General Optical Council

Equality, Diversity, and Inclusion Annual Report

for the year ended 31 March 2022

Contents

Introduction

The General Optical Council (the GOC) is the regulator for the optical professions in the UK. Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians, optical businesses and students training to become optometrists and dispensing opticians. As of 31 March 2022, there were 33,174 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses on our register, who are known as our 'registrants'.

This report focuses on our Equality, Diversity, and Inclusion (EDI) activity related to registrants, staff and members by outlining our approach to EDI, including activities we have undertaken over 2021/22 to fulfil our commitments to the Equality Act 2010 for the year ended 31 March 2022. For our wider work with the public, the outcomes of the public perceptions survey can be found on our website.

EDI is central to everything we do, both as a regulator and as an employer. It is an important part of our strategic plan, which sets out our roadmap for the future and underpins our regulatory activities, which are organised around three strategic objectives:

- World-class regulatory practice;
- Transforming customer service; and
- Continuous improvement.

EDI is embedded into our values, underpinning the way we work with each other, the public and partner organisations. Working in this way secures the benefits of the breadth of expertise, insight, and knowledge that our core stakeholders, registrants, and the public have to offer. Our values are:

- We act with integrity;
- We pursue excellence;
- We respect other people and ideas;
- We show empathy;
- We behave fairly; and

- We are agile and responsive to change.

Treating everyone fairly is a core value of the General Optical Council. We invest in EDI because we value equity, diversity, and inclusion. The registrants we oversee have a core duty to act in the best interests of all patients and service users. They are also from diverse backgrounds with diverse needs. Being an organisation with a diverse workforce and with a diversity of members on our Council and committees also brings many advantages such as greater creativity, stronger governance, accountability, and better decision-making.

It is therefore essential that as an organisation we have the insight and ability to support diversity amongst all of our people.

Background

We have a duty under the Public Sector Equality Duty to implement the Equality Act 2010. Specifically, to publish information to demonstrate our compliance with the Equality Duty, at least annually, and set equality objectives, at least every four years.

Standard 3 of the Professional Standards Authority (PSA) Standards for Good Regulation requires the following: "The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics."

Our EDI Data Monitoring report is published annually as one component of delivering this standard. The information in this report is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by providers of GOC-approved qualifications.)

Embedding EDI in our work

Our Council

Our Council is our governing body. It is responsible for the overall control of our organisation, including agreeing this strategy and holding the executive to account for its delivery.

Senior Management Team

The Chief Executive and Registrar and directors form the GOC's Senior Management Team (SMT). Directors have the authority to set the EDI priorities in their business areas. They are also accountable to the Chief Executive and Registrar for making sure the resources are in place to deliver the EDI strategy. Directors are responsible for providing their teams with the support and understanding they need to deliver EDI through their work.

Management and line managers

Managers and line managers are responsible for delivering the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware of and engaged with these priorities, and that they understand how our approach to EDI fits the overall GOC vision and strategic plan.

All employees, Council and Committee members

Everyone is responsible for making sure they:
- meet the equalities and human rights legislation;
- keep their training in and understanding of EDI up to date (this includes taking part in training sessions); and
- contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services.

Everyone has a responsibility to 'live' our values and to bring these to life through their work and interactions with other people both inside and outside the organisation.

Governance

The EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our EDI strategy. It reflects the important relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work.

Our legal obligations

Our commitment is to do more than just comply with the Equality Act 2010; it is also to follow best practice in all our EDI work and provide thought leadership. However, it is essential that we demonstrate how we meet our legal obligations in this context.

The Act specifies nine protected characteristics:
- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief (including no religion);
- sex; and
- sexual orientation.

Section 149 of the Act sets out what is known as the Public Sector Equality Duty (PSED). Under the Act, we are treated as a public authority, and we are bound by the PSED. This means, when we carry out our public functions, we must have 'due regard' to the need to:
- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people from different groups; and
- foster good relations between people from different groups.

To have 'due regard' means that in making decisions and carrying out our functions and day-to-day activities, we must consciously consider all three of the duties above.

How much regard is 'due' under a particular duty will depend on the circumstances. It will depend on how relevant a duty is to the decision or function in question, as it applies to any particular group or groups. The greater the relevance and potential impact for any group, the greater the 'regard' we must have under the duty. Whenever possible, our approach to demonstrating 'due regard' includes considering 'intersectionality' between the protected characteristics.

Key achievements in 2021/2022:

PSA Recognition

The PSA recognised our commitment to EDI through our creation of a new EDI action plan and an appointed EDI Partner to provide expert support. The report also highlighted the work undertaken to update the education and training requirements for optometry and dispensing optics, independent prescribing categories, and contact lens opticians, which prioritise patient and service-user centred care and safety.

Improved registrant and complainant data

We have made important advances in terms of the collection of registrant and complainant data. This has given us a much clearer picture of the demographic of registrants who are registered with us and those who make complaints to us.

Anti-racism

We produced an organisational [Anti-Racism Statement](#) and formed an Anti-Racism staff group.

Engaging staff networks

Our staff network groups have prospered, with training offered to the chairs and committee members designed to help them increase their impact as leaders. The EDI Lead continues to provide ongoing support and encouragement to the staff network group chairs and committees.

We were delighted to receive external ratification of our improvements in this vital area by the award of Best Small Company in the FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) awards run by the [National Centre for Diversity](#), and a Bronze Award from the [Employers Network for Equality and Inclusion](#).

Narrowing of Gender Pay Gap

Our Gender Pay Gap narrowed yet further to a mean of just 1.3 percent and a median of 5 percent, both in favour of males. Our work in this area is not complete but it is pleasing to see such concrete progress.

Further embedding EDI into our recruitment processes

SMT has agreed ambitious plans for further staff and member development, as well as refinements to our recruitment processes both with an EDI focus. These programmes have also been designed to link EDI to our values and behaviours, ensuring that these become embedded into everyday life at the GOC.

Further embedding EDI into our management processes

We rolled out a yearlong structured management development programme for all people managers in the organisation. This management development programme included EDI training, ensuring that all our managers are supported in deploying a consistent approach to managing their teams in relation to EDI. The new developments were reflected in our latest all staff annual engagement survey, which showed a continuing upward trend in engagement since 2018.

Supporting our staff throughout the pandemic

Our staff continue to work remotely, so in 2021 we consulted on and developed agile working guidelines which remain in place. A further consultation has now been completed as part of developing our Future Ways of Working strategy.

Our EDI Projects:

Alongside our continued delivery of our operational functions and business-as-usual activity, in 2021/22 we undertook a series of EDI projects to help us better fulfil our statutory objectives and in doing so, protect the public. These projects are described below.

Council Associate scheme

Introduced in January 2022, [Council Associates](#) take part in our Council meetings and associated activity, and also attend our Audit, Risk and Finance Committee. Whilst they are not voting members, they are encouraged to contribute to discussions.

The Council Associate positions aim to increase the diversity of experiences and perspectives on our Council, while providing registrants with the first step towards a board, committee or panel role.

Welsh Language Scheme Compliance Reporting

The Welsh Language Scheme Compliance Report outlines how we meet the requirements and uphold the Welsh Language standards as per the 2020-2021 requirements for Health Professional Councils set by the Welsh Language Commissioner.

The report highlighted that the number of publications in Welsh on the GOC website totalled 18, accessible via the Welsh language section on the website. There were no complaints received about the conduct of practitioners in Wales and the GOC received no complaints related to the Council's compliance with its Welsh Language Scheme. There were no Fitness to Practise hearings held in Wales and no requests made by witnesses to speak Welsh.

Inclusion of questions about Welsh language in our standard impact assessment screening tool ensures that staff remain conscious of the need to think about Welsh language requirements.

Gender Pay Gap Reporting

The Gender Pay Gap Report had a snapshot date of 5 April 2021. Our results show reduced mean and median pay gaps, both marginally favouring men but well within industry norms and an improvement on the figures from April 2020.

In February 2017, the Government introduced a requirement for companies with more than 250 employees to publish the following calculations, as of 5 April each year, to show the size of the pay gap between their male and female employees:

1. Mean gender pay gap in hourly pay
2. Median gender pay gap in hourly pay
3. Mean bonus gender pay gap
4. Median bonus gender pay gap
5. Proportion of men and women receiving a bonus payment
6. Proportion of men and women in each pay quartile

The GOC employs less than 250 employees and so we are not required to publish our gender pay gap data. However, as part of our commitment to equality, diversity, and inclusion (EDI) we have chosen to publish our data on an annual basis.

Overview:

- Mean Gender Pay Gap – on average men earn 1.3% higher hourly rate than women.
- Median Gender Pay Gap – on average men's median pay is 5.0% higher.
- Bonuses – we do not pay bonuses so there is no mean or median bonus gap.

Proportion of men and women in each of the four pay quartiles:

	Men	Women
Lower Quartile	25%	75%
Lower Middle Quartile	38%	62%
Upper Middle Quartile	35%	65%
Upper Quartile	35%	65%
All Staff	33%	67%

We have managed to reverse last year's significant increase in our median pay gap, while continuing to tighten our mean pay gap even further. Both remain significantly better than the national averages (median 14.9%, mean 15.4%) and those for non-profit bodies (median 18%, mean 20.8%).

The proportions have improved further in the upper quartiles, getting closer to the overall staff ratio, but the two lower quartiles remain a concern. The lower quartile has improved slightly but the lower middle quartile has slightly worsened.

We are committed to continually improving in this area by reviewing salary data on a regular basis to ensure that staff are paid appropriately, and we are taking any necessary actions if not.

Our aim is a zero percent Gender Pay Gap on both mean and median, as well as an equal split in all quartiles. This may be difficult to achieve given our small population, but it will remain the aim.

Please keep in mind when looking at the figures the impact of the small size of our population. As each person represents nearly 5% in each quartile, a 10% difference equates to 2 people only.

Further initiatives

There are several ongoing initiatives to ensure that we pay colleagues appropriately and do not differentiate on gender, race or any other protected characteristic including:

- A review of our recruitment processes proposed several improvements to promote fairer hiring practices;
- Our family friendly and flexible working policies have been reviewed and relaunched;
- We continue to promote our staff networks to support diversity and inclusion, including Women's; Black and Global Majority, Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) and Disability networks; plus, our new Anti-Racism group; and the long-standing Staff Welfare and Engagement Group (SWEG);

- We held a series of high-profile events to celebrate Women's History Month, including inspirational external speakers;
- Our new applicant tracking system is allowing us to track EDI data on applicants to ensure that we are attracting a diverse pool; and
- Roll out of an ambitious programme of EDI learning and development approved to run over the next 2 years.

Renewing our commitment to EDI with a new organisational strategy

Our current EDI plan was approved in April 2021. Its themes and objectives were developed using an evidence-based approach. We actively sought and listened to the views of a wide range of diverse internal and external stakeholders and have carried out a process of extensive engagement, feedback and review.

The renewal of our future EDI strategy will need to be in 2024 to comply with our duties as a public body.

This strategy will set out our ambitions for the next two years. We will report on our progress against yearly action plans. Our action plan will also give us the flexibility to adapt our approach, if we need to, to meet our six key themes. This will also help make sure that initiatives are built fully and effectively into our work, our people are engaged, and the impact is clearly measured.

The effective delivery of our objectives depends on our EDI action plan. This will describe the specific activities that belong to each objective. We regularly monitor our progress against this plan and we report our progress through our annual reports.

Over the next two years, our EDI activity will be organised around the following themes, to achieve our vision of 'delivering world-class regulation and excellent customer service'.

1. Data
Collecting data on our registrants, staff, Council and committee members can direct our actions and processes to ensure we progress equality. It is therefore

important to collect the right type of data and analyse it to highlight areas for improvement. This will allow us to explore the reasons why certain groups are subjected to certain processes, which barriers are presented and the feeling of inclusion.

