

GENERAL OPTICAL COUNCIL

England & Wales · Charity number 1150137

Details

Status Registered

Legal form Other

Registered 2012-12-12

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: TO PROMOTE AND MAINTAIN THE HEALTH AND SAFETY OF MEMBERS OF THE PUBLIC BY PROMOTING HIGH STANDARDS OF PROFESSIONAL EDUCATION, CONDUCT AND PERFORMANCE AMONG OPTOMETRISTS AND DISPENSING OPTICIANS, AND THOSE TRAINING TO BE OPTOMETRISTS AND DISPENSING OPTICIANS, AND IN PARTICULAR: (A) BY THE MAINTENANCE OF REGISTERS OF THE NAMES OF PERSONS WHO ARE FIT TO PRACTISE AS OPTOMETRISTS OR DISPENSING OPTICIANS, OR TO UNDERTAKE TRAINING TO ENABLE THEM TO BECOME OPTOMETRISTS OR OPTICIANS;(B) BY DEFINING, CREATING AND MAINTAINING AN EFFECTIVE STRUCTURE FOR PROFESSIONAL EDUCATION AND TRAINING AMONG OPTOMETRISTS AND DISPENSING OPTICIANS AND AMONG PERSONS SEEKING TO QUALIFY AS OPTOMETRISTS OR DISPENSING OPTICIANS, AND SUPERVISING THE PROVISION OF SUCH EDUCATION AND TRAINING;(C) BY ENSURING THAT ONLY THOSE WHO ARE FIT TO PRACTISE AS OPTOMETRISTS OR DISPENSING OPTICIANS, OR TO TRAIN FOR SUCH PRACTICE, IN FACT DO SO;(D) BY THE PROVISION OF APPROPRIATE ADVICE AND GUIDANCE TO THOSE WHO ARE FIT TO PRACTISE AS OPTOMETRISTS OR DISPENSING OPTICIANS, OR TO TRAIN FOR SUCH PRACTICE.

Activities: We are the regulator for the optical professions in the UK. Our statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among our registrants. We currently register around 26,000 optometrists, dispensing opticians, student opticians and optical businesses.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups, The General Public/mankind

Geography

- **Area of benefit:** ENGLAND AND WALES
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£12,176,749	£13,110,337	£7,995,000	112
2024-03-31	£11,227,000	£11,971,000	£8,735,000	104
2023-03-31	£10,340,000	£10,538,000	£8,857,000	102
2022-03-31	£10,037,000	£9,493,000	£9,613,000	87
2021-03-31	£11,681,000	£8,593,000	£8,627,000	83

Trustees

Name	Role	Appointed
Catherine Yelf		2025-04-01
Dr Anne Wright CBE		2021-02-17
Frank Munro		2021-07-05
Kalwant Singh Grewal		2026-02-01
Kathryn Ann Foreman		2024-10-01
LISA GERSON		2021-05-01
Poonam Sharma		2025-04-01
Professor Hema Radhakrishnan		2024-03-15
Raymond Curran		2025-04-01
Ros Leveson		2025-04-01
Timothy Parkinson		2020-04-16
William Stockdale		2023-01-01

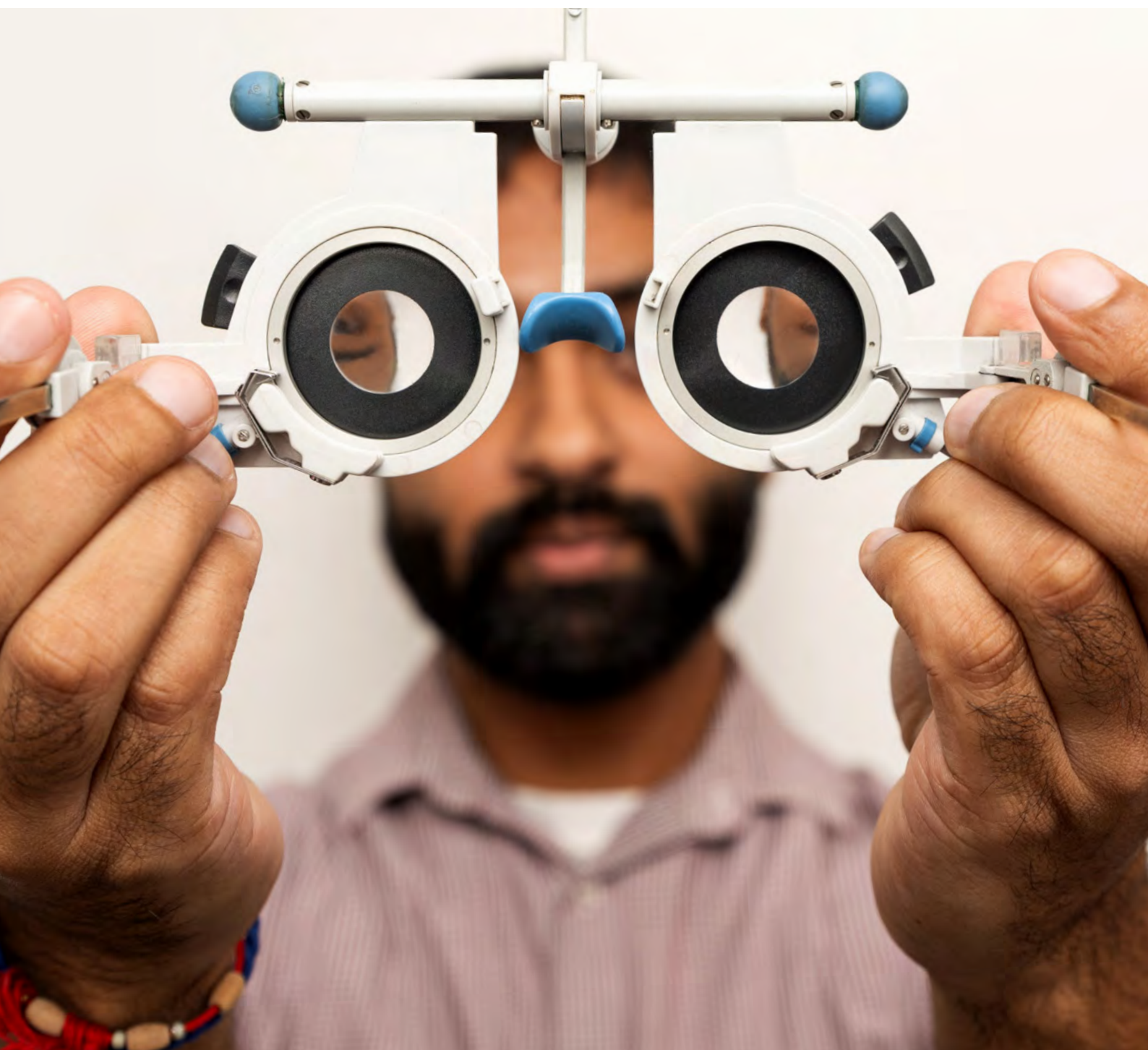
GENERAL OPTICAL COUNCIL

England & Wales - Charity number 1150137

Accounts

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2025



General Optical Council

Annual report and accounts

For the period 1 April 2024 to 31 March 2025

Presented to the Houses of Parliament pursuant to **section 32A(2)** of the **Opticians Act 1989** as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

Ordered by the House of Commons to be printed on
10 December 2025

HC 1359

General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2025

Registered as a charity by the Charity Commission in England and Wales (Registered charity number 1150137)

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

If you have any questions about this document, please email communications@optical.org or phone us on 020 7580 3898.

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12/2025

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A message from the Chair and Chief Executive



Leonie Milliner
Chief Executive and Registrar



Dr Anne Wright CBE
Chair

We are delighted to present the annual report and accounts of the General Optical Council for 2024-25, which sets out how we have fulfilled our statutory obligations as a regulator and a charity.

This annual report is the first under our new corporate strategy, which was developed during this period, and the first from our new home in Canary Wharf. We have a new mission – safe and effective eyecare for all – but our ambition remains to be a world-class regulator: agile, robust and effective in the deployment of our regulatory responsibilities, well regarded by stakeholders and continuing to meet all the Professional Standards Authority's (PSA) Standards of Good Regulation.

Our new strategic objectives – creating fairer and more inclusive eye care services; supporting responsible innovation and protecting the public; and preventing harm through agile regulation – will guide our future work, but we are still firmly focused, as ever, on supporting registrants to uphold high standards

of care and ensuring public protection. In 2024-25 we were delighted to have met all 18 Standards of Good Regulation for the third year in a row. Thank you to all of our staff, Council and members who helped us achieve this.

We also launched new Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students, and Standards for Optical Businesses, which came into effect on 1 January 2025. The new standards were implemented following an extensive period of consultation and stakeholder feedback and reflect changing patient expectations in the context of changes in the sector and in service delivery in each part of the United Kingdom. We would like to thank registrants and stakeholders for their invaluable feedback in the development of the new standards.

WE HAVE
MET ALL 18
STANDARDS OF
GOOD
REGULATION

OPTICAL
PROFESSIONALS
FACE CHALLENGING
WORKING
CONDITIONS

We took steps towards modernising business regulation, seeking views on a modernised model that would extend regulation to all businesses providing specified restricted functions. The changes will require legislative reform and aim to strengthen public protection, provide a fairer trading environment for businesses, and support the Government's planned shift in care from hospitals to communities.

2024 marked the final year of our three-year Continuing Professional Development (CPD) cycle (2022-2024), the first to be completed since the transition from our previous Continuing Education and Training (CET) scheme to the CPD scheme. It was pleasing that, by the end of the cycle on 31 December 2024, 98% of registrants had met their requirements.

Our policy research this year focused on challenging issues impacting patients and the public and our registrants: addressing inequalities in eye care services and supporting registrants experiencing harassment, bullying, abuse and discrimination. Our 2024 public perceptions research revealed that whilst patients remain highly satisfied with the eye care they've received, patients from an ethnic minority background and those with a disability were less satisfied. The research also showed that the most vulnerable patients experience significantly worse outcomes. Our corporate strategy for 2025-30 will aim to address some of the issues around equal access to eyecare.

Our 2024 registrant survey revealed that optical professionals are continuing to face challenging working conditions which are affecting their ability to provide safe patient care. Levels of harassment, bullying or abuse remain high, and survey respondents said they were more likely to find it difficult to provide patients with effective care due to the impact of such behaviours. This is an area of significant concern for us as a regulator. Our updated Standards of Practice introduced tougher standards that explicitly reference behaviour between colleagues and require optical businesses to put in place support for registrants who have experienced discrimination, bullying or harassment in the workplace, but there is more for us and the

sector to do in the coming years to ensure registrants are fully supported.

In 2024-25 we said goodbye to some long serving Council members: Sinead Burns (lay Council member), Josie Forte (registrant Council member), Mike Galvin (lay Council member), Clare Minchington (lay Council member) and Roshni Samra (registrant Council member). We would like to thank them all for their contributions to the GOC.

We also welcomed some new faces, as Raymond Curran (registrant Council member), Kathryn Foreman (lay Council member), Ros Levenson (lay Council member), Poonam Sharma (registrant Council member) and Cathy Yelf (lay Council member) joined the Council and have already started making important contributions to the GOC's work. We were also pleased to welcome Rupa Patel and Desislava Pirkova as new Council Associates.

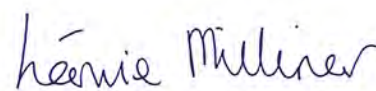
Dr Anne Wright CBE was reappointed by the Privy Council as Chair of Council for a further four-year term and current Council members Lisa Gerson, Frank Munro and Tim Parkinson were also reappointed for further four-year terms.

We would personally like to extend our thanks to all of the staff, Council, members, workers, registrants and stakeholders, who have contributed to the important work showcased in the annual report. 2024-25 has much to be proud of as we continue our important mission of ensuring safer and effective eye care for all.



Dr Anne Wright CBE

Chair



Leonie Milliner

Chief Executive and Registrar



Introduction

We regulate eye care services in the United Kingdom

Our charitable purpose and statutory role are to protect and promote the health and safety of the public by promoting high standards of professional education, conduct and performance amongst optometrists and dispensing opticians, those training to be optometrists and dispensing opticians, and bodies corporate conducting business in optometry or dispensing optics in the UK. As of 31 March 2025, there were 34,895 optometrists, dispensing opticians, student opticians and optical businesses on our register. We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available [here](#) on our website.

We have four core functions

- Setting standards for optical education and training, performance and conduct
- Approving qualifications leading to registration
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired

REGISTRANTS

	2024/25		2023/24		2022/23		2021/22		2020/21	
Optometrist	18,725	54%	17,698	52%	17,401	52%	16,932	51%	16,267	50%
Dispensing optician	6,805	20%	6,594	20%	6,912	21%	7,060	21%	7,190	22%
Student optometrist	5,163	15%	5,307	16%	5,145	15%	4,990	15%	4,640	14%
Student dispensing optician	1,268	4%	1,254	4%	1,267	4%	1,331	4%	1,383	4%
Business registrant	2,934	8%	2,852	8%	2,921	9%	2,861	9%	2,796	9%
TOTAL	34,895		33,705		33,646		33,174		32,276	

ANNUAL REGISTRANT FEE

	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Optometrists	£405	£380	£360	£360	£360	£350
Dispensing opticians	£405	£380	£360	£360	£360	£350
Corporate bodies	£405	£380	£360	£360	£360	£350
Students	£30	£30	£30	£30	£30	£30
Low income fee	£285	£260	£260	£260	£260	£250

Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table below sets out the fees that registrants are required to pay for entry or retention on our register.

In 2024-25, there was an increase in the main registration fee for optometrists, dispensing opticians, and body corporates of 6.6%, to £405, in line with inflation.

Fees for students remained the same at £30, and the discount for low-income fees remained at £120, meaning that the low-income fee increased to £285.

In the previous year, registrant fees were increased to £380. Between 2020 and 2023, registration fees remained at £360.

‘Our charitable purpose and statutory role are to protect and promote the health and safety of the public’

About this report

This annual report sets out the activities we have undertaken from 1 April 2024 to 31 March 2025 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2025. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.





SECTION ONE

**HOW
WE DELIVER
PUBLIC
BENEFIT**

Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in eye care services

2024-25 marked the final year of our 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025, which set out our vision to be recognised for delivering world-class regulation and excellent customer service. Our vision was underpinned by the following three strategic objectives:

**CREATING
FAIRER AND
MORE INCLUSIVE
EYE CARE
SERVICES**

**SUPPORTING
RESPONSIBLE
INNOVATION AND
PROTECTING
THE PUBLIC**

**PREVENTING
HARM THROUGH
AGILE
REGULATION**

Our five-year plan

On 1 April 2025 we launched our new strategy

Our new strategy is more outward focused, and describes what we plan to do to achieve our vision of safe and effective eye care for all. Our priorities for 2025-30 are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:

- Creating fairer and more inclusive eye care services
- Preventing harm through agile regulation

- Supporting responsible innovation and protecting the public

This section of our annual report describes how we delivered public benefit in the final year of our corporate strategy and outlines our ambitious programme of work and investment in strategic projects as we embark on our new strategy.

OUR FIVE-YEAR PLAN



Highlights of 2024/25

Implementing our Standards of Practice to enhance public protection

New Standards of Practice for Optometrists and Dispensing Opticians, Standards for Optical Students, and Standards for Optical Businesses came into effect on 1 January 2025.

The new standards reflect changing patient expectations in the context of changes in the sector and in service delivery in each part of the United Kingdom. We improved the clarity and alignment of our standards to contemporary issues which emerged during our review, and whilst most of the existing standards did not change, we made key changes to address the following:

- Delivering better care for patients in vulnerable circumstances
- Requiring registrants to identify themselves and their role and advise patients who will provide their care
- Maintaining appropriate professional boundaries, including prohibiting conduct of a sexual nature with patients
- Promoting better workplace cultures by explicitly referencing inclusive behaviour between colleagues and ensuring employers support staff who have experienced discrimination, bullying or harassment in the workplace
- Keeping updated on developments in digital technologies and applying professional judgement when utilising the data they generate to inform decision making
- Maintaining confidentiality when sharing patient images online
- Demonstrating leadership in practice, for example by supporting the education and training of others



Implementing updated requirements for education and training

By September 2024 most pre-registration qualifications we approve in optometry and dispensing optics admitted first year students into programmes that met our new Education and Training Requirements (ETR). These new programmes provide an integrated route to GOC registration, combining patient facing professional and clinical experience with academic study.

'We improved the clarity and alignment of our standards to contemporary issues which emerged during our review'

NEW
STANDARDS OF
PRACTICE CAME
INTO EFFECT ON
1 JANUARY
2025

98% OF
REGISTRANTS
MET THEIR CPD
REQUIREMENTS

We approved recruitment for the first dispensing optics apprenticeship to be delivered by the Association of British Dispensing Opticians (ABDO), providing an additional, flexible route for potential dispensing opticians to achieve a GOC approved qualification and to join the register.

We also noted the first integrated optometry and independent prescribing qualification under the ETR to be delivered by Glasgow Caledonian University.

We continue to fund the Sector Partnership for Optical Knowledge and Education (SPOKE), which provides a valuable opportunity for the academic community to work collaboratively together in developing their qualifications to meet the ETR. During 2024/25, SPOKE published its third specialist qualifications output entitled *Enhancing the scope of practice in optical professionals* and their fifth output entitled *Developing autonomy in student optical professionals*.

A particular highlight was our approval as an external quality assurance provider for the dispensing optics apprenticeship standard by the Institute for Apprenticeships and Technical Education (IfATE). This will enable more providers to offer dispensing optician apprenticeships and therefore increase student numbers in the context of workforce capacity constraints and widening participation in optical careers.

End of the 2022-24 Continuing Professional Development (CPD) cycle

This year marked the final year of our three-year CPD cycle (2022-2024), the first to be completed since the transition from our previous Continuing Education and Training (CET) scheme to our new Continuing Professional Development (CPD) scheme.

By the end of the CPD cycle, on 31 December 2024, 98% of registrants met their requirements, which is slightly higher than

previous years and shows that registrants have adapted successfully to the new scheme.

The new scheme saw the introduction of CPD record review, which was introduced for quality assurance purposes to ensure that registrants are undertaking CPD which aligns with their scope of practice and professional development needs, and that they are keeping good-quality records of CPD they complete.

Addressing inequalities in eye care services

Our 2024 public perceptions research revealed that whilst patients remain satisfied with the eye care they've received, patients from an ethnic minority background and those with a disability were less satisfied. The research also showed that the most vulnerable patients experience significantly worse outcomes.

As a result, we strengthened our standards of practice to improve care for patients in vulnerable circumstances. We will aim to further reduce these inequalities through our corporate strategy for 2025-30, which includes an objective to create fairer and more inclusive eye care services.



WE ACHIEVED
A BRONZE
AWARD FOR
EQUALITY AND
INCLUSION

Supporting registrants experiencing harassment, bullying, abuse and discrimination

The findings from our 2024 registrant survey revealed that optical professionals are continuing to face challenging working conditions which are affecting their ability to provide safe patient care.

The research also showed that levels of harassment, bullying or abuse remain high with the main source of these behaviours being patients and service users. However, one in five respondents reported personally experiencing harassment, bullying or abuse from managers or colleagues. Similarly, levels of discrimination remain high, with 31% reporting they had experienced this in the last 12 months.

Respondents experiencing harassment, bullying or abuse, and those experiencing discrimination, were more likely to find it difficult to provide patients with sufficient care. This indicates that poor working conditions can impact not only on one's mental health and well-being but also the quality and safety of patient care.

Our updated Standards of Practice introduced tougher standards that explicitly reference behaviour between colleagues and require optical businesses to put in place support for registrants who have experienced discrimination, bullying or harassment in the workplace.

Modernising business regulation and registration

We sought views on a modernised model of business regulation that would extend regulation to all businesses providing specified restricted functions. The changes will require legislative reform and aim to strengthen public protection, provide a fairer trading environment for businesses, and support the Government's planned shift in care from hospitals to communities.

We conducted our first survey exclusively with

business registrants, which showed innovation is common across registered businesses with an increasing uptake of digital technologies. However, workforce pressures are a key business challenge and there is concern about the future of primary eye care.

Our ongoing commitment to equality, diversity and inclusion (EDI)

As part of our going commitment to EDI, we developed an EDI action plan for 2023/24 to help us transition to a new strategy. The plan saw us deliver initiatives aimed at better supporting our EDI leadership, develop our organisational culture and improving EDI governance. This included introducing a new freedom to speak up policy, ensuring all of our staff received training on structural discrimination, making sure our managers understood reasonable adjustments, and the development of an organisational management style guide. We continued to develop our member recruitment activity to improve inclusion and ensure we remove barriers for candidates, so that our we reflect the diversity of the communities we work with.

We achieved a Bronze TIDemark award from the Employers Network for Equality and Inclusion (ENEI) in recognition of our progress in EDI. We earned an overall score of 68%, which places the GOC in the second highest stage of the TIDE roadmap.

The evaluation highlighted our strength in EDI strategy and planning, where we achieved a score of 95%. It also identified some areas for us to focus on going forward in leadership and accountability, training and development, and procurement.

Investing in our digital platforms

We began work on the development of a new website which will be more modern and introduce a refined navigation menu, making it easier for registrants and the public to find the information they need and complete tasks.

OUR NEW OFFICE IS A SMALLER, MORE COST-EFFECTIVE SPACE

We began a major digital project in developing a new, updated MyGOC platform, which will offer an improved user experience for registrants and better customer service.

We successfully achieved the Cyber Essentials Plus accreditation, which is a National Cyber Security certification that protect organisations against a whole range of cyber-attacks. By obtaining the Cyber Essentials Plus certification, we have demonstrated we have the appropriate technical controls in place to protect ourselves, staff and customers against cyber security threats faced in the current landscape.

Developing our corporate strategy for 2025-30

We launched a consultation to gain feedback on our proposed new five-year strategy, which included a revised mission and new vision of 'safe and effective eye care for all', as well as three new strategic objectives.

The new strategy saw a shift in our approach, aiming to become more agile in response to developments in technology, eye-care service redesign, and the need for enhanced capability and capacity of the optical workforce to meet patient needs, and preventing harm before it arises.

It also includes our EDI strategy, which describes our commitment to promoting equality of opportunity and eliminating discrimination as both a regulator and as a responsible employer, describing our long term EDI objectives and how we intend to meet them.

Moving our office space to Canary Wharf

We announced our office move to One Canada Square in Canary Wharf, East London. The new office is a smaller, more cost-effective space which will support our more collaborative, agile, hybrid working style, and offers excellent transport connections. The space, on the 29th floor, also has a hearings suite with up to date audio-visual facilities to facilitate both in person and remote fitness to practise hearings. The new office opened in summer 2025.

Meeting all PSA Standards of Good Regulation for third year running

For the third year in a row, we met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation, further affirming that we are fulfilling our mission to protect the public by upholding high standards in eye care services. The PSA's report highlighted progress in several key areas, including our commitment to EDI through our staff networks, as well as recognising our work in response to findings from annual surveys, such as the joint statement published on bullying, harassment, abuse and discrimination following our 2023 registrant survey.

New Council members

In 2024-25 we welcomed Kathryn Foreman as a new lay Council member, replacing Sinead Burns (lay Council member).

On 31 March 2025 we said goodbye to Josie Forte (registrant Council member), Mike Galvin (lay Council member), Clare Minchington (lay Council member) and Roshni Samra (registrant Council member). On 1 April 2025 we welcomed Raymond Curran (registrant Council member), Ros Levenson (lay Council member), Poonam Sharma (registrant Council member) and Cathy Yelf (lay Council member).

Dr Anne Wright CBE was reappointed by the Privy Council as Chair of Council for a further four-year term. Lisa Gerson, Frank Munro and Tim Parkinson were also reappointed for a further four-year term.

We also welcomed Rupa Patel and Desislava Pirkova as new Council Associates in 2024-25, who will gain boardroom experience through taking part in GOC Council meetings and associated activity.

'We successfully achieved the Cyber Essentials Plus accreditation'

Our Plans for 2025/26

The 2025-26 financial year marks the first year of our new five-year corporate strategy designed to protect the public and uphold public confidence in the professions and businesses we regulate

It demonstrates how we will protect the public and ensure registrants can contribute to their full professional capabilities across each part of the UK and achieve our ambition to become a world-class regulator.

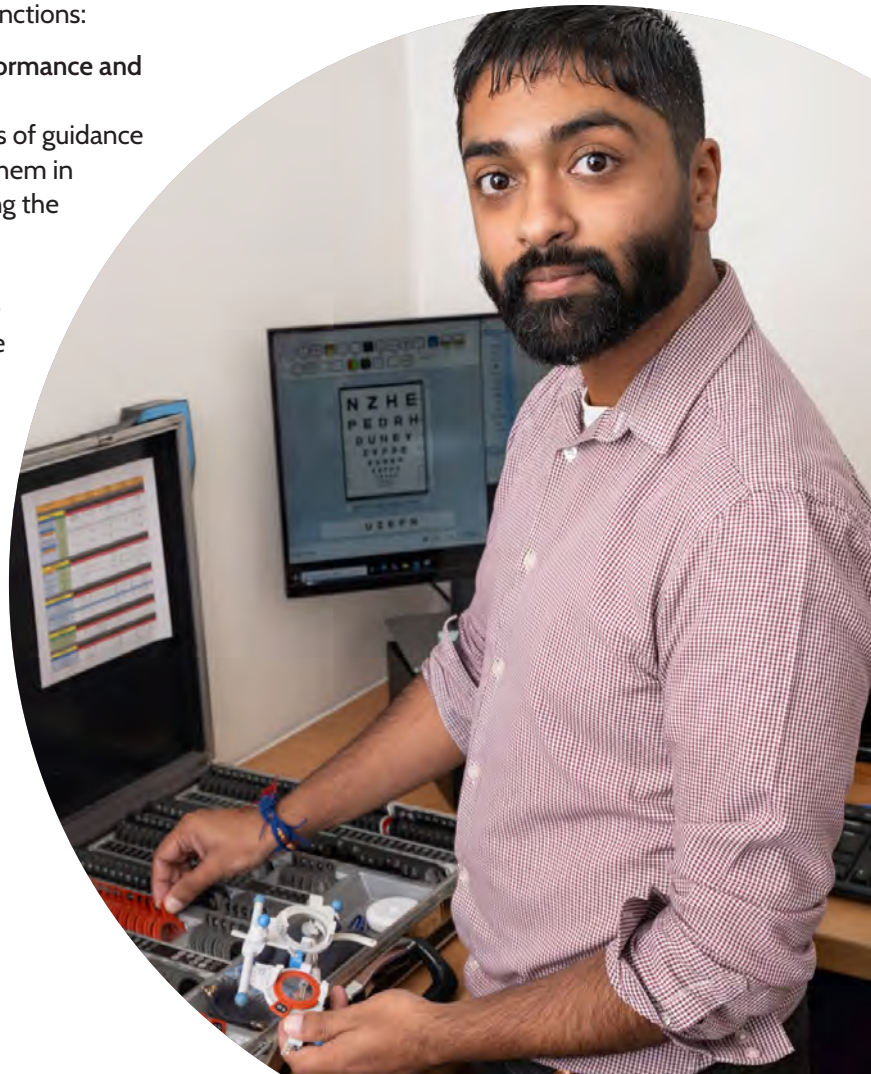
Carrying out our statutory responsibilities

We will continue to fulfil our statutory purpose of protecting the public. We will do this through upholding our core functions:

- **Set standards for the performance and conduct of our registrants**
We will develop two pieces of guidance for registrants to support them in understanding and applying the new standards of practice. These will be on the topics of maintaining appropriate sexual boundaries and care for patients in vulnerable circumstances. We will also begin preparations for a substantive review of our standards for business registrants.

- **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 around 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.

'We will develop two pieces of guidance for registrants to support them in understanding and applying the new standards of practice'



- **Approve qualifications leading to registration**
This year we will introduce new quality assurance processes to support the 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.
- **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.



'We know other organisations use our annual surveys to understand the eye care workforce and patient expectations'

Supporting the sector to provide safe and effective eye care for all

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.

We will conduct our first thematic review on the topic of commercial practices and patient safety, following concerns raised in last year's registrant survey about short testing times, overbooking clinics and sales targets. This 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. We will also seek to understand how the system beyond regulation, including legislative and contractual requirements and self-regulation, is addressing the risks.

We will administer our CPD scheme, which gives registrants the ability to tailor their learning and development to their needs, maximising their professional capability. Following the end of the 2022-24 cycle, we will capture feedback, develop the scheme and consider policy changes for the CPD scheme from 2028 onwards.

We will continue to engage with a wide range of individuals and organisations through our optical familiarisation programme 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



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 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.

groups have less positive 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

MODELS OF
SIGHT TESTING
VARY ACROSS THE
UK – THERE IS NO
‘STANDARD’

Our internal controls, audit function and risk management approach

Internal controls

The governance team is responsible for monitoring, advising and reporting on compliance with our policies and procedures. This includes advising on the management of interests policy, monitoring information governance requests, responding to corporate complaints and speaking up (otherwise known as whistleblowing) referrals and other associated activities.

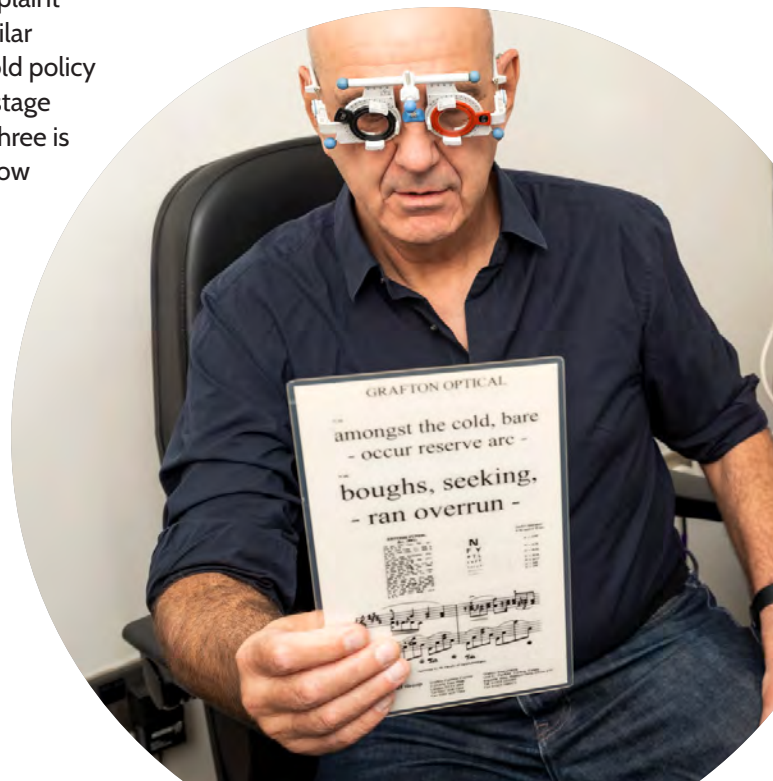
We updated our corporate complaints policy in December 2024 to streamline the process and make it easier for complainants. The policy has two tiers. Complainants are entitled to refer a complaint they have been unable to resolve informally with the team to stage one for an appeal. If they feel that we have not resolved it at stage one they can request a stage three appeal. Prior to January 2025, the complaint process had three stages, though a similar process applied. Stage one under the old policy has now become the 'informal' stage, stage two has become stage one and stage three is now stage two. Due to the change in how we refer to complaints, we have split the data for 2024-25 so it reflects the change in policy.

'We updated our corporate complaints policy in December 2024 to streamline the process and make it easier for complainants'

Between April 2024 – December 2024 we received three requests for stage two appeals, one of which was upheld, one was partially upheld and one closed due to the complainant not responding to a request for more information.

Between January 2025 – March 2025 we received one request for a stage one appeal, which was upheld; and one request for a stage two appeal, which was not upheld.

This is a small reduction compared to the number of complaints we received in 2023/24 (seven stage two appeals and four stage three appeals). Complaints that were upheld or partially upheld identified the timeliness of our response to the original matter as the most common issue. Where complaints are upheld or partially upheld, lessons learnt have been cascaded to managers to improve our services.





We also have speaking up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received four referrals via our speaking up champion in 2024/25. This is a significant reduction from the number of referrals received in 2023/24 when ten referrals were made. Of the four received, one was made anonymously via letter with no contact information. The remaining three were requests for information or advice. One was from a member of staff asking for advice, and two were from registrants. One of the registrant referrals was referred to triage for assessment. Council approved a new 'freedom to speak up' policy for members, workers and employees in December 2025. All staff at the GOC have now completed mandatory training relevant to their role and the new policy is being embedded into our induction processes for new staff as well.

Internal audit function

The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. Its responsibilities include appointment of the internal auditor, approval of the annual audit

plan and reviewing the outcomes of the audits undertaken. It also receives an annual report from the internal audit function.

In 2024/25 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 7 May 2025 and noted the Head of Internal Audit Annual Opinion:

"TIAA is satisfied that, for the areas reviewed during the year, General Optical Council has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by General Optical Council from its various sources of assurance."

Risk management

Our approach to risk management is set out in our risk management policy. The risk management policy and risk appetite statement were last approved by Council on 28 June 2022.

We consider that an effective risk management strategy and policy is fundamental to the achievement of all our strategic objectives and is an essential part of good governance.

Both Council and the Audit, Finance and Risk Committee (ARC) discuss and review the principal risks and uncertainties regularly throughout the year. ARC also examines the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, ARC produces an annual report on its activities. The most recent of these reports was received by Council in September 2024.

The Senior Management Team (SMT) regularly monitors existing and emerging risks

WE HAVE
SPEAKING UP
POLICIES FOR
REGISTRANTS
AND STAFF

SOME OF
OUR KEY RISKS
COME FROM
THE EXTERNAL
ENVIRONMENT

and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- Failure to meet our duties in respect of information governance and information security
- Failure to achieve FtP end to end timescale improvements
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers
- The register contains inaccurate information leading to reputational damage and potential harm to patients and/or registrants

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

In 2023-24 the annual report identified employee capability and resilience as an increasing risk for the GOC. Several mitigation measures were put in place in 2024-25, as was described in the report. These were successful in reducing risk and we have seen positive results in respect to the staff survey results and a reduction in staff speaking up referrals.

The principal areas of uncertainty in respect to the management of risk in 2024-25 has been the external financial environment. This is driven in part by changes in the geopolitical landscape, including the announcement of

trade tariffs by the US government. The GOC has been closely monitoring the performance of its investments with its investment manager to minimise the impact of fluctuations in global stock markets. Increases in employer national insurance contributions also had an impact on the GOC as an employer and will have impacted a number of its registrants. Economic pressures on employers and changes to fiscal policy and taxation by the UK government are key risks in the current era of economic uncertainty.

Internal risks include the substantial turnover of Council members in 2024-25, with over half of the Council being new appointments. While the new Council members will bring a wealth of skills, knowledge and expertise, there are risks associated with high turnover at a non-executive level, including a loss of institutional knowledge and an impact on established ways of working with the executive. In order to mitigate this, the GOC ensured it had a detailed induction programme, including several sessions led by Council members who departed the GOC in 2024-25. The Chair of Council, the Council lead for member development, Chief Executive and Registrar and Chief of Staff will continue to assess Council member development needs into 2025-26.

2025-26 is our first year under our new corporate strategy. We will update our risk management policy and risk appetite statement to ensure that they continue to align with our strategy and to respond to any areas of uncertainty.



'The GOC has been closely monitoring the performance of its investments'

Our people

In 2024-25 People and Culture continued to play an important role in supporting the GOC's strategic objectives and transition from the 2020-2025 corporate strategy into the next five-year strategy

This support focused on fostering a skilled, diverse and engaged workforce of employees, workers, members and consultants. People initiatives were aligned to the Fit for the Future strategic vision of delivering world-class regulation and excellent customer service.

Workforce

As of 31 March 2025, we employed 110 employees, with an annual employee turnover of 17.3%, just above the public sector average but a significant improvement on the previous year at 32.2%. An annual voluntary turnover standing at 13.7%.



Culture

Fostering a positive and inclusive culture remained a key priority throughout the year. Our focus on employee engagement was reinforced through the feedback in our pulse surveys and annual employee engagement survey. Results from the 2024/25 annual engagement survey showed an overall engagement score of 75%, a 14%-point increase from 2023. Our key area of strength being 'Line managers' scoring the highest with 90%, 4% points higher than the 2023 survey and significantly higher than all norms.

Pulse survey results throughout the year also improved consistently, with an employee Net Promoter Score of 21.67 in March 2025, compared to 9.41 in September, indicating that employee satisfaction is 'good' and employees would recommend GOC as a good place to work.

Both the pulse surveys and annual employee engagement survey continue to provide insights that inform action planning across directorates, helping to strengthen our culture and make the GOC a great place to work. The focus being to ensure that gains made in 2024/25 are maintained during 2025.

Recruitment and Retention

During the year 33 new people joined GOC and 19 left the organisation. In 2025/26 we had over 20 successful recruitment campaigns, which included internal recruitment and external direct and agency recruitment, demonstrating a successful talent acquisition strategy that aligned operational needs with our hiring strategies.

WE DELIVERED
A BROAD
PROGRAMME OF
CPD TRAINING

Driving High Performance

This year marked a significant milestone in the evolution of our performance management approach, with the development of a new Performance Behaviours Framework.

Designed to complement objective-setting, the framework introduces a clear, consistent approach for assessing both 'what' employees achieve and 'how' they go about their work. This dual focus supports our goal of fostering a high-performance culture, grounded in our values. The development process was highly collaborative, with strong employee engagement throughout. Employees played a crucial role during the consultation period, providing valuable feedback. The cross-functional and level working group shaped the approach and supporting tools, ensuring they reflect our values and ways of working.

The framework will be embedded in the 2025/26 performance management cycle and supported by a pilot programme, employee development and tailored guidance.

Learning and Development

Our learning and development strategy is informed by robust training needs analysis, stakeholder engagement, and a strong quality assurance process for learning and development providers. We measure its impact through feedback and assessing the alignment of skills development with the GOC organisational goals.

In 2024/25, continuous professional development was a priority, and we delivered a broad programme of training:

- 12 managers undertook the Foundation Management Training, to provide essential management skills and enhance management capability across GOC.
- 19 of our female employees attended the RADA 'Speaking up with Confidence & Impact' programme, in line with our ongoing commitment to inclusion. This workshop was specifically designed to address the unique challenges women often face in the workplace, particularly around self-esteem, self-promotion, visibility and stepping up into leadership roles with confidence. While these challenges are not exclusive to any one group, research highlights that women can face additional barriers in these areas. By offering this workshop, we aimed to provide women working at the GOC with practical tools to navigate these challenges, boost their confidence, and ensure their voices are heard.
- Completion of mandatory compliance training, primarily in Governance and IT
- The introduction of advanced certifications and functional learning tailored to specific roles.
- Continued delivery of a varied training calendar, supporting both core and specialist development needs.



FLEXIBLE AND
AGILE WORKING
REMAINS KEY TO
HOW WE DELIVER
OUR SERVICES

These achievements reflect our commitment to continuous improvement and our ability to adapt learning to meet organisational needs.

Reward and Recognition

In 2024/25, we continued to embed the new reward and recognition policy, supported by the revised pay bands, enhanced benefits package and recognition scheme that were introduced the previous year.

Our Chief Executive and Registrar leads a monthly All Staff Meeting where a key focus for everyone is the monthly Chief Executive Achievement Awards. These are a celebration of those who have been nominated by managers and colleagues for living our values and it is a truly uplifting moment when more than 85% of colleagues regularly come together to celebrate each other's achievements.

Employee Wellbeing

Flexible and agile working remains key to how we deliver our services, as we believe it better supports recruitment and retention of a balanced, qualified and geographically diverse workforce from right across the United Kingdom, as well as encouraging a good work-life balance.

Each month we continue to set aside one meeting free day as an opportunity for people to spend their time productively as they choose. We also provide one Empower Hour, for network leads to do planning work, hold closed sessions, and even host events.

In the last year, as well as providing a range of wellbeing resources, we delivered a wellbeing campaign, the goal being to engage colleagues in meaningful discussions, reflection, and activities to celebrate happiness and gratitude.

We also ran a working group to review the amount of time staff spend in routine internal corporate meetings and working groups. In addition to the meeting-free days, this review looked at recurring meetings and identified other activities which would support more productive meetings.

Compliance and Governance

A comprehensive review of members employment status began towards the end of 2024/25 following Council approving the allocation of strategic reserves to enable it. This review focused on assessing the status of current members and those former members whose term ended in December 2024. This work concluded that Hearing Panellists are workers and the review continues to assess the status of other members, including the assessment of financial liabilities if applicable, in relation to holiday pay and pensions.

Key updates included the development of our Sexual Harassment Policy and the enhancement of our Speaking Up Policy and Corporate Safeguarding Policy. The policy review process was consultative with input from employees in multiple departments and the Policy Review Group, to shape clear and accessible guidance for employees and managers.

To underpin our 2025 to 2030 strategy we have created a Directorate focused on People and Continuous improvement. This underlines our commitment to being people focused and ensuring that our people, our greatest assets, are equipped and poised to deliver their very best. Our immediate focus for 2025/26 is the embedding of our Performance and Behaviours Framework and a review of all our People Policies.

'We believe flexible working better supports recruitment and retention of a balanced, qualified and geographically diverse workforce from right across the United Kingdom'

Our structure, governance and management

Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission as our regulator and to our beneficiaries.

Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers on its charitable objectives for the public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the professions regulated under the Optician Act 1989
- To promote and maintain proper professional standards and conduct for members of those professions
- To promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council

members, of whom six are registrants and six are lay members (see page 28). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2024-25. She was appointed on 18 February 2021 and completed her first four-year term during the year. She was reappointed by the Privy Council for a further four years (19 February 2025 – 18 February 2029).

Council appoints one of its members to act as Senior Council Member (SCM). The SCM reviews the Chair's performance, provides a sounding board for the Chair and serves as an intermediary for Council members, the Executive and stakeholders as necessary.

Clare Minchington was appointed as SCM from 1 January 2023 and acted in that capacity throughout 2024-25.

Our governance structure

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Our governance structure in 2023-24 consisted of four non-statutory committees (Audit, Finance & Risk, Investment, Remuneration and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees. The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 28. The Council is committed to conducting the majority of its business in public.

