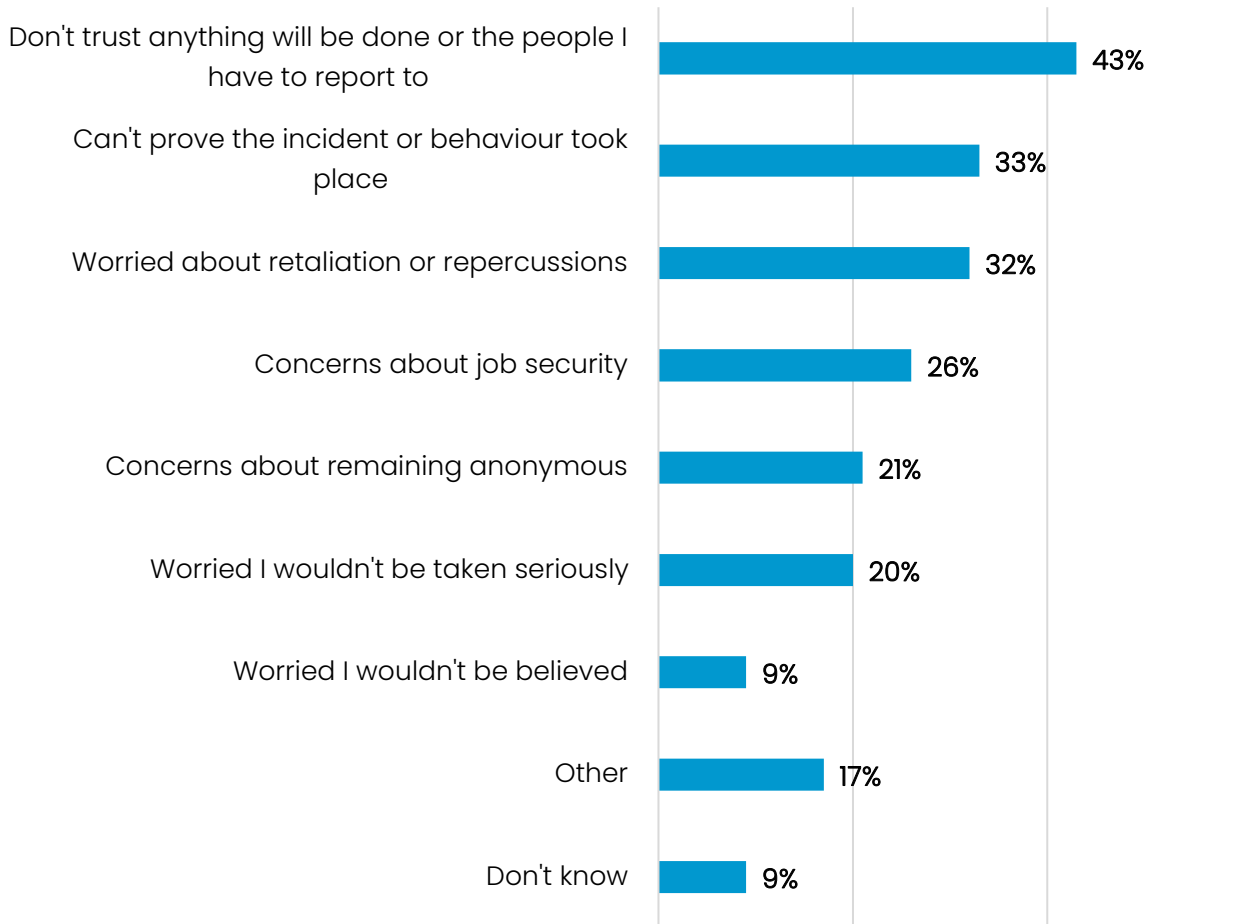


Lack of faith in the reporting process

The most common reason provided for choosing not to report harassment, bullying or abuse at work was **not trusting that anything would be done or the people they have to report to** (43%). A third said they couldn't prove the incident or behaviour took place (33%) or were worried about retaliation or repercussions (32%).

Figure 56 – Reasons for not reporting harassment, bullying or abuse at work

Base: Those who had not reported it (1,231)



'Other' reasons suggested by respondents for not reporting harassment, bullying, or abuse at work related to the belief that it is part of the job, especially with the public or patients, and that reporting is ineffective as management often does not act. Some explained they prefer to handle it themselves or did not consider the incident severe enough to report.



Discrimination

In total, three in ten respondents (31%) had personally experienced some form of discrimination at work (or study for those in education) in the last 12 months.

Most discrimination experiences are from patients/service users

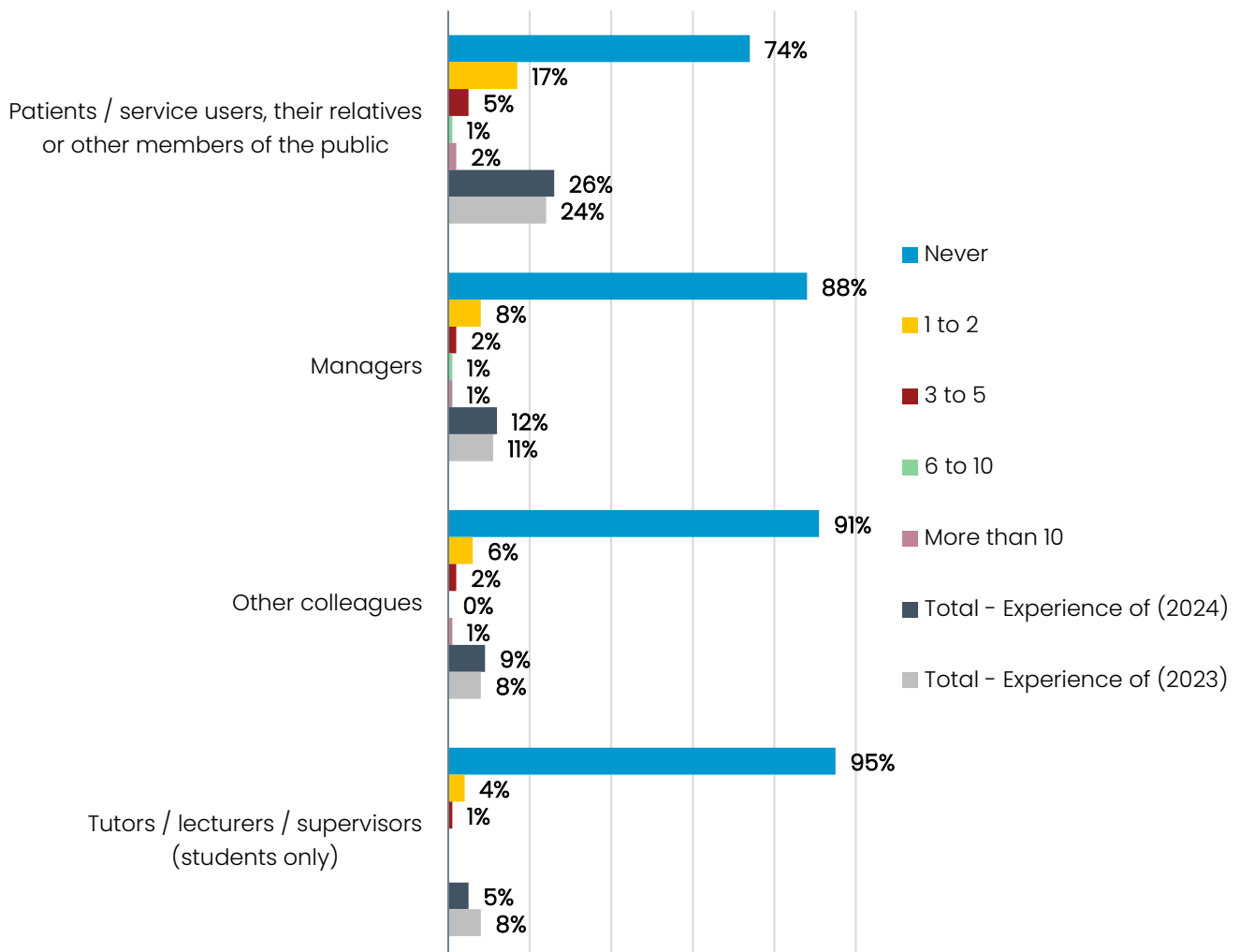
As found with harassment, bullying and abuse, the primary source of discrimination towards registrants comes from patients and service users, their relatives or other members of the public, although to a lesser degree. A quarter (26%) of respondents said they had at least one experience of this in the last 12 months.

Experiences of discrimination from managers, other colleagues, and tutors/lecturers/supervisors was less frequent.

As shown in the chart below, this year’s results are consistent with those found in 2023 for each source of discrimination.

Figure 57 – In the last 12 months, how many times have you personally experienced any discrimination at work (or study) from...?

Base: All respondents excluding full-time students and retired 2024 (4,521); 2023 (3,557); students 2024 (509); 2023 (468)



GOC registrants are more likely to experience this behaviour from patients or the public when compared with the national NHS average

A similar question is asked in the annual NHS Staff Survey, highlighting that **experience of discrimination from patients/service users, their relatives, or other members of the public and from managers or other colleagues** is much more common amongst GOC registrants.

Figure 58 – Experience of discrimination in the last 12 months – Comparison with NHS Staff Survey 2023
 Base: GOC survey respondents (4,521), NHS Staff Survey 2023 (c.668k)

Source of discrimination	This survey	NHS Staff Survey 2023
Patients/service users/relatives, other members of the public	26%	8%
Managers or other colleagues	15%	9%

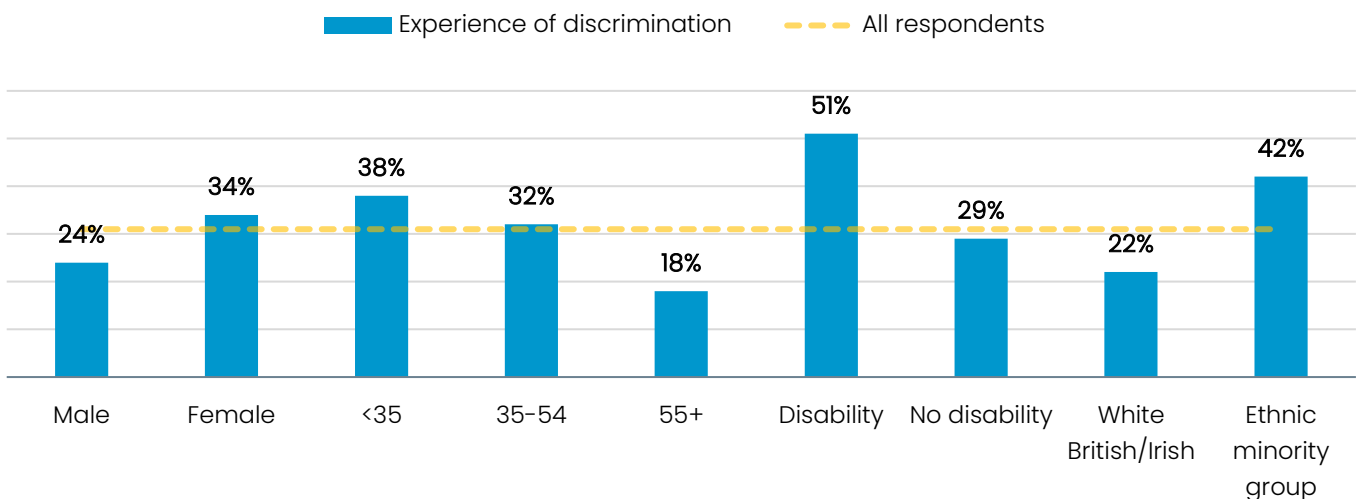
Multiple groups more likely to face discrimination

Female respondents, respondents from younger age groups, and those with a disability were all more likely to report experience of discrimination at work or study in the last 12 months.

Those from ethnic minority groups were also more likely to have experienced any discrimination, particularly those of Asian/Asian British ethnicity (44%).

Figure 59 – Experience of discrimination at work by gender, age group, disability, and ethnicity

Base: Male (1,439); Female (2,832); <35 (1,521); 35–54 (1,914); 55+ (917); Disability (284); No disability (3,947); White British/Irish (2,425); Ethnic minority group (1,729)



Experience of discrimination is more commonplace in England

Respondents in England were more likely to report experiences of discrimination at work or study when compared with those in other UK nations, particularly Wales and Northern Ireland.

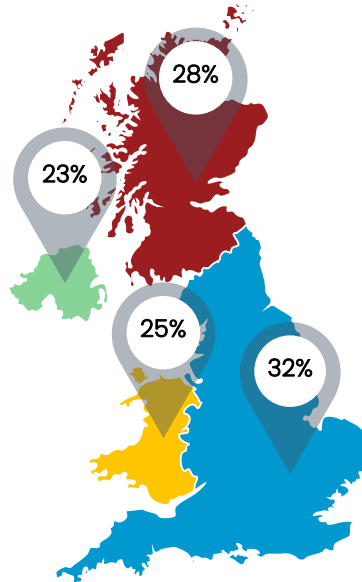


Figure 60 – Experience of discrimination at work by UK nation

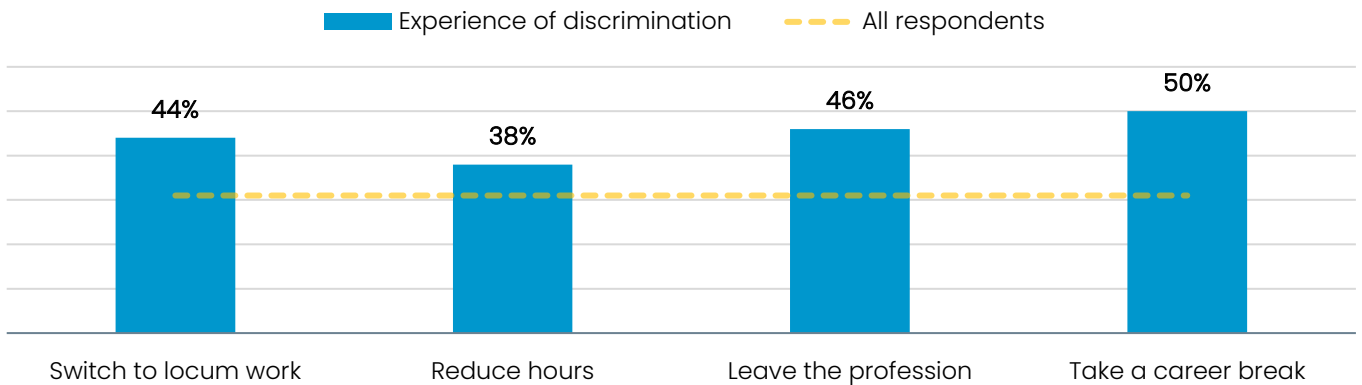
Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

Influence on future career plans

As with experience of harassment, bullying or abuse at work, respondents who indicated that they planned to switch to locum work, reduce their hours, take a career break, or leave the profession were also more likely to have experienced discrimination at work. Again, this may suggest that these negative experiences are influencing their future career plans.

Figure 61 – Experience of discrimination at work by future career plans

Base: Switch to locum work (373); Reduce hours (1,061); Leave the profession (628); Take a career break (221)

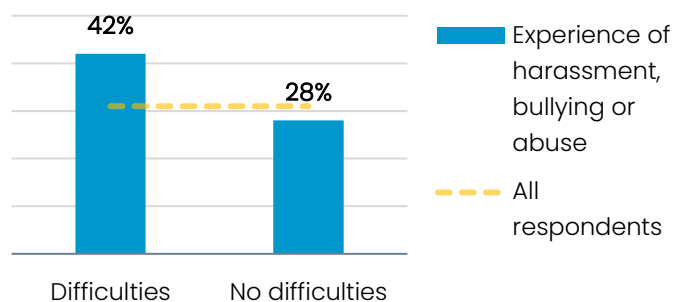


Influence on the ability to deliver sufficient care for patients

Also mirroring experiences of harassment, bullying or abuse, respondents who said they found it difficult to provide patients with the sufficient level of care they need were more likely to have experienced discrimination at work. This again may indicate correlation between the negative experience of discrimination and the ability to deliver safe patient care.

Figure 62 – Experience of discrimination at work by experience of difficulties providing sufficient patient care

Base: Difficulties (1,264); No difficulties (2,784)

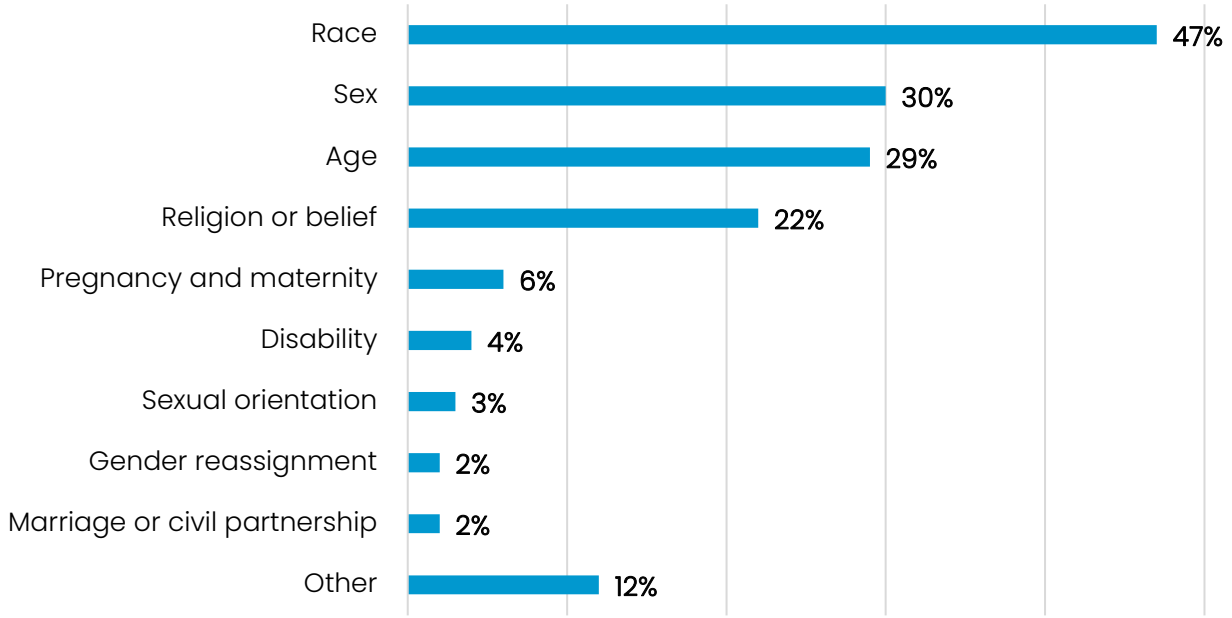


Racial, sexual, and age-related discrimination are most frequently reported

Almost half (47%) of those who had experienced discrimination specified that this was related to race. Other common forms of discrimination reported included sex (30%), age (29%), and religion or belief (22%).

