

General Optical Council

Periodic review

2024/25

The General Optical Council regulates optical professionals, students and businesses in the UK. There are:

25,787

optical professionals, 6,748 students and 2,936 businesses on the GOC register as at 31 December 2025

This report covers
the period
1 January 2025 to
31 December 2025

Key findings and areas for improvement

Standard 3 on Equality, Diversity and Inclusion (EDI)

The GOC continues to demonstrate an ongoing commitment to EDI and performed well against this Standard, building on its positive performance from last year. The GOC addressed some of the gaps we identified last year and we identified no significant gaps or areas of concern this year. In its new guidance on *Care of patients in vulnerable circumstances*, the GOC adopted a broader definition of vulnerability than regulators have previously used. We welcome this expanded perspective on vulnerability and view it as good practice. We will continue to monitor the GOC's EDI activity, including work being done by its Unfair Outcomes Working Group and how the GOC continues to use findings from its research to inform its work.

Quality assurance in education and training

As part of an audit of Standard 9 (prompted by concerns raised by stakeholders in previous years and changes in the GOC's processes), we asked education providers about their experiences of the GOC's quality assurance processes. We received reports of slow and overly burdensome processes and concerns about the consistency of decisions. The GOC acknowledged that its performance in some areas is not what it should have been and it had already started making changes to improve consistency and efficiency. This is a transitional period, which may explain some of the feedback, but this is not the first year some of these issues have been reported to us. After balancing all of the evidence, we decided that Standard 9 is met because it is fundamentally about ensuring registrants receive robust education and training, and the evidence does not suggest failings in this regard. However, the Standard also requires processes to be proportionate and it is inherently undesirable for a process to be unnecessarily onerous. We therefore consider that improvement of this aspect is necessary and we will continue to monitor the GOC's performance in this area and the impact of the changes it is making.

Fitness to Practise investigations

We audited a sample of cases closed by the GOC during the review period to help us evaluate different aspects of the GOC's fitness to practise function, including its closure decisions and risk management. Our findings were mixed. Most cases were progressed without delay and were adequately investigated. And in most cases, the closure decision was reasonable and risks were identified and appropriately managed. However, we identified a number of areas for improvement:

- Some of the decisions to close cases at triage were premature or inappropriate.
- Risk assessments were not always completed when they should have been and some of them were case summaries rather than an analysis of case-specific risks.
- Parties were not always updated during the investigation.
- The GOC's management controls do not appear to have identified or rectified the issues our audit identified.

Most of the premature or inappropriate case closures were on cases about low-level concerns that could have reasonably been managed locally. And because most investigations were adequate and prompt, with risks being managed appropriately and we saw examples of the GOC supporting parties with sensitive case handling, we decided that the GOC met all of the Fitness to Practise Standards. However, it is clear that improvements are needed. The GOC has implemented an action plan in response to our audit findings and we will be monitoring for evidence of its impact and improvements in the areas we have highlighted.

Standards met: 18 out of 18



General Standards
5 out of 5



Guidance and Standards
2 out of 2



Education and Training
2 out of 2



Registration
4 out of 4



Fitness to Practise
5 out of 5

Previous years

2023/24
18 out of 18

2022/23
18 out of 18

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process here. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

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General Standards

In this section:

Standard 1 (accessible information)

Standard 2 (clear about purpose)

Standard 3 (equality, diversity and inclusion)

Standard 4 (reports on itself and addresses concerns)

Standard 5 (consults with stakeholders)

1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GOC provided information about its work this year in various ways, including by publishing a wide range of information on its website including news articles and blogs; sharing information through its social media channels; and issuing a new edition of its FtP Focus newsletter. It also delivered a lecture at 100% Optical 2025 on “GOC & OCCS complaints – top tips to reduce the risk of being struck off.”
- 1.2 We received feedback from a range of the GOC’s stakeholders, including professional bodies, education providers, a government department and a charity. Education stakeholders felt that the GOC’s communications and information-sharing could be improved. Other kinds of stakeholders were more positive about this aspect of the GOC’s work, noting that the GOC shares information widely and describing the GOC’s communications as helpful, clear and a particular strength.

Conclusion: We did not identify any concerns about the accuracy or accessibility of the information published by the GOC this year. We received some concerns about the GOC’s communications and information-sharing, but these were confined to its education processes and we have considered these concerns in more detail under Standard 9. Other stakeholders were very positive about the information the GOC provides in other areas of its work. On balance, we are satisfied that this Standard is met.

2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GOC’s Corporate Strategy 2025-30, which came into effect on 1 April 2025, has three strategic aims with a focus on public protection:
 - Creating fairer and more inclusive eye care services.
 - Supporting responsible innovation and protecting the public.

- Preventing harm through agile regulation.

2.2 We continue to monitor activity related to the GOC’s 2022 call for evidence on the Opticians Act and associated GOC policies. The GOC issued the call in order to inform its preparations for regulatory reform. This year, the GOC published:

- Its response to its consultation, and updated proposals, on business regulation.
- Research on risks related to separating components of sight tests, which was commissioned to inform a decision on whether to update its 2013 statement on testing of sight. The GOC hosted a roundtable discussion with stakeholders in October 2025 to inform its decision on next steps.

Conclusion: The GOC continues to have clear objectives in place that are aligned with public protection. We are satisfied that this Standard is met.

3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

3.1 This year, we have continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. Our assessment of the GOC’s performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality Diversity and Inclusion (EDI) across its regulatory activities.

3.2 The GOC continues to have clear governance, structures and processes in place to guide, monitor and embed its EDI activities. It has demonstrated an ongoing commitment to EDI through:

- Its corporate strategies, its new EDI Strategy 2025-30 and its annual EDI action plans, all of which are regularly reviewed, updated and publicly reported on. It also published a new EDI Policy to further support its EDI work.
- The continued use of its internal staff networks to raise awareness and embed EDI across the organisation, which we highlighted as good practice last year. Topics this year included men’s mental health and suicide prevention and the importance of social mobility.

- The continued use of Equality Impact Assessments (EIAs) to identify and address impacts on different groups. It published EIAs with its new EDI Policy and in connection with its consultations on new guidance (on sexual boundaries and patients in vulnerable circumstances); business regulation; and CPD reform.

3.3 The GOC also recognises the importance of collecting and analysing diversity data. It collects and publishes diversity data every year on its employees and members/workers.¹ Response rates to the GOC’s data collection have fluctuated in recent years, but the GOC has a workstream dedicated to continuous improvement in this area. We encourage the GOC to continue taking steps to improve the response rates, but recognise it cannot completely control them.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.

3.4 The GOC has standards for each of its three registrant types: *Standards of Practice for Optometrists and Dispensing Opticians*; *Standards for Optical Students*; and *Standards for Optical Businesses*. The GOC updated all three sets of standards in January 2025, introducing strengthened EDI requirements.

3.5 To support the changes to the standards, the GOC published updated **CPD guidance for registrants** and two new guidance documents: ***Maintaining appropriate sexual boundaries***; and ***Care of patients in vulnerable circumstances***.

Good Practice

The GOC’s new guidance on *Care of patients in vulnerable circumstances* adopts a broader definition of vulnerability than regulators have previously used, recognising that vulnerabilities can arise from circumstances, not just personal characteristics, and can change over time. We welcome this expanded perspective on vulnerability and view it as good practice.