2. People development and education
It is important to develop a learning culture where shared learning is encouraged to provide a better understanding of EDI topics and how to make the GOC an equal and inclusive environment at all levels.
3. Recruitment
It is important that people who join the organisation feel included, no matter their background, from the moment they apply to be part of the GOC. This process is an important chance to embed the GOC values and commitment to EDI.
4. Values setting
Embedding GOC values and commitment to EDI into every aspect of the GOC's work will allow staff to understand how their roles are connected to EDI and how they personally can contribute. This also embeds EDI into all practices in the GOC.
5. Community engagement and support
Building community is essential to creating a sense of belonging and forming trust, for mutual wellbeing support and having a place to discuss issues.
6. Leadership and accountability
Organisations with strong leadership on EDI are generally more successful, therefore it is important to have clear and practical definitions of EDI which are shared and understood throughout the organisation, with a defined direction and plan of action, and an ease in talking about EDI issues in relation to the work of the GOC.

EDI Monitoring Report

The 2021/22 EDI monitoring report provides diversity data about registrants, , staff, members, students, and those going through fitness to practise proceedings. The information in this report, which can be found in appendix 2, is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by education providers.)

The collection of EDI information is essential to enable us to identify where we need to focus our resources on strengthening diversity, assess the value of particular strategies, and measure our progress. EDI underpins all the work that we do and is embedded within our strategic goals. Monitoring diversity will support us in achieving our 'Fit for the future' strategic plan:

Delivering world-class regulatory practice

EDI data analysis is essential in assessing risks that may require investigation, identifying problems that need intervention, and prioritising and targeting activities and resources. While the number of optical professionals falling below minimum professional standards remains low, where there is disparity, it is important to identify the reasons so we can address it.

Transforming customer service

Understanding more about the profile of the profession will help us respond to the diverse needs of our patients and the wider public.

Building a culture of continuous improvement

Analysis of EDI data will support the development of policies and action to improve our work. It provides us with an opportunity to reflect on what has gone well and what might need to be improved.

Anti-Racism Group launch

In August 2021, our Anti-Racism Group (ARG) was launched. The group was a response to work undertaken in the summer of 2020, after the murder of George Floyd in Minnesota, US. This led to the agreement of our organisational Anti-Racism Statement.

The group's activities have helped bridge the lack of experience and understanding about racism along with a lack of information and education, and that because of this they may be perpetrating micro-aggressions or colluding in subtle forms of conscious/unconscious bias, prejudice, and racism.

The group operated with the EDI Partner as Chair and two co-leads, black and global majority lead and non-black and global majority lead. The group is sponsored by the Chief Executive and Registrar. The chair, co-leads and Chief Executive and Registrar make the leadership team. Each directorate has volunteers that make up the committee with the leadership team.

Improving awareness of the lived experience of colleagues can be a powerful tool in effecting actual change. Through the Anti-Racism Group's discussion and awareness sessions, colleagues with lived experience have been able to share their reality to people with no lived experience of racism. Subsequently, collaborative work has led to the development of an allyship tool kit for colleagues.

The committee encourage engagement and filter information to directorates and back to the committee. The members of the group are all staff by the definition that the GOC is an anti-racist organisation.

Allyship toolkit

In November 2021, discussions with staff established understanding on allyship and where the staff were on their journey. Allyship was a central theme in founding the Anti-Racism Group.

Allyship is an ongoing and proactive process, where people are supported to unlearn some things whilst re-evaluating their understanding of systematic racism in the workplace.

A part of becoming an ally is having self-awareness, getting uncomfortable with your biases and correcting mistakes. Some actions we have are subtle and unconscious but can have a detrimental impact on a marginalised group, leading to frustration, anger, and resentment.

To support staff with allyship, active bystander training was developed that fed in to the first session of the EDI learning and development program.

EDI Learning and Development Program

In summer 2021, the EDI Learning and Development Program (EDI L&D) was approved. This is a 2-year program of EDI training sessions that go beyond unconscious bias training. The program has 6 sessions spread over the 2 years and is attached to each of the GOC values. The table below lists the EDI courses that comprise the EDI L&D Programme.

Session	Training undertaken during
Active Bystander	21/22
Creating Inclusive environments	21/22
Unconscious Bias	21/22
EDI, the GOC and the Law - Lunch and learn	21/22
Inclusive Communication and language	22/23
Emotional Intelligence	22/23
Cultural awareness and intelligence	22/23

Members' and Workers' Training

Members' and Workers' training was undertaken, and the table below shows which members and workers received training.

Member	Number trained
Clinical Advisers	2
CET Approvers	23
CET Chairs and Deputy Chairs	3
Council	12
Committee Members	2
Hearing Panel	70
Education Visitors Panel	30

Equality Impact Assessments Template

Equality Impact Assessment (EIA) is a fundamental approach that helps ensure processes, schemes or changes within our organisation, including decisions made by our Council, are maximising the opportunity to promote inclusion and not inadvertently disadvantaging or excluding certain groups.

To this end, a project was started in January 2021 to further develop and test our EIA template and revise our staff-focused guidance. In summer 2021, a review recommended to integrate the EIA template into the impact established screening tool.. This single screening tool is now in use. As such, we can try to identify and consider wider issues or needs as part of analysing the potential impact of our policy changes.

Policies – Registrant Gender Reassignment Policy

In December 2020, when a registrant wanted to update their gender, we found the form and policy to be out of date and not in line with current trends. A new policy project group came together to develop a new Gender Reassignment Policy (GRA).

To be protected from gender reassignment discrimination, registrants do not need to have undergone any specific treatment or surgery to change from their birth sex to their preferred gender. This is because changing your physiological or other gender attributes is a personal process rather than a medical one.

Registrants can be at any stage in the transition process – from proposing to reassign their gender, to undergoing a process to reassign their gender, or having completed it.

The project considered questions around data, our system's logistical capabilities and what to do if a registrant has an fitness to practise allegation. The policy was approved for consultation by SMT in January 2022. A full public and registrant consultation will be carried out in spring 2023.

Recruitment Review

In the summer of 2021, a review of recruitment practices and procedures was undertaken to ensure best practice in inclusive recruitment was being followed.

Inclusive recruitment is the measures, processes and practices that make up all the elements involved in attracting, assessing and appointing candidates to vacant job roles within our organisation to maximise the diversity of successful appointments.

Inclusive recruitment is a vital element of our diversity and inclusion strategy because it is the most effective way to increase diversity across all protected characteristics and beyond.

From that review came a number of key recommendations, which included:
- EDI monitoring at application stage;
- Ensure Hireful can embed EDI monitoring;
- Create a bank of EDI Interview questions; and
- Diversify interview panels.

Recruitment Review – EDI Membership Schemes and Charters

Following on from the recommendations of the recruitment review, it was further suggested that we join the Race at Work Charter and the Government Disability Confident Scheme to ensure benchmarking for inclusive practice. Both schemes will be formally joined in the year 2022/23.

The SMT agreed that benchmarking ourselves against national standards would ensure we are working to a standard of excellence in our regulatory operations. In return, we can focus on change which encourages a continuous process of learning at every level of the organisation.

The Race at Work Charter calls on businesses to:
- Appoint an Executive Sponsor for race;
- Capture data and publicising progress;
- Ensure zero tolerance of harassment and bullying;

- Make equality in the workplace the responsibility of all leaders and managers;
- Take action that supports ethnic minority career progression;
- Support race inclusion allies in the workplace; and
- Include Black, Asian, Mixed Race and other ethnically diverse-led enterprise owners in supply chains.

The Disability Confident Scheme supports organisations to play a leading role in changing attitudes for the better. The scheme sets standards for changing behaviour and cultures in businesses, networks and communities, so they are reaping the benefits of inclusive recruitment practices.

Staff Equality Networks

We value the contribution of our staff equality networks, which are developed by communities of staff who share an affiliation with a protected characteristic. Staff networks at the GOC provide a safe and practical space where generating and sharing new ideas and exchanging information can be expressed in an informal environment. They also provide peer support, networking opportunities and social activities. Their activities can help to open the door to changing the culture of our organisation.

Our staff networks have a SMT sponsor, are self-governed, and their terms of reference, leadership and membership arrangements are determined by their own members. Current GOC staff led equality networks include:

- Able (Disability);
- Anti-Racism Group;
- Embrace (Black and Global Majority);
- LGBTQ+;
- Staff Wellbeing and Engagement Group (Employee engagement and inclusion); and
- Women (Gender Equality).

Recent examples of the work undertaken by staff networks include:

- **Awareness raising** – The Anti-Racism Group network helped to increase knowledge and understanding to the wider GOC staff community of their inclusivity issues through information sharing events and news stories.
- **Educational Work** – The Embrace network have provided educational articles and resources for Black History Month such as the discussion about British Black Heroes.
- **Discussion –** The LGBTQ+ network held a PRIDE awareness workshop, creating a safe space for network members to discuss the challenges they face by sharing personal experiences and developing positive ideas and solutions.
- **External networking -** The Anti-Racism Group chairs have considered additional external networking opportunities such as developing links with equality networks at other healthcare regulators.
- **Internal networking –** The SWEG network activities have included Monday Night Yoga, Fit for Winter, Staff Cooking Class, Christmas Events, Talks and Time to Talk tea. These provide an excellent resource to develop working relationships, learn about different work areas and the types of roles that colleagues are engaged with across the GOC.
- **Signposting -** All GOC networks have provided good peer advice and guidance to members and, where necessary, signposted them to relevant GOC services or external organisations.

Summary

2021/22 proved to be a year where race, racism and representation continued to dominate news and media headlines. We responded by developing the anti-racism statement as well as launching the anti-racism group. Equally, we recognised the need to improve the EDI training on offer to stakeholders and the EDI learning and development program was introduced. Likewise, it was recognised that the Council itself needed to diversify its membership and the Council Associate scheme was launched to address this.

This work demonstrates that we are active in responding to the changing EDI landscape as well as the needs of our employees, members, workers, and registrants. As a result, our

work was endorsed by the award of Best Small Company from the National Centre for Diversity.

The following table provides an overview of our four-year EDI Plan for 2020 – 2024 along with progress against planned actions.

Progress against GOC EDI Plan 2020 – 2024 I The following tables provide evidence of progress against agreed actions**.**

Programme of work	Strategic Objective	When	Progress	RAG
Improve collection, analysis and recording of protected characteristics in its regularity, use and timeliness, to better inform policy, processes, and impact.	Continuous improvement	Jan–Mar 2022	Progress made through EDI data collection: Benefits mapping & measures workshop in collaboration with the transformation team, performance and planning and EDI. Project led by change team. Objectives developed to ensure clarity and effectiveness of action planning based on empirical data.	
Improve recording, analysis and sharing of fitness to practise data.	Transforming customer service	Jan–Mar 2022	Plans in place to commission research into the impact of GOC fitness to practise processes on different groups of registrants. Additionally, as part of our ambition to become a world-class regulator, Fitness to Practise Improvement Programme for 2022-2025 contains a workstream to develop and implement guidance for decision-makers in recognising and addressing potential bias.	
Implement new data analysis programs to explore intersectional data and remove barriers.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	
Embed EDI benchmarking reporting into each quarter.	Continuous improvement	Jan–Mar 2021	New scorecard being developed to provide better insight and benchmarking through the EDI Data Collection as part of our benefits mapping & measures project.	
Create an inter-regulatory sharing space for learning and research that progress EDI, where there are limits to data use.	Transforming customer service	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	
Start collecting qualitative data to understand inclusion.	Continuous improvement	Jan–Mar 2023	Plans in place for improved EDI questions to be included in perception surveys, similarly EDI questions that provide qualitative response planned for education and EVP teams.	

