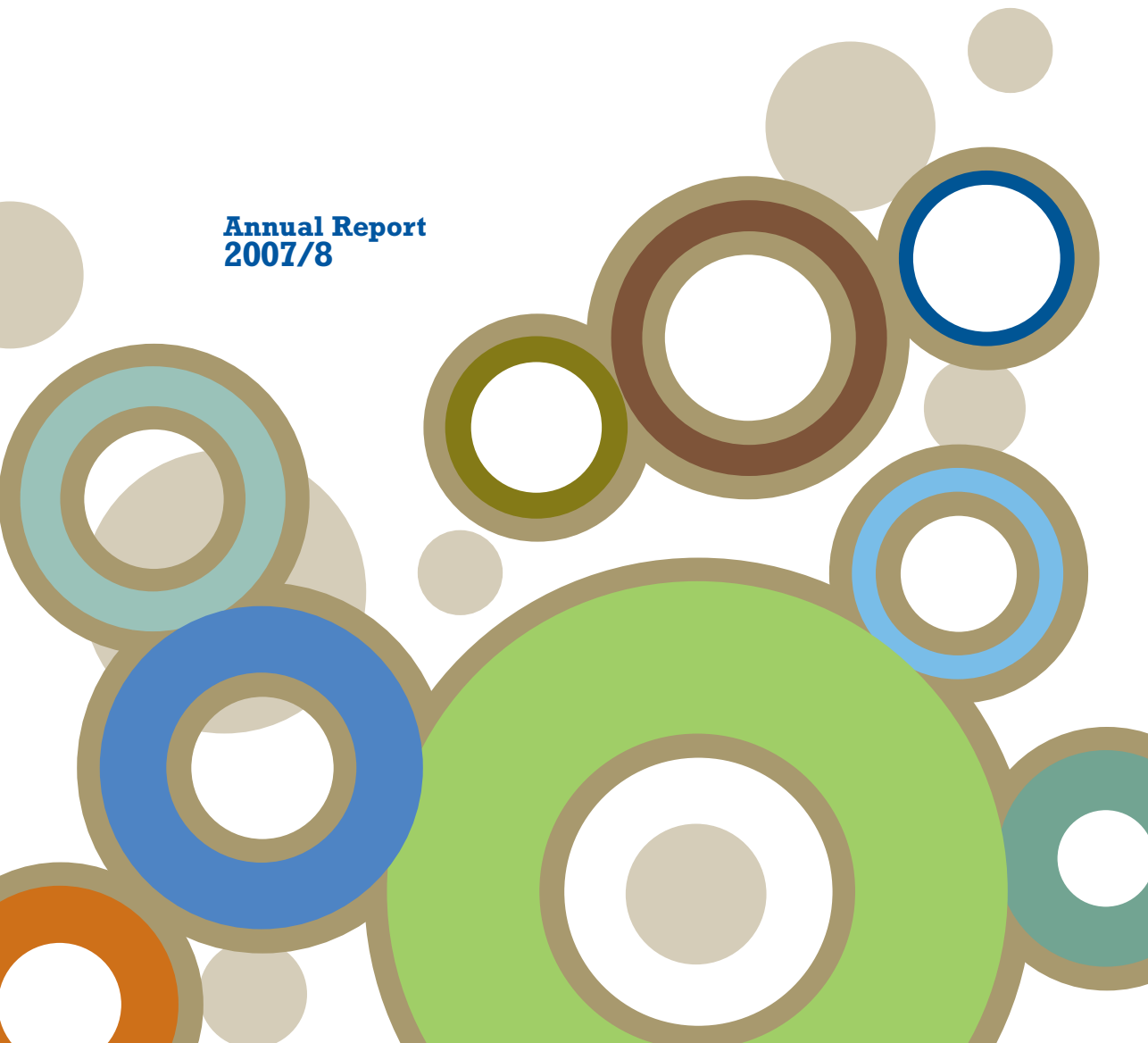


**Annual Report
2007/8**





Contents

- 03 **Chairman's introduction**
- 05 **Chief Executive's introduction**
- 06 **Review of the year**
- 08 **Regulation reform**
- 10 **Education and course approval**
- 13 **Standards and guidance**
- 14 **The opticians register**
- 18 **Continuing Education and Training**
- 20 **Celebrating 50 years of optical regulation**
- 22 **Our staff**
- 24 **Our members**
- 26 **Hearings panel**
- 28 **Visitor panel**
- 30 **Fitness to practise**
- 34 **Communications**
- 36 **Independent auditor's report**
- 38 **Income and expenditure**
- 39 **Balance sheet**
- 41 **Our values**

- 48** visits to educational establishments
- 302** consumer complaints resolved by the OCCS*
- 557** visits a day to the GOC website
- 22,151** registrants
- 1,274,773** CET points awarded
- 18,500,000** sight tests**
- 172** FTP complaints to the GOC
- 23** registrants referred to FTP Committee
- 6** registrants referred for performance assessment or review
- 4** interim orders for conditional registration or suspension
- 1** conditional registration order
- 1** financial penalty order
- 5** registrants erased from the register

*(Optical Consumer Complaints Service).

**Based on Department of Health figures for NHS sight tests plus FODO estimate of 5.4 million private sight tests.

Chairman's introduction

When I first became Chairman, I was struck by what a dynamic and forward-looking body the GOC was. Whilst most other regulators had (and still have) professionals leading the Council, the GOC has from its inception had a lay chairman, demonstrating the Council's independence from the professions it regulates. As the Council celebrates its 50th birthday year, its pioneering and patient-focused approach to regulation is still much in evidence.

Over the past 12 months, we have embraced the programme of reform set out in the Government's White Paper, *Trust, Assurance and Safety*, and taken significant decisions which will shape optical regulation for many years to come. We have taken seriously the challenge for Council to become more strategic and board-like, by opting to reduce from 28 to 12 members. We have voted to move our hearings function to the new, independent adjudication body at the earliest possible date – another bold move. Development of a revalidation scheme which is sensitive, workable, and proportionate to optics is also well-advanced.

Our ability to keep pace with changing expectations is heavily reliant on the constructive advice and cooperation of our stakeholders. During the past year, we have worked closely with colleagues from other optical bodies on a range of initiatives, particularly to ensure critical updates to professional guidance.

We have also strengthened our relationships with the devolved nations; our aspiration to build closer partnerships was epitomised through holding two of our three Council meetings in 2007/8 in Scotland and Northern Ireland.

European and international links have continued to form an important dimension of our activity. Efforts to develop common European competencies have progressed in the past year, modelled in large part on the GOC's approach to standards and accreditation.

As I write, the Council is about to embark on a recruitment campaign to fill both the Chairman's position and that of the 11 members who will make up the board of the new Council. I hope that my successor will be as fortunate as I have been in the quality and support of their fellow members, and of the GOC's excellent staff. I must express my particular thanks to Peter Coe, whose decision to retire on his 60th birthday means that the Council will appoint a new chief executive to lead the organisation as it embarks on this new era.

Whatever changes have taken place over the past half-century, the GOC has never lost sight of its mission – to protect the public. The current reforms will help to ensure that that purpose is enshrined in every aspect of our work for the next 50 years and beyond.

