The Status of EDI in Local Optical Committees

by Farah Awan for LOCSU in support of LOCs

December 2022

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LOCSU Foreword

Equality, diversity and inclusion (EDI) are embedded at the heart of Local Optical Committees (LOCs). LOCs, as formal bodies established by statute, support and represent all NHS primary eyecare contractors and performers equally. Similarly, optometrists and dispensing opticians in LOC areas across the country provide high quality eyecare to meet the needs of all patients, irrespective of background. In the words of the NHS Constitution:

'The NHS provides a comprehensive service, available to all. It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.'[1]

In recognition of this, and in response to LOC member requests, during 2022 LOCSU undertook an LOC EDI research project. This report is the product of that research project, forming part of LOCSU's wider commitment to best practice LOC EDI. More than two hundred LOC members engaged in compiling evidence underpinning this report, testament to the importance and value LOC members place in EDI. This commitment was further demonstrated by the fully subscribed EDI plenary and workshop sessions at NOC 2022 where delegates engaged in discussion, sharing and learning on this important topic.

There is much to welcome in this report. Notably, an overwhelming majority of LOC members report they have not experienced barriers to joining their LOC and they feel empowered to contribute to discussions. The fact that all respondents feel their opinions and thoughts are respected and listened to during dialogue with LOC colleagues is an LOC success story. This demonstrates that EDI is truly embedded within LOC practice and LOCs should justly celebrate these findings.

However, there are some areas of concern. Despite the positive findings above, it is concerning that over one-fifth of LOC members do not believe their committee to be representative of local contractors and performers and one-quarter of LOC members do not consider that their LOC is representative of the local population. There is also a notable age disparity between the wider workforce and LOC membership: younger professionals are choosing not to join LOCs resulting in a lower percentage of members under 35 years of age relative to workforce statistics.

LOCSU commissioned Farah Awan, BOptom, MCOptom, MPA to conduct this independent research, culminating in the compilation of this report and Farah's professional recommendations. Farah is a member of the NHS London Workforce Race Equality Standard (WRES) working group and is committed to improving and implementing EDI across the optical workforce. She is an editorial board member for Acuity, a College of Optometrists facilitator and visiting Associate Lecturer at ARU. LOCSU extends sincere thanks to Farah for her expertise, diligence, and thoroughness in developing this report and a series of recommendations for further consideration.

As a final word: we hope that LOCs will find this report informative and that it will be utilised as a catalyst for consideration to further improve EDI within LOCs. LOCSU extends our thanks to everyone who took time to contribute to this important research and we look forward to supporting LOCs with future EDI workstreams to make this research and recommendations a reality. As mentioned, EDI is at the heart of LOCs and with EDI increasingly at the forefront of NHS planning and priorities it is correct that LOCs set the bar high, leading by example as representatives of the entire profession.

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December 2022

Introduction

This document provides an overview of how the protected characteristics as listed in the Equality Act 2010 are represented within the current make up of Local Optical Committees members, together with how equality, diversity and inclusion (EDI) are currently promoted at committee level. Recommendations are made to address the broader issues arising from this preliminary research and the document concludes with a summary of results and a snapshot into member opinions of how LOCSU can further assist LOCs when providing support and training on the subject of EDI.

The Equality Act 2010 'protects people from discrimination in the workplace and wider society' and prohibits direct and indirect discrimination together with harassment and victimisation.[2,3] The Act covers nine protected characteristics which are age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.[4] These nine characteristics have been used as pillars within the research to understand EDI within LOCs.

Equality means fairness of opportunity for an individual within their workplace.[5] Diversity is the recognition that people are different and have different approaches to decision making whilst inclusion is valuing those differences and creating a sense of belonging and an environment where people can achieve their potential regardless of their background.[6]

EDI is a tenet within all workplaces as well as forming a part of the professional guidance for both optometrists and dispensing opticians. The College of Optometrists guidance states that '*You must treat your colleagues fairly. You must not allow your personal views to adversely affect your relationship with them. You must not discriminate against colleagues on the grounds of one or more of the protected characteristics*',[7] whilst the General Optical Council, with whom all practising optometrists and dispensing opticians are registered promotes equality, inclusiveness and values diversity.[8]

A diverse team creates value, as well as promoting personal health and wellbeing through clear communication, by being inclusive and reducing bias.[9,10] This leads to productive committees that will be in a position to effectively represent their contractors and providers, together with creating better patient outcomes.

Looking to the future, as the personnel of the optical profession changes, together with the dynamics of population being served, it is important to have agile guidance and mindset to recognise and take advantage of opportunity to implement EDI within all decision-making processes and create equitable outcomes for all those involved.

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LOCSU and Local Optical Committees

The role of LOCs is defined in legislation as representative bodies for optical contractors and performers within geographical areas. They support local contractors and performers in these localities across a wide range of issues regardless of employer/business type or background. LOCs are funded via statutory levies on General Ophthalmic Services NHS sight test payments.

Research

To understand the diversity of professionals working within LOCs, an electronic survey was sent to all LOCs supported by LOCSU in England over a three-week period in summer 2022 with a total of 205 responses received. These responses have been analysed to inform an initial set of recommendations to assist LOCSU in supporting LOC membership, together with the practitioners and populations that LOCs serve, whilst also supporting the delivery of EDI outcomes consistent with the Equality Act 2010.

It is understood that although this is a small sample size in comparison with the breadth of the optical profession, it is unique, and sets a precedent for further research to be undertaken within LOCs to further understand these findings. With regards to previous research undertaken within in the ophthalmic and medical fields, it is understood that although there may be some overlap with GOC, NHS and England/UK workforce diversity data, the latter cannot be used as a benchmark when analysing these results. However, as a large proportion of committee members (95%) are either optometrists or dispensing opticians, GOC data have been considered to make comparisons as needed with regards to member diversity.

Key Findings

LOC entry, diversity and inclusion

LOCs are welcoming to new members. 94.6% of members do not experience any barriers to joining their LOC. Although many LOC members have been the subject of discrimination in the workplace, the overwhelming majority (96.1%) have not experienced any form of harassment, negativity or microaggressions from fellow committee members. 100% of respondents feel that their opinions and thoughts are respected and listened to during dialogue with LOC colleagues.

Just over two thirds of those surveyed feel that the LOC recruitment process takes diversity into account and that inclusion is generally fostered at committee level. 98.5% of members feel empowered to contribute to decision making within their committees with the exception of 1.5%, all of whom are women.