Figure 63 – Types of discrimination experienced

Base: Those who had experienced discrimination in the last 12 months (1,409)

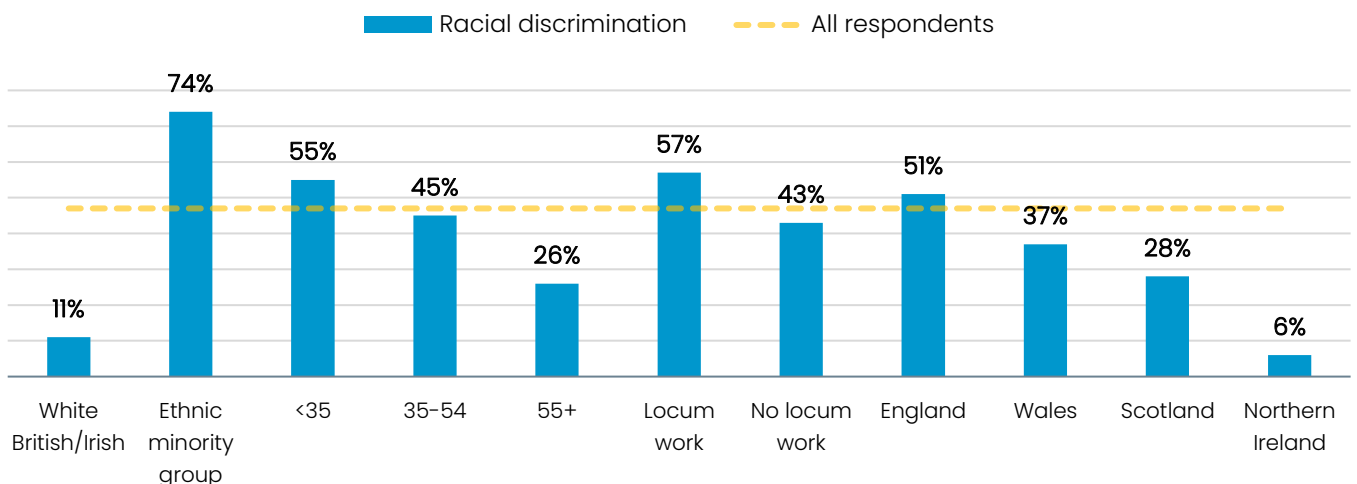


Groups more likely to have experience of racial discrimination

As could be expected, experiences of racial discrimination were far more common amongst those from ethnic minority groups, especially those of Black/Black British ethnicity (93%). However, racial discrimination was also more likely to be experienced by female respondents, those aged under 35, locums, and those based in England.

Figure 64 – Experience of race discrimination by ethnicity, age group, locum work and location

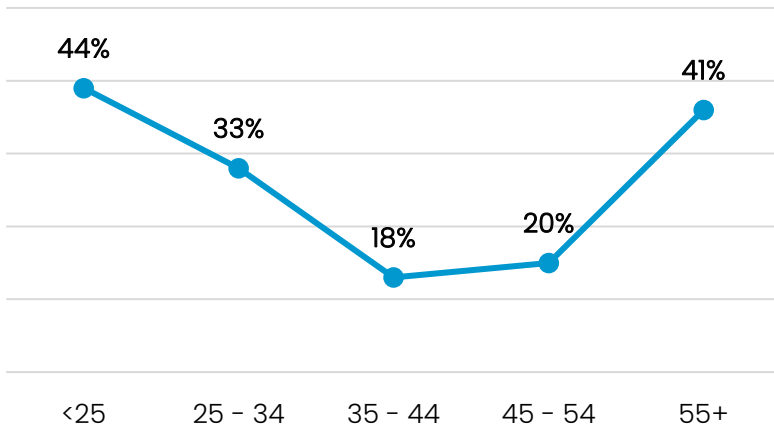
Base: White British/Irish (538); Ethnic minority group (730); <35 (571); 35-54 (609); 55+ (165); Locum work (324); No locum work (983); England (1,061); Wales (54); Scotland (118); Northern Ireland (34)



Age discrimination affects both younger and older registrants

Figure 65 – Experience of age discrimination in the last 12 months by age group

Base: <25 (169); 25-34 (402); 35-44 (377); 45-54 (233); 55+ (165)



Age discrimination was reported less frequently by those aged 35 to 54, highlighting that this is an issue that is faced by both younger registrants aged under 35 and older registrants aged 55+.

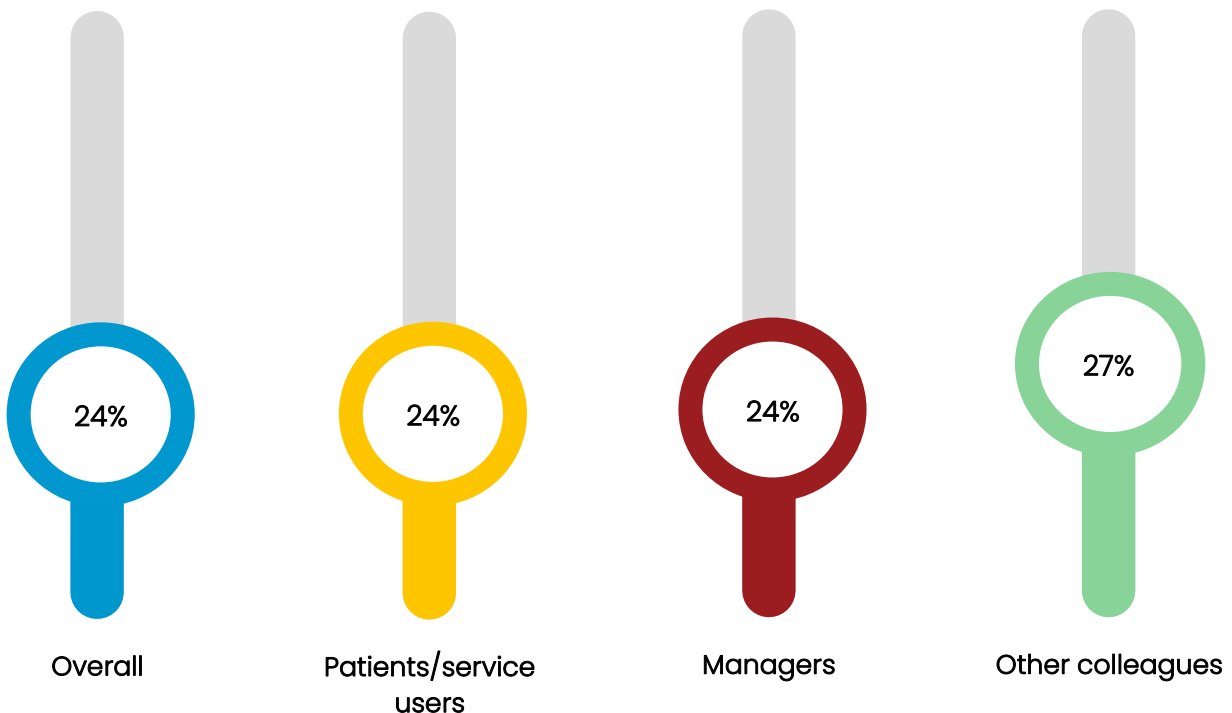
Consistent levels of reporting of discrimination across all sources

A quarter of respondents (24%) who had experienced discrimination at work in the last 12 months said they or a colleague had reported it.

Reporting was only slightly more likely in the case of discrimination from other colleagues, but otherwise was consistent across different sources of discrimination.

Figure 66 – Reporting discrimination at work

Base: Those who had experience of discrimination at work in the last 12 months excluding 'don't know' and 'not applicable' responses (1,277)

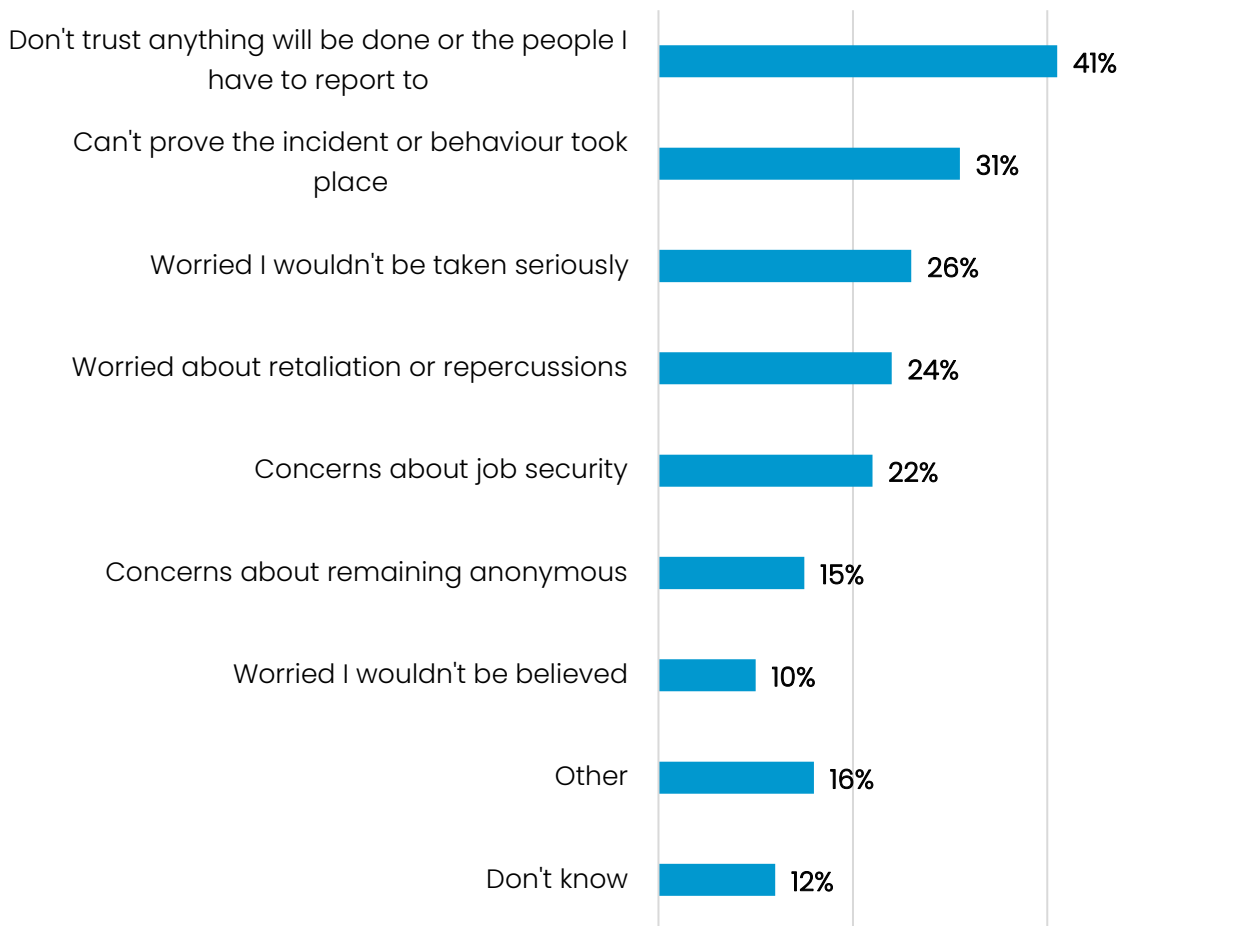


Lack of faith in the reporting process

As with harassment, bullying or abuse, the most common reason provided for choosing not to report discrimination at work was **not trusting that anything would be done or the people they have to report to** (41%).

Figure 67 – Reasons for not reporting discrimination at work

Base: Those who had not reported it (974)



'Other' reasons suggested by respondents for not reporting discrimination related to the belief that it is not worth the hassle or would not change anything, feeling accustomed or indifferent to such behaviour, and perceiving it as part of the job, societal norms, or comments based on ignorance rather than malice. Respondents mentioned that discrimination was sometimes expected when dealing with members of the public or patients, particularly when dealing with older people who may be more likely to hold discriminatory attitudes. Additionally, some noted that there was no clear reporting mechanism and a lack of support from management.



Plans for the future

Consistency of immediate future career plans over the last three years

The most popular immediate future career plan is to gain additional qualifications/skills (41%).

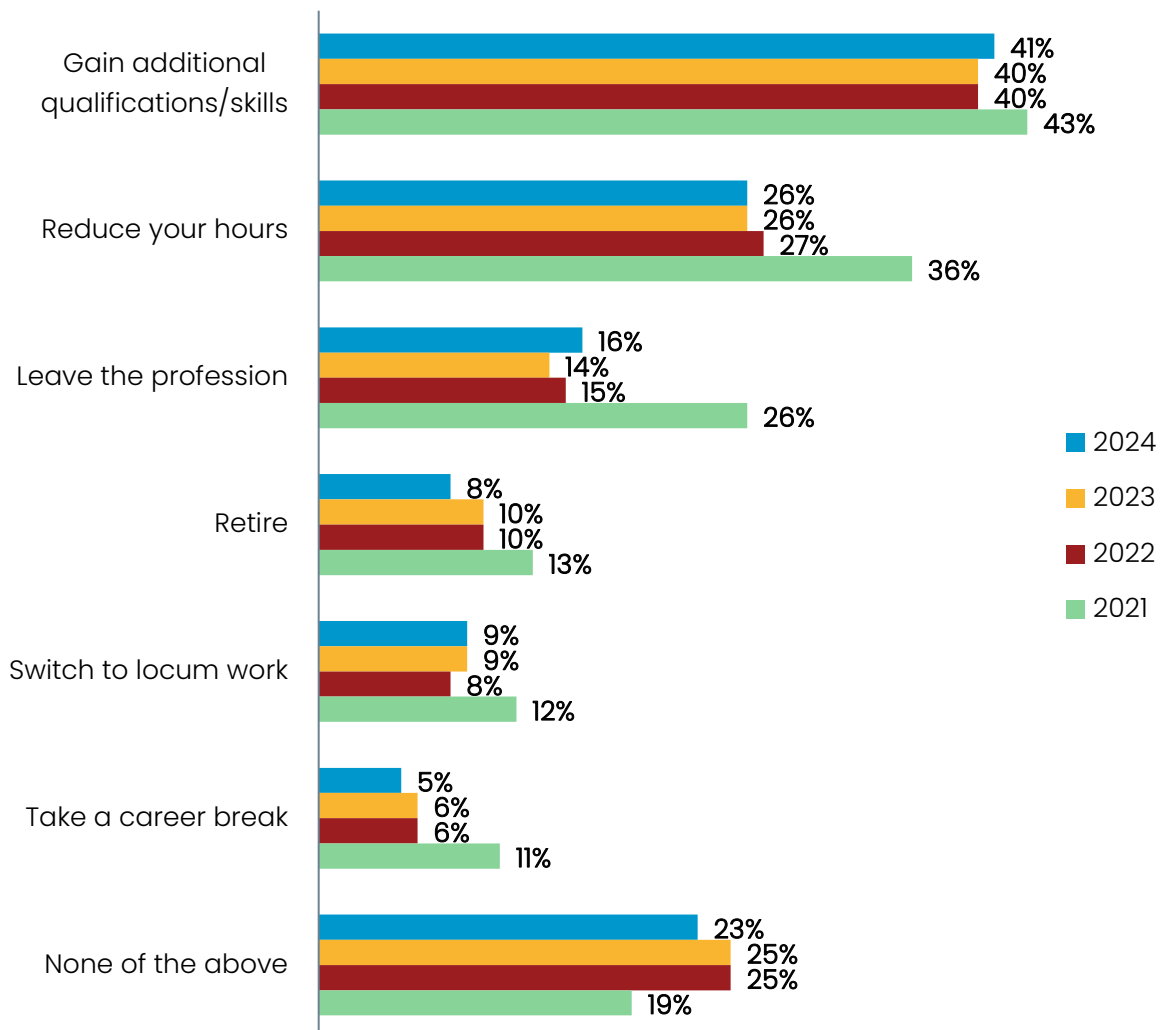
Although smaller, significant proportions of respondents indicated that they planned to reduce their hours (26%), leave the profession (16%), retire (8%), or take a career break (5%), all of which would have an impact on the optical workforce.

However, almost a quarter (23%) selected none of these options, suggesting no immediate intentions to change their career in the optical sector.

This year’s survey results represent consistency with the last three years, after significantly greater proportions of registrants indicated that they planned to reduce their hours or leave the profession in 2021.

Figure 68 – Are you considering making any of the following changes to your career over the next 12-24 months?

Base: Those currently working 2024 (4,049); 2023 (3,486); 2022 (3,647); 2021 (4,479)



Gaining additional skills

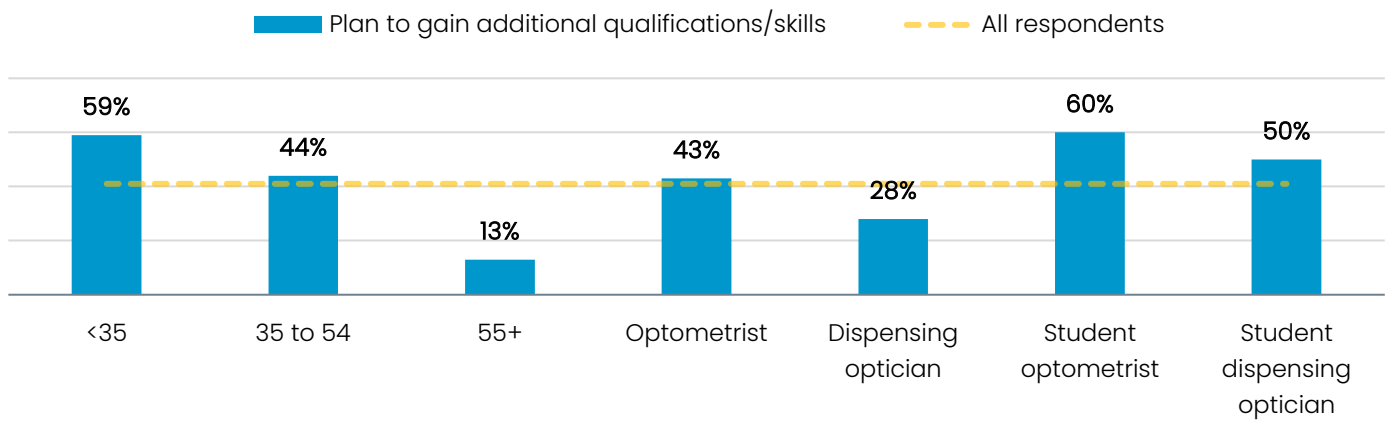
More enthusiasm for gaining additional skills/qualifications amongst those newer to the profession



As could be expected, younger respondents and those with fewer years of GOC registration were more likely to plan to gain additional qualifications or skills in the next 12 months. This finding is also reflected in the larger proportions of student optometrists and student dispensing opticians who have this in their short-term future career plans. In contrast, older respondents and dispensing opticians were less likely to have this future career plan.

Figure 69 – Plan to gain additional qualifications/skills by age and registration type

Base: Aged <35 (1,170); 35-54 (1,817); 55+ (900); Optometrist (2,594); Dispensing optician (993); Student optometrist (341); Student dispensing optician (174)

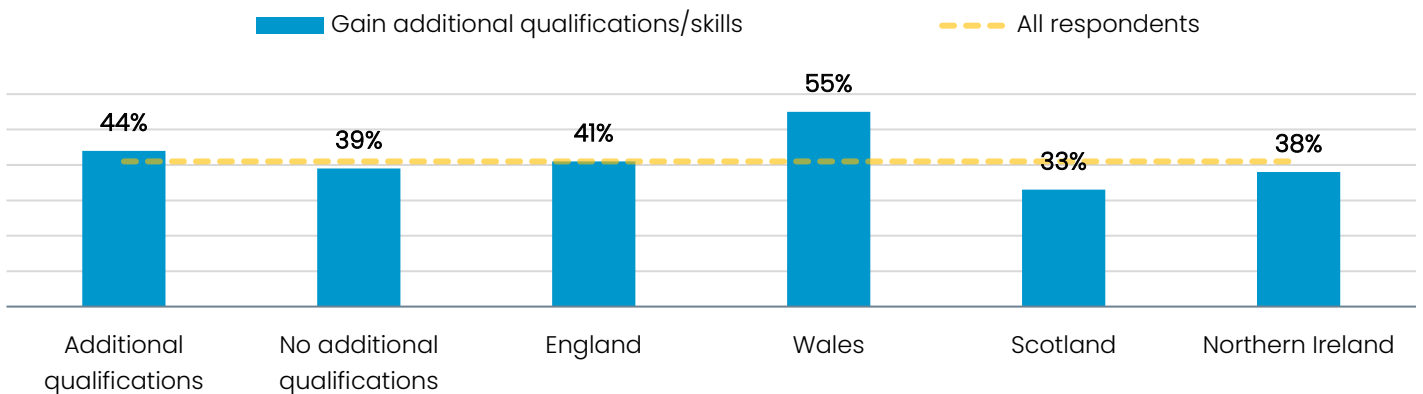


More interest in developing skills from those who already have additional qualifications, particularly in Wales

Respondents who indicated that they already had additional qualifications were more likely to plan to gain more. Furthermore, respondents based in Wales were more likely to plan to gain additional qualifications or skills when compared with the rest of the UK, where a greater proportion of respondents in Wales already have additional qualifications.