People development and education

Programme of work	Strategic Objective	When	Progress	RAG
Roll out essential EDI training for all staff.	Continuous improvement	Jan–Mar 2021	EDI Learning and Development programme launched, and training opportunities provided to a range of stakeholders.	🟩
Develop and launch an enhanced management development program.	Continuous improvement	Apr–Jun 2021	Completed, launched in March 2021 and details published on IRIS.	🟩
Develop and launch a continuous EDI learning program, with embedded values, for staff.	Continuous improvement	Apr–Sep 2022	Suite of EDI learning available through partnership with Skills Boosters and Vinci Works LMS system for all staff.	🟩
Develop an EDI training program for council.	Continuous improvement	Apr–Sep 2022	Inclusive leadership training package developed in conjunction with Employers Network for Inclusion and Equality, learning outcomes and dates to be agreed.	🟧
Develop informal EDI learning opportunities for registrants.	Continuous improvement	Jan– Mar 2023	Glossary of terms drafted to support learning opportunities around inclusive language and collaborative work.	🟧
Adopt reverse mentoring to further develop leaders and people managers.	Continuous improvement	Jan– Mar 2023	EDI Manager is scoping providers to meet with this time scale. Needs to link with wide programme of development work.	🟧

Recruitment and retention

Programme of work	Strategic Objective	When	Progress	RAG
Review member, employee and worker recruitment policy, processes, and	Continuous improvement	Jan–Mar 2022	A review of recruitment practices and procedures was undertaken to ensure best practice in inclusive recruitment was being followed.	🟩

Programme of work	Strategic Objective	End	Progress	RAG
assessment, to embed EDI and values.				
Analyse EDI data of recruitment campaigns to highlight and analyse inequality and barriers.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	
Review roles requirements to ensure the role descriptions are not limiting.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	

Values Setting

Programme of work	Strategic Objective	End	Progress	RAG
Clarify the link between EDI and GOC values and embed those values into ways of working.	Continuous improvement	Jan–Mar 2022	Links in with collaborative being undertaken with transformation team, performance and planning and EDI. Project led by CMO to move this forward in timely fashion. Objectives developed to clarify the link between EDI and GOC values and embed those values into ways of working.	
Redraft all HR policies and processes.	Continuous improvement	Jan–Mar 2023	This is well underway and human resources have reviewed a suite of family related policies.	
Redesign processes to practise values.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	
Build EQIAs into each process.	Continuous improvement	Jan–Mar 2022	Equality Impact Assessments are used when developing and/or renewing policy or processes. Training is available to staff on their use.	

Community Engagement and Support

Programme of work	Strategic Objective	When	Progress	RAG
Review and promote a staff engagement plan where EDI dates are celebrated.	Continuous improvement	Jan–Mar 2022	EDI Calendar established and dates such as PRIDE, Black History month, Disability History Month are celebrated. Work still to be done to promote calendar and events earlier in the year.	🟩
Review the staff network structures and support.	Continuous improvement	Jan–Mar 2022	Overdue, in part due to absence of an EDI lead for 6 months, however this is planned for completion in Q3 of 2022/23.	🟧
Set up new, and develop existing, structures to promote and reward cross-department / cross-team working.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	🟧
Develop and implement a people plan.	Continuous improvement	Jan–Mar 2023	Planned in EDI workstreams for early 2023.	🟧
Develop and implement a revised communications strategy to engage staff.	Continuous improvement	Jan–Mar 2022	Overdue, in part due to absence of an EDI lead for 6 months, however this is planned for completion in Q3 of 2022/23.	🟧

Leadership and accountability

Programme of work	Strategic Objective	End	Progress	RAG
Develop guidance on 'speaking up' for staff and registrants.	World-class regulatory practice	Jan–Mar 2021	This was completed and implemented in November 2021.	🟩
Publish and implement guidance on 'speaking up' for registrants.	World-class regulatory practice	Jan–Mar 2022	This was completed and reported in optometrist media.	🟩
Monitor the revised communications strategy to achieve greater transparency.	Transforming customer service	Apr–Jun 2023	Planned in EDI workstreams for early 2023.	🟧

What next: Future plans for 2022/3

Our commitment to EDI, through the delivery of our Fit for the Future strategy, continues into 2022/23. Alongside identifying EDI areas for delivery as part of our business plan, we will continue to roll out our EDI Plan 2020 – 2024, specifically in the period 2022/23 where we have planned the following EDI projects:

- Develop new equality and diversity policy;
- Launch new people plan strategy;
- EDI benefits mapping project linked to proposed changes to PSA Standard 3;
- Review and revise family friendly polices;
- Launch framework for operating staff networks;
- Apply for national EDI related awards to raise profile in EDI space;
- Ongoing rollout of EDI L&D Programme;
- Gender pay gap reporting;
- Launch EDI online training offer;
- Prepare the Welsh Language Scheme compliance report;
- Collaborative work preparing for introduction of Welsh Language Standards;
- Launch EDI communication strategy to support awareness through engagement; and
- Support staff networks in engagement to celebrate national events.

We know we have more work to do to fully understand and deal with other issues within the optical sector including:
- How we can better understand the communities and cultures of the people we work with, and the challenges they face, and apply this knowledge to our regulatory work;
- How we can better understand why we get a higher number of concerns about Asian and British Asian professionals being raised with us than we ought to expect statistically;
- How we can use our regulatory influence and levers to tackle discrimination and support the reduction of health inequalities; and
- How to make sure that diversity (including diversity of 'lived experience') is better reflected both in and through our governance and leadership.

Similarly, we recognise the recent debates and different perspectives about the use and limitations of the term Black, Asian and minority ethnic (BAME), specifically that it should not be taken as referring to a singular group or identity.

We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible, whilst at the same time working with our stakeholders to determine the terminology to support our approach going forward.

Appendix 1. Glossary of Terms (Equality, Diversity & Inclusion)

Age

- Refers to a person belonging to a particular age (e.g. 32 years old) or range of ages (e.g. 20-24, 25-29 year olds).

Ally

- A (typically) straight and/or cis person who supports members of the LGBT community.

Anticipatory Duty

- For service providers, the duty to make reasonable adjustments is anticipatory; within reason, it is owed to all potential disabled customers and not just to those who are known to the service provider.

BAME (Black and Minority Ethnic Group)

- "Black and Minority Ethnic Group" is used in the UK to describe people from minority groups of non-white descent, particularly those who are viewed as having experienced racism, or are in the minority because of their skin colour and/or ethnicity. **The comparison between white and BAME has been criticised for being bureaucratic and failing to differentiate between non-UK white minorities**, e.g. those from Eastern Europe, and other white ethnic minority groups. As such, in our reporting, BAME refers to those categories which are distinct from "UK White" and "Other White". Refer to Other White and UK White for more details. **It is likely that this term will fall out of common usage and be replaced with more specific terminology such as People of South Asian heritage', 'People of East Asian heritage', 'People of West Asian heritage', 'People of Central Asian heritage', People of Southeast Asian heritage', 'People of East Asian and Southeast Asian heritage' and 'Middle East and North African people'.**

Bi

- Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or

more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.

Bullying

- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Cisgender or Cis

- Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

- When a person first tells someone/others about their orientation and/or gender identity.

Deadnaming

- Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Disability

- A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Remember, not all disabilities are physical or visible.

Discrimination

- Direct discrimination refers to discrimination because of a person's protected characteristic.

- Indirect discrimination occurs when a provision, criterion or practice is applied that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic.

- Discrimination arising from disability occurs when a person is treated unfavourably because of something arising in consequence of their disability.

• Discrimination by perception occurs due to the belief that someone has a protected characteristic, whether or not they do have it.

• Discrimination by association occurs against a person who does not have a protected characteristic because of their association with someone who does.

Diversity

• Valuing everyone as a unique individual and celebrating this difference. Managing diversity successfully will help organisations to nurture creativity and innovation and thereby tap hidden capacity for growth and improved competitiveness.

Due Regard

• To 'have due regard' means that in carrying out all of its functions and day to day activities, a public authority subject to the duty must consciously consider the needs of the PSED as part of the decision-making process in any policy and practice. 'Due regard' comprises two linked elements: proportionality and relevance. The weight that public authorities give to equality should be proportionate to how relevant a particular function is to equality. The greater the relevance of a function to equality, the greater the regard that should be paid.

Equality

• Providing a level playing field for disadvantaged groups to ensure fairness. The approach is centred on: equality of opportunity (access); equality of process (experience and treatment); and equality of outcome (achievement).

Equality Act 2010

• The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthens the law in important ways, to help tackle discrimination and inequality.

Equality Policy

- A statement of an organisation's commitment to the principle of equality in the workplace for staff, customers and stakeholders.

Gay

- Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

- Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

- Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

- How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

- A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Gender Reassignment

- The process of transitioning from one gender to another. The individual does not need to undergo any medical or hormonal treatment or change their appearance. As soon as they identify and present as a woman/man they should be treated as such, using toilets and changing facilities accordingly.

Harassment

- Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Heterosexual/straight

- Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homophobia

- The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Inclusion

- Inclusion in education is regarded as a process of addressing and responding to the diverse needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion. Social exclusion is the outcome of multiple deprivations, which prevents individuals or groups from participating fully in the social, economic, and political life of the society in which they live.

Intersex

- A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian

- Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

- The fear or dislike of someone because they are or are perceived to be a lesbian.

LGBTQ+

- The acronym for lesbian, gay, bi, trans, queer and questioning.

Marriage & Civil Partnership

- Marriage is recognised in the form of both civil and religious unions between individuals. Civil partners must be treated the same as married couples on a wide range of legal matters. In employment, civil partners must be treated no less favourably than married couples.

Monitoring

- An analysis of equality data to examine if people with protected characteristics are being treated fairly, for example, monitoring the representation of women or disabled people in the workforce or at senior levels within organisations. The Trust remains committed to encouraging and supporting staff and students in self-declaration.

More Favourably

- To treat somebody better than someone else. This is unlawful under the Act if it is because of a protected characteristic, except in very limited circumstances e.g. the duty to make reasonable adjustments for a disabled person. The law can require pregnant workers to be treated more favourably in some circumstances.

Non-binary

- An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Other White

- Refers to those other white ethnicity categories not included within the "UK White" category, i.e. "Irish"; "Gypsy/Traveller"; "Polish"; and "Any other white ethnic group". Refer to BAME and UK White for more details.

Positive Action

- Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Pregnancy & Maternity

- Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Pronoun

- Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Proportionality

- Refers to measures or actions that are appropriate and necessary. Whether something is proportionate will be a question of fact and involve weighing up the discriminatory impact of the action against the reasons for it and asking if there is any other way of achieving the aim. The more discriminatory a measure, the harder it will be to justify.

Protected Characteristic

- Grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Public Sector Equality Duty (PSED)

- The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, advance equality of opportunity and foster good relations. The Public Sector Equality Duty is also known as the "general duty".

Queer

- Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

- The process of exploring your own sexual orientation and/or gender identity.

Race

- Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. Refer to BME, Other White and UK White for more details.

Reasonable

- What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

Religion or Belief

- Religion is generally associated with beliefs, but belief includes philosophical beliefs including lack of belief (e.g. Atheism, environmentalism, vegetarianism, etc.). Generally, a belief should genuinely be held and affect your life choices or the way you live for it to be included in the definition.

Sex (Formerly referred to as gender)

- Generally, refers to a man or a woman. For a variety of reasons, some people do not identify according to these definitions.

Sexual Orientation

- Whether a person's sexual orientation is towards their own sex (homosexual), the opposite sex (heterosexual) or to both sexes (bisexual). For a variety of reasons, some people do not identify according to these definitions.

Trans

- An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transitioning

• The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transphobia

• The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

UK White

• Comprised of the following ethnic group categories: "Scottish"; "English"; "Welsh; and "Northern Irish". This category is distinct from BAME and Other White.