LOC roles

The majority of the respondents are elected committee members not in the posts of (Vice) Chair, Treasurer, Secretary etc. 15% of responses are from LOC Chairs and 78.5% of LOC members identify as optometrists. The latter is a reflection of the current ratio of optometrist and dispensing optician as elected committee members as advised by LOCSU

Gender, sexuality, disability and race

With regards to gender there is a relatively even split of males to females, with a slightly lower proportion of women. 91.2% of LOC members identify as heterosexual/straight whilst 2.9% identify as lesbian, gay, bisexual, trans, questioning plus (LGBTQ+). These figures are in line with those estimated in the UK in 2020.[11] However, only 4.9% of LOC members consider themselves to have a disability which is in stark contrast with data from Scope that identifies 21% of working age adults as disabled.[12] 80% of LOC members with a disability do not consider their disability a barrier to the LOC recruitment and application process. Committee members are not as diverse with regards to race and 75.6% of LOC members are white, however this figure requires interrogation as it is important to consider regional variations with regards to the population and workforce in which the LOC is established. 90% of people identifying as BAME do not feel there are any barriers to joining the LOC as a result of their background. Overall LOCs are welcoming to new members and 94.6% of members respond that they joined their LOC without any barriers as a consequence of their background

Representation of contractors and performers and the general population

78.5% members feel their LOC is representative of its contractors and performers. Although 21.5% of members disagree with this opinion, 83.9% of members are in agreement that inclusion and diversity are employed when making decisions that impact their represented contractors and performers.

With regards to the population represented by LOCs, 74.2% of LOC members feel their committee is representative of the local population. 82.9% of members are satisfied that inclusion and diversity are applied when making decisions which affect the population covered by their LOC.

The Future

This initial research has gained insight into LOC EDI and how it currently applies to LOCs and LOC members within the scope of the Equality Act 2010. Further research may be required on a granular level to understand the needs of each LOC.

Demographic data with regards to the area served would make LOCs further aware of the populations they cover, together with the needs of members, contractors and performers in those localities. Gaining knowledge of why certain groups are underrepresented and the barriers they face in joining LOCs will assist in recruiting a diverse committee in areas where populations, contractors and performers are not proportionately represented. For instance, in regard to disability, understanding the types of disability which those in the LOC workforce experience, can help LOCSU support LOCs to meet the needs of members with a disability and prevent it from being a barrier in the recruitment and retention process. Similarly, by recruiting more members in the under 35 age group, many of whom feel that more needs to be done to incorporate inclusion and diversity in the delivery and provision of services, will allow equitable delivery of services and create an inclusive vision for future leadership.

In the short term it is advised that LOCs consider implementing EDI training for prospective, new and present members delivered either online or in a conference/workshop format.

In the medium term it is advised that a framework be created to support LOCs with the following aims:

- ➢ LOCs pay due regard to EDI when considering how they represent contractors, performers and populations that they serve
- ➢ Ensure that LOCs benefit from varied, inclusive inputs and avoid 'group-think' as far as possible

- Remove any barriers or perceptions of barriers to entry and guarantee equality of opportunity and a level playing field for all those who wish to become members and officers of LOCs. To reinforce this commitment, consider implementing an EDI statement in the LOC constitution
- Ensure that diversity also leads to inclusion at LOC level and that all voices are heard
- Understand the importance that the Government, NHS, and other stakeholders place on EDI
- Encourage LOCs to incorporate EDI at each stage of the decision-making process.

Long term interventions will need to be timely and gradually incorporated as a shift in thoughts, culture and behaviour through acknowledgement and recognition of present and future actions as systems change. This process will need to be supported through education and training exercises that allow recognition and acknowledgement of behaviour and actions through informative and sensitive means. Further research should be considered on how LOC members can be supported to incorporate EDI at every stage in the LOC decision-making process. Future research and intervention to strengthen the role of EDI in the optical workforce will benefit from cooperation and communication with stakeholders that support the LOC workforce.

Recommendations

Remove barriers to joining the LOC as a consequence of background

LOCs are welcoming to new members which is really positive and reflects well on LOCs and the wider primary eyecare sector. 95% of those surveyed experience no barriers to joining the LOC. This figure is 100% for those over age 65 and at 90% for those with a disability. However, it is concerning that 50% of those not married/in a civil partnership said having children was a barrier and 23% of people observing a religion said race was a barrier. Recommendations:

Provide further support for those with children and who might be single parents, by scheduling meetings at locations which are easily accessible and within the proximity of childcare services or with consideration of peak times for childcare commitments. Provide a hybrid option to accommodate virtual meeting attendance when childcare is not accessible or available.

With regards to race, recognise and acknowledge biases, then integrate training as part of future LOC training programmes for all present, prospective and new committee members to act upon when interacting with colleagues and making decisions.

Have an EDI resource pack for new members.

Have a direct email or physical contact for confidential discussion to support members and to provide advice if new or potential members feel they have been prevented or discouraged from joining the LOC as a consequence of their background.

Support diverse leadership

Respondents by ethnicity are 76% White, followed by 23% of people who are of Asian background. There is an increased gender divide in BAME members whereby 60% of this characteristic are male. There is only one response from a person who is Black. There is no response from anyone who is Chinese. Committee member and Chairs are well split by gender. 55% of Chairs self-describe as female and 45% as male. 65% of Chairs are White and there are no people with a disability in any positions of leadership. Recommendations:

Encourage people of all backgrounds to join LOCs and particularly stand for leadership positions, with an emphasis on those with protected characteristics as per the Equality Act 2010. Actively engage with, include and encourage participation in decision making with people from underrepresented backgrounds for improved and informed local decision making, particularly in locations where LOCs are representing higher populations of people with protected characteristics.

Access locality EDI data with regards to the geographical areas being represented to identify and ensure increased equity in representation of populations, contractors and performers.

Actively create a culture of equal opportunities to lead projects regardless of background both in the present and the future

Over three quarters of LOC members have had the opportunity to lead projects at LOC level. Two thirds of those under 35; and one third of those without children and those not married have not had the opportunity to lead projects. Although the number of people who are LGBTQ+ responding is small, 50% have not had an opportunity to lead. The majority of people say this lack of opportunity is not because of their background, or state the reason as being they are new members, together with a couple of members who have actively chosen to not take the lead. Recommendations:

Maintain a secure database accessible to all members naming which member is leading which project and who is assisting in these projects. Have the LOC secretary or an allocated LOC member to lead on and identify which members have not led projects. For those members who are new, have an experienced LOC member 'buddy' to guide them through the leadership process.