WE ARE
ACCOUNTABLE
TO PARLIAMENT
THROUGH
THE PRIVY
COUNCIL



Council business is only conducted in private if one of the following conditions set out in the standing orders apply:

- Any personal matter concerning a present or former registrant or application for registration, employee, Council member, panel or committee member, education visitor or advisor
- Any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders
- Any information given to the GOC in confidence
- Risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk
- Any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

All Council members are required to take part in other activities such as induction, development sessions, recruitment, strategy, corporate performance and evaluation. All Council and committee members are required to engage in a performance review process. Council members undertook a significant amount of recruitment in 2024-25. Approximately two thirds of members (including Hearing Panel members, Council members and committee members) reached the maximum term of office permitted by legislation in 2024-25.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

SENIOR MANAGEMENT TEAM

The determination of pay and remuneration for the Chief Executive and Registrar and senior executive team (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's pay and reward policy, and pay is benchmarked against other regulators. Decision-making powers are delegated to the Chief Executive and

Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

There was a reorganisation of SMT responsibilities to align with the 2025-30 strategy. This took effect from 1 April 2025. For 2024-25, SMT responsibilities were as follows.

Philipsia Greenway Director of Change

Responsible for

- Customer experience development
- Information technology
- Strategic change programmes

Yeslin Gearty Director of Corporate Services

*Responsible for**

- Facilities
- Finance
- Human resources
- Registration
- Risk and audit

**until 24 February 2025*

Carole Auchterlonie Director of Regulatory Operations

Responsible for

- Triage (including contract management of the Optical Consumer Complaints Service)
- Investigations
- Hearings
- Legal

Steve Brooker Director of Regulatory Strategy

Responsible for

- Communications
- Education and CPD strategy
- Education and CPD operations
- Strategy, policy and standards

SMT, Council and its committees are supported by the governance team. The Chief of Staff oversees the governance function and reports directly to the Chief Executive and Registrar.

COUNCIL
HAVE A DUTY TO
ABIDE BY THE
NOLAN
PRINCIPLES

Effectiveness of governance

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2024, and the organisation judged itself to have complied with the majority of the code's recommended practice. Where it has not done so, the assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method.

In addition to adopting the self-assessment, we commenced a long-term governance review in 2022-23. The stated objective of this review was to ensure that the GOC's governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

This review has seen revisions to policies and procedures, including:

- New policies for freedom to speak up and safeguarding
- Updated terms of reference for the non-statutory committees (Audit, Finance & Risk, Investment, Remuneration and Nominations)

In 2024-25, this work was primarily focussed on reviewing key governance documents such as the scheme of delegation and committee terms of reference. This will be continuing into 2025-26 with a review of standing orders and the schemes of delegation for executive and Council functions.

Members' conduct

Council (in their role as trustees) and committee members have a duty to abide by the seven principles of public life (otherwise known as the Nolan principles):

- Selflessness;
- Integrity;
- Objectivity;
- Accountability;
- Openness;
- Honesty; and
- Leadership.

This includes a responsibility to:

- Act impartially and objectively
- Take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so
- Take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2024/25.

Remuneration Committee statement 2024/25: member and director remuneration





The Remuneration Committee has been delegated the following responsibilities by Council

- To advise Council on the payment of fees to members
 - To advise Council on the process to appoint or remove the Chief Executive and Registrar (or Chief Executive or Registrar if these functions are fulfilled by two different office-holders)
 - To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management, and that these are in line with the GOC's values and principles
 - To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team (SMT)
 - To approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT
 - To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
 - To approve a statement in the annual report about its membership, role and remit for the preceding year
 - To approve the expenses policy
 - To ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity, and inclusion
- In 2024-25 the Remuneration Committee was comprised of
- Clare Minchington (Senior Council Member and committee chair as of 1 January 2023, lay Council member)
 - Josie Forte (committee member as of 1 January 2023, registrant Council member)
 - Nigel Sully (committee member as of 1 April 2022, independent member)
- To discharge its functions, it met on four occasions in 2024-25: 30 April 2024, 9 September 2024, 10 February 2025 and 24 March 2025.
- In 2024-25 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 18 March 2025. This included an amendment to reflect additional responsibilities for the Chair of ARC.
- The Committee recommended updates to its terms of reference following a review. These were approved by Council on 11 December 2024. The Committee also reviewed the process of appraisal for the Chief Executive and Registrar and other members of the SMT, including the outcome of the process. The Committee has satisfied itself that the level of remuneration in each case was proportionate and the policies and decisions aligned to GOC values.
- The level of remuneration for Council members and SMT is reported in section three of the annual report (page 49).

RENUMERATION

Member	Registrant or lay	Home location	Fees inc. VAT £	Expenses £	Council Meeting Attendance	Committee and Advisory Panel Attendance
Dr Anne Wright CBE	Lay (Chair)	England	50,000	Nil	6 out of 8	Nom – 4 out of 4
Sinead Burns*	Lay	Northern Ireland	6,981	502.83	3 out of 4	ARC – 2 out of 2
Kathryn Foreman**			6,981	Nil	2 out of 4	ARC – 2 out of 2 AP – 1 out of 1
Josie Forte	Registrant	England	13,962	Nil	8 out of 8	AP – 3 out of 3 Rem 4 out of 4
Mike Galvin	Lay	England	13,962	Nil	6 out of 8	ARC – 6 out of 6 AP – 3 out of 3
Lisa Gerson	Registrant	Wales	13,962	Nil	8 out of 8	Nom – 4 out of 4 AP – 3 out of 3
Ken Gill	Lay	England	13,962	228.99	6 out of 8	ARC – 5 out of 6
Clare Minchington	Lay	England	16,462	101.29	8 out of 8	Rem 4 out of 4
Frank Munro	Registrant	Scotland	13,962	627.46	8 out of 8	ARC – 4 out of 6
Tim Parkinson	Lay	England	13,962	227.13	8 out of 8	INV 2 out of 2 AP – 3 out of 3
Hema Radhakrisnan	Registrant	England	13,962	Nil	8 out of 8	AP – 3 out of 3
Roshni Samra	Registrant	England	13,962	93.49	8 out of 8	AP - 2 out of 3
William Stockdale	Registrant	Northern Ireland	13,962	Nil	8 out of 8	Nom 3 out of 4 AP – 3 out of 3

Remuneration table key

Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year or demitted as a Council member, and the stats will only show the number of meetings they were expected to attend.

Senior Council Member remuneration is set at £16,462. From 1 April 2024 – 31 March 2025 this role was fulfilled by Clare Minchington.

All Council members are required to take part in other events such as strategy days, recruitment, evaluations and performance appraisals, for which they receive no additional remuneration, and which are not included in the attendance figures.

Committees and panels

ARC	Audit, Risk and Finance
Inv	Investment
Nom	Nominations
Rem	Remuneration
AP	Advisory Panel

* demitted 30 September 2024

** appointed 1 October 2024

Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at Floor 29, One Canada Square, Canary Wharf, London E14 5AA

Bankers	Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN
Internal auditors	TIAA Ltd (from 31 March 2020) Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH
External auditors	HaysMac LLP 10 Queen Street Place, London, EC4R 1AG
Investment Advisors	Royal Bank of Canada Brewin Dolphin Limited 12 Smithfield Street, London, EC1A 9BD

COUNCIL

Anne Wright <i>Chair</i>	Appointed 19 February 2021 to 18 February 2025, reappointed 19 February 2025 to 18 February 2029
Sinead Burns	Reappointed 1 October 2020 until 30 September 2024
<i>Kathryn Foreman</i>	Appointed 1 October 2024 until 30 September 2029
Josie Forte	Reappointed 1 April 2021 until 31 March 2025
Mike Galvin	Reappointed 1 April 2021 until 31 March 2025
Lisa Gerson	Appointed 1 May 2021 until 30 April 2025, reappointment confirmed for 1 May 2025 until 30 April 2029
Ken Gill	Appointed 1 January 2023 until 31 December 2027
Clare Minchington	Reappointed 1 April 2021 until 31 March 2025
Frank Munro	Appointed 5 July 2021 until 4 July 2025, reappointed confirmed for 5 July 2025 until 4 July 2029
Tim Parkinson	Appointed 16 April 2020 until 15 April 2024,
<i>Hema Radhakrishnan</i>	Appointed 15 March 2024 until 14 March 2028
<i>Roshni Samra</i>	Reappointed 1 April 2021 until 31 March 2022
<i>William Stockdale</i>	Appointed 1 January 2023 until 31 December 2027

SENIOR MANAGEMENT TEAM

Leonie Milliner	Chief Executive & Registrar
Carole Auchterlonie	Acting Director of Regulatory Operations
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services (to 24 February)
Philipsia Greenway	Director of Change



SECTION TWO

**OUR FITNESS
TO PRACTISE
REPORT**

What is fitness to practise?

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely

The Standards define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business may be impaired.

How we deal with concerns

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants. If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

Overview of our fitness to practise performance

- Met all the PSA's Standards of Good Regulation for fitness to practise for the third year running;
- Secured positive quality assurance from the annual independent audit of decisions;
- Secured substantial assurance rating from our internal audit relating to stakeholder communication;
- Implemented a new case management system and continued to further improve how we manage and report on our performance; and
- Implemented recommendations from an independent review for greater efficiency and effectiveness in our hearings operations.

OUR FITNESS TO PRACTISE COMMITTEE DECISIONS

Outcomes	Number of outcomes
No further action/ no case to answer	8
Misconduct found but not impaired	2
Impaired with no sanction	0
Warning	0
Fines	0
Conditional Registration	3
Suspension	21
Erasure	6
Offer of no evidence accepted	0
Stayed	0
Total	42

ANYONE
CAN RAISE
A CONCERN
WITH US

'We receive concerns from members of the public, patients, carers, employers, the police and other registrants'

WE HAVE SEEN
A 21.4% INCREASE
IN OUR
INVESTIGATION
CASELOAD

Triage

We received more concerns in 2024/25 than the previous year (464 in 2024/25, compared to 405 in 2023/24 – an increase of 13.58%). We opened 137 new investigations, representing a 29% conversion rate (compared to 32% the previous year).

Around 42% of concerns received related to clinical issues, 32% related to registrants' conduct, with the remainder (26%) a mix of conviction, health and business-related issues.

Investigations

Over the past year, we have seen a 21.4% increase in our investigation caseload, rising from 126 at the end of 2023/24 to 153 at the end of 2024/25.

Recognising the importance of timely outcomes, particularly for long-standing cases, we have focused on progressing older investigations through the system. This strategic shift has impacted on some of our case progression times:

- The median age for open investigations increased 25% (from 31 weeks in 2023/24 to 39 weeks in 2024/25), while we ensured older cases were addressed appropriately
- The median time to a case examiner decision rose by 34%, from 41 weeks to 55 weeks, as we prioritised more complex and older investigations to support fair and balanced outcomes
- 29% of new investigations reached the representations stage within 30 weeks
- 46% of new investigations reached the representations stage within 40 weeks
- We also saw a 10.2% increase in cases referred to hearings, from 39 in 2023/24 to 43 in 2024/25
- 58% of cases concluded within 78 weeks, an increase from 52% in the previous year

We ended the year with an increase in open cases that were over one year old (54 cases at the end of 2023/24 compared to 93 cases at the end of 2024/25).

Of the 93 concerns that have been opened for longer than one year, 38% are at post case examiner stage, so are being prepared for disclosure on hearings, have been scheduled for a hearing or are awaiting a hearing date.

The case examiner referral rate to a fitness to practise committee was slightly higher than in the previous year; 2024/25 ended with a rolling 44% referral rate compared to 42% in 2022/23. Including case examiner decisions, we ended the year with a 71-week median closure rate (72 weeks in 2023/2024).

Hearings

- 71-week end-to-end median for all final decisions
- We scheduled 333 hearing days. Although this was 84 fewer than the previous year, we still successfully closed 42 substantive hearings.
- 71% of cases were scheduled within 30 weeks.

Our hearings team continued to support remote and in person events. Eighty-five per cent of our substantive events, and 98 per cent of our non-substantive events were heard remotely. In 2024/25, the fitness to practise committee considered 46 substantive hearings, resolving 42 cases, compared to 48 cases in 2023/24. Three scheduled cases went part-heard during 2024/25, compared to 8 in 2023/24.





SECTION THREE

ACCOUNTS

Our finance report

Financial Review of the Year Ended 31 March 2025

Section 32 (2) of the Opticians Act 1989 provides that 'the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament'. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.

2024-25 started with a budget that achieved break-even for business-as-usual operations and included further plans for investing £1.2m from designated reserves on strategic projects and complex legal cases, aiming at a net deficit of £0.9m. The actual results for the year improved the budgeted expectations by £0.2m, the result of several factors including delays in IT and facilities related expenditure due to our decision to move office in 2025-26, savings in hearings costs, and not having as many complex FtP cases as anticipated. As a result, the financial performance for the year (measured by net income) ended with a £0.7m deficit.

Income for the year was £12.2m (2023/24 £11.2m); £11.7m (2024/25 £10.8m) was related to annual renewal fees. Our investment portfolio saw a marginal increase in value in 2024/25, from £9.3m to £9.4m.

During the year we incurred £13.1m expenditure (2023/24 £12.0m). Increased expenditure was due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

The reserves policy was reviewed and updated during 2023/24, with light-touch changes made as we intend to undertake a full review of the policy in 2025-6 to support the realisation of our next five-year corporate plan.

All our reserves are unrestricted and as of 31 March 2025, the total reserves were £8.0m (2023/24 £8.7m). The target range for non-designated funds as per the reserves policy ranges from £2.3m to £4.3m. As of 31 March 2025, total non-designated funds net of tangible fixed assets was within this range at £3.0m (2022/23 £3.8m).

In setting the reserves policy, the Council has identified three designated reserves; complex FtP cases legal cost reserve, strategic reserve, and infrastructure/ dilapidation reserve. The complex FtP cases legal cost reserve (£0.6m) is to mitigate risk of legal costs of high-value complex cases arising over and above planned levels. The strategic reserve (£3.0m) supports the delivery of specific projects and

initiatives outlined in the GOC's business plans. The infrastructure/dilapidation reserve (£1.0m) is designed to build funds to develop infrastructure when the GOC leaves its current premises at the end of the lease period.

During the year, £1.2m (2023/24 £0.9m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), the three-year Change Management project which successfully concluded at the end of the year, our digital investment in a new case management system, research on the testing of sight to inform policy options, investment in the development of our people, including overhauling our reward and recognition, and the member status project. Several of these projects are multi-year programmes of work. All projects funded by the strategic reserves are approved by Council and designed to realise long-term benefits.

£0.2m expenditure was spent from the infrastructure and dilapidation reserve for the Future office accommodation project. The project will continue to 2025-26, and we will review the reserve levels with the reserve policy update in 2025-26.

£0.01m expenses were identified as complex legal costs during the year and funded through the legal costs reserve.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

Our investment portfolio saw a marginal increase in 2024/25. We continue to see volatility in the market values of our investments. However, our reserves are more than sufficient to cover our strategic projects and ensure we remain a going concern.

The working capital policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The investment policy statement recognises the additional needs of the GOC, as we seek to ensure that

funds provide reasonable returns within acceptable risk profiles. The Investment Policy was approved by Council on 11 December 2022 and is reviewed annually by the Investment Committee. The last review was on 12 November 2024.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and

- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United

Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on 16th September 2025, and signed on their behalf by



Dr Anne Wright CBE

Chair

Independent Auditors Report

Delivered to the Trustees of General Optical Council

We have audited the financial statements of General Optical Council for the year ended 31 March 2025 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charity's affairs as of 31 March 2025 and of the charity's net movement in funds for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's

Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or

otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

- We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:
- Adequate accounting records have not been kept by the charity; or
- Sufficient accounting records have not been kept; or
- The charity financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page **xx**, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern

basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to

posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional

concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

HaysMac LLP
Statutory Auditors
10 Queen Street Place
London
EC4R 1AG

HaysMac LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities

For the Year Ended 31 March 2025

	Notes	Unrestricted Funds £'000	Total 2024/25 £'000	Total 2023/24 £'000
Income from:				
Charitable activities	4	11,699	11,699	10,816
Investments	5	478	478	411
Total		12,177	12,177	11,227
Expenditure on:				
Raising Funds	12	48	48	44
Charitable activities	6	13,062	13,062	11,927
Total resources expended		13,110	13,110	11,971
Net gains/(losses) on investments	12	193	193	623
Net (expenditure) / income		(740)	(740)	(121)
Reconciliation of funds:				
Total funds brought forward		8,735	8,735	8,856
Total funds carried forward		7,995	7,995	8,735

There are no recognised gains or losses other than those recognised above. All activities are continuing. All the transactions in 2024-25 and 2023-24 were unrestricted. The notes on pages 34 to 39 form part of these financial statements.

Balance sheet

For the Year Ended 31 March 2025

	Notes	2024/25 £'000	2023/24 £'000
Fixed assets:			
Tangible fixed assets	11	381	344
Investments	12	9,414	9,266
Total fixed assets		9,795	9,610
Current assets:			
Debtors	13	765	675
Short term deposits		8,950	7,450
Cash at bank and in hand		1,557	3,131
Total current assets		11,272	11,256
Current liabilities:			
Creditors: amounts falling due within one year	14	(13,072)	(12,131)
Net current liabilities		(1,800)	(875)
Total assets less current liabilities		7,995	8,735
Net assets		7,995	8,735
Represented by:			
Unrestricted funds:			
Designated funds	16	4,650	4,546
General funds	16	3,345	4,189
Total funds		7,995	8,735

The notes on pages 34 to 39 form part of these financial statements.

The financial statements were approved and authorised by the Council on 16th September 2025 and were signed on its behalf by:

Dr Anne Wright CBE
Chair



Cash flow statement

For the Year Ended 31 March 2025

	2024/25 £'000	2023/24 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(740)	(121)
Depreciation	279	497
Loss on disposal of fixed assets	61	-
(Gains) / losses on investment income	(193)	(623)
Dividends, interest and rents from investments	(478)	(411)
Decrease / (Increase) in debtors	(91)	(242)
Increase/ (decrease) in creditors	941	915
Net cash provided by (used in) operating activities	(221)	15
Cash flows from investing activities:		
Dividends, interest and rents from investments	478	411
Purchase of tangible fixed assets	(377)	(99)
Proceeds from sale of investments	2,305	2,424
Movement in short term deposit account (more than three months)	(1,500)	1,500
Movement in Cash held in investment	39	32
Purchase of Investments	(2,298)	(2,405)
Net cash provided by (used in) investing activities	(1,353)	1,863
Change in cash and cash equivalents in the reporting period	(1,574)	1,878
Cash and cash equivalents at the beginning of the reporting period	3,131	1,253
Cash and cash equivalents at the end of the reporting period	1,557	3,131
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	1,557	3,131

The notes on pages 34 to 39 form part of these financial statements.

Notes to the Financial Accounts

For the Year Ended 31 March 2025

1. General Information

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at Floor 29, One Canada Square, Canary Wharf, London E14 5AA.

2. Accounting Policies

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. Judgments In Applying Accounting Policies And Key Sources Of Estimation Uncertainty

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees

consider the following item to be an area subject to estimation and judgement.

Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic lives will not have a material impact on the operating results. Historically no changes have been required.

4. Going Concern

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2025/26, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held. The short to mid-term outlook for financial markets may create a risk to our ambitious performance plans, although our budget for 2025-26 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

5. Income

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of

income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fell due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

6. Expenditure

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of Fitness to Practise, legal compliance, registration and education and standards related cost.

Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon

as there is a legal or constructive obligation committing the charity to expenditure.

7. Fixed Assets

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £1,000.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

8. Depreciation

Assets are depreciated in equal instalments over the following periods:

IT equipment, 3 years

Website/intranet/online renewal, 3 years

Office furniture and equipment, 10 years

Leasehold improvements (office fit-out)

Over the lease term (10 years)
(prior years - 15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

9. Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line



with the investment policy approved by Council in March 202.

10. Financial Instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

11. Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

12. Cash At Bank And In Hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

13. Creditors And Provisions For Liabilities

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

14. Funds And Reserves

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Complex cases legal reserve – established to cover the unexpected costs of complex cases arising over and above planned levels.

- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year corporate strategy, budget and beyond.
- Infrastructure & dilapidations reserve – established to build up adequate funds in developing the infrastructure and in dilapidations costs, should we leave current premises.

15. Taxation

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

16. Operating Leases

The annual rentals are charged to the statement of financial activities over the term of the lease.

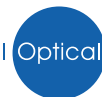
17. Employee Benefits

Short-term benefits – Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits – Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme – Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London, the pension scheme used for GOC staff. During 2022/23 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.



	2024/25 £'000	2023/24 £'000
4. Income from charitable activities		
Registration and renewal fee	11,672	10,801
Continuing Education Training provider	27	15
Total	11,699	10,816

	2024/25 £'000	2023/24 £'000
5. Income from Investment		
Interest from fixed deposits	252	176
Dividend income	226	235
Total	478	411

	Direct Cost £'000	Support Cost £'000	Total 2024/25 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	5,233	2,135	7,368
Registration	958	743	1,701
Education	1,490	897	2,387
Policy & standards	629	333	962
Communications	371	274	645
Total	8,681	4,382	13,063

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2023/24 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	4,932	2,264	7,196
Registration	922	521	1,443
Education	1,304	657	1,961
Policy & standards	510	214	724
Communications	357	246	603
Total	8,025	3,902	11,927

The following table analyses the Fitness to Practise costs:



	2024/25 £'000	2023/24 £'000
6a. Fitness to practise including Legal compliance		
Legal fees on investigations	549	544
Other investigation costs	2,245	2,142
Hearing costs	1,886	1,735
Dispute mediation	275	265
Legal compliance	278	246
Support costs	2,136	2,264
Total	7,369	7,196

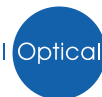
							2024/25 £'000
	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	Total £'000
7. Support costs							
Fitness to practise	78	390	481	359	255	572	2,135
Registration	27	136	167	125	89	199	743
Education	33	164	202	151	107	240	897
Policy & Standards	12	61	75	56	40	89	333
Communications	10	50	62	46	33	73	274
Total	160	801	987	737	524	1,173	4,382

Comparative figures below:

							2023/24 £'000
	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	Total £'000
7. Support costs							
Fitness to practise	58	420	658	244	260	624	2,264
Registration	13	97	152	56	60	143	521
Education	17	122	191	71	75	181	657
Policy & Standards	5	40	62	23	25	59	214
Communications	6	46	72	26	28	68	246
Total	99	725	1,135	420	448	1,075	3,902

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows.
Members' fees and expenses include Council (trustees) and committee members costs.



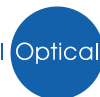
	2024/25 £'000	2023/24 £'000
Governance costs		
Members' fees and expenses	243	218
Staff cost	438	400
External audit fees	28	27
Internal audit fees	28	27
Other governance cost	64	53
Total	801	725

	2024/25 £'000	2023/24 £'000
8. Net income for the year are stated after charging:		
Fees paid to external auditors – HaysMac LLP		
External audit fee	28	27
Taxation advice	3	-
Internal audit fees	28	27
Depreciation of fixed assets	279	497

	Staff £'000	Worker £'000	2024/25 £'000	2023/24 £'000
9. Employment costs				
Staff employment costs:				
Salaries / Fees	5,796	659	6,455	5,072
Settlements	70	-	70	73
Redundancy	14	-	14	-
National insurance	576	36	612	523
Pension costs	493	200	693	442
Total	6,949	896	7,845	6,085

The fees above are the fees we pay to our workers. We have not included fees in the employment costs for 2024/25.

Average number of staff	2024/25	2023/24
Chief Executive's office	1	1
Management team	4	4
Fitness to practise	39	36
Registration	11	10
Strategy	23	22
Governance, compliance, performance reporting	8	7
Corporate services (Facilities, HR, Finance, IT)	20	17
Change	6	7
Total	112	104



The number of staff whose taxable emoluments fell into higher salary bands was:

	2024/25	2023/24
£60,000 but under £70,000	7	11
£70,000 but under £80,000	6	2
£80,000 but under £90,000	1	0
£90,000 but under £100,000	0	3
£100,000 but under £110,000	4	2
£110,000 but under £120,000	0	1
£120,000 but under £130,000	1	0
£130,000 but under £140,000	1	0
£140,000 but under £150,000	0	1
£150,000 but under £160,000	1	0

During the year, Council paid £178,498 for twenty-one members of staff in this category (2023/24 £147,211 for eleven members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 25, Reference And Administrative Detail) to be key management personnel. The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table ten. No amounts are paid directly to third parties that are not already disclosed in table ten. Remuneration and benefits received by key management personnel (SMT) are as follows:

Key management personnel	2024/25 £'000	2023/24 £'000
Gross Pay	625	555
Employer national insurance contributions	66	67
Employer pension contributions	62	56
Benefits	3	1
Total	756	679

10. Trustees' expenses	Fees £	Expenses £	2024/25 Total £
Lisa Gerson	13,962	-	13,962
Sinead Burns*	6,981	503	7,484
Claire Minchington	16,462	101	16,563
Roshni Samra	13,962	93	14,055
Josie Forte	13,962	-	13,962
Tim Parkinson	13,962	227	14,189
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	-	13,962
Frank Munro	13,962	628	14,590
Ken Gill	13,962	229	14,191
William Stockdale	13,962	-	13,962
Hema Radhakrishnan	13,962	-	13,962
Kathryn Foreman**	6,981	-	6,981
Total	206,082	1,781	207,863
Number of trustees			12

* Retired during the year ** Appointed during the year.

Comparative figures below

	Fees £	Expenses £	2023/24 Total £
10. Trustees' expense			
Lisa Gerson	13,962	174	14,136
David Parkins*	13,380	-	13,380
Sinead Burns	13,962	968	14,930
Clare Minchington	16,462	192	16,654
Roshni Samra	13,962	55	14,017
Josie Forte	13,962	346	14,308
Tim Parkinson	13,962	294	14,256
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	217	14,179
Frank Munro	13,962	437	14,399
Ken Gill	13,962	600	14,562
William Stockdale	13,962	532	14,494
Hema Radhakrishnan**	582	-	582
Total	206,082	3,815	209,897
Number of trustees			12

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

	Office, furniture & equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
11. Tangible fixed assets						
Cost as at 1 April 2024	304	1,057	447	1,459	33	3,300
Add: Cost of additions	-	-	89	29	256	374
Less: Disposals	(297)	(32)	(60)	-	-	(389)
Transfers	-	-	-	262	(262)	-
Total at 31 March 2025	7	1,025	476	1,750	26	3,285
Less: Depreciation						
As at 1 April 2024	(247)	(952)	(316)	(1,441)	-	(2,956)
Charged in the year	(30)	(74)	(77)	(98)	-	(279)
Disposals	272	-	59	-	-	331
Total at 31 March 2024	(5)	(1,026)	(334)	(1,539)	-	(2,904)
Net book value 31 March 2025	2	(0)	142	211	26	381
Net Book Value 31 March 2024	57	105	131	18	33	344

	2024/25 £'000	2023/24 £'000
12. Investment		
Investments b/f	9,141	8,537
Additions	2,298	2,405
Disposals	(2,305)	(2,424)
Realised gains	86	(33)
Unrealised gains/ (losses)	107	656
Investments c/f	9,327	9,141
Cash	86	125
Total portfolio	9,413	9,266

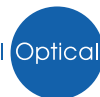
Total portfolio includes cash held with equity managers. During the year £47,337 (2023/24 £44,478) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2024/25 £'000	2023/24 £'000
13. Debtors		
Prepayments	528	441
Other debtors	19	13
Accrued income	218	221
Total	765	675

	2024/25 £'000	2023/24 £'000
14. Creditors: Amounts falling due within one year		
Trade creditors	91	139
Deferred income (note 14a)	11,378	10,931
Accruals	753	805
Other tax and social security	193	155
Provisions	529	-
Other creditors	128	101
Total	13,072	12,131

	2024/25 £'000	2023/24 £'000
14a. Deferred income		
At 1 April	10,931	10,078
Amount deferred during the year	11,484	11,016
Amount released to Statement of Financial Activities	(11,037)	(10,163)
Total	11,378	10,931

Income from registrant renewal fees received in advance is deferred and will be released as income in 2024/25.



	2024/25 £'000	2023/24 £'000
15. Financial Instruments		
Financial assets measured at fair value	9,414	9,266
Financial assets measured at amortised cost	10,745	10,815
Financial liabilities measured at amortised cost	(1,694)	(1,200)
Net financial assets measured at amortised cost	18,465	18,881

(a) Financial assets measured at fair value include investments. (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income. (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2024 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2025 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(87)	-	613
Strategic reserve	2,596	-	(879)	1,283	3,000
Infrastructure/dilapidations reserve	1,250	-	(214)	-	1,036
Total designated funds	4,546	-	(1,180)	1,283	4,649
General funds					
Income and expenditure reserve	4,189	12,177	(11,931)	(1,090)	3,345
Total funds	8,735	12,177	(13,110)	193	7,995

Comparative figures below.

	2023 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2024 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(82)	82	700
Strategic reserve	2,000	-	(919)	1,515	2,596
Covid -19 reserve	900	-	-	(900)	-
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	4,850	-	(1,001)	697	4,546
General funds					
Income and expenditure reserve	4,007	11,227	(10,970)	(75)	4,189
Total funds	8,857	11,227	(11,971)	622	8,735

All the reserves are unrestricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's corporate strategy. It was decided that COVID-19 reserve is no longer required at the latest reserve policy review in November 2023. Infrastructure/dilapidations reserve is set up to build in funds in dilapidation related costs and in developing the infrastructure needed should we leave the current premises when lease term expires.

During the year, £87k funds from the Legal cost reserve were used for complex legal costs related to case progression. A total of £879k spent on strategic projects were funded through the strategic reserve. The infrastructure and dilapidation reserve funded a £214k towards the Future Office accommodation project. At the end of the year, funds from the general reserve were transferred to increase Strategic reserve to £3,000k, enabling funding for projects in future years.

	Unrestricted funds £'000	Total 2024/25 £'000	Total 2023/24 £'000
17. Analysis of net assets by fund			
Tangible fixed assets	381	381	344
Investments	9,414	9,414	9,266
Current assets	11,272	11,272	11,256
Current liabilities	(13,072)	(13,072)	(12,131)
Total net assets	7,995	7,995	8,735

18. Pension commitments

We operate defined contribution auto-enrolment pension schemes on behalf of employees and workers. The assets of these schemes are held separately from those of Council in independently administered funds. The total expense incurred during the year was £693,300 (2023/24 £441,600). There were £84,470 in outstanding contributions in 2024/25, (£70,804) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2025, the charity had the following future lease payments under operating leases.

	2024/25 £'000	2023/24 £'000
Land and buildings		
Within one year	237	647
In two to five years inclusive	1,198	-
Over five years	62	-
	2024/25 £'000	2023/24 £'000
Office Equipment lease		
Within one year	8	3
In two to five years inclusive	29	9

The total charge of all operating leases to the statement of financial activities as at 31 March 2025 was £381,113 (2023/24 £679,168).

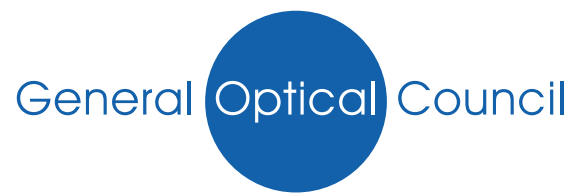


20. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

There were no related party transactions in the current year.

	At 1 April 2024 £'000	Cash flows £'000	At 31 March 2025 £'000
21. Analysis of changes in net debt			
Cash and cash equivalents			
Cash	3,131	(1,574)	1,557
Cash equivalents	7,450	1,500	8,950
Total	10,581	(74)	10,507



GENERAL OPTICAL COUNCIL

England & Wales - Charity number 1150137

Accounts

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2024



General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2024

Registered as a charity by the Charity Commission in England and Wales (Registered charity number 1150137)

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as amended by schedule 2 paragraph 3 of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

If you have any questions about this document, please email communications@optical.org or phone us on 020 7580 3898.

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A message from the Chair and Chief Executive



Dr Anne Wright CBE
Chair



Leonie Milliner
Chief Executive and Registrar

We are delighted to present the annual report and accounts of the General Optical Council for 2023-24, which sets out how we have fulfilled our statutory obligations as a regulator and a charity.

2023-24 has many things to be proud of. We would like to thank all colleagues for their hard work and contributions during the past year.

We met all 18 Standards of Good Regulation by the Professional Standards Authority (PSA) for the second year in a row. Thank you to all of our staff, Council and members who helped us achieve this. We were especially pleased that the PSA's report recognised our progress in reducing the time it takes to complete fitness to practise cases and our work to deliver our EDI action plan. A total of 12 education providers adapted their existing qualifications to meet our updated education and training requirements for the autumn 2023 cohorts. We continue to work with the rest of providers to ensure they are ready for the next year.

We entered the final year of the first Continuing Professional Development (CPD) cycle under the new scheme. Following a review of the scheme, we decided that registrants with a specialty, such as contact lens opticians and optometrists with prescribing rights, would be able to obtain specialty points through self-directed CPD. 2023-24 also saw some new faces at the GOC. We appointed Carole Auchterlonie as Director of Regulatory Operations to manage our fitness to practise functions. Professor Hema Radhakrishnan joined our Council as a registrant member, offering a wealth of experience in academia and research.

The year also identified some challenges. We published our annual education monitoring

WE HAVE
MET ALL 18
STANDARDS OF
GOOD
REGULATION

report, which found that providers are still facing a number of issues due to the COVID-19 pandemic, including: high street opticians experiencing ongoing effects regarding the supply of placements; a higher than normal number of non-progressing students due to mitigation measures imposed such as teacher assessed grades; failure to provide required placements resulting from the post-COVID recovery plans of devolved administrations; and the ongoing physical and mental impact on students and staff.

Our 2023-24 registrant survey found that high numbers of optical professionals are experiencing bullying, harassment, abuse, or discrimination in the workplace. In response, we worked with other optical sector organisations, including professional bodies, to publish a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We will continue to monitor both these issues.

This annual report will be the final under our "Fit for the Future strategy". As we turn our attention to what comes next, we have launched a consultation on a new draft corporate strategy for 2025-30, which features new vision and mission statements. Our proposed new vision statement – 'Safe and effective eye care for all' – focuses on what we seek to achieve for the public. We have updated our mission statement so that it is reflective of the changing terminology in the sector – 'To

protect the public by upholding high standards in eye care services.' The strategy is supported by three strategic objectives: creating fairer and more inclusive eye care services; supporting responsible innovation and protecting the public; and preventing harm through agile regulation. Through our new strategy, we aim to shift our approach as a regulator to become more agile in response to developments in technology, business models, and the workforce and preventing harm before it arises – all in pursuit of working towards safer and more effective eye care for all.

Dr Anne Wright CBE

Chair

Leonie Milliner

Chief Executive and Registrar

'We aim to shift our approach as a regulator to become more agile in response to developments in technology'





About the GOC

We are the regulator for the UK’s optical professions

Our charitable purpose and statutory role are to protect and promote the health and safety of the public by promoting high standards of professional education, conduct and performance amongst optometrists and dispensing opticians, those training to be optometrists and dispensing opticians, and bodies corporate conducting business in optometry or dispensing optics in the UK.

As of 31 March 2024, there were 33,705 registrants. We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available on our website: EDI Performance Monitoring Report

We have four core functions

- Setting standards for optical education and training, performance and conduct
- Approving qualifications leading to registration
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- Investigating and acting where registrants’ fitness to practise, train or carry on business may be impaired

REGISTRANTS

	2023/24		2022/23		2021/22		2020/21	
Optometrist	17,698	52%	17,401	52%	16,932	51%	16,267	50%
Dispensing optician	6,594	20%	6,912	21%	7,060	21%	7,190	22%
Student optometrist	5,307	16%	5,145	15%	4,990	15%	4,640	14%
Student dispensing optician	1,254	4%	1,267	4%	1,331	4%	1,383	4%
Business registrant	2,852	8%	2,921	9%	2,861	9%	2,796	9%
TOTAL	33,705	100%	33,646	100%	33,174	100%	32,276	100%

ANNUAL REGISTRANT FEE

	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Optometrists	£380	£360	£360	£360	£350	£340
Dispensing opticians	£380	£360	£360	£360	£350	£340
Corporate bodies	£380	£360	£360	£360	£350	£340
Students	£30	£30	£30	£30	£30	£30
Low income fee	£260	£260	£260	£260	£250	£240

Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table below sets out the fees that registrants are required to pay for entry or retention on our register.

For three years, from 2019/20 to 2022/23, registrant fees remained frozen at £360. In 2023/24, we increased registrant fees by £20 for optometrists, dispensing opticians, and body corporates, representing a below-inflation increase of 5.56%. Fees for students remained the same and the discount for low-income fees increased by £20, from £100 to £120, meaning that the low-income fee remained at £260. Fees for students have not increased since 2017/18.

'Fees for students remain the same and the discount for low-income fees has been increased'

About this report

This annual report sets out the activities we have undertaken from 1 April 2023 to 31 March 2024 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2024. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.





SECTION ONE

**HOW
WE DELIVER
PUBLIC
BENEFIT**

Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions

Our five-year 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do to achieve our vision of being recognised for delivering world-class regulation and excellent customer service. This section of our annual report describes how we delivered public benefit in the fourth year of

our strategic plan and outlines our ambitious programme of work and investment in strategic projects as we enter its final year. Our priorities are organised under the following three strategic objectives and ensure that we deliver public benefit through our work.

DELIVERING

WORLD-CLASS
REGULATORY
PRACTICE

BUILDING

A CULTURE
OF CONTINUOUS
IMPROVEMENT

TRANSFORMING

CUSTOMER
SERVICE

Highlights of 2023/24

Updating our Standards of Practice to enhance public protection

We launched a review of our Standards of Practice to ensure they are fit for purpose and reflect the current context within which registrants practise, students are trained, and businesses operate. As part of the review, we held a series of stakeholder conversations with registrants and optical organisations and commissioned research into patient and public views of the Standards. We used this feedback to inform the revision of Standards, which we consulted on between February and May 2024.

Our proposals included changes to improve public protection, such as strengthening the standards in relation to the care of patients in vulnerable circumstances and the use of technology and Artificial Intelligence (AI) when providing care. New standards have also been added to set clear expectations in relation to managing communicable diseases and sexual harassment.

Implementing updated requirements for education and training

We worked closely with universities and other education providers to implement our updated education and training requirements (ETR) for qualifications we approve. Twelve approved qualifications in optometry adapted their programmes to meet our new ETR, which meant that 60% of first year optometry students entered the new four-year integrated master's degree programmes in the 2023/24 academic year. We also continued to support providers in their design of new or adapted qualifications to meet the new requirements through our continuing financial support for the Sector Partnership for Optical Knowledge and Education (SPOKE), which we commissioned



in 2021. SPOKE's work this year included the publication of guidance on how to build on and enhance current practice in supervision during the transition to the ETR and Indicative Guidance for Contact Lens Opticians and Independent Prescribers.

The ETR will ensure that the qualifications we approve are fit for purpose, meet patient and service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

'We held a series of stakeholder conversations with registrants and optical organisations and commissioned research into patient and public views'

WE
WORKED
CLOSELY WITH
UNIVERSITIES
AND EDUCATION
PROVIDERS

WE ACHIEVED
THE CUSTOMER
EXCELLENCE
STANDARD

Supporting EDI requirements by implementing the Welsh Language Standards

To comply with the Welsh Language Standards, our website is now available in Welsh and most documents that are available on the website in English have been translated into Welsh. We also updated our phone line to include options in Welsh.

We have put new internal processes in place to ensure that key documents relating to public protection are available in Welsh going forward and have trained all staff on how to handle any enquiries that are received in Welsh.

Convening the sector to support action on high profile issues

Our 2023 Registrant Survey showed that registrants reported experience of significant levels of bullying, harassment, abuse, and discrimination at work. We were extremely concerned by these findings, so in response we held a meeting with professional and membership bodies to address the issue. In agreement with other optical organisations, we published a joint statement committing to a zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. We will continue to work alongside the optical sector to ensure all team members have the support and tools they need to promote and embed a positive working environment.

Meeting all PSA Standards of Good Regulation for second year running

For the second year in a row, we met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation, providing assurance to patients, the public, and registrants that we are discharging our regulatory duties

effectively. The PSA's report highlighted progress in several key areas, including our improvements in the timeliness of progressing fitness to practise cases, as well as recognising the further programme of work we will undertake to build on the improvements already made.

Recognised for delivering Customer Service Excellence

As part of our vision to be recognised for delivering world-class regulation and excellent customer service, we achieved the Customer Excellence Standard (CSE), an independent quality mark recognising customer focus in organisations. To achieve the CSE, we had to meet 57 elements across five areas including: delivery, quality, information, professionalism, and staff. The CSE also identified several areas where we could further develop our customer service, so we will continue to work towards implementing these recommendations in the year ahead.

Building our knowledge of the optical sector

In response to feedback from registrants, we continued to build our collective understanding of optical care provision by visiting different



WE HAVE AN
AMBITIOUS EDI
STRATEGY FOR
2025-30

practices around the UK as part of our 'optical familiarisation programme.' Since its inception in January 2022, the programme has involved visits to a wide range of stakeholders in the sector, including a hospital eye department, a prison, optical equipment manufacturers as well as optical practices large and small.

Last year, approximately 144 staff and members visited optical practices and manufacturers. Each visit has provided valuable insight that will be useful to our work, and we will continue to build upon this in the coming year.

Removing gender from the public register

In autumn 2023 we consulted on whether to remove information about a registrant's gender from the public register, given there is no requirement under the Opticians Act 1989 or Registration Rules 2005 to publish information about a registrant's gender. Consequently, a proposal to remove information about a registrant's gender from the public register was approved by Council in March 2024 and work is being undertaken internally to manage this change.

Our ongoing commitment to equality, diversity and inclusion (EDI)

We are committed to promoting equality, diversity and inclusion and consider it central to our work as a regulator and as a responsible employer. We have reflected on progress implementing our 2020-24 EDI action plan and identified where we can improve. This included commissioning a review of our EDI performance and plan, which informed our new EDI action plan for 2024-25.

This action plan will allow us to lay the foundations for an ambitious EDI strategy for 2025-30. There will be a separate annual report covering our work in this area, but key achievements include the PSA commending our performance against our 2020-24 EDI action plan and the way we collect, analyse and publish EDI data.