Sources:

CIPD (2022) Diversity in the Workplace: An Overview.

Equality and Human Rights Commission (2022)

Stonewall (2022)

Appendix 2. EDI Data Monitoring Report 2021/22

General Optical Council:

Equality, Diversity, and Inclusion Data Monitoring Report 2021/22
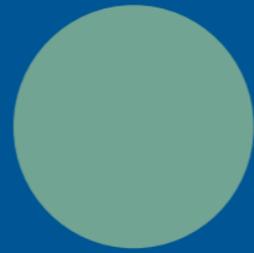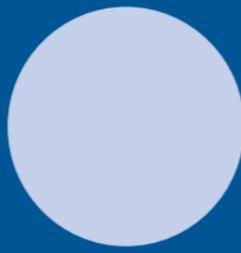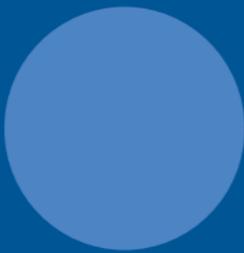
Contents

The collection of diversity information is essential to enable us to identify where we need to focus our resources on assessing the value of strategies and measuring our progress.

Equality, Diversity, and Inclusion (EDI) underpins all the work that we do and is embedded within our strategic goals. Monitoring diversity will support us in achieving our 'Fit for the future' strategic plan:

Delivering world-class regulatory practice

EDI data analysis is essential in assessing risks that may require investigation, identifying problems that need intervention, and prioritising and targeting activities and resources.

While the number of optical professionals falling below minimum professional standards remains low, where there is disparity, it is important to identify the reasons so we can address it.

Transforming customer service

Understanding more about the profile of the profession will help us respond to the diverse needs of our patients and the wider public.

Building a culture of continuous improvement

Analysis of our EDI data will support the development of policies and actions to improve our work. It provides us with an opportunity to reflect on what has gone well, and what might need to be improved.

Introduction

This report provides diversity data about registrants, those going through fitness to practise proceedings, staff, members, and students.

The information in this report is based on our in-house datasets on 31 March 2022. (The exception to this is student data, which is based on the Academic Year 2020-2021, and provided to us by education providers.)

Data

While we aim to gather evidence about each of the nine protected characteristics, there is a variation in response rates. We are unable to report data involving small cohorts where individuals may be identifiable. Similarly, we may round up or group figures to ensure that individuals cannot be identified within the report. Due to rounding, percentages may not always add up to 100 percent.

Categories

Where possible, we provide a breakdown of White, Asian, Black, Mixed, and Other ethnic groups. White EWSNI/Irish means 'White English, Welsh, Scottish, Northern Irish, or Irish'.

We have cited various sources to set our data in context, including data from the Office of National Statistics, such as the most recently published Labour Force Survey.

Timeframe

Where possible we have provided three annual instances of data: 31 March 2020, 31 March 2021, and 31 March 2022, to help us identify any trends.

2022 EDI Data Snapshots

Sex

	Registrants (all)	Registrants (students only)	Fitness to Practice	Staff
Male	37%	33%	59%	32%
Female	63%	67%	41%	68%

Sex

	Council	Advisory Panel	Hearings Panel	Education Visitor Panel
Male	42%	48%	32%	61%
Female	58%	52%	68%	39%

Age

	Registrants (non-students)	Fitness to Practice	Staff
65+	4%	6%	9%
55-64	14%	16%	18%
45-54	19%	13%	34%
35-44	29%	35%	35%
25-34	29%	26%	4%
Under 25	4%	4%	

Ethnicity

	Registrants (all)	Fitness to Practice
Prefer not to say	14%	9%
Other	6%	6%
Asian / Asian British	34%	46%
Black / Black British	2%	2%
White EWSNI/Irish	44%	36%

Registrants

Appendix 1: Tables 1- 19

As of 31 March 2022, we had 30,060 optometrists, dispensing opticians, student optometrists, and student dispensing opticians on our registers.

Overall

The largest annual change occurred with student optometrists: this group has increased by 8.36% compared to the past year. The total number of registrants has increased by 2.39% compared to the past year.

Sex

63.08% of all registrants were **female** (62.62% in 2021). Like 2021, the **most marked** imbalance is found in student optometrists and student dispensing opticians. Females account for 67.38% and 66.51% respectively. The **most marked** imbalance with regards to **specialty** registrants is the contact lens specialty, with 69.23% female.

Age

Excluding students, age groups with the **highest** percentage of registrants are aged 25-34 and 35-44 (29.33% and 29.31% respectively). There has been **no significant change** over the three-year period. The **specialty** age profile shows a comparatively **higher proportion** of registrants aged 35-44 (37.06% compared to 29.31% of all registrants excluding students).

Ethnicity

42.42% of all registrants (43.91% in 2021) are **white EWSNI/Irish**. The highest proportion of black, Asian, mixed, or other ethnic group registrants are Asian / Asian British (33.93% of all registrants and 32.74% in 2021). The proportion of registrants who are black, Asian, mixed, or other ethnic group is **significantly higher** than the UK population (13%)[1]. The percentage of Asian / Asian British registrants (33.93%) is **broadly comparable** to the percentage of Asian/Asian British professionally qualified clinical staff in the NHS (30.2%)[2]. There is a proportionately higher rate of white EWSNI/Irish **specialty** registrants

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[1] Ethnicity Facts and Figures, UK Government Data extracted from 2011 Census

[2] NHS Workforce Statistics, March 2021

(67.66% compared to 42.42% of all white EWSNI/Irish registrants).

Religion

The religion declared most frequently by all registrants was **Christian (including Church of England, Catholic, Protestant and all other Christian denominations)** (26.34%) followed by Muslim (18.42%). In 2021, this was 27.40% and 17.12% respectively. The percentage of Muslim registrants is **higher than the NHS** percentage of Muslim professionally qualified clinical staff (11.11%)[3], and the UK Muslim population (5.17%)[4]. There is a **significantly higher** proportion of Muslim student optometrists (38.90%; 36.80% in 2021).

Disability

There has been **no significant change** in the percentage of all registrants who have declared a disability, which has remained at less than 1% over a three-year period. This is **broadly comparable** with the percentage of professionally qualified clinical staff in the NHS who have declared a disability (1.52%)[5]. In 2020, 10% of working age adults in the UK who are economically active considered themselves to have a disability[6].

Sexual Orientation

Since 2020, there has been **no significant change** in the percentage of all registrants who have declared a sexual orientation other than heterosexual (less than 3%).

Pregnancy and Maternity/Paternity Leave

The percentage of all registrants who have declared that they have been pregnant and/or taken maternity/paternity leave has **remained static** at 6% since 2020.

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[3] Ibid.
[4] Muslim Population in the UK, ONS, 2018
[5] NHS Workforce Statistics, March 2021

[6] Disabled People in Employment, House of Commons Briefing Paper No 7450

Fitness to Practise

Appendix 1: Tables 20-29

One of our statutory functions is to investigate allegations where registrants may not be fit to practise as part of our role in protecting the public.

Anyone can complain to us if they have a concern about one of our registrants. If the complaint raises a question about a registrant's fitness to practise (FtP), we will investigate by gathering all the relevant information, for example, optical records, witness statements or information from the police or NHS organisations. Once the investigation is complete and both the registrant and complainant have had the opportunity to provide comments, all papers are passed to case examiners to decide whether the case should be either closed or referred to the FtP Committee for a hearing.

Further information regarding FtP outcomes can be found in our Annual Report. The data presented in the Appendix shows activity at each of the different stages of our fitness to practise process. They do not track a single cohort of complaints through the system, because cases do not necessarily reach outcomes in the same year.

Complainants

There continues to be a **higher rate of complaints from female members** of the public (38.63%) compared with males (30.24). The sex profile of the remaining 31.13% of complaints has not been provided and/or the complaints have been referred to us by a third party. We have seen an **annual increase** in the number of complaints compared with 2021 and 2020. There has been an increase of 41.56% in the number of complaints compared with 2021.

Location

There has been **no significant difference** in the location of complaints by country over the past three years.

Registrants subject to an FtP Investigation from 2020 to 2022

Compared with 2021, there have been 64.62% **more** FTP investigations this year; compared with 2020, there have been 66.46% **fewer** FTP investigations this year. Over the past three years, there has been no significant difference in the number of registrants subjected to an FtP investigation.

Sex

58.95% of registrants under FTP investigation were **male**. This is comparable to other healthcare professional groups.

Ethnicity

44% of registrants on the register are **white EWSNI/Irish**, yet 36% of registrants under FTP investigation are **white EWSNI/Irish**. Comparatively 34% of registrants on the register are **Asian / Asian British**, but 46% of registrants under FTP investigation are **Asian / Asian British**. Asian / Asian British registrants make up a disproportionate

number of FTP investigations. This trend has remained unchanged over the past three years.

Age

Age groups with the **highest percentage** of registrants under FtP investigation are aged **35-44** (34.74%), followed by **25-34** (26.32%). The specialty age profile is **consistent** with the register age profile.

Religion

26% of registrants on the register are **Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**, yet 19% of registrants under FTP investigation are **Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**. Comparatively 9% of registrants on the register are **Hindu**, but 17% of registrants under FTP investigation are **Hindu**.
Hindu registrants, as well as Muslim registrants make up a disproportional number of FTP investigations. This trend has remained almost unchanged over the past three years

Fitness to Practise – Types of Allegations

Appendix 1: Tables 30-40

When we receive a complaint about an individual registrant's fitness to practise or a student registrant's fitness to undertake training, we consider whether the type of allegation should be classified as 'clinical', 'conviction/caution', 'conduct', 'health', or 'mixed'.

These allegation types are distilled further into sub-categories depending on the nature of the complaint, sometimes containing allegations that are mixed in nature (for example clinical and conduct).

Allegation Types

The **most frequent** allegations concern clinical practice (43.16%), followed by conduct (31.58%).

Sex

Like the past year**, male clinical** cases make up the **largest allegation category** by sex (25.26%). For both sexes, cases are **mostly** clinical and conduct; this has remained **almost unchanged** over the past three years.

Age

In cases of clinical investigation, 35-44-year-olds represent the **largest allegation category** by age (13.68%).

Ethnicity

In cases of clinical investigation, Asian / Asian British represent the **largest allegation category** by ethnicity (20.00%), followed by white EWSNI/Irish clinical cases (14.74%).

Religion

Allegation categories by religion are **fairly evenly spread**.

Fitness to Practise – Case Examiner Outcomes

Appendix 1: Tables 34-39

Each case is considered by two case examiners (one registrant and one lay person), and they decide whether the allegation should be referred to the FtP committee (FtPC) for a full hearing.

Sex

85.71% of registrants referred to the FtPC were **male**.

Age

The age of registrant cases considered by case examiners is **consistent** with the register.

Ethnicity

Of the cases referred to the FTPC, 35.71% were **white EWSNI/Irish** and 35.71% were **Asian/Asian British** registrants.

Religion

Of the cases referred to the FTPC, 42.25% were **Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**, and 35.21% were **Muslim** registrants.

Employees

Appendix 1: Tables 41-43

We are committed to promoting and developing equality and diversity in our work. Our objective is to behave consistently and fairly to everyone and ensure that we operate in a fair and transparent manner and in a way that is free from discrimination, harassment, and victimisation.

All employees are asked to complete an EDI monitoring form on appointment. The information requested covers sex, age, ethnicity, and disabilities and is managed by our Human Resources team, who also collate information on sexual orientation, gender identity and expression, carer status, religion, maternity and pregnancy, and marriage and civil partnership. Case examiner data is not included in this data set.

Sex

67.53% of staff are **female**. There have been incremental **increases** in the percentage of female staff over the past three years.

