

**First meeting in 2025 of the Council held in PUBLIC
on Wednesday 19 March 2025 at 10am via Microsoft Teams**

AGENDA

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	Welcome, apologies and Chair's introduction	Oral	Chair	-	10am-10.05am (5 mins)
2.	Declaration of interests	C01(25)	Chair	3-6	
3.	Minutes, actions and matters arising				
3.1	Minutes – 11 December 2024 For approval	C02(25)	Chair	7-13	10.05am-10.10am (5 mins)
3.2	Updated actions For noting	C03(25)		14	
3.3	Matters arising				
FOR DECISION					
4.	Member fees 2025/26 For decision	C04(25)	Chief of Staff	15-32	10.10pm-10.30am (20mins)
5.	2025-26 budget and external business plan For decision	C05(25)	Chief Executive and Registrar	33-52	10.30am-11.15am (45 mins)
11.15am -11.30am Break (15mins)					
6.	EDI action plan 25/26 For decision	C06(25)	Chief of Staff	53-60	11.30am-11.50am (20min)
7.	Safeguarding policy For decision	C07(25)	Chief of Staff	61-80	11.50pm-12.05pm (15 mins)
8.	Council appointments to committees For decision	C08(25)	Chief of Staff	81-84	12.05pm-12.15pm (10 mins)
FOR DISCUSSION					
9.	PSA performance review For discussion	C09(25)	Chief Executive and Registrar	85-88	12.15pm-12.45pm (30 mins)
10.	Financial performance report Q3 2024/25 / Q3 forecast For discussion	C10(25)	Chief Financial Officer	89-116	12.45pm-12.55pm (10 mins)

11.	Business performance dashboard Q3 2024/25 For discussion	C11(25)	Chief of Staff	117-119	12.55pm-1.05pm (10 mins)
12.	Business Plan Assurance Report Q3 2024/25 For discussion	C12(25)	Chief of Staff	120-123	1.05pm-1.15pm (10 mins)
1.15pm – 2pm Lunch (45 mins)					
FOR NOTING					
13.	Advisory Panel Minutes – 21 February 2025 (Education, Registration and Standards Committees) For noting	C13(25)	Committee Chairs	124-132	2pm-2.05pm (5 mins)
14.	Chair's report For noting	C14(25)	Chair	133-136	2.05pm-2.15pm (10 mins)
15.	Chief Executive and Registrar's report For noting	C15(25)	Chief Executive and Registrar	137-150	2.15pm-2.25pm (10 mins)
16.	Council forward plan For noting	C16(25)	Chief of Staff	151-153	2.25pm-2.30pm (5 mins)
17.	Any other business (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	2.30pm-2.35pm (5 mins)
Meeting Close – 2.35pm					
Date of next meeting – Wednesday 25 June 2025					

GENERAL OPTICAL COUNCIL – COUNCIL MEMBER REGISTER OF INTERESTS (UPDATED February 2025)

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

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

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			Countess of Chester NHS Foundation Trust. <ul style="list-style-type: none"> Client of FTP auditors Weightmans Weightmans and Stewart Duffy (in role with Countess of Chester NHS Foundation Trust). UK Advisory Board member: Study Portals 		
Clare MINCHINGTON Lay Member	<ul style="list-style-type: none"> Board member and Chair of Audit and Risk Committee for the Government Internal Audit Agency Independent Member of the Nomination Committee for the Public Relations and Communications Association Independent Chair of the Audit and Risk Committee for the Institute of Physics. Independent member of the Audit Committee of the Nursing and Midwifery Council (from 1st April 2025). 	<ul style="list-style-type: none"> Fellow: Association of Chartered Certified Accountants 	<ul style="list-style-type: none"> Senior Independent Board Member for the College of Policing (until Dec 2021) Chair of Academic Council for BPP University (until Oct 2021) 	<ul style="list-style-type: none"> Lay Member: Senior Council Member Chair: Remuneration Committee 	<ul style="list-style-type: none"> None
Frank MUNRO Registrant (OO)	<ul style="list-style-type: none"> Director Munro Eyecare Limited (T/A Munro Optometrists) Clinical Adviser, Optometry Scotland Optometric Advisor, NHS Lanarkshire Lead Optometrist, Glasgow City Health & Social care Partnership Visiting Lecturer, Glasgow Caledonian University Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme) Chair, NHS Lanarkshire Optometric Advisory Committee Member, Greater Glasgow & Clyde Prescribing Review Board 	<ul style="list-style-type: none"> Past President and Honorary Life Fellow, College of Optometrists Member, Association of Optometrists Member, Optometry Scotland Hon Fellow, Association of Dispensing Opticians Member, British Contact Lens Association 	<ul style="list-style-type: none"> Past President, College of Optometrists Past Chair, Optometry Scotland Past Chair, Scottish Committee of Optometrists Past Chair, NHS Education for Scotland Optometry Advisory Board 	<ul style="list-style-type: none"> Registrant Member: Council Member: Education Committee Member: Audit, Risk & Finance Committee 	<ul style="list-style-type: none"> None

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

**GENERAL OPTICAL COUNCIL
DRAFT Minutes of the public Council
meeting held on Wednesday 11 December at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Josie Forte, Kathryn Foreman, Lisa Gerson, Ken Gill, Clare Minchington, Frank Munro, Tim Parkinson, Hema Radhakrishnan, Roshni Samra and William Stockdale. Rupa Patel (Council Associate).
GOC attendees:	Sam Adam (Administrative Assistant) (Observing), Carole Auchterlonie (Director of Regulatory Operations), Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Policy Manager), Richard Calver (Education and CPD Specialist) (C55(24) item only), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Chief Legal Officer), Philipsia Greenway (Director of Change), Andy Mackay-Sim (Head of Governance), Leonie Milliner (Chief Executive and Registrar), Samara Morgan (Head of Education and CPD) (C55(24) item only), Jem Nash (EDI Manager), Ivon Sergey (Governance and Compliance Manager) (Minutes) and Charlotte Urwin (Head of Strategy, Policy and Standards).
External attendees	Siobhan Carson (PSA), Olivier Deneve (CoO), Selina Powell (OT) and Alan Tinger (FODO).
	Welcome and apologies
1.	The Chair welcomed those in attendance. Apologies were received from Mike Galvin (Council member) and Jamie Douglas, Deepali Modha and Desislava Pirkova (Council Associates). Kathryn Foreman was welcomed to her first public Council meeting. Council formally noted Dr Anne Wright’s reappointment as Chair of Council from 19 February 2025 to 18 February 2029.
	Declarations of interests C45(24)
2.	Council noted the register of interests, and no new declarations were made.
	Minutes of the meeting held on 25 September 2024 C46(24)
3.	The minutes were approved as an accurate record of the meeting.
	Action points update C47(24)
4.	Council noted updates on previous actions.
	Matters arising
5.	There were no matters arising.
	GOC Strategy 2025-2030 and EDI strategy 2025-2030 C48(24)
6.	The Director of Regulatory Strategy presented the item, expressing gratitude for the excellent collaborative effort across the organisation, with particular thanks to Andy Mackay-Sim and Charlotte Urwin. The strategy had received vast engagement with

	stakeholders, was consistent with new government policies and ensured continuity of GOC statutory functions.
7.	Council applauded the ambitious and measurable strategy, which showed excellent continuity from the last strategy, accommodated the rapid shift in healthcare regulation with a patient-centric in approach, whilst noting existing limitations. Council commented it would be important to continue to look at medium to long term achievements alongside short-term objectives. Council was advised, though the level of responses to the consultation itself could have been higher, there had been wide engagement with the public and registrants via other mediums. Council commented on the importance of a clear vision being integrated across executive teams and of continued engagement with stakeholders on progress.
8.	The EDI Manager presented the EDI strategy item. Council noted the EDI strategy was all embracing of the other strategies. The strategy aimed to be clear on how PSA standard 3 was met, with measurable outcomes, allowing clear focus on governance and the provision of fair and inclusive services. Council applauded the ambitious strategy, to accommodate the updated education and training requirements and changes in service delivery models. Council was advised there had been collaboration and shared learning across the optical sector in the formation of the strategy. Work was progressing on data gathering to benchmark and quantify progress. There would be increased performance reporting to Council every 6 months alongside the EDI annual report. Council was advised a graphic representation of the vision, mission and objectives would be commissioned and translated to Welsh.
9.	Council approved the corporate strategy for 2025-30; approved the Equality, Diversity and Inclusion strategy for 2025-30; delegated to the Chief Executive and Registrar, in consultation with the Chair of Council, approval of any final drafting amendments; and noted the consultation response document and equality impact assessment.
	Registrant fees 2025/2026 C49(24)
10.	Council noted the item created an unavoidable conflict for registrant Council members. The Head of Governance advised that: <ul style="list-style-type: none"> • setting registrant fees was one of Council’s statutory powers; • that Council was comprised of an equal number of registrant and lay members, as set out in legislation; and • that this served to mitigate the conflicts arising from a registrant fee decision.
11.	The Director of Corporate Services presented the item, and advised that the recommendation was proportionate, broadly in line with inflation and minimised impact on lower earners. There were plans to develop a registrant fee strategy, aligned to the new corporate strategy. Interest from international applicants had remained consistent, though the number of queries was higher, and the increase in fees for international applicants was appropriate.
12.	Council supported the recommendation, and noted the intention to develop and consult on a longer-term fee strategy. Council was advised the General Dental Council was an outlier of other regulators in reducing their registrant fees due to the size of their

	reserves. Council recognised that many employers paid registration fees on behalf of registrants and would appreciate the development of the proposed longer-term fee strategy. The graphic also clearly communicated the value for money to registrants.
13.	Council agreed to increase the main registration fee for 2025-2026 by £10 (2.5%); and non-UK fees for 2025/26, whilst increasing the low-income fee discount and maintaining all other fees at their current levels; and considered and approved the draft fee rules, as set out in annex one.
	Investment Policy C50(24)
14.	The Director of Corporate Services presented the item. Council was asked to note corrections to be made in paragraph 5.7, where the date should say “2025” and the allocation should say “6.5%” and “12%”. There had been a slight downgrade of investment objectives reflected in the policy, to cater current market conditions. Brewin Dolphin regularly reviewed the GOC’s investment category. Council noted investment benchmark comparisons showed the GOC outperforming other charities. It was noted that retendering for Brewin Dolphin was also being considered and Council suggested incorporating into the policy proposed trigger points for retendering.
15.	Council approved the updated Investment Policy and provided advice as appropriate.
	Appointment of a Senior Council Member and annual appointment of Council members to committees C51(24)
16.	The Head of Governance presented the item. It was noted the table with dates of terms would need to be updated. The proposed appointment for a two-year term was in line with the terms of reference, noting the term could be extended. Council was advised succession planning would consider how to reduce the burden on Council members’ time with member recruitment.
17.	Council appointed Kathryn Foreman to Audit, Risk and Finance Committee and Registration Committee from 1 January 2025; approved the revised Senior Council Member role description; and appointed Tim Parkinson as Senior Council Member and Chair of Remuneration Committee for a two-year term (1 April 2025 – 31 March 2027).
	Committee terms of reference C52(24)
18.	The Head of Governance presented the item. The working group members, Hema Radhakrishnan, Ken Gill and Tim Parkinson, were thanked for their contribution in the revision of the committees’ terms of reference. The proposed changes included clarity of roles, responsibilities and current practice, as well as consistency in language and presentation. The revised terms had also been considered at each relevant committee. Council noted the terms would be reviewed on a three-year cycle whilst keeping in mind the possibility of moving to a unitary board. Council was advised the Standing Orders for Council would be reviewed in early 2025, followed by the Scheme of Delegation and the Advisory Panel terms of reference.

	<p>Council</p> <p>approved the terms of reference for the Audit, Finance and Risk Committee; approved the terms of reference for the Investment Committee; approved the terms of reference for the Nominations Committee; approved the terms of reference for the Remuneration Committee; and delegated any minor revisions to the Head of Governance (in consultation with the Chair of Council).</p>
	Freedom to Speak Up policy C53(24)
19.	The Head of Governance presented the item. It was clarified that the aim was to promote speaking up at any time, challenging the perception that whistleblowing just concerned the most serious matters. The policy included internal controls and pathways to raise issues, as well as promote learning across the organisation. The Head of Governance would be the main contact, but additional support would be sought from a Speaking Up Guardian.
20.	Council commented the proposal demonstrated the organisation's commitment to continuous improvement in culture, behaviours and EDI. Council also noted collaboration with other regulators in its drafting. Council commented on the need for expertise, transparency and capacity for reporting internally and externally. Council was advised referrals would be reported to the senior management team (SMT) and ARC in a thematic way to ensure anonymity and any issues would be identified in coordination with the Head of People and Culture.
21.	<p>Council</p> <p>approved the freedom to speak up policy (annex 1); and delegated any minor revisions to the Head of Governance (in consultation with the Chair of Council).</p>
	Corporate complaints policy and acceptable behaviour policy C54(24)
22.	The Head of Governance presented the item. The Director of Regulatory Strategy was thanked for his contribution in drafting the new policy. Council noted the GOC did not normally receive a substantial number of corporate complaints; however, wider training would support awareness and compliance of the policy. Council commented on the importance of transparency, fairness and safeguards in responding to complaints. Council suggested consideration be given to the prompt response of 48 hours of member recruitment complaints, as Council member appointments depended on Privy Council approval to be publicly announced.
23.	<p>Council</p> <p>approved the Complaints and Feedback About the GOC policy, as set out in annex one; approved the Acceptable Behaviour When Communicating With the GOC policy, as set out in annex three; and delegated any minor amendments prior to publication to the Head of Governance (in consultation with the Chair of Council).</p>
	Education Quality Assurance handbook C55(24)

24.	The Education and CPD Specialist presented the item. The proposals aimed to streamline quality assurance processes for approved qualifications being ‘taught out’ under the current quality assurance handbooks and had taken into consideration stakeholder input as well as advice from Education Committee. Council commented the proposal was a pragmatic way forward and proportionate as qualifications continue to adapt to meet the new Education and Training Requirements, and existing approved qualifications are taught out.
25.	Council approved the proposals described in paragraphs 14-22, for immediate implementation; noted the analysis of stakeholders’ responses to our engagement exercise; and noted advice from Education Committee and Standards Committee.
	H&S assurance report C56(24)
26.	The Director of Corporate Services presented the item, thanking the facilities team for their contribution in retaining a gold standard in the health and safety audit for another year. Council was advised a separate fire risk assessment would be carried out in the new GOC premises. Council commented compliance data provided to Council should include four quarters as per a previous action. Action: The Director of Corporate Services to ensure Council is provided with four quarters of compliance data, rather than the three on the report.
27.	Council noted the contents of the reports.
	Council’s self-assessment against the Charity Governance Code C57(24)
28.	The Head of Governance presented the item. The Charity Governance Code had been subject to recent revisions which the GOC would also self-assess against. Council commented the report provided assurance to stakeholders, noting the code applied to charities of varied sizes. Council discussed the recommended practice of holding a public question and answer session could be trialled, noting the format of holding existing public Council meetings online provided transparency and accessibility.
29.	Council noted the forthcoming substantial period of change with Council member turnover, for which induction plans were being finalised. With regards to the recommended practice of the board discussing its effectiveness, working as a team and expectations of behaviours, Council commented on the importance of the softer part of member induction. With regards to the recommended practice of how the organisation presents the cumulative impact of risks, Council discussed heat maps could be an option, and the executive would consider alternative options.
30.	Council approved the self-assessment against the charity governance code, as set out in annex one.
	Financial performance report Q2 2024/25 / Q2 forecast C58(24)
31.	The Director of Corporate Services presented the item. Council noted there had been a surplus in business as usual, with positive expenditure variants against the budget and no drawdowns required from investments. Finance met with budget holders monthly to discuss variances, which were reported to SMT. The focus was to break even and use

	reserves to support strategic projects. The GOC was now at full staff capacity to deliver agreed business plans. Reserves remained within target ranges and an updated reserve policy would be brought to Council. Council commented on the importance of accessibility and presentation of finance data to stakeholders. Council was advised some members might category change to workers, and increased National Insurance costs were being calculated.
32.	Council noted the financial performance for the six months ending 30 September 2024 in annex one; and noted the Q2 forecast for the current 2024-25 financial year in annex two.
	Business performance dashboard Q2 2024/25 C59(24)
33.	The Head of Governance presented the item. Council was advised ways to measure “customer satisfaction” were being considered, likely to be captured in the new performance reporting framework.
34.	Council was provided with an update on MyGOC, which was currently in its discovery phase with the supplier. A revised timeline would be brought to Council. Council was advised on hearing dates utilisation, there had been a reduction in KPIs due to cases finishing earlier than expected but these were repurposed for hearings on papers. There was continued progress on the action plan for better forecasting hearings. The KPI for complete investigations going to representatives for comment was in red, due to focus on progressing older cases and teams experiencing higher overall caseload.
35.	Council noted the report.
	Business Plan Assurance Report Q2 2024/25 C60(24)
36.	The Head of Governance presented the item. Council noted the report.
	Advisory Panel Minutes - 18 October 2024 C61(24)
37.	The Advisory Panel Chair thanked members of the panel for their expertise and advice. Each committee Chair provided an update on committee discussions. Council was advised a tick box to confirm registrants had read the new standards when they revalidate their registration was now in place. Council noted the GOC was currently the only healthcare regulator that registered students. Student intake was consistent with previous years. International students’ qualification checks tests were being carried out. Council noted the report.
	Chair’s report C62(24)
38.	The Chair presented the item. Council noted Council member recruitment was currently at shortlisting stage and the role had received a high level of interest. Governance colleagues were thanked for their support. Nadia Denton was formally thanked for her contribution to the GOC as SWEG Chair. Council noted the report.
	Chief Executive and Registrar’s report C63(24)

39.	The Chief Executive and Registrar presented key highlights. Hearing Panel Chairs coming to the end of their 10-year tenure were thanked for their valued contribution. Plans for onboarding new Council members were in development. Council members were thanked for attending GOC staff network events. In relation to regulatory reform, Council was advised the GOC met quarterly with the Department of Health and Social Care (DHSC), who were awaiting confirmation from the government on progress.
	Council forward plan C64(24)
40.	Council noted the Council forward plan.
	Any other business
41.	There were no other matters.
	Date of the next meeting
42.	Council noted the date of the next public meeting as Wednesday 19 March 2025.
43.	The meeting closed at 3pm.

COUNCIL

Actions arising from Public Council meetings

Meeting Date: 19 March 2025

Status: For noting

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

Purpose

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

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

Part 1: Action Points from the Council meeting held on 11 December 2024

Reference	By	Description	Deadline	Notes
H&S assurance report C56(24)	The Director of Corporate Services	To ensure Council is provided with four quarters of compliance data, rather than the three on the report.	December 2025	Ongoing: This will be incorporated into the next annual report.

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

Reference	By	Description	Deadline	Notes
NONE				

Part 3: Action points previously outstanding but now completed.

Reference	By	Description	Deadline	Notes
NONE				

Member fees 2025-26

Meeting: 19 March 2024

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Mackay-Sim, Chief of Staff

Purpose

1. To approve the proposed member fee schedule for 2025-26.

Recommendations

Council is asked to:

- **note** Remuneration Committee's review of benchmark data at its meeting on 10 February 2025 and its recommendation that:
 - there is no general increase in member fees for 2025/26;
 - the Chair of Audit, Finance and Risk Committee (ARC) remuneration is increased by £2500 per annum;
- **approve** the member fee schedule for 2025-26 (annex 2); and
- **approve** consequential amendments to the member fee policy (annex 1).

Strategic objective

2. The work to review member fees supports delivery of all strategic objectives, given the oversight role of Council and the fact that members contribute to delivery of all our regulatory functions.

Background

3. The terms of reference for the Remuneration Committee require it to review and recommend to Council fees and expenses to be paid to members. It met on 10 February 2025 to review the fee schedule alongside benchmarking data.
4. The fee schedule was last reviewed in 2024 and approved by Council on 13 March 2024.
5. The Governance team undertakes an annual benchmarking activity with other health regulators, coordinated by the Nursing and Midwifery Council (NMC). The most recent dataset was collected in December 2024.
6. Following its review of this information, the Committee recommended no general increase to member fees for 2025/26.
7. The minutes of the Committee are included in the papers for the strictly confidential meeting of Council on 18 March 2025.

Analysis

8. The executive reviewed the role of the Chair of ARC and made a recommendation for an increase on the following grounds:
 - ARC has substantially more meetings than any other committee, with six meetings scheduled throughout the year (compared to Nominations Committee which has four, Advisory Panel three, and Remuneration Committee and Investment Committee having two meetings each);
 - in addition to committee meetings, the Chair carries additional responsibilities in respect to meeting regularly with the executive, internal auditor and external auditor outside of meetings; and
 - the Chair has additional responsibilities to provide regular reporting to Council in respect to ARC's assurance role, and there is a planned review to further formalise these reporting arrangements from early 2025-26.
9. Remuneration Committee considered the proposed fee and recommended that the allowance matched that of the Senior Council Member. The proposed 2025/26 budget includes an increase in member fees to accommodate the proposed amendments.
10. To promote a consistency of understanding in relation to the additional responsibilities and manage any transition of individual appointments to the role of Chair of ARC, it is proposed that a role profile is prepared. The Chair of Council and ARC will be consulted on the draft, prior to this being reviewed by the Nominations Committee in Q2 2025-26.
11. There is work underway to review the employment status of several groups of members. Council is provided a report to the strictly confidential meeting on 18 March 2025. This paper sets out some potential impact to member fees as consequence of this review. Any consequential revisions to the member fee schedule following this review will be considered by Council in June 2025.

Finance

12. All costs for member fees are met through an annual budget. The current five-year forecast includes no increase in member fees in 2025/26 and outer years' budgets, other than a provisional forecast based on the review of employment status. The budget was reforecast in 2024/25 to more accurately reflect the limited increases made in member fees across healthcare regulators.

Risks

13. The risk of not being able to attract and retain members with the required level of skills and experience is managed by having clear and transparent member fees and expenses policies. Assurance is provided by reviewing member fees against external benchmarking information. This risk is not high as the GOC is either over the median rate or in line with it. The high volumes of applications for member roles demonstrate that remuneration is not a deterrent for interested, high-quality applicants.

14. Schedule 1 of the Opticians Act 1989 gives Council the authority “to determine fees (and travelling and subsistence allowances) to be paid to members of the Council or its committees and pay such fees”. There is a risk that Council, in setting its own fees gives rise to a conflict of interests. This risk is mitigated by Council using benchmarking data, delegating the review and recommendation of members’ fees to the Remuneration Committee, which includes an independent member.

Equality Impacts

15. Having an agreed policy and fee schedule for member fees enables the Council to demonstrate the equitability of member remuneration for specified activities. It supports transparency.

Devolved nations

16. There are no explicit impacts for devolved nations.

Other Impacts

17. There are no significant impacts identified.

Communications

External communications

18. The member fee schedule for the year is published on the GOC website.
Remuneration for Council members is also included as part of the annual report.

Internal communications

19. The new schedule will be circulated to all members and shared with the relevant departments.

Next steps

20. If Council approves the recommendations, the new member fee schedule will be published on the GOC website.

Attachments

- Annex 1: Proposed member fee policy 2025, and member fee data set for 2023
- Annex 2: Proposed member fee schedule 2025/26
- Annex 3: Member fee benchmarking data set for 2024

Member Fees Policy

Status of document:	Draft
Version:	5
Date of approval:	TBC
Effective from:	1 April 2025
Owner:	Council
Author:	Head of Governance
Planned next review date:	March 2027
	TBC

1. Introduction

- 1.1 This policy outlines how members' fees are set, how fees and expenses are paid, and how and when fees are reviewed, to ensure that members are paid appropriate fees for the work they undertake for the GOC. It also provides guidance on who is entitled to additional fees beyond the fees paid for attending meetings.
- 1.2. As a registered charity there is a need to ensure that the monies of the charity are only used to further the GOC charitable objects and, in keeping with other public bodies, we are expected to demonstrate best value for money in all that we do.
- 1.3. In addition, fees paid to Council members (trustees) are subject to review by the Charities Commission.
- 1.4. Our approach is consistent with our values – acting with integrity, pursuing excellence, respecting other people and ideas, showing empathy, behaving fairly and being agile and responsive to change.

2. Purpose

- 2.1 The purpose of this policy is to ensure that member fees remain current, are fairly applied and are in line with comparable data from similar organisations from within the regulatory and healthcare public body sector.
- 2.2. This policy also provides information on how fees are reviewed every three years against comparable data and how fees for all members are set at a day rate in line with the median benchmarked fee level.

3. Scope

- 3.1 This policy applies to all our members. This includes members who hold more than one appointment with the GOC (such as being a member of more than one committee). This policy does not apply to GOC employees (such as case examiners) or workers (such as education visitors).
- 3.2 The payment of additional member fees for member development, induction, and training, participating in working groups and/or selection panels, undertaking member performance assessment and other activities only applies to members who are not paid an annual fee. This means that Council members are not paid for any additional activity such as preparation for meetings, induction, training and development, undertaking member performance assessment and performance appraisal activities along with membership on Council committees, working groups and/or selection panels.

4. How member fees are set and reviewed

- 4.1 Member fees will be reviewed at least every three years in accordance with the review method described below. Recommendations for changes to members fees and/or changes to this policy are considered by Remuneration Committee for approval by Council.
- 4.2 The review will include consideration of the mean time commitment of all members over a three-year timeframe. Where the time commitment for the role may have changed, the views of members will be gathered to inform the analysis of the data collection.
- 4.3 For roles remunerated by an annual fee the mean time commitment will be calculated to include charring duties, preparation for and attendance at meetings, induction, training and development, undertaking member performance assessment and performance review activities as well as membership on Council committees, working groups and/or selection panels.
- 4.4 If there is a reason to change the time commitment of members outside of the review period, for example, because of a change in responsibilities, the Remuneration Committee and Council will take this into account in reviewing whether to change the fee payable.
- 4.5 Member fees and day rates will be benchmarked against comparable data, which will include data from other healthcare regulators and at least eight non-healthcare public sector bodies, for which comparable fee data is available, as agreed by the Remuneration Committee (see Annex A).
- 4.6 A median day rate for Council Chair and members is multiplied by the mean annual time commitment to identify an annual fee (and paid on a monthly basis).
- 4.7 An allowance for the Senior Council member is identified by adding a supplement of £2,500 to the annual fee agreed for Council members (and paid on a monthly basis). The supplement includes payment for undertaking a range of activities as detailed in the role description, including undertaking the performance appraisal of the Chair and charring committee and other meetings as required.
- 4.8 An allowance for the chair of the Audit, Finance and Risk Committee (ARC) is identified by adding a supplement of £2,500 to the annual fee agreed for Council members (and paid on a monthly basis). The supplement includes payment for undertaking a range of activities as detailed in the role description, including additional coordination and reporting requirements with internal audit, external audit and Council.
- 4.9 The Chair of the Investigation Committee will be paid for each day they work. This includes when they undertake the performance appraisal of Investigation Committee members. Hearing Panel members acting as a Chair of a Fitness to Practise Panel or Registration Appeals Committee will be paid the chair day

rate for each day they work. This includes when they undertake the performance reviews of Hearing Panel members.

- 4.10 Where Investigation Committee members or the Chair of Investigation Committee are undertaking work as a Case Examiner, this will be aligned to the current rate for Case Examiners as set out in the Case Examiner Fees Policy.
- 4.11 A rate for all other members is paid for each day they work, with the exception of their own performance appraisal, which is unpaid.