Investing in our Digital Transformation

We have continued to invest in updating our digital environment. This includes commissioning a new Case Management System (CMS) which will help us manage our fitness to practise caseload more efficiently, automating many functions and helping us to deliver excellent customer service. We appointed CitizenLab as our new consultation platform provider offering new functionality to improve engagement and support analysis of responses.

We also installed modern audio-visual equipment in our hearings room and in two of our meeting rooms, which will benefit those attending hearings or meetings remotely, helping us reduce cost and make our work more accessible. Work continues towards the modernisation of our telephony, payroll and HR systems, and improvement of the MyGOC platform.

We have also successfully achieved both Cyber Essentials and Cyber Essentials Plus accreditation, which are National Cyber Security certifications that help organisations assess and improve their cyber security posture. By obtaining Cyber Essentials Plus certification, we demonstrate our commitment to maintaining strong cyber security measures, protecting ourselves, staff and customers against the most common online threats.

'We commissioned a new Case Management System (CMS) which will help us manage our fitness to practise caseload more efficiently'

Our Plans for 2024/25

Our five-year strategic plan “Fit for the Future” included several important pieces of work, some of which have spanned years, designed to protect the public and uphold public confidence in the professions and businesses we regulate.

The 2024-25 financial year marks the final year of our five-year strategic plan. It represents the culmination of a programme of strategic investment in our digital and people transformations, as well as in the continuous improvement of our regulatory activities which aim to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

confidence in our ability to protect them, and our registrants must consider that we are fair and proportionate in the decisions we make. We achieve this by maintaining a register of individuals who are fit to practise or train, and bodies corporate who are fit to carry on business. This includes managing annual registrant and student renewal processes. We will continue to maintain fair, proportionate,

Public protection is at the heart of what we do

This includes the work we do to protect the public and uphold public confidence in the professions and businesses we regulate, with a renewed focus on offering high quality services to our registrants and supporting eyecare professionals to contribute to their full professional capability in the best interests of patients. The public must have

‘The public must have confidence in our ability to protect them, and our registrants must consider that we are fair and proportionate ‘



and efficient processes for investigating fitness to practise concerns, including:

- Continuing to embed improvements in our triage and casework processes to speed up investigations
- Undertaking a review of the efficiency of hearings operations to identify opportunities to be more cost effective whilst maintaining public protection
- Updating our guidance on a range of topics including indicative sanctions guidance
- Launching our new electronic case management system to support the robust management of our end-to-end casework process
- Sharing learning from FTP outcomes with registrants through our FTP bulletin to embed good practice.



‘We are currently in the process of developing a new model of regulation of optical businesses’

Upholding the highest professional standards

We plan to complete our review of our Standards for fully-qualified and student registrants to ensure they are fit for purpose, and reflect the current context within which registrants practice, students are trained, and businesses operate.

This process began last year, where we engaged extensively with stakeholders, including professionals, patients and the public, on a range of topics related to our Standards including social media and online conduct, maintaining professional boundaries, leadership and delegation and supervision. We launched a public consultation in February 2024 on the proposed new Standards of Practice for Optometrists and Dispensing Opticians, the Standards for Optical Students and consequential amendments to the Standards for Optical Businesses.

We will consider all responses thoroughly, before drafting the final sets of Standards. We plan to publish the revised standards in autumn 2024.

Developing business regulation

Only around half of optical businesses operating in the UK are registered with the GOC, creating a regulatory gap where patients may be protected when using one business on their local high street but not the one next door.

There is broad consensus among sector bodies supporting our policy that all businesses carrying out restricted activities (such as sight testing, fitting of contact lenses, selling optical appliances to children under 16 and those registered visually impaired, and selling zero powered contact lenses) should be registered with us.

We are currently in the process of developing a new model of regulation of optical businesses. Any model that we implement will be consulted upon and will likely require legislative change to the Opticians Act 1989. We will proactively develop a draft framework for business regulation ahead of public consultation, which will allow us to move at pace when working with



the Department of Health and Social Care to modernise our legislative framework and close this regulatory gap.

Education and Continuing Professional Development

This year sees the final year in the first three-year cycle of our new, more flexible Continuing Professional Development (CPD) scheme, which gives registrants more responsibility for their own learning and development and the ability to tailor their own personal scope of practice. This year registrants will be required for the first time to complete a reflective exercise, which we will support by sharing a range of resources.

Following the introduction of the education and training requirements (ETR), providers of GOC-approved qualifications will continue to submit their plans to meet our new requirements, which we will review and note. Whilst providers are adapting their

qualifications to meet our new requirements, we will continue to quality assure GOC-approved qualifications against the current quality assurance handbooks and prepare for the introduction of our new Quality Assurance and Enhancement Method for qualifications who now meet the ETR. We will continue to support the sector to organise and respond to the changes we've made to qualifications we approve through our continued financial support of SPOKE, and we will continue to chair and provide administrative support for the Sector Strategic Implementation Steering Group.

We also expect to agree new processes for international routes to registration under the ETR following our public consultation last year.

Looking to the future and a new strategy for 2025-2030

Our new strategy will outline our mission and strategic objectives for the next five years, aiming to sustain our success as a high performing regulator, building on our strengths and the areas where we wish to improve, and setting out our vision for change. Our ambition remains to be a world-class regulator; agile, robust and effective in the deployment of our regulatory responsibilities, well regarded by stakeholders and continuing to meet all the PSA standards of good regulation.

The new strategy will be supported by an equality, diversity and inclusion (EDI) strategy, financial strategy, digital strategy, people plan and a business performance reporting framework.

We will 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 continue our public duty and commitment to progress (EDI), which underpins all our work, including delivering our EDI strategy and annual report about how EDI is embedded across the organisation.

OUR AMBITION
REMAINS TO BE
A WORLD-CLASS
REGULATOR

Our internal controls, audit function and risk management approach

Internal controls

The Governance team is responsible for monitoring, advising and reporting on compliance with our policies and procedures. This includes advising on the management of interests policy, monitoring information governance requests, responding to corporate complaints and Speaking Up (otherwise known as whistleblowing) referrals and other associated activities.

Our corporate complaints policy has three tiers, the first of which is a service response. Following this, complainants are entitled to refer it as a complaint at stage two and request a stage three appeal if they feel the complaint has not been adequately resolved at stage two.

In 2023-24 we received:

- Seven requests for a stage two review, of which three were partially upheld, and four were not upheld
- Four requests for a stage three appeal, one of which was partially upheld and three of which were not upheld.

We have seen a rise in the number of corporate complaints we receive from both the public and

registrants this year (six stage two complaints and one stage three appeal in 2022/23) though not significant enough to suggest an underlying trend in terms of customer satisfaction. More complaints are being referred onto a stage three appeal than in 2022/23 though this does not equate to more complaints being upheld at the stage three review.

A common theme that emerges from our received complaints is a perceived failure to deal appropriately with individual concerns through regulatory action. None of these complaints have been upheld, though we take care to explain our role as a regulator and signpost alternative routes to complaint resolution where this is available (such as the Optical Consumer Complaints Service). Where complaints are upheld or partially upheld, lessons learnt have been cascaded to

'Where complaints are upheld or partially upheld, lessons learnt have been cascaded to managers to improve our services'





managers to improve our services. The most common issue for these complaints being partially upheld is poor information sharing on our part, particularly in relation to timeliness. The GOC is also in the process of developing its customer service charter as part of its strategic change programme, and this will help ensure we are consistent in our responses to registrant queries.

We also have Speaking Up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received ten referrals in 2023/24. This is a substantial increase in the number of referrals received in 2022/23 – with only one referral received. Of the ten, four referrals concerned third parties. One was made anonymously via letter with no contact information, and did not disclose sufficient information for an investigation, a second did not fall within the remit of the GOC as a regulator and two concerned an education provider and were followed up via the formal routes available to the GOC. Six referrals related to, or came from, staff in 2023/24. The majority of these were connected to specific employee relations matters. These were assessed and formally investigated where the necessary thresholds

WE HAVE
SPEAKING UP
POLICIES FOR
STAFF AND
REGISTRANTS

were met. Where the threshold was not met, feedback was provided to those speaking up and alternative options signposted. The increased uptake of the policy by the public, registrants and staff is seen as encouraging, as it suggests a greater awareness of the importance of speaking up. The speaking up policy for staff will transition during 2024-25 to a freedom to speak up scheme, and this is intended to replicate best practice as set out by the National Guardian's Office.

Internal audit function

The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. Its responsibilities include appointment of the internal auditor, approval of the annual audit plan and reviewing the outcomes of the audits undertaken. It also receives an annual report from the internal audit function.

In 2023/24 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 14 May 2024 and noted the Head of Internal Audit Annual Opinion:

"TIAA is satisfied that, for the areas reviewed during the year, General Optical Council has reasonable and effective risk management, control and governance processes in place. This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by General Optical Council from its various sources of assurance."

Risk management

Our approach to risk management is set out in our risk management policy. The risk management policy and risk appetite statement were last approved by Council on 28 June 2022. We consider that an effective risk management strategy and policy is fundamental to the achievement of all our

SOME OF
OUR KEY RISKS
COME FROM
THE EXTERNAL
ENVIRONMENT

strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, the Audit, Risk and Finance Committee commenced producing an annual report on its activities. The most recent of these reports was received by Council in September 2024.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- Failure to meet our duties in respect of information governance and information security;
- Failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers; or
- The register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them. Employee capability and resilience was an increasing risk in 2023-24 given turnover

in several key strategic and operational roles. In addition, employee survey results identified workload planning and the fair application of people policies as areas for improvement. In managing this risk, SMT completed the first phase of its Reward and Recognition project with the introduction of a new Reward and Recognition policy in early 2023-24, which benchmarked our pay bands allowing for a more competitive approach to attraction and retention and improvements to the total reward package for our employees.

SMT has committed to developing a knowledge, skills and behaviours framework as part of the second phase of the project for 2024-25 which will deliver a performance management system that is in tune with our values and aligned to our People ambitions and future strategy. The Chief Executive and Registrar commissioned an independent Equality, Diversity and Inclusion (EDI) review that led to a revised EDI action plan for 2024/25.

The Senior Council Member also undertook a lessons learnt review of key policies relating to employee relations. Several recommendations were made to ensure that these policies continued to ensure concerns were properly investigated and all participants were treated consistently with appropriate support. The recommendations from this review will be implemented in 2024/25.

The financial and operational impacts of part-heard hearings was identified as a critical risk in previous annual reports, however we have used our risk management processes to put in place actions to reduce and mitigate the risk in this area. As consequence, the number of scheduled hearings that were part-heard in 2023/24 was half that of those we had in 2022/23.

‘We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions’

Our people

In 2023-24 our main focus was to consolidate the work undertaken the previous year updating our People policies by completely overhauling our approach to employee reward and recognition.

Our existing pay policy was out of date and did not align with employee expectations. We made a commitment following employee survey results at the end of 2022 to review our approach to reward and introduce a system to allow for recognition of performance and demonstration of our values.

This was a complex project that involved use of specialist consultants to help assess the existing approach and compare it to other similar organisations. We benchmarked salaries and consulted with our employees on a new approach to pay that recognised the complications of the existing policy and the constraints it imposed on pay progression, retention and attraction, especially for professionally qualified staff.

In July 2023, following employee consultation, we launched our new reward and recognition policy, supported by revised pay bands in addition to an enhanced benefits package which will include affordable private medical insurance from May 2024, and a process for individual and team recognition which could be accessed by all employees, allowing for nominations and awards for achievements outside of the annual performance appraisal process.

We have also committed to designing a new knowledge skills and behaviours framework in 2024, that will replace our existing performance management process and will transform us into a learning-focused organisation.

Flexible and agile working remains key to how we deliver our services, as we believe it better supports recruitment and retention

of a balanced, qualified and geographically diverse workforce from right across the United Kingdom, as well as encouraging a good work-life balance.

In the last year we delivered two employee wellbeing campaigns which have supported and provided resources for working from home and employee mental health, as well as offering collective challenges to support employees' physical health.

The work of our Staff Wellbeing and Engagement Group (SWEG) continues to play a vital role in keeping our staff engaged and connected, particularly around EDI issues. In the last year our staff networks, which are employee led, have promoted women's history month, Black History Month and disability/ neurodiversity awareness, supporting our aim of being an inclusive workforce where people can contribute fully.

Our gender pay gap analysis demonstrates that we are well within the threshold of acceptable pay differentials between female and male employees.

The health and safety of those that work for us is of primary importance. No major health and safety incidents were reported during the year.

'We launched our new reward and recognition policy, supported by revised pay bands in addition to an enhanced benefits package'

FLEXIBLE AND
AGILE WORKING
REMAINS KEY

Our structure, governance and management

Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries.

Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- To protect, promote and maintain the health, safety and well-being of the public
- To promote and maintain public confidence in the professions regulated under the Optician Act 1989
- To promote and maintain proper professional standards and conduct for members of those professions
- To promote and maintain proper standards and conduct for business registrants

Our Council is comprised of 12 Council members, of whom six are registrants and

six are lay members (see pages X and X). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2023-24, having been appointed on 18 February 2021.

One Council member is appointed as a Senior Council Member (SCM). The SCM reviews the Chair's performance, provides a sounding board for the Chair, and serves as an intermediary for Council members, the Executive, and stakeholders as necessary.

Clare Minchington was appointed as SCM from 1 January 2023 and acted in that capacity throughout 2023-24.

Our governance structure

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Our governance structure in 2023-24 consisted of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration, and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees. The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 23. The Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public.

ALL COUNCIL MEMBERS SHARE THE SAME DUTY OF PUBLIC PROTECTION

Council business is only conducted in private if one of the following conditions set out in the standing orders apply:

- Any personal matter concerning a present or former registrant or application for registration, employee, Council member, panel or committee member, education visitor or advisor
- Any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime, and the prosecution of offenders
- Any information given to the GOC in confidence
- Risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk
- Any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All Council and committee members are required to engage in a performance review process.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

Effectiveness of governance

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2023, and the organisation judged itself to have complied with the majority of the code’s recommended practice. Where it has not done so, the

SMT RESPONSIBILITIES

The determination of pay and remuneration for the Chief Executive and Registrar and senior executive team (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation’s pay and reward policy, and

pay is benchmarked against other regulators. Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

Philipsia Greenway Director of Change

- Responsible for*
- Customer experience development
 - Information technology
 - Strategic change programmes

Yeslin Gearty Director of Corporate Services

- Responsible for*
- Facilities
 - Finance
 - Human resources
 - Registration
 - Risk and audit

Carole Auchterlonie Director of Regulatory Operations

- Responsible for*
- Triage (including contract management of the Optical Consumer Complaints Service)
 - Investigations
 - Hearings
 - Legal

Steve Brooker Director of Regulatory Strategy

- Responsible for*
- Communications
 - Education and CPD strategy
 - Education and CPD operations
 - Strategy, policy and standards

SMT, Council and its committees are supported by the Governance team. The Head of Governance reports directly to the Chief Executive and Registrar.

assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method. In 2023-24 TIAA, (the GOC's internal auditor), undertook an audit of the organisation's compliance with the Charity Governance Code. This activity returned an audit opinion of substantial assurance.

In addition to adopting the self-assessment, we commenced a governance review in 2022-23. The stated objective of this review was to ensure that the GOC's governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit. This review has seen revisions to policies and procedures, including:

- A new member review process for Council and committee members
- Updated terms of reference for the committees that comprise Advisory Panel
- Revised role profiles for Council members
- A new significant incident and management policy

In 2023-24, this work was primarily focussed on member support. This included revised training and development requirements, including clearer guidance about regular compliance training for different cohorts of members. The member support review also piloted improved IT support for Council members, with a view to rolling this out to all Council members in 2024-25.

Members' conduct

Council (in their role as trustees) and committee members have a duty to abide by the seven principles of public life (otherwise known as the Nolan principles): selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

This includes a responsibility to:

- Act impartially and objectively
- Take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so

- Take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2023/24.

Remuneration Committee statement 2023/24: member and director remuneration

The Remuneration Committee has been delegated the following responsibilities by Council:

- To advise Council on the payment of fees to members
- To provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management which are in line with the GOC's values and principles
- To approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the SMT
- To approve the process of appraisal for the Chief Executive and Registrar and other members of the SMT
- To approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements
- To approve a statement in the annual report about its membership, role and remit for the preceding year
- To advise the Chief Executive and Registrar on the staff expenses policy
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to EDI

WE
COMMENCED
A GOVERNANCE
REVIEW IN
2022-23

RENUMERATION

Member	Registrant or lay	Home location	Fees inc. VAT	Expenses £	Council Meeting Attendance	Committee and Advisory Panel Attendance
Dr Anne Wright CBE	Lay (Chair)	England	49,999.92	nil	8 out of 8	Nom 4 out of 4
Sinead Burns	Lay	Northern Ireland	13,962	968.43	7 out of 8	ARC 6 out of 6
Josie Forte	Registrant	England	13,962	345.79	8 out of 8	AP Rem 2 out of 2 4 out of 4
Mike Galvin	Lay	England	13,962	217.02	8 out of 8	ARC AP 6 out of 6 2 out of 2
Lisa Gerson	Registrant	Wales	13,962	173.99	8 out of 8	Nom AP 4 out of 4 2 out of 2
Ken Gill	Lay	England	13,962	599.83	8 out of 8	ARC 5 out of 6
Clare Minchington	Lay	England	16,461.96	192.48	8 out of 8	Rem 4 out of 4
Frank Munro	Registrant	Scotland	13,962	436.59	7 out of 8	AP 2 out of 2
David Parkins*	Registrant	England	13,380	nil	8 out of 8	ARC IC 5 out of 6 2 out of 2
Tim Parkinson	Lay	England	13,962	294.09	8 out of 8	IC AP 2 out of 2 2 out of 2
Hema Radhakrisnan**	Registrant	England	581.75	nil	-	-
Roshni Samra	Registrant	England	13,962	55.30	6 out of 8	AP 0 out of 2
William Stockdale	Registrant	Northern Ireland	13,962	532.39	8 out of 8	Nom 4 out of 4

The Remuneration Committee is comprised of Clare Minchington (Senior Council Member and committee chair as of 1 January 2023, lay Council member), Josie Forte (committee member as of 1 January 2023, registrant Council member), and Nigel Sully (committee member as of 1 April 2022, independent member).

To discharge its functions, it met on four occasions in 2023-24: 25 April 2023; 29 Sept 2023; 10 October 2023 and 5 February 2024.

In 2023-24 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 13 March 2024. This included an amendment to ensure members receive remuneration for undertaking all induction and training activities.

The Committee also reviewed the process of appraisal for the Chief Executive and Registrar and other members of the SMT, including the outcome of the process. The Committee has satisfied itself that the level of remuneration in each case was proportionate and the policies and decisions aligned to GOC values.

* demitted 14 March 2024

** appointed 15 March 2024

Remuneration table key

Committees and panels

ARC	Audit, Risk and Finance
Inv	Investment
Nom	Nominations
Rem	Remuneration
AP	Advisory Panel

Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year, and the stats will only show the number of meetings they were expected to attend.

Senior Council Member remuneration is set at £16,462. From 1 April 2023 – 31 March 2024 this role was fulfilled by Clare Minchington.

All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration and which are not included in the attendance figures.

Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). GOC registered office is located at 10 Old Bailey, London, EC4M 7NG

Bankers	Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN
Internal auditors	TIAA Ltd (from 31 March 2020) Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH
External auditors	haysmacintyre LLP 10 Queen Street Place, London, EC4R 1AG
Investment Advisors	Royal Bank of Canada Brewin Dolphin Limited

COUNCIL

Anne Wright <i>Chair</i>	Appointed 19 February 2021 to 18 February 2025
Sinead Burns	Reappointed 1 October 2020 until 30 September 2024
Josie Forte	Reappointed 1 April 2021 until 31 March 2025
Mike Galvin	Reappointed 1 April 2021 until 31 March 2025
Lisa Gerson	Appointed 1 May 2021 until 30 April 2025
Ken Gill	Appointed 1 January 2023 until 31 December 2027
Clare Minchington	Reappointed 1 April 2021 until 31 March 2025
Frank Munro	Appointed 5 July 2021 until 4 July 2025
David Parkins	Reappointed 15 March 2020 until 14 March 2024
Tim Parkinson	Appointed 16 April 2020 until 15 April 2024, reappointment confirmed for 16 April 2024 – 15 April 2028
Hema Radhakrishnan	Appointed 15 March 2024 until 14 March 2028
Roshni Samra	Reappointed 1 April 2021 until 31 March 2025
William Stockdale	Appointed 1 January 2023 until 31 December 2027

SENIOR MANAGEMENT TEAM

Leonie Milliner	Chief Executive & Registrar
Carole Auchterlonie	Acting Director of Regulatory Operations (13 Oct 2023 – 29 Feb 2024) Director of Regulatory Operations (from 1 March 2024)
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations (until 12 October 2023)



SECTION TWO

**FITNESS TO
PRACTISE**

What is fitness to practise?

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely

The Standards define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business may be impaired.

How we deal with concerns

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants. If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

Overview of our fitness to practise performance:

- Met all the PSA's Standards of Good Regulation for fitness to practise for the second year running
- Secured positive quality assurance from the annual independent audit of decisions
- Built and tested a new case management system to go live in 2024/25 to further improve how we store and manage casework information
- Commissioned an independent review to identify opportunities for greater efficiency and effectiveness in our hearings operations.

OUR FITNESS TO PRACTISE COMMITTEE DECISIONS

Outcomes	number of outcomes
No further action/ no case to answer	7
Misconduct found but not impaired	3
Impaired with no sanction	1
Warning	2
Fines	0
Conditional Registration	3
Suspension	16
Erasure	13
Offer of no evidence accepted	2
Stayed	1
Total	48

ANYONE
CAN RAISE
A CONCERN
WITH US

'We receive concerns from members of the public, patients, carers, employers, the police and other registrants'

Triage

We received slightly fewer concerns in 2023/24 than the previous year (405 in 2023/24, compared to 448 in 2022/23 – a drop of 9.6%). We opened 132 new investigations, representing a 32% conversion rate (compared to 24% the previous year).

40% of concerns received related to clinical issues, 43 per cent related to registrants' conduct, with the remainder (17%) a mix of conviction, health and blended issues.

Investigations

Over the year we saw a 26% increase in our investigation caseload, from 93 at the end of 2022/23 to 126 at the end of 2023/24.

In terms of the time taken to investigate new concerns we saw:

- 6% increase in the open median (from 29 weeks at the end of 2022/23 to 31 weeks at the end of 2023/24)
- 35% reduction in the case examiner decision median (from 63 weeks at the end of 2022/23 to 41 weeks at the end of 2023/24)
- 52% of new investigations to representations within 30 weeks
- 69% of new investigations to representations within 40 weeks
- 9% increase in cases referred to hearings (from 43 cases in 2022/23 to 47 cases in 2023/24)

We ended the year with a 31% reduction in open cases that were over one year old (78 cases at the end of 2022/23 compared to 54 cases at the end of 2023/24).

Of the 54 concerns that have been opened for longer than one year, 63% are at post case examiner stage, so are being prepared for disclosure on hearings, have been scheduled for a hearing or are awaiting a hearing date.

The case examiner referral rate to a fitness to practise committee was lower than in the previous year; 2023/24 ended with a rolling

42% referral rate compared to 61 per cent in 2022/23.

Including case examiner decisions, we ended the year with a 72-week median closure rate (75 weeks in 2022/23).

Hearings

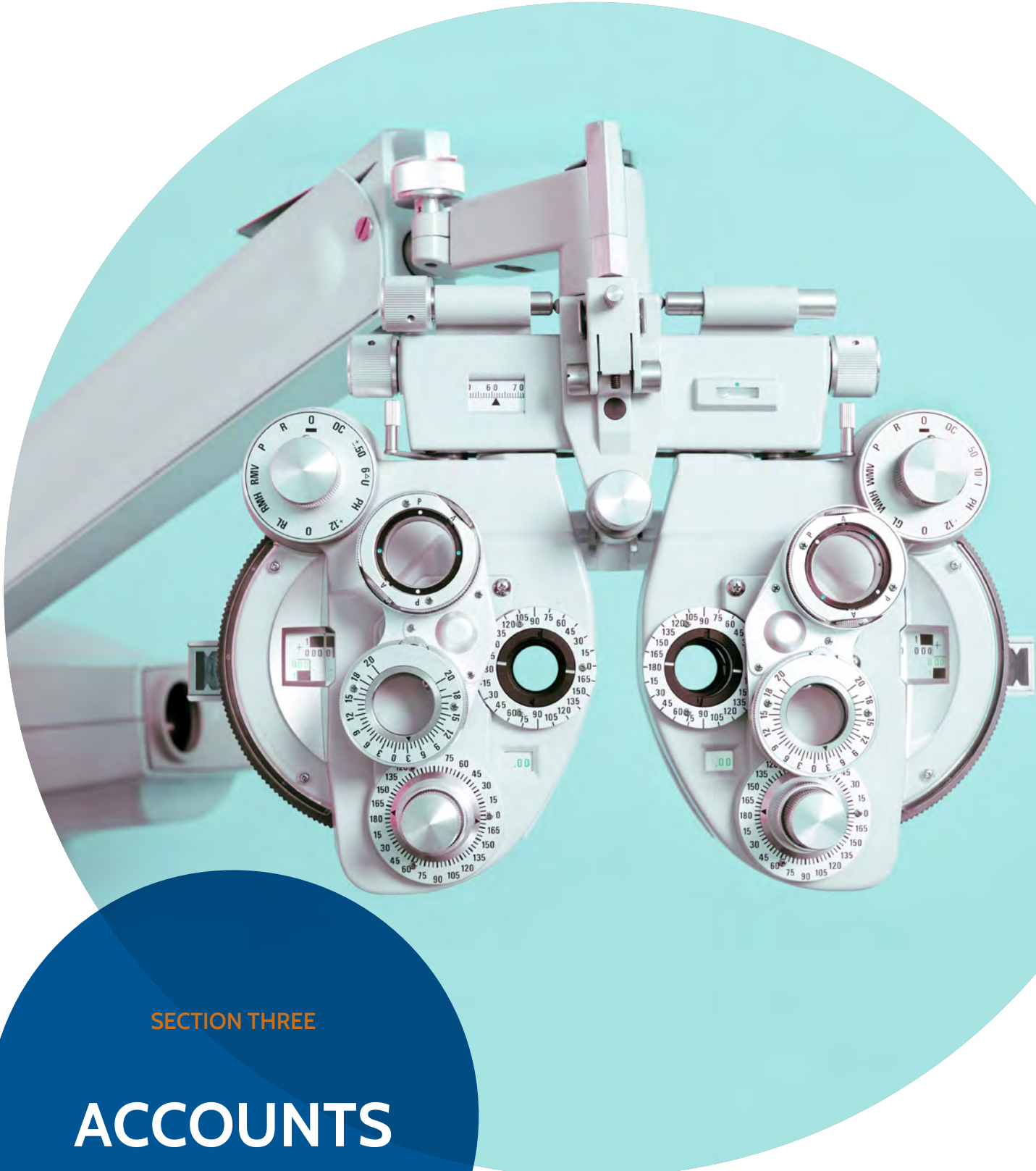
- 52% of all cases concluded within 78 weeks end to end
- 72-week end-to-end median for all final decisions
- Scheduled 47 more hearing days than the previous year (438 hearing days for 2023/24)
- 71% of cases scheduled within 30 weeks.

Our Hearings team continued to support remote and in person events. 85% of our substantive events, and 98% of our non-substantive events were heard remotely.

In 2023/24, the fitness to practise committee considered 57 substantive hearings, resolving 48 cases, compared to 40 cases in 2022/23. Seven scheduled cases went part-heard during 2023/24, compared to 14 in 2022/23.



WE ENDED
THE YEAR WITH
A 31% REDUCTION
IN OPEN
CASES



SECTION THREE

ACCOUNTS

Our finance reports

Financial Review of the Year Ended 31 March 2024

Section 32 (2) of the Opticians Act 1989 provides that 'the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament'. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.

In 2023/24, financial performance for the year (measured by net income) was £0.1m deficit (2022/23 £0.8m deficit). The year started with a budget that achieved break-even for business-as-usual operations and included further plans for investing £1.8m from designated reserves on strategic projects and complex legal cases, aiming at a net deficit of £1.5m.

The actual results for the year significantly improved the budgeted expectations by £1.4m. The surplus was a result of several factors including better market conditions resulting in improvement of unrealised investment gains; increased interest rates achieved by our fixed deposits; completion of our investment in our IT strategic projects with significant savings; delays to some projects and not having as many complex FtP cases as anticipated; leading to lower than planned use of our complex legal cases reserve.

Income for the year was £11.2m (2022/23 £10.3m); £10.8m (2022/23 £10.0m) was related to annual renewal fees.

During the year we incurred £12m expenditure (2022/23 £10.5m). Increased expenditure was due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

The reserves policy was reviewed and updated during 2023/24. The changes were light-touch approach as we intend to undertake a fuller review next year, to support the realisation of our next five-year corporate plan. The main changes made to the policy were: removal of Covid-19 reserve; broadening the costs related to the legal costs reserve; increasing upper limit of strategic reserve; and lowering the lower limit of total reserve range.

All our reserves are unrestricted and as of 31 March 2024, the total reserves were £8.7m (2022/23 £8.9m). The new target range for non-designated funds as per reserves policy ranges from £2.3m to £4.3m. As of 31 March 2024, total non-designated funds net of tangible fixed assets was within this range at £3.8m (2022/23 £3.3m).



In setting the reserves policy, the Council has identified three designated reserves; complex FtP cases legal cost reserve, strategic reserve, and infrastructure/ dilapidation reserve. The complex FtP cases legal cost reserve (£0.7m) is to mitigate risk of legal costs of high-value complex cases arising over and above planned levels. The strategic reserve (£2.6m) supports the delivery of specific projects and initiatives outlined in the GOC's business plans. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure when the GOC leave its current premises at the end of the lease period.

During the year, £0.9m (2022/23 £1.2m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), implementation of our IT strategy, and support for our temporary Change Management office, who oversee digital transformation projects (MyGOC), case management system, AV and recording system, people plan (reward and recognition project), and the future office accommodation project. Several of these projects are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£0.1m expenses were identified as complex legal costs during the year and funded through the legal costs reserve.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

The working capital policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The investment policy statement recognises the additional needs of the GOC, as we seek to ensure that funds provide reasonable returns within acceptable risk profiles. The revised Investment Policy was approved by Council in March 2023, after being reviewed and recommended by the Investment Committee in November 2022.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions,



disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on xx September 2024, and signed on their behalf by

A handwritten signature in blue ink that reads 'Anne Wright'.

Dr Anne Wright CBE

Chair

Independent Auditors Report

Delivered to the Trustees of General Optical Council

We have audited the financial statements of General Optical Council for the year ended 31 March 2024 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charity's affairs as of 31 March 2024 and of the charity's net movement in funds for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Charities Act 2011

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's

Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or

otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

- We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:
- Adequate accounting records have not been kept by the charity; or
- Sufficient accounting records have not been kept; or
- The charity financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern

basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to

posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities
- Discussions with management including consideration of non-compliance with laws and regulation and fraud
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional

concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Haysmacintyre LLP
Statutory Auditors
10 Queen Street Place
London
EC4R 1AG

Date

Statement of Financial Activities

For the Year Ended 31 March 2024

	Notes	Unrestricted Funds £'000	Total 2023/24 £'000	Total 2022/23 £'000
Income from:				
Charitable activities	4	10,816	10,816	10,028
Investments	5	411	411	312
Total		11,227	11,227	10,340
Expenditure on:				
Raising Funds	12	44	44	44
Charitable activities	6	11,927	11,927	10,494
Total resources expended		11,971	11,971	10,538
Net gains/(losses) on investments	12	623	623	(559)
Net (expenditure) / income		(121)	(121)	(757)
Reconciliation of funds:				
Total funds brought forward		8,856	8,856	9,613
Total funds carried forward		8,735	8,735	8,856

There are no recognised gains or losses other than those recognised above. All activities are continuing. All the transactions in 2023-24 and 2022-23 were unrestricted. The notes on pages 35 to 49 form part of these financial statements.

Balance sheet

For the Year Ended 31 March 2024

	Notes	2023/24 £'000	2022/23 £'000
Fixed assets:			
Tangible fixed assets	11	344	742
Investments	12	9,266	8,694
Total fixed assets		9,610	9,436
Current assets:			
Debtors	13	675	433
Short term deposits		7,450	8,950
Cash at bank and in hand		3,131	1,253
Total current assets		11,256	10,637
Current liabilities:			
Creditors: amounts falling due within one year	14	(12,131)	(11,216)
Net current liabilities		(875)	(579)
Total assets less current liabilities		8,735	8,857
Net assets		8,735	8,857
Represented by:			
Unrestricted funds:			
Designated funds	16	4,546	4,850
General funds	16	4,189	4,007
Total funds		8,735	8,857

The notes on pages 35 to 49 form part of these financial statements.

The financial statements were approved and authorised by the Council on 25 September 2024 and were signed on its behalf by:

Dr Anne Wright CBE
Chair



Cash flow statement

For the Year Ended 31 March 2024

	2023/24 £'000	2022/23 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(121)	(757)
Depreciation	497	156
Loss on disposal of fixed assets	-	-
(Gains) / losses on investment income	(623)	559
Dividends, interest and rents from investments	(411)	(312)
Decrease / (Increase) in debtors	(242)	91
Increase/ (decrease) in creditors	915	682
Net cash provided by (used in) operating activities	15	419
Cash flows from investing activities:		
Dividends, interest and rents from investments	411	312
Purchase of tangible fixed assets	(99)	(84)
Proceeds from sale of investments	2,424	2,811
Movement in short term deposit account (more than three months)	1,500	(1,250)
Movement in Cash held in investment	32	(73)
Purchase of Investments	(2,405)	(2,730)
Net cash provided by (used in) investing activities	1,863	(1,014)
Change in cash and cash equivalents in the reporting period	1,878	(595)
Cash and cash equivalents at the beginning of the reporting period	1,253	1,848
Cash and cash equivalents at the end of the reporting period	3,131	1,253
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	3,131	1,253

Notes to the Financial Accounts

For the Year Ended 31 March 2024

1. General Information

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

2. Accounting Policies

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. Judgments In Applying Accounting Policies And Key Sources Of Estimation Uncertainty

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees

consider the following item to be an area subject to estimation and judgement.

Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic lives will not have a material impact on the operating results. Historically no changes have been required.

i. Going Concern

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2024/25, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held with. The short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for 2024/25 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

ii. Income

All income is recognised once the charity has entitlement to income, it is probable that



income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fell due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

iii. Expenditure

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of Fitness to Practise, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals

basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

iv. Fixed Assets

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £1,000.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

v. Depreciation

Assets are depreciated in equal instalments over the following periods:

IT equipment, 3 years

Website/intranet/online renewal, 3 years

Office furniture and equipment, 10 years

Leasehold improvements (office fit-out)

Over the lease term, 10 years

Prior years, 15 years

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

vi. Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line



with the investment policy approved by Council in March 2023.

vii. Financial Instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

viii. Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

ix. Cash At Bank And In Hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

x. Creditors And Provisions For Liabilities

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

xi. Funds And Reserves

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Complex cases legal reserve – established to cover the unexpected costs of complex cases arising over and above planned levels.

- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and budget and beyond.
- Infrastructure & dilapidations reserve – established to build up adequate funds in developing the infrastructure and in dilapidations costs, should we leave current premises.

xii. Taxation

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

xiii. Operating Leases

The annual rentals are charged to the statement of financial activities over the term of the lease.

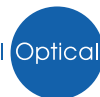
xiv. Employee Benefits

Short-term benefits - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London, the pension scheme used for GOC staff. During 2022/23 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.



	2023/24 £'000	2022/23 £'000
4. Income from charitable activities		
Registration and renewal fee	10,801	10,016
Continuing Professional Development provider fee	15	12
Total	10,816	10,028

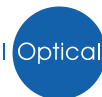
	2023/24 £'000	2022/23 £'000
5. Income from Investment		
Interest from fixed deposits	176	44
Dividend income	235	269
Total	411	313

	Direct Cost £'000	Support Cost £'000	Total 2023/24 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	4,932	2,264	7,196
Registration	922	521	1,443
Education	1,304	657	1,961
Policy & standards	510	214	724
Communications	357	246	603
Total	8,025	3,902	11,927

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2022/23 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	4,381	2,198	6,579
Registration	678	404	1,082
Education	1,190	611	1,801
Policy & standards	407	166	573
Communications	276	182	458
Total	6,933	3,561	10,494

The following table analyses the Fitness to Practise costs:



	2023/24 £'000	2022/23 £'000
6a. Fitness to practise including Legal compliance		
Legal fees on investigations	544	605
Other investigation costs	2,142	1,898
Hearing costs	1,735	1,335
Dispute mediation	265	252
Legal compliance	246	292
Support costs	2,264	2,198
Total	7,196	6,579

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2023/24 Total £'000
7. Support costs							
Fitness to practise	58	420	658	244	260	624	2,264
Registration	13	97	152	56	60	143	521
Education	17	122	191	71	75	181	657
Policy & Standards	5	40	62	23	25	59	214
Communications	6	46	72	26	28	68	246
Total	99	725	1,135	420	448	1,075	3,902

Comparative figures below:

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2022/23 Total £'000
7. Support costs							
Fitness to practise	75	423	482	315	226	677	2,198
Registration	14	78	89	58	42	124	404
Education	21	118	134	88	63	188	611
Policy & Standards	6	32	36	24	17	51	166
Communications	6	35	40	26	19	56	182
Total	122	685	781	511	367	1,096	3,561

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows over the page.



Members' fees and expenses include Council (trustees) and committee members costs.

	2023/24 £'000	2022/23 £'000
Governance costs		
Members' fees and expenses	218	233
Staff cost	400	241
External audit fees	27	21
Internal audit fees	27	24
Other governance cost	53	130
Total	725	649

8. Net income for the year are stated after charging:

	2023/24 £'000	2022/23 £'000
Fees paid to external auditors - haysmacintyre:		
external audit fee	27	24
Internal audit fees	27	23
Depreciation of fixed assets	497	156

9. Staff costs

	2023/24 £'000	2022/23 £'000
Staff employment costs:		
Salaries	5,072	4,502
Settlements	73	73
National insurance	523	497
Pension costs	442	395
Total	6,110	5,467

Average number of staff

	2023/24	2022/23
Chief Executive's office	1	1
Management team	4	4
Fitness to practise	36	38
Registration	10	9
Strategy	22	20
Governance, compliance, performance reporting	7	6
Corporate services (Facilities, HR, Finance, IT)	17	18
Change	7	7
Total	104	102



The number of staff whose taxable emoluments fell into higher salary bands was:

	2023/24	2022/23
£60,000 but under £70,000	11	5
£70,000 but under £80,000	2	4
£80,000 but under £90,000	0	2
£90,000 but under £100,000	3	-
£100,000 but under £110,000	2	1
£110,000 but under £120,000	1	-
£130,000 but under £140,000	0	1
£140,000 but under £150,000	1	-

During the year, Council paid £147,211 for twenty members of staff in this category (2022/23 £91,441 for eleven members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 28, reference and administrative detail) to be key management personnel. The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table ten. No amounts are paid directly to third parties that are not already disclosed in table ten. Remuneration and benefits received by key management personnel (SMT) are as follows:

	2023/24 £'000	2022/23 £'000
Key management personnel		
Gross Pay	555	505
Employer national insurance contributions	67	60
Employer pension contributions	56	48
Benefits	1	1
Total	679	614

			2023/24 Total £
10. Trustees' expenses	Fees £	Expenses £	
Lisa Gerson	13,962	174	14,136
David Parkins*	13,380	-	13,380
Sinead Burns	13,962	968	14,930
Clare Minchington	16,462	192	16,654
Roshni Samra	13,962	55	14,017
Josie Forte	13,962	346	14,308
Tim Parkinson	13,962	294	14,256
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	217	14,179
Frank Munro	13,962	437	14,399
Ken Gill	13,962	600	14,562
William Stockdale	13,962	532	14,494
Hema Radhakrishnan**	582	-	582
Total	206,082	3,815	209,897

Number of trustees 12

* Retired during the year ** Appointed during the year.



Comparative figures below

	Fees £	Expenses £	2022/23 Total £
10. Trustees' expense			
Lisa Gerson	13,962	211	14,173
Glenn Tomison *	12,346	240	12,587
Rosie Glazebrook *	10,472	-	10,472
David Parkins	13,962	-	13,962
Sinead Burns	13,962	1,198	15,160
Clare Minchington	14,587	425	15,012
Roshni Samra	13,962	42	14,004
Josie Forte	13,962	115	14,077
Tim Parkinson	13,962	464	14,426
Anne Wright	50,000	-	50,000
Mike Galvin	13,962	398	14,360
Frank Munro	13,962	389	14,351
Ken Gill**	3,491	-	3,491
William Stockdale**	3,491	457	3,947
Total	206,082	3,938	210,020

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

	Office, furniture & equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
11. Tangible fixed assets						
Cost as at 1 April 2023	304	1,057	316	1,459	65	3,201
Add: Cost of additions	-	-	72	-	27	99
Less: Disposals	-	-	-	-	-	-
Transfers	-	-	59	-	(59)	-
Total at 31 March 2024	304	1,057	447	1,459	33	3,300
Less: Depreciation						
As at 1 April 2023	(217)	(541)	(284)	(1,417)	-	(2,459)
Charged in the year	(30)	(411)	(32)	(24)	-	(497)
Disposals	-	-	-	-	-	-
Total at 31 March 2024	(247)	(952)	(316)	(1,441)	-	(2,956)
Net book value 31 March 2024	57	105	131	18	33	344
Net Book Value 31 March 2023	87	517	32	42	65	742



	2023/24 £'000	2022/23 £'000
12. Investment		
Investments b/f	8,537	9,176
Additions	2,405	2,730
Disposals	(2,424)	(2,811)
Realised gains	(33)	(126)
Unrealised gains/ (losses)	656	(432)
Investments c/f	9,141	8,537
Cash	125	157
Total portfolio	9,266	8,694

Total portfolio includes cash held with equity managers. During the year £44,478 (2022/23 £44,110) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2023/24 £'000	2022/23 £'000
13. Debtors		
Prepayments	441	289
Other debtors	13	9
Accrued income	221	135
Total	675	433

	2023/24 £'000	2022/23 £'000
14. Creditors: Amounts falling due within one year		
Trade creditors	139	36
Deferred income (note 14a)	10,931	10,078
Accruals	805	853
Other tax and social security	155	155
Other creditors	101	94
Total	12,131	11,216

	2023/24 £'000	2022/23 £'000
14a. Deferred income		
At 1 April	10,078	9,303
Amount deferred during the year	11,016	10,127
Amount released to Statement of Financial Activities	(10,163)	(9,352)
Total	10,931	10,078

Accruals include rent accrual amounting to £113,489 (2022/23 £99,856).