3.6 The GOC also sets the *Requirements for Approved Qualifications in Optometry or Dispensing Optics*, also known as the education and training requirements (ETR). The ETR requires education providers² to ensure students gain experience of different settings and a diverse range of patients. Providers must also take account of EDI considerations in its processes and provide appropriate reasonable adjustments for students. The GOC checks

¹ This group includes Council, Committee members and clinical advisors.

² Organisations or institutions that deliver qualifications leading to registration with the GOC (also known as “approved qualifications”).

providers continue to meet the ETR through its annual education monitoring and reporting process.

3.7 Some education providers told us that the GOC made changes to the EDI data it collects as part of the annual monitoring progress without prior consultation or proper explanation. The GOC has committed to working with education providers to refine its approach for next year and has recruited a data scientist to assist with improved data collection and analysis.

3.8 Last year, we reported an opportunity for improvement under this outcome because, aside from setting the standards mentioned above, there was limited evidence of the GOC supporting and encouraging registrants to improve their EDI knowledge and skills. It did not prescribe CPD topics for registrants or produce, or signpost them to, resources on EDI, which some other regulators do.

3.9 The GOC made improvements in this area this year with the following changes that should prompt and support registrants to improve their EDI knowledge and skills:

- the updated standards for registrants contain strengthened EDI requirements that registrants must meet;
- the updated CPD guidance for registrants highlights the key changes to the standards and prompts registrants to undertake more CPD activities in these areas;
- the new guidance on *Maintaining appropriate sexual boundaries* and *Care of patients in vulnerable circumstances* is aimed at supporting registrants in meeting the new standards.

3.10 The GOC's CPD Rules 2021³ require it to approve and audit CPD providers and the CPD events they deliver. Consequently, the GOC does not deliver its own CPD events. However, the GOC has committed to exploring the possibility of signposting registrants to resources on EDI. Given the findings from some of the GOC's recent surveys,⁴ we welcome this intention. We also consider the GOC could use its influence and oversight of CPD providers to encourage them to provide content that supports registrants to improve their EDI skills and knowledge.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

³ [The General Optical Council \(Continuing Professional Development\) Rules Order of Council 2021](#)

⁴ The GOC's 2025 registrant survey showed little change in attendance rates (14-18%) for EDI-related CPD activities compared to last year. The same survey found similar numbers of registrants continue to experience harassment, bullying, abuse or discrimination. And the GOC's 2025 public perceptions survey found 12% of respondents felt they were treated less favourably due to a range of personal characteristics.

- 3.11 We saw examples of the GOC continuing to collect, publish and analyse data in different areas of its work to identify, and address, the potential for unfairness in its processes and decisions:
- After the GOC removed desirable criteria from job adverts, it reported there was an increase in the number and diversity of applicants for member vacancies, which are decision-making roles.
 - The GOC’s Unfair Outcomes Working Group, which was established last year, undertook an initial analysis of existing FTP data. The findings prompted the Group to commission a more in-depth analysis, including on intersectionality, to support the GOC’s understanding of how different characteristics may shape experiences in its process. We will monitor the outcomes of this important work.
 - The GOC conducted an evaluation of the 2022-24 CPD cycle which included an EDI analysis. Male, white, older registrants were overrepresented among those who failed to meet their points requirements but the GOC’s analysis did not suggest any significant disproportionality of outcomes, with the caveat that the analysis was limited by the small numbers involved.
- 3.12 Last year, we noted that some,⁵ but not all, of the GOC’s FTP guidance addressed allegations of discriminatory behaviour. We said the GOC’s guidance for Case Examiners and the Investigating Committee could be strengthened because they did not mention these types of allegations. This year, the Investigating Committee guidance remains the same, but new ***Guidance for Case Examiners*** took effect from December 2025. This guidance now includes a section on factors to consider when dealing with allegations of discriminatory behaviour. The GOC is updating its Indicative Sanctions Guidance, including to expand the existing section on allegations of discrimination. The updated version was not published during the review period.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

- 3.13 This year, the GOC:
- Sought feedback from diverse stakeholders through its consultations and annual surveys. It used the findings of its annual surveys to inform other relevant areas of its work including: its response to its consultation on business regulation; its evaluation of the CPD 2022-24 cycle; what topic to choose for its first thematic review; and its new draft guidance on care of patients in vulnerable circumstances.

⁵ The following guidance documents all mentioned allegations of discriminatory behaviour: *Triage decision-making guidance* (Aug 2020); *FTP Operation Manual* (June 2018); and *Hearings and indicative sanctions guidance* (Dec 2021).

- Commissioned and published qualitative research on the lived experiences of patients and non-patients accessing and using eye care services and of registrants' experiences of harassment, bullying, abuse or discrimination at work. These pieces of research were prompted by findings from the GOC's previous annual surveys and were designed to give the GOC a greater understanding of the experiences of these groups and the impact on them. The GOC will use the findings, together with the findings from their annual surveys, to inform the work it does to create fairer and more inclusive eye care services. We will monitor the work that arises from this research.
- Continued working with other regulators and organisations on EDI, including through attendance at the Joint Healthcare Regulators EDI Forum, a cross-regulator race equity roundtable and an antisemitism all-party roundtable at Westminster.

Conclusion: The GOC continues to perform well against this Standard, building on its positive performance from last year. There are no significant gaps or areas of concern and we were satisfied that the GOC meets all four outcomes and the overall Standard.

4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

4.1 Last year we commended the GOC for proactively sharing information with us about serious incidents and noted this was indicative of an organisation with a mature approach to self-reporting and learning from incidents. The GOC continued this approach this year, notifying us of a small number of events that occurred, and explaining what it had done in response and the learning it had taken from them.

4.2 The GOC also:

- Continued publishing regular reports on its financial and operational performance, including quarterly reporting on internal key performance indicators (KPIs) for registration and FTP functions and the number of corporate complaints received and resolved.
- Acted on a Prevention of Future Deaths report relating to driver requirements for sight tests by discussing the issue at the Optical Sector Policy Forum, engaging with government officials and using social media to remind registrants of its existing guidance on when to report patients who are unfit to drive. The GOC continues to actively monitor, and engage with, sector activity in relation to the issue.

Conclusion: The GOC continues to report on its performance and acts on concerns about it. It also monitors and, where appropriate, acts on developments in the wider healthcare landscape. We are satisfied that this Standard is met.

5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

5.1 This year, the GOC:

- Issued a public consultation on new draft guidance and a targeted consultation with key stakeholders on minor changes to its Indicative Sanctions Guidance.
- Published its responses to last year's consultations on business regulation and a change to its process for serving documents for fitness to practise hearings. Its response to the consultation on business regulation was also informed by research with the public, which the GOC commissioned because it correctly anticipated that most respondents to the consultation would be registrants or representative organisations. We welcome the GOC's foresight in anticipating this and the steps it took to obtain a wider range of views to inform its final proposals.
- Ran its annual surveys of registrants and the public. It also ran its second annual survey of business registrants, but (as mentioned under Standard 3) due to another low response rate has decided it will not repeat the survey in its current form and will explore other ways of engaging with, and obtaining the views of, businesses.
- Commissioned and published research on the lived experience of:
 - registrants, to understand more about the impact of harassment, bullying, abuse and discrimination at work; and
 - patients and the public, to understand more about the barriers to accessing and using eye care services.
- Was part of a cross-sector working group that established and launched a set of common principles to support effective patient consent.⁶
- Used information gathered through surveys and other engagement activities to choose the topic for its first thematic review: commercial practices and patient safety.
- Continued to contribute to a sector-wide eye care workforce data modelling tool, which was commissioned by the College of Optometrists last year and updated this year.