Age

As of 31 March 2022, the age demographic of GOC employees is broadly matched to the UK Labour Force Survey, where the age groups with the highest proportion of people in employment are aged **25-34** and **35-44**. There has been **no significant change** over the past three years.

Ethnicity

This has remained **almost unchanged** compared to the past year. Approximately 87% of people in the UK are **white**; however, 53.25% of employees are **white**.

Pregnancy and Maternity/Paternity Leave

As of 31 March 2022, **fewer than ten** employees were on maternity/paternity leave.

Disability

As of 31 March 2022, **fewer than ten** employees were disabled.

Religion

We lack over half of the necessary data for this protected characteristic, so data is unreliable.

Sexual orientation

We lack almost half of the necessary data for this protected characteristic, so data is unreliable.

Religion

Sexual orientation

Members

Appendix: Tables 44-48

Our members are the members of Council and our Committees, who scrutinise the GOC, providing checks and balances on the organisation to protect the public. Council also sets the vision and strategy of the GOC.

In terms of data limitations, an individual's response may have been counted more than once, for example, if they sit as a member of Council and a Committee – this is to provide a fuller picture about the overall make-up of our Council and Committees.

Sex

The sex profile of our council is 41.67% **male**. The sex profile of all our committees combined is 44.58% **male**.

Age

The most populous age group of all our committees combined is **55-64** (30.12%), followed closely behind by 45-54 (28.31%). 18.07% of our members prefer not to say.

Ethnicity

The largest ethnicity group of all our committees combined is **white**, which is 77.71%. 12.65% of our members prefer not to say.

Disability

4.22% of our members declared that they **have a disability**. 13.86% of our members prefer not to say.

Sexual orientation

3.61% of our members declared a sexuality **other than heterosexual**. 20.48% of our members prefer not to say.

Religion

The largest ethnicity group of all our committees combined is **Christian (including Church of England, Catholic, Protestant and all other Christian denominations)**, which is 42.17%.

Students

Appendix: Tables 49-56

Our Education Strategic Review has increased our focus on the outcomes of education and training, and how the profession is fit for the future.

This is the second year that we have published EDI data that has been provided for use by providers of GOC approved qualifications. We plan to build upon these data sets so that we can learn more about the student journey, including enrolment, retention, and attainment.

This data only includes students studying at universities/colleges. In order to avoid duplication, it omits data provided by two providers of GOC approved qualifications: ABDO Exams and the College of Optometrists. This means the total number of student optometrists and dispensing opticians will be lower than that obtained from registration data.

Sex

In the Academic Year (AY) 2020/21, 64.86% of students were **female**, which is a slightly higher percentage than the number of female registrants. Of all four individual courses, the **range** of **female** students is 58.74% to 65.84%.

Age

The age group with the **highest** proportion of students is aged **20 and under** (45.58%; 41.15% in 2019/20) and aged **21-24** (24.83%; 31.00% in 2019/20). The age profile of students enrolled in Independent Prescribing and Contact Lens courses is **significantly older** than the profile of those enrolled in Optometry and Dispensing, who are predominantly undergraduates. There has been **no significant** annual change.

Ethnicity

White students make up 34.00% of all students – compared with the register, which is 47.43%. The number of white registrants has **decreased** over past years, and data shows that this will most likely **continue**.

Disability

5.25% of students across all courses have declared that they are **disabled.**

Appendix

REGISTRANT DATA
Table 1: Registrants – Professional group – 2020 to 2022
Table 2: Registrants – Sex – 31 March 2022
Table 3: Registrants (excluding students) – Sex – 2020 to 2022
Table 4: Registrants – Specialty – Sex – 31 March 2022
Table 5: Registrants (excluding students) – Age – 31 March 2022
Table 6: Registrants (excluding students) – Age – 31 March 2021
Table 7: Registrants (excluding students) – Age – 31 March 2020
Table 8: Registrants – Specialty – Age – 31 March 2022
Table 9: Registrants – Ethnicity – 31 March 2022
Table 10: Registrants – Ethnicity – 31 March 2021
Table 11: Registrants – Ethnicity – 31 March 2020
Table 12: Registrants – Specialty – Ethnicity – 31 March 2022
Table 13: Registrants – Specialty – Ethnicity – 31 March 2021
Table 14: Registrants – Specialty – Ethnicity – 31 March 2020
Table 15: Registrants – Disability – 2020 to 2022
Table 16: Registrants – Sexual orientation – 2020 to 2022
Table 17: Registrants – Pregnancy and maternity/paternity – 2020 to 2022
Table 18: Registrants – Religion – 2020 to 2022
Table 19: Registrants – Religion – 31 March 2022
FITNESS TO PRACTISE DATA
Table 20: Complainants – Sex – 2020 to 2022
Table 21: Complainants – Location – 2020 to 2022
Table 22: Registrants – Professional group – 2020 to 2022
Table 23: Registrants under FTP investigation (excluding business registrants) – Professional group – 31 March 2022
Table 24: Registrants under FTP investigation (excluding business registrants) – Specialty – 31 March 2022
Table 25: Registrants under FTP investigation (excluding business registrants) – Sex – 31 March 2022
Table 26: Registrants under FTP investigation (excluding business registrants) – Age – 31 March 2022
Table 27: Registrants under FTP investigation (excluding business registrants) – Ethnicity – 2020 to 2022
Table 28: Registrants under FTP investigation (excluding business registrants) – Religion – 2020 to 2022

REGISTRANT DATA

Table 1: Registrants – Professional group – 2020 to 2022

	2020		2021		2022		2021 to 2022 % change	2020 to 2022 % change
Optometrists	16,560	57.16%	16,663	56.76%	**17,082**	**56.83%**	2.51%	3.15%
Dispensing opticians	7,217	24.91%	7,108	24.21%	**7,074**	**23.53%**	-0.48%	-1.98%
Student optometrists	3,753	12.95%	4,258	14.50%	**4,614**	**15.35%**	5.65%	13.63%
Student dispensing opticians	1,443	4.98%	1,330	4.53%	**1,290**	**4.29%**		
All registrants (excluding body corporate)	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**	**2.39%**	**3.75%**

Students are always included in numbers, unless it says "excluding students".

Table 2: Registrants – Sex – 31 March 2022

	Male			Female			Total	
	Total registrants		% of register	Total registrants		% of register	% of register	% of registrant type
Optometrists	6,680	22.22%	39.11%	10,402	34.60%	60.89%	**17,082**	**56.83%**
Dispensing opticians	2,482	8.26%	35.09%	4,592	15.28%	64.91%	**7,074**	**23.53%**
Student optometrists	1,505	5.01%	32.62%	3,109	10.34%	67.38%	**4,614**	**15.35%**
Student dispensing opticians	432	1.44%	33.49%	858	2.85%	66.51%	**1,290**	**4.29%**
All registrants	**11,099**		**36.92%**	**18,961**		**63.08%**	**30,060**	**100.00%**

Table 3: Registrants (excluding students) – Sex – 2020 to 2022

		2020		2021		2022		2021 to 2022 % change	2020 to 2022 % change
Male	Optometrists	6,642	27.93%	6,605	27.79%	**6,680**	**27.65%**	1.14%	0.57%
	Dispensing opticians	2,599	10.93%	2,540	10.69%	**2,482**	**10.27%**	-2.34%	-4.71%
Female	Optometrists	9,918	41.71%	10,058	42.31%	**10,402**	**43.06%**	3.42%	4.88%
	Dispensing opticians	4,618	19.42%	4,568	19.22%	**4,592**	**19.01%**	0.53%	-0.57%
Total		**23,777**	**100.00%**	**23,771**	**100.00%**	**24,156**	**100.00%**	**1.59%**	**1.62%**

Table 4: Registrants – Specialty – Sex – 31 March 2022

	Contact Lens Specialty		Independent Prescribing Specialty		Additional Supply Specialty		Supplementary Prescribing Specialty		All specialties	
Female	722	59.33%	745	60.52%	753	60.48%	749	60.70%	**2,969**	**60.26%**
Male	495	40.67%	486	39.48%	492	39.52%	485	39.30%	**1,958**	**39.74%**
Total	**1,217**	**100.00%**	**1,231**	**100.00%**	**1,245**	**100.00%**	**1,234**	**100.00%**	**4,927**	**100.00%**

After revisiting past year datasets, we have corrected certain values.

Table 5: Registrants (excluding students) – Age – 31 March 2022

	Optometrists		Dispensing opticians		All non-students	
Under 25	831	4.86%	81	1.15%	**912**	**3.78%**
25-34	5,512	32.27%	1,574	22.25%	**7,086**	**29.33%**
35-44	4,972	29.11%	2,109	29.81%	**7,081**	**29.31%**
45-54	2,955	17.30%	1,638	23.16%	**4,593**	**19.01%**
55-64	2,103	12.31%	1,344	19.00%	**3,447**	**14.27%**
65+	709	4.15%	328	4.64%	**1,037**	**4.29%**
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**24,156**	**100.00%**

Table 6: Registrants (excluding students) – Age – 31 March 2021

	Optometrist		Dispensing optician		All non-students	
Under 25	838	5.03%	102	1.44%	940	3.95%
25-34	5,346	32.08%	1,626	22.88%	6,972	29.33%
35-44	4,838	28.03%	2,064	29.04%	6,902	29.04%
45-54	2,857	17.15%	1,653	23.26%	4,510	18.97%
55-64	2,063	12.38%	1,353	19.03%	3,416	14.37%
65+	721	4.33%	310	4.36%	1,031	4.26%
Total	**16,663**	**100.00%**	**7,108**	**100.00%**	**23,771**	**100.00%**

Table 7: Registrants (excluding students) – Age – 31 March 2020

	Optometrist		Dispensing optician		All non-students	
Under 25	996	6.01%	157	2.18%	1,153	4.85%
25-34	5,313	32.08%	1,748	24.22%	7,061	39.70%
35-44	4,668	28.19%	2,038	28.24%	6,706	28.20%
45-54	2,830	17.09%	1,677	23.24%	4,507	18.96%
55-64	2,084	12.58%	1,326	18.37%	3,410	14.34%
65+	669	4.04%	271	3.76%	940	3.95%
Total	**16,560**	**100.00%**	**7,217**	**100.00%**	**23,777**	**100.00%**

Table 8: Registrants – Specialty – Age – 31 March 2022

	Under 25	25-34	35-44	45-54	55-64	65+	Total
Contact Lens Specialty	1	97	275	328	384	132	**1,217**
	0.08%	7.97%	22.60%	26.95%	31.55%	10.85%	**100.00%**
Independent Prescribing Specialty	0	340	451	269	149	22	**1,231**
	0.00%	27.62%	36.64%	21.85%	12.10%	1.79%	**100.00%**
Additional Supply Specialty	0	338	449	272	158	28	**1,245**
	0.00%	27.15%	36.06%	21.85%	12.69%	2.25%	**100.00%**
Supplementary Prescribing Specialty	0	339	450	269	152	24	**1,234**
	0.00%	27.47%	36.47%	21.80%	12.32%	1.94%	**100.00%**
Total	**1**	**1,114**	**1,625**	**1,138**	**843**	**206**	**4,927**
	0.02%	**22.61%**	**32.98%**	**23.10%**	**17.11%**	**4.18%**	**100.00%**

After revisiting past year datasets, we have corrected certain values.