Rosie Varley

“As the Council celebrates its 50th birthday year, its pioneering and patient-focused approach to regulation is still much in evidence.”



Rosie Varley

“The pressure on already over-stretched resources looks set to continue.”



Peter Coe
and Dian Taylor



Chief Executive's introduction

The year has seen considerable progress towards implementing the programme of reform identified in the Government's White Paper on healthcare regulation, now endorsed by Parliament in the 2008 Health Act.

Creating a GOC which will be fit for purpose in a new era of professional regulation is neither a simple nor a short process. However, we have taken sizeable steps in the right direction. The reforms introduced in 2005 have given us a head start, and we continue to strive for systems and processes which are proportionate and fair, whilst providing effective public protection.

We have developed a stakeholder engagement strategy, which will help to bring patients', professionals' and other stakeholders' and partners' perspectives into our debates and decision-making processes.

We have also begun to roll out a new equality and diversity scheme so that we can be confident that our systems are fair and responsive to the needs of diverse registrant and service user populations.

In the past year, we have strengthened the executive team, including creating a new Human Resources and Organisational Development function, to ensure that we are able to meet the organisational change challenges that lie ahead.

All this is in addition to ongoing work in standards, education, registration and fitness to practise. The number of registrants continues to grow, and this year has seen the addition of new registers for temporary European registrants, as well as agreement which will lead to the establishment of a further registerable specialty for optometrists in therapeutic prescribing of medicines.

There has been an increase in the number of fitness to practise complaints received by the Council, with knock-on effects for both investigations and hearings.

We have not been complacent about the effects of both increasing activity and costs. Efficiencies have been achieved and measures have been put in place to look for further cost savings and additional effectiveness of all our resources. The pressure on already over-stretched resources, however, looks set to continue and Council has indicated that fees will almost certainly go up next year.

These challenges will fall to Dian Taylor, who steps up as Acting Registrar and Chief Executive on my retirement this summer. I wish her and the team well, with what promises to be an exciting time ahead.

Peter Coe

Review of the year: 2007/8

Sale and supply rules clarified

June 2007, January 2008

The College of Optometrists and Association of British Dispensing Opticians issued revised guidance on sale and supply of contact lenses and spectacles, following the GOC's clarification of legal requirements.

Prescribing rights August 2007

Work by the GOC and partner bodies culminated in the Department of Health's decision to allow optometrists to train as independent prescribers of medicines.

Online update October 2007

The Council launched a new website, offering registrants the ability to log in and update their details. New search functions offer improved public access to the registers.

The new-look GOC website



New registers

October 2007

EU regulations introduced new categories for temporary and occasional registration with the GOC. The rules enable health professionals, including optometrists and dispensing opticians, to work in other European countries with a minimum of 'red tape'.

Capital work

November 2007, March 2008

Historic meetings of the General Optical Council were held in Edinburgh and Belfast in the past year. The first ever meeting of the Council outside London took place in Cardiff in 2006. This year's meetings complete the 'tour' of UK capital cities.

CET vote of confidence

February 2008

Results of an online consultation confirmed that the CET scheme should continue in its current form in the next cycle, which will run from January 2010 to December 2012.

Future Council takes shape

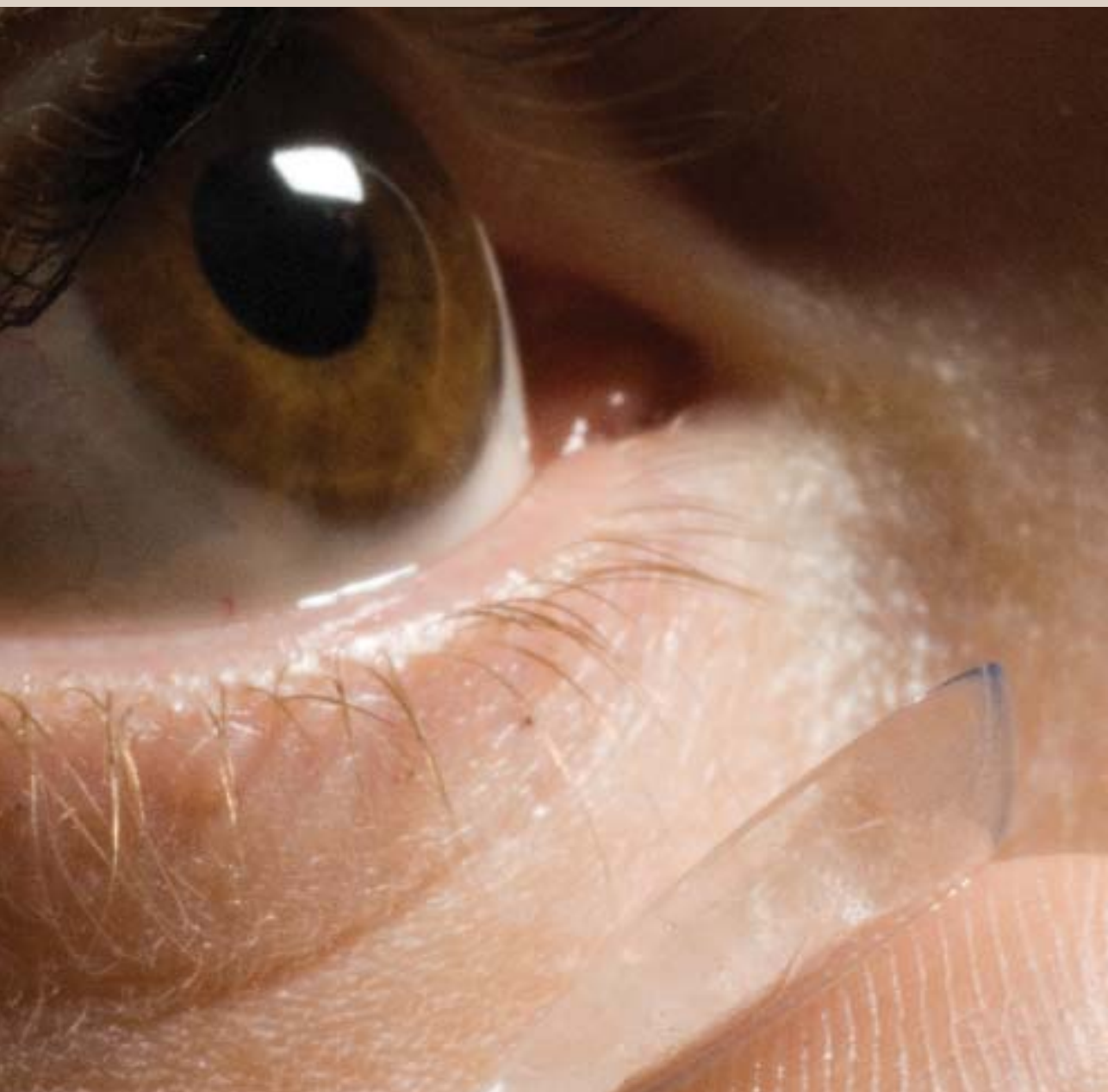
June 2007, November 2007,
March 2008

Council continued to drive forward the regulation reform agenda at meetings throughout the year. Decisions included new governance arrangements and reform of Fitness to Practise structures.