⁶ **Launch of consent principles.**

What we heard from stakeholders

In recent years we have received very positive feedback about the GOC's approach to consultations and other engagement activities. Feedback this year was more mixed, although the concerns were mostly confined to the GOC's education function.

Stakeholders reported a good working relationship and dialogue in a range of areas. Several of the GOC's consultations were well-received. The GOC was described as "Easily accessible for advice and guidance" and "extremely receptive" to changes. One stakeholder supported the GOC's work "to take on board the needs of patient groups including disabled people by running more surveys and research."

There was appetite amongst some stakeholders for more engagement with the GOC. One stakeholder indicated they would welcome more clarity on the action taken by the GOC in response to matters raised with them.

Stakeholders in the education sector reported ongoing frustrations with the GOC's communications, timeliness of responses and support/guidance for education providers. These themes have been considered in further detail under Standard 9.

Conclusion: We have seen multiple examples throughout the year of the GOC consulting and working with a range of relevant stakeholders to identify and manage risks to the public in respect of its registrants. Stakeholders identified some areas for improvement, and some of their comments are considered further under Standard 9. We encourage the GOC to consider this feedback and what steps it can take in response. However, we were satisfied that the GOC's overall performance across its different functions was positive and decided this Standard is met.

Guidance and Standards

In this section:

Standard 6 (maintains up-to-date standards)

Standard 7 (provides guidance to help registrants)

6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 As we reported last year, on 1 January 2025, the GOC launched updated versions of its three sets of standards for registrants: *Standards of Practice for Optometrists and Dispensing Opticians*; *Standards for Optical Students* and *Standards for Optical Businesses*.

- 6.2 The new standards retain the previous overarching standards but include new components designed to:
- strengthen EDI requirements;
 - cover the use of digital technologies;
 - cover boundaries and appropriate behaviour towards colleagues as well as patients and the public;
 - address online communications.
- 6.3 The GOC raised awareness of the changes through its registrant bulletins, on social media, in the trade press, via email to key stakeholders and on its website. It also produced videos for students and fully qualified registrants and carried out a series of engagement events about the new standards. Registrants were required to confirm they have read the new standards when they renewed their registration.

Conclusion: The GOC has introduced strengthened requirements around EDI, boundaries and appropriate behaviour. These changes should help ensure that patient and service user centred care and safety are prioritised. The GOC has also aimed to update and future-proof its standards by including elements on the use of digital technologies. We are satisfied that this Standard is met.

7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 The GOC continues to publish guidance and position statements on its website. This year, it:
- Updated its guidance on: consent; disclosing confidential information; the duty of candour; and its *Speaking up: guidance for registrants* to reflect the changes to the standards for registrants (mentioned under Standard 6).
 - As mentioned under Standard 3, published new guidance developed to support the new standards: one on maintaining appropriate sexual boundaries; the other on care of patients in vulnerable circumstances.
 - As mentioned under Standard 2, is progressing work on whether to update its 2013 statement on testing of sight. It published research on risks related to separating the components of the sight tests and its next step will be to obtain stakeholders' views to inform its decision.

Conclusion: The GOC provides guidance for registrants and we continue to see examples of it seeking to ensure its guidance is up to date, addresses emerging areas of risk and prioritises patient and service user centred care and safety. We are satisfied that this Standard is met.

Education and Training

In this section:

Standard 8 (maintains up-to-date standards for education and training)

Standard 9 (effectively quality-assures education provides and training programmes)

8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1 The GOC's current education and training requirements (ETR), *Requirements for Approved Qualifications in Optometry or Dispensing Optics*, have been in place since March 2021. Since their introduction, education and training providers have been working to adapt their existing qualifications to meet the new standards, and this process is nearly complete. The GOC expects to receive adaptation plans from the four remaining qualifications by Spring 2026. The GOC is developing mitigation plans in case of any delays.
- 8.2 The first cohorts of students to start qualifications under the ETR began their studies in September 2023 and are expected to graduate in Spring 2027.
- 8.3 In 2028/29, the GOC plans to begin a longitudinal research impact study on the effectiveness of the ETR. We welcomed these plans last year and said we would monitor this work. In the meantime, we have seen no evidence to suggest the standards have become out of date or that they do not prioritise patient and service user care and safety, either since their introduction, or since students commenced their training under the ETR.

Sector Partnership for Optical Knowledge and Education (SPOKE) Knowledge Hub

- 8.4 When the GOC introduced the ETR, it commissioned SPOKE to develop a Knowledge Hub of resources to support providers to meet the ETR. The commission was initially for three years but, in July 2025, the GOC extended it for a further three years.
- 8.5 This year, the Hub published a report on fitness to train and reasonable adjustments and an online toolkit on supporting learners studying specialist qualifications with diverse experience and skills.
- 8.6 The Hub, and the extension to the contract, has been well-received by the GOC's stakeholders and we welcome the GOC continuing to support providers in this way.

Conclusion: Students have now started qualifications that have been adapted to the GOC's updated education and training requirements. No evidence has emerged to suggest that the requirements are out of date or that they do not prioritise patient and service user care and safety. We are satisfied that this Standard is met.

9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

9.1 The GOC is transitioning between two quality assurance processes. Qualifications that met the GOC’s previous education standards and are being ‘taught out’ are being assessed against the GOC’s previous quality assurance processes, which are set out in its handbooks. Qualifications that meet the new ETR will be subject to the GOC’s new Quality Assurance and Enhancement Method (QAEM).

9.2 In light of those changes, and because of feedback we have received in recent years from stakeholders about the proportionality and transparency of the GOC’s processes, we carried out an audit under this Standard. This involved a review of internal and published documents and feedback from education providers.⁷

Our audit findings

9.3 Education providers gave mixed feedback about their experiences of the GOC’s quality assurance processes. The GOC was receptive to the feedback⁸ and started making changes in addition to ones already planned or in progress. The main themes we identified are detailed below.

Timeliness

Providers reported slow responses from the GOC while being given relatively short deadlines to respond to requests for information. Providers also noted that the GOC’s UK Optical Education sector report is published too late each year for changes to be implemented before the next reporting period.

The GOC acknowledged its timeliness has not met expected service standards, and attributed this to a combination of factors, including operating both the previous and new quality assurance processes in parallel during this transitional period and additional demands on resources due to significant interest from new programmes. The GOC has made changes to its annual monitoring process that are designed to improve consistency and efficiency. As it transitions to the new QAEM it is focused on identifying efficiencies in its processes and it is restructuring its Education team to include additional resource.

⁷ Where relevant, some of the feedback we received during the audit is mentioned under other Standards.

⁸ We shared the feedback in an anonymised form with the GOC for comment.

Transparency

Some providers said that communication about certain aspects was clear or slightly better than previously experienced. But others said that processes and their associated timelines are not always clear. Providers would welcome more and/or clearer guidance on the: new QAEM; the difference between guidance and requirements; the minimum number of patient episodes; and staff-to-student ratios. We understand SPOKE has agreed to undertake work to produce guidance/support for providers on staff-to-student ratios.

The GOC publishes a range of information and reports on its education function and quality assurance activity, although we noted there is little published about the timelines for the different processes. The GOC considers it provides a high level of transparency through its published information, individual meetings with providers and other engagement such as its annual education provider day, quarterly attendance at meetings of the Optometry Schools Council, its Sector Strategic Implementation Steering Group (SSISG) and SPOKE. It did not publish timelines for its adaptation processes but instead met with most providers to arrange individual timelines based on the needs and complexities of each qualification. It told us it has started sharing expected timelines for key decisions and quality assurance activities with providers and has committed to sharing timely updates and information about key milestones for the delivery of the remaining elements of the QAEM.