Table 9: Registrants – Ethnicity – 31 March 2022

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,247	42.42%	4,927	69.65%	579	12.55%	575	44.57%	**13,328**	**43.34%**
Asian / Asian British	6,691	39.17%	945	13.36%	2,311	50.09%	251	19.46%	**10,198**	**33.93%**
Black / Black British	252	1.48%	72	1.02%	146	3.16%	22	1.71%	**492**	**1.64%**
Mixed/Multiple	174	1.02%	65	0.92%	53	1.15%	12	0.93%	**304**	**1.01%**
Other	811	4.75%	318	4.50%	236	5.11%	60	4.65%	**1,425**	**4.74%**
Prefer not to say	1,907	11.16%	747	10.56%	1,289	27.94%	370	28.68%	**4,313**	**14.35%**
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**4,614**	**100.00%**	**1,290**	**100.00%**	**30,060**	**100.00%**

Table 10: Registrants – Ethnicity – 31 March 2021

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,317	43.91%	4,929	69.34%	584	13.72%	661	49.70%	**13,491**	**45.95%**
Asian / Asian British	6,307	37.85%	938	13.20%	2,084	48.94%	283	21.28%	**9,612**	**32.74%**
Black / Black British	219	1.31%	71	1.00%	126	2.96%	31	2.33%	**447**	**1.52%**
Mixed/Multiple	154	0.92%	65	0.91%	60	1.41%	11	0.83%	**290**	**0.99%**
Other	765	4.59%	317	4.46%	231	5.43%	66	4.96%	**1,379**	**4.70%**
Prefer not to say	1,901	11.41%	788	11.09%	1,173	27.55%	278	20.90%	**4,140**	**14.10%**
Total	**16,663**	**100.00%**	**7,108**	**100.00%**	**4,258**	**100.00%**	**1,330**	**100.00%**	**29,359**	**100.00%**

Table 11: Registrants – Ethnicity – 31 March 2020

	Optometrists		Dispensing opticians		Student optometrists		Student dispensing opticians		Total	
White EWSNI/Irish	7,382	44.58%	4,957	68.69%	710	18.92%	828	57.38%	**13,877**	**47.90%**
Asian / Asian British	6,125	36.99%	950	13.16%	2,327	62.00%	338	23.42%	**9,740**	**33.62%**
Black / Black British	210	1.27%	71	0.98%	135	3.60%	36	2.50%	**452**	**1.56%**
Mixed/Multiple	141	0.85%	66	0.92%	65	1.73%	15	1.04%	**287**	**0.99%**
Other	750	4.53%	298	4.13%	260	6.93%	95	6.58%	**1,403**	**4.84%**
Prefer not to say	1,952	11.79%	875	12.12%	256	6.82%	131	9.08%	**3,214**	**11.09%**
Total	**16,560**	**100.00%**	**7,217**	**100.00%**	**3,753**	**100.00%**	**1,443**	**100.00%**	**28,973**	**100.00%**

Table 12: Registrants – Specialty – Ethnicity – 31 March 2022

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	847	69.60%	9	0.74%	170	13.97%	3	0.25%	46	3.78%	142	11.67%	**1,217**	**100.00%**
Independent Prescribing Specialty	757	61.49%	13	1.06%	277	22.50%	13	1.06%	56	4.55%	115	9.34%	**1,231**	**100.00%**
Additional Supply Specialty	764	61.37%	13	1.04%	279	22.41%	13	1.04%	57	4.58%	119	9.56%	**1,245**	**100.00%**
Supplementary Prescribing Specialty	758	61.43%	13	1.05%	277	22.45%	13	1.05%	56	4.54%	117	9.48%	**1,234**	**100.00%**
Total	**2,126**	**63.45%**	**48**	**0.97%**	**1,003**	**20.36%**	**42**	**0.85%**	**215**	**4.36%**	**493**	**10.01%**	**4,927**	**100.00%**

After revisiting past year datasets, we have corrected certain values.

Table 13: Registrants – Specialty – Ethnicity – 31 March 2021

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	863	69.77%	10	0.81%	167	13.50%	3	0.24%	41	3.31%	153	12.37%	**1,237**	**100.00%**
Independent Prescribing Specialty	665	63.39%	9	0.86%	225	21.45%	11	1.05%	43	4.10%	96	9.15%	**1,049**	**100.00%**
Additional Supply Specialty	670	63.09%	9	0.85%	228	21.47%	11	1.04%	44	4.14%	100	9.42%	**1,062**	**100.00%**
Supplementary Prescribing Specialty	665	63.21%	9	0.86%	225	21.39%	11	1.05%	44	4.18%	98	9.31%	**1,052**	**100.00%**
Total	**2,863**	**65.07%**	**37**	**0.84%**	**845**	**19.20%**	**36**	**0.82%**	**172**	**3.91%**	**447**	**10.16%**	**4,400**	**100.00%**

After revisiting past year datasets, we have corrected certain values.

Table 14: Registrants – Specialty – Ethnicity – 31 March 2020

	White EWSNI/Irish		Black / Black British		Asian / Asian British		Mixed/ Multiple		Other ethnic group		Prefer not to say		Total	
Contact Lens Specialty	870	69.60%	10	0.80%	168	13.44%	3	0.24%	42	3.36%	157	12.56%	1,250	100.00%
Independent Prescribing Specialty	589	64.30%	10	1.09%	188	20.52%	6	0.66%	40	4.37%	83	9.06%	916	100.00%
Additional Supply Specialty	596	64.02%	11	1.18%	190	20.40%	6	0.64%	41	4.40%	87	9.34%	931	100.00%
Supplementary Prescribing Specialty	588	64.05%	11	1.20%	188	20.48%	6	0.65%	41	4.47%	84	9.15%	918	100.00%
Total	**2,643**	**65.83%**	**42**	**1.05%**	**734**	**18.28%**	**21**	**0.52%**	**164**	**4.08%**	**411**	**10.24%**	**4,015**	**100.00%**

After revisiting past year datasets, we have corrected certain values

Table 15: Registrants – Disability – 2020 to 2022

	2020		2021		2022	
Has a disability	240	0.83%	250	0.85%	**291**	**0.97%**
Does not have a disability	25,872	89.30%	25,277	86.10%	**25,750**	**85.66%**
Prefer not to say	2,861	9.87%	3,832	13.05%	**4,019**	**13.37%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

Table 16: Registrants – Sexual orientation – 2020 to 2022

	2020		2021		2022	
Heterosexual/Straight	24,279	83.80%	23,778	80.99%	**24,322**	**80.91%**
Gay/Lesbian	336	1.16%	342	1.17%	**356**	**1.18%**
Bisexual	184	0.64%	184	0.63%	**224**	**0.75%**
Other	76	0.26%	67	0.23%	**69**	**0.23%**
Prefer not to say	4,098	14.14%	4,988	16.99%	**5,089**	**16.93%**
Total	**28,973**	**100.00%**	**29,359**	**100.00%**	**30,060**	**100.00%**

Table 17: Registrants – Pregnancy and maternity/paternity – 2020 to 2022

	2020		2021		2022	
Pregnant or on maternity/paternity leave	1,877	6.48%	1,852	6.31%	1,863	6.20%
Not pregnant or on maternity/paternity leave	21,931	75.69%	21,343	72.70%	21,750	72.36%
Prefer not to say	5,165	17.83%	6,164	21.00%	6,447	21.45%
Total	28,973	100.00%	29,359	100.00%	30,060	100.00%

Table 18: Registrants – Religion – 2020 to 2022

	2020		2021		2022	
Christian*	8,246	28.46%	8,044	27.40%	7,944	26.43%
Muslim	5,099	17.60%	5,027	17.12%	5,537	18.42%
Hindu	2,729	9.42%	2,696	9.18%	2,771	9.22%
Sikh	1,207	4.17%	1,199	4.08%	1,225	4.08%
Jewish	282	0.97%	281	0.96%	259	0.86%
Buddhist	137	0.47%	132	0.45%	138	0.46%
Other	334	1.15%	0	0.00%	0	0.00%
No religion	6,560	22.64%	6,404	21.81%	6,452	21.46%
Prefer not to say	4,379	15.11%	5,576	18.99%	5,734	19.08%
Total	28,973	100.00%	29,359	100.00%	30,060	100.00%

*(including Church of England, Catholic, Protestant and all other Christian denominations)

Table 19: Registrants – Religion – 31 March 2022

	Optometrists		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		All	
Christian*	4,855	28.42%	2,424	34.27%	475	10.29%	190	14.73%	7,944	26.43%
Muslim	3,158	18.49%	393	5.56%	1,795	38.90%	191	14.81%	5,537	18.42%
Hindu	2,069	12.11%	364	5.15%	298	6.46%	40	3.10%	2,771	9.22%
Sikh	920	5.39%	124	1.75%	165	3.58%	16	1.24%	1,225	4.08%
Other	281	1.65%	84	1.19%	27	0.59%	5	0.39%	397	1.32%
No religion	3,086	18.07%	2,461	34.79%	477	10.34%	428	33.18%	6,452	21.46%
Prefer not to say	2,713	15.88%	1,224	17.30%	1,377	29.84%	420	32.56%	5,734	19.08%
Total	**17,082**	**100.00%**	**7,074**	**100.00%**	**4,614**	**100.00%**	**1,290**	**100.00%**	**30,060**	**100.00%**

*(including Church of England, Catholic, Protestant and all other Christian denominations)

FITNESS TO PRACTISE DATA

Table 20: Complainants – Sex – 2020 to 2022

	2020		2021		2022	
	Total complainants	% of total complainants	Total complainants	% of total complainants	Total complainants	% of total complainants
Male	127	36.49%	124	38.75%	**137**	**30.24%**
Female	178	51.15%	160	50.00%	**175**	**38.63%**
Not known	0	0.00%	2	0.63%	**141**	**31.13%**

N/A (e.g. referred by company)	43	12.36%	34	10.63%	**0**	**0.00%**
Total	**348**	**100.00%**	**320**	**100.00%**	**453**	**100.00%**

Table 21: Complainants – Location – 2020 to 2022

	2020	2021	**2022**
England	91.30%	86.38%	**89.64%**
Scotland	6.52%	7.04%	**5.62%**
Wales	0.00%	4.23%	**3.25%**
Northern Ireland	2.17%	2.35%	**1.48%**

Table 22: Registrants under FTP investigation – Professional group – 2020 to 2022

	2020		**2021**		**2022**	
Optometrists	120	74.53%	43	66.15%	74	69.16%
Dispensing Opticians	15	9.32%	8	12.31%	15	14.02%
Student Optometrists	5	3.11%	4	6.15%	4	3.74%
Student Dispensing Opticians	6	3.73%	4	6.15%	2	1.87%
Subtotal	**146**	**90.68%**	**59**	**90.77%**	**95**	**88.79%**
Business Registrants	15	9.32%	6	9.23%	12	11.21%
Total FTP Investigations	**161**	**100.00%**	**65**	**100.00%**	**107**	**100.00%**

Table 23: Registrants under FTP investigation (excluding business registrants) – Professional group – 31 March 2022

	Total investigations	**% of total FTP investigations against role**	**% of investigations against total registrant role**	**Total registrants**	**% of total registrants**
Optometrists	74	77.89%	0.43%	17,082	56.83%

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Dispensing Opticians	15	15.79%	0.21%	7,074	23.53%
Student Optometrists	4	4.21%	0.09%	4,614	15.35%
Student Dispensing Opticians	2	2.11%	0.16%	1,290	4.29%
All (minus body corporate)	**95**	**100.00%**	**0.32%**	**30,060**	**100.00%**

Table 24: Registrants under FTP investigation (excluding business registrants) – Specialty – 31 March 2022

	Total registrants	% of complaints against specialism	% of complaints against total registrant specialism	Total registrants with specialties	% of total registrants with specialties
Contact lens specialty	5	5.26%	0.02%	1,217	4.05%
Independent prescribing specialty	11	11.58%	0.04%	1,231	4.10%
Additional supply specialty	11	11.58%	0.04%	1,245	4.14%
Supplementary prescribing specialty	11*	11.58%	0.04%	1,234	4.11%
Total	**36**	**37.89%**	**0.12%**	**4,927**	**16.39%**

*This category may be doubled counted due to registrants being active in all three prescribing categories.