5. Fees for induction, learning and development

- 5.1 For members who are not paid an annual fee, additional fees for induction, learning and development will be paid for:
- a. attendance at induction learning and development which have been arranged by the GOC;
 - b. attendance as an observer at GOC meetings/hearings as part of a planned induction or as part of agreed learning and development; and
 - c. attendance for development which is directly related to the role and arranged by the GOC.
- 5.2 The day rate for induction, learning and development fees will be the same regardless of the member's substantive role. All activity incurring an induction and development fee should be agreed with the relevant head of department in advance.
- 5.3 We will not pay additional development or induction fees for the following:
- a. attendance at a Council meeting or a committee meeting at which you are not an appointed member (unless it is part of a planned induction (see point 5.1.2 above));
 - b. any development which is not directly related to the role and not arranged by the GOC;
 - c. attendance at optical conferences or trade exhibitions, consultation events or stakeholder meetings;
 - d. where the member is already being paid for attendance at a meeting on the same day the development or induction was delivered; and
 - e. attendance to speak at a GOC meeting, conference or event for the purposes of development or induction, on behalf of the GOC – the payment of speaking fees are dealt with separately in the GOC Gifts and Hospitality policy.

6. Fees for meetings held by teleconference/videoconference

- 6.1 Member fees for meetings held via teleconference/videoconference or in a hybrid format are paid at the same rate as meetings attended in-person. Members travelling for in-person meetings or to attend hybrid meetings are not paid an additional fee for time spent travelling. GOC will pay any additional travel or subsistence expenses incurred which relate to in-person attendance, in accordance with the GOC Expenses Policy.

7. Reading fees

- 7.1 Hearing Panel and Investigation Committee members required to read papers in excess of 500 pages may be paid an additional reading fee. Payment of additional reading fees will require authorisation by the Director of Regulatory Operations or the relevant head of department and only applies to Hearing Panel or Investigation Committee members.
- 7.2 Reading and preparation fees for other committee members are included in the fees paid for attending meetings.

8. Cancellation fees

- 8.1 Hearing Panel members may have a hearing cancelled at short notice. As Hearing Panel members are required to commit to attendance at a hearing which can be a number of days or weeks long, if a hearing is cancelled the following terms will apply:
- a. Half a day fee will be paid for each hearing day cancelled within five calendar days of the scheduled hearing commencement date [capped at seven calendar days];
 - b. A full day fee will be paid for events that conclude earlier than anticipated [capped at full fee for day 1-2; half a fee for days 3-5; no fee thereafter];
 - c. Half a day fee will be paid for split event days that are within 28 calendar days of an early finish. [no fee thereafter]. Split events are defined as events scheduled over non-consecutive days.

9. Fees for other activities

- 9.1 Members may be asked to undertake other activities for the GOC to discharge the responsibilities of the role they have been appointed to. For example, members may be asked to act as selection panel members for the appointment of other members, undertake a desk-based review, fill another member role on a temporary basis or participate in a Council workshop or working group.

- 9.2. For members who are not paid an annual fee, fees for such activity will be communicated with the member in advance and if the agreed activity will take less than a day (for example, two hours), the fee paid will be pro-rata the agreed and published daily fee (based on a 7-hour working-day).

10. Payment of fees

- 10.1 Fees will be authorised and paid to members via payroll within six weeks of attendance at a meeting or completion of an activity. Payments are normally made on the last working day of the month. For meetings held after the 20th day of the month payment will be made the following month.
- 10.2. For member attendance and/or activity which does not relate to a meeting, workshop or hearing (for example, fees paid for sifting and shortlisting of applications or a desk-based review) the fees for such activity will be communicated with the member in advance and if the agreed activity is less than a day, paid pro-rata in accordance with the agreed and published daily fee.
- 10.3. Once authorised and the agreed activity is completed, the fee will be paid to members via payroll on the next available occasion, normally within six weeks

11. Payment of expenses

- 11.1 Members are encouraged to use the GOC reception travel and accommodation booking service wherever possible, so that payment for travel and accommodation can be made directly to the provider and benefits of centralised bookings can be realised. Information on how to use this service will be provided on appointment.
- 11.2. Whilst attendance at such events as listed in 5.3 will not be additionally remunerated, the GOC will pay any authorised additional expenses incurred which relate to attendance as a member, such as travel or subsistence, in accordance with the [GOC Expenses Policy](#)
- 11.3. Expenses booked and paid for by members directly, such as travel, accommodation or subsistence, will be separately reimbursed in accordance with the [GOC Expenses Policy](#), within six weeks of receipt of a valid claim. Claims are normally paid monthly on the last working day of the month. Claims submitted after the 20th day of the month will be reimbursed the following month.
- 11.4. All expense claims should be submitted using the GOC expenses claim form (available from the GOC Finance Team) and submitted to the [GOC Finance Team](#) within two calendar months of attendance or completion of the work, and at the year-end (31 March) no later than 15 April. In order for a claim to be valid it must be made in accordance with the expenses policy and accompanied by receipts. Any claims made not in accordance with the expenses policy will

require approval by the Director of Corporate Services. Claims received more than two months after the event will not be paid.

12. Transparency

- 12.1 Member fees will be circulated to members and published on the GOC website.
- 12.2 In accordance with our information disclosure policy, the fees and expenses paid to Council members are published on our website on a quarterly basis and disclosed in our annual report.

13. Questions regarding this policy

- 13.1 Any questions regarding this policy and its application should be directed to the Head of Governance in the first instance.

Annex A: Benchmarking data sets (This annex will be updated with December 2024 data, once approved)

Allowance rates for Comparator organisations as at December 2023

The below tables provide data on comparator organisations, including median and mean figure. The numbers in bold are the method by which the organisation remunerates i.e. where the organisation pays an annual allowance the annual allowance figure has been bolded, where the organisation pays on the basis of days worked the daily rate has been bolded.

Health and social care regulators

Health and social care regulator	Total income pa staff numbers registrant numbers	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel	
		Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate
<u>Nursing & Midwifery Council (NMC)</u>	£100.4m; 1,060 staff; 808,000 registrants Fee: £120	156 days pa (3 days per week)	£78,000 (since May 2018)	£500	36 days pa (3 days per month)	£15,166 (last increased in January 2022)	£442	Audit Committee Chair £2,000 Remuneration Committee Chair £2,000 Investment Committee Chair £250 Accommodation Committee Chair £250 (As of 1 April 2023)		36 days pa (3 days per month)	£10,605	£295	Varies according to Committee.	£295	£310 Reading day fee: £100 (where applicable)	£340 Reading day fee: £100 (where applicable)
															Training day attendance fee: £260 per day or £130 per half day	Training day attendance fee: £260 per day or £130 per half-day

<u>General Dental Council (GDC)</u>	£38.5m 364 staff 115,000 registrants Fee: £680	104-156 days (2-3 days a week)	£55,000 (last reviewed in Feb 2017)	£352-£508	Minimum 35 days. 6 Council meetings	£15,000 (last reviewed in Feb 2017)	£428	Committee Chair	Total: £15,000 Additional: £3,000	No equivalent role				£353	£353	
<u>General Medical Council (GMC)</u>	£135.2m 1,587 staff; 335,694 registrants ; Fee: £433 (discounted fee for newly qualified doctors = £166)	156 days (3 days a week)	£110,000	£705	36-48 days (3-4 days per month) 7 Council meetings and Council meetings.	£18,000	£375-500	No additional fee		No equivalent role			Co-opted Committee members £325	£325		
<u>Health & Care Professions Council (HCPC)</u>	£36.2m; 282 staff; 320,438 registrants ; Fee: £116.36	156 days pa (3 days per week)	£65,000 (March 2019)	£416	9 Council meetings pa (and Committee meetings)	£12,000 (from 2019/20)	Up to 2018/19 – daily fee rate of £341 per day was paid	Committee Chair	Total: £14,000 Additional: £2,000	9 Council meetings (and Committee meetings)		£341 (not for seminars or training)	Four Committee meetings pa	£341	£206	£348
<u>General Chiropractic Council (GCC)</u>	£2.8m; 16 staff; 3,341 registrants ; Fee: £800	No info on Chair's time commitment	£27,000 (since Jan 2023)		4 Council meetings - some 2 days (+ Committee meetings)	£7,800 (since Jan 2023) <u>Plus:</u> £2,000 each for Chairs of Audit & Risk Committee and Remuneration and HR				No equivalent role			£300	£300	£350	

						Committee; and £2,500 for Chair of Education Committee										
<u>General Optical Council (GOC)</u>	£10m; 87 staff FTE; 33,174 registrants; Fee: £380	130 days (2.5 days per week)	£50,000	£423	8 Council meetings pa (+ Committee meetings)	£13,962 pa (since April 2019)		Senior Council Member	Total: £16,462 Additional: £2,500	8 Council meetings pa	Unremunerated.		£421	£319	£372	
<u>General Osteopaths Council (GOsC)</u>	£2.9m 27 staff; 5,427 registrants; Fee: £570	78 days pa (1.5 days per week)	£30,000 pa from 1 April 2024 when new Chair takes office	£346	18 days	£7,500	£417	Chair of the Policy and Education Committee, Audit Committee and People Committee	Total: £10,000 Additional: £2,250	18 days	£3,600	£200 (paid per meeting attended)	£306	£330 per day from 1 April 2024)	£330 + Chairing allowance of £50 per day.	
<u>General Pharmaceutical Council (GPhC)</u>	£23.1m 270 staff; 56,851 pharmacists; Fee: £365	156 (3 days a week)	£60,000 pa (with effect from 1 April 2022)	£384	Up to 10 Council meetings pa + 10 Council workshops pa (+ Committee meetings)	£15,000 pa (last reviewed in June 2022)		Committee Chair	Total: £17,500 Additional: £2,500 pa	No equivalent role						
<u>Pharmaceutical Society of Northern Ireland (PSNI)</u>	£1.4m 15 staff 2,893 pharmacists; Fee: £398	30 days pa	£10,000 pa Remuneration based on attendance	£336	Up to 6 Council meetings pa + up to 12 working groups (+ Committee meetings)	Remuneration based on attendance at meetings	£236	Committee Chair	Remuneration based on attendance. £286 day rate	No equivalent role			£250	£500		

Proposed Member fee schedule 2025/26 (effective from 1 April 2025)

Role	Fee (£)	
COUNCIL		
Council Chair	annual, paid monthly	50,000
Senior Council Member	annual, paid monthly	16,462
Chair of Audit, Finance and Risk Committee	annual, paid monthly	16,462
Other Council members	annual, paid monthly	13,962
COMMITTEE CHAIRS		
Chairs of the Hearings Panel and Investigation Committee	daily fee	372
COMMITTEE MEMBERS		
Committee members (other than Council members who receive an annual fee): Investigation; Education; Standards; Registration; Companies; Audit, Risk and Finance; Nominations; and Remuneration Committees and Hearings Panel members	daily fee	319
	fee for meeting or activity between two and four hours*	185
	fee for meeting or activity of two hours or less**	95
OTHER		
Members of the Investigation Committee (when acting as a Case Examiner)	per registrant decision fee	Aligned to Case Examiner fees
Investigation Committee	per case fee	103
Independent panel members (for members who sit on selection/member appointment panels and have no other GOC member role).	daily fee	421
READING FEES		
Hearing Panel and Investigation Committee members only. (Paid on an ad hoc basis and authorised in advance.)	500 - 1499 pages	50
	1500 - 2499 pages	75
	2500+ pages	100
Investigation committee members when acting as a Case Examiner only. (Authorised by the Head of Casework Operations.)	Aligned to Case Examiner Fees.	
CANCELLATION FEES		
Chairs of the Investigation Committee (if cancelled at five days' notice or less)	half of the daily fee	186

Hearing Panel members will be paid half a day fee for each hearing day cancelled within five calendar days of the scheduled hearing commencement date [capped at seven calendar days].	half of the daily fee	159.50
Hearing Panel members will be paid a full fee for events that conclude earlier than anticipated [capped at full fee for days 1-2; half a fee for days 3-5; no fee thereafter]	daily fee	319
Half a day fee for split event days that are within 28 calendar days of an early finish [no fee thereafter]. Split events are defined as events scheduled over non-consecutive days.		
All other members who are not paid an annual fee (if cancelled at five days' notice or less)	half of the daily fee	159
INDUCTION, LEARNING AND DEVELOPMENT		
For members who are not paid an annual fee, including chairs.	daily fee	319
	fee for an induction or development activity between two and four hours*	185*
	fee for induction or development activity of two hours or less**	95*

*4/7th of the daily fee

**2/7th of the daily fee

Allowance rates for Comparator organisations

The below tables provide data on comparator organisations, including median and mean figure. The numbers in bold are the method by which the organisation remunerates i.e. where the organisation pays an annual allowance the annual allowance figure has been bolded, where the organisation pays on the basis of days worked the daily rate has been bolded.

Health and social care regulators

Health and social care regulator	Total income pa / staff numbers / registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel		
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice
Nursing & Midwifery Council (NMC)	£100.4m; 1,060 staff; 808,000 registrants; Fee: £120	Yes	12	156 days pa (3 days per week)	£78,000 (since May 2018)	£500	36 days pa (3 days per month)	£15,166 (last increased in July 2022)	£421	Audit Committee Chair £2,000 Remuneration Committee Chair £2,000 Investment Committee Chair £250 Accommodation Committee Chair £250 (As of 1 April 2023)	36 days pa (3 days per month)	£10,605	£295	Varies according to Committee.	£295	£310	£340	See below	
<p>Cancellation policy for panel members:</p> <ul style="list-style-type: none"> • Bookings cancelled 14 calendar days and over: No payment • Booking cancelled within 13 calendar days or less: 50% payment for up to a maximum of 9 working days within the specified cancellation period. • Cancellation or part-heard hearings after the scheduled start date: 100% payment for up to 9 working days. • Standby periods: 100% payment for each day on standby. 																			
General Dental Council (GDC)	£42.5m 421 staff 124,478 registrants Fees: Dentist - £621 Dental Care Professional - £96	No	12	104-156 days (2-3 days a week)	£55,000 (last reviewed in Sep 2023)	£352-£508	Minimum 35 days. 6 Council meetings	£15,000 (last reviewed in Sep 2023)	£428	Committee Chair	Total: £15,000 Additional: £3,000	Independent Governance Associates – 10 days (approx.) Statutory Panellists Assurance Committee – 10 days (approx.) Associates	£4000 £7500	£400 £750	No equivalent role	£353	£353		
General Medical Council (GMC)	£135.2m 1,587 staff; 335,694 registrants; Fee: £433 (discounted fee for newly qualified doctors = £166)	Yes		156 days (3 days a week)	£110,000	£705	36-48 days (3-4 days per month) 7 Council meetings and Council meetings.	£18,000	£375-500	No additional fee	No equivalent role				Co-opted Committee members £325	£325		See line below	

Health and social care regulator	Total income pa / staff numbers /registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel			
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice	
<p>For MPTS Tribunal Members as probably the best comparator for Panel Members at the NMC.</p> <ul style="list-style-type: none"> We only pay a 50% cancellation fee if cancelled within 14 days. So that's half our daily fee. If the hearing concludes early then they only get a cancellation fee for remaining days (again 50%). <p>Also if there is a non-sitting day unexpectedly midway through then they get a full fee as they could be required to come back and do work on that hearing at any time</p>																				
Health & Care Professions Council (HCPC)	£36.2m; 282 staff; 320,438 registrants; Fee: £116.36			156 days pa (3 days per week)	£65,000 (March 2019)	£416	9 Council meetings pa (and Committee meetings)	£12,000 (from 2019/20)	Up to 2018/19 – daily fee rate of £341 per day was paid	Committee Chair	Total: £14,000 Additional:£2,000	9 Council meetings (and Committee meetings)		£341 (not for seminars or training)	Four Committee meetingspa	£341	£206	£348	See below	
				When notification is given that attendance at an FTP panel on a previously booked day is not required			Fee payable													
				Notification on the day of attendance, or on the working day before attendance:			full fee for that day of attendance when no alternative paid work is undertaken on the cancelled days													
				Notification more than 1 working day but less than 5 working days before the attendance:			half day fee for that day of attendance when no alternative paid work is undertaken on the cancelled days													
				Notification 5 or more working days before the attendance:			no fee													
General Chiropractic Council (GCC)	£2.8m; 16 staff; 3,341 registrants; Fee: £800			No info on Chair's time commitment	£27,000 (since Jan 2023)		4 Council meetings - some 2 days (+ Committee meetings)	£7,800 (since Jan 2023) <i>Plus:</i> £2,000 each for Chairs of Audit & Risk Committee and Remuneration and HR Committee; and £2,500 for Chair of Education Committee				No equivalent role				£300	£300	£350		
General Optical Council (GOC)	£10m; 87 staff FTE; 33,174 registrants; Fee: £380	Yes		130 days (2.5 days per week)	£50,000	£423	8 Council meetings pa (+ Committee meetings)	£13,962 pa (since April 2019)		Senior Council Member	Total: £16,462 Additional: £2,500	8 Council meetings pa	Unremunerated.		£421	£319	£372	See line below		
<p>FTP Panel cancellation The GOC operates a 5 working day cancellation policy for hearings cancelled in advance for committee members. If a hearing is cancelled prior to it starting, we pay the committee member 0.5 fee for the days that fall into the 5 working day period. If it is cancelled with more than 5 working day notice, then there is no payment due.</p> <p>The GOC has an early finish cancellation fee schedule when a hearing finishes early of the following:</p> <ol style="list-style-type: none"> Days one and two after the hearing concludes – Full pay Days three, four & five – 0.5 pay Days six or thereafter - nothing 																				

Health and social care regulator	Total income pa / staff numbers /registrant numbers	Charity	Number of board members	Chair			Council member			Additional responsibility		Associate			Partner member		Fitness to Practise Panel		
				Annual time commitment	Annual allowance	Equivalent day rate	Council member annual time commitment	Council member annual allowance	Council member day rate	Role/ time commitment	Annual allowance	Annual time commitment	Annual allowance	Day rate	Annual time commitment	Day rate	Member day rate	Chair day rate	Cancellation fee should a hearing postpone at short notice
<u>General Osteopathic Council (GOsC)</u>	£2.84m 29 staff; 5,521 registrants; Fee: £570	Yes		78 days pa (1.5 days per week)	£30,000 pa (1.5 days a week)	£346	18 days	£7,800	£417	Chair of the Policy and Education Committee, Audit Committee and People Committee	Total: £10,000 Additional: £2,250	18 days	£3,600	£200 (paid per meeting attended)		£330	£330 per day from 1 April 2024)	£330 + Chairing allowance of £50 per day.	See line below
<p>If fitness to practise panels are cancelled, in respect of each day of the hearing, the following will be reimbursed to those members affected:</p> <p>Prior to hearing</p> <ul style="list-style-type: none"> 0-5 working days' notice: half fee More than 5 working days' notice: no fee <p>During hearing</p> <ul style="list-style-type: none"> working days' notice: full fee 2-5 working days' notice: half fee More than 5 working days' notice: no fee <p>Out-of-pocket expenses incurred by a panel member will continue to be reimbursed. For example, if a registrant member has arranged a locum who would in turn have to be paid for the full number of days booked, they should continue to be reimbursed for that expense.</p>																			
<u>General Pharmaceutical Council (GPhC)</u>	£27.1m 296 staff 90,460 registrants plus 13,311 pharmacies Fee: £257 (pharmacists)			156 (3 days a week)	£60,000 pa (with effect from 1 April 2024)	£384	Up to 30 days pa)	£15,000 pa (last reviewed in June 2024)		Committee Chair	Total: £17,500 Additional: £2,500 pa	No equivalent role							See below
<p>Ftp Panel:</p> <p>An event is cancelled with fewer than 6 working days' notice from the hearing start date: 1x full day fee for first day booked, half day fee for subsequent days (up to 10 days)</p> <p>An event is cancelled with 6-10 working days' notice from the hearing start date: Half day fee for each cancelled day (up to 10 days)</p> <p>An event is cancelled with 10+ days' notice from the hearing start date: No fee</p> <p>The above also applies to events finishing earlier than scheduled e.g a hearing concludes 2 days early: 1 full daily fee and 1 half day fee for the 2 unused days. If a hearing finishes 10+ days' early, no fee is applicable past the tenth cancelled day.</p>																			
<u>Pharmaceutical Society of Northern Ireland (PSNI)</u>	£1.4m 15 staff 2,893 pharmacists Fee: £398	Yes		30 days pa	£10,000 pa Remuneration based on attendance	£336	Up to 6 Council meetings pa + up to 12 working groups (+ Committee meetings)	=Remuneration based on attendance at meetings	£236	Committee Chair	Remuneration based on attendance. £286 day rate	No equivalent role				£250	£500		our current position is that we are starting to revise our policy on committee payments, however for now we deal with each of these situations on a case by case basis.

2025/26 budget and business plan

Meeting: 19 March 2024

Status: For approval

Lead responsibility: Leonie Milliner, Chief Executive and Registrar

Paper Author(s): Andy Mackay-Sim, Chief of Staff; Manori Wickremasinghe, Chief Financial Officer

Purpose

1. To approve the proposed 2025/26 budget and external business plan.

Recommendations

Council is asked to:

- **approve** the proposed 2025/26 budget (annex 1) and external business plan (annex 2);
- **approve** the topic for the first thematic review to be undertaken (commercial practices and patient safety) and the allocation of £40k from strategic reserves to undertake the review, subject to advice from Advisory Panel and approval of the business case by Council.

Strategic objective

2. The business plan and budget for 2025/26 sets out how the GOC will deliver its strategic objectives for the year ahead, aligned to meet our strategy for 1 April 2025 to 31 March 2030.

Background

3. The proposed budget 2025/26 is included as annex 1. The external business plan is included as annex 2.
4. The five-year forecast 2024/25 and internal business plan are being considered as part of the Strictly Confidential session of Council on 18 March 2025.
5. The external business plan and budget plan are approved annually by Council, in accordance with the GOC scheme of delegation. The budget is prepared and proposed by the executive.
6. SMT reviewed the proposed budget, internal business plan and five-year forecast in February 2025 and agreed that they:
 - describe the resources required to realise the GOC's strategic plan to 31 March 2026;
 - are sufficient for effective delivery of the GOC's regulatory functions; and
 - provides headroom for future strategic reserves and revenue-funded activity to support the new corporate strategy from April 2025 to March 2030.

7. As part of fulfilling its terms of reference, Audit, Finance and Risk Committee (ARC) is required to: “review and challenge as appropriate the proposed budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council”. It is also required to provide Council ongoing assurances in respect to the management of performance, finance and risk. The proposed 2025-26 budget was presented for review by ARC at its meeting on 25 February 2025. The Committee recommended Council approve the budget without qualification.

Analysis

11. The proposed budget and business plan take account of:
- the financial strategy for 2025-30, which was developed in consultation with Council and approved in December 2024;
 - a review of the progress made in delivery of the current business plan;
 - review of financial performance and the Q3 2024/25 forecast;
 - planning by managers responsible for delivery; and
 - direction from SMT about priority activities to achieve our strategic and regulatory objectives.
12. The proposed budget for 2025-26 underpins the inaugural year for the new GOC corporate strategy 2025-2030. It is intended to support the following objectives, as set out in the financial strategy 2025-30:
- financial sustainability and stability;
 - transparency and accountability in financial management;
 - maintain healthy reserves for contingencies and strategic initiatives;
 - deliver value for Registrants’ money;
 - maintain a low to moderate risk appetite in our financial management; and
 - maintain financial stability over the life of the five-year strategy, with reserves being utilised to support project expenditure and providing an appropriate buffer for economic shocks or other financial risks.

Realising the new strategic plan in 2025/26

13. The proposed budget for 2025/26 incorporates new business-as-usual (BAU) expenditure to support the corporate strategy for 2025-30. This includes the creation of a permanent People and Improvement directorate. The directorate is comprised of the current People and Culture team and a new Project Delivery Unit, which will be responsible for driving transformation and continuous improvement projects across the organisation. Council reviewed the rationale for this proposal at its Strictly Confidential meeting on 10 December 2024 and confirmed its support for the creation of the new directorate.
14. The planned funding of the fourth directorate from revenue supports the two of the financial strategy objectives: ‘Financial sustainability and stability’ and ‘deliver value for Registrants’ money’. It does this by minimising the risks and costs of restructuring,

increasing our resilience and agility, and better enabling collaboration, ensuring that the intended benefits will materialise to maintain public protection.

15. SMT has reviewed proposals for 2025/26 and has recommended an allocation of £300k of strategic reserves for several potential projects. Individual decisions to allocate the funding will be based on business cases being presented to Council throughout 2025/26, including the business case for a further three-year investment from the strategic reserves (of approx. £70k a year) in an education knowledge exchange/hub to support providers' implementation of the ETR (the current contract is held by the College of Optometrists/SPOKE) which is being considered in the strictly confidential session of Council. In addition, £40k is set aside from the strategic reserves for the first of four planned thematic reviews.

Thematic review

11. Advisory Panel was consulted on proposed candidate topics for the thematic review on 21 February 2025. The panel indicated that there was value in considering all of the shortlisted topics, but that commercial practices and patient safety would be a suitable topic for the first thematic review. This was supported by a consequential recommendation by SMT. Therefore, Council is being asked to approve the choice of topic for the first thematic review as part of the approval of the external business plan, along with an allocation of £40k from the strategic reserves, subject to Council approving the final business case. The intention is to fully scope and cost this first thematic review before its presentation to Advisory Panel in June 2025. Following this, a business case will be presented to Council in either June or September to formalise the release of funds from strategic reserves.
12. The five-year forecast apportions expenditure for potential thematic reviews across each remaining year of the forecast. However, it is likely that costs will vary year-on-year according to the topics and requirements of the GOC.

Key risks

13. The key risks associated with delivering the budget are set out in the budget papers, There are additional unknown risks, which are described in the five-year forecast. This forecast is reported to the strictly confidential meeting of Council. The development of a proportionate, risk-adverse based approach has been based on two objectives from the new financial strategy: "Deliver value for Registrants' money;" and "maintain a low to moderate risk appetite in our financial management

Future Office Accommodation

14. Council and ARC have been regularly briefed on the costs and benefits associated with the Future Office Accommodation project as this work has progressed. The business case approved by Council in September 2024 indicated that there is an anticipated net saving of more than £1m over five years. The project remains on track to deliver these savings in the long term and therefore meets the financial strategy objectives for sustainability and delivering value for registrant money.

15. Year one of the proposed budget includes all known costs related to the office move, including dilapidation costs. The dilapidation reserve has currently £1.25m reserves, which can comfortably accommodate the planned £764k project cost. We have not added another office project in the year five but provided adequate reserves for any need. The reserves maintained for this purpose are consistent with the reserve policy approved by Council and meet the financial strategy objective to maintain healthy reserves for such contingencies.

Finance

12. The paper sets out in detail the financial implications of this work.

Risks

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

Equality Impacts

17. No equality impact assessment has been undertaken for the proposed budget. However, individual impact assessments will be undertaken for discreet pieces of work and the proposed change activity described in the budget.

Devolved nations

15. There are no explicit impacts for devolved nations.

Other Impacts

17. There are no significant impacts identified.

Communications

External communications

18. A designed version of the external business plan will published on the GOC website. The budget is included in the public Council papers to ensure that Council's decisions are transparent.

Internal communications

19. The budget and business plans will be on the GOC intranet pages.

Next steps

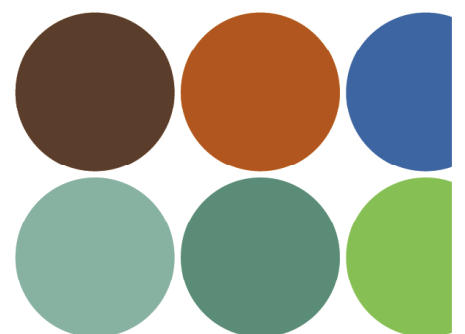
20. If Council approves the budget, it will form the basis for the GOC's operational activities and financial reporting in 2025-26.

