Our mission:
To protect, promote and maintain the health and safety of the public

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The past year has provided many opportunities to reflect on the Council’s fundamental purpose of public protection as the UK optical regulator.

We are the first healthcare regulator to have introduced student registration, ensuring that patients who come into contact with students as part of their training are afforded the same protection and assurances as they would have in any other clinical setting. Mandatory continuing education and training has further enhanced public confidence in the high standards of conduct and competence shown by the vast majority of eye care professionals. For the small minority of dispensing opticians and optometrists who fail to meet those standards, our new fitness to practise procedures ensure that both patients and professionals can expect timely and appropriate action.

Though it is conduct cases which grab the headlines, two of our most important roles as a regulator are setting standards and providing quality assurance for professional education. The GOC, together with the universities, colleges and partner bodies involved in providing optical education and assessment, has strengthened the competence-based framework which underpins modern healthcare practice and delivery.

The GOC plays a key role

We cannot stand still, and this year we began the process of strategic planning to assess and manage our priorities over the next five years and beyond. Those challenges and priorities are highlighted throughout this report. The optical professions face unprecedented changes in models of healthcare delivery in general, and in commercial and clinical models for optical services in particular. The Council will play a key role in determining how the professions respond to the challenges and opportunities presented by an ageing population, the extension of prescribing roles and the growth of international markets for healthcare products and services, within the wider scope of our remit for public health and safety.

The GOC has welcomed the government’s review of non-medical regulation. We highlighted opportunities to improve patient protection through more coordination and consistency between regulators, employers and other agencies involved in UK healthcare. Many of those suggestions have been included in the recommendations, which are now the subject of consultation.

I have been heartened by the effectiveness of the partnerships now in existence between the Council and the other optical and regulatory bodies, the Council for Healthcare Regulatory Excellence and the Department of Health, as well as the many voluntary and campaigning organisations that support and guide our work. Successful regulation is only possible through the genuine involvement of all our stakeholders. Last year saw the creation of a dedicated communications function, which will continue to build and enhance dialogue with our partners.

We welcome your views, and there is more information about how to contact us in this report and on the Council’s website.

Rosie Varley
Implementing changes to modernise the framework for optical regulation has demanded strength of purpose and flexibility of approach. We have had to ensure that fundamental patient protection measures are not watered down as they are put into practice, but avoid adding unnecessary bureaucracy or creating procedures which are unfair to optometrists and dispensing opticians.

Registration remains the most fundamental and tangible of our functions. New registration requirements, including compulsory professional indemnity insurance and criminal and health declarations, mean that patients can have even greater confidence in the integrity of their optometrist or dispensing optician. The strengthening of competence-based training and assessment in optometry and dispensing optics provides assurances that practitioners meet high standards before entering the registers. And mandatory continuing education and training has gone some way towards ensuring that everyone on the registers is up to date and fit to practise.

We have made real advances in modernising our investigation and adjudication procedures. In line with best practice, we have created an independent hearings panel and separated the management of hearings from investigation functions.

Our workload has increased significantly
All these measures have added significantly to an already substantial workload. Over the past year, we have made changes in the executive structure to ensure that we are able to continue to provide efficient and effective services to registrants, new applicants, partners and the public. We will continue to increase our capacity to respond to the challenges ahead.

The government’s review of non-medical professional healthcare regulation is likely to lead to further reforms at a fundamental level. We must also adapt and respond to the challenges of devolution, managing the implications of diverging models for eye care across the four UK countries. And in an increasingly global market for healthcare services, we must look beyond UK boundaries to consider regulation in European and international contexts.

The Council’s success in meeting our objectives is only possible through the hard work and dedication of our members, advisers, visitors and the staff team. I was extremely pleased this year that the GOC’s commitment to developing and rewarding our staff was acknowledged with the award of Investor in People status.

We have the resources and the vision to face future challenges with confidence.

Peter Coe
Value: Proportionate

Accountable

Consistent

Transparent
**Proportionate:** Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

We will identify and target the issues of greatest risk to public safety.

We will remove unnecessary bureaucracy.
One of the Council’s most important roles is setting the standards for entry to the optical professions. The GOC approves qualifications leading to registration which meet these standards, and carries out quality assurance visits to approved courses and examinations. In 2005/6, the Education Committee and its visitors participated in 60 quality assurance visits and meetings.