After revisiting past year datasets, we have corrected certain values.

Table 25: Registrants under FTP investigation (excluding business registrants) – Sex – 31 March 2022

	Total	Male		Female	
		Under investigation	Register	Under investigation	Register

Optometrists	74	44	59.46%	39.11%	30	40.54%	60.89%
Dispensing Opticians	15	9	60.00%	35.09%	6	30.00%	64.91%
Student Optometrists	4	2	50.00%	32.62%	2	50.00%	67.38%
Student Dispensing Opticians	2	1	50.00%	33.49%	1	50.00%	66.51%
All (minus body corporate)	**95**	**56**	**58.95%**	**36.92%**	**39**	**41.05%**	**63.08%**

Table 26: Registrants under FTP investigation (excluding business registrants) – Age – 31 March 2022

	Under 25		25-34		35-44		45-54		55-64		65+		Total	
Optometrists	1	1.05%	22	23.16%	22	23.16%	11	11.58%	12	12.63%	6	6.32%	**74**	**77.89%**
Dispensing Opticians	0	0.00%	1	1.05%	10	10.53%	1	1.05%	3	3.16%	0	0.00%	**15**	**15.79%**
Student Optometrists	2	2.11%	2	2.11%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**4**	**4.21%**
Student Dispensing Opticians	1	1.05%	0	0.00%	1	1.05%	0	0.00%	0	0.00%	0	0.00%	**2**	**2.11%**
All (minus body corporate)	**4**	**4.21%**	**25**	**26.32%**	**33**	**34.74%**	**12**	**12.63%**	**15**	**15.79%**	**6**	**6.32%**	**95**	**100.00%**

Table 27: Registrants under FTP investigation (excluding business registrants) – Ethnicity – 2020 to 2022

		Registrants under FTP investigation	Register
White EWSNI/Irish	2020	35%	49%
	2021	47%	46%
	2022	36%	44%
Asian / Asian British	2020	46%	34%
	2021	36%	33%

	2022	46%	34%
Black / Black British	2020	3%	2%
	2021	2%	2%
	2022	2%	2%
Mixed/Multiple	2020	<1%	<1%
	2021	0%	<1%
	2022	0%	1%
Other	2020	1%	5%
	2021	2%	5%
	2022	6%	5%
Prefer not to say	2020	13%	11%
	2021	14%	14%
	2022	9%	14%
Total	2020	**100%**	**100%**
	2021	**100%**	**100%**
	2022	**100%**	**100%**

Table 28: Registrants under FTP investigation (excluding business registrants) – Religion – 2020 to 2022

	2020		2021		2022	
	FTP Registrants	Register	FTP Registrants	Register	Registrants under FTP investigation	Register
Christian*	26.03%	28.46%	23.73%	27.40%	**18.95%**	**26.43%**
Muslim	24.66%	17.60%	18.64%	17.12%	**16.84%**	**18.42%**
Hindu	10.96%	9.42%	11.86%	9.18%	**16.84%**	**9.22%**
Other	6.85%	6.76%	6.78%	5.49%	**12.63%**	**5.40%**
No religion	15.75%	22.64%	28.81%	21.81%	**21.05%**	**21.46%**
Prefer not to say	15.75%	15.11%	10.17%	18.99%	**13.68%**	**19.08%**

*(including Church of England, Catholic, Protestant and all other Christian denominations)

Table 29: Registrants under FTP investigation (excluding business registrants) – Pregnancy and maternity/paternity – 31 March 2022

	Optometrist		Dispensing optician		Student optometrist		Student dispensing optician		Total	
Pregnant or on maternity/paternity leave	3	4.05%	1	6.67%	0	0.00%	0	0.00%	**4**	**4.21%**
Not pregnant or on maternity/paternity leave	56	75.68%	13	86.67%	2	50.00%	1	50.00%	**72**	**75.79%**
Prefer not to say	15	5.61%	1	6.67%	2	50.00%	1	50.00%	**19**	**20.00%**
Total	**74**	**100.00%**	**15**	**100.00%**	**4**	**100.00%**	**2**	**100.00%**	**95**	**100.00%**

Table 30: Registrants under FTP investigation (excluding business registrants) – Allegation type – Professional group – 31 March 2022

	Optometrist		Dispensing Opticians		Student Optometrists		Student Dispensing Opticians		Total	
Clinical	36	48.65%	4	26.67%	0	0.00%	1	50.00%	**41**	**43.16%**
Conduct	16	21.62%	10	66.67%	3	75.00%	1	50.00%	**30**	**31.58%**
Conviction/caution	5	6.76%	0	0.00%	0	0.00%	0	0.00%	**5**	**5.26%**
Health	9	12.16%	0	0.00%	0	0.00%	0	0.00%	**9**	**9.47%**
Mix	8	10.81%	1	6.67%	1	25.00%	0	0.00%	**10**	**10.53%**
All (minus body corporate)	**74**	**100.00%**	**15**	**100.00%**	**4**	**100.00%**	**2**	**100.00%**	**95**	**100.00%**

Table 31: Registrants under FTP investigation (excluding business registrants) – Allegation type – Sex – 2020 to 2022

	Female						Male					
	2020		2021		**2022**		2020		2021		**2022**	
Clinical	36	25.00%	8	13.56%	**17**	**17.89%**	32	22.22%	18	30.51%	**24**	**25.26%**
Conduct	15	10.42%	1	1.69%	**15**	**15.79%**	19	13.19%	15	25.42%	**15**	**15.79%**
Conviction/caution	8	5.56%	2	3.39%	**0**	**0.00%**	13	9.03%	4	6.78%	**5**	**5.26%**
Health	4	2.78%	1	1.69%	**4**	**4.21%**	3	2.08%	2	3.39%	**5**	**5.26%**
Mix	5	3.47%	2	3.39%	**3**	**3.16%**	9	6.25%	6	10.17%	**7**	**7.37%**
All (minus body corporate)	**68**	**47.22%**	**14**	**23.73%**	**39**	**41.05%**	**76**	**52.78%**	**45**	**76.27%**	**56**	**58.95%**

Table 32: Registrants under FTP investigation (excluding business registrants) – Allegation type – Age – 31 March 2022

	Under 25		25-34		35-44		45-54		55-64		65+	
Clinical	0	0.00%	9	9.47%	13	13.68%	8	8.42%	9	9.47%	2	2.11%
Conduct	4	4.21%	8	8.42%	11	11.58%	1	1.05%	4	4.21%	2	2.11%
Conviction/ caution	0	0.00%	2	2.11%	2	2.11%	1	1.05%	0	0.00%	0	0.00%
Health	0	0.00%	0	0.00%	5	5.26%	2	2.11%	1	1.05%	1	1.05%
Mix	0	0.00%	6	6.32%	2	2.11%	0	0.00%	1	1.05%	1	1.05%
All (minus body corporate)	**4**	**4.21%**	**25**	**26.32%**	**33**	**34.74%**	**12**	**12.63%**	**15**	**15.79%**	**6**	**6.32%**
All (minus body corporate and students)	**1**	**1.12%**	**23**	**25.84%**	**32**	**35.96%**	**12**	**13.48%**	**15**	**16.85%**	**6**	**6.74%**

Table 33: Registrants under FTP investigation (excluding business registrants) – Allegation type – Ethnicity – 31 March 2022

	Clinical		Conduct		Conviction/caution		Health		Mix		Total	
White EWSNI/Irish	14	34.15%	12	40.00%	2	40.00%	2	22.22%	4	40.00%	**34**	**35.79%**
Asian / Asian British	19	46.34%	12	40.00%	2	40.00%	6	66.67%	5	50.00%	**44**	**46.32%**
Black / Black British	2	4.88%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**2**	**2.11%**
Mixed/Multiple	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	**0**	**0.00%**
Other	3	7.32%	2	6.67%	1	20.00%	0	0.00%	0	0.00%	**6**	**6.32%**
Prefer not to say	3	7.32%	4	13.33%	0	0.00%	1	11.11%	1	10.00%	**9**	**9.47%**
Total	**41**	**100%**	**30**	**100%**	**5**	**100%**	**9**	**100%**	**10**	**100%**	**95**	**100%**

Table 34: Registrants under FTP investigation (excluding business registrants) – Allegation type – Religion – 31 March 2022

	Clinical	Conduct	Conviction/caution	Health	Mix	Total
Christian*	7	6	2	0	3	**18**
	17.07%	20.00%	40.00%	0.00%	30.00%	**18.95%**
Muslim	8	3	1	4	0	**16**
	19.51%	10.00%	20.00%	44.44%	0.00%	**16.84%**

Hindu	8	3	0	2	3	**16**
	19.51%	10.00%	0.00%	22.22%	30.00%	**16.84%**
Other	5	2	2	1	2	**12**
	12.20%	6.67%	40.00%	11.11%	20.00%	**12.63%**
No religion	9	9	0	1	1	**20**
	21.95%	30.00%	0.00%	11.11%	10.00%	**21.05%**
Prefer not to say	4	7	0	1	1	**13**
	9.76%	23.33%	0.00%	11.11%	10.00%	**13.68%**
All (minus body corporate)	**41**	**30**	**5**	**9**	**10**	**95**
	100.00%	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

*(including Church of England, Catholic, Protestant and all other Christian denominations)

Table 35: Case Examiner decisions – Sex – 31 March 2022

	Male		Female		Total	
No further action (incl. advice/warning issued)	21	29.58%	22	30.99%	**43**	**60.56%**
Referral to Fitness to Practise Committee (FTPC)	24	33.80%	4	5.63%	**28**	**39.44%**
Total	**45**	**63.38%**	**26**	**36.62%**	**71**	**100.00%**

Table 36: Case Examiner decisions – Sex – 2020 to 2022

	Male			Female		
	2020	2021	2022	2020	2021	2022
No further action (incl. advice/warning issued)	77.18%	65.08%	**46.67%**	85.71%	71.05%	**84.62%**
Referral to Fitness to Practise Committee (FTPC)	22.82%	34.92%	**53.33%**	14.29%	28.95%	**15.38%**
Total	149	63	**45**	84	38	**26**

Table 37: Case Examiner decisions – Age – 31 March 2022

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
Under 25	0	0.00%	0	0.00%	**0**	**100.00%**

25-34	16	61.54%	10	38.46%	**26**	**100.00%**
35-44	13	72.22%	5	27.78%	**18**	**100.00%**
45-54	7	70.00%	3	30.00%	**10**	**100.00%**
55-64	6	50.00%	6	50.00%	**12**	**100.00%**
65+	1	20.00%	4	80.00%	**5**	**100.00%**
All	**43**	**60.56%**	**28**	**39.44%**	**71**	**100.00%**

Table 38: Case Examiner decisions – Ethnicity – 31 March 2022

	No further action (incl. advice/warning issued)		Referral to Fitness to Practise Committee (FTPC)		Total	
White EWSNI/Irish	19	44.19%	10	35.71%	**29**	**40.85%**
Asian / Asian British	18	41.86%	10	35.71%	**28**	**39.44%**
Black / Black British	3	6.98%	2	7.14%	**5**	**7.04%**
Mixed/Multiple	1	2.33%	0	0.00%	**1**	**1.41%**
Other	1	2.33%	0	0.00%	**1**	**1.41%**
Prefer not to say	1	2.33%	6	21.43%	**7**	**9.86%**
Total	**43**	**100.00%**	**28**	**100.00%**	**71**	**100.00%**