From left to right:

Far left: Prescribing rights
Left: Council members visit the Northern Irish Assembly at Stormont, Belfast
Right: Council meets in Scotland (Left to right: Sir Alan Langlands, Rosie Varley, Frank Munro)
Middle: CET session
Far right: Council meeting



Regulation reform

Over the past year, the Council has worked alongside Government and other regulators to put into place the programme of reform set out in the White Paper, *Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century*. Originally published in February 2007, its aim is to give the public greater confidence in healthcare regulators. Regulators must put patients' interests first, ensure decisions (particularly Fitness to Practise decisions) are consistent and fair, and modernise the way they operate.

At its meetings in 2007/8, the GOC agreed changes in key areas.

A new Council and committee structure

Council will reduce from 28 to 12 members, and will become more 'strategic' with less involvement in operational areas. All members of Council will be appointed.

Committee members will also be appointed. In keeping with Niall Dickson's recommendations, it is unlikely that Council members will sit on committees.

Civil standard of proof

Future Fitness to Practise hearings will use the civil standard of proof ('balance of probabilities') to decide if factual allegations against a registrant have been proved.

Office of the Health Professions Adjudicator (OHPA)

Longer term, Fitness to Practise hearings will be transferred to a new, independent adjudication body. The GOC will be the first regulator, along with the General Medical Council, to use the new body.

Discussions have also continued regarding future changes. Other Fitness to Practise reforms are focused on complaints and investigation systems, as well as new ways of storing and sharing information about registrants to ensure problems are not missed. A review of sanctions will form part of efforts to develop a more supportive FTP system.

The Government has also signalled its belief that revalidation is necessary for all health professionals. The Council has been working closely with stakeholder groups to explore proposals for a scheme to allow registrants to demonstrate their continuing fitness to remain on the register.



“We are moving from a model based on an assumption that practitioners have a mastery of knowledge, to one in which the patient and practitioner will work together to decide the best way forward.”

Niall Dickson is the chief executive of the King's Fund and chair of the Enhancing Confidence in Professional Regulators working group whose final report was published in June 2008.

“It has been described as the most significant shake up in health professional regulation for 150 years. Perhaps inevitably then it has caused upset and anxiety among some practitioners, dismayed at what they regard as excessive interference in their clinical practice.

“Yet in many ways this latest set of reforms is no more than a recognition of a changing world in which the relationship between professionals and patients is being transformed. Like it or not we are moving from a benign, paternalistic model based on an assumption that practitioners have a mastery of knowledge, to one in which the patient and practitioner will work together to decide the best way forward.

“In this context the case for revalidation is unanswerable. The CORGI gas fitter demonstrates proof of competence every five years yet the vast majority of health professionals have until now been able move seamlessly from

graduation to retirement without any serious examination of their fitness to practice.

“Likewise the regulators themselves were overdue for reform. The purpose of regulation is simple - it is the protection of the public. As such there is no place for representation of any kind on the councils of regulatory bodies other than representation of patients' interests. It is of course essential that council members have the skills and competencies to perform a strategic role, and can reflect the perspectives of the clinical and educational worlds, of employers and of those receiving care.

“There is always a danger that we will over regulate and that must be avoided. The aim must be to create a climate of self improvement and of the professions themselves taking ownership of standards and their enforcement. It is this new form of professionalism applied to all practitioners that gives us the chance to drive up standards and improve quality and safety of care.”

**Stakeholder
perspective:
working together**



Education and course approval

Education projects

Professionals Crossing Borders – looking at developments in optometry and dispensing optics in Europe, breaking down barriers for cross-border working and accreditation of ECOO Diploma course.

Entry Standards for Dispensing Opticians – accreditation of dispensing optics programmes following revision of core competencies in 2006, managing implementation of new portfolio for FBDO.

Scheme for Registration – working with the College of Optometrists to implement the changes to the Scheme for Registration assessment process.

Accreditation Review – reviewing the accreditation process, including updating handbooks (now complete), annual monitoring and a more focused visit process.

Oversees Qualification – considering applications and trends, identifying barriers or common deficiencies in respect of non-EEA applicants.

Independent Prescribing Handbook – developing a handbook for training providers seeking accreditation for therapeutics training courses.

Scheme for Student Registration – considering issues around student registration including registration of lecturers teaching practical elements, FTP issues for students and improving standards.

Table of visits

	Panel visits	Management meetings	Education committee visits	Clinical placement visits	Visits to assessments
1 April 2007-31 March 2008					
Existing programmes	3	6	0	0	1
New courses and assessments					
Dispensing optics courses	0	11	5	0	2
Foundations degrees (dispensing optics)	0	2	1	0	0
E-learning courses (dispensing optics)	0	0	1	0	0
New scheme for registration (optometry)	0	5	0	0	2
Therapeutic prescribing	0	5	0	0	0
ECOO Diploma	0	1	2	0	1

“Gaining GOC approval for the delivery of our dispensing courses gives a clear indication to students, employers, awarding bodies and the QAA that the courses are fit for purpose.”



Pat Donovan is head of dispensing optics at Bradford College. The College offers three dispensing courses at various levels, all of which have been approved by the GOC's education visitor panel.

“ When a new course is introduced a GOC accreditation panel visit us annually, so they see the whole programme from start to finish. Once the course is approved, the GOC carries out visits every three to five years to give approval for the continued delivery of the programme. Each visit from the panel is structured around a Visit Handbook which contains guidelines on the standard and requirements that the course must meet to gain approved status.

“The visit process is comprehensive; the panel meet with College management, teaching and support staff, past and present students, and employers and supervisors. They sit in on practical clinics and theory classes, and look at examples of recent student work. Panel members also have to read course documentation like committee minutes, external examiners reports, annual monitoring reports and student programme evaluations. The library and other learning resources are checked to ensure they are adequate for the students. Another aspect involves discussing CPD opportunities with our department staff to evaluate the currency of their knowledge and practical experience.

“Before a visit we compile a detailed report based on the GOC Handbook guidelines. We send this to each member of the panel, and they then draw up a visit agenda. We also prepare data on student recruitment, retention and achievement.

“Gaining GOC approval for the delivery of our dispensing courses gives a clear indication to students, employers, the awarding bodies (ABDO and Leeds Metropolitan University) and the QAA, that the courses are fit for purpose, and that they provide students who pass with the knowledge and skills to practise as competent dispensing opticians.”

**Education
provider
perspective:
gaining approval**



Standards and guidance: the Code in practice

The Code of Conduct for Individual Registrants sets out the principles of professional conduct that all optometrists and dispensing opticians, and those training to be optometrists and dispensing opticians, must follow. The Code works in unison with the guidance published by the professional bodies which sets out in detail the way such principles apply in practice.

It is important that all registrants are familiar with both the Code and the professional bodies' guidance.

Outlined opposite is a practical example of how the Code and the guidance work together.

The issue of patient consent

Under the Code, optometrists and dispensing opticians must:

- Give patients information in a way they can understand and make them aware of the options available; and
- Respect the rights of patients to be fully involved in decisions about their care

What does this mean in practice? At the very least it means that patients have information about their condition and the treatment options open to them, and that they agree that care is provided. This introduces the issue of patient consent.