Figure 70 – Plan to gain additional qualifications/skills by additional qualifications and UK nation

Base: Additional qualifications (1,356); No additional qualifications (2,693); England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

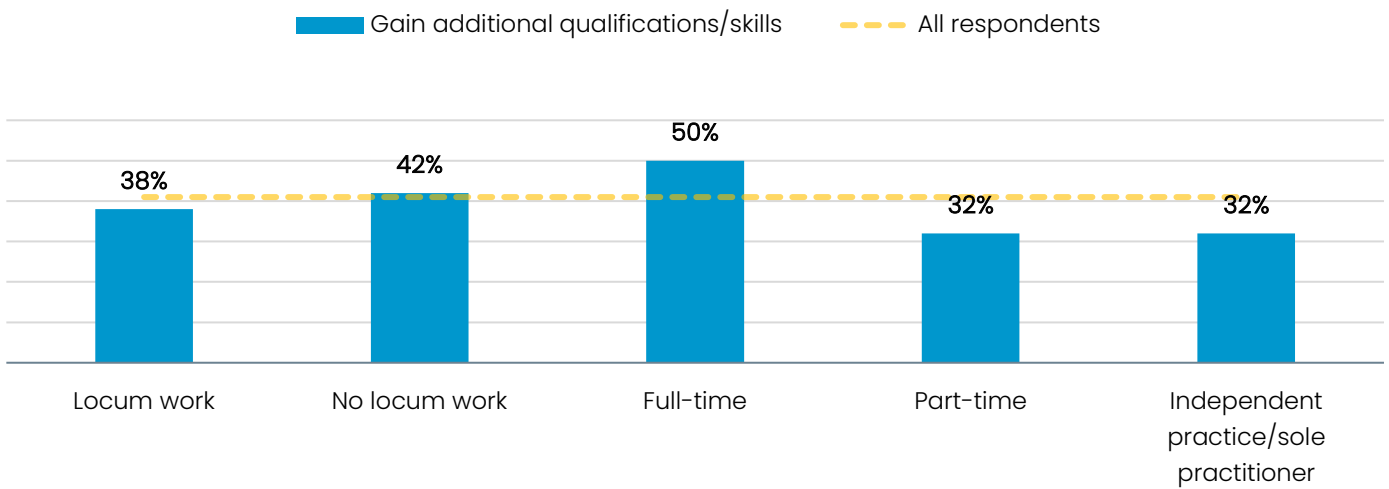


Interest in developing is lower amongst locums, part-time workers, and in independent practice

Interest in gaining additional qualifications or skills was lower amongst certain subgroups, including those who worked as locums, those who worked part-time, and those who worked for an independent practice/as a sole practitioner. This may highlight an issue with professional development in these areas.

Figure 71 – Plan to gain additional qualifications/skills by locum working, working status, and workplace setting

Base: Locum work (891); No locum work (3,158); Full-time (1,995); Part-time (2,054); Independent practice/sole practitioner (1,596)



Popular areas of interest for development

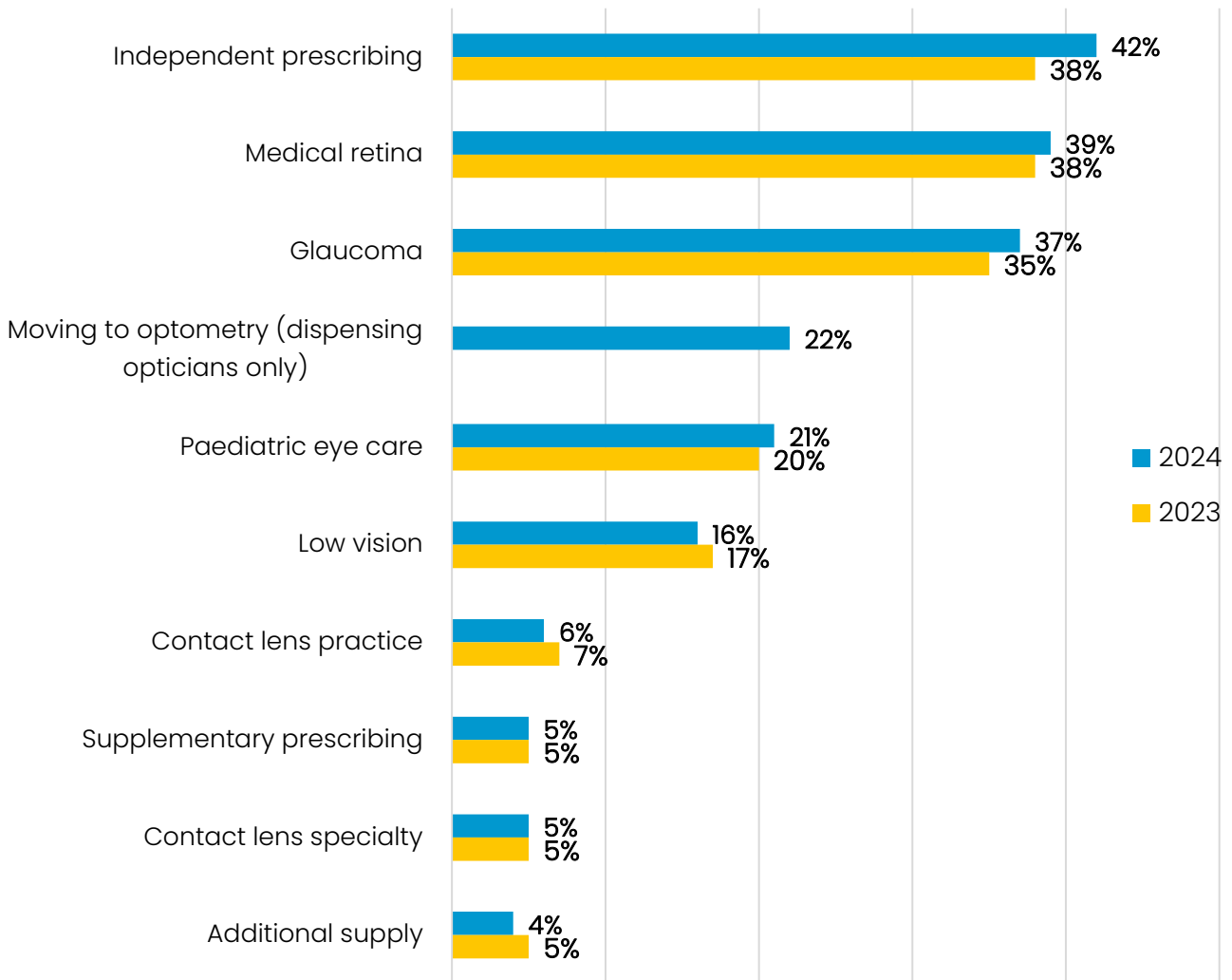
The two most popular areas for gaining additional qualifications/skills were **independent prescribing, medical retina and glaucoma**, followed by paediatric eye care and low vision.

In comparison with last year’s results, there has been a small increase in the level of interest in independent prescribing (+4% pts), but similar levels of interest for all other topics.

A new option for 2024, 22% of dispensing opticians expressed an interest in moving to optometry.

Figure 72 – Areas of interest in gaining additional qualifications/skills

Base: Those who plan to gain additional qualifications/skills in the next 12-24 months 2024 (1,653); 2023 (1,377)



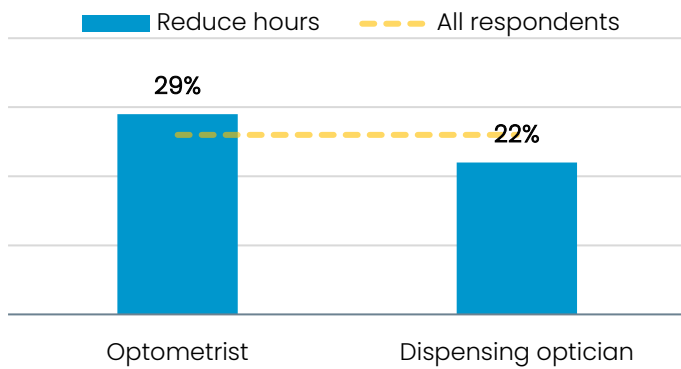
Plans to reduce hours



Optometrists and those working full-time are more likely to plan to reduce their hours

Figure 73 – Plans to reduce hours by registration type

Base: Optometrists (2,594); Dispensing opticians (993)



A greater proportion of optometrists planned to reduce their hours in the next 12-24 months when compared with dispensing opticians, particularly those who already worked full-time.

Analysis by UK nation and workplace setting found no differences in relation to plans to reduce hours.

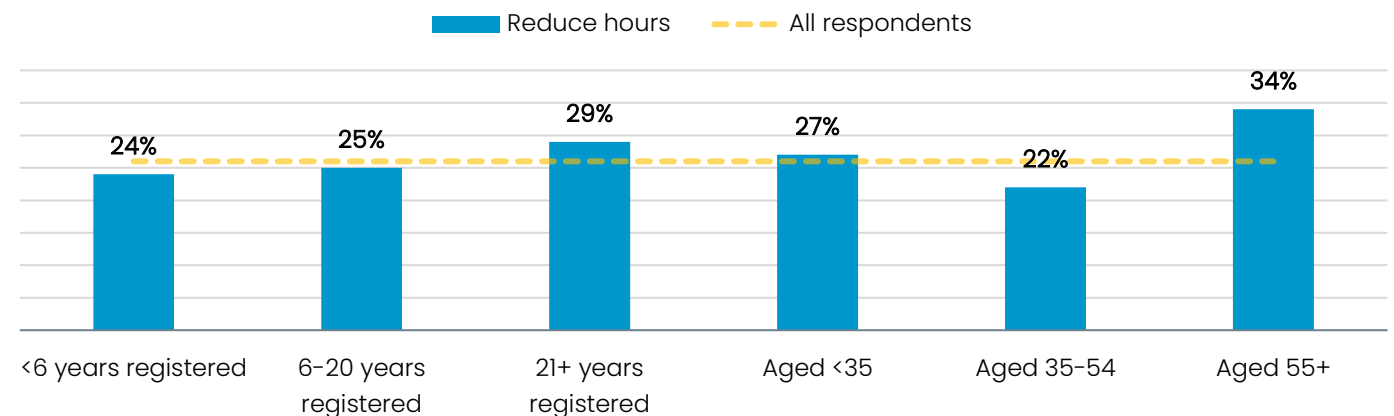
Although older registrants were most likely to plan to reduce their hours, there is still interest amongst younger registrants

A larger proportion of registrants with a greater number of years of GOC registration indicated that they planned to reduce their hours, but this does not directly correlate as could be expected with age group.

Although older respondents aged 55+ were more likely to plan to reduce their hours, a large proportion of younger respondents aged under 35 also provided this response, highlighting that it may not just be older registrants towards the later stages of their careers who plan to reduce their hours.

Figure 74 – Plans to reduce hours by length of registration and age group

Base: <6 years registered (970); 6-20 years registered (1,443); 21+ years registered (1,612); Aged <35 (1,170); Aged 35-54 (1,817); Aged 55+ (900)

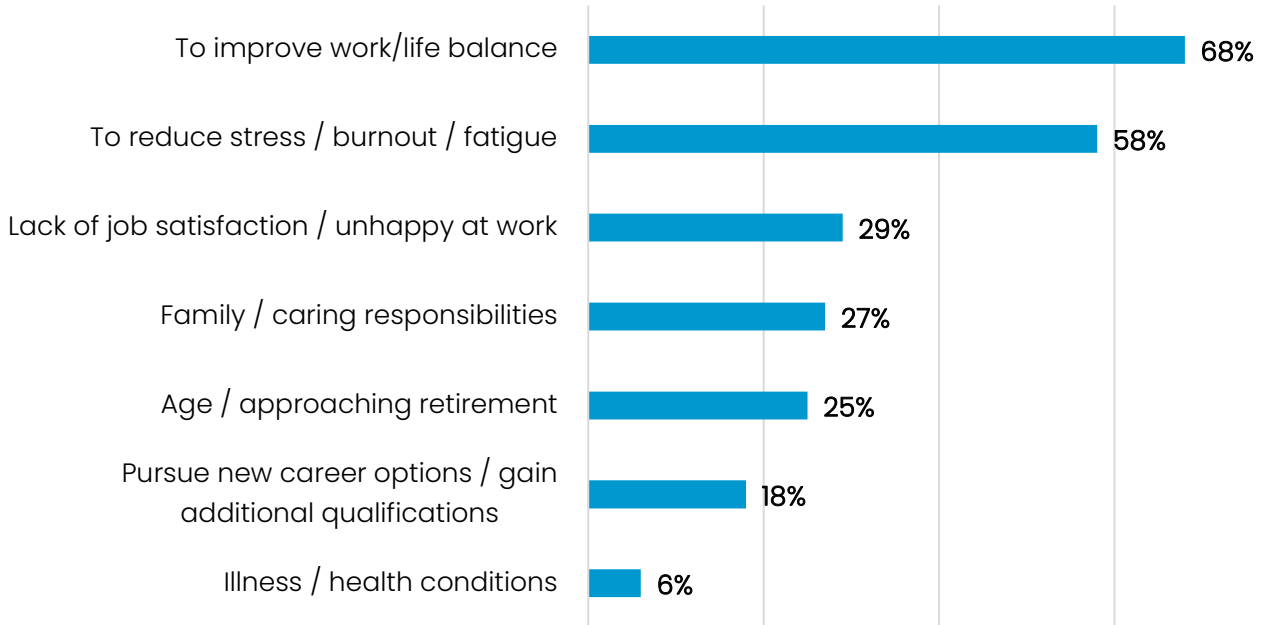


Reducing hours to improve work/life balance and reduce stress

Reasons expressed for planning to reduce hours mirror those provided in 2023, with the two main reasons relating to improving work/life balance and reducing stress, burnout and fatigue.

Figure 75 – Reasons for planning to reduce hours

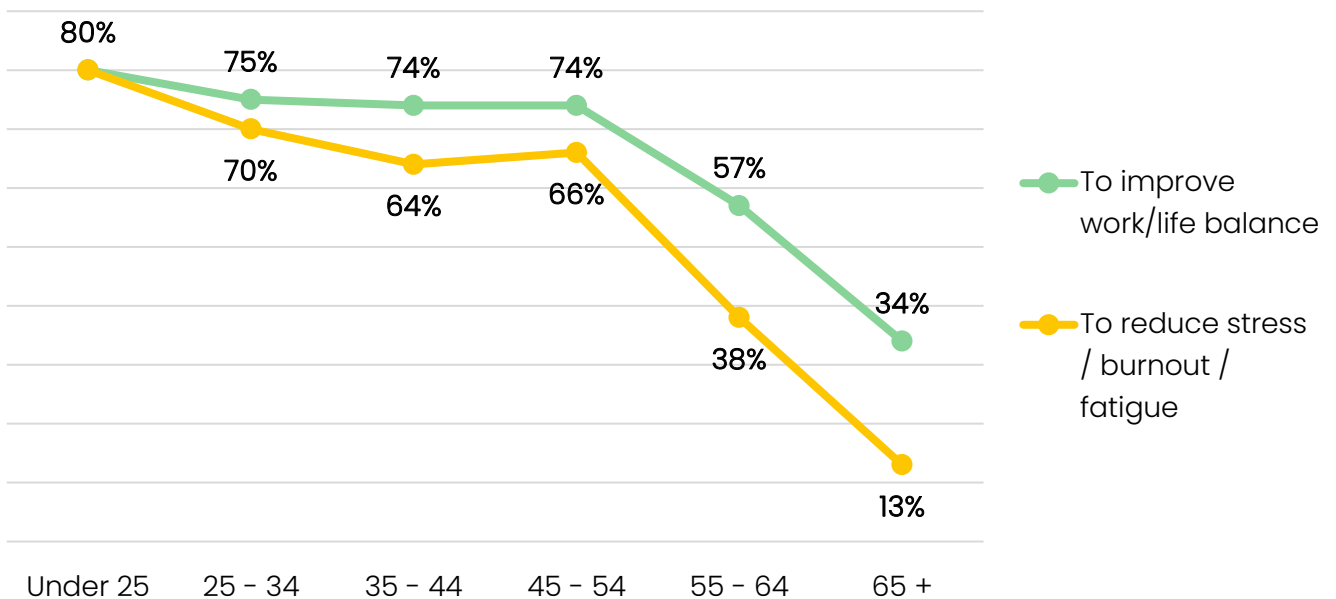
Base: Those who plan to reduce their hours in the next 12-24 months (1,061)



Younger respondents were more likely to answer that they planned to reduce their hours to improve their work/life balance and reduce stress, burnout and fatigue when compared with older respondents.

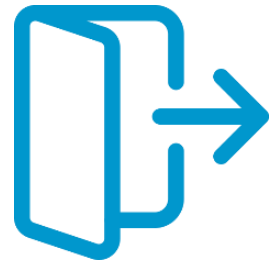
Figure 76 – Reasons for planning to reduce hours by age group

Base: Under 25 (72); 25-34 (248); 35-44 (211); 45-54 (181); 55-64 (246); 65+ (59)



Plans to leave the profession

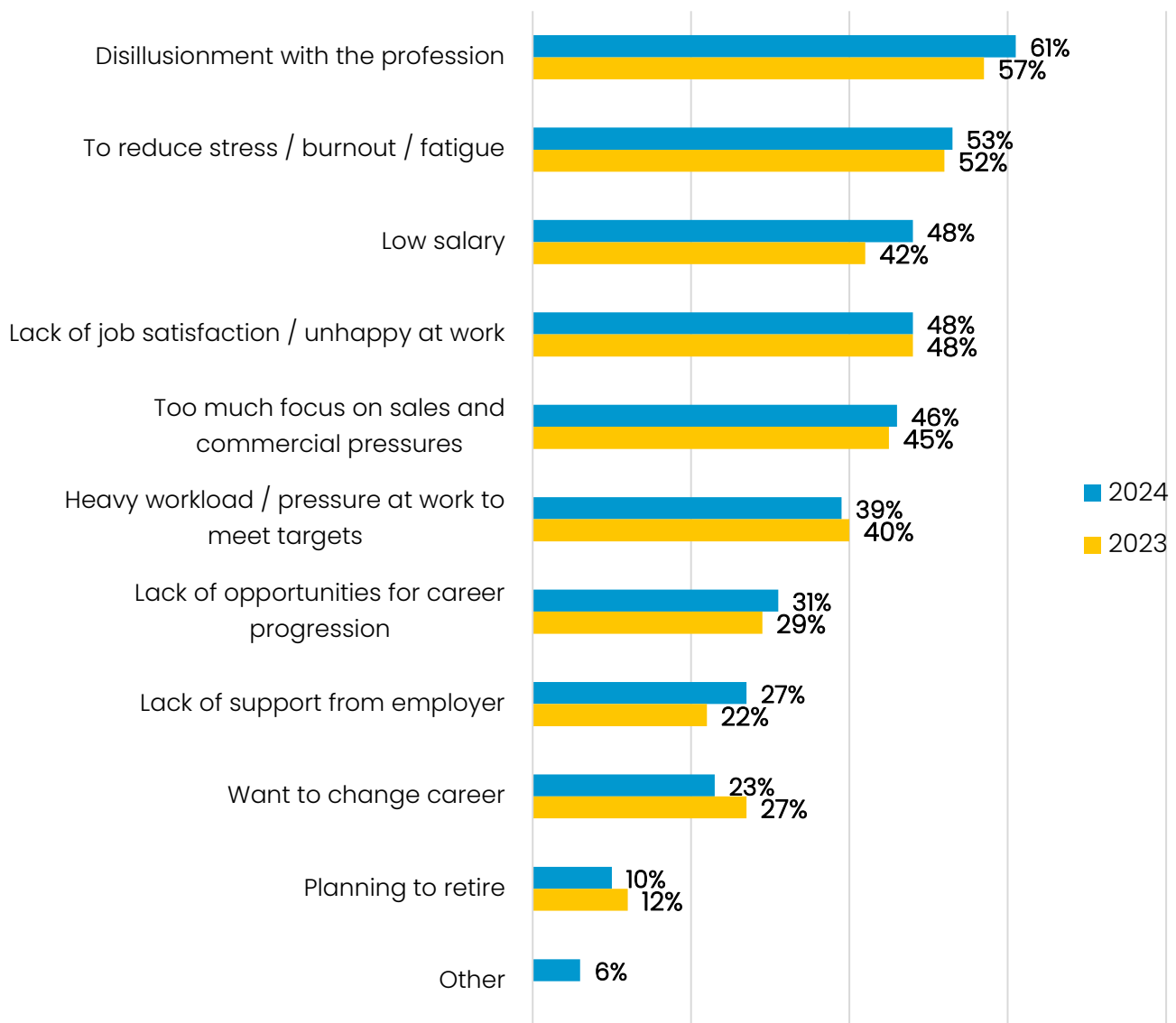
Multiple factors are leading registrants to consider leaving the profession



A number of reasons for considering leaving the profession in the next 12-24 months were provided, suggesting that **there is not one clear issue driving this potential career change**. Key reasons suggested included disillusionment with the profession, reducing stress, burnout and fatigue, low salaries, lack of job satisfaction, and too much focus on sales and commercial pressures.