LOC members to have an opportunity to partake in the LOCSU leadership course together with external leadership courses.

Implement EDI into succession planning. Create leadership opportunities for the future by starting with the present.

Guarantee that thoughts and opinions are respected and listened to

91% of all those surveyed answered 'yes' as being satisfied that their thoughts and opinions are respected when interacting with LOC colleagues. 9% state that this is only the case 'on occasion'. It is reassuring to know that none state the answer as 'no'. This is similar across all demographics with the exception of people who are LGBTQ+ and with a disability, 100% of whom are secure that their thoughts and opinions are listened to. Recommendations:

Committees continue to foster healthy and respectful dialogue. Encourage active listening at all committee meetings and the opportunity to ask follow-up questions upon completion of each section of the meeting agenda.

Use of inclusive language and requested pronouns when speaking to colleagues and about people regarding whom decisions are being made. For instance, 'they' instead of 'he' or 'she' if that is requested.

Employ diversity and inclusion when making decisions that affect committee members

84% of committee members surveyed agree that diversity and inclusion (D&I) are employed when making decisions that affect other committee members. One third of those under 35 and members who are LGBTQ+ feel this is not the case as do a quarter of those who do not have children. Recommendations:

Through a diversity sub-committee create the opportunity for discourse and wider engagement with all committee members with emphasis on members aged under 35 and people without children to understand their reasons for this opinion. Have a point of contact to whom concerns can be addressed.

Develop and maintain a culture where microaggressions, harassment or negative comments attributed to background never happen

It is positive to see a high level of peer-to-peer respect during dialogue between committee members. The majority of survey respondents (95%) report no harassment. This figure reduces somewhat in the case of LOC members with a disability. 20% of committee members with a disability have experienced a complaint related to their background and none of these were related to a protected characteristic. 100% of committee members under the age of 35 and those identifying as non-heterosexual have not experienced any negativity. Recommendations:

Reinforce mutual respect and the need for respectful dialogue at the start of each LOC meeting. Create the option to address potentially offending comments, behaviours or concerns on the day of the dialogue occurring. Have a nominated LOC officer to whom concerns can be addressed.

Encourage diverse committees for inclusive patient outcomes

Having diverse committees can create better outcomes for populations served by LOCs and ensure that patient needs are met in the delivery of services. There are varying levels of agreement with how decision making and inclusion are employed when making decisions affecting populations that LOCs serve. 74% of the survey group agree their LOC is representative of their geographical population served. This consensus is higher for those with a disability (90%). Approximately one third of people who do not practise a religion, those who are BAME and people who are LGBTQ+ feel that LOCs are not representative of their local population.

83% of LOC members agree that D&I are employed when making decisions that affect their local population. This agreement rises to 92% of over 65 and to 100% for those with a disability. A quarter of people without children and 43% of those under the age of 35 disagree. Recommendations:

Create a diversity and inequity sub-committee to evaluate the impact of decision making on populations being served by the LOC to ensure that hard to reach population groups are able to access services, and in doing so addressing and reducing health inequalities.

Liaise with local practices and health care practitioners to create awareness of the services that are delivered by local ophthalmic providers and contractors to improve service uptake.

LOC members should avoid group think and be empowered to contribute to decision making

98.5% of members are comfortable contributing to decision making with a small proportion being uncertain. This is 100% in people who are over 65, under 35 and male members of LOC Committees. The 1.5% who are 'probably not' comfortable to contribute to decision making all identify as female. Recommendations:

It is advised that further research with a larger sample size be carried out to understand the reasons contributing to uncertainty and discomfort when making decisions.

Ensure all views are actively solicited. Ensure that people of all backgrounds with one or more protected characteristics feel empowered to contribute during LOC meetings and events to avoid group think.

Encourage younger members to take on more roles

The under 35 age bracket corresponds to 34% of GOC registrants whilst only 10% of the survey participants are under 35.[13] There is a distinct division between people under the age of 35 and the overall survey response. 79% of responders feel their LOC is representative of local performers and contractors. This figure is higher (90%) for those identifying as disabled and those who are not in a marriage or civil partnership. This opinion is less true of with those under the age of 35 of whom only 70% agree that LOCs are representative of local performers and contractors.

38% of those under age 35 do not agree that D&I are employed when making decisions that affect contractors and performers. In contrast 84% of the overall opinion is that D&I are employed when making decisions affecting this group with strong feelings in support of this by 92% of people over age 65 and 89% of people with children. Recommendations:

> *Encourage engagement with committee members in the under 35 age group to understand the reasons for their concerns and create a culture where all LOC members are comfortable to go against the status quo if they are uncomfortable with the decision-making process and the implications of said process.*

Establish a LOC EDI sub-committee and EDI lead

Two thirds of those surveyed feel that the LOC recruitment and application process takes diversity into account in a positive manner. People over 65 age group, with children and with a disability are in greater agreement with this. Interestingly 43% of those without children disagree with this opinion. Recommendations:

> *Have a sub-committee which evaluates whether equality, diversity and inclusion criteria are being met when recruiting new members and to promote diversity in the recruitment process.*

> *Have a process to recording diversity data (anonymously if necessary) for those newly joining the LOC and for present members through a secure portal.*

> *Have an EDI lead to identify and act on gaps and thereby promote diverse representation in LOCs*

Training to understand EDI in the workplace and professional environment

Approximately one third of members would like further training on how EDI in the workplace. The groups most keen for training to take place are women and people under the age of 35 (38%). The request for training is less, standing at approximately a quarter, by those over 65, people without religion and in men. The majority of respondents request this be delivered online with some requesting face-to-face training at conferences and LOC meetings. Recommendations:

> *Identify the reasons for further training requests from women and those under 35 and why less training is wanted by other groups. Emphasise the importance and mutual benefit for all to undertake EDI training. Deliver training primarily through online platforms with the options for workshop style at conferences and CPD events.*

> *LOCSU to signpost diversity training offered by the NHS or other professional organisations.*

> *LOCSU to consider creating an in-house training programme for understanding diversity in the workplace.*