What do you do if you are not sure that a patient has the capacity to make decisions about their care? What do you do if a patient asks you to make decisions on their behalf, or wants to leave decisions to a relative, partner or carer? What if a young person refuses treatment which you believe would be in their best interests? Can a parent override their refusal?

These are all complex issues, where optometrists and dispensing opticians need guidance in addition to that issued in the GOC's Code of Conduct.

The College of Optometrists and the Association of British Dispensing Opticians regularly review their guidance on such issues to keep it up-to-date with best practice and changes in legislation. The GOC's Standards Committee reviews this guidance, and offers feedback to the professional bodies on it. Council may refer to the guidance in the exercise of its functions (eg when considering whether a registrant's fitness to practise is impaired).

Registrants must be familiar with and adhere to the Code. However, knowing what you should do to comply with the Code can sometimes be difficult. In this regard, the guidance issued by the professional bodies can be indispensable.

The opticians register: facts and figures

The number of optometrists and dispensing opticians continues to increase at a steady rate year on year. During 2007/8 the number of full registrants rose by over two per cent, from 16,002 to 16,403.

Optometry has seen the biggest rise in practitioner numbers, with 11,094 now fully registered.

When compared to 2006/7, this represents an increase of almost four per cent. The number of dispensing opticians has risen by less than one per cent.

The number of business registrants increased by 92 to 1,459.

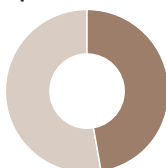
Optometrists	2003	2004	2005	2006	2007
England					
male	4136	4285	4268	4289	4360
female	3818	4060	4253	4442	4692
Scotland					
male	429	444	453	454	456
female	469	500	527	557	597
Wales					
male	263	271	264	269	267
female	218	234	237	250	267
N Ireland					
male	167	173	178	184	186
female	210	230	239	254	269
Totals					
male	4995	5173	5163	5196	5269
female	4715	5024	5256	5503	5825
Grand totals	9710	10197	10419	10699	11094

Dispensing opticians	2003	2004	2005	2006	2007
England					
male	2262	2261	2196	2174	2098
female	2345	2419	2511	2596	2687
Scotland					
male	131	134	133	136	131
female	149	159	165	173	173
Wales					
male	80	81	85	91	82
female	87	92	90	94	97
N Ireland					
male	18	20	19	18	15
female	12	17	20	21	26
Totals					
male	2491	2496	2433	2419	2326
female	2593	2687	2786	2884	2983
Grand totals	5084	5183	5219	5303	5309

Gender of registrants

Across the UK women are in the majority in both optometry and dispensing optics. During 2007/8, 53 per cent of optometrists and 56 per cent of dispensing opticians were female. The number of fully-registered male dispensing opticians has fallen by just under four per cent. Male optometrists have increased in numbers by around one per cent.

Gender of optometrists



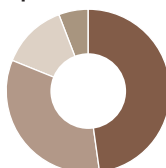
● Male 5269
● Female 5825

Gender of dispensing opticians



● Male 2326
● Female 2983

Age of optometrists



● Under 25 653 ● 40-54 3858
● 25-39 5523 ● 55+ 1518

Age of dispensing opticians



● Under 25 160 ● 40-54 2237
● 25-39 2286 ● 55+ 678

Age of registrants

The majority of fully registered optometrists and dispensing opticians are between 25-39 years of age.

Student registrars

In the last year the overall intake of students has increased from 4,166 to 4,289 – nearly three per cent.

Specialty registrars

The number of optometrists gaining both the Additional Supply/Supplementary Prescribing and the single Additional Supply specialty more than doubled throughout 2007/8.

Registering optical professionals qualified outside the UK

The Council occasionally registers practitioners with qualifications gained outside the UK. Applicants with qualifications from within the European Union (EU) or the European Economic Area (EEA) apply under a different scheme to those outside the EEA.

Student registrars

Institution	No. of students
Anglia Ruskin University	471
Association of British Dispensing Opticians	729
Bradford College	115
Cardiff University	221
City and Islington College	349
City University London	337
College of Optometrists	871
Glasgow Caledonian University	285
University of Aston	327
University of Bradford	312
University of Manchester	177
University of Ulster	89
Total	4283

Practitioners with registered specialties	2006	2007
Contact lens*	1147	1164
Supplementary prescribing and additional supply**	10	24
Additional supply**	17	35

*dispensing opticians only **optometrists only

Practitioners with registered qualifications outside UK	2006/7	2007/8
EU/EEA applications received	23	38
EU/EEA applications registered	26	16
Non-EEA applications received	21	35
Non-EEA applications registered	16	11

What do Dame Mary Perkins, Serap Akbulut and Montague Levy have in common? They're all current GOC registrants with a dedication to their patients.

Dame Mary Perkins is well known as the co-founder of Specsavers. But when she started out as an optometrist, it was a different world. "It was a very male-dominated profession. There were one or two women but I was unusual. People used to ask me whether I was the optician."

The company was born as the Thatcher government changed the regulations on advertising. "I wanted patients to enjoy wearing glasses and not consider them a grudge purchase. They weren't considered a fashion item then – more than 20 per cent of patients kept their frames and got them reglazed.

"I introduced the concept of showrooms, so that people could browse, try on frames and walk around. Before the changes you didn't know what you were getting or how much it would cost. We adopted a different business model for Specsavers, which focused on telling people what they'd get in the way of services, products and prices.

Dame Mary is sure about the people best suited to the optical professions. "Universities should recruit 'people people', because having an eye test and choosing glasses is an intimate experience. Patients need to feel good because ultimately we are answerable to them.



Just starting out, Serap Akbulut – the youngest student on the dispensing opticians' register – agrees about the importance of the patient. "It's fun meeting different people, and I'm getting to know patients at the practice. I like the idea of giving people better vision so that they can see the world more clearly."

Born in Turkey, Serap came to the UK in 1999 with her family to be with her father, who was already here. "There are five of us – three girls and two boys. My father didn't have the opportunity to do things when he was our age, so he and my mum give us lots of encouragement and support.

Registrants' perspective: focusing on the patient



Montague Levy is a man who also likes people. The oldest person on the optometrists' register, he continues to practise four days a week in Camden, north London. "The reason I continue working is that I really enjoy meeting patients and talking to them. There are lots of silences when you're testing eyes, and I love to talk about all sorts of things – not necessarily to do with optics!"

He started his career apprenticed to an optician in 1935 and took evening classes three nights a week to gain his qualification in optometry. After wartime service in the RAF, Montague decided that he didn't want to spend all his time in a dark testing room, and set up a prescription house. This was a manufacturing business which made up spectacles from opticians' prescriptions.

Working as an optometrist alongside his manufacturing business has given Montague a wealth of expertise, from the technical to the diagnostic. "I'm able to advise on making up prescriptions when there's something complex required, as I've had experience in all parts of the business. That technical knowledge is sometimes lacking, as optometrists and dispensing opticians now do such different jobs."





Ocular abnormalities continues to be the most popular subject amongst registrants, accounting for over 300,000 – 25 per cent – of all points awarded this cycle.

Continuing Education and Training

CET: facts and figures

This year marks the halfway stage of the current CET cycle. So far this cycle, a total of 305,797 CET points have been confirmed on www.cetoptics.com.