Modernising optical education and assessment

In 2005/6 UK optics started to see the results of the modernisation agenda for optical education which was started over 10 years ago.

Working in partnership with the UK optical education sector, the Council’s Education Committee has continued to implement a competence-based framework which reflects modern healthcare standards.

Core competencies required for entry to the two professions have been supplemented by the competencies required for entry to the specialist registers. 2006 will see the first optometry trainees complete the new scheme for registration instigated by the GOC and implemented by the College of Optometrists. Trainees receive ongoing assessment in the workplace against GOC defined competencies and a quarterly independent assessment by the College. The scheme culminates in a one day Final Assessment providing a ‘double check’ on the trainee’s safety to practise. The new format ensures better support and a more consistent experience for trainees throughout their pre-registration period.

Over the past year, the GOC has also been preparing for the introduction of significantly revised dispensing optics courses to be launched from September 2006. The courses and examinations will now specifically teach and examine the GOC competencies which reflect the work of the modern dispensing optician. The final assessment run by the Association of British Dispensing Opticians (ABDO) will require students to present a portfolio with a minimum number of case records in defined areas. These new arrangements will go some considerable way in preparing today’s trainees in dispensing optics for the challenges of the future, not least in communication skills, paediatrics and low vision.

Education challenges

To ensure systems for accrediting optical training and qualifications, and for continuing education, promote and maintain high standards and meet public health needs:

- Increase the rigour of CET and consider its contribution to any proposed system of revalidation
- Develop a career ladder/continuous programme of training in dispensing optics and optometry
- Enable free movement of professionals and students whilst maintaining quality standards
- Review public health priorities and promote optical education and training developments to meet current and future needs.
In April 2006, the Council became the first European regulatory or licensing body to grant partial approval to the European Council of Optometry and Optics (ECOO) European Diploma in Optometry.

European and international optical education
Defining optical core competencies has enabled the GOC to be more proactive on the European and international stage, whilst safeguarding standards for practice in the UK.

In April 2006, the Council became the first European regulatory or licensing body to grant partial approval to the ECOO Diploma in Optometry. This significant development followed an extensive programme of work to ensure the Diploma met the UK standard for optometry. Recognition for the Diploma is a step towards a harmonised optometry profession in Europe, with patients benefiting from better access to services and with the assurance of high standards of practice from all optical professionals.

The GOC handbook for the approval of schemes of assessment of overseas qualified dispensing opticians and optometrists, published in June 2005, provides a basis for considering other non-UK-based routes to registration.

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Sustaining competence

From 1 July 2005, Continuing Education and Training (CET) became a statutory requirement for continued registration. The CET scheme exists to ensure registrants maintain the up-to-date knowledge and skills they need to practise safely throughout their career.

About the scheme
Registrants must gain 36 general points and 18 specialist points where relevant over a three year cycle. Points are recorded on the CET scheme website, www.cetoptics.com.

By December 2005, around 90% of GOC registrants had set up an account on cetoptics. Over 260 providers had registered, and submitted a total of 2,600 CET events for approval, representing a significant increase from the numbers of events offered previously under the voluntary schemes.

Approximately 3,300 approved CET events were run in 2005. 477,000 points were entered on cetoptics.com.

Range of competencies covered by provision
Competency
- Ocular abnormalities
- Communication skills
- Optical appliances
- Contact lenses
- Ocular examination
- Professional conduct
- Visual function
- Contact lens practice
- Optical examination and technique
- Binocular vision
- Refractive management
- Low vision

Developing the scheme
Registrants, optical bodies, CET providers and training and education providers participated in a consultation on the future of CET in October 2005. Nearly 500 individuals participated in an online survey which sought views on key policy issues raised by the CET Audit Group.

Changes suggested as part of the consultation have been incorporated in a new set of CET Principles and Requirements and revised CET Rules, which will come into effect from 1 January 2007.
2005/6 in focus:

17,700,000 sight tests*
146 cases of concerns notified to the GOC
30 registrants referred to FTP Committee
7 registrants referred for performance assessment or review
3 interim orders for suspension from the register
1 registrant erased from the register

*Based on Department of Health figures for the year to 31 March 2005 of 11.7 million NHS sight tests, plus FODO estimate of 6 million eye tests paid for privately.
Value: Accountable

Proportionate

Consistent

Transparent
**Accountable:** Regulators must be able to justify decisions, and be subject to public scrutiny.

We will seek, and respond to, the views of stakeholders and partners.