Attachments

Annex 1: Proposed budget for 2025/26

Annex 2: Proposed external business plan for 2025/26

Budget for Year ending 31 March 2026



General Optical Council Budget – 2025-26

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General Optical Council

Budget – 2025-26

GOC Summary I&E Budget 2025/26

	Current Year 2024/25		Budget 2025/26
	Budget	Q3 forecast	
	£'000	£'000	£'000
Income	12,341	12,164	12,270
Expenditure (BAU)	12,325	11,715	12,413
Surplus / (Deficit) before reserve expenditure	16	449	(143)
Reserve Expenditure	1,181	1,899	776
Surplus / (Deficit) after project expenditure	(1,165)	(1,450)	(919)
Unrealised Investment gains	221	540	468
Surplus / (Deficit)	(944)	(910)	(451)

Highlights

The proposed 2025/26 FY budget deficit before strategic expenditure of £143k compares to an anticipated surplus of £16k in for current 2024/25 FY, and Q3 forecast surplus of £449k. The proposed 2025/26 FY budget after the strategic expenditure, but before the investment gains, is a deficit of £919k (2024-25 budget deficit of £1,165k). The final surplus/(deficit) for the 2025/26 budget year is a deficit of £451k (2024-25 budget deficit of £944k).

The 2025/26 budget should be considered as a part of a broader five-year forecast. It meets the KPI of BAU surplus ratio to income within +/-5%, and the BAU surplus balances over five years.

Key drivers

We have now forecasted all known activity that supports the realisation of the new corporate strategic plan and therefore have removed the “unplanned future BAU expenditure” included previous forecasts. The cost of strategic projects that are either bridging into the new strategy or identified in the new strategic plan are included in the proposed budget and forecast, with a further £300k (in 2025//26) and £250k pa in outer years allocated from within the strategic reserves for any new strategic projects approved by Council in future years.

The decision by Council in December 2024 to increase registrant’s fees by £10 (approx. 2%) is included in the forecast. The annual increases in registrant fee is expected to align with future inflationary rates.

The budget includes all known costs relating to the future office accommodation project/office move, including dilapidation costs. The dilapidation reserve has currently £1.25m reserves, which will comfortably accommodate the planned £764k project cost.

The Change programme concludes at the end of 2024/25, with the new People and Improvement directorate forecasted to provide ongoing project delivery support unit and to lead on people and culture under BAU from 2025/26.

General Optical Council Budget – 2025-26

Unrealised investment gains and dividend income were reduced to reflect the reduction made to the average return of 8.6% to 7.4%.

The restructure of the Case Progression team with the aim of strengthening leadership capacity and achieve cost efficiencies in legal charges, is now completed, with benefits expected to accrue from 2025/26.

The new office costs are reflected in the budget, with an initial temporary office cost included. Future forecasts will review the maintenance costs of the new office and adjust if required.

The percentage of employer contributions for National Insurance was increased, and the threshold was reduced, as per the government's autumn budget. This takes effect from 2025/26. The impact is £130k p.a. and is included in the proposed budget and forecast.

The vacancy rate of 4% is inbuilt to reduce payroll variances.

**General Optical Council
Budget – 2025-26**

**Table A
Budget 2025-26 analysis according to departments and projects
Income and Expenditure Accounts**

	2024-25	Budget 2025/26			
	Q3 Forecast	Jul '24 Forecast	Oct '24 Forecast	BUDGET	Variance
	£'000	£'000	£'000	£'000	£'000
Income					
Registration	11,654	11,943	11,974	11,928	(46)
Dividend Income	250	261	255	234	(21)
Bank & Deposit Interest	244	117	121	98	(23)
Other Income	16	10	10	10	0
Total Income	12,164	12,331	12,360	12,270	(90)
Expenditure					
CEO's Office					
CEO ¹	220	237	232	87	145
Governance	717	734	729	739	(10)
Total CEO's Office	937	971	962	827	135
Regulatory Strategy					
Director of Regulatory Strategy	130	225	206	245	(39)
Policy & Standards	488	481	493	426	67
Communications	291	358	360	365	(5)
Education & CPD Operations	706	773	772	710	62
Education & CPD Development	488	479	496	527	(32)
Total Regulatory Strategy	2,103	2,316	2,325	2,273	53
Regulatory Operations					
Director of Regulatory Operation	168	179	179	180	(1)
Investigation	1,268	1,105	1,237	1,334	(98)
Case Progression	924	990	1,028	1,030	(2)
FTP Legal	280	359	289	292	(4)
Legal	217	241	243	256	(13)
Hearings	1,246	1,371	1,463	1,389	74
Total Regulatory Operations	4,104	4,246	4,438	4,481	(43)
Corporate Services					
Director of Corporate Services	156	160	168	169	(1)
Facilities	1,190	844	814	757	57
Human Resources ²	609	599	712	748	(36)
Finance	600	674	658	652	6
Registration	766	752	757	758	(1)
Total Corporate Services	3,321	3,029	3,109	3,084	25

General Optical Council Budget – 2025-26

Table A (Contd.) -Income and Expenditure Accounts (Contd.)

	2024-25	Budget 2025/26			
	Q3 Forecast	Jul '24 Forecast	Oct '24 Forecast	BUDGET	Variance
	£'000	£'000	£'000	£'000	£'000
People & Improvement -New Directorate ²	0	315	376	407	(31)
IT (BAU) ³	1,086	1,455	1,308	1,279	30
Depreciation & Amortisation	163	58	75	63	12
Unplanned Future BAU Exp. ⁴	0	0	0	0	0
Total Expenditure	11,715	12,389	12,593	12,413	180
Surplus / (Deficit) before reserve expenditure	449	(58)	(233)	(143)	90
Reserve Expenditure					
Education Strategic Review project	81	17	17	17	0
Change	413	0	0	0	0
Research on the Testing of Sight	50	0	0	0	0
Thematic Review ⁵	0	40	40	40	0
PBF Project	150	0	0	0	0
Employment Status Project ⁵	16	0	65	74	(9)
Unfair Outcomes EDI Research ⁵	0	0	0	20	(20)
Potential Projects ⁵	0	300	260	300	(40)
Project Depreciation & Amortisation	145	169	169	160	9
Case Management System	89	0	0	0	0
Total Strategic Reserve Expenditure	945	526	552	611	(60)
Complex cases legal reserve expenditure					
Complex Legal Cases	169	228	175	146	29
Infrastructure/delap reserve expenditure					
Future Office Project	785	0	0	19	(19)
Total Reserve expenditure	1,899	755	727	776	(50)
Surplus / (Deficit) after reserve expenditure	(1,450)	(813)	(960)	(919)	40
Unrealised Investment gains	540	564	435	468	33
Surplus / (Deficit)	(910)	(249)	(525)	(451)	73

1. CEO- includes 4% recruitment vacancy rate, 1% of payroll for staff pay increases.
2. People and Improvement – the new directorate will include People and Culture team and a separate new project delivery unit.
3. IT department will revert back to Corporate Services from 2025/26.
4. The unplanned future business expenses forecasted previously are now fully utilised with the plans for strategic period shaping up.
5. Funded through 2024/25 potential project budget (approval received by Council for projects individually).

**General Optical Council
Budget – 2025-26**

**Table B
Budget - Including Project Expenditure**

	2024-25			2025-26
	(Strategic Yr 5 20-25)			Strategic Yr 1
	Budget	Q3 Forecast	Variance	BUDGET
	£'000	£'000	£'000	£'000
Income				
Registration	11,980	11,654	(13)	11,928
Dividend Income	265	250	(16)	234
Bank & Deposit Interest	86	244	22	98
Other Income	10	16	2	10
Total Income	12,341	12,164	(5)	12,270
Expenditure				
Staff Salaries Costs	6,695	6,638	125	7,141
Other Staff Costs	410	525	(100)	263
Staff Benefits	20	162	(144)	189
Members Costs	1,386	1,150	151	1,326
Professional Fees	777	943	(11)	671
Finance Costs	105	128	(10)	136
Case Progression	865	1,065	105	1,020
Hearings	581	203	10	191
CPD	115	163	6	134
Communications	74	58	3	55
IT Costs	784	730	(45)	761
Office Services	1,068	1,509	(451)	602
Other Costs	169	31	20	177
Depreciation & Amortisation	308	308	(24)	223
Potential Projects	150	-	40	300
Unplanned BAU expenses	0	-	0	-
Future Office Fit	0		764	
Total Expenditure	13,506	13,614	438	13,189
Surplus / Deficit	(1,165)	(1,450)	433	(919)
Unrealised Investment gains	221	540	81	468
Surplus / (Deficit)	(944)	(910)	514	(451)
Staff cost to total expenditure ratio	53%	54%		58%

General Optical Council

Budget – 2025-26

Assumptions

Income - assumptions

- The registration fee for fully-qualified and business registrants will be increased by +£10 p.a. The forecast annual fee increases align with estimated inflation and with the fee strategy.
- Student income will stay the same.
- The low-income fee discount is £125, the discount has increased from previous years (Previous to 2024/25, the discount was £120. The pre-pandemic discount was £100).
- No change to ancillary fees except non-UK fees.
- Non-UK fees increased by £5 for 2025/26 and there will be no further increase in outer years.
- New registrations for optometrists are forecast to increase by 3% annually. However, the dispensing optician projection will remain unchanged unless trends begin to differ in future forecasts. Student numbers are expected to increase by 3%.
- Business registrant numbers will not increase and will not decrease as seen in 2023 (15%) and 2024 (25%).
- 80% of new registrants would be transfers and 20% would be direct.
- Non-UK assessments will continue for the next strategic cycle, instead of previously assumed end in 2025-26.
- There will be 2% registrant removals due to CPD-related disqualifications in 2025/26.
- There will be a 2.4% registrant number of general removals including retirements in addition to CPD removals. These will affect the annual renewals.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable over the past 4 years.
- With changes to investment methodology by our investment managers, Brewin Dolphin, in Q3, there will be less dividend income and more unrealised gains in the future years.
- Total investment average returns (dividend income + unrealised gains) will be 7.4%, (in Q1 it was 8.6%)
- There is a risk of volatility of 9.5% of investment valuation.
- We have assumed that the portfolio will stay within the parameters, grow during the 5yr period at similar levels to long-term growth. But the short-term volatility could be very high, as experienced in 2020 and 2022.
- Fixed deposit interest will reduce with inflationary rate.

Expenditure - assumptions

- The office move and future office costs will be as planned.
- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Funds provided for cost of living and performance related pay increase will be adequate. There is a pay increase forecasted within individual departments and in central contingency budget. The individual departments carry a 4.5% for

General Optical Council Budget – 2025-26

2025/26, and 3% p.a. thereafter. The central contingency has a fund amounting to 1% of the payroll cost for pay adjustments/ pay progression awards.

- There will be a 4% vacancy rate applied. This will be reviewed at the end of 2025/26.
- Flexible working will continue for staff, members, and panels.
- The review of member status will include additional costs relating to member fees.

Risks not covered in the budget.

- GOC is currently assessing the financial implications of an employment tribunal judgement and outcome of subsequent appeals. This may result in possible backdated entitlements for some GOC members.
- There may be increased NI employer contributions for members due to NI threshold lowering. We assume the amount to be not material and could be absorbed by the BAU budget.
- There may be unplanned expenditure as a result of the dilapidations for 10 Old Bailey, as a final position is in the process of being agreed.

Cash Drawdown Plan

In the event of us exhausting the annual renewal income received at the beginning of the year before the next renewal cycle, we will draw down cash from investments. These will happen if and when there is a large expenditure planned during Q3 and early Q4 before the renewal cycles bring the next batch of funds.

At the end of each renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

The budget year requires a drawdown of £650k compared to no drawdowns required in the current year. The office move project and strategic expenditure requirements impact the drawdown needs. This will be reviewed in July and October, with the Q1 and Q2 forecasts.

	2025-26
	£'000
Feb.'24 forecast	700
July'24 forecast	900
Oct.'24 Forecast	730
Jan.'25 Forecast*	650
* current forecast	

Our 2025 priorities to support a new corporate strategy

We regulate optometrists, dispensing opticians, students and some eye care businesses in the UK.

Our 2030 vision is safe and effective eye care for all. Our ambition remains to be a world-class regulator, well regarded by our stakeholders and continuing to meet all the Professional Standards Authority's (PSA) Standards of Good Regulation.

Our core role is to deliver agile, robust and effective regulation that protects the public by upholding high standards in eye care services, supports professionals to deliver quality care, and meets the needs of the UK health system.

This is the first annual business plan in our 2025-30 corporate strategy, which has three high-level objectives:

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

[DIAGRAM]

This business plan for 2025-26 demonstrates how we will protect the public and ensure registrants can contribute to their full professional capabilities across each part of the UK.

Carrying out our statutory responsibilities

1. We set standards for the performance and conduct of our registrants

Last year we updated our professional standards for fully qualified and student optometrists and dispensing opticians and made consequential changes to our standards for businesses. We will develop two pieces of guidance for registrants to support them in understanding and applying the new standards. These will be on the topics of maintaining appropriate sexual boundaries and care for patients in vulnerable circumstances. We will also update our existing guidance on speaking up and begin preparations for a substantive review of our standards for business registrants.

2. We maintain a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians

This year we expect to register over 34,000 individuals and businesses. We will also introduce a major upgrade to MyGOC, our online platform for registrants, to improve the service we provide.

3. We approve qualifications leading to registration

This year we will introduce new quality assurance processes to support our education and training requirements (ETR). We will also publish guidance mapping certain international qualifications against the ETR and develop processes for education providers wishing to offer qualifications for international applicants.

4. We investigate and act where registrants' fitness to practise, train or carry on business may be impaired

We will continue to embed improvements we have made in the delivery of our fitness to practise function, including realising the benefits of our recent investment in a digital case management system.

Supporting the sector to provide effective eye care

In 2025-26 we expect to publish the outcomes of our annual surveys of eye care businesses, individual registrants, and the public. We use these findings to help us to track trends in the sector and we know that other organisations use them to understand the eye care workforce and patient expectations.

In 2025-26 we will carry out our first thematic review into a topic of interest or concern. The thematic review will involve looking at how the features of our existing regulatory system, such as standards, education/CPD, and fitness to practise are working to address the concerns identified. It will also seek to understand how the system beyond regulation, including legislative and contractual requirements and self-regulation is addressing the risks. We will use that review to come up with recommendations for the whole sector to consider.

[Topic of first thematic review to be inserted]

We will administer our CPD scheme, which gives registrants the ability to tailor their learning and development to their needs, maximising their professional capability. We will capture feedback to continuously develop the scheme following the end of the 2022-24 cycle, as well as consider policy change options for the CPD scheme for 2028 onwards.

We will continue to engage with a wide range of individuals and organisations to deepen our understanding of the eye care sector, including by visiting different practices and care settings around the UK.

Creating fairer and more inclusive eye care services and contributing to the wider healthcare agenda

We will publish the findings of our research into the lived experiences of patient and GOC registrant groups and the difficulties they face in accessing, using, or delivering eye care. We know from our research that some patient groups have worse access and experiences than others and that particular groups of registrants are more likely to experience challenging working conditions which can impact on their ability to deliver safe patient care. This research will delve more deeply into the 'lived experiences' of these groups to provide us with greater insight and understanding, which will help us and others to create fairer and more inclusive eye care services.

In 2025-2026 we expect to finalise proposals for legislative reform of business regulation. Nearly half of businesses sit outside of GOC regulation – we want to close this regulatory gap, remove unnecessary restrictions on businesses and modernise the regulatory framework. We will publish the outcome of the formal consultation on our proposals and the findings of research with patients to get their views.

We will also take forward the findings of research we commissioned last year to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/or in the same place. We know that models of sight testing vary across the UK – there is no 'standard' model of sight test and requirements vary depending on NHS contractual requirements by nation. We will use this research to consider whether we need to update our 2013 statement on the testing of sight.

Delivering our ambitions

We will continue our public duty and commitment to progress equality, diversity, and inclusion (EDI), which underpins all our work. This business plan coincides with the launch of our EDI strategy for 2025-30 to support the five-year corporate strategy. We will continue to publish an annual report covering our EDI activities both as an employer and a regulator as well as statistics on the demographic make-up of our registrants and the fairness of our regulatory decisions. .

We will continue to maintain strong governance procedures, including implementing the recommendations from our Governance review, undertaking all member appointments and supporting the work of our Council and committees to ensure they inform decision-making and identify and manage any risk appropriately.

We will set up a Project Delivery Unit as part of a new permanent fourth directorate to ensure our major projects are well implemented and deliver value for money.

We will explore ways to strengthen the user voice in our decision-making to ensure that the needs of patients and the public lie at the heart of our regulatory approach.

We will refresh our approach to performance monitoring including by using a basket of indicators to assess progress against our three new strategic objectives.

We will continue to invest in our staff with a new people strategy and a new performance behaviours framework to continue to build an engaging, inclusive culture where everyone feels valued and that they belong.

Our budget

The majority of our income comes from fees set for our registrants, which we use to deliver our core functions, and realise our strategic objectives and mission.

We will implement a new financial strategy to support our new corporate strategy, which will focus on:

- financial sustainability and stability
- transparency and accountability in financial management
- maintaining appropriate reserves for contingencies and strategic initiatives
- delivering value for money for our registrants.

We will review our approach to setting registrant fees in consultation with the sector.

[Usual finance table]

Equality, Diversity and Inclusion (EDI) Action Plan 2025-26

Meeting: 19 March 2025

Status: To approve

Lead responsibility: Leonie Milliner (Chief Executive and Registrar)

Paper Author(s): Andy Mackay-Sim (Chief of Staff); Jem Nash (EDI Manager)

Council Lead(s): Anne Wright, Chair of Council

Purpose

1. To enable Council to approve the 2025-26 EDI Action Plan.

Recommendations

2. Council is asked to:
 - approve the 2025-26 EDI action plan (annex one)

Strategic objective

3. This work contributes towards the achievement of the new five-year corporate strategy and its three strategic objectives. This work is captured in our internal business plan for 2025-26.

Background

4. The Equality Act 2010 requires the GOC, as a public body, to publish equality objectives at least every four years. These objectives should outline how we will meet the Public Service Equality Duty (PSED) and must be both specific and measurable.
5. In addition to our corporate strategy, the GOC also produced an EDI Strategy for the next five years. This outlined our position as of 2025, our goals, and our ambitions and seven measurable objectives to ensure we meet them. This was approved by Council in December 2024 and will be published later in 2025.
6. The GOC is assessed against standard 3 of the Professional Standards Authority (PSA) Standards for Good Regulation, which requires “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.” The PSA introduced a new evidence matrix to support achievement of standard 3 in May 2023, against which regulator performance is assessed. In our latest assessment we met all 18 of the standards, including standard 3.
7. The GOC has opted to go further than the minimum requirements in this respect and commenced the practice of producing an annual EDI plan from 2024-25. This is to

maintain oversight of our EDI work and ensure we are on path to meet the objectives of our EDI Strategy 2025-2030. Progress is reported through regular updates to Council, culminating in an EDI annual report. This approach increases transparency and accountability and ensures that EDI remains a key area of focus for the organisation.

8. The proposed annual plan for 2025-26 is attached as annex one. The possibility of the incoming EDI Manager not being in post until May/June 2025 has been considered when developing the target dates, however, it is possible there may need to be some amendments to these once they are in role.

Analysis

EDI Action Plan 2024-25

9. The actions in last year's plan have been largely completed. There are two actions that are expected to be delayed into next year. The remaining unclosed actions are on track to be completed by the end of March 2025. The progress against the action plan is reported to SMT through a dashboard in the monthly BAU report. The progress made in 2024-25 will be reported in the EDI annual report, which will be considered by Council in September 2025.
10. One of the actions is for the EDI Manager to produce a "workshop with employees and members on meanings of relevant terms, such as fairness, equity and the importance of knowing when to treat people the same or differently." This was delayed as some employees were unavailable to attend the initial training until January 2025. As the current EDI Manager is departing at the end of March, it was decided to deprioritise this workstream in order to ensure other projects are completed before their departure. This will be picked up as an early piece of work by the incoming EDI Manager.
11. The other outstanding action is to review the "equality impact assessment (EqIA) method to include an analysis of organisational discrimination, for use in policy review." This has not been completed due to capacity issues but when the Head of Strategy, Policy and Standards reviews the existing impact assessment process, the incoming EDI Manager will work with them to ensure that the equality impact element includes considerations of organisational discrimination. This will also allow the incoming EDI Manager to have a hand in developing the process they will be using and be able to produce training and guidance on undertaking an EqIA for relevant employees.

PSA Standard 3

12. PSA Standard 3 specifies three outcomes:
 - The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities;

- In terms of EDI, the regulator ensures that students and registrants are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills; and
 - In terms of EDI, the regulator makes fair decisions across all regulatory functions.
13. Within each outcome, a set of measures and timelines has been produced by the PSA in its [Standard 3 evidence matrix](#), stratified by year of expected attainment by regulators (either 23/24 or 25/26).
 14. The PSA's monitoring report March 2025 found that we met all 18 of their standards, including standard 3. Our efforts in this space were commented on the PSA:
 15. "We saw examples of good practice in the way the GOC uses its staff networks to embed EDI, the way it shares learning about EDI and widening participation through its annual education reports and the way it uses the findings of its registrant and public perceptions surveys to inform its work. We identified a small number of areas for improvement, some of which the GOC identified for itself and is already taking steps to address."
 16. In order to address these areas of improvement, and ensure we meet the PSA Standard 3 outcomes for our 2025-26 performance review, we have included additional actions regarding data, recruitment, corporate complaints, and equality impact assessments.
 17. Five of the PSA's standard 3 evidence matrix indicators relate to identifying and reducing unfair outcomes in fitness to practise (FtP) referrals, and unfair differential attainment in training. An unfair outcomes working group was established last year, to develop a methodology to address gaps in terms of data collection and analysis. The group met monthly and commissioned additional analysis of our FtP data which is due for completion in September 2025. The review of this analysis is included in our 2025-26 action plan, as is continuing to review the findings of our public perceptions and registrant surveys.

EDI Strategy 2025-2030

18. Our EDI Strategy 2025-2030 has four core principles:
 - Be active in addressing inequality and preventing discrimination
 - Promote and reflect diversity;
 - Foster inclusivity and accessibility; and
 - Build a culture of confidence in EDI.
19. These principles are supported by 7 objectives aimed for completion by the end of 2030. The actions in the annual EDI action plan set out how we will be working towards these objectives.

20. Through pursuing our principles and objectives in the EDI Strategy, we intend to achieve our ambition to be leaders in relation to EDI. We will achieve this, partly, through our work on integrating social mobility considerations across the GOC and through collaboration with other healthcare regulators on providing guidance and awareness of a number of emerging EDI issues.
21. We are also in the process of developing and implementing an EDI Policy. While there is no statutory requirement to do this, it is something that we often require of other organisations we work with and, when working with other organisations, we may wish to be able to provide one of our own, as a public demonstration of our commitment to EDI. This policy will set our expectations for those who work for and with us and our commitment to how we engage with the public, our registrants, and our people.

Finance

22. The work proposed will be delivered within existing budgets, either for the role of the EDI Manager, Staff Networks, or People and Culture's training and wellbeing budgets.

Risks

23. Failure to meet our responsibilities in respect to EDI would have multiple significant impacts on reputation, integrity, staff morale, registrant confidence, and public protection. In addition, failure to meet the PSA standards carries a significant reputational risk. The EDI action plan is part of the internal controls we have in place to mitigate this risk. By ensuring EDI is publicly reported, we underline our commitment to transparency and accountability with respect to our moral, ethical and statutory duties around EDI.

Equality Impacts

24. An EIA has not been completed for the action plan overall. Any significant changes proposed by the individual actions set out in the plan will require an impact assessment.

Devolved nations

25. There are no specific implications for the devolved nations.
26. The review of our equality impact assessment process will provide clearer guidance on how to assess the impact on the Welsh language, ensuring that we continue to promote and facilitate the Welsh language wherever possible.

Other Impacts

27. No other impacts have been identified.

Communications

External communications

28. Once approved, the EDI Action Plan 2025-26 will be published on the GOC website.

Internal communications

29. The EDI Action Plan 2025-26 will be published on IRIS, once approved.

Next steps

30. Should the EDI Action Plan 2025-26 be approved by Council, its progress will be monitored by SMT throughout the year. Council will receive regular updates via the Chief Executive and Registrar's report to Council, and in the summary of progress contained in the EDI annual report for 2025-26 (due September 2026).

Attachments

Annex one: GOC EDI Action Plan 1 April 2025 - 31 March 2026

Annex one: GOC EDI Action Plan 1 April 2025 - 31 March 2026

This plan draws on the previous EDI action plan from 2024-25, the evidence requirements to ensure attainment of the PSA Standard 3, and the objectives of our EDI Strategy 2025-2030. The action plan represents work that is new or different; continuing/existing EDI activity is described in our annual business plan.

Themes

Our 2025-26 EDI Action Plan is organised under six themes:

1. Data
2. People, learning and development
3. Recruitment
4. Policies and procedures
5. Community and support
6. Leadership and accountability

1. Data We will develop our data practice, improving the use of data to direct our work, progressing EDI and removing barriers based on characteristics.

Programme of work:		To address:	Owner:	Target for completion:
1.1	Collect and analyse data on the demographics of our leadership team, decision makers, and members to assess how much they reflect the community we serve ¹ .	PSA Standard 3	EDIM ²	March 2026
1.2	Undertake analysis on pay gaps for disability and race and consider reporting options	EDI Strategy	HoP&C ³ , EDIM	March 2026
1.3	Analyse EDI data of corporate complaints	PSA Standard 3	EDIM	December 2025
1.4	Analyse lived experience research and use findings to inform future work	EDI Strategy	EDIM, HoSP&S ⁴	September 2025

2. People learning and development We will develop and embed a culture where learning about EDI is encouraged, providing a good understanding of EDI to facilitate inclusiveness for our employees, workers, members, registrants, and the public.

¹ PSA Standard 3 Outcome 1 requires that we assess “the diversity of the community.” In relation to our Leadership Team, we consider ‘community’ to mean patients and the public. In relation to our members, for example, our fitness to practise panellists and case examiners, we consider ‘community’ to mean our Registrant community.

² Equality, Diversity and Inclusion Manager

³ Head of People & Culture

⁴ Head of Strategy, Policy and Standards

Programme of work:		To address:	Owner:	Target for completion:
2.1	Develop and deliver cultural safety training for all staff	EDI Strategy	EDIM	December 2025
2.2	Pilot staff mentoring programme and design evaluation approach	EDI Strategy	EDIM, Staff network leads	February 2026
2.3	Support embedding Speaking Up Framework across GOC	EDI Strategy	CoS ⁵ , EDIM	July 2025
2.4	Support training for employees on undertaking EQIAs	PSA Standard 3	HoSP&S, EDIM	November 2025
2.5	Workshop with employees and members on meanings of relevant terms, such as fairness, equity and the importance of knowing when to treat people the same or differently	EDI Action Plan 2024-25	EDIM	November 2025

3. Recruitment and retention We will develop our recruitment practice so that EDI is embedded into all processes, to ensure we are inclusive to all.

Programme of work:		To address:	Owner:	Target for completion:
3.1	Scope and deliver employee recruitment review	EDI Strategy	HoP&C, EDIM	August 2025
3.2	Acquire Disability Confident Level 2 for employees and members	EDI Strategy	HoP&C, EDIM	September 2025
3.3	Review the EDI elements of the Staff Survey	EDI Strategy	EDIM	September 2025

4. Policies and procedures We will adopt an approach that is inclusive and equitable and supports both managers and employees in ensuring fairness and accountability.

Programme of work:		To address:	Owner:	Target for completion:
4.1	Develop and put in place an EDI Policy	EDI Strategy	HoP&C, EDIM	October 2025
4.2	Support the EDI elements of the first thematic review	EDI Strategy	EDIM, HoSP&S	March 2026
4.3	Consider analysis of FtP outcomes	PSA Standard 3	EDIM, CoS	November 2025

⁵ Chief of Staff

4.4	Review equality impact assessment (EqIA) method to include an analysis of organisational discrimination, for use in policy review.	EDI Action Plan 2024-25	EDIM, HoSP&S	March 2026
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5. Community Engagement and Support We will nurture a supportive community where employees, members and workers feel they belong, building mutual trust and openness.