Income from registrant renewal fees received in advance is deferred and will be released as income in 2024/25.



	2023/24 £'000	2022/23 £'000
15. Financial Instruments		
Financial assets measured at fair value	9,266	8,694
Financial assets measured at amortised cost	10,815	10,348
Financial liabilities measured at amortised cost	(1,200)	(1,138)
Net financial assets measured at amortised cost	18,881	17,904

(a) Financial assets measured at fair value include investments. (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income. (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2023 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2024 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(82)	82	700
Strategic reserve	2,000	-	(919)	1,515	2,596
Covid -19 reserve	900	-	-	(900)	-
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	4,850	-	(1,001)	697	4,546
General funds					
Income and expenditure reserve	4,007	11,227	(10,970)	(75)	4,189
Total funds	8,857	11,227	(11,971)	622	8,735

Comparative figures below.

	2022 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2023 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(114)	114	700
Strategic reserve	2,000	-	(1,181)	1,181	2,000
Covid -19 reserve	1,800	-	-	(900)	900
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	5,750	-	(1,295)	395	4,850
General funds					
Income and expenditure reserve	3,863	10,340	(9,243)	(954)	4,007
Total funds	9,613	10,340	(10,539)	(558)	8,857

All the reserves are unrestricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. It was decided that COVID-19 reserve is no longer required at the latest reserve policy review in November 2023. Infrastructure/dilapidations reserve is set up to build in funds in dilapidation related costs and in developing the infrastructure needed should we leave the current premises when lease term expires.

During the year, £82k funds from the Legal cost reserve were used for complex legal costs related to case progression. A total of £919k spent on strategic projects were funded through the strategic reserve.

At the end of the year, funds from the general reserve were transferred to increase the Legal costs reserve to £700k and Strategic reserve to £2,596k, enabling funding for projects in future years.

	Unrestricted funds £'000	Total 2023/24 £'000	Total 2022/23 £'000
17. Analysis of net assets by fund			
Tangible fixed assets	344	344	742
Investments	9,266	9,266	8,694
Current assets	11,256	11,256	10,637
Current liabilities	(12,131)	(12,131)	(11,216)
Total net assets	8,735	8,735	8,857

18. Pension commitments

We operate defined contribution auto-enrolment pension schemes on behalf of employees and workers. The assets of these schemes are held separately from those of Council in independently administered funds. The total expense incurred during the year was £441,600 (2022/23 £394,575). There were £70,804 in outstanding contributions in 2023/24, (£18,665) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2024, the charity had the following future lease payments under operating leases.

	2023/24 £'000	2022/23 £'000
Land and buildings		
Within one year	647	620
In two to five years inclusive	-	608
Over five years	-	-
Office Equipment lease		
Within one year	3	25
In two to five years inclusive	9	-

The total charge of all operating leases to the statement of financial activities as at 31 March 2024 was £679,168 (2022/23 £624,407).

20. Disclosure for non-adjusting events

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. We are in the initial stages of reviewing the impact of the judgment and are currently in the process of obtaining advice. At the time of signing this report, we have not assessed whether we are liable for any backdated payments, period of backdating, or members affected. Therefore, an estimate of the financial effect cannot be made in these accounts.

21. Related party transactions

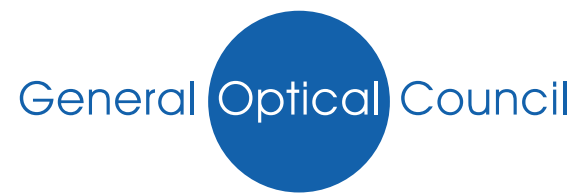
During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

The following Council members declared related party transactions during the year:

David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the period when David was a Council member, we paid Dr Blakeney £4,665 in fees for her services.

There were no other related party transactions in the current or prior year.

	At 1 April 2023 £'000	Cash flows £'000	At 31 March 2024 £'000
22. Analysis of changes in net debt			
Cash and cash equivalents			
Cash	1,253	(595)	658
Cash equivalents	8,950	(1,500)	7,450
Total	10,203	(2,095)	8,108



GENERAL OPTICAL COUNCIL

England & Wales - Charity number 1150137

Accounts



**Annual Report,
Annual Fitness
to Practise Report
and Financial
Statements**

For the Year Ended
31 March 2023

Registered as a charity by the Charity Commission in
England and Wales (Registered charity number 1150137)
Presented to Parliament pursuant to section 32A(2)
of the Opticians Act 1989 as amended by schedule 2
paragraph 3 of the Health Care and Associated Professions
(Miscellaneous Amendments) Order 2008

If you have any questions about this document, please email
communications@optical.org or phone us on 020 7580 3898.

You can also read this report on our website at:
<https://optical.org/en/publications/annual-reports-and-financial-statements/>

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Message from the Chair and Chief Executive



Dr Anne Wright CBE
Chair,
General Optical Council



Leonie Milliner
Chief Executive and Registrar,
General Optical Council

We are delighted to present the annual report and accounts of the General Optical Council for 2022-23. This report sets out how we have fulfilled our statutory obligations as a regulator and a charity.

We are also delighted that this year, in a significant step towards our ambition to become a world-class regulator, the GOC met all 18 of the Professional Standards Authority's (PSA) Standards of Good Regulation.

The PSA highlighted several areas of work where the GOC has performed well, including improvements made to the time it takes to progress cases through the fitness to practise system and strong performance on equality, diversity, and inclusion (EDI) work.

This progress could not have been achieved without the substantial commitment and energy of GOC staff and members and is a useful assurance that we are meeting our statutory responsibilities as a regulator and protecting the public by upholding high standards in the optical professions.

This year also saw one of our most substantial engagement activities across the sector, with our call for evidence bringing forward several critical considerations for the future of the professions regulated by the GOC and eye health more broadly. We have committed to a programme of work from 2023 onwards that will see us developing a detailed blueprint for reform of the Opticians Act 1989 and connected policies which will involve a series of public consultations.

This work will include designing a high-level framework for business regulation. Increasingly, there is recognition that the patient experience is not just dependent on the individual providing the care but also the clinical environment in which care is delivered, and how commercial considerations can affect the quality of care.

However, only around half of optical businesses are registered with us, creating a regulatory gap where patients may be protected when using one business on their local high street but not the one next door. This situation also creates an unlevel playing field for optical businesses since unregistered businesses do not follow the same rules or incur the same costs. We also heard through our call for evidence that there is a shared view that the existing regulations are confusing, complex and inconsistent. Arguably, it is both too easy to avoid regulation and too difficult to become regulated depending on how a business is structured.

Following the call for evidence, Council agreed the policy position that all optical businesses carrying out restricted functions should be required to be registered with the GOC regardless of their name, corporate structure or who owns and manages them. Our work in 2024/25 will consider how a modernised system of business regulation should

work in practice, including issues relating to business and ownership structures, regulatory supervision, enforcement approach and sanctions, access to consumer redress and registration fees charged to optical businesses.

We are also progressing with our commitments in respect to equality, diversity and inclusion across the organisation and our key stakeholders. Our EDI annual report for 2022-23 sets out a number of those critical pieces of work in more detail. This report can be found on our website.

One area we would like to celebrate as part of our annual report is the success of our Council Associate programme. This scheme has now run for two years and provides an opportunity for early-career registrants to support our work as a Council. We have four appointed Council Associates, and we benefit from their insight and diverse experiences. We are also glad that this has given them experience in governance and supported their professional development and next career steps. We would like to thank Rukaiya Anwar, Jamie Douglas, Deepali Modha and Harry Singh for their time and expertise.




Dr Anne Wright CBE
Chair, General Optical Council

We said goodbye to two Council members in December 2022, Rosie Glazebrook (lay) and Glenn Tomison (registrant). Both made vital contributions to the work of the GOC and are much missed. In January 2023 we also welcomed two new Council members, Ken Gill (lay) and William Stockdale (registrant). The value of their knowledge, skills and experience has already benefited the GOC enormously, and we look forward to their ongoing input as we begin the work to develop our five-year strategy for 2025-30.

In May 2023 we sadly lost Gareth Hadley, who was Chair of the GOC between February 2012 and February 2021. Gareth's contribution and commitment to the GOC was immense, and we felt the loss keenly. Our thoughts remain with all who knew Gareth, and we hope this annual report demonstrates that Gareth's legacy at the GOC continues.



Leonie Milliner
Chief Executive and Registrar,
General Optical Council



all optical
businesses carrying
out restricted functions
should be required
to be registered
with the GOC

“This year also saw one of our most substantial engagement activities across the sector, with our call for evidence bringing forward several critical considerations for the future of the professions regulated by the GOC and eye health more broadly.”



Introduction

33,646

optometrists, dispensing opticians, student opticians and optical businesses are on our register

We are the regulator for the optical professions in the UK. Our charitable purpose and statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions

- Setting standards for optical education and training, performance and conduct;
- Approving qualifications leading to registration;
- Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- Investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Who we regulate

As of 31 March 2023, there were 33,646 optometrists, dispensing opticians, student optometrists and dispensing opticians and optical businesses on our register.

We report separately on the diversity of our registrants and registrants subject to fitness to practise (FtP) investigations, the report is available on our website.

Total number of registrants in each GOC category

	31-3-23	%	31-3-22	%	31-3-21	%	31-3-20	%
Optometrist	17,401	52%	16,932	51%	16,267	50%	16,670	52%
Dispensing optician	6,912	21%	7,060	21%	7,190	22%	7,157	22%
Student optometrist	5,145	15%	4,990	15%	4,640	14%	3,934	12%
Student dispensing optician	1,267	4%	1,331	4%	1,383	4%	1,510	5%
Business registrant	2,921	9%	2,861	9%	2,796	9%	2,847	9%
TOTAL	33,646	100%	33,174	100%	32,276	100%	32,118	100%

Our income

Most of our income comes from registrant fees and is used to further our charitable purpose. The table on the right sets out the fees that registrants are required to pay for entry or retention on our register.

In 2022/23, for the third year running, our fees for fully qualified registrants and corporate bodies joining, retaining or restoring to the register, were frozen. Fees for students have not increased since 2017/18. At the time, we stated that we would consider an increase in line with inflation for 2023-24. In the previous six years we have met the objective of modest and consistent increases, amounting to a £10 increase per annum for the main registrant fee each year, with no increase in any fees at all since 2020 (the third consecutive year of fee freezes).

About this report

This annual report sets out the activities we have undertaken over 2022/23 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2023. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

Annual registrant fee

Fee levels	2022/23	2021/22	2020/21	2019/20	2018/19
Optometrist	£360	£360	£360	£350	£340
Dispensing opticians	£360	£360	£360	£350	£340
Corporate bodies	£360	£360	£360	£350	£340
Students	£30	£30	£30	£30	£30
Low income fee	£260	£260	£260	£250	£240

Most of our income comes from registrant fees and is used to further our charitable purpose.



Section 1

How We Deliver Public Benefit



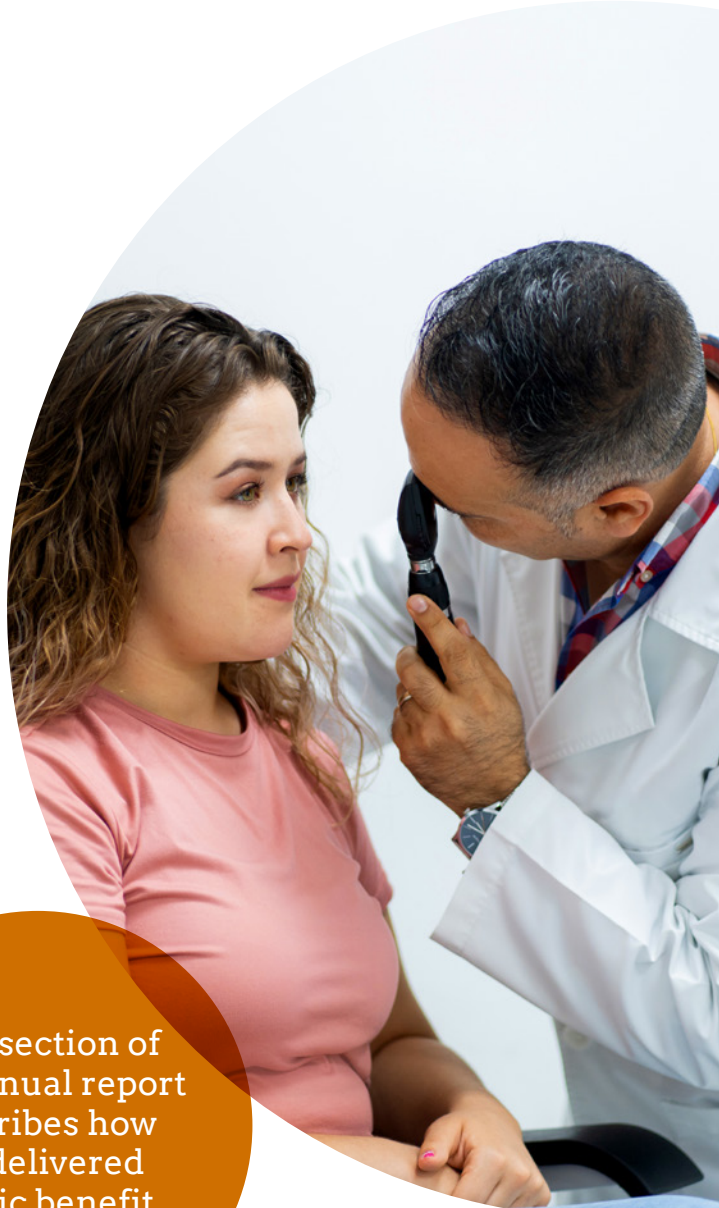
Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions.

Our five-year 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do to achieve our vision of being recognised for delivering world-class regulation and excellent customer service. This section of our annual report describes how we delivered public benefit in the third year of our strategic plan and outlines our ambitious programme of work and investment in strategic projects as we enter its fourth year.

Our priorities are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:

- **Delivering world-class regulatory practice**
- **Transforming customer service**
- **Building a culture of continuous improvement**



This section of our annual report describes how we delivered public benefit

Our Performance in 2022/23

The PSA recognised
high standards
across all areas
of our work

Meeting all PSA Standards of Good Regulation for the first time in a decade

The Professional Standards Authority (PSA) periodic review of our performance for the period 1 October 2021 to 31 December 2022 concluded that we had met all 18 of its Standards of Good Regulation.

The PSA recognised high standards across all areas of our work including our regulatory operations, registration processes, education, policy and professional standards, in our communications functions, and corporate governance.

Their report highlighted several areas of work where we have performed well, including the improvements made to the time it takes to progress cases through our fitness to practise system, noting this compared favourably to other regulators, as well as recognising the ongoing programme of work that will further positively impact timeliness.

It also recognised our strong performance on equality, diversity, and inclusion noting the comprehensive registrant EDI data we hold and collect as part of our annual public perceptions survey, which provides robust evidence to make informed decisions about our work.

The report provides important feedback on stakeholder communications and support. Though much was positive, we will reflect on comments relating to the stakeholder communications in the implementation of our new Education and Training Requirements (ETR) and the new Continuing Professional Development (CPD) system. We are already implementing improvements in this area, for example, in relation to our recent call for evidence on the Opticians Act and associated policies.

The PSA's performance review is useful assurance that we are meeting our statutory responsibilities as a regulator and protecting the public by upholding high standards in the optical professions. It is a significant step in our ambition to become a world-class regulator and we will continue to build on this positive performance.

Proactively preparing for legislative reform

Our vision for legislative reform is to ensure that we can continue to protect the public and that our legislation, the Opticians Act, is fit for the future given the ever-changing political, commissioning, technological, optical service delivery and business landscape.

Between March and July 2022, we undertook a call for evidence which sought views, information and factual evidence on the need for changes to the Opticians Act 1989 and associated GOC policies including sight testing, contact lenses fitting, supply of optical devices, business regulation and other aspects of legislation.

The Department for Health and Social Care (DHSC) is carrying out a review of all healthcare regulators' underpinning legislation to ensure consistency between the powers that all regulators have to deliver their regulatory functions and operating frameworks. We used this opportunity to review whether further changes are required to the Opticians Act to ensure continued effective public protection.

We received 353 responses which included over 8,000 individual comments and undertook a full analysis.

Following this, the main area where we will seek change to legislation is to extend regulation to all businesses carrying out restricted functions. Work will now begin on designing a draft framework for business regulation ahead of public consultation.

We have also identified opportunities to advance public protection where we can without legislative change, including through our forthcoming review of our standards (launched in April 2023) and issuing GOC position statements on key topics.

After careful consideration, Council decided that, at this point in time, dispensing opticians should not be permitted to refract for the purposes of the sight test. However, it agreed to consider updating its 2013 statement on the testing of sight.

We are now well positioned to move to the detailed design of a modernised legislative framework and look forward to engaging further with stakeholders as we continue this important work, and where changes to legislation or GOC policy are considered necessary and can be evidenced, we will carry out further public and targeted stakeholder consultation activities on the proposals.

Updated education and training requirements for GOC approved qualifications

In April 2022, we published our third and final set of new education and training requirements for approved post-registration qualifications for dispensing opticians training as contact lens opticians. This sits alongside our requirements for optometrists and dispensing opticians and for independent prescribing qualifications, which include qualifications in additional supply and supplementary prescribing. Our new ETR sets out the knowledge, skills and behaviours a dispensing optician must demonstrate to register as a contact lens optician.

To support the optical sector to meet the updated requirements for contact lens opticians and independent prescribing categories, we commissioned the Sector Partnership for Optical Knowledge and Education (SPOKE) to establish a knowledge hub to facilitate collaborations.

One of the projects the hub will undertake is to draft indicative requirements to accompany the 'Outcomes for Approved Qualifications' for qualifications we approve in additional supply, supplementary prescribing, and independent prescribing, and for contact lens opticians.

We have been working closely with GOC-approved education providers to understand the pace at which they wish to adapt their existing qualifications to meet the new ETR or to develop new qualifications for GOC approval.



From September 2023, some of our existing providers of GOC approved qualifications in optometry or dispensing optics will begin to deliver their qualifications to meet the new ETR, including Anglia Ruskin University; Association of British Dispensing Opticians Examinations; Aston University; Cardiff University; City, University of London; Ulster University; University of Central Lancashire; University of Hertfordshire and University of Plymouth. We will continue to work with providers to support a smooth transition to the new ETR.

The new requirements ensure that all optical professionals continue to be equipped to deliver eye-care services in a rapidly changing landscape and meet the needs of patients in the future.

Supporting registrants' continuing professional development (CPD)

Following the launch of our new three-year CPD scheme in January 2022, we launched a recruitment campaign seeking optometrists and dispensing opticians to become either a CPD provider auditor or CPD registrant reviewer.

The role of the provider auditor is to ensure that GOC approved CPD providers deliver high quality professional development opportunities for registrants to utilise, and that GOC approved CPD providers continue to meet our standards for approval. Registrant reviewers will review a sample of registrants' CPD records each year, to ensure their fellow optometrists and dispensing opticians are keeping good-quality records of their completed CPD, have documented meaningful reflections, and are undertaking CPD which aligns with their professional needs.

We introduced these roles to help support the quality assurance process of our new CPD scheme and protect the public by promoting high standards.

We also published two new guides relating to our CPD scheme: 'CPD record review; a guide for registrants' and 'Guide to audit of providers of CPD'. These guides introduce the roles of the CPD registrant reviewer and provider auditor to registrants and GOC approved CPD providers respectively, as well as helping registrants to understand what might be asked of them should their CPD records be selected for review.

Updates to our illegal practice protocol to ensure continued public protection

Following public consultation in 2022 Council approved an updated illegal practice protocol in June 2022, to clarify our remit regarding illegal practice and ensure that we deliver the best outcome for the public and the sector under our current legislation.

Amendments to the protocol included:

- the addition of criteria to assess complaints (called "acceptance criteria") so that only complaints about an alleged offence under the Opticians Act 1989 are accepted and matters outside of the scope are referred elsewhere at an early stage;
- requiring lawyer input throughout the cycle of an illegal practice case; and
- greater clarity on when the GOC will consider a prosecution by outlining the specific factors it will assess.

Based on the feedback received during the consultation, the further following amendments to the protocol included:

- potential for serious harm, in addition to actual harm, has been included as a factor indicating higher risk caused by illegal practice;
- the case assessor and/or reviewing lawyer will seek advice from the GOC's clinical advisers about clinical risk in appropriate cases;
- sections about legislation relating to the testing of sight and sale of prescription spectacles have been made clearer; and
- provision that the GOC may re-open a complaint following a referral to a third party if the third party is unable to act and the statutory time limit for bringing a prosecution has not expired.

We have also identified opportunities to advance public protection where we can without legislative change

Our Plans for 2023/24

The 2023-24 financial year marks the fourth year of our five-year strategic plan 'Fit for the Future' which aims to achieve our vision of being recognised for delivering world-class regulation and excellent customer service.

This includes the work we do to protect the public and uphold public confidence in the professions and businesses we regulate, with a renewed focus on offering high quality services to our registrants and supporting eyecare professionals to contribute to their full professional capability in the best interests of patients.

The 2023-24 business plan has four key themes which align with these broader strategic objectives: Protecting the public; Supporting registrants to uphold high standards; Reforming our regulation; and Fit for the future.

Protecting the public

Our statutory activities in this area are focused around maintaining a register of individuals who are fit to practise or train, and bodies corporate who are fit to carry on business as well as managing our annual registrant and student renewal processes. We will also review the way we manage the assessment of applications from optical professionals who have qualified outside the UK and Switzerland who wish to register in the UK. We will continue to maintain fair, proportionate, and efficient processes for investigating fitness to practise concerns, including:

- continuing to embed improvements in our triage and casework processes to speed up investigations and improve the number of hearings that conclude first time;
- delivering a new, effective, electronic case management system to support the robust management of our end-to-end casework process; and
- sharing learning from fitness to practise outcomes with registrants through our FtP bulletin to embed good practice.

Supporting our registrants to uphold high standards

Our focus will be on offering high quality services to our registrants, supporting them to maximise their professional capability in the best interests of patients. We will make improvements to the MyGOC and MyCPD online platforms and implement a new customer care strategy, working towards the Customer Service Excellence Standard, to ensure we are supporting registrants effectively.

We will continue to administer our new, more flexible CPD scheme, which gives registrants more control over their learning and development and the ability to tailor their own personal scope of practice to develop and diversify their skills throughout their career, maximising their professional capability. We will also support CPD providers by implementing a new audit system and hosting opportunities for engagement.

Following the introduction of our new education and training requirements (ETR), providers of GOC-approved qualifications will continue to submit their plans to meet our new requirements, which we will review and note. Whilst providers are adapting their qualifications to meet our new requirements, we will continue to quality assure GOC-approved qualifications and prepare for the introduction of our new Quality Assurance and Enhancement Method.

We have commissioned the Sector Partnership for Optical Knowledge and Education (SPOKE) to run a knowledge hub for the sector to support the introduction of the ETR for dispensing, optometry and qualifications leading to specialist entry to the GOC register. We will also progress plans for longitudinal research, which will measure the effectiveness of our new outcomes and standards on registrants' competence, confidence, and capability.

Reforming our regulation

We will review and consult on our Standards of Practice to ensure they are up to date, maintain best practice and respond to developments in the professions and wider healthcare sector. This will involve extensive stakeholder engagement on key topics such as social media and online conduct, maintaining professional boundaries, leadership, delegation and supervision, technology, AI and digital literacy.

We will work to ensure our legislation and associated policies are fit for purpose to deliver world class regulation and will continue to engage with and influence the healthcare regulatory legislative reform programme led by the Department of Health and Social Care (DHSC).

Fit for the future

We will continue work to make our organisation fit for the future, including delivering a new electronic case management system to improve how we record and manage fitness to practise information, investing in our staff with a new people plan and installing new audio-visual facilities in our hearings and meetings rooms to better facilitate remote and hybrid engagement in our work by stakeholders.

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 Council and its committees to ensure they inform decision-making and identify and manage any risk appropriately.

We will implement a new communications strategy which will enhance our customer service and demonstrate to our stakeholders how we protect the public and uphold high standards.

We will also begin work on developing our next five-year corporate strategy, including undertaking research around the current state of the optical sector in order to identify key priorities for the future.

We will continue work to make our organisation fit for the future

We will continue to administer our new, more flexible CPD scheme, which gives registrants more control over their learning and development and the ability to tailor their own personal scope of practice to develop and diversify their skills throughout their career, maximising their professional capability.



Our internal controls, audit function and risk management approach

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions

Internal controls

The compliance functions for the organisation are undertaken by the governance team. This includes advising on the management of interests, monitoring information governance requests, corporate complaints, speaking up (otherwise known as whistleblowing) referrals and other associated activities.

We delivered training on the management of interests to most employees, members and workers in 2022/23.

We also revised our gifts and hospitality policy, which was approved by Council in December 2022. Training and guidance has been delivered to support employees, members and workers to understand their responsibilities in this area.

Our corporate complaints policy has three tiers, the first of which is a service response. Following this, complainants are entitled to a stage two and stage three review if they feel the complaint has not been adequately resolved.

In 2022/23 we received:

- six requests for stage two appeals, of which two were partially upheld, and four were not upheld; and
- one request for a stage three appeal, which was not upheld.

The two complaints that were partially upheld related to the tone and timeliness of our communication with registrants. Lessons learnt have been cascaded to managers to improve our services. The GOC is also in the process of developing its customer strategy as part of its strategic change programme, and this will help ensure we are consistent in our responses to registrant queries.

We also have speaking up policies for staff and registrants. These are sometimes referred to as whistleblowing policies in other organisations. We received one referral in 2022/23. This was from a registrant and referred to our Regulatory Operations teams to investigate. There were no referrals by staff in 2022/23.

Internal audit function

The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. Its responsibilities include appointment of the internal auditor, approval of the annual audit plan and reviewing the outcomes of the audits undertaken. It also receives an annual report from the internal audit function.

In 2022/23 the internal auditor was TIAA. The Audit, Risk and Finance Committee received the annual report on 2 May 2023 and noted the Head of Internal Audit Annual Opinion:

“TIAA is satisfied that, for the areas reviewed during the year, the General Optical Council has reasonable and effective risk management, control and governance processes in place.

This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by the General Optical Council from its various sources of assurance.”

Risk management

Our approach to risk management is set out in our risk management policy. A new risk management policy and risk appetite statement was approved by Council on 28 June 2022.

We consider that an effective risk management strategy and policy is fundamental to the achievement of all our strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls. To assist with this role, the Audit, Risk and Finance Committee commenced producing an annual report on its activities. The first of these reports was received by Council in September 2022.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- failure to meet our duties in respect of information governance and information security;
- failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers; or
- the register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

Financial risk continued to be an area of focus in 2022-23 as result of financial market instability, the cost-of-living crisis and the effect of rising inflation. A regular meeting of the relevant committee chairs (Audit, Risk and Finance Committee; Investment Committee; Remuneration Committee and the Chair of Council) was implemented to ensure there was appropriate coordination and strategic oversight of this key risk area in 2022/23. These meetings informed a number of operational decisions such as developing our proposals on registrant fees (which included extending the concession to lower earning registrants, keeping our low-income fee at £260 which has remained frozen since 2020/21), updating our investment policy, reviewing our reserves policy and financial planning for 2023/24.

The financial and operational impacts of part-heard hearings remain a critical risk for the organisation, though we have effectively used the risk management processes to put in place actions to reduce and mitigate the risk in this area.



Our people

In 2022/23 we embarked on an ambitious project to modernise our people policies to ensure they are fit for purpose, based on best practice and fair for our people. Working closely with our internal policy review group and through employee consultation, we have updated our annual leave, special leave and family support policies. We have also commenced a full-scale review of our pay and benefits policy to ensure that our offering is competitive and attracts the best talent to the organisation. As part of this, we have set out ambitious plans for the development of a knowledge skills and behaviours framework that will transform the organisation into a learning-focused organisation.

To support employee wellbeing, we have continued to review and monitor our agile working policy, implemented in 2021 to facilitate adaptations to working practices following the pandemic. Flexibility remains at the heart of how we work, as we believe it best supports recruitment and retention of a well-qualified geography diverse workforce, as well as encourage a sound work-life balance. In the last year we have delivered two wellbeing campaigns which have supported and provided resources for working from home and employee mental health, as well as offering collective challenges to support employees' physical health. Financial wellbeing has also been important, and we have launched several initiatives to support our employees in this difficult economic period.

The work of our Staff Wellbeing and Engagement Group (SWEG) has been essential for keeping our staff engaged and connected, particularly around EDI issues. In the last year our staff networks, which are employee led, have promoted women's history month, Black history month and disability/ neurodiversity awareness, supporting our aim of being an inclusive workforce where people can be their authentic self.

Our gender pay gap analysis demonstrates that we are well within the threshold of acceptable pay differentials between female and male employees.

The health and safety of those that work for us is of paramount importance. No major health and safety incidents reported during the year.



Our staff networks
have promoted
women's history month,
Black history month
and disability/
neurodiversity
awareness

Our structure, governance and management

Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries.

Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the professions regulated under the Optician Act 1989;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see page 21). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2022/23, having been appointed on 18 February 2021.

One Council member is appointed as a Senior Council Member (SCM). The SCM reviews the Chair's performance, provides a sounding board for the Chair and serves as an intermediary for Council members, the Executive and stakeholders as necessary.

Glenn Tomison served as SCM until 1 January 2023. He demitted from the GOC on this date. Clare Minchington was SCM from 1 January 2023 to present.

Our governance structure

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Our governance structure in 2022/23 consisted of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration and Nominations) and four Council committees (Companies, Education, Registration and Standards). The four Council committees (sometimes referred to as statutory committees) met collectively as an Advisory Panel as well as separate Committees.

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 21 and 46. The Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public.

Council business is only conducted in private if one of the following conditions set out in the standing orders apply:

- any personal matter concerning a present or former registrant or application for registration, employee, Council member, panel or committee member, education visitor or advisor;
- any matter which is deemed commercially sensitive, subject to legal professional privilege or relevant to the prevention or detection of crime and the prosecution of offenders;
- any information given to the GOC in confidence;
- risk of a financial or political nature (either to the GOC or others) where discussion in public would exacerbate the risk; and
- any other matter which is deemed by the Chair and Chief Executive and Registrar to require discussion in a strictly confidential meeting.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All Council and committee members are required to engage in a performance review process.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

In September 2022, Council approved new schemes of delegation for financial management and financial regulations.

Senior Management Team

The determination of pay and remuneration for the Executive (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's Pay and Reward policy, and pay is benchmarked against other regulators.

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

The Director of Change, Philipasia Greenway, is responsible for:

- Customer experience development
- Information technology
- Strategic change programmes

The Director of Corporate Services, Yeslin Gearty, is responsible for:

- Facilities
- Finance
- Human resources
- Registration
- Risk and audit

The Director of Regulatory Operations, Dionne Spence, is responsible for:

- Triage (including contract management of the Optical Consumer Complaints Service)
- Investigations
- Hearings
- Legal

The Director of Regulatory Strategy, Steve Brooker, is responsible for:

- Communications
- Education strategy
- Education operations
- Strategy, policy and standards

SMT, Council and its committees are supported by the governance team. The Head of Governance reports directly to the Chief Executive and Registrar.



Effectiveness of governance

The GOC has adopted the Charity Governance Code as the method for assessing its effectiveness. The most recent self-evaluation was undertaken in December 2022, and the organisation judged itself to have complied with the majority of the code's recommended practice. Where it has not done so, the assessment identified the next steps to achieve compliance or explained how it met the key outcomes of the code via another method.

In addition to adopting the self-assessment, we commenced a governance review in 2022/23. The stated objective of this review was to ensure that the GOC's governance structures, policies and procedures enable it to deliver its strategic objectives and statutory functions for the public benefit.

This review has seen revisions to policies and procedures, including:

- a new member review process for Council and committee members;
- updated terms of reference for the committees that comprise Advisory Panel;
- revised role profiles for Council members; and
- a new significant incident and management policy.

Elements of this governance review will continue into 2023/24, including a new governance manual which will consolidate the policies and other associated documents relevant to the function of Council and its committees.

Members' conduct

Council (in their role as trustees) and committee members have a duty to abide by the seven principles of public life (otherwise known as the Nolan principles):

- selflessness;
- integrity;
- objectivity;
- accountability;
- openness;
- honesty; and
- leadership.

This includes a responsibility to:

- act impartially and objectively;
- take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so; and
- take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals.

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

There were no complaints regarding member conduct referred via the GOC corporate complaints policy in 2022/23.

Remuneration Committee statement 2022/23: member and director remuneration

The Remuneration Committee has been delegated the following responsibilities by Council:

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

The Remuneration Committee is comprised of:

- Clare Minchington (Senior Council Member and committee chair as of 1 January 2023, lay Council member)
- Josie Forte (committee member as of 1 January 2023, registrant Council member)
- Nigel Sully (committee member as of 1 April 2022, independent member)

Other committee members in 2022/23 included:

- Glenn Tomison (Senior Council Member and committee chair until 1 January 2023, lay Council member)
- Tim Parkinson (committee member until 1 January 2023, lay Council member).

To discharge its functions, it met on five occasions in 2022/23: 26 April 2022; 16 June 2022; 5 July 2022; 1 November 2022 and 21 February 2023.

In 2022/23 it fulfilled its duties by reviewing the member fee policy and schedule, which was approved by Council on 29 June 2022. This revision removed the difference between teleconference and in-person meeting fees, and improved parity for members to reflect the post-pandemic environment.

The Committee also reviewed the process of appraisal for the Chief Executive and Registrar and other members of the SMT, including the outcome of the process. The Committee has satisfied itself that the level of remuneration in both cases was proportionate and the policies and decisions aligned to GOC values.

It monitored progress with the development of a new reward and recognition policy for staff. In 2023/24 it will be asked to consider this policy in respect to the Chief Executive and Registrar and other members of SMT.

The level of remuneration for Council members and SMT is reported in section three of the annual report (page 44).



Committees:

ARC – Audit, Risk and Finance,
Inv – Investment,
Nom – Nominations,
Rem – Remuneration

Panel:

AP – Advisory Panel

Attendance is only counted where an individual member is appointed as a committee member or chair. Some members changed committees through the financial year, and the stats will only show the number of meetings they were expected to attend.

+ Senior Council Member remuneration is set at £16,462. From 1 May 2022 – 31 December 2022 this role was fulfilled by Glenn Tomison. From 1 January 2023, this role was fulfilled by Clare Minchington.

* Council expenses remain considerably reduced due to remote working.

** All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration, and which are not included in the attendance figures.

ⁱ appointed 1 January 2023

ⁱⁱ demitted 31 December 2022

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee and Advisory Panel Meeting Attendance
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	49,999.92	nil	7 out of 8	Nom 4 out of 4 ARC 6 out of 6
Sinead Burns	Lay	Northern Ireland	13,962	1197.84	8 out of 8	ARC 6 out of 6 Inv 2 out of 2 AP 1 out of 2
Josie Forte	Registrant	England	13,962	115.10	8 out of 8	AP 2 out of 2 Rem 1 of 1
Mike Galvin	Lay	England	13,962	397.84	8 out of 8	ARC 6 out of 6 AP 2 out of 2
Lisa Gerson	Registrant	Wales	13,962	210.50	8 out of 8	AP 2 out of 2 Nom 2 out of 4
Ken Gill ⁱ	Lay	England	3,490.50	nil	2 out of 2	ARC 2 out of 2
Rosie Glazebrook ⁱⁱ	Lay	England	10,471.50 (until Dec 2022)	nil	3 out of 5	Nom 1 out of 2
Clare Minchington +	Lay	England	14,586.99	424.80	8 out of 8	Rem 1 out of 1 ARC 4 out of 4
Frank Munro	Registrant	Scotland	13,962	388.73	8 out of 8	AP 1 out of 2
David Parkins	Registrant	England	13,962	nil	8 out of 8	ARC 6 out of 6
Tim Parkinson	Lay	England	13,962	464.25	8 out of 8	Rem 3 out of 3 Inv 2 out of 2 AP 1 out of 1
Roshni Samra	Registrant	England	13,962	42.20	8 out of 8	AP 2 out of 2
William Stockdale	Registrant	Northern Ireland	3,490.50	456.76	2 out of 2	Nomco 1 out of 1
Glenn Tomison ⁱⁱ +	Registrant	England	12,346.47 (until Dec 2022)	240.10	5 out of 5	Rem 3 out of 3 Inv 2 out of 2

¹The Advisory Panel meeting is a meeting of the following committees: Companies, Education, Registration and Standards.

Reference and administrative details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005.

On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at 10 Old Bailey, London, EC4M 7NG.

Bankers

**Lloyds Banking Group
(incorporating Bank of Scotland)**
4th Floor, 25 Gresham Street,
London, EC2V 7HN

Internal auditors

TIAA Ltd (from 31 March 2020)
Artillery House, Fort Fareham,
Newgate Lane, Fareham, PO14 1AH

External auditors

haysmacintyre LLP
10 Queen Street Place,
London, EC4R 1AG

Investment Advisors

Brewin Dolphin Limited
12 Smithfield Street,
London, EC1A 9BD

Council

Dr Anne Wright CBE (Chair)	(appointed 19 February 2021 to 18 February 2025)
Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
Josie Forte	(reappointed 1 April 2021 until 31 March 2025)
Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
Lisa Gerson	(appointed 1 May 2021 until 30 April 2025)
Ken Gill	(appointed 1 January 2023 until 31 December 2027)
Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
Frank Munro	(appointed 5 July 2021 until 4 July 2025)
David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
William Stockdale	(appointed 1 January 2023 until 31 December 2027)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)

Senior Management Team

Leonie Milliner	Chief Executive & Registrar
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations



Section 2

Our Fitness to Practise Report



What is fitness to practise?

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely. The Standards define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business is impaired.

£400,000

of financial savings
across hearings
and casework

How we deal with concerns

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants. If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

Overview of our fitness to practise performance

- achieved financial savings of over £400,000 across hearings and casework against reforecast budget through innovative and prompt responses to operational challenges (e.g. potential increased legal charges and impact of part-heard hearings).

- delivered the revised illegal practice protocol to a positive response.
- secured positive quality assurance from three audits (TIAA internal audit, PSA deep dive (triage) and annual independent review.)
- commissioned a new case management system to further improve how we store and manage case-work information.

Our fitness to practise committee decisions

Outcome	Number of outcomes
No further action/ no case to answer	4
Misconduct found but not impaired	3
Impaired with no sanction	2
Warning	5
Fines	0
Conditional Registration	1
Suspension	14
Erasure	11

Triage

There was very little change in the volume of concerns received this year (448 in 2022/23 as compared to 452 in 2021/22). During this reporting year we opened 104 new investigations: a 23 percent conversion rate.

Almost 40 per cent of concerns received related to clinical issues; almost 30 per cent related to registrants' conduct, with the remainder a mix of conviction, health and blended issues.

Investigations

We continue to make improvements in the time taken to investigate new concerns:

- 17% reduction in investigation caseload.
- 34% reduction in the open median.
- 14% reduction in the decision median.
- 46% of new investigation to representations within 30 weeks.
- 87% of new investigation to representations within 40 weeks.
- 26% increase in cases disclosed on hearings.

We ended the year with 78 open concerns that were over one year old and reduced our open cases over two years old by over 22 per cent.

Of the 78 concerns that have been opened for longer than one year, 80 per cent are at post case examiner stage, so are either scheduled for a hearing or awaiting a hearing date. Of those opened for longer than two years, 85 per cent are at post case examiner stage, and 15 per cent are in active investigation or awaiting a health assessment.

We continue to increase the case examiner referral rate to a fitness to practise committee, ending the year with a rolling 61 per cent against 41 per cent in 2021/22. We consider this a positive indicator of our commitment to ensure that only the most serious allegations are being opened.

Including case examiner decisions, we ended the year with a 76-week median closure rate.

Hearings

- 53% of all cases concluded within 78 weeks.
- sustained 76-week median for all final decisions.
- scheduled 72 more hearing days than previous year.
- 75% of cases scheduled within 30 weeks, 100% within 34 weeks.
- our hearings team continued to support remote and in person events. 94 per cent of our substantive events, and 99 per cent of our non-substantive events were heard remotely.
- in 2022/23, the fitness to practise committee considered 54 substantive hearings, resolving 40 cases. 14 scheduled cases went part-heard during 2022/23, 12 of these in the first half of the year.

87%
of new investigation
to representations
within 40 weeks

Anyone can raise a concern with us if they think a registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other registrants.



Section 3
**Our Finance
Report**



Financial Review of the Year Ended 31 March 2023

Section 32 (2) of the Opticians Act 1989 provides that *'the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament'*. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed financial performance, operational and compliance controls, and risk management.

In 2022/23, financial performance for the year (measured by net income) was £0.8m deficit (2020/21 £1.0m surplus). The year started with a budget that achieved break-even for business-as-usual operations and included further plans for spending £1.9m from strategic reserves on several important strategic projects, aiming at a net deficit of £1.6m. The actual results for the year significantly improved the budgeted expectations by £0.8m. These improved operations were achieved whilst facing volatile market conditions in 2022, affecting our investment asset market value, reducing it by £0.8m from the budget.

Income for the year was £10.3m (2021/22 £10.0m). £10.0m (2021/22 £9.8m) was related to annual renewal fees.

During the year we incurred £10.5m expenditure (2021/22 £9.5m). Increased expenditure is due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually, at the time of setting the budget for each financial year in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

All our reserves are unrestricted and as of 31 March 2023, the total reserves were £8.9m (2021/22 £9.6m). The target range for non-designated funds as per reserves policy is from £2.3m to £3.8m. As of 31 March 2023, total non-designated funds net of tangible fixed assets was within this range at £3.3m (2021/22 £3.1m).