In the second half of our review period, we received reports that some providers are starting to see changes and signs of improvement, including better overall engagement.

Proportionality

One provider felt the GOC was taking a lighter-touch approach to qualifications that are being taught out, but others felt the approach was disproportionate to the level of risk. Some documentation requests were described as excessive, onerous and not always explained. Some providers reported receiving duplicate requests for information they had already submitted to the GOC.

The GOC told us that, based on responses it received from education sector stakeholders about how to assess qualifications being adapted to the new ETR, stakeholder comments about the approach being disproportionate to the risk do not reflect the general sector view. Nonetheless, it recognised that operating two parallel processes during this transitional phase could understandably cause concern among providers about duplication and proportionality. It also did not dispute that some of its old processes are unduly burdensome. It has made, and continues to make, changes designed to streamline processes and improve proportionality – for example changing its interim visit process in December 2024. It acknowledged that providers may not yet be feeling the benefits of recent changes and its communication with providers about the changes to the interim visit process should have been better.

Consistency

Providers were concerned by perceived inconsistencies in the GOC's quality assurance processes, citing inconsistencies in the information providers have been asked to submit and differing expectations from the GOC's Education Visitor Panels.

The GOC recognised the challenge in maintaining consistency across a wide range of education providers and qualification systems. It has multiple mechanisms in place intended to ensure consistency, including: decision-making frameworks; clear recording of visits, recommendations and decisions; transparent reporting; and regular meetings and communications with Education Visitor Panels. The GOC noted that, as each decision turns on its own facts, what may appear to be different treatment may be justified in the circumstances. It also highlighted that providers may be seeing differences in treatment as a result of this being a transitional period and these perceived inconsistencies may reflect improvements resulting from its new approach.

EDI data collection and analysis

The GOC made changes to the EDI data it requested as part of its annual monitoring this year. As mentioned under Standard 3, providers said the GOC did not consult them or explain the changes prior to making them. Providers said a more collaborative approach could have identified and addressed some challenges arising from the changes as not all institutions collect the data in the categories or format requested by the GOC. Some providers also expressed the view that the GOC's data analysis could be improved.

The GOC said the gathering of additional EDI data is important and it plans to continue enhancing its requirements to help drive improvements to data collection and analysis. The GOC recognised that collecting and supplying the data was more difficult for some providers and said it does not penalise providers where data is not shared for legitimate reasons. In response to the feedback, the GOC committed to working with the Optometry Schools Council and the Opticians Academic Schools Council to refine its approach next year. It has also recruited a data scientist to enhance its internal capability and improve its data collection and analysis.

Conclusion: We carefully considered the range of evidence on this Standard. Some education providers have found the GOC's quality assurance processes to be slow and overly burdensome and some have concerns about the consistency of decisions. The GOC acknowledged that its performance in some areas is not what it should have been. This is a transitional period, which may explain some of the feedback, but this is not the first year some of these issues have been reported to us. There is a risk that an overly robust or burdensome process could start to compromise the delivery of education and training, but we have seen no evidence of this. Nor is there any evidence to indicate that the issues reported by providers have led to students or trainees failing to meet the GOC's registration requirements or that the GOC has failed to take action when its assurance

activities identify concerns. As this Standard is fundamentally about ensuring registrants receive robust education and training, and the evidence does not suggest failings in this regard, we concluded that the Standard is met. However, this Standard also requires processes to be proportionate and it is inherently undesirable for a process to be unnecessarily onerous. The GOC has started taking steps to improve this aspect, but we consider further improvement is necessary and will continue to monitor the GOC's performance in this area and the impact of the changes it is making.

Registration

In this section:

Standard 10 (maintains and publishes an accurate register, including restrictions on practice)

Standard 11 (registration process operates fairly and effectively)

Standard 12 (risks to public from those using protected title is managed)

Standard 13 (ensures registrants continue to be fit to practise)

10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

10.1 The GOC met this Standard last year, but our decision was finely balanced because of three separate issues with the accuracy of its register.

10.2 This year, in addition to our usual register checks,⁹ we carried out additional checks on entries relating to interim order hearings. We checked 89 entries and identified no inaccuracies. We have not seen any other evidence to indicate any errors and the GOC did not notify us of any (as they did last year).

Conclusion: Last year, there were a small number of errors in the GOC's register which indicated failures in the GOC's controls to ensure the accuracy of its register. We have not seen a repeat of those errors this year, which provides assurance that the GOC has rectified the issue. We are satisfied that this Standard is met.

11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Registration processing times

11.1 The GOC continues to process applications for registration promptly. The median processing time from receipt of completed application form was one

⁹ Each year, we check the accuracy of register entries relating to all appealable fitness to practise hearing decisions.

week for applicants who qualified within the UK and less than one week for international applicants.

Current arrangements for individuals who qualify overseas as optometrists

Individuals may apply to the GOC for an assessment of equivalence to stage 1 and 2 competencies (under the ‘old’ quality assurance handbooks). If successful, the GOC will recommend to candidates that they may apply for admission to the College of Optometrists’ Scheme for Registration. Successful completion of the Scheme leads to eligibility for registration with the GOC. The changes brought about by the 2021 ETR mean the College’s Scheme for Registration will in time cease to exist.

Changes to international registration process

11.2 When the GOC introduced new education and training requirements (ETR) in 2021, it was recognised that this would lead to changes in the route to registration for applicants who qualified outside the UK.

11.3 Last year, the GOC consulted on proposed changes. This year, it commissioned an **evaluation of non-UK qualifications against the ETR**, which identifies four different groups of international applicants (for optometry)¹⁰ and sets out the registration requirements for each of them. In summary:

- With immediate effect, candidates who have completed a qualification that matches or exceeds the ETR are eligible for direct entry to the GOC register (Group 1). This currently only applies to qualifications from Canada and the USA.
- Other candidates must either demonstrate sufficient clinical experience to qualify for direct entry (Group 2A) or complete a “short” (Group 2B) or full (Group 3) GOC-approved qualification. The exact route available depends on the extent of the shortfall between the candidate’s qualifications and experience and the GOC’s ETR. The GOC expects providers will start delivering the new “short” qualifications from September 2026.

¹⁰ The GOC did not conduct a similar exercise for dispensing opticians because it receives very few international applications from this group.

- In exceptional circumstances, the GOC may consider applications for a candidate with sufficient experience and additional qualifications to be placed in a different group, including direct entry to the register. The GOC is developing its plans and documentation for this part of the process. We welcome this flexibility but there is a need for criteria or guidance to ensure consistency in decision-making on applications citing exceptional circumstances. We also note that a blanket approach can create a risk of bias in the system, which may be addressed by the flexibility in the process, but that the GOC should nonetheless be cognisant of.

What we heard from stakeholders

We received feedback about certain aspects of the new arrangements, including: a lack of clarity on who will be responsible for admissions screening; what appear to be new restrictions on the use of Recognition of Prior Learning (RPL); and potentially inadequate requirements for some candidates who only need to provide proof of practice for one year within the last ten.

We also received feedback about a specific example of the GOC's handling of an application to join the Scheme for Registration.