We will consider and review the consequences of our actions.
Much has changed since the original Opticians Act (1958) in the development of the optical professions and their scope of practice. Dispensing opticians and optometrists are increasingly moving into areas of specialised knowledge, skill and activity.

Specialist registers

On 30 June 2005 amendments to the Opticians Act gave the GOC the powers to establish three specialist registers. These recognise the advanced practice opportunities for dispensing opticians who wish to fit contact lenses and for optometrists to take on additional clinical responsibilities for prescribing medicines (additional supply and supplementary prescribing). To qualify as specialists, practitioners must undertake additional study and clinical practice.

Recognised specialties are now marked against a practitioner’s name in the register, providing a ready reference for the public and other health professionals.

The contact lens optician has been a recognised specialism for dispensing opticians since the introduction of the Contact Lens Qualifications Rules 1988. The GOC continues to monitor and visit the Contact Lens Certificate examination of the ABDO at five-yearly intervals. This examination provides a common standard for this specialism throughout the UK.

In 2005/06, the GOC approved the Therapeutics Common Final Assessment for optometrists, which is run by the College of Optometrists. Registrants who are eligible to enter this assessment have completed a GOC-approved course of study as either Additional Supply optometrists or optometrists who may act as Supplementary Prescribers.

Independent prescribing of medicines

Following the extension of prescribing responsibilities to other healthcare professional groups, the Department of Health is consulting on plans to enable independent prescribing of medicines by optometrists from 2007. The GOC will play a key role informing and managing extensions to optometrists’ scope of practice to ensure public health benefits are realised safely.

Reinforcing standards

The new regulatory framework introduced in July 2005 is supported by core competencies and codes of conduct for the professions. The Standards Committee has continued to review and promote its guidance to the professions on standards of clinical performance, behaviour and ethics, and well as to monitor and advise on guidance issued by the professional and representative bodies.
Standards challenges
To ensure that standards for good practice and conduct are widely accepted, understood and followed by the eye care professions:

- Explore registration of the ‘eye team’
- Review the need for and, if appropriate, develop and consult on a proposal for revalidation of registrants
- Ensure guidance reflects learning from Investigation and FTP Committees and OCCS
- Work with optical bodies to harmonise codes of conduct and guidance.
The changing face of optics

In less than 50 years since the introduction of statutory registration for optometrists, the profession has changed dramatically.

For the first time, in 2005, more than half of registered optometrists were female. Women are now in the majority in both professions, since female dispensing opticians overtook their male counterparts in 2003. To mark the occasion, we look back on the history of women in optics.

Early days

Whilst historical records do confirm a number of women spectacle-makers during the 1820-30s, it is probable that most women in optics started out as widows who inherited their late husbands’ business. Maryann Holmes, practising in London from around 1829, was one of these enterprising professionals and businesswomen. She would have made silver ‘wig’ spectacles for the affluent, fashionable London set, and possibly steel and tortoiseshell frames as they gained popularity in later years.

Exam success

In ophthalmic optics, one of the early pioneers was Miss Adaliza Dunscombe of Bristol. Just three years after the British Optical Association introduced its first examinations in ophthalmic optics in 1895, she became the first woman to sit and pass the exam, in February 1898.

As Miss Dunscombe entered the examination hall, she was one of the privileged few who could even consider gaining professional qualifications. At that time, only close female relatives of male Association members were eligible to sit the exams. However, just after the turn of the century, the Association’s journal, The Dioptric and Ophthalmometric Review, dedicated an entire edition to women in optics. The review observed that, whilst just four practising optometrists were women, the number undertaking professional training was increasing rapidly.

Optics between the wars

By the outbreak of the First World War some 16 women were fully qualified ophthalmic opticians. The War changed social attitudes to women and work, and opened up new opportunities for women in many professions. In ophthalmic optics, this was coupled with reform of the exams system in 1923.

On the eve of World War Two, women were becoming a significant presence within the British Optical Association. Of three thousand members, there were 119 female practising members, a further 15 non-practising members, two dispensing associates and one student associate.

There were four other examining bodies for ophthalmic optics at that time and all accepted women, putting optometry in the vanguard in promoting gender equality.

Professional regulation

Despite these early advances, on publication of the first Opticians Register in 1960, there were just 137 women dispensing opticians out of a total of 873 registrants. Women optometrists were an even smaller minority, with just 276 out of 6039 practitioners.