In setting the reserves policy, the Council has identified four designated reserves: legal cost reserve, strategic reserve, COVID-19 reserve, and infrastructure/ dilapidation reserve. The legal cost reserve (£0.7m) is to mitigate risk of high-value complex cases arising over and above planned levels. The strategic reserve (£2.0m) supports the delivery of specific projects and initiatives outlined in the GOC's strategic plans. The COVID-19 reserve (£0.9m) is a contingency reserve to provide against the risk of falling income due to pandemic. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £1.2m (2021/22 £0.7m) was spent from the strategic reserve for strategic projects. Those strategic projects are the education strategic review (ESR), implementation of our IT strategy, standards review and completion of CET/CPD transition, people plan, incorporating our HR strategy, and fit for the future projects. Several of these projects are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£0.1m expenses were identified as complex legal cases during the year and funded through the legal costs reserve. We have reduced the Covid-19 reserve by £0.9m.

The reserves policy is revised every three years, to enable us to manage financial risks and create capacity for long term strategic projects. We plan to carry out our next review later in 2023, aligning our reserves with the upcoming five-year strategic plan and financial strategy. It will also enable us to better utilise our reserves, such as our Covid-19 reserve, to meet our statutory objectives.

We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

The working capital policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The investment policy statement recognises the additional needs of the GOC, as we seek to ensure that funds provide reasonable returns within acceptable risk profiles. The revised Investment Policy was approved by Council in March 2023, after being reviewed and recommended by the Investment Committee in November 2022.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities Act;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on 27 September 2023,
and signed on their behalf by



Dr Anne Wright CBE
Chair, GOC

Independent Auditors Report to the Trustees of General Optical Council

Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2023 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2023 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities

for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

- we have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:
- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- enquiries of management regarding correspondence with regulators and tax authorities;
- discussions with management including consideration of non-compliance with laws and regulation and fraud;

- evaluating management's controls designed to prevent and detect irregularities;
- review of ARC and Council meeting minutes
- identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Haysmacintyre LLP

Statutory Auditors
10 Queen Street Place 
London
EC4R 1AG

Date: 8 November 2023

Statement of Financial Activities for the Year Ended 31 March 2023

	Notes	Unrestricted Funds £'000	Total 2022/23 £'000	Total 2021/22 £'000
Income from:				
Charitable activities	4	10,028	10,028	9,798
Investments	5	312	312	239
Total		10,340	10,340	10,037
Expenditure on:				
Raising Funds	12	44	44	47
Charitable activities	6	10,494	10,494	9,446
Total resources expended		10,538	10,538	9,493
Net (losses) / gains on investments	12	(559)	(559)	442
Net (expenditure) / income		(757)	(757)	986
Reconciliation of funds:				
Total funds brought forward		9,613	9,613	8,627
Total funds carried forward		8,856	8,856	9,613

There are no recognised gains or losses other than those recognised above. All activities are continuing. All the transactions in 2022/23 and 2021/22 were unrestricted. The notes on pages 38 – 54 form part of these financial statements.

Balance Sheet for the Year Ended 31 March 2023

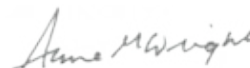
	Notes	2022/23 £'000	2021/22 £'000
Fixed assets:			
Tangible fixed assets	11	742	814
Investments	12	8,694	9,260
Total fixed assets		9,436	10,074
Current assets:			
Debtors	13	433	525
Short term deposits		8,950	7,700
Cash at bank and in hand		1,253	1,848
Total current assets		10,637	10,073
Current liabilities:			
Creditors: amounts falling due within one year	14	(11,216)	(10,534)
Net current assets		(579)	(461)
Total assets less current liabilities		8,857	9,613
Net assets		8,857	9,613
Represented by:			
Unrestricted funds:			
Designated funds	16	4,850	5,750
General funds	16	4,007	3,863
Total funds		8,857	9,613

The notes on pages 38 – 54 form part of these financial statements.

The financial statements were approved and authorised by the Council on 27 September 2023 and were signed on its behalf by:

Dr Anne Wright CBE

Chair, GOC



Cash Flow Statement for the Year Ended 31 March 2023

	2022/23 £'000	2021/22 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	(757)	986
Depreciation	156	136
Loss on disposal of fixed assets	–	102
(Gains) / losses on investment income	559	(442)
Dividends, interest and rents from investments	(312)	(239)
Decrease / (Increase) in debtors	91	12
Increase/ (decrease) in creditors	682	385
Net cash provided by (used in) operating activities	419	939
Cash flows from investing activities:		
Dividends, interest and rents from investments	312	239
Purchase of tangible fixed assets	(84)	(33)
Proceeds from sale of investments	2,811	1,678
Movement in short term deposit account (more than three months)	(1,250)	–
Movement in Cash held in investment	(73)	117
Purchase of Investments	(2,730)	(1,752)
Net cash provided by (used in) investing activities	(1,014)	249
Change in cash and cash equivalents in the reporting period	(595)	1,188
Cash and cash equivalents at the beginning of the reporting period	1,848	660
Cash and cash equivalents at the end of the reporting period	1,253	1,848
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	1,253	1,848

The notes on pages 38 – 54 form part of these financial statements.

Notes to the Financial Accounts for the Year Ended 31 March 2023

1. General information

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

2. Accounting policies

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. Judgments in applying accounting policies and key sources of estimation uncertainty

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees consider the following item to be an area subject to estimation and judgement.

Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic lives will not have a material impact on the operating results. Historically no changes have been required.

i. Going concern

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2023/24, the most significant area of uncertainty relates to volatility of market values of investments where majority of our reserves are held with. The short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for

2023/24 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

ii. Income

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fall due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

iii. Expenditure

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of Fitness to Practise, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six on p41.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

iv. Fixed assets

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £1,000.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

v. Depreciation

Assets are depreciated in equal instalments over the following periods:

IT equipment	3 years
Website/intranet/online renewal	3 years
Office furniture and equipment	10 years
Leasehold improvements (office fit-out)	Over the lease term (15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

vi. Investments

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in March 2023.

vii. Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

viii. Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

ix. Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

x. Creditors and provisions for liabilities

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FtP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

xi. Funds and reserves

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Legal costs reserve – established to cover the cost of high-value complex cases arising over and above planned levels.
- Strategic reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and Budget and beyond.
- COVID-19 reserve – established as a contingency reserve to mitigate the risk of falling registrant income.
- Infrastructure & dilapidations Reserve – established to build up adequate funds in developing the infrastructure should we leave current premises.

xii. Taxation

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

xiii. Operating leases

The annual rentals are charged to the statement of financial activities over the term of the lease.

xiv. Employee benefits

Short-term benefits - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London. During 2022/23 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.

	2022/23 £'000	2021/22 £'000
4. Income from charitable activities		
Registration and renewal fee	10,016	9,779
Continuing Education Training provider	12	19
Total	10,028	9,798

	2022/23 £'000	2021/22 £'000
5. Income from Investment		
Interest from fixed deposits	44	1
Dividend income	269	238
Total	312	239

	Direct Cost £'000	Support Cost £'000	Total 2022/23 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	4,381	2,198	6,579
Registration	678	404	1,082
Education	1,190	611	1,801
Policy & standards	407	166	573
Communications	276	182	458
Total	6,933	3,561	10,494

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2021/22 £'000
Charitable activities			
Fitness to practise (Note 6a.)	3,691	1,911	5,602
Registration	541	392	933
Education & standards	1,444	662	2,106
Policy	224	187	411
Communications	282	112	394
Total	6,182	3,264	9,446

The following table analyses the Fitness to Practise costs:

	2022/23 £'000	2021/22 £'000
6a. Fitness to practise including Legal compliance		
Legal fees on investigations	605	692
Other investigation costs	1,898	1,468
Hearing costs	1,335	964
Dispute mediation	252	240
Legal compliance	292	327
Support costs	2,198	1,911
Total	6,579	5,602

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2022/23 Total £'000
7. Support costs							
Fitness to practise	75	423	482	315	226	677	2,198
Registration	14	78	89	58	42	124	404
Education	21	118	134	88	63	188	611
Policy & Standards	6	32	36	24	17	51	166
Communications	6	35	40	26	19	56	182
Total	122	685	781	511	367	1,096	3,561

Comparative figures below:

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2021/22 Total £'000
Support costs							
Fitness to practise	66	380	427	229	195	614	1,911
Registration	14	78	87	47	40	126	392
Education and Standards	23	132	148	79	67	213	662
Policy	7	37	42	22	19	60	187
Communications	4	22	25	14	11	36	112
Total	114	649	729	391	332	1,049	3,264

Governance costs includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows.

Members' fees and expenses include Council (trustees) and committee members costs.

	2022/23 £'000	2021/22 £'000
Governance costs		
Members' fees and expenses	242	233
Staff cost	333	241
External audit fees	24	21
Internal audit fees	23	24
Other governance cost	63	130
Total	685	649

	2022/23 £'000	2021/22 £'000
8. Net income for the year are stated after charging:		
Fees paid to external auditors - haysmacintyre:		
external audit fee	24	21
Internal audit fees	23	24
Depreciation of fixed assets	156	136

	2022/23 £'000	2021/22 £'000
9. Staff costs		
Staff employment costs:		
Salaries	4,502	3,884
Settlements	73	15
National insurance	497	370
Pension costs	395	346
Total	5,467	4,615

	2022/23	2021/22
Average number of staff		
Chief Executive's office	1	1
Management team	4	6
Fitness to practise	38	33
Registration	9	7
Strategy	20	17
Governance, compliance, performance reporting	6	6
Corporate services (Facilities, HR, Finance, IT)	18	17
Change	7	-
Total	102	87

The number of staff whose taxable emoluments fell into higher salary bands was:

	2022/23	2021/22
£60,000 but under £70,000	5	5
£70,000 but under £80,000	4	3
£80,000 but under £90,000	2	1
£90,000 but under £100,000	-	2
£100,000 but under £110,000	1	-
£130,000 but under £140,000	1	1

During the year, Council paid £91,441 for eleven members of staff in this category (2021/22 £82,018 for eleven members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 28, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table nine. No amounts are paid directly to third parties that are not already disclosed in table nine.

Remuneration and benefits received by key management personnel (SMT) are as follows:

	2022/23 £'000	2021/22 £'000
Key management personnel		
Gross Pay	505	528
Employer national insurance contributions	60	60
Employer pension contributions	48	51
Benefits	1	3
Total	614	642

	Fees £	Expenses £	2022/23 Total £
10. Trustees' expenses			
Sinead Burns	13,962	1,198	15,160
Josie Forte	13,962	115	14,077
Mike Galvin	13,962	398	14,360
Lisa Gerson	13,962	211	14,173
Ken Gill**	3,491	-	3,491
Rosie Glazebrook *	10,472	-	10,472
Clare Minchington	14,587	425	15,012
Frank Munro	13,962	389	14,351
David Parkins	13,962	-	13,962
Tim Parkinson	13,962	464	14,426
Roshni Samra	13,962	42	14,004
William Stockdale**	3,491	457	3,947
Glenn Tomison *	12,346	240	12,587
Dr Anne Wright CBE	50,000	-	50,000
Total	206,082	3,938	210,020

* Retired during the year

** Appointed during the year.

Comparative figures below.

	Fees £	Expenses £	2021/22 Total £
Trustees' expenses			
Sinead Burns	13,962	-	13,962
Josie Forte	13,962	-	13,962
Mike Galvin	13,962	-	13,962
Lisa Gerson**	12,799	-	12,799
Rosie Glazebrook	13,962	-	13,962
Clare Minchington	13,962	-	13,962
Frank Munro**	10,382	-	10,382
David Parkins	13,962	-	13,962
Tim Parkinson	13,962	-	13,962
Roshni Samra	13,962	-	13,962
Helen Tilley*	1,423	-	1,423
Glenn Tomison	16,254	-	16,254
Dr Anne Wright CBE	48,452	-	48,452
Total	201,005	-	201,005
Number of trustees			12

* Retired during the year

** Appointed during the year.

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

	Office, furniture and equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
11. Tangible fixed assets						
Cost as at 1 April 2022	304	1,058	297	1,459	-	3,117
Add: Cost of additions	-	-	19	-	65	84
Less: Disposals	-	-	-	-	-	-
Transfers	-	-	-	-	-	-
Total at 31 March 2023	304	1,058	316	1,459	65	3,201
Less: Depreciation						
As at 1 April 2022	(187)	(467)	(256)	(1,393)	-	(2,303)
Charged in the year	(30)	(74)	(28)	(24)	-	(156)
Disposals	-	-	-	-	-	-
Total at 31 March 2023	(217)	(541)	(284)	(1,417)	-	(2,459)
Net book value 31 March 2023	87	517	32	42	65	742
Net Book Value 31 March 2022	117	591	41	65	-	815

	2022/23 £'000	2021/22 £'000
12. Investment		
Investments b/f	9,176	8,659
Additions	2,730	1,752
Disposals	(2,811)	(1,678)
Realised gains	(126)	108
Unrealised gains/ (losses)	(432)	335
Investments c/f	8,537	9,176
Cash	157	84
Total portfolio	8,694	9,260

Total portfolio includes cash held with equity managers. During the year £44,110 (2021/22 £46,911) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2022/23 £'000	2021/22 £'000
13. Debtors		
Prepayments	289	391
Other debtors	9	10
Accrued income	135	124
Total	433	525

	2022/23 £'000	2021/22 £'000
14. Creditors: Amounts falling due within one year		
Trade creditors	36	97
Deferred income (note 14a)	10,078	9,303
Accruals	853	906
Other tax and social security	155	129
Other creditors	94	99
Total	11,216	10,534

	2022/23 £'000	2021/22 £'000
14a. Deferred income		
At 1 April	9,303	9,004
Amount deferred during the year	10,127	9,479
Amount released to Statement of Financial Activities	(9,352)	(9,180)
Total	10,078	9,303

Accruals include rent accrual amounting to £99,856 (2021/22 £213,658).
Income from registrant renewal fees received in advance is deferred and will be released as income in 2023/24.

	2022/23 £'000	2021/22 £'000
15. Financial Instruments		
Financial assets measured at fair value	8,694	9,260
Financial assets measured at amortised cost	10,348	9,682
Financial liabilities measured at amortised cost	(1,138)	(1,231)
Net financial assets measured at amortised cost	17,904	17,711

- (a) Financial assets measured at fair value include investments.
- (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income
- (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2022 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2023 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(114)	114	700
Strategic reserve	2,000	-	(1,181)	1,181	2,000
Covid -19 reserve	1,800	-	-	(900)	900
Infrastructure/dilapidations reserve	1,250	-	-	-	1,250
Total designated funds	5,750	-	(1,295)	395	4,850
General funds					
Income and expenditure reserve	3,863	10,340	(9,243)	(954)	4,007
Total funds	9,613	10,340	(10,539)	(558)	8,857

Comparative figures below.

	2021 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2022 £'000
Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(217)	217	700
Strategic reserve	2,000	-	(714)	714	2,000
Covid -19 reserve	900	-	-	900	1,800
Infrastructure/dilapidations reserve	500	-	-	750	1,250
Total designated funds	4,100	-	(931)	2,581	5,750
General funds					
Income and expenditure reserve	4,527	10,037	(8,562)	(2,138)	3,863
Total funds	8,627	10,037	(9,494)	443	9,613

All the reserves are un-restricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. The COVID-19 reserve is a contingency reserve and is created to mitigate the risk of falling registration income. Infrastructure/dilapidations reserve is set up to build in funds in developing the infrastructure needed should we leave the current premises when lease term expires.

	Unrestricted funds £'000	Total 2022/23 £'000	Total 2021/22 £'000
17. Analysis of net assets by fund			
Tangible fixed assets	742	742	814
Investments	8,694	8,694	9,260
Current assets	10,637	10,637	10,073
Current liabilities	(11,216)	(11,216)	(10,534)
Total net assets	8,857	8,857	9,613

18. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £394,575 (2021/22 £345,902). There were £18,665 in outstanding contributions in 2022/23, (2021/22 £67,699) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2023, the charity had the following future lease payments under operating leases.

	2022/23 £'000	2021/22 £'000
20. Commitments under operating leases		
Land and buildings		
Within one year	620	620
In two to five years inclusive	608	1,229
Over five years	-	-
	2022/23 £'000	2021/22 £'000
Office Equipment lease		
Within one year	25	28
In two to five years inclusive	-	15

The total charge of all operating leases to the statement of financial activities as at 31 March 2023 was £624,407 (2021/22 £548,220).

21. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

The following Council members declared related party transactions during the year:

- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £5,859 in fees for her services.

	At 1 April 2022 £'000	Cash flows £'000	At 31 March 2023 £'000
22. Analysis of changes in net debt			
Cash and cash equivalents			
Cash	1,848	(595)	1,253
Cash equivalents	7,700	1,250	8,950
Total	9,548	655	10,203

General Optical Council

10 Old Bailey

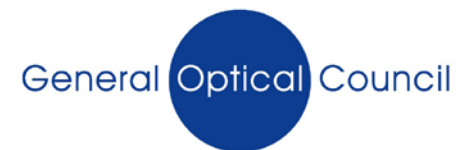
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GENERAL OPTICAL COUNCIL

England & Wales - Charity number 1150137

Accounts

General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2022

General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2022

Registered as a charity by the Charity Commission in England and Wales
(Registered charity number 1150137)

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If you have any questions about this document, please email communications@optical.org or phone us on 020 7580 3898.

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Message from the Chair

Welcome to the GOC's Annual Report for 2021-22. This report provides the opportunity to reflect on the GOC's achievements in delivering our strategic objectives, in what was a challenging external environment with continuing restrictions due to the pandemic. It was also a year of internal change: we welcomed our new Chief Executive and Registrar Leonie Milliner in January 2022, and said farewell to her predecessor Lesley Longstone, whose outstanding contribution left a legacy on which we can build.

Our mission is to protect the public by promoting high standards in optometry and dispensing optics. 2021-22 was the second year of our strategy 2020-2025 Fit for the Future, aiming towards world-class regulation, customer service and continuous improvement. Our work is set in the context of the changing environment of optics and eye care, with increasing demand arising from demographic change, and supply challenges across primary and secondary care. We aim to address those challenges by maximising the contribution of the professions we regulate to improvement and development of eye care across the UK.

In the past year we have made progress on a number of strategic projects. This report highlights our new CPD scheme, replacing the CET programme, which will give flexibility and further scope for ongoing professional development for both optometrists and dispensing opticians. We have also updated and refreshed the requirements for the post-registration specialist qualifications for prescribing optometrists and Contact Lens Opticians. These developments sit alongside the ongoing implementation of our ambitious Education Strategic Review, working with the sector and stakeholders to deliver education and training that will equip our registrants with the skills they need for the future.

We are committed to equality, diversity and inclusion in our regulatory role, as well as in the GOC organisation. The Council was pleased to introduce a new initiative to recruit two Council Associates to a year-long development programme. Registrants at an early stage in their careers can gain insight and experience of working with the Council, and Council can also benefit from fresh and diverse perspectives.

We are pleased that the PSA Review found that we met 17 out of 18 standards, while also noting the progress being made towards meeting the Fitness to Practise timeliness standard. The PSA also praised our progress on equality, diversity and inclusion.

The GOC welcomes the Government's programme of legislative reform. We have consulted stakeholders on potential improvements to regulation through amendments to our legislation; and we will continue to engage with the Department of Health and Social Care as well as other regulators as the proposals move forward. We will also review our internal governance procedures in 2022-23 to build on the good working practices we have developed across Council and its committees.

Finally, I thank my Council colleagues, our Committee members, and all the GOC staff for their contribution and commitment throughout 2021-22. It has been a privilege to work with them, and with our stakeholders as the GOC continues to work towards strengthening public benefit as a world class regulator.



Dr Anne Wright CBE

Chair, GOC

Message from the Chief Executive

I am delighted to present my first annual report as Chief Executive and Registrar at the General Optical Council. My thanks must first go to our previous Chief Executive, Lesley Longstone, who, since 2018, guided the organisation through several unique and exceptional challenges, not least a global pandemic that saw widespread disruption to the ways we live and work.

2021-22 has been a challenging time for our registrants, with economic uncertainty, coronavirus lockdowns and the ongoing impact of the United Kingdom's exit from the European Union. We have continued to support and listen to the sector, and this report sets out several ways in which we have begun to **transform customer service**. Financial prudence and stewardship by our Council during the last few years has meant we are in a strong financial position, and we are now able to look at how we can utilise this to the benefit of our registrants and the public. We are making a considerable investment in updating and modernising how we work. To support our ambitious transformation programme, in 2021-22 we launched a temporary Change directorate. 2022-23 will see us deliver the transformation we need across our digital and customer service platforms to best serve our customers in all areas of our business activity.

We aspire to **deliver world class regulatory practice**, and I am pleased to say that we have met 17 out of 18 of the Standards of Good Regulation set by the Professional Standards Authority (PSA). We are focussed acutely on improving where we need to and celebrating where we perform well. The GOC Council and its committees have continued to maintain oversight and provide the Executive with the critical friend challenge it needs to ensure that we keep the public safe from harm.

Several pieces of work highlighted below show how we are developing a **culture of continuous improvement**, both as an organisation and for those we regulate. This includes how we have set and advanced the standards for our registrants through updated education and training requirements for post-registration specialist qualification, and the launch of our new Continuing Professional Development (CPD) scheme, which replaced our Continuing Education and Training (CET) in January 2022. We are grateful for all those who have engaged with this work, from universities and CET/CPD providers to registrants, students and patients, and as former Director of Education at the GOC I feel a particular pride in the work the team has done to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

Leonie Milliner

Chief Executive and Registrar, General Optical Council

Introduction

The following report sets out the activities we have undertaken over 2021/22 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2022.

In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102.

We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

We are the regulator for the optical professions in the UK. As of 31 March 2022, there were 33,174 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'.

Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional

education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Most of our income comes from registrant fees and is used to further our charitable purpose. Table one sets out the fees that registrants are required to pay for entry or retention on our register. In 2021/22, for the second year running, we froze our fees for fully qualified registrants and corporate bodies joining, retaining or restoring to the register. Fees for students have not increased since 2017/18. In 2021/22 the retention fee for optometrists, dispensing opticians and corporate bodies remained at £360.

Table one: annual registrant fee

Fee levels	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
Optometrists	£360	£360	£350	£340	£330	£320
Dispensing opticians	£360	£360	£350	£340	£330	£320
Corporate bodies	£360	£360	£350	£340	£330	£320
Students	£30	£30	£30	£30	£30	£25
Low income fee	£260	£260	£250	£240	£230	£220

Table two shows a breakdown of registrants across the UK on 31 March 2022 and compares this with the previous two reporting years. We report separately on the diversity of our registrants and registrants subject to FtP investigations, the report is available on our website: [EDI Performance Monitoring Report](#).

Table two: total number of registrants in each GOC category

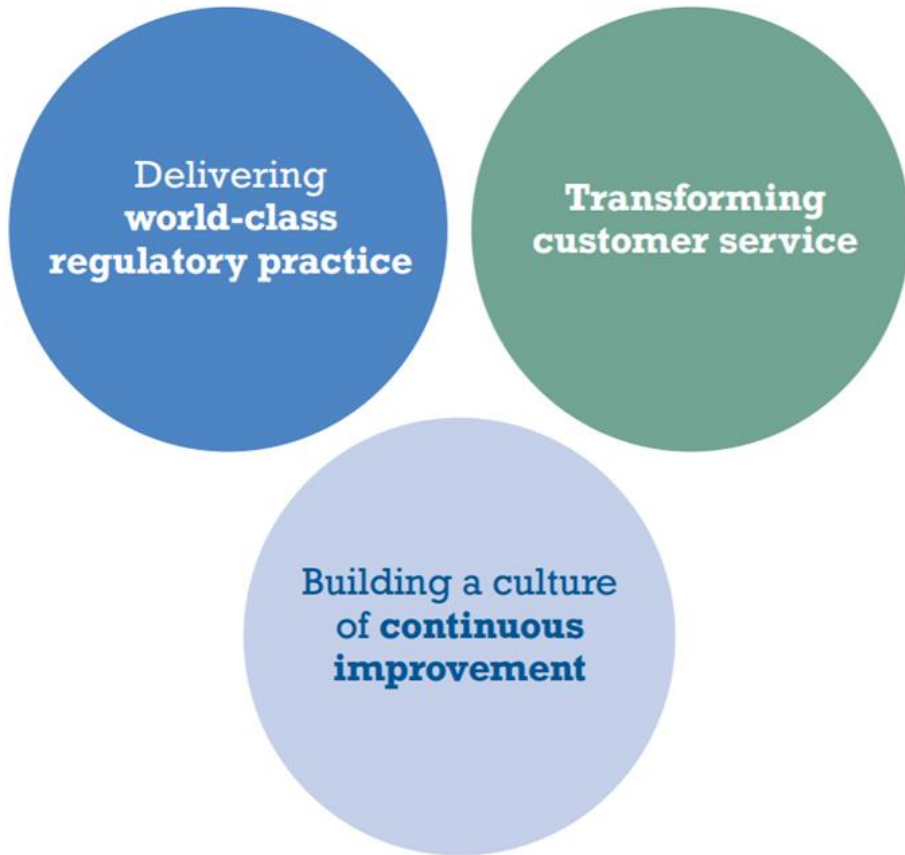
	31-3-22	%	31-3-21	%	31-3-20	%	31-3-19	%
Optometrist	16,932	51%	16,267	50%	16,670	52%	16,039	51%
Dispensing optician	7,060	21%	7,190	22%	7,157	22%	7,032	22%
Student optometrist	4,990	15%	4,640	14%	3,934	12%	3,761	12%
Student dispensing optician	1,331	4%	1,383	4%	1,510	5%	1,753	6%
Business registrant	2,861	9%	2,796	9%	2,847	9%	2,783	9%
TOTAL	33,174	100%	32,276	100%	32,118	100%	31,368	100%

Section 1: How We Deliver Public Benefit

Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions. Our five-year 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do to achieve our vision of being recognised for delivering world-class regulation and excellent customer service. This section of our annual report describes how we delivered public benefit in the second year of our strategic plan and outlines our ambitious programme of work and investment in strategic projects as we enter its third year.

Our priorities are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:



Our Performance in 2021/22:

Alongside our continued delivery of our operational functions and business-as-usual activity, in 2021/22 we undertook a planned programme of investment in six strategic projects aligned to our five-year strategic plan, designed to help us better fulfil our statutory objectives and in doing so, protect the public.

In this section of our annual report, we describe the following strategic work, their outputs and intended impact:

- Legislative Reform
- Updated Education and Training Requirements for GOC approved post-registration specialist qualifications
- Continuing Education and Training (CET) Review
- Standards and supporting guidance
- Illegal Practice Strategy
- Research
- GOC Refresh

Legislative Reform

During 2021/22 we continued to engage with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation. DHSC's intended aim is for healthcare regulators' legislation to operate more efficiently and effectively. In June 2021, we responded to DHSC's consultation on 'regulating healthcare professionals, protecting the public' – the response is available on [our website](#). We also continued to engage with the other healthcare regulators to discuss and review DHSC's proposals in respect of fitness to practise, registration, education and training, and governance and operational procedures.

In addition, we continued to develop proposals for reform of our legislation beyond DHSC's proposals. We opened a call for evidence in March 2022 to engage with our stakeholders and gain evidence of impact to support the development of a business case for what might need to change, to ensure that regulation remains relevant and fit for the future. We will continue this work in 2022/23 after the consultation closes. If, as a result of the call for evidence, we consider changes to legislation and/or policy are necessary and can be evidenced, we will carry out further public and targeted stakeholder consultation activities on our proposals, developing business cases as appropriate.

Updated Education and Training Requirements for GOC approved post-registration specialist qualifications

Over the past year we worked closely with the academic community, optical sector stakeholders, students and patients to update our requirements for GOC approved qualifications leading to post-registration specialist entry to the GOC register in the additional supply (AS), supplementary prescribing (SP) and independent prescribing

(IP) categories, and for the contact lens optician (CLO) specialist qualification, a key outcome of our Education Strategic Review (ESR).

For each post-registration specialism we worked closely with an expert advisory group to review draft proposals, consider feedback, synthesise, analyse and to develop our requirements. We ran two public consultations. The first sought evidence of impact of our proposed education and training requirements for GOC approved qualifications leading specialist entry to the GOC register in the AS, SP and IP categories; the second sought evidence of impact of our proposed education and training requirements for GOC approved qualifications leading specialist entry to the GOC register as a CLO.

To inform the development of the proposed education and training requirements we commissioned Fraser Consulting to conduct an equality impact assessment for both sets of proposals and commissioned the University of Hertfordshire in association with the University of Manchester to verify the proposed outcomes using the established and tested Delphi methodology.

The Council approved the updated requirements for AS, SP and IP categories in December 2021 and the CLO qualification in March 2022, subject to minor amendments.

Our new requirements will ensure the qualifications we approve in the future are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations, as well as meeting increased expectations of the student community and their future employers.

To support implementation of the updated education and training requirements for approved qualifications in optometry and dispensing optics, approved by Council in February 2021, we commissioned the Sector Partnership for Optical Knowledge and Information (SPOKE) in August 2021 to establish a Knowledge Hub/Information Exchange. The College of Optometrists are the lead partner for SPOKE, supported by Association of British Dispensing Opticians (ABDO), Optometry Schools Council (OSC) and bodies from across the sector. SPOKE's first project was to develop a sector-led co-produced indicative guidance to supplement the Outcomes for Registration, published by the College in February 2022.

To co-ordinate implementation of the new requirements, we established a Sector Strategic Implementation Steering Group (SSISG) which met for the first time in September 2021. In addition, a Technical Advisory Group (TAG) was established to advise on the development of the suite of documentation we published to support providers' notification of adaptations to the new requirements. Moving forward, we will refer to the new requirements as the 'Education and Training Requirements' or ETR for short. We will refer to the new framework as the 'requirements' which encompasses the outcomes, standards and quality assurance methods collectively, which are published [on our website](#).

Continuing Education and Training (CET) Review

Following consultations in 2019, 2020 and 2021, and having secured the necessary legislative change we introduced our new Continuing Professional Development (CPD) scheme in January 2022, changing the name of our scheme from CET to CPD. We wanted to make sure that our new CPD scheme continued to support our registrants' learning and development and continued to maintain the safety and quality of care patients receive. In introducing changes, we were keen to make our new scheme more flexible and less prescriptive, allowing registrants greater freedom to undertake learning and development which was relevant to their own personal scope of practice. We therefore made the following changes to the CPD scheme:

- replaced the competencies which underpin the scheme with the Standards of Practice for Optometrists and Dispensing Opticians;
- allowed up to 50 per cent of a registrant's CPD points requirement to be from sources other than those approved by the GOC, defined as 'self-directed CPD' (provided it has been developed for healthcare professionals and meets certain other requirements);
- introduced a requirement for all registrants to carry out and document a reflective exercise based on the content of their personal development plan by the end of the cycle;
- introduced a requirement for dispensing opticians to carry out one peer review activity per cycle; and
- removed the requirement for every CPD activity to be approved by the GOC in advance.

As part of this work, we also updated the CPD recording system for registrants, now called MyCPD.

Standards and supporting guidance

In January 2021 we undertook a public consultation seeking evidence of impact of the suite of COVID-19 statements that we had released during the previous year. These statements were aimed at removing unnecessary regulatory barriers during the global pandemic, clarifying certain areas of practice and bolstering the guidance we normally give on our standards for optometrists, dispensing opticians, students and optical businesses. Following the close of the consultation we updated all of the statements and aligned them to the College of Optometrists' red-amber-green classification system to clearly indicate the phases of the pandemic to which the statements apply. We published a report and revised versions of the statements in May 2021.

Following a number of recommendations from recent healthcare inquiries, we were keen to play our part in making sure that everyone working in the optical sector is free and able to speak up about concerns they have. We drafted guidance to make our expectations clear and give our registrants more confidence in speaking up when they need to. We consulted on the draft guidance from December 2020 to March

2021. We analysed the responses during 2021/22 and published final guidance on our website in October 2021.

Illegal Practice Strategy

We reviewed our Illegal Practice Strategy in July 2021 and undertook a public consultation on our proposed revised draft strategy in September 2021. The proposed changes in the draft strategy included:

- early assessment criteria to ensure only complaints concerning offences under the Act are accepted for further investigation;
- forge relationships with online platforms for example Amazon, Google, Facebook, and Instagram, to enable an early referral to their 'takedown teams' at stage one;
- send cease and desist letters at investigation stage; and
- carry out test purchases after a cease and desist letter has been sent in illegal sales cases, if illegal sales are suspected to be continuing, and the evidential and public interest tests are met.

Following the consultation and analysis of responses, Council approved the strategy in June 2022.

Research

We commissioned Enventure Research to carry out a registrant survey so that we could gain an up-to-date understanding of their views and could continue to support registrants in protecting patients and the public, particularly in light of the COVID-19 pandemic. We published our registrant survey in May 2021. The full report is available on our website. Some key findings include:

- 65% agreed that the GOC was meeting its strategic objective to build a culture of continuous improvement;
- 62% agreed that the GOC was meeting its strategic objective to deliver world-class regulatory practice;
- 49% agreed that the GOC was meeting its strategic objective to transform customer service;
- 40% of respondents reported that they worked beyond their hours;
- 28% found it difficult to provide patients with the sufficient level of care they needed;
- 52% had been furloughed by their employer or had their educational course suspended in the last 12 months;
- 58% were satisfied with their job or role over the past 12 months; and
- 43% planned to gain additional qualifications or skills in the next 12 to 24 months.

In October 2021, we carried out some additional analysis of the workforce section of our registrant survey. We published a further report on our website to help understand what the workforce may look like in the future.

We commissioned M.E.L Research to carry out public perceptions research in early 2022, which sought to understand the public's views and experiences of opticians across the UK and how these change over time. Over 2,000 members of the public responded to an online survey as part of the research. The research will be used to inform our work in transforming customer service and future policy and research activities. We expect to publish the survey in June 2022.

GOC Refresh

We have established a temporary Change Directorate to provide the organisation with a focal point for the delivery of our strategic ambitions as outlined in our Fit for the Future strategy. This has allowed us to bring dedicated project and change expertise into the organisation to drive the creation and delivery of appropriate governance, structure and implementation of our strategic change initiatives (GOC Refresh).

This support includes building sustainable change capacity within the organisation through the continuous development of our managers and staff through transfer of knowledge from the Change Directorate as well as through recognised training and accreditation as appropriate.

A whole organisation approach in our delivery of the GOC Refresh remains paramount and is evidenced in our creation and continued delivery of our engagement strategy, aimed at ensuring that our staff are actively aware of, involved and participating in our change journey.

How our performance is measured externally

Like all other healthcare regulators, our performance is assessed externally by the Professional Standards Authority (PSA). The assessment focuses on whether we have met the PSA's standards of good regulation, which describe the outcomes the PSA expects us to achieve through our regulatory functions.

In the most recent assessment for the period 1 October 2020 to 30 September 2021 we met 17 out of the 18 standards, including meeting all the standards for our Education, Registration and Standards functions, as well as all the general standards. The standard we did not meet related to our timeliness in fitness to practise cases.

Our commitment to improve our fitness to practise function is outlined within our strategic plan 2020-2025. Despite not meeting the timeliness target, the PSA noted that we have made significant progress in implementing our improvement plan. We are the only healthcare regulator to have reduced its open caseload of older cases since the start of the pandemic.

The PSA recognised our commitment to equality, diversity and inclusion (EDI) through our creation of a new EDI plan and an appointed EDI Partner to provide expert support. The report also highlighted the work undertaken to update the education and training requirements for optometry and dispensing optics, which prioritise patient and service-user centred care and safety. This work is covered in more detail in our annual EDI report for 2021-22.

Our Plans for 2022/3

Our commitment to the delivery of our Fit for the Future strategy continues into 2022/23. Alongside identifying our core areas for delivery as part of our business plan, we have also established a Change Directorate to provide us with a focal point for governing, structuring and implementing our change initiatives. In this way we can ensure oversight of all planned change initiatives and ensure each is delivered effectively through the application of consistent methodology and performance metrics. Table 3 below highlights our core areas of activity for our business plan in 2022/23.

Due to the need to concentrate resource on our CET review, we did not start our consultation on the review of our Standards of Practice for Optometrists and Dispensing Opticians. We expect to start this work in 2022/23 and will be engaging with our stakeholders through a consultation process to gain input about how the standards might need to be updated and any supporting guidance that needs to be reviewed or developed.

Strategic Objective One – Delivering world-class regulatory practice		
Activity	Start	Finish
Develop business cases for any legislative reform following the GOC call for evidence, including any additional research required or development of policy positions	July 2022	March 2023
Develop and consult on new standards of practice, taking account of the outcome of the call for evidence and legislative reform consultations	Oct 2022	March 2023
Publish and implement new education and training requirements for GOC post-registration approved specialty qualifications	March 2022 and June 2022	2024/25 and beyond to 2026
Implement new education and training requirements for approved qualifications leading to registration as an optometrist or a dispensing optician	March 2021 (Ongoing)	2024/25 and beyond to 2028
Commission longitudinal research to measure the impact of the new education and training requirements	Jan 2023	March 2023
Commission knowledge hub/ information exchange to support providers and potential providers of post-registration approved qualifications in their design of qualifications to meet our new education requirements	Sept 2022	Dec 2022
Develop and consult on changes to non-UK registration scheme to ensure alignment with new education and training requirements	Sept 2022	March 2023
Implement new CPD scheme, including audit and portfolio review	January 2022 (Ongoing)	Dec 2024
Engage with DHSC’s planned programme of regulatory reform	January 2022 (Ongoing)	March 2023
Develop business case for workforce data modelling/data analysis	April 2022	July 2022

Strategic Objective Two – transforming customer service		
Activity	Start	
Develop and implement a customer care and engagement strategy, working with both internal and external stakeholders	May 2022	May 2023
Review the effectiveness of our governance structure	April 2022	July 2022
Development and launch of new MyGOC website for registrants based on Microsoft 365	Jan 21 (Ongoing)	Dec 2022
Publish FtP learning bulletins	April 2022	March 2023
Review communications strategy and launch revised corporate branding	July 2022	Dec 2022
Review and implement new illegal practice strategy and protocol	April 2022	Sept 2022
Project to automate registration processes	Jan 21 (Ongoing)	March 2023
Scope, develop and implement replacement of existing phone system	May 2022	Dec 2022

Strategic Objective Three – building a culture of continuous improvement		
Activity	Start	Finish
Develop and implement a secure portal to share information with external parties involved in fitness to practise, registration and qualification approval and quality assurance as well as Council and committees	May 2022	January – March 2025
Development of CRM to support regulatory functions	April – June 2022	January – March 2025
Develop and implement a fitness to practise case management system	April 2022	April 2023
Develop a business case to review data collection of different groups of registrants' protected characteristics to better inform regulatory policy and assessment of impact	March 2022	March 2023
Develop and test business case / feasibility study for clinical performance coaching (or similar) for cases that do not meet the regulatory threshold	Sept 2022	March 2023
Develop and implement a three-year management development programme	June 2021 (Ongoing)	January – March 2024
Review of GOC premises and working environment	April – June 2022	January – March 2025
Archive management project to reduce historic paper records	June 2022	March 2023
Develop and implement a People Plan	June 2020 (Ongoing)	January – March 2023
Review, implement and embed a flexible hearings process	March 2022	January – March 2023
Review of internal banking and accounting procedures	June 2021(Ongoing)	January – March 2024
Develop a business case for a new systems solution for human resources and finance	Sept 2022	March 2023

Our Risks

Our approach to risk management is set out in our risk management policy. We consider that an effective risk management strategy and policy is fundamental to the achievement of all the GOC's strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. It also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- Failure to meet our duties in respect of information governance and information security;
- Failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers;
- The register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants; or
- External political or legal developments threaten the continued functioning of the GOC in current form or drastically change remit.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

Risks associated with failure to achieve FtP end to end timescale improvements and the impact on Healthcare Regulators from the Department of Health and Social Care's consultation on "Regulating healthcare professionals, protecting the public", remain amongst our primary considerations and continue to be important areas of focus over the next year, alongside our organisational transformation programme "GOC Refresh" which is responsible for delivery of our "Fit for the Future" strategy.

Our People

Equality Diversity and Inclusion (EDI) has continued to be a central focus this year, boosted by the presence of our EDI Lead, and significant steps forward were taken. Most notable among these was the agreement of our organisational Anti-Racism Statement and the formation of our Anti-Racism staff group which has ensured that the momentum from the statement has continued. The other Staff Network Groups have prospered also, with training offered to the chairs and committee members on increasing their impact and ongoing support and encouragement from the EDI Lead.

We were delighted to receive external ratification of our improvements in this vital area by the award of Best Small Company in the FREDIE awards run by the National Centre for Diversity; and a Bronze Award from the Employers Network for Equality and Inclusion. In a further objective measure of our success, our Gender Pay Gap narrowed yet further – to a mean of just 1.3% and a median of 5%, both in favour of males. Our work in this area is not yet done but it is pleasing to see such concrete progress. To continue this progress, our SMT has agreed ambitious plans for further staff and member development, as well as refinements to our recruitment processes both with an EDI focus.

These programmes have also been designed to link EDI matters to our Values and Behaviours, ensuring that these become baked into everyday life at the GOC. Objective measurement of this progress was achieved through the further expansion of our 360° feedback loop to all people managers.

Further development was achieved through the roll out of a year long structured management development programme for all people managers in the organisation, ensuring that all had a similar, GOC approach to managing their teams.

This progress was demonstrated in the latest all staff annual engagement survey which showed a continuing upward trend in engagement since 2018.

Our approach to managing the Covid 19 pandemic saw our staff continue to work remotely throughout the year. An Agile Working framework was developed through consultation with staff and remains in place. A further consultation has been completed as part of developing our Future Ways of Working strategy.

Our Structure, Governance and Management

Our legislation and our governance regulations

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries.

Our Council

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the professions regulated under the Optician Act 1989;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see pages 26 and 27). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2021-22, having been appointed on 18 February 2021.

One Council member is appointed as a Senior Council Member (SCM). They are responsible for undertaking to carry out the Chair's review, provide a sounding board for the Chair and serve as an intermediary for Council members, the Executive and stakeholders as necessary.

Helen Tilley served as SCM until 30 April 2021. Glenn Tomison was appointed as SCM on 12 May 2021.