11.4 In response to the stakeholder feedback, the GOC confirmed that:

- It will manage applications for direct entry to the register, but education providers will be responsible for admissions decisions when a candidate applies to complete one of their qualifications.
- Education providers will continue to be able to use RPL in their admissions decisions.
- The one year in ten practice requirement is not new and reflects the benchmark set out in the European Communities (Recognition of Professional Qualifications) Regulations 2017 from when the UK was part of the EU. The GOC has other eligibility criteria that operate alongside the one-year practice requirement, including a letter of good standing or a solemn declaration (depending on whether the applicant was previously regulated) and employer references. In time, the GOC plans to review its eligibility criteria to ensure they continue to be appropriate.

11.5 We took account of the feedback relating to the GOC's handling of an application to join the Scheme for Registration. But we also noted that, during this review period, the GOC assessed 176 applications from candidates who qualified overseas, 101 of whom were advised to undertake additional education and training and we have received no other concerns about the GOC's handling of applications of this type. We also noted that the Scheme for Registration will cease to operate in due course.

Conclusion: The GOC currently has a layered process in place for candidates who qualified outside the UK and we have no concerns about how it operates. It is introducing changes to its process and we received concerns about certain aspects, which we carefully considered. The concerns relate to a very small number of cases in an area of relatively low risk (given that international candidates form less than 2.5% of the GOC’s register). This is a period of change and change can often come with challenges. The GOC appears to be adequately navigating these challenges: it is aware of potential issues and is taking steps to address them. We decided this Standard is met and we will monitor the transition to the new process.

12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 We have been monitoring the GOC’s performance against this Standard in recent years because in June 2022 it updated its *Illegal Practice Protocol* and it was taking longer to close these types of cases. Last year, almost all cases were closed within six months and there were no trends or evidence to indicate the GOC was making inappropriate decisions or failing to manage risks arising from illegal practice.
- 12.2 This year, the GOC sustained its performance: it consistently closed all illegal practice cases within six months of receipt; it closed more cases than it received each month and there have been no significant changes or discernible trends in the outcomes of these types of cases since the GOC updated its *Illegal Practice Protocol*.

What we heard from stakeholders

Two stakeholders reported that the GOC appears reluctant to act on reports of illegal supplies of contact lenses and spectacles. Where matters relate to businesses outside the UK, one stakeholder suggested the GOC could notify the regulator/authority in the relevant jurisdiction.

Stakeholders also raised these points directly with the GOC in response to its consultation on business regulation.

- 12.3 The GOC’s *Illegal Practice Protocol* sets out its approach to cases about illegal supply of contact lenses and spectacles and matters outside UK jurisdiction:
- “Cases involving illegal sales of contact lenses and spectacles (online and/or physical sales) may be most effectively dealt with by Trading Standards given their range of statutory powers. We will close our case

once a referral to Trading Standards has been made and ask to be notified of the outcome.”

- “If concern against non-UK business or individual and cannot be referred elsewhere, close as outside jurisdiction of UK courts.”

12.4 The GOC’s **response to its consultation on business regulation** addressed the points raised by stakeholders. It said:

- Its proposed new model of business regulation would require online sellers based in the UK to register with the GOC if they are providing restricted functions. This would make them subject to the GOC’s standards.
- It did not consider it appropriate to write to other countries’ authorities about sellers based in other jurisdictions, as this is not part of its remit and it must apply registrants’ funds towards its statutory purposes. It also understands that other countries’ authorities would have no basis for taking action if the businesses are complying with their domestic legislation.

12.5 The GOC’s response to its consultation also addressed calls for it to become a thought leader and innovator in this area and confirmed it continues to be “part of inter-regulatory groups led by government bodies and the PSA that discuss online sales and new technologies.”

Conclusion: In terms of timeliness and throughput of cases about illegal practice, the GOC’s performance has recovered and was sustained this year. We have not identified any concerns about the outcomes in these cases. Stakeholders raised concerns about inaction in certain types of cases, but the GOC’s remit is limited in these areas. The GOC has considered stakeholders’ views and we think it has reached a reasonable position. It is not complacent about the risks identified by stakeholders and has included proposals for business regulation which would increase its oversight of online sales. It also continues to collaborate with relevant organisations on managing future risks arising in this area out of new approaches and new technologies. We are satisfied that this Standard is met.

13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

13.1 The GOC operates a three-year Continuing Professional Development (CPD) cycle. The 2022-24 period was the first cycle of a new scheme which saw the introduction of new requirements for a personal development plan and reflective learning and allowed more self-directed learning.

13.2 As the end of the 2022-24 cycle approached, the GOC implemented learning from challenges that arose at the end of the 2020-22 cycle, including improved internal collaboration, streamlined templates and extra staff resource. It reported that the end of the 2022-24 cycle largely ran smoothly with all key milestones met on time.

- 13.3 The GOC evaluated the 2022-24 cycle and overall concluded that it was successful, noting that fewer registrants failed the requirements compared to the previous cycle. It also identified areas where further support or intervention may be needed in future cycles, such as to help improve registrants' confidence in completing self-directed CPD.

What we heard from stakeholders

Stakeholders identified positive aspects about the GOC's CPD activities this year as well as some areas that could be improved.

An information session for CPD approvers and a webinar for CPD providers were well-received and one stakeholder described the CPD audit of providers as "a fair system that was efficient, structured and measured".

One stakeholder felt that carrying out CPD audits in the first year of a three-year cycle was too early. Another stakeholder felt the GOC's approach to dealing with perceived failures to comply with the CPD requirements could be more reasonable and understanding, including providing alternative routes and more flexible deadlines for challenging decisions to remove registrants from the register.

- 13.4 The new cycle started on 1 January 2025. The GOC updated its *CPD guidance for registrants* and its *CPD guidance for providers* to highlight and reflect the changes made to its standards for registrants.
- 13.5 The GOC launched a consultation in January 2026 on potential reforms to its CPD scheme, some of which will require legislative change. No changes will take effect before 2028 so these are long term plans that we will monitor as they progress.

Conclusion: We welcome the work done by the GOC to evaluate the impact and success of its new CPD scheme and identify learning for future cycles. Some stakeholders have identified areas where the experience for registrants could be improved and the GOC may want to consider these points, but none of the comments suggests that the GOC's CPD requirements are disproportionate. We are satisfied that this Standard is met.

Fitness to practise

In this section:

Standard 14 (anyone can raise a concern about a registrant)

Standard 15 (timeliness of fitness to practise process)

Standard 16 (fitness to practise decisions are fair and proportionate)

Standard 17 (regulator identifies and prioritises cases posing a serious risk)

Standard 18 (all parties involved in the process are supported)

14. The regulator enables anyone to raise a concern about a registrant.

- 14.1 The GOC's ***How to raise a concern webpage*** says anyone can raise a concern and provides information about the types of concerns the GOC can (and cannot) investigate. People can submit their concerns online, by email or by telephone. There are links to further guidance and information about how to complain and how the GOC deals with complaints.
- 14.2 We reviewed data from this year about the number of cases closed at triage and the number progressed to investigation. It did not give rise to any concerns and showed similar rates of closure and investigation as last year.
- 14.3 As part of our audit of the GOC's FTP function this year, we reviewed a sample of cases closed at the earliest stages of the FTP process – at triage, and under the GOC's Registrar Closure policy (introduced at the end of 2023).¹¹

Our audit findings

- 14.4 We reviewed 29 of the 140 cases closed by the GOC at the triage stage between 1 January 2025 and 30 April 2025, and all six of the cases closed under the Registrar Closure policy.
- 14.5 The GOC receives referrals from a range of different sources, such as patients, relatives/friends of patients, employers, colleagues and self-referrals. We saw nothing to indicate that concerns from particular sources were treated or considered differently.
- 14.6 We considered that 10 of the 29 decisions to close a case at triage were premature or inappropriate because the GOC had not gathered enough information before making the decision and/or the closure reasons were flawed. Most of these cases were about relatively low-level concerns or concerns that could have reasonably been addressed or managed locally. It is possible that further enquiries in some of these cases may have established closure was the appropriate outcome but because they were closed early, we could not be certain. This meant we could not always be assured that the outcomes in these cases were sufficient for public protection or to maintain public confidence in the GOC.