From the introduction of registration, numbers of women in optometry increased steadily, by one or two percentage points a year. By 1970, 9% of optometrists were women, and by 1980 that figure had doubled, to 18%. The next two decades saw similar increases. In 1990, they reached 35%, rising to 45% by 2000. And finally, 50% in 2005.

Adaliza Dunscombe
Women leaders
In recent years, women practitioners have taken on some of the most senior roles in optics. The GOC currently has five women professional Council members, including Judith Morris, who is one of two female past presidents of the College of Optometry. The Council also has a female lay Chairman, Rosie Varley.

Promoting diversity and opportunity
As the regulatory body, the Council has an important role to play in ensuring that optometry and dispensing optics continue to promote equality of opportunity for all groups, irrespective of age, gender or ethnic background. We work together with training institutions, professional bodies and employers to ensure that a diverse mix of practitioners is encouraged to enter and practise the professions. By providing opportunities for all groups to offer their knowledge and skills, both in the workplace and in developing and leading the professions, we can ensure that patients will continue to be able to access high quality eye care services now and into the future.
Protecting the public

The opticians register: The number of registered optometrists increased by just over 2% to 10,419 in 2005/6, and that of dispensing opticians by 0.7% to 5,219. There were 1,147 registered bodies corporate.

The Council publishes a register of all optometrists, dispensing opticians, student opticians and optical businesses who are qualified and fit to practise, train or carry on business in the UK. The registers are publicly accessible via the Council’s website and in print.

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New registration requirements
The GOC introduced new registration requirements in 2005, designed to ensure better public protection. Practitioners must now demonstrate that they are of good character and health, that they are properly insured, and that they are maintaining up to date knowledge and skills through ongoing professional education and training.

Registrants must provide:
• Declarations relating to criminal and disciplinary proceedings
• A declaration of good health
• Details of professional indemnity insurance
• Evidence of completion of continuing education and training.

Student registration
Optometry and dispensing optics students come into contact with patients during their educational courses and vocational training. Students are now required to register with the GOC and meet ‘fitness to practise’ requirements. At 31 December 2005, there were 3,739 students on the registers.

Registering professionals qualified outside the UK
The Council registers eligible optical professionals from the European Economic Area whose qualifications and practical experience meet GOC requirements. We also register international applicants who pass the International Qualifying Examinations of the College of Optometrists and the Association of British Dispensing Opticians. In 2005/6, there were 30 applications under the EU Directives, and 28 applications under the non-EEA scheme.

Encouraging mobility of dispensing optics and optometry students and professionals can lead to better services for patients. To enhance mobility, the European Parliament published a new Directive in September 2005 on the mutual recognition of professional qualifications within the European Union. The GOC has been working with UK and European optical organisations, regulators and government bodies to ensure that systems for registering optical professionals from Europe provide the benefits of free movement without compromising our responsibilities to protect the UK public.

Registration challenges
Work with government and other regulatory bodies to harmonise requirements and systems for registration:
• Develop systems to support the move from an administrative to a strategic registration function
• Review the appropriateness of registering bodies corporate
• Implement and harmonise registration requirements for EU Recognition of Professional Qualifications Directive, and the UK Safeguarding Vulnerable Groups Bill
• Consider the need for Criminal Records Bureau checks.
Proportionate
Accountable
Transparent

Value: Consistent
Consistent: Government rules and standards must be joined up and implemented fairly.

We will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.
The GOC encourages patients and the public to notify us of concerns about optical professionals. We aim to take swift and appropriate action where a registrant's fitness to practise is impaired.

For the period 1 April 2005 to 31 March 2006, 146 cases were notified to the Council. (Comparative figures for 2004/5 were 182 cases and for 2003/4, 178 cases)

Making our procedures more accessible
Over the past year, the GOC has put in place new procedures to make it easier for patients to report concerns. In the majority of cases, initial contact is handled by phone. The investigation team take about 5-10 calls a day from people reporting problems with an optician or optical business. Calls are usually from the general public, primary care organisations, or other registrants. This initial point of contact gives people a chance to raise concerns and discuss procedure before formally notifying the Council of concerns.

Where the matters discussed do not involve fitness to practise concerns, the team helps people to find the most appropriate route to progress their complaint. Most complaints are referred to the Optical Consumer Complaints Service (OCCS) and Trading Standards (consumer queries), or to local Primary Care Trusts (NHS voucher issues).