**LOCSU to deliver training to support LOCs to incorporate EDI into decision making**

Over half of those surveyed would like LOCSU to deliver training on the subject of how LOCs can be supported with regards to equality, diversity and inclusion. Fewer people, approximately a third of people with a disability, over 65 and under 35, feel there is a need for such training. The request for training is higher amongst people who are LBGTQ+ and those from BAME backgrounds, whereby two thirds of people from these groups would like LOCSU to provide EDI training to support LOCs. 58% of respondents request online methods and 21% would like interactive training via workshops, case studies and LOC meetings as well as during the annual National Optical Conference. There is more than one request for unconscious bias training. Recommendations:

> *LOCSU to create or co-create/advise on a training programme to support LOCs on the subject of actively acknowledging the context of EDI at every stage of the LOC decision making process. This training programme should be accessible and have the capacity to be delivered both virtually and in person.*

> *To support such training Identify why higher proportions of certain groups with protected characteristics feel such training would be impactful, whilst other groups feel there is lesser need for such training.*
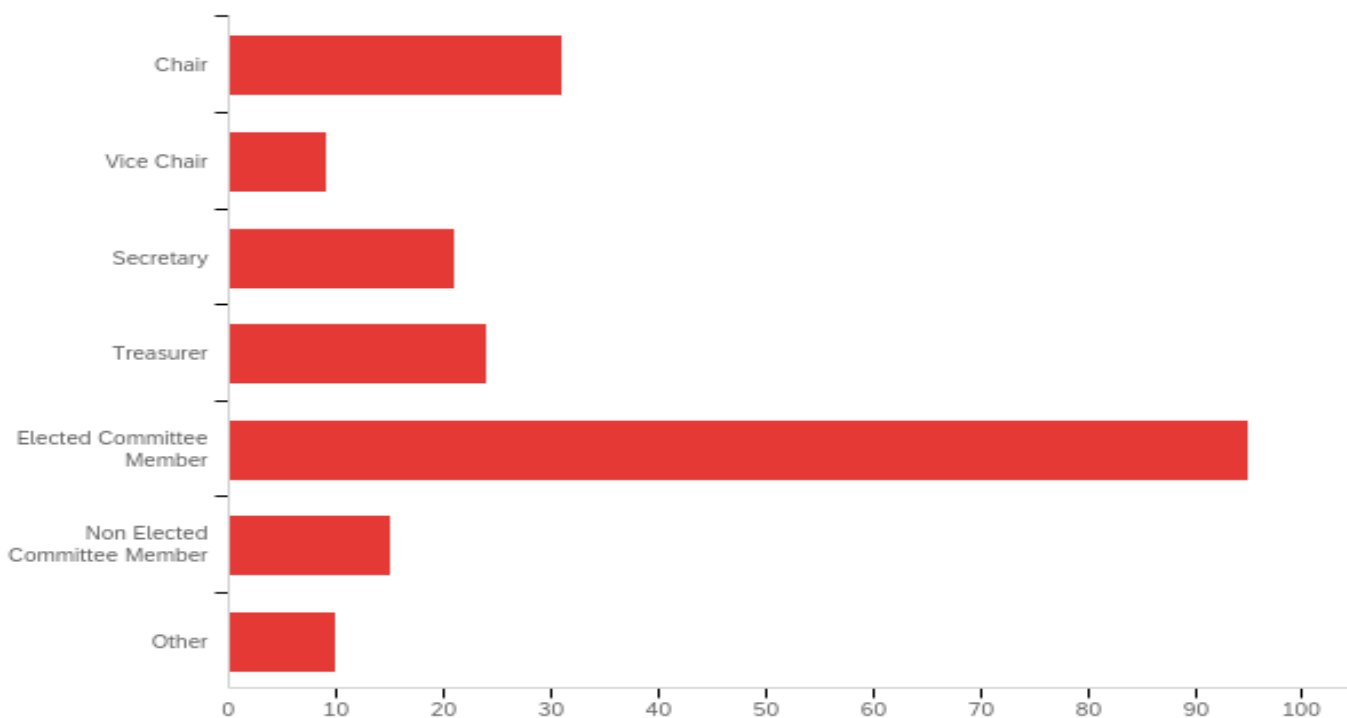
Diversity Data

What is your professional role
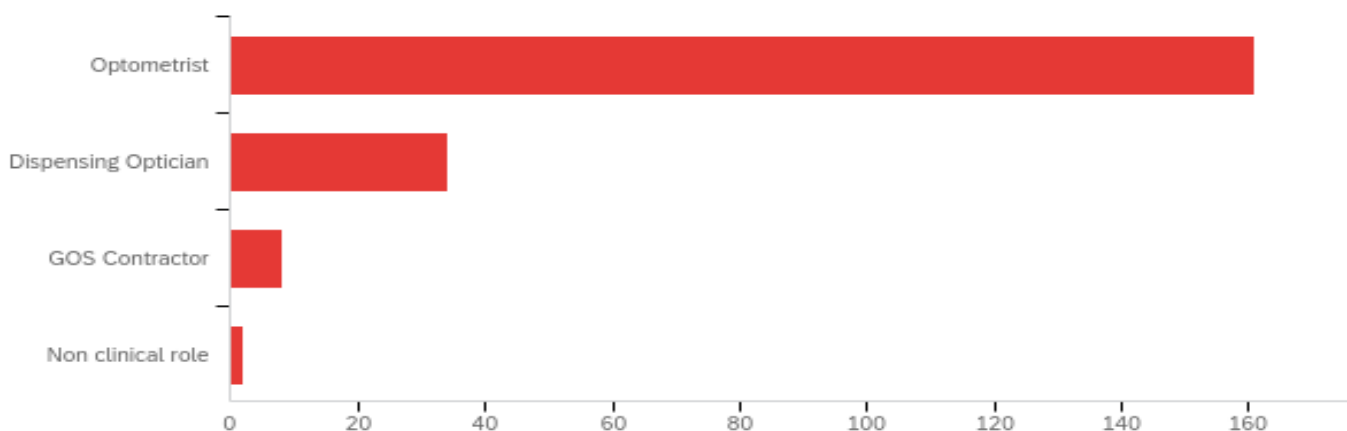
The GOC Equality and Diversity Data Monitoring Report 2021 details that there are 16,663 (57.3%) registered optometrists in 2021 and 7,108 (42.7%) registered dispensing opticians in 2021[13] LOCSU advises that there should be a minimum of one co-opted dispensing optician included within LOC membership. The research here shows that 78.5% of all those surveyed are optometrists with 16.6% of dispensing opticians. This is to be expected with the present guidance for LOC constitutions.