Optometrists have gained an average of 29 points and dispensing opticians 21 points. Contact lens specialists have confirmed around 26 points each.

Competencies and their uptake

Ocular abnormalities continues to be the most popular subject amongst registrants, accounting for over 300,000 – 25 per cent – of all points awarded this cycle. This competency also had the highest provision, accounting for 20 per cent of all CET being offered by providers.

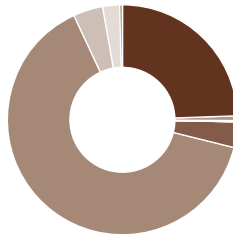
Contact lens CET is also favoured by both optometrists and dispensing opticians. Over 13 per cent of all points were awarded in this competency. Contact lens practice for dispensing opticians and ocular examination for optometrists follows in the popularity stakes, both with around 11 per cent and uptake.

Low vision is the least popular competency outside of specialty subject areas – just 3,130 points were awarded. This is also the least offered competency by learning providers, accounting for less than one per cent of all approved CET.

'Modality' – methods of learning

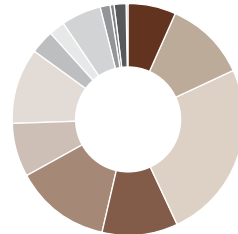
The vast majority of CET offered in the first half of the cycle has been in lecture format. This has accounted for 62 per cent of all events approved. To date, the most popular modality, by a large margin, is text-based distance learning. Of all CET points awarded, 64 per cent have been gained through this modality. Poster sessions were the least favoured modality – just 0.02 per cent of all CET points have been gained in this way.

Modalities and their uptake



- Audio based distance learning **0.26%**
- Lecture **24.4%**
- Peer review **0.71%**
- Poster session **0.02%**
- Skills workshop **3.7%**
- Text based distance learning **64%**
- Video based distance learning **4.1%**
- Visual recognition test **2.7%**

Competencies and their uptake



- Optical examination and technique **6.8%**
- Contact lens practice **11.4%**
- Ocular abnormalities **24.9%**
- Optical appliances **10.6%**
- Contact lenses **13.5%**
- Communication skills **7.4%**
- Ocular examination **10.6%**
- Refractive management **3%**
- Visual function **2%**
- Professional conduct **5.6%**
- Additional supply **1%**
- Supplementary prescribing **0.69%**
- Binocular vision **1.7%**
- Low vision **0.25%**



Gordon Carson chairs the Continuing Education and Training (CET) approval panel. He is responsible for ensuring CET provision caters to the educational needs of around 18,000 registrants.

“ A robust approvals process is vital as practitioners need to know that the CET on offer is fit for purpose.

“My role includes monitoring and auditing CET submissions, and dealing with appeals from providers. It’s a bit like having an ‘Access All Areas’ pass. I also audit approvals on a quarterly basis, to ensure that all CET has been evaluated fairly and in accordance with the Scheme guidelines.

“The approvals process is carried out online via www.cetoptics.com and involves a team of 40 approvers. A simple approval will take ten working days. Submissions are sent to two members of the panel who have relevant experience within that subject area. They review the learning outcomes, content and modality.

“I feel we have come a long way in a short period of time. Optics is the first healthcare profession to move to mandatory CET, and the Scheme has undergone radical changes since it started in 2004. When the two separate schemes merged to create CET as we know it now, there were some complex issues to tackle. Working with Vantage Technologies, we have tried to create a system that works for registrants, providers and approvers.

“I derive great satisfaction from being able to give something back to the profession I’ve been involved in for the last 25 years. The Scheme is constantly breaking new ground – for example the widened scope in therapeutics. I am incredibly proud of that fact.”

**CET approver
perspective:
access all areas**

Celebrating 50 years of optical regulation

7 July 1958: Brought by a Private Member's Bill, the Opticians Act 1958 came into being. This created the GOC and at the time a sight test cost 2s (10p).

1960s

We first published the Opticians Register and started to define what constituted unprofessional conduct. Disciplinary and investigation committees would be ineffectual unless registrants understood the boundaries of professional practice.

An extract from the Rules on publicity said: "The Council take the general view that any public reference to a registered optician by his name, or the name of his practice or business, coupled with the description of 'optician', 'ophthalmic optician', 'dispensing optician', etc prima facie results in publicity for his practice or business and is to be deprecated unless it is in accordance with the Rules, and if in a directory is in ordinary type."

In the wider world of optics, Wichterle and Lim were experimenting making soft contact lenses.

1970s

For the first time there was a factory solely manufacturing CR39 plastic lenses which then gained widespread popularity, although it was said they would never catch on!

An NHS eye test was free but there were charges for frames (£1.44-£6); and lenses (single vision £2.90 per lens).

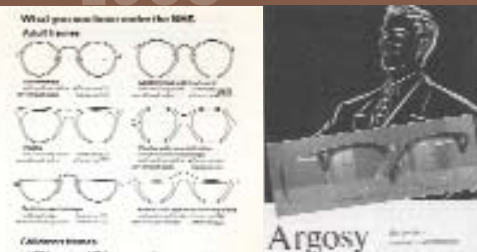
1980s

In a House of Lords debate Lord Rugby said that reading glasses should be put back on the shop counter where they belong, his argument being that people shouldn't have to have an eye test to buy glasses. Lord Ord-Ewing pointed out that consumers were paying "these enormous bills for spectacles and frames ... far above the level in any other country in the world".

Several examining bodies got together to form the College of Optometrists. This led to more course providers and a wider spread of regional centres. ABDO was also formed in this decade to offer diploma courses.

We amended restricted advertising and removed prohibition of prices in window displays, but in line with the ASA, prohibited comparative advertising. The British College and the AOP advised their members to show prices 'in a dignified and restrained manner'.

1958



1960



1970



Under the Health and Social Security Act anyone could now supply spectacles, which broke the monopoly. Only registered opticians could supply to under 16s. Free NHS spectacles became available only for children and low income groups.

Free eye tests were subsequently abolished, and qualifications rules for fitting contact lenses were introduced. Dispensing opticians were required to undertake extra specialist training, whilst optometrists could continue fitting them.

Thirty years after the first Act, the Opticians Act 1989 specified activities that only registered opticians could undertake. It set down the duties of the optometrist in sight tests, and said that prescriptions should be issued to patients. Unregistered sellers could only make up a prescription if it was less than two years old.

OSAC (the Optical Services Audit Committee) was formed to review our function, role and responsibilities. It defined 14 areas of debate, which set the agenda for regulatory initiatives for the following 20 years.

1990s

Hot topics of debate in *The Optician* were Sunday trading; GOC insistence that ophthalmic trainees should be under constant supervision; and the decision by the College of Optometrists and GOC to work towards a compulsory scheme for continuing education which it said "will meet with strong resistance from some practitioners".

It also talked about the Education Committee decision to include training in patient communication in optometric training, to improve interpersonal skills and manage consumer expectations.

Mid decade an NHS sight test cost £13.41, and by the end of it, an optometrist could directly refer a patient to hospital and inform their GP.

2000s

The GOC introduced student registration, only one of two healthcare regulators to do so. As we celebrate our 50th anniversary, we are looking forward to new legislation and new challenges.