Programme of work:		To address:	Owner:	Target for completion :
5.1	Develop guidance around staff network succession planning and support	EDI Strategy	EDIM	August 2025
5.2	Support the monitoring of the Reward and Recognition process in terms of EDI	EDI Strategy	EDIM	March 2026

6. Leadership and accountability We will create clear and define actions to reinforce accountability as a world-class regulator.

Programme of work:		To address:	Owner:	Target for completion:
6.1	Seek opportunities to collaborate with other healthcare regulators on providing guidance and awareness on emerging EDI issues, such as weight discrimination	EDI Strategy/PSA Standard 3	EDIM	March 2026
6.2	Review the findings of the public perceptions and registrant surveys.	PSA Standard 3	HoSP&S, EDIM	October 2025
6.3	Integrate social mobility considerations into our EDI work across the organisation, including data collection and future EDI interventions/engagements	EDI Strategy	EDIM	January 2026

Corporate Safeguarding Policy

Meeting: 19 March 2025

Status: For decision

Lead responsibility: Andy Mackay-Sim (Chief of Staff)

Paper Author(s): Nadia Habib (Information Governance Officer)

Council Lead: There is no Council lead for this work.

Purpose

1. To enable Council to approve the proposed Corporate Safeguarding policy and safeguarding process note.

Recommendations

2. Council is asked to:
 - **approve** the Corporate Safeguarding policy;
 - **note** the accompanying process note; and
 - **delegate** any minor amendments of the policy to the Chief of Staff.

Strategic objective

3. This work contributes towards the achievement of the following strategic objective: building a culture of continuous improvement. This work is included in our 2024/25 Business Plan.

Background

4. The following policy has been developed in response to an area of improvement identified in Council's self-assessment of its compliance with the Charity Governance Code. The code sets out the following areas of recommended practice for larger charities:

3.7 Ensuring the right to be safe

3.7.1 Trustees understand their safeguarding responsibilities and go beyond the legal minimum to promote a culture in which everyone feels safe and respected.

3.7.2 Where appropriate:

the board makes sure that there are appropriate and regularly reviewed safeguarding policies and procedures as part of a charity's risk-management process, the board checks key safeguarding risks carefully and records how these are managed all trustees, staff, volunteers and people who work with the charity have information or training on the safeguarding policy, so they understand it, know how to speak up and feel comfortable raising concerns.

5. The Governance department has drafted a Corporate Safeguarding policy and process note in coordination with colleagues in Regulatory Operations and People and Culture. The Director of Regulatory Operations has acted as an informal sponsor for this work. The proposed policy is attached as annex 1, and Council is asked to approve it. The accompanying process note is an operational document, and included for information only. This will be managed and maintained by the Governance team alongside the policy.

Analysis

6. Charity Commission guidance sets out that safeguarding should be considered a key responsibility for trustees. It is therefore proposed that Council approves the policy and is responsible for consequent review and updates. A delegation is sought to ensure that the Chief of Staff can make minor amendments to ensure that the policy remains current.
7. The policy is essential for ensuring that we take proactive measures to protect vulnerable individuals from harm, abuse, or neglect. The purpose behind creating such a policy is to establish clear guidelines, responsibilities, and procedures that safeguard the welfare of staff, vulnerable adults, and others who may be at risk.
8. This policy not only provides a framework for responding to safeguarding concerns but also ensures compliance with the Charity Governance Code, supporting the organisation in its mission to deliver services with integrity and accountability.
9. In order to prepare the policy, a small working group comprised of members of the proposed safeguarding panel was established. This work was sponsored by the Director of Regulatory Operations. The panel itself consists of Director of Regulatory Operations (Chair), Chief Legal Officer, Head of Investigations, Head of Case Progression, Head of People and Culture, Chief of Staff and Information Governance Officer.
10. The policy was drafted by members of the Governance team. It was taken to the Policy Review Group (PRG) for comments, which the safeguarding panel have collectively addressed.
11. The panel will be the point of contact for raising any safeguarding concerns that are not related to a member of staff. For those concerns that are about staff, they are to be directly communicated to the Head of People & Culture.
12. The key issues to consider include ensuring that the policy is clearly communicated, up-to-date, and aligned with legal and regulatory requirements. It is proposed that, following approval, there is an all-staff session to explain the purpose of the new policy and the obligations of GOC employees, members and workers.

13. The proposal is that all employees will be required to complete a short safeguarding training course as part of their induction, with refresher trainings being rolled out annually.
14. For those employees who work in public facing roles, they could be asked to undertake enhanced safeguarding training through e-learning modules.
15. The policy went to SMT on 18 February 2025, which they approved and recommended for Council approval.

Finance

16. There are limited financial implications because of the new policy. It is expected that management and implementation of the policy will be delivered within existing resource.

Risks

17. Without proper safeguarding measures in place, the organisation may be at risk of failing to adequately protect the safety and well-being of vulnerable individuals, potentially exposing them to harm or abuse. This can lead to serious physical, emotional, or psychological damage to those individuals, which could have long-lasting effects.
18. The absence of a safeguarding policy also presents several significant risks for an organisation.
19. Without a safeguarding policy, the organisation could fail to meet legal and regulatory requirements. This could lead to legal action or sanctions, especially if the organisation is found to be negligent in safeguarding vulnerable individuals.
20. The lack of a clear safeguarding policy can damage the organisation's reputation. Public perception of the organisation may be negatively impacted if it is seen as not taking the necessary steps to protect those in its care, undermining public trust and support.
21. A safeguarding policy provides clear guidelines on how to identify, report, and address safeguarding concerns. Without it, staff and volunteers may be uncertain about their roles and responsibilities, leading to inconsistent or improper responses to safeguarding issues.
22. In summary, the risks of not having a safeguarding policy include legal, financial, reputational, and ethical issues, as well as potentially putting vulnerable individuals at significant risk of harm.

Equality Impacts

23. It is anticipated that the policy will have a positive impact on a number of groups, many of whom are likely to be considered more vulnerable in the context of safeguarding. An Equality, Diversion and Inclusion Impact Assessment has been completed.

Devolved nations

24. Subject to Council approval, the policy will be translated into Welsh.
25. For safeguarding concerns that are reported from devolved nations, resources have been listed for individuals to be able to report to the most appropriate authorities.

Other Impacts

26. There are no other impacts identified.

Communications

External communications

27. Subject to Council approval, the policy will be published on our website in English and Welsh.

Internal communications

28. The policy and process note will be circulated internally via IRIS and communicated to staff at an All-Staff Meeting.

Next steps

29. Subject to Council approval, the policy will be published and staff advised of the policy requirements.

Attachments

- Annex 1: Corporate Safeguarding Policy
Annex 2: Safeguarding Process Note

Corporate Safeguarding Policy

Status of document: Draft
Version: 1
Date of approval: TBC
Effective from: TBC
Owner: Council
Author: Head of Governance and Information Governance Officer
Planned next review date: TBC

1. Policy Statement

1.1. The General Optical Council (GOC) is committed to safeguarding the welfare of vulnerable people, including (but not limited to) staff, registrants, the public and young people. We recognise our responsibility to create a safe environment that promotes their well-being and protects them from harm. This policy outlines our commitment to ensuring effective and respectful communication with these individuals and advises on our safeguarding processes.

1.2. As a regulator, we have a mandatory duty to report any safeguarding concerns to the appropriate authorities, including local safeguarding boards or the police, in order to ensure the safety and well-being of vulnerable individuals in line with relevant legal and regulatory requirements.

2. What is Safeguarding and Who is at Risk?

2.1. Safeguarding is [defined by the Care Quality Commission \(CQC\)](#) as “protecting a person’s health, wellbeing, and human rights, and enabling them to live free from harm, abuse and neglect.

2.2. All people are potentially at risk of safeguarding issues, but some groups of people are particularly vulnerable to harm and exploitation.

3. Purpose

3.1. The purpose of this policy is to:

- Establish clear guidelines for safe communication with vulnerable individuals.
- Provide a framework for reporting and responding to safeguarding concerns.
- Enhance staff awareness and training to effectively support vulnerable adults and young people.

4. Our Safeguarding Commitments

4.1. Our safeguarding commitments are to:

- **Take prompt action** to protect the public where a safeguarding concern impacts the fitness to practise of an optical professional.
- **Work closely with other organisations** to refer or signpost individuals who may be at risk of harm.
- **Share information** with local safeguarding services, other regulators, government, and other agencies as necessary and appropriate to protect individuals from harm.
- **Adhere to national guidelines** for safeguarding and best practices.
- **Contact the police** without delay if there is an immediate risk of harm to anyone involved in the concern.
- **Train all staff** in safeguarding awareness as part of their induction relevant to their role.
- **Support staff** in knowing what to do if they receive information that suggests a safeguarding issue or observe a safeguarding incident.
- **Learn from past incidents:** Staff will engage in reflective learning sessions following any safeguarding incidents.

5. Principles of Safe Communication

5.1. When communicating with vulnerable individuals, it is important you practise the principles of safe communication as set out by the Office for Health Improvement and Disparities:

- **Respect and Dignity:** All communication should be respectful, treating individuals with dignity and compassion.
- **Clarity and Simplicity:** Use clear, straightforward language to ensure understanding. Avoid jargon or complex terms.
- **Active Listening:** Engage in active listening to validate individuals' feelings and concerns, ensuring they feel heard and valued.
- **Empowerment:** Encourage individuals to express their views and make informed choices regarding their cases and provide support.

6. Information Sharing and the Seven Golden Rules

6.1. The Seven Golden Rules of Safeguarding were developed by the **Local Government Association (LGA)** in the UK, primarily as part of guidance for social care practitioners and organisations. They are designed to reflect best practices in safeguarding vulnerable individuals, ensuring that their rights are respected while providing necessary protections.

6.2. These principles are often referenced in various safeguarding training programs and frameworks, including those related to child protection and adult safeguarding.

- (1) Remember that the UK GDPR, [Data Protection Act 2018](#) and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately. For further information, please refer to our Freedom of Information Policy and our Data Protection Policy, which are on the GOC website in the "About us" section.
- (2) Be open and honest with the individual (and/or their family/carer/representative where appropriate) from the outset about why, what, how, and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- (3) Seek advice from your Information Governance team, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- (4) Where possible, share information with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent,

be mindful that an individual might not expect information to be shared.

- (5) Consider safety and well-being. Base your information-sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- (6) Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
- (7) Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom, and for what purpose.

7. Roles and Responsibilities

7.1. All Staff must:

- Familiarise themselves with this policy and its procedures.
- Report any safeguarding concerns to the Safeguarding Panel promptly.
- Participate in regular training on safeguarding and communication practices.
- Understand their safeguarding duties and limitations
- Any safeguarding matters relating to a member of staff must be promptly reported to the People and Culture department to ensure appropriate action is taken. Examples of safeguarding concerns may include suspected abuse, bullying, harassment, sexual exploitation and grooming. It is crucial that these issues are addressed swiftly and in accordance to protect the well-being of all individuals involved.

7.2. Disclosure and Barring Service (DBS) checks are essential tools used to ensure the safety and welfare of vulnerable individuals. Certain staff members may be required to undergo these checks to verify their suitability for working with vulnerable people. This process helps to identify any past criminal behaviour that could pose a risk, thereby safeguarding those they encounter. By implementing DBS checks, the GOC is demonstrating our commitment to maintaining a safe environment and promoting trust within the community.

8. Training and Awareness

8.1. All relevant staff will receive training on safeguarding policies and effective communication with vulnerable individuals. Training could include:

- Recognising signs of abuse and potential harm.
- Responsibilities regarding safeguarding.
- Best practices for effective and empathetic communication.

9. Safeguarding Panel

9.1. The GOC will implement a safeguarding panel who will play a crucial role in promoting the safety and well-being of individuals, particularly those who may be vulnerable.

9.2. The panel's primary responsibilities include:

- reviewing safeguarding concerns
- ensuring that appropriate measures are taken to protect individuals from harm.
- provide guidance on policy development and training related to safeguarding practices.

10. Monitoring and Review

10.1. This policy will be reviewed every three years or as needed to reflect changes in legislation or organisational procedures. Staff feedback will be utilised to continually improve safeguarding practices.

10.2. **Learning from past incidents:** The panel will reflect on lessons learnt following any safeguarding incidents, ensuring that any gaps or improvements in procedures are identified and addressed. This can include reviewing case studies, discussing key learnings from previous concerns or events, and incorporating feedback into future training programmes.

11. Contact Information

11.1. For any safeguarding concerns or inquiries, please contact the [safeguarding](#) panel on safeguarding@optical.org.

12. Policy Implementation

12.1. This policy is effective from [date tbc] and will be communicated to all employees and relevant stakeholders. Compliance with this policy is mandatory, and non-compliance may lead to disciplinary action.

12.2. This policy should be read in conjunction with the internal process note for all GOC staff.

13. Actions and Support

Concern	Details
Child abuse	<ul style="list-style-type: none">• If the risk is not immediate, report child abuse to your local council. You can use the GOV.UK service finder to find the appropriate contact.• For advice on severity of abuse, contact the NSPCC helpline at 0808 800 5000.• Children and young people can contact Childline online or call 0800 1111.• Scotland: https://www.gov.scot/policies/child-protection/• Wales: https://www.nspcc.org.uk/keeping-children-safe/reporting-

	<p>abuse/reporting-concerns-about-a-child/</p> <ul style="list-style-type: none"> • Northern Ireland: https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/reporting-concerns-about-a-child/ • Refer to LADO depending on the local authority that the alleged offence has occurred in - https://national-lado-network.co.uk/the-role-of-the-lado-local-authority-designated-officer/
Abuse of an adult	<ul style="list-style-type: none"> • Reporting depends on where the adult lives and who cares for them. • For adults, report abuse to your local council using the postcode finder. • For elderly individuals, contact Hourglass at 0808 808 8141 (available Monday to Friday, 09:00 to 17:00). • For domestic violence support, contact the National Domestic Abuse Helpline at 0808 2000 247. • For emotional support, contact Samaritans at 116 123. • Scotland: https://www.gov.scot/policies/adult-support-and-protection/ • Wales: https://gov.wales/adult-protection • Northern Ireland: https://www.health-ni.gov.uk/articles/adult-safeguarding
Reporting harassment and crimes	<ul style="list-style-type: none"> • If you're in danger or need urgent medical attention, call 999 or visit your nearest A&E department. For non-emergency situations, call 101. • For rape or sexual assault, seek advice from a sexual assault referral centre via GOV.UK. • Report hate crimes online through True Vision.

	<ul style="list-style-type: none"> • If you've been the victim or witnessed any crime, you can get specialist help on the government's victim and witness information website. • If harassment occurs at work, report it to your manager, HR, or trade union. For independent advice, contact the Equality Advisory and Support Service at 0808 800 0082. • If you're a woman experiencing sexual harassment at work, you can get free employment legal advice from the Rights of Women helpline on 020 7490 0152 (limited opening times).
Other sources of support	<ul style="list-style-type: none"> • https://www.anncrafttrust.org/help-advice/friend-relative/ • https://www.ncvo.org.uk/help-and-guidance/safeguarding/steps-saferorganisation/recognise-respond-and-report/#/recognising-signs-of-harm-andabuse • https://learning.nspcc.org.uk/child-abuse-and-neglect • Contact us - National Crime Agency
GOC resources	Contact People & Culture team for more information.
For staff	Employee Assistance Programme Mental Health First Aiders

Process Note: Raising a Safeguarding Concern Internally

1. Purpose

This process outlines the steps for raising and managing safeguarding concerns within the General Optical Council (GOC). This should be read in conjunction with the Safeguarding Policy. It ensures compliance with relevant legal and regulatory requirements while supporting the protection of vulnerable individuals, including children and adults at risk.

2. Scope

This process applies to all employees, contractors, members and workers of the GOC who encounter safeguarding concerns in the course of their GOC related work.

3. Supporting policies and procedures

Where safeguarding issues arise, those who work with the GOC should also have due regard for the following policies:

Freedom to speak up policy for GOC employees, members, workers and contractors and the Serious and Significant Incidents policy.

4. Recognising a Safeguarding Concern

Safeguarding concerns may arise in a variety of contexts, such as during Fitness to Practise (FTP) investigations, interactions with registrants, or engagement with members of the public. A concern could relate to suspected or disclosed harm, abuse, neglect, or exploitation of a child or an adult at risk. It may also involve registrant conduct that raises potential safeguarding issues.

5. Immediate Actions

If a safeguarding concern is identified, the immediate priority should always be to ensure the safety of those involved. Where there is an imminent risk of harm, emergency services should be contacted without delay. Any relevant details should be recorded clearly, ensuring that the information remains factual, objective, and includes dates, times, and any parties involved. However, individuals should not seek to investigate the matter themselves but should instead escalate it appropriately.

If you feel the safeguarding concern presents an immediate risk, please notify a member of the Safeguarding Panel (members listed in Annex A). The member of the

Safeguarding Panel will be able to inform Information Governance of any information disclosure, this should be done in advance but can be retrospective if immediate notification is required.

Exemptions to disclosure may apply in certain situations and must be carefully considered. These include:

1. **Risk of harm to individuals:** If disclosing information could potentially increase the risk of harm to an individual (such as the subject of the safeguarding concern or a witness), disclosure may be delayed or limited. For example, when sharing personal details might place someone in immediate danger or compromise their safety.
2. **Impairment of investigation:** In cases where immediate disclosure could jeopardise an ongoing investigation, such as revealing information that might allow a suspect to tamper with evidence, exemptions may be applied to protect the integrity of the process.
3. **Legal constraints or professional privilege:** In some instances, information may be protected by legal or regulatory requirements, such as confidentiality agreements. These must be considered when deciding whether to disclose information.
4. **Consent and capacity considerations:** If the individual at the centre of the concern has expressed a refusal to disclose specific information, or lacks the mental capacity to consent, their wishes should be respected unless there is a clear and overriding duty to act in their best interests, such as protecting them from harm.
5. **Retrospective disclosure:** If information needs to be disclosed urgently and cannot be fully vetted in real time, the disclosure may be made on a retrospective basis, with a full review and documentation provided as soon as possible thereafter.

In all instances, decisions about exemptions to disclosure should be made by the Safeguarding Panel or a designated individual with appropriate authority, in consultation with the Legal or Information Governance teams where needed. The overriding principle is that safeguarding concerns should be addressed promptly, but in a way that balances the need for safety, confidentiality, and the integrity of any investigation.

6. Reporting a Safeguarding Concern

Concerns should be reported to the Safeguarding Panel, which is responsible for reviewing and assessing safeguarding matters within the organisation. Concerns should be documented on the internal Safeguarding Concern Form (Annex B) and should include as much relevant detail as possible. In the absence of immediate risk, concerns should be raised as soon as practicable to ensure appropriate action can

be taken. If necessary, staff may also discuss concerns informally with a member of the panel before submitting the concerns.

Concerns should be sent to safeguarding@optical.org. Members of the Safeguarding Panel have access to this inbox.

Safeguarding concerns relating to the welfare of a member of staff should be directed to the Head of People and Culture at estorer@optical.org.

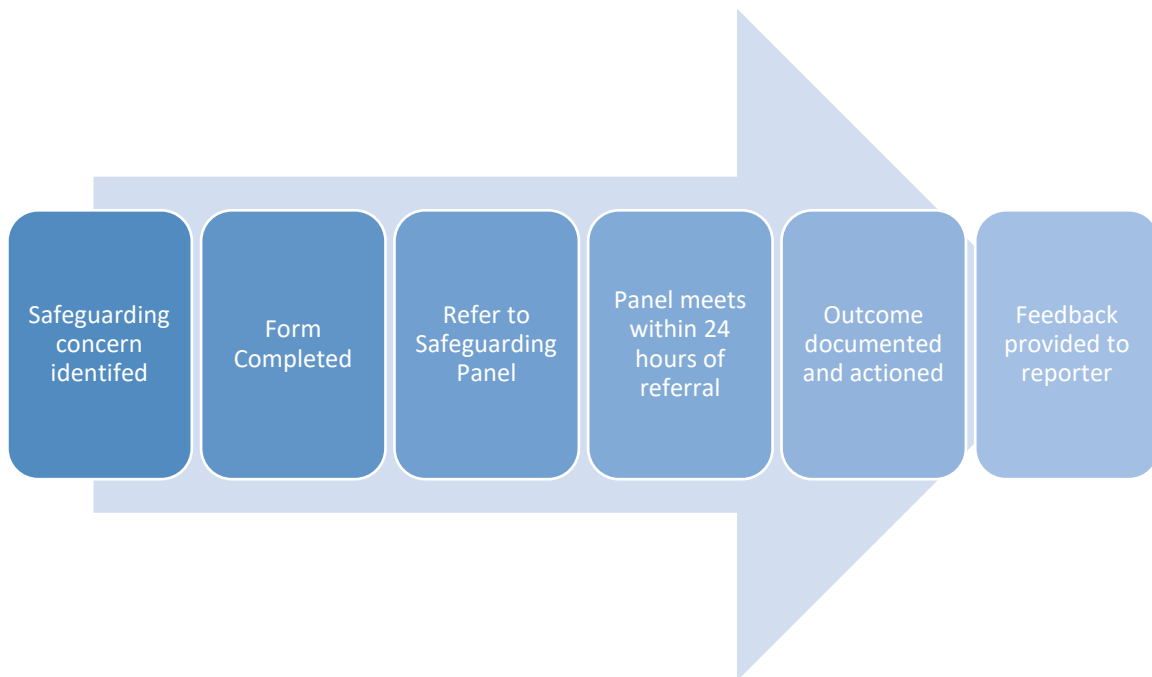
7. Review and Decision-Making

For the Safeguarding Panel to be quorate, at least four members must be present. In the event of the Chair's absence, any member of the Panel may be designated to lead the panel, as long as this is agreed at the start of the meeting and documented, ensuring continuity and effective decision-making.

Upon receiving a safeguarding concern, the Safeguarding Panel will review the information provided and determine whether further action is required. This may involve assessing the level of risk, gathering additional context where appropriate, and considering whether the matter needs to be referred to an external safeguarding body.

When the panel meets it will consider the information in the referral form. It may request further information, it may decide no further action is required at this time but the person should continue to be monitored or it may request some safeguarding action be taken such as contacting the person to provide information about support groups. A member of the panel will provide administrative support to the panel and will maintain a log of matters referred to it.

In cases where the concern does not meet safeguarding thresholds, internal monitoring or discussions with relevant teams (such as FTP or Legal) may be considered.



8. Confidentiality and Data Protection

All safeguarding concerns must be handled with strict confidentiality. Records relating to safeguarding concerns will be within a safeguarding log, which Information Governance retain oversight of.

9. Key Contacts

For internal safeguarding concerns, the Safeguarding Panel can be contacted at safeguarding@optical.org. Where necessary, external safeguarding bodies such as the Local Authority Safeguarding Team or the NSPCC may also be contacted for advice and support. Details are included in the Corporate Safeguarding Policy.

Annex A

Safeguarding Panel Membership

Director of Regulatory Operations (Chair) or in their absence the relevant deputy

Chief Legal Officer

Head of Investigations

Head of Case Progression

Head of People and Culture

Head of Governance

Information Governance Officer

Annex B

Safeguarding Referral Form

This form should be used to report safeguarding concerns internally within the General Optical Council (GOC). Please provide as much detail as possible while maintaining confidentiality.

1. Reporter Information

Name, role, and contact details of the person reporting the concern

2. Details of Concern

Date, time, location of the incident. Description of concern with factual details.

Details:

3. Individuals Involved

Name(s), role(s), contact details (if known) of individuals involved.

4. Immediate Actions Taken

Actions taken to ensure immediate safety, e.g., contacting emergency services.

Date of Referral: _____

Reporter Signature: _____

For completion by Safeguarding Panel

5. Risk Assessment

Assessment of risk level (low/medium/high) and any supporting rationale.

6. Further Actions and Recommendations

Recommendations for further action: referral, internal monitoring, or no action.

Date of Panel Assessment: _____

Signature of Chair: _____

Annex C

Training

To ensure the safety and well-being of all individuals we serve, safeguarding is a critical priority for our organisation. As part of our commitment to protecting vulnerable individuals, we require all staff to undergo safeguarding training at different levels, tailored to their roles and responsibilities.

Induction Training for All Staff

Upon joining the organisation, every member of staff will receive mandatory safeguarding training as part of their induction. This training will ensure that all staff, regardless of their position, understand:

- **The principles of safeguarding:** Understanding the importance of protecting vulnerable individuals from harm, abuse, and neglect.
- **Identifying safeguarding concerns:** Recognising the signs and symptoms of abuse, neglect, and exploitation in young people and adults.
- **Reporting procedures:** Knowing how to report safeguarding concerns promptly and appropriately, following our policies and relevant legal frameworks.
- **Confidentiality and information sharing:** Understanding when and how information can be shared in accordance with safeguarding guidelines, ensuring that the safety of individuals is prioritised.

This training will be delivered through a combination of e-learning modules, in-person workshops, and policy documents, ensuring all staff have a solid foundation in safeguarding.

Enhanced Training for Specific Roles

In addition to the core induction training, staff in specific roles, particularly those who have direct contact with the public or vulnerable individuals, will receive more in-depth, role-specific safeguarding training. This enhanced training will focus on:

- **Public-facing staff:** Those who interact with young people, vulnerable adults, or the public will receive specialized safeguarding training that covers:
 - Identifying and responding to disclosures of abuse or harm.
 - Managing challenging situations where safeguarding concerns may arise.
 - Understanding how to support individuals in a sensitive and empathetic manner.
 - Engaging with external agencies (e.g. police) in safeguarding matters.

This enhanced training will be provided regularly, at least annually, and will include updates on best practices, new legislation, and emerging safeguarding concerns.

Ongoing Professional Development

To ensure that safeguarding remains a key priority, all staff will have access to continuous professional development opportunities. This may include:

- Regular refresher courses and updates on safeguarding practices.
- Attendance at relevant safeguarding conferences, seminars, or external training programs.

Participation in scenario-based exercises to practice identifying and responding to complex safeguarding situations.

Council

Appointment of Council members to committees

Meeting: 19 March 2025

Status: For decision.

Lead responsibility: Dr Anne Wright CBE, Chair of Council

Paper Author(s): Andy Mackay-Sim, Chief of Staff

Purpose

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

Recommendations

Council is asked to **appoint:**

- Lisa Gerson to Remuneration Committee for a two-year term (1 April 2025 – 31 March 2027);
- New Registrant member of Council to Audit Risk & Finance Committee and Registration Committee for a two-year term (1 April 2025 – 31 March 2027);
- Ros Levenson to Nominations Committee and Standards Committee for a two-year term (1 April 2025 – 31 March 2027);
- New lay member of Council to Investment Committee and Companies Committee for a two-year term (1 April 2025 – 31 March 2027); and
- Poonam Sharma to Companies Committee for a two-year term (1 April 2025 – 31 March 2027);

Council is asked to **appoint:**

- Poonam Sharma will be the Council lead for regulatory reform for a two-year term (1 April 2025 – 31 March 2027);
- Hema Radhakrishnan as the Council lead for Speaking Up for a two-year term (1 April 2025 – 31 March 2027);
- Hema Radhakrishnan and Ros Levenson the Council leads for thematic reviews for a two-year term (1 April 2025 – 31 March 2027);
- New lay member to Council the Council lead for FtP for a two-year term (1 April 2025 – 31 March 2027), alongside Lisa Gerson, current Council lead for FtP; and
- William Stockdale as Council lead for member development for a two-year term (1 April 2025 – 31 March 2027).