**How would you describe your role on the LOC**

15.1% of those who answered are LOC Chairs, with 46% of respondents being elected committee members. Not all posts require GOC registration. These data are unique in that they capture the breadth of LOC members and their diversity.

Your ethnic background
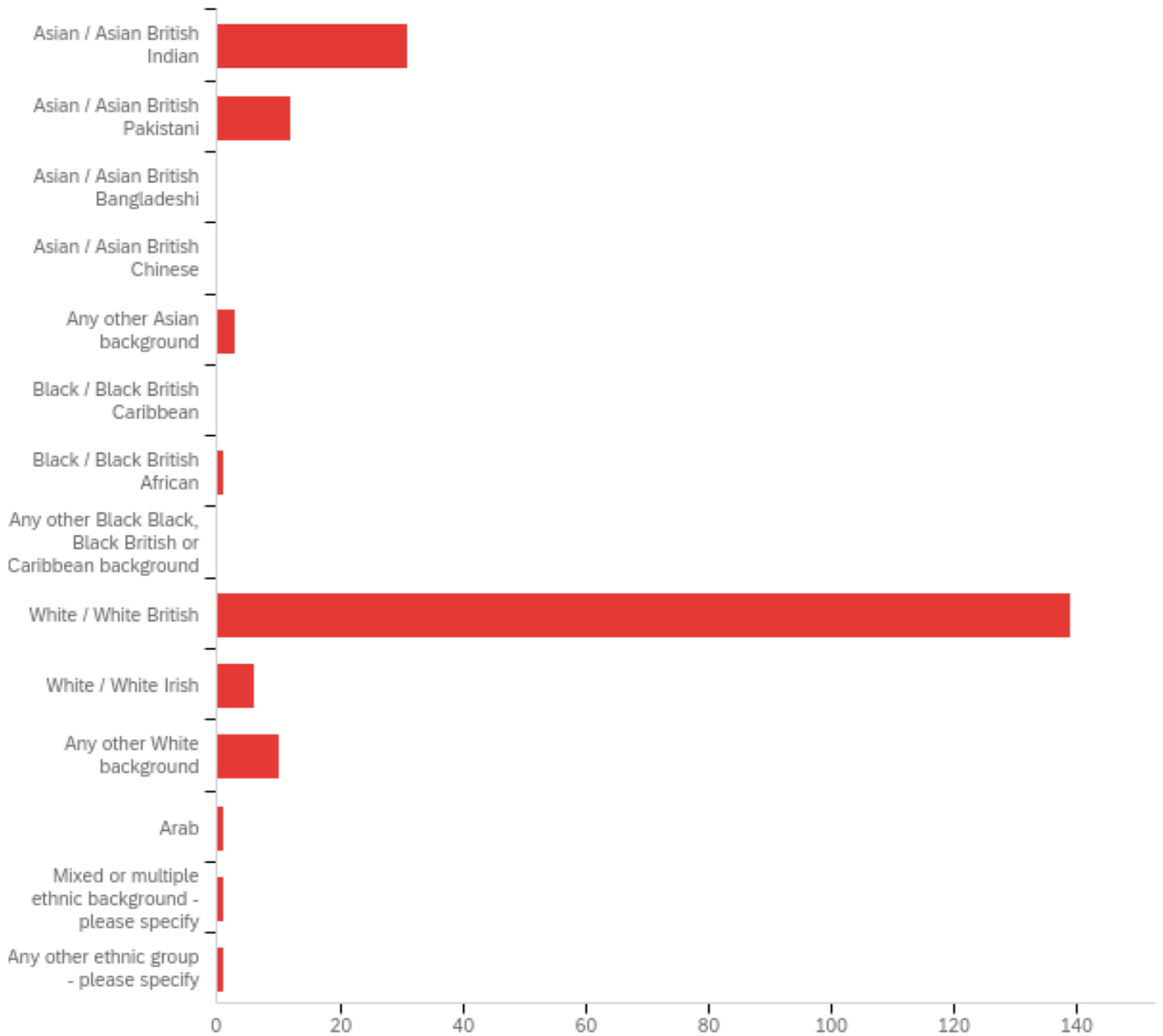
75.6% of respondents identify as white with the next largest group being British Asian (22.4%). GOC data show 49% of registrants to be white and 33% to be British Asian.[13] AOP data from 2018 show 65% of registrants are white with 44% British Asian.[14] Gov.uk estimates the overall UK workforce is 7.5% Asian and 84.9% White whilst 42% of medical staff in the NHS are from BAME background by comparison.[15,16] The respondent figures are closer to the Gov.uk data rather than the optical and wider health sector data pertinent to LOCs, suggesting a distinct LOC underrepresentation of BAME groups, particularly those who are Black and Chinese.

**How would you describe your gender? Is it the same as at birth**
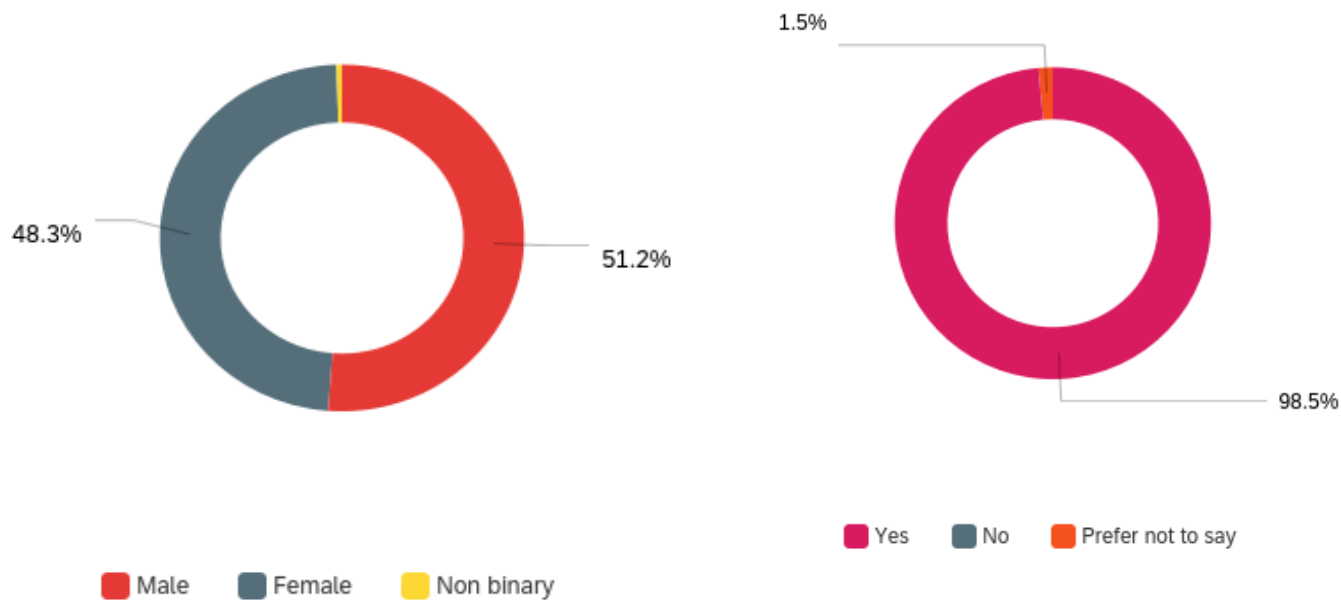
48.3% of respondents are female compared with approximately 60% of all GOC registrants.[13] GOC data do not mention whether there are any non-binary registrants.