1980



1990



2000



Our staff

The GOC employs 30 members of staff at our offices in Harley Street, London. Current staff (at August 2008) are listed below.

Registrar and Chief Executive's office

Acting Registrar/
Chief Executive

Dian Taylor
(from August 08)

Acting Deputy
Registrar

Jon Levett
(from August 08)

Executive Assistant
to Registrar and
Chairman

Naomi Ford

Education

Acting Director of
Education

Linda Kennaugh
(from August 08)

PA to Director of
Education

Hayley Robinson
Kelly Parker
(Maternity cover)

CET Manager

Jo Glover
(from April 08)

Human Resources

Head of Human
Resources and
Organisational
Development

Lesla Oakley

Human Resources
Officer

Agnieszka Knapik

Fitness to Practise, investigation and criminal prosecutions

Director of Legal and
Fitness to Practise

Philip Grey

PA to Director of
Legal and Fitness
to Practise

Jazmine Calfost

Senior Solicitor/
Assistant Director
of Legal Services
Kisha Punchihewa
(from August 08)

Fitness to Practise
Investigations
Manager
Nirupar Uddin

Legal Assistant
Georgina Devoy
(from July 08)

Hearings management

Hearings Manager
David Henley

Standards

Director of Standards
Jon Levett

Assistant Director of
Standards
Grahame Tinsley
(from April 08)

Project Support
Officer
Maria Claridge

Communications

Head of
Communications
Kate Fielding

Communications
Officer
Clare Millington

Administration and finance

Director of Corporate
Resources
Philip Ireland

PA to the Director of
Corporate Resources
and Director of
Standards
Joan Burrow

Management
Accountant
Ami Samra

Accounts Assistant
Sofia Khan

Services Officer
Jacob Sanchez

Office Assistant
Laura Cressey
(from July 08)

Registration and IT

IT/Registration
Manager
Alan Currie

Registration Assistants
Amy Capeda
Laura Hytti
Katri Kajava
(from July 08)
Luci Noel

Lesa Oakley is the GOC's Head of Human Resources and Organisational Development.

“ The GOC is in the middle of a period of modernisation and reform, brought about by the Government's White Paper on healthcare regulation. It's my job to try and make the transitional arrangements smooth for everyone.

“By April 2009, a newly-constituted Council will have taken up office. We're going to see a Council that is more strategically-focused, with fewer members allowing for more effective decision-making. That brings with it new challenges for our staff, who will have greater responsibility. I have to ensure everyone has the skills and support they need to play their part in the Council's continued success.

“Over the past year we have begun to put in place a comprehensive training programme to help us to manage the change successfully. Staff and members are also taking part in equality and diversity training to ensure they understand the issues relating to their roles. This helps us to deliver a service that is free from discrimination.

“We continuously strive to engage and involve staff in the planning and delivery of the work areas that will affect them. If staff feel engaged about the bigger picture, then they're going to give their best. Encouraging the team to get involved means we are better equipped to identify where things are going wrong or working well. It helps us to see what's coming over the horizon.”



**Staff
perspective:
valuing our
people**

Our Council

There are 28 members of Council, which currently includes nominated, appointed and elected members. The full Council usually meets three times a year. Members take part in additional seminars and training.

Council's committees carry out delegated work in the areas of standards, education, registration, investigation, finance and procedure, remuneration and audit. Committee meetings take place between one and six times a year.

Lay members

Morag Alexander
Moir Black
Ian Hamer
Geoffrey Harris
Stuart Heatherington
David Pyle
Mike Salmon
Rosie Varley
Sheila Wild

Optometrists

Roger Anderson
Donald Cameron
David Cartwright
Rob Hogan
Kevin Lewis
Gwyneth Morgan
Nick Rumney
Alan Tomlinson
Charles Wass

Dispensing opticians

Rosemary Bailey
Jennifer Brower
Keith Cavaye
Kim Devlin
James Russell
Jo Underwood

Ophthalmologists

Nigel Andrew
Peter Kyle
Stuart Roxburgh
Ahmed Sadiq



“We need to raise our profile and make the GOC more accessible to the general public.”



Ian Hamer has been a lay member of Council since January 2007.

“Joining the GOC was really a continuation of my interest in consumer representation. My first experience of Council was quite a culture shock. I come from a commercial, industrial background, and healthcare regulation is quite different. It was a vertical learning curve.

“Commercial economic regulation looks after consumers’ interests – for example in a monopolistic market – and it has fairly defined parameters. Healthcare regulation is more complicated, there are more issues surrounding it. Regulation is not from an economic perspective but from the point of view of patient safety.

“A typical day at the GOC involves getting up at 5am to catch the train from Wales up to London. Most often I’ll attend both a morning and afternoon meeting – maybe Companies or Standards Committee, or one of the working groups. As a non-professional I’m there to ensure that patients’ interests are put first.

“A lot of the work that I’ve been doing has been feeding into or influenced by the White Paper. We are trying to ensure that as we implement its proposals, we maintain a proportionate approach, which makes sense for optometry and dispensing optics. The decisions that the current Council is making need to enable the new Council to move forward and fulfil its role effectively.

“One thing that concerns me is that not very many people outside the professions know about the Council’s existence. We need to raise our profile and make the GOC more accessible to the general public if we are going to make sure that the patient is heard.”

**Member perspective:
a proportionate approach**

Hearings panel members

The hearings panel is independent of the Council. Cases are heard by a mix of lay members and professional members from the relevant profession. In 2007/8 panel members attended two training courses. Sessions included equality issues, feedback from the CHRE and learning from case outcomes.

Lay members

Dozie Azubike
 Alan Baldwin
 Helga Drummond
 Alistair Graham
 Margaret Hallendorf
 Vicki Harris
 Robert Holdsworth
 Geraldine Huka
 Mercy Jeyasingham
 Francesca Jones
 Corinna Kershaw
 Arif Khan
 Peter North
 Rodney Varley
 Margaret Wall

Optometrists

Peter Charlesworth
 Nizar Hirji
 Alison Hudson
 Gordon Ilett
 Rakesh Kapoor
 Mark Lomas
 Janice McCrudden
 Yvonne Norgett
 Elizabeth O'Donoghue
 Paul Reeves
 Stephen Reily
 Ronald Stevenson
 Stephen Taylor
 Helen Tilley
 Catherine Viner

Dispensing opticians

Timothy Bowden
 Andrew Cripps
 Abilene Grute
 Richard Hensley
 Hilary King
 Ravinder Plahay
 Nigel Roberts
 Susan Southgate



“The most difficult thing in chairing any case is making the right judgement. You're very conscious that this is someone's career or their employment on the line.”



Sir Alistair Graham is a member of the independent hearings panel and has chaired a number of cases.

“As a former chairman of the Committee for Standards in Public Life I've always been interested in how professional bodies maintain standards.

“Fitness to Practise cases are a three-stage process. First you have to decide if the facts are proven. The second stage is to determine if the registrant's professional competence is impaired because of those facts. If you conclude that it is impaired the third stage is to decide the sanction. We start from the lowest sanction of a reprimand and move upwards to see what is proportionate and appropriate in the circumstances.

“At each stage it is the job of the chair to make sure that the panel's decisions are explained. One of the main changes in professional disciplinary cases has been this drive to make the process transparent. The other has been the introduction of the lay majority so that the consumer perspective is dominant.