Table 39: Case Examiner decisions – Ethnicity – 2020 to 2022

		No further action (incl. advice/warning issued)	Referral to Fitness to Practise Committee (FTPC)	Total
White EWSNI/Irish	2020	73	5	**78**
		93.59%	6.41%	**100.00%**
	2021	25	10	**35**
		71.43%	28.57%	**100.00%**
	2022	19	10	**29**
		65.52%	34.48%	**100.00%**
Asian / Asian British	2020	74	16	**90**
		82.22%	17.78%	**100.00%**
	2021	30	17	**47**
		63.83%	36.17%	**100.00%**
	2022	18	10	**28**
		64.29%	35.71%	**100.00%**
Black / Black British	2020	6	2	**8**
		75.00%	25.00%	**100.00%**
	2021	2	1	**3**
		66.67%	33.33%	**100.00%**

	2022	3	2	5
		60.00%	40.00%	100.00%
Mixed/multiple	2020	0	0	0
		0.00%	0.00%	0.00%
	2021	2	0	2
		100.00%	0.00%	100.00%
	2022	1	0	1
		100.00%	0.00%	100.00%
Other	2020	5	3	8
		62.50%	37.50%	100.00%
	2021	1	1	2
		50.00%	50.00%	100.00%
	2022	1	0	1
		100.00%	0.00%	100.00%
Prefer not to say	2020	29	20	49
		59.18%	40.82%	100.00%
	2021	8	4	12
		66.67%	33.33%	100.00%
	2022	1	6	7
		14.29%	85.71%	100.00%
Total	**2020**	**187**	**46**	**233**
		80.26%	**19.74%**	**100.00%**
	2021	**68**	**33**	**101**
		67.33%	**32.67%**	**100.00%**
	2022	**43**	**28**	**71**
		60.56%	**39.44%**	**100.00%**

Table 40: Case Examiner decisions – Religion – 31 March 2022

*(including Church of England, Catholic, Protestant and all other Christian denominations)

	Christian*		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
No further action (incl. advice/ warning issued)	11	15.49 %	11	15.49 %	8	11.27 %	0	0.00 %	11	15.49 %	2	2.82 %	43	60.56 %
Referral to Fitness to Practise Committee (FTPC)	9	12.68 %	6	8.45 %	1	1.41 %	1	1.41 %	4	5.63 %	7	9.86 %	28	39.44 %
Total	30	42.25 %	25	35.21 %	12	16.90 %	7	9.86 %	12	16.90 %	15	21.13 %	71	100.0 0%

EMPLOYEE DATA

Table 41: GOC Employees – Sex – 2020 to 2022

	2020		2021		2022	
Female	56	65.12%	51	67.11%	**52**	**67.53%**
Male	30	34.88%	25	32.89%	**25**	**32.47%**
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

Table 42: GOC Employees – Age – 2020 to 2022

	2020		2021		2022	
Under 25	3	3.49%	3	3.95%	**3**	**3.90%**
25-34	33	38.37%	27	35.53%	**27**	**35.06%**
35-44	26	30.23%	25	32.89%	**26**	**33.77%**
45-54	19	22.09%	14	18.42%	**14**	**18.18%**
55-64	5	5.81%	7	9.21%	**7**	**9.09%**
65+	0	0.00%	0	0.00%	**0**	**0.00%**
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

Table 43: GOC Employees – Ethnicity – 2020 to 2022

	2020		2021		2022	
White	39	45.35%	41	53.94%	**41**	**53.25%**
Asian / Asian British	13	15.12%	12	15.79%	**13**	**16.88%**
Black / Black British	13	15.12%	15	19.74%	**16**	**20.78%**
Mixed/multiple	2	2.33%	2	2.63%	**3**	**3.90%**
Other	3	3.49%	5	6.58%	**3**	**3.90%**
Prefer not to say	16	18.60%	1	1.32%	**1**	**1.30%**
Total	**86**	**100.00%**	**76**	**100.00%**	**77**	**100.00%**

MEMBER DATA

Table 44: Members – Committee – 31 March 2022

	Total	of which there are the following type of members:		
		Lay	Registrant	Other/Independent
Council	12	6	6	0
Advisory Panel	27	6	17	4
Investigation Committee	8	3	4	1
Audit, Finance, and Risk Committee	5	3	1	1
Remuneration Committee	4	2	1	1
Nominations Committee	4	3	1	0
Hearing Panel	75	39	36	0
Education Visitor Panel	31	12	18	1
Total	**166**	**74**	**84**	**8**

Table 45: Members – Sex – 31 March 2022

	Male		Female		Total	
Council	5	41.67%	7	58.33%	12	100.00%
Advisory Panel	13	48.15%	14	51.85%	27	100.00%
Investigation Committee	5	62.50%	3	37.50%	8	100.00%
Audit, Finance, and Risk Committee	3	60.00%	2	40.00%	5	100.00%
Remuneration Committee	3	75.00%	1	25.00%	4	100.00%
Nominations Committee	2	50.00%	2	50.00%	4	100.00%
Hearing Panel	24	32.00%	51	68.00%	75	100.00%
Education Visitor Panel	19	61.29%	12	38.71%	31	100.00%
All	**74**	**44.58%**	**92**	**55.42%**	**166**	**100.00%**

Table 46: Members – Age – 31 March 2022

	25-34		35-44		45-54		55-64		65+		Prefer not to say		Total	
Council	0	0.00%	1	8.33%	3	25.00%	5	41.67%	1	8.33%	2	16.67%	12	100.00%
Advisory Panel	0	0.00%	2	7.41%	4	14.81%	3	11.11%	1	3.70%	17	62.96%	27	100.00%
Investigation Committee	0	0.00%	0	0.00%	5	62.50%	3	37.50%	0	0.00%	0	0.00%	8	100.00%
Audit, Finance, and Risk Committee	0	0.00%	0	0.00%	1	20.00%	2	40.00%	0	0.00%	2	40.00%	5	100.00%
Remuneration Committee	0	0.00%	0	0.00%	0	0.00%	2	50.00%	0	0.00%	2	50.00%	4	100.00%
Nominations Committee	0	0.00%	0	0.00%	1	25.00%	0	0.00%	1	25.00%	2	50.00%	4	100.00%
Hearin…	0	…	17	22.67	22	29.33	24	32.00	5	…	7	…	75	100.00

	White		Asian / Asian British		Black / Black British		Mixed/Multiple		Other		Prefer not to say		Total	
Council	9	75.00%	1	8.33%	0	0.00%	0	0.00%	0	0.00%	2	16.67%	12	100.00%
Advisory Panel	21	77.78%	4	14.81%	0	0.00%	0	0.00%	0	0.00%	2	7.41%	27	100.00%
Investigation Committee	8	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	100.00%
Audit, Finance, and Risk Committee	3	60.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	40.00%	5	100.00%
Remuneration Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	50.00%	4	100.00%
Nominations Committee	4	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	100.00%
Hearing Panel	57	76.00%	9	12.00%	1	1.33%	0	0.00%	0	0.00%	8	10.67%	75	100.00%
Education Visitor Panel*	25	80.65%	1	3.23%	0	0.00%	0	0.00%	0	0.00%	5	16.13%	31	100.00%
All	**129**	**77.71%**	**15**	**9.04%**	**1**	**0.60%**	**0**	**0.00%**	**0**	**0.00%**	**21**	**12.65%**	**166**	**100.00%**

Table 47: Members – Ethnicity – 31 March 2022

	Christian[1]		Muslim		Hindu		Other		No religion		Prefer not to say		Total	
Council	7	58.33%	0	0.00%	1	8.33%	1	8.33%	1	8.33%	2	16.67%	12	100.00%
Advisory Panel	16	59.26%	1	3.70%	1	3.70%	1	3.70%	5	18.52%	3	11.11%	27	100.00%
Investigation Committee	3	37.50%	0	0.00%	0	0.00%	0	0.00%	4	50.00%	1	12.50%	8	100.00%
Audit, Finance, and Risk Committee	3	60.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	40.00%	5	100.00%
Remuneration Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	50.00%	4	100.00%
Nominations Committee	2	50.00%	0	0.00%	0	0.00%	0	0.00%	1	25.00%	1	25.00%	4	100.00%
Hearing Panel	26	34.67%	4	5.33%	2	2.67%	10	13.33%	23	30.67%	10	13.33%	75	100.00%
Education Visitor Panel[2]	11	35.48%	0	0.00%	0	0.00%	1	3.23%	11	35.48%	8	25.81%	31	100.00%
All	**70**	**42.17%**	**5**	**3.01%**	**4**	**2.41%**	**13**	**7.83%**	**45**	**27.11%**	**29**	**17.47%**	**166**	**100.00%**

Table 48: Members – Religion – 31 March 2022

[1] (including Church of England, Catholic, Protestant and all other Christian denominations)

[2] Education Visitor Panel are categorised as 'Workers'.

STUDENT DATA

Table 49: Students – Sex – 2018/19 to 2020/21

	2018/19	2019/20	**2020/21**
Male	34.15%	34.01%	**35.14%**
Female	65.85%	65.99%	**64.86%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 50: Students – Sex – 2018/19 to 2020/21

	2018/19				2019/20				2020/21			
	Male		Female		Male		Female		Male		Female	
Optometry	872	33.03%	1766	66.88%	943	33.37%	1883	66.63%	**1,077**	**34.16%**	**2,077**	65.84%
Dispensing	419	34.38%	795	65.25%	371	35.20%	683	64.80%	**278**	**36.68%**	**480**	63.32%
Independent Prescribing	87	40.05%	119	54.95%	113	36.98%	193	63.02%	**24**	**41.23%**	**34**	58.74%
Contact lens	46	41.29%	66	58.71%	31	30.80%	70	69.20%	**161**	**39.00%**	**251**	61.00%
Total	**1,424**	**34.15%**	**2,746**	**65.85%**	**1,458**	**34.01%**	**2,829**	**65.99%**	**1,540**	**35.14%**	**2,842**	**64.86%**

Table 51: Students – Age – 2018/19 to 2020/21

Age Group	2018/19	2019/20	**2020/21**
20 and under	45.42%	41.15%	**45.58%**
21-24	30.19%	31.00%	**24.83%**
25-29	10.46%	13.84%	**11.94%**
30+	13.84%	14.01%	**16.67%**
Not known	0.10%	0.00%	**9.85%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 52: Students – Age – 2020/21

20 and under	21-24	25-29	30+	Not known

Optometry	56.35%	26.15%	7.77%	8.39%	1.33%
Dispensing	29.04%	32.42%	16.04%	22.35%	0.16%
Independent Prescribing	0.00%	8.70%	33.81%	57.50%	0.00%
Contact lens	0.00%	3.00%	33.25%	63.75%	0.00%

Table 53: Students – Ethnicity – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
White	32.87%	35.96%	**34.01%**
Black	3.33%	3.39%	**3.50%**
Asian	50.31%	50.06%	**55.01%**
Mixed	3.56%	1.84%	**1.94%**
Other	4.86%	5.76%	**3.29%**
Not known	5.07%	2.99%	**2.25%**
Total	**100.00%**	**100.00%**	**100.00%**

Table 54: Students – Ethnicity – 2020/21

	White / White British	Black / Black British	Asian / Asian British	Mixed/multiple	Other	Not known
Optometry	25.06%	3.72%	63.62%	2.05%	3.66%	1.88%
Dispensing	47.56%	3.40%	41.40%	2.23%	3.25%	2.17%
Independent Prescribing	41.64%	6.03%	37.66%	2.10%	3.54%	8.91%
Contact lens	76.50%	1.63%	16.63%	0.50%	0.50%	4.25%

Table 55: Students – Disability – 2018/19 to 2020/21

	2018/19	2019/20	2020/21
Known Disability	10.20%	5.14%	5.25%
No Known Disability	89.80%	94.86%	94.75%
Total	**100.00%**	**100.00%**	**100.00%**

Table 56: Students – Disability – 2020/21

	Known disability	No known disability
Optometry	6.03%	93.97%
Dispensing	4.78%	95.23%
Independent Prescribing	6.08%	93.92%
Contact lens	0.00%	100.00%