Your age
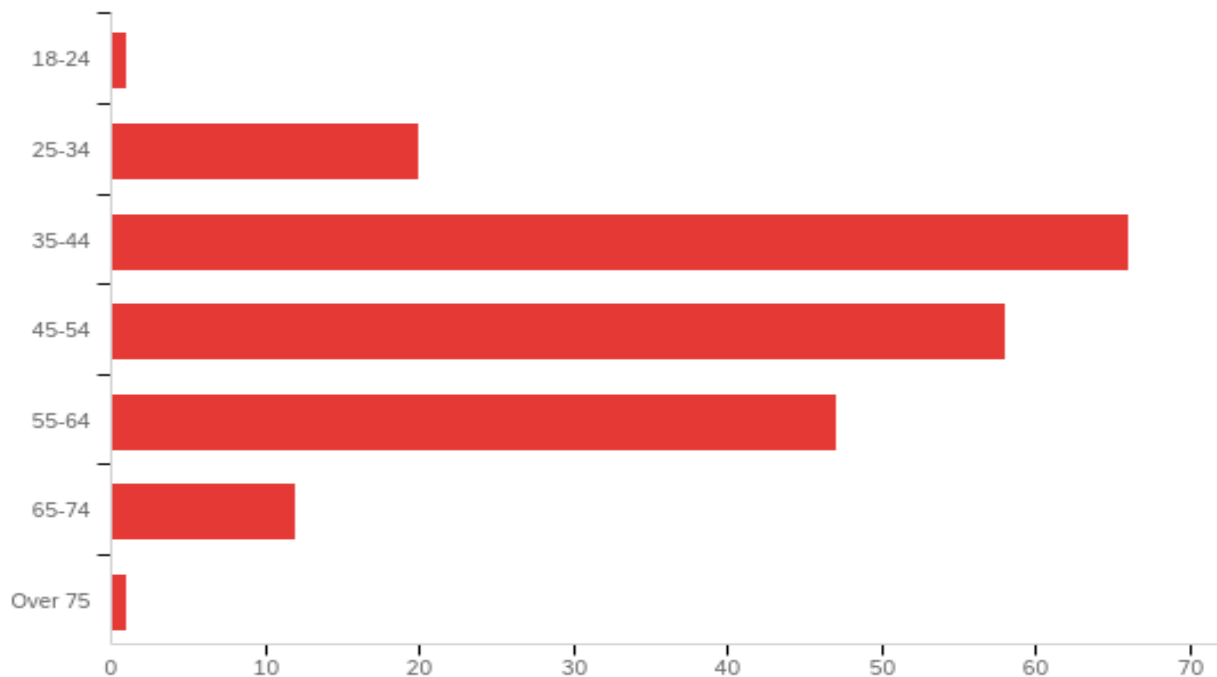
LOC membership consists broadly of those over the age of 35. 28.8% of people who are members of LOCs are over the age of 55, in comparison to GOC data which show 18% of registrants to be over the age of 55 and 34% to be under 35.[13] This is in stark contrast to the data here which show 10.3% to be under age 35.

Which of the following options best describe your sexual orientation
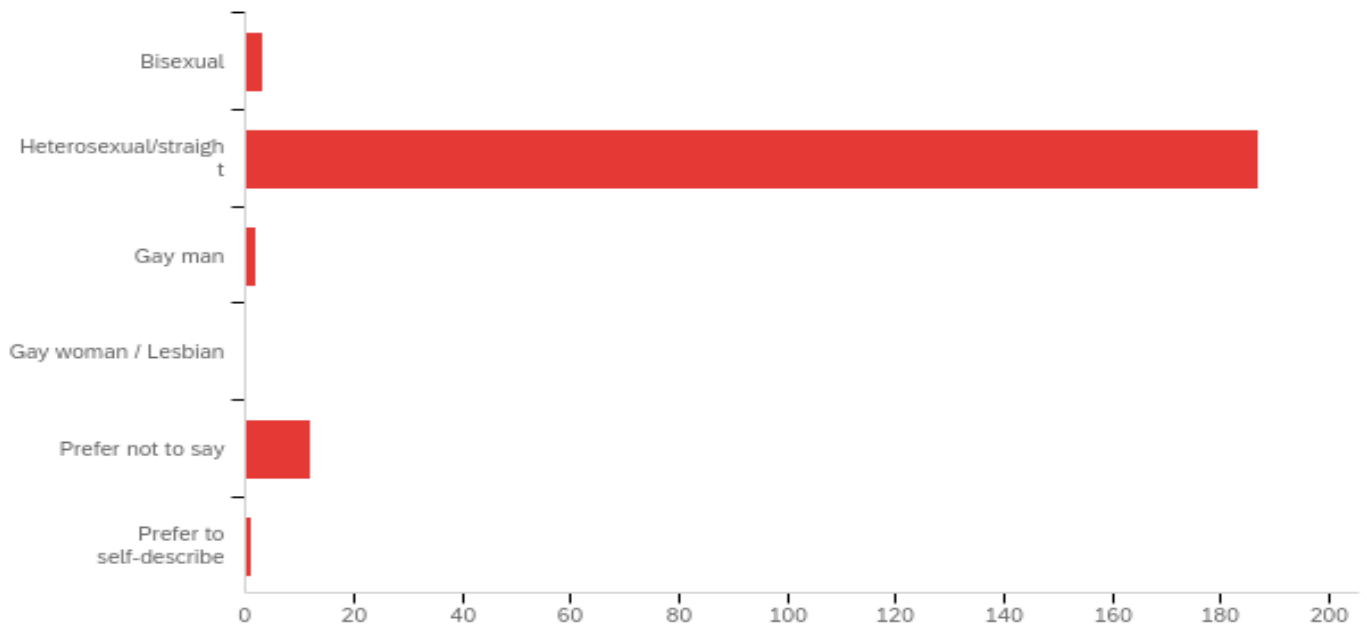
91.2% of people surveyed identified as heterosexual, whilst 5.9% preferred not to disclose their sexuality. 2.9% identified as LGBTQ+. This is slightly higher than 2% of GOC registrants.[12]