“The most difficult thing in chairing any case is making the right judgement. There are precedents from previous cases. But you're very conscious that this is someone's career or their employment on the line. It's important to reach a consensus. Finally you need to spell out in crystal clear terms why you came to the conclusion that you did, so that anybody reading that judgement can be in no doubt what was in the mind of the panel. I think that's the least you can do, to be fair to the registrant, to the complainant, and to the general public.”

**Hearings
panel
perspective:
making the right
judgement**

Visitor panel members

Dispensing opticians

Christopher Burton
Duncan Counter
Christine Harm
Annette Latham-Jackson
Allison Thomas

Educationists

Reginald Davis
Bernard Gilmartin
Sally Powell
David Whitaker

Optometrists

Richard Broughton
Lisa Gerson
Robert Harper
Martin Rubinstein
Angela Whitaker

Ophthalmologists

Paul Baines
Iain Bryce
Soupramanien Sandramouli





Christine Harm is an education visitor panellist. She is a qualified contact lens optician, and runs an independent practice with her husband in Cheshire.

“ The GOC carry out quality assurance visits to all approved training courses every three to five years. Normally a visit will involve six members of the visitor panel accompanied by a GOC officer. Each panel is made up of at least one optometrist, one dispensing optician and one educationist. For optometry courses the panel will also have an ophthalmologist and possibly more than one optometrist and for dispensing courses an additional DO. Each panellist usually does at least one visit per year.”

“The visits involve a great deal of preparation. I get sent a pile of reading material in advance about the course itself and any changes since the last visit. The day before a visit I’ll meet up with the other panellists to discuss what we’ve read and what areas we’re going to focus on. The chairman of the panel splits the core curriculum into sections to suit each panellist’s area of expertise. For example, educationists might look at resources and facilities, ophthalmologists look at the hospital experience and we all observe some teaching. During the visit we talk to the head of department, the course leader, and vice chancellor of the university or the college principal. We also speak to employers and students and ask them how they are finding the course.”

The visit process is not only a mechanism for ensuring the training programmes meet the GOC requirements, but also a tool to help the institution. For example, a course might need more clinic space, so we would look at what improvements can be made and include these in our recommendations.”

**Visitor panel
perspective:
assuring quality
education**

The number of complaints received increased by 33 per cent in 2007/8, following decreases for the past two years.

Fitness to practise: facts and figures



Complaints received by the Council:

2007/8	172
2006/7	129
2005/6	146

The number of complaints received increased by 33 per cent in 2007/8, following decreases for the past two years.

In 16 per cent of cases the complaint was withdrawn by the complainant before reaching Investigation Committee. Of the remaining cases, 20 per cent were referred for a further action. Overall, 13 per cent of complaints received by the Council resulted in a referral to the Fitness to Practise Committee.

Over 90 per cent of complaints received came from members of the public. Optometrists were the subject of complaint in 69 per cent of cases. The remainder related to dispensing opticians (15 per cent), student registrants and bodies corporate (both four per cent).

Nearly 28 per cent of complaints related to spectacle prescriptions. Clinical matters were more prevalent than conduct issues.

Investigation Committee outcomes

No further action	76
Withdrawn	27
Performance review	2
Performance assessment	4
Fitness to Practise referral	23
Under investigation	34
No jurisdiction	6

Source of complaints:

Individuals	156
Primary care organisations	7
Registrants	3
Employers/universities	4
Counter Fraud Service	1
Police Circular	1

Subjects of complaint

Optometrists	123
Dispensing opticians	26
Student registrants	8
Bodies corporate	8

NOTE: some cases involve multiple registrants

Reasons for complaints Issues relating to:

Fraud	3
Testing of sight of unregistered	2
Convictions	5
Conduct	24
Spectacle prescriptions	48
Fitting/dispensing	10
Glaucoma	7
Cataracts	9
Contact lenses	5
Macular degeneration	8
Management of child patients	1
Macular hole	1
Retinal detachments	13
Other clinical	21
Other miscellaneous	15

Summary of hearings 2007/8

Erasure orders were made in five cases, including two cases of clinical incompetence, and three criminal convictions (sexual assault and theft). A further case of clinical incompetence resulted in a conditional registration order. One registrant was given a financial penalty order for testing sight whilst unregistered. Of four interim orders granted, three related to student registrants. Decisions and transcripts of all substantive hearings are available from the GOC website.

Erasures	5
Conditional registrations	1
Financial penalty orders	1
Interim orders (2 failed applications)	4
Interim order reviews	2
Warnings	0
Procedural hearings	16



The life of a Fitness to Practise case

In January 2008, an optometrist was erased from the register after allegations of inadequate examinations and record keeping across a period of years.

What took place in the 18 months from initial complaint to final hearing?

July 2006

GOC contacted by the Trust which contracted with the registrant. Registrant notified of the complaint (day after its receipt). Trust asked to provide anonymised patient records.

August 2006

Records received from the Trust.

September 2006

Evidence bundle collated and sent to the registrant, who is asked to provide any representations within 28 days.

October 2006

Letter returned marked: "No longer at this address".

November 2006

Witness statement obtained from the Trust. Final evidence bundle collated and provided to Investigation Committee two weeks before their meeting.

Investigation Committee refers the case to the Fitness to Practise Committee.

December 2006 – April 2007

Council's external solicitors carry out further investigations, including obtaining further witness statements, and instructing an expert witness to provide a report on the evidence.

May 2007

Investigation Committee considers solicitors' report (which recommends that the case should proceed) and draft allegation, and agrees that the case should continue. Registrant is sent formal notice of a procedural hearing.

June 2007

Procedural hearing. Directions made for the further preparation of the case and date set for substantive hearing (first available date is January 2008).

Council instructs enquiry agents to attempt to locate the registrant. Cases can proceed in the absence of the registrant if "all reasonable efforts" have been made to locate them.

August 2007

Enquiry agents report registrant may be abroad and cannot be located within the UK.

January 2008

Substantive hearing. All but one of the specific allegations found to be proved. The committee finds the registrant's fitness to practise impaired and orders that they should be erased from the register. An order for immediate suspension, pending the coming into force of the erasure order at the end of the appeal period of 28 days, is also made.

February 2008

Erasure order comes into force, no appeal having been received. Case is concluded.

As with all cases, the details of this case remained confidential from receipt of the complaint until the substantive hearing, which took place in public.

Optical Consumer Complaints Service

The GOC has been responsible for the funding and management of the OCCS since 2005. The OCCS provides an impartial mediation service between patients and practitioners to resolve consumer complaints relating to optical products and services.

Complaints received	2005	2006	2007
Oct – Dec	215	164	166
Jul – Sept	203	212	174
Apr – Jun	212	195	187
Jan – Mar	216	204	181
Totals	846	775	708

The largest number of complaints (44 per cent) related to dispensing, followed by multifocal lenses (16 per cent), contact lenses (nine per cent) and frame issues (eight per cent). Of a total 302 complaints resolved, three-quarters were resolved at either practice level or OCCS informal level.

Communications

GOC in the media

Throughout 2007/8 the communications team have been keeping registrants and partner organisations informed with regular updates to the optical press. A total of 22 press releases were distributed. We achieved 221 mentions in the optical, national and local press and responded to 128 queries from press and broadcast journalists.