Strategic objective

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

Background

Committee appointments

3. The terms of reference for the Nominations Committee provide for the Committee to 'approve the reappointment of members (excluding Council members) in line with the Council and committee re-appointment process. Council member appointments to committees has been retained as a matter for Council to decide.
4. There are two groups of committees to which Council members can be appointed:
 - Statutory committees: Companies Committee; Education Committee; Registration Committee and Standards Committee (known collectively as the Advisory Panel)
 - Non-statutory committees: Audit, Risk and Finance Committee (ARC); Investment Committee; Nominations Committee and Remuneration Committee
5. Council regularly reviews appointments to committees at its public meeting. It last considered the matter at its meeting on 11 December 2024, when it appointed Tim Parkinson as Senior Council Member (SCM) and Kathryn Foreman to Audit, Risk and Finance Committee and Registration Committee.

Council leads

6. In the past Council has identified Council members as leads in areas of strategic importance or operational risk. These were referred to as Council champions until 2019. The Council lead is intended to act as a point of regular contact between the executive and Council and provide Council with additional assurances in key business areas or policy initiatives, in addition to assurance provided by the statutory and non-statutory committees.
7. The Chair of Council has discussed the proposed Council lead arrangements to align with the delivery of the new corporate strategy to 2030 with the Chief Executive and Registrar, Chief of Staff and Council members. The arrangements are formalised in the recommendations above.
8. As part of the ongoing governance framework review, Nominations Committee will be asked to consider any required updates to the role profiles for the Chair of Council and Senior Council member and recommend new profiles for the Chair of ARC and Council Leads. Amendments to the standing orders will be also considered to ensure the process for appointing Council leads is explicit.

Analysis

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

Finance

9. There is no financial impact for the appointment of Council members to the committees. Council member remuneration is described within the Member Fees policy, and there is no additional fee paid for committee attendance or responsibilities.

Risks

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

Equality Impacts

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

Devolved nations

12. There are no explicit impacts for devolved nations.

Other Impacts

19. There are no significant impacts identified.

Communications

External communications

20. No external communications are planned.

Internal communications

21. No internal communications are planned.

Next steps

22. None.

Attachments

Annex 1 – Council member committee appointments

Annex 1 – Council member committee appointments

Member	Maximum term/ renewal date	From 1 st April 2025	
		Committee Chair	Committee Member and/or Council lead
Tim Parkinson	15 April 2028 (second term)	Remuneration, Investment & Companies Committee	Senior Council Member
Anne Wright	18 Feb 2029 (second term)	-	-
Lisa Gerson	30 April 2025 (first term) 30 April 2029 (second term)	Nominations & Registration Committee	<i>Remuneration Committee</i> <i>Council lead FtP</i>
Frank Munro	4 July 2025 (first term) 4 July 2029 (second term)	Education Committee	ARC & Investment committee
Ken Gill	31 December 2026 (first term) 31 December 2030 (second term)	Audit, Risk and Finance Committee	-
William Stockdale	31 December 2026 (first term) 31 December 2030 (second term)	Standards Committee	Nominations Committee <i>Council Lead - member development</i>
Hema Radhakrishnan	15 March 2028 (first term) 15 March 2032 (second term)		Education Committee <i>Council Lead – thematic reviews</i> <i>Speaking up champion</i>
Kathryn Foreman	30 Sept 2028 (first term) 30 Sept 2032 (second term)		ARC, Registration Committee
Ros Levenson	31 March 2029 (first term) 31 March 2033 (second term)		<i>Standards & Nominations Committee</i> <i>Council Lead – thematic reviews</i>
Poonam Sharma	31 March 2029 (first term) 31 March 2033 (second term)		<i>Companies Committee</i> <i>Council Lead – regulatory reform</i>
Registrant member	31 March 2029 (first term) 31 March 2033 (second term)	-	<i>Audit, Risk and Finance Committee</i> <i>Registration Committee</i>
Lay member	31 March 2029 (first term) 31 March 2033 (second term)		<i>Companies & Investment Committee</i> <i>Council lead - FtP</i>

* Appointments requiring Council approval marked in red

Professional Standards Authority performance review 2024

Meeting: 19 March 2025**Status:** For noting**Lead responsibility:** Leonie Milliner (Chief Executive and Registrar)**Paper author(s):** Marie Bunby (Policy Manager)**Council Lead(s):** There is no Council lead for this work.**Purpose**

1. To enable Council to discuss the outcome of the Professional Standards Authority for Health and Social Care's (PSA) review of our performance for the period 1 January to 31 December 2024 (our [2024 performance report](#)).

Recommendations

2. Council is asked to note the PSA's assessment of our performance and our work in engaging with the review process.

Strategic objective

3. The PSA's review of our performance helps us to assess whether we are achieving our strategic objectives and fulfilling our overarching duty to protect the public.

Background

4. The PSA oversees our work and that of the other UK health and social care professional regulators. Every three years the PSA conducts a 'periodic review' of the regulators it oversees against its 18 [Standards of Good Regulation](#) ('standards'), with less intensive 'monitoring' reviews in the intervening period. The PSA published its monitoring review report of our 2024 performance on 3 March 2025 (annex 1).

Analysis

5. This year we met all 18 of the PSA's standards (categorised as 'general' standards, 'guidance and standards', 'education and training', 'registration' and 'fitness to practise'). We were delighted to meet all of the standards for the third year in a row, and were particularly pleased to have maintained our performance in meeting the standard on fitness to practise timeliness.
6. We were pleased to note that the PSA highlighted the following good practice:
 - our range of staff networks and the way that we use these to raise awareness and help embed equality, diversity and inclusion (EDI) across the organisation;

- our annual education monitoring reports, containing information about how providers are widening participation to education and the impact of these initiatives; and
 - the way that we apply the findings from our annual surveys to inform our work, such as the joint statement we published on bullying, harassment, abuse and discrimination following our 2023 registrant survey.
7. The PSA also:
- noted stakeholders continuing to be very positive about the way we consult and work with them to identify and manage risks;
 - commended us for proactively sharing information about serious incidents, noting our mature approach to self-reporting and learning from incidents; and
 - welcomed our proactive plans to commission research on the effectiveness of the new education and training requirements (ETR) outcomes and standards.
8. The PSA noted that our median timeframes for fitness to practise investigations remain some of the shortest among the health and social care regulators. We recognise that we need to work to continue to maintain and improve the timeliness of our fitness to practise cases, in line with our commitment in our upcoming Strategic Plan 2025-30 and through our fitness to practise improvement programme.
9. We note the PSA's opportunity for improvement for us to support and encourage registrants to improve their EDI knowledge and skills, noting a) that we have recently updated [Continuing Professional Development \(CPD\): A guide for registrants](#) to address this, and b) our plans to produce new guidance on the care of patients in vulnerable circumstances and on maintaining appropriate sexual boundaries.
10. We note the PSA's plans to monitor activity and will ensure these are considered and kept under review. These include:
- our activities in line with our EDI action plan, including improving data collection and analysis, and a suggestion to strengthen guidance for case examiners and the Investigation Committee on how to deal with allegations about discriminatory behaviour;
 - implementation of the new standards of practice and corporate strategy;
 - progress of guidance on the care of patients in vulnerable circumstances and maintaining appropriate sexual boundaries;
 - transitioning to the new quality assurance process for education, including a more in-depth review to explore whether our process is proportionate and reflects the principles of right-touch regulation (given some mixed stakeholder feedback this year);
 - continuing to ensure accuracy of the register, acting on any errors quickly, investigating the causes and putting additional measures in place to prevent and detect future occurrences;
 - changes to our international registration process;

- our fitness to practise data, including timeliness and the impact of our registrar closure policy; and
 - keeping the issue of reasonable adjustments within the fitness to practise process under review, to ensure we can support registrants to engage with the process.
11. The PSA has recently issued a [consultation](#) to review its Standards for Good Regulation and Standards for Accredited Registers in order to ensure that they effectively protect the public and uphold professional standards. The Executive is planning to respond to this consultation (which closes on 8 May 2025) and the early views of Council will be helpful in shaping our response.

Finance

12. We do not currently require any additional resources to enable us to meet the PSA's Standards of Good Regulation.

Risks

13. The performance review process can help to highlight areas where we need to improve to better protect the public. However, failing standards does carry a reputational risk and can undermine stakeholders' confidence in us. We mitigate this risk by clearly explaining how we plan to improve in these areas. On the other hand, a positive review creates an opportunity to boost confidence in our work.

Equality Impacts

14. We do not consider there to be any impacts related to equality in this area of work.

Devolved nations

15. The PSA's remit is UK-wide and we have shared with them the good work we are doing to engage with stakeholders in, and take account of issues specific to, the devolved nations.

Communications

External communications

16. We issued a [press release](#) about the review to our stakeholders and the trade press welcoming the review.

Internal communications

17. We have drawn the attention of our staff to the report on our intranet.

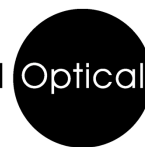
Next steps

18. The next year will be a more in-depth 'periodic' review of our performance, since the PSA moved to a [new approach](#) to its performance review process.

19. We will continue to liaise with the PSA, meeting with them regularly and providing information about our performance, including data on a quarterly basis.

Attachments

Annex 1: [PSA Performance review: monitoring report 2024](#)



COUNCIL

Financial performance: nine months to 31 December 2024

Meeting: 19 March 2025

Status: for noting

Lead responsibility: Leonie Milliner,
Chief Executive and Registrar

Paper author: Manori Wickremasinghe,
Chief Financial Officer

Purpose

1. To provide a summary of the financial reports for the nine months to 31 December 2024, as presented to Audit, Finance and Risk Committee (ARC) on 25 February 2025.

Recommendations

2. Council is asked to:
 - **note** the financial performance for the nine months ending 31 December 2024 in annex 1.
 - **note** the Q1 forecast for the current 2024-25 financial year in annex 2

Strategic objective

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

Background

4. The financial performance report of 31 December 2024 and the Q3 forecast of 2024/25 relate to year five of the current 'Fit for the Future' strategic plan and is consistent with delivery of the current year's business plan.

Analysis

5. There are two financial reports for review at this meeting as listed below.
 - 9-month actual performance to 31 December 2024. (annex 1)
 - Q3 forecast for 2024-25 (annex 2)
6. During the nine-month period, there was a surplus of £892k on business-as-usual activities (BAU) and £111k before portfolio gains/losses. The surplus before the portfolio gains/losses is higher than expected, £743k against the budget and £517k against the Q2 forecast. The prime reasons for variances under BAU are highlighted under the key drivers in annex 1. Our risk appetite (low) also contributes to high variances, especially at this time of the year when budget holders re-plan work, achieve better than expected value for money,

and/or and release budgets that were planned for activity that is no longer required or delayed for a further financial year. The proposed budget for 2025/26 has incorporated any activities that were delayed into the next financial year.

8. It is likely that 2024/25 will end with a similar surplus to recent years, and this will improve our reserves above planned levels. Higher than anticipated reserve levels will help fund potential future strategic projects, and contingencies. Council is provided further detail within the proposed budget, including detail on unknown risks and possible contingencies for 2025/26 in the strictly confidential meeting papers.

Finance

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

Risks

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

Equality Impacts

12. No equality impact assessment has been undertaken as this paper is for reporting purposes only.

Devolved nations

13. There are no implications for the devolved nations.

Communications

External communications

14. None planned.

Internal communications

15. The financial report is shared with the Leadership Team and SMT as part of the regular financial reporting process.

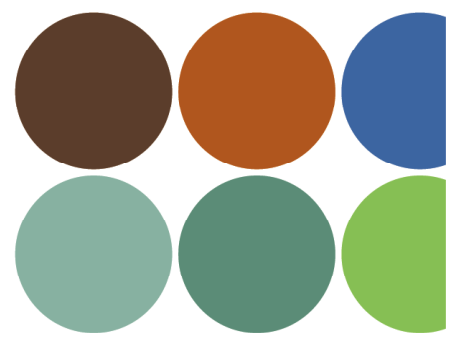
Next steps

16. None.

Attachments

Annex 1: Financial performance report for nine months to 31 December 2024.
Annex 2: Q3 forecast for 2024/25

Financial Performance Report for the Period ending 31 December 2024



Contents	Page
Highlights	3
Key Performances	3
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Income and Expenditure Accounts incl. Project Expenditure (Table B)	11
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Financial Performance Report for the 09 months ending 31 December 2024

GOC Summary P & L to 31 Dec 2024

	Actual £000's	Budget £000's	Variance £000's	Q2 Forecast £000's	Variance £000's
Registrant Income	8,816	9,063	(247)	8,827	(11)
Other Income	431	292	139	429	2
Expenses - BAU	(8,355)	(9,220)	865	(8,677)	321
Surplus / (Deficit) -BAU	892	135	757	580	313
Project expenditure	(781)	(767)	(14)	(985)	204
Surplus / (Deficit) -before portfolio Gains/Losses	111	(632)	743	(406)	517

KPI	Actual	Budget	Variance*	Forecast	Variance*
Net Profit Margin	1.20%	-6.76%	7.96%	-4.39%	5.59%
* acceptable KPI = +/-10%					

Highlights

The results before unrealised portfolio gains/losses for the period ending 31 December 2024 show a positive variance of £743k against the budget and £517k against the Q2 forecast. The business as usual (BAU) results before reserve expenses including strategic projects show a positive variance of £757k against the budget and £313k against the Q2 forecast.

The total registrant income of £8,816k is £247k and £11k less than the budget and the Q2 forecast respectively. The total expenditure (including projects) of £9,136k is £851k favourable to the budget and £525k against the Q2 forecast.

Key drivers of the improved financial performance

Key drivers for the positive variance resulted mainly from expenses, a combination of savings, delays and additional costs (ref. Tables 3-4).

External impacts that we are not able to control, changes to original business plans due to delays or moving to a more suitable timelines and our low risk appetite have all contributed to the large variance. Our risk appetite (low) i.e., conservative estimates and anticipation of worst-case scenarios also contributes to high variances, especially at this time of the year when budget holders replan work, achieve better than expected value for money, and/or and release budget for other activity. This has contributed to the variance of £243k on BAU expenses. The proposed budget for 2025/26 is designed to capture any delays from the current operations and address low-risk appetite-related variances. However, our low-risk appetite and external factors will always impact forecasts.

Significant variances under BAU are:

- 1 Member fees and related expenses related to reduced hearing days - £77k
- 2 One-off purchase order written off in investigations - £58k
- 3 Uncertain nature of central contingency and P&C legal cost - £54k

4 Policy research delay - £34k

The market value of the investment portfolio increased, providing higher unrealised gains than forecasted.

Risks for achieving the budget

If the previous years' trend continues, we may see more delays and savings during Q4, as the budget holders release the unused budgets.

Restructuring of the Regulatory Operations directorate is now almost complete, with fewer risk elements.

Although the current market value of investments increased by £200k since 31st December there is a continuing risk of unrealised investment gains/losses due to high market volatility, impacting the reserve levels. We will continue updates with our investment manager Brewin Dolphin, during the year.

Future impacts (so what?)

It is likely that 2024/25 will end with surpluses similar to previous years, improving reserve levels from those planned. This will help fund future strategic projects and contingencies, such as additional costs anticipated for the member/worker project.

The new corporate strategy and moving to new offices will bring new challenges and additional operational costs. However, all known additional costs are already included within the proposed 2025/26 budget.

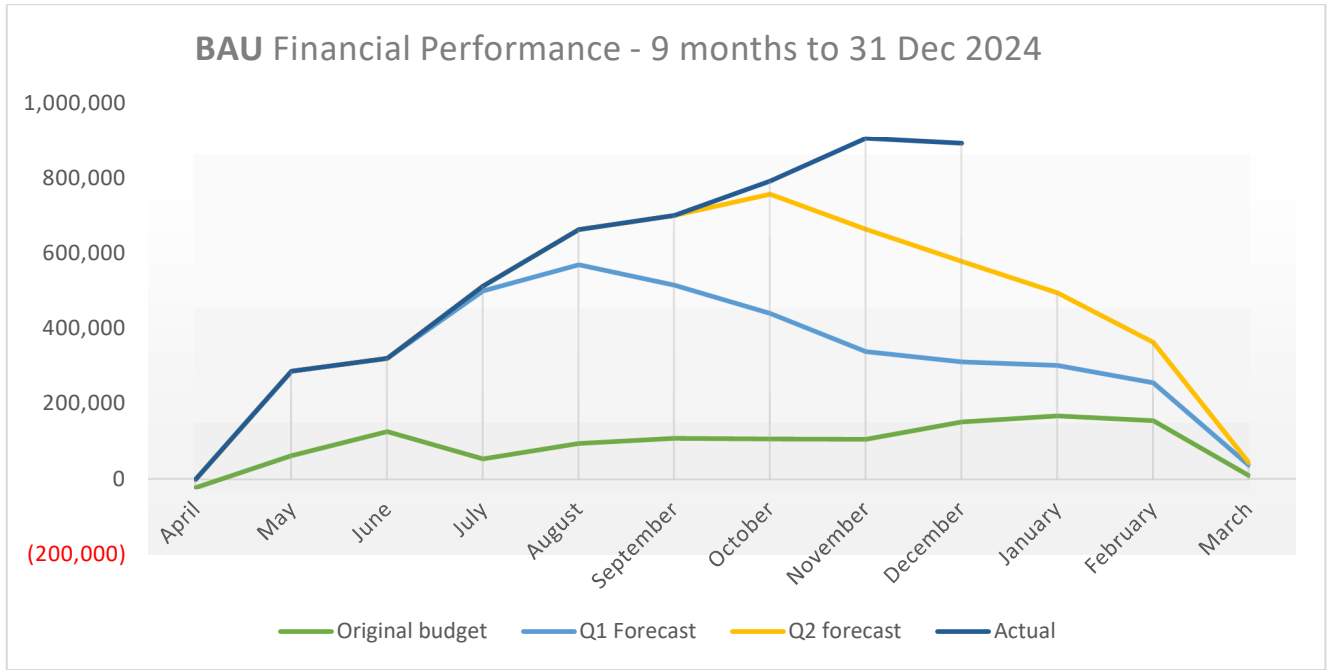
It may take more time to realise the benefits from the restructuring of the Regulatory Operations directorate, possibly till the end of 2025/26.

The proposed 2025/26 budget includes several changes to reduce the potential for high variances observed in the current year. This includes a staff vacancy gap of 4%, and a budget of a percentage of hearing cases concluding earlier than planned. We are reviewing the staff vacancy gap percentage to ensure that our 4% vacancy gap budget for 2025/26 is reasonable. For the reporting period of 9 months, the staff vacancy rate is 4.8%. If there are no staff vacancies during the Q4, the rate will reduce to 3.6%.

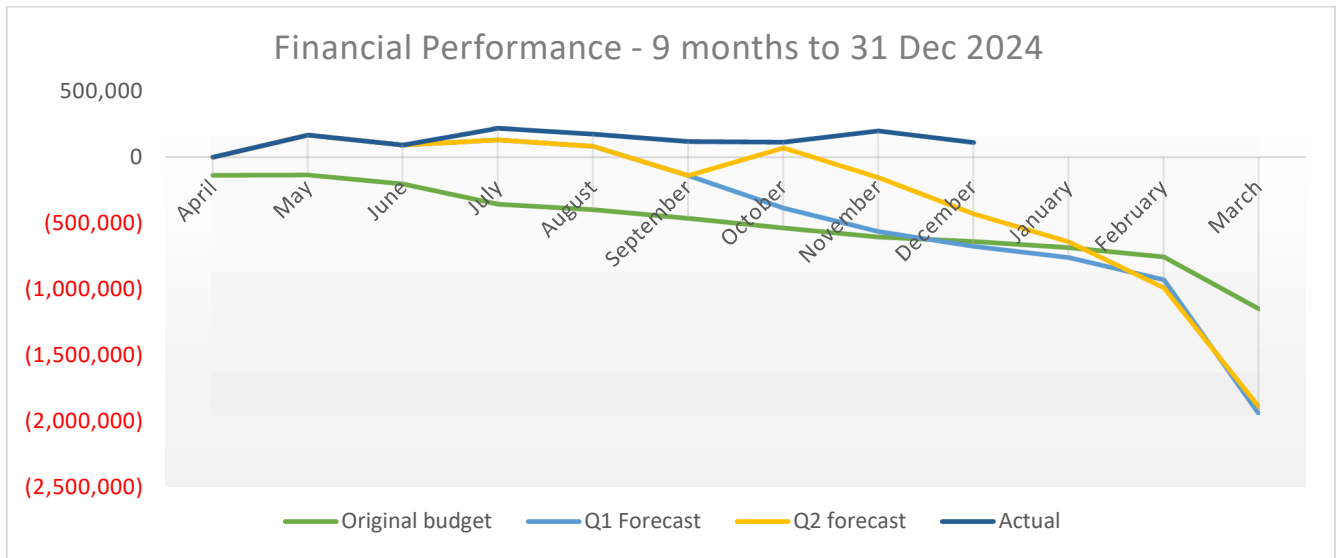
Leavers may cause delays in operations and increase costs. Recruitment campaigns by other health regulators could impact us and delay our operations, cause a loss of internal knowledge and increase costs. The Performance Behaviours Framework (PBF) project and investment in staff training are designed to support staff retention and reduce turnover.

Graphical analysis on Financial Performance and Variance

**General Optical Council
Financial Performance Report for the 09 months ending 31 December 2024**



Graph 1



Graph 2

Analysis of Expenditure

General Optical Council
Financial Performance Report for the 09 months ending 31 December 2024

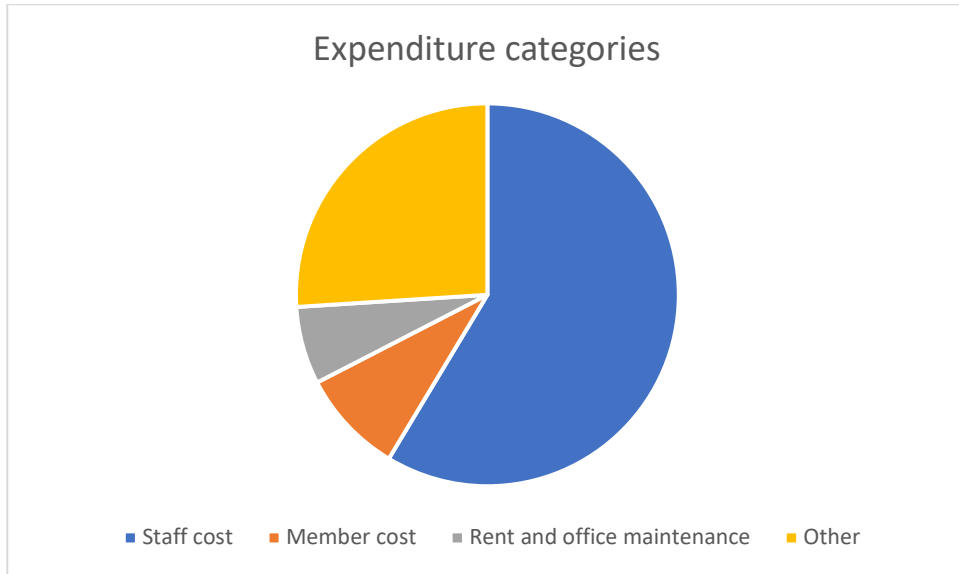


Chart 1

Note: Other expenses include external legal panel costs, research, professional fees, IT costs, depreciation. Details of category of expenses are in Table B, Income and Expenditure Accounts.

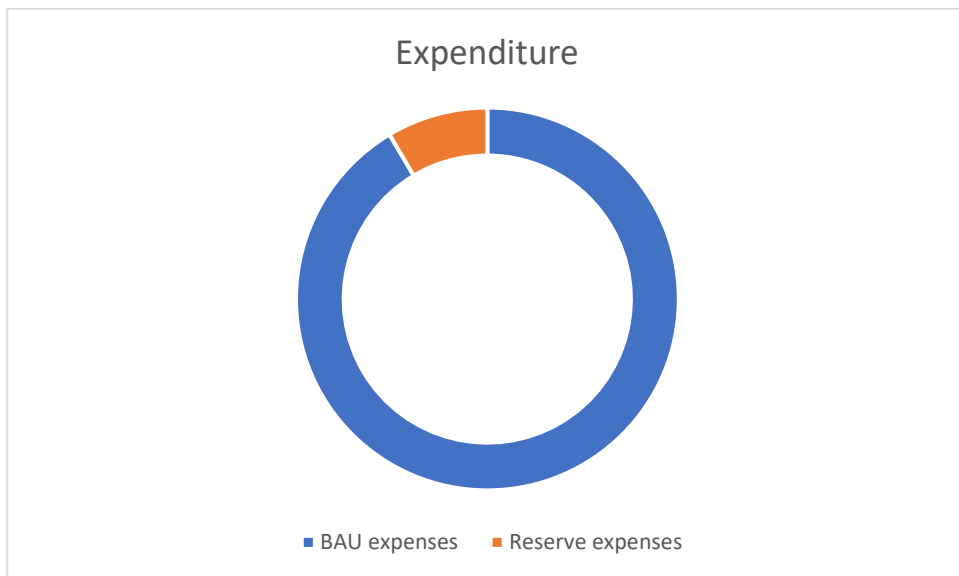
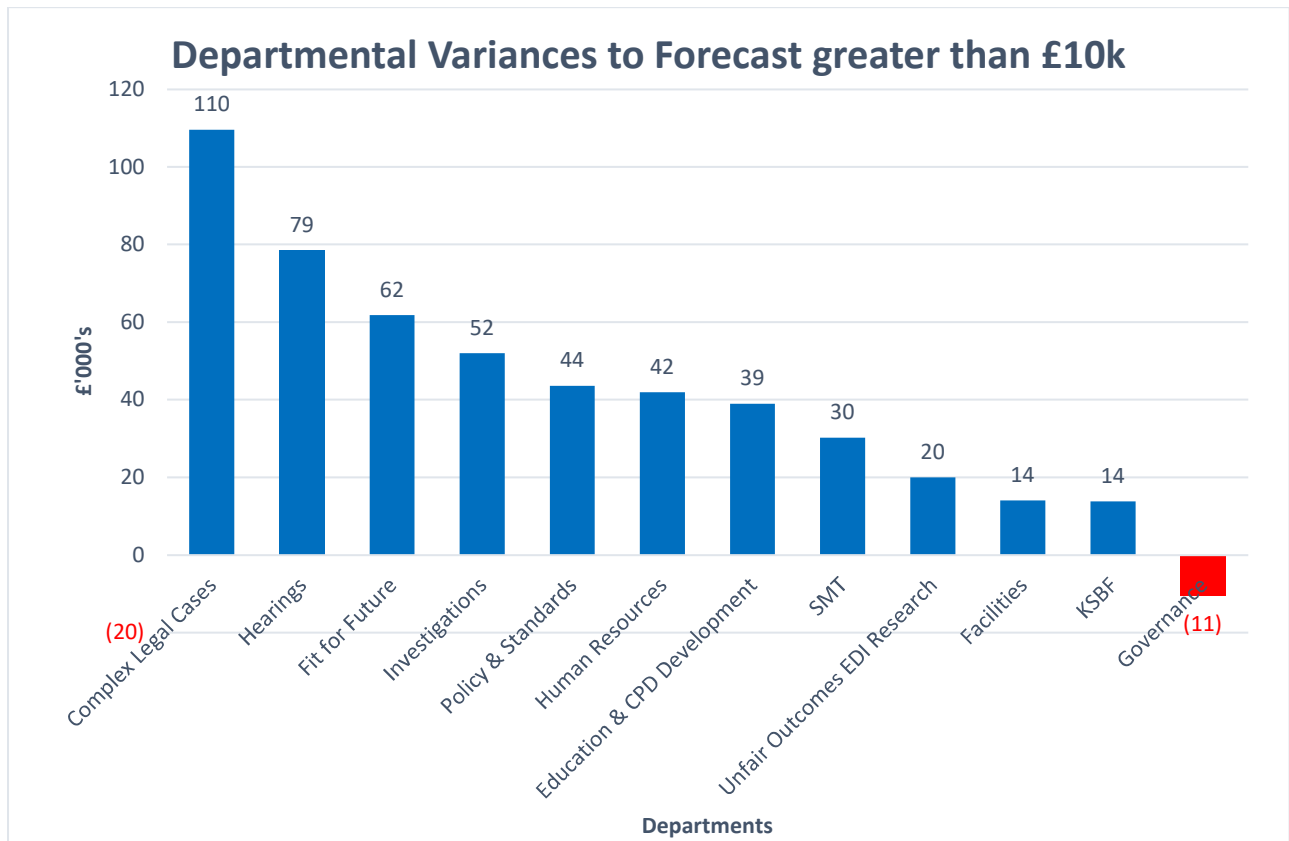