What is your religion
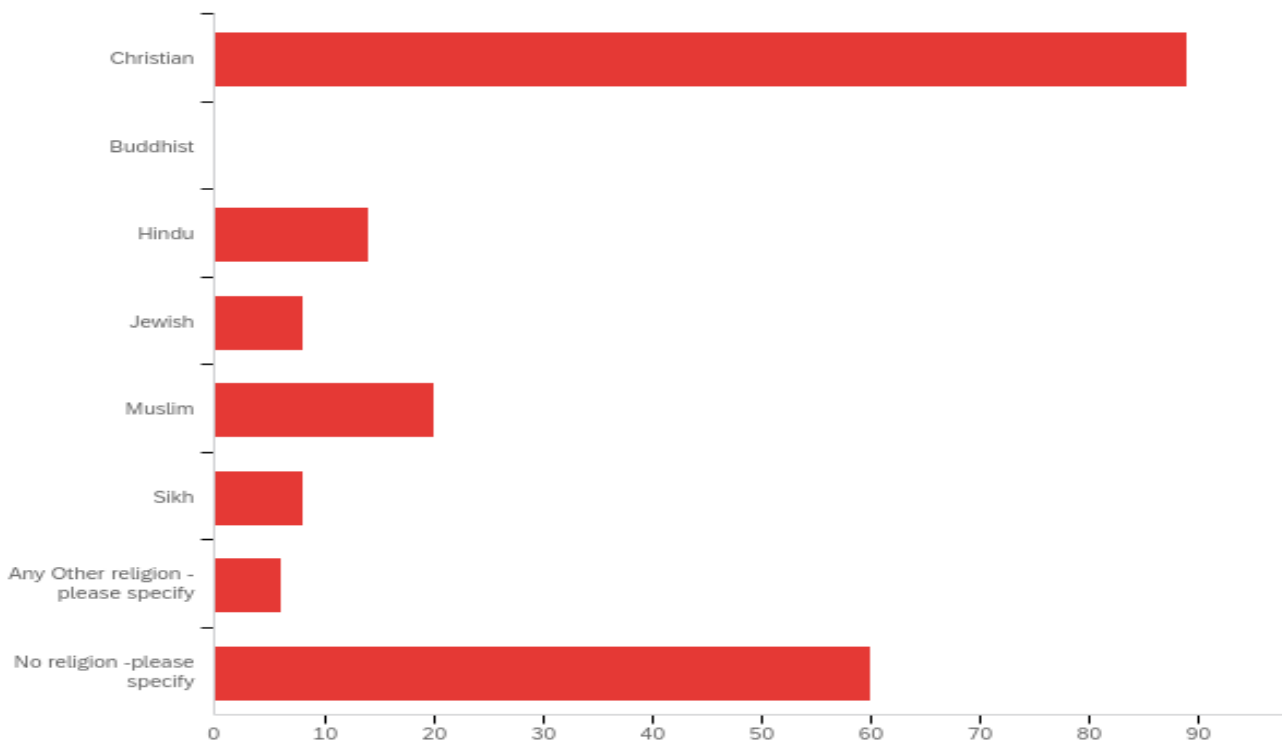
This shows a breakdown of whether those surveyed practise a religion or not. The largest group is Christians at 43.4% followed by Muslims at 9.8%. In total 70.7% practice a religion compared to 29.3 who do not. GOC data are
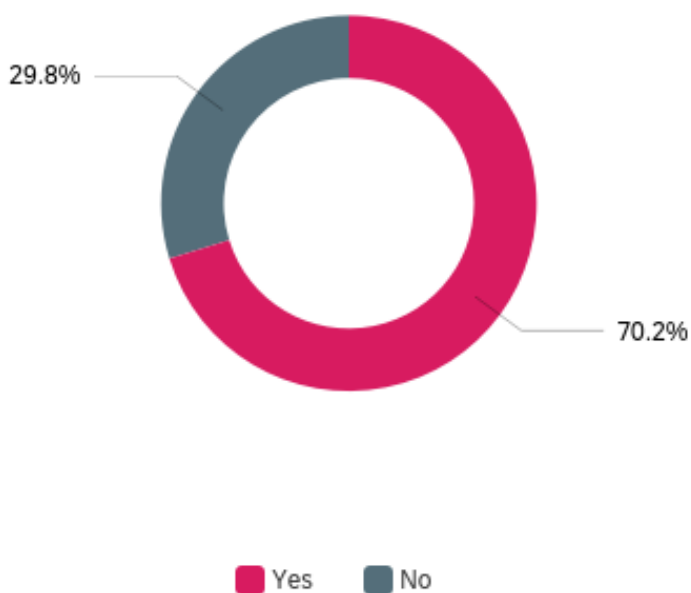
similar, showing that 22% of registrants do not practise a religion and 17% are Muslim, while 27% identify as Christian.[12]