As a result, fewer inappropriate cases are being referred to the Investigation Committee, allowing more time to concentrate on the most serious cases.

Investigating allegations
All allegations received are considered by the Investigation Committee, whose members include lay, dispensing, optometrist and ophthalmologist members of Council. The Committee considers the notification in conjunction with patient records, representations of the registrant and the patient's (or other reporting individual's) witness statement.

Significant changes have been made to the investigating process this year, to make investigations more thorough and fairer to both patients and registrants.

Since 30 June 2005, the Council has had the power to obtain original patient records from optical practices. Original documents must be sent to the Council within 14 days. The Council undertakes to process these by scanning, copying and returning within seven days.

From October 2005, the Council began obtaining witness statements prior to Investigation Committee consideration. The statements help the committee to understand the patient's concerns and give more thorough consideration to the evidence. They are also used if the case is referred to a Fitness to Practise committee hearing.
The Investigation Committee also referred three matters (two optometrists, one dispensing optician) for an interim order, all three cases resulting in a suspension order for the registrant.*

Analysis of the cases considered by the Investigation Committee this year:

- 24 cases were referred to the Fitness to Practise Committee, involving 28 optometrists and two dispensing opticians
- one optometrist was referred for a formal performance assessment
- five optometrists and one dispensing optician were referred for performance review at the College of Optometrists.

**Fitness to Practise hearings**

Since July 2005, all matters which the Investigation Committee decides require a hearing are referred to the Fitness to Practise Committee. Prior to July 2005, cases were heard by the Disciplinary Committee.

Hearings are usually held six to nine months after the date of referral by the Investigation Committee.

* Two granted in 05/06, one in June 2006.

### Criminal offences established by the Opticians Act

The Opticians Act creates four offences:

- Testing of sight while unregistered (section 24)
- Fitting of contact lenses while unregistered (section 25)
- Sales of optical appliances (usually spectacles or contact lenses) which do not meet the requirements set out in the Opticians Act and/or the Sale of Optical Appliances Order of Council (section 27)
- Use of a professional title while unregistered (section 28).

The Council has no express statutory role in prosecuting offences under the Opticians Act. However, we do take action in some cases where prosecution is in the public interest.

During the past year, the Council considered 50 potential offences (three section 24 offences, one section 25 offence, 42 section 27 offences and four section 28 offences). One prosecution was commenced (although this was later withdrawn) and 36 cases await a determination regarding whether or not proceedings should be initiated.

In order to ensure consistency and fairness when, in the future, the Council investigates potential criminal offences and considers whether to bring criminal proceedings, the Council has adopted a Protocol for the Investigation and Prosecution of Criminal Offences.

---

### 2005/2006 investigation cases

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further action</td>
<td>73</td>
</tr>
<tr>
<td>Withdrawed</td>
<td>34</td>
</tr>
<tr>
<td>Performance review</td>
<td>6</td>
</tr>
<tr>
<td>Performance assessment</td>
<td>1</td>
</tr>
<tr>
<td>Fitness to Practise referral</td>
<td>24</td>
</tr>
<tr>
<td>Under investigation</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: some cases involve more than one registrant

---

23% of cases notified to the GOC were withdrawn by the patient before reaching Investigation Committee. 30% of cases heard by Investigation Committee were referred for further action. Overall, 16% of cases notified to the Council resulted in a referral to the Fitness to Practise Committee.
Modernising optical regulation

Changes to the Opticians Act in July 2005 created an independent hearings panel, to hear Fitness to Practise cases and Registration Appeals. The move represented a critical step in separating the Council’s policy-making and investigating roles from the adjudication function. The new system protects registrants’ human rights and ensures greater transparency and accountability of judgements about registration.

Independent hearings panel

Hearings panel members were appointed following wide advertisement in the national and optical press. Lay and professional members were appointed for a term of five years, with the option to serve a further five year term. Panel members attended thorough training sessions, including case studies and legal briefings. Additional training was provided for chairs of panels.

Codes of conduct

Patients must be able to trust their optician with their well being. To justify that trust, professionals have a duty to maintain a good standard of practice and to show respect for all aspects of human life. The Council has published codes of conduct for individual and business registrants; these set out principles of good practice in professional conduct and standards.