Chart 2



Graph 3

Cash and Cash Equivalent Summary - 31 Dec 2024

	Actual £'000	BUDGET £'000	Variance £'000	Q2 Forecast £'000	Variance £'000
Cash at Bank	1,169	340	829	605	564
Short term Investments	1,250	750	500	1,350	(100)
Working Capital	2,419	1,090	1,329	1,955	464
Investments	9,653	9,128	525	9,611	42
Total	12,072	10,218	1,854	11,566	506

Table 1

Headcount Dec 2024 (non- FTE)

	Actual FTC* Dec-24	Actual Perm. Dec-24	Actual Total Dec-24	Q2 Forecast Dec-24	Budget Dec-24
Chief Executive Office	-	9.0	9.0	9.0	9.0
Regulatory Strategy	1.0	24.0	25.0	25.0	24.0
Regulatory Operations	6.0	35.0	41.0	42.0	41.0
Corporate Services	8.0	19.0	27.0	26.0	22.0
Change	6.0	8.0	14.0	14.0	13.0
Total Headcount	21.0	95.0	116.0	116.0	109.0

* including Agency temp staff

Table 2

Financial Performance Report for the 09 months ending 31 December 2024

Staff Vacancy Rate to date	4.8%
Impact if no future staff vacancies during 2024/25	3.6%

Analysis of BAU expense variance December		
Savings	£'000	
Efficiency	0	
Savings	243	
Staff vacancy gaps (excluding efficiency measures)	4	
Delays	65	
Revised plans and timing(uncertain)	36	
Accounting, PO, coding errors	6	
Forecast errors	6	
Others	23	
Additional expenses	383	
Additions	(61)	
Total Expense Variance	322	

Table 3

Analysis of net savings over past quarters (BAU exp.)					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-	16	-		16
Savings	42	97	243		382
Staff vacancy gaps	143	27	4		174
Additions	(71)	(144)	(61)		(276)
Net savings/(overspent) from approved budget	114	(4)	186	0	296

Last year trend	54	38	194	246	532
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Table 4

Table A
Income and Expenditure Accounts

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	8,816	9,063	(247)	8,816	8,827	(10)
Dividend Income	190	199	(9)	190	200	(10)
Bank & Deposit Interest	225	86	139	225	215	10
Other Income	16	7	8	16	14	1
Total Income	9,247	9,355	(109)	9,247	9,256	(9)
Expenditure						
Executive Office						
CEO's Office	145	228	83	145	174	29
Governance	528	541	13	528	518	(11)
Total Executive	673	769	95	673	692	18
Regulatory Strategy						
Director of Regulatory Strategy	96	97	0	96	96	0
Policy	278	315	37	278	322	44
Communications	223	241	18	223	224	1
Education & CPD Operations	559	606	47	559	558	(1)
Education & CPD Development	342	419	77	342	381	39
Total Regulatory Strategy	1,498	1,677	179	1,498	1,582	83
Regulatory Operations						
Director of Regulatory Operations	125	108	(17)	125	127	1
Investigation	941	1,014	73	941	993	52
Case Progression	667	693	25	667	673	6
FTP Legal	204	234	29	204	214	10
Legal	160	179	19	160	159	(1)
Hearings	843	1,012	169	843	921	79
Total Regulatory Operations	2,940	3,239	299	2,940	3,087	147
Corporate Services						
Director of Corporate Services	117	115	(2)	117	117	0
Facilities	889	871	(18)	889	903	14

Financial Performance Report for the 09 months ending 31 December 2024

Human Resources	398	491	93	398	440	42
Finance	385	437	52	385	395	10
Registration	597	548	(49)	597	602	5
Total Corporate Services	2,385	2,461	76	2,385	2,457	72

Table A (Contd.)

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
IT (BAU)	738	945	207	738	740	2
Depreciation	119	129	10	119	120	0
Total Expenditure	8,355	9,220	865	8,355	8,677	322
Surplus / (Deficit) before project expenditure	892	135	757	892	579	313
Project Expenditure						
Education Strategic Review project	56	37	(20)	56	56	(0)
Change Management Office	299	320	21	299	297	(1)
Complex Legal Cases	71	174	103	71	180	110
Test of Sight	25	0	(25)	25	25	(0)
KSBF Framework	105	0	(105)	105	119	14
Employment Status	0	1	1	0	0	0
Unfair Outcomes EDI						
Research	0	2	2	0	20	20
Future Projects	0	0	0	0	0	0
Project Depreciation & Amortisation	91	102	10	91	91	0
Case Management Project	63	87	24	63	63	0
Future Office Accommodation	71	45	(26)	71	133	62
Total Project expenditure	781	767	(14)	781	985	204
Surplus / (Deficit) after project expenditure	111	(632)	743	111	(406)	517
Investment gains	421	166	255	421	348	73
Surplus / Deficit	532	(467)	999	532	(58)	590

Table B
Income and Expenditure Accounts Including Project Expenditure

	April - December			April - December		
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Forecast £'000	Variance £'000
Income						
Registration	8,816	9,063	(247)	8,816	8,827	(10)
Dividend Income	190	199	(9)	190	200	(10)
Bank & Deposit Interest	225	86	139	225	215	10
Other Income	16	7	8	16	14	1
Total Income	9,247	9,355	(109)	9,247	9,256	(9)
Expenditure						
Staff Salaries Costs	4,867	5,086	218	4,867	4,905	38
Other Staff Costs	364	257	(108)	364	370	6
Staff Benefits	122	124	2	122	123	1
Members Costs	805	1,038	234	805	873	68
Professional Fees	363	444	81	363	547	183
Finance Costs	121	100	(21)	121	113	(8)
Case Progression	757	866	109	757	941	184
Hearings	174	221	46	174	195	20
CPD & Standards	98	60	(39)	98	79	(20)
Communication	45	69	24	45	50	5
Registration	10	8	(2)	10	10	0
IT Costs	426	582	156	426	424	(2)
Office Services	772	818	46	772	797	24
Other Costs	(0)	84	84	(0)	26	26
Depreciation & Amortisation	211	231	20	211	211	0
Total Expenditure	9,135	9,988	852	9,135	9,662	527
Surplus / Deficit	111	(632)	744	111	(406)	517
Unrealised Investment gains	421	166	255	421	348	73
Surplus / (Deficit)	532	(467)	998	532	(58)	591

Staff cost to total expenditure ratio	59%	55%	59%	56%
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Balance Sheet as at 31 December 2024

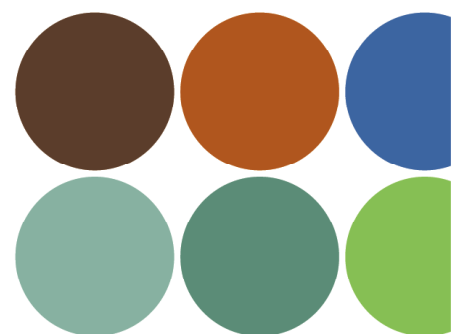
	2024-25 31 December 2024 £'000	2023-24 31-Mar-24 £'000	Variance £'000
Fixed Assets			
Refurbishment	50	105	(55)
Furniture & Equipment	33	57	(24)
IT Hardware	164	131	33
IT software	204	18	186
Capital Work in Progress	28	33	(5)
Total Tangible Fixed Assets	490	344	135
Investment	9,653	9,266	387
Total Fixed Assets	10,142	9,610	532
Current Assets			
Debtors, Prepayments & Other Receivable	471	675	(204)
Short term deposits	1,250	7,450	(6,200)
Cash and monies at Bank	1,169	3,131	(1,962)
Total Current assets	2,890	11,256	(8,366)
Current Liabilities			
Creditors & Accruals	930	1,200	(270)
Income received in advance	2,835	10,931	(8,096)
Total Current Liabilities	3,765	12,131	(8,366)
Current Assets less Current Liabilities	(875)	(875)	0
Total Assets less Current Liabilities	9,268	8,735	533
Long Term Liabilities	0	0	0
Total Assets less Total Liabilities	9,268	8,735	533

Reserves

General Optical Council**Financial Performance Report for the 09 months ending 31 December 2024**

Legal Costs Reserve	700	700	(0)
Strategic Reserve	2,596	2,596	(0)
Infrastructure / dilapidations	1,250	1,250	0
Income & Expenditure	4,722	4,189	533
Total	9,268	8,735	533

Q3 Forecast for 2024-25



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Q3 Forecast 2024/25

GOC Summary I&E Q3 forecast 2024-25

	Budget	Q1 forecast	Q2 forecast	Q3 forecast	Variance to Budget	Variance to Q2 Forecast
	£'000	£'000	£'000	£'000	£'000	£'000
Income	12,341	12,159	12,169	12,164	(177)	(5)
Expenditure (BAU)	12,325	12,121	12,125	11,715	610	410
Surplus / (Deficit) before reserve expenditure	16	38	44	449	433	405
Reserve Expenditure	1,181	1,972	1,927	1,899	(718)	28
Surplus / (Deficit) after project expenditure	(1,165)	(1,934)	(1,883)	(1,450)	(285)	433
Unrealised Investment gains	221	620	459	540	319	81
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(910)	34	514

Table 1

Highlights

The above table measures the 2024/25 Q3 forecast with the approved budget made in February 2024 and the last forecast made in October 2024. This is the last year of the 2020-25 strategic plan.

The 2024/25 Q3 forecast shows that the surplus before reserve expenditure has increased from previously forecasts. Annual income, mainly registration fees, is spent on BAU operations. Reserve expenditures are strategic or contingent by nature, and are approved by Council.

The 2024/25 Q3 forecast anticipates the end of year deficit will varies to the approved budget by £34k (positive.)

Key drivers of the change in performance- 2024/25 Q3 forecast

The 2024/25 Q1 forecast reduced the registration income from the budgeted income levels due to an internal error, but the high fixed deposit income due to higher interest rates recovered some of these losses.

Our investment managers recently changed the average investment return from 8.6% to 7.4%, with volatility at 9.5%. The impact of this change is the increased market value, which in return will increase the unrealised investment gains but reduce the dividend income marginally. Although there will be a net gain, cash availability will marginally reduce unless drawdowns are made.

The main areas of change in the performance of the 2024/25 Q3 forecast are Education, Investigations, Hearings, and IT. Education Visitor Panel (EVP) activity has been reduced following the introduction of the changes to the visit methodology under the old QA handbooks, whilst qualifications not yet adapted are taught out. Investigations have been able to forecast more accurately now the recruitment of in-house legal support is complete. There was a one-off exercise in writing off old Purchase Orders relating to completed legal cases that has reduced the 2024/25 cost for both BAU and complex legal

cases. Early conclusion of hearings led to fewer hearing days, down from the from 398 budgeted to 336, resulting in savings. IT expenditure was reduced with the delay of MyGOC.

No new strategic-reserve funded projects have been approved by Council since the 2024/25 Q2 forecast, and therefore no additions to the reserve expenditure. However, the commencement of the unfair outcomes EDI research contract has moved to year 2 due to contractor availability, as illustrated below. The cost of the future office accommodation project has increased, with the costs becoming clearer as the deadline approaches. The 2024/25 'potential projects' budget of £150k earmarked for expenditure from the strategic reserves is now fully utilised, as follows;

<u>'Potential projects' strategic reserves budget usage:</u>	2024-25 £'000
Potential Strategic projects approved budget - 2024-25	150
<u>Approved use</u>	
Employment status: £16k in 24/25 and balance in 25/26)	90
Unfair outcomes EDI Research moved to 25/26, but used 24/25 potential funds	20
Thematic Review #1*	40
	150
As per Q3 forecast	0
<i>* Used 24/25 potential project fund instead of 25/26</i>	

Table 2

Risks of not achieving 2024/25 Q3 Forecast.

With only two months to complete the 2024/25 financial year, the likelihood of significant deviation from the Q3 forecast is low, and key risks related mainly to expenditure. Revenue is relatively low risk, as the majority of income is received or agreed (e.g. fixed deposit income).

External factors such as high legal costs could always have an impact on outturn.

Any increase in staff vacancies may impact on achievement of business plans, as most of the work is carried out internally by staff.

The unrealised gains/losses from the market value of the investments are expected to fluctuate in the short term. However, any high short-term volatility could impact the year-end reserve levels.

Plans to mitigate risks

The impact of our agreed low-risk appetite is a cautious approach to budgeting and forecasting, particularly in service areas with high volatility, which can result in high

variances. We are addressing these issues with the 2025/26 budget; however, the combination of risk appetite and external factors will always impact the accuracy of forecasts.

The performance behaviours framework (PBF) project is designed to aid staff retention by investing in skill development and is planned to be completed by the end of the year. There are funds allocated in the years 2 and 3 BAU budgets to enable the project's outputs to be embedded.

Quarterly and monthly reviews of costs in the Investigations department will enable us to ensure progress as forecasted.

Short-term market volatility may reduce our reserves at any point. We receive regular advice from the investment manager that helps us to understand the market conditions better. We also plan to be agile in the usage of the strategic projects and cash drawdowns, maintaining good investment levels and benefitting from its long-term growth as in the past.

Income and Expenditure Accounts – Q3 Forecast- 2024/25

	Year 1				
	(Strategic Yr 5 20-25)				
	2024/25				
	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance (budget-Q3)
	£'000	£'000	£'000	£'000	£'000
Income					
Registration	11,980	11,656	11,667	11,654	(326)
Dividend Income	265	276	266	250	(15)
Bank & Deposit Interest	86	213	222	244	158
Other Income	10	14	14	16	6
Total Income	12,341	12,159	12,169	12,164	(177)
Expenditure					
CEO's Office					
CEO	280	226	247	220	60
Governance	729	709	704	717	12
Total CEO's Office	1,009	935	952	937	72
Regulatory Strategy					
Director of Regulatory Strategy	129	129	128	130	(1)
Policy & Standards	499	504	490	488	11
Communications	309	298	297	291	18
Education & CPD Operations	810	806	778	706	104
Education & CPD Development	555	551	526	488	67
Total Regulatory Strategy	2,302	2,288	2,219	2,103	199
Regulatory Operations					
Director of Regulatory Operation	144	171	170	168	(24)
Investigation	1,369	1,262	1,367	1,268	101
Case Progression	926	938	927	924	2
FTP Legal	302	302	278	280	22
Legal	239	225	218	217	21
Hearings	1,341	1,358	1,340	1,246	95
Total Regulatory Operations	4,321	4,256	4,298	4,104	217
Corporate Services					
Director of Corporate Services	153	159	156	156	(3)
Facilities	1,144	1,157	1,198	1,190	(46)
Human Resources	623	617	628	609	14
Finance	628	619	598	600	29
Registration	705	784	775	766	(61)
Total Corporate Services	3,253	3,336	3,355	3,321	(67)

Income and Expenditure Accounts Q3 Forecast 2024/25 (Contd.)

	Year 1				
	(Strategic Yr 5 20-25)				
	2024/25				
	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance (budget-Q3)
	£'000	£'000	£'000	£'000	£'000
IT (BAU)	1,268	1,166	1,138	1,086	182
Depreciation & Amortisation	172	140	163	163	9
Total Expenditure	12,325	12,121	12,125	11,715	611
Surplus / (Deficit) before reserve expenditure	16	38	44	449	434
Reserve Expenditure					
Education Strategic Review project	62	81	81	81	(20)
Change Management Office	399	402	396	413	(14)
Research on the Testing of Sight	50	50	50	50	0
PBF Project	0	114	144	150	(150)
Employment Status Project	0	0	24	16	(16)
Unfair Outcomes EDI Research	0	0	20	0	0
Potential Projects	150	150	40	0	150
Project Depreciation & Amortisation	136	121	121	145	(9)
Case Management System	107	93	87	89	18
Total Strategic Reserve Expenditure	904	1,011	964	945	(41)
Complex cases legal reserve expenditure					
Complex Legal Cases	232	197	199	169	63
Infrastructure/delap reserve expenditure					
Future Office Project	45	764	764	785	(740)
Total Reserve expenditure	1,181	1,972	1,927	1,899	(718)
Surplus / (Deficit) after reserve expenditure	(1,165)	(1,934)	(1,883)	(1,450)	(285)
Unrealised Investment gains	221	620	459	540	319
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(910)	34

Income & Expenditure Forecast - by Category

2024-25					
(Strategic Yr 5 20-25)					
	Budget	Q1 Forecast	Q2 Forecast	Q3 Forecast	Variance
	£'000	£'000	£'000		£'000
Income					
Registration	11,980	11,656	11,667	11,654	(326)
Dividend Income	265	276	266	250	(15)
Bank & Deposit Interest	86	213	222	244	158
Other Income	10	14	14	16	6
Total Income	12,341	12,159	12,169	12,164	(177)
Expenditure					
Staff Salaries Costs	6,695	6,776	6,763	6,638	57
Other Staff Costs	410	390	425	525	(115)
Staff Benefits	20	18	18	162	(142)
Members Costs	1,386	1,369	1,301	1,150	236
Professional Fees	777	739	932	943	(166)
Finance Costs	105	130	118	128	(23)
Case Progression	865	1,105	1,170	1,065	(200)
Hearings	581	235	213	203	378
CPD	115	214	169	163	(48)
Communications	74	68	61	58	16
IT Costs	784	708	685	730	54
Office Services	1,068	1,057	1,058	1,509	(441)
Other Costs	169	109	51	31	138
Depreciation & Amortisation	308	261	284	308	0
Potential Projects	150	150	40	-	150
Future Office Fit	0	764	764	-	0
Total Expenditure	13,507	14,092	14,052	13,614	(108)
Surplus / Deficit	(1,165)	(1,934)	(1,883)	(1,450)	(285)
Unrealised Investment gains	221	620	459	540	319
Surplus / (Deficit)	(944)	(1,314)	(1,424)	(910)	34
Staff cost to total expenditure ratio	53%	51%	51%	54%	

Assumptions

Income

- Student numbers will increase by 3%.
- 80% of new registrants will be transfers and 20% will be direct.
- There will be no unusual shift due to retirement. Age analysis reports show that 4% of the registrants are over 65 years of age and this is stable for the past 4 years.
- With changes to investment methodology by BD in Q3, there will be less dividend income and more unrealised gains in the future years.
- Total investment average returns (dividend income + unrealised gains) will be 7.4%, (in Q1 it was 8.6%)
- There is a risk of volatility of 9.5% of investment valuation.
- FD interest will reduce with inflationary rate.

Expenditure - assumptions

- The office move and future office costs will be as planned.
- IT developments will be carried out as planned.
- There will be no new strategic projects costing more than the potential earmarked project levels.
- There will be no high-value fixed asset purchases over the forecast values.
- Governance
 - Committee meetings will be held remotely, saving expenses. There will be one face-to-face ARC meeting or training day each year.
 - All Council meetings held remotely, there will be one face-to-face Council training or strategy day each year.
- Policy and Standards
 - Yr 1- 5 surveys (business, registrant and public perceptions). We expect to expand the public perceptions research to include more patients using enhanced eye care services. We are also exploring the possibility of commissioning some public research to support the business regulation consultation. Research to support thematic reviews is included in strategic reserve, subject to approval by Council.
- Education and CPD operations
 - CPD Programme management cost distribution
- Education Dev.
 - Yr 1 - £25k for approved work relating to international routes to registration.
- Investigations
 - Yr 1
 - Caseload is 35% higher than original budget.
 - There will be expert use in the next 2 quarters whilst progressing cases through the system.
 - Expert report cost is demand led; however current Stage 2 caseload is 35% higher than average therefore likely to see an increase in Expert usage in the next two quarters whilst progressing cases through the system.

- 20 experts attending hearings up to three days in length to provide evidence - availability for 10 days
 - Complex legal cases - There is no accurate forecast around complex cases. However, it can be expected that the GOC will receive 2-3 complex matters a year. The cost of these have ranged between £60,000-£120,000. If we take the average across these this circa £90,000 -- with 2-3 cases a year. The approximate estimate could be as high as £225,000.
- FtP Legal
 - Insurance thresholds for cases will stay at £25k with 1 new case per year.
 - Yr 1 – training will be carried out for newly recruited advocates in 24/25.
- Hearings
 - Yr 1- Assumption we will run 336 hearing days, (Q1 forecast was 398, Q2 was 378) based on actual number of hearing days and proposed number of disclosures per month (4-5) until the end of the calendar year.
- P&C
 - Recruitment- Included cost of Hireful payment. Expenditure for agency and worker recruitment will be on a case by case basis, hence a risk area.
 - Staff training - Included cost of known planned training and added budget for LT and SMT training and training needs identified in 2024 mid-year reviews.
 - Insurance and staff benefit costs will fluctuate according to the number of headcount.
- Finance
 - No. of contracts reviewed by legal firm and policy development work will be as planned. This is a new contract and was difficult to forecast without trends.
 - Contracts & procurement, the updated policy, training staff, and other related costs could be kept to a minimum, as per the budget.
 - There will not be unplanned member travel to the office, with consequential increase in the tax costs.
 - Annual growth (capital and dividend income) of investment portfolio will be 7.46%.
 - The investment management fee calculation method by Brewin Dolphin will not change over the period.
- Registration
 - Non-UK assessor cost has been based on average cost per application and average number of applications received per month plus inflation, currently budget has been retained as the non-UK direction has not been finalised.
 - Retention costs - Cost has been based on invoices received to date, assumption is it was reduced further following statutory notice question
 - Bank charges will remain high. There is a possibility that new MyGOC suppliers may offer lower rates, but this was not forecasted as not yet finalised.

- Reminder letters have 80% reduction due to e-service correspondence option
- Facilities
 - Staff office attendance will stay at similar levels to present.
 - Archive work will end as planned.
- IT
 - Approved IT strategic projects will have their own budgets. IT projects will be added as and when identified and approved.
 - There will be no savings/additions as a result of the office move other than the budgeted.
- Change
 - The project will complete as planned, absorbing changes to BAU.
- Future Office Accommodation project
 - Project will complete within the cost allocated.
- MyGOC and CMS Projects
 - Both these are capital costs. Assume MyGOC will not be delayed any further as that will impact operations and finance projections.

Risks not covered in Q3 Forecast

- Possible costs related to worker/member classification. Current worker project is looking into this risk.
- Potential dilapidation costs.

Cash Drawdown Plan

There will be no cash drawdown required for the current year and additional fund requirement for Future office accommodation will impact the 2025-26.

At the end of each renewal cycle, the CFO places a series of fixed deposits, maturing monthly and enabling the carrying out the operations while investing funds to obtain optimal interest income.

Month ending	Q3 Forecast 2024-25												
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year 1 2024-25 (Strategic Yr 5)
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Q3 Forecast	Q3 Forecast	Q3 Forecast	Q3 Forecast
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Opening Balance	3,109	919	734	667	994	305	765	991	604	1,050	832	789	3,109
Income													
Registration	262	7	67	265	7	120	46	1	5	583	2,476	8,156	11,995
Dividend income	28	24	17	30	17	6	40	18	11	20	20	20	251
FD interest income	13	12	16	20	27	37	34	38	44	2	2	2	247
Transfers from Deposit Account	1,000	900	1,000	1,000	900	1,300	1,100	1,100	1,450	300	0	0	10,050
Transfers from Investment									0	0			0
Total Cash Inflow	1,303	943	1,100	1,315	951	1,463	1,220	1,157	1,510	905	2,498	8,178	22,543
Expenditure													
Staff payroll	302	351	315	317	317	338	335	339	337	345	348	364	4,008
Council/Worker payroll	49	43	58	64	58	42	8	101	48	54	93	100	718
HMRC	169	167	164	181	167	169	178	165	183	188	203	217	2,151
Pension Contributions	64	68	71	73	147	0	76	77	80	78	80	82	896
Rent and service charge	0	0	199	0	198	0	0		198			0	595
Corporate credit cards	3	4	4	6	6	4	5	10	8	10	10	10	80
Supplier payments	339	459	340	312	215	428	372	306	190	429	275	1,037	4,701
Direct Debits	17	36	16	35	32	22	20	20	20	20	20	20	278
Fixed assets	0	0	0	0	0	0	0	26	0	0	12	92	130
Unplanned Future exp.													0
Transfers to Deposit Account	2,550				500			500			1,500	6,300	11,350
Total Cash outflow	3,493	1,128	1,167	988	1,640	1,003	994	1,544	1,064	1,123	2,541	8,222	24,907
Net Cash in / (outflow)	(2,190)	(185)	(67)	327	(689)	460	226	(387)	446	(218)	(42)	(44)	(2,364)
Closing Balance	919	734	667	994	305	765	991	604	1,050	832	789	745	745
On Deposit													
Opening balance	7,450	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,700	1,250	950	2,450	7,450
Deposited	2,550	0	0	0	500	0	0	500	0	0	1,500	6,300	11,350
Withdrawn	(1,000)	(900)	(1,000)	(1,000)	(900)	(1,300)	(1,100)	(1,100)	(1,450)	(300)	0	0	(10,050)
Closing Balance	9,000	8,100	7,100	6,100	5,700	4,400	3,300	2,700	1,250	950	2,450	8,750	8,750
Brewin Dolphin Investment													
Opening balance	9,266	9,266	9,266	9,453	9,453	9,453	9,481	9,481	9,481	9,653	9,653	9,653	9,266
Investment Gains	0	0	198	0	0	39	0	0	184	0	0	119	540
BD charges			(11)			(11)			(12)			(12)	(46)
Deposited	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn	0	0	0	0	0	0	0	0	0	0	0	0	0
Closing Balance	9,266	9,266	9,453	9,453	9,453	9,481	9,481	9,481	9,653	9,653	9,653	9,760	9,760

Business performance quarterly dashboard

On track
At risk
Off track

For the year 1 April 2024 – 31 March 2025

Q3 report (31 October 2024 – 31 December 2024)		Q1	Q2	Q3	Q4	Measure	Q4 (23/24)
Finance							
1.1	BAU budget; operate within budget	+7.3%	+3.3%	+8.0%		Tolerance is ±10%	+4.5%
1.2	Reserves; operate within reserves policy	0.0%	0.0%	0.0%		Tolerance is ±10%	0.0%
1.3	Change team; operate within budget	+0.2%	+0.5%	+7.0%		Tolerance is ±10%	-0.5%
People							
2.1	Planned L&D events realised	100%	100%	100%		Target is ≥90%	100%
2.2	Staff turnover (excluding end of FTCs)	13.8%	17.3%	16.8%		Target is ≤17%	11.4%
2.3	Staff engagement/ pulse survey: % response	71.5%*	73.0%	**		N/A	**
	Staff engagement/pulse survey: engagement score	3.08	9.41	**		Employee Net Promoter Score (eNPS) – Target is 50 Good=0, Excellent=50, Outstanding=70 (rare)	**
Customer							
3.1	FOI requests resolved	94.7%	100%	100%		Target is 100% in ≤20 working days	100%
3.2	Corporate complaints (stage 2): received	2	1	0		N/A	3
	Corporate complaints (stage 2): resolved	100%	N/A***	N/A		Target is ≥90% in ≤20 working days	100%
3.3	Customer satisfaction (TBC)	TBC	TBC	TBC		Target is ≥80% positive (TBC)	N/A
Regulatory functions							
4.1	Registration applications completed	99%	99%	99%		Target is ≥95% forms completed	98%
4.2	Registration accuracy	99%	99%	99%		Target is ≥95%	98%
4.3	Approved qualifications meeting new ETR	43%	84%	84%		Target is 100% by Sep 2025 ex. CoO	32%
4.4	Quality of GOC approved providers' CPD	96%	96%	97%		Target is ≥85% good or excellent	96%
4.5	Customers receiving an FtP update	82%	80%	81%		Target is ≥90% every 12 weeks	86%
4.6	FtP cases resolved (rolling median)	59%	65%	60%		Target is ≥60% within 78 weeks	52%
4.7	Hearings concluded first time	92%	93%	96%		Target is ≥90%	88%
4.8	Hearings dates utilised	93%	79%	81%		Target is ≥90%	78%
4.9	New investigations at representations	74%	59%	53%		Target is 80% within 40 weeks	69%