Figure 77 – Reasons for planning to leave the profession

Base: Those who plan to reduce leave the profession in the next 12-24 months 2024 (628); 2023 (500)



The reasons of disillusionment with the profession, low salary, and lack of employer support have all increased since last year’s survey in 2023.



Dispensing opticians are considering leaving the profession due to low salary

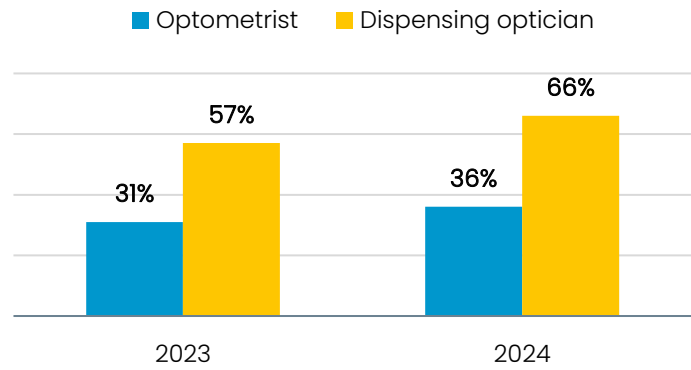
A much larger proportion of dispensing opticians (22%) said they planned to leave the profession in the next 12-24 months when compared with optometrists (15%).

Also in contrast between the two registrant groups, **dispensing opticians were more likely to provide the reason of low salary** when compared with optometrists.

The overall proportion of respondents who provided this reason has increased since 2023, and although it has increased for both registrant groups, it has increased more significantly for dispensing opticians.

Figure 78 – Planning to leave the profession due to low salary by registration type

Base: Those who plan to reduce leave the profession in the next 12-24 months 2023 Optometrists (305); Dispensing opticians (167); 2024 Optometrists (391); Dispensing opticians (220)

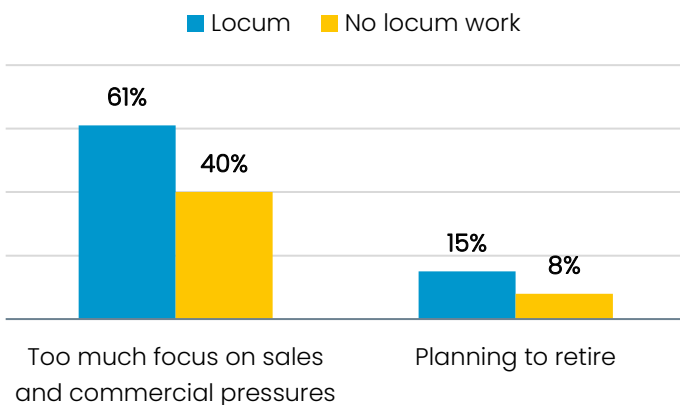


Other subgroups more likely to select low salary as a reason for considering leaving the profession included **those working for a multiple** (52%) and **younger registrants aged under 35** (59%).

Locums are more likely to plan to leave the profession due to commercial pressures, but some also plan to retire

Figure 79 – Planning to leave the profession due to too much focus on sales and commercial pressures or planning to retire by locum working

Base: Those who plan to leave the profession in the next 12-24 months Locums (191); No locum work (438)



Those who worked as locums were more likely to plan to leave the profession in the next 12-24 months (21%) when compared with those who did no locum work (14%). One of the top reasons suggested for this by locums was **too much focus on sales and commercial pressures**, in contrast to those who did not work as locums.

However, locums were also more likely to indicate that they planned to leave the profession **due to retirement** when compared with those who did not work as locums, which may highlight a difference in reasons for taking on locum work between younger and older registrants.

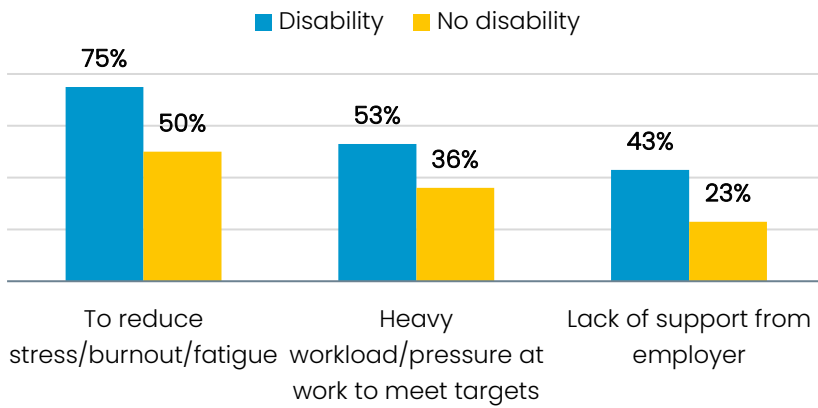
Larger proportions of optometrists (51%) and those working for a multiple (60%) also stated that they planned to leave the profession due to commercial pressures.



Registrants with disabilities are more likely to plan to leave the profession

Figure 80 – Reasons for planning to leave the profession by disability status

Base: Those who plan to leave the profession in the next 12-24 months
 Disability (62); No disability (493)



Respondents who said they had a disability were more likely to plan to leave the profession in the next 12-24 months (24%) when compared with those who did not have a disability (14%).

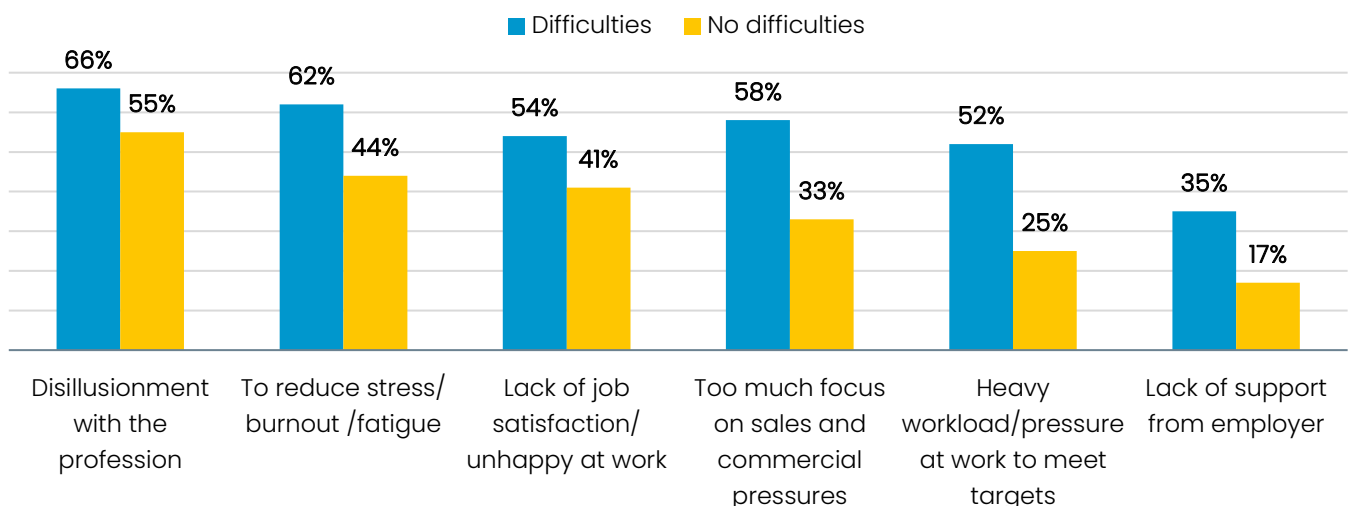
These respondents were more likely to explain that this was planned to **reduce stress, burnout and fatigue, due to heavy workloads and pressure to meet targets, and due to lack of employer support.**

Registrants who struggle to provide patients with sufficient care are more likely to plan to leave the profession, focusing on issues relating to workload and commercial pressure

Respondents who indicated that they found it difficult to provide patients with the sufficient level of care they need were more likely to plan to leave the profession in the next 12-24 months (26%) when compared with those who did not (11%).

When explaining why, larger proportions of these respondents selected a range of reasons, particularly **heavy workloads, pressure to meet targets, and too much focus on sales and commercial pressures.**

Figure 81 – Reasons for planning to leave the profession by difficulties providing sufficient patient care
 Base: Difficulties (327); No difficulties (301)



Plans to switch to locum work

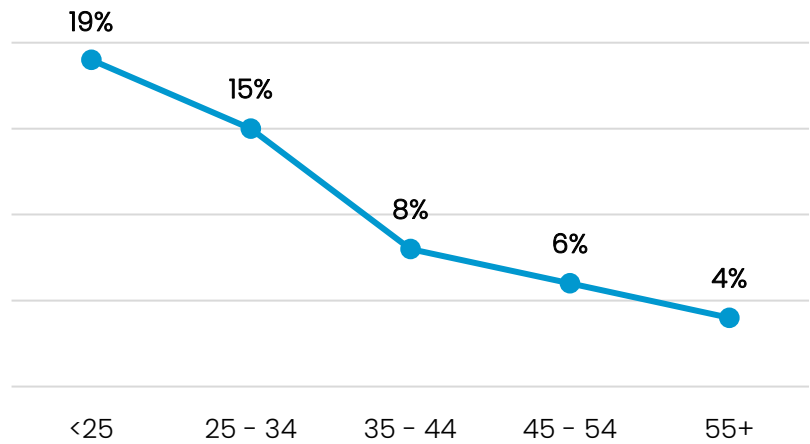
Interest in locum work is higher amongst younger registrants

Interest in switching to locum work was significantly higher amongst younger respondents aged under 35.

Linked to this finding, student optometrists were also more likely to express their interest in locum working (14%).

Figure 82 – Planning to switch to locum work by age group

Base: <25 (299); 25-34 (872); 35-44 (955); 45-54 (822); 55+ (900)



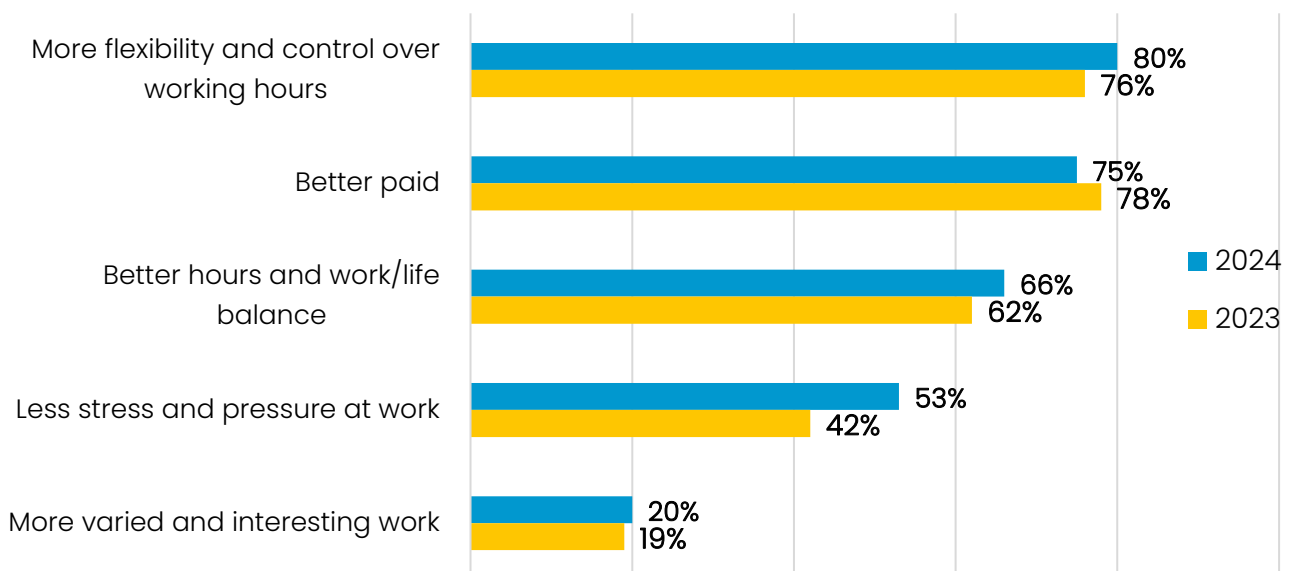
Registrants are considering locum work to achieve more control, flexibility and balance, as well as better pay

Of the 9% of respondents who planned to switch to locum work in the next 12-24 months, when asked why, large proportions focused on having **more flexibility and control over working hours** and **better hours and work/life balance**. Another common reason suggested was that locum work was **better paid**.

In contrast with the results to this question from 2023, a larger proportion of respondents provided the reason of **less stress and pressure at work**, highlighting that this is an increasingly important issue for some registrants.

Figure 83 – Reasons for planning to switch to locum work

Base: Those who plan to switch to locum work 2024 (373); 2023 (325)



Plans to take a career break

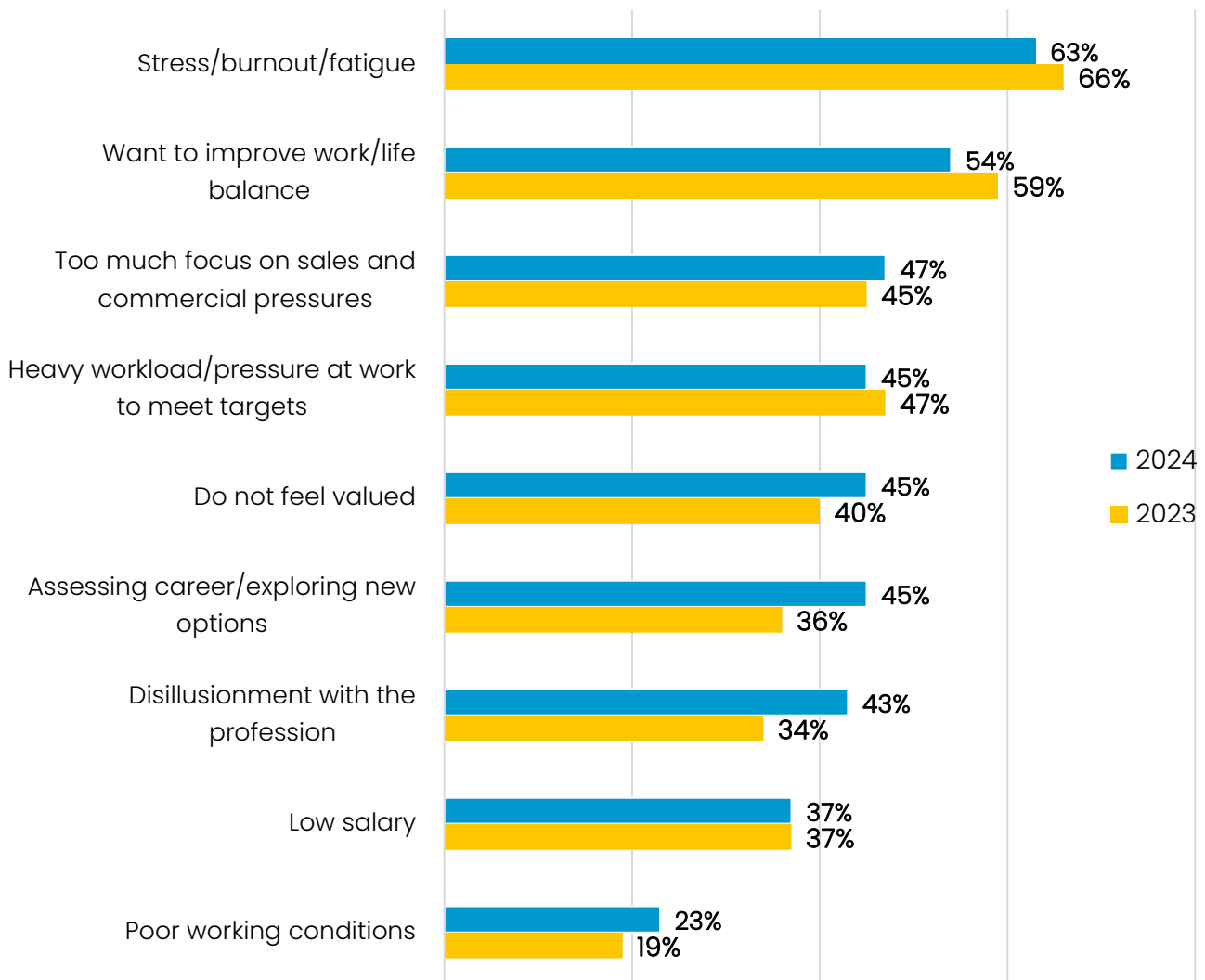
Some changes in the reasons provided for planning a career break

The primary reasons suggested for planning to take a career break were **stress/burnout/fatigue** and **wanting to improve work/life balance**. Although selected by the largest proportions of respondents, both these reasons were chosen by smaller proportions in this year’s survey results.

Instead, the proportions of respondents stating that they **do not feel valued, are assessing or exploring new career options, are disillusioned with the profession, or have poor working conditions** have increased since last year.

Figure 84 – Reasons for planning to take a career break

Base: Those who plan to take a career break 2024 (221); 2023 (196)



Career development

Opportunities to develop

Working respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about career development opportunities at their place of work.

Registrants feel enabled to develop their knowledge and skills, but less supported to develop their career and potential

Agreement was highest in relation to having opportunities to specifically **improve knowledge and skills** (73%), followed by **being able to access the right learning and development opportunities when needed** (61%).

However, just over half (55%) agreed that there are opportunities to develop their career at their place of work, and less than half (46%) agreed that they feel supported to develop their potential. This suggests that development opportunities and support provided across workplaces may be **more focused on knowledge and skills rather than more general career development and progression**.