Fitness to Practise Committee

The Fitness to Practise Committee hears cases referred by the Investigation Committee, both full hearings and applications for interim orders. The Committee also sits on procedural hearings, a new power which allows the Committee to get involved in case management leading up to a hearing, by specifying directions such as when documents should be served. It hears a wide range of cases and has the ability to impose sanctions on the registrant.

Cases heard in 2005/6 included allegations of dishonesty (eg fraudulent claims against the NHS, theft from employer, fraudulent making of records), clinical incompetence, and criminal conviction. The committee may erase a registrant from the register, suspend their registration, place conditions on their registration, or impose a financial penalty order (not to exceed £50,000).

Summary of hearings 2005/2006

<table>
<thead>
<tr>
<th>Fitness to Practise Committee (from 1 July 05)</th>
<th>Disciplinary Committee (to 30 June 05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 erasure</td>
<td>• 3 financial penalty orders</td>
</tr>
<tr>
<td>• 2 interim orders</td>
<td>• 5 charges not proven</td>
</tr>
<tr>
<td>• 1 warning</td>
<td>• 2 charges proven, no order made</td>
</tr>
<tr>
<td></td>
<td>• 1 restoration application granted</td>
</tr>
<tr>
<td></td>
<td>• 1 restoration application refused</td>
</tr>
</tbody>
</table>

Modernising optical regulation
The Council has been successful in its applications for interim orders, a new power following the changes to the Act. This gives the Council the ability to act quickly to suspend someone from practice if it is felt that public safety may be at risk, or suspension is otherwise in the public interest.

Registration Appeals Committee

The Registration Appeals Committee considers appeals from prospective student optometrists or student dispensing opticians whose application for registration has been refused by the Registrar. It also considers applications for restoration from ex-registrants who have been previously erased from the register through the fitness to practise process or removed by the Registrar.

Four cases were heard by the Registration Appeals Committee in 2005/6. Two dispensing optician applicants and one optometrist were restored to the register.

One applicant was refused entry to the register of student optometrists.

CHRE scrutiny

The Council for Healthcare Regulatory Excellence (CHRE) has the power to review any decision of the Fitness to Practise Committee. If they are concerned that a decision was unduly lenient, they also have the power to appeal the decision to the High Court. No GOC cases were appealed during the year.

Fitness to Practise – challenges

To ensure the integrity and effectiveness of Fitness to Practise (FTP) adjudication systems:

- Improve transparency of, and access to, processes for public and patients to notify the Council of concerns
- Review and develop the protocol for investigating FTP concerns notified to the Council
- Provide performance assessment, training and development for the hearings panels, and consider possible introduction of independent adjudication body
- Analyse and communicate learning from Investigation and Fitness to Practise Committees (internally, to registrants, and to persons making allegations).
Hearings panel members

Lay members
Dozie Azubike
Alan Baldwin
Helga Drummond
Alistair Graham
Margaret Hallendorff
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
In April 2005, the General Optical Council took over management of the contract for the Optical Consumer Complaints Service (OCCS). The service is funded by registrants, as part of the registration fee. OCCS provides a mediation service to help resolve complaints by patients about optical goods and services quickly and fairly.

The service received 846 complaints in 2005 (up from 782 in 2004).* Most were resolved by providing advice by phone, with the remainder handled by letter. The OCCS actively promotes learning points from its work with the professions, to help practitioners avoid common causes of problems and complaints. Serious complaints, which involve a registrant’s fitness to practise, are still referred to the GOC for investigation.

More information on the service is available from www.opticalcomplaints.co.uk

*Figures from the Optical Consumer Complaints Service Annual Report 2005
Proportionate
Accountable
Consistent
Value: Transparent
Transparent: Regulators should be open, and keep regulations simple and user friendly.

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

We are committed to working in an open and transparent way. In 2005/6 we introduced a communications strategy to develop and improve our communications with all stakeholder groups.

We consult widely on policy. Last year, we carried out public consultations on changes to our Continuing Education and Training scheme, and on the standard of proof to be used to judge the truth of facts presented in professional hearings.

Engaging with patients and the public plays a critical role in enabling the GOC to enhance public protection, and to ensure that optical regulation remains in step with public and patients’ needs and expectations. The Council works closely with voluntary and campaigning organisations representing public and patient groups with a specific interest in eyecare services, including organisations representing the visually impaired, diabetics and elderly people.