Our Governance Structure

Our governance structure consists of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration and Nominations) and four statutory committees (Companies, Education, Registration and Standards). The four statutory committees (sometimes referred to as Council committees) meet collectively as an Advisory Panel.

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

Attendance

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 26 and 27. The Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public. Business is usually transacted in private only if it is commercially or legally sensitive, a preliminary discussion on development of strategy or policy, or if the matter being discussed concerns an individual or specific group.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All Council and committee members are required to engage in their own performance review.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

The Executive

The determination of pay and remuneration for the Executive (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's Pay and Reward policy, and pay is benchmarked against other regulators.

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

The Director of Change, Philipsia Greenway, is responsible for:

- Customer Experience Development
- Information Technology
- Strategic Change Programmes

The Director of Corporate Services, Yeslin Gearty, is responsible for:

- Facilities
- Finance
- Human Resources
- Registration
- Risk and audit

The Director of Regulatory Operations, Dionne Spence, is responsible for:

- Triage (including contract management of the Optical Consumer Complaints Service)
- Case progression
- Hearings
- Legal

The Director of Regulatory Strategy, Steve Brooker, is responsible for:

- Communications
- Education
- Policy and Research
- Standards

SMT, Council and its committees are supported by the Governance team.

Effectiveness of governance

Effective and robust governance is critical to ensuring that we act in a manner that is consistent with the rules and regulations that govern us, and that we continue to act in the public benefit.

Council members, committee members and all staff are expected to conduct their business in accordance with the seven principles of public life (otherwise known as the “Nolan principles”):

- Selflessness,
- Integrity,
- Objectivity,
- Accountability,
- Openness,
- Honesty, and
- Leadership.

This is reflected in our codes of conduct, and in our values as an organisation.

This year we developed and began delivering on a governance improvement plan. This was our response to an evaluation of our compliance with the Charity Good Governance Code in February 2021. As a result the following was delivered in 21-22:

- A revised scheme of delegation, which was approved by Council in September 2021.
- A revised conflict of interest policy, which was approved by Council in September 2021.
- The implementation of an annual Equality, Diversity and Inclusion report to Council.
- Inclusive Leadership training for Council members.

The appointment of a new Head of Governance will see this work develop into 22-23, with the Council Chair acting as project sponsor for a governance review and refresh.

Members' conduct

Council (in their role as trustees) and committee members have a duty to:

- act impartially and objectively;
- take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so; and
- take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals.

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

Fees

Council and committee member fees were agreed from 1 April 2021, in line with the Member Fees policy.

Our Member Fees policy is reviewed and benchmarked each year. In March 2021 this annual review took place which resulted in no fee rises. Member fees have not been increased for the last three years.

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee & Advisory Panel Meeting¹ Attendance
	Dr Anne Wright CBE (Chair)	England	48,452	nil	8 out of 8	Nom 4 out of 4
	Sinead Burns ⁱ	N. Ireland	13,962	nil	8 out of 8	ARC 5 out of 6, Inv 1 out of 2, AP 2 out of 2
	Josie Forte	England	13,962	nil	8 out of 8	AP 2 out of 2
	Mike Galvin	England	13,962	nil	8 out of 8	ARC 6 out of 6, AP 2 out of 2
	Lisa Gerson ⁱ	Wales	12,799	nil	8 out of 8	
	Rosie Glazebrook	England	13,962	nil	7 out of 8	Nom 4 out of 4, AP 2 out of 2
	Clare Minchington	England	13,962	nil	8 out of 8	ARC 5 out of 6
	Frank Munro ⁱⁱ	Scotland	10,382	nil	4 out of 8	
	David Parkins	England	13,962	nil	8 out of 8	ARC 6 out of 6
	Tim Parkinson	England	13,962	nil	8 out of 8	Rem 3 out of 3, Inv 2 out of 2

¹ The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee & Advisory Panel Meeting² Attendance
Roshni Samra	Registrant	England	13,962	nil	6 out of 8	AP 1 out of 2
Helen Tilley ⁱⁱⁱ	Registrant	Wales	1,423	nil	nil	nil
Glenn Tomison ^{iv}	Registrant	England	16,254	nil	8 out of 8	Nom 3 out of 4, Rem 3 out of 3, Inv 2 out of 2, AP 2 out of 2

Key:

Committees: ARC - Audit, Risk and Finance, **Inv** – Investment, **Nom** - Nominations, **Rem** – Remuneration,

Panel: AP – Advisory Panel

* Council expenses have been considerably reduced from previous years due to remote working.

**All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration and which are not included in the attendance figures.

ⁱ appointed 1 May 2021

ⁱⁱ appointed 5 July 2021

ⁱⁱⁱ stepped down 30 April 2021 – there were no meetings scheduled in April 2021 that Helen Tilley was required to attend.

^{iv} appointed Senior Council Member in May 2021.

² The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

Reference and Administrative Details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at 10 Old Bailey, London, EC4M 7NG

Bankers	Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN	
Internal auditors	TIAA Ltd (from 31 March 2020) Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH	
External auditors	haysmacintyre LLP 10 Queen Street Place, London, EC4R 1AG	
Investment Advisors	Brewin Dolphin Limited 12 Smithfield Street, London, EC1A 9BD	
Council	Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025)
	Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
	Josie Forte	(appointed 1 April 2021 until 31 March 2025)
	Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
	Lisa Gerson	(appointed 1 May 2021 until 30 April 2025)
	Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
	Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
	Frank Munro	(appointed 5 July 2021 until 4 July 2025)

David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
Helen Tilley	(reappointed 1 May 2017 until 30 April 2021)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)

Senior Management Team

Leonie Milliner	Chief Executive & Registrar
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations

Section 2: Our Fitness to Practise Report

What is fitness to practise

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely.

The [Standards](#) define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business is impaired.

How we deal with concerns

Anyone can raise a concern with us if they think a GOC registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other GOC registrants.

If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

You can read more about [how we investigate a concern](#) on our website

Our performance

Along with all other healthcare regulators, our performance is assessed annually by the Professional Standards Authority against their [Standards of Good Regulation](#). This year, the GOC met four of the five Standards relating to fitness to practise [and one relating to illegal practice]. This recognises the ease in which parties can raise a complaint against a registrant, that our decisions are made in accordance with our processes and are fair and proportionate, that we prioritise those cases that present the greatest risk to safety and that all parties to a complaint are supported to participate effectively in the process.

For the sixth consecutive year, the GOC did not meet Standard 15, as the time we take to resolve a large portion of the concerns raised with us remains too high. While we continue with our programme of improvement to address this long-standing challenge, we are grateful that the PSA has noted the substantial improvements that continue to be made to address these delays, in particular the improvements that we have made and sustained during the last two years of the pandemic. In their last board report for the 21-22 reporting they noted

'As well as the significant recent reductions in its end-to-end timeframe, the GOC is the only regulator to have reduced its open caseload of older cases since the start of the pandemic. The GOC has decreased its open old caseload significantly – by over 50%'

In support of the assessment of PSA Standard 16, the GOC commissions an annual independent audit of GOC decision making which assesses our compliance with the legislation, guidance and processes that underpin the fitness to practise function.

The audit included decisions made between 1 April 2020 and 31 March 2021. Although all categories of decision are reviewed, we focus primarily on higher-risk decisions, for example:

- cases closed by the Registrar at triage stage, by case examiners (CE's) by the Investigation Committee (IC). We consider these a higher risk as they are decisions based on the documents alone and without a public hearing,
- cases closed by the Fitness to Practise Committees (FtPC), and
- decisions of the FtPC not to issue an interim order, following an application by the GOC.

For this audit we again increased the number of decisions reviewed that were taken by the Registrar at triage stage. This was one of the risk management mechanisms we committed to when we enhanced the Acceptance Criteria in July 2019 and have consistently increased the sample size since.

The auditor's overall finding was:

“We confirm that the findings made in this audit demonstrate substantial compliance with the Council's statutory obligations. They also demonstrate compliance with the Council's own procedural requirements and guidance. Whilst we have identified a number of cases where there were errors in decision making most were regarded as not having been material to the outcome...”

The report contained many positive observations and a number of learning points which we have accepted and have addressed through training and guidance note updates. Four cases were identified as having material errors and these have been reviewed by a lawyer and action taken where necessary.

Workload

Triage

We predicted an uphill challenge to improve our end-to-end median during this reporting year given the positive impact we've had on reducing newer cases being opened and the legacy aged cases slowly moving their way through the process.

We saw a 44 per cent increase in receipts this year, from 314 to 452 – reflecting the post-lockdown reopening of optical practices without restriction - and from these, opened 109 new investigations - a conversion rate of 24 per cent. This continues the downward trajectory expected following the implementation of our acceptance criteria and revised triage process in 2019. We have also improved the closed median for decision making in triage by a further three weeks to five weeks and ended the year with an open case median of four weeks.

Early indications are that there has been very little variance in the nature of concerns opened this year with almost 40 percent relating to clinical concerns and almost 30

per cent relating to conduct, with the remainder a mix of conviction, health and blended issues.

Investigations

Improvements have been made in the time taken to investigate new concerns although this is masked by the delay in many of our already very aged cases. We ended the year with 82 open concerns that were over one year old - a 46 per cent reduction against pre-pandemic numbers – and for cases over two years old, this was reduced by 47 per cent with those over three years old, by 51.5 per cent.

Of the 82 concerns that have been opened for longer than one year, 55 per cent are at post case examiner stage, so either scheduled for a hearing or awaiting a hearing date. Of those opened for longer than two years, 74 per cent are at post case examiner stage and 11 per cent are in active investigation, pre-registrant representation.

We have also maintained the positive split between cases scheduled for a hearing and those awaiting a hearing with 70 per cent of cases referred to a fitness to practise committee currently scheduled for a hearing.

We continue to increase the case examiner referral rate to a fitness to practise committee, ending the year with a rolling 41 per cent against 31 percent in 20-21. We consider this a positive indicator of our commitment to ensure that only the most serious allegations are being opened.

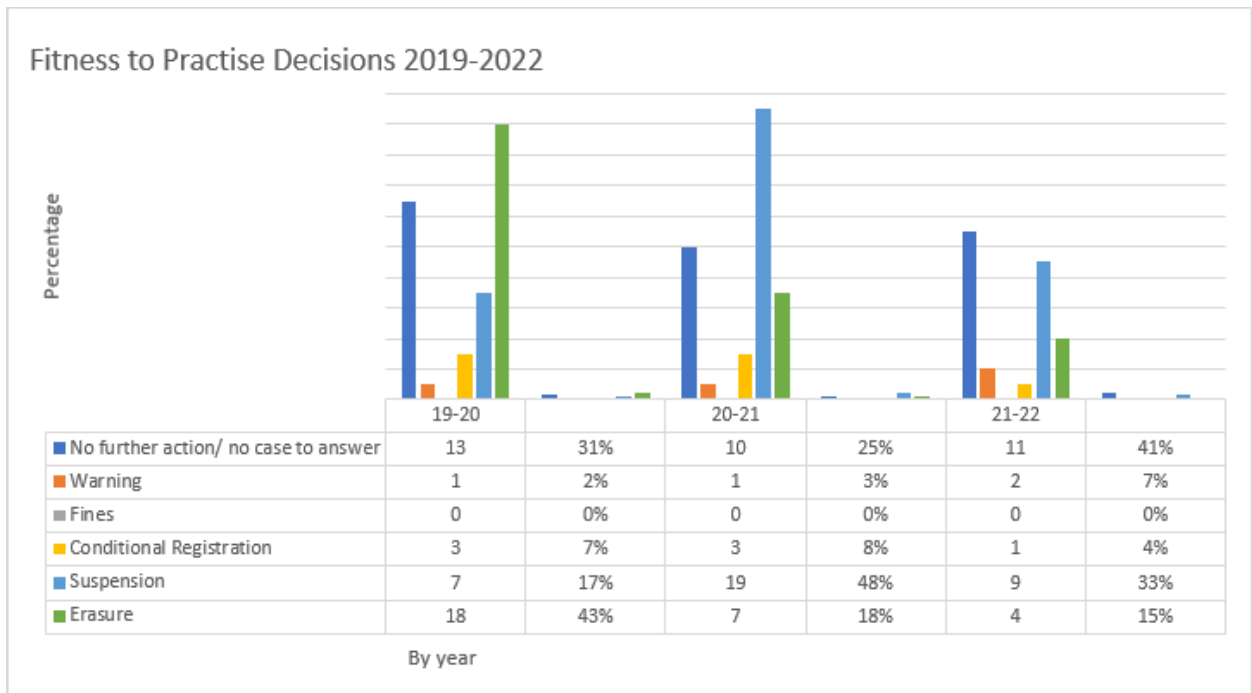
Including case examiner decisions, we ended the year with a 83-week closure rate.

Hearings

Our hearings team continued to support remote and in person hearings and we noted that as the restrictions lifted there were very limited requests for in-person events and where this occurred, were limited to parts of the hearing rather than the full hearing. 88 per cent of our substantive events, and 100 percent of our non-substantive events were heard remotely, and we anticipate this trend continuing.

In 2021-2022, the fitness to practise committee considered 41 substantive hearings, resolving 27 cases. 14 scheduled cases went part-heard into 2022-2023 and some further analysis of the reasons for this high number will be undertaken.

The table and chart show the outcome of cases determined by the fitness to practise committee over the last three years:



There was a much larger proportion of decisions of *no further action* determined over the last year. We consider that this is reflective of the progression of the more aged cases whereby registrants have been able to provide substantial remediation in advance of the hearing and are found not to be currently impaired.

Improving the way we work

We remain committed to improving the way our fitness to practise function operates and although there is significant focus, rightly, on improving timeliness, there are other areas where we have identified scope for improvement.

To start addressing these areas, in 2019 we implemented an Improvement Programme which ran for two years. That programme was successful in several key areas:

- We reformed our triage function through the introduction of Acceptance Criteria - the introduction of a threshold for investigations which resulted in a reduction in the number of complaints entering the formal investigation process, by removing the matters that could never impact on a registrant's fitness to practise. This supported us in achieving a significant reduction in our overall caseload.
- We implemented a case management meeting process to improve the efficiency of our Fitness to Practise Committee hearings, by ensuring that administrative matters are resolved between the parties in advance of hearings, rather than taking up committee time at the start of a hearing.
- We supported registrant learning about fitness to practise, and the types of complaint that are investigated, through a programme of speaking

engagements at registrant events and through the publication of a quarterly 'FtP Focus' bulletin for registrants.

- We implemented customer care improvements, for example through the creation of a Witness Care Manager function, improving regular customer updates and the implementation of an Independent Support Service. However, we recognise that there is much more to do in this area.
- We introduced an online complaint form to make it easier for complaints to be lodged with us.
- From an EDI perspective, we made advances in terms of the collection of registrant and complainant data. This has given us a much clearer picture of the demographic of registrants who go through the system. And we were pleased, but not complacent, with the initial EDI report published last year.

The 2019-21 improvement programme was not as successful in all areas, though, and to address these areas, and to continue our push to continuously improve, we have implemented a new Improvement Programme that will run from 2022-25.

This is an ambitious programme with multiple workstreams, with some of the key areas being:

- The implementation of a fully functioning case management system. Our current system is basic, and our ambition is a system that will provide all the features we need to support our staff in progressing cases as swiftly as possible. These features will include workflow management, improved management reporting functions, effective document management and improved customer care features.
- The implementation of an all-encompassing customer feedback strategy. Our current feedback strategy is basic and consequently we receive very little feedback. We recognise and value the importance of feedback in supporting our learning and development, and we will seek to implement a system that encourages and facilitates (using technology) feedback at all key stages of the fitness to practise process.
- We will continue to tackle the potential for cognitive bias in decision-making, building on some excellent training our decision-makers have already received.
- We will be looking into the provision of optical care in domiciliary settings, exploring the level of risk this presents to patients and considering whether any specific additional work is required.
- We will be examining the potential gap between concerns that do not meet the criteria for regulatory investigation and are not suitable for OCCS mediation and how we might assist registrants and respond adequately to concerns which could benefit from an early intervention.
- Later in the programme we will be exploring how we can ensure that learning from fitness to practise is fed back into education, both at university level and within Continuing Professional Development.

- We will also be continuing with our programme of improving registrant understanding of fitness to practise.

Section 3: Our Finance Report

Financial Review of the Year Ended 31 March 2022

Section 32 (2) of the Opticians Act 1989 provides that *‘the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament’*. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council’s internal financial controls and received an annual report from the internal and external auditors. It also reviewed the financial performance, operational and compliance controls, and risk management.

In 2021/22, financial performance for the year (measured by net income) was £1.0m surplus (2020/21 £3.1m surplus). The year started with higher levels of budget allocated for both business as usual operations and strategic projects compared to the previous year. The financial performance for the year improved significantly from the budgeted expectations. Much of these improvements were delivered through hybrid working, agile working practices including remote hearings and committee meetings, and adapting to a new Living with Covid business model as we adapted during the year. Overall, there was a gain in our investment asset market value for the year of £442K. However, this masked a high level of volatility which saw a fall in market value in the last quarter of £1.3m. The main causes of reduction were increased global inflation, the impact of war in Ukraine, and sanctions against Russia.

Income for the year was £10.0m (2020/21 £9.8m). £9.8m (2020/21 £9.6m) was related to annual renewal fees.

During the year we incurred £9.5m expenditure (2020/21 £8.6m). Increased expenditure is due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually at the time of setting the budget for each financial year in consultation with the in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

All our reserves are unrestricted and as of 31 March 2022, the total reserves were £9.6m (2020/21 £8.6m). Target range for non-designated funds as per reserves policy is from £2.3m to £3.8m. As of 31 March 2022, total non-designated funds net of tangible fixed assets was within this range at £3.1m (2020/21 £3.5m)

In setting the reserves policy, the Council has identified four designated reserves; legal cost reserve, strategic reserve, COVID-19 reserve, and infrastructure/dilapidation reserve. The legal cost reserve (£0.7m) is to mitigate risk of high-value complex cases arising over and above planned levels. The strategic reserve (£2.0m) supports the delivery of specific projects and initiatives outlined in the GOC's strategic plans. The COVID-19 reserve (£1.8m) is a contingency reserve to provide against the risk of falling income due to pandemic. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £714k (2020/21 £371k) was spent from the strategic reserve for strategic projects. Those strategic projects are the Education Strategic Review, IT strategy, CET Review, and our new strategic project on change, which we have named GOC Refresh. All except CET Review project are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£153k expenses were identified as complex legal cases during the year and funded through the legal costs reserve.

The reserves policy is reviewed every three years to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

The Working Capital Policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The Investment Policy Statement recognises the

additional needs of the GOC as it seeks to ensure that funds provide reasonable returns within acceptable risk profiles.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United

Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on 21 September 2022, and signed on their behalf by



Dr Anne Wright CBE

Chair, GOC

Independent Auditors Report to the Trustees of General Optical Council

Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2022 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities

This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.



Haysmacintyre LLP

Statutory Auditors

10 Queen Street Place

London

EC4R 1AG

Date: 21 October 2022

Haysmacintyre LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities for the Year Ended 31 March 2022

	Notes	Unrestricted Funds £'000	Total 2021/22 £'000	Total 2020/21 £'000
Income from:				
Charitable activities	4	9,798	9,798	9,571
Investments	5	239	239	214
Total		10,037	10,037	9,785
Expenditure on:				
Raising Funds	12	47	47	43
Charitable activities	6	9,446	9,446	8,550
Total resources expended		9,493	9,493	8,593
Net (losses) / gains on investments	12	442	442	1,896
Net (expenditure) / income		986	986	3,088
Reconciliation of funds:				
Total funds brought forward		8,627	8,627	5,539
Total funds carried forward		9,613	9,613	8,627

There are no recognised gains or losses other than those recognised above. All activities are continuing.

All the transactions in 2021-22 and 2020-21 were unrestricted.

The notes on pages 48 to 62 form part of these financial statements.

Balance Sheet for the Year Ended 31 March 2022

	Notes	2021/22 £'000	2020/21 £'000
Fixed assets:			
Tangible fixed assets	11	814	1,019
Investments	12	9,260	8,860
Total fixed assets		10,074	9,879
Current assets:			
Debtors	13	525	537
Short term deposits		7,700	7,700
Cash at bank and in hand		1,848	660
Total current assets		10,073	8,897
Current liabilities:			
Creditors: amounts falling due within one year	14	(10,534)	(10,149)
Net current assets		(461)	(1,252)
Total assets less current liabilities		9,613	8,627
Net assets		9,613	8,627
Represented by:			
Unrestricted funds:			
Designated funds	16	5,750	4,100
General funds	16	3,863	4,527
Total funds		9,613	8,627

The notes on pages 48 to 62 form part of these financial statements.

The financial statements were approved and authorised by the Council on 21 September 2022 and were signed on its behalf by:



Dr Anne Wright CBE

Chair, GOC

Cash Flow Statement for the Year Ended 31 March 2022

	2021/22 £'000	2020/21 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	986	3,088
Depreciation	136	137
Loss on disposal of fixed assets	102	-
(Gains) / losses on investment income	(442)	(1,896)
Dividends, interest, and rents from investments	(239)	(214)
Decrease / (Increase) in debtors	12	(95)
Increase/ (decrease) in creditors	385	(410)
Net cash provided by (used in) operating activities	939	610
Cash flows from investing activities:		
Dividends, interest, and rents from investments	239	214
Purchase of tangible fixed assets	(33)	(180)
Proceeds from sale of investments	1,678	1,693
Movement in short term deposit account (more than three months)	-	(500)
Movement in Cash held in investment	117	45
Purchase of Investments	(1,752)	(1,690)
Net cash provided by (used in) investing activities	249	(418)
Change in cash and cash equivalents in the reporting period	1,188	192
Cash and cash equivalents at the beginning of the reporting period	660	468
Cash and cash equivalents at the end of the reporting period	1,848	660
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	1,848	660

The notes on pages 48 to 62 form part of these financial statements.

Notes to the Financial Accounts for the Year Ended 31 March 2022

1. GENERAL INFORMATION

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

2. ACCOUNTING POLICIES

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees consider the following item to be an area subject to estimation and judgement.

Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic

lives will not have a material impact on the operating results. Historically no changes have been required.

(i) GOING CONCERN

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2022/23, the most significant area of uncertainty relates to increasing levels of inflation, the risk of recession and its effects on the economy, particularly on high street businesses where most GOC registrants are employed. Although the impact of Covid-19 is largely minimised with living with Covid plans, related risks have not completely disappeared. The current downward trend of investment values and the short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for 2022/23 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

(ii) INCOME

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fall due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

(iii) EXPENDITURE

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of

Fitness to Practise, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

(iv) FIXED ASSETS

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £500.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

(v) DEPRECIATION

Assets are depreciated in equal instalments over the following periods:

IT equipment	3 years
Website/intranet/online renewal	3 years
Office furniture and equipment	10 years

Leasehold improvements (office fit-out) Over the lease term (15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

(vi) INVESTMENTS

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in February 2019.

(vii) FINANCIAL INSTRUMENTS

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

(viii) DEBTORS

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

(ix) CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

(x) CREDITORS AND PROVISIONS FOR LIABILITIES

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made

about the progress of individual cases and is subjected to a significant degree of uncertainty.

(xi) FUNDS AND RESERVES

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Legal Costs Reserve – established to cover the cost of high-value complex cases arising over and above planned levels.
- Strategic Reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and Budget and beyond.
- COVID-19 Reserve – established as a contingency reserve to mitigate the risk of falling registrant income.
- Infrastructure & dilapidations Reserve – established to build up adequate funds in developing the infrastructure should we leave current premises.

(xii) TAXATION

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

(xiii) OPERATING LEASES

The annual rentals are charged to the statement of financial activities over the term of the lease.

(xiv) EMPLOYEE BENEFITS

Short-term benefits - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London. During 2021/22 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs

charged in the financial statements represent the contributions payable during the year.

	2021/22 £'000	2020/21 £'000
4. Income from charitable activities		
Registration and renewal fee	9,779	9,559
Continuing Education Training provider fee	19	12
Total	9,798	9,571

	2021/22 £'000	2020/21 £'000
5. Income from Investment		
Interest from fixed deposits	1	12
Dividend income	238	202
Total	239	214

	Direct Cost £'000	Support Cost £'000	Total 2021/22 £'000
6. Charitable activities			
Fitness to practise (Note 6a.)	3,691	1,911	5,602
Registration	541	392	933
Education & standards	1,444	662	2,106
Policy	224	187	411
Communications	282	112	394
Total	6,182	3,264	9,446

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2020/21 £'000
Charitable activities			
Fitness to practise (Note 6a.)	3,281	1,625	4,906
Registration	484	459	943
Education & standards	1,279	671	1,950
Policy	226	145	370
Communications	240	140	380
Total	5,510	3,040	8,550

The following table analyses the Fitness to Practise costs:

	2021/22 £'000	2020/21 £'000
6a. Fitness to practise including Legal compliance		
Legal fees on investigations	692	336
Other investigation costs	1,468	1,282
Hearing costs	964	1,025
Dispute mediation	240	228
Legal compliance	327	410
Support costs	1,911	1,625
Total	5,602	4,906

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2021/22 Total £'000
7. Support costs							
Fitness to practise	66	380	427	229	195	614	1,911
Registration	14	78	87	47	40	126	392
Education and Standards	23	132	148	79	67	213	662
Policy	7	37	42	22	19	60	187
Communications	4	22	25	14	11	36	112
Total	114	649	729	391	332	1,049	3,264

Comparative figures below:

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2020/21 Total £'000
Support costs							
Fitness to practise	52	389	387	201	171	425	1,625
Registration	15	109	109	57	48	121	459
Education and Standards	21	161	160	83	70	176	671
Policy	4	35	35	18	15	38	145
Communications	4	34	33	17	15	37	140
Total	96	728	724	376	319	797	3,040

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows. Members' fees and expenses include Council (trustees) and committee members costs.

	2021/22 £'000	2020/21 £'000
Governance costs		
Members' fees and expenses	233	252
Staff cost	241	368
External audit fees	21	20
Internal audit fees	24	23
Other governance cost	130	65
Total	649	728

	2021/22 £'000	2020/21 £'000
8. Net income for the year are stated after charging:		
Fees paid to external auditors - haysmacintyre:		
external audit fee	21	17
Internal audit fees	24	23
Depreciation of fixed assets	136	137

	2021/22 £'000	2020/21 £'000
9. Staff costs		
Staff employment costs:		
Salaries	3,884	3,780
Settlements	15	17
National insurance	370	359
Pension costs	346	325
Total	4,615	4,481

Average number of staff	2021/22	2020/21
Chief Executive's office	1	1
Management team	6	6
Fitness to practise	33	30
Registration	7	8
Education, standards & CPD	12	12
Policy and communications	5	5
Governance, compliance, performance reporting	6	6
Corporate services (Facilities, HR, Finance, IT)	17	15
Total	87	83

The number of staff whose taxable emoluments fell into higher salary bands was:

	2021/22	2020/21
£60,000 but under £70,000	5	5
£70,000 but under £80,000	3	3
£80,000 but under £90,000	1	-
£90,000 but under £100,000	2	1
£110,000 but under £120,000	-	-
£130,000 but under £140,000	1	1

During the year, Council paid £82,018 for eleven members of staff in this category (2020/21 £79,522 for ten members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 28, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table nine. No amounts are paid directly to third parties that are not already disclosed in table nine.

Remuneration and benefits received by key management personnel (SMT) are as follows:

Key management personnel	2021/22 £'000	2020/21 £'000
Gross Pay	528	462
Employer national insurance contributions	60	53
Employer pension contributions	51	46
Benefits	3	3
Total	642	564

	Fees £	Expenses £	2021/22 Total £
10. Trustees' expenses			
Helen Tilley*	1,423	-	1,423
Glenn Tomison	16,254	-	16,254
Rosie Glazebrook	13,962	-	13,962
David Parkins	13,962	-	13,962
Sinead Burns	13,962	-	13,962
Josie Forte	13,962	-	13,962
Mike Galvin	13,962	-	13,962
Clare Minchington	13,962	-	13,962
Roshni Samra	13,962	-	13,962
Tim Parkinson	13,962	-	13,962
Anne Wright	48,452	-	48,452
Lisa Gerson**	12,799	-	12,799
Frank Munro**	10,382	-	10,382
Total	201,005	-	201,005
Number of trustees			12

* Retired during the year

** Appointed during the year.

Comparative figures below.

	2020/21			
Trustees' expenses	Fees £	Fees inc. VAT £	Expenses £	Total £
Gareth Hadley*	52,190	52,190	1,064	53,254
Helen Tilley	17,073	17,073	316	17,389
Scott Mackie	13,962	16,754	-	16,754
Glenn Tomison	13,962	13,962	-	13,962
Rosie Glazebrook	13,962	13,962	-	13,962
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	-	13,962
Josie Forte	13,962	13,962	-	13,962
Mike Galvin	13,962	15,591	-	15,591
Clare Minchington	13,962	13,962	-	13,962
Roshni Samra	13,962	13,962	-	13,962
Tim Parkinson**	13,387	13,387	-	13,387
Anne Wright**	6,484	6,484	-	6,484
Total	214,792	219,213	1,380	220,593
Number of trustees				12

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

11. Tangible fixed assets	Office, furniture and equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
Cost as at 1 April 2021	304	1,058	274	1,387	163	3,186
Add: Cost of additions	-	-	23	-	10	33
Less: Disposals	-	-	-	-	(102)	(102)
Transfers	-	-	-	71	(71)	-
Total at 31 March 2022	304	1,058	297	1,458	-	3,117

Less: Depreciation

As at 1 April 2021	(157)	(394)	(229)	(1,387)	-	(2,167)
Charged in the year	(30)	(73)	(27)	(6)	-	(136)
Disposals	-	-	-	-	-	-
Total at 31 March 2022	(187)	(467)	(256)	(1,393)	-	(2,303)

Net book value 31 March 2022	117	591	41	65	-	814
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Net Book Value 31 March 2021	148	664	45	-	163	1,019
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	2021/22	2020/21
	£'000	£'000
12. Investment		
Investments b/f	8,659	6,766
Additions	1,752	1,690
Disposals	(1,678)	(1,693)
Realised gains	108	263
Unrealised gains	335	1,633
Investments c/f	9,176	8,659
Cash	84	201
Total portfolio	9,260	8,860

Total portfolio includes cash held with equity managers. During the year £46,911 (2020/21 £43,249) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2021/22	2020/21
	£'000	£'000
13. Debtors		
Prepayments	391	486
Other debtors	10	37
Accrued income	124	14
Total	525	537

	2021/22 £'000	2020/21 £'000
14. Creditors: Amounts falling due within one year		
Trade creditors	97	111
Deferred income (note 14a)	9,303	9,004
Accruals	906	823
Other tax and social security	129	127
Other creditors	99	84
Total	10,534	10,149

	2021/22 £'000	2020/21 £'000
14a. Deferred income		
At 1 April	9,004	8,914
Amount deferred during the year	9,479	9,065
Amount released to Statement of Financial Activities	(9,180)	(8,975)
Total	9,303	9,004

Accruals include rent accrual amounting to £213,658 (2020/21 £468,655).
Income from registrant renewal fees received in advance is deferred and will be released as income in 2022/23.

	2021/22 £'000	2020/21 £'000
15. Financial Instruments		
Financial assets measured at fair value	9,260	8,860
Financial assets measured at amortised cost	9,682	8,412
Financial liabilities measured at amortised cost	(1,231)	(1,145)
Net financial assets measured at amortised cost	17,711	16,127

- (a) Financial assets measured at fair value include investments.
- (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income
- (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2021 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2022 £'000
16. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	700	-	(217)	217	700
Strategic reserve	2,000	-	(714)	714	2,000

Covid -19 reserve	900	-	-	900	1,800
Infrastructure/dilapidations reserve	500	-	-	750	1,250
Total designated funds	4,100	-	(931)	2,581	5,750
General funds					
Income and expenditure reserve	4,527	10,037	(8,562)	(2,138)	3,863
Total funds	8,627	10,037	(9,494)	443	9,613

Comparative figures below.

	2020	Income	Expenditure	Transfers / gain / loss	2020
	£'000	£'000	£'000	£'000	£'000
Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	1,624	-	-	(924)	700
Strategic reserve	2,845	-	(371)	(474)	2,000
Covid -19 reserve	-	-	-	900	900
Infrastructure/dilapidations reserve	-	-	-	500	500
Total designated funds	4,469	-	(371)	2	4,100
General funds					
Income and expenditure reserve	1,070	9,785	(8,222)	1,894	4,527
Total funds	5,539	9,785	(8,593)	1,896	8,627

All the reserves are un-restricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. The COVID-19 reserve is a contingency reserve and is created to mitigate the risk of falling registration income. Infrastructure/dilapidations reserve is set up to build in funds in developing the infrastructure needed should we leave the current premises when lease term expires.

	Unrestricted funds £'000	Total 2021/22 £'000	Total 2020/21 £'000
17. Analysis of net assets by fund			
Tangible fixed assets	814	814	1,019
Investments	9,260	9,260	8,860
Current assets	10,073	10,073	8,897
Current liabilities	(10,534)	(10,534)	(10,149)
Total net assets	9,613	9,613	8,627

18. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £345,902 (2020/21 £324,679). There were £67,699 in outstanding contributions in 2021/22, (£58,992) included in the balance sheet.

19. Commitments under operating leases

At 31 March 2022, the charity had the following future lease payments under operating leases.

Land and buildings	2021/22 £'000	2020/21 £'000
Within one year	620	620
In two to five years inclusive	1,229	1,861
Over five years	-	-

Office Equipment lease	2021/22 £'000	2020/21 £'000
Within one year	28	28
In two to five years inclusive	15	31

The total charge of all operating leases to the statement of financial activities as at 31 March 2022 was £548,220 (2019/20 £556,812).

20. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

The following Council members declared related party transactions during the year:

- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £7,895 in fees for her services.

21. Analysis of changes in net debt

	At 1 April 2021 £'000	Cash flows £'000	At 31 March 2022 £'000
Cash and cash equivalents			
Cash	660	1,188	1,848
Cash equivalents	7,700	-	7,700
Total	8,360	1,188	9,548

GENERAL OPTICAL COUNCIL

England & Wales - Charity number 1150137

Accounts

**General Optical Council Annual Report,
Annual Fitness to Practise Report and
Financial Statements for the
Year Ended 31 March 2021**

**General Optical Council Annual Report,
Annual Fitness to Practise Report and
Financial Statements for the
Year Ended 31 March 2021**

Registered as a charity by the Charity Commission in England and Wales
(registered charity number 1150137)

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as
amended by schedule 2 paragraph 3 of the Health Care and Associated Professions
(Miscellaneous Amendments) Order 2008

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MESSAGE FROM THE CHAIR

This is my first year as Chair and I am struck by the progress that has been made in relation to our strategic plan 'Fit for the Future' 2020-25 despite the pandemic and the disruption and additional workload it created. I commend our staff for their commitment and professionalism during such an unprecedented time and for their ongoing dedication to delivering an excellent service to our registrants and members of the public.

I also pay tribute to my predecessor Gareth Hadley OBE, who shepherded the GOC through the most part of this reporting year and laid the foundations for its success through his eight years as Chair. Among the most significant changes was the updating of our standards for professional education, both initially upon registration and subsequently for renewal of registration.

In 2020-21, we consulted stakeholders on our Education Strategic Review (ESR) and our Continuing Education and Training (CET) Review. Council took several seminal decisions in February, approving updated requirements for qualifications we approve in optometry and dispensing optics and a new Continuing Professional Development (CPD) scheme, which together will ensure both optical students and professionals are able to meet the rapidly changing needs of patients.

Far from side-lining these reforms, COVID-19, and the fact that registrants are undertaking more clinical work because of changing commissioning models and care pathways, has emphasised their criticality. Other regulatory challenges and opportunities have arisen from the growth in online and remote provision and the GOC issued a series of COVID-19 statements throughout the year. I want to thank all our stakeholders who this year, more than ever, have been critical in providing us with their comments and perspectives, often in quick time as well as through formal consultations.

As we do every year, the GOC welcomed the Professional Standards Authority's report on our performance for 2019/20 and I'm pleased to say that we met 16 of the 18 Standards of Good Regulation. Those we failed to meet will be a key focus for Council over the coming year, to ensure we fulfil our obligations to members of the public and our registrants across all of our regulatory functions.

During the Autumn of 2021 we will start our search for a new Chief Executive and Registrar as we say goodbye to our Chief Executive, Lesley Longstone. Lesley has been a driving force for improvement at the GOC and we thank her for visible leadership and commitment to public benefit. Lesley started with us as an interim Chief Executive with the intention of serving for just six months. Four years later we are so grateful she decided to stay, and I thank Lesley for her sustained and valued contribution to furthering GOC's mission and purpose

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I look forward to the coming year as we address the issues ahead of us and continue our journey toward our vision of being recognised for delivering world-class regulation and excellent customer service.

A handwritten signature in black ink that reads "Anne Wright". The signature is written in a cursive, flowing style.

Anne Wright CBE

Chair

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MESSAGE FROM THE CHIEF EXECUTIVE

This year we said a fond farewell to our Chair of eight years – Gareth Hadley, OBE and welcomed our new Chair Dr Anne Wright, CBE. In times such as these, the role of Council is critical and as Chief Executive I have benefitted hugely from their strategic direction, support and critical analysis as we have trod some uncharted territory together.

The COVID-19 pandemic has tested our agility as an organisation and brought into focus the importance of working collaboratively with the sector we regulate, always for the benefit of the public at large. During 2020/21 the degree of collaboration and engagement with registrants and their membership bodies was greater than ever, and never was it more critical. There will always be matters where we will take different approaches and have different interests to represent, but we have a common interest in keeping the public and our registrants safe.

This year we have focused on that common cause and nowhere has that been more true than in relation to our COVID-19 statements. We benefitted from real-time collaboration and input from sector bodies as the situation evolved and from carefully considered responses to our formal public consultation later in the year. I would like to extend my appreciation to all those who have supported us in ensuring that we have regulated appropriately during this time, removing regulatory barriers wherever possible, without compromising public safety.

Other developments this year include the adoption of our new education requirements following the Education Strategic Review (ESR). The requirements replace our current Quality Assurance Handbooks and will ensure the qualifications we approve equip learners with the skills, knowledge and experience they need to be safe and effective practitioners in a context where the commissioning of eye-care services is rapidly growing in all parts of the UK.

I would like to thank our Expert Advisory Groups (EAGs) and other stakeholders for all their support and input and recognise the fact that establishing the new requirements is only the beginning of the journey. As we move into the implementation phase, continued collaboration will be key to success and we look forward to working with a wide range of partners, old and new.

We consulted on a new CPD scheme for 2022-24, which will be more flexible and less prescriptive than the current CET scheme it replaces, allowing registrants greater freedom to undertake learning and development that is relevant to their own personal scope of practice.

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In Fitness to Practise (FtP) we were able to proceed with our first virtual non-substantive event within 24 hours of our office closing due to COVID-19 and we were able to commence our first substantive matter within a week, with continued public access. This was a very significant achievement and meant that we were able to avoid a backlog of hearings with all the distress that would cause for everyone involved.

Instead, we continued to prioritise our FtP Improvement Programme and saw significant reductions in the number of open investigations (28 per cent over the course of the year) brought about largely through our new acceptance criteria which ensures that only those cases serious enough to raise questions about an individual's fitness to practise proceed to investigation. This year we also saw the launch of our first 'FtP FOCUS' lessons learned bulletin for registrants which has been very positively received.

I am indebted to Council and the staff of the GOC for their commitment to delivering our regulatory functions over this past year, operating in less-than-ideal circumstances but continuing nevertheless to prioritise the needs of the public, keeping them and our registrants safe.

At the end of 2021 I will step down from my role as Chief Executive. I will miss the strong friendships forged after four wonderful years and wish the GOC well over the forthcoming period.

A handwritten signature in black ink, appearing to read 'L. Longstone', written in a cursive style.

Lesley Longstone
CEO and Registrar

SECTION ONE: HOW WE DELIVER PUBLIC BENEFIT

INTRODUCTION

The trustees present their report on the activities we have undertaken over 2020/21 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2021. In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102. We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

We are the regulator for the optical professions in the UK. As of 31 March 2021, there were 32,428 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'. Our charitable purpose and statutory role is to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Most of our income comes from registrant fees and is used to further our charitable purpose. Table one sets out the annual fees that registrants are required to pay for entry or retention on our register. In 2020/21, we implemented an increase of £10 in fee levels for fully qualified registrants and corporate bodies joining or restoring to the register. Fees for students have remained the same for a number of years. In 2020/21 the standard fee was £360.

Table one: annual registrant fee

Fee levels	2020/21	2019/20	2018/19	2017/18	2016/17
Optometrists	£360	£350	£340	£330	£320
Dispensing opticians	£360	£350	£340	£330	£320
Corporate bodies	£360	£350	£340	£330	£320
Students	£30	£30	£30	£30	£25
Low income fee	£260	£250	£240	£230	£220

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Table two shows a breakdown of registrants across the UK on 31 March 2021 and compares this with the previous two reporting years. We report separately on the diversity of our registrants and registrants subject to FtP investigations, the report is available on our website: [EDI Performance Monitoring Report](#).