* The pulse survey ran until July

** No pulse survey ran

*** There was only one complaint, and it's currently being investigated

Q3 report (31 October 2024 – 31 December 2024)		Q1	Q2	Q3	Q4
Regulatory functions					
Registrant engagement with CPD					
4.10	Number of fully-qualified registrants	24,517	24,865	25237	
4.11	Number yet to log a PDP – OO/IP	2,193	2,007	172	
4.12	Number yet to log a PDP – DO/CLO	755	689	106	
4.13	Number of registrants yet to complete their SOP	290	242	****	
4.14	Number yet to access the platform at all	48	35	12	
4.15	General total points on or above target – OO/IP	56%	61%	99%	
4.16	General total points on or above target – DO/CLO	57%	61%	97%	
4.17	Specialist total points on or above target – IP	52%	65%	95%	
4.18	Specialist total points on or above target – CLO	53%	58%	96%	
Registrant progress against final CPD requirements – % of registrants who have achieved their:					
4.19	entire general points requirement	39%	52%	98%	
4.20	entire specialist points requirement	40%	59%	98%	
4.21	provider-led requirement	81%	86%	99%	
4.22	interactive points requirement	63%	72%	98%	
4.23	core domains requirement	84%	87%	99%	
4.24	peer review requirement	77%	84%	99%	
4.25	overall cycle requirements	32%	46%	98%	

**** Due to the change from one CPD cycle to another we do not have the data for Q3 4.13

KPI	Current RAG status (why it is amber/red; when/how we will get it to green)	Budget implications	Risks
<p>Staff turnover (excluding end of FTCs) – 16.8%</p> <p>Target is ≤17%</p>	<p>The staff turnover rate for this period falls just below the target, placing it in the risk category. Whilst the turnover for Q3 suggests potential challenges, we now has a full compliment of staff and the recent annual survey results show positive employee engagement scores.</p>	<p>N/A</p>	<p>This will have an impact of staffing and operations</p>
<p>Customers receiving an FtP update – 81%</p> <p>Target is ≥90% every 12 weeks</p>	<p>Following resource challenges earlier in the reporting year, Q3 officer recruitment and inductions have been completed. The investigations management structure now in place will continue to provide enhanced oversight in the coming months to ensure improvement.</p>	<p>N/A</p>	<p>This will have an impact on customer satisfaction.</p>
<p>Hearings dates utilised – 81%</p> <p>Target is ≥90%</p>	<p>The utilisation rate for Q2 and Q3 has dropped due to cases finishing earlier than expected. Of 75 hearing days listed, only 61 were utilised, although 3 of these unused days were successfully utilised with hearings on the papers. The hearings action plan is underway and includes action to improve the estimation process and enhance our ability to align scheduled hearing days with actual requirements. No substantive hearings went part heard in Q3.</p>	<p>N/A</p>	<p>This will have an impact on end-to-end timeliness.</p>
<p>New investigations at representations – 53%</p> <p>Target is ≥80% within 40 weeks</p>	<p>As this is a rolling KPI, improvements take time to become evident. Nevertheless, we are seeing movement with cases within the KPI parameters and continuing to adhere to our case management strategy. We will continue to monitor and refine our approach to enhance overall performance.</p>	<p>N/A</p>	<p>This will have an impact on end-to-end timeliness.</p>



GOC Internal Business Plan – 2024/25

Exceptions Report – Q3 update

All critical and essential Q1-Q3 activities are **ON TRACK** or **COMPLETE** for the following business areas: **Hearings, Legal, Comms, CPD, Education, Legislative Reform, Policy & Standards, Facilities, Finance, People & Culture, Registration, and Governance**

The following slides describe, with commentary, critical and essential Q1-Q3 activities that are either **OFF TRACK** (amber) or **DEADLINE MISSED** (red)

Case Progression

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (Triage, Investigations)	BAU	Q4	<ul style="list-style-type: none"> • Critical 	<p>Improved timeliness in FTP:</p> <ul style="list-style-type: none"> ≥60% of all concerns will have been resolved (by case examiner or FtPC) within 78 weeks of receipt ≥80% of triage decisions will be made within six weeks ≥50% of new investigations will be at representation stage within 30 weeks ≥85% of new investigations will be at representation stage within 40 weeks ≥40% reduction in cases open for longer than three years ≥20% reduction in cases open for longer than two years 		<p>Why amber/red: Our timeliness KPI for new investigations to reach representation stage is taking time to recover as we need to balance progressing cases efficiently whilst maintaining quality of decision-making.</p> <p>How we will get back to green: Enhanced oversight and case direction, with a fully-complemented management team. This will be further bolstered in Q4 with the newly established in-house legal team providing support.</p>

Change Management Office

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
2023/24 Digital Portfolio: - Case Management System (CMS) - MyGOC platform - HR & Payroll system - Telephony	Strategic Project	Q1-Q4	● Essential	Digital transformation projects delivered to time, cost and quality measures agreed by SCB:		<p>Updates and current position:</p> <ul style="list-style-type: none"> -CMS Phase 1 went live 01 May -CMS Phase 2 discovery completed in Aug with current testing phase underway. Expected go live end of January - MyGOC: contract signed in Sept - MyGOC: project mobilised 04 Oct with kick off meeting with selected contractor. Discovery phase in flight with project board sign off expected shortly. Project go live estimated Nov/Dec 2025 - HR Payroll: work underway to bridge variances in scope between HR and Payroll teams. In parallel, assessing supplier solutions against GOC needs. - Telephony: new telephone system functional with continuous improvements planned over the next few months <p>Why amber/red: Procurement concluded in September 2024.</p> <p>How will we get back to green? MyGOC concluding discovery phase. The other projects are broadly in line with delivery path (See updates above).</p>

IT

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Support the business (Registration) to implement or retender the MyGOC portal	Strategic Project	Q1-Q4	● Essential	Dependent upon conclusion of 23-24 Procurement Exercise – implement solution or retender: Q1-Q2 Project build complete and User Acceptance training. Q3 - Training for GOC staff on new environment. Q4 - New MyGOC goes live.		Why amber/red: Procurement process was not as swift or as straightforward as anticipated How we will get back to green: Contract to deliver MyGOC now complete. This will include a rephrasing of the project for delivery in 2025-2026.
Support the business (HR & Finance) to select and implement a new HR & Payroll Environment.	Strategic Project	Q2-Q4	● Essential	Tender may need to be re-run due to quantity of bidders. TBC. Q2 - Production of specification for New HR & Payroll Systems Q3 - Tendering and implementation of new HR & Payroll Systems Q4 - New HR & Payroll Systems in place with no system downtime or service impact.		Why amber/red: Procurement did not identify a supplier. How we will get back to green: Exploring alternative options to improve our CiPHR environment and integrate with Sage. Process is slow due to business availability.
API Creation	BAU	Q1-Q4	● Essential	Q1 - Consultation with partners on requirements Q2-Q3 - Building of APIs Q4 - APIs in place ready for partner usage		Why amber/red: Capacity in IT. How we will get back to green: Will have to rephrase and work with the business to deliver in 2025-2026.
Upgrade Web Site or replace	Continuous Improvement Project	Q1-Q3	● Essential	Supported website in place by 31/1/2025		Why amber/red: Timing of decision on future of MyGOC and then our web site. How we will get back to green: Contract award in place.. The new site will not be in place by planned deadline however measures are being put in place to make the existing site as secure as possible until the new site is available.



**DRAFT minutes of the meeting of the Advisory Panel held on
Friday 21 February 2025 at 9.15am via MS Teams**

Present: Lisa Gerson (Registration Committee Chair) (*Advisory Panel Chair*), Jacqui Adams (Education Committee), Sana Asif (Standards Committee), Kay Bagshaw (Standards Committee), Geraldine Birks (Registration Committee), Helen Court (Education Committee), Khalid Dalil (Registration Committee), Gordon Dingwall (Companies Committee), Dean Dunning (Education Committee), Lynn Emslie (Registration Committee), Dr. Josie Forte (Standards Committee Chair), Kathryn Foreman (Registration Committee), Mike Galvin (Education Committee Chair), Sally Gosling (Education Committee), Gordon Ilett (Companies Committee), Dimple Kumar (Standards Committee), Wayne Lewis (Companies Committee), Julia Lewis (Standards Committee), Haseena Lockhat (Standards Committee), Dan McGhee (Companies Committee), Frank Munro (Education Committee), Tim Parkinson (Companies Committee), Hema Radhakrishnan (Education Committee), Reena Rani (Registration Committee), Chloe Robson (Standards Committee), Roshni Samra (Registration Committee), Alison Sansome (Registration Committee), William Stockdale (Standards Committee), Ahalya Subramanian (Education Committee) and Nilla Varsani (Standards Committee)

Apologies: Imran Hakim (Companies Committee), Sarah Joyce (Companies Committee), Amit Sharma (Companies Committee) and Alisa Thompson (Education Committee)

GOC Attendees: Carole Auchterlonie (Director of Regulatory Operations), Nadia Denton (Governance Officer) (*minutes*), Marie Bunby (Policy Manager), Kiran Gill (Chief Legal Officer), Angharad Jones (Policy Manager), Andrew Mackay-Sim (Head of Governance), Leonie Milliner (Chief Executive and Registrar), Samara Morgan (Head of Education and CPD Development), Manuella Pobee (Education Officer), Georgia Smith (Education Officer), Charlotte Urwin (Head of Strategy, Policy and Standards) and Lisa Venables (Education Manager).

	Welcome and Apologies
1.	The Chair welcomed everyone to the meeting. The advisory Panel noted the new members included Sana Asif, Dr. Helen Court, Khalid Dalil, Kathryn Foreman, Dimple Kumar, Julia Lewis, Reena Rani (Anand) and Dr. Ahalya Subramanian. The Advisory Panel noted that apologies had been received from Imran Hakim, Sarah Joyce, Amit Sharma and Alisa Thompson.
	Declaration of Interests and confidentiality AP00(25)
2.	The Panel noted the register of interests.
	Minutes of the meeting held on 18 October 2024 AP01(25)
3.	The minutes were approved as an accurate record of the meeting.

	Actions point updates AP02(25)
4.	The actions were noted.
	Matters Arising
5.	There were no matters arising.
	Thematic Reviews AP03(25)
6.	The item was introduced by the Head of Strategy, Policy and Standards. They explained that the GOC’s new strategy for 2025-30 highlights the use of thematic reviews to support its strategic objective of preventing harm through agile regulation. They were seeking Advisory Panel’s views on the choice of topic for the first thematic review and Council would be asked to agree the choice of topic at its meeting in March.
7.	<p>The Advisory Panel discussed the potential topics for thematic reviews. The Advisory Panel suggested that the ‘Commercial Practices & Patient Safety’ topic should be prioritised for the following reasons:</p> <ul style="list-style-type: none"> • new students would need to be aware of the commercial pressures of the workplace; • it was linked to workplace culture and issues such as bullying which had been highlighted as a concern by registrants; • it was linked to domiciliary care as many of the concerns there related to patients being sold items which may not be suitable; • there was a fine balance in optical practice between a health based ethical approach versus unnecessary upselling to customers; • many optical practices felt under commercial pressure in the face of rising business costs including the recent Chancellor’s budget; • it would set a solid foundation for future thematic reviews on other topics; • there was a different set of workplace cultures across the nations and it was important to understand the full dimensions of these variances; and • anecdotal feedback highlighted that many registrants might feel under commercial pressure but the thematic review should avoid any bias towards assuming pressures in commercial practice impacted negatively on patient safety.
8.	<p>The Panel highlighted the following points about a review of domiciliary care:</p> <ul style="list-style-type: none"> • there was not much data on domiciliary care so the risks might not be well understood; • this is a growing area of eye care and the numbers of domiciliary patients are likely to increase in the future, so a thematic review could be beneficial; • a review would need to include an understanding of the market, including market segmentation and vulnerability; and • however, comparatively few eye care professionals were involved in this sector and the cost of a thematic review in this area was higher than others, so it may not be the most proportionate review to carry out first.
9.	The Panel highlighted the following points about a review of workplace culture:

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	<ul style="list-style-type: none">• it would need to be segmented by different places of work, locations and expectations; and• it would need to set out clearly the GOC's regulatory role in this area.
10.	<p>In discussion the Advisory Panel suggested that:</p> <ul style="list-style-type: none">• there was a lot of overlap between the topics proposed and as such there was merit in looking at each of the shortlisted thematic topics in turn;• any thematic review should be proportionate and focussed on how to change behaviour or practice, whilst avoid unintended consequences in the delivery of eye care; and• there was a need to be data driven given the cost of the research.
11.	<p>The Advisory Panel discussed developments in Artificial intelligence (AI) and its impacts in relation to the thematic review. It was noted that the College of Optometrists would be undertaking a survey on AI and setting up a focus group. The Advisory Panel suggested that as an agile regulator it would be important for the GOC to keep sight of wider AI developments in the sector.</p>
12.	<p>The Head of Strategy, Policy and Standards summarised the feedback and thanked panel members for their comments.</p>
	<p>Date of Next meeting</p>
13.	<p>The date of the next meeting was noted as 6 June 2025.</p>
	<p>Any Other Business</p>
14.	<p><u>Future Office Accommodation</u> The Advisory Panel noted that the GOC would vacate their current premises at 10 Old Bailey on early March. It was reported that the new premises were One Canada Square at Canary Wharf.</p> <p><u>Committee Member Departures</u> The Advisory Panel noted that this was the last meeting of Dr. Josie Forte, Mike Galvin and Roshni Samra whose eight-year tenure as Council members would come to an end on 31 March 2025. The CEO/R thanked the members for their contribution on behalf of the Advisory Panel and wished them well for the future.</p>
	<p>The meeting closed at 10:23am.</p>

**DRAFT minutes of the Education Committee held on
Friday 21 February 2025 at 10.35 am via MS Teams**

Present: Mike Galvin (Chair), Jacqui Adams, Dr. Helen Court, Sally Gosling, Frank Munro, Dr Hema Radhakrishnan, and Dr. Ahalya Subramanian.

Apologies: Dean Dunning and Alicia Thompson

GOC Attendees: Nadia Denton (Governance Officer – *Minutes*), Kate Furniss (Operations Manager - Education and CPD), Kiran Gill (Chief Legal Officer), Leonie Milliner (Chief Executive and Registrar), Samara Morgan (Head of Education and CPD), Ben Pearson (Education Policy Manager) and Lisa Venables (Education Development Manager).

	Welcome and Apologies
1.	<p>The Chair opened the meeting and welcomed everyone. It was noted that:</p> <ul style="list-style-type: none"> • apologies had been received from Alicia Thompson and Dean Dunning; • new members to the committee included Dr. Ahalya Subramanian and Dr. Helen Court; • this would be the last meeting of the outgoing chair Mike Galvin; • Council member Frank Munro would take over as the Education Chair from 1 April 2025; and • the Chief Legal Officer and Chief Executive and Registrar were present as observers.
	Declarations of interests and confidentiality
2.	There were no new declarations of interest.
3.	Minutes from break out session held on 18 October 2024 ED01(25)
	The minutes of the last meeting were approved as a true record.
	SPOKE project 3 report ED02(25)
4.	<p>The Education Policy Manager introduced the item. The Education Committee noted the report and in discussion suggested that:</p> <ul style="list-style-type: none"> • a multi-professional approach should be considered to cover the full complexity of this area; • there was a need to resolve geographical barriers to accessing placements; • there was funding issues and not enough placement capacity for students and as such it was worth exploring what could be done within the university setting to take advantage of simulated practice; • the overall aim was that there should be equality of access and opportunity in obtaining placements; • it would be ideal to have a directory of providers who offered placements for students to make the process more efficient;

	<ul style="list-style-type: none"> • it would be ideal to look at models other than medical supervision; • it would be ideal to have a set standard for hospitals offering students so that there was a balance between the payment versus levels of supervision; • in some instances, community placements would offer students a greater range of experience than a hospital setting; and • It was important to be clear on the advantages of extending the scope of the placements and the benefits that would be forthcoming.
5.	The Education Committee noted and considered the report.
	CPD Update
6.	<p>The Operations (Education and CPD) Manager introduced the paper. The Education Committee noted that:</p> <ul style="list-style-type: none"> • there had been positive end of cycle results; • 97% of registrants had completed the reflective exercise; • only 1.1% registrants did not log a personal development plan (PDP); • there was an overall reduction of registrants not meeting their CPD requirements; • there were 43 dispute and 67 exceptional circumstance applications from registrants who had been unable to complete their CPD; • the most prevalent reasons why registrations put exceptions applications in related to carer duties, mental health, maternity leave and bereavement; and • 11.6% of registrants had already completed PDP for the 2025/27 cycle.
7.	The Education Committee noted the CPD update.
	Adaptations Update
8.	<p>The Education Development Manager introduced the item. The Committee noted that:</p> <ul style="list-style-type: none"> • the Education team were in dialogue with educational providers who were undergoing adaptations process; • providers had indicated that they intended to submit adaptation plans by Spring 2026; • the team were considering mitigation plans should applications get delayed; • there was a risk of extending the adaptations process by another year • quality assurance handbooks were fit for purpose when introduced but now were significantly out of date and do not reflect current best practice. The old educational standards should be phased out as soon as practicable to provide for a higher standard of public protection; and • the team would need to consider the GOC's legal position and take legal advice should there be any delayed adaptation requests.
	Any Other Business
9.	On behalf on the committee, the CEO/R thanked the outgoing Chair for their contribution to the committee and wished them well for the future.
	The meeting closed at 11.46am

GENERAL OPTICAL COUNCIL
DRAFT Minutes of the Registration Committee Meeting held on
Friday 21 February 2025, 10.35am – 11.25am via MS Teams

Present: Lisa Gerson (Chair), Reena Rani Anand, Geraldine Birks, Khalid Dalil, Lynn Emslie, Kathryn Foreman, Roshni Samra and Ali Sansome.

GOC Attendees: Grahame Bull (Senior Digital Project Manager), Nadia Habib (Information Governance Officer), Andy Mackay-Sim (Chief of Staff) and Nadia Patel (Head of Registration).

Apologies: Yeslin Gearty (Director Corporate Strategy).

	Welcome and Apologies
1.	The Chair opened the meeting and welcomed all attendees. The committee noted that: <ul style="list-style-type: none"> • the new members included Reena Rani Anand and Khalid Dalil; • this was the last meeting of Council member Roshni Samra; and • apologies had been received from the Director of Corporate Strategy.
	Minutes from break out session held on 18 October 2024
2.	It was noted that Roshni Samra was present at the last meeting but not included as an attendee within the minutes. The Committee otherwise approved the minutes as an accurate record of the last meeting.
	Student registration
3.	The Head of Registration introduced the item. The Committee noted levels of new student intake remained similar to the previous years. The Committee was assured that the team had robust processes in place to register new student intakes. Action: The Head of Registration to confirm if the numbers of student intakes from universities provided was accurate.
	FQ and BC renewal
9.	The Head of Registration introduced the item. The Committee noted renewal application numbers remained similar to the previous years. The Registration team was tracking low-income fee applications and expected an increase in line with last years' figures. The Chair inquired about where the £16,000 threshold originated from. Action: The Head of Registration to provide an update on where the £16,000 threshold originated from.
	End of CPD cycle
10.	The Head of Registration introduced the item. The Committee was provided with an update on the number of registrants not meeting their CPD requirements, which was decreasing. Those registrants whose applications were rejected would be informed by

	letter that they would be removed from the GOC register in April 2025. They would have 28 days to appeal. The number of appeal applications received were usually low. The Committee raised whether there were any system errors impacting the numbers which would be looked into by the Head of Registration.
	Restoration stats – last 3 years
11.	The Head of Registration introduced the item. The Committee was informed that there had been a decrease in restoration applications this year. The Committee noted that restoration applications can be a complex process, which likely contributed to the decrease in numbers.
	MyGOC update and plans
14.	The Senior Digital Project Manager introduced the item. The Committee was informed about the benefits of the new platform for both the GOC and registrants. A timeline was provided. There was a planned launch date for November 2025, and a contingency date in April 2026, should there be any delays.
	Any Other Business
16.	On behalf on the committee, the Chair thanked the outgoing member Roshni for their contribution to the committee and wished them well for the future.
	Date of the next meeting
17.	Friday 06 June 2025.
	Meeting Close
18.	11.25am

**Minutes of the meeting of the Standards Committee held on
Friday 21st February 2025 at 10:30am via MS Teams**

Present: Sana Asif, Kay Bagshaw, Josie Forte (Chair), Dimple Kumar, Julia Lewis, Haseena Lockhat, Chloe Robson, William Stockdale, Nilla Varsani

Apologies: Pauline Whitelaw, Policy Manager (Standards)

GOC Attendees: Carole Auchterlonie (Director of Regulatory Operations), Elisha Lindsay (Standards Officer) and Charlotte Urwin (Head of Strategy, Policy and Standards)

1.	Welcome and Apologies
	The Chair opened the meeting and welcomed everyone, particularly the new members. Apologies were received from Pauline Whitelaw. The Chair invited members of the committee to introduce themselves.
2.	Minutes from break out session held on Friday 18 October 2024
	Minutes from meeting held on 18 October 2024 were approved as a true record of the proceedings. The Head of Strategy, Policy and Standards updated the committee on actions arising from the last meeting, which had now been completed.
3.	Draft guidance on maintaining sexual boundaries
	The Head of Strategy, Policy and Standards presented the draft guidance on maintaining appropriate sexual boundaries. The guidance is designed to help registrants to understand two new standards which have been added following the recent standards review. The committee was asked to comment on whether the drafted guidance was clear, easily understood and addressed questions registrants might have. <u>Maintaining Appropriate Sexual Boundaries:</u> The committee made the following general points: <ul style="list-style-type: none"> • The guidance should clearly set out that a registrant’s professional position should not be abused to pursue a relationship with a relative or carer. In doing so, the executive could review the GMC guidance which explores this issue in more detail. • The committee noted the statutory duty to speak up and considered whether the document needed to provide further detail on reporting incidents, including historical incidents of sexual misconduct or abuse.

	<ul style="list-style-type: none"> • Whether it would be possible for registrants to treat their partner or person they were in a long-term relationship with. They suggested that the executive could look at GDC guidance on this point or provide further explanation in an FAQ. • Whether the guidance sufficiently recognised the differences in role between Optometrists and Dispensing Opticians • That the guidance should be reviewed by the GOC safeguarding lead. <p>The committee also raised the following detailed drafting points:</p> <ul style="list-style-type: none"> • In relation to paragraph 18, the committee suggested that there should be two separate paragraphs on not breaching your professional boundary that addresses interactions with a ‘relative’ and ‘carer’ separately. • In relation to paragraph 17, the committee disagreed with requirement for registrants to reflect on their ‘feelings’ and suggested that the whole sentence could be removed without impacting the rest of the guidance. • The structure of the ‘Inappropriate sexual behaviour’ section requires more thought, to ensure that the paragraph on reporting inappropriate sexual behaviour is not missed in this section. <p>The Head of Strategy, Policy and Standards summarised the discussion and explained that the guidance will be brought back to Standards Committee in June, alongside two other pieces of draft guidance.</p> <p><u>Revised Standards Implementation Plan – Update on Progress</u> The implementation plan is on track.</p>
	<p>Any Other Business</p>
<p>4.</p>	<p>The Head of Strategy, Policy and Standards briefed the committee that the Chair of HCPC has been working with other regulators to establish a set of common principles which support effective patient consent principles. It is expected that the final principles will be published in April. The principles are set at a high level and align with existing standards and guidance set by the GOC, so there will be no changes made to our standards or guidance. The GOC will be supporting the launch of this work and will publish it on the website. Registrants will still be held to the standards set by the GOC.</p> <p>The committee expressed thanks to the Chair for their role in overseeing the committee. In turn, the Chair thanked the committee and GOC staff for their support and engagement.</p>
<p>5.</p>	<p>The meeting closed at 11:30</p>

COUNCIL

Report from the Chair of Council

Meeting: 19 March 2025

Status: For noting

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

Introduction

1. This report covers my principal activities since the last Public Council meeting on 11 December 2024. This is the first Public Council meeting since I commenced my second term of office on 18 February 2025. I am delighted to be reappointed and look forward to continuing to work with Council and Executive colleagues as we deliver the GOC's new strategy from April 2025.
2. Today is the final Public Council meeting for four of our Council members who will complete their second terms of office on 31 March: lay member and Senior Member Clare Minchington, who also chairs the Remuneration Committee; lay member and Chair of Education Committee Mike Galvin; registrant member and Chair of Standards Committee Josie Forte; and registrant member and EDI Council lead Roshni Samra. I would like to express on behalf of Council our warmest thanks and appreciation for the outstanding contributions they have made to the Council over the last eight years, in what has been a formative stage of development for the GOC.
3. From April we will be joined by two new Council members whose appointment by the Privy Council was announced earlier: registrant member Poonam Sharma and lay member Ros Stevenson. We are also finalising the recruitment process for one further lay member and one further registrant member. These appointments will complete the recruitment of replacements for the Council members who are leaving us at the end of March.
4. I am also delighted to report that the Privy Council has approved the reappointment of Lisa Gerson with effect from 1 May. Lisa is the registrant

member for Wales and serves as Chair of both the Nominations Committee and the Registration Committee, as well as Council Lead for case progression.

5. Council Associates Deepali Modha and Jamie Douglas will also leave us at the end of March having completed their two-year development programme. We thank them for their contributions to Council and ARC, and wish them both well in their future careers.

Management

6. I have held weekly catch-up meetings with Leonie Milliner, our Chief Executive and Registrar (CE&R) and our Chief of Staff (formerly Head of Governance), including pre-brief meetings when required.
7. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues.
8. I have attended several presentations and meetings of our network groups. On 23 January 2025, our ABLE network presented men's mental health with Andy's Man Club session. I watched the recordings where the external speaker, Stuart, talked about his own experiences with mental health, the role of Andy's Man Club and how it has helped him, and talked about how men can access support and how their loved ones can support them.
9. I watched the recording of the Optical Practices Familiarisation Programme, which focused on Artificial Intelligence (AI) in Eye Care, presented by Professor Tom Margrain, Emeritus Professor at Cardiff University. In his presentation, Prof. Tom Margrain demonstrated several emerging technologies that could be used to enhance the educational experiences of undergraduate optometrists and improve patient care in optometric practice.

Council and Committees

10. I have held fortnightly meetings with Clare Minchington, our Senior Council Member (SCM) and held regular 1:1 catch ups with Council members and Associates.
11. On 20 January 2025, I attended the Nomination Committee meeting, and I chaired the Council Catch-up sessions on 21 January 2025 and on 4 March 2025. I attended the Remuneration Committee meeting on 10 February 2025.
12. On 3 February 2025, I joined the Advisory Panel (Education Committee) Member induction day, introductory meeting with Mike Galvin, our Council Member and our Education Committee Chair. On 13 February 2025, the Advisory Panel (Standards Committee) Member induction day, introductory meeting was chaired on my behalf by Josie Forte, our Council Member and our Standards Committee Chair.
13. Clare Minchington, our current Senior Council Member (SCM) chaired the Council virtual coffee morning session on 13 February 2025 in my absence.
14. On 14 February 2025, I joined the Advisory Panel (Registration Committee) Member induction day, introductory meeting with Lisa Gerson, our Council Member and our Registration Committee Chair. Lisa Gerson also joined the Advisory Panel (Registration Committee) Member induction day, introductory meeting on 20 February 2025.
15. I joined the Audit, Finance and Risk Committee (ARC) meeting on 25 February 2025.