¹¹ Usually, cases that meet the GOC's Acceptance Criteria for investigation are referred to the CEs/IC for consideration. The Registrar Closure policy enables the GOC to close cases without a referral to the CEs/IC if new information is received during the investigation that indicates the concern no longer meets the GOC's Acceptance Criteria. We had no concerns about the content of the policy when it was introduced but have been monitoring for any evidence of its impact. Since its introduction, the GOC has applied the policy to relatively few cases so there has been limited evidence of its impact available to date. Our audit enabled us to assess the use of the policy in greater detail.

14.7 The GOC had several management controls in place, such as regular case reviews and decision approval processes, but these did not identify and rectify the flaws we identified.

We had no significant concerns about the way the GOC was applying its Registrar Closure policy. In all six cases, the GOC gathered enough relevant information to reach an informed and reasonable decision and we thought closure under the policy was reasonable in all but one of the cases. As we only disagreed with one decision, we did not consider this indicated wider concerns about the GOC's application of its Registrar Closure policy.

GOC's response to our audit findings

14.8 The GOC accepted our audit findings regarding these early decisions, and developed and began implementing an action plan, which included:

- refresher training for relevant GOC staff
- regular case discussions to embed understanding and share learning
- a new triage decision template with supporting guidance
- senior oversight of all triage decisions on a temporary basis while improvements are embedded
- enhanced quality assurance activity and dip sampling to measure the impact of the action plan.

14.9 The GOC also indicated that its triage appeals process provides some assurance about the quality of its triage decisions because it receives relatively few appeals. Recent data shows it receives appeals about approximately 5% of triage decisions.

Conclusion: Our decision on this Standard was very borderline. Our audit found that about one third of the GOC's triage closure decisions were premature or inappropriate. We were also concerned that the GOC's previous controls, which were in place for three quarters of the review period, did not identify the issues we identified through our audit. The GOC was responsive to our audit findings and, around the last quarter of the review period, started implementing what appear to be specific, measurable and robust controls, including permanent changes to its quality assurance processes. We have not had concerns about this aspect of the GOC's performance in recent years, including when we last audited its FTP function. We also noted that most of the premature or inappropriate closures were about low-level concerns that could have reasonably been managed locally. Given most of the early closures were about low-level concerns, we decided that this Standard is met. However, we will be monitoring this area closely to ensure the changes made by the GOC are effective.

15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate

evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

- 15.1 There are two aspects to this Standard: investigation processes and timeliness. The GOC has continued implementing changes designed to improve both, and this year:
- Completed its FTP Improvement Programme 2022-25 which included: the rollout of a new Case Management System to support investigations; the introduction of in-house advocates to present hearings; and implementation of a third-party service level agreement.
 - Transitioned to its Improvement Programme 3.0 which will run from 2025-28 and include work aimed at improving support for parties, reviewing interim order (IO) processes and implementing learning from its Unfair Outcomes Working Group (mentioned under Standard 3).

What we heard from stakeholders

We heard mixed feedback about the GOC’s investigation process. One said it “seems very fair.” Another cited examples of discrete issues it had raised with the GOC over the year, but they also told us the GOC has been engaging with them on most issues.

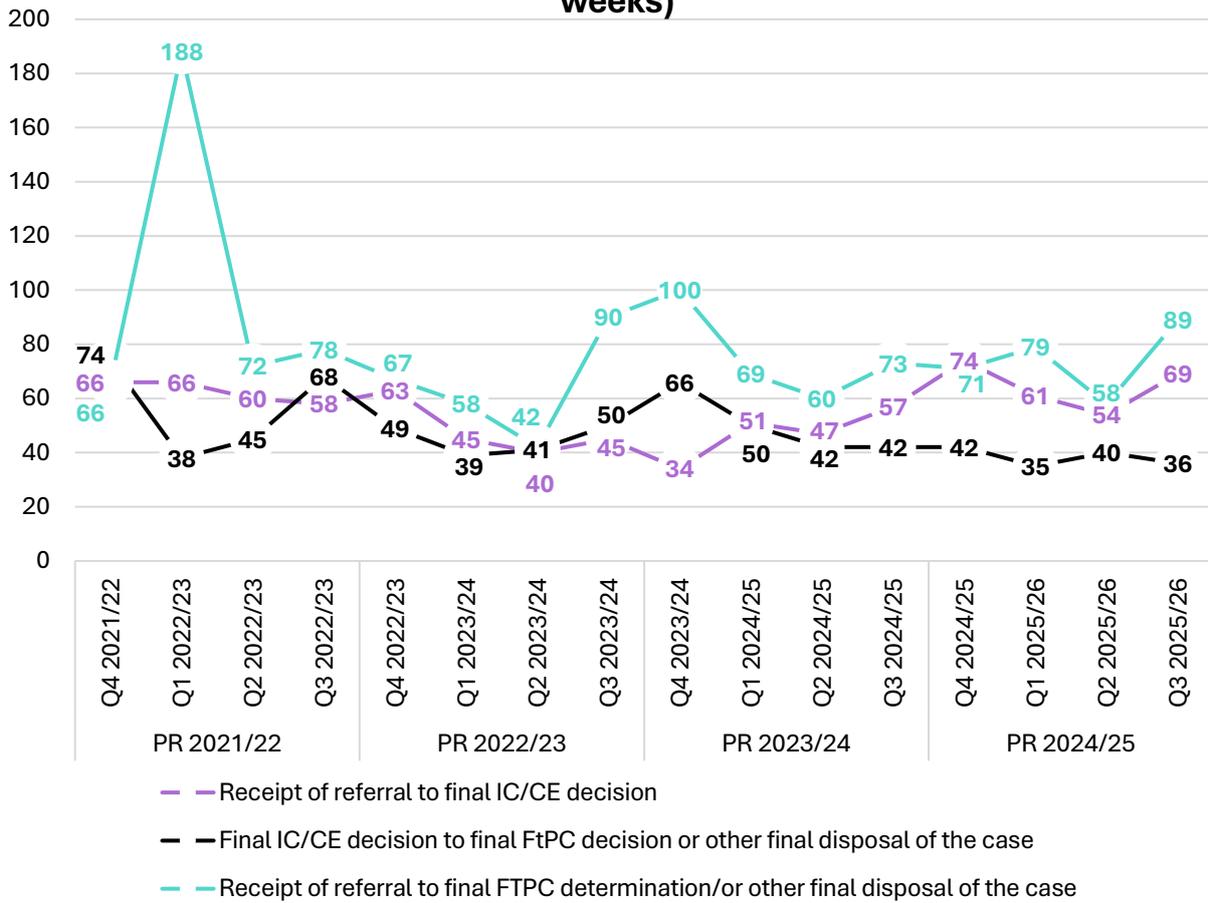
Stakeholders reported concerns about delays in investigations and education providers who responded to our survey for Standard 9 specifically mentioned lengthy delays in student cases and the impact this can have on a student’s wellbeing.