Table two: total number of registrants in each GOC category

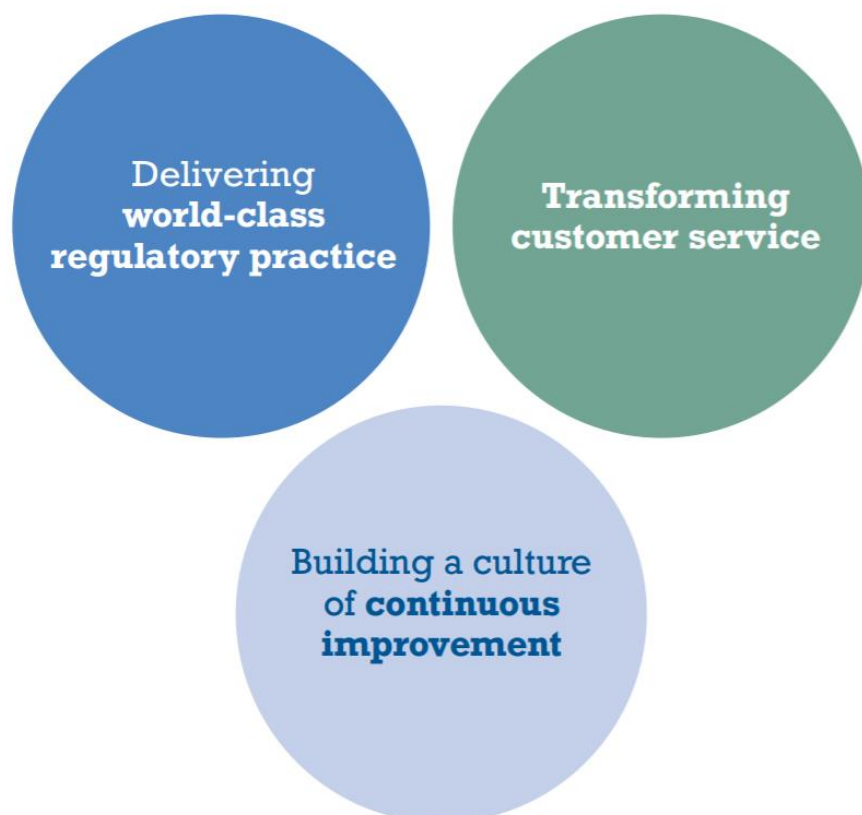
	31-3-21	%	31-3-20	%	31-3-19	%
Optometrist	16,267	50%	16,670	52%	16,039	51%
Dispensing optician	7,190	22%	7,157	22%	7,032	22%
Student optometrist	4,640	14%	3,934	12%	3,761	12%
Student dispensing optician	1,383	4%	1,510	5%	1,753	6%
Business registrant	2,796	9%	2,847	9%	2,783	9%
TOTAL	32,276	100%	32,118	100%	31,368	100%

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OUR STRATEGY AND PERFORMANCE

Strategic objectives

Our priorities are organised under three overarching strategic objectives:



In 2020/21 we worked on five projects, grouped under our three strategic objectives.

World-class regulation

- Education Strategic Review (ESR)

In February 2021 GOC Council approved updated requirements for GOC approved qualifications for optometrists and dispensing opticians. Our new requirements introduce several important changes to make sure optical professionals are equipped for their future roles and that qualifications we approve are fit for purpose. These changes include introducing a new outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant and which supports their continued development after registration, moving away from our previous numerical and competency-based method for setting requirements for GOC qualification approval. We have introduced a minimum Regulated Qualification

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Framework (RQF) level (or equivalent) for the qualifications we approve as well as new requirements for patient-facing learning and experience, inter-professional learning, teamwork and preparation for entry into the workplace.

Our new requirements will ensure the qualifications we approve in the future are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations, as well as meeting increased expectations of the student community and their future employers.

- Continuing Education and Training (CET) Review

Alongside consulting on broadscale changes to qualifications we approve in optometry and dispensing optics, we also consulted on proposed changes to our CET scheme to make sure that scheme continued to support our registrants' learning and development needs and maintained the safety and quality of care patients receive. We've changed the name of the scheme from CET to CPD to better align with other healthcare regulators and signal the changes we are intending to make from 1 January 2022 – a flexible and less prescriptive scheme, allowing registrants greater freedom to undertake learning and development which is relevant to their own personal scope of practice. In 2021 we consulted on our proposals for new legislation to underpin the new CPD scheme, including a new requirement for dispensing opticians to carry out peer review. We've also removed the requirement for every CPD activity to be approved by the GOC in advance – we feel that it is more proportionate to move to a system of approving CPD providers to provide CPD, rather than approving every CPD activity, alongside introducing a system of audit to ensure quality.

- Legislative Reform

Over the past year, we engaged with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation, with the aim of allowing us to operate more efficiently and effectively. In addition, we continued to develop proposals for reform of our legislation beyond DHSC's proposals. This included a public consultation on amendments to our CET Rules 2005, to support proposed changes to our CET scheme which we expect DHSC to update in late 2021. We also obtained emergency legislation to underpin our response to the COVID-19 pandemic to ensure that we could operate effectively in a remote environment and continue to hear fitness to practise cases in a timely manner. A new statutory instrument came into effect in December 2020.

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Transforming customer service

- MyGOC

Behind the scenes we have upgraded our Customer Relationship Management (CRM) system, to allow for process improvements and efficiencies. This will also allow us to integrate digital services offered through our new MyGOC registrant portal. This will be launched in Winter 2021/Spring 2022 and will deliver a number of benefits and improvements for users including:

- An enhanced, secure login that allows GOC registrants/applicants to perform more of their own administrative tasks online, reducing the need to contact us, whilst improving and simplifying the annual renewal process for all registrants.
- Fully integrated processes, allowing registrants/applicants the ability to set up a secure online account and apply and pay for the full range of GOC services online which in turn will create workflows and integrate data into our CRM automatically, reducing processing times.

Continuous improvement

- Website replacement

During the course of the year, we have worked with our suppliers to develop a new website. Unfortunately, there were technical issues that meant the launch in January 2021 had to be rolled back to allow us to fix issues that prevented users fully accessing the site and register. We continue to work to resolve these and plan a launch later this year. The new fully functioning site will have an improved, modern look and feel, will be optimised for mobile devices and meet accessibility standards. It will be user focused with up to date, relevant, organised content.

We also focused on the effective and efficient fulfilment of our regulatory, statutory and support functions, and on building our capacity and capability to ensure delivery of our strategic plan.

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PERFORMANCE AGAINST OUR STRATEGIC OBJECTIVES

Education Strategic Review

In our [‘Fit for the Future’ strategic plan](#) for 2020-25, we committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

In February 2021 Council approved new, updated requirements for GOC approved qualifications for optometrists and dispensing opticians. Our new requirements replace our current Quality Assurance Handbooks and related policies for both professions and are organised in three sections:

- **Outcomes for Registration** (‘outcomes’) which describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.
- **Standards for Approved Qualifications** (‘standards’) which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.
- **Quality Assurance and Enhancement Method** (QA&E Method) which describes the evidence we will gather and use to assess whether a qualification leading to registration as either a dispensing optician or an optometrist meets or continues to meet our outcomes and standards.

Our new requirements ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations. This includes responding to changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers.

The new requirements replace our Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core competencies, the numerical requirements for students’ practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

The requirements for qualification approval have been guided by research and consultation, and draw upon best practice from other regulators, professional and chartered bodies. We were also advised by two Expert Advisory Groups (EAGs), for optometrists and dispensing opticians, with input from the Quality Assurance Agency

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(QAA) and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committees), the optical sector and sight-loss charities. You can read the EAG's terms of reference on [our website](#). We would like to thank EAG members who volunteered their time to consider all of the detailed feedback received as part of the consultation, along with additional commissioned work. We would also like to thank all stakeholders, the Advisory Panel and constituent committees for their careful review of the proposals.

In July 2020 we launched a 12-week public consultation seeking views on our proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician. You can read more background, research and briefing papers on [our website](#). Alongside our public consultation we commissioned four additional packages of work to further inform the fine-tuning of our proposals post-consultation by our two EAGs:

- **RQF Level research.** Together with the College of Optometrists (CoO), the Association of British Dispensing Opticians (ABDO), the Opticians Academic Schools Council (OASC) and the Optometry Schools Council (OSC), and following a competitive tender process, we co-commissioned the QAA to gather evidence and make recommendations regarding the most appropriate Regulated Qualifications Framework (RQF) level (and equivalent) for our approved qualifications for optometry and ophthalmic dispensing. QAA recommendation is a minimum of RQF level for the qualifications we approve (RQF L7 or equivalent for optometrists and RQF L6 or equivalent for dispensing opticians).
- **Verification of Outcomes for Registration.** We commissioned the University of Manchester to verify the Outcomes for Registration. The purpose of the verification is to test the veracity of the outcomes and the allocation of level (Miller's pyramid) through use of the Delphi method. The Delphi method involves gathering a consensus of expert opinion and has been applied to the development of competency frameworks and curricula for optometric and medical subspecialties (Clancy et al. 2009; Hay et al. 2007; Myint et al. 2010; Stewart et al. 1999).
- **Financial Impact Assessment.** We commissioned Hugh Jones Consulting to examine the financial impact of our proposals. This impact assessment had a particular focus on assessing the financial impact of the proposed integration of professional and clinical experience within the approved qualification for both professions in each of the devolved nations, as well as of healthcare education.
- **Equality Impact Assessment.** We also commissioned Fraser Consulting to undertake an EDI assessment of the impact of our proposals with reference to each of the protected characteristics as defined by the Equality Act (2010) across each of the four nations. This assessment focused particularly on EDI impacts (positive and negative) on students and future providers of GOC approved qualifications using qualitative and quantitative data analysis. Clare Fraser is an

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experienced equality and diversity consultant with a range of clients across the public and private sectors.

We have also been active in the media, raising the profile of the Education Strategic Review and the opportunity to provide views through our consultation:

- RNIB radio interview with Director of Education, Leonie Milliner, broadcast multiple times on RNIB radio during early September.
- AOP members webinar (15 September) with Leonie Milliner and the ESR Project Team, which was listened to by approx. 200 AOP members.
- GOC registrants Q&A session, (9 September and 9 October), again with Leonie Milliner
- OPG webinar (15 October) with Leonie Milliner and the ESR Project Team.
- Optometry Scotland & Scottish stakeholders seminar (14 October) with Leonie Milliner and the ESR Project Team.
- Preparation of copy for articles in the professional press, including Acuity Magazine
- Reach to third sector, public and patient bodies through email campaigns, social media, our website and direct contact.

The **Outcomes for Registration** will be supplemented by a GOC commissioned sector-led, co-produced indicative document drafted by the sector in Autumn 2021, which will provide a greater level of detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes. The Outcomes will be reviewed and if necessary, updated by Council in light of the indicative document, most likely in early 2022.

Key changes to our requirements

Our new requirements introduce several important changes to make sure optical professionals are equipped for their future roles and that qualifications we approve are fit for purpose. These changes include:

- Introducing a new outcomes-based approach to specifying the knowledge, skills and behaviours expected of a day-one registrant that cover their full education and training and which supports their continued development after registration, moving away from our previous numerical and competency-based method for setting requirements for GOC qualification approval.
- Emphasising the development of professional capability needed for current and future roles. This includes a combination of critical thinking, clinical-reasoning and decision-making vital in the formation of an optical professional well-prepared to take responsibility for decisions and actions; engagement in research-informed clinical practice and ability to respond effectively to changing patient and service-user needs in each of the four nations, including a greater focus on key skills such

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as professional judgement, patient-centred communication, management of risk and diagnostic, consultation and clinical practice skills.

- Introducing a minimum of RQF level for the qualifications we approve (RQF L7 or equivalent for optometrists and RQF L6 or equivalent for dispensing opticians).
- Ensuring students gain greater experience of working with patients, inter-professional learning, teamwork and preparation for entry into the workplace in a variety of settings, with at least 1600 hours/ 48 weeks of patient-facing learning and experience which must increase in volume and complexity as a student progresses through a programme.
- Introducing an integrated approach for curriculum design and assessment which must be informed by feedback from a range of stakeholders, including patients, to ensure that detailed curriculum and assessment will remain current and responsive to local, regional and national patient and service-user needs and broader stakeholder requirements.
- Using an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' (knows: knows how: show how and does).
- A greater emphasis on EDI.
- A new risk-based approach to quality assurance and enhancement, informed by thematic, periodic, sample-based and annual reviews of qualifications we approve.

Successful implementation of the new education and training requirements will depend on a number of factors, in particular recognising the importance of a collaborative approach in finding solutions to support the providers as they begin to adapt their existing approved programmes to meet the new requirements. Following Council approval in February 2021, GOC met with sector professional bodies and discussed the launch of a sector-led steering group, providing leadership to the optical sector to coordinate and prioritise workstreams to ensure the most advantageous external operating environment for providers and potential providers of GOC-approved qualifications. The sector-led group will work closely with the GOC-commissioned Knowledge Hub, the GOC's Technical Advisory Group and the GOC's Education team, as well as the sector bodies representative on the group providing visible leadership on matters of common concern.

Contact lens and therapeutic prescribing qualifications

We also commenced work during 2020/21 to review the two post-registration qualifications GOC approves for specialist register entry: for dispensing opticians, contact lens qualifications and for optometrists, therapeutic (independent) prescribing qualifications. Our current requirements for these qualifications are published on [our website](#). As part of our ESR we are working with two EAGs - one for therapeutic/Independent Prescribing and one for contact lens opticians - to update our education and training requirements for GOC approved qualifications for specialist

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entry to the GOC register as a Contact Lens Optician and in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP).

We anticipate consulting on our draft requirements in summer 2021, and once approved will replace our current Quality Assurance Handbooks and related policies for both specialty professions. Current drafts are organised in three sections:

- **Outcomes for Approved Qualifications for specialist entry to the GOC register (AS, SP & IP) and as a Contact Lens Optician** which describe the expected knowledge, skills and behaviours an optometrist/dispensing optician must have for the award of an approved qualification for specialist entry to the GOC register in AS, SP and/or IP categories and as a Contact Lens Optician (CLO).
- **Standards for Approved Qualifications for specialist entry to the GOC register (AS, SP & IP) and as a CLO** which describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register in the AS, SP and/or IP categories and as a CLO.
- **Quality Assurance and Enhancement Method** describes how we will gather evidence to decide whether a qualification **for specialist entry to the GOC register in the AS, SP and/or IP categories and as a CLO** meets our Outcomes for Approved Qualifications and Standards for Approved Qualifications, in accordance with the Opticians Act. This method statement is common to qualifications for specialist entry to the GOC register.

The outcomes and standards for approved qualifications for specialist entry to the GOC register (AS, SP & IP) (CLO) once approved by GOC Council will replace our 'Handbook for Optometry Specialist Registration in Therapeutic Prescribing' published July 2008 and the 'Competency Framework for Independent Prescribing' published in 2011. The outcomes and standards for approved qualifications for specialist entry to the GOC register as a Contact Lens Optician replace our 'Visit handbook guidelines for the approval of training institutions and providers of schemes for registration for United Kingdom trained Contact Lens Opticians' published July 2007 and the 'Contact Lens Speciality Core Competencies' published in 2011. This includes the list of required core-competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

Together these documents will ensure the specialist post-registration qualifications we approve are responsive to a rapidly changing landscape in the delivery of eye-care

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services, fit for purpose in each of the devolved nations, and responds to the changing needs of patients and service users and enhanced roles for dispensing opticians within new models of service delivery, as well as increased expectations of trainees and their employers, and ensure that the qualifications we approve are fit for purpose.

These proposals are based on our analysis of key findings from our Call for Evidence, Concepts and Principles Consultation published in 2017-2018, feedback from our 2018-2019 consultation on proposals stemming from the ESR and associated research and 2021 public consultation. For more information, please see the [GOC's consultation hub](#).

Education approval and quality assurance (A&QA) function

This has been a challenging but successful year in which we adapted our ways of working in response to COVID-19 and continued to make improvements to our A&QA processes.

In response to the COVID-19 emergency we:

- Introduced virtual visits in May 2020, with visits which had been scheduled for April 2020 rescheduled to take place virtually before the summer. Generally these visits were for new programmes or programmes under provisional approval. Other planned visits were rescheduled to take place later in the year;
- Launched temporary changes to the Optometry Handbook and the Supervision policy following approval by a sub-group of Council on 7 August 2020. The temporary changes applied from 1 September 2020 for the 2020/21 academic year only.

Despite the challenges this year, we continued to effectively manage and make improvements to our A&QA processes, including:

- A review of all Annual Monitoring & Reporting (AMR) submitted by providers and analysis of these in order to provide a sector-wide report;
- Restructuring the team in order to work more efficiently, with two Education Quality Officers having responsibility for the visits process, and the third being responsible for the triaging of conditions and notification of reportable events and changes;
- A review of our conditions management process to ensure a more timely review of open conditions.

We did not grant provisional or full approval to any providers during this timeframe, and we did not withdraw approval from any providers.

Despite working remotely, we have continued to engage with stakeholders, including hosting a remote provider forum on 9 November 2020.

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We appointed 14 new EVPs and held a training day as part of their induction in February 2020, which received positive feedback.

Continuing Education and Training (CET) reform

Following previously reported development work, we sought stakeholder views on our proposals for reform via a 12-week consultation published in May 2020. We received 484 unique responses from a variety of stakeholders. Broad support was given for our proposals and the consultation report by our partners, Enventure Research, is available on our website. The data from that consultation shaped our final proposals, which included:

- A change of name from CET to Continuing Professional Development (CPD) to better describe the learning to be undertaken and to align with other healthcare professionals;
- Changing the scheme underpinning from the largely clinical day-one competencies for undergraduate education to the Standards of Practice for Optometrists and Dispensing Opticians, with a view to opening up registrants' CPD and allowing them to tailor it to their own scope of practice, as well as enabling the scheme to accommodate potential future changes to the roles of optical professionals;
- Retaining a requirement to undertake learning in core clinical areas to prevent de-skilling;
- Replacing the system of advance approval of all CPD sessions with a mechanism that allows for rigorous quality assurance where necessary, and for more proportionate quality assurance of those providers with a proven track record of CPD delivery;
- Allowing registrants to use self-directed CPD (ie relevant learning from outside the sector) to count towards their cycle points total (up to a maximum of 50 per cent of their minimum points requirement);
- Introducing a system of random and targeted audit of both registrants and CPD providers to ensure compliance and understanding of new expectations;
- Introducing a requirement for a reflective exercise for all registrants; and
- Introducing a 'peer review' requirement for dispensing opticians (subject to legislative change).

These proposals were supported by the GOC's Advisory Panel in September 2020 and given approval by Council in November 2020. Since then, we have begun preparatory work in readiness for the reforms to take effect from the start of the next three-year CPD cycle in January 2022.

This preparatory work has included technical specification, design and understanding of user journeys and needs so that registrants and CPD providers are able to log

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content easily and efficiently on the GOC's CPD recording portal, MyCET (which will become MyCPD following development work to overhaul).

We have also invested a great deal of effort into communications for this project, including ongoing individual liaison with key stakeholders and quarterly webinars for current CET providers to communicate change, answer live questions and collaborate on policy and process development, and this has resulted in our production of comprehensive guidance for future CPD providers. A detailed communications plan has been developed and is actively being implemented, with more in-depth registrant communications to begin from May 2021. We have also worked closely with the legislative reform project team on the changes to legislation needed to implement reform most effectively.

The reforms remain on track to be introduced at the start of the 2022-25 CPD cycle.

CET operations

Over the past year we undertook a number of activities to enhance our CET operations and assist registrants in meeting their requirements, especially in view of the COVID-19 restrictions and subsequent lockdowns. This included:

- Dealing with 3,257 standard applications, 165 registrant-led peer review applications, 210 non-UK CPD application, 15 non-standard applications and 52 appeals;
- Reviewing the CET modality requirements to enable remote delivery and supporting providers to adapt to new forms of delivery due to the various lockdowns;
- Processing and approving 37 new CET provider applications;
- Removing access to the system for ten providers who no longer wished to deliver CET;
- Successfully encouraging 85 per cent of registrants to meet their annual CET points target by December 2019 despite advising them the target had been waived due to COVID-19; and
- Participating in two webinars with CET providers to advise on areas where registrants are behind in meeting requirements, thereby encouraging the providers to increase delivery, and to review any issues around the new remote delivery conditions.

The review of registrants' ratings when accepting points confirmed a satisfaction rating of more than 92 per cent from the top ten CET providers and over 90 per cent from all providers, which exceeded expectations.

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Legislative reform programme

Over the past year, we engaged with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation, with the aim of allowing us to operate more efficiently and effectively. We worked with the DHSC and collaboratively with other healthcare regulators to review proposals for reform around governance, education and training, registration and fitness to practise.

We continued to develop proposals for reform beyond DHSC's proposals and, following the reforms that we will be making to our CET scheme (detailed under 'CET review programme'), carried out a public consultation into amendments to our CET Rules 2005. Following closure of the consultation in January 2021, where there was broad support for the amendments, we have been in touch with DHSC to seek the legislative reform required to update our rules. We expect this to happen in late 2021.

We were invited by DHSC to apply for emergency legislation to underpin our response to the COVID-19 pandemic. A new statutory instrument entitled The General Optical Council (Committee Constitution, Registration and Fitness to Practise) (Coronavirus) (Amendment) Rules 2020 came into effect in December 2020, which had the effect of amending the GOC's Committee Constitution Rules 2005, Registration Rules 2005 and Fitness to Practise Rules 2013. This can be found on the [rules and regulations](#) page of our website. This helped us to manage our response to the pandemic to ensure that we can operate effectively in a remote environment and continue to hear fitness to practise cases in a timely manner.

Standards and supporting guidance

During the COVID-19 emergency, we realised that some of our legislation and regulations may have prevented care being delivered effectively during a pandemic, particularly remote care, which was an important part of keeping infection rates low and reducing risk to patients. We were also being asked specific questions regarding how our standards and legislation applied to practice during the emergency. To help support registrants, we published a [series of statements](#) aimed at removing unnecessary regulatory barriers, clarifying certain areas of practice and bolstering the guidance we normally give on our [standards](#) for optometrists, dispensing opticians, students and optical businesses.

Due to the need to implement change quickly, we were only able to consult a small number of key stakeholders in the optical sector and healthcare commissioners prior to implementation. We therefore carried out a public consultation on our statements between October 2020 and January 2021. We commissioned Enventure Research to analyse the responses and the report is published [on our website](#). We

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are currently in the process of producing a response to the report and updating our statements following consideration of the feedback. We published our response to the consultation on 28 May 2021 and taking into account the consultation we made updates to all of our statements, including aligning them to The College of Optometrists' red-amber-green classification system so that it is clear in which phase(s) of the pandemic each statement applies. The revised set of statements are available on the [COVID-19 page](#) of our website

Following a number of recommendations from recent healthcare inquiries, we were keen to play our part in making sure that everyone working in the optical sector is free and able to speak up about concerns they have. We created some draft guidance to make our expectations clear and give our registrants more confidence in speaking up when they need to. We consulted on Speaking Up guidance for registrants from December 2020 to March 2021. We are in the process of analysing the results of the consultation and aim to publish the guidance in the summer of 2022.

Research

We carried out public perceptions research in 2021, which sought to understand the public's views and experiences of opticians across the UK. Over 2,000 members of the public responded to an online survey as part of the research. The research will be used to inform its work in transforming customer service and future policy and research activities. The [full report](#) is available on our website.

Over 2,000 members of the public responded to an online survey as part of the research. Some key findings include:

- 96 per cent of respondents were satisfied with their last opticians visit overall.
- 94 per cent of respondents remain confident in the standard of care provided by opticians, higher than that for doctors, dentists and pharmacists.
- 97 per cent said they were satisfied with the measures that were in place during their last optician visit to protect them from coronavirus.
- A new high of 30 per cent of respondents said they would speak to an optician first if they woke up with an eye problem, representing an 11 percentage point increase since 2015.
- Over a third of respondents (35 per cent) said they perceive opticians to be solely a healthcare service, which has increased by four percentage points since 2019.

During the financial year we also commissioned a survey of our registrants to gain an up-to-date understanding of their views so that we could continue to support them in protecting patients and the public, particularly in light of the COVID-19

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pandemic. The survey closed in early April 2021 and we expect to publish a report by the end of June 2021.

How our performance is measured externally

Like all other healthcare regulators, our performance is assessed externally by the Professional Standards Authority (PSA). The assessment focuses on whether we have met the PSA's standards of good regulation, which describe the outcomes the PSA expects us to achieve through our regulatory functions.

In the most recent assessment for the period 1 October 2019 to 30 September 2020 we met 16 out of the 18 standards, including meeting all of the standards for our Education and Standards functions, as well as all of the general standards. The standards we did not meet related to maintaining and publishing an accurate register and our timeliness in fitness to practise cases.

With respect to maintaining and publishing an accurate register, the PSA noted that the issues were quickly addressed in each case with the appropriate course of action followed to correct the register and change our processes. We take this issue seriously and are taking on board the feedback to ensure that we are continuously improving, including completing additional checks following hearings and improving our IT systems. In addition, as part of their monthly performance review, the Senior Management Team (SMT) also assess quality assurance reports from the regular checks undertaken by the Registration and Hearings teams.

Our commitment to improve our FtP function is outlined within our strategic plan 2020-2025. This includes the modernisation of our casework processes including the development of an improved case management system to ensure that we progress investigations efficiently and effectively.

Fitness to Practise Quality Audit

We continue to receive a good level of assurance in respect of our FtP decision-making.

Our annual independent audit of decisions reviews mostly higher-risk decisions, for example cases closed by the Registrar (at triage stage), cases closed by case examiners and by the Investigation Committee (IC), and cases where the Fitness to Practise Committee (FtPC) takes no action, including decisions of the FtPC not to impose an interim order. The decisions of the case examiners, the IC and the Registrar are higher risk as matters are considered on documents alone, and there is no public hearing.

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The overall finding of our audit of 2018-19 decisions was that ‘the findings made in this audit demonstrate substantial compliance with the Council’s statutory obligations. They also demonstrate compliance with the Council’s own procedural requirements and guidance. We have identified a small number of cases where there were errors in decision making but we did not regard those as material.’

Information Technology

In 2020/21 we began implementation of our new IT Strategy. This included an upgrade to our Customer Relationship Management system and development of a new website and register, which was launched in January 2021. Unfortunately, there were technical issues with the site, meaning it had to be rolled back. The new website will re-launch towards the end of 2021 and will be followed by a new MyGOC registrant portal later in the year. This will provide enhanced on-line registrant access to a wider range of services. The new website improves accessibility for those with a sight impairment. Continued investment in cyber security and our IT infrastructure will provide operational improvements for staff and better services to registrants and the public.

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OUR PLANS FOR 2021/22

This year, 2021/22, continues to be an unprecedented time for the optical professions.

Responding to the COVID-19 emergency has been at the forefront of our work over the past 12 months and inevitably this has resulted in our need to be more agile by accelerating some aspects of our strategy and delaying others.

We will need to continue to adapt to emerging regulatory issues brought about by the pandemic, as they impact on patients, members of the public and registrants. That will continue to be a high priority, but we must also deliver our operational functions to fulfil our statutory obligations and in doing so, protect the public.

Council will continue to review our five-year strategic plan 'Fit for the Future' in light of COVID-19 during the year.

We will take forward implementation of our education reforms, flowing from the ESR, working closely with our education providers and other stakeholders. As we come toward the close of the final CET cycle, we will also be preparing for the implementation of a new CPD scheme from 2022.

Our recent success in reducing the FtP caseload has been driven by focussing on the right cases and dealing with those cases more appropriately. Over the course of the coming year, we expect that to translate into improved timescales enabling us to invest resource in activities that prevent things from going wrong in the first place.

We will also launch a new communications strategy underpinned by a modern and refreshed GOC website.

Finally, we will continue to put GOC values, our public duty to progress equality, diversity and inclusion, and our published commitment to become an anti-racist organisation at the heart of all we do. This is discussed further in the 'Our People' section.

We detail below the projects we have planned for 2021/22 in order to deliver our three strategic objectives.

Project	Objectives, outcomes and planned activity
ESR	<ul style="list-style-type: none">• Work with providers of GOC approved qualifications and other stakeholders to implement updated education and training requirements for GOC approved qualifications leading to entry to the register as an optometrist or a dispensing optician.

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Project	Objectives, outcomes and planned activity
	<ul style="list-style-type: none"> • Commission and launch the 'Knowledge Hub/ Information Exchange' to support co-operation and collaboration between providers of GOC-approved qualifications as they begin to adapt existing approved qualifications to meet the new requirements or develop new qualifications for GOC approval. The Knowledge Hub / Information Exchange's first project will be to draft the GOC-commissioned, sector-led indicative document to support the clinical practice section of the outcomes. • Support the sector achieve the most advantageous external operating conditions for providers of GOC-approved qualifications as they begin to adapt existing approved qualification to meet the new requirements or develop new qualifications for GOC approval through support and chairing of a Sector Strategic Implementation Steering Group and related workstreams. • Scope, develop the brief and commission longitudinal-cohort-based study to measure the change we want to see. • Complete preparation, consultation and finalisation of proposals for updating education and training requirements for specialist entry to the GOC register in either the CLO or AS, SP and/or IP categories.
CPD Scheme	Continue to prepare for and implement the planned transition to our new CPD scheme for the start of the new three-year cycle from 1 January 2022, freeing up the system to ensure the new scheme operates effectively and registrants are safe to practise and encouraged to focus on CPD.
Legislative reform	Continue to engage with Government and other healthcare regulators on reform of our governing legislation to help us operate more efficiently and effectively. In 2021/22, we will respond to the Government consultation, plan for implementation and work with the other healthcare regulators to develop model rules. We will engage with DHSC over their independent reviews of the number of regulators and the professions that are currently regulated. We will also explore other areas of legislation that are not covered by DHSC-led reforms.

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Project	Objectives, outcomes and planned activity
IT strategy	<p>In 2021/22 we will continue to implement our IT Strategy including the new MyGOC registrant portal and website allowing greater online registrant access to services. The new website will improve accessibility for those with a sight impairment and we will continue the work we have begun to capture more and better data on a wider range of protected characteristics to help inform and shape our regulatory work. Investment in cyber security and our IT infrastructure will provide operational improvements for staff and lay the building blocks for improved services to customers.</p>
GOC refresh	<p>In 2021/22 we will be implementing a new internal business structure intended to make the GOC a truly 'future-ready' organisation with a greater focus on evolving our regulatory strategy, improving registrant experience and being resilient and agile, allowing us to continuously evolve, particularly in the face of the pandemic and anticipated changes in the regulatory landscape.</p>
Communications strategy	<p>In 2020, we developed a new communications and engagement strategy to help us deliver our 'Fit for the Future' strategic plan (2020-25). In 2021/22, we will continue to deliver the new strategy in line with the objectives outlined within it.</p> <p>We will:</p> <ul style="list-style-type: none"> • Proactively communicate our role, the work we do and its impact. • Deliver effective and coordinated communications to promote our core regulatory work. • Invest in understanding our audiences and their needs so that we can tailor our communication and engagement. • Increase confidence and customer satisfaction to build our reputation with the public and across the optical sector. • Build a highly skilled and knowledgeable Communications function and embed high standards of communications and engagement across the organisation. • Increase engagement with internal stakeholders by sharing our work and actively supporting a culture of continuous improvement.

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OUR RISKS

Our approach to risk management is set out in our risk management policy. We consider that an effective risk management strategy and policy is fundamental to the achievement of all the GOC's strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The SMT regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and departmental risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- Failure to meet our duties in respect of information governance and information security;
- Failure to achieve FtP end to end timescale improvements;
- GOC requirements for qualification approval and continuing professional development are not fit for purpose;
- The register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants; or
- External political or legal developments threaten the continued functioning of the GOC in current form or drastically change remit.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

Risks associated with the COVID-19 emergency, failure to achieve FtP end to end timescale improvements and the impact on Healthcare Regulators from the Department of Health and Social Care's consultation on "Regulating healthcare professionals, protecting the public", are amongst our primary considerations and will remain important over the next year. As noted last year, the long-term implications of COVID-19 for the optical sector and related education institutions may also give rise to new risks, which continue to be carefully monitored.

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OUR PEOPLE

We continue to monitor staff engagement through an annual staff satisfaction survey conducted each autumn by an independent consultancy. After several years of declining scores, we saw a dramatic turnaround in this survey. For 2020-21 the overall engagement score jumped from 32 per cent to 50 per cent and those disengaged dropped from 15 per cent to just 4 per cent. Overall staff engagement draws on answers to a number of questions to produce a single measure (LEVI: Leadership, Engagement, Voice and Integrity). Comparing the results to the benchmark data for the public sector, shows responses equal to or better than benchmark in 42 of the 45 areas measured. Full feedback has been shared with staff and an updated Staff Engagement Plan is being rolled out to build on the good work done in the past year.

We continue to review and if possible, improve the range of benefits staff have access to. The staff survey reports 58 per cent of staff are happy with their benefits package, but there was ongoing dissatisfaction with the appraisal, pay and reward framework.

The Staff Wellbeing and Engagement Group continues to go from strength to strength and has now taken the lead on staff wellbeing also, one of the areas of concern highlighted in the survey.

In the last 12 months EDI has become a core part of everything we do. We developed and published our commitment to being an anti-racist organisation, ran three all-staff sessions on Black Lives Matter facilitated by Rob Neill, OBE and appointed a full time EDI lead for the organisation, pulling together the various strands of activity. We rolled out all staff training on Bias and Behaviours, alongside training for all managers on Inclusive Leadership and Management and agreed a follow up schedule with the training provider to ensure that this becomes embedded in our work going forwards.

Our dynamic staff networks have run several awareness events covering Black History, Women's History, Disability History and LGBT+ History. These have included external speakers, quizzes, articles, drop-in sessions, time to talk sessions and a charity fund raiser. Four volunteers came forward to run a 'Fit for Winter' campaign designed to help our staff's mental health through the winter. This focussed on mental health, healthy eating, physical wellbeing and mindfulness.

Regarding mental health, 20 per cent of our staff are now fully trained Mental Health First Aiders and we will shortly be rolling out further mental health training for staff and managers. Finally, since you cannot improve what you cannot measure, we overhauled the EDI data that we collect from staff.

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The health and safety of those that work for us is of paramount importance. We are pleased to report that we had no major health and safety incidents reported during the year.

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Our values

Our values are:

- We act with integrity.
- We pursue excellence.
- We respect other people and ideas.
- We show empathy.
- We behave fairly.
- We are agile and responsive to change.

The development activity around our values and behaviours continued. We rolled out a 360-degree feedback mechanism to all our Leadership Team, based on their perceived fit with our new values. 170 reviews from peers, managers, subordinates, and external stakeholders were combined and fed back to the eighteen members of the Leadership Team (LT).

We continued to implement our staff engagement plan, developed in response to our 2019/20 staff survey, and we initiated significant work on EDI and reviews of policies and communications from which we introduced a new form of temperature check on staff engagement.

The new staff pulse survey evidenced that staff appreciated the communications and support received during the continuing pandemic.

HR completed an all-staff consultation exercise to develop and agree the behaviours attached to our sixth value, “We are agile and responsive to change”, and ran a number of all-staff HR Surgeries addressing a variety of topical subjects including making the most of the staff benefits package.

Our EmbRace staff network led an all staff meeting to discuss the issues raised by the Black Lives Matter campaign, which was extremely well attended. We heard some very personal and powerful stories about the experience of some of our black staff and want to use that as a catalyst for making real change within our own organisation, for our registrants and members of the public.

Our HR team have also delivered a workshop for managers and staff on Inclusive Leadership and Management. This was an action that formed part of our staff engagement plan and was well received.

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OUR STRUCTURE, GOVERNANCE AND MANAGEMENT

Our legislation and our governance regulations

We are constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries. We aim to be transparent in the work we undertake and how our work delivers public benefit, including through this annual report.

Our Council

Our Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit. All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- Policy and strategic direction. Providing strategic direction and making decisions in the interests of public protection;
- Performance monitoring. Ensuring our statutory functions are delivered effectively and efficiently by holding the Executive to account, monitoring performance and ensuring adherence to the values of the organisation;
- Financial stewardship. Oversight of financial performance and providing active financial stewardship to further the organisation's purposes and achieve value for money; and
- Accountability, communication, and stakeholder engagement. Publishing an annual report, ensuring effective communication with the public, registrants, professional bodies, the government, and other interested parties and promoting public confidence in regulation.

Our Council is comprised of 12 members, of whom six are registrants and six are lay members (see page 28). Members are drawn from England, Wales, Scotland and Northern Ireland. [Biographies can be viewed on our website](#) One Council member is appointed as a Senior Council Member (SCM) to carry out the Chair's review, provide a sounding board for the Chair and serve as an intermediary for Council members, the Executive and stakeholders as necessary. Helen Tilley fulfilled this role throughout the reporting year. Gareth Hadley fulfilled the role of Chair throughout the reporting year until 17 February 2021. Dr Anne Wright CBE took over as Chair

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on 18 February 2021.

Tim Parkinson was appointed to Council at the beginning of the financial year in April 2020.

Effectiveness of governance

We believe that effective and robust governance ensures probity in the decisions we make and serves to increase confidence in our work. Council conducts its business in accordance with the seven principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

This year we undertook the following activities to further enhance the effectiveness of our governance:

- **Governance review** we carried out a self-assessment of our compliance with the Charity Governance Code and have produced a governance improvement plan on the back of that assessment.
- **Terms of reference** we have agreed to set up a new Investment Committee and approved new terms of reference with all Committees reviewing their terms of reference where needed;
- **Risk Management** the Audit, Finance and Risk Committee continues to review the corporate risk register and directorate risk registers and report into Council on a quarterly basis.

Council evaluation

In February 2021, Council reviewed its compliance with the Charity Good Governance Code which has seven main principles. Each principle, as set out within the code, had been evidenced with explanations provided on organisational purpose, leadership, integrity, decision making, risk and control, Board effectiveness and openness and accountability. The results of the evaluation were very positive evidencing good practice across governance generally and supporting our priority of continued improvements in relation to EDI.

Induction, review and development

All Council and committee members are inducted, developed and reviewed in accordance with our published policies. We hold routine induction sessions for newly appointed members, as an opportunity for members to meet each other and understand our challenges and priorities. Council members' individual performance is reviewed annually and, in general, committee members biennially. Reviews are used to support any recommendation for reappointment and identification of development requirements. The member development plan is designed to

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supplement areas of skills and knowledge that have been identified by members.

Members' conduct

Council (in their role as members and trustees) and committee members have a duty to act impartially and objectively and to take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so, and take steps to avoid any conflict of interest arising as a result of their membership of, or association with, other organisations or individuals. To make this fully transparent, we publish a [register of members' interests on our website](#).

Fees

Member Fees were agreed from 1 April 2020, in line with the [Member Fees policy](#).

Our Members Fees policy is reviewed and benchmarked each year. In March 2021 this annual review took place which resulted in no fee rises. Member fees have not been increased for the last three years.

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Fees and Expenses

	Registrant or Lay Member	Home Location	Fees £	Expenses* £	Council Meeting Attendance**	Committee & Advisory Panel Meeting ¹ Attendance
Gareth Hadley (Chair)	Lay (Chair)	England	52,190	1,064	8/8	Nom 3/4, Rem 1/1
Dr Anne Wright CBE (Chair)	Lay (Chair)	England	6,484	nil	1/8***	Nom 1/4
Sinead Burns ⁱ	Lay	N. Ireland	13,962	nil	8/8	ARC 5/6, AP 1/2
Josie Forte	Registrant	England	13,962	nil	8/8	AP 1/2
Mike Galvin	Lay	England	15,591****	nil	8/8	ARC 6/6, AP 2/2
Rosie Glazebrook	Lay	England	13,962	nil	8/8	Nom 4/4, AP 2/2
Scott Mackie	Registrant	Scotland	16,754****	nil	8/8	
Clare Minchington	Lay	England	13,962	nil	8/8	ARC 6/6
David Parkins	Registrant	England	13,962	nil	8/8	ARC 6/6
Roshni Samra	Registrant	England	13,962	nil	8/8	
Helen Tilley	Registrant	Wales	17,073	316	8/8	Rem 1/1,
Glenn Tomison	Registrant	England	13,962	nil	8/8	Nom 4/4, AP 2/2
Tim Parkinson	Lay	England	13,387	nil	8/8	Rem 1/1

Key:

Committees: ARC - Audit, Risk and Finance, **Nom** - Nominations, **Rem** - Remuneration.

Panel: AP – Advisory Panel

* Council expenses have been considerably reduced from previous years due to remote working.

**All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration and which are not included in the attendance figures.

*** Attended as observer as part of induction process.

**** Fees including VAT

¹ The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

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Attendance

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 32. During 2020/2021 there were eight Council meetings (made up of four Public and four Strictly Confidential), 13 committee meetings and the Advisory Panel met twice. Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public; business is usually transacted in private only if it is commercially or legally sensitive, a preliminary discussion on development of strategy or policy, or if the matter being discussed concerns an individual or specific group.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All members are required to engage in their own performance review.

Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council is able to delegate any of its functions with the exception of approving rules.

The Executive

Our Chief Executive and Registrar, Lesley Longstone, is responsible for the Executive, which is structured into four interlinked directorates and a Secretariat function. Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated to other members of the Executive.

The Director of Casework and Resolution, Dionne Spence, has responsibility for three functions: Case progression (including contract management of the Optical Consumer Complaints Service), Hearings and Legal.

The Interim Director of Strategy, Marcus Dye, has responsibility for three functions: Standards, Policy and Research, and Communications.

The Interim Director of Resources, Yeslin Gearty, has responsibility for five functions: Registration, Human Resources, Facilities, Finance and IT.

The Director of Education, Leonie Milliner, has responsibility for three functions: Education operations, and ESR and CET teams.

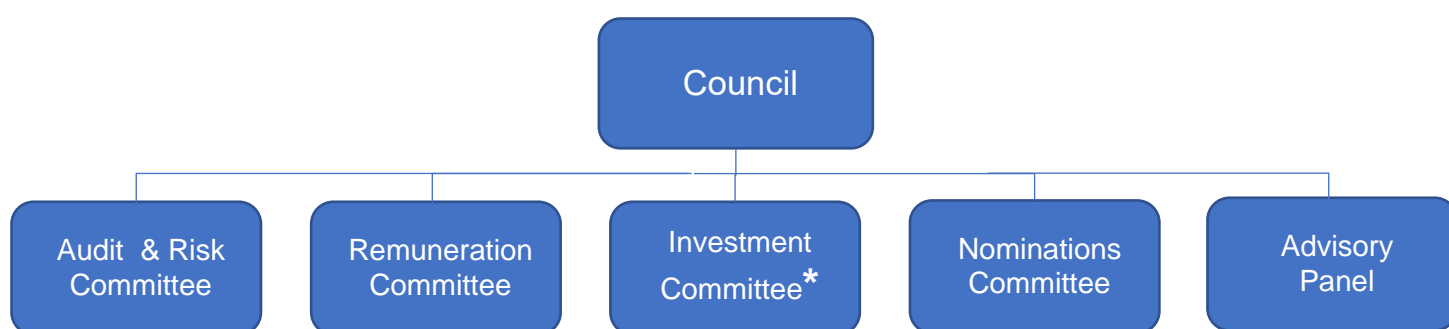
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The Head of Secretariat, Erica Wilkinson, has responsibility for five functions: Governance, Compliance, Information Governance, EDI and business planning and performance.