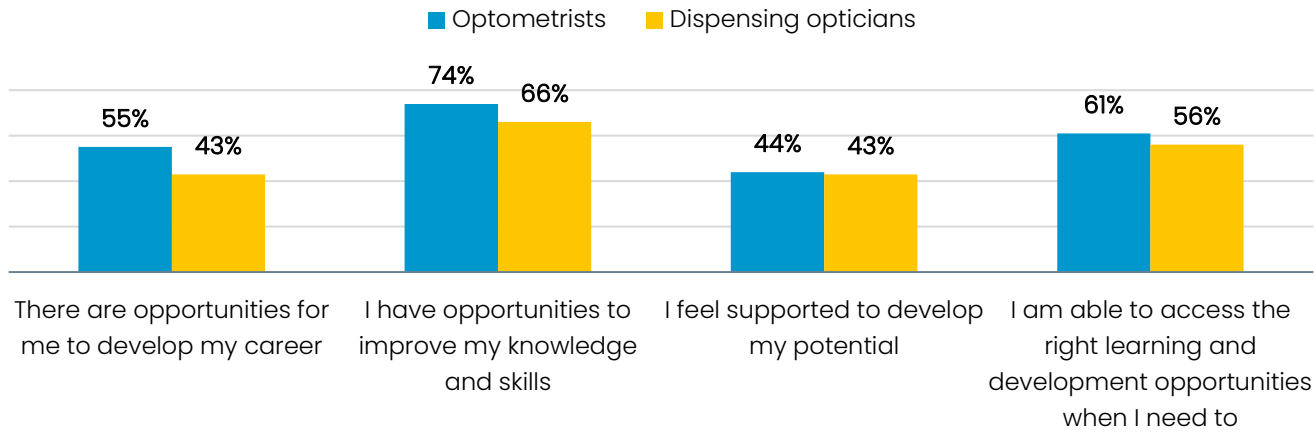
Figure 85 – Agreement with statements about development opportunities at work
Base: Working respondents (4,049)



Greater opportunities to develop for optometrists when compared with dispensing opticians

Optometrists were more likely to agree that they had opportunities to develop their career, improve their knowledge and skills, and access the right learning and development opportunities when compared with dispensing opticians. However, the level of agreement in relation to feeling supported to develop their potential was consistently lower for both registrant types.

Figure 86 – Agreement with statements about development opportunities at work by registration type
 Base: Optometrists (2,594); Dispensing opticians (993)

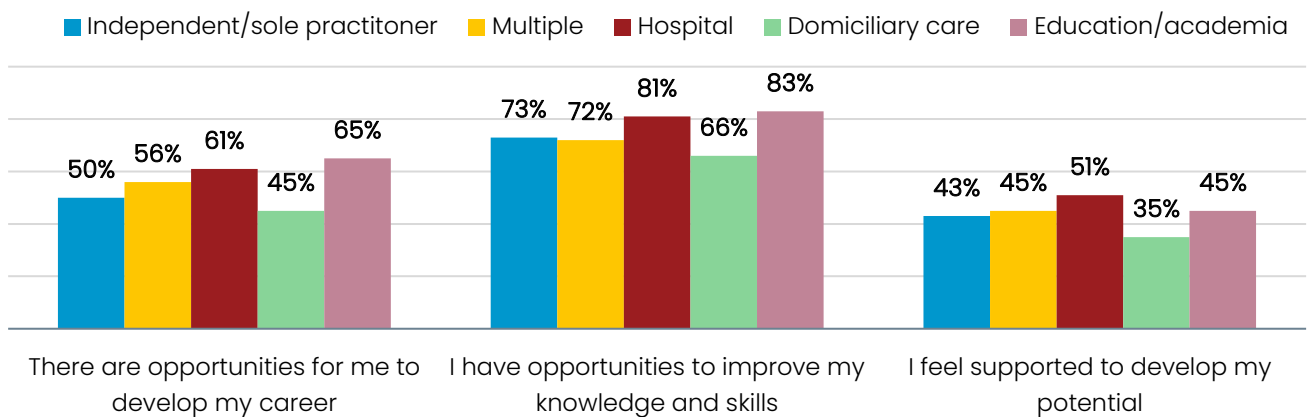


Greater opportunities to develop in hospital and education/academia

Those who worked in a hospital or in education/academia generally expressed more positive experiences of opportunities to develop, especially when compared with those who worked in independent practice and domiciliary care. For example, agreement that there are opportunities to develop their career was much higher for those working in a hospital or education/academia when compared with those working in independent practice or domiciliary care.

Agreement was consistent in relation to being able to access the right learning and development opportunities when needed across all workplace settings.

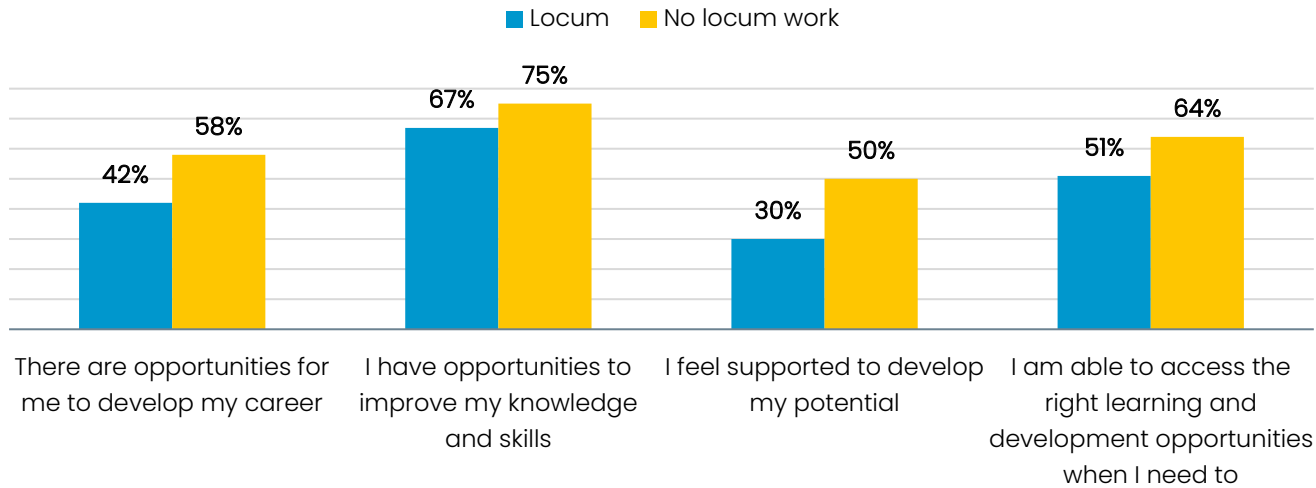
Figure 87 – Agreement with statements about development opportunities at work by workplace setting
 Base: Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domiciliary care (80); Education/academia (226)



Locum workers have more negative experiences of career development opportunities

For each statement, **those who worked as locums were less likely to agree** when compared with those who did no locum work. Most significantly, locums were less likely to agree that there were opportunities for them to develop their career and that they feel supported to develop their potential.

Figure 88 – Agreement with statements about development opportunities at work by locum working
 Base: Locums (891); No locum work (3,158)

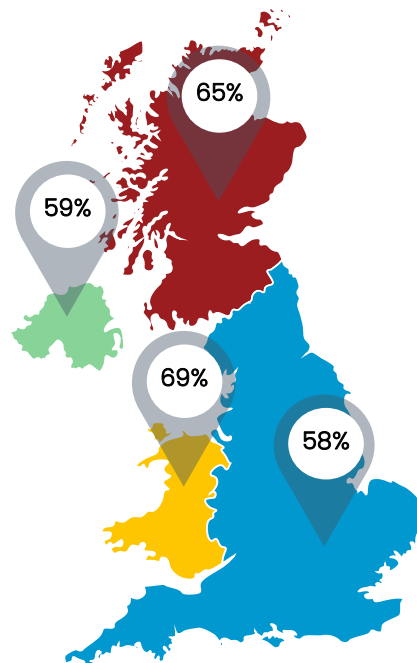


Better opportunities to develop in Wales and Scotland

Those who worked in Wales, and to a lesser extent in Scotland, were more likely to agree with all statements about development opportunities.

The map below shows the combined level of agreement across all four statements, highlighting that those who worked in England and Northern Ireland were less likely to agree in comparison.

Figure 89 – Agreement with statements about development opportunities at work by UK nation
 Base: England (3,026); Wales (193); Scotland (387); Northern Ireland (132)

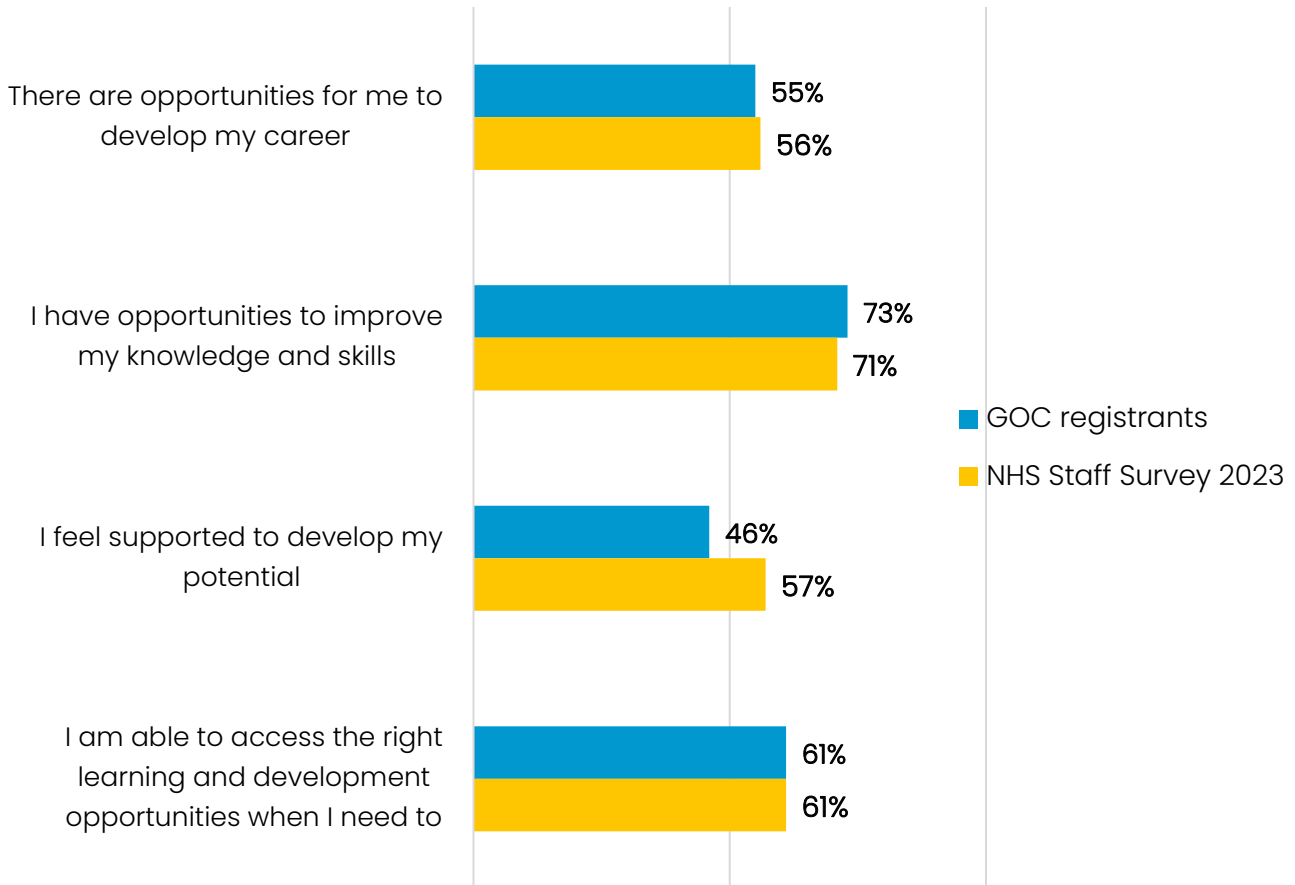


Attitudes are mostly consistent with NHS Staff Survey

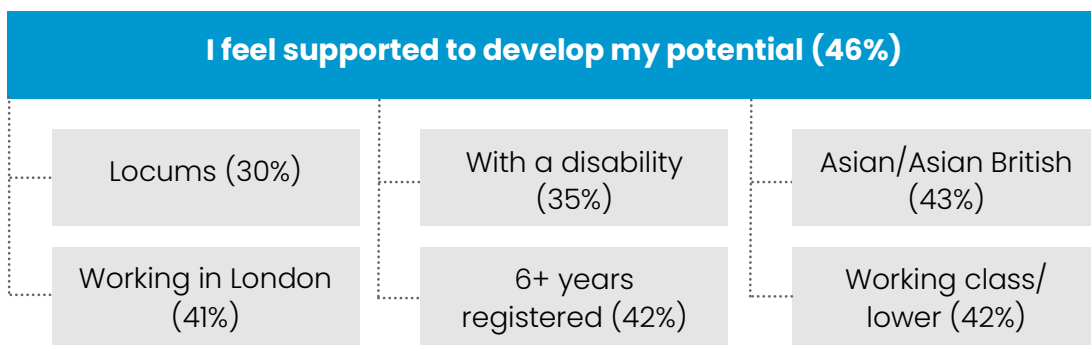
These questions were taken from the NHS Staff Survey, allowing for comparison. There are high levels of consistency for three of the four statements. However, this comparison highlights that GOC registrants are less likely to agree that they feel supported to develop their potential when compared with the NHS Staff Survey results.

Figure 90 – Agreement with statements about development opportunities at work compared with NHS Staff Survey

Base: Working respondents (4,049); NHS Staff Survey 2023 (c.700k)



The following groups were less likely to agree that they felt supported to develop their potential, and therefore may be more significantly contributing to the disparity with the NHS Staff Survey results.



Barriers to career progression

All working respondents were asked to specify what barriers, if any, were stopping their career progression. The analysis of free-text comments to show the frequency of mentions is presented in the table overleaf.

Time constraints/workload/being too busy

Time constraints are a significant barrier to career progression for many respondents due to the high demands of their current workloads, which leave little to no time for additional training, studying, or professional development. Many participants report working long hours, often with excessive overtime, and face challenges in finding time to step back from their immediate responsibilities or take time off for further education without impacting their primary job duties. The expectation to complete training in their personal time further exacerbates this issue, making it difficult to balance work and self-improvement.



I am overwhelmed with work and unable to make time for self-development.
Dispensing optician



Completing the contact lens course which is very demanding while maintaining a full time job.
Dispensing optician



I see an overbooked clinic everyday with conversion and KPI pressures. There is no potential for any progress. Every day is just a grind.
Optometrist

Cost/financial constraints/need to self-fund

Financial constraints are also a barrier to career progression for many respondents, primarily due to the high costs associated with courses, professional fees, and additional qualifications. Many individuals are required to self-fund their further education, which is often unaffordable without substantial financial sacrifices or taking on additional work, depending on where in the country they are based. Lack of access to funding or grants can make it difficult for professionals to invest in their career development.



Cost of courses, funding and professional fees almost £900 a year.
Dispensing optician



Cost of courses! Our professional fees have risen and our salaries are the same since I qualified nearly 20 years ago! Scotland offers IP courses for free. Why do we not have this in the England?
Optometrist



Financial - I am self-funding my additional qualifications, whereas friends in Wales have theirs paid by the NHS.
Optometrist

Lack of employer support

A lack of employer support is a barrier to career progression, as respondents highlighted a pervasive absence of encouragement and resources from their employers. This includes a lack of



mentorship, insufficient investment in staff development, and an overall disinterest from management in promoting and facilitating career advancement. Respondents emphasised that, without support from employers, employees face significant challenges in obtaining further qualifications and progressing in their careers.

<p>//</p> <p><i>Employers not seeing the value of additional qualifications.</i></p> <p>Optometrist</p>	<p>//</p> <p><i>The company do not see the value in a DO expanding into low vision or contact lenses.</i></p> <p>Dispensing optician</p>	<p>//</p> <p>Unsupportive manager. I feel it's possible if I had the right support. It's very sad and unfortunate that I don't.</p> <p>Optometrist</p>
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Figure 91 – Barriers to career progression (coded free-text, 45+ mentions)

Top themes in free-text responses	Frequency
Time/workload/being too busy	492
Cost/financial constraints/need to self-fund	331
Lack of employer support	315
Low pay/little financial incentive/not worthwhile	201
Family/caring responsibilities	180
Age/approaching retirement	140
Few progression opportunities/roles available	138
No opportunity to use additional qualifications/no local schemes	84
Lack of/difficult to find placements	77
Stress/burnout/fatigue	70
Work-life balance	70
Feel undervalued/disillusioned with profession	66
Too much sales focus/commercial pressure	61
Access to education/training	59
No desire to progress/happy in role	58
Lack of interest/motivation	57
Don't want additional pressure/responsibility	55
Location/lack of local opportunities	48
Can't progress further/at highest level	47
Lack of knowledge/information/guidance	45
None/no barriers/NA	216



Challenges faced by newly qualified registrants

Optometrists and dispensing opticians who had joined the GOC register within the last two years were asked to specify the biggest challenge they have faced at work since becoming newly qualified. The majority of responses were provided by newly qualified optometrists rather than dispensing opticians, who made up the majority of this sample.

The analysis of free-text comments to show the frequency of mentions is presented in the table overleaf.

Workload and time management

Most responses referred to the challenges of workload and time management. For newly qualified optometrists and dispensing opticians, this involves coping with heavy patient volumes and overbooking, short appointment times, and increasing administrative tasks while striving to maintain high standards of patient care. Balancing these demands often leads to feelings of being overwhelmed, struggling to keep up with workload expectations and patient demands, and difficulty in finding time for essential tasks like paperwork and referrals.



Trying to keep up with workload. Clinics are designed entirely to maximise patient inflow with no time allowed to do paperwork or referrals, of which there is an increasing amount.

Optometrist



Increased workload, especially in the beginning. Short appointment times. The feeling that you are always trying to catch up. No time for referrals. Working over hours.

Optometrist



Workload is too much and no help or support provided.

Dispensing optician

Transition to having responsibility and clinical decision making

A number of respondents mentioned the challenge of transitioning to having responsibility and adapting to autonomous clinical decision-making without the support of supervisors, navigating the shift from a supervised role to being solely responsible for patient care, and feeling overwhelmed by the sudden increase in workload and responsibilities. This transition often involves a steep learning curve and requires building confidence in managing patients independently.



Transitioning from pre-reg to NQ. I left my pre-reg store so didn't feel I had anyone to go to for extra help.

Optometrist



It's overwhelming going from having a supervisor to 'being on your own' and making clinical decisions by yourself. It's a big jump. Yes, there are people there to ask but ultimately, it's on you.

Optometrist



Suddenly being solely responsible for patients.

Optometrist



Sales pressure and retail focus

Some respondents explained the challenge of navigating the expectation to meet sales targets and conversion goals, often without prior training or preparation during their studies. This pressure can lead to feelings of stress, anxiety, and conflict as newly qualified registrants strive to balance patient care with commercial objectives, which may not have been emphasised in their education.



Dealing with sales pressure, conversion targets and similar. This is never talked about during your studies and yet is the most stressful and anxiety inducing thing when it comes to your daily job.

Optometrist



Pressure of meeting up to high standards of conversion and average sales per test, trying to do thorough sight tests when the clinic is overbooked and having to do 15 minute appointments.