We continue to work inclusively with optical professional and representative bodies. Staff and members also cooperate extensively with other UK healthcare regulators, often through the Council for Healthcare Regulatory Excellence (CHRE), the overarching body that works to develop consistency and best practice across health regulation.

The GOC participates in the joint health and social care regulators’ Patient and Public Involvement (PPI) group. Projects this year have included a joint regulators’ information leaflet, common wording and links from each of the regulators’ websites, and the commissioning of a healthcare regulation ‘PPI handbook’.

Online access to the registers

On a normal day, between 300-500 people visit the GOC’s website, www.optical.org. Monthly average visits between August 2005 and March 2006 were 10,088.

Visitors can search the registers to find a dispensing optician, optometrist, body corporate or student registrant by their GOC registration number or surname. It is also possible to search for a practice by postcode or town name.
Value: Targeted

Proportionate

Accountable

Consistent
Targeted: Regulation should be focused on the problem, and minimise side effects.

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.
Council members
There are 28 members of Council, including nine lay members nominated by the Privy Council. Of the 15 members representing optometrists and dispensing opticians, four are nominated by the examining bodies and training institutions and 11 are elected by registrants. Four ophthalmologist members are nominated by the Royal College of Ophthalmologists.

Lay members
Rosie Varley (Chair)
Geoff Harris (Deputy Chair)
Moira Black (Treasurer)
Shaheen Chaudhry
Alastair McFarlane
David Pyle
Mike Salmon
Heather Wilcox
David Youngson

Optometrists*
Roger Anderson
Richard Broughton
Donald Cameron
Robert Chappell
Kevin Lewis
Judith Morris
Dick Roberts
Nick Rumney
Alan Tomlinson

Dispensing opticians*
Rosemary Bailey
John Baker
Jennifer Brower
Kim Devlin
John Fried
Jo Underwood

Ophthalmologists
Roger Buckley
James Dunne
Peter Kyle
Stuart Roxburgh

*or their representatives

A table showing Council members’ attendance at committee meetings is available on our website, www.optical.org
The GOC employs around 20 staff, based at our offices in Harley Street, London.

We strive to provide an inclusive, supportive working environment. We are committed to the principles of diversity and equality of opportunity. In December 2005, the Council was recognised as an Investor in People (IIP) organisation. IIP is a national standard awarded to organisations that demonstrate good practice in the management, training and development of their staff.

Registrar and Chief Executive’s office
Peter Coe
Allison Hughes

Education
Dian Taylor
Hayley Robinson
Lesa Oakley
Agnieszka Knapik

Fitness to Practise investigations and criminal prosecutions
Caroline Withall
Nirupar Uddin
Hannah Gray (from July 06)

Hearings management
David Henley

Standards
vacancy

Administration, finance, human resources
Phil Ireland
Joan Burrow
Carol Ayton
Elizabeth Chambers
Arly Nielsen (from July 06)
Georgina Devoy (from July 06)

Registration and IT
Alan Currie
Fiona Leech
Greg Baker
Karen Bush
Angie Lawson (from August 06)

Communications
Kate Fielding
Clare Millington (from July 06)
In December 2005, the Council was recognised as an Investor in People (IIP) organisation. IIP is a national standard awarded to organisations that demonstrate good practice in the management, training and development of their staff.
Proportionate

Consistent

Accountable

Value: Organisational Excellence
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, members, hearings panel and visitors.
We will promote and develop equality and diversity in all our work.
We have audited the financial statements.
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.

*References to the ‘Annual Report’ here relate to the audited statutory Report and Financial Statements 31 March 2006, which are available from the GOC website.
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 2006 and of its deficit 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, Registered Auditor, Chartered Accountants, 2 Bloomsbury St, London WC1B 3ST
## Income and expenditure