Our governance structure

Our governance structure consists of three non-statutory committees and four statutory advisory committees (Education, Standards, Registration and Companies) that meet collectively as an advisory panel.

Our structure is illustrated in the diagram below.



In order to exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

The committees and Advisory Panel are a valuable source of stakeholder input, alongside views obtained from research, public consultation and other engagement in shaping Council's thinking and decision-making.

Audit, Finance and Risk Committee

The Committee scrutinises financial reports prior to their presentation to Council, advises and provides assurance to Council on audit, risk and some aspects of governance, and takes some decisions as delegated by Council. In addition to the Council members on the Committee, Helen Dearden is appointed as an independent member and she attended all meetings during the year. The role of the independent member is to provide the Committee with independent, objective and impartial advice and judgement on audit, risk, governance and charity governance matters. The Chair (Clare Minchington) satisfies the provision under the UK Corporate Governance Code that at least one member of the Committee has relevant financial experience.

The Committee undertook the following work during 2020/2021:

- Scrutinised the quarterly financial performance reports and forecasts and the draft budget prior to their presentation to Council;

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- Reviewed the annual report and accounts, budget-planning timetable and guidance, and external audit findings report, accounting and internal control recommendations;
- Reviewed the corporate risk register at each meeting and departmental risk registers on a rotational basis;
- Regular reviews of a significant incidents report;
- Agreed to recommend the Reserves Policy for approval by Council;
- Assessed and approved the internal audit plan;
- Approved the re-appointment of Internal Auditors;
- Approved the ARC Work Plan for 2021/22; and
- Considered potential mitigations for the financial impact of COVID-19.

The Committee also held a development day in November 2020.

Remuneration Committee

The Committee advises Council on the payment of Council and Committee member fees, the Chief Executive and Registrar and Director remuneration, processes to determine executive remuneration, reward and performance management, and takes some delegated decisions. In addition to the Council members on the Committee, Helen Dearden is appointed as an independent member and she attended three of the four meetings during the year. The independent member acts as an independent advisor on remuneration issues.

The Committee undertook the following work during 2020/21:

- Agreed the remuneration arrangements for the Chief Executive and Registrar;
- Agreed the recommendation regarding performance related pay awards for Directors with effect from 1 April 2020;
- Received an update on the Employee appraisal process 2019 and agreed to provide assurance to Council;
- Agreed to recommend to Council the proposed amendment to the member fees policy.

Nominations Committee

The Committee advises Council and takes some delegated decisions in areas of appointment, reappointment, appraisal, evaluation, induction and development of members. In addition to the Council members on the Committee, Chris Dearsley is appointed as an independent member and attended all meetings during the year. The independent member provides independent, objective and impartial advice and judgement. In addition, the independent member acts as an independent assessor for appointment and reappointment processes and participates in the appraisal of our

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Hearings Panel Chairs and the IC Chair.

The Committee undertook the following work during 2020/2021:

- Agreed to the Committee, appointments and reappointments work plans for 2020/2021;
- Agreed recruitment procedure for Registrant Council members (Scotland and Wales);
- Agreed the change of working status of clinical advisers, CET Chairs and deputy Chairs;
- Agreed to recommend the terms of reference and membership of the Investment Committee to Council.

Advisory Panel

The Advisory Panel is a combined meeting of all the GOC's statutory advisory committees: Standards, Education, Companies and Registration. Its purpose is to give advice and assistance to the Chief Executive and Registrar and to Council (whether or not in response to a request from them), specifically including matters which would be addressed by each of the statutory advisory committees as defined under their terms of reference.

The Advisory Panel will also help to identify what task and finish groups might be necessary and suggest other appropriate members.

The Advisory Panel met twice during the year and were asked to advise and note the following workstreams:

29 September 2020	<ul style="list-style-type: none">• COVID-19 Update• Strategic plan update• ESR (Workstreams, key proposals, EAGs)• CET Review (proposals following public consultation)• Speaking U Guidance• Consultation on COVID-19 Statements• Introducing Lifetime Registration Numbers• Communications strategy
25 January 2021	<ul style="list-style-type: none">• ESR (Proposals to update requirements for GOC approved qualifications and Progress of EAGs for CLOs and Therapeutic Independent Prescribing Qualifications)• How are practices working under COVID-19

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REFERENCE AND ADMINISTRATIVE DETAILS

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office at 10 Old Bailey, London, EC4M 7NG operational address

Bankers Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN

Internal auditors TIAA Ltd (from 31 March 2020)
Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH

External auditors Haysmacintyre LLP
10 Queen Street Place, London, EC4R 1AG

Investment Advisors Brewin Dolphin Limited
12 Smithfield Street, London, EC1A 9BD

Council

Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025)
Gareth Hadley (Chair)	(reappointed 19 February 2017 to 18 February 2021)
Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
Josie Forte	(appointed 1 April 2017 until 31 March 2021)
Mike Galvin	(appointed 1 April 2017 until 31 March 2021)
Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
Scott Mackie	(reappointed 1 April 2017 until 31 March 2021)
Clare Minchington	(appointed 1 April 2017 until 31 March 2021)
David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Roshni Samra	(appointed 1 April 2017 until 31 March 2021)
Helen Tilley	(reappointed 1 May 2017 until 30 April 2021)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)

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Senior Management Team

Lesley Longstone

Marcus Dye

Yeslin Gearty

Leonie Milliner

Dionne Spence

Chief Executive & Registrar

Interim Director of Strategy

Interim Director of Resources

Director of Education

Director of Casework and Resolution

SECTION TWO: OUR FITNESS TO PRACTISE REPORT

Our Fitness to Practise Annual Report

Introduction

In order to meet our statutory function and our overarching objective to protect the public, we investigate and act where a registrant's fitness to practise, train or carry on business is alleged to be impaired.

We recognise all professionals may make errors of judgement during the course of their practice and our FtP process is designed to assess whether that mistake, conduct or behaviour could reoccur, or is so serious that we ought to take action to place restrictions on a registrant's registration.

A concern that a registrant may not be fit to practise can be as a result of one or more different factors including:

- Poor professional performance;
- Physical or mental health problems affecting their work;
- Inappropriate behaviour;
- Being under the influence of alcohol or drugs at work;
- Fraud or dishonesty;
- A criminal conviction or caution; or
- A finding by another regulatory body.

We undertake an initial assessment of all concerns raised, to determine whether the matters constitute an allegation of impaired fitness to practise and relate to a registered individual or business. Complaints that do not meet these criteria may be referred elsewhere (for example, to the OCCS).

For complaints that meet these criteria, we conduct an investigation to gather relevant information. We keep the referrer informed and provide the registrant with an opportunity to offer a full response to the allegations, before our case examiners (or theIC) determine whether the matter should proceed to a full hearing.

Highlights

Starting the year in the midst of a global pandemic presented some very specific challenges to our FtP function – triage and case progression teams suddenly working in isolation, from home, and hearings moving to a never previously used virtual platform, and all alongside a clear and unequivocal commitment to ensure the least damage to our public protection function.

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With the support of our defence stakeholder group and the commitment of our FtPC, we were able to proceed with our first virtual non-substantive event within 24 hours of the office closure and we were able to commence our first substantive matter within a week, with public access, and have ended the year having scheduled 50 substantive events against 56 the previous year and concluding 40 against 42 – an incredible achievement during these unprecedented times.

Over the last year we have continued to prioritise the elements of our improvement programme that focus on the new challenges being faced – ensuring that the lessons learned from fitness to practise continue to support improved practice and a reduction in incoming concerns that raise regulatory concerns.

Perhaps surprisingly, given the impact that the pandemic had on the sector, we saw a very slight eight percent reduction in the number of concerns raised with us – 314 this year, against 342 the previous year. Having embedded our revised Acceptance Criteria and enhanced triage process we have sustained the outputs seen in the first year of the pilot with 36.3 per cent of complaints being formally opened for further investigation (39 per cent in 2019-2020).

As projected, our Triage open caseload has reduced by over 28 per cent over the last year and we have ended the year with an open median of three weeks (down by five weeks), and a triage decision median of eight weeks – three weeks quicker than the previous year. There has remained a very small number of cases that have taken a disproportionate amount of time, not helped by early difficulties in obtaining clinical records this year. Our longest triage decisions are still taking well over two years, and although linked to third-party investigations, we will need to reflect on our methodology with these types of referrals to ensure that reasonable progress can be made alongside linked investigations.

We are pleased to have further reduced the overall caseload in investigations (stage 2) by over 37 per cent, alongside a 60 per cent reduction in post case examiner referrals (stage 3) to the FtPC. For the first time we have far fewer cases waiting to be disclosed on registrants than we have scheduled for hearing.

Our biggest unmet objective this year has again been with reducing the time it is taking us to investigate concerns, both pre and post case examiner decision. Our previous, very successful, focus on reducing the volume of cases in the system has left us with a residual caseload of older, more complex, cases with a consequentially higher median age. It is frustrating that some of the early progress we were making in trying to significantly improve the pace of case progression has been impacted by delays linked to the pandemic and respective access to registrants and records, with the median time from date of receipt to case examiner decision increasing from 60 weeks to 74 weeks this year. For the investigation stage alone, the median age of open cases at year-end has increased by four per cent from 55 weeks to 57 weeks

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(from date of receipt), but with a slight reduction at post case examiner stage, from 122 weeks to 121 weeks.

While not entirely unexpected for this year, it is disappointing to see the median time that we have taken to reach these critical decision points increase again, up 14 weeks from the time of receipt to case examiner decision, and up 21 weeks from date of receipt to final Committee decision – 141 weeks from 120, against an objective of 78 weeks. We recognise that, despite the challenges of the past year, this is not acceptable; however, there are some indicators of overall improvement.

This year we have reduced the number of open cases that are older than one year from the date of receipt by over 40 per cent, down from 152 to 90, and for those open over two years down by 46 per cent, from 79 to 43. What we have been able to achieve, despite the move to remote hearings, is a median time of 26 weeks to schedule a hearing once the matter has been disclosed.

Based on the cases that were already pending, we projected an end-to-end case progression median time of 130 weeks for this year which, without the small number of agreed adjournments to our hearings at the start of the pandemic, we would have achieved. As we start the new year, we acknowledge that it will be a significant challenge to improve our end-to-end median time, given the age profile of the cases currently being investigated.

We expected to sit for 300 hearing days this year and are pleased that in spite of the move to remote hearings, the pace with which we were able to accommodate this change means that we achieved just under 260 hearing days, 86 per cent against our target.

Our 'effective case management' pilot concluded this year with some notable successes. We sought to minimise the number of lost hearing days and to ensure that time estimates were revised, and any non-substantive matters resolved in advance of hearings. Our date utilisation increased from 85 to 95 per cent this year and despite a small number of hearings going part-heard towards the end of the year, we met our objective to increase the percentage of substantive events concluding within the time allocated, to 80 per cent.

During the year we attended two external remote events to continue with our commitment to sharing lessons from fitness to practise and were delighted with the launch of FtP Focus, our first registrant learning bulletin, which has been very positively received. Additionally, we created and delivered a free online CET webinar, attended by almost 300 attendees with free recorded access to many more.

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Complaints received in 2020-2021

We received 314 referrals relating to the fitness to practise of our registrants, from which we opened 65 investigations. This reflects just an eight per cent reduction in the number of new referrals coming into our Triage team, but almost a 60 per cent reduction in the proportion of full investigations opened – 21 per cent this year, against 47² per cent and 59 per cent in the previous two years.

In respect of the number of concerns progressed to investigation, this constitutes only 0.2 per cent of our total registrant population and although this must be caveated with the very unusual circumstances of the past year, continues to demonstrate that the vast majority of our registrants are unlikely to be the subject of fitness to practise concerns. Aside from a reduction in the proportion of conviction cases referred to us this year, there was little variance in the type of complaints we received or which registrant category they were received about.

The GOC was the complainant in 20 percent of all concerns raised, with employers or former employers increasing their proportion by more than double. For the first time, we saw more registrant-on-registrant concerns being raised, which were all related to activities undertaken during the lockdown, see Table one.

Table one – types of complaints investigated over the last three years

Nature of Complaint	20-21	%	19-20	%	18-19	%
Clinical	25	39%	67	42%	125	47%
<i>multiple clinical</i>	16	25%	29	18%	17	6%
<i>retinal detachment</i>	4	6%	7	4%	17	6%
<i>tumour</i>	1	2%	0	0%	13	5%
<i>glaucoma</i>	3	5%	13	8%	10	4%
<i>cataracts</i>	0	0%	4	3%	9	3%
<i>macular degeneration</i>	0	0%	8	5%	4	2%
<i>laser surgery</i>	0	0%	0	0%	3	1%
<i>other clinical</i>	1	2%	6	4%	52	19%
Conduct	15	23%	32	20%	33	12%
<i>personal conduct</i>	13	20%	32	20%	28	10%
<i>theft</i>	1	2%	0	0%	3	1%
<i>fraud</i>	1	2%	0	0%	2	<1%
Mixed - clinical / conduct	5	8%	4	3%	16	6%
Conviction / Caution	5	8%	20	12%	39	15%
Business procedures / complaints	7	11%	16	10%	21	8%
Health	4	6%	7	4%	14	5%
Miscellaneous	4	6%	15	9%	21	8%
TOTAL	65	100%	161	100%	269	100%

² Reported as 39 percent last year – now reconciled

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Table two – number of complaints opened against each GOC registrant category over the last three years

	20-21	%	19-20	%	18-19	%
Optometrist	43	66%	120	75%	186	69%
Student Optometrist	4	6%	5	3%	18	7%
Dispensing Optician	8	12%	15	9%	25	9%
Student Dispensing Optician	4	6%	6	4%	8	3%
Business Registrant	6	9%	15	9%	32	12%
TOTAL	65	100%	161	100%	269	100%
<i>total number of registrants</i>	<i>32,276</i>		<i>32,118</i>		<i>30,759</i>	
<i>percentage subject to complaints</i>	<i>0.20%</i>		<i>0.50%</i>		<i>0.87%</i>	

Table three – the source of concerns received over the last three years.

Source of concern	20-21	%	19-20	%	18-19	%
patient or representative	19	29%	63	39%	146	54%
self-declaration	8	12%	29	18%	54	20%
GOC	13	20%	20	12%	23	9%
primary care organisation	4	6%	7	4%	11	4%
employer / former employer	11	17%	10	6%	8	3%
other	2	3%	14	9%	12	5%
professional / educational body	2	3%	3	2%	8	3%
Whistle blower	3	5%	7	4%	3	1%
police	0	0%	0	0%	1	<1%
anonymous	0	0%	7	4%	3	1%
counter-fraud services	0	0%	1	<1%	0	0%
other registrant(s)	3	5%	0	0%	0	0%
	65		161		269	

Our case examiners and IC made 176 decisions this year including some cases that may have been subject to more than one decision, for example, interim decisions and those cases that were subject to a review pursuant to Rules 15³ and Rule 16⁴, of which there were 38 this year, an increase from 22 in 2019-2020.

This year, 55 per cent resulted in no further action, down from 63 per cent the year before - potentially reflective of the more serious nature of cases coming through.

Table four - decisions made by the case examiners or the Investigation Committee over the last three years

³ General Optical Council (Fitness to Practise) Rules Order of Council 2013 – the case examiners may review the decision not to refer an allegation to the FtPC

⁴ General Optical Council (Fitness to Practise) Rules Order of Council 2013 – the case examiners may review the decision to refer the allegation(s) to the FtPC

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Outcome	20-21	%	19-20	%	18-19	%
Substantive Outcomes						
No further action	53	45%	135	54%	111	51%
No further action with advice	12	10%	22	9%	40	18%
warning	16	14%	37	15%	30	14%
Referral to FtPC	37	31%	56	22%	37	17%
Interim Outcomes						
Further investigation required	8	N/A	6	N/A	21	N/A
Minded to issue a warning	9	N/A	42	N/A	49	N/A
Directed to a performance review	0	N/A	0	N/A	0	N/A
Directed to a health assessment	0	N/A	2	N/A	4	N/A
Review Outcomes						
Termination of referral to FtPC	30	N/A	20	N/A	12	N/A
Confirmation of referral to FtPC	7	N/A	5	N/A	3	N/A
Review of decision not to refer	4	N/A	12	N/A	5	N/A
Substantive decisions	118	100	250		218	

31 per cent of concerns were referred by case examiners to the FtPC – which, given the significant reduction in the number of less serious cases entering the investigation system was an expected increase on the 22 and 17 per cent over the past two years. We expect this proportion to continue to rise as the enhanced Triage process continues to filter out concerns that do not reach the regulatory threshold.

Interim orders

The GOC Registrar has the legal power to refer a matter directly to the FtPC for consideration whether to impose an interim order (IO) on the registrant's practice. Both case examiners and the IC also have the power to direct the Registrar to take this step. An IO is an immediate order, which is used where the FtPC is satisfied that it is:

- Necessary to restrict the registrant's practice to protect the public;
- Otherwise in the public interest; or
- In the interests of the registrant.

In the period covered by this report, we applied for an interim order in six cases of which five were approved. This reflects a 50 per cent reduction in the number of applications made in the last year.

The time taken to impose an interim order, from the date where the need was identified, rose by one week this year to four weeks, still in line with our commitment to ensure that prompt action is taken in cases that present the most serious risk to the public. The time taken from receiving the initial complaint to obtaining an order rose to 25 weeks from 12 weeks the previous year. This was the result of our commitment to build

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a stronger prima facie case and seeking a clinical opinion prior to applying for an interim order and the improvement in our positive outcome indicates that this was worthwhile investment.

We continue to retain the management of IO applications/reviews in-house to ensure the close engagement of our case officers and to provide a more efficient service. The total number of applications for High Court extensions reduced from 20 to eight, and extensions were granted in all cases.

Fitness to Practise Committee (FtPC)

In reaching a decision, the FtPC considers whether it is necessary to take action to protect the public and whether taking action is necessary for the wider public interest: for example, in order to maintain public confidence in the professions or to declare and uphold proper standards of conduct and behaviour.

If the FtPC finds that the registrant's fitness to practise or to undertake training is currently impaired, one of the following outcomes is available to it:

Warning	If the registrant's fitness to practise or undertake training is considered not impaired, the FtPC can still warn the registrant about their future behaviour or performance. A warning can be for varying periods of time and will be appended to the registrant's online registration
Payment of a financial penalty	Imposition of a financial penalty in conjunction with any other directions that it has imposed, up to a maximum of £50,000.
Conditional registration	The registrant can stay on the register provided they comply with certain conditions such as doing extra training or being supervised.
Suspension from our register	The registrant's name is temporarily taken off the register and they cannot undertake functions that are restricted by law to registered optometrists or dispensing opticians or run a registered business in the UK for a fixed period. If someone tries to work after being suspended or erased they are committing a criminal offence.
Erasure of the registrant's name from our register	The registrant's name is taken off the register and they cannot undertake functions that are restricted by law to registered optometrists or dispensing opticians or run a registered business in the UK. If they want their name restored to the register, they must go through a separate process which includes considering the reasons for their removal and any remediation that may have taken place. A registrant can apply for their name to be put back on the register no earlier than 22 months following the date of erasure.

In 2020-2021 the FtPC considered 44 substantive hearings, resolving 40 during the reporting year, with four going part-heard into 2021-2022. There was a notable

SECTION TWO: OUR FITNESS TO PRACTISE REPORT

increase in the proportion of suspension orders issued this year which we will continue to monitor.

Table five shows the outcomes of cases determined by the FtPC over the last three years

Substantive hearings	20-21	%	19-20	%	18-19	%
erasure	7	18%	18	43%	9	21%
suspension	19	48%	7	17%	9	21%
conditional registration	3	8%	3	7%	1	2%
payment of a financial penalty	0	0%	0	0%	1	2%
warning	1	3%	1	2%	6	14%
no further action - no case to answer	10	25%	13	31%	16	38%
TOTAL	40	100%	42	100%	42	100%

The FtPC also considered 31 hearings on the papers over the past year, including 28 interim order reviews and three procedural hearings. Due to the amendments to our Rules, we were able to facilitate applications to adjourn hearings administratively, where this was agreed by both sides.

All substantive outcomes are published on our website for a period of 12 months, subject to an application by the registrant in determinations where no misconduct has been found. Older determinations are available on request.

Registration Appeal Committee (RAC)

In circumstances where a registrant is erased from the register, any application for restoration is heard by the RAC. The applicant cannot make an application until 22 months have passed since the order for erasure took effect, and the restoration hearing cannot take place until at least 24 months have passed. Prior to making the application, the applicant must have acquired the required number of CET points. This does not apply to optical students. There were no such applications during the year 2020-2021.

The RAC also considers appeals against decisions made by the Registrar not to allow registration. During 2020-2021, the RAC received one appeal against the Registrar's decisions that was upheld.

Professional Standards Authority (PSA) Section 29 referrals

The PSA has the discretion to refer a decision of the FtPC to the High Court when it considers that the decision of the Committee is insufficient for public protection.

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During 2020-2021 the PSA has referred one decision of the FtPC under this process, which is ongoing. We will reflect on any learning at its conclusion.

Audit

Each year, we commission an independent audit of the FtP decision making of the IC and FtPC, to demonstrate our compliance with the Professional Standards Authority's (PSA) FtP standard 16. This requires that *“The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.”*

This year the audit was conducted by RadcliffesLeBrasseur, solicitors and auditors, the second to be completed by them following their successful bid for a three-year contract. The audit contains sections on the auditor's findings, compliance with previous recommendations and learning points. After the GOC management response was agreed, the audit report was submitted to our Audit and Risk Committee for their scrutiny before being presented to our Council in February 2021. The level of assurance given by the audit has also been shared with the PSA.

For the first time, we asked the auditor to include a small sample of decisions taken by the GOC Registrar at triage stage. This was one of the risk management mechanisms we committed to when we introduced Acceptance Criteria (AC) in November 2018. In future audits, as we have subsequently enhanced the AC, and introduced a new triage process, we will be increasing the sample of triage decisions included.

A total of 106 decisions were audited, and the audit report identified a small number of learning points, the vast majority of which we accepted and acted upon. In summary, the auditors concluded that: *“We confirm that the findings made in this audit demonstrate substantial compliance with the Council's statutory obligations. They also demonstrate compliance with the Council's own procedural requirements and guidance. Whilst we have identified a number of cases where there were errors in decision making most were regarded as not having been material to the outcome. In a small number of cases we identified material errors and we detail those in this report.”*

With regard to the material issues identified by the auditor, we have taken action to review those cases and to refer them back to the decision-makers for review.

SECTION THREE: OUR FINANCE REPORT

OUR FINANCE REPORT

FINANCIAL REVIEW OF THE YEAR ENDED 31 MARCH 2021

Section 32 (2) of the Opticians Act 1989 provides that *'the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament'*. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee met five times this year, reviewed the systems of Council's internal financial controls and received an annual report from the internal and external auditors. It also reviewed the financial performance, operational and compliance controls and risk management.

In 2020/21, financial performance for the year (measured by net income) was £3.1m surplus (2019/20 £1.5m deficit). Improvement of financial performance was partly due to changed working methods due to Covid restrictions. The year saw a rebound in the market value of investments of £1.9m, which is a marked change from the loss of value at the end of 2019/20, with news of the global spread of the COVID-19 virus. Income for the year was £9.8m (2019/20 £9.6m). £9.6m (2019/20 £9.3m) was related to annual renewal fees.

During the year we incurred £8.6m expenditure (2019/20 £10.3m). Expenditure reduced from the pre-Covid period, due to remote working practices, delays and efficiencies.

We continue to maintain a robust position in regards to cash resource and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

Reserves policy

Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually at the time of setting the budget for each financial year in consultation with the Chair of the Audit, Risk and Finance Committee.

The reserves policy was updated in November 2020 to align with the current five-year strategic plan, taking into account reduced legal costs in recent years, the new five-year financial forecast, and challenges to revenue due to COVID-19.

SECTION THREE: OUR FINANCE REPORT

All of our reserves are unrestricted and as of 31 March 2021, the total reserves were £8.6m (2019/20 £5.5m). Target range for non-designated funds in the new reserves policy is from £2.3m to £3.8m. As of 31 March 2021, total non-designated funds net of tangible fixed assets were £3.5m (2019/20 £0.1m).

The Council in setting the reserves policy has identified four designated reserves, legal cost reserve, strategic reserve, COVID-19 reserve, and infrastructure/dilapidation reserve. The legal cost reserve (£0.7m) is to mitigate risk of high-value complex cases arising over and above planned levels. The strategic reserve (£2.0m) supports the delivery of specific projects and initiatives outlined in the GOC's strategic plans. The COVID-19 reserve (£0.9m) is a new contingency reserve to provide against risk of falling income due to the pandemic. The infrastructure/dilapidation reserve (£0.5m) is also a new reserve which is designed to build up funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £371k was spent from the strategic reserve for strategic projects. The current strategic projects are the IT strategy, the ESR and the CET Review. The IT strategic project is a multi-year programme of work, the effects of which will bring long-term benefits to the organisation.

The reserves policy is reviewed every three years to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

Investment policy

The Working Capital Policy recognises that all deposits must be secure, liquid and not exposed to currency risk.

The Investment Policy Statement recognises the additional needs of the GOC as it seeks to ensure that funds provide reasonable returns within acceptable risk profiles.

Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Resources) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

SECTION THREE: OUR FINANCE REPORT

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on 22 September 2021, and signed on their behalf by



Dr Anne Wright CBE
Chair, GOC

SECTION THREE: OUR FINANCE REPORT

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF GENERAL OPTICAL COUNCIL

Independent auditor's report to the trustees of General Optical Council

Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2021 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

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Other information

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 50, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

SECTION THREE: OUR FINANCE REPORT

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

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Haysmacintyre LLP
Statutory Auditors
10 Queen Street Place
London
EC4R 1AG

Date: 09 November 2021

Haysmacintyre LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

SECTION THREE: OUR FINANCIAL REPORT

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2021

	Notes	Unrestricted Funds £'000	Total 2020/21 £'000	Total 2019/20 £'000
Income from:				
Charitable activities	2	9,571	9,571	9,313
Investments	3	214	214	288
Total		9,785	9,785	9,601
Expenditure on:				
Raising Funds	11	43	43	43
Charitable activities	5	8,550	8,550	10,224
Total resources expended		8,593	8,593	10,267
Net (losses) / gains on investments	11	1,896	1,896	(827)
Net (expenditure) / income		3,088	3,088	(1,493)
Reconciliation of funds:				
Total funds brought forward		5,539	5,539	7,032
Total funds carried forward		8,627	8,627	5,539

There are no recognised gains or losses other than those recognised above. All activities are continuing.

All the transactions in 2020-21 and 2019-20 were unrestricted.

The notes on pages 58 to 71 form part of these financial statements.

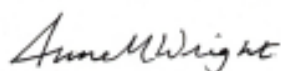
SECTION THREE: OUR FINANCE REPORT

BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2021

	Notes	2020/21 £'000	2019/20 £'000
Fixed assets:			
Tangible fixed assets	10	1,019	977
Investments	11	8,860	7,012
Total fixed assets		9,879	7,989
Current assets:			
Debtors	12	537	442
Short term deposits		7,700	7,200
Cash at bank and in hand		660	468
Total current assets		8,897	8,110
Current liabilities:			
Creditors: amounts falling due within one year	13	(10,149)	(10,560)
Net current assets		(1,252)	(2,450)
Total assets less current liabilities		8,627	5,539
Net assets		8,627	5,539
Represented by:			
Unrestricted funds:			
Designated funds	15	4,100	4,469
General funds	15	4,527	1,070
Total funds		8,627	5,539

The notes on pages 58 to 71 form part of these financial statements.

The financial statements were approved and authorised by the Council on 22 September 2021 and were signed on its behalf by:



Dr Anne Wright CBE
Chair, GOC

SECTION THREE: OUR FINANCE REPORT

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2021

	2020/21 £'000	2019/20 £'000
Cash flows from operating activities:		
Reconciliation of net (expenditure) / income to net cash flow from operating activities:		
Net income / expenditure for the reporting period (as per the statement of financial activities)	3,088	(1,493)
Depreciation	137	152
Loss on disposal of fixed assets	-	2
(Gains) / losses on investment income	(1,896)	827
Dividends, interest, and rents from investments	(214)	(288)
Decrease / (Increase) in debtors	(95)	216
Increase/ (decrease) in creditors	(410)	441
Net cash provided by (used in) operating activities	610	(143)
Cash flows from investing activities:		
Dividends, interest, and rents from investments	214	288
Purchase of tangible fixed assets	(180)	(9)
Proceeds from sale of investments	1,693	2,242
Movement in short term deposit account (more than three months)	(500)	(2,100)
Movement in Cash held in investment	45	7
Purchase of Investments	(1,690)	(1,816)
Net cash provided by (used in) investing activities	(418)	(1,388)
Change in cash and cash equivalents in the reporting period	192	(1,531)
Cash and cash equivalents at the beginning of the reporting period	468	1,999
Cash and cash equivalents at the end of the reporting period	660	468
Cash and cash equivalents at the end of the reporting period		
Cash at bank and in hand	660	468

The notes on pages 58 to 71 form part of these financial statements.

SECTION THREE: OUR FINANCE REPORT

NOTES TO THE FINANCIAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

1. GENERAL INFORMATION

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

2. ACCOUNTING POLICIES

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

3. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees consider the following item to be an area subject to estimation and judgement.

Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic lives will not have a material impact on the operating results. Historically no changes have been required.

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(i) GOING CONCERN

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2021/22, the most significant area of uncertainty relates to the impact of COVID-19 on the economy and the number of registrants, with associated financial implications for our fee income. The level of uncertainty is lower than last year because registrant renewal rates have broadly stayed on par with previous years. Ongoing volatility of the market value of investments also creates a risk. The review of our financial position, reserve levels and future plans gives Council members' confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

(ii) INCOME

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fall due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

(iii) EXPENDITURE

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of FtP, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

SECTION THREE: OUR FINANCE REPORT

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

(iv) FIXED ASSETS

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £500.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

(v) DEPRECIATION

Assets are depreciated in equal instalments over the following periods:

IT equipment	3 years
Website/intranet/online renewal	3 years
Office furniture and equipment	10 years
Leasehold improvements (office fit-out)	Over the lease term (15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

(vi) INVESTMENTS

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the

SECTION THREE: OUR FINANCE REPORT

fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in February 2019.

(vii) FINANCIAL INSTRUMENTS

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

(viii) DEBTORS

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

(ix) CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

(x) CREDITORS AND PROVISIONS FOR LIABILITIES

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made about the progress of individual cases and is subjected to a significant degree of uncertainty.

(xi) FUNDS AND RESERVES

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Legal Costs Reserve – established to cover the cost of high-value complex cases arising over and above planned levels.

SECTION THREE: OUR FINANCE REPORT

- Strategic Reserve – established to support specific strategic projects and initiatives outlined in the GOC’s five-year strategic plan and Budget and beyond.
- COVID-19 Reserve – established as a contingency reserve to mitigate the risk of falling registrant income.
- Infrastructure & dilapidations Reserve – established to build up adequate funds in developing the infrastructure should we leave current premises.

(xii) TAXATION

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

(xiii) OPERATING LEASES

The annual rentals are charged to the statement of financial activities over the term of the lease.

(xiv) EMPLOYEE BENEFITS

Short-term benefits - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

Employee termination benefits - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

Pension scheme - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London. The assets of the scheme are held independently from those of the Charity in an independently administered fund. The pensions costs charged in the financial statements represent the contributions payable during the year.

	2020/21 £'000	2019/20 £'000
2. Income from charitable activities		
Registration and renewal fee	9,559	9,279
Continuing Education Training provider	12	34
Total	9,571	9,313
	2020/21 £'000	2019/20 £'000
3. Income from Investment		
Interest from fixed deposits	12	29
Dividend income	202	259
Total	214	288

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4. There was no income arising from other activities during 2020-21 and 2019-2020.

	Direct Cost £'000	Support Cost £'000	Total 2020/21 £'000
5. Charitable activities			
Fitness to practise (Note 5a.)	3,281	1,625	4,906
Registration	484	458	942
Education & standards	1,279	671	1,950
Policy	226	146	372
Communications	240	140	380
Total	5,510	3,040	8,550

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2019/20 £'000
5. Charitable activities			
Fitness to practise (Note 5a.)	4,123	1,787	5,910
Registration	708	503	1,211
Education & standards	1,561	838	2,399
Policy	222	100	322
Communications	243	139	382
Total	6,857	3,367	10,224

The following table analyses the FtP costs:

	2020/21 £'000	2019/20 £'000
5a. Fitness to practise including Legal compliance		
Legal fees on investigations	336	606
Other investigation costs	1,282	1,540
Hearing costs	1,025	1,321
Dispute mediation	228	215
Legal compliance	410	441
Support costs	1,625	1,787
Total	4,906	5,910

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							2020/21
6. Support costs	Management	Governance	Facilities	HR	Finance	IT	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Fitness to practise	52	389	387	201	171	425	1,625
Registration	14	109	109	57	48	121	458
Education and Standards	21	161	160	83	70	176	671
Policy	5	35	35	18	15	38	146
Communications	4	34	33	17	15	37	140
Total	96	728	724	376	319	797	3,040

Comparative figures below:

							2019/20
6. Support costs	Management	Governance	Facilities	HR	Finance	IT	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Fitness to practise	126	405	410	271	130	445	1,787
Registration	36	114	115	76	36	126	503
Education and Standards	59	190	192	127	61	209	838
Policy	7	23	23	15	7	25	100
Communications	10	31	32	21	10	35	139
Total	238	763	772	510	244	840	3,367

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows. Members' fees and expenses include Council (trustees) and committee members costs.

	2020/21	2019/20
	£'000	£'000
Governance costs		
Members' fees and expenses	252	301
Staff cost	368	360
External audit fees	20	19
Internal audit fees	23	39
Other governance cost	65	44
Total	728	763

SECTION THREE: OUR FINANCE REPORT

	2020/21 £'000	2019/20 £'000
7. Net income for the year are stated after charging:		
<hr/>		
Fees paid to external auditors - haysmacintyre:		
external audit fee (excl. VAT)	17	16
taxation advice	-	2
Internal audit fees	23	39
Depreciation of fixed assets	137	152

	2020/21 £'000	2019/20 £'000
8. Staff costs		
<hr/>		
Staff employment costs:		
Salaries	3,780	4,079
Settlements	17	46
National insurance	359	403
Pension costs	325	341
Total	4,481	4,869

Average number of staff	2020/21	2019/20
Chief Executive's office	1	2
Management team	6	6
Fitness to practise	30	34
Registration	8	10
Education, Standards & CET	12	15
Policy and Communications	5	5
Governance, Compliance, performance planning	6	5
Resources (Facilities, HR, Finance, IT)	15	14
Total	83	91

The number of staff whose taxable emoluments fell into higher salary bands was:

	2020/21	2019/20
£60,000 but under £70,000	5	4
£70,000 but under £80,000	3	1
£80,000 but under £90,000	-	2
£90,000 but under £100,000	1	1
£110,000 but under £120,000	-	1
£130,000 but under £140,000	1	1

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During the year, Council paid £79,522 for ten members of staff in this category (2019/20 £48,058 for ten members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 37, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table nine. No amounts are paid directly to third parties that are not already disclosed in table nine.

Remuneration and benefits received by key management personnel (SMT) are as follows:

Key management personnel	2020/21 £'000	2019/20 £'000
Gross Pay	462	550
Employer national insurance contributions	53	63
Employer pension contributions	46	48
Benefits	3	10
Total	564	671

9. Trustees' expenses	Fees £	Fees inc. VAT £	Expenses £	2020/21 Total £
Gareth Hadley*	52,190	52,190	1,064	53,254
Helen Tilley	17,073	17,073	316	17,389
Scott Mackie	13,962	16,754	-	16,754
Glenn Tomison	13,962	13,962	-	13,962
Rosie Glazebrook	13,962	13,962	-	13,962
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	-	13,962
Josie Forte	13,962	13,962	-	13,962
Mike Galvin**	13,962	15,591	-	15,591
Clare Minchington	13,962	13,962	-	13,962
Roshni Samra	13,962	13,962	-	13,962
Tim Parkinson***	13,387	13,387	-	13,387
Anne Wright***	6,484	6,484	-	6,484
Total	214,792	219,213	1,380	220,593
Number of trustees				12

* Retired during the year.

** Fees include VAT.

*** Appointed during the year.

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Comparative figures below.

Trustees' expenses	Fees £	Fees inc. VAT £	Expenses £	2019/20 Total £
Selina Ullah*	5,818	5,818	1,238	7,056
Gareth Hadley	58,806	58,806	585	59,391
Helen Tilley	17,073	17,073	3,852	20,925
Scott Mackie	13,962	13,962	3,374	17,336
Glen Tomison	13,962	13,962	3,229	17,191
Rosie Glazebrook	13,962	13,962	55	14,017
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	5,462	19,424
Josie Forte	13,962	13,962	2,758	16,720
Mike Galvin***	13,962	16,288	1,486	17,774
Clare Minchington	13,962	13,962	1,022	14,984
Roshni Samra	13,962	13,962	188	14,150
Deborah Bowman**	6,554	6,554	-	6,554
Total	213,909	216,235	23,249	239,484

Number of trustees **12**

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

	Office, furniture and equipment £'000	Refurbish- ment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
10. Tangible fixed assets						
Cost as at 1 April 2020	304	1,058	257	1,387	-	3,006
Add: Cost of additions	-	-	17	-	163	180
Less:						
Disposals	-	-	-	-	-	-
Transfers	-	-	-	-	-	-
Total at 31 March 2021	304	1,058	274	1,387	163	3,185
Less:						
Depreciation As at 1 April 2020	(126)	(320)	(196)	(1,387)	-	(2,029)
Charged in the year	(30)	(74)	(33)	-	-	(137)
Disposals	-	-	-	-	-	-
Total at 31 March 2021	(156)	(394)	(229)	(1,387)	-	(2,166)
Net book value 31 March 2021	148	664	45	-	163	1,019
Net Book Value 31 March 2020	178	738	61	-	-	977

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	2020/21 £'000	2019/20 £'000
11. Investment		
Investments b/f	6,766	8,035
Additions	1,690	1,816
Disposals	(1,693)	(2,242)
Realised gains	263	23
Unrealised gains	1,633	(866)
Investments c/f	8,659	6,766
Cash	201	246
Total portfolio	8,860	7,012

Total portfolio includes cash held with equity managers.

During the year £43,249 (2019/20 £43,214) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	2020/21 £'000	2019/20 £'000
12. Debtors		
Prepayments	486	368
Other debtors	37	74
Accrued income	14	-
Total	537	442

	2020/21 £'000	2019/20 £'000
13. Creditors: Amounts falling due within one year		
Trade creditors	111	363
Deferred income (note 13a)	9,004	8,914
Accruals	823	1,119
Other tax and social security	127	97
Other creditors	84	67
Total	10,149	10,560

	2020/21 £'000	2019/20 £'000
13a. Deferred income		
At 1 April	8,914	8,528
Amount deferred during the year	9,065	9,076
Amount released to Statement of Financial Activities	(8,975)	(8,690)
Total	9,004	8,914

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Accruals include rent accrual amounting to £468,655 (2019/20 £413,515).

Income from registrant renewal fees received in advance is deferred and will be released as income in 2021/22.

	2020/21	2019/20
	£'000	£'000
14. Financial Instruments		
Financial assets measured at fair value	8,860	7,012
Financial assets measured at amortised cost	8,412	7,742
Financial liabilities measured at amortised cost	(1,145)	(1,645)
Net financial assets measured at amortised cost	16,127	13,109

- (a) Financial assets measured at fair value include investments.
- (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income
- (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2020	Income	Expenditure	Transfers / gain / loss	2021
	£'000	£'000	£'000	£'000	£'000
15. Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	1,624	-	-	(924)	700
Strategic reserve	2,845	-	(371)	(474)	2,000
Covid -19 reserve	-	-	-	900	900
Infrastructure/dilapidations reserve	-	-	-	500	500
Total designated funds	4,469	-	(371)	2	4,100
General funds					
Income and expenditure reserve	1,070	9,784	(8,221)	1,894	4,527
Total funds	5,539	9,784	(8,592)	1,896	8,627

Comparative figures below.

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	2019	Income	Expenditure	Transfers / gain / loss	2020
	£'000	£'000	£'000	£'000	£'000
Funds					
Unrestricted funds					
Designated funds					
Legal cost reserve	1,624	-	-	-	1,624
Strategic reserve	2,984	-	(139)	-	2,845
Total designated funds	4,608	-	(139)	-	4,469
General funds					
Income and expenditure reserve	2,424	9,601	(10,128)	(827)	1,070
Total funds	7,032	9,601	(10,267)	(827)	5,539

Two new reserves were added, and legal costs reserve was re-defined in an update to the reserves policy during the year. All the reserves are un-restricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. The new COVID-19 reserve is a contingency reserve and is created to mitigate the risk of falling registration income. Infrastructure/dilapidations reserve is set up to build in funds in developing the infrastructure needed should we leave the current premises when lease term expires.

	Unrestricted funds £'000	Total 2020/21 £'000	Total 2019/20 £'000
16. Analysis of net assets by fund			
Tangible fixed assets	1,019	1,019	977
Investments	8,860	8,860	7,012
Current assets	8,897	8,897	8,110
Current liabilities	(10,149)	(10,149)	(10,560)
Total net assets	8,627	8,627	5,539

17. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £324,679 (2019/20 £341,356). There were £58,992 in outstanding contributions in 2020/21, (2019/20 £50,111) included in the balance sheet.

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18. Commitments under operating leases

At 31 March 2021, the charity had the following future lease payments under operating leases.

	2020/21	2019/20
Land and buildings	£'000	£'000
Within one year	620	620
In two to five years inclusive	1,861	2,481
Over five years	-	-

	2020/21	2019/20
Office Equipment lease	£'000	£'000
Within one year	28	36
In two to five years inclusive	31	59

The total charge of all operating leases to the statement of financial activities as at 31 March 2021 was £556,812 (2019/20 £532,413).

19. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table nine for details).

The following Council members declared related party transactions during the year:

- Scott Mackie provided services as a CET approver. We paid Scott £3,449 for services provided during the year as a CET approver. Scott's spouse and business partner, Dr Roisin Mackie also provided CET services as a CET approver. We paid her £3,170 for the services provided during the year.
- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £4,314 in fees for her services.