Optometrist

Figure 92 – Biggest challenges faced at work since becoming newly qualified (coded free-text, 10+ mentions)

Top themes in free-text responses	Overall	Optometrists	Dispensing opticians
Workload/volume of patients/overbooking	36	32	4
Time management/short testing times	34	33	1
Transition to having responsibility/clinical decision making	27	23	4
Sales pressure/retail focus	20	18	2
Working alone/lack of supervision/guidance	14	13	2
Lack of support	14	12	2
Low pay	13	9	5
Lack of respect/undervaluing of role	10	1	9
None/no challenges/NA	10	7	3



Speaking up

Managers and employers viewed as the first port of call when raising a concern about an individual GOC registrant

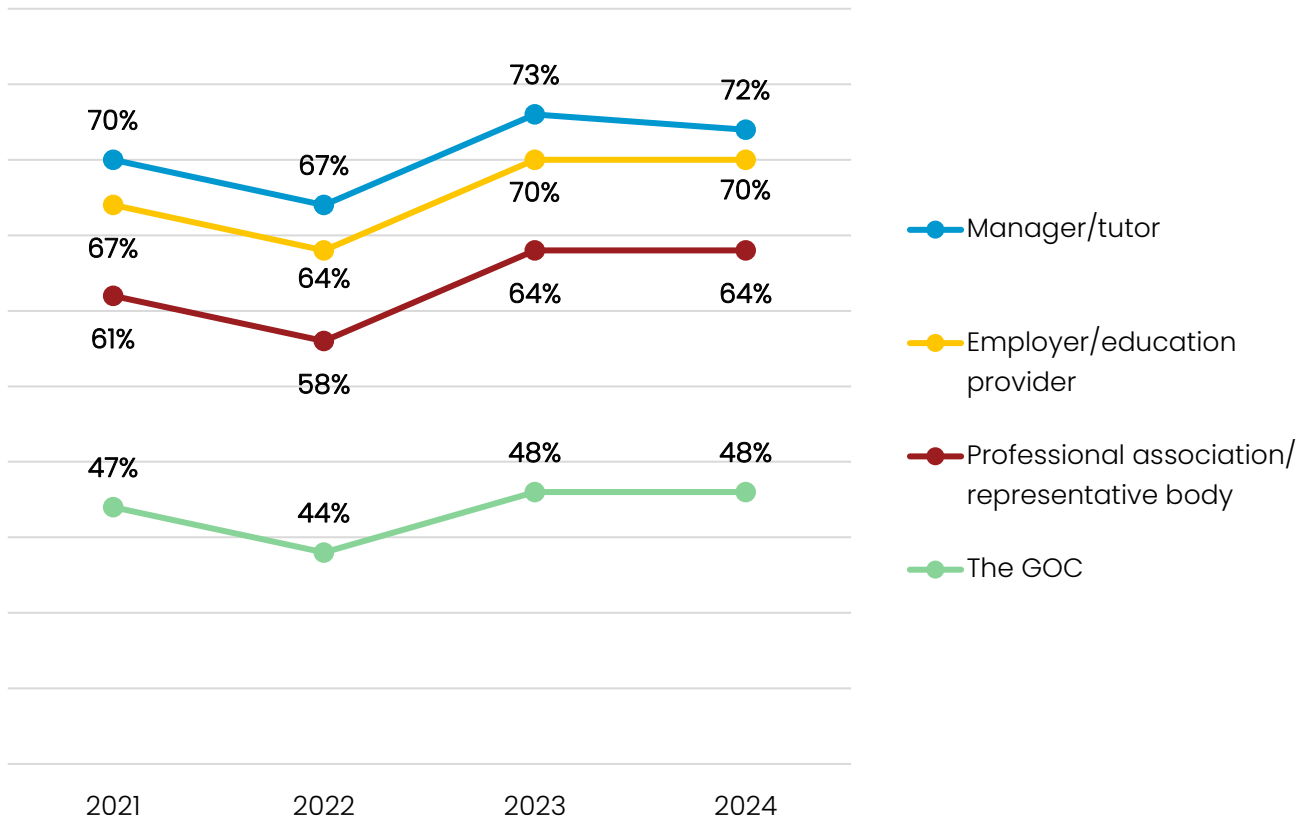
Respondents would feel most comfortable speaking up about patient safety concerning an individual GOC registrant to their manager or tutor (72%), closely followed by their employer or education provider (70%). This suggests that these authorities are likely to be the first port of call when raising a concern for most registrants.

As found in previous years, a smaller proportion would feel comfortable speaking up about patient safety concerning an individual to the GOC (48%).

After levels of feeling comfortable speaking up to all types of authority increased between 2022 and 2023, they have remained static in this year’s results.

Figure 93 – Feeling comfortable speaking up about patient safety concerning an individual GOC registrant

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



Managers and professional associations viewed as the first port of call when raising a concern about an employer

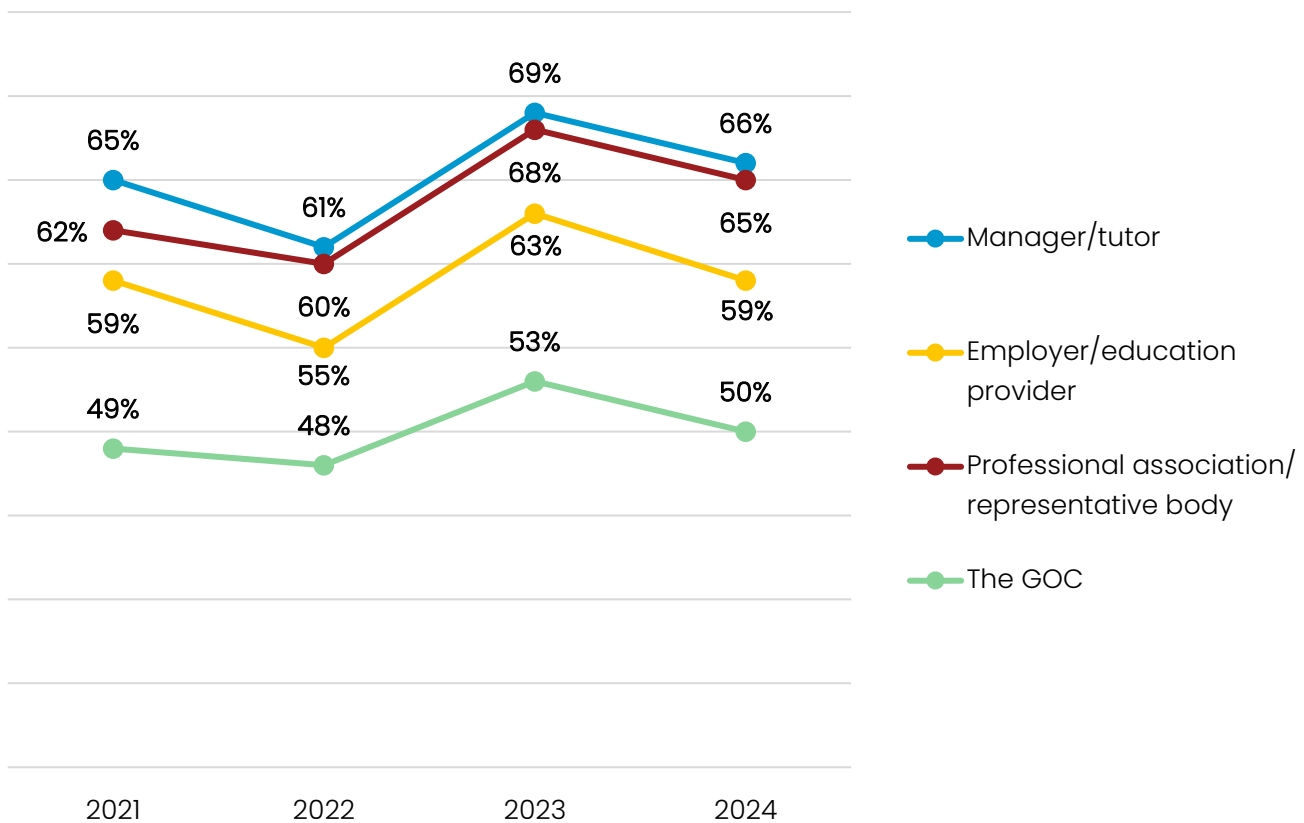
As with issues relating to an individual registrant, in relation to speaking up about an employer, respondents would also feel most comfortable speaking up to their manager or tutor (66%). However, for issues concerning an employer, respondents are more likely to feel comfortable speaking up to their professional association or representative body (65%) than their employer or education provider (59%).

As with speaking up about patient safety concerning an individual, respondents were less likely to feel comfortable speaking up about patient safety concerning an employer to the GOC (50%).

Levels of feeling comfortable speaking up to all types of authority about an employer increased between 2022 and 2023, but have returned to similar levels found in 2022 this year.

Figure 94 – Feeling comfortable speaking up about patient safety concerning an employer

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



Optometrists and locums are less likely to feel comfortable about speaking up

Optometrists are less likely to feel comfortable speaking up about patient safety concerning either an individual or an employer to all authorities when compared with dispensing opticians, student optometrists, and student dispensing opticians.

With the exception of speaking up to a professional association or representative body, those who work as locums are also less likely to feel comfortable in the same way.

Newer registrants feel more comfortable about speaking up

Registrants newer to the GOC register were more likely to feel comfortable speaking up about patient safety related to individual registrants or employers when compared with more established registrants with 6+ years on the register.

Figure 95 – Feeling comfortable speaking up about an individual GOC registrant or employer by registration type and locum work

Base: Optometrist (2,412); Dispensing optician (946); Student optometrist (722); Student dispensing optician (184); Locum worker (824); No locum work (2,932)

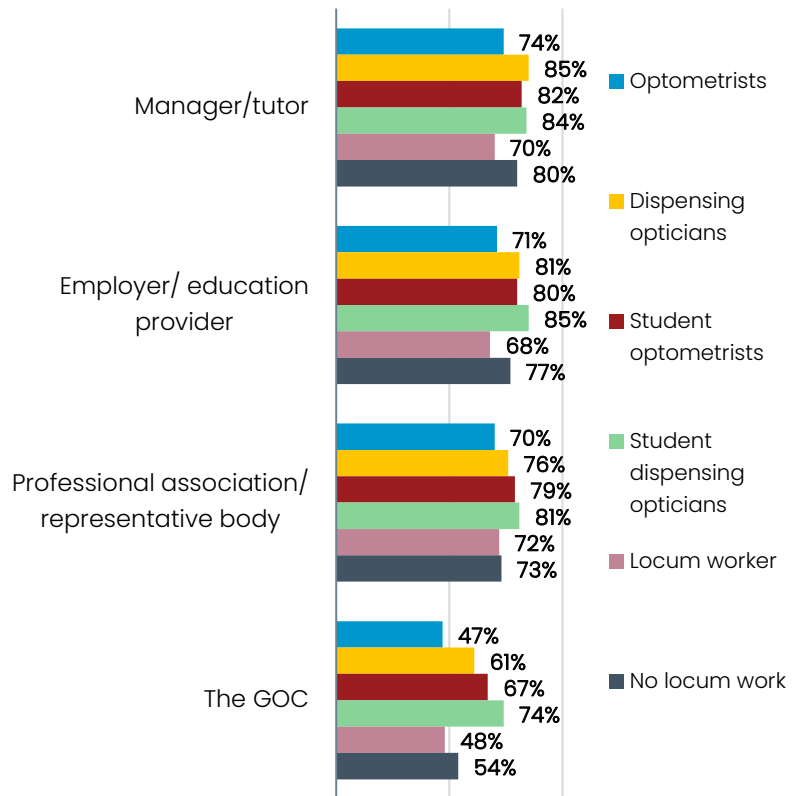
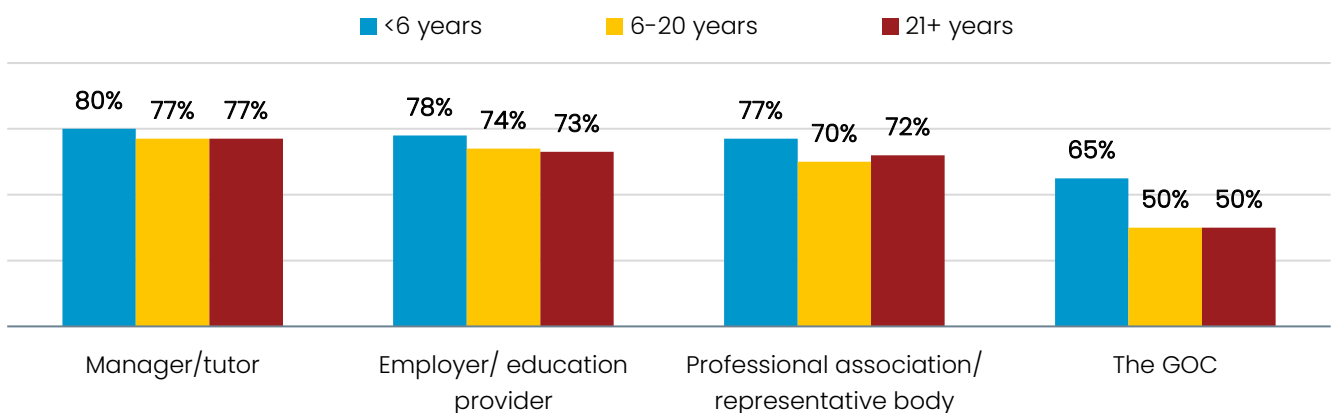


Figure 96 – Feeling comfortable speaking up about an individual GOC registrant or employer by length of time on GOC register

Base: <6 years (1,381); 6-20 years (1,466); 21+ years (1,627)

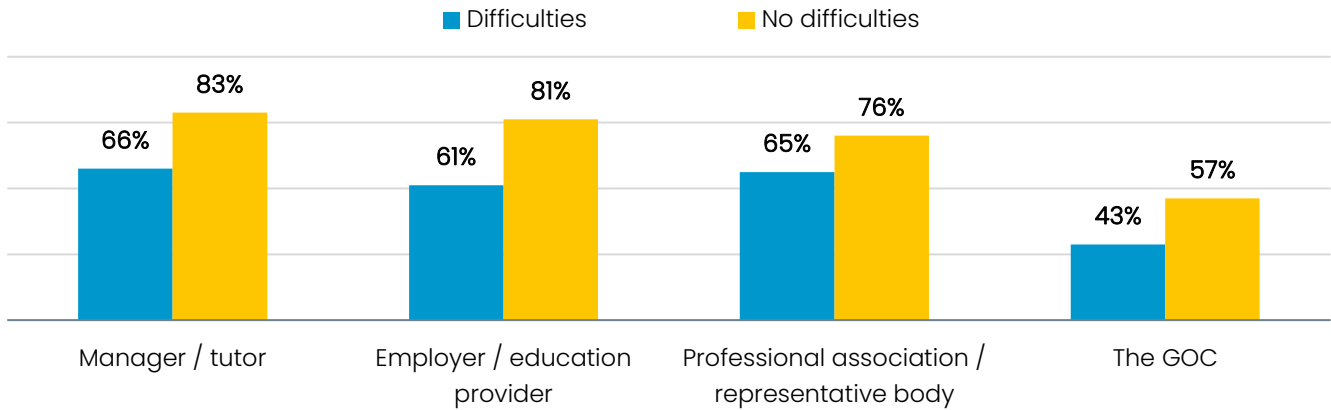


The impact of being able to deliver safe patient care on speaking up

Respondents who find it difficult to provide patients with the sufficient care they need were less likely to feel comfortable speaking up about patient safety concerning an individual registrant or employer when compared with those who did not. As in other areas of this survey, this may highlight a link between confidence in raising concerns and the ability to deliver safe patient care.

Figure 97 – Feeling comfortable speaking up about an individual GOC registrant or employer by experience of difficulties providing sufficient patient care

Base: Difficulties (1,259); No difficulties (2,770)



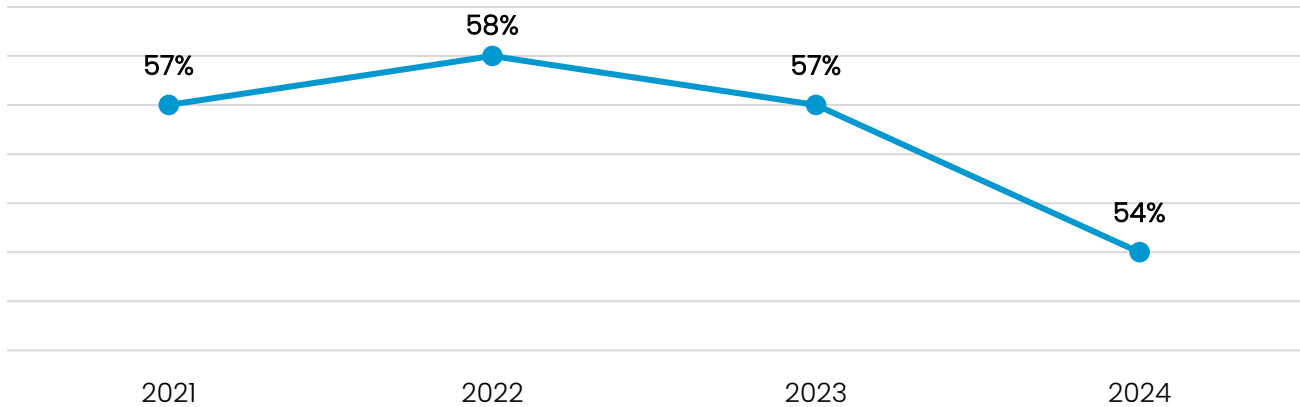
Consumer complaints

Awareness of the OCCS has fallen

Although the majority of respondents (54%) were aware of the Optical Consumer Complaints Service (OCCS), this awareness has fallen slightly over the last three years. This year, 43% were unaware of the OCCS and a further 2% answered ‘don’t know’.

Figure 98 – Awareness of the Optical Consumer Complaints Service (OCCS)

Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)

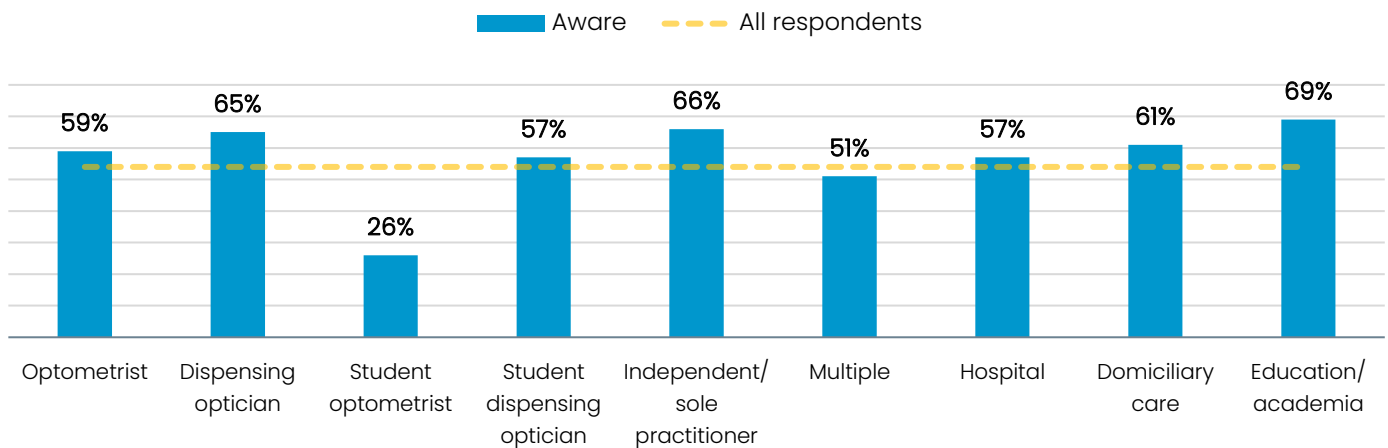


Decrease in awareness is driven by newly qualified optometrists

A number of subgroups were less likely to be aware of the OCCS, including optometrists, student optometrists, and those who worked for a multiple. In contrast, dispensing opticians, student dispensing opticians, and those who worked for an independent practice/as a sole practitioner, in a hospital, or in education/academia were more likely to be aware.