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnover</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td>3,159,466</td>
<td>2,359,631</td>
</tr>
<tr>
<td>Other operating income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opticians register</td>
<td>15,969</td>
<td>18,632</td>
</tr>
<tr>
<td>Sale of computer services</td>
<td>9,018</td>
<td>9,008</td>
</tr>
<tr>
<td></td>
<td>3,184,453</td>
<td>2,387,271</td>
</tr>
<tr>
<td><strong>Operating expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing of opticians register</td>
<td>9,760</td>
<td>10,910</td>
</tr>
<tr>
<td>Members’ fees and expenses</td>
<td>333,125</td>
<td>331,219</td>
</tr>
<tr>
<td>Staff employment</td>
<td>959,142</td>
<td>891,455</td>
</tr>
<tr>
<td>Office expenses</td>
<td>303,154</td>
<td>181,534</td>
</tr>
<tr>
<td>Legal expenses</td>
<td>252,150</td>
<td>373,394</td>
</tr>
<tr>
<td>Legal venue costs</td>
<td>56,839</td>
<td>-</td>
</tr>
<tr>
<td>Miscellaneous expenses</td>
<td>277,271</td>
<td>127,902</td>
</tr>
<tr>
<td>Depreciation</td>
<td>47,272</td>
<td>39,483</td>
</tr>
<tr>
<td>Legislative change</td>
<td>28,223</td>
<td>96,207</td>
</tr>
<tr>
<td>Revalidation consultancy</td>
<td>-</td>
<td>920</td>
</tr>
<tr>
<td>Hearing panel</td>
<td>27,942</td>
<td>96,446</td>
</tr>
<tr>
<td>Code of conduct</td>
<td>-</td>
<td>207</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>1,811</td>
<td>22,046</td>
</tr>
<tr>
<td>CET programme set up costs</td>
<td>244,395</td>
<td>27,806</td>
</tr>
<tr>
<td>CET programme development costs</td>
<td>63,670</td>
<td>73,551</td>
</tr>
<tr>
<td></td>
<td>2,604,754</td>
<td>2,273,080</td>
</tr>
<tr>
<td><strong>Operating surplus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>579,699</td>
<td>114,191</td>
</tr>
<tr>
<td>Interest receivable and other income</td>
<td>155,617</td>
<td>115,896</td>
</tr>
<tr>
<td>Interest payable</td>
<td>-</td>
<td>(85)</td>
</tr>
<tr>
<td><strong>Surplus on ordinary activities before taxation</strong></td>
<td>735,316</td>
<td>230,002</td>
</tr>
<tr>
<td>Corporation tax</td>
<td>(28,971)</td>
<td>(22,688)</td>
</tr>
<tr>
<td></td>
<td>706,345</td>
<td>207,314</td>
</tr>
<tr>
<td><strong>Surplus on ordinary activities after taxation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical education, research and public purposes fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Legal costs contingency reserve</td>
<td>(900,000)</td>
<td>-</td>
</tr>
<tr>
<td>Retained (deficit)/surplus for year</td>
<td>(193,655)</td>
<td>207,314</td>
</tr>
<tr>
<td>Retained surplus at beginning of year</td>
<td>497,526</td>
<td>290,212</td>
</tr>
<tr>
<td>Retained surplus at end of year</td>
<td>303,871</td>
<td>497,526</td>
</tr>
<tr>
<td><strong>Statement of total recognised gains and losses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus on ordinary activities after taxation</td>
<td>706,344</td>
<td>207,314</td>
</tr>
</tbody>
</table>
## Balance sheet

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tangible fixed assets</strong></td>
<td>72,203</td>
<td>91,088</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other debtors</td>
<td>13,408</td>
<td>7,032</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>73,625</td>
<td>46,027</td>
</tr>
<tr>
<td>Building society deposits</td>
<td>1,125,712</td>
<td>1,089,828</td>
</tr>
<tr>
<td>Cash at bank (deposit &amp; current accounts) &amp; in hand</td>
<td>3,245,587</td>
<td>2,705,952</td>
</tr>
<tr>
<td><strong>Creditors: amounts falling due within one year</strong></td>
<td>4,458,332</td>
<td>3,848,839</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>1,831,668</td>
<td>1,106,438</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>1,903,871</td>
<td>1,197,526</td>
</tr>
<tr>
<td><strong>Reserves and funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical education, research and public purposes fund</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Legal costs contingency reserve</td>
<td>1,500,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Income and expenditure account</td>
<td>303,871</td>
<td>497,526</td>
</tr>
<tr>
<td><strong>Total funds employed</strong></td>
<td>1,903,871</td>
<td>1,197,526</td>
</tr>
</tbody>
</table>

The financial statements were approved and authorised by the Council on 22 June 2006 and were signed on its behalf by:

**Moira Black**  
Honorary Treasurer

**Peter Coe**  
Registrar and Chief Executive

**Acknowledgements:** Special thanks to all the staff and patients at the Institute of Optometry and R. Woodfall Optometrists who allowed us to take photographs for this Report.

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**Design:** L&Co  
**Printers:** Intygra® ppl