**Do you consider yourself to have a disability**
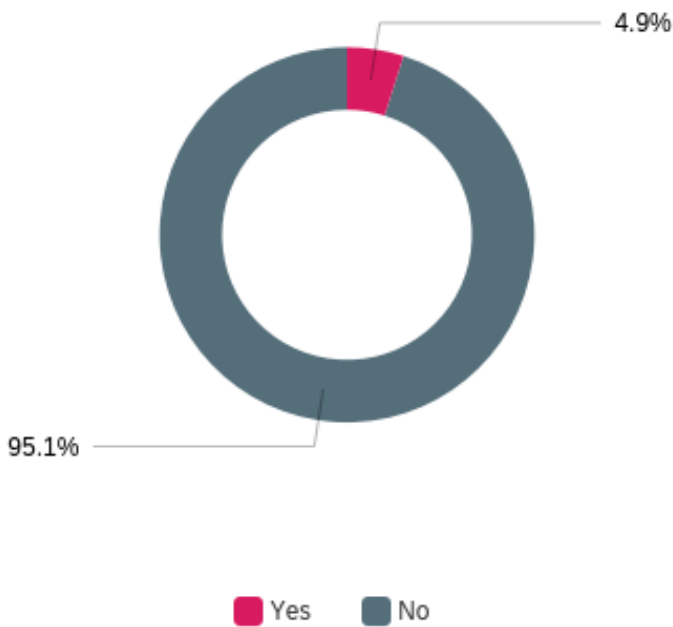
Fewer than 1% of all GOC registrants consider themselves to have a disability in comparison to the data collected.[13]

Do you have children or are you pregnant

A significant majority of LOC members have children. There is no mention of data on whether registrants have children contained within the GOC Equality and Diversity Data Monitoring report.[13]

Are you married or in a civil partnership

23.4%

76.6%

Yes   No
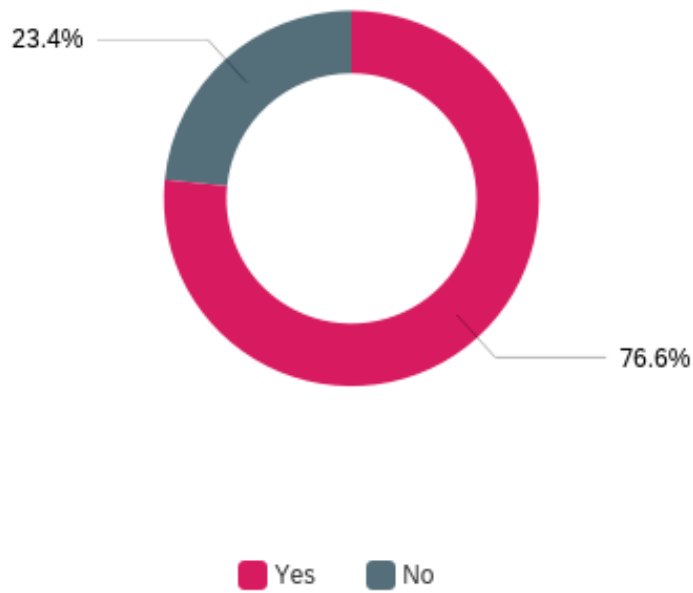
Over three quarters of those surveyed are married. There is no mention of the relationship status of registrants contained within the GOC Equality and Diversity Data Monitoring report.[13]

Committee Member thoughts and opinions

When asked the question of how inclusion and diversity could be fostered within their Local Optical Committee

"It will happen naturally as a younger and more diverse population become involved - the challenge is to attract these people"

"It could be actively addressed, instead of assumed inclusion"

"Inferring that it isn't? I wasn't aware we were all discriminating so much."

"More active encouragement of female representation within LOC and address any barriers (real or perceived)."

"We could do with having a representation of someone above 60-65 years of age. I don't think we have anyone who is transgender in our LOC. However, all members elected were due to their merit."

"Greater diversity of committee members"

"We are lucky to have a diverse Committee already: race, gender. age, etc are all represented. We have a well-rounded approach to ensure our committee is representative of all."

"It is already done quite good. We have adapted to be inclusive of a range of member and look at our mix regularly. We changed meeting times to allow those with personal family commitments to attend."

"It would be nice to have a more diverse committee in terms of age, race and professional background, though I feel we have excellent geographical representation"

"As an LOC the main problem is finding people to join. It would be nice to have the numbers"

"LOC is more mixed than the population it serves. We are aware of the need for different groups and backgrounds to understand the challenges different patients have. Invited LGBTQ+ representative to guide the LOC, and had some practice visits to become more aware of issues."

"More training and discussion on the topic"

"Different recruitment process for LOV applicants. Engaging with range of performers (not just known performers/existing employees)"

"We could perhaps reach out more to/reassure people with protected characteristics and make clear all are welcome"

"I feel that by not particularly thinking about diversity and equality, we basically take anyone who's keen, we are representing those colleagues from all backgrounds who want to take part. We've never turned down an applicant... for any reason"

"More communication with younger colleagues to discuss what the LOC is and does and how to get involved"

"More Asian and of Muslim background to reflect the population we serve."

"Ensure that representatives from all groups of people are present in the LOC"

"It's difficult to answer because I feel we are extremely inclusive with a diverse committee. We don't actively talk about inclusion probably because we are already very inclusive"

"Having a survey like this helps to bring it to everyone's attention and makes people more aware and accepting of diversity."

"…We as an LOC don't actively seek any people based on ethnicity, sexuality or gender, we only consider who's up to the task."

"We have a great male-female split. But we could do more about ethnicity and cultural background. We are actively looking at how to increase engagement with the LOC so inclusion and diversity can become part of that work."

"More training on diversity and inclusion"

"I believe the LOC is made up of people who want to be there and there's not many so not really an opportunity for choice. The LOC should be made up of people who want to improve Eyecare for their community and whatever their background is shouldn't be a case for electing or not. Getting things done is the focus."

"Seek to appoint a disabled member"

"Not currently considered e.g. when electing new committee members, too few individuals stand for election to factor diversity when electing"

"I don't know"

"We could do with having a representation of someone above 60-65 years of age. I don't think we have anyone who is transgender in our LOC. However, all members elected were due to their merit."

"To be aware of different backgrounds cultures"

"Social meets/ get togethers"

"I think a EDI lead would be a good start plus LOSCU should run a forum much like the Chairs and Treasurers forums. I do feel that there is a huge opportunity for further training around this. It's one of those subjects where we "don't know what we 'don't know""

"Giving everyone a voice, respecting everyone's opinions regardless of culture and background."

"I'm not sure decisions are made by looking at inclusion and diversity. Decisions are made more by what is good for patients as a whole"

"We have a small (not very diverse) LOC - I think we need more engagement with the wider optical community- we need to try to encourage anyone and everyone to get involved with the LOC at some level"

References

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