Figure 99 – Awareness of the Optical Consumer Complaints Service (OCCS) by registration type and workplace setting

Base: Optometrist (2,686); Dispensing optician (1,025); Student optometrist (1,742); Student dispensing optician (184); Independent/sole practitioner (1,596); Multiple (2,307); Hospital (412); Domiciliary care (80); Education/academia (226)



As found in previous years, **awareness of the OCCS increases in line with time on the GOC register**, suggesting that it is likely newly qualified optometrists that are less aware.



Continuing Professional Development

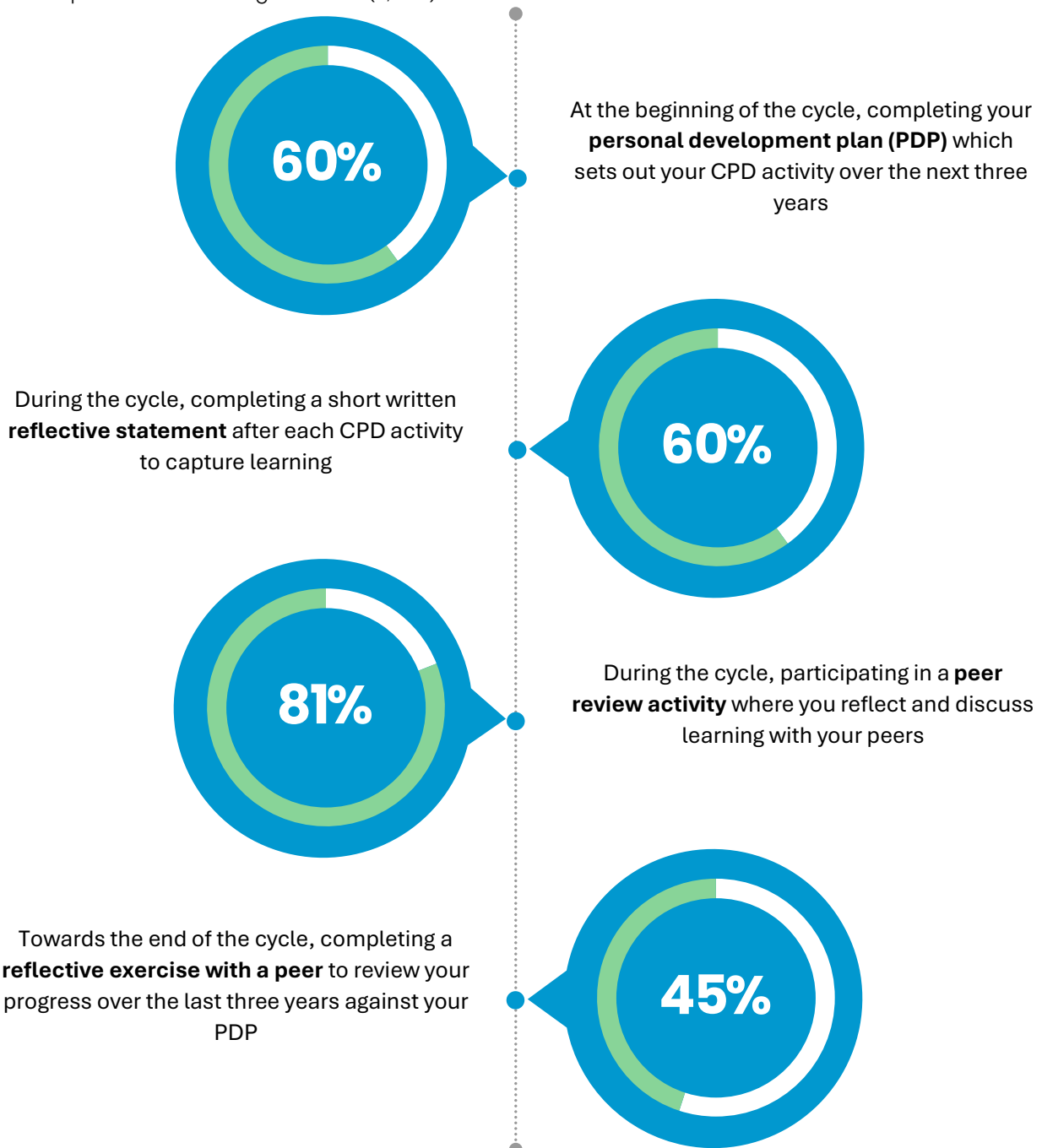
CPD scheme activities

Mixed levels of confidence in completing CPD activities during the cycle

In relation to the requirements of the new Continuing Professional Development (CPD) cycle, the majority of respondents were confident at completing their personal development plan, completing a reflective statement after each CPD activity, and especially participating in a peer review. However, confidence was lower for completing a reflective exercise.

Figure 100 – Confidence at completing activities during the CPD cycle (% confident)

Base: All respondents excluding students (3,686)



Confidence at completing CPD activities is beginning to increase

Small increases in confidence at completing CPD activities during the cycle have been recorded, most notably for participating in a peer review activity to reflect and discuss learning with peers.

Figure 101 – Confidence at completing activities during the CPD cycle (% confident) – 2023 to 2024

Base: All respondents excluding students 2023 (3,167); 2024 (3,686)

CPD activity	2023	2024
Completing your personal development plan (PDP)	59%	60%
Completing a short written reflective statement after each activity	59%	60%
Participating in a peer review activity	77%	81%
Completing a reflective exercise with a peer	43%	45%

Confidence at completing self-directed CPD has increased

Almost half of respondents (48%) indicated that they felt confident undertaking self-directed CPD, representing an increase from last year's results.

Optometrists, those who worked full-time, those working in a hospital or education/academia, and those newer to the GOC register were more likely to be confident at undertaking self-directed CPD.

Figure 102 – Confidence completing self-directed CPD (% confident)

Base: All respondents excluding students 2024 (3,686); 2023 (3,167)

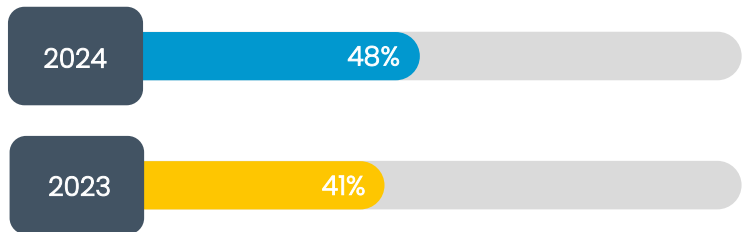
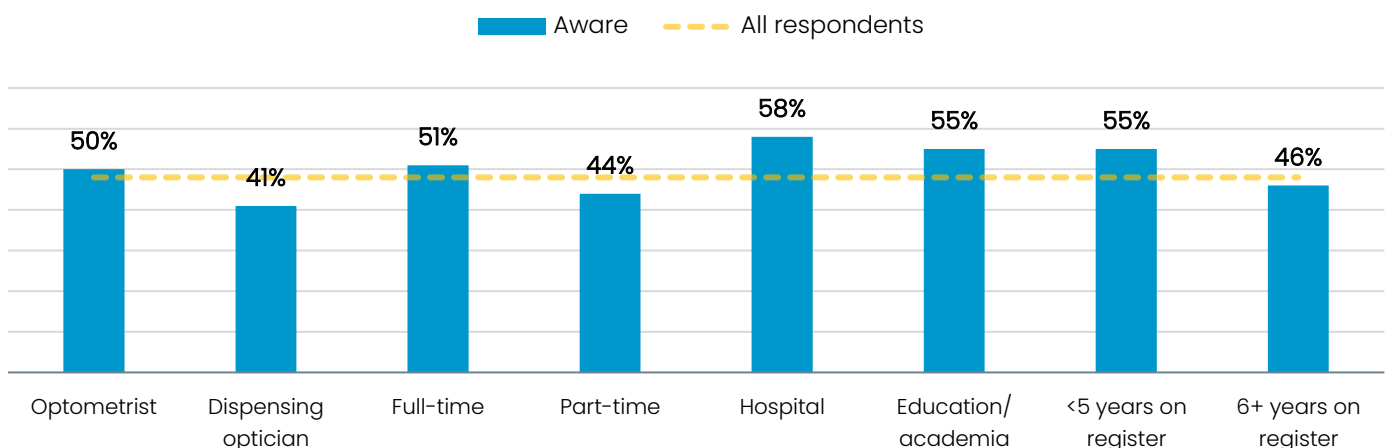


Figure 103 – Confidence completing self-directed CPD by registration type, working status, workplace setting, and time on GOC register

Base: Optometrist (2,686); Dispensing optician (1,025); Full-time (1,665); Part-time (1,899); Hospital (397); Education/academia (223); <5 years on register (535); 6+ years on register (3,140)



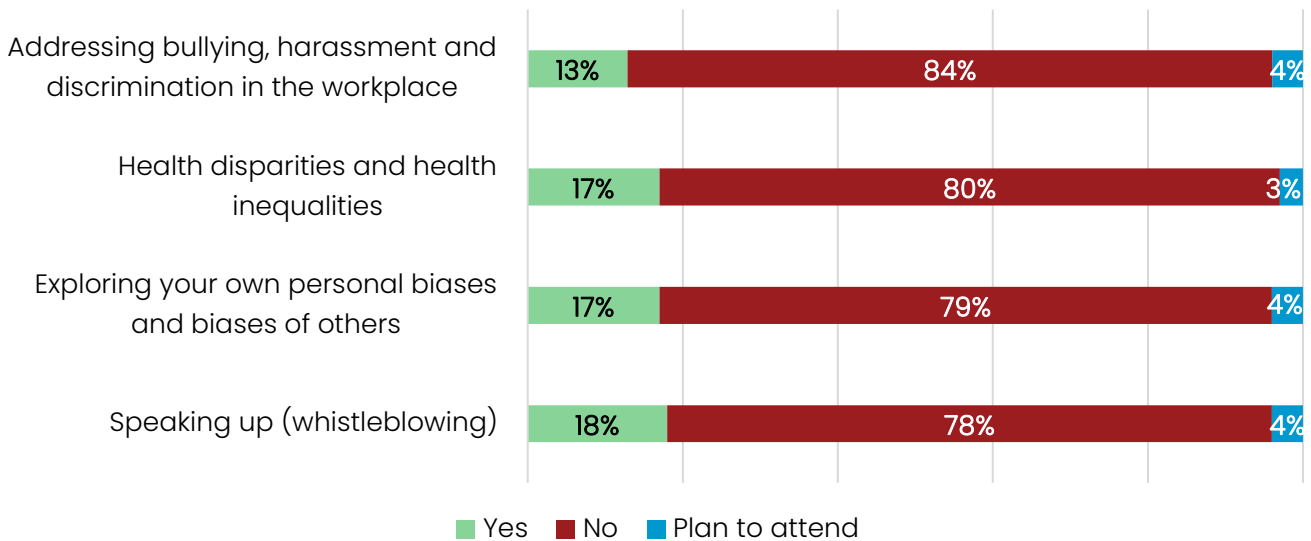
CPD topics

Low attendance at CPD relating to workplace issues

Small proportions of respondents had attended CPD (provider-led or self-directed) to learn about addressing bullying, harassment and discrimination, health disparities and inequalities, exploring personal biases and biases of others, and speaking up within the latest CPD cycle. The majority had not attended CPD on these topics, and only very small proportions planned to attend.

Figure 104 – Attendance at CPD on specific topics within the latest CPD cycle

Base: All respondents excluding students (3,686)

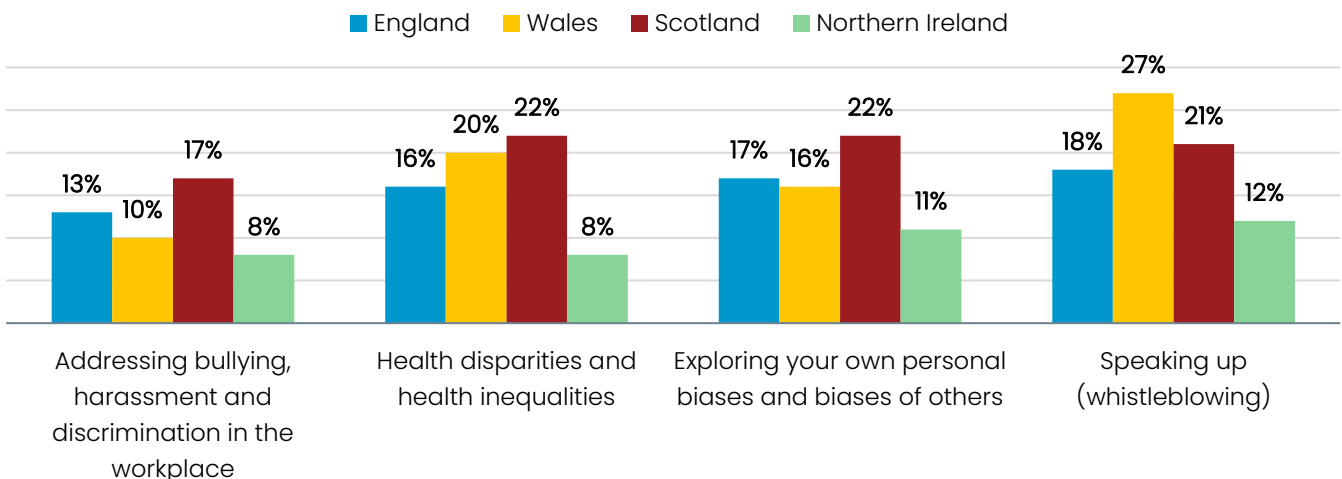


Attendance at CPD on workplace issues is more common in Scotland and amongst those working in education/academia

For each topic, attendance within the latest CPD cycle was higher amongst respondents based in Scotland. For the topic of speaking up, attendance was also significantly higher amongst those based in Wales.

Figure 105 – Attendance at CPD within the latest CPD cycle by UK nation

Base: England (2,742); Wales (172); Scotland (354); Northern Ireland (127)

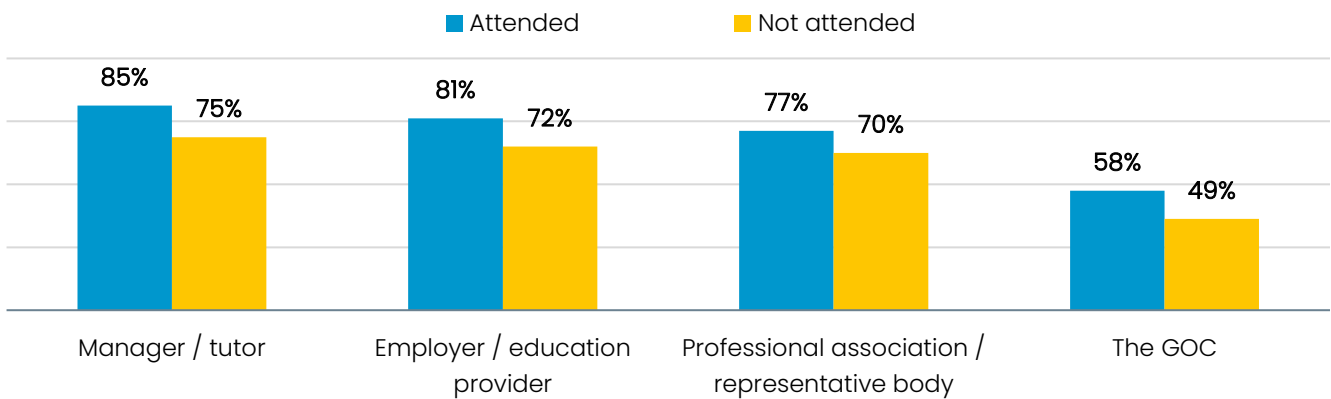


Attendance at CPD on the topic of speaking up improves feeling comfortable about speaking up across the board

Respondents who had attended CPD to learn about speaking up were more likely to indicate that they would feel comfortable speaking up about an individual GOC registrant or an employer to each different authority when compared with those who had not attended this type of CPD. These results may highlight the positive impact of attending CPD on this topic.

Figure 106 – Feeling comfortable speaking up about an individual GOC registrant or employer by attendance at CPD on the topic of speaking up (% comfortable)

Base: Attended (660); No difficulties (2,816)



Perspectives of the GOC

Mixed perspectives towards the GOC’s role

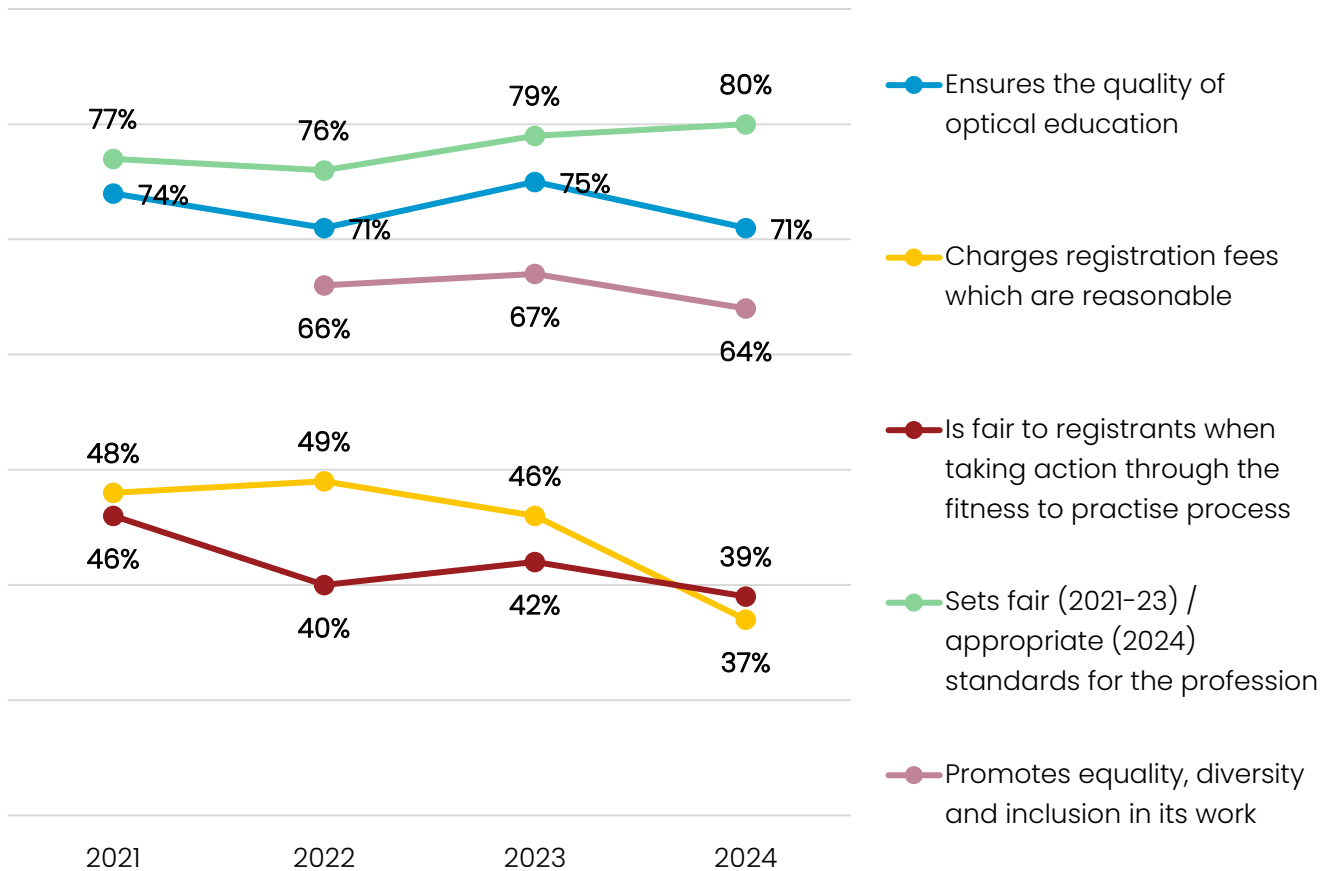
Respondents were asked to indicate the extent to which they agreed or disagreed with a series of statements about the GOC’s role.