Data on timeliness of investigations

- 15.2 Figure 1¹² shows that, compared to last year, the GOC has taken slightly longer to progress cases from referral to IC/CE, but the other key timeliness measures are similar to last year, when the GOC met this Standard. The GOC’s timeliness data remains among the best of the ten regulators we oversee.

¹² PR = performance review.

Fig. 1 Median time taken for key timeliness measures (in weeks)



Student cases

15.3 Prompted by the stakeholder feedback we received, we asked the GOC to provide us with separate data on student fitness to practise¹³ cases. Since 2022/23, referrals about students have accounted for 6-8% of the GOC’s overall referral numbers. The data shows:

- Most student cases are closed at the earlier stages of the FTP process. Since 2022/23, the annual median time taken to close student cases at the earlier stages has ranged from four to 21 weeks. This is shorter than the annual medians for all cases closed without a referral to the FTFC.
- Very few student cases proceed to a hearing before the Fitness to Practise Committee and, as with all cases, timeliness is sometimes impacted by factors outside the GOC’s control (such as criminal investigations or High Court proceedings). Since 2022/23, the annual median time taken to conclude student cases that went to a FTFC hearing has ranged from 95 to 176 weeks. This is longer than the annual median for all cases.

¹³ These are also referred to as ‘fitness to train’ cases.

15.4 The case numbers are too small for us to draw any definitive conclusions. And our audit sample only contained two student cases so we cannot draw wider inferences or conclusions from what we saw in those cases. However, we encourage the GOC to consider what steps it can take to ensure all types of cases are progressed as promptly as possible. We will continue to monitor the data on timeliness.

Our audit findings

15.5 Our audit included a review of the GOC's process documents and internal guidance. We did not identify any concerns about the processes in place.

15.6 Our audit sample comprised 29 cases closed at triage and 10 cases that progressed to investigation (and were subsequently closed at a later stage).

15.7 In addition to the findings reported under Standard 14, we found that:

- All 10 cases that progressed to investigation were adequately investigated with the GOC gathering enough relevant information to reach an informed and reasonable decision.
- Most cases were progressed without delay and we saw the GOC using a variety of techniques to progress cases promptly, such as giving deadlines when requesting information, chasing information promptly and escalating to senior colleagues when parties were not responsive.
- There were avoidable, significant¹⁴ delays in nine cases.

GOC's response to our audit findings

15.8 The GOC highlighted several changes it has made that should help improve the quality of its investigations and the timeliness of case progression. It:

- Has expanded its regular management quality assurance checks to include reviewing the robustness of case reviews at investigation.
- Created a new team of in-house advocates which should support improved case progression, allegation drafting and evidence gathering.
- Delivered training on good practice in taking witness statements which should improve efficiency of this investigative step and therefore overall case progression.

Conclusion: The GOC progresses most cases without significant delays and in most of the cases we reviewed we saw evidence of fair and proportionate processes and adequate investigations. We concluded that the Standard is met, but note there are some areas for improvement, including the quality of some triage investigations, management controls and the timeliness of a small number of student cases. We also encourage the GOC to continue listening to its stakeholders, but also acting on the feedback it receives. We will continue to

¹⁴ Multiple delays of more than two weeks and/or one or more lengthy delays.

invite, and monitor, feedback from stakeholders about their experiences and will also monitor the impact of the GOC's improvement measures.

16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

- 16.1 The GOC uses a variety of controls to ensure the quality of its decision-making including: training and guidance for staff and decision-makers; management review and approval processes; an appeals process for triage and Registrar Closure decisions; regular internal audits; a Decision Review Group (DRG) to identify and share learning; and quarterly meetings with FTP stakeholders.
- 16.2 In addition to the audit findings reported under Standard 14 about triage and Registrar Closure decisions, we took account of the following evidence:
- **IC/CE decisions:** We saw no evidence which raised concerns about the GOC's CE/IC decisions.
 - **FTPC decisions:** This year, as in previous years, our Section 29 reviews identified very few concerns about the GOC's FTPC hearing decisions. The GOC notified us of 55 appealable decisions and we appealed none. We identified good practice on one case and learning points on six cases. The GOC consistently engages with our feedback on decisions and identifies and implements learning from it.

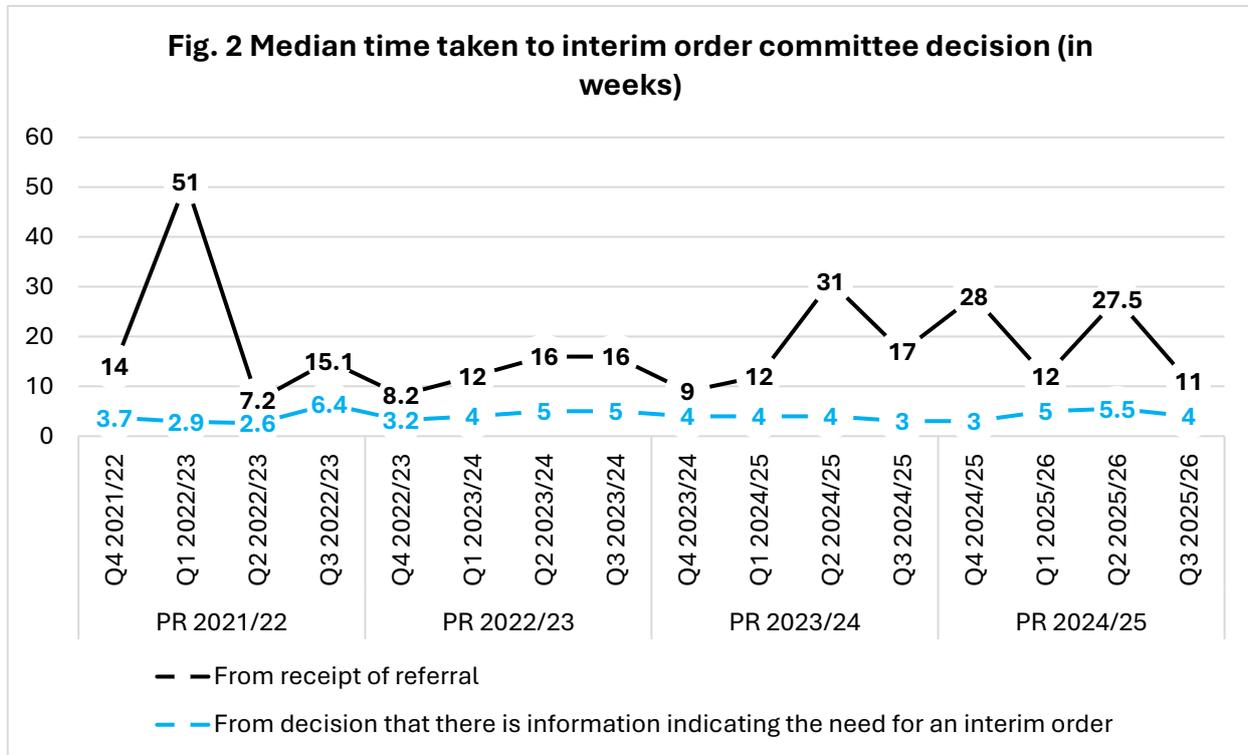
Conclusion: There is evidence of robust decision-making at FTPC hearing stage, and a lack of concerns about IC/CE stage. Most of the earlier stage decisions we reviewed in our audit, including Registrar Closure decisions, were reasonable, but we had concerns about some triage decisions and management controls do not appear to have been effective at ensuring robust decisions were consistently made at this stage of the process. This is clearly an area where improvement is needed. However, the relatively low number of appeals about triage decisions provides some assurance that most of the GOC's triage decisions are reasonable. As we also have no significant concerns about the other two main decision points in the GOC's FTP process, we concluded that this Standard is met overall.