Stakeholders

16. 13 February 2025: Health and Care Professions Council (HCPC) catch-up meeting with Christine Elliott, Chair at HCPC.

17. 19 February 2025: Consent Workshop meeting organised by Christine Elliott, Chair at the HCPC. The meeting was attended by several other Chairs of the Professional health Regulators, the Patient Safety Commissioner for England Henrietta Hughes and other representatives of NHS organisations.
18. 6 March 2025: Catch-up meeting with Professor Dame Carrie MacEwen, Chair at the General Medical Council (GMC).

Council Member meetings with stakeholders

19. N/A.

COUNCIL

Chief Executive and Registrar's Report

Meeting: 19 March 2025

Status: For noting

Lead responsibility and paper author: Leonie Milliner, Chief Executive and Registrar

Council Lead(s): Dr Anne Wright CBE, Council Chair

Purpose

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

Recommendations

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

Strategic objective

3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2025/2026 Business Plan.

Background

4. The last report to Council was provided for its public meeting on 11 December 2024.

Analysis

5. I start this report by congratulating Dr Anne Wright on her reappointment as Chair of Council. I look forward to continuing to work with Dr Wright to deliver the GOC's new corporate strategy over the next four years. On behalf of the executive, I also extend my deepest thanks to Council members Clare Minchington, Mike Galvin, Josie Forte and Roshni Samra who complete their second terms of office as Council members on 31 March. I also thank Deepali Modha and Jamie Douglas for their contributions as Council Associates, having completed their two-year development programme at the end of March.
6. I would also like to congratulate Keith Watts who retires from the GOC on 20 March, after eleven years' service as a key member of our fitness to practise

team, and latterly as Change Management Office (CMO) Change Lead for Regulatory Operations, leading the development and implementation of our new Case Management System (CMS). We wish Keith all the best for his well-deserved retirement and record our appreciation for his commitment to the GOC and his support for and leadership of staff and members. He will be much missed by all!

7. Since Council last met, we have welcomed ten new members of staff: Natasha Bance, Hearing and Scheduling Officer; Neel Rokad, Advocate (Regulatory Operations); Lyzette Hanna, Investigation Officer; Lauren Rooney, Investigation Officer; Colin Woodward, HR Project Manager; Leonie Hinds, Operations Manager (Advocacy); Holly Huxtable, Lawyer; Emma Pitt, Performance Management Implementation Lead (Agency); Luis Fernandes, from agency to a permanent employee and our new Project Finance Officer (Agency), candidate name to be confirmed.
8. I would like to thank David Sadeh, Lawyer; Sam Adam, Administrative Assistant (intern from Thomas Pocklington Trust); Nathalie Watmai, Projects Coordinator; Hollie Winter, Change and Engagement Manager – Communications; Richard Calver, Education and CPD Specialist and Yeslin Gearty, Director of Corporate Services, all of whom have left since the last report. We wish them well for the future.

Internal engagement

9. I continue to hold weekly meetings with our Chair of Council, the Chief of Staff and with each member of our Senior Management Team (SMT). In addition, I held regular catch-up meetings with both our Head of People and Culture and interim Head of People and Culture and other members of the executive as required.
10. I continue to chair our monthly All-Staff Meetings (ASM) organised by our Communications team, with meetings on 29 January and 25 February. I met our student school work experience placement as part of her induction programme. I also chaired six SMT fortnightly meetings and attended two Leadership Team (LT) meetings (which has a rotational chair). I also attended the monthly Corporate Risk Register meetings and Strategic Change Board meetings.

Staff Wellbeing and engagement

11. On 12 December 2024 all-staff were welcomed to join our Christmas jumper day on-line session, with a prize for the best jumper, organised by our Operations Manager (Triage). Along with celebrating Christmas jumper day, we started off our Christmas festivities by supporting our staff engagement group's nominated charity for staff-fundraising, the Brain Tumour Charity.
12. Our festive all-staff lunch was held on 17 December 2024, preceded by staff network and wellbeing activities in the office, organised by our Director of Change, EDI networks and facilities colleagues.

13. On 23 January 2025, Andy's man club led a session focusing on men's mental health, organised by our ABLE network, with all-staff welcomed to attend.
14. I also attended our all-staff quiz on 28 February 2025, organised by our Chief Legal Officer to mark LGBTQ+ history month. This year's theme was activism and social change.
15. We are making International Women's day and Women's history Month with a number of internal workshops, talks and events.

Council and Committee engagement

16. On 15 January 2025, I had a catch-up meeting with our Senior Council Member (SCM), Clare Minchington and on 19 February 2025 and 10 March, I held introductory meetings with Ros Levenson, our new Council Member. I also held an introductory meeting with new Council Member Poonam Sharma, on 6 March, and met Council member Hema Radhakrishnan on 6 March to discuss Council member appointments.
17. I participated in two Council catch-up sessions on 21 January 2025 and on 4 March 2025. On 21 February 2025, I attended the Advisory Panel meeting followed by Education Committee.
18. I attended the Nomination Committee meeting on 20 January 2025; Audit, Finance and Risk Committee (ARC) meetings on 28 January 2025 and on 25 February 2025 and the Remuneration Committee meeting on 10 February 2025.
19. I hosted four introductory meetings for our newly appointed members of the Advisory Panel, with the Education Committee induction on 3 February 2025; Standards Committee induction on 13 February 2025; Registration Committee induction on 19 February 2025 and on 20 February 2025.
20. On 27 February 2025, I attended the in person training day for our Education Visitor Panel (EVP). I provided our EVPs with an overview of the GOC, including our mission, values, and strategic objectives.

Change

Change Management Office

21. As our current the current Fit for the Future strategy draws to a close, the Change Management Office (CMO) is creating a repository of its outputs created during the period of the strategy, alongside a library of resources to support the organisation in embedding lessons and processes learned over the past 3 years.
22. Lessons learned during the tenure of the CMO will be taken forward into the next strategic period and is reflected in the forthcoming organisational structure

to support the 2025-30 strategy.

23. There are three CMO-led projects which will bridge into the 2025-30 corporate strategy; MyGOC, Future Office Accommodation, and Performance Behaviours Framework. These projects will continue to be managed through the new People & Improvement Directorate.

Information Technology (IT)

24. The IT team are working alongside Facilities and the Future Office Accommodation project manager to ensure that all digital aspects of the move are well managed, both in terms of removal from Old Bailey and setting up at One Canada Square. Tender for a new desk booking system is currently underway, which will allow staff to review desk availability when planning to be in office at One Canada Square.
25. The new telephone system was launched across the organisation on 6 December 2024 and is now fully operational. Further enhancements are underway including integration with Dynamics CRM and Clobba Reporting Tool.

Corporate Services

Facilities

26. Working closely with the Future Office Accommodation project manager, Facilities teams have been busy driving all aspects of the move from 10OB to One Canada Square, including planning and packing furniture and equipment transportation, managing set-up at the new location, and ensuring a smooth transition for employees.
27. Plans are well underway for closing down 10OB with teams across the organisation supporting clearance of cupboards and spaces, with the facilities team ensuring safe effective disposal as appropriate. 10OB will be handed back to the landlord w/c 17th March.

People and Culture

28. Survey Initiative presented the results of our annual all-staff survey at our all Staff Meeting on 29th January. We noted a response rate of 79%, with 91 responses from 115 staff invited to participate in the survey, well above industry average. Our engagement score was 75%, up by 14 percentage points on 2023, and up from an engagement score of 33% in 2019, with increases observed across all engagement areas. Generally, the feedback for us as an organisation was positive, and we now face the challenge of maintaining staff engagement in 2025 and beyond. Key areas for improvement include fair application of learning & development opportunities and policies, and a renewed focus on staff welfare and wellbeing. All directors have now had their directorate's staff survey results and are working alongside their Heads in

disseminating info to staff, with agreed actions.

29. Our new Performance Behaviour Framework is now at staff consultation stage, having been launched on 24 February, with a closing date of 14 March. Prior to the launch of the consultation, staff were presented with an overview of the framework at the All Staff Meeting on 29 January. Once consultation is completed, work will begin to address staff feedback on the framework, update documents / tools in relation to feedback as appropriate, and to design and deliver training and ongoing engagement to embed within the organisation.

Registration

30. The Registration Team are focused on the annual renew process for fully qualified and body corporate registrants. This opened on 22 January 2025, and will close on March 31, as usual. This year, however, introduces an added complexity with the conclusion of the 2022/24 Continuing Professional Development (CPD) Cycle, which ended on 31 December 2024. Registrants who did not submit a successful exceptional circumstances or dispute application will be removed from the register. As a result, we anticipate a slightly higher number of registrants being removed from the register compared to previous years.
31. We received pass lists from various education providers of around 240 newly fully qualified registrants; the team have processed their applications, allowing them to start their professional careers.
32. The discovery phase of the MyGOC project is complete. Project Board took place on 27 Feb 2025, where the scope and Project Identification Document (PID) were approved by Project Board. We are now planning for the development stage.

Regulatory Operations

Case Management

33. The CMS project handed over to BAU at the end of January with ownership now sitting with the business area. Most fixes and improvements have been concluded with some remaining issues to be completed by Q1 of 2025/26.
34. Planning has been under way for the content and delivery of training days for Fitness to Practise panel chairs and members on 20-21 March. The hearings team has also been supporting the next recruitment campaign for registrant and lay panel members.
35. Recruitment to the in-house advocacy team was completed and the revised legal support model has been in place since mid-February. We expect to see many of the benefits of this restructure over the coming year.
36. SMT approved the award of contracts to two legal firms following a restricted

procedure procurement exercise to provide legal support services from 1 April 2025: Blake Morgan LLP and Kingsley Napley LLP.

Regulatory Strategy

Standards Review

37. On 1 January we launched three sets of revised standards. These are the Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students and Standard for Optical Businesses. We also published updated versions of three key pieces of guidance, on consent, disclosing confidential information and duty of candour; which reflect the changes to the standards.
38. We promoted the new standards through information in registrant bulletins, on social media, in the professional press, via email to key stakeholders and on our website. We developed short form videos for registrants; one for students and one for fully qualified registrants. We are now undertaking a series of engagement events, including with businesses and education providers, to raise awareness of the changes.
39. Now that we have launched the standards, we have begun work to develop two new pieces of guidance for registrants, one on maintaining appropriate sexual boundaries and one on care of patients in vulnerable circumstances. We expect to present draft guidance to Council in June ahead of public consultation.

Legislative Reform

40. The academic consortium led by Glasgow Caledonian University continues to work on research on the separation of the sight test by time, person and place, to inform our project to update our 2013 statement on the testing of sight. There have been some delays to the original timeline due to the length of time it has taken to complete the first round of the Delphi research and the amount of literature that has been reviewed. We now expect delivery of the final research report, accompanied by a lay summary, by the end of June. We recognise that this is an area of considerable interest, so will consider how and when to engage internal and external stakeholders, including Council, on the findings.
41. We received 99 responses to the consultation on business regulation, which closed on 22 January. The Policy and Standards team are now analysing the responses and expect to bring the response document to Advisory Panel in June ahead of discussion at Council. We also commissioned Impact Health to carry out some focus group research with members of the public to gather their views on key topics related to business regulation, plus placed questions on an omnibus survey to provide quantitative evidence. We expect to receive the final report by the end of March and will present the findings to Advisory Panel and Council alongside the consultation response document.

Regulating NHS Managers

42. We responded to the DHSC consultation on regulating NHS managers. In our response, we outlined how leadership and accountability are addressed in our existing regulatory arrangements and how our business regulation proposals, specifically the head of optical practice role, would strengthen these. We said that where an NHS manager is also a regulated healthcare professional, broadening existing regulatory frameworks would be a more targeted and proportionate solution than dual registration with another body or developing common standards between the healthcare regulators and another body for NHS managers. We urged the scope of regulation to be proportionate and that managers on NHS performer lists in primary care should fall outside of scope.

Research Update

43. Since the last Council update, we have appointed Explain Market Research to undertake research to conduct qualitative research into the lived experiences of patient and GOC registrant groups and the difficulties they face in accessing, using, or delivering eye care. We expect to receive the final report in June.
44. In February we launched our annual survey of business registrants, to explore their views of regulation and track changes in eye care services. We expect to launch our annual public perceptions survey in March and the registrant survey in April. The research outputs will all be presented to Council in due course.

Communications

45. Teams from across the GOC attended 100% Optical at the Excel Centre in London in March, engaging with a wide range of registrants and other stakeholders across a three-day period.
46. Work continues on the development of the new website, due to launch in the second quarter of the year.

Education and Continuing Professional Development (CPD)

47. On 31 December 2024 we came to the end of the first cycle of the new CPD scheme. 585 registrants (2%) ended the cycle having not met all their CPD requirements. 110 of those registrants raised disputes against their record or made exceptional circumstances applications. Ultimately, 524 registrants were sent statutory notice of register removal letters in February. An evaluation of the 2022-24 CPD cycle will take place over the coming months.
48. The new CPD 2025-27 cycle began on 1 January 2025, with limited changes made from the last cycle to support a new scheme being embedded. An online Personal Development Plan (PDP) form has been built into the MyCPD system for registrants to complete at the beginning of the new cycle. This replaces registrants being required to complete a PDP offline and upload to the system.
49. SMT approved the award of a new contract to Perceptive for the MyCPD system following a single supplier tendering exercise.

50. All education providers submitted their completed annual monitoring returns in February 2025. These will be analysed by our education policy and operations teams to produce an annual sector report and reports for all qualifications to be shared with the providers in response to their submissions.
51. In February we held our annual Education Visitor Panel (EVP) workshop, to undertake training relevant to their roles including EDI. Feedback will be gathered to support future workshops and training needs. The annual education provider workshop takes place in March.
52. The GOC has received approval from the Institute for Apprenticeships and Technical Education (IfATE) as the out-of-scope external quality assurance (EQA) provider for the dispensing optician apprenticeship standard. With the GOC as the EQA provider, this broadens out which providers can offer a DO apprenticeship. This was previously limited to those who held approval from Office of Qualification and Examinations Regulation (Ofqual). Any providers wishing to offer a DO apprenticeship will need to go through the GOC's staged approval process to seek approval for the qualification to lead to GOC registration.

Governance

53. The team has been supporting member recruitment for several vacancies, including for two Council members, Advisory Panel, Fitness to Practise Panel and Council Associates.
54. The team is considering how it will update its team charter following the approval of the five-year strategy at December's Council meeting.
55. The Chief of Staff has been coordinating with colleagues internally to plan and deliver report writing training for new and aspiring leaders at the GOC.
56. I am delighted to report the outcome of our recent assessment of our Customer Service Excellence (CSE) accreditation and would like to thank the Governance team for preparing our submission. The final report by an independent expert confirmed that we met all 57 of the CSE's standards, with ten standards at 'compliant plus.' We have improved in several key areas and addressed areas of partial compliance identified from last year. This has been a collective effort by all departments across the GOC, and enormous thanks goes to those who participated in the assessment activities. This is an excellent conclusion to the final year of our 'fit for the future' strategy and demonstrates that we have achieved the strategic objective "Transforming customer service".

Equality Diversity and Inclusion (EDI)

57. Additional sessions on Structural Discrimination were held for remaining employees to ensure all had received required training.
58. The EDI Manager ran a session on differential attainment at the Education

Visitor Panellist annual workshop to support these members in understanding this EDI issue, knowing how to identify it, and solutions to address it.

59. A supplier has been identified for additional FtP EDI monitoring data analysis as part of the Unfair Outcomes Working Group's deep dive into potential unfair differential outcomes to FtP proceedings. This analysis is scheduled to begin in April and be completed by September 2025, supporting us in meeting the requirements of PSA Standard 3.
60. Our EDI Manager chaired a session of the Joint Healthcare Regulators EDI Forum, continuing to consolidate our relationships with EDI specialists in other regulators.
61. Training on identifying and reporting sexual harassment has been developed, ready to be disseminated to all staff later in the year. This was produced as part of our work to prevent sexual harassment, ensuring we meet the requirements of the new Worker's Protection Act.
62. Our LGBTQ+ network hosted a quiz to celebrate LGBTQ+ History Month and ABLE, our disability network, organised for a speaker from Andy's man club to come and talk about men's mental health and suicide prevention. Our new Social Mobility network has started holding committee meetings to plan their first engagements, and our WOMEN network has organised celebrations for Women's History Month in March, including launching a new training initiative dedicated to our women employees.
63. Our first Thomas Pocklington Trust - a charity which supports blind people and people with sight-loss in accessing work - internship came to an end, with Sam Adam's departure in early January. The internship was extremely successful, with Sam securing a governance role at another regulator, the Financial Conduct Authority, before she left.
64. We have now achieved Disability Confident Level 2 "Employer" for employee recruitment, progressing from Level 1 "Committed." Our accreditation will last for the next three years, although we hope to have achieved Level 3 "Leader" before then. We are continuing to work towards completing Level 2 for member recruitment and to achieve this in the next financial year.

External Stakeholder Engagement

65. Since the last public Council meeting on 11 December 2024, I have attended the following external meetings and engagements:
 - 12 December 2024: I chaired a meeting of optical sector Chief Executives with the relevant sector bodies.
 - 13 December 2024: Chief Executives of Health and Social Care Regulators Steering Group (CESG) meeting organised by Nick Jones

(CESG Chair), Chief Executive and Registrar at the General Chiropractic Council (GCC).

- 16 December 2024: introductory meeting with Suzanne Halpin, Chief Executive and Registrar at Optometrists and Dispensing Opticians Board New Zealand (ODOB).
- 10 January 2025: Quarterly meeting with Phil Harper, Deputy Director at Department of Health and Social Care (DHSC) with our Director of Regulatory Strategy in attendance.
- 14 January 2025: Introductory meeting with Australian Health Practitioner Regulation Agency (Ahpra), Lynda Pham, Executive Officer, Optometry and Acting Executive Officer Group Lead, along with our Director of Regulatory Strategy in attendance.
- 17 January 2025: Meeting with Jean Barclay on behalf of the College of Optometrists, along with our Director of Regulatory Strategy in attendance.
- 17 January 2025: General Dental Council (GDC) catch-up meeting with Tom Whiting, Chief Executive Officer and Registrar.
- 22 January 2025: I attended the All-Party Parliamentary Group (APPG) on Eye Health and Visual Impairment meeting at House of Commons, where the discussion focused on removing barriers to the employment of blind and partially sighted people.
- 23 January 2025: Association of Chief Executives (ACE) and Public Chairs' Forum (PCF) Joint Seminar at the Institute of Government; what a mission-driven Government means for public bodies and how to support its delivery.
- 24 January 2025: Chief Executives of Regulatory Bodies (CEORB) meeting organised by the General Chiropractic Council (GCC) with other regulatory bodies in attendance.
- 30 January 2025: Roundtable meeting with the Disclosure and Barring Service (DBS) with the DBS Chair and Chief Executive and keepers of registers and supervisory authorities, with our Head of Governance in attendance.
- 4 February 2025: I attended training delivered by Advisory, Conciliation and Arbitration Service (ACAS) called 'conducting investigations,' organised by our People Team, with relevant staff members.
- 5 February 2025: I attended an Institute of Regulation roundtable (IoR) for regulators of professions, organised by Louisa Dale, IoR Director, and chaired by Caroline Corby, Chair of the Professional Standards Authority.

- 7 February 2025: As part of our Customer Service Excellence (CSE) assessment I met with Graham Walton, Partner Assessor, with our Head of Governance in attendance.
- 7 February 2025: meeting to discuss member appointments with David Martin, Concerns and Appointments Officer and Akua Dwomoh-Bonsu from the Professional Standards Authority (PSA) for Health and Social Care, with our Head of Governance in attendance.
- 14 February 2025: I visited Moorfields Eye Hospital, accompanied by our Director of Regulatory Strategy, our Director of Regulatory Operations and our Head of Strategy, Policy and Standards. The visit was organised by Vijay Anand, Head of Optometry at Moorfields Eye Hospital NHS Foundation Trust with their Optometry team present, including Simranjit Gill, Deputy Head of Optometry, Jay Varia, Principal Optometrist (Optometry Education), Riccardo Cheloni, Principal Optometrist (Research), Padraig Mulholland, Principal optometrist (Research), and Rachel Thomas, Clinical lead for Moorfields Single point of access.
- 21 February 2025: Chief Executives of Regulatory Bodies (CEORB) meeting organised by the General Chiropractic Council (GCC) with other regulatory bodies in attendance.
- 26 February 2025: I attended the Public Chairs' Forum (PCF) and Association of Chief Executives (ACE) annual conference for public bodies, focused on data, technology and innovation, organised by Keith Fraser, PCF Chair and Adrian Smith, ACE Chair.
- 27 February 2025: Health and social care regulators forum organised by Charles Rendell, Strategy Manager at the Care Quality Commission (CQC) with other regulators in attendance.
- 5 March 2025: I observed the National Health Service (NHS) Education for Scotland (NES) optometric advisory board meeting organised by Olivia Crolla, Deputy Manager, Optometry at NES
- 10 March 2025: I attended a regulators' roundtable lunch; What does compassionate regulation look like for modern regulators? Chaired by Sarah Ellson, Co-Head at Fieldfisher, at Fieldfisher's office.

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

Finance

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

Risks

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

Equality Impacts

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

Devolved Nations

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

Other Impacts

71. No other impacts have been identified.

Communications

External communications

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

Internal communications

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

Next Steps

74. There are no further steps required.

Attachment

Annex 1 - Directors' stakeholder and other meetings.

Annex 1 – Directors’ meetings/visits since last Council meeting

Philipsia Greenway - Director of Change	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
09.01.25 - Meeting Blake Morgan	13.12.24 Quarterly meeting with Defence Stakeholder Group	Periodic meetings with national optometric advisers
22.01.25 - Recruitment consultant Addecco	14.1.25 Association of Chief Executives EDI Forum	11.12.24 - Impact Health – business regulation research
11.02.25 - Objective Research: Digital Change in Regulation	21.1.25 Quarterly meeting with AOP legal and regulatory team	12.12.24 - Hakim Group – catch-up
14.02.25 - Addecco workshop Pivot with Purpose	28.1.25 Quarterly meeting with its computing	7.1.25 - FODO – business regulation consultation
	7.2.25 – Customer Service Excellence assessment	9.1.25 - British & Irish Orhptotists Society – legislative reform proposals
	14.2.25 Moorfields Eye Hospital – familiarisation visit	10.1.25 - Chaired Optical Sector Policy Forum
	26.2.25 Quarterly strategic planning meeting with OCCS	10.1.25 - Phil Harper, DHSC – quarterly catch-up
	3.3.25 100% Optical	13.1.25 - DBT Regulated Professions Advisory Forum – trade matters
	14.3.25 Quarterly Defence Stakeholder meeting	14.1.25 - Australian Health Practitioner Regulation Agency – information exchange
		17.1.25 - Consultant doing stakeholder research for College of Optometrists

Philipsia Greenway - Director of Change	Carole Auchterlonie - Director of Regulatory Operations	Steve Brooker - Director of Regulatory Strategy
		20-21.1.25 - SPOKE Conference, Warwick
		22.1.25 - ECOO and ECOO Accreditation Agency – international agreements for non-UK qualifications
		24,1.25 – Hakim Group webinar on GOC priorities and CPD
		27.1.25 – Melanie Venables, PSA – introductory meeting
		30.1.25 – Chaired SSISG – progress on ETR reforms
		7.2.25 – Customer Service Excellence assessment
		10.2.25 – SPOKE quarterly meeting – progress update
		14.2.25 – Moorfields Eye Hospital – familiarisation visit
		13.3.25 – Education Provider workshop
		13.3.25 – Melanie Venables, PSA – catch-up
		14.3.25 – Chaired Optical Sector Policy Forum

Council Catch-up 4 March 2025
Council Meeting (Strictly Confidential) 18 March 2025
<p>For decision</p> <ul style="list-style-type: none"> - Education Knowledge Hubs (funding) (Head of Education and CPD Development) - Member employment status - 5-year forecast and internal business plan 2025/26 <p>For discussion</p> <ul style="list-style-type: none"> - GOC office / Old Bailey update - Strategic risk discussion <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
Council Meeting (Public) 19 March 2025
<p>For decision</p> <ul style="list-style-type: none"> - Safeguarding policy (Head of Governance) - 2025-26 Budget, internal business plan and five year forecast - Member fees 25/26 - PSA performance review - EDI action plan 25/26 <p>For discussion</p> <ul style="list-style-type: none"> - Q3 Financial performance report - Business performance dashboard Q3 - Business Plan Assurance Report Q3 - PSA performance review (every March Council) <p>For noting</p> <ul style="list-style-type: none"> - Chair / Chief Executive Report - Committee updates
Council knowledge transfer/onboarding day 25 March 2025
Council Catch-up 15 April 2025
Council teach-in day 30 April 2025
Council Catch-up 22 May 2025
-
Council Catch-up 15 July 2025
-
Council Meeting (Strictly Confidential) 24 June 2025
<p>For decision</p> <p>-</p> <p>For discussion</p>

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For noting
- Committee updates
- Council papers for the public session
Council Meeting (Public) 25 June 2025
For decision
- Standing orders review (Head of Governance)
For discussion
- OCCS Annual Report
- Q4 Financial performance report
- Business performance dashboard Q4
- Business Plan Assurance Report Q4
- Standing orders review
For noting
- Chair / Chief Executive Report
- Committee updates
Council Catch-up 3 September 2025 (Tentative)
-
Council Meeting (Strictly Confidential) 24 September 2025
For decision
- Governance Review Progress Report
-
For discussion
- Strategic risk discussion
- Public perceptions survey
- Registrant survey
For noting
- Committee updates
- Council papers for the public session
Council Meeting (Public) 25 September 2025
For decision
- Annual report and financial statements 2023/24
- ARC annual report 2023/24
- Equality, Diversity and Inclusion annual report 2023/24
For discussion
- Registrant and public perception survey
- Q1 Financial performance report
- Business performance dashboard Q1
- Business Plan Assurance Report Q1
For noting
- Chair / Chief Executive Report
- Committee updates

Previous meetings

Council Meeting (Strictly Confidential) 10 December 2024
For discussion

<ul style="list-style-type: none"> - GOC Strategy 2025-2030 – EDI, Digital, Financial and People Strategies - Strategic risk discussion - Performance & Behaviours project funding - Strategic risk - GOC office / Old Bailey update <p>For noting</p> <ul style="list-style-type: none"> - Committee updates - Council papers for the public session
<p>Council Meeting (Public) 11 December 2024</p>
<p>For decision</p> <ul style="list-style-type: none"> - GOC Strategy 2025-2030 - Registrant fees 2024/2025 - Investment Policy - Annual reappointment of Council members to committees - Audit, Risk and Finance Committee terms of reference - Investment Committee terms of reference - Nominations Committee terms of reference - Remuneration Committee terms of reference - Freedom to Speak Up policy - Corporate complaints policy and acceptable behaviour policy - Education handbook (Samara Morgan/Richard Calver) <p>For discussion</p> <ul style="list-style-type: none"> - H&S assurance report - Council’s self-assessment against the Charity Governance Code - Q2 Financial performance report/Q2 forecast - Business performance dashboard Q2 - Business Plan Assurance Report Q2 <p>For noting</p> <ul style="list-style-type: none"> - CEO / Chair Report - Advisory Panel minutes
<p>Council Catch-up 21 January 2025</p>
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