Website

In October 2007, we launched the new GOC website. Since the site went live we have achieved:

- 139,955 total visits
- Average number of visits per day - 557
- Daily visits have increased by almost 50 per cent
- New visitors accounted for 47 per cent of traffic
- 56 per cent of visitors said they would visit the site again

The site receives the highest number of hits in the following countries: UK, USA and Spain.

Publications

The GOC newsletter, *Bulletin* is a key tool for keeping registrants and partner organisations in touch with GOC developments. *Bulletin* has a circulation of over 20,000 and is published tri-annually.

The GOC's 50th anniversary was commemorated with a special publication, including a historical timeline and reflections on the optical professions and regulation past, present and future.

Consultations

The GOC has consulted on a range of policy developments and initiatives over the past year. Over 170 registrants participated in an online questionnaire about the future of CET. We have also consulted widely on a new Equality and Diversity Scheme and monitoring arrangements, changes to our competency framework, and the implementation of the civil standard of proof for Fitness to Practise hearings.

Events

In the Autumn we toured the UK with a series of roadshows for first year students on GOC-approved courses in dispensing optics or optometry. We visited ten institutions to deliver a presentation about the role of the GOC, hold a student Q&A session and process registration applications.





bulletin

Optometrists win new prescrib...

bulle

Regulation refs-Trust, Assur-


bullet

strants on track fo...

1958
2002

Celebrating 50 years of o...

ecting the public



Independent auditors' report to the members of the General Optical Council

This report is made solely to the General Optical Council's members, as a body. Our audit work has been undertaken so that we might state to the Council's members 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 Council and the Council's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The members of the Council are responsible for preparing the Annual Report* and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). The Opticians Act 1989 requires the Council to keep accounts of all sums received or paid by them under the Act.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Opticians Act 1989, and whether the information given in the Report of the Council is consistent with the financial statements. We also report to you if, in our opinion, the Council has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding members' remuneration and transactions with the Council is not disclosed.

We read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. This other information comprises only the Report of the Council. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the members of the Council in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

In our opinion

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the Council's affairs at 31 March 2008 and of its surplus for the year then ended and have been properly prepared in accordance with the Opticians Act 1989; and
- the information given in the Report of the Council is consistent with the financial statements.

Baker Tilly UK Audit LLP, Registered Auditor, Chartered Accountants
2 Bloomsbury Street, London WC1B 3ST

*References to the 'Annual Report' here relate to the audited statutory Report and Financial Statements 31 March 2007, which is available from the GOC website.

Income and expenditure

	2008 £	2007 £
Turnover		
Fees	3,282,119	3,198,704
Other operating income:		
Opticians register	-	570
Sale of computer services	13,100	14,504
Other	-	30
	3,295,219	3,213,808
Operating expenditure		
Staff employment costs	1,240,769	1,035,249
Human resources costs	180,287	52,631
Business services	1,046,867	1,003,416
Registrar costs	10,060	6,991
Education	173,606	177,687
Legal services	321,499	305,161
FTP	212,538	159,157
IT services	41,109	43,160
Communications	104,773	89,313
Standards	65,301	50,430
Legislative change	57,559	-
	3,454,368	2,923,195
Operating (deficit)/surplus	(159,149)	290,613
Interest receivable and other income	236,903	211,397
Surplus on ordinary activities before taxation	77,754	502,010
Corporation tax	(51,371)	(35,372)
Surplus on ordinary activities after taxation	26,383	466,638
Transfers:		
Legal costs contingency reserve	-	-
Retained surplus/(deficit) for year	26,383	466,638
Retained surplus at beginning of year	770,509	303,871
Retained surplus at end of year	796,892	770,509

The operating surplus for the year arises from the Council's continuing operations.

No separate statement of total recognised gains and losses has been presented as all gains and losses have been dealt with in the income and expenditure account.

Balance sheet

	2008 £	2007 £
Fixed assets		
Tangible fixed assets	64,343	69,936
Intangible fixed assets	20,759	-
	85,102	69,936
Current assets		
Other debtors	22,509	17,334
Prepayments and accrued income	32,592	66,677
Building society deposits	1,204,844	1,161,908
Cash at and in hand	4,278,413	4,201,612
	5,538,358	5,447,531
Creditors: amounts falling due within one year (3,226,568)		(3,146,958)
Net current assets	2,311,790	2,300,573
Total assets less current liabilities	2,396,892	2,370,509
Reserves and funds		
Optical Education, Research and Public Purposes Fund	100,000	100,000
Legal Costs Contingency Reserve	1,500,000	1,500,000
Income and Expenditure Account	796,892	770,509
Total funds employed	2,396,892	2,370,509

The financial statements were approved and authorised by the Council on 3 July 2008 and were signed on its behalf by:

Moira Black
Honorary Treasurer

Peter Coe
Registrar and Chief Executive

Values

Our work is built on a foundation of six core values. These values are based on the Better Regulation Commission's criteria for good regulation.

Proportionate:

- We will identify and target the issues of greatest risk to public safety.
- We will remove unnecessary bureaucracy.

Accountable:

- We will seek, and respond to, the views of stakeholders and partners.
- We will consider and review the consequences of our actions.

Consistent:

- We will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.

Transparent:

- We will explain and publicise decisions, and make public, wherever possible, Council information, activities and proceedings.

Targeted:

- We will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public health and safety.

Organisational Excellence:

- We will provide good value for money.
- We will pursue high standards of customer service.
- We will ensure that the Council is a good place to work, particularly through developing and training our staff and members.
- We will promote and develop equality and diversity in all our work.

Acknowledgements:

Special thanks to all the staff and patients at Dollond & Aitchison (Regent Street, London) who feature in our photography, and to all our 'perspective' contributors.

Words

Kate Fielding, Clare Millington and Liz Carr

Photography

Jan Chlebig and Elliott Franks, archive photographs courtesy of Neil Handley, College of Optometrists

Design and print

Tangerine UK Ltd
01622623780

Promoting good eye care,
protecting the public

www.optical.org

General Optical Council

41 Harley Street, London W1G 8DJ

Telephone +44 (0)20 7580 3898

Fax +44 (0)20 7436 3525

Email goc@optical.org

Read the Annual Report? Now tell us what you think.

Feedback form

We are always looking for ways to improve our publications. To ensure we provide you with information that is relevant and interesting, we'd like to know what you think about this year's Annual Report.

1. What is your relationship to the GOC?

- Registrant (optometrist/ dispensing optician)
- Student registrant
- Optical employer/ NHS trust
- Partner organisation
- Other (please state)

2. Did you find the 2007/8 Annual Report informative?

- 1 – very informative
- 2 – quite informative
- 3 – not at all informative

3. Did the Report give you a clearer understanding of the GOC's work?

- 1 – yes
- 2 – no
- 3 – no opinion

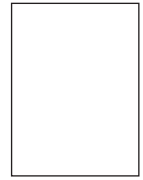
4. Did you particularly like any sections?

5. Did you dislike any sections?

6. Any other comments or suggestions on the Annual Report?

Thanks for your feedback.





GOC Communications Team
41 Harley Street
London
W1G 8DJ