17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Timeliness of interim orders

- 17.1 The data on timeliness does not give rise to concerns. Figure 2 shows that the GOC continues to act promptly when it receives information suggesting a risk to the public. It shows some quarterly fluctuations in the time taken

from receipt of referral to interim order committee decision but this is not uncommon for regulators with smaller caseloads as one or two cases can have a significant impact on the median. The peaks this year in Q4 2024/25 and Q2 2025/26 reflect eight and six cases, respectively. Our audit findings, discussed below, provide a more detailed insight into the GOC’s risk management.



Our audit findings

- 17.2 Our audit sample comprised 18 low risk cases, 17 medium risk cases and four high risk cases. It also included three of the four cases subject to an interim order at the time they were closed during our review period. Our findings were mixed.
- 17.3 We saw evidence of regular risk assessments being completed and in most cases we were satisfied that the GOC identified and managed risks appropriately, such as by flagging high-risk cases on allocation, promptly obtaining further information on serious cases, and considering, or applying for, an interim order.
- 17.4 However, risk assessments were not always completed when they should have been, such as on receipt of new information, and some risk assessments we saw were case summaries rather than an analysis of the case-specific risks.
- 17.5 We identified unmanaged risks to the public in three cases, although in one of these cases the unmanaged risks arose more than two years before the review period.

GOC's response to our audit findings

17.6 The GOC:

- Told us it had already introduced new risk assessment guidance in August 2025.
- In October 2025, conducted a management review of all risk assessments on triage cases closed since April 2025 and shared learning with the team.
- In the last quarter of 2025, started regular “huddles” in its triage team and “coaching clinics” in its investigation team to strengthen identification, assessment and management of risk, and appropriate recording of the same.
- Temporarily introduced a senior review of all triage decisions, including the quality of risk assessments. The GOC told us that this would be replaced in February 2026 by a new approach to case reviews, preceded by a management “deep dive” into a sample of cases. The GOC will also conduct quarterly dip-sampling of cases and results will be reported to the Senior Management Team.
- Shared a summary of its most recent FTP audit,¹⁵ which looked at 131 decisions made between April 2024 and March 2025. It found substantial compliance with the GOC's statutory obligations and only one case where the decision potentially gave rise to risks to the public.

17.7 We welcome the steps taken by the GOC, including its new risk assessment guidance as this should support improvements. The new guidance is more comprehensive than the guidance that was in place for the cases we audited, although it could be strengthened further by expanding the list of standard risk factors caseworkers should be alert to as it remains more limited than those used by some other regulators.

17.8 We acknowledge the findings of the GOC's own audit. However, there is a limit to the weight we can attach to this evidence as we have not seen the full report and the focus of the audit was different to our own audit.

Conclusion: Our audit highlighted that improvements are needed in the quality and timeliness of some of the GOC's risk assessments. However, it also provided assurance that, in most cases, the GOC is identifying and prioritising serious cases appropriately. The GOC's own audit provides some further, albeit limited, assurance of the GOC's performance against this Standard. And the data shows the GOC continues to act promptly when it identifies risks in cases. On balance, we concluded that this Standard is met. Next year, we will monitor for evidence of improvements in the areas highlighted by our audit.

¹⁵ The GOC commissions an external law firm to conduct an annual audit of its FTP decisions.

18. All parties to a complaint are supported to participate effectively in the process.

Support for parties

18.1 The GOC has the following arrangements in place to support parties to participate effectively in the fitness to practise process:

- A new Customer Care Charter, launched in March 2025, with accompanying service level agreements.
- Published guidance and information about its fitness to practise processes on its website and social media channels, tailored for different audiences where appropriate.
- An FTP Focus newsletter for registrants published at least twice a year. The July 2025 edition was on the role of the Triage team and the Optical Consumer Complaints Service (OCCS).
- A best practice standard for stakeholder support, introduced for caseworkers in July 2024. It explains why supporting stakeholders to a case is important and provides practical tips and factors to consider. It also notes that a Stakeholder Handling Plan may be necessary where stakeholders have additional needs or vulnerabilities.
- Its new Case Management System will automate some previously manual tasks, enabling enhanced management oversight and allowing staff to focus on other case progression and customer service activities.
- A partnership with Victim Support, launched in August 2025, which focuses on providing independent help to all parties involved in FTP investigations.
- Quarterly meetings with the Defence Stakeholder Group (DSG) and an annual business registrant event where feedback, views and information can be shared.

Our audit findings

18.2 Our audit findings were mixed. We saw:

- Examples of sensitive case handling, including consideration of the wellbeing of the parties.
- Parties being asked at the outset (via the GOC's referral form) about their communication preferences and any required adjustments.
- The GOC's template investigation letter sets out estimated timeframes for the investigation and explains when the GOC will provide updates (however this was only sent if a case progressed past triage).

- Evidence of regular contact with the case parties for at least part of the duration of the case and contact was usually within or just outside the GOC’s internal target for updating parties (every three months).

18.3 However, we also saw:

- Six cases with one or two instances where the GOC had no contact with one or more parties for over five months. In some cases, contact was either instigated by the other party or because the GOC needed information. Regular case reviews took place but do not appear to have been effective in ensuring parties were always kept updated.
- Four cases where the GOC did not notify one or more parties of the outcome and eight cases where the GOC took over a month to share the outcome.
- Twelve cases where the GOC did not clearly and transparently explain why the case was closed. This is an area we flagged for improvement when we last audited the GOC in 2021/22. The GOC was responsive and took steps to address our feedback but our findings this year suggest more needs to be done.
- The introductory correspondence could provide more comprehensive information about the triage process and better manage expectations by explaining the next steps to be taken, estimated timeframes, how decisions will be made and when the GOC will provide updates.

GOC’s response to our audit findings

18.4 The GOC:

- Developed an action plan in response to our audit findings which includes: work to update its triage guidance on party updates; a review of stakeholder support mechanisms; and the development of a framework for updates at investigation stage, tailored to stakeholder needs and informed by a review of triage and investigation cases conducted by the GOC in the last quarter of 2025.
- Shared up-to-date data showing it provided updates every three months in over 80% of cases between April and September 2025.
- Used its annual business engagement day in November 2025 to improve understanding of the types of referrals it can deal with and the information it needs to progress cases. It also shared the findings from the Witness to Harm research¹⁶ to help improve employers’ understanding of the need for support for witnesses through the fitness to practise process.

Conclusion: Our audit found that the GOC did not always provide updates to parties – a key tool for supporting parties during the process – and its management controls do not appear to have been effective at identifying and addressing these

¹⁶ <https://wels.open.ac.uk/research/projects/witness-harm-holding-account>

issues when they occurred. While most updates were within or just outside the GOC's internal targets, this means contact with parties was typically every three to four months. Some may consider this to be a long time so we would encourage the GOC to ensure it manages people's expectations from the outset of a case. The GOC has a variety of mechanisms in place designed to ensure parties are supported to participate in its fitness to practise process and we saw evidence of this taking place in our audit. On balance, we decided the Standard was met overall. We will monitor the impact of the GOC's action plan in addressing the areas identified for improvement.

Quick links/find out more

- Find out more about our [performance review process](#)
- Read the [GOC's 2023/24 performance review](#)
- Read our [Standards of Good Regulation](#)
- Read our [new evidence framework for Standard 3](#)