As in previous years, the majority of respondents agreed that the GOC sets appropriate standards for the profession (80%), ensures the quality of education (71%), and promotes equality, diversity and inclusion in its work (64%).

Agreement with these statements has fluctuated slightly over the last four years, with agreement that the GOC sets appropriate standards for the profession slowly increasing².

However, in contrast, only just over a third of respondents agreed that the GOC is fair to registrants when taking action through the fitness to practice process (39%), which is similar to previous years, and charges registration fees which are reasonable (37%), representing a significant decrease.

Figure 107 – Agreement with statements about the GOC’s role
 Base: All respondents 2021 (4,880); 2022 (4,102); 2023 (3,932); 2024 (4,575)



² In previous years, the questionnaire has referenced ‘fair standards’ and this year changed to ‘appropriate standards’ which may have had some influence in the change in result.



Increasing disagreement that registration fees are reasonable, which may be leading some to consider leaving the profession

There has been a significant decrease in the level of agreement that the GOC charges registration fees which are reasonable since 2021, most notably between 2023 and 2024. The GOC announced that registration fees would be increasing for the 2024/25 registration period in December 2023³, a few months before the survey was administered.

Agreement is significantly lower amongst dispensing opticians when compared with optometrists, and especially when compared with student registrants.

Agreement was also **lower amongst respondents from working class/lower socio-economic backgrounds** (32%) when compared with those from intermediate and professional/higher backgrounds (41%).

Analysis by future career plans highlights that **agreement that registration fees are reasonable is significantly lower amongst those who plan to leave the profession in the next 12-24 months** (16%).

Low awareness of the fairness of the fitness to practise process and the GOC’s commitment to equality, diversity and inclusion

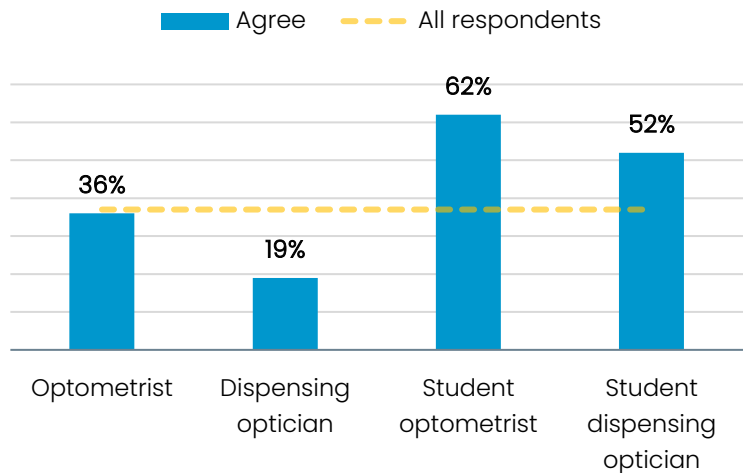
Large proportions of respondents answered ‘don’t know’ in response to the statements about the GOC being fair when taking action through the fitness to practise process (46%) and promoting equality, diversity and inclusion (28%), which may explain lower levels of agreement due to low levels of awareness of the GOC’s actions in these areas.

Dispensing opticians (51%) and those working in hospital (56%) were more likely to answer ‘don’t know’ in relation to the GOC being fair when taking action through the fitness to practise process.

Improving perceptions of the GOC’s standards

Agreement that the GOC sets fair/appropriate standards for the profession has steadily improved over the last three years. Student optometrists and student dispensing opticians were both more likely to agree with this (94% and 95% respectively) when compared with optometrists (75%) and dispensing opticians (78%).

Figure 108 – Agreement that the GOC charges reasonable registration fees by registration type
 Base: Optometrists (2,686); Dispensing opticians (1,025); Student optometrist (742); Student dispensing optician (184)



³ <https://optical.org/en/news/news-and-press-releases/goc-announces-registrant-fees-for-2024-25/>



Appendix A – Questionnaire

Workforce & Perceptions Survey 2024

Welcome to the General Optical Council (GOC)'s Workforce and Perceptions Survey 2024.

The survey should take around 10 minutes to complete, and by taking part you can be entered into a prize draw to win a **£250 online gift card**.

Completing the survey

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

If you do not have time to complete the survey in one sitting, your progress will be automatically saved and you can return to where you left off at any point by clicking on the survey link again in your email invitation, or the 'save' button at the bottom of the page.

The GOC has appointed Enventure Research to conduct this survey so that your responses remain confidential. For more information about this survey, please visit the Enventure Research website.

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

Your role

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

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

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

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

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

Q3 **Please select which of these best describes your current role**

- No managerial responsibility
- Some management responsibilities and/or supervision role
- Responsible for managing or running the practice
- Director
- CEO or equivalent

Q4 **How often have you used your specialty in your role over the last 12 months?**

- Frequently
- Sometimes
- Rarely
- Never

Q5 **Why have you not used your specialty in your role over the last 12 months? Please summarise below**

Q6 **Do you work as a locum?**

- Yes
- No

Q7 **Why do you work as a locum? Please select as many as apply**

- More flexibility and control over working hours
- Better hours and work/life balance
- Better paid
- Less stress and pressure at work
- More varied and interesting work
- Other

Other Please specify

Q8 **Where do you currently work?** *Please select all that apply*

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

Other *Please specify*

Q9 **For each location selected, please state how many days on average per week you work there** *Please type in the boxes below - please use whole or half days only e.g. 1, 1.5*

Independent practice	<input type="text"/>
Sole practitioner	<input type="text"/>
National chain of opticians	<input type="text"/>
Regional chain of opticians	<input type="text"/>
Hospital	<input type="text"/>
Domiciliary care	<input type="text"/>
Education/academia	<input type="text"/>
Other	<input type="text"/>

Q10 **In the last 12 months, have you worked as a supervisor for pre-registration trainee optometrists?**

- Yes
- No

Q11 **In the last 12 months, how often have you delivered remote care to patients (e.g. care which is not delivered face-to-face)?**

- Frequently
- Sometimes
- Rarely
- Never

Q12 **Are you currently involved in delivering enhanced eye care services (e.g. providing patients with care beyond the remit of a routine sight test, such as Minor Eye Conditions Service (MECS), NHS Community Glaucoma Service (Scotland), Low Vision Service Wales, or NI PEARS (Northern Ireland))?**

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

Q13 **Do you have any of the following additional qualifications? Please select all that apply**

- No additional qualifications
- Glaucoma
- Medical retina
- Paediatric eye care
- Low vision
- Contact lens practice
- Contact lens diploma
- Other

Other *Please specify*

Q14 **Approximately how long have you been on the GOC register?**

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

Your career

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

Q15 Thinking about the last 12 months, to what extent are you satisfied or dissatisfied with your role/job?

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

Q16 Why have you felt satisfied with your role/job over the last 12 months? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Work is rewarding and interesting | <input type="checkbox"/> Good working environment |
| <input type="checkbox"/> Manageable workload | <input type="checkbox"/> Supportive employer |
| <input type="checkbox"/> Good salary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Feel valued | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Good work/life balance | |

Other Please specify

Q17 Why have you felt dissatisfied with your role/job over the last 12 months? Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Work is not rewarding or interesting | <input type="checkbox"/> Poor working environment |
| <input type="checkbox"/> Heavy workload | <input type="checkbox"/> Unsupportive employer |
| <input type="checkbox"/> Poor salary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Do not feel valued | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Poor work/life balance | |

Other Please specify

Q18 In the last 12 months, have you experienced any of the following? Please select all that apply

	Never	Rarely	Sometimes	Frequently
Working beyond your hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unable to cope with workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking leave of absence due to stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding it difficult to provide patients with the sufficient level of care they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 **What barriers, if any, do you think there are to delivering safe care for your patients?**
Please summarise below

Q20 **Are you considering making any of the following changes to your career over the next 12-24 months? Please select all that apply**

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

Other Please specify

Q21 **In what areas are you interested in gaining additional qualifications/skills? Please select all that apply**

- | | |
|--|--|
| <input type="checkbox"/> Additional supply | <input type="checkbox"/> Paediatric eye care |
| <input type="checkbox"/> Independent prescribing | <input type="checkbox"/> Low vision |
| <input type="checkbox"/> Supplementary prescribing | <input type="checkbox"/> Contact lens practice |
| <input type="checkbox"/> Contact lens specialty | <input type="checkbox"/> Moving to optometry |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical retina | <input type="checkbox"/> Don't know |

Other Please specify

Q22 **Why do you plan to switch to locum work? Please select all that apply**

- | | |
|--|---|
| <input type="checkbox"/> More flexibility and control over working hours | <input type="checkbox"/> Less stress and pressure at work |
| <input type="checkbox"/> Better hours and work/life balance | <input type="checkbox"/> More varied and interesting work |
| <input type="checkbox"/> Better paid | <input type="checkbox"/> Other |

Other Please specify

Q23 Why do you plan to reduce your hours? Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Age / approaching retirement | <input type="checkbox"/> Pursue new career options / gain additional qualifications |
| <input type="checkbox"/> To improve work/life balance | <input type="checkbox"/> Family / caring responsibilities |
| <input type="checkbox"/> To reduce stress / burnout / fatigue | <input type="checkbox"/> Illness / health conditions |
| <input type="checkbox"/> Lack of job satisfaction / unhappy at work | <input type="checkbox"/> Other |

Other Please specify

Q24 Why do you plan to leave the profession? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Planning to retire | <input type="checkbox"/> Low salary |
| <input type="checkbox"/> Lack of job satisfaction / unhappy at work | <input type="checkbox"/> Lack of opportunities for career progression |
| <input type="checkbox"/> To reduce stress / burnout / fatigue | <input type="checkbox"/> Want to change career |
| <input type="checkbox"/> Heavy workload / pressure at work to meet targets | <input type="checkbox"/> Disillusionment with the profession |
| <input type="checkbox"/> Too much focus on sales and commercial pressures | <input type="checkbox"/> Lack of support from employer |
| | <input type="checkbox"/> Other |

Other Please specify

Q25 Why do you plan to take a career break? Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Stress / burnout / fatigue | <input type="checkbox"/> Low salary |
| <input type="checkbox"/> Heavy workload / pressure at work to meet targets | <input type="checkbox"/> Want to improve work/life balance |
| <input type="checkbox"/> Too much focus on sales and commercial pressures | <input type="checkbox"/> Disillusionment with the profession |
| <input type="checkbox"/> Poor working conditions | <input type="checkbox"/> Assessing career / exploring new options |
| <input type="checkbox"/> Do not feel valued | <input type="checkbox"/> Other |

Other Please specify

Q26 To what extent do these statements reflect your view of your place of work as a whole?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There are opportunities for me to develop my career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to improve my knowledge and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel supported to develop my potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to access the right learning and development opportunities when I need to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 How comfortable would you feel speaking up about patient safety concerning your employer with the following...

	Very comfortable	Quite comfortable	Not very comfortable	Not comfortable at all	Don't know	Not applicable
Your manager / tutor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer / education provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your professional association / representative body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The GOC?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Harassment, bullying or abuse

Q32 In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work{OrStudy} from...?

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 The last time you experienced harassment, bullying or abuse at work{OrStudy}, did you or a colleague report it?

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

Q34 **Why didn't you report it?** *Please select all that apply*

- Worried I wouldn't be believed
- Worried I wouldn't be taken seriously
- Worried about retaliation or repercussions
- Can't prove the incident or behaviour took place
- Don't trust anything will be done or the people I have to report to
- Concerns about remaining anonymous
- Concerns about job security
- Other
- Don't know

Other *Please specify*

Discrimination

Q35 **In the last 12 months, how many times have you personally experienced any discrimination in your role at work{OrStudy} from...?**

	Never	1-2	3-5	6-10	More than 10
Patients / service users, their relatives or other members of the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutors / lecturers / supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q36 **What type of discrimination have you experienced?** *Please select all that apply*

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

Other *Please specify*

Q37 **The last time you experienced discrimination at work{OrStudy}, did you or a colleague report it?**

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

Q38 **Why didn't you report it?** *Please select all that apply*

- Worried I wouldn't be believed
- Worried I wouldn't be taken seriously
- Worried about retaliation or repercussions
- Can't prove the incident or behaviour took place
- Don't trust anything will be done or the people I have to report to
- Concerns about remaining anonymous
- Concerns about job security
- Other
- Don't know

Other *Please specify*

Consumer Complaints

Q39 **How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?**

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

Continuing Professional Development (CPD)

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

Q40 **How confident or otherwise are you in completing the following CPD activities?**

	Very confident	Quite confident	Not very confident	Not confident at all	Don't know
At the beginning of the cycle, completing your personal development plan (PDP) which sets out your CPD activity over the next three years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the cycle, completing a short written reflective statement after each CPD activity to capture learning where relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the cycle, participating in a peer review activity where you reflect and discuss learning with your peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Towards the end of the cycle, completing a reflective exercise with a peer to review your progress over the last three years against your PDP

Self-directed CPD

Q41 Within this CPD cycle, have you attended any CPD (provider-led or self-directed) to learn about any of the following topics?

	Yes	No	Plan to attend
Addressing bullying, harassment and discrimination in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities and health inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploring your own personal biases and biases of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking up (whistleblowing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About you

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

Please remember you will not be individually identified in your survey response, and **you can answer prefer not to say if you wish to each question.**

Q42 What is your age?

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

Q43 What is your sex, as recorded at birth?

- Male
- Female
- Prefer not to say

Q44 **What best describes your gender?**

- Man
- Woman
- Non-binary
- Prefer to describe in another way
- Prefer not to say

Please self-describe

Q45 **Do you consider yourself to be trans or have a trans history?**

- Yes
- No
- Prefer not to say

Q46 **Are you intersex and/or have a variation of sex characteristics (VSC)?**

- Yes
- No
- Prefer not to say

Q47 **Which of the following best describes your sexuality?**

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Prefer to describe another way
- Prefer not to say

Please self-describe

Q48 **What is your legal partnership status?**

- Never married and never registered a civil partnership
- Married or in a registered civil partnership
- Separated
- Divorced or civil partnership dissolved
- Widowed or a surviving partner from a civil partnership
- Other
- Prefer not to say

Other *Please specify*

Q49 What best describes your ethnic group?

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

Other *Please specify*

Q50 Which of the following do you use as a main language?

- English
- Gaelic
- Scots
- Welsh
- Other (including sign languages)
- Prefer not to say

Other *Please specify*

Q51 What is your religion?

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

Other *Please specify*

Q52 Do you have any physical or mental health conditions or illnesses that reduce your ability to carry out day-to-day activities, which have lasted or are expected to last 12 months or more?

- Yes
- No
- Prefer not to say

Q53 How would you categorise your physical or mental health conditions or illnesses?
Please select all that apply

- Neurodiversity (e.g. autism, ADHD)
- Learning disability (e.g. dyslexia, dyspraxia)
- Neurological condition (e.g. epilepsy, cerebral palsy)
- Mental health condition (e.g. anxiety, depression)
- Physical impairment (e.g. amputation, paralysis)
- Sensory impairment (e.g. Blind, Deaf)
- Other
- Prefer not to say

Other *Please specify*

Q54 Are you pregnant, on parental leave, or returning from parental leave?

- Yes
- No
- Prefer not to say

Q55 **Do you have unpaid caring responsibilities?**

- Yes
- No
- Prefer not to say

Q56 **What was the occupation of your main household earner when you were aged about 14?**

- Modern professional & traditional professional occupations** such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer
- Senior, middle or junior managers or administrators** such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager
- Clerical and intermediate occupations** such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse
- Technical and craft occupations** such as: motor mechanic, plumber, printer, electrician, gardener, train driver
- Routine, semi-routine manual and service occupations** such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff
- Long-term unemployed** (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year)
- Small business owners who employed less than 25 people** such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner
- Other
- Prefer not to say

Other *Please specify*

Q57 **In which of the following regions do you live?**

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

As a thank you for your time today, we are offering you the opportunity to enter our prize draw to win a £250 gift card that can be used at a range of outlets or donated to charity. The winner will be randomly selected when the survey closes. Full terms and conditions of the prize draw can be found [here](#).

Q58 Do you want to be entered into our prize draw?

By answering yes you are agreeing to be contacted by Enventure Research via your GOC-registered email address if you are selected as the winner.

Yes

No

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

Please click the tick button below to send your response.

Appendix B – Demographic profile

Demographic profile of survey respondents

Base: All respondents (4,575)

Demographic	Number	Percentage
Age group		
Under 25	363	8%
25-34	954	21%
35-44	1,099	24%
45-54	912	20%
55-64	806	18%
65+	262	6%
Prefer not to say	179	4%
Sex as recorded at birth		
Male	1,486	32%
Female	2,837	62%
Prefer not to say	252	6%
Gender		
Man	1,476	32%
Woman	2,832	62%
Non-binary	12	0%
Prefer to describe in another way	2	0%
Prefer not to say	253	6%
Trans/trans history		
Yes	10	0%
No	4,300	94%
Prefer not to say	265	6%
Intersex and/or variation of sex characteristics (VSC)		
Yes	6	0%
No	4,282	94%
Prefer not to say	287	6%
Sexuality		
Heterosexual/Straight	3,929	86%
Gay/Lesbian	110	2%
Bisexual	77	2%
Prefer to describe another way	14	0%
Prefer not to say	445	10%
Legal partnership status		
Never married and never registered a civil partnership	1,140	25%
Married or in a registered civil partnership	2,579	56%
Separated	39	1%
Divorced or civil partnership dissolved	229	5%
Widowed or a surviving partner from a civil partnership	33	1%
Other	76	2%
Prefer not to say	479	10%

Demographic	Number	Percentage
Ethnic group		
Asian/Asian British	1,078	24%
Black/Black British	176	4%
Mixed/Multiple	58	1%
White British	2,523	55%
White other	307	7%
Other	52	1%
Prefer not to say	381	8%
Main language		
English	4,248	93%
Gaelic	2	0%
Scots	23	1%
Welsh	15	0%
Other (including sign languages)	55	1%
Prefer not to say	232	5%
Religion or belief		
No religion or belief	1,457	32%
Buddhist	30	1%
Christian	1,543	34%
Hindu	304	7%
Jewish	49	1%
Muslim	528	12%
Sikh	113	2%
Other	70	2%
Prefer not to say	481	11%
Physical or mental health conditions or illnesses		
Yes	291	6%
No	3,978	87%
Prefer not to say	306	7%
Type of physical or mental health condition or illness (base: 291)		
Neurodiversity	46	16%
Learning disability	14	5%
Neurological condition	23	8%
Mental health condition	114	39%
Physical impairment	46	16%
Sensory impairment	17	6%
Other	80	27%
Prefer not to say	17	6%
Pregnant, on parental leave, or returning from parental leave		
Yes	156	3%
No	4,204	92%
Prefer not to say	215	5%
Unpaid caring responsibilities		
Yes	756	17%
No	3,550	78%
Prefer not to say	269	6%
Occupation of your main household earner when aged about 14		
Modern professional & traditional professional occupation	1,522	33%

Demographic	Number	Percentage
Senior, middle or junior managers or administrators	620	14%
Clerical and intermediate occupations	194	4%
Technical and craft occupations	475	10%
Routine, semi-routine manual and service occupations	568	12%
Long-term unemployed	85	2%
Small business owners who employed less than 25 people	469	10%
Other	175	4%
Prefer not to say	467	10%
Location		
England	3,377	74%
Wales	221	5%
Scotland	419	9%
Northern Ireland	147	3%
Outside the UK	156	3%
Prefer not to say	255	6%